A Report of the Joint Review of Social Services in

Bath and North East Somerset

Council

SSI Social Services Inspectorate

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

The work is being carried out by a specialist national team managed jointly by the Audit Commission, the Department of Health’s Social Services Inspectorate (for reviews in England), and the National Assembly for Wales (for reviews in Wales).

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A report of the review of Social Services in Bath and North East Somerset Council, March 2000

1 PROFILING BATH AND NORTH EAST SOMERSET
   Local Context
   Local Population
   Political Context
   Corporate Management
   Financial Resources
   Social Services Organisation

2 OUR OVERALL CONCLUSIONS
   Summary
   Strengths
   Key Issues

3 MEETING INDIVIDUALS’ NEEDS
   Summary
   Review Findings
   User and Carer Experience
   Finding a Service
   Assessing Need
   Managing Service Delivery
   Service Effectiveness

4 SHAPING SERVICES
   Summary
   Review Findings
   Information on Needs and Services
   Involving Users, Carers and Community Organisations
   Relationships with Independent Sector Providers
   Relationships with Other Statutory Agencies
   Strategic Commissioning
   Purchasing Services
5 MANAGING PERFORMANCE
Summary
Review Findings
Assuring Quality in Service Delivery
Monitoring Arrangements
Responding to Complaints
Regulating Services
Managing Individual Performance

6 MANAGING RESOURCES
Summary
Review Findings
Financial Planning
Financial Management
Costs
Income and Charges
Use of Buildings
Information Management
Human Resources

7 MOVING FORWARDS
Introduction
Looked After Children
Rethinking the Overall Approach to Management
Clarity and Accountability
Commissioning in Context

APPENDIX A
Review Team and Method

APPENDIX B
User/Carer Survey Analysis
A Joint Review of Bath and North East Somerset Council Social Services (the Authority) was carried out on behalf of the Audit Commission and the Social Services Inspectorate between June and July 1999. A presentation of the findings of this Review was given to Bath and North East Somerset’s Social Services Committee on 16 March 2000. An executive summary of this Report will also be available.

Review: Purpose and Process

This Report sets out the Review Team’s assessment of the Authority, highlighting areas where it is doing particularly well in comparison with other similar authorities and identifying the key issues that need to be addressed. Feedback on the more detailed issues arising from the Review was shared with councillors, managers, staff and others who contributed to the Review.

The purpose of the Joint Review is to provide an objective assessment of how well Bath and North East Somerset’s people are being served by their social services and to make a constructive contribution towards the further improvement of the services provided.

The Review considered:

- how services are arranged for individual people;
- how the care needs of the population are planned for;
- how the Authority manages performance and quality; and
- how well the available resources are being used.

Reviewers spoke to:

- users and carers;
- councillors and officers of the Authority;
- representatives of other departments in the Authority;
- key agencies and community groups; and
- in-house and external service providers.

The Review also included:

- a postal survey of users and carers;
- examination of policy documents and data;
- examination of practice in social work teams; and
- tracking samples of individual referrals and cases.
This exercise was undertaken in partnership with the Authority, and other key
groups and individuals collaborated fully in planning and supporting the Review
process. The Housing and Social Services Department produced a Position Statement
setting out their perception of the Authority's strengths and development agenda,
backed up by a range of policy and management documents.

The Review Team would like to thank everyone who so generously shared their
experience and insights in their contribution to this exercise.
PROFILING BATH AND NORTH EAST SOMERSET

This chapter outlines some key facts about Bath and North East Somerset. It includes information on the local area, demography, the political and corporate context, financial resources and the organisation of the Housing and Social Services Department.

In this Report, unless otherwise stated, the Authority is compared with a group of 15 most similar authorities. The authorities are Poole, York, North Somerset, Trafford, Swindon, Solihull, Stockport, South Gloucestershire, East Riding of Yorkshire, Sefton, Darlington, North Lincolnshire, Calderdale, Dudley and North East Lincolnshire.

1.1 Local Context

The Authority of Bath and North East Somerset came into existence on 1 April 1996. The new unitary authority brought together the former councils of Wansdyke and Bath City along with functions transferred from Avon County Council. The former authorities had very differing cultures and bringing the three together into one posed many challenges. Key partner agencies, such as the Health Authority, Police and Probation, retained the old Avon boundaries and this put additional pressures on the new authority as it sought to establish new ways of working.

The Authority is small but quite diverse. The city of Bath has been designated a UNESCO (United Nations Education, Scientific and Cultural Organization) world heritage site and attracts many tourists. The city has a significant transitory population as it has two universities and a number of language schools. Outside Bath there are two centres of population around the towns of Midsomer Norton and Radstock to the south and Keynsham to the west. The remaining population is distributed between villages and small towns in rural communities.

1.2 Local Population

Bath and North East Somerset has an estimated population of 167,320. Just over one-half of this number live in the 11 square miles occupied by the city of Bath. The remaining population is spread over 124 square miles. Of these 80,000, approximately 36,000 live in Radstock, Midsomer Norton and Keynsham.

The Authority has a lower population than its comparator group but a higher proportion of people who are over 65 and a lower proportion who are under 18. The black and minority ethnic population is high when compared with the comparator group but is low when compared with all local authorities.
The population is relatively affluent, although within Bath there are small pockets of deprivation, and rural communities are disadvantaged by poor transport links. Overall, there are relatively low mortality rates and low numbers of people with limiting long-term illness. The percentage of children in households with non-earning adults and the number of children who receive school meals is also low.

1.3 Political Context

No single party has had overall control since the start of the Authority. This reflects the political make-up of the predecessor authorities, where the Liberal Democrats controlled Bath City, the Conservatives controlled Wansdyke and no party had overall control in Avon.

Following elections in May 1999, the Liberal Democrats have 30 seats, largely in Bath, Labour have 17 seats, mainly in Midsomer Norton and Radstock and parts of Keynsham and there are 16 Conservative seats spread across Bath and in the rural wards. There are two independent councillors from the Radstock ward.

Council business is managed through a system of spokespersons. Each committee has three spokespersons, one representing each party group. The chairperson is chosen on a rotational basis.

There is a broad cross-party consensus on social services issues.

1.4 Corporate Management

The Authority has agreed a number of corporate priorities:
◆ deliver quality services that are accessible to, and meet the needs of, Bath and North East Somerset residents;
◆ promote a thriving economic community and combat poverty;
◆ build a healthier and safer community;
◆ promote quality of life and sustainability; and
◆ encourage and support lifelong learning.

Directorates were formally abolished in September 1998 and assistant directors have been designated heads of service with increased responsibility and delegated powers. The purpose was to allow directors more time to focus on corporate strategy and on cross-cutting issues.

A corporate approach to Best Value has been agreed and discussions are taking place on which services will be subject to review in the first year of the programme. A methodology for service reviews is being developed and this will focus on self-assessment and will make use of the Business Excellence Model.
The Authority prioritised the transfer of the Council’s housing stock. This was successfully completed in March 1999. As a result of the transfer, the Authority intends to invest £18 million, over a five year period, in new affordable housing that will meet local needs. This includes the development of housing for people with special needs.

1.5 Financial Resources
The 1998/9 revenue budget of £25.99 million for Social Services is 7.2 per cent above the standard spending assessment.\(^1\) This is average within the comparator group.

Available information indicates that the Authority spends comparatively more per head of population on people with learning difficulties and mental health problems than the average for the comparator group. It spends an average amount on older people and less than average on people with physical disabilities, and children and families.

1.6 Social Services Organisation
The Authority has decided to integrate the management of housing and social care. The Housing and Social Services Department is structured around a division of assessment and commissioning on the one hand and community services functions on the other. Partnership, planning and performance form a third service area and the Strategic Housing Manager, Personnel and Training Manager and Finance Manager are also part of the senior management team (Exhibit 1.1).

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\(^1\) The standard spending assessment (SSA) is the amount the government considers necessary to provide a standard level of service.
OUR OVERALL CONCLUSIONS

This chapter draws together our overall judgement of the Authority’s performance and potential for improvement. It highlights key strengths and the issues requiring attention.

2.1 Summary

Within Bath and North East Somerset, many service users are positive about the services they receive. There are some innovative services that meet needs well but there are also some inconsistencies. If the Authority is to sustain and build on its clear achievements and progress after local government reorganisation, it now needs to establish more coherence to its approach to management in order to ensure a consistently good performance in a Best Value context. Prospects for moving forward are encouraging.

Services for looked after children are of particular concern. This relates to both operational practice and strategic management. The Authority had identified concerns about practice in this area and had raised it with the Social Services Inspectorate. Plans to address many of these issues were in place but the Joint Review Team does not feel that these plans have fully got to grips with the scale and complexity of the problems facing the Authority.

It is understandable that, as a new unitary authority, there has been a focus on creating a new culture for the organisation and on demonstrating clear and visible leadership. Emphasis has also been placed on developing partnership working to ensure that there is an integrated approach to meeting needs. This has been successful. There is now a need to put more emphasis on developing a sharper management framework that will ensure consistently good services. Although most of the workforce has embraced the culture of the organisation and the leadership style adopted, a significant minority of staff seen during the course of the Review, particularly in childcare services, feel alienated. The Authority is rightly tackling poor performance; a focus on developing a more explicit performance framework will support efforts to improve consistency of standards and ensure that staff performance is both addressed and seen to be judged by objective measures.

The Authority has taken the initiative to develop some new and innovative services for children and families and adults that focus on both prevention and rehabilitation. There is now a need to focus more on developing commissioning strategies that are informed by an analysis of needs and that consider the range of services required to meet these needs.

To meet the challenge of Best Value, the Authority also needs to be more cost-conscious. Some in-house services are expensive and opportunities for block contracting could be better exploited.
Overall, the new Authority has made a positive start. The key issues that need addressing are:

- improving services for looked after children;
- developing a comprehensive performance framework that rethinks the balance between management based on personal style and an approach built on systems and processes;
- making roles and accountabilities clearer; and
- developing commissioning strategies within a Best Value framework.

2.2 Strengths

The Authority can build on the following strengths in tackling the Review’s agenda:

<table>
<thead>
<tr>
<th>MEETING INDIVIDUAL NEEDS</th>
<th>SHAPING SERVICES</th>
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<tbody>
<tr>
<td>♦ Reception services</td>
<td>♦ Energy and willingness to change</td>
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<td>♦ Duty arrangements</td>
<td>♦ User feedback surveys</td>
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<td>♦ Children in need refocusing work</td>
<td>♦ Integrating strategic planning for</td>
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<td>♦ Moving into the prevention and rehabilitation agenda</td>
<td>housing and social care</td>
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<td>♦ Foster care recruitment campaign</td>
<td>♦ Attempting to involve frontline staff in planning</td>
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<td>♦ Good examples of joint working</td>
<td>♦ Good and developing range of family support services</td>
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<tr>
<td>♦ Some innovative services</td>
<td>♦ Shifting from grants to service agreements</td>
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<tr>
<th>MANAGING PERFORMANCE</th>
<th>MANAGING RESOURCES</th>
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<tr>
<td>♦ Service plans</td>
<td>♦ Meeting savings targets</td>
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<td>♦ Development of practice manuals</td>
<td>♦ Shifting budgets to match priorities</td>
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<tr>
<td>♦ Case file audits have started</td>
<td>♦ Attracting external funding</td>
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<td>♦ Inspection Unit achieves good balance between scrutiny and support</td>
<td>♦ Presentation of monitoring information on budgets</td>
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<td>♦ The majority of staff receive regular supervision</td>
<td>♦ Member of a benchmarking club</td>
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<td>♦ Linking training to service plan objectives</td>
<td>♦ Strong capital asset base</td>
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<td>♦ Commitment to communicating with staff</td>
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2.3 Key Issues

2.3.1 Looked after children

“If you have a lot of people dabbling in it everyone thinks everyone else is doing it.”
Social Services manager

There are a number of issues relating to services for looked after children. Each issue on its own does not constitute a serious cause for concern but added together they amount to a major change agenda. There are areas of concern in each of the four areas used as a framework for Joint Reviews (Exhibit 2.1). Some of these had been recognised by the Authority and advice had been sought from the Social Services Inspectorate. Some initiatives have been implemented. For example, a children and young people’s advocacy project has been commissioned and protocols on looked after children have been developed with Education. Other initiatives are planned. The Authority needs to take a whole systems approach to ensuring that it has a strategy that fully addresses the complexities of the issues raised in this Report and the way they interrelate.

EXHIBIT 2.1 Looked after children – key issues to address

Source: Joint Reviews
The Review Team saw examples of poor recording practice. Most care plans were also too focused on tasks that professionals planned to undertake rather than objectives and outcomes for young people. There were examples of problems between various teams and young people getting caught in the middle of this. The management of some complaints is poor, with a senior manager voicing concern that some staff are reluctant to inform young people who are looked after about the complaints process.

There is a shortage of foster care placements for some children and inevitably some short-term placements become long term by default. It is often not possible to find a suitable foster family. A number of foster carers gave examples where children had been placed without the foster carer being told essential information that had subsequently put other children in the household at risk. The lack of standards, support and quality assurance systems is a particular concern.

Responsibility, and with it accountability, for looked after children is very fragmented (Exhibit 2.2). All three heads of service have some responsibility for looked after children. In practice, this means that the Director has been drawn into the detail of issues relating to looked after children, deflecting time and attention from the development of a strategic framework for the service.

EXHIBIT 2.2

Fragmented accountability

![Diagram of fragmented accountability]

**Key:**
- LAC = Looked After Children
- CSP = Children’s Services Plan
- RA = Referral and Assessment

*Source: Bath and North East Somerset*
2.3.2 Rethinking the overall approach to management

The Authority needs to strengthen the overall management of Social Services by developing management skills and systems to support the emphasis on a personal style of management that is apparent (Exhibit 2.3). At the moment, there is an overemphasis on the importance of leadership style and less value placed on substantive management processes and systems. Both are of equal importance and those who manage staff need to be concerned about what they do, the systems they use and how they do this – their management style.

EXHIBIT 2.3 The components of effective performance management

Source: Joint Reviews
The Authority is aware of the need for this. After spending a period of time developing an identity for the new Council, which has included a strong focus on leadership and culture, the Authority is now planning to embark on a management skills development programme. Within Social Services, more attention is now being paid to creating a performance management framework that will, among other things, provide managers with tangible information they can use to assess individual performance.

The impact of the corporate culture change programme has not had a consistent impact on Social Services. In general, staff who provide services to adults along with support and strategy staff are very positive about the Authority’s approach.

“It is a dynamic organisation and I feel like I have a direct input.”
Social Services manager

“There is the opportunity to do creative things.”
social worker

This is not the case with some childcare staff and with some staff from other parts of the organisation. On the contrary, a significant minority of staff talk of a culture where staff are frightened to speak out and where managers are very quick to apportion blame. Some actions taken with regard to individual staff are perceived to be unfair, as clear processes are not seen to have been followed and it is perceived that actions have been initiated by senior managers rather than through the line management process. This has the potential to undermine the Authority’s determination to tackle poor performance, which is strongly supported by Reviewers.

“It is quite authoritarian. It’s unsafe and staff feel undervalued.”
social worker

“There is deep disquiet. We don’t feel valued. There is no loyalty. People are anxious about raising things and putting their head above the parapet.”
social worker

If the Authority is to move forward, it needs to legitimise the management of poor practice by clear and transparent structures that are seen to be fair and consistent. All professionals have responsibility for the quality of their practice, but must legitimise the right of managers to manage. The fact that a significant minority of staff who work in childcare are, at best, not happy and, at worst, alienated from a culture that they feel does not respect or value their skills must be tackled by all parties. A shift towards focusing on developing solid and consistent skills and systems where boundaries and responsibilities are clear would assist in managing this.
2.3.3 Clarity and accountability

“Clarity brings empowerment.”

social worker

“They are very nice people and they behave very professionally but there doesn’t seem to be any structure and we don’t know what the policy is.”

independent sector provider

Social Services intends to implement a performance review system by April 2000. This is an ambitious target. There is a framework for this in place, as 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. However, there is a tendency within the organisation for managers to “manage down”. This means senior managers get involved in operational issues relating to the performance of staff and middle and first-line managers get drawn into case work. This has become part of the culture of the organisation. This needs to change.

The Authority took the positive step of undertaking a staff survey in 1998. This identified a strong divide between front-line staff and senior management across the Authority. Staff expressed confidence in their own manager but were critical of managers beyond this level. The tendency to sometimes “jump” the agreed line-management systems could go some way towards explaining this. While informal channels of communication are of value, the line-management structure needs to be used more in Bath and North East Somerset and boundaries of line-management responsibility and accountability need to be respected. The aim should be to create confidence in management and to use this to create trust as a cornerstone for a performance management system.

In many areas there is a lack of clarity about arrangements and accountability is not clear (Exhibit 2.4). This leads to a lack of consistency, which has an impact across the organisation. For example:

- budgets do not reflect needs and activity and there is no clear system of delegated cost-centre management;
- there is no clear rationale for when the Authority chooses to tender for delivery of a service and when it does not tender;
- reviews of packages of care can be triggered by social workers or service providers; and
- some service agreements are monitored regularly but there are no systems in place for monitoring spot contracts with independent sector home care providers.

“Things need to come together in one place and not be dotted around.”

Social Services manager, on commissioning functions

In relation to children’s services, the current structure of the Department lacks coherence. The structure is based around a separation of commissioning and provider functions but this is not consistently applied. Following internal service reviews, the Authority has realised this and is planning to change managerial responsibility for the Family Support Service and the Children’s Health and Disabilities Team (CHAD) to reflect the functions that they perform.
“People have found the structure difficult. On the adults side it works well. Children’s staff are not clear. They need lines of accountability. Staff are confused.”
Social Services manager

2.3.4 Commissioning in context

“They don’t seem to be looking forward enough in the planning.”

voluntary sector agency

The Authority is looking at developing a strategic approach to commissioning services but more clarity is needed on this. Work has begun on gathering information on need and analysing the market. The Authority has identified five priority areas. Three of these relate to service areas – domiciliary services, nursing and residential care, and supported housing – and two to client groups – childcare and services for people with learning difficulties. An approach that focuses on need rather than on services is preferable. The Authority should also set plans for services in a wider context, as any change made to one service may well have knock-on effects for other services.
The Authority is helpfully framing its strategies around three key questions:

- Where are we?
- Where do we want to get to?
- How are we going to get there?

Exhibit 2.5 develops this, giving a more rigorous framework.

There is a need to give more urgency to the difficult question of the future of in-house home care and residential provision, within a Best Value framework, as well as developing new services.

Source: Joint Reviews
This chapter examines the experience of individual users and carers, as evidenced by the Joint Review user/carer survey, as well as interviews with user and carer groups and individuals. It covers information provided, access to services, the referral process and how needs are assessed. It goes on to look at whether services meet needs and whether these services are delivered efficiently and effectively.

### 3.1 Summary

Compared with the average, a significant number of service users who replied to the Joint Review survey felt that services were excellent or good. Service users and carers spoken to as part of the Review had more mixed views on the range and quality of services. This variation in practice was also reflected in the case files. There were examples of some prompt responses that met people’s needs. There were also examples of poor practice, particularly in relation to children and young people who were looked after by the Authority.

Social Services was in the process of updating leaflets on services. It is important to ensure wide distribution of these, as many users and carers reported difficulties in finding out what was available. The three public access points provide a high-quality service. Duty systems generally work well. Initial response times are slow but improving. Eligibility criteria refer to criteria for getting an assessment but do not contain information on the level of service to be expected. Lack of agreement with the Health Authority on continuing care criteria has had a direct impact on service users and their families.

Some recent positive changes have been introduced to improve care management for adults’ services. This includes creating a Community Rehabilitation Team and reviewing forms and procedures. It is too early to assess the full impact of this work.

The development of the Children in Need system is an improvement that has led to a broader assessment of need. The quality of assessments and care plans for both children and adults varies. Plans often include a list of tasks to be done rather than specific objectives that will lead to good outcomes. In some cases, there is more than one plan and as a consequence users receive more than one review. This is confusing for service users and means that there is not a co-ordinated approach on how to best meet need.

Some innovative community-based services have been developed for children and families and adults. These services are preventative or assist people to return to or remain in their own homes. Some improvements have also been made to existing services.

There are some very good examples of joint working with Education and examples of an integrated approach to housing and social care.
3.2 Review Findings

The main strengths and areas for development are set out below and are expanded on in the text that follows:

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<thead>
<tr>
<th>STRENGTHS</th>
<th>AREAS FOR DEVELOPMENT</th>
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<tbody>
<tr>
<td>◆ Reception services</td>
<td>◆ Improve response times</td>
</tr>
<tr>
<td>◆ Duty arrangements</td>
<td>◆ Continuing care agreement</td>
</tr>
<tr>
<td>◆ Children in need refocusing work</td>
<td>◆ Integrate review processes</td>
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<tr>
<td>◆ Moving into the prevention and rehabilitation agenda</td>
<td>◆ Ensure plans have clear objectives and outcomes</td>
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<tr>
<td>◆ Foster care recruitment campaign</td>
<td>◆ Improve services for looked after children</td>
</tr>
<tr>
<td>◆ Good examples of joint working</td>
<td>◆ Make joint mental health work more integrated and robust</td>
</tr>
<tr>
<td>◆ Some innovative services</td>
<td>◆ Improve day care</td>
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</table>

3.3 User and Carer Experience

This section uses examples drawn from the results of a postal questionnaire returned by users and carers in Bath and North East Somerset. The response rate was 49 per cent, which is higher than the average of 41 per cent. Comparisons are drawn with responses received from users and carers in the 66 authorities where questionnaires have been completed to date.

3.3.1 Joint Review user/carer survey

81 per cent of respondents to the Joint Review survey said that they thought services were “excellent” or “good” compared with an average of 72 per cent of total responses received from all authorities to date (Exhibit 3.1). Only 3 per cent rated services as “poor” or “very poor” compared with an average of 10 per cent. This was the best response to this question.
Overall satisfaction: percentage of respondents rating services as “excellent” or “good”

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<thead>
<tr>
<th></th>
<th>Bath and North East Somerset</th>
<th>Other reviewed authorities</th>
<th>All averages</th>
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<tbody>
<tr>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
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Source: Joint Review User/Carer Questionnaire

“I find Social Services a very efficient and caring organisation.”

service user

Service users generally felt involved in the process and felt that they had been listened to. 78 per cent said that they were asked what they thought they needed, compared with an average of 75 per cent. 59 per cent said that they were given the help they needed compared with an average of 52 per cent.

“I would like to say how very pleased I have been with the help and advice I have had from all who are concerned in the Social Services: very many thanks.”

service user

“I am very happy with the help I receive. However, I would like reviews from Social Services.”

service user

The Authority commissioned an independent survey in October 1998 that had a similar content to the Joint Review survey. This had a larger sample, which was constructed around service areas rather than client groups. Response rates were generally favourable and consistent with the Joint Review survey. The report on the survey highlighted some areas, including looked after children, where service users were less satisfied with the service they received overall.
3.3.2 Meetings with users and carers

“The service as a whole is reasonable. It is an acceptable and agreeable standard.”

carer

“Services are very variable – from brilliant to very questionable.”

user’s advocate

Reviewers met a number of service users and carers, including groups of older people and people with learning disabilities at day centres, a number of mental health users at a weekly social club, care leavers, black and minority ethnic service users and parents of children with disabilities.

There were mixed views on the range and quality of services available. Some users felt services were excellent, others raised concerns over quality, particularly over home care staff not arriving when they were expected. Some felt that what you received depended on the quality of your social worker and the quality of social workers varied considerably. Others felt that your level of service was determined by how hard you fought for it. “Those who shout the loudest get the most” was a view held by a number of service users spoken to during the course of the Review. A general problem shared by users and carers from different client groups was the difficulty they had in finding out about things.

3.3.3 Evidence from case files

A sample of case files was examined as part of the Joint Review. Examples from these are used later in the Report, including specific illustrative case studies. There were some positive examples where adults were being supported to live independently and where families were being supported, enabling children to live at home. Child protection work showed evidence of good multi-agency work. However, the quality of recordings and of practice was inconsistent. Some files were very disorganised and in some cases were illegible. Care plans for both adults and children did not focus sufficiently on outcomes.

3.4 Finding a Service

How easy is it to get a service?

This section examines the availability of information, making contact with Social Services and how priorities are set and applied in practice.

3.4.1 Information for the public

The Authority is improving the range and quality of its information. There is a commitment to ensuring that all leaflets are written in plain English and to involving service users in the production of the information. New leaflets have been written and a number of these were available at the time of the Review. The leaflets were beginning to reach people and the Authority needs to ensure that this happens, as a number of users, carers and staff from voluntary agencies complained.
of not knowing about the assessment process and the type of assistance they could receive. This was reflected in the Joint Review survey, where 20 per cent said that they had received information compared with an average of 25 per cent (Exhibit 3.2) and 60 per cent said that the information told them how to get in touch with Social Services compared with an average of 64 per cent (Exhibit 3.3).

**EXHIBIT 3.2** Percentage receiving information about Social Services

![Exhibit 3.2](chart1.jpg)

*Source: Joint Review User/Carer Questionnaire*

**EXHIBIT 3.3** Percentage of people who were told how to get in touch

![Exhibit 3.3](chart2.jpg)

*Source: Joint Review User/Carer Questionnaire*
There is an information strategy and this includes targets relating to information for the public. The targets include publishing an audit list of all service leaflets and establishing contacts with user and carer forums to discuss public information.

All leaflets contain details of how to obtain information in other media and in community languages. Care Messenger, a newsletter for service users, is produced bi-monthly.

There was good information available on some services, for example, the guide to residential homes and services. However, there is room for improvement in the quality and accessibility of leaflets. For example, the booklet on one of the day centres lists a series of activities and does not include information on how to access the service or on user involvement.

The Community Care Charter outlines the standard response times the Authority is seeking to achieve but the Charter is not widely available and information on the standards is not included in the information leaflets. The occupational therapy service publishes a document for service users and professionals that includes target response times. This is a long document and a summary would be more user-friendly.

In conjunction with the Carers Network, Social Services has produced a carers emergency card that lists telephone numbers of people to contact if the carer is taken ill or involved in an accident.

### 3.4.2 Contact points

**The three public access points provide a high-quality service.** In particular, the reception service at Lewis House in Bath reflects the priority given to improving the service. Staff were very involved in the change process and a user survey informed decisions on arrangements. The Authority is developing one-stop shops.

### 3.4.3 Duty systems

**Duty systems generally work well.** The adults general duty system is co-ordinated by the Referral and Assessment Team. Staff from the Mental Health and Disabilities Teams contribute to this and this arrangement promotes links and understanding between teams. There is a separate approved social worker rota system that sometimes comes under considerable pressure. The Children’s Health and Disabilities Team (CHAD) provides a duty service to the Royal United Hospital and this service is highly valued by hospital staff. The Family Placement Team operates a duty service in the afternoons only. Other teams do not feel this meets their needs. The Emergency Duty Service is purchased from South Gloucester on a two-year contract. This arrangement works well and there are regular quarterly meetings to monitor the service. The Authority has recently commissioned an emergency home care service.
3.4.4 Response times

Response times need to be speeded up and evidence shows this is moving in the right direction. The Joint Review survey indicates that the Authority is slow at making an initial response: only 5 per cent of people said that they were seen or spoken to within a day compared with an average of 11 per cent (Exhibit 3.4). 32 per cent are still waiting for a response after two weeks (Exhibit 3.5). This is an improvement on the survey undertaken by the Authority where 54 per cent were still waiting for a response after two weeks. 12.5 per cent had to wait for up to one month and 8.8 per cent for longer than one month.

EXHIBIT 3.4 Response times: people seen or spoken to within a day

Source: Joint Review User/Carer Questionnaire

EXHIBIT 3.5 Response times: people seen or spoken to within two weeks

Source: Joint Review User/Carer Questionnaire
Despite this, the Authority’s survey found that over 80 per cent of respondents felt that they were contacted promptly. This varied between services. Over 80 per cent of service users who received home care, residential or nursing home care, occupational therapy services or who had applied for a disabled facilities grant felt there was prompt contact. There were three areas where a much lower number of respondents felt that they had been contacted promptly. These were day nurseries/family centres, adult social work and children looked after.

3.4.5 Ensuring fair access

There is a leaflet on eligibility criteria for adult services but this sets out the criteria for getting an assessment and does not provide information on the type and amount of service people can expect. For example, the leaflet defines physical and safety needs but does not give any information on how these needs will be met. During the course of the Review, a number of service users and advocates expressed concern as they could not understand why people were getting very different levels of service. The occupational therapy service attempts to be more specific, and the criteria that must be met for each piece of equipment or adaptation to be provided are outlined.

Criteria for access to services for children and families need to be clearer. For example, parents were not sure how decisions were taken on who gets access to the Family Link service and on the amount of service provided. The Family Link service had a waiting list of 17 at the time of the Review and there is no agreed system for prioritising need.

The lack of agreement with Avon Health Authority on continuing care criteria has had a direct impact on service users. A number of people spoken to as part of the Review gave examples of this. Different teams have different approaches to negotiations, based on personal contacts rather than a systematic approach. At the time of the Review, in principle, agreement had been reached on creating a shared budget to be used where there are disputes. However, this had not been agreed formally by the Health Authority.

3.5 Assessing Need

How are users’ needs assessed?

This section looks at how needs are assessed, the quality of assessment and how other agencies contribute.

3.5.1 Community care assessments

Community care forms and procedures have recently been reviewed. It is too early to assess the impact of this work. A working party was established in May 1998 to work on the forms and procedures. This group included front-line staff and an extensive process of consultation took place. The number of forms used was reduced. For example, the three referral forms used previously were replaced with
one. A new assessment form was developed and space has been included in a revised care plan to record unmet need.

There is an inter-agency procedure for the protection of vulnerable adults but the case file analysis undertaken as part of the Joint Review did not provide evidence that this was being used consistently.

A joint assessment process with Health for people who misuse drugs and alcohol is being developed. This will involve discontinuing the arrangement with a local voluntary organisation to carry out assessments and instead funding three posts to be based at the Mental Health Trust’s specialist drug and alcohol service.

A policy and strategy for carers was written in 1996 following the Carers Act. A group is being established to update this. This will include reviewing existing services for carers and producing plans for change and improvement. Carer assessments are only completed if requested rather than being offered as a matter of routine, although internal service reviews undertaken by the Authority indicate that this is improving.

**EVIDENCE FROM CASE FILES OF OLDER PEOPLE ON ASSESSMENT AND CARE MANAGEMENT**

- There was no consistency in the files examined. Some service users received a prompt response. For example, in one case a referral was made on 18.9.98, the assessment was completed on 1.10.98 and the services started on 9.10.98.

- Other service users have to wait much longer. For example, a carer made what they considered to be an urgent referral on 6.5.97 and the assessment was completed nearly two months later on 3.7.97.

- Some users are given detailed care plans. In other cases, users are receiving a service when an assessment has not been completed or only partially completed.

- Some recordings are up-to-date. Others are not. In one case file examined, the file noted that services had started on 19.4.99, that a review would happen on 24.5.99 and the care manager would visit with home care staff on 3.7.99. However, contrary to the care plan, Home Care decided to do a domiciliary services reassessment on 26.4.99. Priority ratings matrices are rarely filled in.

- There is evidence of carers’ involvement and separate assessments of carers’ needs sometimes take place.

- Some case files are well organised but with others it is very difficult to trace the case history. Only one file examined contained a case summary. Care plans are not accurately costed and there was no evidence of complex multi-agency care packages being arranged.
3.5.2 Children in need assessments

The Children in Need system (CHIN) is a positive development. It has encouraged a broader assessment of need but it is important that there is better integration between CHIN and the separate systems in place for child protection and looked after children. The Authority was awaiting publication of the revised ‘Working Together’ guidelines before undertaking this work.

“You are sometimes in three systems and it is difficult to know which form to fill in.”

social worker

As a result of the new procedures, there has been an increase in the number of assessments and reviews. The quality of assessments varies. In some cases, it is evident that there has been a lot of work and discussion with the family. In others the information is very sparse. This lack of consistency supports the view of many users, carers and staff from other agencies that the quality of social work practice is variable.

GOOD PRACTICE

Jointly Authored Assessments

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.

3.5.3 Joint work with Health

There is co-location with Health colleagues for learning difficulties and for two mental health teams but assessment arrangements are not integrated. This leads to duplication of work.

Arrangements for joint working on mental health are not robust and risk management needs to be improved. There is a draft Mental Health Services Practice Manual. It is not clear why Social Services invested resources producing this on its own when it would have been preferable to have put these resources into working on developing joint systems and procedures. At the moment, the Care Programme Approach and Care Management run in parallel. There is no jointly operated risk assessment process. Efforts are being made to try to have reviews simultaneously but in many cases, particularly in North East Somerset where links with Health are not as strong as in the Bath teams, this does not happen. In Bath there is co-location of teams and a joint referral system is in operation. There is less likelihood of service users slipping through the net because of this.

“Joint working is unsatisfactory.”

social worker
“They make unilateral decisions about us and decide how we will deal with the case.”

social worker

“At present there is a lot of duplication.”

community psychiatric nurse

In some cases, Social Services is not invited to care programme reviews and is told of the outcome and informed of the action it should be taking in writing. Section 117 discharge arrangements are not consistently applied and examples were given of discharges taking place without Social Services even being informed.

**EVIDENCE FROM MENTAL HEALTH CASE FILES**

There were some positive examples where younger people with mental health problems were being supported to live in their own homes. In one case, a combination of home support and attendance at a support group and day centre had enabled the service user to become more confident. The previous pattern of periods of hospital admission had been halted for the time being. In other cases, efforts had not been so concentrated or co-ordinated. Some care plans were unfocused and even when the type of skills and support needed was identified, longer-term goals and outcomes were not written down. The files seen relating to older people with mental health problems were disorganised. In some cases, assessments had not been fully completed but, despite this, decisions had been made to place people in residential care. In one case where a nursing home placement had been made, there was no health assessment on the file.

### 3.6 Managing Service Delivery

**How are packages of care managed?**

*This section examines the process for developing and managing care plans.*

#### 3.6.1 Community Rehabilitation Team

It is too early to assess the impact of the Community Rehabilitation Team and there is a backlog of work that needs to be undertaken before this Team can settle into a regular pattern of work. The Team came into existence at the end of May 1999 immediately before the fieldwork for the Joint Review began. The Team will have responsibility for care managing and reviewing all cases relating to older people, including older people who have mental health problems. Estimates on the number of cases the Team will deal with varied from between 1,000 to 2,000 cases. More work is needed to analyse workload and the staffing resources required. This will partly depend on the reviewing systems chosen. Before these are developed there is a great deal of work to be done “cleaning up” the files. This will involve making sure care plans are up to date and undertaking a risk assessment. Some files are in a very poor state and basic information is not up to date. If this work were to be blitzed using additional resources, this would prevent the Team from being in a permanent state of catching up.
3.6.2 Child protection

All child protection cases are allocated, 89 per cent of reviews take place on time and there are some quality assurance systems in place. A third-tier manager monitors all investigation and reviews and pays close attention to monitoring cases where the child has been on the register for over two years. This work is undertaken on behalf of the multi-agency Child Protection Review Sub-Committee. The Authority has recognised the need to improve consistency and in the future will be employing independent chairs for child protection conferences.

“There is not a common view amongst team managers on child protection cases.”
Social Services manager

Some child protection plans are not focused. This can lead to drift and contribute to the comparatively higher proportion of children who stay on the child protection register for over two years (Exhibit 3.6). However, this number has reduced from 31 per cent at the end of March 1997, to 25 per cent at the end of March 1998 and 21 per cent at the end of March 1999. In the Quality Protects Action Plan the Authority has set a target of 20 per cent for this year.

EXHIBIT 3.6  Number on the child protection register for over two years

Source: Audit Commission Performance Indicators, 1997/8

There is no consistency between the childcare teams in either the number of children placed on the register, or the number of cases where children have been on the register for two years or more (Table 3.1). This reflects the view that there is not consistent practice across the Authority.
Greater clarity is needed on what must happen for a child’s name to be removed from the register. In some cases there is no correlation between the reasons for registration and the care plan that results. For example, a care plan had as an objective “social worker to maintain involvement” with no mention made of what changes the social work intervention was intended to make. In another example, it was not clear why registration had taken place and notes on the case made by the Authority’s solicitor offer an opinion that “the decision to register is open to question”.

Evidence from the case files and those submitted to the Child Protection Review Sub-Committee demonstrated very mixed practice. At the meeting in June, the Sub-Committee was complimentary about the way some cases had been handled: “members acknowledged the chair’s good clear action plan” but had queries on others: “it was felt the risk indicators were not detailed”. The July meeting was similar, with reference to an “informative assessment”, but queries about the quality of care planning and recording were raised. “Some of the comments recorded were contradictory, out of context and unintelligible.”

Relationships between some schools and Social Services are sometimes problematic. This is partly due to a lack of appreciation of respective roles that results in different expectations and also due to the variable quality of social work practice. Schools are encouraged to contact Social Services but often do not get feedback and are not sure what action has been taken. There are examples of good practice but this is not consistent.

“Child protection is not consistent. We have looked into it and cases are not investigated. We sometimes request a case conference and this is not responded to.”

Local Education Authority manager

Multi-agency child protection procedures need to be updated and systems should be established for keeping the procedure manual up to date. This should be given a high priority, as the Authority is still using Avon procedures which, in some cases, predate the Children Act. For example, in the back of the child protection procedure folder there is a booklet on child abuse that is not dated but refers to the Avon Joint Abuse Committee. When changes are made to policies and
procedures, these need to be updated or added to existing policies rather than being distributed in the form of memos. For example, following a Part 8 review, a memo outlining a series of recommendations was circulated but the procedure manual was not amended or updated.

3.6.3 Caseload mix in children and families teams

Responses to children in need vary considerably between the three children and families teams. Children and families who live outside Bath City are more likely to receive a family support service. In one team, 50 per cent of cases relate to family support with the remaining 50 per cent relating to child protection or looked after children. This contrasts with another team where 78 per cent of cases related to family support and 22 per cent to child protection or looked after children (Table 3.2). When compared with the data presented in Table 3.1, it can be seen that Team A, who deal with more child protection cases than the other teams, also has fewer cases on the register for over two years or more.

### TABLE 3.2  Caseload mix in children and families teams

<table>
<thead>
<tr>
<th></th>
<th>Percentage of looked after children and child protection cases</th>
<th>Number of looked after children and child protection cases</th>
<th>Percentage of family support cases</th>
<th>Number of family support cases</th>
<th>TOTAL NUMBER OF CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team A</td>
<td>50%</td>
<td>37</td>
<td>50%</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td>Team B</td>
<td>42%</td>
<td>30</td>
<td>58%</td>
<td>42</td>
<td>72</td>
</tr>
<tr>
<td>Team C</td>
<td>22%</td>
<td>23</td>
<td>78%</td>
<td>83</td>
<td>106</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>90</td>
<td></td>
<td>162</td>
<td>252</td>
</tr>
</tbody>
</table>

Source: Bath and North East Somerset

GOOD PRACTICE

Preventing Family Breakdown – The 117 Project

In 1996 the Authority closed its only children’s home and retrained staff to provide a service aimed at supporting families where there were young people aged 11 years and over who might otherwise be accommodated. The Project focused on helping the family bring about solutions to the problems they have identified. Much of the work is done with the family in a group, usually over a period of six to eight weeks. After working with a family, their views about the service are sought through a questionnaire.
3.6.4 Care plans

“**We see action points but we don’t see a plan.**”
health service manager

**Care plans do not detail measurable outcomes.** The majority of care plans seen by the Joint Review Team for both children’s and adults’ services contain a list of actions that will be undertaken by staff involved in the case. For example, numerous care plans referred to visits being made by social workers and other professionals. These visits were sometimes very frequent and often continued for six months or longer. Plans did not contain information on the objectives of visits and the outcome to which they are contributing. Plans should focus on need and include details of the outcomes being sought and specific objectives that will contribute to reaching these.

**EXAMPLES OF UNFOCUSED INTERVENTIONS**

- “Visiting [mother] at home in order to monitor the circumstances and continue work regarding relationship issues with [mother and father].”
- “Social worker to visit on a weekly basis to monitor and focus on [mother and father’s] relationship.”
- Boy aged 6 who lives with his father. The boy has now been de-registered from the child protection register. The social worker visits to “help father in his care of [the child] as practical and emotional problems arise...”

In all these cases it is not clear what workers will actually do when they visit. Objectives are not set and there is no plan of work for the visits on the file.

**In some cases, there is more than one plan.** For example, a child could have a plan relating to a day nursery and a separate child protection plan. Sometimes these plans do not share the same goals and there is not one case co-ordinator or manager. The Authority needs to put more effort into getting different parts of the organisation to cooperate, to ensure that all those involved are working towards consistent outcomes.

3.6.5 Reviews

**There are a number of different review processes that often take place separately and that result in different action plans.** This is obviously time consuming for all those involved and is confusing to service users. For example, if a child is on the Child Protection Register and the family and child also attend a family centre then there is likely to be a child protection review and a separate review organised by the family centre. Within ten days, one mental health service user had attended three separate reviews, one for the Care Programme Approach, a care management review and a home support review. Within learning difficulties, examples were given of service users having a review of their accommodation, a separate individual programme plan review at their day centre but not having an overall care management review.
3.7 Service Effectiveness

How well do services meet needs?

This section looks at the services available and the quality of these services.

3.7.1 Looked after children

“I don’t understand why they didn’t think ahead.”

social worker, on current shortage of foster carers

The Authority has been struggling to get to grips with providing a good service for looked after children for the past three years (Exhibit 3.7). However, despite making some improvements, particularly in services for young people leaving care and in establishing systems for monitoring outcomes, there are a number of areas where practice needs to be improved.

EXHIBIT 3.7 Looked after children – key events

JANUARY 1997
Established two Looked After Children teams.

LATER in 1997
A serious childcare situation occurs.

MARCH 1998
A Review of the Looked After Children’s Service took place. This had been planned but the Authority says this was brought forward following the September 1997 incident and resulting concerns over practice. The review was, in effect, a review of one aspect of the service - the Looked After Children’s Social Work Team and their performance in completing the DOH LAC forms.

APRIL 1998
The report of the review was produced. This was critical of various aspects of the work particularly the quality of record keeping and care planning.

MAY 1998
Feedback given to staff. Members and the Director were involved with this.

JUNE 1998
An external consultant was recruited to work with Looked After Children’s Teams on improving the quality of practice.

OCTOBER 1998
Report to Committee on the Review of Looked After Children Services proposed a reorganisation into one team and the use of reviewing officers.

JUNE 1999
Report to Committee on improvements to the foster care service. Many of the recommendations outlined in the April 1998 report had not been fully implemented.

Source: Bath and North East Somerset
Bath and North East Somerset looks after a similar number of children per 1,000 of the under 18 population as its comparator group (Exhibit 3.8). A higher percentage of these children are placed with foster carers (Exhibit 3.9).

**EXHIBIT 3.8**  Number of children looked after per 1,000 children

![Bar chart showing number of children looked after per 1,000 children for Bath and North East Somerset and its comparator group. The average of the comparator group is also shown.](chart1.png)

*Source: Audit Commission Performance Indicators, 1997/8*

**EXHIBIT 3.9**  Percentage of children living with foster carers

![Bar chart showing percentage of children living with foster carers for Bath and North East Somerset and its comparator group. The median of the comparator group is also shown.](chart2.png)

*Source: Audit Commission Performance Indicators, 1997/8*
“What I would have liked to have done was to have a more planned approach but no foster carer was available when I wanted.”

social worker

It is hard to monitor and maintain consistent practice as looked after children’s cases are scattered among a large number of teams within two divisions. Data supplied by the social work teams show that at the time of the Joint Review, seven teams were involved in working with children who are looked after, although the Looked After Team manages 68 per cent of all cases and some teams have very few cases. Most of the long-term cases were being managed by the specialist Looked After Children Team, although one of the Bath teams had a large proportion of long-term looked after children cases. The Authority recently introduced independent reviewing officers in order to ensure consistency.

Foster carers are not always told essential information relating to children and young people’s background and behaviour. For example, one young person has a pattern of behaviour that occurs after a period of time in a placement. This behaviour could cause a danger to other children and adults living in the home. When the child was placed with a new foster carer they were not told about this. Other examples included foster carers not being told that young people had physically abused children and not being told about a young person who had a history of drug use. In the survey carried out by Social Services, foster carers were asked if they received adequate information about the children placed with them. Of the 24 who replied to this question, 8 said “yes”, 6 said “no” and 8 said “sometimes” or “not always”.

EVIDENCE FROM CASE FILES – LOOKED AFTER CHILDREN

The quality of recording was very patchy. Some care plans are very poor. For example, a young man is living with relatives as his mother is in prison. He has recently been charged with theft. The objective of the care plan is for “x to live with relations”. This is happening, so it is noted that “the plan is in place”. No reference is made to other needs or to longer-term outcomes. In some cases, attempts are made to frame objectives in terms of needs but nothing is included about the outcome and it is not clear how needs, for example “need to be aware of family background”, will be met. In general, plans do not focus on outcomes and objectives.

There is a lot of evidence of school involvement in reviews. This is positive, but reports from schools do not give any details on educational attainment and there is no information about this recorded in files.

There was evidence of some good matches being made with foster carers but some where appropriate foster carers could not be found. This resulted in some short-term placements becoming long term. For example, an emergency placement was made for an estimated two weeks in July 1998 and the young woman was still placed there in June 1999. Sometimes this leads to placements breaking down at very short notice and another emergency placement has to be found.
Some placements are not appropriate. Numerous social workers spoke of having no choice, of having to accept placements that were unsuitable and in some cases of having to leave a child at home when this was not the preferred solution as no placements were available. Joint Reviewers saw two examples of placements that were clearly not appropriate. In one case, a young woman aged 15 was sharing a bedroom with a five year old boy who was also being fostered. In another, a young girl who had made false allegations of sexual abuse that involved a previous foster carer’s young son was placed in another placement where a very damaged young boy was also placed. The possibility and impact of a similar allegation being made did not appear to have been considered.

At present, not enough is being done to support the development of a quality foster care service. The Authority is aware of this and a number of initiatives are planned. These include the recruitment of a part-time training officer, the availability of increased support, and the development of a foster care manual. The manual will include quality standards for foster carers.

"Everything is a problem. I have been fostering for a long time. With this lot there is an atmosphere. They do not appreciate you. I was happy before."

foster carer

Since the new Authority was established, foster carers are being lost at a similar rate to new carers being recruited (Table 3.3). However, there had been a positive response to a recent foster care recruitment campaign. The materials for this campaign were of a high quality and included written information and a video. During 1999, two of the Authority’s most experienced foster carers have been recruited by independent agencies and others were considering this option. Lack of support was given as a major reason why some carers no longer wished to remain with the Authority. Morale among many foster carers seen as part of the Joint Review appeared to be low. However, a recent survey undertaken by the Authority indicated that some foster carers are happy with the support they receive. For example, of the 27 foster carers who replied to the question, “How do you rate the support you receive from your support worker and the Family Placement Team?”, 16 rated this as “excellent/good”, 9 as “satisfactory” and only 2 as “poor”.

<table>
<thead>
<tr>
<th>TABLE 3.3</th>
<th>Foster carers – new approvals and those leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new approvals</td>
<td>15</td>
</tr>
<tr>
<td>Number of foster carers lost</td>
<td>16</td>
</tr>
</tbody>
</table>

* Up to end July 1999

Source: Bath and North East Somerset
Where there are differences of view between teams, the needs of the young person can sometimes get lost (Exhibit 3.10). In some cases, issues remain unresolved for some time (see Case Study overleaf).

EXHIBIT 3.10  Case study: getting caught in the middle

**Girl aged 13 who has experienced a lot of loss in her life and has had a number of placement moves**

**Memo from Family Support Service – the service providers:**

We decided not to continue providing this service because our criteria are not being met. We think the social worker should do it. We know (the young girl) won’t like this but we think it is in her best interests. We think this needs to be sorted out quickly and the young girl should get used to other people taking her to see her Mum. She is too dependent on the family support worker and thinks the worker is her friend.

**Memo from Social Work Team – the purchasers of the service:**

We want to get the best quality contact when Mum is visited. The family support worker has a big role to play in this. We know the family support worker is very special to (the young girl) but this is a special case. Loss is a big issue for this young girl. We need to be child centred. The service provided by the family support worker meets some of her needs. Please reconsider.

**OUTCOME**

The young girl, supported by the foster parents, complains. The contact with the family support worker is important to her and she cannot understand why this is being stopped. She would like arrangements to remain as they are. A compromise is reached where the family support worker is involved in most visits and the social worker in others. This is not what the young girl wanted.

*Source: Bath and North East Somerset*
Considerable efforts have been made, with some success, to speed up the adoption process. This has included strengthening the Adoption and Fostering Panel, which now has an independent chair, and producing a new video and publicity material. A senior practitioner post has been created to focus on adoption and post-adoption work. The Authority is in the process of commissioning a step-parent adoption service.

Joint Work with Education
Social Services and Education have been working closely on strategies for improving the educational attainment of children who are looked after. Targets for improved attainment are included in both the Quality Protects Management Action Plan and the Education Development Plan. A set of draft protocols have been developed outlining the roles of social workers, schools, educational welfare officers and foster carers. These were going through a process of consultation during the Joint Review. More detail is needed on the role of foster carers and on how educational issues should be addressed in reviews and care plans.

Other examples include:
- the Joint Early Years Panel, which considers allocation of places for children with special needs in directly provided pre-school provision;
- the Joint Agency Panel for residential education, which discusses each case prior to placement; and
- a joint group that meets twice a term to go through the list of children and young people who have been out of school for more than six weeks.

CASE STUDY – NOT FOLLOWING UP ON ISSUES RAISED BY YOUNG PEOPLE
Lack of response to a young girl aged 8 who complains about foster carers during a review in October 1997. Her complaints related to the foster parents hurting other children and she complained she was not happy about “one flannel being shared by the whole family including foster care children”. The review sheet completed by the social worker at the end of the placement did not note any problems and no follow-up took place on this.

In August 1998 an investigation into the foster carers is initiated following an incident which took place. This was a serious issue relating to the physical assault by a male foster carer on a young woman who was placed there. During the course of the investigation other young people made similar allegations. In May 1999, 18 months after the initial complaint, the Fostering and Adoption Panel de-register the foster carers. No placements were made with the foster carers in the nine months between August 1998 and May 1999.

Source: Bath and North East Somerset
3.7.2 Work with young people

Successful work has been carried out with care leavers (see Good Practice box below). Initially, this was funded using joint finance but Social Services has now picked up the funding for the post. The main focus of the work has been providing advice and support through an aftercare surgery, intensive floating support and running independence training. In the future, the Authority wants to maintain contact with an increased number of care leavers. As a starting point for this, there is a need to improve recording and data collection. More guidance and training for foster carers on supporting and promoting independence is also needed and the Authority had plans to address this.

GOOD PRACTICE

Services for Care Leavers and Young Vulnerable People Living in the Community

A multi-agency group that includes Social Services, Housing, the Health Service, a local housing association and the Benefits Agency meets regularly to look at the housing needs of care leavers and young vulnerable people living in the community. A policy on care leavers and young homeless people has been agreed and a social worker has been recruited to work with this group. A local voluntary agency provides an advocacy and mentoring service. After consultation with a group of care leavers, it was agreed that every young person who leaves care will be provided with a copy of *Stepping Out*, an information pack produced by the National Foster Care Association. There is also a separate housing guide available for young people.

The Youth Justice Audit 1997/8 undertaken by District Audit was generally positive. It notes the work taking place to improve co-ordination of appropriate adults services. Completion time for pre-sentence reports compares well with other authorities. There is a good range of resources available to support direct work with young people. However, the report notes that access to reparation and mediation services is problematic and the amount of direct time available to address offending behaviour is low.

GOOD PRACTICE

Mentoring Plus Project

The Authority commissioned a Mentoring Plus scheme from Crime Concern. Mentoring Plus is an intensive community-based mentoring and education support programme for disadvantaged and disaffected young adults. It helps to develop young people’s basic education and employment skills and builds their self esteem. Volunteer mentors work with young people over nine months. Young people also attend specially designed courses to introduce them to vocational skills and employment training is offered. Clear outcome and output targets have been set and regular monitoring takes place.
There was not a consistent response to working with schools and educational welfare officers on attendance and exclusion issues in the five youth justice case files examined. This is a small sample and the Authority might want to undertake follow-up work to see if this applies to other youth justice and children in need cases. If this proves to be the case, protocols similar to those developed for work with children who are looked after could be designed.

There was evidence of contact with schools in three of the cases but the response was different each time. In one case, the school contacted the youth justice worker because of concerns over attendance but the youth justice worker, after consultation with the team manager, did not meet with the school as “it might jeopardise the so far successful administration of the supervision order”. Longer-term outcomes relating to school attainment would appear to have been seen as a secondary issue. In another case, the school and youth justice worker met but nothing is recorded on any plans following this meeting. There was very close multi-agency work in the third case with multi-agency meetings and Social Services providing a community support worker and offering the services of the 117 Project.

3.7.3 Adult services

The Authority has developed and is in the process of developing a number of new services that will assist in supporting adults to live independently in the community, for example, “Our Way of Living” and services to meet the housing needs of people with mental health problems (see overleaf). Work is also taking place on improving the quality of existing services. As much of this work has either been implemented recently or was in the process of development, it was not possible to make a full assessment of its impact. Further discussion on services for adults is provided in later chapters. For example, plans relating to home care and in-house residential care are covered in Chapters 4 and 6. Information on quality assurance systems is covered in Chapter 5 and details on costs and charges are in Chapter 6.

A home support service for people with mental health problems has been established and, in partnership with the Alzheimer’s Disease Society, a day care service is being developed in one of the Authority’s homes for older people. A joint project in partnership with Health where staff will combine the roles of district nurse and home carer is also being developed.

The Community Response Team, a pilot project developed using winter pressures money, was very effective and a permanent project is being established. The Team brought together nurses, a physiotherapist and independent sector home care staff. An intensive service was offered that was designed to prevent people going into hospital and to enable earlier discharge. The evaluation found that the Team “proved to be an effective, high-quality model of provision, fostering multi-disciplinary learning” and its “targeted rehabilitation to sustain the supported independence of frail and vulnerable people provides a worthwhile return on investment”.

A rehabilitation service is being developed in one of the Authority’s homes for older people. The Homeward project will assist service users to regain their skills and independence. An occupational therapist is part of the team.
Our Way of Living

After a period of consultation with service users, a residential home was closed and all residents moved into houses and flats in the community. Each individual has their own tenancy and bank account and receives varying levels of support according to their needs. The refurbishment of the home would have cost approximately £500,000. Instead, the capital costs of the move were £20,000 and revenue savings of approximately £34,000 were made.

The Authority is also improving established services. The home care service is becoming more flexible, although there is still some way to go and a number of users and voluntary sector agencies do not feel there is a consistency in responses. The meals service is now provided five days a week across the Authority and a frozen meals service has been introduced.

“There are a lot of complaints about home care. Some can’t understand why someone gets something and they don’t.”

Voluntary sector agency

Housing Needs of People with Mental Health Problems

A Community Housing Officer co-ordinates an inter-agency response to the accommodation needs of people with mental health problems. This involves assessing client need, co-ordinating access to supported accommodation and providing advice regarding routes into housing. A regular surgery is provided at Hillview Lodge, the Mental Health Trust rehabilitation unit. A number of new services were developed in response to issues highlighted in the strategy to tackle rough sleeping. These include a multi-disciplinary outreach service, a resettlement service and an assisted move-on scheme.

“There are many examples of positive joint work between professionals, providers and users involved in special needs housing.”

Review of Housing and Community Care 1997/8: District Audit report 1999

There is very low take-up by Bath and North East Somerset of the independent living scheme provided by a voluntary sector agency. After exploring a number of options and consulting with existing service users, the Authority decided to continue with the independent living scheme commissioned from a voluntary agency rather than make direct payments to service users. At the end of May 1999, 12 people from Bath and North East Somerset were receiving a service out of a total of 129 people from 7 different authorities including Bath and North East Somerset. Compared with similar authorities, the number of people with physical disabilities helped to live at home per 1,000 adults is low (Exhibit 3.11).
**Systems for adaptations and disabled facility grants (DFGs) work well.** A recent report by District Audit noted that a review of a sample of cases showed it took an average of 12 months to complete a DFG application and 7 months to finish a public adaptation. This is shorter than the average time in eight other authorities studied by the Audit Commission.

“Day services are archaic.”
Social Services manager

“There is a lack of diversity in day care.”
Health Services manager

**Day care services are quite institutionalised and some buildings are in very poor condition.** For example, one of the centres operates on two floors but does not have a lift. The user satisfaction survey carried out by the Authority found that users in receipt of day services were less positive about their services. Day services have been reviewed and the need for improvement has been recognised. Plans include the development of employment services and more outreach and community-based provision. A draft Employment Development Strategy has been written and this work has involved taking stock of available provision. A range of options that will include refocusing existing provision and working with others to develop new employment opportunities are being considered. This strategy and the newly formed Community Day Services Team represent moves in the right direction. The Authority’s decision to have services that cater for people from age 19 to 90 with very different disabilities creates challenges for staff in ensuring individual needs are met.
SHAPING SERVICES

This section examines the Authority’s ability to shape better services for the future. It looks at how well the Authority understands the changing needs of its community and its ability to set a clear strategic direction as a result. The Authority’s capacity to successfully deliver service change is explored in the context of its partnerships with other stakeholders.

4.1 Summary

There is a lot of energy and commitment to change, with much activity taking place. This is positive but the Authority would be more effective if strategic commissioning frameworks were developed and there was improved co-ordination.

The Authority has basic demographic data and some information on the use and volume of services and has begun to analyse this information and use it to inform commissioning decisions.

There are some good examples of users having an influence on service delivery. However, there is inconsistency in involving service users and voluntary sector providers in planning groups. There is also a lack of private sector involvement. There is a need to be clear and open about how people are selected to sit on planning groups.

Partnership work with other statutory agencies is generally good. The positive intentions now evident in the relationship between Social Services and the Health Authority need to be turned into real outcomes. The integration of Housing and Social Services is demonstrated in strategic plans and has had a positive impact on outcomes for service users.

Planning groups are not co-ordinated. This is partly due to adjusting to Government priorities but the Authority has a tendency to set up a new group for every new initiative. Strategic plans do not set out commissioning strategies. The Authority has started work on developing these.

The Authority has introduced service agreements, which have replaced the majority of grants awarded to voluntary organisations and are beginning to specify services and outputs, but there is still a tendency to set targets that are about processes and that are difficult to measure. A shift to block contracting would give the Authority more opportunity to shape and influence the market. There is no consistency in decisions on when to tender or keep things in house. A Best Value approach would provide a more rigorous framework.
4.2 Review Findings

The main strengths and areas for development are set out below and are expanded on in the text that follows:

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>AREAS FOR DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Energy and willingness to change</td>
<td>◆ Use information to inform decision-making</td>
</tr>
<tr>
<td>◆ User feedback surveys</td>
<td>◆ Develop user involvement strategy</td>
</tr>
<tr>
<td>◆ Integrating strategic planning for housing and social care</td>
<td>◆ Improve co-ordination of planning</td>
</tr>
<tr>
<td>◆ Attempting to involve front-line staff in planning</td>
<td>◆ Improve project implementation</td>
</tr>
<tr>
<td>◆ Good and developing range of family support services</td>
<td>◆ Develop some block contracts</td>
</tr>
<tr>
<td>◆ Shifting from grants to service agreements</td>
<td>◆ Be consistent in processes for letting contracts</td>
</tr>
</tbody>
</table>

4.3 Information on Needs and Services

What is known about needs and services?

This section examines how information on need and current services is used to inform planning decisions.

4.3.1 Needs analysis

Strategic plans contain basic demographic data but do not estimate the potential demand for services. The Children’s Services Plan, Community Care Plan and Quality Protects Management Action Plan contain demographic data and some data on service use. Nothing is included from other sources of information on need, for example customer services, feedback from advocacy organisations, information from complaints or information from care managers or social workers.

"Current needs mapping is unsophisticated and more work is required to identify sources and methods of collating information to assist future strategic planning."

Some information on services is included in strategic plans. However, it is not possible to gain a picture of the social care market as plans do not contain full details of the volume and use of services being provided and purchased or of other services available for people with social care needs. Some service managers are starting to undertake this work and the draft Adult Disabilities Community Services Business Plan contains the beginning of an analysis of agencies that provide services for people with disabilities.

The Authority is beginning to make use of information to inform commissioning decisions. The three-year strategy for elderly persons’ homes contains an analysis of needs and of the market, and the review of the Authority’s mental health residential provision also included an analysis of need.

4.3.2 Using information to inform decision-making

The information presented in the service plans is not analysed and it is not possible to tell how, if at all, it has been used to inform decision-making. Sometimes, information on service use is given without any context. For example, information contained in the Community Care Plan notes that in 1998 the home care service provided help to 2,302 service users. On its own, it is not possible to deduce whether this is either good or bad. It would be of use if it were compared with the previous year’s numbers, the estimated number who might need services or the number of users served by similar authorities.

4.4 Involving Users, Carers and Community Organisations

Are local people involved in planning services?

This section examines how service users, their carers and families and local community groups are involved in the planning process.

4.4.1 Involvement in planning

Some positive efforts have been made to involve service users and carers in service planning. Conferences are organised to consult on the Children’s Services and Community Care Plans. 92 people attended the conference on the last Children’s Services Plan and 73 people attended a conference on the Community Care Plan in September 1998. Service users have also been involved in various service reviews; for example, the reviews of mental health and learning disabilities residential provision and the day care review.

Service users and their advocates are represented on some planning groups, but this is not consistent, and there is a lack of clarity on how people are selected. For example, the Service Development Groups on mental health include service users but the Learning Difficulties Strategy Group does not. Some carers spoken to during the course of the Review had been invited to a focus group meeting on carers. Others at the same meeting had not.
Some developments are taking place to ensure that service users participate in planning at an early stage. A stakeholder event for mental health service users was held recently in Midsomer Norton and an event is planned for Bath. Young people have been involved in planning the information event, Get a Life, which will take place in October 1999.

The Authority has developed a corporate interim consultation strategy but this is not being used to inform practice. The strategy sets out broad principles but delegates delivery of the strategy to heads of service. Heads of service need to develop an implementation plan for the strategy. This should include guidelines for staff and clarify when to consult and how to make the process open and transparent.

4.4.2 Feedback on service delivery

There were a number of positive examples of service users and carers being given an opportunity to give feedback on the services they received. A number of services use regular feedback surveys including the 117 Project, the Adult Care Team at the Royal United Hospital and the Home Care service. A user feedback form is being piloted in one of the children and families teams. Day centres and residential care homes have regular user and residents meetings. In one of the learning difficulties day centres, a user committee had been formed and systems had been developed for enabling committee members to feed back and get views from the groups they represent.

GOOD PRACTICE

Evaluation of Changes made at Connections Day Centre

Connections Day Centre was established in January 1999. It brought together two separate day centres that had operated at the same site. One of the day centres was for people with learning difficulties, the other for people with physical disabilities. Service users had been consulted about the changes and there had been a lot of anxieties. Council members were conscious of this so arranged to visit the centre six months into its existence to hear from service users how they had felt during the change process and how they felt now. Service users prepared a presentation, which they gave verbally and in writing. This enabled everyone involved – service users, staff and council members – to reflect on the change process. The main point, which was stressed by service users, was “Above all we hope you can draw lessons from this process. Please consider the way any future changes to services need to be carried out and the effect it has on us or others first”.

45
4.4.3 Charter for Children and Young People

The Authority is committed to improving the involvement of children and young people in planning services. As part of this work, Social Services is leading a corporate initiative on developing a charter for children and young people. An external agency has been appointed to undertake the work on this. The first phase of the work involved consultation with 740 young people. The second phase will involve making use of the feedback given to create a charter that will be effective in ensuring young people are aware of the services to which they are entitled and the standard of service they can expect.

4.5 Relationships with Independent Sector Providers

Does the Authority work in partnership with independent sector agencies?

This section looks at the relationship between Social Services and independent sector agencies.

“The Council still tends to pluck voluntary organisations out of the air to sit on planning groups.”

independent sector provider

“Private providers could contribute a lot.”

independent sector provider

Independent sector providers are involved in some planning groups but this is not consistent and agencies are not clear how providers are selected. The voluntary sector is represented on the majority of planning groups but, as with service users, it is not clear to providers how or why groups are selected. Representatives from private sector providers are not included on key planning groups. There is an independent sector provider forum but the main focus is on contracting issues rather than planning and providers do not feel that they are given enough information on the Authority’s commissioning or purchasing plans.

4.6 Relationships with Other Statutory Agencies

Is there partnership working with other agencies?

This section comments on Social Services partnerships with key statutory agencies.

4.6.1 Health Authority

“There is lots of goodwill and intentions.”

Health Service manager

Since the establishment of four new geographical directorates, which are coterminous with the four ex-Avon unitaries, relationships between Social Services and the Health Authority have improved. The challenge is to turn the commitment
and energy into concrete and tangible outcomes for service users. Attempts are being made to resolve the long running disagreement over continuing care by creating a budget for complex cases that will require jointly funded packages. The Health Authority and Bath and North East Somerset have agreed that this could be a way forward and that it needs to be discussed with the other unitaries.

“It has been very much pass the parcel with Health on continuing care.”
Social Services manager

Joint commissioning is underdeveloped. Within Mental Health, this approach could be used to create more integration and less duplication. A pan-Avon Commissioning Team for services for people with learning disabilities has been meeting for some time. The initial focus of the work was on the closure of the remaining long-stay hospitals. Section 28A agreements were very specific, focusing on individual packages of care, and the Health Authority acknowledged that this did not assist the local authorities in considering alternative ways in which resources might be used. A more strategic approach is now being taken to the joint commissioning of services.

4.6.2 Education

“We feel very positive. We are a considerable way down the path and there is a lot of goodwill.”
Social Services manager

There is a good working relationship between Social Services and Education and work has begun on ensuring consistency between the various strategic plans written by the two departments. The Chief Executive has established an Education and Social Services Liaison Group that meets three times a year. The terms of reference focus on improving the effectiveness of joint working. Social Services was not represented on the working group responsible for producing the Behaviour Support Plan although it did receive all the working papers. The Plan includes a chapter on multi-agency roles and contributions, which has a brief section on links with Social Services, and there is an appendix that includes the targets from the Children’s Services Plan. The Authority was congratulated on the content of its Early Years Development and Childcare Plan by the Department for Education and Employment, although it is difficult to discern the strategy for children in need. The Education Department was involved with developing the Quality Protects Management Action Plan and a senior manager from Education is part of the management action group.

“There was very close working right from the start.”
Education manager, on Quality Protects
4.6.3 Housing issues

The approach to housing and social care is well integrated and this is reflected in the content of strategic plans. The importance of integrating the responses to social care and housing need was realised at the outset of the new Authority and a combined Housing and Social Services Department was created. The Housing Strategy incorporates social care issues and provides information on special housing needs and how these will be addressed. It is intended that £18 million of the receipts that resulted from the sale of the Council’s housing stock will be used to support the special housing needs strategy and the refurbishment of the Authority’s day centres. There is a separate Single Homeless Strategy.

“Since the creation of the unitary authority, Bath and North East Somerset has made significant progress in the development of its housing and social care policies and our audit has highlighted many areas where close integration is evident... There are clear links between the Authority’s strategic planning documents and a recognition of the needs of vulnerable people in several sections of the housing strategy.”

Review of Housing and Community Care 1997/8, District Audit

4.6.4 Creating a Youth Offender Team

The Authority is confident of meeting Government deadlines on forming a Youth Offender Team, although there have been some problems in agreeing how the new service will be resourced. At the time of the Review, the Education Committee and Police and Probation had not agreed the level of resources they would be committing to the Team. The steering group included representatives from different levels within the partner agencies and this caused some delays as some people did not have the authority to commit resources. There have also been difficulties in creating a partnership approach as some see the Youth Offending Team as “belonging” to Social Services.

4.7 Strategic Commissioning

Are there client group commissioning strategies?

This section examines the current approach to planning and commissioning services.

4.7.1 Planning services

Planning arrangements are very diffuse and fragmented, as the Authority has a tendency to respond to new initiatives by creating a new group to deal with this. This means that there is a plethora of groups and it is difficult for stakeholders who are not involved to be able to understand how groups relate or which the key decision-making groups are. The energy and enthusiasm, which are very evident, could lead to better results if there were fewer groups and more co-ordination.
The Quality Protects Management Action Plan included a diagram that outlined the planning process for children’s services (Exhibit 4.1). This is very complex and it is not clear how all the groups relate. In addition there are other groups, for example, the Foster Care Audit and Action Group and the Foster Carers Association, that do not appear on the diagram. There are currently 19 senior management groups in children’s services.

EXHIBIT 4.1  Joint planning arrangements – children’s services

Simplified diagram of planning arrangements for children from April 1999

The situation is similar for older people, where there is a multi-agency Older People’s Steering Group that has sub-groups on prevention, rehabilitation and acute services. There is also an in-house Social Services Older People’s Action Group and additional internal groups looking at the commissioning strategy for home care and residential care. It is not clear how the Steering Group and Action Group relate or how the two groups link with the two Primary Care Groups.
Front-line staff are involved in the Older People’s Action Group and in the Race Equality and Action Group. The staff involved are very positive about the work of both. The latter Group has a remit that covers employment and service delivery. Its objectives include identifying specific initiatives, developing a Race Equality Strategy Plan and linking with the corporate group on race equality.

The planning system is changing and this should provide an opportunity to streamline the number of groups and clarify how groups relate to one another. This information will need to be publicised to all key stakeholders. A consultation paper has been circulated proposing the establishment of a Partnership Board (Exhibit 4.2). At this stage, it is not clear where commissioners will discuss budget proposals and negotiate joint arrangements, as the Partnership Board and Strategic Joint Working Groups will be too large to enable this to happen effectively. Also, it is not clear how groups such as the Drug Action Team and the Youth Offending Steering Group will relate to, for example, the Housing Strategy Group or the Children’s Joint Strategy Group.

**EXHIBIT 4.2**

**New proposals for partnership working**

<table>
<thead>
<tr>
<th>Partnership Board</th>
<th>Health Authority</th>
<th>Local Authority</th>
<th>NHS Trusts</th>
<th>Voluntary Sector Private Sector</th>
<th>Disability Equality Forum</th>
<th>Service Users/Carers</th>
<th>Primary Care Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strategic Joint Working Groups</td>
<td>Multi-agency Groups Linking in to Board</td>
<td>Other local initiatives tied into a national programme</td>
<td>Other ad hoc short life working groups as and when necessary</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Mental Health Service Development Group</td>
<td>Drug Action Team</td>
<td>Local Agenda 21</td>
<td>Social Regeneration Budget</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Older People’s Strategy Steering Group</td>
<td>Community Safety Partnership Group</td>
<td>Youth Offending Steering Group</td>
<td>Healthy Living Centre</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Children’s Joint Strategy Group</td>
<td>Youth Offending Steering Group</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Promotion</td>
<td>Area Child Protection Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: Bath and North East Somerset
4.7.2 Strategic plans

The Community Care and Children’s Services Plans do not set out commissioning strategies, and targets are mostly concerned with process issues rather than with specific initiatives that will directly benefit service users. For example, it is not possible to gain an understanding of what will change in the next three years for people with mental health problems. The plan does not set out what those involved are trying to do and the targets set out refer to reviews, developing strategies and exploring options. Out of 24 targets listed for the next three years, only one, the development of an acute day hospital, refers to a tangible service development. A similar pattern is repeated for other Community Care Client groups and in the Children’s Services Plan. The community care plan also includes a review of the 1998/9 targets. The majority of these targets had not been achieved or were only partially achieved. Where things have been achieved, for example, an action plan has been agreed for developing mental health services, it is difficult to link this with the new targets noted above. Some Children’s Services Plan targets have not been achieved to the expected timescale.

The Quality Protects Management Action Plan is well structured and presents clear targets, and there are monitoring systems in place. The Plan is strong on inter-agency thinking and the Social Services Inspectorate, in its initial feedback made a number of positive comments, including commending close member involvement. However, some of the Authority’s assessments of their strengths and weaknesses were not realistic. For example, the Authority notes that having committed foster carers is one of its strengths but does not mention the need to improve the quality assurance of the fostering service. It notes as a strength that the looked after service has been reviewed but does not refer to the findings being very critical and many of the plans to address this have not been fully implemented. Also, the review was of one team rather than the whole service. The Action Plan is detailed, although sometimes accountability is not clear as there are shared leads. In some cases, staff from Policy and Partnerships are leads for action where it would be more appropriate for operational staff to have a lead. For example, it should be the responsibility of operational managers to “embed” the use of the childcare quality manuals, and to make sure the benefits of the looked after children (LAC) system are maximised. There is a monitoring system in place, which reports quarterly on the key indicators and on progress with the tasks included in the Action Plan. More detailed project management systems will be needed for some tasks outlined in the Action Plan. These should detail key milestones.
4.7.3 Commissioning issues

There is no consistency in how the Authority approaches commissioning. The Authority has recognised this and is beginning to develop strategic commissioning frameworks. It is important that these are needs led rather than focusing on specific service areas. The Authority has adopted this approach when developing family support services and now has a range of provision that includes family centres, the 117 project and a parenting project. Using information on need, the Authority can now look at its day nurseries and the adolescent social work service and see how these services should best fit within the range available. During the Review, a number of people noted that there was a gap in the market for a service that would work with young people on their own, in contrast to the 117 which will only work with young people and their families.

The challenge to the Authority will be to create more co-ordination while not stifling creativity and still encouraging front-line staff to try new ideas. For example, each member of the Children’s Health and Disabilities Team was given £1,000 to develop one-off schemes. This resulted in a number of new projects, including the development of a comprehensive booklet for parents on the services available.

In some areas, some innovative projects have been developed. These fit with the overall vision but can seem ad hoc as they are not part of an agreed strategy that has been developed following an assessment of need and an analysis of current service provision. For example, the planned development of the Home Care/District Nurse Project is not included in the Community Care Plan.

In other areas, there has not been a commissioning perspective. For example, the location of the Children’s Health and Disabilities Team within Community Services has meant that it has been insufficiently linked into planning and development activities for children’s services. The Authority has recognised this and in future the Team will be part of the Assessment and Commissioning Division. There is not a coherent strategy for drugs and alcohol work. The recent change from having one Drug Action Team that covered the Avon Health Authority area to having a Drug Action Team in each of the unitary authorities should provide an opportunity to develop a local strategy based on local need.
Work has started on developing strategies for the future of the in-house home-care service. A working paper has been written on the commissioning strategy for domiciliary care. This provides a detailed analysis of current provision using data drawn from an information gathering exercise that took place in July along with data drawn together by external consultants. The data indicated that Bath and North East Somerset provides fewer home care hours than its comparator group and a lower percentage receive intensive packages of care of over six visits a week (Table 4.1). The number of in-house domiciliary care staff in Bath and North East Somerset is 26 per cent lower than the comparator group average. The Authority needs to investigate the reasons for this particularly as it is committed to providing services that enable people to maintain their independence for as long as possible. At this stage, the working paper does not cost options or identify the type of domiciliary services that will be purchased.

<table>
<thead>
<tr>
<th>TABLE 4.1</th>
<th>Home care coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact hours per 1,000 population aged 75 and over</td>
<td>311</td>
</tr>
<tr>
<td>Average number of hours/week received</td>
<td>3.7 hrs</td>
</tr>
<tr>
<td>Percentage of households who receive one visit per week</td>
<td>42%</td>
</tr>
<tr>
<td>Percentage of people who receive help at least 6 visits per week</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Bath and North East Somerset, May 1999

The Authority has also started to address the long-term future of its residential care homes for older people and a number of homes have been closed. Of the remaining seven, a rehabilitation service is being developed at the Hawthorns, a partnership arrangement has been entered into with the Alzheimer’s Disease Society to develop a day centre at Goldney House and there are some early discussions to develop day centre provision at the home in Midsomer Norton. Individual homes have also been working on possible options.

There is a business plan for elderly person’s homes for the three year period 1999/2002, although this is not up to date, as it uses data from 1996/7 on unit costs and data from 1997/8 on occupancy levels. The Action Plan, which says it was updated in September 1998, still has revised timescales that have now passed and there is no mention of the planned rehabilitation service to be provided at the Hawthorns. It also does not grasp the essential problem of how to demonstrate the added value of provision that is more expensive than could be purchased elsewhere.
4.7.4 Delivering change

A number of projects have been approved and have started without a full project plan covering the steps needed to ensure effective implementation. For example, the Community Rehabilitation Team was developed over a two-year period. However, the Team began work before protocols had been agreed on handing over cases, plans had not been made for dealing with the massive task of getting hundreds of files up to date, no assessment of the potential workload was made and agreement had not been reached on how budgets would be allocated. Protocols on referral are still being agreed with the Barnado’s Family Centre in Radstock months after opening. When the Authority closed its children’s home, the budget was invested in the 117 Project but no corresponding short-term investment was made to develop fostering at that time.

4.8 Purchasing Services

How are services purchased?

This section examines arrangements for purchasing services from independent sector providers.

4.8.1 Move from grants to service agreements

The Authority has changed its approach to purchasing services but still needs to do more work on ensuring targets are clear and directed towards positive outcomes for service users. In 1997, 77 per cent of expenditure on services provided by voluntary organisations was funded via grant aid, with 23 per cent being funded under contract. By 1999, this had changed to 78 per cent under contract. All organisations receiving more than £5,000 funding per year are now subject to a service level agreement.

Service level agreements include targets. In the majority of cases these are not specific. For example, even when outputs are specified they are not precise, such as, providing day care for up to 15 users per day, or recruiting up to 15 volunteers. In some cases the targets are very difficult to measure, for example “to investigate opportunities to provide a broader range of services to carers”. In others the purpose of the target is not clear: “to set up and hold two user forums over the year” or it is not clear how it relates to the service: “applying for charitable status”.

4.8.2 Specifying services

Some service level agreements contain detailed budgets that include information on staff costs, travel expenses and office costs but they do not contain unit costs of the services being purchased. This is confusing. If the Authority has shifted to an approach where it is focusing on the services being purchased, then all Social Services needs to do is specify the service and know what price it is being charged for this.
4.8.3 Consistency on tendering

More consistency is needed as to when decisions are made to tender or to keep things in-house. A Best Value approach to selecting providers would give a more rigorous framework. A decision was taken to close a mental health hostel and to use the capital to refurbish the two remaining mental health hostels. The Authority undertook an analysis of the three hostels in order to decide which homes were most cost effective but it did not look wider than this. It did not even informally approach potential providers to assess costs either to refurbish the hostels or to repurpose them on other sites. Tenders to provide the Home Support Service were sought. It is not clear why this happened in this case. Despite tendering at the highest price, the Authority won the contract on the grounds that it had more expertise, a secure financial base and sound management arrangements. The option of providing short-term support to independent sector providers in order to gain longer-term financial advantage was not explored.

4.8.4 Use of block contracts for home care and residential care

The Authority should consider purchasing some home care services using block contracts as this would be more cost effective. Home care for 61 clients is currently purchased from 17 different providers. Separate invoices for each service user are sent in on a weekly basis and staff are involved in checking and processing these. Some initial discussions on a block contract have taken place with one residential home that is used regularly. These discussions indicate that there is a possibility of making savings if a block contract was developed. There could be potential for exploring this further with this particular home and with others as although a large range of homes are used, there are a significant minority that seem popular and where a large number of people choose to live.
This chapter considers evidence on how well the Authority manages the performance of staff and the services it provides and purchases. This includes arrangements for quality assuring services, monitoring arrangements, regulation, the management of the complaints process, the work of the Inspection Unit and the management and development of staff.

5.1 Summary

The Authority has developed a framework for managing individual performance that involves each service producing a service plan that links to corporate and departmental priorities. There was evidence of good staff involvement in producing a number of plans. The service plans provide the Authority with a good framework for developing high-quality services but targets need to be specific and measurable.

Greater clarity is needed on the roles and responsibilities of managers and a detailed scheme of delegation needs to be developed. Managers need to be responsible and held accountable for the services they manage. Managers need to avoid “managing down”.

Quality assurance systems are in place for some services but not for all. Quality manuals for childcare and community care are in the process of being developed. In some areas the quality of service would be improved if there were better working relationships between teams. A sound methodology has been developed for carrying out internal service reviews. This will assist with developing work on Best Value. The Authority is involved in partnership work with academic institutions which is focusing on improving practice and performance management.

Management information bulletins are produced but there are problems with the quality of data. This information needs to be used to monitor individual performance. Monitoring arrangements are not consistent or sufficiently rigorous. Case file audits have recently been introduced. Systems for ensuring consistency in applying standards for the audits need to be developed. There is no agreed workload management system in place.

Systems for distributing information on the complaints process need to be improved, particularly for looked after children.

The Inspection Unit achieves a good balance between scrutiny and support. The Authority is now achieving the statutory target for completing inspections.

The majority of staff receive supervision. The Authority links individual training to service priorities. This is positive.
5.2 Review Findings

The main strengths and areas for development are set out below and are expanded on in the text that follows:

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>AREAS FOR DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Service plans</td>
<td>◆ Greater clarity over the roles and responsibilities of managers</td>
</tr>
<tr>
<td>◆ Development of practice manuals</td>
<td>◆ All services to have quality assurance systems</td>
</tr>
<tr>
<td>◆ Started case file audits</td>
<td>◆ Use management information to monitor performance</td>
</tr>
<tr>
<td>◆ Inspection Unit achieves a good balance between scrutiny and support</td>
<td>◆ Ensure systematic contract monitoring</td>
</tr>
<tr>
<td>◆ The majority of staff receive regular supervision</td>
<td>◆ Ensure service users know how to complain</td>
</tr>
<tr>
<td>◆ Linking training to service plan objectives</td>
<td>◆ Improve working relationships between teams</td>
</tr>
</tbody>
</table>

5.3 Assuring Quality in Service Delivery

How does Social Services ensure quality services are delivered?

This section looks at the quality assurance systems that are in place.

5.3.1 Developing service plans

The Authority has developed a framework for managing individual performance that involves each specific service area developing a service plan outlining objectives for the year. Plans link to corporate and departmental priorities (Exhibit 5.1 overleaf). There was evidence of a high level of staff involvement in producing many of the plans. Service plans could be improved by ensuring that objectives are specific and measurable and by including performance indicators and targets. There needs to be integration between the Housing and Social Services Strategic Plan and the service plans produced by specific services. For example, the Plan has a target that there should be 100 per cent implementation of the looked after children procedures. This is not in any of the plans produced by heads of service. The Departmental Plan sets a target of reducing by 5 per cent the number of children on the Child Protection Register for more than two years and the Plan for the service sets the figure at 10 per cent.
5.3.2 Clarity about roles and responsibilities

There is a lack of clarity about the roles and responsibilities of staff at different levels within the organisation. A detailed scheme of delegation outlining who is responsible for what and to whom they are accountable would assist with this. It is essential that managers are responsible for the performance of their staff. This includes being responsible for tackling poor practice and being held to account for the quality of the services within their responsibility. During the Review, Reviewers heard of a number of complex situations where it appeared that senior managers were significantly involved in issues relating to case work at the front line. This has the potential to disempower managers and blur accountability. It can also allow managers to avoid responsibility for the services they manage, and staff to “play one manager off against another”. It also causes anxieties, as staff are unsure to whom they are accountable.

5.3.3 Structure and accountability

The location of some teams and services within the structure confuses roles and accountability. Recent internal service reviews of the Children’s Health and Disabilities Team and Family Support Service recognised this and managerial responsibility for these teams is being changed. However, the Looked After Children’s Team, which has responsibility for assessing need and identifying services that meet need, is located in Community Services and this confuses accountability. Social workers who specialise in work with adolescents and are located within Community Services are also case holders with a responsibility for assessing need.
Clarity is needed on who is accountable for the development and implementation of policy. At the moment, this responsibility resides with the Partnership, Planning and Performance service. However, policy is developed to provide a framework for operational practice and the implementation of policy is the responsibility of those who manage operational staff. The Authority could consider locating responsibility for policy development and monitoring within the two operational service divisions.

5.3.4 Partnerships in external initiatives

Social Services, along with other authorities, is involved in two external initiatives that will assist with enhancing the quality of the services available. The Performance Management Network initiated by the Social Services Research and Development Unit based at Bath University includes ten authorities. By subscribing to the Network, Social Services gets access to consultancy support, materials on performance management and specific tools that will be developed to support improvements in performance. The Authority is also one of 15 authorities involved with the Centre for Evidence Based Research at Exeter University. This initiative, which promotes the use of research in informing decision-making, is also financially supported by the Department of Health.

5.3.5 Quality assurance systems

Quality assurance systems are in place for some services but not all. Some services use a self-evaluation model which was initially developed for use in residential care homes. The system encourages service providers to be responsible for assessing the quality of their services. This is positive but some audit checks on consistency need to take place.

GOOD PRACTICE

Quality Assurance – Self-Evaluation Model

“To begin with, the residents were reluctant to be critical. This isn’t the case now and they are getting more confident.”

Social Services manager

This system is used in homes for older people and the home for older people with mental health problems. It has been adapted for home care. The model is based around a number of components of care. Service providers assess the quality of their services against key principles that have indicators. Guidance is provided on processes likely to achieve good outcomes. Providers have to give evidence to back up the judgement they make about their services.

There are systems in place to assure the quality of children’s residential provision purchased from independent sector providers. Bath and North East Somerset is part of a South West consortium that has agreed a common set of consistent standards. In addition, the Authority purchases access to a database of providers established by Gloucester Social Services on behalf of the consortium.
The new contract issued recently for residential care obliges providers to have a quality assurance system. Providers can use their own schemes, use externally accredited schemes or use the self-evaluation model.

Practice manuals are being produced as a framework for developing good practice. Although very detailed, the manuals are clear and there was evidence that they are being used. Systems for updating these have been developed. The childcare quality manual contains detailed information on access issues including the information available, equality issues relating to buildings, translation and interpretation, services for deaf or partially deaf people, and getting access to an advocate. There was a high level of staff participation in the production of both sets of manuals.

5.3.6 Improving relationships between teams
The quality of services could be improved if there was better working between teams. Examples were given above of memos passing between teams with the young person affected being caught in the middle. Other examples include difficulties in passing cases to the Elderly Mentally Infirm (EMI) Team and problems in the relationship between the Family Placement Team and the Childcare Social Work Teams. There was evidence of difficulties in managing transitions between the Children’s Health and Disabilities Team and Adults Disabilities Teams. Protocols have recently been developed and have been included in the community care and childcare practice manuals.

5.4 Monitoring Arrangements

What systems are in place for monitoring performance?

This section comments on the information and systems that managers use for monitoring the delivery of services.

5.4.1 Performance Assessment Return

The Authority’s Performance Assessment Return submitted to the Social Services Inspectorate (SSI) was judged to be well prepared and the Authority was seen to be engaging positively with the process. The SSI considered that the Authority had developed effective monitoring processes. Further work identified included improving the quality of the data available on looked after children and some aspects of mental health that needed improvement.
5.4.2 Internal service reviews

Social Services used preparation for the Joint Review process to assist with improving the quality of its services and with preparation for implementing Best Value. A number of internal service reviews have taken place. The methodology for the reviews includes an analysis of case files with follow-up visits to service users, a user and carer survey and interviews with staff and other agencies. Social Services intends to refine the methodology and develop a rolling programme of service reviews. In order to assist with developing a culture where managers take responsibility for their services, it is essential that, following reviews, managers are asked to develop a plan for addressing the findings. This should be presented to their manager and be built into performance management objectives.

“We are continually seeking to improve the quality of the services we provide. Reviews of services are intended to:
- enhance the quality of services;
- develop more effective partnerships with you, your carers as well as with other agencies; and
- ensure that our services provide value for money.”

“Each review will identify what the service does well and highlight those areas that could be improved, with recommendations for how this can be achieved.”

extracts from information leaflet, Internal Reviews of Our Social Services, produced by Bath and North East Somerset Social Services.

5.4.3 Management information

The Authority is gearing up to improve the quality and accessibility of management information. This includes introducing a computerised system for managing the LAC data and increasing the number of management information staff. Management information is produced and circulated regularly (Table 5.1 overleaf).

The Authority has recognised the need to improve the quality of data, as the general reliability of data from the CRISSP database is questionable, particularly in relation to looked after children. A data quality post was created as part of the Quality Protects Management Action Plan. Data supplied to the Joint Review Team from CRISSP on looked after children was very different from data supplied by childcare teams. The data supplied by the childcare teams on looked after children indicates that the majority of reviews are up to date. Data from the CRISSP system indicates the opposite, with 48 reviews being overdue by 4 weeks or more and 31 overdue by 6 months or more. In addition, data supplied on the number of placement moves for one young man were not consistent with information drawn from the case file. In 1997/8, the data supplied for the six Audit Commission performance indicators on looked after children were qualified because of the lack of reliable information to support the figures provided. District Audit is satisfied with the quality of information supplied for the 1998/9 indicators and proposes to issue an unqualified opinion on these indicators for 1998/9, although information supplied as part of the Joint Review would indicate that there is still a need to approach this data with caution.
“We don’t measure outcomes and are not too sure how effective we are.”

Social Services manager

Information bulletins could be improved by streamlining the amount of data, combining the reports into one or two bulletins and providing more analysis. The Authority is planning to integrate Quality Protects monitoring data and the Performance Assessment Framework indicators within existing management information bulletins. Monitoring information on key indicators included in service plans will also need to be collected and reported on.

The Authority is developing the use of Business Objects, a query and reporting tool, which will be attached to the CRISSP database. This will give team managers direct access to reports on key data.

### 5.4.4 Monitoring contracts

“*We get no feedback on how we are performing.*”

independent sector provider

**Monitoring arrangements are not consistent or sufficiently rigorous.** There is no monitoring of independent sector home care providers who deliver services amounting to approximately £400,000 a year. Voluntary sector agencies that are funded via grants or service agreements are asked to complete a self-monitoring questionnaire once a year. Link officers also visit twice a year “to discuss evaluation” which relates to the application process rather than to monitoring performance against the standards and targets set. More regular monitoring against the outputs and outcomes set out in service specifications needs to take place, particularly for agencies that receive large amounts of funding. If in-house services are funded using external sources of funding, such as Joint Finance or Mental Illness Specific Grant, then they are subject to the same monitoring systems as voluntary sector agencies. Monitoring of in-house services funded from the base budget takes place as part of the line management of the service, even if there is a fixed service level agreement with the Assessment and Commissioning Service.
5.4.5 Case file audits

Case file audits have started and this will assist with developing the quality of face-to-face practice. The Authority needs to establish systems for ensuring there is consistency in applying the standards. There were examples where aspects of work in the files had been rated good when the standard appeared to be poor and some where poor practice had been identified without follow-up action being specified. For example, one file – which the audit noted was satisfactory – had a care plan that identified long-term needs as “sees a child psychologist on a regular basis and there are plans to continue this for three more years, mainstream education (special needs department), has contact with father and siblings”. Audits are being carried out by team managers. This is positive but managers will need training in order to ensure consistency in applying standards.

5.4.6 Workload monitoring systems

There is not an agreed system in place for workload monitoring. Childcare teams carry a very different number of cases and the balance of cases is also very different (Table 5.2). The Authority needs to examine the reasons for this.

<table>
<thead>
<tr>
<th>Full-time equivalent staff</th>
<th>Team</th>
<th>Child protection/ LAC cases</th>
<th>Family Support cases</th>
<th>Total cases</th>
<th>Average cases per full-time equivalent staff [NB. No weighting system used]</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5</td>
<td>Childcare</td>
<td>37</td>
<td>37</td>
<td>74</td>
<td>16.4</td>
</tr>
<tr>
<td>5.2</td>
<td>Childcare</td>
<td>30</td>
<td>42</td>
<td>72</td>
<td>13.8</td>
</tr>
<tr>
<td>4.8</td>
<td>Childcare</td>
<td>23</td>
<td>83</td>
<td>106</td>
<td>22.4</td>
</tr>
<tr>
<td>6.9</td>
<td>Referral and assessment</td>
<td>4</td>
<td>132</td>
<td>136</td>
<td>19.7</td>
</tr>
<tr>
<td>4.5</td>
<td>Adolescents and youth justice</td>
<td>5</td>
<td>43</td>
<td>48</td>
<td>10.6</td>
</tr>
<tr>
<td>10.6</td>
<td>Looked after children</td>
<td>98</td>
<td>42</td>
<td>140</td>
<td>13.2</td>
</tr>
<tr>
<td>5.0</td>
<td>Children’s Health and Disability Team</td>
<td>1</td>
<td>169</td>
<td>170</td>
<td>34.0</td>
</tr>
</tbody>
</table>

Source: Data supplied by Bath and North East Somerset
5.5 Responding to Complaints

How do Social Services deal with complaints?

This section examines the systems for managing the complaints process.

5.5.1 Information on how to complain

The issuing of information on the complaints procedure is patchy, with many users being unaware of it. This was reflected in the survey undertaken as part of the Joint Review where 34 per cent of respondents said that they were told how to complain compared with an average of 37 per cent of replies received to date (Exhibit 5.2).

This is a serious cause for concern in children’s services where senior managers report a “tremendous resistance” to the issuing of information about the complaints procedures in key teams including those with responsibility for looked after children (Exhibit 5.3). This can result in memos passing between teams with the young person not being given information on the complaints process. The planned development of an advocacy project for young people who are looked after should help to reduce the chance of this happening in the future. The childcare quality manual also sets out the system for dealing with complaints.

The Joint Review Team did not initially see any information for children and young people on the complaints process. This was produced shortly after the Review Team gave their initial feedback.


The most recent of the new service leaflets advise people of what action they can take if they are unhappy with services but do not set out the three stages of the complaints process. Some service leaflets imply that it is necessary to complain first to the individual or team manager before putting in a formal complaint and this may discourage people with serious concerns who do not want to complain directly to the person providing their service. The Authority funds a voluntary agency to provide an advocacy service for people making complaints. This is mentioned in the information on complaints but people are encouraged to ask Social Services for a referral to this service rather than contact the service directly.
5.5.2 The annual report on complaints

More detail is needed in the annual report on variations between teams in dealing with complaints. The 1997 report notes that in 79 per cent of cases the timescale was met but says there was considerable variation between services. The report does not give a breakdown of this by service area. The report also notes variation between service areas on whether complaints were upheld.

5.6 Regulating Services

Does the Inspection Unit meet its statutory functions?

This section examines the robustness of the Authority’s regulatory and accreditation procedures and how they are used to support service quality and improvements in performance.

5.6.1 Scope of the Inspection Unit’s work

The Inspection Unit achieves a good balance between scrutiny and support. This is underpinned by some good written material but some manuals need updating to include more advice on quality assuring services. The Annual Report of the Chief Executive on the Unit commended Caring for Quality in particular. This provides detailed notes of guidance for providers on the registration of homes. It is comprehensive and signals clear standards and goals. Other manuals have not been updated since the creation of the new authority.

The Unit works closely with the Nursing Home Inspection Unit and announced visits on dual-registered homes are undertaken together. There is an agreed follow-up policy relating to local authority and independent sector provision. Timescales for compliance with key recommendations are agreed and these are monitored on subsequent inspections. Lay assessors have been used since December 1998 and discussions are taking place on recruiting lay assessors to take part in inspections of childcare services.

“They have a good sense of proportion and are there for help and advice.”

independent sector provider

5.6.2 Monitoring targets

The Authority is now confident about achieving its statutory inspection target. In 1997/8, the Audit Commission performance indicators showed that the Inspection Unit only achieved 63 per cent of its statutory inspections for older people’s residential homes. The Authority took concerted action on this and will be reporting a 100 per cent achievement for the following year. This involved using locum staff to deal with a backlog of inspections and increasing the permanent establishment of the Unit.
60 per cent of reports are completed to the target of 20 days. Information on this was not included in the 1997/8 Annual Report on Inspection. This should be included in the future.

5.7 Managing Individual Performance

How are individuals managed?

This section examines the systems in place for managing individual performance and staff development.

5.7.1 Supervision and appraisal

The majority of staff receive supervision, although this does not happen regularly for some staff. A corporate appraisal system has been agreed and this is being cascaded through the organisation and has now reached team manager level. Where targets have been set as part of the appraisal system, these form the basis for discussions at supervisions.

5.7.2 Cover arrangements

Systems for providing “cover” when managers are not available need to be improved. A number of staff referred to the inadequacy of current arrangements. For example, some teams are provided with a list of managers to contact. If a decision or approval is needed, this involves phoning around until a manager is found. In one of the examples given, it took four hours to get a signature. Others referred to “muddling through” and there were examples of delays that affected service users when it was not possible to find a manager to give their approval.

5.7.3 Training and development

“Traditionally lots of social workers wanted to go on counselling courses. Now before this is agreed, we ask, does the service require counselling skills as a priority?”

Social Services manager

The Authority is committed to ensuring that training is linked to objectives outlined in service plans. This is a positive approach but one which some staff who transferred from Avon find difficult to accept, as they are more used to being given freedom to decide which courses to attend without having this linked to priorities outlined in service plans. In general, managers and support and strategy staff feel that there are good training opportunities while front-line social work staff feel that this is not the case.

The appraisal system involves developing training plans linked to personal work objectives and once this is cascaded staff should be clearer about the links between training and the service plans that they will have been involved in developing. In the meantime, more information needs to be provided to staff on the benefits of the corporate approach.
Despite encouragement from managers, there was initially a low uptake on childcare post-qualifying training. This is a particular concern, as there was evidence of poor practice in relation to looked after children and, while child protection practice has improved, there is still a need to embed consistently high-quality practice. The Authority is exploring the reasons why staff are not taking up post-qualifying training opportunities.

5.7.4 National Vocational Qualifications

There is a commitment to National Vocational Qualifications (NVQs) and the target for Home Care is to have 50 per cent of staff with an NVQ by 2003. There is not a detailed project plan for this. As at April 1999, 13 assessors have qualified and 1 person has completed Level 3 “promoting independence”. 11 staff are registered at Level 2.

5.7.5 Health and Safety Training

There is a departmental health and safety strategy. This has ensured that all Social Services managers have undertaken comprehensive health and safety training.
This chapter examines the use of resources, including financial planning and management, costs, income and charges, the information management strategy and human resource management.

6.1 Summary

Social Services has successfully implemented a series of budget reductions and has used a decisions conference model to assist with this. Systems for prioritising the capital budget need to take more account of the need to provide high-quality social care.

Budget accountability is not clear and people are given responsibility for holding budgets rather than managing them. Although Social Services balances the overall budget, this masks a large number of over- and under-sends. This makes real budget delegation difficult to achieve. There is good information provided for budget holders.

There have been some shifts in expenditure to match priorities. The model developed to forecast new purchases and commitments for residential and nursing home care is providing a framework for managing a reduction in the number of residential and nursing home placements.

Unit costs are available for home care and residential care but not for other services. A start has been made on costing community care packages. This needs to happen for children’s services.

In-house home care and residential care are more costly than the services available from the independent sector. The Authority is not maximising opportunities for reducing the cost of in-house services. Block contracts for independent sector home care would be more cost effective. The Authority has closed some of its residential provision. Investments have been made in other in-house residential homes without undertaking any market testing.

There is an information strategy outlining Housing and Social Services intentions in relation to IT. Despite improvements, the IT network is not reliable and the priority system used by the helpdesk is not understood.

Sickness levels are high in some areas and if reduced could lead to substantial savings. Work on this has been prioritised.
6.2 Review Findings

The main strengths and areas for development are set out below and are expanded on in the text that follows:

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>AREAS FOR DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Meeting savings targets</td>
<td>◆ Increase budget devolvement</td>
</tr>
<tr>
<td>◆ Shifting budgets to match priorities</td>
<td>◆ Tackle expensive in-house services</td>
</tr>
<tr>
<td>◆ Attracting external funding</td>
<td>◆ Cost care packages</td>
</tr>
<tr>
<td>◆ Presentation of monitoring information on budgets</td>
<td>◆ Reduce sickness levels</td>
</tr>
<tr>
<td>◆ Member of a benchmarking club</td>
<td>◆ Extend use of information technology</td>
</tr>
<tr>
<td>◆ Strong capital asset base</td>
<td></td>
</tr>
<tr>
<td>◆ Commitment to communicating with staff</td>
<td></td>
</tr>
</tbody>
</table>

6.3 Financial Planning

How does financial planning happen?

This section analyses the systems used by the Authority to plan the future allocation of the budget.

6.3.1 Managing budget reductions

Social Services has successfully managed a series of budget reductions. Since the start of the Authority, Social Services has had to make budget reductions. A three-year approach has been taken on this and the decisions conference model was used as a framework for managing the process.
Decisions Conference

“Quite a remarkable experience.”
councillor

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.

6.3.2 Capital expenditure

The 1998/9 Annual Report of the Chief Executive on the Registration and Inspection Unit raises concerns over how the repairs and improvements budget is allocated. The system is described as having shortcomings as the Social Services Committee does not have responsibility for prioritising expenditure and necessary work. It questions whether those who make these decisions have an awareness of the importance of providing high-quality social care.

6.3.3 Forecasting and trends

There have been some intentional budget shifts to match agreed priorities. For example, resources have been switched from children’s residential provision to prevention and family support and additional resources have been invested in the occupational therapy budget as part of the rehabilitation agenda. A target has been set to reduce expenditure on residential and nursing home care by 12 per cent over the next three years. This can be managed, as a sophisticated system for analysing trends and patterns of expenditure has been developed.
Forecasting New Purchases and Commitments for Residential and Nursing Home Care

Social Services has developed a model for predicting expenditure on residential and nursing home care. This involves forecasting the number of people who are likely to be in care at the end of a given financial year, and estimating how long they will remain in care. An estimate is also made of the number of new placements that will be made in the year. This exercise is essential to managing the target reductions in numbers of residential placements and it is possible to calculate the number of placements expected each month.

6.3.4 External sources of funding

The Authority has been successful in attracting external funding. Single regeneration budget funding has been secured for a scheme in Radstock. Successful applications were also made to the Rough Sleepers Initiative and for the drug and alcohol specific grant. A private finance initiative with a private developer is being arranged to construct a purpose-built family centre to replace the existing old and unsuitable premises.

6.4 Financial Management

How are budgets managed?

This section examines the effectiveness of budget management.

6.4.1 Budget allocation

Budget allocation does not reflect the separation of functions into Assessment and Commissioning and Community Services. For example, the budget for purchasing voluntary sector services is held by Partnerships, Planning and Performance and the looked after children budget is managed by Community Services. During the Joint Review, the Home Care Service was predicting an overspend of £50,000 and discussions were taking place as to who should manage this – the commissioners or the service provider.

The allocation of the children and families budget is not realistic and is not based on known patterns of expenditure. A report on the main children’s budgets dated July 1999 showed a nil budget for independent fostering despite the fact that the Authority was aware that there would be expenditure on this item. At the time £88,678 had been committed against this nil budget.
There are a variety of budgets used to purchase services for children and different systems for allocating and managing these. The number of budgets needs to be reduced and there should be clear systems of accountability for budget management. Budgets include special payments used for looked after children, Community Support used to prevent family breakdown, the ATLAS budget used to fund alternatives for children being looked after, Leaving Care, Contact, Initial Clothing and the child minding budget. The child minding budget is held and allocated by one team manager. Three people manage the ATLAS budget.

6.4.2 Budget management

The way the budget is managed does not allow delegated cost-centre management to operate. Notional allocations of some budgets are made but there is not a culture of seeing these as cash limited. Instead budgets are spent as needed. Some overspend and some do not. The system relies on some budget holders underspending and this rewards managers who are profligate. The Authority needs to allocate budgets to better reflect needs and activity.

For example, the special payments budget was 58 per cent spent after 60 per cent of the financial year 1999/00. This is on target overall but it masks a difference in half year spends of 13 per cent for one team manager and 190 per cent for another. The same applies to other budgets where for the same period one team manager had committed 152 per cent of their contact budget and another team manager had committed 109 per cent of their community support budget.

Budget monitoring of domiciliary care expenditure dated 26.7.99 showed the budget for purchases from independent sector providers to be 97.5 per cent committed. Within this, there were again wide variations with some budget managers having committed 40 per cent of their budgets, others 90 per cent and one manager had committed 554.5 per cent.

Overall, Social Services balances the budget but this bottom line figure masks a large number of over- and underspends. For example, there were 19 separate budget areas where there were over- and underspends of £15,000 or more.

6.4.3 Information for budget holders

The Authority has produced a comprehensive guide to assist managers with financial management. This includes information on commitment accounting, cost control, an introduction to the corporate financial management system and financial guidelines.

Budget managers get regular printouts and the finance section endeavours to make these user-friendly. For managers in the assessment and commissioning division, the percentage spend is provided and this information is given in tabular and graphical forms.
6.4.4 Budget monitoring

There are regular budget monitoring reports to the Social Services Committee.

Systems for monitoring the budgetary implications of residential and nursing home placements are robust. These make use of the sophisticated forecasting analysis noted above and monthly printouts are sent to managers listing all new placements with the expected end date. Managers are asked to check data and correct or add to the data supplied and sign this off and return it to the finance section.

6.5 Costs

What do services cost?

This section analyses how services are costed and the unit costs of those services.

6.5.1 Unit costs

Some unit costs are available but more work is needed to calculate the unit costs of all services purchased and provided. For example, the unit costs of home care and residential care are available but unit costs are not available for the mental health home support service and services purchased from the voluntary sector. The Authority is a member of a benchmarking club and this will provide opportunities to compare costs with other similar authorities. Service level agreements are in place for central services although these are not costed. Notional costings are used for statistical returns.

6.5.2 Costing care packages

Care managers are beginning to cost community care packages. This also needs to happen for children’s services. Costing needs to be based on real rather than notional costs. For example, recent guidance to care managers on costing care packages advises staff to calculate the cost of in-house home care at £10 an hour which is £2.60 less than the real unit cost of the service.

6.5.3 Block contracts

It would be more cost-effective to develop block contracts for independent sector home care. Data on home care, including information on expenditure, was collected for a sample week in July to assist with developing a home care commissioning strategy (Table 6.1). During that week, 61 service users were receiving a service purchased from 17 different independent sector providers. Total expenditure on independent sector provision over the year is expected to be in the region of £430,000.
There is a separate contract for each service user and the payment process was described to Reviewers as an “administrative nightmare”. At the time of the Review, some independent sector providers were concerned about delays in the payment of invoices. The finance section has set a two-week standard for paying invoices once they have been authorised. A standard time needs to be set for the whole process from receipt of the invoice to payment.

Some providers currently set a minimum of one-and-a-quarter hours for each home care visit. Block contracting could be used as an incentive to change this.

6.5.4 Home care

The Authority needs to consider whether there is added value from the premium it pays for its own home care service, as on a like-for-like basis it would appear that considerable savings could be made by making greater use of the independent sector to provide home care services. The unit cost of the in-house service is £12.60 per hour. The average unit cost of independent sector provision is £9.90 per hour. Based on the number of hours provided in the sample week, savings in excess of £500,000 would be realised by externalising the current home care service. This would need to be phased, as work would be needed on developing the market and the capacity of independent sector providers to deliver high-quality home care on a consistent basis.

The in-house service is more costly but proportionally provides less care in the evening and at weekends (Table 6.2 overleaf) and more home help tasks than personal care (Table 6.3 overleaf). This is not cost-effective. The in-house service is less flexible than the independent sector. Some shifts to become more flexible have been made but still basic contracted time still does not cover evening and weekend work. During the sample week, 83 per cent of in-house home care was provided between 7.30am and 5pm. The remaining 17 per cent took place in the evenings and at weekends. 34 per cent of independent sector provision took place in the evenings and at weekends.

<table>
<thead>
<tr>
<th></th>
<th>In-house</th>
<th>Independent sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999/2000 budget</td>
<td>£2,005,010.0</td>
<td>£430,000.0</td>
</tr>
<tr>
<td>Number of clients</td>
<td>1184.0 (95%)</td>
<td>61.0 (5%)</td>
</tr>
<tr>
<td>Number of care hours provided per week</td>
<td>3244.8</td>
<td>279.0</td>
</tr>
<tr>
<td>Unit cost</td>
<td>£12.60</td>
<td>£9.90 average</td>
</tr>
</tbody>
</table>

Source: Bath and North East Somerset – snapshot week data July 1999
6.5.5 Residential care

In-house residential care costs for older people are considerably more than the prices paid for places provided by the independent sector. The Authority has closed some homes and in 1996 employed external consultants to review a number of possible options for the future provision of its residential homes for older people and its hostel accommodation for adults. A decision was taken to prioritise the transfer of the housing stock due to capital expenditure required to improve its condition and a transfer would yield a considerable benefit to the community. As a consequence, the Authority has yet to set out the future of its residential provision for older people. Clearly, Best Value now provides a framework for taking this forward.

Some investments have been made in the Authority’s residential provision without undertaking any market testing. For example, a rehabilitation facility is due to open shortly in one of the residential homes for older people and, following a review of in-house residential provision for people with mental health problems, one home was closed with part of the capital receipts from this sale used to refurbish the two remaining homes.

---

**TABLE 6.2** Home care – when service is received

<table>
<thead>
<tr>
<th>Days</th>
<th>IN-HOUSE</th>
<th>INDEPENDENT SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Times</td>
<td>Number of hours</td>
</tr>
<tr>
<td>Monday – Friday</td>
<td>7.30am – 5.00pm</td>
<td>2705.05</td>
</tr>
<tr>
<td></td>
<td>5.00pm – 10.00pm</td>
<td>207.33</td>
</tr>
<tr>
<td>Saturday – Sunday</td>
<td>7.30am – 5.00pm</td>
<td>254.48</td>
</tr>
<tr>
<td></td>
<td>5.00pm – 10.00pm</td>
<td>77.22</td>
</tr>
</tbody>
</table>

*Source: Bath and North East Somerset ‘snapshot’ survey analysis – July 1999*

**TABLE 6.3** Home care – services received

<table>
<thead>
<tr>
<th></th>
<th>IN-HOUSE</th>
<th>INDEPENDENT SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of users receiving</td>
<td>Number of users receiving</td>
</tr>
<tr>
<td></td>
<td>a service</td>
<td>a service</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>Percentage</td>
</tr>
<tr>
<td>Personal care</td>
<td>735</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>62.0%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Shopping</td>
<td>510</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>43.0%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Laundry</td>
<td>331</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>28.0%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Medication</td>
<td>125</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>10.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Bed changing</td>
<td>346</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>29.2%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Food preparation</td>
<td>141</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>11.9%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Fire</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>0.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Finance</td>
<td>281</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>23.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cleaning</td>
<td>501</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>42.3%</td>
<td>39.3%</td>
</tr>
<tr>
<td>Welfare cheque</td>
<td>75</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>6.3%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

*Source: Bath and North East Somerset ‘snapshot’ survey analysis – July 1999*
The Authority is not maximising opportunities to reduce the unit cost of residential provision. During the Joint Review, discussions were taking place on reorganising the staffing structure in homes for older people. This would flatten the structure and increase flexibility by creating one care support worker instead of having domestics and care assistants. Staff will still receive significant enhancements rather than having flexible contracts. The cost of retaining these enhancements was not available.

### 6.6 Income and Charges

*How much income is collected?*

This section examines the income collected from charging for services.

#### 6.6.1 Charging policy

Charging policies are being reviewed in order to achieve more equity and to reduce cost. This includes examining charging for some children’s services. There are separate assessment forms and separate financial criteria for charges for different services. The recent Audit Commission publication, *The Price is Right*, 1999, could provide a framework for the review.

#### 6.6.2 Income collected

In comparison with similar authorities, Social Services recoups a high percentage of expenditure through fees and charges (Exhibit 6.1). Income from charging for services amounted to 22 per cent of the gross budget in 1997/8.

<table>
<thead>
<tr>
<th>Exhibit 6.1</th>
<th>Income collection (percentage of Social Services gross current expenditure recouped through fees and charges)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bath and North East Somerset</td>
</tr>
<tr>
<td>Source: Department of Health Key Indicators, 1997/8</td>
<td></td>
</tr>
</tbody>
</table>
6.6.3 Financial assessments

Lack of resources means that each year a backlog of financial assessments is created as there is a need to review 1,000 cases. This stretches into July and by this time a large number of people, 80 this year, are waiting for financial assessments. Financial assessments are undertaken by one person who also runs a weekly surgery at a local hospital with a representative of the Department for Social Security. It provides older people with comprehensive advice on their entitlements. By having the two agencies together it avoids confusion between different rules and regulations.

6.7 Use of Buildings

What assets does the Authority have?

This section examines premises and other assets available to the Authority.

“Office accommodation is the single biggest issue facing the Authority. Everything is in the melting pot.”

corporate manager

The Authority currently makes use of 52 different offices, but is reviewing this. In the last three years, a number of staff have moved offices, in some cases more than once. This has had an effect on morale. Some people are in unsatisfactory accommodation, including a portacabin, although plans are in hand to move these staff to more suitable accommodation.

The Authority has agreed to extend the Department for Education and Employment’s requirement to prepare asset management plans for school premises to all Council assets. The plans will draw together information on stock condition and their suitability for meeting service delivery requirements. This will assist with developing the capital programme.

Many of the Authority’s high-cost services are provided in buildings that would have development potential that might allow the Authority to realise capital and reinvest this to provide services that are cheaper and provided in more suitable premises.
6.8 Information Management

*Does the Authority take advantage of information technology?*

*This section looks at investment in information technology.*

6.8.1 Information management strategy

The Housing and Social Services Department has recently developed a comprehensive information strategy. Responsibility for implementing the strategy is shared between the IT Strategy Group and a separate group that is focusing on culture change and management information. Plans have been developed for purchasing new client index software to replace the current system.

6.8.2 Corporate framework

There are serious and pressing issues relating to information technology which the Authority is addressing. These have been made more difficult by the initial policy decision to adopt a model of decentralisation of IT. Some departments funded the purchase of PCs and software but did not consider the knock-on impact of replacement, ongoing support and training or the increased strain on hardware such as servers and network connections. In September 1998, IT was centralised. Since that time there have been some improvements and fewer failures in the network. The immediate issue at the time of the Review was to ensure servers and PCs are Year 2000 compliant.

6.8.3 Networking and support

Despite improvements the network is reported to be slow and unreliable as network connections are lost quite frequently. The helpdesk support priority system is not understood and there is a need to project plan the introduction of new hardware and software to ensure delivery, installation and training are synchronised.

6.9 Human Resources

*How does the Authority manage its staffing resource?*

*This section examines how the Authority recruits, retains and deploys staff with the right mix and in an equitable way.*

6.9.1 Corporate framework

The Authority is developing a stronger corporate framework for managing human resources. Initially, personnel functions were fully devolved and there were few corporate policies. In the future, there will be a slightly tighter framework. For example, on absence management there will be an overall policy and corporate information produced on how to manage this but corporate targets will not be set.
More emphasis is being placed on reporting on personnel issues and regular information on recruitment, sickness absence and accidents is reported to the management board. Negotiations on single status are taking place at a corporate level. There is agreement on annual leave but discussions are still taking place on enhancements.

6.9.2 Sickness absence
Managing absence and reducing sickness levels have been prioritised and a half-time post has been created to develop and implement policies and procedures. Targets and trigger points need to be set and monitoring information needs to be circulated to managers.

During 1997, a review of residential care services for older people undertaken by District Audit revealed weaknesses in the monitoring data available on sickness absence. The Authority and District Audit agreed further work would be undertaken. The work took place early in 1998. The overall level of staff sickness in residential care homes was found to be 9.7 per cent. District Audit estimated that the cost of staff sickness in residential homes would be £280,000. If the sickness absence level were reduced to 8 per cent, this would lead to a reduction in costs of £78,000. The study found that there was not one corporate policy on the management of absence and there had been no centralised monitoring of staff sickness. Approximately £120,000 could be saved by not paying enhanced rates when people are off sick.

6.9.3 Communication
A corporate team briefing system has been developed. Managers have been trained on this and implementation across the Authority will take place shortly.

“It’s a wonderful Authority to work in. They keep you informed.”
Social Services manager

There are a growing number of newsletters on Social Services issues. This demonstrates a commitment to communicate with staff but a review of the number and purpose of newsletters should take place. These include the team briefing, an evidence-based practice newsletter, a Home Care newsletter, an HIV newsletter, a Race Equality Action Group newsletter and the Older People’s Action Group newsletter. Social Services has agreed a communication model but this concentrates on the process of communication rather than what information needs to be communicated and to whom.

6.9.4 Health and safety
There is a corporate managers’ health and safety handbook. This covers general council-wide arrangements with sections for specifics that relate to particular departments. The majority, 18 out of 26 sections, relating to Social Services Health and Safety Organisation and Arrangements were blank, although the handbook notes that Avon policies apply if new ones have not been included.
MOVING FORWARDS

This chapter translates the key issues identified in Chapter 2 into priorities for future action.

7.1 Introduction

This Report notes a number of points of follow-up action. Many of these relate to work areas that the Authority has already identified. Others will require a shift of emphasis and a review of resources.

This chapter outlines the priorities identified by the Joint Review Team. These are arranged according to the four themes outlined in Chapter 2. There are other areas for action in Chapters 3 to 6. These can be addressed in individual service plans.

7.2 Looked After Children

Key action areas:
- Undertake a baseline audit of all files.
- Undertake a detailed review of all placements using both qualitative and quantitative data as a means to determine whether individual needs are being met.
- Clarify accountability for the looked after children service, in particular, and for services for children, young people and families in general.
- Ensure all staff understand and are committed to implementing the complaints system.
- Develop and implement quality standards for foster carers.

7.3 Rethinking the Overall Approach to Management

Key action areas:
- Define what is expected of managers at all levels. An approach to this could be defining what managers at each level must do and what they should avoid doing.
- Speed up the full implementation of the performance management and appraisal system.
- Ensure all staff have clear objectives that cover their main areas of work and ensure that these can be measured with hard evidence.
Collect information related to the objectives set and use this to assess performance in supervision.

Develop, publicise and use clear guidelines for managing poor performance.

7.4 Clarity and Accountability

Key action areas:

- Develop a scheme of delegation that covers face-to-face practice, personnel issues, contracting and financial management.
- Clarify commissioning and providing functions.
- Clarify responsibility and accountability for children’s services.
- Ensure there is one case manager, one care plan and one review.
- Ensure budgets reflect activity and develop clear systems for delegated cost centre management.
- Develop consistent systems for monitoring services.

7.5 Commissioning in Context

- Use a project management approach to developing commissioning strategies.
- Ensure the work is co-ordinated. Avoid having too many groups. Be clear about how groups will interrelate.
- Ensure key stakeholders are involved and are given information on how the planning system works.
APPENDIX A

Review Team and Method

Team

The Joint Review Team for Bath and North East Somerset was:

Lead Reviewer: Jane Shuttleworth
Support Reviewer: Joanna Webb
Review Support Manager: Kate Wandless
Information Team: Lloyd Davis, Lara Bryant and Kacey Brown
Administrator: Aoife Mc Namara
Project Director: Andrew Webster

The Team wishes to thank Peter Mulvaney who was an effective link person and Graham Terry, Erica Whitfield, May Piggot and Barry Scrase who made a significant contribution to the process.

Method

Postal Survey: A total of 350 questionnaires were issued to users and carers across the district with a cross-section of adults and children and family user groups. 173 replies were received, representing a response rate of 49 per cent. These responses are assessed against the average from the postal surveys completed to date.

Observation of Practice and Management: Reviewers spent several days with a number of teams in different parts of Bath and North East Somerset as well as undertaking a wide range of visits to provider units and specialist teams. The work involved interviewing front-line staff and managers and a sample of users and carers. Reviewers spent two weeks interviewing senior managers from Social Services and other agencies, organisations and service providers. The Authority provided the Team with a range of data about Social Services finance and activities.

Case File Analysis: A total of 100 files were sampled across the teams visited and these included a mix of adults and children with an additional sample of children looked after by the Authority. These were subject to a standardised analysis to enable some judgements to be made about the standards of professional and recording practice.

Feedback: Initial verbal feedback was given to the Chief Executive, the Leader of the Council, Social Services spokespersons and senior managers in September 1999. A draft report was forwarded to the Authority in November 1999 and finalised following further consultation.

Typography and Exhibits: Eighteen04 Design, Woodbridge, Suffolk.
User/Carer Survey Analysis

In this appendix, the responses of users and carers in Bath and North East Somerset are compared with those of users and carers in the 66 other authorities where surveys have been completed.

**Bath and North East Somerset**

89% said that they get some help or a service while...

20% said that they had information before getting help and...

5% said that they were seen or spoken to within one day of getting in touch but...

...68% said that they had to wait up to two weeks

...60% said that the information told them how to get in touch

...11% said that they care for someone who gets help or a service

Bath and North East Somerset

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%
Bath and North East Somerset

78% said that someone had asked what they thought they needed and...

...80% said that they thought they had some say in deciding what help or services they should be given

59% said that they were given all the help they thought they needed

Of those who thought it was relevant to them, 26% said that staff had taken note of any important matters relating to their race, culture or religion

88% said that they got help quickly after a decision was made to provide services

Of those who thought it was relevant to them, 82% said that staff had taken note of their illness or disability or that of the person they care for
61% said that they were given details in writing of the help that would be provided

44% said that they were asked to sign something to show their agreement

64% said that they had been asked how things were working out or whether they would like something changed

34% said that they were told how to complain if they wanted to

Of those who made a complaint, 61% said that it was dealt with to their satisfaction
81% said that, overall, they thought the service was “Excellent” or “Good”.

3% said that, overall, they thought the service was “Poor” or “Very Poor”.

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**Bath and North East Somerset**