

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

10 SEPTEMBER 2012

SUBJECT:	UPDATE - AKA - IMPLEMENTATION OF RECOMMENDATIONS
REPORT OF:	<i>GRAHAM HODKINSON - DIRECTOR OF ADULT SOCIAL SERVICES</i>
RESPONSIBLE HOLDER	PORTFOLIO COUNCILLOR ANNE MCARDLE

1. PURPOSE OF REPORT

- 1.1 To inform committee of the completion by the Department of Adult Social Services of various recommendations made by Anna Klonowski Associates (AKA).

2. BACKGROUND

- 2.1 The attached report was approved, under delegated authority, by the leader of the Council on 16 July 2012. This has been subject to the relevant call in period and is now presented to Committee for information.
- 2.2 This report considers only those issues identified by AKA as the responsibility of the Department of Adult Social Services; other recommendations will form part of the overall corporate involvement planning process.

3. RELEVANT RISKS

- 3.1 The AKA Report describes in detail a number of serious and long running failures on the part of the Council that resulted in detriment to vulnerable service users. The department, as part of its improvement planning, is working to ensure the underlying causes and culture that led to those failures occurring are being addressed.

4. OTHER OPTIONS CONSIDERED

- 4.1 The Council agreed to implement in full the recommendations of the AKA report; no other options are proposed.

5. CONSULTATION

- 5.1 The implementation of a number of the recommendations will require consultation with service users, families, carers and advocates.

6. IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 No identifiable implications.

7. RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 7.1 There are significant revenue resource implications that arise as a result of implementing these recommendations. Discussions are continuing regarding the funding arrangements.

8. LEGAL IMPLICATIONS

- 8.1 No specific implications are identified in this report.

9. EQUALITIES IMPLICATIONS

- 9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

No because this report is based on a response to the work carried out by an external organisation. The equality impact of the implementation of the recommendations from this work have been considered.

10. CARBON REDUCTION IMPLICATIONS

- 10.1 None identified.

11. PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 11.1 None identified.

12. RECOMMENDATIONS

- 12.1 Members note the recommendations agreed by the leader of the Council regarding the AKA report.

13. REASONS FOR RECOMMENDATIONS

- 13.1 This issue was identified in a previous work programme.

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APPENDICES

1. Delegated Decision by Leader/Cabinet Portfolio holder – AKA – Implementation of Recommendations

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet – Independent Review of Claims Made by Mr Martin Morton (and Others)	12 January 2012

WIRRAL COUNCIL

DELEGATED DECISION BY LEADER/CABINET PORTFOLIO

16 JULY 2012

SUBJECT:	AKA – IMPLEMENTATION OF RECOMMENDATIONS
REPORT OF:	<i>GRAHAM HODKINSON - DIRECTOR OF ADULT SOCIAL SERVICES</i>
RESPONSIBLE PORTFOLIO HOLDER	COUNCILLOR ANNE MCARDLE

1. PURPOSE OF REPORT

- 1.1 To inform the Leadership of the completion by the Department of Adult Social Services of various recommendations made by Anna Klonowski Associates (AKA).
- 1.2 To seek endorsement of the actions taken by the Department.
- 1.3 To request the Leadership's agreement to 'sign off' those elements of the action plan, that were the responsibility of the Department

2. BACKGROUND

- 2.1 On 12 January 2102 cabinet received a report Independent Review of Claims made by Mr Martin Morton (and others) which made a number of recommendations following a review by AKA. The recommendations were accepted in full and the Chief Executive was asked to prepare an action plan.
- 2.2 At its meeting on 2 February 2012 Cabinet approved the Action Plan submitted by the Chief Executive. A number of the actions were assigned to the Director of Adult Social Services (or his Senior Leadership staff).
- 2.3 Since this time work has been undertaken within DASS to address the issues identified in the Action Plan and its work has now been completed.

3. SUMMARY OF ACTIONS TAKEN

- 3.1 It should be noted that the numbers within the action plan and subsequently referred to are, for consistency, the original numbers from the Action Plan approved by Cabinet in February 2012.
- 3.2 The following table outlines the additional actions that have been taken since the Action Plan was reported to Cabinet in February 2012.

AKA Report - Recommendations Action Plan

Recommendation	Action Taken
<p>9. The Officers consider and report to a future Cabinet meeting, during Spring 2012, the proposed way forward relating to other charging issues outlined in paragraph 6.2.14 and Appendix 4 to Annex A.</p>	<p>Annex A, Appendix 4 of the AKA report sets out details of the Internal Audit reviews undertaken across the following DASS establishments over the period 1994 to 2006. A detailed investigation into the charging regimes at these properties was carried out. Whilst there were missing records, due to, for example disposal under the Records Retention policy, and certain assumptions have had to be made. The analysis revealed:</p> <ul style="list-style-type: none"> • *Curlew Way • *Edgehill Road • *Bermuda Road <p>These were dealt with as part of the PIDA report in 2008 follow up</p> <ul style="list-style-type: none"> • **Manor Road • **27 Shrewsbury Road • **5-7 St Andrews Road/80 Shrewsbury Road <p>No charging regime was in place</p> <ul style="list-style-type: none"> • ***Fellowship House • ***Balls Road • ***North Road <p>Different charging regimes were in place at each establishment. As a consequence of incomplete information the following calculations are based on the assumption that each service user paid the full charge for the full period in question:</p> <ul style="list-style-type: none"> • Fellowship House <p>No “overcharging” occurred</p> <ul style="list-style-type: none"> • Balls Road <p>Of 22 tenants 9 would be classed as “undercharged”; the remaining 13 as “overcharged”. The total reimbursement amounts to £30,000</p> <ul style="list-style-type: none"> • North Road <p>All 9 tenants are classed as “overcharged” to a total reimbursement amounting to £90,000</p> <p>It is recommended that:</p> <ol style="list-style-type: none"> i) All service users classed as “overcharged” are reimbursed, at a cost of £120,000 ii) An allocation from corporate balances is made to fund the cost of the reimbursements iii) no further action is taken where service users have been identified as being undercharged

<p>10. The Council favourably reconsiders the effective date for the calculation of the reimbursements for those service users who had lived in the 3 West Wirral properties and their surviving relatives. The context of the “benefits trap” also needs to be considered as part of this process.</p>	<p>If the reimbursement of the residents at the 3 West Wirral properties is to be back dated to 1997 a total amount, including interest, of £320,889.68 will be due to the 17 individuals concerned.</p> <p>Previously reimbursement has been made from December 2000 to March 2003 and a total of £243,460.07 was paid to the individuals concerned. This was a process that took over 12 months to complete due to the need to ensure that each of the individuals received appropriate advocacy and support, enabling them to understand the implications, in particular on benefits entitlements, of receiving the reimbursements.</p>
<p>11. The Council favourably reconsiders the calculation of the reimbursement for the lack of interest. Again this must be considered in the context of the benefits trap.</p>	<p>It is recommended that:</p> <p>i) That the reimbursements are made, at a cost of £320,889</p> <p>ii) An allocation from corporate balances is made to fund the cost of the reimbursements</p> <p>iii) The process previously applied is followed once again, which should be expedited as the service users and advocated will be familiar with the procedures</p>
<p>12. The outcome of complaint 3’s stage 3 complaint should be reviewed in the light of the context of the events precipitating Service User 2’s need to relocate and in the consultant’s view this should lead to DASS honouring the commitment to pay the top-up payment</p>	<p>The recommendation will be honoured i.e. at any stage when there is a deficit between the amount of Discretionary Housing benefit and the rent payable by Service User 2, the deficit will be funded by the department.</p> <p>It is recommended that:</p> <p>i) The Head of Locality Personalised Support writes to Complaint 3 to explain the outcome of the review</p> <p>ii) The Head of Locality Personalised Support writes to the Housing Benefits section to ensure that any future deficits are charged to the Department</p>
<p>15. The quality of inputs to and outcomes from Adult Protection strategy meeting should be kept under close review, with a particular emphasis on at least the following questions at each meeting:</p> <ul style="list-style-type: none"> A. What has changed for the better for the vulnerable adult? B. Why did the change not occur sooner? C. What is the pathway (or project plan) for resolving this referral? D. Who is responsible for each action? E. Who is taking overall responsibility for the case and will be held accountable for the quality and timeliness of both the review and its resolution? 	<p>New arrangements for Safeguarding Strategy meetings have been put in place which meets the requirements of the recommendation.</p>

<p>16. Details of Adult Protection concerns raised must be logged centrally with a close monitoring of the inputs, outputs and outcomes recorded in detail such that the Director can report in an open and transparent way Leading Members monthly and the Health and Social Care Select Committee on a quarterly basis.</p>	<p>A four level performance management framework has been put in place for Adult Safeguarding which meets the requirements of the recommendation.</p> <p>In addition the full time post of Head of care Governance has been established which will manage not only safeguarding but also contracts, complaints and knowledge management.</p> <p>An additional £500,000 has been allocated to safeguarding in the 2012/13 revenue budget</p>
<p>17. Opportunities for the improvements in the CCA and review process should be considered and proposals for improvement reported via the Cabinet Portfolio holder during the Spring of 2012.</p>	<p>The Self Directed Assessment process is currently being reviewed and the outcome will be reported to the Leadership as well as the Portfolio holder.</p> <p>It is recommended that: i) A report is produced for the Leadership in July 2012</p>
<p>18. The effectiveness of the actions put in place since the CQC report in relation to Adult Protection (now Safeguarding) should inform the above, but must be based upon quantitative and qualitative analysis contained within a formal report to Members before the peer review in the Autumn.</p>	<p>The CQC Action was “signed off” by Cabinet at its meeting on 24 November 2011</p> <p>Adult Safeguarding services have subsequently been Peer Challenged, as part of the overall “Challenge Process” in December 2011 and specifically in May 2012. A further improvement plan will be presented to the Health and Wellbeing Overview and Scrutiny Committee in September 2012</p>
<p>19. The Director of Adult Social Care should continue to ensure that there is a shared understanding of the risks and issues facing DASS, at Member and Corporate Management team levels, together with the proposed mitigating action(s). This should be undertaken both formally and informally.</p>	<p>The Director has weekly meetings with the leader (if required). In addition he meets on a monthly basis with the leader and lead member to discuss risks and issues.</p> <p>On a formal basis Risks and Issues are considered monthly by a Strategic Leadership Team meeting which focuses solely on the performance of the department. In addition departmental performance is reported to the Health and Wellbeing overview and scrutiny committee at each of its regular meetings.</p> <p>The Director is also a member of the Council’s Improvement Board</p>
<p>20. DASS needs to improve its early engagement activities with the HB Team to ensure future Supported Living proposals and the providing agencies are clear as to the likely benefits payable.</p>	<ul style="list-style-type: none"> • DASS has put in place regular mechanisms for communication, problem solving and discussion with the Department of Finance housing benefits section where making applications for housing benefit in supported living. • These arrangements will be further underpinned by a joint protocol of good practice to ensure that there is timely notification about housing benefit applications. • A more strategic approach has been developed to ensure that early identification of housing requirements are shared and key officers are part of the decision making process • Project Group established to agree cohesive pathways on an operational basis which includes a streamlined joint approach to assessment. • Pathway clarified. • Considerable work has been undertaken to develop and ensure sustainability of working relationships

<p>22. DASS should ensure that the planned use of a “peer review” to check, challenge/verify the improvements and achievements of the department is seen as a means by which regular external progress assessments can be undertaken and that the Cabinet portfolio holder is engaged in the discussions with those undertaking the review(s).</p>	<p>As part of this process the Department has undergone two Peer Challenges: in December 2011 a departmental wide examination and in May 2012 a specific focus on safeguarding.</p> <p>A further in depth Peer Review of the department as a whole has been undertaken in June 2012.</p>
<p>24. The Director of Adult Social Services to review the resources allocated to safeguarding and contract monitoring, reporting back to Members at Cabinet or the Cabinet Subcommittee within 6 weeks of the publication of this report.</p>	<p>A structural review was undertaken in September 2011 which resulted in resources allocated to establish;-</p> <ul style="list-style-type: none"> 5 Quality Assurance Officers 3 Safeguarding Officers 4.5 Social Workers 3 Advanced practitioners <p>All now in post</p>
<p>28. The Cabinet ensures that the outstanding allegation from the Service Provider 3 in relation to the level of DASS funding is thoroughly and robustly investigated with a view to early resolution. This will require the development of an action plan which is approved by the Director and Cabinet Portfolio holder that includes the delivery of written updates to the Cabinet Portfolio holder approximately in a 2 weekly cycle.</p>	<p>This is an area of great complexity and hinges around a significant amount of correspondence between the Council, its legal representatives and Service Provider 3.</p> <p>In order to properly progress this area a meeting was held with the Director of Adult Social Services, key Social Work Staff and a member of the Legal team to ascertain the work involved. This meeting concluded that it will be necessary to forensically consider each of the individual cases (up 24 service users) to assess the extent that the assessments had disfavoured the service users between 2005 and 2009 (when the process was rectified).</p> <p>It is recommended i) An investigation is carried out by an independent officer and that a report is produced for the Leadership in August 2012 setting out the potential financial implications</p>
<p>31. Pick out all service user related risk and ensure that people are safe</p>	<p>No further action considered necessary following approach agreed with police and interviews of relevant witnesses.</p>
<p>32. Ensure that learning from the investigation is incorporated into both actions and leadership styles in the Directorate</p>	<p>A full review of the report has been undertaken to consider its impact on Policies and Procedures; Processes; Practices and Culture.</p> <p>Feedback from the Safeguarding Peer Challenge indicates approval of the leadership style in the directorate</p>

4. SUMMARY OF RECOMMENDATIONS

4.1 Referring to the Table in Section 3 above the following specific recommendations are made

Item No 9

It is recommended that:

- i) All service users classed as “overcharged” are reimbursed, at a cost of £120,000**
- ii) An allocation from corporate balances is made to fund the cost of the reimbursements**
- iii) no further action is taken where service users have been identified as being undercharged**

Items No 10 and No 11

It is recommended that:

- i) That the reimbursements are made, at a cost of £320,889**
- ii) An allocation from corporate balances is made to fund the cost of the reimbursements**
- iii) The process previously applied is followed once again, which should be expedited as the service users and advocated will be familiar with the procedures**

Item No 12

It is recommended that:

- i) The Head of Locality Personalised Support writes to Complaint 3 to explain the outcome of the review**
- ii) The Head of Locality Personalised Support writes to the Housing Benefits section to ensure that any future deficits are charged to the Department**

Item No 17

It is recommended that:

- i) A report is produced for the Leadership in July 2012**

Item No 28

It is recommended

- i) An investigation is carried out by an independent officer and that a report is produced for the Leadership in August 2012 setting out the financial implications**

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