Making Social Care
Better for People

Inspection report

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

London Borough of Bromley

Inspection Findings

November 2005

COMMISSION FOR SOCIAL CARE AND INSPECTION

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- promote improvement in social care;
- inspect all social care – for adults and children – in the public, private and voluntary sectors;
- publish annual reports to Parliament on the performance of social care and on the state of the social care market;
- inspect and assess 'Value for Money' of council social services;
- hold performance statistics on social care;
- publish the 'star ratings' for council social services;
- register and inspect services against national standards; and
- host the Children's Rights Director role.

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London Borough of Bromley

Inspection Findings

November 2005

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Introduction

The fieldwork for this inspection took place between the 7 and 18 November 2005. The inspection report is presented in two parts; the first is a summary in accessible form. This gives examples of things we think the council does well. The second gives a more detailed account of the findings, conclusions and recommendations. This report contains both parts.

Organisation of Learning Disability Services in the London Borough of Bromley

London Borough of Bromley is the largest London Borough and has been a Conservative controlled council since 2002. The council affairs are organised through an executive, individual portfolio holder meetings and a series of policy developments and scrutiny committees – including one for social care health and housing. An especially established Policy Development and Scrutiny working group oversees the day care modernisation programme.

The Borough has 1366 people with learning disabilities of whom 710 receive a service. The local authority budget for learning disabilities is £15.3m and the Primary Care Trust (PCT) contributes £8m per year.

The service was established as a joint health and social care service in 2003, utilising a Section 31 agreement. There is a joint manager of the service who reports both to the Learning Disability Executive and to the Partnership Board.

The joint assessment care management team was established in April 2005. The team is managed by a joint manager and staff from both agencies are co-located, although systems are yet to be fully integrated. There is a specialist transition service that has been in place within children's services for a number of years but has transferred in April 2005 to be a part of the Integrated Adult Learning Disability Service.

Unusually, the National Health Service (NHS) continues to provide direct residential care for 106 people. A capital bid has recently been agreed by the Strategic Health Authority to modernise this service. The Council provides a small number of supported living service placements and directly commissions a range of residential care placements – a high proportion of which are outside the borough.

Inspection Background and Method

The object of the inspection was to evaluate the implementation of national and local objectives relating to social care needs of people with learning disability and the quality of outcomes for them and their carers.

The White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out the Government's commitment to improving life chances of people with learning disabilities. It has a particular focus on partnership working with an emphasis on people with learning disabilities and their families. It is concerned with the ambition to provide new opportunities for those with learning disabilities to lead full and active lives.

The overall performance assessment standards and criteria were used to evaluate this service within the context of CSCI's performance assessment of the Council.

The inspection team consisted of two inspectors, and for part of the time, a learning disabled assessor and personal supporter. We visited a range of projects and public access areas and interviewed people who use services, carers and representatives of other agencies. We also visited supported housing services and met with advocacy groups. The team interviewed managers at different levels both within the Council and within Health and met with councillors with responsibility for social services.

In addition we met with representatives of the Partnership Board and had access to a range of case files, background papers and information provided by the Council. In view of the concerns identified in the initial case file analysis, we also undertook a further inspection of case files on a random basis and an inspection of staff files in the assessment care management team. We also conducted two surveys. We sent questionnaires to a sample of carers; a different questionnaire was completed by a sample of fieldworkers involved in assessment and care planning for people using the services.

We would like to thank all those who met with the team and took part in the inspection.

Summary of Inspection Findings

Overall we judged that some people were being served well

- The implementation of an Integrated Assessment Team had enhanced operational delivery, but the development had been slow, partial and the service was yet to settle and deliver improved services for users and carers. Co-location of staff had not been supported by fully integrated support systems. Assessments and care planning were variable, there was no single assessment process in place and reviews were infrequent and ineffective.

- The Partnership Board was well established and inclusive, but there was limited evidence of users and carers having an impact on service development. Key partners needed to be better engaged in strategic planning.

- The Council had a good understanding of the challenges of Valuing People but had yet to develop a single clear overarching strategy for the service and implement a sufficiently rigorous cascade of high-level aspirations into effective business plans. Some services, including residential care provided by the Council outside the borough and residential services provided by the National Health Service (NHS), had yet to be modernised.

- There was evidence of early stage development of new services – including the re-provision of in house residential care with supported housing units and enhanced training and employment opportunities. National performance indicators were good. However, the development of new services was, in some cases, in need of improvement and part of a longer-term improvement plan that would not deliver full benefits for a wider range of service users for some years.

- Other services had been slow to develop. Although some progress had been made in offering a wider variety of activities, day care was still provided in large building based units, the development of services for people with complex needs was weak and use of Direct Payments had only just begun to improve.

- Development of increased access for people with learning disabilities to universal services was uneven and basic support services such as adult placements had yet to be established.

- The Council had given insufficient priority to the development of support for carers (in this service area) and initiatives to promote access to services for hard to reach groups had been largely unsuccessful and were under review.

- Management, staffing arrangements and staff turnover in the Assessment and Care Management team had been inadequate.

Recent improvements had raised morale but skills development and training arrangements were still not precise, workload management processes were not in place and the transfer of the Transitions Team had been poorly managed.

- Frontline performance management arrangements and quality assurance processes were poorly developed and, in part, completely absent. Management oversight of casework was poor, complaints were poorly managed, Protection of Vulnerable Adults (POVA) arrangements could be clearer and aggregate information was not used to drive improvements. A substantial period of inadequate line management had led to the resource allocation panel being used as a system of supervision and 'challenge' to professional practice and staff files were disorganised. Managers had addressed deficits but the new arrangements were yet to become established.

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Overall we judged that capacity for improvement was uncertain

- Commissioning and contracting arrangements were underdeveloped; there was no systematic process for using the contact that members of the Assessment and Care Management Team had with users and carers to gather information for setting commissioning priorities. The need for a better understanding of the needs of the service user group and a lack of focus and investment in working in partnership with providers, were two areas for improvement that were acknowledged by managers. Developments had been slow and had focused on re-providing poor services and recovery from historic development of inappropriate services. In contrast to adult services in general, development of block contracts and quality premiums to manage and develop the market had been slow and there was a continued high spend on residential care

- Budget overspends had been predicted to continue and, though better managed, continued demand and high exposure to existing commitments meant that the improvement plans were vulnerable to demand pressures. The Department had helped to secure the required funding from the Strategic Health Authority and the modernisation of the long stay NHS provision had now started. However, improvement plans had been delayed due to the capital funding issue and plans to address high numbers of inappropriate residential care placements out of the borough did not have secure funding at the time of the inspection.

- The Council as a whole was conscious of costs and elected members were well engaged with the improvement agenda and there was an acknowledgement of the extent of the challenge to improve the service. Additional finance had been committed to the service and was anticipated to continue for the medium term.

- High-level strategic plans were well developed and the Performance Improvement Plan set a sound improvement context for the department as a whole. Business planning in general had improved, however, arrangements within the Learning Disability Service did not reflect the departmental strengths. Sound aspirations for service improvements were inadequately articulated as

precise targets in a range of action plans.

- While performance management systems were well developed in relation to national indicators and high level issues, local business planning arrangements and front line quality assurance processes were not as effective in practice as assumed by managers.

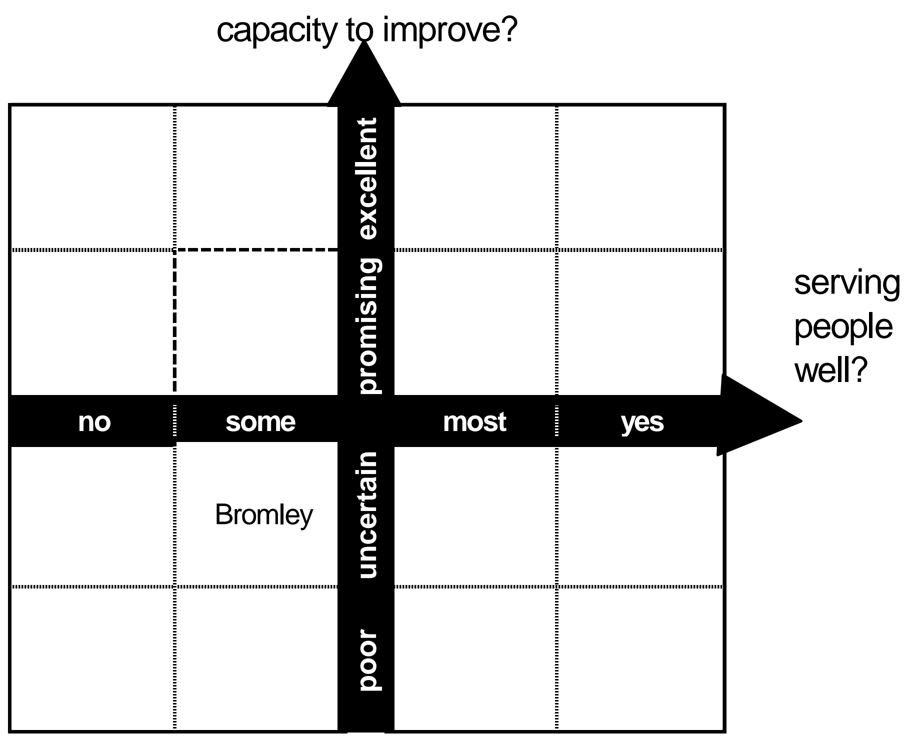
- Processes for articulating minimum quality standards, monitoring compliance and auditing and delivering high quality performance information were not in place for this service.

- Partnership work with other corporate and external partners was becoming more established. However, there was room for improvement and development – especially in relation to joint commissioning arrangements.

- Initiatives to ensure equal accessibility of services were mixed. Advocacy services were well developed and special arrangements had been made for service users involved in change of placements. However, equalities work was under developed corporately, departmentally and within this service. Initiatives to extend services to hard to reach groups had had little success and there were few specially commissioned services.

- Overall, this service did not have a proven track record of systems in place to support managers in delivering the extensive aspirations of a fully modernised service.

The Assessment Matrix



INSPECTION SUMMARY

This report uses pictures provided by CHANGE and People First (Self-Advocacy)

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Bromley Council

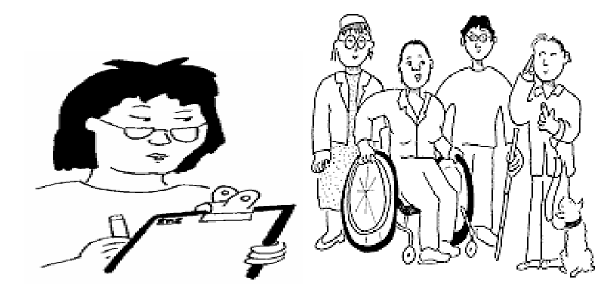
November 2005

Summary

During November 2005, an inspection team from the Commission for Social Care Inspection (CSCI) looked at Bromley Council's services for people with learning disabilities. The team included two CSCI inspectors, an assessor with learning disabilities and her supporter.

The inspection team wish to acknowledge the time and consideration that users, carers and other people gave to the team during the inspection.

What the team did



The inspection team spoke to many people, including people who use services, carers, staff from Bromley Council's Social Services, as well as people from other organisations.

We visited a range of projects and public access areas and interviewed service users, carers and people from other agencies. We also visited supported housing services, met with advocacy groups, interviewed managers within the Council and Health and met with councillors.

The team looked at case files and other records.

The team carried out questionnaire surveys of the views of carers and fieldworkers.

The team told the council what they thought just after their visit and later wrote a more detailed report, *Inspection Findings and Recommendations*.

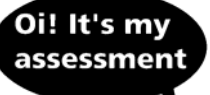
This report describes the main things the team found, especially things that affect people who use services and carers directly. Overall, the inspection team thought that Bromley Council was serving some people well and that it had uncertain capacity for further improvement. More detailed findings and recommendations follow.

Getting through to services	
What the inspection team found	What needs to be done
☺ The Learning Disability Partnership Board (LDPB) had produced an easy guide to services and the Council had a public information policy … ☹ … but its action points weren't clear and monitoring arrangements were vague. ☹ Some leaflets about Bromley Council services had been translated into other languages but not those for learning disability services. ☺ Either Bromley Social Services Direct access point or the Assessment and Care Management Duty Team could deal with inquiries. ☹ The Council's website and other papers were not available in accessible form. ☺ Advocacy services were well developed, with plans for extending the service; advocates attended the resource panel and sat on the LDPB. ☹ The department lacked specialist advocates for hard-to-reach groups. ☹ Out-of-hours access to advice, assistance and support was limited.	 With its partner agencies, users and carers, the Learning Disability Service should develop increased out-of-hours access to advice, assistance and support.

<table>
<tr><th colspan="2">Assessment, care planning and review</th></tr>
<tr><th>What the inspection team found</th><th>What needs to be done</th></tr>
<tr>
<td>☺ The Assessment and Care Management Team had been a joint health and social care team since April 2005 and used a new community care assessment format …

☹ … but care planning was variable, unambitious and lacked an outcome and improvement focus. Although the team was joint, it didn’t have a single referral mechanism, an integrated single assessment process or a joint IT and filing system. Many service providers used their own assessment systems.

☹ The quality of the reviews was low and managers’ checks on casework on files were inadequate.

☺ Access to specialist health and housing services was said to be good.</td>
<td>
Partners should agree on how health and social care staff should work together in the Assessment and Care Management Team.


There should be a single assessment process.
Care planning should be more focused on user outcomes.

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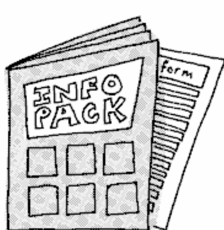
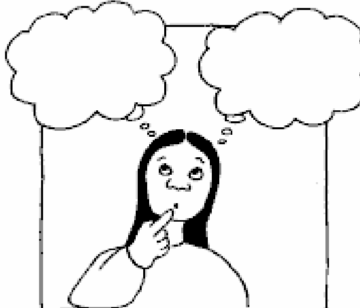
</table>

Assessment, care planning and review (continued)	
What the inspection team found	What needs to be done
☹ The trial of a new workload management system had been given up. ☹ Transition planning for moving from children's to adults' services was poor. ☹ Person Centred Planning was being slowly and only partly introduced and how these linked to care planning wasn't clear. ☹ Case file audits had been implemented but had had no impact.	**PCP** Person Centred Planning should be linked with assessment and care management. Casework and reviews should be checked and the information used to improve performance. Care plans should consider issues of culture and ethnicity.

Services	
What the inspection team found	What needs to be done
☹ Unusually, the NHS still provided over 100 residential care home places and many council placements were outside the Bromley area. ☹ Day services were mainly in large day bases. Services weren’t developed for people with complex needs. Direct Payments take-up was only just improving. ☺ The new arrangements with the Shaw Trust to develop work opportunities gave good value for money … ☹ … but work and employment opportunities were generally limited. Most people getting adult education were in specialist classes just for people with learning disabilities rather than in mainstream classes. Getting people with learning disabilities into universal, mainstream services wasn’t emphasised enough. 😐 Bromley didn’t have an Adult Placement Scheme – although one was being planned. There were two Respite Care Schemes. ☹ There weren’t special initiatives to get people from minority communities into adult education. 😐 Developments in supported accommodation, leisure and training opportunities were beginning – but these were unco-ordinated.	 The Council and its partners should continue developing newer opportunities for leisure, training and accommodation, with an emphasis on increasing access to universal services.

Carers	
What the inspection team found	What needs to be done
☹ Support for carers was poor, especially compared with similar councils. ☹ Staff lacked training in assessing carers: carer assessment was poor. ☹ Few carers reported being asked what they thought of services, they felt that they weren't involved enough in care planning and weren't impressed with the information that was available. ☺ A new Learning Disability Register was being planned which would help identify older carers. ☺ A new joint Carers Development and Direct Payment development worker had been appointed. ☹ The council needed to be better at getting through to carers from black and ethnic minorities. ☹ The Carers' Strategy was weak and lacked a timetable for action. ☹ Many carers said they didn't know about services or Person Centred Planning, complained of unresponsive staff and said they needed to reach crisis point before help was offered.	 The Council should make reviewing the Carers' Strategy a priority and build on this to improve services for carers.  The Council should review the systems for making information available to carers.

Performance Management	
What the inspection team found	What needs to be done
☺ Performance indicators and the overall performance rating of the Department had improved over recent years and the Performance Improvement Plan was strong, with progress well monitored … ☹ … but Learning Disability Services had made mixed progress with service improvements lacking precise targets. ☹ Despite good performance management for national indicators, frontline performance management and quality assurance were poorly developed. 😐 The Department planned to introduce the quality assurance processes but it was unclear, given the history of performance management in learning disability services, whether these would be successful. The Learning Disability Quality Framework was vague and ineffective. ☺ The Assessment and Care Management Team met its local target for completing assessments within 8 weeks … ☹ … but few other measures of good performance were set at team level. ☹ Risk management strategies weren't properly working: the inspection identified risks for people moving from children's to adults' services.	 The Learning Disability Service should urgently strengthen frontline management, quality assurance processes and risk assessment arrangements, linking them with the Performance Improvement Plan.  The quality of the Transitions Team Service should be monitored in the same way as children's services.

<table>
<tr><th colspan="2">Fair Access</th></tr>
<tr><th>What the inspection team found</th><th>What needs to be done</th></tr>
<tr><td>

☺ The Council had produced the *Better Care, Higher Standards* charter to a high standard, which included a sound review of 2004/05 progress …

☹ … but after five years, the standards still hadn't been agreed, information on performance was incomplete and eligibility criteria were omitted.

☺ The eligibility criteria were published in a separate leaflet and were available in an accessible version.

☹ The case files didn't show evidence of how eligibility criteria were used, with eligibility decisions being left to the resource allocation panel.

☹ Health and Social Services had different criteria for shared packages of care, undermining the joint approach.

😐 The council knew that it needed to improve its approach to Bromley's minority communities and to review its Race Equality Scheme. During the inspection, the council agreed on a new, and probably over-ambitious, equalities strategy.

😐 The charging policy was clear but not available in accessible form: few carers reported being clear about how charges were worked out.

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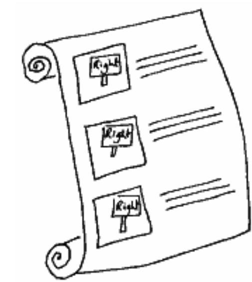
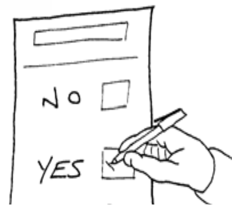
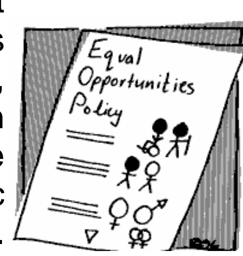


The *Better Care, Higher Standards* charter should set out clearly what users and carers can expect from the department.



The Learning Disability Service should review how assessment staff use the eligibility criteria and how managers supervise care package proposals.

The department should review plans regarding equalities, ensure that action plans are complete and set realistic targets.



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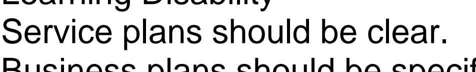
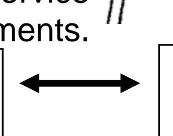
</table>

Planning Services	
What the inspection team found	What needs to be done
☺ The Learning Disability Partnership Board was well established and included users and carers … ☹ … but they appeared to have little impact on service development, with some carers having left out of frustration, and the sub-groups' work was poorly monitored. ☹ Not all key partners understood what the Board's sub-groups were for or were fully involved in strategic planning. ☹ The Council lacked an overall Learning Disability Strategy and the action plan for the Joint Service Business Plan was weak. The Portfolio Plan was vague for learning disabilities and the Valuing People action plan was incomplete. ☺ The Department led in addressing the recovery plan for the residential NHS placements, using the Learning Disability Development Fund, and improving day services … ☹ … but these initiatives were new and yet to deliver improvements for users and carers.	The council and its partners should draw up an overall Learning Disability Strategy with a timetabled action plan and with clear funding and monitoring arrangements. The reason for Having so many Learning Disability Service plans should be clear. Business plans should be specific.  Users and carers should have more support in playing a fuller role in planning services. The Council should see if users' and carers' views affect service developments. Partnership Board  Executive Group The Partnership Board & Executive Group should be linked

<table>
<tr><th colspan="2">Commissioning and Contracting</th></tr>
<tr><th>What the inspection team found</th><th>What needs to be done</th></tr>
<tr><td>☹ Commissioning and contracting were underdeveloped, particularly in contrast with other adult services and there was poor feedback from assessment and care management staff to commissioning.

☹ Market management and the use of block contracts had been slow to develop.

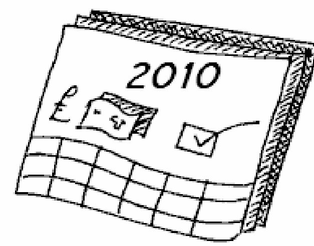
😐 Partnership working was improving but joint commissioning plans based on Best Value review information could be improved with more detail and a timetabled investment strategy.

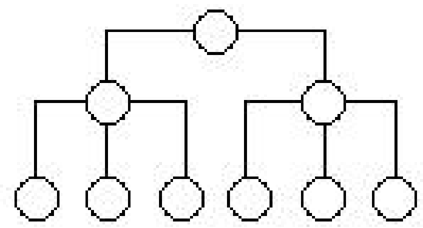
☺ The Council had recognised the need to strengthen its commissioning capacity and had strengthened the contracts team.

😐 The department recognised that it had not done enough to look at the needs of specific groups of people with learning disabilities.</td><td>
With its partner organisations, the council should develop more specialist commissioning arrangements and set up an independent sector forum.

The different needs of people with learning disabilities should be better understood and provided for.

The review of the Section 31 agreement should lead to an overall strategy for learning disability services, setting out financial priorities in a new Joint Commissioning Plan.</td></tr>
</table>

Resources	
What the inspection team found	What needs to be done
☺ The Council had a Corporate Asset Management Plan and was committed to investing in new arrangements for day opportunities and underpinning the learning disability budget overspend … ☹ … but finance for dealing with inappropriate out-of-borough placements had not been agreed. ☹ Health and social care capital budgets didn't work well enough together and the re-provisioning of NHS residential care had been delayed through lack of capital funding. ☹ The resources section of the Adults Division Business Plan lacked full financial information. ☺ Better information systems had improved the understanding of unit costs. ☺ A new Care Finance Management System had been successfully introduced Specialist and staff provided financial support for budget managers.	 Funding is needed to deal with the over-use of both residential care and out-of-borough placements.  Building on the improved budget monitoring and the response to budget pressures, the Learning Disability Service should develop longer-term financial planning focused on improved outcomes for users and better value.

Staff	
What the inspection team found	What needs to be done
☹ The Assessment and Care Management Team had had no Team Manager for over a year and had experienced 100 percent turnover during the previous 18 months, so that the team had been demoralised while new arrangements were being introduced for working with Health and Transition Team staff. ☹ Lack of stability and high turnover of staff in day, supported housing and residential learning disability services caused problems … ☺ … but staff valued the recruitment and retention initiatives of the previous year. 😐 The management structure was lean, with the Head of Service having a broad span of responsibilities and with the Strategic Project Manager post having been vacant for some time. ☺ The Council planned to improve commissioning capacity. ☹ The Workforce Planning and Development Plan was simplistic and lacked sufficient detail to be effective. 😐 The annual Performance and Appraisal Development Scheme was well organised but had not been completed effectively.	 As the department introduces new arrangements for commissioning and management, it should see if the Head of the Learning Disability Services has enough support for commissioning. The Learning Disability Service should improve its staff records on training, development and performance appraisal.

<table>
<tr><th colspan="2">Staff (Continued)</th></tr>
<tr><th>What the inspection team found</th><th>What needs to be done</th></tr>
<tr><td>
😐 Training was a corporate function of the Council …

☹ … but training records were often poor, training quality was variable and not always followed up back at base.

☹ People weren’t clear about which training was compulsory. Only 38% of fieldworkers in our survey were qualified …

☺ … but 66 percent of staff within the joint Learning Disability Service had achieved an appropriate NVQ training level.

☺ Team staff had monthly briefings and met quarterly with other adult services staff.

☹ Arrangements to encourage and support the employment of people with disabilities or people from minority and ethnic communities were weak.

☹ Training opportunities for the wider social care workforce and stakeholders were under-developed as was involvement with partner agencies.
</td><td>

The Learning Disability Service should be clear about what training is compulsory and make sure staff get the training they need.

The department should strengthen its policies about employing disabled workers.
</td></tr>
</table>

Others matters	
What the inspection team found	What needs to be done
☺ Bromley had created a specialist part-time Adult Protection Co-ordinator and learning disability services staff were represented on the quarterly adult protection committee. ☺ Inter agency adult protection guidelines were in place … ☹ … but the guidelines needed updating and lacked a process for auditing case files. ☺ The Council had learnt important lessons from some high profile complaints cases, some of which had involved the Ombudsman, … ☹ … but complaints were poorly managed and the Learning Disability Service did not have a tradition of learning from complaints. ☹ Links between Protection of Vulnerable Adults (POVA) incidents and complaints management were poor. Work had only just started regarding implementing Quality Assurance for the POVA implementation process.	 The Council should carry out its proposals for improving the quality of the protection of vulnerable adults process. The department should review and improve how the complaints service works so that complaints' outcomes lead to improvements for users and carers.

INSPECTION FINDINGS

The following sections summarise the findings of the inspection team according to the standards and criteria on which this inspection was based. The final conclusions and judgements made by the team are supported by the evidence provided in these sections of the report.

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

The council is working corporately and with partners to deliver national priorities and objectives for social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities.

CRITERIA	FINDINGS & CONCLUSIONS
1.1 The council is implementing a coherent strategy for responding to national priorities and can demonstrate either good progress year on year, or sustained high performance.	• Corporate and departmental vision and strategy for social care had become clearer over recent years and there was improved corporate commitment to social care priorities. • The Community Plan 'Building a Better Bromley' and the Local Strategic Partnership provided good community leadership. • High-level strategic plans prioritise promoting independence as a key objective and set out ambitious aspirations. • National priorities were addressed through a well-established Partnership Board, which met on a regular basis. • There was improved co-operation with the Primary Care Trust. However, this had focused to a large extent upon the re-provision of traditional NHS residential care services and until the summer of 2005 these plans were insufficiently financially detailed to be effective. One service user had been resettled. • Business Plans were in place for Learning Disability Services but did not have sufficient specificity and detail to constitute an effective cascade of ambitious strategic objectives into achievable task for teams. • The most detailed and effective plans related to specific projects aimed at rectifying obvious and longstanding areas of service deficit cascade of ambitious strategic objectives into achievable tasks for teams.

	• Partner agencies found the Partnership Board of mixed value with uneven and slow progress – with especially poor results regarding specific service users such as those with complex needs. The status of the sub groups was not clear to some partners, with some agencies having an understanding that they largely 'work streams' rather than identifiable and robust separate groups. Monitoring arrangements for tracking the progress achievable by the Partnership Board were poor. • Plans to strengthen commissioning arrangements and address a tradition of high use of residential care and inappropriate placements were at an early stage. The Valuing People Action Plan and Partnership Board Quality Framework were poor, some partners identified lack of co-ordination in plans and managers acknowledged that data weaknesses had slowed progress. Outline plans for recommissioning inappropriate NHS residential care had been agreed in 2003 but had weak financial arrangements and had not been pursued. The financial support needed to re-provide inappropriate out of borough residential placements with a range of modern locally based services, including some supported housing opportunities, had been identified but had yet to secure member agreement.

1.2 The Council has developed local strategic objectives, priorities and targets, which complement the national ones and serve the whole community. Overall, services have improved.	• Within the Council, strategic clarity regarding Learning Disability services had been slow to develop. The initial shadow Supporting People strategy had no clear link to the learning Disability Housing Strategy and the Housing and Support Provider Services Plan within the Leaning Disability Business Plan lacked clear objectives. Revised plans had addressed these deficiencies. • The department had a plethora of plans, many of which were unco-ordinated and emphasised the description of activity and high-level aspirations, at the expense of detailed action planning. • Some services had been slow to be modernised and service plans for Learning Disabilities did not reflect the clarity and specificity of plans for other service user groups and thus failed to be effective vehicles for driving improvement. There was no overarching Learning Disability Strategy and the action plan for the Joint Service Business Plan was weak. The Portfolio Plan was largely aspirational in relation to this service user group and did not specify resources in any detail. • The Adults Division Business Plan set objectives, reviewed progress and linked Performance Indicators with targets. However, the plan had no monitoring arrangements and would be hard to use to evaluate progress. The resources section was severely inadequate; failing to specify investment and with financial information limited to four figures – simply describing current expenditure and staffing. • Strategies and action plans were in place to address key areas of service deficit such as the continued provision of residential NHS care and large day care centres. The initiatives were recent, however, and were yet to deliver consistent improved outcomes for users and carers.

1.3 The council is consistent in implementing a strategy of continuous improvement, and can demonstrate Best Value.	• Performance Indicators overall had improved and the department was at year three of a five-year improvement plan. 'Achieving Excellence' was an effective corporate tool for driving improvement and there had been sound progress in other services within the department. In the department as a whole, the performance improvement process was a strength. However, the mixed progress in Learning Disability Services indicated that management arrangements were not yet in place to deliver the benefits of those processes consistently within this service. • The overall performance rating of the department had improved year on year from 2002, from zero star to two stars. The involvement of elected members in the improvement process had been strengthened through effective use of Policy, Development and Scrutiny committees and a development event was planned to focus on Learning Disabilities in late 2005. A special Policy Development and Scrutiny committee had been established to oversee the Day Care service re-provision process. • As a department, good use had been made of the Best Value approach. In relation to Learning Disability services the Best Value review of supported living had led to the change of direct residential care provision to supported living units. However, a 2005 action plan to address quality issues within the service required greater focus and precision and there had not been a review of the whole Learning Disability service. • Partnership work with Health had been slow to develop since the Section 31 agreement was set up in 2002 and had only improved recently. Despite having an established joint Learning Disability service for three years, there had been a period of strategic and operational drift in the development of both more appropriate services and an integrated assessment team/process. • There were a number of employment strategies in place but these lacked co-ordination and cohesion. Strategy development groups regarding employment had lost momentum and development of new employment opportunities was at an early stage. • Some key Learning Disability Services such as transition planning and Person Centred Planning had not been prioritised and had yet to improve substantially. New management arrangements for the transitions service had not yet delivered the required improvements.

1.4 Overall, services reflect the active involvement of service users and carers, including those from minority ethnic groups.	• There was a well-established Partnership Board for Learning Disability Services and a joint Health and Social Care service had been in place under a Section 31 agreement since 2002. Service user and carer representation on the Partnership Board was extensive and users received support in contributing views to discussions. However, transitions and residential care service user involvement was limited, many user representatives were from established services such as Day Care. Support for users and carers attending the working groups did not extend to payment or payment of expenses. • Although involved, the impact of the views of user and carers on the priorities of the Partnership Board was insufficient. The group was largely consultative and the Learning Disabilities Executive Group managed and made decisions about resources. Examples of users and carers shaping and determining new services reflected changes already put in place by managers and evidence of service users views driving the agenda was limited. Support for user and carer representatives was mixed and at least one carer had left the group due to frustration at having little opportunity to have influence on the process. • Some recent progress regarding promoting the voice of the user and working with other organisations had led to the development of the Learning Disability service 'access guide' and a self advocacy group was well established. However, support to users was sometimes traditional and not empowering; there was no training to develop skills to enable them to make a greater impact and pose a more significant challenge to officers in the service development forums. • A number of senior managers within the council and the department acknowledged that the relationship with black and minority ethnic groups was under developed and that the existing Service Level Agreements with community groups needed improvement. Involvement of people from minority communities was limited and local targets to make services increasingly available to hard to reach groups were poor. A new strategy was being devised to work in closer partnership with stakeholders but was yet to be implemented.

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1.5 The Council has well-developed joint working and financial arrangements that operate effectively in most service areas.	• Management arrangements for strategic partnership with health were in place for sometime and a strategic commissioning post had been health funded and council employed. Nevertheless, the progression of strategic partnership lost momentum following the establishment of the joint service. Recent improvements around key service deficits, notably the plans for resettlement for the high number of residual NHS residential placements were sound but at an early stage following a delay in securing capital funding from the Strategic Health Authority. • Use of the Supporting People grant for developments such as the key ring schemes and the in house supported living schemes had been sound but limited. • The Clinical Support services plan clearly identified service gaps and priorities for development but failed to set out an effective action plan or investment strategy to address the needs. • Some developments had been made in relation to the corporate contribution to Valuing People agenda – notably in relation to access to adult education and leisure facilities. However, strategic development of access arrangements to universal services was hindered by the lack of involvement of key partners such as leisure, transport and economic development in the membership of the Partnership Board. • Although formally involved with the Partnership Board, the voluntary sector was not engaged meaningfully in consultation about service development and was under utilised. Service gaps identified by partners such as poor arrangements for transitions and the development of opportunities for people with complex needs, had remained unaddressed for long periods. Corporately the Council was slow to develop a Compact with the voluntary sector and partner agencies perceived their involvement to be largely tokenistic. This finding was consistent with the identified weaknesses and lack of maturity of the relationship of this service with the rest of the independent sector (detailed in Standard 2). • A review of the Section 31 agreement underpinning the joint Learning Disability Service was pending at the time of the site visit. There was no clarity about how this process would be used to develop a strategic plan for the service. This lack of strategic clarity contributed to deficits identified by the inspection team in Joint Commissioning (detailed in Standard 6).

RECOMMENDATIONS

1.1 The Council should rationalise the range of development plans relating to Learning Disability Services.

1.2 The Council should establish a joint, overarching Strategy for Learning Disabilities with Health and partner agencies and implement an action plan that has clear targets, timescales, associated investment and clear monitoring and reporting arrangements.

1.3 The Council should review and strengthen support to service users and carers involved in the service development process, including providing training and support so that they can acquire skills to influence the development of new services.

1.4 The Council should ensure that the link between the Partnership Board and the Executive Group is strengthened and there is an audit trail to demonstrate the impact of users views and priorities on the development of the service.

1.5 The Council should build on emerging accommodation, leisure and training opportunities, strengthening the corporate representation on the Partnership Board and prioritising an approach that enables increased access for people with Learning Disabilities to universal services.

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STANDARD 2: COST AND EFFICIENCY Social services commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.	
CRITERIA	**FINDINGS & CONCLUSIONS**
2.1 Commissioning for services overall is based on sound analysis of local population needs, including minority groups, and is successful in balancing cost and quality requirements.	• The key commissioning document for the department was the Joint Commissioning Strategy, agreed with health partners in 2003. There was a joint Health and Social Services and Housing business manager in post. • The Joint Commissioning Strategy made good use of Best Value review information and set out a sound strategic vision for the development of services, focusing on key Performance Indicators. However, the strategy lacked detail and had had little impact on a large number of continued NHS residential placements or the high number of inappropriate out of borough residential placements. Plans were in place for both areas of work but outcomes for users and carers were yet to be achieved. • Commissioning intentions within the Joint Commissioning Strategy, the Learning Disability Housing and Support Strategy were insufficiently supported by clear statements of investment intention. Partners found the department slow and bureaucratic in developing initiatives. • The department acknowledged a deficit in commissioning capacity and had implemented plans to strengthen the service – including increased capacity in the contracts team and a lead Learning Disability manager involved in the team. • Better management information and projections had been established recently and 'new' contracts (such as with the Shaw Trust) had improved specification of quality standards. Similar improvement had yet to be evident in other services. • The relationship with the independent sector was poorly developed and there was no Provider Forum in place. Partners had been frustrated by the pace of change and voluntary organisations perceived Service Level Agreements to be inequitable and short-term.

	• There was no systematic process for aggregating the experience and information gained by members of the assessment and care management team, from their contact with users and carers, in the process of identifying unmet need and gaps in the service. • Market management and development of specialist services through utilising block contracts and quality premiums was well developed in adult services in general but inadequate in this service. • Some good initiatives had been pursued by in house provider managers, including the development of day opportunities for training for people with complex needs. Partner agencies had, however, no clarity about the place of such initiatives in the overall development of services, projects had developed in an unplanned way and the initiatives were only accessible by those already attending day care.
2.2 Expenditure on social care services reflects national priorities and is fairly allocated to meet the needs of diverse communities	• Improved financial planning was a corporate objective within 'Achieving Excellence' and improved performance on national Performance Indicators regarding admissions to residential care and helping people to live at home had been achieved. • Nevertheless, the service had a continued high spend on residential care due to high cost of placements and a lower than average spend on domiciliary and day care. • The Council did not spend a high amount on any service user group compared to similar councils. In Learning Disability Services there was a low spend despite the authority having a higher than average number of people with learning disability in the population. • The new five year strategy rectified significant information gaps in relation to service take up by hard to reach groups in relation to Supporting People. • The department had taken the lead in addressing the recovery plan for the residential NHS placements and utilised the Learning Disability Development Fund in this work. • Good value for money has been secured through the new partnership arrangement with the Shaw Trust to develop work opportunities over the next five years.

	• The budget for Learning Disability services had increased by 27 percent the last three years, however a high proportion of the increase had been used to fund high cost residential, out of borough placements. At the time of the site visit £9m of the £14m budget was devoted to residential and supported living schemes. The department was not able to disaggregate this figure. • The extent of the challenges to improve the service made it clear that significant commitment to supplementary funding would be needed to secure improvements while maintaining commitments to existing service users. This had been acknowledged by the Council and members had made a medium term financial commitment to underpin the Learning Disability overspend and to implement a recovery and improvement package. • Plans to utilise £800k Local Strategic Partnership Agreement reward money and pursue a further £1.2m capital bid to address the needs of service users in inappropriate out of borough residential placements had well scoped options for care – including supported living placements. However, corporate support had yet to be confirmed.
2.3 The Council demonstrates improved efficiency across all aspects of social services operations.	• The department had begun to address poor management information systems that had inhibited attempts to manage business effectively and a new system was in place. A profile of performance information for Learning Disability Services was due to be produced in December 2005. However, a decision about who would be the provider for a new client information database was not anticipated before 2006 and the management information dataset did not disaggregate by ethnicity. • There was a sound understanding of key challenges which included: - PCT residential placement - Day Opportunities - Out of borough placements - Transitions.

	• Despite assertions of improved business planning in the Delivery and Improvement Statement (DIS) and Learning Disability self-assessment, inspectors found Business Planning to drive efficiency underdevelopment and ineffective. Clear strategic objectives had not been translated into costed improvement actions/plans, which were understood and implemented by staff. The Learning Disability Service business plan was aspirational and lacked detail. The Valuing People action plan was incomplete and inadequate: there was no indication of resources that were allocated to achieve the aims and 52 actions had no date by which they would be achieved. The Adult Service Business Plan had a focus on external performance assessment, the plan identified the main objective for the Learning Disability Service in 2005 as receiving a positive inspection judgement, rather than highlighting improvements for service users. • An over focus in the past on cost had led to lack of clarity about quality and a consequent poor recognition of value. The panel process was addressing this issue but performance information was not available. • Stronger information systems had resulted in an improved understanding of unit costs. One potential partnership arrangement with the independent sector regarding Day Care opportunities had been avoided due to the understanding of the costs involved.

2.4 The council is implementing joint financial arrangements with health and other partners for the delivery of social care services.	• There had been good use of Section 31 partnership arrangements for the joint service and pooled budgets were well established for day care and respite services. Other budgets had not developed in the same way and were aligned, rather than integrated, on a pragmatic basis and overseen by the Joint Service Manager. • The joint Learning Disability Service Manager reported to both the Learning Disability Executive and the Partnership Board and there was a Joint Business Manager in post. • The department had a pre-planned review of the Section 31 agreement pending but it was unclear how this would be used to develop further integration such as developing a pooled budget for residential care placements and a joint overarching strategy for the service. • Joint financial systems were aligned rather than integrated and IT systems remain separate. • The department had worked well with health partners to secure access to Strategic Health Authority capital funding However, the process had been difficult and had delayed resettlement plans regarding NHS provided residential care for 18 months.
2.5 The Council's strategy for resource allocation for social care supports improvement priorities, with effective risk management of the budget.	• Business planning for this service had improved and a four year medium term plan for managing the overspend and developing new services was in place. • An additional £1.3m was planned to be injected into the service year on year for the next three years to accommodate the current high spend and to develop new services. • The critically important additional £2m funds to 'pump prime' the development of additional new services to allow out of borough placements to be re-provided was yet to be agreed. • The department had been slow to develop an Adult Placement Scheme but funds were now identified for the service and an implementation plan was underway.

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2.6 The Council's asset management strategy is helping to deliver social care improvement priorities.	• There was a corporate asset management plan, which included a council wide commitment to investing in new day opportunity arrangements and reusing capital proceeds, within the Learning Disability Service, from relinquishing the use of buildings. • The asset management plan had good links between the corporate objectives and the social care objectives and focused appropriately on key priorities such as respite facilities. However, the action plan was incomplete and process orientated. • Joint alignment of capital budgets was not sufficiently strong. The re-provisioning of NHS provided residential care placements had drifted due to the delay in securing Strategic Health Authority capital funding.
2.7 The Council demonstrates probity in managing resources. Budget management is effective and appropriately devolved to trained staff; accountability for budgets and expenditure is clear.	• The service had a history of overspends and managers predicted that this would continue. • Better budget management processes had led to the reasons for the overspend being understood more fully and the extent of the overspend being identified with more precision. The department had secured corporate and elected member support for a budget recovery package that was appropriately dovetailed with plans to improve the range of services offered. • The department acknowledged that budget management information had been poor and that placements in residential care were historically made without reference to budget implications. Lack of detailed breakdown of costs had impeded the development of jointly funded placements. This situation had improved and the resource allocation panel had a better knowledge of pressures and likely demand. In an effort to be transparent about making hard resource decisions, some carers had been invited to be a part of the panel process. • Financial support was provided for budget managers by specialist staff. A new 'Care Finance Management System' had been implemented successfully. • The budget recovery plan addressed both the need to know about and control spend and the need to develop new services to divert users from residential care. • The service had an overspend of £1.1m in 2004/05. This was offset by savings in other services and the department as a whole had a small under spend.

RECOMMENDATIONS

2.1 The Council, with partner organisations, should use the planned review of the Section 31 agreement of the joint service to establish the overarching strategy for Learning Disability Services and set out joint investment and spending priorities in a new Joint Commissioning Plan.

2.2 The Council should develop more differential, specialist and mature commissioning arrangements with partners, including the creation of a regular independent sector forum.

2.3 The Council should review Business Plans and ensure that associated action plans have more specific and quantified targets, resource and investment information and timescales.

2.4 The service should build on improved budget monitoring and active management of budget pressures to develop longer term financial planning which focuses on improved outcomes and better value.

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STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes.

CRITERIA	FINDINGS & CONCLUSIONS
3.1 The independence of people who use services and carers is actively promoted to enable people who use services to meet their aspirations, to minimise the impact of any disabilities, and to avoid family stress and breakdown.	• Through the Commission for Social Care Inspection (CSCI) survey of carers views and consultation meetings with users and carers it was clear that there was poor choice and limited availability of community based options to promote independence. • Independence was not routinely promoted by care planning. Case files showed unimaginative care plans focusing on services to cope with disabilities rather than plans to achieve independence. 'Day Care' was sometimes the only words written on care plan forms. • Improvements had been made in some services in recent years and performance on key Performance Indicators regarding maintaining people in the community and recent progress in avoiding use of residential care had been good. • Supported accommodation, leisure and training opportunities were emerging slowly but were partial and fragmented. In adult education, the overwhelming majority of learners from this service user group attended specialist classes for people with learning disabilities rather than accessing mainstream classes. Two 'care plans' setting out activities for people in supported accommodation demonstrated a busy timetable but with activities undertaken exclusively with groups of people with a Learning Disability. • There was no adult placement scheme, but one was planned. There were two respite care units. • The availability of work opportunities had increased over recent years but planning for the development of such opportunities was poor. The Welfare to Work action plan was ineffective as a driver for change and the Council's strategy for the employment of disabled people was poor. A work scheme called Job match run by Mencap had had limited success in making placements with the Council.

3.2 The range of services available is broad and varied to meet needs, offer choices to many, and take account of individual preferences. This includes sensitivity to the needs and preferences of minority ethnic groups.	• Bromley had approximately 40 directly provided supported living places and a very small number of residential respite places. There was one longstanding, and two newly established, Keyring services. The supported living scheme had been the subject of a review, which had identified a range of important quality improvements, but the action plan was weak. • A large part of the budget continued to be devoted to residential care placements. • Longstanding plans to re-provide NHS residential accommodation were at an early stage. • Access to respite was difficult, had to be booked in advance and was subject to late cancellation as the facility was used for emergencies as well as planned respite. Home-based respite was limited. The service spent only half as much as comparable councils on short breaks. • Person Centred Planning was at an early stage of development. Where in place, provider staff facilitated the plans and there was no process to ensure that the aspirations within the plans had an impact on the care planning process. • The extent and appropriateness of dual diagnosis services and opportunities for people with complex needs was limited. A sound, but small scale, service for a number of people with complex needs to access education had been set up in one adult education unit. • Direct Payments were underdeveloped and some partners are unclear about eligibility for the service when users attend social businesses. Some staff had begun to use the service to facilitate home-based respite care. Voluntary organisations questioned the effectiveness of service user representation on the local implementation group.

3.3 The Council provides a good range of services to support and encourage carers in their caring role.	• Bromley had 185 registered carers and the DIS submission described a range of support services offered, including support groups and a sitting service provided by Carers Bromley. However the same document identified performance below the comparator group for support for carers and the number of carers known to the council. • A Learning Disability register was planned and the department aimed to identify older carers through this process. • Arrangements to support carers were acknowledged to be an area for development by the department and a joint Carers Development and Direct Payments development work post had been created to strengthen this service. • Although there were plans to create some new groups focusing on meeting the needs of black and minority ethnic communities, inspectors found those groups unaware of how to access services and they had difficulty in accessing funds. • The carers strategy was weak: the issues were well outlined, but there was no detail regarding a timetable for achieving improvement. • Performance in relation to the quantity and quality of carers' assessments was poor (detailed in Standard 4). Inspectors found carers' experiences to be poor and their knowledge of sources of support limited. The survey showed only 6 out of 38 carers said they had been given written information, received good support or were told the reasons for decisions. • There was variable spend on carers work and the approach to developing services was fragmented and inconsistent. Carers had little knowledge of the Person Centred Planning process, eligibility criteria or the Carers Information pack. • Lack of defined, appropriate support for carers had frustrated some initiatives to develop more enabling and independence promoting services. Some carers sought to retain established day care services for users as a way of securing continued respite for themselves as carers. • Some carers complained of unresponsive staff and a need to reach crisis point before help was offered.

3.4 Service users are effectively safeguarded against abuse, neglect or poor treatment whilst using services. Incidents of this kind are rare.	• The department had learned important lessons from a number of high profile cases, which had been processed through the complaints procedure and had, on occasions, involved the Ombudsman. Significant failings had been identified, but proper action had been taken to address the difficulties highlighted. • Bromley had a specialist Adult Protection Co-ordinator and staff from learning disability services were represented on the quarterly adult protection committee. A specialist part time post had been created within the Learning Disabilities Assessment Team to prioritise this work. • The self-assessment stated that most staff had received training but inspectors found uncertainty about the definition of mandatory training and a lack of systems in place to audit and monitor compliance with training expectations. • Inter-agency adult protection guidelines were in place. However, some difficulties had been experienced by the learning disabilities service and the guidelines acknowledged a lack of a spot check system for auditing case files. The guidelines were undated, but were said to have been agreed in 2001 and were due for review. Shortfalls in consistency of implementation had been identified. Following a review of a particularly difficult case, the department had noted serious issues with management, training and reporting, in relation to the implementation of the procedures. • An electronic information gathering system was in place, but there was a poor link between Protection of Vulnerable Adults (POVA) incidents and complaints management. Work had only just started regarding implementing Quality Assurance for the POVA implementation process.

RECOMMENDATIONS
3.1 The Council should implement the proposed Quality Assurance processes regarding protection of vulnerable adults process, review the current guidelines as planned, and institute rigorous processes to specify required training for key staff, monitor compliance with mandatory training requirements and introduce a system of spot case-file audits. **3.2 The Council should work, with partners, to develop the Adult Placements Scheme.** **3.3 The Council should develop a protocol to link Person Cared Planning with Assessment and Care Management processes.** **3.4 The Council should prioritise the planned review of the Carers Strategy and use this as a vehicle for improvement – especially regarding making support available to hard to reach communities and making respite services more user friendly.** **3.5 The Council should review the systems for making information available to carers.**

STANDARD 4: QUALITY OF SERVICES FOR PEOPLE WHO USE SERVICES AND CARERS

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

CRITERIA	FINDINGS & CONCLUSIONS
4.1 Arrangements for referral, assessment, care planning, monitoring and review are convenient, timely, and responsive to individual needs, preferences and ethnic diversity.	• Improved Information Technology equipment had been provided for the assessment and care management team in 2005 and access arrangements had been strengthened by the introduction of Bromley Social Services Direct. This access point had become available during 2005 in addition to the duty arrangements at the assessment and care management team base. • The assessment and care management team had been integrated with Health staff under joint management in April 2005 and some increased stability of staffing had been secured. Key performance indicators had improved and a new community care assessment format, with associated training had been introduced in 2005. Nevertheless, inspectors found assessment and care planning variable, largely un-ambitious, lacking outcome focus and detailing needs and services rather than identifying potential for improvement. Many providers had implemented their own assessment processes; some had not seen any community care assessments for their users. • The quality of reviews was low. Senior managers, in the preparation for the service inspection process, had identified performance on reviews in this service as unacceptably poor. The Learning Disability Assessment and Care Management Team needed urgent support from other staff in the department to improve the situation. Many of the reviews seen by inspectors had been undertaken by provider staff, were insufficiently holistic and were unchallenging. Half of the reviews completed within the three months preceding the inspection had been completed by non-specialist staff. • The team had no permanent manager for over 12 months and management and supervision before and during that time was ineffective. The team had been demoralised. Some improvement in management and supervision was evident since the integrated team had been established in 2005 but inspectors found a continuation of

	low levels of management oversight of casework on case files. Previous supervision and management oversight of casework had been inadequate and as managers prepared for the inspection, many case files were identified to be chaotic and incomplete. • Training was variable; the fieldworker survey showed that 38 percent of the staff were qualified. Staff had received sound training on direct payments but had little training on transition planning, welfare to work, sensory impairment, dual diagnosis. Nevertheless, staff had good access to procedures and there was a specialist mental health/learning disability worker in post. • Case files showed some examples of sound inter-agency work but this was not consistent; some of the best practice was evident in the older case notes. There was no integrated single assessment process in place and case file notes and filing systems were not integrated. However, access to specialist health services and housing services was said to be good. A weekly meeting with health staff in the newly integrated team had been instigated, but there was no single referral mechanism, no joint IT systems and inspectors were told of periodic tension between health and social care staff. • A workload management system had been trialled but had been abandoned. Demand was managed within the team largely, but unacceptable waits and unallocated cases were evident within the transitions service. There was no system for aggregating unmet need identified by assessors and feeding this into the commissioning process. • Severe deficits in transition planning had been identified in 2001 and an ambitious plan to strengthen the service – including transferring the team to adult services – had been implemented. However, both the improvements for service users and the transfer of responsibility to the adult's team had been slow to materialise and had not been effectively managed. • Quality Assurance systems in place in children's services had not been maintained in relation to cases that had been transferred. Inspectors intervened to require an immediate investigation regarding one 'at risk' case. Practice had failed to recognise the evident vulnerability of a child with severe needs where the family had repeatedly failed to access required medical treatment and there were a number of failures to follow departmental and inter-agency procedures. More worrying still, the case had been reviewed and a chronology prepared for the inspection without the deficits being

	identified. • There was confusion among staff about the cases that were eligible for transfer to the adult team and a proper assessment of the workload on the team had not been undertaken. Caseloads were high, the team undertook full statutory responsibility for complex children's cases and there were 24 unallocated cases. Case file analyses showed cases where there had been ineffective transition work – including an 17 year old where a up to date transition plan was still pending. • The introduction of Person Centred Planning had been slow and partial. Two part time workers had been appointed, but the focus had been on those in NHS residential care. The link between the PCP plans and the care planning process was tenuous and it was unclear precisely how many plans had been completed. • Inter-team operational protocols were in place but were insufficiently specific to encourage sound joint work and case files showed little evidence of a co-ordinated approach. There was no monitoring arrangement to ensure compliance. • Consideration of carers' support needs was patchy. Indicators regarding carers receiving an assessment or a service were well below the comparator group. Case file analysis identified some incomplete carers assessments and few services dedicated to supporting carers being specified in case notes. Staff in the team had not had training on carer's assessments and less than half of staff had access to the appropriate procedures. The carers survey showed weak performance for relation to the provision of information and involvement in care planning and only 4 out of 38 carers usually being asked what they thought of services.

4.2 The Council has quality assurance systems in place, and service quality is consistent across all sectors, services and communities.	• The integration of the assessment and care management function had not taken place until 2005. It was unclear why this streamlining of the service had not taken place soon after the establishment of the joint service. The assessment team had had 100 percent turnover of staff in the team in the last 18 months and this had been a stressful period. The implementation of the integrated team, and the assimilation of the transition team, had occurred at a time of change and ineffective management. The team had yet to settle and establish streamlined and effective relationships with all health staff. • The department had begun to implement the proven Quality Assurance processes established in children's services, within Learning Disability services in 2005 and aimed to secure complete implementation by 2006. However, given the history of poor performance management and quality assurance within this service, this seemed ambitious and it was uncertain how such a structured system could be implemented quickly. Recent improvements in supervision and staff management and support were at an early stage. • Fragmented performance management and quality assurance initiatives had been ineffective. A system of six monthly case file audits had been implemented but had had no impact. There was no evidence of data being aggregated and learning taking place because of the audits that had been undertaken. • Training plans in relation to performance management for managers in the Learning Disability services had not been implemented as quickly as in other parts of the department. • The team were achieving good performance in relation to a local target for completing assessments within eight weeks, but there were few other measures of good performance set out at the team level. • Frontline performance management and monitoring arrangements had not been effective in this team before April 2005. Senior managers assumed minimum standards were being maintained and did not have sufficient systems in place to provide evidence to underpin their confidence. Managers were not aware of the depth and extent of performance failures until preparation for the inspection started. Key improvement targets had yet to have processes attached to ensure compliance. • The Learning Disability Quality Framework was vague and ineffective and service users' comments about key standards had not been incorporated. The policy was draft,

	undated and the action plan was blank. These low level deficits were in contrast to a strong Performance Improvement Plan, which was an impressive document. Action had been taken to start to address this problem; the appointment of a departmental quality assurance officer evidenced a managerial commitment to ensure there would be a more robust approach to performance management in the future. • Assessment and Care Management Team staff files and records were in disarray and inadequate. Training and development records were not in place and there was no record of any annual performance assessments of staff being carried out as required by departmental policy (despite the department as a whole reporting 92 percent compliance with this policy). • Practice was variable and systems were not in place to ensure users had good continuity of care. Users and carers told of variability of practice and the carers survey showed only 6 out of 38 carers had been given a written copy of the care plan. Voluntary organisations reported consistent and longstanding frustration of service users particularly in relation to difficulty in contacting and gaining support from the department. In one group of seven service users seen by inspectors, only one had an allocated social worker, none had seen their care plan, and the help that was offered was interpreted as 'pressure' to agree to a change of placement. • There was no recruitment and retention scheme in place for this service and some staff were discouraged by the perceived lack of priority. Turnover had improved but figures supplied to the inspectors during the on site period showed vacancies continued to be 40 percent and 25 percent of those staff in post were from agencies. The absence of an effective workload management system created uncertainty about the manageability of the task and contributed to staff leaving. Partner staff perceived that users with moderate needs did not receive support or reviews because of staff shortages.

4.3 Privacy and confidentiality are assured in all contacts, supported by appropriate policies and procedures.	• Confidentiality and privacy policies were in place, but inspectors found little evidence of information having been given to service users documented on files. • The access to files policy was up-to-date and sound. • The employees handbook and induction guide for Learning Disabilities Services were detailed and up-to-date documents but clearer standards could have been set out. • Case recording policy was adequate but lacked any reference to how managers would enforce or be able to evidence performance against standards. Although the policy stated 'Managers will ensure practice of case recording will meet good professional standards...' but had no guidance about how performance could be judged to be compliant, or otherwise, with this aspiration.
4.4 Good quality information about services and standards is readily accessible to all, including minority ethnic groups.	• Information was available in leaflet form, to a departmental standard and in a range of other languages. However, there was no accessible guide regarding housing options. • The Council had a number of 'information kiosks' and had produced Better Care Higher Standards, which was available in a number of public information points. The Charter was produced to a high standard, included a feedback form with a freepost address and had a sound review of 2004/05 progress. However, despite the charter being in the sixth year, standards were stated to be 'in the process of being established', performance information was partial, eligibility criteria was omitted and no local targets were included. • The Council had a Public Information Policy and action plan in place. The policy set sound goals but was dated 2003/04 and had poorly specified actions and vague monitoring arrangements. • The Council website and other important documents and papers were not made available in an accessible form. • An easy access guide to services in Bromley was produced by the Partnership Board in 2005.

	• The Council reviewed the 2002 Race Equality Scheme in 2004 and a more integrated approach to equalities was to be the subject of consultation in November 2005. • Following the Audit Commission Customer Awareness inspection, some leaflets were translated into other languages and made more readily available. This had not happened for Learning Disability services.

RECOMMENDATIONS
4.1 The Learning Disability Service should build on the assessment and care management training implemented in 2005 to strengthen the outcome focus of assessments.   **4.2 The Learning Disability Service should strengthen management oversight of casework, introduce a single assessment process and strengthen the quality assurance processes relating to the frequency and quality of reviews.**   **4.3 The Learning Disability Service should, with partners, clarify the joint strategic vision of the integrated assessment team and delineate more clearly the respective roles of staff from each agency.**   **4.4 The Learning Disability Service should strengthen the Quality Framework document and use this as a basis for implementing a clearer and more effective approach to frontline performance management. This could be further strengthened by developing links with the Performance Improvement Plan process.**   **4.5 The Learning Disability Service should ensure that children receiving a service from the Transitions Team have access to a quality monitoring system that is as effective as the system in place in Children's Services.**   **4.6 The Learning Disability Service should implement a system of record keeping for staff, including files documenting staff support, training, development and performance appraisal. The system should be well structured and subject to periodic monitoring.**   **4.7 The Learning Disability Service should make better use of the case recording policy and ensure that the outcome of case file audits is aggregated and used to improve overall performance.**   **4.8 The Learning Disability Service should utilise the Long Term Care Charter: Better Care, Higher Standards to set out clearly what support users and carers can expect from the department.**

STANDARD 5: FAIR ACCESS

Social services act fairly and consistently in allocating services and applying charges.

CRITERIA	FINDINGS & CONCLUSIONS
5.1 Clear eligibility criteria for all services are published, easy to understand and fair to all.	• Eligibility criteria had been reviewed to comply with Fair Access to Care requirements. The new arrangements were made public at the time the Council as a whole established a corporate customer service approach in 2002. • The Learning Disability Service had shared Eligibility Criteria with adult services and the application of limits was overseen by a resource allocation panel. • Bromley Social Services Direct call centre service had been extended to include Learning Disability services in April 2005. This additional access arrangement was yet to be fully functional in relation to communication and Information Technology links, but sound protocols were in place to ensure proper re-referral and prioritisation of need according to the criteria. • The Eligibility Criteria were published in a separate leaflet and an accessible version was available. • The use of eligibility criteria by frontline staff in assessment and care management was not clearly evidenced in case files examined by the inspectors. Assessments were not clear about the distinction between wants and needs and applications to panel relinquished decision making to that process. There was little evidence of first line managers using the routine application of Eligibility Criteria to 'challenge' assessments. This led to the panel being used – sometimes effectively, but sometimes inappropriately – as tool for performance management of frontline practice. • Some health partners were not clear about the process of decision-making in Social Services. There were separate criteria for some health and social care services that undermined the integrity of shared packages of care. • Lack of transparency in using eligibility criteria in the assessment process with users and carers had led to a perception by some partner agencies that 'pressure' from zealous informal carers and advocates could skew resource deployment.

5.2 Social services are effective in monitoring the social care needs of the local population and the take-up of services. Fair access can be demonstrated in all areas and action is taken to increase take-up of services from under-represented groups.	• The department acknowledged that the understanding and disaggregation of need by specific groups had been a neglected area and plans were in place to strengthen needs analysis within the overall improvements for commissioning and contracting. It was accepted that better matching of needs and take up of services, both geographically and in respect of under represented groups, was required. • The department had assessed that there were 1366 people with learning Disabilities in the borough but only 710 were receiving services. It had been acknowledged that abortive attempts had been made to engage hard to reach groups such as travellers. • The self-assessment stated that needs assessment and analysis of take up of services had been undertaken but detailed evidence of work undertaken and the impact this had had on outcomes for service users could not be provided. Plans to provide more accessible services to travellers were said to be under development in partnership with Children's services. • Ethnicity was recorded on care plans and the take up of services by black and minority ethnic groups was in line with the proportion of the population as a whole. Different parts of the department and the council used varying methods for estimating the minority groups in the population. Some documents referred to a more broad definition, which estimated the groups to constitute 14 percent of the population.
5.3 There are clear routes to access key social care services 24 hours a day, 7 days a week, as needed.	• Availability of adult social work services had been extended beyond office hours in the hospital based team but there had been no specific initiative to provide access to support for learning disability service users or carers. • The Learning Disability duty service had had limited telephone access during office hours, but this had been extended to all working hours and was enhanced further by the development of Bromley Social Services Direct in 2005. • Some provided services and leisure opportunities had been extended to weekends and evenings. • In line with routine practice in other authorities, the department provided a daytime duty service, a life and limb emergency duty service and a number of 'on call' managers. However the understanding of out of hours services for this service user group was

	under developed and evidence of extended services to develop the accessibility of support for users and carers was limited.
	• In line with routine practice in other authorities, the department provided a daytime duty service, a life and limb emergency duty service and a number of 'on call' managers. However the understanding of out of hours services for this service user group was The customer access report by the Audit Commission had been generally positive about the councils approach to improving accessibility to services. However, it was hard to see how this corporate and departmental progress had been reflected through specific initiatives within this service. No out-of-hours helpline or specialist emergency contact point had been developed. • The customer access report had highlighted weaknesses in the overall business plan to develop accessibility of services and monitor and report progress. This inspection confirmed this criticism and reflected room for improvement in the way in which the department used business, and associated action plans, to drive improvement.
5.4 The range of services available reflects the needs of the community, promotes equality to comply with the Race Relations (Amendment) Act and demonstrates that diversity and social inclusion are valued.	• The Council had addressed Disability Discrimination Act (DDA) issues and sound use had been made of DDA resources to provide lifts and comprehensive bathroom facilities in one adult education unit to allow users with complex needs to access training and education services. • Contracts with careers and employment services had clauses which included targets for developing services for people with complex needs. However, plans to review all contracts to promote accessibility for high needs users had drifted when the chair of the working group left. • Monitoring of ethnicity and take up of services by black and minority ethnic communities had improved and good practice groups were in place to bring together officers from the department with community representatives from the Asian and Somali communities. Meetings were held every four months and plans were underway to extend this process. • The department had tried to develop relationships with minority communities through a service level agreement with a voluntary organisation. The approach was not sufficiently sensitive to the need to take time to build relationships around delicate issues such as

	learning disability services. Staff identified better-developed initiatives for engaging with voluntary groups in older people's services. In Learning Disability Services evidence of improvement and impact was limited, monitoring arrangements were poorly set out and senior managers acknowledged there was a need to review and rethink the community strategy. The DIS had a nil entry in relation to improvements in services for minority groups. • The corporate lead on this issue had been poor. A number of inspections and reports had highlighted the need for improvement and the council had been aware for some time of the need to review the Race Equality Scheme and strengthen performance and reporting of performance systems. • The Council demonstrated poor comparative performance in meeting the equality standard for local government. A new equalities strategy was agreed during the process of the inspection but was unlikely to deliver an ambitious target to improve from Level 1 to Level 5 of the Equality Strategy for Local Government by 2007. The Race Equality Scheme had been in place in 2002 and had set a target of Level 4 by 2005, which was unrealistic and had not been achieved. The first review in 2004 was a poor and vague document, which was still in the process of consultation. The Equalities Action Plan was incomplete and the departmental lead for equalities was unaware that half of the action points did not have associated objectives. Within the department progress was slow. The Equalities of Opportunity Policy was draft, undated and largely represented an outline of legal duties. Some corporate arrangements for promoting race equality were emerging and draft plans identified common minimum standards across the whole organisation. However, implementation arrangements in the department were only at a preparatory stage.
5.5 Access to services is culturally appropriate, and inclusive. Advocacy and interpreting services are promoted and used appropriately.	• Bromley had a corporate contract with London Borough of Croydon for the provision of interpreting and translation services and these were readily available and used by staff. • Spend on advocacy was below the comparator group but the department was working on new initiatives with Mencap and Bexley and Bromley Advocacy to extend the service. Initiatives included advocates attending the resource panel and representatives from voluntary organisations giving advice to the scrutiny committee. • Case files showed good involvement of advocates – especially in relation to service

	users in NHS residential accommodation. Advocacy agencies were represented on the Partnership Board and there was a good self-advocacy service – Bromley Sparks. • The department had plans to develop advocacy in association with the development of the Person Centred Planning process. • The department had not developed any specialist advocacy for hard to reach groups such as people from black and minority ethnic communities. • The Audit Commission report on customer access highlighted a continued need to make services more available to hard to reach groups. Although the DIS showed a high level of take up of services from these groups, there was little evidence of commissioning and contracting being used to encourage and promote specialist services for this group through the use of premium payments and block contracts. There was no evidence of special initiatives to include people from minority communities in education initiatives. • Assessment and care management processes did not prioritise cultural and ethnicity issues and tailoring packages of care to meet cultural needs. In one file it would have been impossible to know the ethnic origin of the service user from the content of the record, were it not for the statement of ethnicity at the outset. In another case an interpreter was not used. In a third case, the care plan simply recorded that specialist skin and hair care was not provided by the residential placement and that it would be expected that a relative would provide this during occasional visits. • Arrangements for awareness training regarding black and minority ethnic communities were unclear. Requirements for mandatory training were confused, there was no system for monitoring compliance and inspectors were told that not all managers had received the necessary training.

5.6 A fair and transparent charging policy has been agreed with stakeholders and approved by the council, and income is collected efficiently.	• Social work staff undertook initial financial checks and then involved a specialist finance team, which had links to the welfare benefits team. There was a track record of increasing benefit take up through this process. • Charging policy was clear and was available on the Internet but it was not available in an accessible form. Communication with users and carers could be improved. Only a small number of carers in the carers survey stated they were clear about how charges were worked out and they thought the charges were fair. The leaflet outlining the charging policy for domiciliary care was weak and did not set out clear links with welfare benefit support. • Day care services did not involve a charge under the existing policy. A large number of packages for Learning Disability Service users included day care. • Financial information on care plans was generally poor and did not always properly reflect the work undertaken or satisfactorily set out the costs and contributions of care packages.

RECOMMENDATIONS
5.1 The Learning Disability Service should review the use of eligibility criteria by assessment staff and strengthen pre-panel supervision and managerial challenge regarding proposed packages and placements. **5.2 The Learning Disability Service should strengthen the understanding of need of this service user group, the disaggregation of need by specific groups and use this to drive more differentiated commissioning of specific services.** **5.3 The Learning Disability Service should develop, with partner agencies and users and carers, increased out of hours access to advice, assistance and support.** **5.4 The department should revisit and review plans regarding equalities and ensure that action plans are complete and set realistic targets.** **5.5 The Learning Disability service should review assessment and care management practice and ensure all staff are aware of the need to address issues of culture and ethnicity within care plans.** **5.6 The department should review the operation of the complaints service and institute performance standards and monitoring arrangements to ensure processes are utilised. Information should be aggregated and used to improve outcomes for users and carers.**

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STANDARD 6: CAPACITY FOR IMPROVEMENT

The Council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services.

CRITERIA	FINDINGS & CONCLUSIONS
6.1 The Council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required to deliver it.	• Elected members were well engaged with the modernisation agenda and were involved in working groups overseeing both the day care re-provision process, and the budget recovery process. A senior elected member chaired the Learning Disability Partnership Board. • A range of corporate and departmental strategies set a clear vision for the future of adult care. Key objectives regarding promoting independence were set out in the community plan 'Building a Better Bromley'. Increased investment year on year in the service was evidence of a growing recognition of the need to address service deficits. • The clarity of purpose evident in corporate and departmental plans was not so clear for the Learning Disability Service, where there was no overarching Strategy. Funding had been secured for the modernisation of day care services but the business case for additional investment to address long-term overuse of residential care services had yet to receive corporate support. • Plans set out strategic vision and aspirations clearly and this was broadly understood by staff. However, plans failed to effectively cascade the vision in a form that set local targets and provided information about performance. The self-assessment asserted that there was a 'Golden Thread' of policy objectives, which ran through the department. In relation to learning disability services this was an unduly optimistic assessment; inspectors identified limited impact of plans on everyday activity. Arrangements were not in place to provide managers with frontline performance information. In Learning Disabilities Services the preparation for this inspection process, and the inspection itself, highlighted discrepancies between the managers assumed quality of service and the actuality of user and carer's experiences.

	• Objectives were insufficiently clearly defined as targets and associated funding was often not clearly set out. One key example was the learning disability business plan for 2005/2006. The document had a sound description of activity and key tasks. However, there was no action plan, links with key indicators were poor, no finance was specified and there were no monitoring arrangements in place.
6.2 The Council's improvement strategy for social care has resulted in sustained recent progress. It is supported by relevant policies, plans, objectives, targets and risk assessments.	• 'Achieving Excellence' had been used effectively as a vehicle for improvement from a low baseline for many services within the department as a whole. • Where the department had prioritised services, there had been sound improvements. Progress within the Learning Disability Service had not, however, kept pace with other parts of the department. While a joint service with a sound Section 31 agreement and a Joint Manager had been in place for some years, movement to a fully integrated service had been slow. • Some service areas such as Direct Payments had had inexplicably poor performance until recently. Where progress had been achieved, as in the case of supported housing, there were still improvement plans outstanding and quality assurance processes yet to be put in place. • Key managers and members within the Learning Disabilities Service acknowledged that the pace of change had been slow. There was, however, a good shared understanding that the improvement journey should focus on high quality outcomes for users and carers. • While budgets were effectively monitored and managed more actively, predicted demand and overspend remained a problem and vulnerability for the service.

6.3 Performance management, quality assurance, and scrutiny arrangements are in place and effective, and performance improvement can be demonstrably linked to management action.	• Corporate and departmental performance against national indicators had improved and the Chief Officers Executive regularly reviewed performance. Policy Development and Scrutiny committees were involved in performance management and the council had a number of focused 'Critical Achievement Groups'. • The Performance Improvement Plan was strong and progress was well monitored. The plan had the capacity to be used more effectively as a driver for change within this service. • The Bromley Social Services Direct team had performance standards for the time taken to answer the phone and these were monitored regularly and showed good performance against targets. No such process was in place at the assessment and care management team base and monitoring arrangement regarding the stated standard of responding to letters within 10 days did not disaggregate performance information for the Learning Disability Team. • The service had a sound focus on national performance indicators and an effective system of providing management information to senior managers and elected members. Routine datasets were provided for the Performance Development and Scrutiny Committee. Lower level indicators and targets had been less well developed, were not known by staff and performance indicators had not been sufficiently disaggregated to allow managers to understand the performance of this service as distinct from overall adult services. This had led to managers not being aware of poor performance in relation to issues such as completion of the Performance Appraisal and Development process. • Deficits in frontline management arrangements led to poor risk management. While the department had implemented a structured Quality Assurance process within Children's services, a similar approach and systematic process for monitoring quality standards had yet to be implemented in relation to Learning Disability Services. Carers had felt uninvolved in setting standards. Case file analysis identified that the service had yet to establish a culture of learning from complaints.

	• The Learning Disability Executive Group was said to have produced risk management strategies but it was hard to see how these had been used in practice and case file analyses evidence showed poorly handled risk situations and ineffectively managed complaints. Cases transferring into the adult Learning Disability service had not been effectively reviewed and there was little in the way of cross team targets or quality standards. Co-ordination of Primary Care Trust (PCT) and Social Services Department (SSD) and Housing business processes was not good. • Some service improvement activity had poorly specified outcome indicators. While the project management of the day care re-provision had good process goals, the overall outcome indicators for service users were less clear and some senior managers questioned whether the proposed six smaller units were going to effectively deliver the assumed benefits of the revised service. This highlighted again the need for increased clarity in the overarching strategic intentions of the services (detailed elsewhere in this report).

6.4 The council's organisational structure and management arrangements promote the delivery of improvements for social services and the wider modernisation agenda.	• The management structure in the department as a whole was lean and the head of service for the Joint Learning Disability Service had a broad span of control including operational and commissioning responsibilities. A Strategic Project Manager post had been vacant for some time, although some cover arrangements had been put in place. The department had recognised the need to strengthen the relationship with the independent sector, focus on commissioning more appropriate and better-located services and develop commissioning capacity. There was a plan to restructure Assistant Director responsibilities towards a functional 'operational' and 'commissioning', division of responsibilities. It was anticipated that the new arrangements would not be unduly disruptive for either staff or service users and would be in place by April 2006. • The benefits of the new focus on commissioning were anticipated to include building on the tendering work that had been done as part of the re-commissioning of NHS residential care, developing better links with health to progress joint commissioning and making better use of capacity and resources. Recent improvements in capacity for contracting were beginning to have an impact, but only in some specific services such as the new contract with Shaw Trust. • Some traditional directly provided services had been reviewed and re-provided to improve outcomes for users. Residential care had been reorganised into a series of core and cluster supported housing units and day care services were in the process of a major restructuring.

	• There was a system of monthly team briefings, which kept staff up-to-date with developments in the department. However, some staff felt that communication was largely 'top down'. • The service had made significant efforts to both consult with users and carers and support staff when managing the change of service in relation to day care services. Few staff had left the department when their roles changed and some staff had been seconded to Shaw Trust to give them an opportunity to see if they liked the new ways of working. • In an attempt to improve cross team working, adult services staff met as a whole group on a quarterly basis and additional investment in 2005 in information technology equipment had improved communication with staff. Most staff had access to a computer terminal and the investment in technology in Learning Disability services had improved staff morale. • Support staff had good access to equipment but there was no direct practitioner inputting so significant time was given to inputting records that had been recorded in longhand by assessors. There was no integrated IT system to support the newly created joint assessment and care management team. • The department had recognised the need to strengthen the relationship with the independent sector, focus on commissioning more appropriate and better located services and develop commissioning capacity.

6.5 The social care workforce is well trained and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains and recruits and retains staff.	• Systems for managing and supporting staff were well specified in policy documents but had few monitoring arrangements and were poorly implemented in practice. The annual performance Appraisal and Development Scheme was well organised but had not been completed effectively. • Training was provided by the learning and development section, was a corporate function and part of the Human Resources section and reported to the Chief Executive. Specialist consultants were allocated to support particular services within the social services and housing department. There was a mix of commissioned and directly provided training and an extensive training directory. Line managers were expected to record training events and monitor development but records inspected in the assessment and care management team were haphazard and did not constitute a competent audit trail. • Teams identified training targets on a matrix system and liaised with consultants within the learning and development unit about team training needs on an annual basis. Some managers found the matrix difficult to use but many valued the structure of the system. Nevertheless, training that was undertaken by the assessment and care management team was variable. Some staff felt that frontline performance management arrangements were insufficiently strong to follow up training – such an awareness raising regarding black and ethnic minority communities – to ensure that the training had an impact on practice.

	• The service had a well-developed approach in partnership with the Primary Care Trust to utilise the Learning Disability Development Fund resources. Finance staff had supported the finance aspects of the training. Although some training targets in the DIS were vague, 66 percent of staff within the joint Learning Disability service had achieved the appropriate NVQ training level. • There was confusion about the definition of mandatory training. The lack of attention to operational performance management arrangements meant that insufficient thought had been given to defining minimum competencies for specific roles and ensuring the 'mandatory' training was actually provided. Sound absence management and recruitment and retention training events were available in the training directory but there was no focus on which staff should do these courses or monitoring of completion of the courses. The DIS asserted that diversity awareness courses were mandatory, but there was no system in place to ensure that this happened. • Training opportunities for the wider social care workforce and stakeholders were under developed. A systematic and outgoing approach to offering training opportunities to partner agencies, including the independent sector, was not in place and user and carer representatives on planning groups had not been offered any skills development training. Despite the lack of availability of carers with sufficient skills being identified as a reason for the curtailment of the uptake of Direct Payments, training opportunities had not been offered to potential carers. • The department had not been successful in securing LIP and workforce development arrangements were in the process of being revised at the time of the inspection. A new Human Resources strategy for the department had been delayed by the need to dovetail the policy with new corporate arrangements. • The workforce Planning and Development 2002/05 Partnership Board Plan was a simplistic document which lacked sufficient detail to be effective.

	• Stability of staff and availability of specialist skills in the workforce in the learning disability service had been poor and remained uncertain. Recruitment and retention problems remained in the service but there had been no priority accorded to Learning Disability Services to address these issues in the Performance Improvement Plan. There were 21 percent vacancies in the supported housing service and 24 percent in day care services and some posts had been transferred into the Social Businesses. In both cases vacancies had increased on the previous year. Turnover in residential care was 30 percent. Improvements had been made in adult services regarding turnover, sickness and use of agency staff and efforts had been made to stabilise management in learning Disability services through three managers undertaking a skills development course with Greenwich University. • Staff valued recruitment and retention initiatives within the last year and a more purposeful approach from the corporate Human Resources service. Processes for recruitment had been streamlined and contracts had been issued more speedily. Frontline staff and managers had felt that historic personnel support had been bureaucratic and slow but recent improvements had engendered a sense of optimism for the future. • The corporate and departmental arrangements for employing disabled people were weak and senior managers were not aware of how many disabled people were employed by the department. The job match scheme has been running for many years but had had limited success and placements in the department were on an ad hoc basis. • There was a guaranteed interview scheme for disabled applicants but this only applied to staff that met the requirements of the person specification and there was no skills development programme to support the progression of disabled staff. Some colleagues and service users told inspectors of slow progress in assessors recognising cultural needs as part of an overall package of care. Case file analysis supported this view. A black workers support group had not been sustained. • Plans to address poor standards in frontline performance management by involving all managers within Learning Disabilities in performance management training had been agreed but had not been progressed.

6.6 The Council works effectively with external and corporate partners to improve the range, quality and coordination of services.	• Partnership work within the Council and with partner agencies had improved in recent years. Corporate responsibility for progressing modern social care had been recognised by other departments and the improved management and containment of the Learning Disabilities budget overspend had generated credibility for the social services and housing department in the council. Large-scale projects such as the reconfiguration of day care had benefited from the skilled and enthusiastic support of specialist departments within the council such as the estates department. However, there was room for improved involvement of corporate partners at a strategic level on the Partnership Board. • Partnership with health services had been well established through the joint service Section 31 agreement and there were some well developed specialist health services that were valued by users, carers and social services staff. However, the joint service had drifted for some years. • The recent new focus on shared work in this service – with the establishment of the integrated assessment team and the council leading on major parts of the recovery plan such as the re-provision of care for those in NHS residential placements – was evident in joint posts and shared projects. However, although the vision of the joint commissioning plan was sound, the approach was let down by poor detail. It was clear that the extent of the need for improvements in NHS residential care was a legacy from the previous provider trust. In these circumstances the joint commissioning arrangements were insufficiently precise and detailed to set out a shared investment strategy for the development of the whole service. • It was unclear how the local managers were going to use the pending review of the Section 31 agreement to improve joint arrangements. Assertions of a joint commitment to develop modern services had not been accompanied by sufficient detail of additional investment that went beyond the re-commissioning of the large scale services that were known to be substandard.

RECOMMENDATIONS
6.1 The Learning Disability Service should secure funding for the business case proposals to address historic high use of residential care and out of borough placements. **6.2 The Learning Disability Service should utilise the structure and focus of the Performance Improvement Plan more effectively to steer improvement.** **6.3 The Learning Disability Service should urgently strengthen frontline line management, quality assurance processes and risk assessment arrangements.** **6.4 The Learning Disability Service should clarify the definition of mandatory training requirements and institute proper monitoring of compliance.** **6.5 The department should strengthen the employment of disabled workers policies.** **6.6 The Learning Disability Service should review the joint commissioning policy and use the pending review of the Section 31 agreement to strengthen Joint Commissioning agreements.** **6.7 The department should utilise the implementation of the new commissioning and operational management arrangements as an opportunity to review the level of support for commissioning that is available to the head of the joint Learning Disability Service.**

RECOMMENDATIONS

National Priorities and Strategic Objectives

1.1 The Council should rationalise the range of development plans relating to learning disability services.

1.2 The Council should establish a joint, overarching Strategy for Learning Disabilities with Health and partner agencies and implement an action plan that has clear targets, timescales, associated investment and clear monitoring and reporting arrangements.

1.3 The council should review and strengthen support to service users and carers involved in the service development process, including providing training and support so that they can acquire skills to influence the development of new services.

1.4 The council should ensure that the link between the Partnership Board and the Executive Group is strengthened and there is an audit trail to demonstrate the impact of users views and priorities on the development of the service.

1.5 The council should build on emerging accommodation, leisure and training opportunities, strengthening the corporate representation on the Partnership Board and prioritising an approach that enables increased access for people with Learning Disabilities to universal services.

Cost and Efficiency

2.1 The Council, with partner organisations, should use the planned review of the Section 31 agreement of the joint service to establish the overarching strategy for Learning Disability services and set out joint investment and spending priorities in a new Joint Commissioning Plan.

2.2 The Council should develop more differential, specialist and mature commissioning arrangements with partners, including the creation of a regular independent sector forum.

2.3 The Council should review Business Plans and ensure that associated action plans have more specific and quantified targets, resource and investment information and timescales.

2.4 The Learning Disability Service should build on improved budget monitoring and active management of budget pressures to develop longer term financial planning which focuses on improved outcomes and better value.

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Effectiveness of Service Delivery and Outcomes

3.1 The Council should implement the proposed Quality Assurance processes regarding protection of vulnerable adults process, review the current guidelines as planned, and institute rigorous processes to specify required training for key staff, monitor compliance with mandatory training requirements and introduce a system of spot case file audits.

3.2 The Council should work, with partners, to develop the Adult Placements Scheme.

3.3 The Council should develop a protocol to link Person Cared Planning with Assessment and Care Management processes.

3.4 The Council should prioritise the planned review of the Carers Strategy and use this as a vehicle for improvement – especially regarding making support available to hard to reach communities and making respite services more user friendly.

3.5 The Council should review the systems for making information available to carers.

Quality of Services for People who use Services and Carers

4.1 The Learning Disability Service should build on the assessment and care management training implemented in 2005 to strengthen the outcome focus of assessments.

4.2 The Learning Disability Service should strengthen management oversight of casework, introduce a single assessment process and strengthen the quality assurance processes relating to the frequency and quality of reviews.

4.3 The Learning Disability Service should, with partners, clarify the joint strategic vision of the integrated assessment team and delineate more clearly the respective roles of staff from each agency.

4.4 The Learning Disability service should strengthen the Quality Framework document and use this as a basis for implementing a clearer and more effective approach to frontline performance management. This could be further strengthened by developing links with the Performance Improvement Plan process.

4.5 The Learning Disability Service should ensure that children receiving a service from the transitions team have access to a quality monitoring system that is as effective as the system in place in Children's Services.

4.6 The Learning Disability Service should implement a system of record keeping for staff, including files documenting staff support, training, development and performance appraisal. The system should be well structured and subject to periodic monitoring.

4.7 The Learning Disability Service should make better use of the case recording policy and ensure that the outcome of case file audits is aggregated and used to improve overall performance.

4.8 The Learning Disability Service should utilise the Long Term Care Charter Better Care, Higher Standards to set out clearly what support users and carers can expect from the department.

Fair Access

5.1 The Learning Disability Service should review the use of eligibility criteria by assessment staff and strengthen pre-panel supervision and managerial challenge regarding proposed packages and placements.

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5.2 The Learning Disability Service should strengthen the understanding of need of this service user group, the disaggregation of need by specific groups and use this to drive more differentiated commissioning of specific services.

5.3 The Learning Disability Service should develop, with partner agencies and users and carers, increased out of hours access to advice, assistance and support.

5.4 The department should revisit and review plans regarding equalities and ensure that action plans are complete and set realistic targets.

5.5 The Learning Disability Service should review assessment and care management practice and ensure all staff are aware of the need to address issues of culture and ethnicity within care plans.

5.6 The department should review the operation of the complaints service and institute performance standards and monitoring arrangements to ensure processes are utilised. Information should be aggregated and used to improve outcomes for users and carers.

Capacity for Improvement

6.1 The Learning Disability Service should secure funding for the business case proposals to address historic high use of residential care and out of borough placements.

6.2 The Learning Disability Service should utilise the structure and focus of the Performance improvement Plan more effectively to steer improvement.

6.3 The Learning Disability Service should urgently strengthen frontline line management, quality assurance processes and risk assessment arrangements.

6.4 The Learning Disability Service should clarify the definition of mandatory training requirements and institute proper monitoring of compliance.

6.5 The department should strengthen the employment of disabled workers policies.

6.6 The Learning Disability Service should review the joint commissioning policy and use the pending review of the Section 31 agreement to strengthen Joint Commissioning agreements.

6.7 The department should utilise the implementation of the new commissioning and operational management arrangements as an opportunity to review the level of support for commissioning that is available to the head of the joint Learning Disability service.

Appendix 1

Inspection Background and Method

The White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out the Government's commitment to improving life chances of people with learning disabilities. It has a particular focus on partnership working with an emphasis on people with learning disabilities and their families. It is concerned with the ambition to provide new opportunities for those with learning disabilities to lead full and active lives.

The object of the inspection was to evaluate the implementation of national and local objectives relating to social care needs of people with learning disability and the quality of outcomes for them and their carers.

The overall performance assessment standards and criteria were used to evaluate services within the context of CSCI's overall performance assessment of the council.

The inspection team consisted of two inspectors, and for part of the time a learning disability assessor and personal supporter. We visited a range of projects and public access areas and interviewed people who use services, carers and representatives of other agencies. We also visited supported housing services and met with advocacy groups. The team interviewed managers at different levels both within the council and within Health and met with councillors with responsibility for social services.

Inspectors had access to a range of case files, background papers and information provided by the council. We also conducted two surveys. We sent questionnaires to a sample of carers. A different questionnaire was completed by a sample of fieldworkers involved in assessment and care planning for people using these services.

We would like to thank all those who met with the team and took part in the inspection.

Appendix 2

Results of Carers' Questionnaires

38 questionnaires were completed and returned.

Making contact
- 10 carers said social services staff were always or usually easy to contact
- 13 carers said social services were always or usually easy for their relative to talk to

Involving you
- 19 carers said social services staff always or usually listened to them
- 8 carers said social services always or usually give them choices about what happened. No carers said they were always given a choice
- 4 carers said social services always or usually asked them what they thought of services. No carers said they were always asked what they thought of services
- 9 carers said they were always or usually invited to meetings
- 6 carers said they were always or usually involved in discussions

Informing you
- 6 carers said social services always or usually gave them written information
- 11 carers said they were always or usually told what was happening
- 31 carers said they knew how to make a complaint
- 2 carers said they had been told that they could see their records
- 1 carers had been told they could have an interpreter
- 9 carers had been told they could have a friend/advisor
- 6 carers said they know how charges were worked out
- 6 carers said they thought the charges were fair

Services to meet your own needs
- 19 carers said they had been told of their right to assessment of needs
- 22 carers said they had had an assessment of their needs in the past 12 months.
- 6 carers said they had a written care plan
- 6 carers said they always or usually received services that supported them
- 6 carers said the reasons for the decisions were always or usually explained

How satisfied are you?
- 29 carers said they were always or usually treated with respect
- 18 carers said their cultural needs were always or usually met
- 8 carers said social services staff were always or usually well informed
- 11 carers said they were always or usually satisfied with the quality

What's changed?
- 8 carers said they had always or usually received the services they had wanted
- 11 carers said they always or usually waited for services
- 0 carers said they always waited for services or that they never waited for services
- 11 carers said they had always or usually been helped by services
- 9 carers said their situation had become better

About you
- 28 carers were aged between 18 and 64
- 28 carers were female
- 33 carers were white British
- 32 carers lived with the people who use services