

Focused review of

Newport City Council Social Services

March 2009

Newport City Council – A Focused Review of Social Services

Introduction

We are pleased to present this report of a Focused Review carried out by the Care and Social Services Inspectorate Wales (CSSIW) and the Wales Audit Office (WAO).

The overarching purpose of the Focused Review is to determine the Council's strengths and areas for improvement in delivering social services and report these findings to the public.

The Review sets out to answer two key questions:

- Does the Council have effective arrangements in place to protect vulnerable children and adults and to promote their independence and social inclusion?
- Is the Council well placed to sustain and improve its performance in social services?

This report sets out the Review Team's assessment of the Council. It outlines the most important evidence gathered throughout the Review, setting out strengths and good practice as well as areas for development. It seeks to give an overview of the way in which the Council carries out its responsibilities for social services in the areas examined by the Review Team. It is not intended to deliver a detailed critique in every area of work.

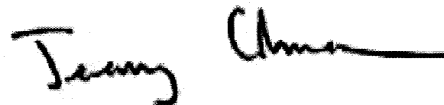
The Focused Review of social services in Newport City Council was carried out by a team comprising Kevyn Rice, Bryan Isaac, Wendy Goldie, Jill Lewis, Rob Gifford and Sara Hubbard. On-site work took place in August and September 2008. A drawing conclusions meeting with the Council to discuss the findings from this Review was held in October 2008.

Many individuals and groups collaborated in planning and supporting the review process. The Focused Review Team would like to thank everyone who contributed by sharing their experiences and views.

The Council has been asked to produce an action plan in response to this report and will also be expected to take the findings of the report into account in developing their business and improvement plans. Both CSSIW and the WAO will undertake further work as part of their usual work programmes to evaluate the progress made in delivering these actions and the outcomes for service users and carers.



Rob Pickford
Chief Inspector



Jeremy Colman
Auditor General for Wales

Summary

1.1 Conclusion

The focus for this review was decided at an issues analysis meeting held with the Council where it was agreed that the Review team would focus on the following themes:

- **Contact and Initial Assessment;**
- **Capacity of Fieldwork teams (including impact on assessment; care management; and safeguarding);**
- **Case transfers and transition planning;**
- **Promoting Independence;**
- **Carers and their experiences;**
- **Commissioning and future resources;**
- **Changes in corporate leadership and future direction of Social Services.**

(see Appendix 2: Methodology)

In exploring these themes, the Review Team found evidence of effective support for service users and some good services available which help to promote the independence of many people. Whilst there are a number of issues to be addressed, in terms of assessment and care management, and some gaps in services, the services examined were considered to be effective overall.

The Council has implemented changes to initial contact arrangements through the re-structuring of Duty and Assessment in both adult and children's services. These followed work which identified a range of issues that needed to be tackled. The changes are more embedded in children's services, where there are clear signs of improvement over the last year. Even though these improvements are recent and not yet fully established, they provide a solid basis for further progress. Things are less well advanced in adult services and, although some improvements have been made, there are some areas,

such as waiting times for assessment and service reviews, where performance deteriorated following implementation before starting to improve by the time of the Review. The Council must strive to secure and sustain the benefits expected from the new arrangements, in order to deliver tangible improvements. Arrangements for dealing with Protection of Vulnerable Adults (PoVA) also need to be strengthened to address capacity problems and improve support for vulnerable adults.

Services for children

Generally, the arrangements for assessment and care management of children who need protection and children who are looked after (LAC) are considered to be working satisfactorily. The Council's focus has been on achieving good performance in the core business, and delivering improvements against a range of performance indicators relating to assessment, care management and child protection. Child protection planning and care planning for LAC is also good. Fieldwork teams are coping well with increased levels of referrals and the overall workload, with all child protection and LAC cases allocated to a social worker. However, there is a concern that, unless the problems of recruitment and retention of social workers and other professional staff are tackled successfully, the Council may struggle to sustain and improve performance. Support for LAC and children leaving care has improved, and arrangements for placing children are good.

However, performance in the educational attainment of LAC and the number of care leavers accessing educational, training and work opportunities needs to improve if the life chances of these children are to get better. The arrangements to plan and support young disabled people to move into adulthood also need to be improved.

Services for adults

There has been a significant drive to promote the independence of adult service users, and good performance in supporting older people and younger disabled adults at home has been achieved, with a reduced need for

residential placements. A good range of services has been developed to improve support for people to help them remain at home, or return home.

However, there is a need to embed the philosophy of independence within assessment and care management practice, so that services become more outcome focused and service users are empowered. In addition, the approach to supporting people with a learning disability and adults with mental health problems remains too dependent on traditional service provision. Whilst there has been some modernisation of these services, the pace of change needs to increase. There is also a need to tackle some pressures and gaps in services for adults, and address poor performance with regard to case reviews.

Support for carers

Support for carers needs to improve by increasing the numbers receiving an assessment; increasing the range of services on offer, and ensuring that the service for young carers is more focused on assessed need.

The Review Team concluded that the Council is in a good position to continue its journey of improvement.

The Council has strong corporate leadership and a robust approach to strategic planning, a demonstrable commitment to the work of social services, and there is evidence of a track record of improvements in some services.

Nevertheless, some key areas need to be addressed:

- tackling ongoing difficulties with recruitment and retention in fieldwork teams;
- linking commissioning strategies more effectively with service planning and budget planning; and
- clarifying accountabilities for the management of social services within the new corporate management structure.

The Council will be in a stronger position if it strengthens its leadership of social services as planned, builds upon its approach to commissioning

services and, most importantly, tackles the problem of recruitment and retention of key staff.

Although the Review did not focus specifically on resource management, performance management and partnership working, reviewers found evidence of:

- a robust approach to financial management;
- the foundations of an effective approach to performance management; and
- improvements in partnership working.

1.2 Strengths and achievements

Services for children

The Council has worked hard to ensure that the fundamentals to providing effective services for vulnerable children, including LAC, are in place. The new organisational arrangements for fieldwork teams have begun to provide the benefits expected of the changes, in spite of some continuing problems regarding the recruitment and retention of social work staff. These have given rise to improvements in a number of key performance areas in the last year or so. In particular, the majority of assessments reviewed were found to be satisfactory or better.

At the time of the Review, arrangements for protecting vulnerable children were found to be basically sound, with all child protection cases allocated to a social worker even though numbers on the Child Protection Register (CPR) are high. Performance in relation to holding initial child protection conferences and reviewing cases was good. Child protection planning was also found to be good, and is influenced by a very proactive approach to quality assurance of cases by independent reviewing officers.

Support for LAC is generally good, with all cases allocated. Whilst numbers of LAC have traditionally been high, they have recently started to fall. The Council has worked hard to reduce the number of children accommodated outside of its area, and there is good performance regarding the stability of

placements. Care planning for LAC was found to be good, and reviews are mainly carried out within statutory timescales. Support for care leavers has improved, with the after care team now fully Munby compliant¹. All relevant young people now have an allocated social worker and most have an independent personal advisor. All of these young people are placed in appropriate accommodation.

Further progress in children's services is needed to ensure that contact and assessment becomes more consistent and that there is improvement in the direct engagement of children in initial assessments and in the critical analysis of risk.

Services for adults

The Council has made significant strides in promoting the independence of adult service users, particularly older people and younger adults with physical disabilities, with relatively high numbers being supported in the community and the numbers placed in residential settings reducing. A range of new services have been introduced, which have contributed to success in this area. However, although progress is also being made in services for adults with a learning disability or mental health problems, much more work needs to be done.

Changes to the organisation of fieldwork teams in adult services are starting to bed down, and some underlying problems are beginning to be addressed. These include a recent reduction in the waits for assessment in the duty and assessment team, with a good understanding and application of eligibility criteria. The introduction of an Occupational Therapy manager post has started to provide a clearer focus for the service and better professional support.

¹ Ruling by Judge Munby – J. v Caerphilly County Borough Council (2005) This case raised important issues about the need for leaving care assessments and care plans to be meaningful and specify who will do what, by when. The case also made it clear that assessments that do not meet these standards can be challenged through the courts.

Factors contributing to good performance

Morale amongst most staff was found to be good and there was evidence of a supportive environment both within and between teams. Staff often commented that managers were both accessible and supportive. There was a strong commitment to the training and development of staff, and in many teams staff received regular and valued supervision.

There is strong support within the Council for the work of social services and robust corporate leadership and good strategic planning have laid the foundation for improved partnership working with education and housing. These have helped the Council to respond positively and effectively to the recent change in political leadership. Planned changes to the corporate management structure should allow the Council to build upon these improvements.

1.3 Priorities for improvement

The Council should:

- **Identify a new vision for social care services, which reflects both national and local political objectives and sets out the priorities for service improvement;**
- **Review the corporate management structure to strengthen the role of the Director of Social Services, without diminishing the strengths of the current cross-cutting arrangements;**
- **Develop the approach to commissioning by:**
 - **strengthening internal processes;**
 - **exploring the potential for joint commissioning;**
 - **improving the management of the social care market and engagement of service providers; and**
 - **relating commissioning activity levels more explicitly to the availability of resources, in order to better meet the needs**

of individual service users and carers and to ensure services provide value for money.

- **Develop a corporate strategy to deal with the recruitment and retention difficulties that are affecting the capacity of teams in both adult and children's services;**
- **Improve the quality of initial assessments, to include ensuring contact with, and involvement of, children;**
- **Improve the response to initial contacts, by improving the working arrangements between the corporate contact centre and the duty and assessment teams, and by working with other agencies so they take appropriate responsibility for meeting need and sharing information;**
- **Improve performance in some key care management activities in adult services, including:**
 - **tackling waits for assessments;**
 - **increasing the number of annual case reviews;**
 - **improving the engagement of service users and carers in assessment and decision making; and**
 - **finalising and implementing protocols for case transfers.**
- **Improve support for vulnerable adults by addressing the capacity problems in PoVA practice;**
- **Build upon current successes in promoting independence and improving the life chances of service users by:**
 - **developing an earlier and more co-ordinated approach to support the transition of young disabled people into adulthood;**

- improving the educational attainment of Looked After Children;
 - reducing the length of time from referral to delivery of care packages and equipment in adult services;
 - Prioritising the further development of person centred planning for people with a learning disability; and
 - improving performance in the provision of Direct Payments.
- Improve support to carers by:
 - increasing the number of carers receiving assessments in their own right ;
 - developing a more systematic approach to meeting the needs of young carers; and
 - improving respite care options for people with a learning disability and younger disabled adults, and the range of support for carers generally.

1.4 Areas for further examination

The Review Team identified a number of other priority areas that would merit further examination in future inspection work programmes. These include:

- Recruitment and retention of key staff in fieldwork teams, and whether the action taken by the Council has continued to deliver sustainable improvement in assessment, care management and the protection of vulnerable people;
- Workload management in fieldwork teams, to include the balance of initial contacts, referrals and assessments and realising the full benefits of the Integrated Children's System;

- **Community Mental Health and Drugs/Alcohol teams – case management work with other teams, and promoting independence;**
- **The quality and cost of services commissioned and provided by the Council, including the need for third party top-ups of residential care placements.**

The Focused Review: Detailed Findings

2.1 Review approach

An 'Issues Analysis Workshop' (see Appendix 2: Methodology) was held on 22 July 2008 at Newport Civic Centre and involved officers representing the Council; members of the Review team; and senior staff representing the Care and Social Services Inspectorate Wales, and the Wales Audit Office. A presentation of key issues was made by the Review team for discussion, which was based upon an analysis of the evidence provided by the Council in its self assessment, the results of surveys undertaken for the review, key performance indicators, and evidence presented by other regulatory bodies. The discussion concluded with an agreement that the following issues would form the basis for the fieldwork element of the Review and subsequent reporting:

- Contact and Initial Assessment;
- Capacity of Fieldwork teams (including impact on assessment; care management; and safeguarding);
- Case transfers and transition planning;
- Promoting Independence;
- Carers and their experiences;
- Commissioning and future resources;
- Changes in corporate leadership and future direction of Social Services.

The fieldwork for the review took place between 11 August 2008 and 1 October 2008. The first phase involved an analysis of selected case files and resulted in a number of cases for follow-up work. The second phase included the case file follow-up with service users and carers and interviews with the case workers involved in the cases, and also involved a series of interviews with key managers, frontline staff, partners, and a number of focus groups.

2.2 Contact and Initial Assessment

New arrangements for handling referrals and initial assessments are demonstrating improvements in performance, although more work is needed to ensure these arrangements are delivering the full benefits envisaged by the Council.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Information for the Public • Significant improvement in timeliness of initial decisions and assessments in children’s services • New risk matrix for handling waiting lists in adult services • Improved performance regarding Delayed Transfers of Care 	<ul style="list-style-type: none"> • Improving working arrangements between duty teams and the Contact Centre • Tackling waits for assessment in adult services (including Occupational Therapy and Visual Impairment) • Making more explicit decision making and management oversight in children’s services • Working with other agencies to clarify role and information requirements about referral

The Council has introduced new arrangements within Social Services for handling initial contacts, referrals and undertaking initial assessments. Changes were made in children’s services in April 2006, and in adult services

in November 2007. A corporate contact centre has also been introduced as a focal point for all contacts with the Council.

In children's services, the earlier implementation of the new arrangements meant that they were well established at the time of the review, and therefore better able to demonstrate improvements in performance. Overall the arrangements to deal with referrals and initial assessment show marked improvement over the past year and were continuing to improve at the time of the Review. The arrangements are more systematic with improved performance on key indicators. However, the quality of contact and assessment needs to become more consistent, with improvements required in the direct engagement of children in initial assessments, and in the critical analysis of risk.

A more rigorous approach to assessing first contacts has been introduced which has led to a 50 per cent increase in the rate of referrals which proceed to assessment over the past 2 years. The Council is ensuring that all cases requiring an assessment are allocated, but has needed to increase the reliance on social work assistants to achieve this.

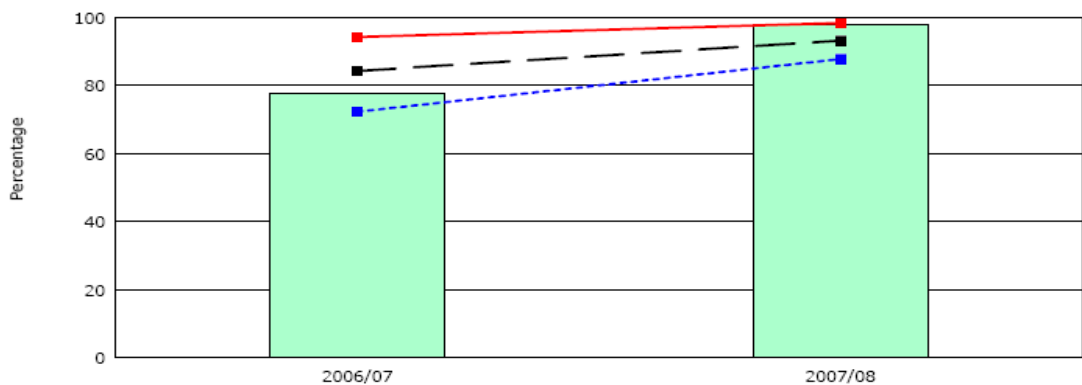
There have been significant improvements in the timeliness of initial decision making and completion of initial assessments which are reflected in key performance indicators, as shown in Exhibits 1 and 2 below.

Exhibit 1: The percentage of referrals on which a decision was made within 1 working day

Children

SCC/006

The percentage of referrals during the year on which a decision was made within 1 working day



It is a requirement that every local authority should achieve a level of 100% on this measure

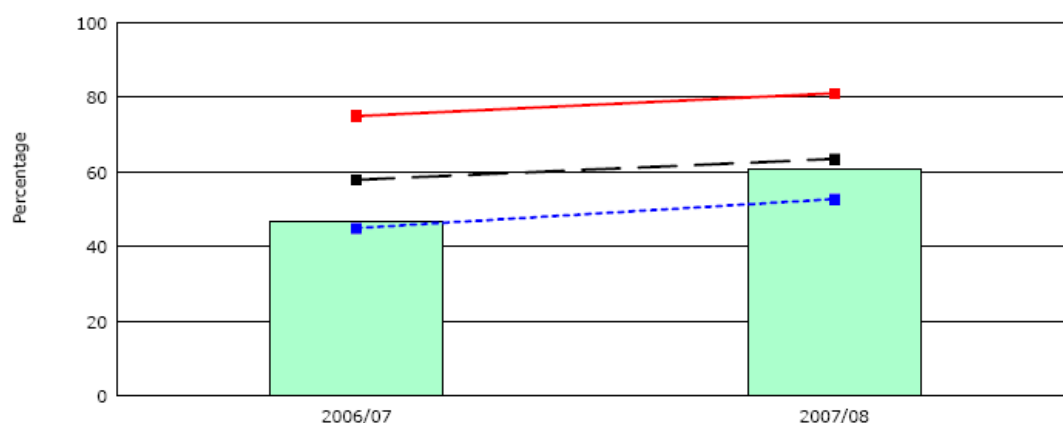
	2006/07	2007/08
Actual	77.71	98.05
LQ	72.28	87.79
Median	84.29	93.22
UQ	94.36	98.46

Around 98 per cent of referrals had a decision taken within one working day in 2007-8, a considerable improvement over 2006-7 when it was around 78 per cent.

Exhibit 2: Initial assessments completed within 7 days

SCC/008 (a)

The percentage of initial assessments carried out within 7 working days



It is a requirement that every local authority should achieve a level of 100% on this measure

	2006/07	2007/08
Actual	46.71	60.81
LQ	44.94	52.72
Median	57.91	63.46
UQ	75.02	81.17

There was a significant improvement in performance in 2007-8 compared with 2006-7, with just over 60 per cent of initial assessment being carried out within 7 working days. At the time of the Review, a further improvement had been achieved, with nearly 75 per cent of assessments now being undertaken within the timescale allowed. This momentum of improvement needs to be sustained. There has also been an improvement in the average time taken to complete assessments which take more than the required 7 days, falling to just over 19 days in 2007- 8, with a further reduction to 18 days at the time of the Review.

Analysis of case files of contacts which did not proceed to initial assessment indicates that arrangements for screening and information gathering (lateral

checks) were generally working well, and led to appropriate evidence based decision making in the majority of cases. However, a clear referral statement was often missing, and initial assessments were often not supported by evidence from direct observation of the child. Fewer than 42 per cent of initial assessments in 2007-8 included evidence from the child being seen by a social worker and this needs to significantly improve. Reviewers found little evidence of explicit decision making and oversight by managers when assessments were completed by assistant social workers, although this has been subsequently recognised and addressed by managers.

One important indicator of service quality, the percentage of referrals which are re-referrals within 12 months, has moved in the wrong direction, increasing from around 23 per cent in 2006-7 to some 25 per cent in 2007-8. Performance was continuing at this level at the time of the review, failing to meet the Council's own target of 22 per cent. However, referrals about a child previously looked after, or on the child protection register, have reduced indicating that the service for the most vulnerable children is improving. Some of the information provided by other agencies at the point of referral was inadequate which creates problems for screening and assessment. The local safeguarding children's board (LSCB) has recently agreed to fund a domestic violence co-ordinator to improve the quality of first response and information gathering by the police, before referrals are made.

In adult services, the new Duty and Assessment team handles all referrals for older people and younger adults with physical and sensory disabilities. Referrals relating to learning disability, adult mental health, and older people with mental ill health are handled directly by those specialist teams. The new arrangements had been introduced in December 2007, following a review of the former organisational structure. This identified a number of areas where improvements were needed, and at the time of the Review, not all of the anticipated benefits of the changes had been fully realised.

Whilst staff expressed the view that the new arrangements were improving after a difficult period following implementation, these still need to be fully embedded and the progress monitored to ensure that the expected benefits

are achieved. Progress has been hampered by insufficient capacity within the Duty and Assessment team due to recruitment and retention problems and insufficient numbers of existing staff choosing to join this team at the time of the change. Operational policies and protocols were not put in place when the change was implemented and service users were not fully informed of the planned changes and how this would affect them. This has led to some operational difficulties and affected progress. Draft policies and protocols have now been developed and are in the process of being implemented.

Eligibility criteria were last reviewed in June 2007 and remain at substantial/critical levels. The criteria and their application were well understood by staff and consistently applied, which was one of the aims of the reorganisation.

Pressures within the system have led to a waiting list for assessment in the Duty and Assessment team, although at the time of the Review there were signs that this was being reduced. A risk matrix has been introduced to help handle the waiting list effectively, which helps staff to prioritise referrals. Reviewers found that there were no priority 1 referrals (critical) awaiting allocation. The waiting list is actively reviewed, but inevitably results in lower priority cases becoming urgent whilst awaiting allocation.

Waiting lists for occupational therapy (OT) and visual impairment (including rehabilitation) are very high. Additional posts of OT assistants, who deal with low level needs, have been created to help tackle the problem, but this is unlikely to have any significant impact on the existing OT waiting list of 746. There have also been lengthy delays in responding to major adaptations, although recent changes in the process have started to reduce the time taken. Waiting time for the rehabilitation officer for people with visual impairments is around one year, with only the very high priority cases currently being seen.

New referrals relating to mental health and learning disability are passed directly to the relevant teams, who take responsibility for completing initial assessments. In learning disabilities, most referrals come from other professionals or transition from children's services, and the duty system works

well. Because the adult mental health team is not able to access the system which supports the Contact Centre, all contacts with a mental health component are passed to the Duty and Assessment (DAT) Team which then has to act to pass details to the adult mental health team. There is a Care Programme Approach duty system staffed by a half- time social work post and a half- time community psychiatric nurse.

In adult mental health and learning disability teams there is a lack of agreement between health and social services with regard to how vulnerable people with complex needs are supported. Eligibility for services for this group are unclear and arbitrary boundaries which are diagnosis led, rather than needs led, seem to be operating in these teams. This is leading to ineffective joint working within and between learning disability and adult mental health teams. As a consequence, some vulnerable people are not receiving appropriate multi-disciplinary support from health and social services, and this matter needs to be addressed.

There has been a significant improvement in performance regarding the level of delayed discharges for social care reasons at 6.2 per 1,000 population aged over 75 in 2007-8, but still above the median rate of 3.88. However, Reviewers were told of staff concerns about the inappropriateness of some discharges where agreed procedures had not been followed. This is being monitored by the Council to enable them to address areas of concern with Health partners.

Reviewers found the range of information provided for the public to be of good quality, informative, and readily available to users and carers. The Council's website also provides good information. Respondents to the surveys were generally positive about the quality and availability of information.

Carers, service users and other organisations expressed concerns that the process of making contact through the Contact Centre and then to the Duty and Assessment Team is too cumbersome and frustrating. This in part may be caused by the new arrangements still being bedded in, but there are a number of issues contributing to this, such as:

- the quality of the information passed from the Contact Centre;
- the inexperience of Contact Centre staff due to turnover; and
- existing service users who contact the long term teams being re-routed back through the Contact Centre.

Closer working relationships between the Contact Centre and the Duty and Assessment teams, with a clarification of expected roles and responsibilities, would help to resolve these difficulties for the benefit of both teams. Further exploration of work which might be better undertaken within the Contact Centre would enable the Council to get best value out of the arrangements.

Reception facilities are not of a high quality and are rather daunting and unwelcoming for people. They are also lacking in privacy, although the receptionists were sensitive to dealing with this problem.

2.3 Capacity of Fieldwork teams (including impact on assessment; care management; and safeguarding)

Difficulties with the recruitment and retention of key staff in fieldwork teams is having an impact on the capacity of fieldwork teams to meet all of the demands being placed upon them and, whilst there are some clear signs of improved performance, further progress could be affected unless this issue is satisfactorily addressed.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Some investment in fieldwork capacity and establishment of an Occupational Therapy manager post • Supportive relationships in teams • Steady improvement in performance regarding assessment, care planning and management oversight in children's services • Staff training and development, and good use of skills • Sound arrangements for care management of Child Protection work and Looked After Children (LAC) • Improving support for LAC • Progress with Local Safeguarding Children's Board 	<ul style="list-style-type: none"> • Tackling recruitment and retention, and workforce planning (although some good initiatives in place) • Dealing with pressures in adult services affecting regular staff supervision • Addressing the number of unallocated cases in adult services • Children in need – reviewing the high thresholds for family support and engagement of other agencies • Improving performance of reviews in adult services • Addressing PoVA capacity and procedures • Better engaging of families, users/carers in assessment and decision making

The Council employed 207.6 whole time equivalent (wte) social work staff in fieldwork teams (excluding hospital teams) as at 31 March 2008, the sixth highest number in Wales. Of these, 136.7 wtes were in children's teams and 70.9 wtes were in adult teams (the fourth and tenth highest number of wtes respectively). This can be compared with the fact that Newport is the eighth largest Council in Wales. The Council's own review of the structure of fieldwork teams in adult services identified the issue of lower staffing levels than some comparator Councils.

Whilst the number of social work and other staff in adult teams undertaking assessments and care management, is lower than many other Councils in Wales, this does not seem to be the only reason for the pressures being experienced in fieldwork teams. Although in some areas such as occupational therapy and sensory impairment, this may be a more significant issue. A number of factors need to be addressed, before a view can be reached as to whether there are sufficient numbers of staff. These are:

- improving staff recruitment and retention;
- ensuring new operational systems and procedures are in place, fully understood and implemented, particularly in adult services teams;
- examining the staff mix in teams to ensure that staff are undertaking the most appropriate work related to their skills;
- examining the numbers of staff allocated to the different teams, to ensure that original allocations at the time of implementation of the new arrangements were right; and
- ensuring staff receive regular and consistent supervision in adults teams.

There are a significant number of vacancies across fieldwork teams that are proving difficult to fill, the main area being social work posts in children's services. There is a more mixed picture in adults, where senior practitioner posts and occupational therapy posts are proving the most difficult to recruit to. Staff morale in teams is generally high, with the main recruitment and retention issues reported by staff and managers being the rates of pay, and factors such as travel and subsistence rates, car parking and overcrowded office conditions. Rates of pay in Newport are reported to be lower than in neighbouring Councils for all of these key frontline posts, which is always likely to cause difficulties in a competitive market place.

There have been a number of initiatives to tackle the problem, including:

- recruiting a number of social workers from Germany;
- a trainee social worker scheme (two staff seconded this year); and
- the recent introduction of a bursary scheme.

Whilst these initiatives are important in their own right, they need to be set within a clear strategic and corporate framework for addressing the problem. This needs to deal with the multi-dimensional causes rather than just the presenting issues. To illustrate, a proposal is under consideration to target pay increases to teams that are having current difficulties with recruitment and retention. This may have the perverse impact of simply moving the problem around the system, attracting people into these teams from other more stable teams.

In children's services, there has been a concentration on achieving good performance in the core business, with a clear and steady approach to improvement. Evidence of this can be found in improvements in performance against a range of core indicators relating to assessment, care management and child protection. Generally, the arrangements for assessment and care management of children who need protection and children who are looked after appear to be working satisfactorily. Fieldwork teams are coping well with increased levels of referrals and the overall workload, within a systematic and coherent team structure. There has been some investment in staffing levels, and the pressures arising from structural change have now been eased as the new arrangements are generally functioning well. This has allowed caseloads to be at a reasonable level, and all Looked After Children and Child Protection cases are allocated.

Reviewers concluded from the case file analysis that care management and review work was mostly satisfactory, with some good practice as illustrated in the case example below:

Case Example – Good Practice

A disabled child, aged 8 diagnosed with Aspergers syndrome was being very well supported by social services. His parents described the social worker as 'priceless' and they commended her reliable and thoughtful work with the child and his family over a number of years. The social worker had worked closely with the child and family and other agencies, and had constructed a complex programme of support which was relevant to the particular circumstances and needs of the family. Some of the services were arranged through direct payments, which gave the family the optimum control over the arrangements.

There is a need to involve children and families more in the process of assessment and producing care plans. Some difficulties remain in sustaining involvement in children in need cases, with frequent delays in providing family support and discontinuity in key workers. The problems of retaining and recruiting qualified staff in these teams means that the improvements that have been made may be fragile, although at the time of the Review the use of agency workers was helping to ease those problems.

Performance on the timeliness of the completion of core assessments has improved from around 59 per cent in 2006-7 to around 67 per cent in 2007-8. These improvements were continuing in the first 6 months of 2008-09. The average time taken to complete core assessments is also improving. However, the pattern of completion of core assessments fluctuates considerably from one month to the next, which suggests that the new arrangements are still being embedded. Reviewers judged the assessments seen in the review of cases to be mainly satisfactory, with two cases rated good and two as unsatisfactory.

There have been traditionally high levels of looked after children. The rate of around 90 per 10,000 in March 2008 is a small reduction on the previous year. The Council has achieved improvements in placement stability over the past year, and performance is good in relation to the proportion of looked after

children (LAC) accommodated within 20 miles of their home address. This improvement follows a major initiative to reduce reliance on out of area placements. Some ninety four percent of reviews of LAC undertaken in 2007-8 were carried out within statutory timescales.

Child protection plans are of a good quality with all plans seen by Independent Reviewing Officers to provide a proactive approach to quality assurance. Some ninety two per cent of initial child protection conferences are held within 15 working days of the strategy decision. Numbers on the child protection register have been traditionally high, with 4.58 children per 1,000 population on the register in 2007-8. There is a high proportion placed for neglect only, and of the children on the register, a high proportion had been on the register for more than 12 months.

In adult services, comment has already been made about the impact of waiting lists for assessment in adult services, and the pressures being experienced by the Duty and Assessment team. Within the long term teams (the Long Term Conditions Team; the Community Care Team; the Older Peoples Mental Health Team; Adult Mental Health), all but the Adult Mental Health Team have unallocated cases which are classified as being 'open to review'. Whilst this is an acceptable way of managing stable cases, it has to be set against the declining performance in undertaking the reviews, and the fact that, when issues do arise, these are directed through the Duty and Assessment Team adding to the capacity problems for this team. Furthermore, these are often a high proportion of the total number of open cases as illustrated in Table 1 below.

Table 1: Allocated and unallocated cases in long term teams at the time of the Review

TEAM	Allocated cases	Unallocated cases
Community Care – Adults	804	627
Long Term Conditions	341	443
Learning Disability	253	336
Mental Health Older People	645	44

Performance in completing annual reviews deteriorated in 2007-8 to some 47 per cent of care plans reviewed that should have been reviewed during the year, in the lower quartile of councils in Wales, down from 72 per cent (upper quartile) in 2006-7.

The Unified Assessment Process (UAP) has been implemented, although Health staff still use their own adapted forms preventing full integration and undermining the benefits which can be achieved from this system. The quality assurance officer has produced operational guidance for staff and a risk matrix to support use of the UAP.

Arrangements for dealing with Protection of Vulnerable Adults (PoVA) need to be strengthened. The PoVA co-ordinator is overstretched, and has to undertake additional work because of the lack of capacity to handle PoVA processes in teams. Capacity and management issues identified by reviewers include:

- the role of Designated Senior Officer is frequently fulfilled by the PoVA Co-ordinator (over 50 per cent of vulnerable adults forms (VA1) handled by the Co-ordinator in one quarter);
- no effective management oversight of the process – including meeting timescales, quality of decision making, and monitoring the audit trail from the initial VA1 form through case conference to completion of adult protection plan; and the new system introduced

in September 2008 requires Team Managers to monitor outstanding PoVAs – effectively monitoring themselves.

Case Example

A is an older person whose daily living skills and mobility are impaired through illness. A has been assessed as being in need of community care services and received domiciliary care support from a private sector domiciliary care agency.

Earlier this year, a vulnerable adult form was raised following the discovery of items that were missing from the home. Some 22 days later a protection of vulnerable adults [PoVA] strategy meeting was held and the police subsequently took forward the investigation.

Some time after this A sustained a fracture and bruising following a fall. A lack of support from a range of services left the family struggling to cope. A was then admitted to hospital and A's vulnerability was then recognised.

A PoVA strategy discussion did not take place until some 20 days later.

The Head of Service has called for an options appraisal to enable the Council to tackle the shortfalls in the arrangements for protecting vulnerable adults. The shortfalls identified are such that a resolution to these problems is urgently required.

2.4 Case transfers and transition planning

Given the relatively complex nature of the structure of fieldwork teams in both adult and children's services, the transfer of cases is mainly handled well. Improvements are needed in transition planning for young people into adulthood, particularly greater ownership of planning within adult services.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Investment in transitional planning in children’s services • Investment in management capacity to support Duty and Assessment in children’s services • Effective and flexible transfer arrangements from LD and MH teams to Older Persons teams • Protocols in place in children’s teams and well understood 	<ul style="list-style-type: none"> • Developing an earlier co-ordinated approach to transition planning • Finalising protocols and ensuring that these are fully owned by all staff • Improving joint working on cases across children and adult services to provide a more holistic response

In children’s services, protocols regarding the transfer of cases are in place and well understood by staff and there is an appropriate degree of flexibility built into the arrangements. However, ownership of the protocols needs to be consistent across teams. There was some evidence of a hardening of attitudes by staff which was driven by the pressures some teams felt they were under. There is a rigorous approach to ensuring that all documentation is up to date prior to transfer. The strengthening of management capacity in the Duty and Assessment Team has allowed more attention to be given to transferring cases and dealing with problems.

Section 17 planning and review meetings are effective and Independent Reviewing Officers are proactive in care planning, both of which support effective transfer of cases. Caseloads have reduced and, although there is some pressure in respect of transfers of children in need cases, this has helped to smooth the process of transferring cases. Case file analysis suggests that there are some cases where the transfer to the leaving care service has been delayed, although the service is now fully Munby compliant.

At the time of the change to team structures in **adult services**, policies and protocols for the new arrangements had not been developed. These have now been drafted in conjunction with staff, and implementation planned. However, a team structures document has been produced which is helpful in determining which teams should support service users, and has helped team managers and practice supervisors handle case transfers. There were some real difficulties encountered in respect of case transfers soon after the structure changes, but staff reported that there has been significant improvement recently. The transfer of cases from the Duty and Assessment Team to one of the long term teams has been helped now that caseloads for workers in these teams have been reduced to reasonable levels. This means that cases are now able to be allocated more easily. Cases are transferred from the Duty and Assessment Team after the first case review is undertaken after 6 weeks.

Transition arrangements for young disabled people have been improved through the introduction of a 'transition worker' in children's services. However, joint planning for transition with adult teams is problematic, and Reviewers found that there was little evidence of involvement of adult teams in some of the cases they examined. A draft 'transitions' protocol has now been produced, but at the time of the review, this was still the subject of consultation. Arrangements to deal with transition from adults teams to older persons' teams are sound.

Some improvement is needed in working arrangements across children and adult teams and teams within adult services, and there is a need for constant overview of the interface between teams. In particular, Reviewers found evidence in case files of some difficulty in access to professional support from the adult mental health services. This was also identified by some staff. A draft protocol for working between children and adult teams has been produced, which also needs to embrace joint working across teams within adult services.

2.5 Promoting Independence

The Council has made considerable progress in helping to support people in their own homes, promote their independence and improve their life chances. More work needs to be done to ensure this is fully part of the culture of the organisation, some weaker areas are tackled, and that services are more tailored to meet peoples' needs and deliver agreed outcomes.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Service developments in adults – Extra Care; Community Reablement; Promoting Independent Living Scheme; changing Learning Disability day services; Telecare • High proportion of older people and physically disabled adults receiving support in the community, and falling numbers supported in residential care • Good care planning for Young People and improved support for care leavers • Increased number of children with disabilities receiving support • Youth Offending Service – range of preventative and early intervention services 	<ul style="list-style-type: none"> • Embedding support within schools for Looked After Children • Delivering the aspirations for people with Aspergers/Autism • Reducing the length of time from referral to delivery of care packages and equipment in adult services • Improving performance in provision of Direct Payments • Making Person Centred Planning a priority for learning disability services

In adult services, the Council has developed a range of services and initiatives aimed at maintaining people in their own homes and promoting their independence.

These include:

- the development of three extra care housing schemes, with a fourth planned which has specialist support for older people with dementia;
- implementation of a community reablement service;
- the Promoting Independent Living Scheme (PILS) which is refocusing the internal home care service; and
- the Lighthouse Project (utilising Supporting People funds).

There has been a significant investment in Telecare services to help support people at home, and in 2007-8, Newport was a median performer of Councils in Wales regarding the rate of adult clients assessed during the year who were provided with assistive technology as part of the package of care. A Tele-Health scheme is soon to be tested in the Willowbrook Extra-Care unit.

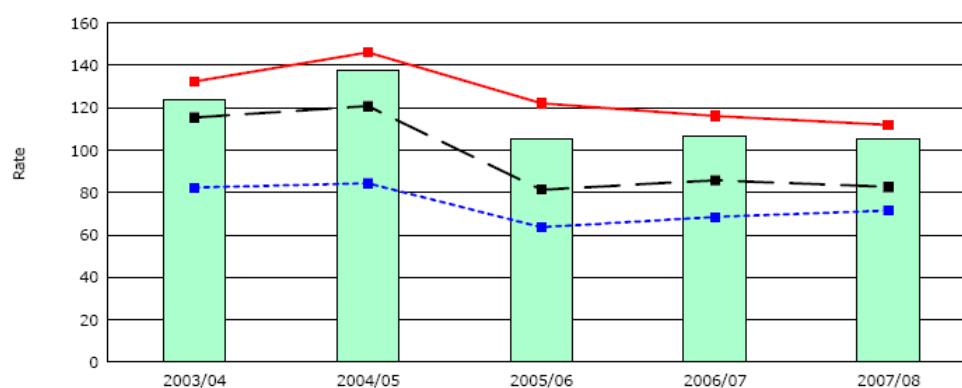
This has helped to ensure that higher numbers have been supported in the community and fewer in residential care. The Council is close to the highest quartile of councils in Wales in respect of the rate of older people helped to live at home (Exhibit 3) and has remained stable in recent years.

Exhibit 3: The rate of older people helped to live at home per 1,000 population aged 65 and over

Adults

SCA/002 (a)

The rate of older people (aged 65 or over) helped to live at home per 1,000 population aged 65 or over



	2003/04	2004/05	2005/06	2006/07	2007/08
Actual	123.45	137.61	105.53	106.41	105.44
LQ	82.29	84.23	63.58	68.42	71.35
Median	115.37	120.68	81.28	85.72	82.64
UQ	132.37	146.12	122.10	116.10	111.89

At the same time, the numbers supported in residential care has started to fall in 2007-8 to 25.57 per 1,000 population aged 65 and over, but just above the median for councils in Wales. There had been a further decrease at the time of the review to 24.51 per 1,000 population.

Whilst there is a similarly positive position for adults with physical and sensory disabilities, it is less positive for learning disability and much less so for mental health. Table 2 below identifies the percentage of service users in each category supported in the community and in residential settings for each group of service users, and provides comparative information with other Councils in Wales.

Table 2: The balance of support in the community and residential settings for each adult service user group aged 18-64 in 2007-8

Service user group	% supported in community settings	% supported in residential settings	Comparison with other councils in Wales
Physical and Sensory Disability	57.14	13.67	Around upper quartile supported in community and lower quartile in residential settings
Learning Disability	27.99	55.40	Around median for community settings but above median for residential
Mental Health	11.08	30.94	Lowest quartile for community settings and upper quartile for residential

Performance regarding the provision of Direct Payments needs to improve, even though actual numbers have increased to 47 as at March 2008. This was still below the median numbers for Councils in Wales, and the rate of support for adults aged 18+ at 14.03 per 1,000 population supported in the community was around the lower quartile. The number of Direct Payments had increased significantly to 89 at the time of the review, mainly through the Duty and Assessment and Older People Mental Health teams. A significant number (over 25% of the total) of Direct Payments have been used to support families of children with disabilities. Progress was reported to have subsequently slowed because of pressures on the 'Support Services' commissioned by Newport in conjunction with three other Councils, with a significant waiting time for a response.

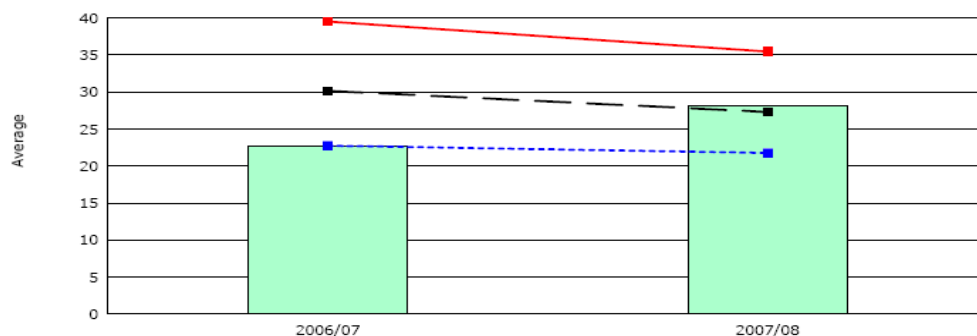
Promoting independence is not yet fully part of the culture of all parts of the assessment and care management system, even though the overarching approach of the 'Staircase of Care' is being promoted within adult services.

The performance in respect of Direct Payments is indicative of this, with little evidence of progress being made in adult mental health and learning disability teams. There was little evidence of a focus on outcomes for service users found in cases examined by Reviewers, although the Council is to become a 'pilot' for outcomes based assessment and care management which should drive improvement. Waiting lists for assessments, unallocated cases, and delays in reviewing care plans, all work against the principal of promoting independence, as does the increase in the time taken to complete a care plan and provide equipment (Exhibit 4).

Exhibit 4: The average number of working days between initial enquiry and completion of care plan

Adults
SCA/005

The average number of working days between initial enquiry and completion of the care plan



	2006/07	2007/08
Actual	22.74	28.11
LQ	22.72	21.73
Median	30.13	27.27
UQ	39.51	35.46

The increase in time taken to complete the care plan, and provide the services has been affected by the time taken to undertake assessments, the time taken to agree the care package caused by the decision making processes and, some delays in securing the necessary package of care. All of these need to be tackled to improve performance in this area.

The length of time taken to provide equipment increased from some 8 working days in 2006-7 (around the median) to around 10 working days in 2007-8 (well above the median), and the percentage of users with care plans who should have been reviewed that were reviewed fell from some 72 per cent in 2006-7 (upper quartile) to 47 per cent in 2007-8 (lowest quartile). Many of the initiatives mentioned earlier seem to have been influenced by management of direct services, and changes have not been driven through care management and commissioning processes. Service responses sometimes struggle to meet individual needs, hindering the development of a truly personalised service for users and carers. Nevertheless, there was evidence of some

proactive casework by social workers to continue to support people in the community (see case example below).

Case Example: Support for service user in the community

W, who is aged 85, had a spinal tumour many years ago which resulted in right sided paralysis, and also suffers from arthritis in most joints and oedematous legs. She has been known to social services and has been receiving services for many years.

She resides in sheltered accommodation and, following a significant deterioration in her condition, entered a nursing home on a trial basis this summer. Prior to this, a proactive approach to care management was in evidence, with regular reviews as her condition deteriorated, and subsequent changes to her care package. Staff at the sheltered accommodation scheme had also provided additional support.

Unable to settle in the nursing home, and with the family generally supportive of a return home, this was arranged with an increased package of care to include 2 carers calling 4 times per day. Initially, some difficulty was experienced in arranging the care due to lack of home care capacity, which resulted in a delayed return home.

One care provider proved to be unsatisfactory due to poor handling practices of carers, and resulted in a complaint from the family. The current provider is unable to visit at times that suits the service users lifestyle and wishes. The social worker has been trying to resolve this with the agency, and the brokerage team have been requested to explore other alternatives.

The case file evidences that there was proactive care management, ongoing review and regular adjustments to the community care plan in response to changing needs. The social worker handled well the differing views of family about the most appropriate level of support and is highly regarded by both the service user and family.

The file did not evidence a detailed assessment and risk assessment, to underpin the service users return home. This may have identified whether the reablement service would have been helpful in supporting the move. An Occupational Therapy assessment is now in place, and further support from physiotherapist and OTs being given to increase her independence.

Formal Person Centred Planning has not been a priority in services for people with a learning disability, particularly within the care management processes.

Staff in service provision units have strived to place the needs of individuals at the centre of care planning, and many staff have benefited from a training programme. There has been some improvement in people being able to access work, educational, and training opportunities, although there was little evidence of this from case files seen by Reviewers. Day services have been developed to cater for those who may not be able to access work opportunities directly, and include two market gardening projects; Spirals (an introduction to work project), and ROOTS (a Vision 21 project, which is more time limited for people ready to move into work); and 14 Locks cafe. There has been a steady reduction in the number of places offered at Brynglas Adult Training Centre, with many activities now operating outside of this centre. Managers of services have taken the initiative in driving the necessary changes. However, progress in modernising day services needs to gather pace, and there needs to be greater ownership of this within care management to support change through commissioning strategies.

In children's services, Reviewers observed some good practice in supporting people towards independence. Care planning for young people is generally working well (see Case Example below), and performance has improved in a number of respects for Looked After Children (LAC) and Care Leavers.

Case Example – Good Practice

A young person, aged 16 of Asian family was being looked after by the authority. The social worker worked consistently and purposefully with the young person to maintain his involvement in his culture and religion, arranging frequent visits to the Punjabi place of worship, the gurdwara, and had secured the involvement of an independent visitor. Effective communication was maintained with the foster carer and the independent foster care agency. A change in placement was well managed and the young person's progress in further education was able to continue. There was ample evidence that the child's needs were well understood and the social worker was pursuing a clear and relevant care plan.

In 2007-8, a high proportion of LAC, some 82 per cent, had a personal education plan within 20 school days of entering care. This was in the upper quartile of Councils in Wales, and a significant improvement on performance in 2006-7. This improvement is supported by an educational co-ordinator post. However, performance in relation to school attainment needs to improve, and this is recognised as a priority by the Council. The number of days LAC spent out of school on fixed term exclusions increased in 2007-8 and is well above the median for Councils in Wales.

Support for Care Leavers has been strengthened, and this has resulted in the Council being in contact with all relevant and former relevant children, with all having an allocated social worker and around 90 per cent an independent personal advisor in 2007-8. All of these young people are known to be in suitable, non-emergency accommodation and there are good links between the aftercare team and Housing. However, accommodation for young people over the age of 16 is not regarded as sufficient, and there is an inadequate supply of supported lodgings. The percentage of eligible, relevant and former relevant children that have pathway plans is in the lower quartile of Councils in Wales for 2007-8, although there was a significant improvement over 2006-7. The Council is also below the median for care leavers known to be engaged in education, training and employment at the age of 19.

The Council are providing services for more disabled children and their families, and there has been a small increase in the number in receipt of Direct Payments, but the Council is still below the median of Councils in Wales in 2007-8. Disabled children get free access to the Council's leisure facilities.

The Youth Offending service is well integrated, and has developed a good range of preventative and early intervention services.

2.6 Carers and their experiences

Whilst there is evidence of good support for carers, there is a need to ensure the needs of carers are met more systematically through effective assessment and care management processes.

Strengths	Areas for Improvement
<ul style="list-style-type: none">• Carers contact centre• Progress in supporting parents of disabled children	<ul style="list-style-type: none">• Increasing the numbers of carers assessments• Improving the range of respite care options for LD and younger disabled adults• Developing a more systematic approach to meeting the needs of Young Carers

There was a good overall response to the survey from adult carers, who regarded the support they get from the Council in a positive light in a number of key areas:

- 84 per cent said they could get clear information about social services;
- 84 per cent said they got a good response during the day;
- 84 per cent said services were of good quality; and
- 72 per cent said they were able to feel part of the community.

However, there were a number of important areas where the response from adult carers was less positive:

- 68 per cent said they did not get a written statement of their need;

- only 51 per cent said they were involved in decisions about how the help they needed would be provided;
- only 54 per cent thought there were a good range of services; and
- Only 55 per cent said they were able to make arrangements in advance.

Generally the very low number of parent/carers who responded were not positive about the support they received from social services.

There has been a real focus and drive to complete carers assessments which has resulted in an increase in the number of carers offered an assessment from some 24 per cent in 2006-7 to 82 per cent in 2007-8 (around the median for Councils in Wales). But only around 6 per cent of those who had an assessment had one in their own right. When carers are not seen by social workers, there is a process whereby assessment forms are posted to carers with a stamped addressed envelope for them to complete and return. This arrangement is not well regarded by carers. There is also a need to ensure that a different social worker is working with the carer from the one supporting the service users(s). Managers recognise the need for staff to work with carers to complete assessments and care plans, and believe that a training programme recently made available will help to address the shortfalls. Nevertheless, staff expressed concerns about the lack of services they could offer carers as a reason for not giving assessments the profile they deserve.

The services available to support carers are traditional; respite care and support in the home. Carers cited the need for more imaginative responses to deliver good outcomes for them, and the availability of sitting services, as gaps in provision. Respite care is readily available for older people to support their carers, although choice is limited. But this remains a service gap for adults with learning and physical disabilities, although out-of-area placements have been arranged for people with complex needs. Short breaks for children with disabilities have recently been reviewed, and a shortfall in available provision identified, including the need for home based support.

A Carers Development Officer has recently been recruited, which offers the opportunity to change the service led assessment and provision, and work with commissioners to deal with the current gaps and pressures in service delivery.

Support for young carers is not systematic or grounded in the assessment and care management processes. Reviewers found that referrals to the Young Carers project were not part of an explicit and shared performance management system. The Young Carers project needs to be commissioned to provide a stronger operational model that provides a clear focus on service standards and outcomes. Young carers who were seen by reviewers emphasised how much the support offered by the Young Carers project was valued by them, and felt this was the only support they got from social services.

The Carers Contact Centre provides information and advice to carers, and is well respected and valued by them and will make referrals to social services on their behalf.

2.7 Commissioning and future resources

The Council have taken the initiative to develop commissioning strategies across most service areas, and have increased capacity in its commissioning and contracting functions. This needs to be built upon to ensure that commissioning is central to driving service development; managing the social care market; and maximising the use of resources to deliver value for money.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Investment in commissioning and contracting, and some progress • Introduction of brokerage • Introducing more tailored approach to contracting • Introduction of QA processes in contract monitoring and support • Tripartite agreements for children with complex needs 	<ul style="list-style-type: none"> • Improving longer term financial planning and ensuring better integration with service planning • Improving the processes for developing and informing commissioning strategies • Providing a clearer focus for engagement of providers, particularly at a strategic level • Developing a commissioning strategy for children in need • Dealing with service gaps and pressures • Clarifying future purchasing intentions

The Council has developed commissioning strategies for the 3 year period 2008-2011 for the following services:

- Learning Disability;
- Mental Health for Older People;
- Mental Health for People of Working Age;
- Older People;
- Physical Disability and Sensory Impairment;
- Looked After Children (2007-2010).

There has been investment in capacity to support the commissioning function, and the contract support team has been strengthened. The commissioning and contracts team has developed an operational plan for 2008-9. A

'brokerage service' was introduced in July 2008 to initially support arranging the provision of care packages at home, but it is intended to develop this service to arrange care home and supported living placements.

The strategies provide a complete analysis of the current service users and the services they receive; demographic projections; links to service plan priorities; and details of current contracting and contract monitoring arrangements and future changes. A 'commissioning almanac' has been produced, which seeks to harmonise the processes for developing commissioning strategies with the service planning and budget planning and setting processes. However, the strategies need to be developed in the following ways:

- provide clearer statements about shortfalls and gaps in service and how these might be addressed;
- clarify future financial resources for commissioning linked to longer term financial plans. This should demonstrate the likely resources to be made available for the service, how these resources will be used to support the various areas of service delivery and consequent changes to the balance of funding;
- state future purchasing intentions, including the volumes of services to be commissioned (linked to unit costs);
- link service activity levels directly with spending on services to monitor unit costs;
- specify how the Council will contract for all services; and
- provide clarity about how in-house services need to change to meet commissioning priorities. In-house service changes seemed to be identified and driven by service managers, without any clarity about how this fits within the overall commissioning strategy, and may influence the shape of the strategy (Note: this is an issue about putting the changes into a proper context, rather than a commentary about whether the planned changes were the right ones).

Whilst the Council engages with its independent service providers, a more strategic approach needs to be adopted whereby service providers are engaged in the development of commissioning strategies and contracting frameworks. This approach should help to produce strategies which help independent and third sector organisations to plan their services and businesses for the future. A more systematic approach needs to be developed to gather information from frontline teams about unmet need and service gaps and pressures. The 'brokerage team' could become a useful conduit for this, once it has become more established.

This Review has not considered issues related to the range and quality of services in any depth. However, there has been considerable progress in commissioning for children's services. Most of the priority service areas for children are clearly articulated in the Children and Young People's plan. There is a need to build on this good progress by developing with its partners an agenda for commissioning services for children who are close to becoming children in need, and for disabled children.

Service pressures and gaps identified in adult services, which need to be addressed in commissioning strategies include:

- nursing, residential and day services for older people with mental ill health;
- respite care for some service users and their carers;
- night sitting services;
- services to support children with autism/aspergers and their families;
- residential care for younger adults with physical disabilities; and
- problems arranging residential and nursing home care placements at the rates determined by the Council, which is resulting in top-ups by third parties becoming commonplace.

The Council has not yet adequately explored the potential for the joint commissioning of services with key partners. In children's services, the complex needs panel has worked to secure more appropriate local services

for children and young people with complex needs and now seems well placed to develop a full joint commissioning framework. Savings from the reduction in out of area placements are intended to be used to build resources to support joint commissioning. Commissioning and contracting staff are looking at opportunities to exploit joint working with other local authorities through the Pan Wales Commissioning and Contracts officer's network.

In adult services, the Council has commissioned Direct Payments support services with three other Councils, and has recently taken the lead responsibility for this.

Contracting arrangements have been quite basic, with spot contracts used to contract for all care services purchased to support individual people. There are service agreements in place for services provided by voluntary sector organisations. A review of arrangements was undertaken in 2007 which recommended changes to the way home care contracts are let, using a combination of block and spot arrangements.

Contract monitoring and review in adult and children's services has been enhanced through the work of the two contract reviewing officers. The monitoring arrangements are clearly identified in relation to all forms of contracts, and documented in the contract review strategy 2007-8 to 2009-10. The team had responded to perceived problems and reliability with services provided by some independent home care agencies by introducing a 'quality audit tool' to replace previous contract checks, and have engaged providers in delivering some improvements in quality. The 'tool' links contract requirements with the Welsh Assembly Government regulations for the service.

Of the organisations that responded to the survey of Partners, 87 per cent said they felt there are effective arrangements in place for contracting, monitoring and reviewing services.

2.8 Changes in corporate leadership and future direction of Social Services

The implications of the change in political leadership have been handled well to ensure continuity in service delivery, whilst changes at corporate management level have provided an opportunity to review the arrangements to address some perceived weaknesses relating to Social Services.

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Support for change in political leadership • Continuity through corporate (impressive Children and Young People’s plan) and service plans • Support for, and independence of, Scrutiny arrangements • Improved management capacity in children’s services • Improved joint working with education in children’s services 	<ul style="list-style-type: none"> • Developing a clear vision for Social Services from new political and corporate leadership • Strengthening the role of Director of Social Services and clarifying accountabilities • Increasing management capacity in adult services • Developing a comprehensive strategy for dealing with recruitment and retention problems in social services

A new political administration involving the Conservative and Liberal Democrat groups was formed following the local government elections of May 2008, and two subsequent bye-elections which occurred soon after the May elections. The bye-elections delayed the establishment of the new administration, and appointments to the key Cabinet and Overview and Scrutiny posts. This followed many years of the Council being administered by the Labour group.

The implications of this significant change in leadership of the Council has been handled well, with Cabinet portfolio holders and Chairs of the Overview and Scrutiny Committees reporting excellent support from senior officers as they started to undertake their new responsibilities.

There are a range of factors and initiatives which have contributed, and will continue to contribute, to this successful transition:

- a comprehensive programme of induction for members, which included topics and issues relating to specific areas of service delivery;
- SOLACE supporting development work for the new Cabinet;
- IDeA planned peer review and involvement of leading members on leadership programme;
- The robustness of strategic and service plans. This includes an impressive Children and Young Persons Partnership Plan; the Health, Social Care and Wellbeing strategy; and comprehensive service plans; and
- a robust approach to performance management.

Cabinet members indicated their intention to pursue the objectives and priorities of both the strategic and service plans, and allow the normal service planning review processes to provide them with the opportunity to set their own objectives and priorities for the future.

This approach is to be commended in providing consistency. The new administration now needs to clarify their own vision and future direction for social services, which meets their political aims and objectives. This process had just started with the new administration developing a 21 point programme for the future.

In the survey of partner organisations, 80 per cent of respondents said they thought that elected members were well informed of the work of social services.

Scrutiny arrangements are well established. As well as considering issues for executive decision at Cabinet, Scrutiny Committees have also been proactive in terms of performance management and have developed their own independent programmes to consider specific aspects of service delivery. Issues are then routinely followed through by the Committees. To illustrate, the Children's and Young People's Scrutiny Committee has considered the following in recent months:

- caseloads and vacancies in fieldwork teams;
- the function of the Complex Needs Panel;
- eCAF pilot for Common Assessment Framework;
- the Children and Families service plan; and
- review of Children with Disabilities services.

Existing corporate management arrangements include a Managing Director and two Corporate Directors, who between them have line management responsibility for all Heads of Service. The arrangement is designed to support effective corporate direction and leadership, and deal effectively with cross-cutting issues. The effectiveness of these arrangements have been well rehearsed in other reports, and Reviewers found that this has provided a focus to improve joint working at a strategic level, particularly between education and children's social services. The new management structure in education services has also helped in this respect. The arrangements have also provided the vehicle for good representation and understanding of social services issues at a corporate level. As a result, the Council has been supportive of social services and have responded positively to important issues, including budget pressures.

The effectiveness of management leadership of social services, however, has been compromised to an extent due to the post of 'Chief Social Services Officer' (and nominated Director of Social Services) being at third tier level, and not directly responsible for the management of the services. This has

contributed to difficulties in recruiting to this post, which has been held on an interim basis for nearly two years.

At the time of the review, proposals were being developed to be considered by Cabinet, which would address this issue. Care needs to be taken to ensure that the changes do not dilute the benefits of existing corporate working, and this is receiving attention within the draft proposals.

Corporate support now needs to be proactive in dealing with the staff recruitment and retention problems facing both adult and children's services, which is the most significant issue facing these services. A comprehensive strategy needs to be developed and pursued which:

- has the support of social services managers;
- recognises the differences in the nature of the problem for different services;
- reflects the range of issues that are contributing to the problem;
- and
- identifies solutions which reflect these differences.

The strategy also needs to ensure that any desire to target identified problem areas does not have the perverse effect of simply 'moving problems around the system'.

There is clarity of management roles and responsibilities and decision making powers within social services, although there is an opportunity to build upon this by considering how decision making responsibilities could be delegated within the management structure, including financial management responsibilities. This would help to speed up some of the decision making processes, and allow more senior managers to have to concentrate less on operational management responsibilities and adopt a more strategic profile.

There has been some investment in management and development capacity in children's services which has helped to deliver improvements. A similar

approach should be considered for adult services, notwithstanding the recent appointment of an OT manager.

Appendix 1

Context

Newport City Council is a unitary authority responsible for the delivery of all local government services within its geographical boundary which covers just over 73.5 square miles. The Council was formed initially as a County Borough in 1996, and then obtained City Status in 2002. It has a population of 140,100 (June 2006) and is the eighth largest Council in Wales. The age structure of the population is similar to that of Councils in England and Wales, except that the 0-15 age group is 2.3 per cent higher. The ethnic minority population had increased from 3.5 per cent in the 1991 census to 4.8 per cent in 2001.

The Council has been led by the Labour Group for many years, but following the elections in May of 2008, and 2 subsequent bye-elections, there has been a change in political leadership with the Conservative and Liberal Democrat groupings forming a coalition to lead the Council. This is in spite of the Labour Group still having the largest number of councillors of any political party. There are 50 councillors representing 20 wards, and the political make-up of the Council is as follows:

- Labour – 22 councillors
- Conservative – 17 councillors
- Liberal Democrat – 9 councillors
- Plaid Cymru – 1 councillor
- Independent – 1 councillor

8 of the Council's members make up the Cabinet, including the Leader of the Council who chairs the Cabinet and seven portfolio holders. The seven Cabinet portfolios are:

- Environment and community safety
- Highways and transport
- Housing and community services
- Leisure and continuing learning
- Economic development and regeneration

- Young people's services
- Resources

The Council has recently established 6 forums, each with 9 non-executive members for the purposes of overview and scrutiny, with the following areas of responsibility:

- Economic development and transport
- Environment and community safety
- Housing and community services
- Leisure and continuing learning
- Resources
- Young people's services

There are 'Neighbourhood Committees' for each of the 20 Wards which provides opportunity for the public to meet with elected members and council officers on matters relating to council services and local issues.

The Council is managed by a Managing Director supported by 2 Corporate Directors. There are Heads of Service posts responsible for Children's services and Community Care services, who each report to different Corporate Directors. Also at third tier level, there is a post of Chief Social Services Officer (reporting to the Managing Director) who is the nominated Director of Social Services, but does not have direct line management responsibility for the two Heads of Service. This post holder has management responsibility for operational partnerships, performance management and business support. The Council has had difficulty recruiting to this post, which has been held by an Interim Chief Officer for nearly two years.

Recently, due to promotion and retirement, both corporate director posts have become vacant. At the time of the review, one of these posts had been filled, but the Managing Director was taking the opportunity to review the corporate management structure, including the role of the Chief Social Services Officer.

One Corporate Director is responsible for a portfolio which includes Education and Children's social services, and has responsibility for the Children and Young People strategic partnership and the development and management of

the Children's plan. The other Corporate Director has responsibility for Community Care services within the portfolio, and oversees the strategic partnership supporting the Health, Social Care and Wellbeing Strategy.

The Local Safeguarding Children's Board has been established, chaired by the Head of Services for Children and Families with funding for the Co-ordinator provided by the partner organisations.

Newport has a revenue budget of £227 million for 2008-9, of which £61 million is allocated to Social Services (26.9 per cent). The Council spent below its Standard Spending Assessment (SSA) in 2007-8, but spent £1.5 million more than the SSA for Social Services. There have been budget pressures in both children's and adult services in recent years, but these have been addressed by the Council, and projections for 2008-9 (as at August 2008) suggest that spending will remain within budget. Council Tax has been traditionally low in comparison with other councils in Wales.

Appendix 2

Methodology

Following an announcement by the Deputy Minister for Social Services in November 2007, the programme of Joint Reviews of social services in Wales has been brought to an end. In its place the Chief Inspector of the Care and Social Services Inspectorate Wales is putting in place a new overarching framework for local authority social services inspection, review and evaluation. As part of the bridging arrangements to the new model, a methodology for Focused Reviews of social services was developed and these were conducted in Newport and Caerphilly during 2008.

The Focused Reviews were designed to provide a more focused and timely inspection of social services and to answer two key questions:

- Does the Council have effective arrangements in place to protect vulnerable children and adults and to promote their independence and social inclusion?
- Is the Council well placed to sustain and improve its performance in social services?

The overarching purpose of the Review is to:

“Determine the Council’s strengths and areas for improvement in delivering social services and report those findings to the public”.

In developing the methodology for the Focused Reviews greater emphasis has been placed on making better use of existing information about the performance of social services. As such, the Reviews have built on the annual performance evaluation framework and have drawn evidence from a range of sources including:

- the Council’s own updated self assessment;

- performance indicators and activity data;
- key documents such as strategic and operational plans, policies and procedures;
- information from other auditors, regulators and inspectorates;
- surveys of key stakeholders including service users, carers, staff and partner agencies;

The Focused Reviews are conducted in five stages:

Stage 1: Information and evidence gathering. All the evidence from the sources set out above is drawn together under the 14 domains which underpin the performance evaluation framework.

Stage 2: Issues analysis. This is undertaken by the Review Team with input from the Council to decide the focus of the review. The process is based upon an analysis of the evidence provided in stage 1 and agreement at a facilitated workshop about the key issues which need to form the basis for the fieldwork element of the Review and subsequent reporting.

Stage 3: Fieldwork. This stage involves the analysis of a limited sample of case files, a limited on-site programme of visits to social services facilities, observation of practice, interviews and focus groups with staff, service users, carers and other key stakeholders to further explore the themes identified in the issues analysis.

Stage 4: Drawing Conclusions. This stage is undertaken to determine the key messages from the themes explored during the Review. This is an inclusive process and involves a further facilitated workshop where the Review team sets out and discusses with the Council, the key findings from the Review.

Stage 5: Reporting. The report aims to provide an overall evaluative conclusion about the Council's strengths and areas for improvement in delivering social services as well as providing evaluative conclusions against each of the agreed themes.