Promising Prospects
English Authorities

SSI Social Services Inspectorate

Audit Commission
Promoting the best use of public money
Introduction

This is the fourth annual summary of the findings of Joint Reviews of Social Services. It reports on the findings of reviews in England that were completed between 1 August 1999 and 31 July 2000. This year a separate report has been produced on the findings of reviews in Wales.

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

This Report is being written at a time when social care is under close scrutiny. It is being challenged by the introduction of Best Value in local government and the need to build better partnerships with Health and the criminal justice system. It is being encouraged through Quality Protects to develop better services for children and their families. Above all, it is being asked to change its culture from one of dependency to one of empowerment. The general findings of the Report indicate that authorities are keen to deliver this agenda. However, in many authorities there is still much to do.

The Report is laid out in seven chapters. The first chapter describes the judgements that have been made about local authorities during the last year. The summary judgement has been refined and this is now shown in a new table (EXHIBIT 2, page 3). This was introduced in June 2000. Authorities where the review report was printed or published before that date are shown in the old table and those printed or published after that date are shown in the new table.

The second chapter highlights five key messages from Joint Reviews and sets the scene for changes which all authorities might concentrate on over the coming year. There is a sixth message about preparing for Joint Reviews and new guidance on this will be sent out for consultation at the same time as this Report is published.

The next chapters (3-6) of the Report look at some of the key findings from Joint Reviews during the last year. They are laid down under the chapter headings used in Joint Review reports. The aim is to draw out key issues and sources, not to capture all the findings from all of the reports. There are some examples of good practice found over the past year throughout these chapters.

Finally there is a chapter covering the work of the Joint Review Team, particularly its desire to be up to date and to ensure that the methodology can address the changing demands and the new structures that are introduced. This chapter concludes with the key objectives for the team for the coming year.

The appendix includes profiles of the members of the Review Team and a full list of reviews for which position statements have been received or reports published during 1999/2000 and a list of the reviews planned for 1 August 2000 to 31 July 2001.

1 Learning the Lessons from Joint Reviews in Wales, 1999/2000
1. The Overall Judgement

The Joint Review Process involves reading documents, interpreting data, meeting users, carers, key partners, those providing services and staff from the frontline, middle and senior managers, and politicians. Our aim is to both understand how well local people are being served and also to consider prospects for the future.

At the end of each Review, a judgement is made on the findings. Councils are placed in a table according to how they have set up systems to sustain or improve their performance (EXHIBITS 1 AND 2). During the last year, the table has been amended to present our findings more clearly and to be consistent with the judgements made by other Best Value Inspectorates. The team introduced the new matrix in June 2000. All reports after that date include the judgement within the matrix for that authority. The overall judgement on all those authorities is now placed in the matrix shown in EXHIBIT 2.

In examining the location of the authorities in the matrix in EXHIBIT 1, it has been judged that all of the authorities in the top box

### EXHIBIT 1

Original Joint Review performance matrix

<table>
<thead>
<tr>
<th>Good prospects of sustaining improvement</th>
<th>Concern about capability to sustain and improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall serving people well</strong></td>
<td></td>
</tr>
<tr>
<td>Haringey (1999)</td>
<td></td>
</tr>
<tr>
<td>North Tyneside (2000)</td>
<td></td>
</tr>
<tr>
<td>Leicester (2000)</td>
<td></td>
</tr>
<tr>
<td><strong>Serving some people well with some areas needing improvement</strong></td>
<td></td>
</tr>
<tr>
<td>Tower Hamlets (2000)</td>
<td></td>
</tr>
<tr>
<td>Stockton on Tees (2000)</td>
<td></td>
</tr>
<tr>
<td>East Riding of Yorkshire (2000)</td>
<td></td>
</tr>
<tr>
<td><strong>Not serving people consistently well</strong></td>
<td></td>
</tr>
<tr>
<td>Lancashire (2000)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Joint Reviews

would be located in the right hand boxes above the horizontal axis in the new matrix (EXHIBIT 2). They would be described as 'serving most people well' with 'promising prospects' – several of these authorities were shown their position in the new matrix at the Committee where they received their Joint Review Report during the year.

In order to place a council in the matrix, the Review Team judges how well local people are served and the prospects for service...
improvement. Over the past year, these judgements have been made based on the criteria published in last year’s annual report, Making Connections. With the increased use of judgements that both Best Value and the Performance Assessment System bring, the Joint Review Team is looking at developing a more transparent tool to demonstrate how judgements are made. This work is being undertaken with our partner sponsors in the Social Services Inspectorate and the Audit Commission. It is expected that a draft document covering these judgements will be out for consultation in the autumn.

Authorities that are judged as not serving people well are those that have significant failings in several areas, for example:

- unallocated work;
- backlog of reviews;
- delays in access to services;
- not meeting statutory requirements;
- not addressing national priorities; and
- poor commissioning.

1 Making Connections – Learning the Lessons from Joint Reviews, 1998/9
Those that have a range of satisfactory services, but have either a failure in one critical area or some poorly-managed service areas, will be judged as serving some people well. Those serving most people well will have the basic services in place with room for improvement in managing these. Those overall serving people well will have a range of well-managed and purposeful services.

Councils that have failing services that are not improving, or have not improved over the last few years, will have poor prospects, demonstrated, for example, by:

- consistent overspend on the budget;
- high staff turnover;
- low morale;
- an inability to implement long-standing plans;
- not completing Best Value reviews;
- lack of direction for social care;
- poor leadership;
- poor performance management;
- limited quality assurance; and
- poor partnerships.

Those that have experienced a crisis in one or more of the areas identified above will be judged as having worrying prospects.

It is noticeable that the vast majority of authorities are found to have ‘promising prospects’. Hence the title of this annual report. To be located in this part of the matrix, authorities will be demonstrating that they have:

- good systems to manage performance;
- clear leadership and vision;
- a track record of addressing challenges;
- good human resources strategies with well supported staff;
- good financial management;
- strong equal opportunities in action;
- cross-cutting partnerships;
- systems that assure the quality of services; and
- the ability to use Best Value to review services effectively to improve performance.

Though there is a greater divide between authorities who are serving some people well and those serving most people well, there are a growing number of authorities who are doing some things in an impressive way. These have been judged by their ability:

- to meet statutory requirements;
- to meet National Priorities;
- to deliver fair and efficient access to services;
- to deliver effective commissioning and contract monitoring;
- to have outcome-based planning;
- to have good practice standards that are monitored; and
- to value diversity in service delivery.
2. Key Messages

The overall finding from Joint Reviews is that although Councils fall within a wide range in meeting people's needs, the prospects for improvement are increasingly promising.

The indications are promising because authorities are beginning to get the basic things in place which should enable them to improve service delivery. This is demonstrated by them having:

- clearer goals;
- greater focus on what matters (National Priorities);
- better budget monitoring;
- councillors better informed about social services;
- Local Government Reorganisation in the past; and
- better partnerships being established.

Many authorities still have work to complete in order for service users and carers to experience the benefits of this progress.

There are however excellent pockets of service delivery and some of these are highlighted in this report.

There are five critical messages on which we believe local authorities should concentrate in order to deliver the promised improvements.

Concentrating on these five areas does not mean that other critical issues can be ignored. But Joint Reviews have found that it is in these areas that authorities have greatest difficulty and so they should therefore be resolved alongside other key areas such as improving commissioning, developing local markets and improving quality and costs.

Message 1 - Concentrate on outcomes for service users

Social care services assist those who need help. This help should either protect people from harm or should enable them to live as independently as possible. Local Councils should:

- assess needs;
- identify services; and
- assemble packages of services tailored to each individual.

It is rare to see the desired outcome of any service recorded in the care plan or written in the case file. For over a decade, social care policy has emphasised the importance of needs-led rather than service-led social care. This appears to be hard to achieve. What is asked of authorities is that they examine the outcomes that the services achieve for the service user. Is the child who is placed in a foster home gaining the stability of relationships that will enable them to further their studies? Is the home care package for a disabled person enabling them to take up work opportunities?

'Outcomes' refer to the impact or effect on the lives of service users or carers and can be organised into two types:

- Maintenance – where services are delivered to maintain a person's day-to-day quality of life; their outcomes are measured in the continued meeting of acceptable standards rather than the achievement of change.

These terms derive from research conducted at the Social Policy Research Unit at the University of York under the leadership of Hazel Qureshi as part of the Department of Health's Social Outcomes Programme.
• **Improvement** – where services are delivered in order to bring about specific improvements to a person's life – for instance, in their physical safety, mobility or morale. The outcomes from these services are measured by changes in these underlying needs.

In addition to outcomes, the way in which a service is delivered – the 'process' – has an impact on service users and their carers, and this should also be assessed.

Collectively, therefore, the identification and measurement of outcomes are intrinsic to good practice: they specify the aims and objectives of the service, measure its effectiveness and help to identify those needs that require continuing or different services because current ones are not working.

The NHS Plan 2000 strongly promotes the development of intermediate care. The aim of intermediate care is to enable service users to develop their capacity to live independently. There is some evidence that a significant percentage of those people who are referred for nursing care do not require that care after six months. This figure may be increased if rehabilitation is offered and independence is promoted. It is important within outcome-based care management that the client's potential for change is evaluated (EXHIBITS 3 AND 4). Therefore, care management should define the expected outcome-based care management.

**EXHIBIT 3**

User-focused care management

**Meeting needs well**

- Focus on the whole person.
- Focus care plans on what will change, what difference will be made.
- Assess need, not for a service.
- Review the needs of the person, not just the service.
- Involve other agencies.

Source: Joint Reviews
outcomes rather than the services that are to be delivered and should set these out in a clear plan that is shared with the service user. This equally applies to the outcomes expected for parents and children. Child protection plans ought to be clear as to what behaviours and changes are expected of parent(s) before a child can be removed from the Child Protection Register.

In order to monitor outcomes it is important that regular reviews take place of the needs of users and carers and the services that are being offered. Some authorities are now getting review systems in place for all service users, though, for many, these reviews only take place for children in care or those on the child protection register. Those authorities that do carry out reviews can adjust services appropriately and use resources more effectively.

A useful question for all councillors and managers to ask themselves is: what is the outcome that can be seen for service users or their carers from any specific action or investment of resources? How will I know that this will benefit the end user?
Message 2 – Build on existing partnerships

Social Services are particularly experienced at partnership working because most people they aim to help also receive services from a range of other agencies that need to be provided in a co-ordinated way to respond to their overall needs. Every aspect of social care has a critical interface with other key public bodies, as well as with partner agencies and communities. Social Services cannot meet the agenda alone. Tackling social inclusion requires partnerships and Social Services are well placed to provide a lead. The flexibilities within the Health Act 1999, and the requirements spelt out in the NHS Plan 2000 should remove the doubts in some authorities’ minds of the need to build seamless services.

Partnership arrangements are maturing across the country. Good examples were found in almost every Review. The arrangements vary: for example, East Riding of Yorkshire undertaking needs analysis of the local population; Telford & Wrekin working proactively with partners and developing strong relationships; Plymouth successfully engaging in maximising the potential of local strategic partnerships. Many others were described as building effective partnerships.

There is a growing level of co-operation with Health, particularly through Primary Care Groups, (for example, in Bradford and Tower Hamlets), where, in some places, Social Services are playing a leading role. Joint services are becoming more the norm for mental health services (there are good models within Kingston upon Thames, Birmingham and Telford & Wrekin) and there are growing signs of the creation of multi-disciplinary teams to assess people with learning difficulties.

There are some excellent examples of joint services between Health and Social Services for children with disabilities (and sometimes with Education), for joint occupational therapy services or joint stores for disabled living equipment (for example, North Tyneside) and some examples of co-location of services for older people. However, no authority has yet been found with a full range of integrated services.

It is equally important to build partnerships with service users so that their needs are responded to effectively. Partnership with providers must be based on trust and concentrate on the outcome for service users. Commissioning a service and then monitoring it is not sufficient. Dialogue on the best way to develop services and the staff working within them is critical to providing a quality outcome.

Critical partnerships are with:

- Health;
- local government – particularly Corporate Policy, Education, Leisure Services and Housing;
- the criminal justice system – Police, Probation Service and Courts;
- other local authorities;
- local communities and the voluntary sector;
- local providers and potential providers; and
- users and carers.

Partnerships with other public bodies are often demonstrated through the strategic plans of the differing agencies.
Some authorities are now able to ensure that their Community Care Plan is directly linked to the Health Improvement Plan; that the Plan for the Youth Offending Team is part of the Community Safety Plan and that the Best Value Performance Plan is linked to the Community Plan. The ability to join up these plans is the first stage in joint working.

Partnerships with voluntary organisations, the private sector and with citizens are best demonstrated through the transparency of the process, the openness with which transactions take place and the trust that is felt by all parties (EXHIBIT 5).

**Message 3 – Meet the challenge of Best Value through working with National Priorities**

A major challenge for social services is to address the National Priorities guidance. In addressing the agenda laid down by central government, authorities can demonstrate that they are meeting a key part of the challenge element of Best Value. Those reviewing services for adults must ensure that they are designing services that promote independence and empowerment. Those reviewing children's services must follow...
Quality Protects. It is critical that the purpose and aim of future services is established before consideration is given to the best way to provide local services in the future. A Best Value performance review should be an inclusive process to which all stakeholders can contribute. It should be informed by accurate performance and financial data. It should examine potential overlaps with other service areas. It should be challenging and open to challenge. It should examine and learn from best practice elsewhere. It should look at developing new markets where no providers currently exist and building markets where there are undeveloped services. It should ensure that services are meeting the needs of the whole community – especially those from black and minority ethnic communities who may still find that they are discriminated against through the lack of appropriate social care provision. Above all, they should be citizen based and develop services that empower service users and their carers. An effective review should result in measurable improvements in both quality and better value for money.

The introduction of Best Value has had an impact on the Joint Review Team’s relationships with both our parent organisations in England. We now link to the Best Value Inspection Service at the Audit Commission and are located in the same building. The Social Services Inspectorate has taken on new responsibilities for inspecting Best Value reviews in social services and the Joint Review Team and SSI Inspection Division both inspect Best Value Reviews as part of our work. We are working together to develop a methodology for this work that is consistent with the approach taken by the Audit Commission for other local government services.

From 1 April 2000 all authorities subject to a Joint Review must offer any Best Value Reviews that they have completed to be subjected to an inspection under Best Value. The first of these inspections is now taking place. The approach of the Joint Review Team has been to incorporate the inspection alongside our existing methodology.

Joint reviews have found that most councils have prepared thoroughly for Best Value. Overall, Social Services ought to be well placed, as they are constantly reviewing their services. But we do have some concerns. What we find is that some authorities are slow to implement the changes that their internally commissioned reviews require. Those authorities that have good quality assurance processes in place, where they are constantly reviewing their performance, are often better placed to make appropriate improvements and address their problems.

It is worth authorities considering how they might plan their Best Value reviews with the timing of their Joint Review. Best Value reviews may be undertaken:

- before a Joint Review as a helpful part of the preparation and would then be available for inspection; or
- after a Joint Review as part of the action plan to address those areas requiring development.

The timing will depend on how far ahead the Joint Review is due to take place and the confidence of the Authority to tackle more difficult issues.
Message 4 – Ensure that activity data are robust and that performance can be measured

Authorities are just beginning to face the challenges that scrutiny and performance management bring. This has been the first year of the Performance Assessment Framework (PAF) system introduced by the Department of Health to monitor social services against national priorities. Publishing the performance of authorities puts an increased pressure on them to get accurate data. An important role of the Joint Review Team is to seek explanation and wider interpretation of the data. A framework to enable authorities to consider a wider understanding of the questions that need to be answered in order to validate performance data is being developed.

The first area that should be explored is to understand the connections between the data that are being published. Sets of data can be clearly linked. A good example of this is that there are three sets of data relating to performance on child protection (A3, C20 and C21). These examine the percentage of re-registrations taking place. In order to understand performance, all three sets of data and the impact of practice should be considered. However, each performance figure will give rise to a set of questions that will need to be explored in order to understand the meaning of the data. So an authority with a low number of re-registrations may have:

- excellent practice in the department whereby those children on the Register have been protected from further harm;
- changed the thresholds so that fewer children are on the Register;
- more children who are accommodated because protection plans have broken down; or
- poor systems for picking up abuse.

There are connections between a number of the current PAF indicators (EXHIBIT 6, overleaf). The list of indicators used is on the right and their code number is shown on the diagram. Those that have a direct link are shown by the connecting arrows. The colours depict the Department of Health's guidance as to whether these scores should be high or low or neither.

If data are linked, then the impact of one figure on another must be understood. It is possible to plot performance within two different dimensions (EXHIBIT 7, overleaf). In this diagram, the impact of the number of older people receiving intensive social care (C28) is examined against the performance of authorities in helping older people to live at home (C32). A Local Authority can plot its service level on the axis and examine for itself the critical balance that is required between targeting services for those who have greatest need with the wider desire to ensure that people are supported at home in a way that lessens the risk of their circumstances deteriorating quickly.

As a result of this thinking, the Joint Review Team have outlined the key stages that we would recommend for an authority to follow if it is going to use data and effectively link that to practice on the ground. We have introduced the format to a number of authorities on an informal basis and early reports indicate that they have found it helpful (EXHIBIT 8, overleaf).
How does it all fit together?

Source: Joint Reviews

List of current, available Performance Assessment Framework Indicators

A1 Stability of placements of children looked after
A3 Re-registrations on child protection register
A5 Emergency admissions of older people
A6 Emergency psychiatric admissions
B7 Children looked after in family placements
B8 Cost of services for children looked after
B9 Unit costs of children's residential care
B10 Unit cost of foster care
B11 Intensive home care as a proportion of intensive home and residential care
B12 Cost of intensive social care for adults
B13 Unit cost of residential and nursing care for older people
B14 Unit cost of residential and nursing care for people with learning disabilities
B15 Unit cost of residential and nursing care for people with mental illness
B16 Unit cost of residential and nursing care for people with physical disabilities
B17 Unit cost of home care for adults
C20 Reviews of child protection cases
C21 Duration on child protection register
C22 Young children looked after in family placements
C23 Adoptions of children looked after
C24 Surveys of children's homes
C25 Inspections of children's homes
C26 Admissions of supported residents aged 65 or over to residential or nursing homes
C27 Admissions of supported residents aged 18-64 to residential or nursing homes
C28 Intensive home care
C29 People with physical disabilities helped to live at home
C30 People with learning disabilities helped to live at home
C31 Adults with mental health problems helped to live at home
C32 Older people (aged 65 or over) helped to live at home
C33 Avoidable harm for adults (falls and hypothermia)
C34 Inspection of adult residential homes
D35 Long-term stability for children looked after
D36 Availability of single rooms
D37 Percentage of items of equipment costing less than £1000 delivered within 3 weeks
D38 Percentage of people receiving a statement of their needs and how they will be met
D39 Delayed discharges
D40 Relative spend on family support
EXHIBIT 7
Looking in two dimensions

C28 - Number of households receiving intensive home care per 1,000 population aged 65 and over

C32 - Number of elderly people helped to live at home per 1,000 population aged 65 and over

Source: Department of Health Performance Assessment Framework, 1998/9

2. KEY MESSAGES

The Department of Health intends to promote a tool kit to assist with understanding the data within the PAF and the Joint Review Team looks forward to contributing to this.

So, having reliable activity data can assist with understanding performance but it is also critical in a number of other ways.

Those who have good activity data can:
• enable councillors to fulfil their role as scrutinisers;
• better demonstrate that they are meeting identified needs as well as identify unmet needs;
• better manage the budget, as the main variables come from changes in activity levels;
• produce useful information on performance and costs;
• better manage the workloads and the flow of work for staff;
• better integrate their services with other partners; and
• explain the allocation of resources.
Message 5 – Develop project management skills to ensure that the good intentions of all plans produced can be implemented

"High performing institutions all share a few common characteristics. One of the most essential is robust performance management."

Public Service Productivity: Meeting the Challenge – report of Public Services Productivity Panel

Authorities have good intentions to make changes and improve services. All directors, their managers and staff are committed to good services. The differences between authorities are often based on the ability to put ideas into practice. When appointing senior managers, authorities need to be aware that the best managers are those who can translate rhetoric into reality.

Each authority should ensure that it has an overarching strategic vision. This should then be implemented through both departmental (business) plans for direct service areas and project teams drawn from cross-departmental working groups to address cross-cutting issues, for example, community safety.
services for children in need, etc. All plans should ensure that key strategies are linked (EXHIBIT 9).

Key strategies must be linked and must not stand alone in an isolated way. The outcomes of strategies should not be determined before the aims and objectives are set, for example, you should not set up an internet web site unless it is clearly part of a wider communication strategy. When strategies are set, then the scope of projects must be defined and developed through an appropriate project plan. For each project a plan should be laid down, identifying the range of tasks that need to be undertaken and the likely timescale for each part (EXHIBIT 10, overleaf). Critical dates and targets that must be met should also be noted. This exhibit shows the start of a plan over a nine-month period. The timing and range of activities will vary according to the project. This is an exercise that is worth undertaking for Best Value reviews as well as other change management programmes.

Authorities are now using models of business planning to assist their managers in setting objectives and targets.

Source: Joint Reviews
The model that Joint Reviews have used in some reports over the last year demonstrates the three arms of managing social care and the need to have all three wheels circulating in harmony in order to get the best from the system (EXHIBIT 11, overleaf). It also demonstrates the key areas that are assessed during a Joint Review.

How the overall performance of the social care functions is managed is a critical part of this. Authorities appear to be good at creating visions and setting out plans for themselves. What we find is that, despite the use of business planning, staff appraisal and feedback systems, it is rare to find a department where the system works in an integrated and smooth way. Several departments are working hard to achieve this and they have been able to demonstrate promising prospects for improvement.

Authorities have to demonstrate that they are meeting user and carer needs within a clear strategic framework with performance by those responsible for the delivery appropriately managed. Within Social Services, where there are national priorities that determine the objectives, and where these are supported by performance
The three arms of social care

EXHIBIT 11
The three arms of social care

Source: Joint Reviews

Critical to the agenda for modernising local government is the need to ensure that councillors have the right information to monitor progress on the objectives that have been set. Too often Councillors advise Reviewers that this is not the case. They have to rely on external audits to assist them with their scrutiny role.

"There is a need to continue to develop performance management frameworks – some elements in place – all services have produced a service plan and there is an understanding of the need to ensure managers are responsible and accountable for the services they manage."

– Bath & North East Somerset

The message that Joint Reviews want to give to authorities is to ensure that there is one overall system that turns strategy into action. There is a need to ensure that there is a cascade of plans within a department and that every operational group can determine their targets within this broad strategy (EXHIBIT 12, overleaf). Communication has to be both ways so that service users, their carers and staff can all feed back into the overall strategic direction. In order to manage this effectively the objectives that are set must be Specific, Measurable, Achievable, Realistic...
and Timely (SMART). Key data, including local performance indicators, are key to demonstrating that the overall quality of service is improving.

And finally, a small message about Joint Reviews:

**Prepare for Joint Reviews through meeting the government's agenda and listening to feedback from service users and carers.**

Demonstrate to the Joint Review Team that you have systems to improve services and address failures. Do not put unnecessary resources into the Joint Review process unless they will benefit the authority in the long term. Those authorities that have existing quality systems in place and are already able to recognise their strengths and weaknesses are much better prepared for an external review than those that try to 'put on a show' for the Review Team. New guidance for reviewed authorities will be published during the autumn for consultation.

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**EXHIBIT 12**

A performance management framework

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Source: Joint Reviews
3. Our Findings – Meeting Individual Needs

The key messages of this chapter are:

- Improve access to services through making eligibility clearer.
- Invest in keeping people at home.
- Better purchasing means better services.
- Safety starts at the frontline.
- Ensure that there are a range of services to assist children in need within the community.
- Ensure that reviews are taking place and that they are looking at outcomes.
- Promoting independence matters most to disabled people.
- Provide joint services with other partners where appropriate.
- Ensure black and minority ethnic communities' needs are being met.
- Ensure that the needs of carers are being met.

3.1 Access to Services

The first critical area that any authority must address is to ensure that its citizens understand when, where and how to approach its social care services. The standard of information available to the public is variable. Although many authorities produce leaflets on services, they do not always show clearly to the public how they are assessed to access these services (see Good Practice – Kingston upon Thames).

Providing access to social care can still stretch local authority resources. The majority of enquiries to social care come over the phone and a large percentage of these are from other professionals. Authorities have been examining a number of ways to ensure that these enquiries are handled effectively and efficiently. One-stop shops and call centres are solutions being sought. These work where the interface between the reception service and the social work duty systems are well managed and their respective roles are clear. It can be an expensive use of a duty social worker's time to be answering the phone for people whose enquiries can be met by a well-informed receptionist who is clear about the services that are available and the eligibility criteria for access.

There are still problems with the development of eligibility criteria, applying them consistently and ensuring that the public and other professionals understand them. In many areas there was a postcode lottery for the availability of services – even within local authority boundaries. The criteria also need to tell people what level of service to expect. Screening processes for service users were generally found to be too complex and expensive.

Although all authorities have comprehensive systems for care planning, the overall picture is that these are still dominated by the services that are available rather than needs led. They can lack clear objectives and are not outcome based. (See Message 1 in Chapter 2). Most care plans were too focused on tasks that professionals planned to undertake, rather than objectives and outcomes to be achieved for service users. These comments applied equally to services for young people and their families as well as for adults. One way forward is to start looking at developing more outcome-focused assessments. A step in the right direction for this is to involve the service user directly in contributing to their assessment (see Case Study, overleaf).
GOOD PRACTICE

Clear Signposts to Services – Kingston upon Thames

Written information available to users is of a high quality and 15 leaflets, letters and forms have achieved the Crystal Mark for plain English award. There is a good range of leaflets describing individual services as well as overview directories describing the range of services available for different client groups such as the Children and Families’ Directory of Services produced by Kingston Family Support Forum, the Stepping Out in Kingston local guide for care leavers and Your Guide to Mental Health Services.

Of particularly high quality is the Guide to Residential and Nursing Homes 1999 booklet, which provides a range of useful information to people in need of residential or nursing care. The booklet is actually funded by Macmillan and sets out information on: being assessed for residential care; things to look for when choosing a residential home; liability for fees; the registration and inspection of Homes; rights as a resident of a Home; and details of all registered residential and nursing care homes in Kingston.

Some Children and Family Services’ leaflets have been produced in eye-catching designs. For example, a small, well-designed and well-written information pack for people making an inquiry about adoption and fostering. The folder contains several leaflets designed to answer some common questions that prospective foster and adoptive parents might have, and includes a special leaflet for birth children whose parents foster children explaining what fostering might mean to them.

Child Friendly Information

A Child’s Guide to Fostering is a colourful leaflet for children whose parents are foster carers. The leaflet provides a series of questions and answers about fostering and how it might impact upon home life and family relationships from the child’s point of view. The leaflet was written by “experienced children whose families foster” and the Family Placement Team.
3. OUR FINDINGS – MEETING INDIVIDUAL NEEDS

CASE STUDY
Jointly Authored Assessments – Bath & North East Somerset

The Children's Referral and Assessment Team has started doing jointly authored assessments. This involves the family completing part of the assessment. In one case the family wrote up all the factual information and the social worker wrote the conclusions. The Team has a target for 70 per cent of assessments to be jointly authored.

There is a wide variance in the approach local authorities take to referrals for a service (EXHIBIT 13). In some places, most referrals gain the client an assessment, while for others it is fewer than one-half. This continues to be a problem despite the introduction of the Referrals and Assessment Project (RAP), which has produced tighter definitions. It could be that some authorities are improving their screening or their information so that some people are better prepared when they approach social services. The picture is varied. It is important that authorities do not tie up unnecessary resources in the assessment process. Those authorities that can differentiate between the need to have both simple (for straightforward care services) and complex assessments can better determine the expected outcomes and use resources effectively.

EXHIBIT 13
Ratio of referrals to assessments

Source: Referral analysis (three-month study) submitted by reviewed authorities

3.2 Services for Older People
The requirement in the Social Services White Paper, Modernising Social Services, to offer rehabilitation and enablement for older people in need of health and social care is being demonstrated in some pilot projects, often using partnership or winter pressures funding. There were good examples of the changing culture in Bath & North East Somerset, Birmingham, Bedfordshire and Telford & Wrekin. However it should be noted that if authorities are to embrace this change fully it must permeate all levels of practice from assessment to care management and through to the commissioning of appropriate intermediate care. Changing one part of the system will not necessarily deliver the required outcomes for service users.

CASE STUDY
Effective Rehabilitation – Birmingham

An illustration of change is the development of a rehabilitation project in one of the existing day centres for more dependent people with physical disabilities. Joint finance provides occupational therapists and physiotherapists working alongside day care staff providing an eight-week intensive programme of rehabilitation targeted on users' functional impairments. The project is linked to hospital discharge arrangements and referrals also come from GPs and area teams. The needs of black and minority ethnic users are catered for in this special project. The current rehabilitation project is a replacement for an earlier model that did not succeed, partly because of a lack of Health input. This time, Health colleagues are fully involved and highly supportive.
Rehabilitation Projects – Wiltshire

The ‘Cedars’ project in North Wiltshire which offers combined health and social services input at a residential care home following an acute hospital admission is already demonstrating that it can reduce subsequent care costs.

In Kennet, the Social Services/Health Assessment and Rehabilitation Project (SHARP), currently funded for three years, aims to both prevent hospital admissions and to facilitate early discharge from hospital. Multi-disciplinary/multi-agency assessments, using generic nursing and paramedical staff, are provided either in the service user's own home or in an intensive care flat, made available by the Sarsen Housing Society.

In Salisbury, a joint initiative with the local Health Care Trust uses a flexible joint budget, controlled by two nurse assessors, to purchase emergency domiciliary and nursing home care. It has now been extended to provide occupational therapy and physiotherapy on an emergency preventative or rehabilitative basis for frail older people.

Over the last year the Joint Review Team has contributed to the Department of Health Public Service Productivity Panel. This group has been examining effective ways of improving efficiency and effectiveness in the delivery of social care. Four pilot authorities (Hull, Windsor & Maidenhead, Worcestershire and Tower Hamlets) have all been examining more effective ways of commissioning services for older people. The findings have been published in a Department of Health Report – Out in the open – breaking down the barriers for older people. One of the key lessons has been the importance of health and social care working collaboratively if the re-enablement policy agenda is going to be delivered.

The main changes that are taking place are within the ‘in-house’ home care services, where many authorities are refocusing onto short-term intensive support (for example, East Riding of Yorkshire and Telford & Wrekin). In Telford & Wrekin they have recognised that there are three different types of service required under home care. There is:

• intensive support at times of illness or crises;
• assessment and rehabilitation when changes have occurred, for example, after hospital admission; and
• longer-term care to sustain quality of life at home. These services are being commissioned in different ways (EXHIBIT 14 and Case Study on Telford & Wrekin).

Multidisciplinary Rapid Response Team – Telford & Wrekin

The Joint Extra Support Service (JESS) is a combined team of nurses, care managers and home carers who provide an alternative (rapid response) to hospital or nursing or residential care admission for up to three days, with both social and nursing care delivered to people's own homes. They undertake an assessment during this time and then set up a longer-term package of care in the person's own home. The service can respond to new referrals between 9am and 8pm daily. Referrals come from Health and Social Services. There are ten people in the team – they have received about 300 referrals in their first year. An evaluation of the work undertaken by JESS between December 1998 and August 1999 showed that 70 per cent of the people taken on the JESS scheme were maintained at home in the short-term and 60 per cent in the medium-term.

There are still major challenges to the delivery of quality care through the private sector. Relationships with independent sector
3. OUR FINDINGS – MEETING INDIVIDUAL NEEDS

EXHIBIT 14
Telford & Wrekin model for care at home services – medium term

Joint Extra Support Service (JESS)

In-house home-care service – assessment, care planning, rehabilitation

Long-term care at home – independent providers

Source: Telford & Wrekin Council

providers appear to be improving. Many spoke positively of discussions and progress in commissioning services. Residential homeowners in Leicester talked positively about the use of a banding system (agreeing payments to homes based on an assessment of the person's needs) and of efficient payment of bills. Some of the commissioning of home care still presents problems. Councils have often chosen an expensive model for buying home care through spot purchases (these are services purchased when they are required) or call down block contracts (which set a maximum amount of service an agency may be asked to provide). This presents a number of problems:

• Social workers spend long periods of time trying to get home carers.

• Home care agencies cannot recruit staff because they do not know what demands will be made.

• Some home care agencies over-stretch themselves trying to deliver demands that they cannot meet.

• Home care agencies cannot have a workforce strategy and they do not know whom, and how many people, they need to recruit.
There are high transaction costs associated with complex billing processes. This can badly affect the cash flow of suppliers. In-house services are often unreasonably protected and inflexible while external services are not commissioned in a way that enables the providers to develop appropriate services. There are, fortunately, many individual home carers who provide a bedrock of good quality care, going beyond their contract in order to meet people's needs, and this is much appreciated by those who are dependent on that care.

There is still an over-reliance on institutional care – for both adults (EXHIBIT 15) and children. It is of particular concern that a high number of older people enter residential care as a result of a hospital admission. Continuing care agreements are fragile and the partnership forums that should exist to link up health and social care seem to be reluctant to take responsibility for improving the outcomes for older people – they are awaiting further guidance. This has intensified following the Coughlan judgement where the Appeal Court failed to draw the line between the respective responsibilities of health and social care. There is considerable variation in the arrangements for continuing care across the country. This may be having an impact on the still widely different patterns of use of intensive home care and residential care.

EXHIBIT 15
Number of people receiving intensive home care as a proportion of intensive home care and residential care

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Authorities reviewed in the last year</th>
<th>All other authorities</th>
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<tbody>
<tr>
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Source: Department of Health Performance Assessment Framework, 1998/9

3.3 Services for Children
Practice in child protection still varies. In some reports it is clear that child protection arrangements are sound and that there is an innovative approach to risk management (for example, Tower Hamlets). In these authorities child protection operates with a good level of inter-agency confidence. For other authorities, there is a high turnover for children on the Child Protection Register over a short time. This suggests that the Child Protection Register may be being used in order to get an assessment of a family. If the children's names are being removed from the Register within six months, questions should be asked as to why the Register was used. These children may often need services and the Register has been seen (at least by other agencies) as a means for accessing these. For others, children stay on the Register for a long time. Reviewers have often found that protection plans are not always being followed and that drift is occurring rather than purposeful interventions. In essence, the numbers of children on the Register and the thresholds for being placed on the Register vary according to where the child lives (EXHIBIT 15). The figures below do not relate the numbers of children in an area on the Register to the socio-economic factors that are normally associated with family deprivation and the incidence of child abuse.
3. OUR FINDINGS – MEETING INDIVIDUAL NEEDS

EXHIBIT 16
Number of children on the Child Protection Register per 1,000 population aged under 18

- Authorities reviewed in the last year
- All other authorities

Source: Audit Commission Performance Indicators, 1998/9

CASE STUDY
Monitoring and Review Group – Stockton on Tees

The Area Child Protection Committee (ACPC) has a monitoring and review sub-group that has focused on key practice issues in child protection. It has analysed the assessment and planning processes surrounding children who have been re-registered on the Child Protection Register and whose needs are such that a child protection plan must be put in place. The colleague agencies involved in the ACPC have recognised the value and quality of the work undertaken by this group. This form of multi-agency analysis of practice complements the Authority's own audit work in children's services and provides a powerful analytical basis for challenging and refocusing practice through training and development activity.

It is really important that reviews not only take place on time but that they rigorously monitor and restate the protection plan that has been put in place. There have been examples where child protection reviews have been recorded as completed when the meeting has taken place but there is no paper work to demonstrate the actions required. Only a few authorities are completing all their reviews on time (EXHIBIT 17).

EXHIBIT 17
Percentage of Child Protection Register cases reviewed during the year in which they were due to be

Source: Department of Health Performance Assessment Framework, 1998/9

For many authorities, children and families services were still dominated by day-to-day crises in families, which sucked in an enormous amount of resource in terms of the duty systems and staff needed to deal with them. Identifying these families and
looking at how responses should be made to be most effective could change this ‘crisis culture’. There are some authorities that are now able to identify that it is often the same families who express their needs to different agencies. It is quite challenging for these agencies to find a ‘joined-up’ response. Many authorities can demonstrate that they have services that aim to assist families at early stages in their difficulties. Some of these are laid out below but there are many more examples in individual reports.

**CASE STUDY**

**School Start Programme – Wiltshire**

Seven schools are currently piloting an approach, using education support assistants, targeting children experiencing difficulties before and after starting in full-time schooling. This targeting is aided by the linking of these workers either with an area social services office or a family centre as well as with health visitors. Their time is divided between supporting the child in playgroup or school and giving outreach support to parents.

An evaluation by Barnardos found that their work resulted not only in improvements in child/parent relations but also in parental attitudes towards school. As a result, it is proposed to expand the scheme.

**CASE STUDY**

**Day Nursery Service – Stockton on Tees**

There are features of the day nursery service that are worth particular attention.

The service has developed parenting skill programmes, which have links to other programmes run by the Authority, ultimately leading to a qualification in childcare. This effective connection between intervention to raise the quality of parenting or to reduce stress within a household and the acquisition of transferable skills is a powerful model of service and is in keeping with the Sure Start philosophy.

There was a good range of family support services in some authorities – notably **Bedfordshire** (**EXHIBIT 18**), North Tyneside and Leicester City. Where there are a good range of services it should be possible to target better intervention for children in need and to avoid costly statutory processes. Child and Adolescent Mental Health Services still need to improve. Bradford was found to be developing these services effectively.

**Overall, there are still concerns that looked after children are not well served. The most worrying evidence for this comes from the**

need for many authorities to improve their family placement services (**EXHIBIT 19**). The recent small increase in children being accommodated is having a detrimental effect on the delivery of appropriate care. In many reports it was noted that councils were failing to meet their statutory requirements by placing additional children with foster carers above their registration approval. The drive to use more foster care places was having a detrimental effect on the existing carers and the children already placed with them. Most authorities had ambitious plans through Quality Protects to increase the number of carers. This has yet to materialise. Foster carers were very loyal to the authorities and to children placed with them. Some reported continued failings in not being seen as partners and being treated with disrespect by ‘professional’ staff. It was encouraging to see a number of authorities setting up NVQ training programmes to encourage and develop their carers. **EXHIBIT 20** lays out the differing arms that need to be involved in improving support for foster carers and the children that they look after.
3. OUR FINDINGS – MEETING INDIVIDUAL NEEDS

EXHIBIT 18
Spectrum of services – Bedfordshire

The Authority needs to address:
Eligibility Criteria
Practice Focus on Family Support for children in need

EXHIBIT 19
Percentage of children looked after in family placements

There is still much to be done in ensuring stability for children in placements. The Joint Review Team found a positive development in Staffordshire where a specific project was set up to reduce disruptions in placements.

Source: Joint Reviews

Source: Department of Health Performance Assessment Framework, 1998/9

NCH = National Children's Home
OT = Occupational Therapy
Aspects of family placements to be addressed

RESOURCES
Allocated social worker to all looked after children

COMMISSIONING
Foster carer recruitment
Needs analysis
Commissioning strategy

PRACTICE DEVELOPMENT
Clarity on practice framework on contact

HUMAN RESOURCES
Foster carer
Support package

MONITORING
Independent reviewing officers
Progress chasing

CHILDREN IN NEED

Source: Joint Reviews

CASE STUDY
Sustain Project – Staffordshire
In 1999 this Project was established in south Staffordshire to provide accessible professional support to carers and to children and young people who are looked after. It consists of a project team of a clinical psychologist, a social worker/senior practitioner and a child therapist. Later a project co-ordinator was added, funded by Quality Protects. The Project aims to provide elements of preventative work and crisis support in reducing disruptions to placements, minimising placement moves and in facilitating direct access to specialist CAMHS services.

The launching of Quality Protects accompanied by a letter from the Minister, including a list of questions for councillors to ask, has had a positive effect on the way many councillors recognise their responsibilities for children who are looked after. In addition, many authorities have taken a more corporate approach to providing services to these children. Some excellent joint working between departments, particularly in some of the new unitary authorities, is beginning to deliver results (for example, in Leicester City).
Celebrating the Achievements of Looked After Children – Southampton

The city celebrates the educational achievements of looked after children – not just exam success – at an annual prize-giving in the Guildhall attended by young people, the Mayor, the Director of Social Services, local celebrities, carers, teachers, social workers and the local media. The 1998 baseline for looked after children was 23 per cent leaving care with a qualification. The Council aims to completely eliminate exclusions and treble the proportion leaving school with qualifications by 2002.

There were many examples of developments and good practice for increased support for children leaving care. There is some concern that these services start at 16 irrespective of the needs of the child but the growth in specialist support should slow down the drift of children out of the care system without appropriate support.

Leaving Care Team and Resource Centre – Tower Hamlets

This team of four workers, a manager and an administrator, has achieved considerable success:

- maintaining contact with children who have left care and are living independently;
- motivating young people to undertake further education and training courses; and
- developing and locating local accommodation options to reduce the reliance on expensive out-of-borough placements.

The team, which also comprises a supported lodgings workers and three new Quality Protects-funded posts, works with 200 young people aged 16-21, including asylum seekers. There is a drop-in service two afternoons a week, laundry, shower and computer facilities and a training kitchen. Preparation groups are also run from the centre. A magazine is published with feedback from consultation days, information about facilities, poems, quizzes, book reviews and biographies of adults who were in care.

There are plans to establish mentoring and educational support posts using a Quality Protects grant to develop links with colleges and the careers service. The unit has good links with the Leaving Care Unit at Leeds University.

“... This place is good, it’s helpful. It’s lonely, real lonely out there and it makes you feel good when someone rings up to ask how you’re doing, a little bit of happiness.”

— care leaver

Education Facilitators Service – Stockton on Tees

The Education Facilitators Service has effected substantial positive change to the school attendance levels of the residents of children’s homes. The model of service has proved itself to be an important mechanism to address social exclusion. Evidence of longer-term impact is required but the early indications are that a focused approach of this nature brings early dividends.

Critical comments continue to be made in Joint Reviews on the arrangements for transition from children’s services to adults for those with physical or learning disabilities. These problems were, however, overcome in Kingston upon Thames where good arrangements were in place.
The Joint Protocol between Children and Family and Mental Health Services – Kingston upon Thames

This Protocol between Family Support and Community Mental Health Teams provides a framework for joint assessment and planning and facilitates the provision of integrated services for parental mental health problems and their children. The protocol comprises a screening checklist and provides procedural guidance in those cases where there are concerns about the welfare of children resulting from the mental health of their parents. The Review Team found that practitioners used the protocol to determine the extent and nature of joint working and that joint assessments and care planning were taking place. The only critical observation here is that further clarification over funding responsibilities is required: the Review Team came across examples of Mental Health Services and Family Support Teams jointly funding a child's daycare, but too much time was spent securing agreement to do so.

Most authorities were trying to address the concerns of children with mental health problems: new teams were at differing stages of development.

CASE STUDY

Child and Adolescent Mental Health Services – Bradford

This service was identified as one of the main priorities of the Health Action Zone. A multi-agency planning group drew up a service development strategy with both medium- and long-term objectives. On the basis of this strategy, it has been possible to secure interagency agreement to using modernisation and specific grant monies for the multidisciplinary expansion of the team. As the outreach of the team has become more effective at retaining youngsters with their families, so the savings on hospital stays have been vired into the community services. In the last three years, the number of youngsters requiring lengthy hospitalisation has been reduced from twelve to three.

3.4 Services for those with Physical Disabilities and Sensory Impairments

Unfortunately, some authorities see disabled people as an adjunct to older people in their assessment and care management and service provision arrangements. There should be more emphasis on promoting independence through work opportunities; maximising income and control through the Independent Living Fund and Direct Payments; and ensuring that disabled people have appropriate housing and support to prevent social exclusion. This includes access to communication support for people who are deaf or hard of hearing, and support for people who have a visual impairment. There is a strong sense that greater emphasis needs to be given to the quality and appropriateness of services for people with physical and sensory disabilities (EXHIBIT 21).

For many authorities there are still areas where there are significant delays in getting assessments and services. This is noticeable in occupational therapy services and in the provision of disabled living equipment and household adaptations. Some authorities were going some way to reduce these problems with a combination of clear eligibility criteria, strong management and joint working with Housing.
3.5 Services for those with Learning Disabilities

Many authorities are trying to change the way in which they deliver services for people with learning disabilities (EXHIBIT 22, overleaf). This usually concentrates on principles of social inclusion and normalisation. This is to be applauded. However, they meet with some resistance from those carers who are apprehensive that the changes may give them more responsibility. These changes need to be explained carefully and in a timely way so that users, carers and staff can all see the benefits of the changes. It is least likely to succeed if these changes are directly linked to short-term financial savings. Plymouth, for instance, has pursued the modernisation of learning disability services in partnership with users and their carers, independent providers and other Directorates across the City Council including Leisure, Housing and Education. Good progress is being made in a number of places (see Case Studies) in establishing Community Living Teams. This approach enables individuals or groups to live in the community with their own tenancies appropriately supported.

The Community Disability Service – North Tyneside

The Community Disability Service is jointly funded and managed by the Authority and the Northumbria Health Care Trust. It provides:

- hospital and community occupational therapy services;
- a community-based multidisciplinary team including social workers;
- a joint equipment service giving economies of scale in purchasing and stock management and an impressive process for delivery and distribution;
- an integrated adaptations team, which links the assessment, surveying, grants and adaptations processes and includes technical and surveying staff; and
- an integrated administrative team.

EXHIBIT 21

Improving services for people with physical disabilities

Empowering customers to make choices

- Direct payments
- Holistic assessment and care planning

Offering a good range of services

Source: Joint Reviews
Services for people with learning disabilities operate in the shadow of previous spending decisions – East Riding of Yorkshire

Community Support Workers – Stockton on Tees

In Mental Health and Learning Disability, community support workers implement individualised plans to sustain service users in the community. The service users are monitored within the Care Programme Approach. In Learning Disability, the support workers operate within a practice framework based on a well established and respected model of lifestyle planning. The strength of these services rests in their flexibility and user focus. Care managers are able to tailor care plans to meet specific needs and do not have to rely on building-based services.

Source: Joint Reviews
Community Living Team – Staffordshire

The aim of the Community Living Team is to promote independence. The service helps people with learning disabilities to live with support in the community. On receiving a referral the Team undertake a detailed life skills assessment which takes up to twelve weeks. They undertake independence training and help the user to move into their own accommodation. A support plan is drawn up in partnership with the social worker. There is intensive support offered from the Team for 6-8 weeks which is often gradually reduced but the worker may continue to visit regularly to help with bills, and budgeting and to monitor progress.

3.6 Mental Health Services

The NHS Plan and the National Priority Guidance issued this year press for a more seamless approach between health and social care services for those with mental health problems. It is therefore pleasing to find that Community Mental Health Teams are more likely to be integrated with Health teams. There were many examples (Bath & North East Somerset, Haringey, Redbridge, Birmingham, Kingston upon Thames and others) where these were not only established but showing the benefits of an integrated service. The Care Programme Approach is now widely adopted and authorities are making progress in identifying actions to meet the National Priorities Guidance. Some authorities experience difficulties with their Approved Social Work Services. It can be the case that effective out-of-hours services make up for deficiencies during the day.

Where teams are integrated there is still work to be done to enable staff working alongside each other to value the different skills and perspectives that they bring to the team. This often includes clarifying respective roles and recognising that these can overlap in a way that will assist the service user in obtaining a seamless service (EXHIBIT 23).

Service users may benefit if the tasks that were traditionally undertaken by separate workers can be fulfilled by a single person. In the joint teams that were functioning effectively, work was allocated according to the skills of those within the team, irrespective of professional backgrounds. This also meant that health workers could purchase social care and vice versa where required.

EXHIBIT 23
Assessment roles overlap in mental health – East Riding of Yorkshire

Resource: Joint Reviews
Ms B - Effective multidisciplinary working with a person who has a continuous and severe mental illness – North Tyneside

Ms B was first referred to Social Services 10 years ago when, at age 20, she developed a major mental illness. Ms B also had a number of factors reported to be associated with an increased risk of suicide in people with schizophrenia and she did make a number of attempts at suicide.

The multidisciplinary team worked with Ms B and her family throughout an extended period in identifying needs, developing a care plan, monitoring plans against objectives and carefully modifying the multi-model arrangements in response to changed needs or service user requests. Active attempts to provide appropriate care and support for Ms B were made in a number of settings - hospital, rehabilitation houses and ordinary supported housing.

Following a recent change in family circumstances and a prolonged hospital admission, a new and carefully costed care package has been negotiated with an independent provider who can deliver highly specialised services to meet Ms B's changing needs in an area that the service user wishes to move to.

The service delivered to Ms B exemplifies three important elements of good practice:

- effective multidisciplinary and multi-agency working;
- a long-term programme of care that is adapted to meet changing needs; and
- effective means of recording and monitoring information about Ms B's care and treatment.

3.7 Serving Black and Minority Ethnic Communities

There is some evidence from Tower Hamlets (see examples below), Haringey and Redbridge that authorities are beginning to rise better to the challenge of meeting the needs of service users from black and minority ethnic communities. Generally, however, the picture is that black and minority ethnic service users lack the range of services appropriate to their religious and cultural needs and interpreting services are often inadequate for the needs of the community. This can be compounded by a lack of information about needs for services, poor monitoring of the ethnic origin of service users, problems with access to suitable translated material and translators, as well as the institutional discrimination that is still experienced by some service users. Authorities that have small ethnic populations may not pay sufficient attention to providing appropriate services, although there are some exceptions, for example, Stockton on Tees.

Capacity-building project for ethnic providers – Tower Hamlets

This three-year project, run by the Tower Hamlets Health Strategy Group, supports the development of local black and ethnic minority community businesses to gain contracts from the Authority in health and social care. Social Services funds £17,500 of the total cost of £120,000, with European Commission funding and the Single Regeneration Budget providing the balance. Ten groups have benefited. Care workers have been trained from the Bangladeshi, Somali, Chinese and Vietnamese communities, and voluntary organisations have been trained in business skills. Two agencies have been awarded preferred provider status by Social Services and three more are in the pipeline. It has established a Care Consortium with a full-time worker.
Islamic social work group – Tower Hamlets

This group, initiated by a Service Manager for Children's Services, aims to open up discussion of social care issues of significance to the borough's large Islamic population, such as conflict between teenage girls and their families and domestic violence, and to encourage the development of more Islam-sensitive social work practice. All of the department's Islamic staff were contacted and invited to an initial meeting and contact has been made with the National Institute's Equality Unit. All social workers in the west area, where the biggest concentration of Bangladeshi people live, have been given a questionnaire to determine the key areas of difficulty that might be addressed through in-service training. A seminar is going to be planned with an external speaker to explain key aspects of Koranic teaching, and a programme of lunchtime meetings is planned to discuss a range of topics: child rearing, adolescence, domestic violence, drug use, transition for disabled young people, and sexuality.

3.8 Serving Carers

There is a serious lack of separate carers' assessments. When they are challenged on this, authorities claim that the carer's needs are being assessed along with the service user. This is not usually apparent from the care plan or the assessment records. Carers' assessments in themselves will not be sufficient. Resources will need to be put into support services for carers in their own right, such as sitting services and respite care as well as opportunities for counselling and support at critical times.

More authorities are beginning to recognise the needs of young carers and the Review Team came across a number of good initiatives.

CASE STUDY

Young Carers Project – Bedfordshire

Bedfordshire established a Young Carers pilot project in partnership with NCH Action for Children in September 1999. The Authority provided some one-year funding that has now been extended, following an initial period of research and development. The objectives of the project are to:

• provide individual support to young carers within the family environment;
• research and identify the needs of young carers;
• provide an advocacy service;
• develop support services for young carers through multi-agency work; and
• raise the awareness and profile of young carers.

CASE STUDY

Carers' Plan – Bradford

There is a Carers' Joint Planning Team, which brings together all the main carers' groups. This maintains a strategic overview on the various initiatives, advising other joint planning teams as necessary, since not all those teams have carer representatives.

Each approved scheme has a Social Services' Lead Officer, responsible for monitoring and evaluating the implementation of the scheme against agreed performance indicators, ensuring that carers themselves are fully involved in the monitoring process. York University (Social Policy Research Unit) is currently researching the outcomes of carers' assessments.
CASE STUDY
Young Carers Project – East Riding of Yorkshire

This small project, which is run by NCH Action For Children, was originally developed in 1996 and funded for three years from the Joint Finance programme. East Riding Social Services is committed to mainstream funding from this year. There are two part-time workers supported by volunteers. The majority of referrals come through the Education Welfare Service. Over three years, fifty young people have used the project. They are able to explore what it means to be a young carer as well as experience many ordinary leisure activities that would otherwise be hard to access. Isolation is a particular issue for young people living in small villages and the project has given very practical help as well as emotional support.
4. Our Findings – Shaping Services

The main messages of this chapter are that:

- Consultation should be more participative and should involve advocacy.
- Authorities need to improve the way in which they assess local needs.
- Commissioning and purchasing still need to be improved.
- Authorities must find the best way to travel along the path from systems that encourage dependency to those that are empowering.
- Structural changes in local government can have an impact, but they alone are not enough.

4.1 Consultation

There were some excellent examples of consultation with service users and carers. Some authorities worked hard to demonstrate how seriously users' views were taken. Birmingham, Kingston upon Thames (EXHIBIT 24), Wiltshire (Case Study), North
Tyneside (EXHIBIT 25), Plymouth, and Redbridge were all highlighted for some good user consultation that could be further improved by being more systematic. However, this is still patchy and in most places consultation felt remote and those involved were not always sure if they had been heard. Good events were often spoilt by a lack of feedback or follow up. Overall, the focus is on consultation rather than participation. The best forms of consultation are backed up with independent advocacy for users and carers.

The different stages at which an authority may find itself in changing the culture from one of participation to one that shares information, receives feedback about services, is involved in consultation with partners and develops positive participation with stakeholders over the future shape of services are highlighted (EXHIBIT 26, overleaf). Authorities should be able to map their participation strategy under these headings and determine if they want to cross further over the bridge in order to demonstrate a commitment to true participation. This does not mean that the other stages aren't equally valid as part of the participation process.

Source: Joint Reviews
Exhibit 25 demonstrates a range of different ways in which North Tyneside Council encourages users and carers to speak about services.

Wiltshire has a long history of successful user participation. The current development of their approach is explained in the following Case Study.

**CASE STUDY**

Development of Users’ and Carers’ Networks – Wiltshire

The ‘Wiltshire Model’ is characterised by various distinctive features:

- recognition of user expertise as valid alongside professional expertise and the consequent changed role to more enabling by professionals;
- resourcing of the Users’ and Carers’ Networks to empower both individuals and groups to influence how statutory services address their needs; the investment of the Authority in the work of the Users’ Network alone now stands at £0.5 million per year;
- facilitation of direct access by user and carer representatives to elected members, for example, meeting prior to the Social Services Committee;

- the networking of groups across the County to maximise their influence, remunerating users and carers for their contribution to service planning, as well as offering opportunities to participate in “Our Time to Talk” open meetings; and
- the commitment to reach out to marginalised users, especially users from ethnic minority communities.

There is an important lesson from those authorities who involve users and carers successfully. This is not a one-dimensional activity. It cannot be undertaken by just using a questionnaire or only having focus groups. It is a range of different approaches that provide the richness of response that ensures participation in the shaping and improvement in services.

**4.2 Assessing Local Needs**

Not many authorities have useful information that can be used to direct future resources on local needs. More detailed planning information is required to address population diversity and more work is needed on assessing need and projecting demand. One way of better understanding need is to aggregate information from individual cases. This work is rarely undertaken. There is still a need for better market mapping in order to understand the potential of current and possible new providers of services (EXHIBIT 26) – though a good start on this had been made in some places.

**CASE STUDY**

Stimulating Service Development with other providers – Kingston upon Thames

Some years ago, the Causeway Centre undertook an analysis of daycare needs for people with learning difficulties. This resulted from a school leaver having been assessed as in need of daycare being considered to be too vulnerable to attend the centre. Staff from learning disabilities services established a working party with Health and collated information about the school leaver and the needs of people being resettled from long-stay hospitals. A report presented to the Social Services Committee illustrated that there was increasing demand for day services for people with severe learning disabilities. Thereafter, Social Services worked with the Home Farm Trust to develop a dedicated day centre. The service specification provides for 45 daily places purchased on a spot contract basis. There are currently 97 people on the register.
Commissioning and purchasing are areas that would still benefit from a stronger approach. In many areas there was not a well-developed approach to commissioning. Issues for commissioning services have been noted in section 3.2 above.

Many departments are on a journey trying to transform traditional paternalistic or dependency relationships into more enabling and empowering ones. During the journey, departments will have services that reflect the different stages from where they are travelling to the end point of the journey (EXHIBIT 27).
4. OUR FINDINGS - SHAPING SERVICES

EXHIBIT 27
Partnership - eager for the journey - Leicester City

What is the Department like to work with?

<table>
<thead>
<tr>
<th>Paternalistic</th>
<th>Partnership</th>
<th>Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity</td>
<td>Early Corporateness</td>
<td>Asian Women's Disability Group</td>
</tr>
<tr>
<td>Value Voluntary Organisations</td>
<td>Operational Inter-agency working</td>
<td>Direct Payments</td>
</tr>
<tr>
<td>Users/Carers stakeholders</td>
<td>Voluntary Action Leicester</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers Assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right management style</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delegate decisions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Joint Reviews

CASE STUDY
Strategic Commissioning Team (Stockton on Tees)

The Strategic Commissioning Team is at the heart of the multi-agency planning and commissioning structure. It has a key task in translating the requirements of central Government policy and priorities and establishing local responses. In the current context of cross-cutting policy and practice, the Team represents an important piece of organisational "glue" providing a mechanism for addressing work-programme priorities and ensuring that maximum value can be gained from the joint planning or commissioning activity. The Team enables the joint agencies to cross-check work programmes and to strive to minimise duplication or conflicting agendas.

The Team comprises senior representatives from the key statutory agencies, including providers, and voluntary sector representatives. It has an annual plan that pulls together the multi-agency work programme and identifies the lead agency. It provides an effective link to the operational link groups, the Standing Client Group or issue focused groups that bring together statutory and voluntary sector staff and users and carers. The Team is well placed to address the work programmes and scheme of priorities associated with Health Action Zone status and the deployment of joint finance.
**4.3 About Councils**

Structural changes arising from the modernisation of local government are beginning to have an impact. Local authorities such as North Tyneside, Bedfordshire and Redbridge that have introduced modern structures are showing some positive early gains from their systems.

Many authorities are still considering the best way to approach the modernisation of their structures. For some, the removal of traditional Departmental Directors, replacing them with Strategic Directors, is the right step. This enables officers to work across authorities outside the traditional silos. There is a risk that this can create new silos. Where it is working effectively, partnership links both within and outside the authority appear to be stronger. Other authorities have concentrated on their committee structures to lead the way for modernisation. (A few have done both.) Many authorities now have a cabinet committee and are introducing scrutiny committees. It is the latter that are defining their roles and looking at the information required to help them fulfil their role effectively. Overall it is still too early to describe the outcomes resulting from the changes being made. The processes have not

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**EXHIBIT 28**

**Community objectives – Bedfordshire**

The seven objectives are:

1. We will make Bedfordshire prosperous
2. We will make Bedfordshire a healthier and safer place in which to grow up, live and work
3. We will involve you more in decisions about your community and how we are working to improve the quality of your life
4. We will protect our environment for future generations
5. We will give everyone an equal chance to learn and enjoy Bedfordshire's arts and sports facilities
6. We will make sure that everyone is treated equally
7. We will give you better value for money

Source: Joint Reviews

Bedfordshire County Council, as part of its approach to modernisation, has laid down seven high-level objectives (EXHIBIT 28). These objectives are broken down into sub-objectives for the relevant portfolio holders. For Social Services, the adults and children and families portfolios encompassed most of the relevant objectives.
yet reached out to examine better ways of citizen empowerment or increased local confidence in local democracy.

There is a risk that in some authorities the structural changes appear to have been made at the expense of managing the direct services. The energy of officers has been directed into organisational change and they have had their attention diverted from the need to provide quality front-line services, whatever the structure.

Progress for unitary authorities created as a result of Local Government Reorganisation is very variable. Most have been strong in creating vision for their new authority. For some, this vision needs to be translated into a language that will assist front-line services to support vulnerable people. The excitement of the wider political agenda and the development of cross-agency working has meant that some councils have taken their eye off the ball in relation to the quality and effectiveness of their front-line services. However, when this has emerged as part of a Joint Review, councils have been quick to redress any problems. Some authorities, for example, Bath & North East Somerset, have obviously flourished as new councils.

Many new unitary authorities are concerned about their capacity to manage the changes required under the government's agenda. Yet these same authorities have rarely seen the opportunity to combine with neighbours to provide some common services such as inspection, out-of-hours services and residential homes – particularly for children, foster parent recruitment and support, adoption services and other more specialist services. Some authorities are too small to develop their commissioning of more specialist services alone. It is hoped that now that the pain of separation of local councils has been overcome, more progress can be made in partnership working in pan-authority groups. This can be achieved without losing the positive benefits of a new identity for some cities and rural areas that Local Government Reorganisation has brought. Authorities can determine the areas where partnerships will enable them to be more effective. They can also select the range of particular partners who may be appropriate for a specific task, for example, a number of local authorities, Health Authorities and Health Trusts.

Some of the reviewed authorities were in a stage of recovering from difficult periods in their history (for example, Haringey and Tower Hamlets). It was positive to note how clear leadership from both politicians and managers had enabled positive changes to take place in a relatively short period of time.
5. Our Findings – Managing Performance

The key messages of this chapter are that:

- Inspection Units are improving performance.
- Those authorities that have robust quality assurance systems in place are best placed to assess the effectiveness of services.
- Complaints processes should be part of a quality assurance system.

5.1 Inspection and Regulation

Performance in Registration and Inspection Units continues to improve (EXHIBIT 29). Those Units whose data had indicated that they were slipping in meeting their statutory targets now report that these are being met.

However, there have been some reported concerns about the regulation of services to children under 8, where many authorities are behind with their registration and inspection programmes (EXHIBIT 30), particularly of child minders. These figures have not been collected in a way that gives us a true picture of the problems. The figures for day nurseries do indicate a poorer performance than that for residential homes.

5.2 Quality Assurance

Some authorities were using external accreditation as a means to quality assure their services. There is positive use being made in most authorities of Investors in People to promote human resource strategies and of Charter Marks (People First), which have been awarded to
5. OUR FINDINGS – MANAGING PERFORMANCE

individual services in both Lancashire and Hounslow, to demonstrate good customer-orientated services.

Many inspection units undertake an accreditation system for home care. In some cases, this can be confused with the council's contracting function. A proper accreditation system enables the public to know from where they might purchase home care. For many authorities it is only used to guide the council's purchasing intentions.

CASE STUDY
Undertaking Quality Audits – Haringey

In preparation for implementing Modernising Mental Health Services, the Authority conducted its own quality assurance audits on services for mentally ill adults. Triggered by the commissioning manager for mental health, the audits examined a range of issues in relation to the quality and effectiveness of care management and the ability of the service to respond to increasing demand. This is a good example of self-assessment conducted with independence and integrity and pinpointing changing needs.

CASE STUDY
Home Care Quality Assurance – Stockton on Tees

The in-house Home Care Service has built up quality assurance systems that hang together well, provide good intelligence on the health of the service and enhance the quality of practice. The system components are:

• Senior care officers take on all new care packages and hold onto them until the package is stable.
• Staff supervision systems are in place for care assistants.
• There is random service monitoring on care plans and packages.

Additionally, the Authority has introduced for each service user a system called the 'Home Care Action Plan'. This folder of information includes:

• key information about the service user;
• details of the house;
• a detailed action plan for care;
• a diary sheet identifying when calls will be made;
• a risk assessment of the client's home; and
• a communication card.

This folder is left at the service user's home and is available to all carers, relatives and the service user. This system has a lot to commend it in terms of providing clear communication on user needs in a systematic way. The Home Care Service has carried out a comprehensive upgrading of the folder contents over the past 12 months to ensure a common standard for the materials and information that is held.

Some authorities have either used the Business Excellence Model to help them assess their services or have developed their own quality assurance systems. These are still patchy and quality assurance has not yet taken the hold on practice that was promised in the early 1990s.

CASE STUDY
Business Excellence Self-Assessment Module – Wiltshire

A small working group has developed a self-assessment work-book for use by teams, units or management groups. Trained facilitators assist with the exercise, which provides a consistent and comprehensive way of evaluating current performance and planning future improvements. As such, the exercises inform not only the local business plans but common themes and priorities are fed into the strategic planning documents. It is designed to promote an open and inclusive approach to self-auditing.
**CASE STUDY**

**Departmental Quality System – Staffordshire**

The Authority has established and begun to implement a Departmental Quality System (based on the Business Excellence Model). The DQS underpins a service plan for each of the 34 service units. Its function is to hold together all performance and quality management throughout the Authority.

Within adult assessment and care management there are 19 standards, or statements of intent, known as ‘Apple Standards’.

The process of setting the standards took several months and was very ‘participative’. A group of ‘quality champions’ was appointed at different levels within the Authority. Users and carers were also involved. They had several sessions with a trainer and divided into separate groups to look at different issues such as assessment, care planning and review. Local improvement groups have now been established to monitor how the system is working.

The Review Team was impressed with the way in which the Apple Standards had been developed, involving staff, users and carers; but also with the way in which they were being used. For example, Team Managers carry out twelve structured case file reviews every two months and send comment cards to service users and carers.

**CASE STUDY**

**Good Practice Box – Kingston upon Thames**

The Authority is to be congratulated for its publications on key standards across different services. The Authority has developed a range of leaflets informing users about the standards that they can expect from a range of individual services. The leaflets are written in plain English, set out specific targets and explain how the user can complain if standards are not met. The key standards leaflet for children with disabilities who use Castlecroft Residential Unit has been translated into picture language.

**Key Standards Leaflet for Home Care**

This leaflet sets out specific standards that users can expect from the Authority’s home care service and home care provided on behalf of the Authority by independent agencies. Specific standards include:

- care assistants will arrive within 30 minutes of the agreed time;
- users will have one or two main care assistants covering weekday morning visits; and
- users will be given a folder containing their care plan; a contact name; observation sheets; medication sheets; comments and a complaints leaflet.

Complaints services are generally found to be well administered once complaints are made. However there is still more to be done in both empowering service users to make a complaint and for complaint systems to play a fuller part in the quality assurance of council services (EXHIBIT 31).

**EXHIBIT 31**

Percentage of users/carers who were told how to make a complaint if they wanted to

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Authorities reviewed in the last year</th>
<th>Other reviewed authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>[Diagram showing distribution of percentages]</td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>[Diagram showing distribution of percentages]</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>[Diagram showing distribution of percentages]</td>
<td></td>
</tr>
</tbody>
</table>

Source: Joint Reviews user/carer survey carried out by reviewed authorities.
6. Our Findings – Managing Resources

The main messages of this chapter are that:

- Authorities are getting better at managing their budgets. This is done best where medium-term financial planning also takes place.
- Authorities need to calculate spend according to determined need.
- There is still work to be done in improving understanding about unit costs.
- There is usually a strong culture of supervision within authorities. Appraisal and linking training plans to business plans would further improve the support offered to staff in stressful jobs.
- Departments that have an inclusive and participative style of management achieve high morale.

6.1 Financial Management

Fewer local authorities have experienced financial crises during the last year and generally budgets appear to be well managed. Most are now preparing for Best Value in a positive way. For many authorities there are still uncertainties about the collection of their data and their use of IT systems to support this. Not all have invested in a computer infrastructure to support their management information needs.

Most authorities are now beginning to plan their budgets on a three-year cycle (in line with central government). They are now able to carry over money (or debts) between years. This means that there is no longer a rush to spend money at the end of a financial year or to put the brakes on expenditure so fast that it affects service delivery when overspends are foreseen.

Collection of income and payment of invoices were taxing some authorities. Particularly efficient schemes were found in Bradford and Leicester City (Exhibit 32, overleaf).

CASE STUDY

Community Care Payments System – Bradford

The Community Care Administration section have a COMMcare computer system that enables them to provide immediate ‘quotes’ by telephone for the amount users will be charged for particular packages of care. The accuracy of financial details in both quotes and contracts is greatly enhanced by routing all claims through an out-posted Benefit Agency employee (the first local authority to have such an arrangement). Once the placement is agreed, a contract for the provider can be supplied within the hour. Thereafter, payments are automatically triggered on a two-weekly cycle.

The next stage for authorities is to more clearly delegate decision-making on budgets. The way in which this has taken place varies enormously and many managers did not feel empowered or equipped to handle delegated authority.

Those authorities (mostly new unitaries) that have experienced budget crises are still not able to link their financial and strategic intent. It is important to recognise that there is a variety of ways in which savings can be made: reducing services, replacing services...
Strategic planning for commissioning and finance – Leicester City

Commissioning Process
- Commissioning Plans
- Area Plans
- Performance Agreements

Budget Monitoring Process
- Budget setting
- Operational decisions
- Commitments
- Budget monitoring
- Reports

Strategic Planning and Operational Implementation
- Agreed strategic directions
- Reviewing and quality monitoring: Value for money
- Care management commitments
- Commissioning Plans
- Financial Strategy
- Local commissioning intentions and purchasing with clear budget allocations

Source: Joint Reviews

with less costly ones, or changing the ways in which services are delivered (investing in the short term to save money in the long term). All three require a change of strategic intent. This should be clear at the time savings are identified. Of course this links with Key Message 5, Chapter 2.
6. OUR FINDINGS – MANAGING RESOURCES

CASE STUDY
Decisions Conference – Bath & North East Somerset

Early in 1996, Social Services was told that £1.2 million savings needed to be found from the 1997/8 budget. A decision was taken to use a computer-aided tool to assist with this. This involved senior managers preparing alternative options for savings and for development. A group of senior officers and members met over a two-day period to analyse the options. A longer-term view was taken and in addition to the £1.2 million, further decisions were taken on 2 per cent savings for the next two years. Social Services intends to repeat the exercise every three years. A similar model was used to analyse voluntary sector funding.

"Quite a remarkable experience."
- councillor

One current debate among many authorities is the amount of funding that they should be raising above the Standard Spending Assessment (SSA: the amount of monies determined by the Treasury formula for local spend on social services) in order to meet their responsibilities to their communities. Some authorities have been concerned that with limited resources they are required to put 'additional' monies into social care. However, Central Government is increasing the amount it pays through specific grants to Social Care Services – for example, Partnership Grant, Quality Protects and Mental Illness Specific Grant. Authorities that spend close to SSA need to ensure that they have taken these additional grants into account when calculating their spend. If authorities wish to compare their spend with others it is more appropriate for them to look at the overall spend per head of population and to compare that with the spend by authorities that have similar levels of deprivation. Ultimately, judgements about spend should be made on the basis of local need.

6.2 Unit Costs
In Chapter 2, Key Message 4, the importance of being able to link the data available about activity and costs was highlighted. Local authorities are still having difficulty in making returns to the Joint Review Team that help to calculate their unit costs. We have used a similar form to that used by the Chartered Institute for Public Finance Accountants (CIPFA) to whom authorities have to make an annual return. Exhibit 33 shows that the percentage of cells required to be completed that were left empty has indicated only marginal improvements over the past year.

EXHIBIT 33
Percentage of finance and activity cells that were completed

<table>
<thead>
<tr>
<th>Percentage of finance and activity cells that were completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
</tr>
<tr>
<td>Authorities reviewed in the last year</td>
</tr>
</tbody>
</table>

Source: Finance and activity data submitted by reviewed authorities

In many cases, data submitted were questioned by the Joint Review Team and later amended by the Authority. This indicates that authorities are neither using
the data available to them nor are senior managers checking the data submitted to ensure that it all makes sense for them.

It is interesting for the Joint Review Team to learn from those who have been undertaking benchmarking work on unit costs that often this leads to a greater convergence of costs. Initial wide variations of costs for services such as home care begin to look remarkably similar for neighbouring authorities. This is not yet shown in returns to the Department of Health where there are still wide variations in unit costs. Exhibit 34 demonstrates the variation between £16.89 per hour and £7.00 per hour that national returns show for the unit costs of home care. It is probable that these figures reflect the way in which the form has been completed rather than a true reflection of a range of costs. Confusion between gross costs and net costs as well as different use of ‘on-costs’ all contribute to this unclear data. During the coming year the Department of Health and CIPFA are working together to have a joint approach to unit costs that will hopefully enable authorities to be more accurate in making their returns.

With the drive for greater efficiency in social services, one would also expect that unit costs would be decreasing. This is not the case even though there has been a wider use of less costly providers in some key service areas. The weekly costs of providing support for most client groups in social care indicate (Exhibits 35 and 36) that there are as many authorities increasing their unit costs as there are authorities lowering them. In areas such as foster care support (Exhibit 35), one may expect to find an increase as authorities seek to find ways of retaining foster carers and to develop a more professional approach to combat the higher fees paid to some carers in the independent sector. There is no obvious pattern to the figures that show dramatic changes in costs over the last year. This is also shown in Exhibit 36 where the weekly costs of supporting people with learning difficulties in residential and nursing homes shows a similar range of up and down costs.

**EXHIBIT 34**

Gross hourly cost for home help/care

<table>
<thead>
<tr>
<th>£ 20</th>
<th>£ 15</th>
<th>£ 10</th>
<th>£ 5</th>
<th>£ 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorities reviewed in the last year</td>
<td>All other authorities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Department of Health Performance Assessment Framework, 1998/9

**EXHIBIT 35**

Percentage change from 1997/8 to 1998/9 in the weekly cost of placing a child in foster care

![Percentage change chart]

Source: Department of Health Performance Assessment Framework, 1997-9
Even in the area where there is a substantial level of spend for most authorities – residential and nursing care for the elderly – there are some wild swings in costs in the outer quartiles. One would expect there to be a clearer understanding of what is happening and for authorities to have a greater knowledge of their activity (EXHIBIT 37). These figures may be of concern to those who would like to see a change in the pattern of use of residential care, with a greater emphasis on enablement and a lower use of nursing care as a result. The growth of intermediate care to assist those coming from hospital to rehabilitate in the community or to require lower levels of supported care should reduce the average costs of residential and nursing care. On the other hand many providers of residential care indicate that the prices that local authorities are prepared to pay are not sufficient for them to meet the standards that are now required by both regulators and purchasers of residential care. Many elderly people in residential care are finding that in order to occupy the home of their choice a third party is required to supplement the fees paid by the local authority. This of course is only possible if there are family members or charities prepared to pay this. Given that the unit costs of providing ‘in-house’ residential services is still higher than that purchased from the independent sector, there is still likely to be pressure to increase the amount that local authorities are prepared to pay for care.

The advent of Best Value and the need for authorities to understand their unit costs so that they can compare these both to ensure that they are competitive and that higher costs can demonstrate high quality should mean that more attention is paid to these costs during the coming year.

It has been hard to find evidence in a number of authorities that they are meeting the 2 per cent efficiency target set by the Department of Health. Unless better data are kept on activity levels and the associated...
spend, this will always be hard to demonstrate. The target is significant for authorities as the Department relies on them to achieve this in order to increase productivity to give some growth in social care provision over the current financial period.

It is recognised in the Review Team that parts of the social care system are suffering because of staff shortages. This is not consistent across the country. (It is more of a problem in London and the South East.) Some departments are better able to attract staff than others. Problems identified by Reviewers over the last year include the difficulty of recruiting home care and other care staff in areas of higher employment and in some rural areas, as well as the gaps in professional social work staff in some authorities. Services were badly affected in those authorities that relied heavily upon agency staff. This usually increased their costs. One key option open to departments was to look at the skill mixes required in teams and to maximise the use of social workers in areas where their skills and training could be best used.

6.3 Human Resource Management
Nearly two-thirds of the councils reviewed have achieved, or are in the process of applying for, the Investors in People award. This is having a positive impact on an improved culture of supervision and appraisal with training linked to the business plans. It has also improved internal communication within departments. Those authorities that have this embedded within their systems can have a marked effect on staff morale and, hence, staff turnover. The Joint Review Report, People Need People, published this year highlights the strong link between effective councils and good systems for managing and supporting staff.

CASE STUDY
Social Work Progression System – North Tyneside
The Authority has introduced a social work progression system that is based on competencies:

**Induction** for newly appointed/qualified staff

**Consolidation period** of at least one-year post qualification:
- learning agreement;
- supervision;
- training and development;
- progression and development group; and
- portfolio production.

**Portfolio** demonstrating competence in:
- assessment and care planning;
- implementing the care plan;
- monitoring and delivery of the care plan;
- reviewing and evaluating the care planning process; and
- developing professional competence.

**Assessment** of a portfolio is based on examples of work and social workers' analysis, together with observed practice.
Low morale was found among some staff in several authorities. The main reason given for this appeared to be linked to management style rather than to either the pace of change or to there being a high staff turnover. Staff appear to respond better to management that is inclusive and participative. There is strong resentment when it is overpowering and authoritarian. Clear leadership and positive vision is expected from senior managers, but they must also be willing to listen and acknowledge difficulties without scapegoating or blaming staff. Morale was high in those authorities that were performing very well and demonstrating positive changes – Kingston upon Thames and North Tyneside.

CASE STUDY
Social Care Research and Evaluation Partnership – Bradford
This is an affiliation of health and social care agencies with the University of Bradford, which acts as an umbrella support facility for a wide range of research projects, promoting internal evaluations as well as joint applications for research funding. Under its auspices, operational staff can gain access to methodological and analytical support from academic colleagues. As such, the Partnership makes a positive contribution to the development of a self-auditing culture.
7. The Review Team’s Work

7.1 Activity and Costs
Over the last year (from 1 August 1999 to 31 July 2000) position statements have been received from 24 English and 3 Welsh authorities. On 1 August 2000, there were 28 reviews in progress at different stages between set-up meeting and final committee. This is below the targets set by the Department of Health for England and the National Assembly for Wales, who fund the reviews, although targets will be met through an increase in reviews over the coming year. The average cost of a review is £55,000 – slightly higher in Wales due to report production and translation costs. A team of 18 Reviewers, helped by seven support staff, two students and four managers (the Review Director and three Assistant Directors), carries out the reviews.

7.2 New Methodology
Work has continued on the improvement and revision of the Joint Review methodology during the past year to improve the process, taking account of:

- feedback from authorities, including Directors, councillors and others;
- experience of over 70 reviews and critical analysis from within the Review Team;
- the introduction of Best Value;
- the arrangements for social services performance assessment; and
- new political and management arrangements in local councils.

The aims of revising the methodology are:

- to shorten the overall elapsed time for reviews;
- to support authorities in preparing effectively and efficiently for reviews;
- to reduce the interval between feedback and the authority’s receipt of the draft report;
- to ensure that better use is made of data from the authority itself and from audit, inspection and Best Value work in the review process;
- to reflect changes in local government and health governance and commissioning;
- to identify and deploy the Review Team resources for each review to best effect and to ensure that the skills of the whole team are used efficiently;
- to ensure that reviews are effectively managed and that quality and consistency are maintained; and
- to enable the Joint Review Team to undertake best value inspections and to contribute to performance assessment for social services.

We are also seeking to work with authorities and others to encourage a wider engagement of local stakeholders in both the preparation and feedback from reviews, and to ensure that follow-up and action planning is effectively linked to other processes of scrutiny, both internal and external to the authority.
Changes to update the new methodology in the following main areas have been made, or are in the process of being introduced:

• timetable and programming;
• the overall process will be shorter from receipt of Position Statement to final report;
• more time is built into the review for preparation, analysis and drafting;
• the reporting process will be shorter, so that authorities get the draft report earlier and are asked to return comments within two weeks; and
• Position Statements - a revised specification will encourage authorities to use existing plans and documents and focus on key themes. The aim is to make Position Statements more useful, less demanding to produce and more concise and evidence based.

Data Planning Meetings:

• the internal Data Planning Meeting will occur slightly later in the process to allow more robust analysis of evidence; and
• both the external auditor and regional SSI Inspector will be invited to attend.

Performance Matrix:

• from June 2000 the overall judgement on the performance of the authority will be presented using the performance matrix, showing current performance and the prospects for improvement;
• Best Value reporting – work will continue to incorporate the reporting of Best Value Review Inspections within Joint Review reports; and
• follow-up – a new framework for preparing action plans and agreeing follow-up will be finalised.

Report format:

• Chapter 2, which includes the overall judgement and summary, and Chapter 7, which highlights the recommendations and agenda for further action, will be combined and placed at the beginning of the report;
• Chapter 1 will be shorter and will only highlight significant context factors;
• data used in the report will be based on performance assessment indicators where this is possible; and
• greater awareness of plain English, using exhibits more effectively and keeping reports short.

These changes are supported by the introduction of a Code of Conduct for Joint Reviews, and by the development of a ‘toolkit’ that codifies and collates the most effective practice from within the Team.

All changes will be piloted during the autumn for full implementation by April 2001.

7.3 Joint Inspections
During the last year the Team has been exploring better ways of understanding the critical interfaces between social care and other public services. This has taken the form of a number of joint inspections. There have been different approaches to these inspections:

• pre-planning a joint inspection with another inspectorate – working with Ofsted and the Local Education Authority (LEA) Inspection Team at the Audit Commission;
• undertaking a simultaneous inspection with another inspectorate – working with the SSI and Best Value Housing Inspectorate;
• undertaking a joint piece of work with the NHS Regional Executive Performance Team; and
• calling in another party to assist during a Review – the Best Value Inspectorate and external auditors.

In all of these joint pieces of work, the important relationships between different organisations within the social care system were found to be critical in delivering the best outcomes. If hospital consultants need to have patients discharged before care packages can be prepared, or if children are excluded from school without a wider assessment of their needs, then there is a greater risk of hurried decisions having long-term negative implications for both the patient/pupil and a greater cost to the public purse. Of course, it is well established that the care that the patient receives in hospital and the culture within a school will also have an impact on the likely outcome for the patient/pupil.

In Telford & Wrekin the joint work was able to examine the likely impact of the transfer of the housing stock on vulnerable adults. This demonstrated the need to ensure that there are clear agreements and protocols in place prior to transfer. This is an important message for any authority preparing to transfer its housing stock. The links between social care and housing services are important (EXHIBIT 38).

Joint Reviews will continue to develop methodologies which will both enable us to better explore interfaces with those stakeholders that have an impact on social care and to undertake inspections of cross-cutting Best Value reviews.

7.4 Objectives for the Joint Review Team 2000–01

1. To complete 30 reviews in England and 4 reviews in Wales.
2. To introduce changes to methodology as outlined in 7.2 above.
3. To improve the quality of reports.
4. To share learning on best practice and work with the IDeA and other partners to assist in the programme of helping Local Authorities to improve. Contribute to the Department of Health database on best practice.
5. To ensure that follow-up arrangements with the SSI and external auditors are robust.
6. To ensure that service users and carers receive feedback on the Joint Review findings and the action plan from the authority. To this end, the Joint Review summary will be redesigned to make it more accessible to users and carers.
7. To ensure that our role as a Best Value Inspectorate is incorporated into the Joint Review process. Develop partnerships within the Best Value Inspection Service, the SSI and other inspectorates undertaking Best Value inspections of social care functions.
8. To support Performance Assessment to ensure that the evidence found in Joint Reviews assists with the interpretation of data. Assist the Social Services...
7. THE REVIEW TEAM'S WORK

EXHIBIT 38
Opening the door to more joint working between Social Services and Housing

Inspectorate Social Care Regions in preparing for their annual meetings with authorities.

9. To continue to work with the Best Value Inspection Service, the SSI and other inspectorates and audit bodies in order to develop methodologies that will assist with reviewing critical interfaces and joint working between different agencies, for example, Health Authorities and Local Authorities, Education and Social Services and so on. To build links with the Commission for Health Improvement.

10. To produce a guidance note for authorities preparing for Joint Reviews to enable authorities to limit the costs to the local taxpayer.

11. To develop the use of the Joint Review Website.

12. To continue to listen to our various stakeholders to ensure that the review process continues to improve.

13. To contribute to the development of the scrutiny role of local councillors. To contribute to the development of performance management in local authorities.
14. To develop the Team's work in assisting authorities to meet the challenge of institutional racism and other inequalities that affect users of social care services.

15. To produce an annual report that contributes to a better understanding of the issues that face social care.
APPENDIX 1: WHO'S WHO IN THE JOINT REVIEW TEAM

Appendix 1: Who's Who in the Joint Review Team

NB: This includes staff who have now left Joint Reviews but who contributed to the work of the Team during 1999/2000.

Reviewers

Rachel Ayling joined the Team in October 1999. Her background is in the voluntary sector with Scope and the Policy Studies Institute. She was previously in a joint commissioning role with the London Borough of Sutton and Merton and Sutton and Wandsworth Health Authority.

Richard Barker joined the Team in July 2000. Richard is an independent consultant/trainer working mainly in the social care field and undertakes Joint Reviews on a contract basis. Since qualifying as a social worker in 1973 he has had experience of probation and social services settings, and in social work education and training at the University of York, the University of Wales (Bangor), and with the Central Council for Education and Training in Social Work (CCETSW).

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

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

David Cubey worked as a social worker and senior manager of Social Services for Children and Families in inner and outer London Boroughs in the late 1970s and the 1980s. In the 1990s he worked for East Sussex County Council Social Services as a Manager in Residential Inspection, Quality Assurance and Evaluation and led a number of service developments. His final social services role in East Sussex was as Head of Performance Management. David has undertaken and published research on the use of rational resource allocation models for social services provision to older people.
Paul Davies has worked in social services since 1975 and has a wide experience of community care and children's services. He joined the Team in September 1998, on secondment from Middlesborough Social and Housing Services, where he was the Manager of Children and Families' Services and had previously been responsible for strategic planning and commissioning. Paul left the Team in August 2000 to take up the position of Head of Children and Families, North Yorkshire.

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

Lynne Dean joined the Team in June 2000. She is a qualified social worker who has worked in social services for 20 years, with experience of working in 4 local authorities. She has experience of working with all service user groups, but for the last 8 years has worked as a manager of Adult Services. She also has an MSc in Research Methods and an MBA.

David Horne was seconded to the Team from the Social Services Inspectorate, where he has considerable experience of designing and leading inspections across a wide range of adult, childcare and management topics. Most recently he had national responsibility for the inspection of Hospital Discharge Arrangements and developed the SSI's Data Handling Strategy. A qualified social worker, David has also worked in information technology, consultancy and lecturing. He has a first degree in Social Policy and a PhD in Mental Health Service Development. David left the Team in July 2000.

David N Jones joined the Team in April 1999 as a consultant on strategic workforce management before becoming a reviewer in June 2000. Previously he was Assistant Director of the Central Council for Education and Training in Social Work (CCETSW), and is a qualified social worker with local authority and voluntary sector experience. He was General Secretary of the British Association of Social Workers (BASW) for nine years, and was then responsible for CCETSW operations in England, including oversight of the CCETSW UK Quality Assurance Framework.
Molly Lewis was seconded to the Team from Cardiff County Council, where she had been the Head of Policy Review since local government reorganisation. During that period, she was responsible for the development of performance planning, scrutiny and review within the Council. Prior to reorganisation, Molly worked for South Glamorgan County Council's Policy Department and its Social Services Department, managing projects on strategic planning, needs analysis, devolved budgeting and management information. Molly worked on five of the six Reviews that have been conducted in Wales. Molly has an MBA from the University of Wales and lives in Cardiff. In June this year Molly left the Team to take up the position of Lead Inspector for Wales in the Audit Commission's Best Value Inspection Service.

Kevin Mansell is a qualified social worker with a degree in economics and an MA in Applied Social Studies. Following a post-graduate fellowship in the US, he worked for two years on a technical assistance programme in India. After 18 years' experience as a practitioner and manager in East London social services departments, he joined the Social Services Inspectorate in 1990, working in the London region. A member of the Joint Reviews Development Team from 1994-5, Kevin has been involved with the Department of Health since 1995, working on information and statistics, costs and outcomes, and performance measurement issues. Kevin worked as a reviewer for the Team between 1998-2000.

Sue Morgan joined the Team in August 2000. She is the former Director of the Welsh Drugs and Alcohol Unit, a policy and good practice unit founded by the National Assembly for Wales. Her experience includes policy and good practice development, strategic planning with multi-agency partnerships and performance management. She has senior management experience in the NHS, education and research institutions and is a graduate in Economic and Social Science. She is also an independent management consultant who has undertaken projects for Welsh Health Authorities, Probation Services and Local Authorities.

Hester Ormiston joined the Team in June 2000 and undertakes Joint Reviews on a contract basis. Hester is a qualified social worker, and has worked in social care since 1970. This includes teaching social care, as well as a range of management posts in all parts of the service. Her last posts in social services
departments were as Senior Assistant Director for Strategy and Planning in Manchester, and Head of Operations (South) in Derbyshire. She became a freelance consultant in April 2000 after five years of inspecting for the Social Services Inspectorate and working in the Social Care Northern Region for 18 months as a Business Link Inspector.

Jane Oulton joined the Team in April 1998. Previously she worked for Manchester Social Services where, for 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 children and families services, after an earlier career in academic and government posts.

John Roog joined the Team in August 2000 from Haringey where his main service user group experience was with learning disabilities. He was recently project manager for Haringey's Joint Review process and then for Haringey Housing and Social Services' Organisational Development and Modernisation Programme. He has a degree in Economics and an MA in Applied Social Studies. He has also managed to fit in five years as a professional musician.

Derek Sleigh was seconded to the Team in September 1999. He most recently worked for Milton Keynes Council, where he was corporate lead on Best Value and performance management issues. Derek is a social worker with extensive experience in Northamptonshire and Buckinghamshire. Before becoming a Policy Manager and then moving into corporate policy and review work, he managed services for children, older people and hospital social work.

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

Carol Tozer, joined the Team in July 1999. Having started her career in the Social Research Division of the Department of Health and Social Security, Carol has subsequently held a number of research management posts in health and social care agencies in Britain and Canada. Most recently, she has been responsible for the planning, research, management information, and quality assurance functions at Bournemouth Social Services Directorate. She has an MSc in Public Policy and a PhD in Social Policy.
Katherine Tyrrell is a qualified accountant with an MBA from the London Business School. She gained a wide range of experience of social services and partner agencies working in financial management posts in London boroughs and the NHS. Following a period working for CIPFA, she was a management consultant with KPMG and others specialising in health, social and community care. She has particular expertise in performance management, inter-agency working and informing and involving users and carers, and was involved in the development of the Joint Review methodology.

Joanna Webb joined the Team after working for Kirklees Metropolitan Council for 13 years. Most recently she has led on the development and implementation of a Corporate Customer Services Strategy, establishing cross-services one and first stop shops and reviewing access to services via telephones and IT. Prior to that she worked in a variety of posts within social services.

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

Shirley Williams was Assistant Director (Adults) at Stockport Social Services until July 2000. Her career has involved management of child and family services, lecturing, working in residential childcare and in the probation service. She also has long-standing experience working as a volunteer on management committees and in direct service delivery. A qualified social worker, Shirley has a first degree in Social Theory and Administration and a master's degree in Social Policy and Research Methods.
Review Management and Support

**John Bolton**, Review Director, joined the Team in April 1999 as an Assistant Review Director, becoming Review Director in May 2000. He has wide experience in social services. A qualified social worker who has worked as a community worker, senior manager of community-based services, chief inspector and assistant director with responsibility for quality and support services. John joined the Team from Camden Social Services.

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

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

**Andrew Webster**, former Project Director, has had wide experience in both health and social services management, most recently leading community care commissioning for the Greater Glasgow Health Board and also working for Cambridgeshire Social Services. He has a PhD in Public Policy. Andrew has recently been appointed as Regional Director for London in the Audit Commission's Best Value Inspection Service.

**Lara Bryant**, Acting Information Manager. After graduating with a Maths/Stats degree from Surrey University in 1997, Lara worked for the Metropolitan Police Service as a Scientific Officer, before joining the Team in November 1998 as an Information Associate and has been acting as Information Manager since July 2000.
Kacey Charles Brown, Acting Information Associate, has been a student at the University of Westminster since 1997 studying a four year BA (hons) degree in Business Information Management and Finance. The third year allowed him to undertake an industrial placement with the Audit Commission learning from the range of experienced and skilled staff within Joint Reviews. He has been acting as Information Associate since July 2000.

Lloyd Davis joined the Team from the Local Government Studies Directorate of the Audit Commission. Lloyd's role as Information Manager included designing and managing information systems for Joint Reviews. Lloyd is now working as Information Manager for the Audit Commission's Best Value Inspection Service.

Melanie Ward, Placement Student, after having studied 4 A levels in Maths, Economics, French and General Studies, she now studies Combined Honours Business Administration and Computer Science at Aston University. She has completed two out of the four years of the course and is spending her third year in Joint Reviews as a placement student. Past work experiences include a long list of temporary and part-time jobs including W H Smith, Great Mills DIY store and working behind a bar.

Martin Wicks, Placement Student, has previously worked for Marks & Spencer where his main role was in customer services. He secured his place with the University of Brighton after attaining A-Levels in Business Studies, Economics and Graphical Communication. He has now studied BA (hons) Business Studies at the University of Brighton for two years, maintaining a 2:1 average for both years. He is working as a placement student for the Team.

Kate Wandless, Review Support Manager, joined Joint Reviews in February 1999, working as a Review Support Co-ordinator, and more recently as Review Support Manager. She previously worked as an Editor project-managing the publication of Oxford English Dictionaries. In addition to her full-time position, she is also halfway through a part-time Masters degree in Health and Social Services at LSE.

Janice Braddock, Review Support Co-ordinator, joined the Team in March 2000. Janice is a Social Policy graduate and has a background in local government administration including working in social services.
Catherine Mangan joined the Team as Review Support Co-ordinator in August 1999, after five years at the Department for Education and Employment. She has a background in project management and recently took an 18-month career break to study for a degree in psychology. Catherine is now working as Policy Adviser in the Audit Commission’s Best Value Inspection Service.

David Pottruff, Review Support Co-ordinator, joined the Team in April 2000 following a period of five years working in higher education. In August, David moved to join the newly formed London Region Best Value Inspection Service as an Inspection Support Co-ordinator.

Dana Quinn, Temporary Review Support Co-ordinator. Originally from the States (California), Dana is now residing in London where she feels most at home. She has mainly worked as a PA, but has also travelled extensively in Turkey while working as a holiday representative.

Emma Edwards, Management Support Co-ordinator, joined the Team in January 2000. Previous to this her career entailed working for a catering establishment as their Executive Sales Consultant.

Daniel Goffe, Acting Administrative Assistant, recently joined the support team in the administrative role after graduating with a BA (Hons) in History and Politics from the University of Liverpool in June 2000. He is familiar with the areas both of Local Government and Victoria, having spent several spells as an Administrative Assistant for Westminster Council Legal Directorate at City Hall.

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

Aoife McNamara previously worked in the Irish Financial Sector before coming to London in 1998 and joining the Team in November 1998 as personal assistant to the project director. Aoife took up a new post in June 2000 as Team Support Manager in the Audit Commission’s Public Services Research Directorate.
Appendix 2: Review Programme

The following authorities in England produced position statements prior to a Joint Review between 1 August 1999 and 31 July 2000.

- Bradford*
- Birmingham*
- Staffordshire*
- Kingston upon Thames*
- North Lincolnshire*
- Redbridge*
- Bedfordshire*
- Telford & Wrekin*
- Wiltshire *
- Torbay
- Kensington & Chelsea

* Those with an asterisk above have also had their reports published

+ Those with a “+” have their reports at draft stages or are awaiting a date for formal publication

- The following authorities, whose position statement had been produced during the previous year, had their report published during this last year

- Haringey
- North Tyneside
- Leicester City
- Tower Hamlets
- Stockton on Tees
- East Riding of Yorkshire
- Bath & North East Somerset
- Lancashire
- Southampton
- Plymouth

- The following authorities will be producing position statements between 1 August 2000 and 31 July 2001, prior to their Joint Review

- Before 30 November 2000:
  - Croydon
  - Gwynedd
  - Doncaster
  - Kensington & Chelsea
  - Kent
  - Newcastle Upon Tyne
  - Nottingham
  - Peterborough
  - Shropshire
  - Wirral
  - Merthyr Tydfil
  - Neath Port Talbot

- Before 31 March 2001:
  - Brighton & Hove
  - City of London
  - Dorset
  - Gloucestershire
  - Havering
  - North East Lincolnshire
  - Rutland
  - Newport
  - Slough
  - Trafford
  - Wakefield
  - Warrington
Before 31 July 2001:
Bolton
Darlington
East Sussex
Islington
Middlesbrough
Milton Keynes
Redcar and Cleveland
Swindon
Tameside
Walsall
Waltham Forest
Caerphilly
Cardiff
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Copies of published reports on local reviews are available from: Audit Commission Publications, Bookpoint Limited, Freephone Hotline: 0800 502030, price £15, or from the Joint Review website at:
www.joint-reviews.gov.uk