



## Health and Well Being Overview and Scrutiny Committee

<b>Date:</b>	<b>Tuesday, 19 January 2010</b>
<b>Time:</b>	<b>6.15 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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### AGENDA

**1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Members are asked to consider whether they have personal or prejudicial interests in connection with any item(s) on this agenda and, if so, to declare them and state what they are.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

**2. MINUTES (Pages 1 - 10)**

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 10 November, 2009.

Also attached is a note giving an update on the situation regarding Co-opted Members (see minute 29 - 10/11/09).

**3. YOUR REASON, YOUR WAY - STOP SMOKING CAMPAIGN**

Presentation by Sue Drew, Deputy Joint Director of Public Health, NHS Wirral.

4. **CARE QUALITY COMMISSION ANNUAL PERFORMANCE ASSESSMENT 2008/09 (Pages 11 - 28)**
5. **2009/10 INTERIM PERFORMANCE AND FINANCIAL REVIEW**  
  
Presentation by the Director of Adult Social Services.
6. **TRANSFORMATION OF ADULT SOCIAL SERVICES - PERSONAL BUDGETS (Pages 29 - 66)**
7. **DEVELOPMENT OF TRANSITION SERVICES (Pages 67 - 78)**
8. **JOINT COMMISSIONING STRATEGY FOR CARERS (Pages 79 - 84)**
9. **1. WIRRAL HEALTH ECONOMY 2. JOINT COLLABORATION BOARD BETWEEN COUNTS OF CHESTER AND WUT HOSPITALS (Pages 85 - 88)**
10. **DRAFT PROTOCOL FOR JOINT WORKING BETWEEN WIRRAL HEALTH AND WELL BEING O&S COMMITTEE AND WIRRAL LOCAL INVOLVEMENT NETWORK (LINKS) (Pages 89 - 94)**
11. **ADULT SOCIAL SERVICES - CHARGING POLICY (Pages 95 - 160)**

Further to the deferral of this item at the last meeting (minutes 37 and 39 refer – 10/11/09) the following reports are submitted for the Committee's consideration together with the resolution of the Audit and Risk Management Committee of 25 November, 2009.

- (a) Report of the Chief Internal Auditor  
Adult Social Services – Charging Policy – Service Users Residing at "In House" Supported Living Units during the period 1997 to 2003
- (b) Statement from Mr M Morton
- (c) Report of the Director of Adult Social Services  
Charging Arrangements for Supported Living in Wirral 1997 – 2003

12. **OPTIONS FOR CHANGE - TOWARDS A STRATEGY FOR CARE SERVICES (Pages 161 - 174)**

The Chair has requested that this report, considered by Cabinet on 26 November, be placed on the agenda for the Committee's consideration. Also attached are the 8 recommendations made by Cabinet.

The 6 appendices to the report (which number some 370 pages) can be viewed at the following hyperlink, at item 206:

<http://wir06metrognome/ieListDocuments.aspx?CId=121&MId=732&Ver=4>

A copy will be also be available to view in the Members' Room.

- 13. COMMITTEE REFERRAL - COUNCIL EXCELLENCE OVERVIEW AND SCRUTINY COMMITTEE (Pages 175 - 176)**
- 14. COMMITTEE WORK PROGRAMME 2009/10 (Pages 177 - 186)**
- 15. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR**

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## HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 10 November 2009

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	S Clarke IO Coates J Keeley S Mountney	D Roberts C Tegg GCJ Watt
<u>Deputy:</u>	Councillor	JJ Salter (for PA Smith)	
<u>Co-opted Members</u>		S Wall (OPP)	D Hill (LINKs)
<u>Cabinet Member</u>	Councillor	M McLaughlin	

### 27 **DECLARATIONS OF INTEREST / PARTY WHIP**

Members were asked to consider whether they had a personal or prejudicial interest in any matters to be considered at the meeting and, if so, to declare them and state what they were. Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with any matter to be considered and, if so, to declare it and state the nature of the whipping arrangement.

Councillor McLaughlin declared a personal interest in minutes 36 (Adult Social Services - Charging Policy – Service Users Residing at "In House" Supported Living Units During the Period 1997 to 2003), 37 (Progress Report on Action Plan in Relation to Public Interest Disclosure Act 1998 (PIDA)) and 38 (Charging Arrangements for Supported Living in Wirral 1997 to 2003) due to her friendship with an interested party.

### 28 **CHAIR'S ANNOUNCEMENTS**

The Chair informed the meeting that, having taken advice from the Director of Law, HR and Asset Management, the Committee should not consider items 10 and 12 on the agenda 'Adult Social Services - Charging Policy – Service Users Residing at "In House" Supported Living Units During the Period 1997 to 2003', and 'Charging Arrangements for Supported Living in Wirral 1997 to 2003' as their consideration had been deferred by the Audit and Risk Management Committee at its meeting on 3 November.

### 29 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 8 September, 2009.

In connection with minute 26, Co-opted Membership, the Director of Adult Social Services reported upon the progress which had been made in respect of the co-option of representatives from 3 groups. Susan Lowe, a person who used services, was chair of the Direct Payments group and regular attendee at the Committee would be happy to be co-opted as a representative for 'Service users under the Older People's Parliament age group'. In respect of the 'Black and Minority Ethnic Community' and 'Carers' groups, Annette Roberts, Chief Executive Officer of Voluntary and Community Action Wirral, had agreed to co-ordinate nominations and elections, if necessary, for a representative from each of these two groups as co-opted members.

**Resolved – That the minutes be approved as a correct record.**

### 30 **PRESENTATION ON QUARTER TWO PERFORMANCE 2009/10**

The Director of Adult Social Services gave a presentation on the progress made against the indicators for 2009/2010 in the second quarter and key projects which were relevant to the Health and Well-Being Overview and Scrutiny Committee.

Outlining what was working well, he reported the following:

- Older people achieving independence through rehabilitation / intermediate care was exceeding the target
- Carers receiving needs assessment or review and specific carers' service advice and information were exceeding the target.
- Timeliness of social care packages following assessment
- "Active8Success" centre for health and wellbeing opened in Birkenhead
- Reductions in alcohol harm related hospital admissions

In his presentation, the Director also referred to key performance issues and key risks and reported that because of additional grant funding for the extra care housing scheme, the capital budget had increased from £127,000 to £5.830 million.

The Director also read out a letter from a person who had recently benefited from the range of integrated services now being provided in Wirral. The HART service being specifically praised, with the person clearly giving testimony to the excellent outcomes for her from the support provided.

In respect of financial monitoring the 2009/10 efficiency targets were £6m (6.5% of net budget), although due to in year budget pressures including, increased activity (residential/nursing placements), staffing costs and unachievable income targets the projected savings would be £4.8m. An action plan was in place to deliver additional in year savings.

**Resolved – That the report be noted and a further report be brought to the Committee in the New Year.**

### 31 **PERSONALISATION TRAINING SESSION FEEDBACK**

The Chair invited Members to make comments on the training session which had been held on 29 October on Personalisation and informed the Committee that for any Members who were unable to attend, the Director would be happy to provide

information on the issue. Members who had attended welcomed the training which they had found to be most informative.

## 32 UPDATE ON HOSPITAL DISCHARGE

The Director of Adult Social Services submitted a report on the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.

It had long been recognised that patients admitted to hospital in Wirral had longer lengths of stay for patients than the national average and that there had been many years of over reliance on acute hospital services by primary and community services with a pattern of under developed community services. In order to address this, Health and Social Care had established a range of services to prevent avoidable hospital admissions and reduce the length of time that people stayed in hospital, including Wirral Home Assessment and Reablement Team (HARTS), Wirral Admission Prevention Service (WAPS) and Intermediate Care.

By reviewing and improving the admission and discharge processes the trust could improve the patient experience by reducing the number of days spent in hospital, and save bed days thus increasing the capacity and saving money. The 'Better Care Better Value' national productivity metrics estimated that Wirral Hospital Trust had the potential to save approximately £11.7 million by reducing the amount of time spent by patients in excess of the best performing length of stay by 25%.

An economy wide action plan developed through the Wirral Discharge Planning & Review Group had identified some key practices and issues which needed to be reviewed and challenged in order to significantly improve the experience of patients and improve the patient flow from assessment in A&E or other assessment areas to their safe discharge from hospital. An appendix which showed an update of the Wirral UTH action plan was submitted with the report and was due to be operational across the hospital from January 2010.

Pat Higgins, Assistant Director, Wirral UTH NHS Foundation Trust, informed the meeting that there were regular visits from the Patient Advice & Liaison Service (PALS) representatives on the hospital wards who actively sought patients' comments and concerns. Patients should not be taking decisions about their future long term care from a hospital bed. She also commented upon the turnaround time by the pharmacy for take-home medication and explained that the hospital was looking at ways to improve this.

Both Pat Higgins and Kathy Doran, Chief Executive, Wirral NHS, responded to Members' comments and informed the Committee of the savings which would need to be made by the NHS over the coming years due to the likely constraints of the forthcoming Government Comprehensive Spending Review. Cumulatively these would amount to £15m in 2011, £30m in 2012 and £45m in 2013.

The Chair referred to the Committee's Discharge Scrutiny Review (minute 76 – 25/03/09 refers) and circulated a paper which compared those recommendations to the actions identified in the Action Plan. On a motion by the Chair, duly seconded, it was:

**Resolved –**

**(1) That this Committee notes progress in improving the experience of patients and carers following admission to hospital and subsequent discharge.**

**(2) That this Committee requests that the specific recommendations from the Committee's Discharge Review be aligned with the actions in the report as detailed in the Chair's circulated paper.**

**(3) That a further progress report, to include feedback from patients and carers on this issue, be brought to the Committee before the end of the municipal year.**

**33 DELIVERING SAME SEX ACCOMMODATION UPDATE OCTOBER 2009**

Pat Higgins, Assistant Director of Strategy and Planning, Wirral University Teaching Hospital NHS Foundation Trust, submitted a report which gave details of the progress being made in eliminating mixed sex wards at Arrowe Park Hospital.

The national operating framework for 2009/10 required providers, through their respective PCTs to publish by March 2009, plans to deliver substantial reductions in the number of patients who reported that they shared sleeping or sanitary accommodation with members of the opposite sex.

The Health Secretary had announced in January that performance measures would be put in place via the standard contract from April 2010 to ensure that same sex accommodation was provided for every patient. The noted exception to this was for patients who needed specialist or urgent care, where providing fast, effective care for the patient might take priority over providing same sex accommodation.

To support this programme, the Department of Health had made available a £100 million Privacy and Dignity Challenge Fund against which Trusts could bid. WUTH was allocated £900,000 to effect the necessary changes to the ward layout. To meet the April 2010 deadline, a programme of work had been agreed to provide single sex accommodation to the required standard and this was detailed in the report.

Responding to Members' comments, Pat Higgins informed the Committee that the work was scheduled to be completed by mid-March, 2010. Single rooms were allocated primarily on the basis of clinical need. She also detailed the numbers of beds available for medical assessment, surgical assessment and in the clinical decision unit.

**Resolved –**

**(1) That this Committee notes the progress being made at Wirral University Teaching Hospital (NHS Foundation Trust) to deliver same sex accommodation by the target date of April 2010.**

**(2) That a further update report be submitted to the Committee in six months time.**



34 **HEALTH AND HOMELESSNESS UPDATE**

The Director of Adult Social Services submitted a report which provided an update on service developments proposed and approved in February 2008 and later in September 2009 by NHS Wirral. They were aimed at supporting the delivery of medium and longer term homelessness targets and supported the Local Authority in the development and delivery of the Wirral Homelessness Strategy and NHS Wirral in meeting the health needs of local people who were homeless or at risk of homelessness.

Lesley Hilton, Health and Housing Programme Manager, NHS Wirral, presented the report and responded to Members' comments on a number of issues raised, including training for hospital staff in identifying the homeless, access to GPs and official counting methods of rough sleepers. She also outlined the proposed move to the commissioning of a mental health practitioner and two nurse practitioners who would provide support for homeless people in hostels and organisations working directly with the homeless.

On a motion by Councillor Teggins, duly seconded, it was:

**Resolved –**

**(1) That the report be noted and this Committee welcomes the steps taken to train staff to identify the homeless; recognise better their needs and to identify those best placed to help and to implement procedures to improve links with these partners.**

**(2) That a further report be brought to this Committee in 6 months.**

35 **WIRRAL HEALTH ECONOMY - 2008/09 ANNUAL HEALTH CHECK BY THE CARE QUALITY COMMISSION**

The Chief Executive of NHS Wirral submitted a report which outlined the 2008/09 Annual Health Check performance of the four Wirral based NHS organisations, as published by the Care Quality Commission (CQC) on 15 October 2009. The annual rating was made up of a number of components, which the CQC combined to produce scores for 'Quality of Services' and 'Quality of Financial Management'.

Appendices to the report gave details of the components and provided a national overview by type of organisation.

NHS Wirral, Wirral UTH NHS Foundation Trust and the Cheshire and Wirral Partnership NHS Foundation Trust had all been rated as 'Good' for Quality of Services and the Clatterbridge Centre for Oncology NHS Foundation Trust had been rated as 'Excellent'. Three of the four had achieved an 'Excellent' rating for Quality of Financial Management, with NHS Wirral achieving a 'Good' rating.

Both Kathy Doran, Chief Executive of NHS Wirral and Pat Higgins, Assistant Director, Wirral UTH NHS Foundation Trust, responded to Members' comments and informed the Committee that in respect of the CQCs comment on the organisation of decontamination services 'not being met' at the Wirral UTH, the hospital's capital

programme did include provision for the hospital to have its own decontamination unit by April 2010.

**Resolved – That this Committee notes the outcome of the Care Quality Commission’s Annual Health Check of NHS organisations in Wirral.**

**36 UPDATE ON SWINE FLU**

Kathy Doran, Chief Executive, NHS Wirral, gave an update on the latest situation with regard to swine flu. Recent weeks had seen a tailing off of cases across Merseyside and the previously anticipated 6 week peak in cases was not now expected. In Wirral the number of cases was lower than the national average.

By the end of the week every GP surgery would have 500 batches of the swine flu vaccine available for vulnerable groups.

The Director of Adult Social Services reported that the authority had solid, robust working arrangements in place and was as well prepared as possible.

**Resolved – That the comments of Kathy Doran and the Director be noted.**

**37 ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003**

At the request of the Chair, three reports, which had been to the Audit and Risk Management Committee had been submitted for the Committee’s consideration.

The Chair informed the Committee that the Audit and Risk Management Committee had expressed the view that consideration of two of the reports, this one and ‘Charging Arrangements for Supported Living in Wirral 1997 to 2003’ should be deferred until such time as a final update report had been resubmitted to the Audit and Risk Management Committee.

With the agreement of the Committee consideration of this item was deferred.

**38 PROGRESS REPORT ON ACTION PLAN IN RELATION TO PUBLIC INTEREST DISCLOSURE ACT 1998 (PIDA)**

The Director of Adult Social Services submitted a report which had been considered by the Audit and Risk Management Committee at its meeting on 3 November, 2009 (minute 44 refers). The report updated the Committee on the actions undertaken by his Department in response to the Public Interest Disclosure Act 1998 (PIDA). The report set out key actions which had been completed by January 2009, at which point this report was delayed whilst the investigation into audit and disciplinary matters was undertaken.

The report went on to list those actions which had been completed since January 2009 and also detailed any matters which remained outstanding.

The Chair read out the resolution of the Audit and Risk Management Committee in respect of this item which was to note the report and it was then:

**Resolved – That the report be noted.**

39 **CHARGING ARRANGEMENTS FOR SUPPORTED LIVING IN WIRRAL 1997 TO 2003**

With the agreement of the Committee consideration of this item was deferred.

40 **COMMITTEE WORK PROGRAMME 2009/10**

The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year, and progress on the in-depth panel review.

Responding to comments from Sandra Wall, Maura Noone, Head of Integrated Communities and Well-Being, remarked upon the development of an intervention strategy to help with the issue of older people living in their homes which had perhaps become unsuitable over time for their needs now. The issue perhaps only being addressed when a crisis occurred. She commented upon the need to work with other partners in public services to develop more services and initiatives for intervention at an earlier stage.

A report on a strategy would be brought to a future meeting of the Committee and it was hoped that a strategy would be in place by March 2010.

**Resolved – That the report and comments be noted.**

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**Update from Karen Livesey, Community Engagement Team, Voluntary and Community Action Wirral**

The role's description has been circulated via Wirral Voluntary and Community Sectors' Network, the carers Network and the Wirral Black and Racial Minority Partnership for expressions of interest.

We have requested responses by 18<sup>th</sup> January 2010 and will then ask interested parties to submit a nomination form containing a 100 word statement about their skills and suitability for the position. This will be circulated with election papers and I would recommend giving a four week deadline to return. Therefore the recruitment will end on Monday 1<sup>st</sup> March.

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
19<sup>th</sup> JANUARY 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **CARE QUALITY COMMISSION ANNUAL PERFORMANCE ASSESSMENT 2008/09**

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### ***Executive Summary***

*This report details the judgements of the Care Quality Commission (CQC) following the Annual Performance Assessment of the Department of Adult Social Services.*

*The overall judgement of CQC is that Wirral Council is performing **well**, which is defined as 'consistently delivering above the minimum requirements for people'. This items falls within the Social Care and Inclusion portfolio.*

### **1 Background**

- 1.1 The Director of the Department of Adult Social Services (DASS) is expected to take the report to an open meeting of the relevant executive committee of the council by 31st January 2010 and to advise the Care Quality Commission of the date that this will take place. This report is to be presented to Cabinet which next meets on the 4<sup>th</sup> February 2010.
- 1.2 The council should make the report available to members of the public at the same time and they must copy this grading letter and report to the council's appointed auditor.
- 1.3 The Annual Performance Assessment (APA) report outlines the findings of the 2009 Annual Performance Assessment process for Wirral Council. The grades outlined in the APA report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. The commentary on the two domains of leadership, use of resources and commissioning were directly transferred to the Comprehensive Area Assessment (CAA) from the APA report.

### **2 Summary Report**

- 2.1 Appendix one provides the report from the Care Quality Commission with the detailed grading for each outcome.
- 2.2 The Summary report will be used within the Department of Adult Social Services to address key areas of development, and will form the basis of agenda items for discussion at the Routine Business Meetings held with

the CQC. The areas where services need to be developed to improve performance are included in the draft DASS Business Plan for 2010-11.

### **3 Financial Implications**

3.1 There are no implications arising directly from this report.

### **4 Staffing Implications**

4.1 There are no specific staffing implications arising from this report.

### **5 Equal Opportunities Implications/Health Impact Assessment**

5.1 The implementation of the Departments Departmental Plan will have positive equal opportunities impact.

### **6 Community Safety Implications**

6.1 There are no implications arising from this report.

### **7 Local Agenda 21 Implications**

7.1 The implementation of the Departments Departmental Plan will have a positive impact on the local agenda 21.

### **8 Planning Implications**

8.1 There are no specific planning implications arising from this report.

### **9 Anti Poverty Implications**

9.1 The implementation of the Departments Departmental Plan will have a positive anti-poverty impact.

### **10 Social Inclusion Implications**

10.1 The implementation of the Departments Departmental Plan will have a positive impact on social inclusion.

### **11 Local Member Support Implications**

11.1 There are no local member support implications arising from this report.

### **12 Health Implications**

12.1 There are no health implications arising from this report.

### **13 Background Papers**

13.1 Comprehensive Area assessment Judgement December 2009



## **14 Recommendations**

- (1)** That members are asked to note the judgement from the Care Quality Commission.

**JOHN WEBB**  
**Director of Adult Social Services**

Name – Rachel Hughes  
Title – Principal Manager Performance  
ext no 5135

Date 23<sup>rd</sup> December 2009



**Annual Performance Assessment Report  
2008/2009**



**Adult Social Care Services**

**Council Name:** Wirral

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

**Poorly performing** – not delivering the minimum requirements for people

**Performing adequately** – only delivering the minimum requirements for people

**Performing well** – consistently delivering above the minimum requirements for people

**Performing excellently**- overall delivering well above the minimum requirements for people

We also make a written assessment about

**Leadership** and

**Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

**Delivering Outcomes Assessment**

**Overall** Wirral council is performing:

**WELL**

Outcome 1:

[Improved health and well-being](#)

**The council is performing**

**Well**

Outcome 2:

[Improved quality of life](#)

**The council is performing**

**Well**

Outcome 3:

[Making a positive contribution](#)

**The council is performing**

**Well**

Outcome 4:

[Increased choice and control](#)

**The council is performing**

**Adequately**

Outcome 5: <a href="#">Freedom from discrimination and harassment</a>	<b>The council is performing</b>	<b>Well</b>
Outcome 6: <a href="#">Economic well-being</a>	<b>The council is performing</b>	<b>Well</b>
Outcome 7: <a href="#">Maintaining personal dignity and respect</a>	<b>The council is performing</b>	<b>Adequately</b>

*Click on titles above to view a text summary of the outcome.*

## **Assessment of Leadership and Commissioning and use of resources**

### **Leadership**

The council is committed to transforming adult social care to improve outcomes for the citizens of Wirral; this is supported by the reported political and corporate backing for the change agenda. There has been increased investment in early intervention and prevention during the year with an increased number of people accessing low level services that enable them to maintain their independence.

Departmental priority setting is aligned with corporate plans and there are clear links with the work of the Local Strategic Partnership. The council is working on wide-ranging structural and system change to accommodate a move to locality based working. The culture of the workforce is also being addressed to provide the council with the capability and capacity needed to achieve its ambitious programme of reform. The council acknowledges it needs to have performance management systems in place that will evidence improved outcomes for people who use services and for their carers.

#### **What the council does well:**

- There is leadership commitment to transform social care
- The strategic direction is underpinned by close links with the Local Strategic Partnership and appropriate priority setting within the Local Area Agreement
- Progress in the development of preventative arrangements

#### **What the council needs to improve:**

- To continue to progress the Transforming Adult Social Care (TASC) programme
- In partnership with health to continue to implement and further develop a whole systems approach to workforce development.
- To continue to progress the required culture change within the workforce to support personalisation.
- To develop performance management systems to deliver appropriate, outcome focused information to inform practice

## **Commissioning and use of resources**

There is a shared commitment with NHS Wirral to continue to integrate services to address longer term and emerging health and social care needs and this is reflected in the restructuring of the department. The Joint Strategic Needs Assessment provides the basis for future, targeted joint initiatives that are fit for purpose. The Wirral Integrated Service Partnership (WISP) has informed joint commissioning plans. Following public consultation a model of integrated locality commissioning has been developed. This has been used to develop a locality based falls service and family support services for people who have suffered a stroke during the year. The council has made progress in the implementation of the Joint Commissioning Strategy for Older People. Gaps in service provision remain for older people with mental health needs and for people at the end of their life; plans are in place to address these gaps during 2009-10. There is evidence of the engagement of carers and people who use services in the development of commissioning strategies.

The council is making progress against a complex and fast moving national programme of change with many local challenges, including demographic issues and continuing health inequalities. The delivery of this ambitious programme of reform within available resources at the same time as achieving budgetary savings remains challenging. The council reported an overspend of £4.1 million on Learning Disability Services during the year and acknowledges the need to manage the budget within a framework that manages risk and delivers high quality packages of care to people with a learning disability.

Work continues to be undertaken with providers to align service provision with the Transforming Adult Social Care programme. Overall, there has been an improvement in the quality of the residential and domiciliary care commissioned by the council. The fees paid to nursing homes were benchmarked against other councils during the year that resulted in a reduction to payments made, which equate to an annual efficiency saving of £400k.

### **What the council does well:**

- There has been good progress in using the Joint Strategic Needs Assessment to inform joint work on developing the commissioning of services that better meet people's identified needs.
- There are strong relationships with health, which have the potential to deliver better outcomes for the people of Wirral.
- Work with carers and people who use services ensures their engagement in the design, delivery and review of services.
- The development of a locality model to address the specific needs of communities

### **What the council needs to improve:**

- To use all available resources effectively and efficiently to deliver sustained change and improvement

- To continue to develop capacity to prioritise the timely delivery of local and national imperatives.
- To further develop plans for increased integration of health and social care services within localities
- To implement the carers commissioning strategy

## Summary of Performance

The council and its partner's capacity to **improve health and emotional wellbeing** are enhanced by their understanding of the health profile of the borough and this has been informed by the Joint Strategic Needs Assessment (JSNA). Partners recognise that health inequalities exist: across geographical areas; for minority communities; for people with long term conditions and for people with a disability or mental health needs. The council has reported an intention to work with partners on an integrated locality model that is designed to address the health inequalities of the most deprived communities. Wirral has a Harm Reduction Strategy for Alcohol. In addition, there has been a reduction in the rate of hospital readmissions for alcohol related harm.

People who use services in Wirral have access to relevant and timely information to promote their health and well being. A number of initiatives including: Health Action Areas, Health Trainer Networks and Wirral Working 4 Health have been launched during the year to promote healthy lifestyles. There is an acknowledgement of the need to ensure that information is available in formats that are accessible to hard to reach groups. There is a commitment to implement a Communication and Marketing Strategy during 2009-10 and to monitor its impact. Work is also taking place to promote healthy eating within the borough.

The Home Assessment and Reablement Team (HART) has been expanded during the year and now incorporates referrals from the community. The council can demonstrate that a high percentage of people who accessed the enhanced reablement service during the year were able to achieve independence without the need for ongoing intensive support. There has been a reduction in the number of people being admitted to long term residential care and the council has met its target to reduce the number of delayed discharges from hospital.

A Palliative Care Social Worker is now deployed in NHS Wirral's primary care community team. The multi-disciplinary team works to support people at the end of their lives and partners have given a commitment to introducing the Gold Standard Framework. It is acknowledged that further work is necessary to ensure that at the end of life people have their wishes respected. Improving opportunities for people to exercise choice about how they access and use end of life care remains a priority.

In order to **improve quality of life**, the council continues to work with partners to increase choice and opportunity within the borough as part of the preventative agenda. The council and its partners have worked to increase the range of available services and to improve performance in a number of areas. There has been improved performance in the waiting times for both minor and major

adaptations although further work is required. A jointly funded community equipment loans store operates throughout the borough and work has been undertaken on the feasibility of adopting a retail model. The provision of Telecare has exceeded the planned target. The implementation of an integrated falls service has resulted in an increase in referrals during the year. To promote and sustain the independence of people who access community based services the council acknowledges the need to demonstrate quality of life outcomes across the range of provision in the borough.

The council has made progress in meeting the needs of carers. More carers have received a needs assessment or review leading to the provision of a specific carers' service, or advice and information. There is a reported increase in the number of carers accessing grant funded services. However, the council reports difficulty in making contacts with hard to reach carers. There has been consultation on the Carer's Commissioning Strategy with proposed implementation during 2009-10.

The council continues to promote and increase social and leisure opportunities within the borough for people who use services and for their carers. Work continues to address barriers that prevent people from having a social life.

The Joint Strategic Needs Assessment has identified the specific needs of people with autistic spectrum disorder and the council recognises the challenges that are related to providing local specialist services for people with high and complex needs. A post was created in January 2009 to take forward the Valuing People Now agenda and work is in progress to ensure that young people with complex needs are identified at an early stage so that suitable services can be offered to them in a timely and person centred way. The impact of this work will be reviewed during 2009-10.

In order to ensure that people can **make a positive contribution** the council continues to encourage the active involvement of people who use services and their carers in the development, planning and review of services. A commitment has been given to develop and implement a Community Engagement Strategy to provide a comprehensive approach to engagement. Work continues to support people to take part in the life of their local communities. Carers and people who use services are represented on the Learning Disability Partnership Board, the Older People's Implementation group and the Mental Health Implementation Team. Thirty three people are involved in formal governance meetings with the council inclusive of adult social care. The council needs to be able to demonstrate an inclusive approach to engagement by including people from hard to reach and minority groups.

Wirral LINK was established during the year and is hosted by Voluntary and Community Action Wirral (VCAW). The LINK in Wirral provides the opportunity to strengthen the voice of people who use social care services. As part of its governance structure the council continues to be proactive in supporting the LINK.

The council has reviewed service specifications and contractual arrangements relating to services commissioned by the voluntary sector. Increased funding to the sector during the year demonstrates the council's commitment to promoting a more diverse and active sector. Whilst the council currently has no plans to expand the number of volunteers it acknowledges the contribution volunteering makes to transforming adult social care services. It is anticipated that a move to locality working will stimulate further engagement.

Evidence demonstrates that during the year people exercised **increased choice and control** in decisions that affected their day to day lives. A survey during 2009 found that 82.2% of the people who used services felt in control of their lives. Performance on self directed support is not yet underpinned by the necessary systems to ensure that roll out is sustainable. The council reports a cautionary approach to the development of a resource allocation system. A total of 17 individuals are now trialling individualised budgets as part of a pilot initiative. Performance in developing self directed support has deteriorated during the year and remains lower than comparator councils and the national average. Whilst the council is able to demonstrate that other aspects of the personalisation agenda are being progressed it is important that self directed support is delivered in a timely way to ensure the people of Wirral continue to have increased choice and control.

The council continues to improve performance on the timeliness of social care assessments and the delivery of care packages. Performance on the delivery of care packages in Wirral is above that of comparator councils and the national average. However during the year performance on undertaking reviews has deteriorated. The council needs to be able to review care packages in a timely way so that it is in a position to demonstrate the efficient and effective use of its finite resources. The council has set a target of 100% for people being provided with a copy of their support plan. At the end of 2008-09 a target of 99.2% was achieved.

The level of funding of advocacy for people with a learning disability remains lower than comparators. An area for development from 2007-08 was to demonstrate improved outcomes for people as a result of enhanced contract monitoring of the local advocacy services. Whilst advocacy services have been reviewed during the year, as yet, there is no evidence of improved outcomes. The council needs to demonstrate that people who are not able to express their needs and wishes without advocacy support are not discriminated against.

The council along with NHS Wirral were 'Early Adopter' sites within the Department of Health's Making Experiences Count Project. The overall rate of complaints remains high in Wirral; however progress has been made to respond to complaints in a timely manner. Learning from complaints is routinely undertaken and is used to inform changes to service delivery.

Wirral continues to work at Level 2 of the Local Government Equality Standard. The council did not achieve Level 3 following validation by the Improvement and Development Agency (IDeA) and is currently preparing for reassessment. The Equality and Diversity Strategy and associated Action Plan 2009-12 were out for consultation during the year with the reported commitment to ensure people have



**freedom from discrimination and harassment** across all work streams. Equality and diversity training has been accessed by 46% of staff working in adult social care. The council needs to ensure that the learning translates into improved outcomes for people who use services. Equality Impact Assessments have assisted the council to identify barriers to access to services.

Work has been progressed to improve access for people from black minority and ethnic communities. NHS Wirral has funded a community development service to work specifically with people from these communities. The council is working with the Wirral Ethnic Health Advisory Group and has reported that a service evaluation is to take place during 2009-10 to highlight gaps in services and barriers to access for people with mental health needs who live in the black minority ethnic communities. The impact of this work will be reviewed during 2009-10.

The council's eligibility criteria continue to be set at substantial and information is widely available in a range of formats. People are also able to learn about the council's charging policy. Wirral intends to develop a Customer Access Strategy during 2009-10 to provide targeted information to minimise barriers to access. There are plans in place to move to locally based integrated access teams. The teams will be co-located with health colleagues to promote integrated working and will provide a single point of access for referrals to general practitioners together with a range of services accessed through a central advice and duty team (CADT). The council acknowledges the need to build this work into the Joint Strategic Needs Assessment and also to consider linking the new model into local democracy in its widest sense. This work is an area for ongoing review and monitoring during 2009-10.

Policies and procedures are in place to deal with discrimination and harassment to protect both people who use services and employees. Work continues to improve people's perception of community safety.

The council continues to pay attention to promoting **economic wellbeing**. During the year performance on supporting adults with a learning disability into employment was low relative to comparator councils and the national average. The council reports continuing work to progress increased support to carers who are currently in employment together with those who wish to return to work. This is an area for ongoing development and review during 2009-10.

The stated priorities for 2009-10 are to contribute to the corporate objective to address "worklessness" together with a targeted programme to create more job opportunities in social care and to expand vocational training opportunities. The council reports that it is a member of the Mindful Employer scheme and also works in partnership with Wirral Metropolitan College, Lifelong and family learning, JOBS and Connexions to develop a 26 week course to open up work opportunities for people currently excluded from the job market. The council has detailed its achievements in encouraging people back into voluntary and paid employment but has not provided evidence to demonstrate sustained outcomes for individuals. The ability to progress an inclusive approach to employment is integral to enabling people who use services to be independent and to have a

sense of self worth. During 2007-08 the council gave a commitment to forge links with relevant agencies and local businesses to promote good practice. It has not provided any evidence of work with the local business community during the year to explore potential employment opportunities.

Wirral welfare rights unit is available to all local people. It is reported that the public can access the service via public telephone lines, the drop in service, a web site or by making a referral via other council staff. The overall objective is to provide support to individuals to help them maximise their benefit entitlement. The unit has reviewed its practice with the stated intention to resolve issues by giving timely and accurate advice thus negating the need for staff to provide representation at a later stage. This potentially empowers people to manage their financial affairs independently and in confidence. However in such cases the unit is not subsequently able to verify the financial gains for individuals. During the year detailed advice was provided to over 500 people and general advice to over 3,500 with £718,000 verified gains.

The council operates a multi agency approach with regard to safeguarding with the aim of treating people with **dignity and respect**. The council continues to report that stakeholders are represented at a senior level on the Adults Safeguarding Board. During the year the council reported that the revised Wirral Multi-Agency Safeguarding Adults Policy and Guidance had been ratified by the Safeguarding Adults Partnership Board. A review was also undertaken of the safeguarding arrangements. Members from the Older People's Parliament and the Direct Payments Group together with the Cabinet Lead were involved in the work of the review team. A number of recommendations were made by the group and an action plan is to be implemented during 2009-10. During the year the number of safeguarding referrals, at 1,099, was similar to 2007-08. The rate of referrals however was higher than in comparator councils and the national average. The number of referrals that were initiated by partner agencies was higher than in comparator councils, this perhaps being an indication of better awareness levels. During the year performance on completing cases deteriorated significantly. The level of performance raises issues about the speed of response to the needs of people who find themselves in a potentially abusive situation and, as the council has recognised, suggests that additional resources are required to ensure work is dealt with in a timely way

The council reports that 554 members of staff received basic safeguarding training during the year with 55% of all relevant staff receiving necessary training. Performance was below the planned figure for the year. The council should seek to reassure itself that staff training is leading to improved outcomes for people and that any identified learning needs are promptly addressed.

Evidence of progress against the dignity in care agenda is limited. The council reports an intention to develop joint initiatives with social care and community nursing teams to promote dignity in care during 2009-10. It is an important priority to ensure that people who are dependent on others for all aspects of their care

have their stated needs and wishes respected in a timely way regardless of where they live. This is an area for further monitoring and review during 2009-10.

## **Outcome 1: Improved health and well-being**

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**The council is performing Well**

### **What the council does well:**

- The provision of accessible & targeted public information to help people to understand how to stay healthy and maintain their emotional well-being
- A Health Inequalities Plan is in place with appropriate national and local targets
- The use of the Home Assessment and Reablement Team to enable people to be independent
- Promotion of healthy eating within the borough

### **What the council needs to do to improve:**

- To finalise and implement the Communication and Marketing Strategy and monitor its impact
- To continue to work in partnership with health to ensure effective discharge planning and information is in place for older people
- To progress planned work to commission a community based Neurological Rehabilitation Service
- To continue to progress work to demonstrate a reduction in health inequalities within the borough
- To demonstrate effective end of life services are in place

## **Outcome 2: Improved quality of life**

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**The council is performing Well**

### **What the council does well:**

- The level of progress in helping people to remain at home by the continued development of community services
- Effective use of assistive technology to improve people's quality of life and independence
- The development of the locality model to identify local needs, target services and reduce inequalities
- Work to reduce social inclusion
- Carers' access to assessment, review and services

### **What the council needs to do to improve:**

- To implement the Carers' Strategy
- To develop monitoring systems to collate qualitative information to evidence outcomes for people who use services and their carers
- To continue to review and develop services in line with the Valuing People Now agenda
- To continue to reduce waiting times for major and minor adaptations.

### **Outcome 3: Making a positive contribution**

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**The council is performing** **Well**

**What the council does well:**

- The involvement of people who use services and carers in the development and review of services
- People who use services and carers are supported to take part in community life
- The provision of funding to Voluntary and Community Action Wirral (VCAW) to promote a thriving third sector
- Governance arrangements for the Learning Disability Partnership Board (LDPB) and the Mental Health Local Implementation Team (LIT)

**What the council needs to do to improve:**

- To continue to support the Local Involvement Network.
- To promote voluntary opportunities for carers and people who use services and to further increase the use of volunteers in social care settings
- To develop and implement the Community Engagement Strategy
- To increase engagement with hard to reach and minority groups.

### **Outcome 4: Increased choice and control**

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**The council is performing** **Adequately**

**What the council does well:**

- Timely delivery of assessments and care packages
- Improvements to the range and availability of public information
- Progress on responding to complaints in a timely manner

**What the council needs to do to improve:**

- To continue to increase the usage of self-assessments
- To improve performance on reviews
- To increase the use of self directed support
- To develop an outcome focused monitoring system for advocacy services
- To review and develop out of hours provision

### **Outcome 5: Freedom from discrimination and harassment**

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**The council is performing** **Well**

**What the council does well:**

- Published eligibility criteria in a range of formats

**What the council needs to do to improve:**

- To engage with black and minority ethnic communities to identify barriers to access and provide targeted services to meet their needs
- To continue to work towards Level 3 of the Local Government Equality Standard with a view to attaining 'achieving' status on the Equality Framework for Local Government
- To finalise and implement the Customer Access Strategy

**Outcome 6: Economic well - being**

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**The council is performing** **Well**

**What the council does well:**

- Effective joint protocols with health for continuing health care
- The work of the Welfare Rights Unit in managing debt and maximising income

**What the council needs to do to improve:**

- To progress support, advice and brokerage for the management of self directed support
- To continue to increase the choice and range of employment opportunities that are available within the borough for all people who use services including carers

**Outcome 7: Maintaining personal dignity and respect**

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**The council is performing** **Adequately**

**What the council does well:**

- Its review of safeguarding policy and guidance
- Its targeted campaign to raise public awareness of safeguarding
- The representation from people who use services on the Safeguarding Adults Partnership Board

**What the council needs to do to improve:**

- To ensure the effective and timely completion of all outstanding safeguarding referrals
- To ensure appropriate levels of training for both council and independent sector staff to ensure effective outcomes for people who access the safeguarding system
- To develop the performance management system for safeguarding to ensure data is accurate and timely to inform practice
- To engage members with safeguarding protocols
- To demonstrate capacity and capability to address safeguarding issues

- To implement the action plan arising from the Safeguarding Review
- To progress the dignity in care agenda

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
19<sup>TH</sup> JANUARY 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **TRANSFORMATION OF ADULT SOCIAL SERVICES PERSONAL BUDGETS**

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### ***Executive Summary***

*This report provides information on the progress being made on personal budgets in Wirral. It provides information on the lessons learnt from phase 1 of implementing personal budgets in Wirral and details of phase 2 of implementation. Overview and Scrutiny Committee Members are asked to note the contents of the report and the progress being made on the implementation of personal budgets in Wirral.*

*This item falls within the Social Care and Inclusion portfolio.*

### **1 Introduction**

- 1.1 This report provides information on the progress being made on personal budgets in Wirral. Personal budgets are just one way of approaching the bigger personalisation agenda and form part of a different offer adult social services will deliver to residents in Wirral. This includes the use of assistive technology, rehabilitation and integrated locality working practices. In addition a consultation process about those care services which are provided directly by the Department has recently been completed, which has considered their sustainability in their current form to meet the personalisation agenda.

### **2 Elected member seminar**

- 2.1 A seminar for all elected members was held on 29<sup>th</sup> October 2009 which provided information on personalisation in particular details of self directed support, personal budgets and their impact on future demand for support services.

### **3 Social care reform grant**

- 3.1 It is important to clarify that the money made available by the Department of Health, through the social care reform grant, is to support councils in the transformation of adult social services and not just for the transition to personal budgets. The grant is in addition to the monies provided through the personal social services funding and is specifically for the range of process reengineering, capability and capacity building activities required to design the entire system. In practice, what this means is that by 2011 councils will be expected to have made significant steps towards redesign

and reshaping their adult social care services (in light of their Joint Strategic Needs Assessment), and have core components in place such as:-

- Integrated working with the NHS
- Commissioning Strategies, which maximise choice and control whilst balancing investment in prevention and early intervention.
- Universal information and advice services for all citizens
- Proportionate social care assessments processes
- Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
- Mechanisms to involve family members and other carers
- A framework which ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
- Appropriate safeguarding arrangements
- Effective quality assurance and benchmarking arrangements

3.2 These need to be supported with local market development, a workforce strategy and an approach, which demonstrates effective use of resources, including the delivery of 3% efficiencies year-on-year.

3.3 The grant is paid as follows:

2008-9	2009-10	2010-2011
651,000	1,520,000	1,870,000

3.4 Attached at appendix 1 is the recently jointly published (ADASS, LGA, DH<sup>1</sup>) milestones that are to assist directors, their staff and local stakeholders in moving the transformation agenda forward over the next 18 months. The five areas of change identified are felt to be core to the progress needed through to the end of social care reform grant period in March 2011. The milestones have been built into the department's business plan and transformation programme.

## 4 Progress on personal budgets

### Background

4.1 The Governments commitment to date has been to pilot individual budgets<sup>2</sup> in 13 local areas. This was set out in the Health White Paper

<sup>1</sup> Association of Directors of Adult Social Services, Local Government Association, Department of Health

<sup>2</sup> Individual budgets bring together a variety of income streams from different agencies including Independent Living Fund, Continuing/Joint Health Care, Community Care, Access to Work or Supporting People funding to provide a sum for an individual, who has control over the way it is spent to meet his or her support needs. A personal budget is an allocation of money that is purely from social care funding sources and used to purchase support from the public, private or voluntary sector. In Wirral's pilot phase one has been testing out the use of personal budgets.

'Our health, Our Care, Our Say'. In addition, local authorities were being encouraged during 2006/2007 to give people greater choice and control of the services they use.

- 4.2 The central idea behind the individual budgets concept is to place the person who is supported, or provided with services, at the centre of the process. They should have the power to decide the nature of their own support. The concept builds on the successful features of direct payments and other initiatives to develop self directed care.
- 4.3 The Government's commitment was made in a number of policy documents the most recent being the commitment to the transformation of adult social care through initiatives such as individual budgets and self directed support was reinforced within the social care concordat "Putting People First". This landmark protocol seeks to set out and support the Government's commitment to independent living for all adults.

#### National individual budgets pilots

- 4.4 13 pilot sites across the country have been testing out individual budgets and new ways of ensuring people who use social care services are enabled to self assess, have a better understanding of how resources are allocated to meet people's outcomes and have greater flexibility in using resources to meet individuals outcomes, needs and priorities.
- 4.5 The evaluation found that individual budgets were generally welcomed by individuals because they gave people more choice and control over their lives, but there were variations in outcomes between groups.
- 4.6 To simplify implementation, most pilot sites started by offering individual budgets to only one group – typically people with learning disabilities or physical / sensory disabilities. By the end of the pilot period all sites were offering individual budgets to a wider range of groups.
- 4.7 Across the 13 pilot sites individual budgets were piloted with older people, working age adults with physical, sensory and or learning disabilities, people with mental health problems and young people in transition to adult services. 959 people were included in the 13 pilot sites. The evaluation report can be accessed at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089505](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505)

#### Wirral personal budgets project – phase 1

- 4.8 Wirral's Personal Budgets project (phase 1) commenced on 26th January 2009. 17 people from mental health, learning disabilities, physical disabilities and older people from across 11 wards in Wirral were chosen to be part of phase 1. These people had approached the department and expressed a wish to be considered and were from the outset prepared to share the learning as part of the project.

4.9 The project was developed based on the knowledge from the 13 national pilot sites. The objectives of the project in Wirral were set out as follows:-

- To test out and learn from systems developed and to reflect, monitor and evaluate the process before further implementation
- Identify and work on cases piloting personal budgets
- To work in partnership within localities, researching and developing local services and opportunities for individuals in Wirral
- To promote Wirral's personal budgets system and processes within the Council and members of the community
- To share the findings of the evaluation process with professionals and members of the community and remain open and transparent about what has been learned during the process

4.10 The project was to run for 6 months and was extended by a further 3 months due to refining arrangements for the design of a suitable resource allocation system, the means by which money would be allocated to individuals against their presenting needs. All local authorities are having similar challenges with the development of an appropriate resource allocation system. Phase 1 of Wirral's project is due to reach completion at the end of October 2009 and a final evaluation report is available. (Appendix 2)

4.11 The evaluation report of phase 1 is attached at appendix 2 and some lessons learnt to date are as follows:-

- The support planning process puts people in control of their lives and has generated creative ideas and solutions for meeting support needs
- Close working relationships with people who use services and carers is essential to ensure appropriate, proportionate assessment takes place. The evaluation shows that all participants have been willing to work together to develop processes and systems that can be understood by all involved
- Significant investment is needed to help guide staff through new processes and mindset changes
- Testing the resource allocation system is challenging as the only costs to test against are existing cost of care packages and the resource allocation system and new processes are different which makes comparison challenging
- Valuable feedback was given from people who use services and carers and therefore several amendments have been made such as separating the individuals assessment from the carers assessment for resource allocation and use of plain English language

#### Wirral's personal budget project – phase 2

4.12 The evaluation and options for phase 2 of the personal budgets project have been discussed at the department's Personal Budgets Steering Group and the department's Transformation Programme Board. These

groups agreed the recommendations in the report. In addition the group recommended to the Strategic Leadership Team on its preferred option for Wirral's personal budgets phase 2 project. The Strategic Leadership Team considered the report and presented findings from phase 1 to Cabinet.

- 4.13 On 15<sup>th</sup> October 2009 Cabinet agreed that phase 2 of Wirral's personal budget project be tested on a minimum of 10% of people receiving community based services. This would give a more realistic and statistically valid assessment of the impact of the resource allocation system on the budget and test if processes and systems are workable on a wider cohort of individuals. A statistically valid sample could therefore be in the region of 200 people.
- 4.14 In additional on 9<sup>th</sup> December 2009 Cabinet agreed that phase 2 of the project is extended to include:-
- 4.15 **All adults with learning disabilities**, across Wirral. This fits in with the progress needing to be made in transforming learning disability services, in accordance with Valuing People Now and will include transition. People with learning disability and families are eager to move to receiving personal budgets. Members will be aware that personal budgets originally started in learning disability service areas.
- 4.16 **All adults recovering from a Stroke across** Wirral, this proposal builds on the exciting work being taken forward across Wirral, in Partnership with the Stroke Association, and builds on the development of the Stroke pathway. Cabinet will also be aware that NHS-Wirral have made a significant additional investment in Stroke services to include a 24 hour a day hospital service.
- 4.17 **One locality area (Birkenhead)**. The merits of focussing phase 2 of the project on one locality area were assessed. The main advantages of this would ensure that:-
- consistent approaches are undertaken by all staff in one locality. A lesson learnt from phase 1 was that staff faced challenges working with two systems; new processes and existing
  - new ways of working are applied to the entire customer journey not parts of it
  - new ways of working and processes will be a model which will then be applied across other localities
  - the department can work with Public Health and take forward an evaluation of the impact of personal budgets on the health and wellbeing of people
- 4.18 The merits of which locality should be included in phase 2 were discussed. Agreement reached that Birkenhead locality would benefit most from being the chosen locality to be included in phase 2. The main reasons being:-
- Wallasey locality is already piloting integrated working through the Wirral Integrated Services Programme (WISP)

- Bebington and West Wirral locality have newly appointed senior staff, who are together addressing a range of important matters and are not yet in a position to take forward the extra demands
  - Birkenhead locality has significant issues of deprivation and health inequalities and it was considered that work on implementing personal budgets earlier may have a greater impact for people in this locality
  - Birkenhead locality and adults with learning disability teams are located in the same building which assists in taking forward the design of new processes
  - Birkenhead locality and adults with learning disability teams are managed by the same principal manager which will assist with the cultural change process
- 4.19 It is important to recognise that by focussing on adults with learning disability, stroke and Birkenhead locality would not preclude others across the Borough accessing personal budgets if they wish to do so.
- 4.20 Phase 2 of Wirral's personal budget project will run until July 2010. The intention for phase 3 would be to roll out the new system and processes from August 2010.

## **5 Financial Implications**

- 5.1 Indications from the pilot sites across the country evidenced that people who use services were making more efficient and effective use of their budget than may have been the case under current arrangements but no significant increase or decrease of expenditure has been reported to date.
- 5.2 The development of a robust resource allocation system (RAS) needs to ensure that individual / personal budgets and self directed support will be delivered within the current funding envelope. There is a risk to the budget if the RAS allocates more resources than people currently use, or would have used if they are previously unknown to Adult Social Services. The latter will be difficult to measure as the new self directed assessment process is not geared to work out what people might have received as 'commissioned services' under the old arrangements and therefore it is difficult to compare 'like with like'. It is perfectly feasible that some people who currently receive complex support packages at significant cost to the Council will, in the future, opt for a Personal Budget which may result in being of a much lower value. The extent of this will depend on the development of the marketplace and peoples' confidence in it to meet their support needs. This transition needs to be considered alongside that of the emerging strategy for in-house care services and the new shape of contracted support being developed in 2010. Equally there will be people at the other extreme who might qualify for a Personal Budget greater than the value of their existing or potential support package. Both scenarios are expected as a result of this transformation and members are advised that the compensating variances may take some time to reach equilibrium. Phase 2 of the project will test this and transitional arrangements will be put in place.

## **6 Staffing Implications**

- 6.1 There will be an impact on the role and function for the social care workforce. Indications from Wirral's phase 1 project show that heavy investment in staff is required to support them with adapting to this radical change.
- 6.2 During the project process there has been a focus on workforce development to enable those providing services to have access to resources to develop the skills, knowledge and ability to provide universal information, advice and advocacy services across sectors. The workforce will need to be re-modelled so that less time is spent on traditional assessment and more time on support planning, brokerage and advocacy. Skills and roles will need to be developed so the workforce are comfortable to advise on decision making and managing risk and enabled to meet person centred-needs through co-production and, where appropriate, integrated working arrangements.
- 6.3 A workforce strategy is being developed to support staff through this major transformational change in both health and social care and bring with this an awareness of the benefits and likely impact that personal budgets and self directed support will have on services and more specifically their role.
- 6.4 The Department has developed an appropriate learning and development programme to support staff in these new ways of working. A training needs analysis will assist us in identifying training and support on the following areas: resource allocation system, support planning, support brokerage, training for providers, developing referral routes, process and pathways, guidance on practice, self directed assessment, positive risk taking, health and safety, links to safeguarding, consent, mental capacity act, risk enablement, on going monitoring of support plans, guidance on restrictions and parameters within support planning.
- 6.5 The Department in partnership with Open University has successfully bid for Employer Learning, Development and Accreditation Solutions (ELDAS) funding to co-create a distance learning course around the personalisation agenda. The programme of learning and assessment (both academic and vocational) provides a unique opportunity for the department to make an active contribution to the development and delivery of a qualification that leads to the continuing professional development of health and social care staff, provides one component of a post-graduate or post-qualifying award and credit rating/accreditation that sits on the Qualifications and Credit Framework.

## **7 Equal Opportunities Implications/Health Impact Assessment**

- 7.1 Phase 1 was subject to equality impact assessments to ensure that vulnerable people and those from minority groups are not adversely affected by the implementation of personal budgets and self directed support. Phase 2 will also be subject to equality impact assessments.

## **8 Community Safety Implications**

- 8.1 Personal budgets and self directed support provides a more holistic approach to addressing an individual's need. By empowering individuals to take control of their support package it is likely that they will be able to identify more clearly issues which concern them about their own safety within the community. A process of managing risk is currently being developed.

## **9 Local Agenda 21 Implications**

- 9.1 There are no local Agenda 21 implications.

## **10 Planning Implications**

- 10.1 There are no planning issues from this report

## **11 Anti Poverty Implications**

- 11.1 There are no direct anti poverty implications from this report.

## **12 Social Inclusion Implications**

- 12.1 Personal budgets and self directed support enables people to be eligible for a range of funding streams, greater control and choice over their personal budget. In general people benefiting from these developments are likely to be amongst the most socially excluded in society. As a result, they will have more active participation in their support arrangements and enhance their status with providers.

## **13 Local Member Support Implications**

- 13.1 Personal budgets and self directed support has Wirral wide implications.

## **14 Background Papers**

Department of Adult Social Services Personal Budget Steering Group report 'Personal Budgets Implementation Proposal'. 16<sup>th</sup> December 2008.

Department of Health (2008), *Evaluation of the Individual Budgets pilot programme: final report*,

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089505](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505)

Department of Health (2008), *Transforming Social Care*,

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH\\_081934](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934)

Cabinet report 15 October

[http://wir06metrognome.admin.ad.wirral.gov.uk/Published/C00000121/M00000730/\\$\\$ADocPackPublic.pdf](http://wir06metrognome.admin.ad.wirral.gov.uk/Published/C00000121/M00000730/$$ADocPackPublic.pdf)



Cabinet report 9 December

[http://wir06metrognome.admin.ad.wirral.gov.uk/Published/C00000121/M0000733/\\$\\$ADocPackPublic.pdf](http://wir06metrognome.admin.ad.wirral.gov.uk/Published/C00000121/M0000733/$$ADocPackPublic.pdf)

## **15 Recommendations**

That:-

Overview and Scrutiny Committee Members note the contents of this report and the current progress of implementing personal budgets in Wirral.

**JOHN WEBB**

**Director of Adult Social Services**

Name – Francesca Tomlin

Title – Principal Manager – Reform Unit

ext no - 5140

Date 4<sup>th</sup> January 2010

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# Putting People First

## Transforming Adult Social Care

### PROGRESS MEASURES FOR THE DELIVERY OF TRANSFORMING ADULT SOCIAL CARE SERVICES

1. In December 2007, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) joined with a range of other agencies and six Government Ministers to sign the vision for adult social care laid out in Putting People First. Over the last 18 months, we have been working closely with these partners to support the delivery of this vision.
  
2. In April 2009, the Adult Social Care Reform Grant was allocated to Councils to enable us to start to deliver the vision. LAC (DH) (2009) 1 laid out the changes that were expected to be delivered using the Grant. It lays out in Paragraph 15 a number of aspects of the transformation:
  - Integrated working with the NHS
  - Commissioning Strategies, which maximise choice and control whilst balancing investment in prevention and early intervention.
  - Universal information and advice services for all citizens
  - Proportionate social care assessments processes
  - Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
  - Mechanisms to involve family members and other carers
  - A framework which ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
  - Appropriate safeguarding arrangements
  - Effective quality assurance and benchmarking arrangements

These need to be supported with local market development, a workforce strategy and an approach, which demonstrates effective use of resources, including the delivery of 3% efficiencies year-on-year.
  
3. In March of this year, ADASS and LGA undertook a survey of members to examine how progress was being made to deliver these key objectives. The findings overall were very encouraging but they did show a discrepancy between those councils who were making substantial progress and others who were just starting on the change processes.
  
4. In order to support the process of change ADASS and LGA have worked in partnership with DH and other key stakeholders (including the Care Quality Commission - CQC) to establish a set of milestones against which we can

judge progress. All the key stakeholders involved in the delivery of the Transformation of Adult Social Care have accepted these. We hope that every council will also be able to adopt these areas as their key priorities for the period up to 2010 and by April 2011 (the end of the grant). We expect that setting these milestones will serve as a strong foundation upon which a longer-term framework for progress can be developed.

5. The DH have agreed with ADASS and the LGA that there a 5 key priorities during this first phase of transformation (by April 2011):

- That the transformation of adult social care has been developed in partnership with existing service users (both public and private), their carers and other citizens who are interested in these services.
- That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process.
- That partners are investing in cost effective preventative interventions, which reduce the demand for social care and health services.
- That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.
- That service users are experiencing a broadening of choice and improvement in quality of care and support service supply, built upon involvement of key stakeholders (Councils, Primary Care Trusts, service users, providers, 3rd sector organisations etc), that can meet the aspirations of all local people (whether council or self-funded) wanting to procure social care services.

6. In order to measure progress at key stages we have identified the following milestones:

	<b>April 2010</b>	<b>October 2010</b>	<b>April 2011</b>
<b>Effective partnerships with People using services, carers and other local citizens</b>	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. <b>[By Dec 2009]</b></p> <p>That users and carers are involved with and regularly consulted about</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>	<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. <b>(By December 2010)</b></p>

	the councils plans for transformation of adult social care.		
<b>Self-directed support and personal budgets</b>	That every council has introduced personal budgets, which are being used by existing or new service users/ carers. *	That all <b>new</b> service users / carers (with assessed need for ongoing support) are offered a personal budget.  That all service users whose care plans are subject to review are offered a personal budget. **	That at least 30% of eligible service users/carers have a personal budget.
<b>Prevention and cost effective services</b>	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings.  There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
<b>Information and advice</b>	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
<b>Local commissioning</b>	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.  These commissioning strategies take account of the priorities identified through their JSNAs.	That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.  An increase in the range of service choice is evident.  That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.	That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

\* *The ADASS/LGA survey showed 8% was already the national average in March 09 (although it also suggested that the majority of authorities were below this average). It is believed that Councils should have reached a 10% minimum target by March 2010, if they are going to guarantee the 30% target for 2011; the survey itself indicated that only around 20 authorities were not expecting to have reached a 10% level by March 2010.*

\*\* *Given the expectation that service users receive reviews at least annually, this milestone may in itself drive an allocation of PBs in excess of the 30% target for April 2011.*

7. The following current key performance indicators may afford a wider context in which to judge progress. The data from these indicators will not be available until after the end of each year.

- NI 125 – achieving independence through rehab/intermediate care
- NI 130 – the proportion of eligible service users with a direct payment and/or a personal budget
- NI 134 – number of emergency bed days
- NI 139 – people over 65 who say that receive information, assistance and support to live independently at home.
- NI 145 – settled accommodation for adults with learning disabilities
- NI 146 – employment for adults with learning disabilities
- NI 149 – settled accommodation for adults with mental health problems
- NI150 – employment for adults with mental health problems

8. It is recognised that the Transformation of Adult Social Care cannot take place without the full engagement:

- of all service users.
- of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.
- of Primary Care Trusts and the wider health community.
- And leadership of local politicians
- of all parts of local councils and of other key strategic partners.
- And the support of regional and national programmes.

9. In order to achieve the transformation the following issues will need to have been addressed:

- A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks.
- Clarity of the business models that will need to be adapted to support the transformation.
- Financial systems, which support the delivery of personal budgets.
- A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones.
- Business cases, which track the new investments, and disinvestments that will be required to support the change.

- A workforce strategy that supports the transformation.
10. We intend that local councils will use these milestones to help self-assess on their progress, inform their business planning and inform investment decisions. These milestones will also enable all stakeholders to judge progress on the delivery of PPF transformation.

The Department of Health (through the National TASC Programme and the Deputy Regional Directors) intend to use these milestones to support progress on delivery and to assist ensuring that national/regional resources are invested to offer the best support to local areas.

The Care Quality Commission will consider (subject to their usual consultation process) use of and further development of these milestones for the 2010/11 and 2011/12 years to assist them in making consistent judgements in order to contribute to the Comprehensive Area Assessment. Both CQC and the DH will consult with stakeholders on how future progress will be measured and what may be required from councils.



**Jenny Owen**  
President  
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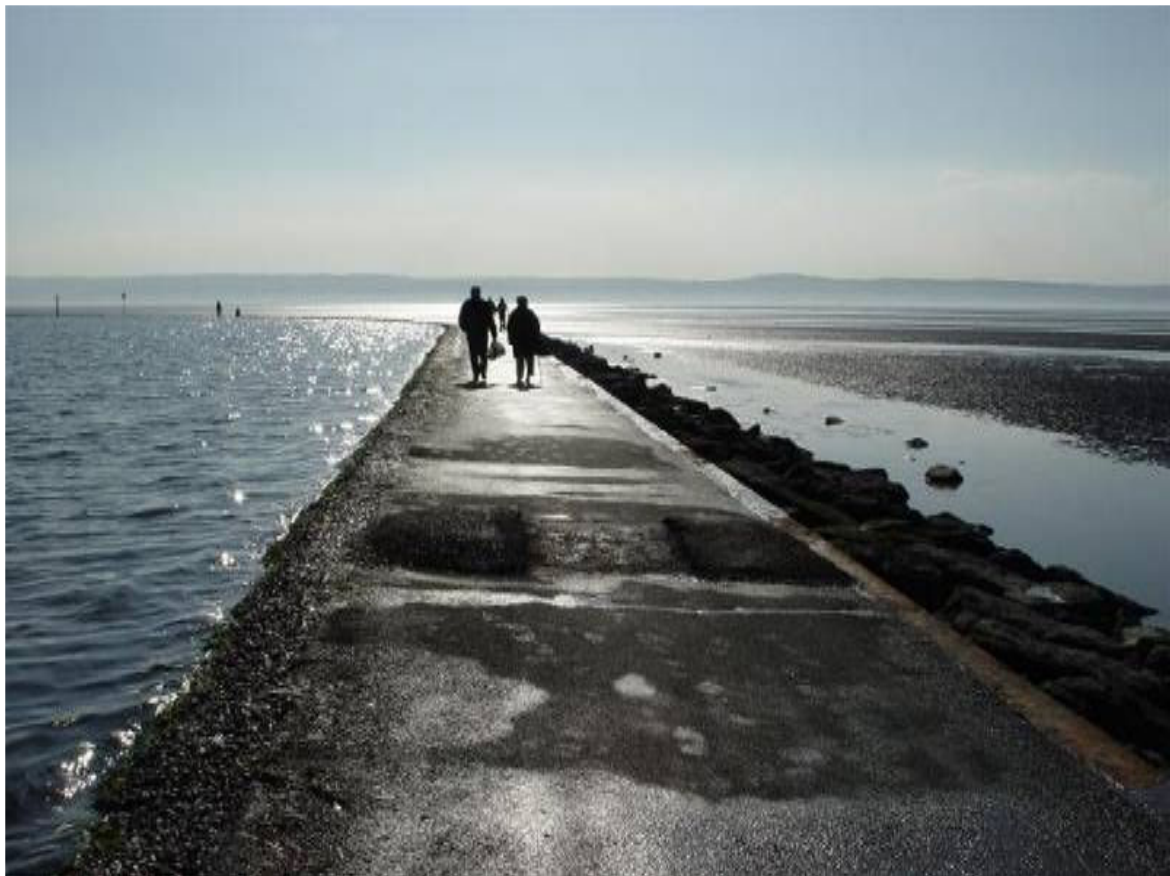
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Published: 9<sup>th</sup> September 2009

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# Personal Budgets Pilot 2009 Evaluation for Wirral



## 1. Executive Summary

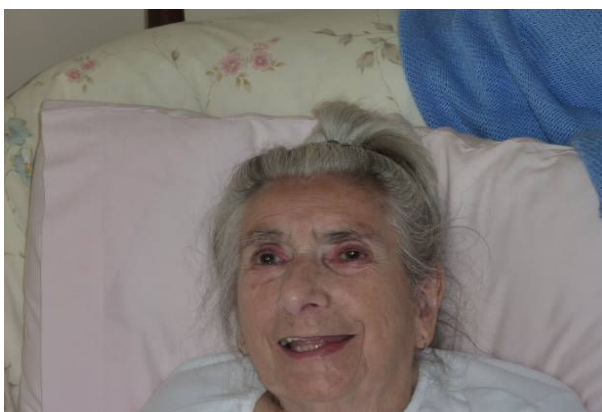
This report presents the evaluation of Wirral Council's Personal Budgets pilot. The purpose of the evaluation was to record the effectiveness of the processes and documentation, views and experiences of people who use services, carer's, staff and identified others related to the pilot.

The specific aims of the evaluation were to:

- Evaluate whether and to what extent people who use services are engaged in Wirral Council Personal Budgets Pilot
- Identify other barriers affecting the promotion of Personal Budgets
- Identify issues in the documentation
- Identify issues in the processes
- Evaluate the general views of those involved in the Personal Budgets Pilot.

### Acknowledgement

We would like to take this opportunity to thank all those involved in phase 1 of the personal budgets pilot especially those people who use services and carers who chose to embark on this journey with us



## 1.1 Introduction

Before we discuss the personal budget evaluation it would be beneficial to briefly discuss some of the reasons why Wirral Metropolitan Borough Council is committed to the transformation of social care.

We are advised that self-directed support (or 'SDS') and the roll-out of the Personalisation agenda reflects a fundamental change in the way we understand the relationship between the individual and the state. We are about to leave over four centuries of the Poor Law behind (1563), discard the 'us-and-them' culture that defines disabled people as 'other', and recognise the common autonomy of self-determining citizens.

A typical current process for admission to state provided social care in Wirral is as follows:

Wirral, as other Local Authorities have adopted a criterion based on the 'Fair Access to Care Services' (FACS) guidance as to the level of severity of need that entitles someone to be considered as a potential individual. This governs entry at the front door. Care Managers use the Local Authority prescribed forms and procedures to gather relevant information and conduct a fuller assessment of the person's needs, once they are seen as meeting the 'entry' criterion. 'Needs' tend to be understood as the catalogue of tasks that are to be carried out in order to attend to the person's safety and wellbeing, so as to reduce the risk of harm resulting from physical, mental, or cognitive impairments. The Care Manager will draw up a Care Plan identifying the relevant tasks, allocating time to them and costing that time. The usual product is a weekly schedule of specified interventions. This Care Plan is subject to approval or amendment by a budget-holding manager.

The person is (or should be) offered Direct Payments commensurate with the level of assessed needs, so that they can make their own arrangements for meeting them. Those not taking Direct Payments, which is still the great majority, will be offered services arranged by the Department. These are likely to be provided by domiciliary care agencies and similar providers who have a contract with Wirral Metropolitan Borough Council.

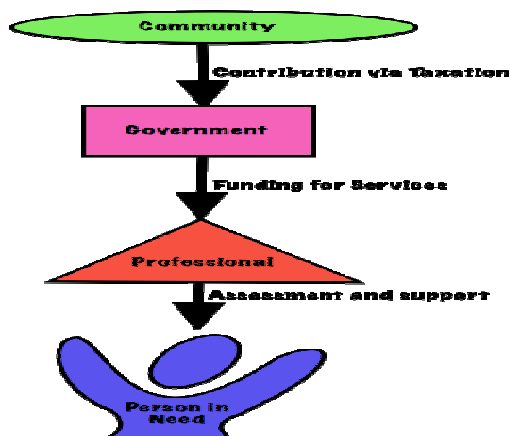
The defining characteristics of this sequence of steps are that:

It is based on a 'task-and-time' assessment, and the allocation of money follows the specification of the tasks. The shopping list is first drawn up, and then the cost is calculated.

The issues with this process and personalisation are that:

***It is top-down.***

Research has suggested that historically emphasis is on 'state-provided' services, which can lead to a sense of individuals lacking control in their lives and processes have tended to be governed by the application by professionals of procedures, practices, and principles determined by their employers and managers. This can in turn put professionals in a very powerful position in relation to the prospective individual, who may not have much, if any, say in what questions are asked and what actions are proposed.



***It is service-led.***

A large proportion of the LA's resources are invested in buildings, staff, and Contracts for services. Many of these contracts will be for a high volume of activities or facilities deemed to be suitable for classes of prospective individuals. Consequently, an assessment is less a question of asking 'What do you need?' than that of asking 'What have we got that you can have some of?'

***It is prescriptive.***

In the face of a high level of demand, resources are rationed by limiting the list of jobs that the Local Authority will agree to pay for, generally with an emphasis on certain 'personal care' tasks. This reinforces the power of the Local Authority, and of the staff that interprets the Local Authority's policies

in practice, in defining what shall be considered as a 'need' by reference to the tasks it has decided to fund.

***It is unbalanced***

Someone whose own understanding of their needs doesn't sit comfortably with the Local Authority's definitions, for example because they don't put the same emphasis on 'personal care' is likely to be seen as less eligible for a service response. Also the way money is distributed across different care groups has been largely determined by historical spending patterns. Consequently, the amount available for a younger person with physical or cognitive impairments is likely to be far higher than the amount spent on an older person, although the severity of the latter's disability may be no different.

***It is expensive.***

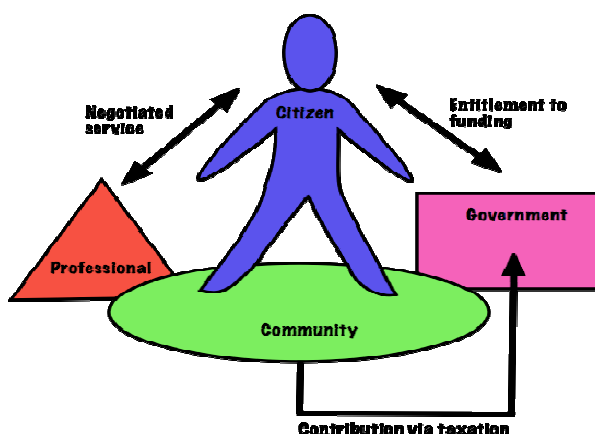
Nationally, Local Authority's tend to be committed to systems that carry high overhead costs, and to be tied into particular forms of contractual relationships that don't seem to have generated a great deal of innovation and

flexibility. Local authorities are paying a lot of money for activities that do little to address the 'us-and-them' nature of the relationship between disabled people and the wider community. Congregation and segregation activities characterising earlier institutional models of social care provision still exist across the Nation.

### **Public Expectations**

People have increasing opportunities and expectations of what constitutes an acceptable quality of life. Demography will take over; there will be far more people enjoying older age with the expectation of remaining in control of their lives.

### **Self Directed Support**



Self directed support comes from a very different place to traditional assessments in that the individual is the starting place as opposed to the services available. This comes from the belief that individuals and their families are the experts when it comes to what they want and need for their support. Self directed support is designed to help the individual be in control of their support and enable them to have a flexible service designed specifically to them.

In Wirral a self directed assessment document has been created with the support of people who use services, carers social workers and health colleagues. The emphasis of the

assessment is to ensure it does not express needs as an inventory of tasks to be done in managing or remedying the effects of a disabling condition. The assessment document, adopts a broad-brush approach to describe the severity of the person's experience of disability. That is the extent to which the person's independence is limited in respect of key areas of ordinary life. The desired outcomes are identified. A vital element at this stage is that the individual and the Local Authority should arrive at an agreement about what should be achieved. That is, what are the beneficial effects on the person's life, that they want, and that the Local Authority can legitimately support?

The assessment is scored using a resource allocation system which creates an indicative budget for the individual based on their level of need. This indicative budget is then communicated to the individual in order for them to begin the support planning process, whether this is on their own, with the support of a family member or friend or with the support of a social care or independent worker.

Self directed support is the driving mechanism of both individual budgets and personal budgets so it is important to understand the difference between an individual budget and personal budget:

**Individual budgets** bring together a variety of income streams from different agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her support needs.

**Personal budgets** as direct payments are an allocation of money that is purely from Social Care funding sources.

### **Other funding streams.**

To include several funding streams would enhance flexibility and choice. However barriers including incompatible eligibility criteria, legal and other constraints on how resources could be used; and poor engagement between central and local

government agencies cause complications and therefore Wirral chose to pilot Personal Budgets and not Individual Budgets. NHS funding was excluded from the National Personal Budgets pilots, despite the prevalence of joint commissioning and service delivery arrangements. Personal Budgets staff were frustrated by this exclusion, which was considered incompatible with holistic Individual budget philosophy. It was felt by staff and personal budget holders that it would be easier and better for individuals to have NHS resources integrated into one budget.

## **2 Policy Contexts**

Current government policy, building on policy initiatives in social care that go back to the NHS and Community Care Act 1990 at least, is continuing to promote individual choice and personalisation. This was articulated in the 2005 Adult Social Care Green Paper 'Independence, Wellbeing and Choice' (DH, 2005) and the pronouncements around adult social care presented in the subsequent White Paper 'Our health, Our care, Our say': a new direction for community services' (DH, 2006).

Indeed, in the Green Paper, the then Secretary of State, John Reid, set out the New Labour Government's ambitions for adults in receipt of social care:

"We want to give individuals and their families and friends greater control over the way in which social care supports their needs. We want to support individuals to live as independently as possible for as long as possible." (Green Paper - John Reid, Foreword, DH, 2005, p. 6)

The White Paper (DH, 2006) further espoused the rhetoric of both choice and voice in social care provision:

*"This White Paper confirms the vision in the Green Paper of high-quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and*

*responsive to individual needs. We will [put] people more in control. We will move towards fitting services round people not people round services. We will give people a stronger voice so that they are the major drivers of service improvement". (DH, 2006, Executive summary Sections 5-12)*

The intention was that social care markets were to be further developed to provide greater choice and that direct payments would be extended to other social care individuals:

In talking to people who use services and to carers, it is clear that direct payments give people that choice and control, and we think that this is a mechanism that should be extended and encouraged where possible. (DH, 2005)

Direct payments have been seen to be beneficial in that they can:

- Empower people to take control of their own support services
- Lead to more responsive services and increased choice and control
- Lead to improved morale and mental/psychological wellbeing
- Lead to a more creative use of resources, which can reduce costs, but certainly ensures better value for money
- Lead to a blurring of the boundary between health and social care
- Enable local authorities to distribute resources more fairly and to avoid some of the challenges that they face when there are no clear criteria for a fair distribution of resources
- Enable local authorities to commission more effectively, using cash-limited sums to create person-centred services in partnerships with individuals, families and service providers
- Enable better strategic planning by local authorities, which can plan for the future and identify significant misallocations of funding in the present system (see Glasby and Littlechild 2002; Duffy S, 2005).

Consequently, in the White Paper, it was proposed not only to extend direct payments but also to introduce another mechanism, Individual Budgets, to empower individuals: *“We will increase the take-up of direct payments by extending their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income-streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People”* (DH, 2006, p. 7). Whilst Gordon Brown (2007) said of the launch of Individual Budgets: *“Support for individuals and families when they need it is of vital importance to all of us. These proposals for personal budgets will allow all those who would benefit from a personal budget to receive one, putting real control into the hands of those in care and their carers, leading to far personal and responsive care.”*

Ivan Lewis, the then Minister for Social Care, has described Individual Budgets as “a revolution in terms of the way we seek to offer services to people in this country in the future. This will be the mainstream of the social care system in this country the radical transformation of social care putting those who use services and their family members in the driving seat, providing control, choice and power. It will transfer power from organisations and professionals to those who use services and their families” (Ivan Lewis, 2007)

These political pronouncements have been followed up by more recent policy announcements, for example Putting People First – A Shared Vision and commitment to the transformation of Adult Social Care (HMG, 2007) and Transforming Social Care (DH, 2008).

Personal Budgets will ensure people receiving public funding use available resources to choose their own support services. (HMG, 2007, p. 2) Government ambition is to put people first so they are

able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, wellbeing and dignity. What this means is that everyone who receives social care support will have choice and control over how that support is delivered. Direct payments and individual budgets are an existing way to foster this transformation in the community. In the future, all individuals eligible for publicly-funded adult social care will have a personal budget. (DH, 2008, pp. 2-5)

There are a number of important principles underpinning Personal Budgets that distinguish them from conventional services, Direct Payments and In Control.

These principles include:

- A greater role for self assessment
- Greater opportunities for self definition of needs and desired outcomes
- Increased opportunities for individuals to determine for themselves how they want those outcomes to be achieved
- A transparent Resource Allocation System giving individuals a clear cash or notional sum for them to use on their support package
- An opportunity for individuals to exercise choice and control should they choose to manage a cash budget and the opportunity to budget in a way that best suits their own particular requirements
- The opportunity to bring together a variety of different streams of support and/or funding from more than one agency, e.g. Supporting People, Independent Living Fund, Community Care Grant, Continuing/Joint Health Care or Access to Work
- Support from a broker or advocate, family or friend, as the individual desires.

### ***Developing Personal Budgets***

For Personal Budgets to be effective, lessons from previous and current

attempts to implement direct payments will need to be learnt. This includes:

- Develop skills training and support in book keeping, employment law
- Develop and manage social care markets effectively
- Commission social care effectively
- Develop effective partnership working
- Develop an understanding and raise the profile of personal budgets amongst individuals, carers, families, purchasers, providers, and social care professionals more generally
- Overcome various barriers including the attitude of certain local authorities and social care professionals
- Promote outcomes focused social care
- Ensure people who use services and carers are empowered
- Ensure that real choice is provided.
- It is worth reflecting on what and how Personal Budget processes were developed in Wirral.

## **2.1 Development of the Self Directed Assessment Document**

Extensive research took place reviewing a number of other Authorities assessment forms. The majority of documents were client group specific. A working party including people who used services and carers helped develop the assessment document for the pilot. Testing the assessment document during the pilot resulted in comments and suggestions from project staff, people who use services and carers, which aided further improvement. The Self Directed Assessment Document remains a work in progress and a Wirral Joint Self Directed Assessment with Health colleagues has been agreed.

## **2.2 Developing the Resource Allocation System (RAS)**

The Resource Allocation System within Wirral was developed using other Local

Authority models that were part of the original Government Individual Budget pilot. A number of versions were adapted and tested, however due to them not being generic enough they did not compliment Wirral's Personal Budget Pilot. Work continued on around the resource allocation system and using Wirral's self directed assessment we managed to create a generic system.

The Self Directed Assessment is broken into 9 sections;

- 1 -Carrying out personal care
- 2 -Eating and Drinking (Nutritional Needs)
- 3 -Practical Aspects of Daily Living
- 4 -Carrying out Day to Day Tasks of Being a Parent
- 5 -Relationships and Social Inclusion
- 6 -Being Part of the Community
- 7 -Staying Safe
- 8 -Reactions to Self and Others
- 9 – Carers information and assessment

The self directed assessment (SDA) was tested and adapted following comments and suggestions from the pilot participants. Points were attached to each question and after completion of the SDA an indicative budget (monetary amount) was calculated for the individual. Carer's needs were also identified and points were allocated to the carers section with a result in both the individual and the carer receiving a personal budget in their own right. This new resource allocation system was tested and implemented for Wirral's Personal Budgets Pilot.

## ***Financial Evaluation***

An initial financial evaluation has been undertaken of Phase 1 of the Personal Budget Pilot. Of the 16 people in the pilot 5 were new to the Department and did not have a 'traditional' care package in place. For the purposes of the evaluation it has been assumed that their previous care package costs would have been equivalent to the current weekly costs under a Personal Budget (PB).

The evaluation has identified the following:

- The PB allocation for 7 people (including the carer's allocation) is higher than their current traditional care package cost.
- The PB allocation is lower for 4 people than their 'traditional' care package cost.
- 5 are new to the service and 'traditional' costs are assumed to be the same as the PB allocation.
- 1 of the 5 new to the Department was not eligible for a PB.
- 11 of the 16 people in the Pilot are currently receiving their PB allocation.
- 4 have chosen to continue to receive 'traditional' services. These are the 4 whose PB allocation is less than the cost of their current care package.
- The lowest allocation (excluding the carer's element) is £150.94 and the highest is £380.62, which is the maximum allocation.
- The Pilot has identified potential efficiencies of £1,328 per week if all 16 people in the Pilot decided to receive a PB.
- However 4 have chosen to continue with their existing services the Department is incurring additional costs of £659 per week.
- This pilot data can not be applied broadly and the resource allocation system will be further tested as part of phase 2 of the pilot

### **2.3 Support Planning**

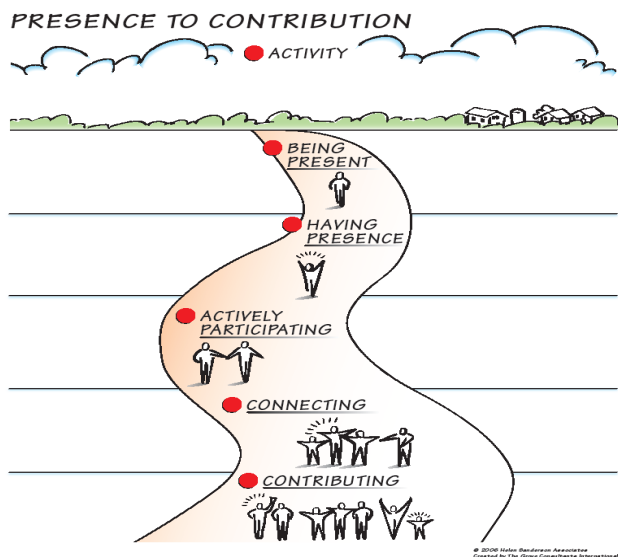
A support plan is the means by which necessary information is presented to a local council in order to agree to release funds as a personal budget. It is a way of highlighting the lifestyle choices of individuals, rooted firmly in what works for them as an individual, and demonstrates in practical terms how they will spend their budget in order to achieve their aims. In this way, the support plan reflects the decisions made by the

individual, supported by those whom they have chosen to assist them in this planning, if anyone. Wirral Personal Budget Pilot has invested significantly in support planning as a key process within self-directed support. Practice has changed significantly from the traditional care plan and there are many positive stories to be told by people who have directed their own supports. The task of developing a support plan can and does in many areas, serve two key purposes:

- A person centred and directed process that explores what's important to the person, explores the possibilities within their life and how support can be organised and created to enable them to live their chosen lifestyle
- Providing a proposal of how the person is choosing to spend their personal budget in meeting their support needs and the outcomes they hope to gain from using their budget in this way.

The pilot process encouraged support plans to reference the outcomes and domains in the self directed assessment if an individual has identified them as areas where they need support (as well as any other outcomes the individual considers to be personally important). Personal outcomes are the things that a person wants to achieve or change in their life, as a direct result of being able to get the support that they need. These may be quite different for different people.





## 2.4 Enablement Process (Safety and Risk Meeting)

*“Risk is defined as the uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. The risk has to be assessed in respect of the combination of the likelihood of something happening, and the impact which arises if it does actually happen.”*

It has been suggested by people who use services to rename the Enablement Process to a Safety and Risk Meeting. It is felt this will allay fears of many older carers about risk taking. We all take risk which is an inevitable consequence of people making decisions about their lives. The council have an enablement policy and process which was developed during the pilot which highlights the arrangements that the Council will put in place to address complex risk situations in which there are different views held between an individual, family carers or professionals. This policy covers the most common risks:-

Risks to the individual – including safeguarding or POVA issues

Risks to paid carers, whether employed by Local Authority, agencies or an individual.

Risks to the public infrastructure or organisational risks arising from service

or facilities issues, including third party providers or partners.

Market risks: risks arising from local market conditions affecting the quality or availability of services

Environmental risks: e.g. severe weather, public health or pollution issues subject to emergency planning

Financial and Budgetary risks arising from the availability and allocation of resources, fraud or theft

Legal and Regulatory risks: including the legality of items in a support plan or compliance with legislation

Reputational risks: issues that could affect the public reputation of the organisation

The policy and process works in conjunction with Wirral multi-agency Safeguarding Adults procedures and guidelines which are already in place.

## 3. METHODOLOGY

- Prior to the Pilot, Wirral formed seven work streams looking at specific areas of development in preparation for the pilot launch in January 09. The work streams reported to the Steering Group, members included users of services, voluntary sector, Health, Social Services children and adult, regeneration and corporate. The work streams focussed on the following areas:
- Market Management – stimulating the market in terms of identifying future commissioning needs for those with Personal Budget’s
- Resource Allocation System/Self Assessment Questionnaire – developing robust systems that are fit for purpose
- Finance – developing a financial framework to support people in receipt of personal budgets
- Practice and Development – identifying and changing cultures both

internally and externally to the Council and developing training to address these areas

- Communication – looking at how communication can be embedded into the individual budgets process to all stakeholders. Focusing on developing publicity, information and community links
- Performance Management – focusing on how the take up of Personal Budget's are reflected against key performance indicators

### 3.1 The Study in Context - The Sample

In Wirral it was decided that the pilot for Personal Budgets would be across all areas of need not specifically with one or another. 20 individuals volunteered to be part of the pilot. The volunteers covered all age ranges and specialities including: physical disabilities, mental health, learning disabilities and older people's services. The participants were also from all over Wirral as opposed to one specific locality. Some had used services before; some were on direct payments and others had not received a service prior to the pilot. Unfortunately one volunteer passed away before the pilot began, and two withdrew due to personal reasons. Therefore the pilot was embarked upon with 18 participants on 26<sup>th</sup> January 2009.

Out of the eighteen people, three people had previous involvement in the work streams.

Professional social care staff identified to work with the pilot individuals worked in various teams in the Department of Adult Social Services. Social Workers, care Managers, Occupational Therapist and Community Mental Health Nurse. They were allocated one or two pilot candidates alongside their other daily duties. Workers were supported by their Team Managers, the Reform Unit Team Manager and Administrative Co-ordinator.

The pilot was overseen by a Lead Officer who reports to the Principle Manager, the Transformation Board and the Personal Budget's steering group. Reform Unit members are involved in a number of Personalisation and Transformation action groups within Wirral, and other Authorities, which are valuable in helping Wirral, shape its Personal Budget agenda.

### **Personal Budgets Pilot**

#### **Participant data**

<b>Gender</b>	Male – 6
	Female – 11
<b>Ethnic origin</b>	White British – 16
	Chinese – 1
<b>Living arrangements</b>	Supported Living – 2,
	With Family – 6,
	Owner Occupier – 6
	Residential Care – 1
	Social Housing – 2,
<b>Parenting/caring responsibilities</b>	Parent – 3
<b>Location</b>	2 – Bromborough Ward, Cllr Bob Moon/ Steve Niblock/Alan Taylor
	2 – Oxtton Ward Cllr Stuart Kelly/Paula Southwood/Pat Williams
	3 – Upton ward Cllr Tom Anderson/John George/Tony Smith
	1 – New Brighton ward, Cllr Bill Duffy/Tony Pritchard/Sue Taylor
	1 – Bidston & St James Ward, Cllr Jim Crabtree/Ann McLachlan/ Harry Smith
	2 – Prenton ward Cllr Ann Bridson/Frank Doyle/Simon Holbrook
	1 – Rock Ferry Ward

	Cllr Bill Davies/Moira McLaughlin/Chris Meaden
	3 – Pensby & Thingwall ward Cllr Sarah Quinn/Mike Redfearn/Bob Wilkins
	2 – Birkenhead and Tranmere ward Cllr Phil Davies/Brian Kenny/Jean Stapleton
<b>Age</b>	65+ - 3
	45 to 65 – 6
	25 to 45 – 4
	18 to 25 – 4
<b>Team</b>	Mental Health – 1
	Learning disabilities – 5
	Older People – 2
	Access – 3
	Physical Disabilities – 5
	OT – 1
<b>Status</b>	On review – 5
	Active – 7
	New referrals – 3
	Unknown – 2
<b>In receipt of direct payments</b>	Yes – 3
	No – 14
<b>Named carer on Swift</b>	Yes – 11
	No – 6

### 3.2 Methods used

The focus of the evaluation was upon collecting people's thoughts and experiences of the pilot process. Linked to this was a fundamental wish to empower individuals and their carers to tell their own stories.

Effective communication in the project relied on information and communication techniques that were responsive to individuals' and adapted to the abilities of the individuals involved.

A personalisation awareness presentation and a pilot process explanation information pack which included easy read documents was delivered to the

individuals and their carers in their homes by the Reform Manager. A Department of Health DVD Living Your Life, Your Way was also left with the candidate.

Professional care staff were identified and assigned to individuals on the Pilot. Two of the professional care workers had previous involvement with the individuals prior to the Pilot. All the workers attended a personalisation awareness presentation, were given the information pack and operational guidance.



It was identified that three of the individuals on the pilot had previous issues with the department which had lead to complaints. It was important that although the individuals and/or the carer's may have wanted to revisit past issues, the focus of the meeting was to be on the Pilot.

All candidates were fully involved in the personal budget pilot process. Two candidates were independent throughout the process and chose not seek support. Five candidates and one carer sought support from advocates. All candidates apart from the two independent candidates were supported by their carers and family members.

Individuals and their carers were given contact numbers for the Reform Unit. A daily contact and activity log was compiled by the members of the Reform Unit.

An extensive Personalisation Awareness program has been rolled out to all DASS staff, NHS Wirral workers, 3<sup>rd</sup> sector

members, people who use services and carer forums and groups.

Support planning training was commissioned from Helen Sanderson Associates and offered to:

Heads of Services, Principal Managers, Team Managers, Professional care workers, Reform Unit members linked to the pilot, individuals on the pilot their carer's, support workers and advocates.

### **3.3 Support planning techniques**

A variety of methods were used by candidates and their supporters in the development of their support plans

- Group support planning training
- Use of a computer
- PowerPoint presentations to tell individual stories
- Individual crafts, photography and artwork
- Creative writing

In practice, very few individuals had started to gather data and it was recognised that many would need more formal support in place. The project staff had backgrounds in social work, occupational therapist, person centred planning and community based work which has a strong emphasis not only on empowerment but also in the use of practical activities to enable individuals to achieve their potential. During the initial interviews the project staff determined not only how people preferred to communicate but also their hobbies and interests. Since many of the individuals found it difficult to think in terms of abstract concepts it was felt that offering the opportunity for people to tell their stories in a concrete way using support planning techniques provided by the In Control web site and Helen Sanderson Associates would make the experience more enjoyable. Some of the hobbies and interests identified included using computers, photography and arts and crafts. Individuals were offered the

chance to tell their stories and gather their data using these media. The methods that were utilised during the project included:

The use of both individual techniques and group work enabled project staff to gather both individual and shared meaning. Where individuals had little or no speech the project team were reliant upon the carers or family members to provide a narrative interpreting the differences that having an individual budget had made to the individuals' lives.

### **3.4 Data analysis**

Data from the project needed to be converted to text based material. Much of the work undertaken by the individuals was quite concrete – whilst it was meaningful to the individual who had produced it, it required contextualising quotations to enable the meaning to be conveyed to a wider audience. The formats chosen by the individual for collection of data meant that, in practice, analysis of emerging themes occurred during contact between individual and project staff member. Tentative ideas for themes for the individual stories were explored. Themes were incorporated into PowerPoint presentations and artwork in the form of key contextualising quotations. Data that was collected in the form of photographs, craft and art work was supported by the individual's explanation of meaning, and by carers/relatives contributions in the case of individuals with limited formal communication.

### **3.5 Dissemination of data**

Project staff worked with individuals on dissemination of material for various forums. The form of dissemination was determined by the individuals themselves and included, art, life stories and power-point presentations. Individuals had the option to remain anonymous or to have their name and work recognised. Not all individuals chose to participate.

### 3.6 Reflection

Throughout the pilot the project staffs were extremely aware that there was the potential for them inadvertently to influence individuals during their interactions. Individuals and carers were encourage to access the services of advocates or representative of choice, the Project Team Manager having a background in empowering individuals was present in assessment and support planning meetings to try to ensure that such influence was minimised.

### 3.7 Research findings – Some qualifications

Narrative is a device that is frequently used in both research and practice to help us understand individuals and their experiences (Patton 2005, Kielhofner 2002). It considers information in terms of a story – with characters, plots and developing chapters. The characters in the emerging stories on this project included the individuals themselves, their carers, family and members of staff from the council. A number of pilot candidates had complex storylines, but an overarching theme throughout the project was that of individuals entering a new chapter in their life stories.

At times, the personal budget was clearly central to altering the course of a participant's life story – at others it was one of a number of storyline threads that were woven together. Each good story has a plot – the underlying storyline within the research could be seen as one of individuals striving to develop and maximise their abilities and quality of life, utilising the personal budget in whole or part to achieve this end. Sometimes the individual themselves recognised the untapped potential, on other occasions it was family or carers or professionals, but on the whole there was a drive for people to become more than they currently were.

## 4. The Evaluation

As already stated, the project team had been commissioned to evaluate the impact of the Personal Budgets Pilot in relation to five areas. These were:

- Evaluate whether and to what extent people who use services are engaged in Wirral Council Personal Budgets Pilot
- Identify other barriers effecting the promotion of Personal Budgets
- Identify issues in the documentation
- Identify issues in the processes
- Evaluate the general views of those involved in the Personal Budgets Pilot.

### 4.1 Evaluating whether and to what extent individuals are engaged in Wirral MBC Personal Budgets scheme

There was one overarching theme that came out when considering whether and to what extent individuals are engaged in Wirral MBC Council's Personal Budgets Pilot scheme and that was whether or not person-centred, flexible service provision had been developed as part of the Personal Budgets Pilot. The evaluation did identify individual engagement in a number of ways:

#### **Individuals having choice and autonomy**

Individuals being able to grow and develop their independence

Individuals being able to have their needs met in ways that they want.

A key part of the Personal Budgets Pilot is to move to an outcomes based approach to social care. There was evidence of this being achieved from some of the responses from individuals and others:

## **Michelle**



Michelle had a brain injury at the age of eight, although she is physically able she is extremely vulnerable. She needs to be reminded constantly to carry out simple daily tasks. For example; taking her medication, how to react to others, completing personal and domestic tasks. Michelle's non physical disability has created difficulties for her actual needs to be communicated effectively during Local Authority and Health assessments.

Michelle's father is her and her grandmother's carer. He found Local Authority and health systems, frustrating, unhelpful and challenging.



*"The Personal Budget pilot has allowed Michelle's and my needs and aspirations, to be understood in a way that a traditional assessment would not allow. In the past*

*Michelle's ability to perform tasks would be the main focus of an assessment and the risk and consequences of doing the task would not be considered."* (Don)

## **Choice and autonomy**

Related to being able to set the agenda is the promotion of individual choice and autonomy. Whilst some individuals did not specifically articulate the need for a person-centred service, this requirement was implicit in their discussions regarding choice and autonomy over activities undertaken. However, individuals and

carer's did state clearly how the personal budget enabled person-centred service provision:

## **Lesley**

Has severe learning and communication disabilities, she also has mobility problems. During the ninety's, Lesley attended Local authority day services, however she could not cope. Her anxieties caused her to become very ill, this resulted in her G.P. recommending she no longer attend the service.

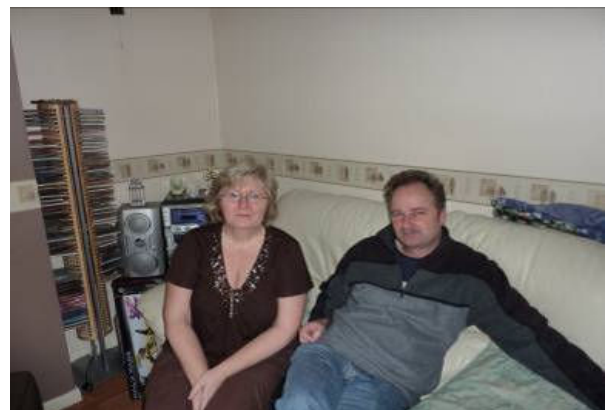
There were no other options of support suggested for Lesley at that time.

Lesley's sister Pam has been her sole carer for over 5 years. Lesley does not do well with different people in her life. Lesley's personal budget has been flexible in gradual and emergency support planning and structured enough to help deal with her relationship issues.

*"The Personal Budget gives us the flexibility to use the resources we have as and when we need them"* (Lesley and Pam)

Others indicate how Personal Budgets have enabled them to have greater choice and autonomy, whether that is over simple things like exercising choice like when to have a shower:

## **Wendy**



*"When I was initially offered services I had to be supported to have a shower when the agency could provide support. Now I can organise support to have a shower when it's best for me".*

Wendy is a wife and mother of 3 boys who all have learning disabilities of varying degrees. She collapsed at work in 2007. It was discovered that she had ME and stress related brain bleeds. Wendy has difficulties balancing, and tends to have regular falls. These conditions have changed her life dramatically.

Mornings are Wendy's greatest challenge. She needs supervision showering; she is unable to wash her own hair or dry parts of her body. She has extreme difficulties in doing simple tasks such as preparing a meal or going shopping.

Sadly she is no longer able to look after her children as well as she used to. She felt guilty and anxious that she couldn't pick the youngest up from school.

The children took on tasks to help look after her, for example helping her to dry her feet and back after a shower.

Her husband who works full time is the family's main carer; he had to give up his social commitments and a large amount of rest time.

Prior to her personal budget Wendy was assessed and prescribed a timed based service. Due to her unpredictable illness, such a service was too restrictive and a waste of time.

Wendy's personal budget has allowed her to plan her support around her daily needs, she has friends she is able to call upon in case of an emergency, instead of paying them she can say thank you by giving them a (for example) cinema or theatre ticket.

Wendy employs a personal assistant who lives nearby. Mutually they work out support needed and times required.

She is now able to go to pick her son up from school. She now plans family meals and grocery shops, and she is also able to have her hair washed more than once a week.

By employing their own personal assistant (PA), an individual will be able to determine how their needs can be met in such a way as to promote general well being.

### ***Choice and Independence***

Another key part of individuals' engagement in the Personal Budgets Pilot is the extent to which personal budgets facilitate greater choice and independence. A step in that direction is where individuals are in a position to grow and develop as an individual rather than simply receiving good care.

Because personal budgets provided flexibility in terms of both approach and timing of service provision, individuals' needs were being met in ways that they wanted - such that individuals were then able to live 'meaningful lives':

*"I felt during the self directed assessment I was considered as a whole person and not as someone who needs to just survive" (individual)*

Individuals indicated that they were now able to do things as an individual rather than as part of a group which also meant that they were able to do more things for themselves:

Christina lives with her mum and dad she has a learning disability, Sturge Weber syndrome and life threatening epilepsy. Participant 15 has full-time support needs and can not be left unattended, her mother is her main carer, she receives Direct Payments, employs personal assistant to help her in her home and in the community. Christina takes 4 short breaks per year. She attends Wirral Met College with a personal assistant who attends with her they travel to and from college via Local Authority transport

The family were keen to explore long term options for Christina to move into a supported living scheme something which they have tried to pursue but have always been denied by DASS. Christina's mother would like to return to paid employment.

Christina's personal budget has put her in the centre of the process; she has changed previous activities which have had a positive impact on her health. The move forward for supported living has begun.

*"The personal budgets process has enabled me to do things as an individual rather than do everything as a group". (individual)*

### **Meeting individuals' needs in the way that individuals want**

A key ambition of personalised care is to ensure that individuals' needs are met in ways that they want, rather than in the way that the purchaser or provider is willing to meet them. There was evidence of individuals being able to meet their needs in a manner that they wanted. For example, having a flexible budget allowed monies to be accrued and used to provide support in new ways:

#### **Christina**

Lives with her mum and dad she has a learning disability, Sturge Weber syndrome and life threatening epilepsy. Christina has full-time support needs and can not be left unattended, her mother is her main carer, she receives Direct Payments, employs personal assistant to help her in her home and in the community. Christina takes 4 short breaks per year. Christina attends Wirral Met College with a personal assistant who attends with her they travel to and from college via Local Authority transport

The family were keen to explore long term options for Christina to move into a supported living scheme something which they have tried to pursue with no success. Christina's mother would like to return to paid employment.

Christina's personal budget has put her in the centre of the process; she has changed previous activities which have had a positive impact on her health. The move forward for supported living has begun.

*"The budget is flexible. When Christina is at home, I provide a lot of the day to day care so we can accrue the money to allow [her] to go out socially with professional support workers" (mum)*

*"My client seems to be coming on in leaps and bounds now that he has a personal budget" (Social Worker)*

Personal Budgets enabled individuals to have flexibility in how they chose to have their needs met, for example by altering the hours used per week on particular activities:

*"For example Lesley does not always go out for the same number of hours every week – her social life can not always be predicted!" (Pam)*

Generally, the 17 individuals and families / carers engaged in the Personal Budgets Pilot felt that they were engaged in the process. However, there was frustration and confusion over delays in the resource allocation system being agreed and the time between the start of the pilot to the date indicative budgets were communicated.

*"The process of getting a Personal Budget has been hard at times because waiting to find out if I had got it caused a lot of anxiety for me and my family. But having it has helped me to become more independent" (individual)*

### **Identify barriers to individual participation**

Individuals and carers were supportive of the Personal Budgets initiative and that there had been real achievements with the Pilot. However, there were and are a number of barriers identified that have hindered the successful implementation of personal budgets. For the future, in order for personal budgets to be rolled out further across social care in Wirral we would recommend that the following eight broad areas need addressing:

- The varied levels of knowledge and awareness of what Personal Budgets are



- The process of getting a personal budget can be slow and stressful
- Finding and recruiting your own staff can be a problem
- Being an employer
- Pay levels for personal assistants
- Lack of skills in managing budgets
- Inflexible provision
- Professionals' capacity to change their roles.

It is recognised that many of these barriers are not unique to the Personal Budgets Pilot but are ones familiar to policy makers and analysts, individuals, social care professionals and managers who have been involved in promoting and delivering person-centred social care.

### **Knowledge of what Personal Budgets**

Participants on the pilot had limited understanding of what a personal budget was. This varied level of awareness and knowledge was not limited solely to individuals or their carers and families. Some professional staff responsible for assessment and arranging care packages also had only a limited appreciation of the Personal Budgets. Even at the support planning stage of the personal budget process there was often confusion over what the budget was and how exactly it worked. Even so, all individuals and carers were aware either that they had been spoken to about the budget or that changes were occurring in their lives

*"I have been told about personal budgets but I don't really know what it means.....I know that I have recently been able to make changes in my life"*  
**(individual)**

It is important to note that for individuals accessing other funding streams added to the complexity. Individuals who had previously accessed the direct payments system were confused about the differences between the two systems:

*"I'm not too sure what the difference is between personal budgets and direct payments"* **(carer)**

There were and are number of issues related to the challenges both of going through a self directed assessment and then of managing the budget.

*"The process of getting a Personal Budget can be slow, frustrating and stressful"*

**(individual)**

The self directed assessment itself was generally not perceived to be too stressful – a range of views were expressed with some individuals enjoying the opportunity to have a broader view taken of their support needs, whilst others felt some of the questions were a little intrusive. The main areas of concern were around the time taken for the indicative budget to be allocated following the initial assessment and the difficulties of implementing and managing the budget.

*"Waiting to be told if I have a personal budget has been frustrating and stressful, it has affected my health and I have chosen to withdraw from the pilot"* May09  
**(individual)**

*"Not knowing what was going to happen next in the pilot made me feel I was letting my client down"* **(Social Worker)**

*"Due to accessible social housing it was not the right time for my daughter to benefit from a personal budget however we have a clearer picture of how our daughters needs can be met in the near future."* **(Parents)**

*"We have been in receipt of direct payments, personal support arrangements have to be very structured, budget creativity was very limited. The personal budget was less than the direct payment we chose to remain with the direct payment."* **(family member)**

Some participants noted that having a personal budget was not a problem:

*"Our experience of the Personal Budget is not as hard as I thought it was going to be with support it is manageable and flexible"* **(carer)**

The majority of participants found at least some elements of the process frustrating and stressful.

It was noted that the project team had been very helpful in trying to sort through the process:

*“It has been a slow and at times stressful and frustrating, however when I needed support it was always available by the project staff” (individual, carer)*

Some individuals did comment that they had waited or were waiting several months for their Personal Budget to be activated. Even so, the difficulties experienced by individuals with the process of being awarded a personal budget and then waiting for the budget to arrive was seen to be worth it in the end

### ***Finding and recruiting your own staff can be a problem***

Whilst individuals and carers alike appreciated the opportunity to have flexibility in terms of staff provision, some found the actual process of finding and recruiting the right person was difficult. A number of support plan outcomes were put on hold whilst support staff, were sought. Problems identified included individuals not knowing where or from whom they could find out about the availability of care staff/personal assistants, the lack of personal assistant registers in Wirral, providers not being prepared for the delivery of outcome focused services.

*“We’ve got the finance in place to finance a carer, actually, finding one is very difficult”. (Carer)*

*“I would have expected the Council to have a personal assistant register” (Carer)*

Potential solutions suggested by the individuals themselves included the setting up of a database of available care staff.

### ***Being an employer***

Some people were concerned about becoming an employer. All individuals

and carers were offered support from the Councils direct payments team and Wired payroll service. The majority of people decided to take up the services offered.

### ***Pay levels for personal assistants***

Concerns were expressed by individuals about the low level of pay a personal budget holder could offer a personal assistant, they were concerned pay levels may effect the recruitment of personal assistants and the likely hood of them finding better paid positions affecting the consistency of the delivery of care.

*“My mother has complex needs and has difficulty in developing relationships it is important she has continuity in her life”. (Family)*

### ***Social Care Staff’ capacity to change their role***

Some individuals felt that professionals were unprepared for the change in their role and the extra time the process would take them. Social Care Staff were going through a number transformation changes and expected to work the traditional and the personal budget process alongside each other. Some staff didn’t feel competent in the personal budget process; however they were positive in accepting families as competent administrators of personal budgets:

*“Personal Budgets are going to take more time than traditional packages of care” (Social Worker)*

### ***Ongoing work***

For Individual and Personal Budgets to be effective, specific tasks need to be implemented. Wirral have started to make progress in addressing some of the issues however recognises ongoing work is needed:

Develop and manage social care markets effectively. In order to do this communication between the LA and providers, 3<sup>rd</sup> sector colleagues and voluntary organisations will needs to continue. This will be in a number of

forms including; updated presentations, discussion groups, working groups, focus groups etc. It is our aim to involve individual case studies in the promotion in order for providers to get a view from their customers.

### ***Commission social care effectively***

Work is to be completed on outcome focused contracts. This is in order to prevent us from being prescriptive and in turn the providers adhering to these contracts from dictating to individuals what they can purchase, when and for how long. We need to move away from an hour's based contract to a contract that helps the individual achieve their outcomes

### ***Develop effective partnership working***

In order for personalisation to truly work effective partnership working is essential. A joint self directed assessment document has been created and information sharing protocols have been developed in order for health and social care colleagues to work coherently together to support the individual to meet their outcomes. Providers have been included in training around personalisation with health and social care workers. Effective partnership working will enable professionals and providers to support the individual to the best of their ability without the individual feeling they are being over assessed and being asked the same questions by numerous different people.

### ***Raising the Profile of Personal Budgets***

Personalisation awareness sessions have been provided to social care, health care and providers have been invited and have attended. The training department are keeping a record of those who have attended and we plan to roll further awareness sessions out to the wider public in the near future in order for potential and existing people who use services and their carers, health workers, social care workers and providers to be

fully informed about personalisation. Work is in progress in the streamlining of process and documentation to make them more personalised. Work is in progress in the development of the market place.

### ***Further Pilot information and how people spent their money***

One person taking part in the pilot did not meet the fair access to care criteria, the person was sign posted to other services including pensions and credits, occupational equipment services.

All candidates were assessed for assistive technology; a person is piloting a new piece of technology.

Two candidates have chosen to mix their personal budget with in-house care services.

There is a delay in the implementation of personal budgets for the three candidates in supported living and residential situations. This is due to the way the original service was set initially set up and the adapted social housing available.

In Wirral we were pleased to see that people on the personal budgets pilot were keen to use their money for things to improve their lives that were not traditional services.

Some of the ways in which people have spent their money are listed below.

- Portable air conditioning unit and maintenance
- Washing machine maintenance (carer)
- Hire of a wheelchair friendly car to enable an individual to go on holiday with her daughter rather than go into a respite facility
- Payment to help carer with their photography hobby.
- Payment to enable carer to have massage to relieve their stress.
- Entrance fees to attractions for carer so that individual could go to places if interest.

- Entrance fees to local club to enable individual to socialise with others
- Payment for travel and lodgings in Scotland to enable individual to see family who live there.
- Payment for live in carer
- Delivery fees for internet shopping and fresh grocery delivery
- Purchase of a comfortable disability friendly seat for the garden to enable the individual to spend time outside
- Personal trainer/gym subscription
- Acupuncture
- Employment of personal assistants
- Costs of using a payroll service

### **Evaluation statistics**

These statistics have been collated following the completion of evaluation forms by pilot participants, their carers and social care workers involved in the pilot.

The first set of questions focussed on how easy participants felt Wirral had made it for them to access information and advice.

75% of people felt that Wirral had made it easy for them to find out about personal budgets and complete their self directed assessment.

50% of people felt that Wirral had made it easy for them to complete their support plans, be at the centre of their support and get the support they wanted. 75% of people felt that Wirral had made it simple for them to access their personal budget.

#### **What is your PB spent on:**

Short breaks	25 %
Leisure activities	50%
Holiday	50 %
Transport public or Taxis	50%
Using a car	12.5%
Some one to help you in your house	37.5%
Personal assistants	62.5%
Family members to help	37.5%
Friends to help	37.5%

At the stage of evaluation none of the personal budget pilot participants had been receiving their personal budgets for 12 months and so it was difficult to gauge how their personal budget had affected their health 25% said that at this stage it had made a difference

37.5% of people felt safer in their home as a result of their personal budget and 25% felt safer whilst outside. 12.5% of people felt less safe at home as a result of their personal budget.

87.5% of people said that a personal budget had made a difference to the total amount of money they received and 75% felt that their personal budget had given them more control and increased their social life.

As people had not been receiving their personal budgets for 12 months it was difficult for them to identify which areas of their life it had, had significant impact on however 75% of people said that it had changed what they did during the week, at weekends and during the evening and 62.5% of people said it had changed who supported them.

83.3% of carers said that the personal budget had increased their ability to continue caring and 66.7% said that it had, had a positive affect on their physical and mental wellbeing along with a positive affect on their quality of life

We also asked the social care workers involved in the pilot to complete an evaluation form and the results are below.

100% of them felt that personal budgets would have a positive impact on people's lives, would help them to plan creatively and also help them to get the right amount of people to support them.

100% of them also felt that a personal budget helped them to support people to take control of their lives and also helped them to support people to develop support that was tailored to the individuals needs.

83.3% of social care workers felt that they were not very confident in supporting

individuals to complete support plans and felt that this was an area that needed improving as it was so new to social care.

### **Conclusions**

Some conclusions from implementing phase 1 of Personal Budget's in Wirral were:

- New processes were outcome focussed and pilot candidates reported that the new process achieved their desired outcomes and was more holistic than previous experiences
- Some pilot candidates reported that they lacked confidence around managing employees and money and needed extra support with these issues
- Problems occurred running two systems; new personalised processes and existing processes and caused some confusion for staff
- Some of the paperwork used as part of phase 1 requires amendment. In particular that paperwork and systems used to monitor the use of personal budgets, support planning guidance and reviewing paperwork. For example as part of phase 1 Direct Payments procedures for the allocation of funds was used and there was no specific documentation for the Personal Budgets process
- The development of the RAS is complicated and comparison of the RAS with existing costs of care packages is difficult as the new personalised approach to personal budgets is so different to existing processes
- Although training and support was provided staff required this support was under estimated. Far more extensive support is required to understand new processes and cultural changes in attitude to promote self directed support

### **Recommendations**

Having considered the evaluation report of Phase 1 of the personal budget project a number of recommendations emerge to be taken forward as part of phase 2:

- Update processes, procedures and paperwork using feedback from phase 1 in particular a focus on support planning, monitoring of money being spent and reviewing. In particular to develop a documented framework and guidance developed and as to how money can be used and for direct payments procedures to be amended to reflect the use of personal budgets
- Update information provided to people on employing staff and managing money from feedback from candidates and with people who use services and carers
- Refresh training and development plan for support to staff with enhanced support in place around support planning guidance, self directed support, positive risk taking, support brokerage, health and safety and safeguarding
- Focus phase 2 on a specific team to provide consistency of leadership and peer support
- Continue to develop a system to compare the Resource Allocation System.

### **Christina**

**“Personal budgets have made me feel valued as an individual”**



**“Thank You”**

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE :  
19<sup>TH</sup> JANUARY 2010

JOINT REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES AND THE  
DIRECTOR OF CHILDREN AND YOUNG PEOPLE'S DEPARTMENT

## **DEVELOPMENT OF TRANSITION SERVICE**

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### ***Executive Summary***

*This report provides proposals to develop a Transitions Team with staff co-located from Childrens and Adult Services, as a further step to improving the experience of young people with disabilities as they move from children services into adult services. It is proposed that the new team will take social care casework responsibility from the age of 16 and support joint planning from the age of 14. It is proposed that the teams are drawn together as of 1<sup>st</sup> of January 2010 at Westminster House. In the following 3 month period, a more detailed Service Development plan will be developed, which all confirms the team's working relationship with Connexions and other key parties.*

*This item falls within the Social Care and Inclusion portfolio.*

### **1 Background**

- 1.1 Transition has been highlighted as an area of concern by the Government over a number of years. Transition will always be a time which provokes anxieties for young people and parents due to the fact that it involves changes in expectations of services and the people who will offer support. There are differences regarding the eligibility of people for services due to the different legislation under which services for children and adults are provided. Without effective transition processes, there is the potential for difficulties to arise as expectations of families exceed the skills and resources available.
- 1.2 Valuing People Now (2008) recommended that each local area has a multi-agency transition strategy. The guidance defines disabled children as including young people with special educational needs in its broadest terms as those young people who receive support at a school action and action plus level besides those in receipt of a statement. Transition Guidance was produced on behalf of the Government by the Council for Disabled Children in 2008. (Department of Children, Schools and Families/Department of Health transition guides : *(A transition guide for all services and Transition: Moving on Well.)*)
- 1.3 The National Transition Support Team currently monitor how the Council and NHS Wirral are working together to improve multi agency working, on behalf of the Government. In January 2009 we completed a Transition Self

Assessment Questionnaire; which has been further refined to extend expectations of partnership working and engagement with parents and young people; with a requirement to resubmit in December 2009. It is evident that for disabled young people and their families to experience positive support during transition a wide range of agencies, departments and processes need to work together effectively. The Self Assessment Questionnaire aims to capture a snapshot of how agencies, processes and systems work together at a specific point in time in a local area. Self Assessment Questionnaire 2 will identify progress made in the 10 months of Year 2 of the Transition Support Programme and will determine the revised level of targeted support that will be provided to local areas in the final year of the programme.

- 1.4 The Council and partners were required to submit its Transition Development Plan as evidence of its commitment to service improvement. The National Transition Support Team have identified 5 focus areas, which should shape our planning :
  - Participation of disabled young people and their families.
  - Effectiveness of personalised approaches.
  - Joint assessments processes within children's trusts and adult services.
  - Realistic post 16 opportunities for living life.
  - Strategic joint partnership working.
- 1.5 A new protocol was launched in April 2008 between Children and Adult Services to improve Transition arrangements; this followed extensive discussion with all agencies working with young people in transition and consultation with young people and their families. As part of the improved planning an Operational Group was developed to meet monthly; tasked with ensuring young people are being tracked through transition effectively. The success of which has led to being able to report significantly improved performance within the Annual Performance Assessment.
- 1.6 A second "Your Future, Your Choice" information event was arranged in October, with close co-operation between staff from Social Inclusion and Social Care branches of the Council, Learning Skills Council, Connexions and NHS Wirral. The materials produced for the event have been extended to form an information pack for use by young people, carers and professionals and are available on the I-choose Wirral website. Further work is clearly required on a cross agency basis to provide for a stepped improvement in the provision of information.
- 1.7 The service development proposals included in this paper are a first step towards a more integrated model and looks to provide social care support for young people with Learning Difficulties at this time. The longer term vision is for a Transitions Team made up of personnel from Children and Young People's Department, Department of Adult Social Services, Connexions and Health with input from Benefits Advisors, Housing and Employment sited within the new build Special Needs College on the



Twelve Quays campus. In the longer term it is envisaged that the Transitions Team will cover 13/14 to 25 years old and will provide support for all young people with Special Educational Needs / Learning Difficulties and Disabilities.

- 1.8 The ambition for the services is to aspire to the best support that enables young people to achieve as independent a life as possible as they move into adulthood.

## **2 Current patterns of activity**

- 2.1 There are currently 29 accommodated or previously accommodated young people with disabilities aged between 16 and 21 years who have a Pathway Plan as directed under the Leaving Care Act and who are allocated a Personal Advisor. These plans are produced at age 16 and reviewed at 6 monthly intervals in conjunction with their Social Worker from either Children and Young People's Department or Department of Adult Social Services. The looked after children population continues to move downwards given the continued investment in shared care and wrap around family support. However this will create the need for Department of Adult Social Services to review its commissioning arrangements to be able to provide more significant community and family based support packages.
- 2.2 There was a total of 24 young people who turned 18 years old in 2008 whose package of care and support were forwarded to Department of Adult Social Services. During 2009 18 young people were referred and accepted; 2010 will see that same number progressed.
- 2.3 There were 9 young people returned from college this July who are Fair Access to Care Services eligible. In July 2010 we are predicting an increase of 7, so that there are 16 young people returning to Wirral from college, with a further 11 in July 2011 and another 11 in July 2012.
- The brokerage project last year redirected 9 people who had been previously been considering out of area placements.
  - In looking at this cohort of young people returning in 2012 there were 4 young people who had no social care involvements, 2 whose specific needs were not able to be met in local college provision, 1 looked after child and potentially 1 other who may have needed to be accommodated.
  - For the 2011 cohort 5 of 11 young people had no social care involvement and 1 was attending an out of borough school
  - In 2010 cohort 8 of 12 young people had no social care involvement, there was 1 looked after young person and 2 others who if they had not gone to college would be likely to have needed to be accommodated due to adverse circumstances

## 2.4 In terms of young people

Aged 14+ there are

- 102 young people
- 14 looked after children

Aged 16+ there are

- 44 young people
- 5 looked after children

- 2.5 It is proposed that the new team should take casework responsibility at the age of 16 and support joint planning from 14.
- 2.6 It is key that the Children with Disabilities Team Manager retain all responsibilities for contacts and referral and assessment to ensure a clear accountability for assessment timescales, management of child protection activity and to ensure a family centred approach in cases where there are elements of family dysfunction and or issues with adolescents. In reviewing referral patterns there are few new referrals post 14 and a degree of stability within support plans is felt achievable by the ages of 15-16 for later referrals.
- 2.7 In considering the more complex young people most cases similarly achieve a degree of stability behaviourally in post adolescence. Most of the services that are vital to create this stability are clustered around the children`s team – the risk is without careful risk management that we may increase the potential for being accommodated.
- 2.8 Cases held by the current Transition workers are 16+. There will need to be a phased transfer of activity into the team – which is should competed in 3-4 week period
- 2.9 Caseloads for workers within Department of Adult Social Services will need to be established and kept under for a similar 3-4 month period. There are currently 84 cases of young people 18+ with the 3 workers identified to join the team.
- 2.10 In relation to our Performance Indicators we are able to report well above 90% of young people have a transition plan that are moving between children and adult services, which evidences increased efforts via the Transitions Operations Group system.
- 2.11 There are a number of areas that need to be developed and a summary of some of the key themes being developed are in Appendix 1 below.

## **3 Service development proposal**

### 3.1 Initial scope of the team

- 3.1.1 It is proposed that the team will provide support to young people and young adults between the ages of 14 and 25. The services provided are to support children in need (and their families) who have severe or substantial disabilities, specifically:

- a severe or profound learning disability
- a severe physical disability
- a substantial degree of visual impairment / moderate and severe hearing loss
- a complex Autistic Spectrum with a Severe Learning Disability
- a complex medical health condition.

3.1.2 Most of these young people will leave school after the age 19 and transfer to the appropriate Adult team in the following year once key transitions are complete in terms of setting up local college provision, work or community based support. The two exceptions to this being where further work is required to

- establish an appropriate accommodation and support package
- setting up local support following completion of an out of borough residential college course

3.1.3 Young people with a complex Autistic Spectrum and Social Communication Disorder are currently being supported by the Children with Disabilities Service, and a further commissioning gap is evident within transition and Adult services for this group of young people which will require separate consideration.

3.1.4 Key priorities for this team / part of the service

- Ensuring each young person who may require adult social care / are Fair Access to Care Services eligible have a support plan to guide them through transition
- Supporting young people in receiving personalised budgets and support
- Ensuring joint funding assessments are completed in a timely fashion
- Identifying commissioning gaps in relation to accommodation, short breaks, college, other services ; to enable this support to be provided within Wirral and Merseyside
- Streamlining assessment processes across agencies – both those within the team and with other external and linked partners
- Ensuring that young people and their families receive good quality information on transition and the role of the team within Transition is well publicised
- Developing a lead professional system to ensure young people and parents are guided smoothly through transition
- Promoting the engagement of young people and parents in the processes of reshaping services
- Ensuring service thresholds and resource allocation are consistent with those within Department of Adult Social Services, and expectations are managed effectively in moving into adult provision.
- Supporting the Transition Strategy Group in the implementation of the Transition Development Plan.
- Support brokerage project and employment projects in developing increased local provision

- 3.1.5 Proposed team membership will include:
- Team Manager
  - Social Workers – 2 from Children and Young People’s Department and 2 from Department of Adult Social Services
  - Support Workers – 1 part time from Children and Young People’s Department and 1 from Department of Adult Social Services
  - Administrative Support – Team Support Officer.- 10 hours support is envisaged
- 3.1.6 The Connexions service is in the final stages of their commissioning process, which should conclude shortly. Meetings have now been arranged to discuss the potential secondment of Connexions staff into this team. There is an in principle commitment to co-location of staff, which will need to be worked out once the service level agreement has been confirmed. The service is likewise committed to ensuring input into the strategic and operational planning for a stepped change across the whole Learning Disabilities agenda; and ensure this ties together at a District / Locality level. Tracking of young people is a clear strength that the service will seek to bring to the wider agenda.
- 3.1.7 The Continuing Care co-ordinator will work closely with the Team Manager in relation to joint funding, future commissioning and support effective health action planning. From a Special Educational Needs perspective the Educational Advisor for Medical and Physical difficulties will similarly support individuals on a case by case basis.
- 3.1.8 Additional Agencies are being consulted for their linked involvement
- Housing
  - Benefits Advice
  - Further Education and Schools input
  - 14-19 team for work experience
  - Employers and Training for employment
- Otherwise links will be maintained with:
- Advocacy
  - Brokerage
  - Enablement – Home Assessment and Reablement Team service
  - Child and Adolescent Mental Health Services 16-19 team
  - Voluntary and Community groups for vulnerable young people
- 3.1.9 It is proposed that the team would be hosted initially within the Adult Learning Disability Service. That this would be reviewed within the first 6 months as the Transition Strategy Group engages with key stakeholders in looking at service development. A Service Plan will be developed which looks to set out team objectives and milestones in moving to a more integrated model.

## 3.2 Professional and Management accountability

- 3.2.1 Initially the Team Manager will be receiving joint supervision from the Service Manager Adult Learning Disability and the Service Manager Children with Disabilities on a monthly basis. Supervision will be provided on a monthly basis using the standard supervision formats shared across Departments. Supervision Audits will be completed in line with new Supervision Procedures in Children's Services.
- 3.2.2 The Team Manager will have a 2 weekly planning meeting with the Service Manager Adult Learning Disability to arrange for case transfers and confirm commissioning decisions initially.
- 3.2.3 Continue attendance at Children with Disabilities management and Department of Adult Social Services Learning Disability Service management team will be planned for on a monthly cycle .
- 3.2.4 Within the first year of the service it is proposed that there will be a Steering Group comprised of the Service Managers from Children and Adults Social Care, and the Team Manager, with key partners. They will report into the new Transition Strategy Group who will make recommendations to the Learning Disability Partnership Board.
- 3.2.5 All cases involving child protection activity and looked after children will remain allocated to a qualified children's worker to ensure clear professional accountability. Any cases involving adult protection activity or statutory mental health assessment will remain allocated to a qualified adult worker to similarly ensure clear professional accountability.
- 3.2.6 Parents will be involved via the Wirral Family Consultation Forum and the Engagement & Involvement Group. Parent representation will be sought to the new Adult Learning Disability Partnership Board and to the new Transition Strategy Group. Parent representatives similarly are engaged within current key strategic groups within the Childrens Trust Board governance arrangements. Further planning will be undertaken with WIRED and via around securing the views of disabled young people via the Engagement & Involvement Group around current transition processes.
- 3.2.7 The team will undertake all assessment activity and care planning after 16 within Department of Adult Social Services formats to facilitate joint working. A key priority for the team will be progressing a lead professional model and developing a joined up approach to assessment – which brings together key information – person centred planning and health action planning.
- 3.2.8 There is no proposal to realign budgets at this time. IT requirements are currently being established for social care partners

#### **4 Financial Implications**

- 4.1 There are no financial implications associated with the proposal to develop the Transitions Team; these are already Children's and Adult Social Services employees who will be co-located in the Westminster House Office. The proposal to co-locate the Team is intended to deliver a joined up service which will improve the efficiency and effectiveness of services for older young people as they transition into adulthood.
- 4.2 Within the Transition programme Wirral received a nominal allocation of £10k in this year. Future allocations depends on performance and this money is used to develop the Transition service. Where further plans are considered to develop and expand the remit of the Transition Team resource implications will be considered and identified at a future date.

#### **5 Staffing Implications**

It is proposed that the Adult Learning Disabilities Service will host the co-located team. Staff from Childrens Social Care will be seconded to the service under a service level agreement for each staff member.

#### **6 Equal Opportunities Implications/Health Impact Assessment**

Social care services are provided to the most vulnerable people in the Borough. Services are provided following a fair and open assessment process and improvements in the transition process will enhance the life opportunities of young people with disabilities.

#### **7 Community Safety Implications**

Social care services assist in managing risks appropriately and therefore enable people to maintain their independence safely within the community.

#### **8 Local Agenda 21 Implications**

None arising from this report.

#### **9 Planning Implications**

None arising from this report.

#### **10 Anti Poverty Implications**

None arising from this report.

#### **11 Social Inclusion Implications**

Improvements in the transition process will ensure that young people's needs to maintain independence and take an appropriate part in their local community are addressed.

## **12 Local Member Support Implications**

People who use social care services live in all parts of the Borough.

## **13 Background Papers**

- **A Transition Guide for all Services** – a view of all the services that need to work together to ensure appropriate support for disabled young people life.
- **Transition: Moving on Well** good practice guide on effective transition from children's to adult services for young people with complex health needs.

Both can be viewed and downloaded from

<http://www.dcsf.gov.uk/everychildmatters/resources-andpractice/IG00322/>.

## **14 Recommendations**

- 14.1 That Overview and Scrutiny Committee note the content of this report, and the formation of a new Transitions Team.
- 14.2 That further discussions are held with Connexions service on joint working arrangements.

**John Webb**  
Director of Adult Social Services

**Howard Cooper**  
Director of Children and Young  
People's Department

**Clive Groves**  
Service Manager, Children with Disability Services

**Peter Tomlin**  
Principal Manager, Department of Adult Social Services

7 January 2010





## Appendix 1 Active work in planning the development of Transitions

	<b>Issue</b>	<b>Considerations</b>
<b>1</b>	<p><b>Ofsted</b>            Within our current planning it will be necessary to ensure full compliance with OFSTED requirements in relation to statutory assessment requirements.</p>	<p>This will shape views on the point of transfer of casework responsibility, which is proposed remains at 16.</p> <p>There will need to be a clear line of accountability in relation to s47 and statutory assessment activity</p>
<b>2</b>	<p><b>Experience</b>            Children with Disability Services have a number of multi agency teams within its current service configuration – including Learning Disability, Child and Adolescent Mental Health Services, Occupational Therapy Service, Social Communication Service – and have developed a number of multi agency models of working.</p>	<p>Co-location only provides the full benefits when different professionals work in proximity.</p> <p>Continued work is required at this time with regards to assessment activity between social care, health and Connexions.</p> <p>Sustained work will be required to ensure that the new team continue to tie into the networks within children services.</p>
<b>3</b>	<p><b>Strategic positioning / Governance</b>            The Core Offer approach in Aiming High for Disabled Children provides the overarching approach to services; Transition forms one of the key strands. This agenda covers the whole Learning Disabilities and Difficulties / Special Educational Needs / Health and not solely Learning Disabilities Services.</p>	<p>The Learning Disability Partnership Board is being reformed and will need to ensure effective links across the whole Transition agenda including Learning Disabilities – Special Educational Needs &amp; Health transitions.</p> <p>The Transition Strategy Group is likewise being reformed currently, to provide a more strategic steer to the programme.</p> <p>Activity at both levels will be essential to provide an underpinning for operational activity, and to ensure more integrated Pathways are developed.</p>
<b>4</b>	<p><b>Planning</b>            Flows from children services at individual and operational levels. Transitions Operational Group has been driven from children` s services to date.</p>	<p>Expectations need to be reshaped which can only be achieved by joined up planning with Connexions, Health and schools</p> <p>Transitions Person centred reviews have been introduced within schools, but will require continued investment.</p>

5	<p><b>Partnerships</b> Progress within the Transition agenda has been made in regards to closer working between services – via Transitional Operational Group, and via the Brokerage project and enhancing information provision.</p>	<p>The marketing communication effort has to date benefitted from significant Learning Skills Council investment, which needs to be broadened across the partnership to be sustainable.</p>
6	<p><b>Personalisation</b> Remains a key agenda in both children and adult services. In children`s services the Aiming High agenda is driving forwards refocusing of short breaks activity to personalise and provide for early intervention. Adult commissioning will of necessity need to link to that in children services.</p>	<p>Childrens services will also need to ensure that Personal Support Planning models being piloted in Department of Adult Social Services are rolled out effectively and link into Personal Budgets.</p> <p>The Transitions Strategy Group has recognised the need for more integrated commissioning activity, which will need to lead by joint commissioning approaches.</p> <p>Increased Adult joint commissioning activity will be required within the framework of the Joint Strategic Needs Assessment; to stimulate the local market in key areas such as college, short breaks, person centred provision.</p>
7	<p><b>Engagement</b> Childrens services have been actively seeking to ensure parents views help to drive service development. The Wirral Family Consultation Forum provides a good base to support service development in the area of Transition.</p>	<p>The Special Educational Needs Parent Partnership services have been recently reconfigured which should also support communication with young people. The service will need to ensure that the distinct voice of young people is recognised as they emerge into adulthood.</p> <p>The service will need to develop its links into the Enabling &amp; Fulfilling lives Group too.</p> <p>Parent led person centred planning remains an area to develop</p>
8	<p><b>Management capacity</b> Operational capacity is at this time being provided by children`s social care. As a more significant realignment is being considered this needs to come with a formalisation of the role. There needs to be clarity on the level of operational responsibility and other service development tasks</p>	<p>The proposed steering group structure provides an opportunity to realign management accountabilities as part of a stepped approach to a more significant realignment of services</p>

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:  
19<sup>TH</sup> JANUARY 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **JOINT COMMISSIONING STRATEGY FOR CARERS**

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### ***Executive Summary***

*This report aims to update members about the progress made towards achieving the objectives of the Commissioning Strategy for Carers, which was approved by Cabinet in July 2009.*

*This items falls within the Social Care and Inclusion portfolio.*

## **1 Background**

1.1 In July 2009 Cabinet approved the Joint Commissioning Strategy for Carers, which identified eight key outcomes

1. Carers know how to access advice and information when they need it
2. Carers receive relevant and appropriate information to enable them to make choices and remain independent
3. Carers feel confident that, should anything happen to them in an emergency, the person they care for will be supported.
4. Carers feel appreciated and that their contribution in the caring role is valued and recognised
5. Carers are consulted and involved at a local level in the development and evaluation of services designed to meet their needs, and the needs of people they care for.
6. Carers are able to participate fully and equally as citizens
7. Carers from black and racial minority groups are pro-actively engaged, and supported to access culturally appropriate support services which meet their needs.
8. Carers are supported to remain in employment or participate in training to promote future employment prospects

1.2 To achieve these outcomes, six Sub-groups of the Carer's Development Committee were established on the themes of Access, Support, Information, Services, Training/Development and Income and Employment. These groups have met regularly and report progress against agreed actions into the Carer's Development Committee via a Highlight Reports system.

## **2 Carers' outcomes**

2.1 *Carers know how to access advice and information when they need it –* There is now a register, maintained by WIRED, which is intended to record any Carer who is known to any Wirral service provider.

Carers who are registered receive a regular newsletter containing information and details of how to access information, together with news of forthcoming training and other events of interest to Carers, such as good practice in other areas which could be implemented in Wirral.

WIRED also maintains the Carer's Helpline, which is available weekdays from 9 – 4pm, providing information and advice for Carers.

Wirral has many 'Hidden Carers' (people who are Carers, but don't recognise themselves as such). This is a national issue and was the theme of this year's national Carers Week. In Wirral there was a focus on promoting the use of the Carers Helpline, which is maintained by WIRED and provides confidential information, support and advice.

- 2.2 *Carers receive relevant and appropriate information to enable them to make choices and remain independent* – Every Carer known to the Department is entitled to an assessment of their need for services that will sustain them in their caring role. The Department's National Indicator target is for 20% of 'Carers receiving needs assessment or review and a specific Carer's service, or advice and information as a percentage of people receiving a community based service in the year.' The current projection is to exceed this target, with a figure of 23.36% anticipated.

The Department is participating in a national survey of all Carers devised by the Department of Health. This has involved sending a lengthy survey to 1,000 Carers and, amongst other things, will check their independence and opinion of the relevance and appropriateness of the information that they receive. A local report from this survey will be available after March 2010.

- 2.3 *Carers feel confident that, should anything happen to them in an emergency, the person they care for will be supported* – An Emergency Card scheme is being developed, which would notify emergency services that they are a Carer in the event of something happening to them, and trigger immediate actions to ensure the safety of the person for whom they care. This would be very expensive to operate as a stand-alone service, so ways of linking this to other twenty four hour services including the NHS Fast Response scheme are being explored. In turn we will explore the potential of Assistive Technology to better support carers at all times.

- 2.4 *Carers feel appreciated and that their contribution in the caring role is valued and recognised* – a series of training sessions has been devised and delivered by trainers and Carers to Professional staff, emphasising the value of Carers and recognising their importance. Nine thousand pounds has been awarded by North West Joint Improvement Partnership to increase the training of professionals around Carers' issues.

Under the Personal Budgets scheme, Carers will be entitled to an allocation of their own, which formally recognises their value.

The survey (see 2.2 above) will gauge how effectively Carers feel that their work is recognised and valued.

- 2.5 *Carers are consulted and involved at a local level in the development and evaluation of services designed to meet their needs, and the needs of people they care for* – Carers representatives participate in the Carers Development Committee and in all sub-groups, bringing their unique perspective to the design and delivery of services.

The survey (see 2.2 above) will also form part of the evaluation process, and in particular will ascertain Carers' views on the need for a Carers Centre, as a series of questions relating to this were included at the request of Carers.

An independent Forum for Carers, the Carers Association, has been established, facilitated by staff from the Department and WIRED and will play an important part in evaluating services and suggesting developments.

- 2.6 *Carers are able to participate fully and equally as citizens* – This outcome recognises that taking on a caring role can often lead to a reduction in income and social interactions coupled with a forced subjugation of personal needs.

Increased flexibility around short breaks will enable Carers to organise support for the person for whom they care in line with their needs, and Health checks and effective use of the 'Choose and Book' system will ensure that their own health needs are not neglected.

Increasing use of Assistive Technology is proving very successful in enabling Carers to have reassurance about leaving the person for whom they care for periods in which they can pursue their own activities

- 2.7 *Carers from black and racial minority groups are pro-actively engaged, and supported to access culturally appropriate support services which meet their needs.* -

As part of the full Equality Impact Assessment of the Carers Strategy a series of consultations took place with Carers from seldom heard groups (Chinese Elders, people from the African Caribbean community, older Carers,) and as a result of this, regular meetings have been arranged to ensure that the maximum number of Carers can become involved in developing services that meet their needs and evaluating their effectiveness.

- 2.8 *Carers are supported to remain in employment or participate in training to promote future employment prospects* –

A tool kit for employers is being developed which will help them to identify Carers in their workforce, increase their knowledge about the employment rights of Carers and look at ways of supporting them to retain their jobs. Statistically within the Council's workforce there will be about 1,600 Carers, and the Income and Employment Sub-group is about to devise a project to ensure that the Carers who work for the Council are fully supported in retaining their employment.

Although employment is highly valuable, the Income and Employment Sub-group recognises that, particularly during a recession when employment is harder to find, household income needs to be maximised. Via the Newsletter (see 2.1 above) Carers have received updates about any Benefits to which they are entitled, and any changes to those Benefits. On Carers Rights Day (December 4<sup>th</sup>) Carers were invited to have their Benefit entitlements checked with Welfare Rights specialists.

Overall there has been considerable progress in achieving some desired outcomes, but some plans are still in the developmental stages and expect to achieve outcomes in 2010.

There is some cross-over between the six Sub-groups and also participation in so many groups has at times put a strain on carer's time,

and as a result, there is a proposal to merge some of the groups to form three new subgroups, with revised Action Plans :

- Access and Information
- Services and Support
- Income, Employment and Training

### **3 Financial Implications**

A co-ordinated approach to commissioning carer services across all agencies ensures that available funds are directed where they are most needed, and that maximum external funding opportunities are identified.

The Joint Commissioner has run workshops for Carers to enable them to fully understand how services are commissioned.

### **4 Staffing Implications**

Training for staff across Health and Social Care needs to continue to highlight the needs of carers.

Given that there is likely to be a considerable number of staff within the Council who are Carers, good practices (and statutory obligations) around flexible working may need to be reinforced.

### **5 Equal Opportunities Implications/Health Impact Assessment**

5.1 The national strategy highlights the obligation to promote equal rights of carers in employment, education and training.

5.2 Link to Carers Strategy Equality Impact Assessment

<http://10.107.1.50/departments/socialservices/documents/health/Carers/Carers%20Strategy%20EIA%20Final.doc>

### **6 Community Safety Implications**

None.

### **7 Local Agenda 21 Implications**

None.

### **8 Planning Implications**

None.

### **9 Anti Poverty Implications**

Caring responsibilities often have a negative impact on the income of the carer.

### **10 Social Inclusion Implications**

The local strategy emphasises the need for carers to be able to participate actively in their local communities.

### **11 Local Member Support Implications**

Carer issues are Wirral-wide.

## **12 Health Implications**

National studies indicate that carers as a group are at disproportionate risk of experiencing health inequalities compared to those in a non caring role. Carers are more likely than non-carers to report high levels of psychological distress, which can include anxiety, loss of confidence and self-esteem. The demands of caring often mean carers do not have enough time to take care of their own health and well-being.

## **13 Background Papers**

*Carers at the heart of 21<sup>st</sup>-century families and communities*  
*Our health, our care, our say*  
*Putting People first*

## **14 Recommendations**

That:

Members comment of the achievements to date

**JOHN WEBB**  
**Director of Adult Social Services**

Nick Broadhead  
Service Manager  
Ext no 4967  
Date 22.12.09

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUITNY COMMITTEE :  
19<sup>TH</sup> JANUARY 2010

REPORT OF THE CHIEF EXECUTIVE, NHS WIRRAL AND THE CHIEF EXECUTIVE WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

- 1. WIRRAL HEALTH ECONOMY – REPORT OF DISCUSSIONS ACROSS HEALTH AND LOCAL GOVERNMENT TO ENSURE SOUND FUTURE FINANCIAL PLANNING**
  - 2. JOINT COLLABORATION BOARD BETWEEN COUNTRESS OF CHESTER AND WIRRAL UNIVERSITY TEACHING HOSPITALS**
- 

### ***Executive Summary***

*This paper informs the Committee of discussions held across NHS organisations on Wirral and the Local Authority with the aim of exploring how NHS and Local Government can work together in the light of current and future financial challenges in order to identify potential savings as result of collaborative working.*

*In addition the paper sets out the purpose and the scope of the recently established Joint Collaboration Board formed between the Countess of Chester and the Wirral University Teaching Hospitals.*

*This items falls within the Social Care and Inclusion portfolio.*

## **1 Background and progress so far**

- 1.1 In Autumn 2009, NHS Wirral hosted a financial summit which was attended by managers and senior clinicians from NHS Wirral, Wirral University Teaching Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Clatterbridge Centre for Oncology NHS Foundation Trust and the Chief Executive and Senior Officers of Wirral Borough Council. The meeting explored the potential effect of the recession and potential public sector funding pressures on health and local government on Wirral, and suggested some areas for further work and discussion where it was felt there was scope for increased effectiveness and efficiency as a result of collaborative working.
- 1.2 The Chief Executives of the Council and the four NHS organisations, together with the Directors of Adult Social Services and Children's Services agreed to take forward discussions in the following work areas:
  - Urgent care
  - Planned Care
  - Children's Services
  - Older People's Services
  - Mental Health

- Public health
- Back office functions
- Public and Staff Engagement

1.3 They also agreed to continue to meet on a regular basis to ensure co-ordination across workstreams and to maintain momentum in taking forward discussions. The aim is to produce a programme of targeted savings which can be implemented over the next three to four years. As proposals are put forward there will be a need for wider discussion across organisations and with the public in the Spring of 2010.

## **2 Discussions beyond Wirral**

2.1 NHS Northwest has organised similar discussions across the whole of the Northwest with NHS and local government organisations. They have also encouraged discussions about the future shape of acute hospital services as this is the sector which the National Operating Framework for the NHS suggests will see contraction as a result of greater efficiency. It is in this context that the discussions between Wirral University Hospital and the Countess of Chester have been established.

## **3 Joint Collaboration Board between Countess of Chester and Wirral University Teaching Hospitals**

3.1 There has been a long and beneficial partnership between the two organisations which has resulted in the development of robust services across West Cheshire and Wirral to include a high quality Renal Service based on both sites, Urology Cancer Services, based at Arrowe Park, and specialist Vascular services (EVAR), based at the Countess of Chester.

3.2 The added imperative is the financial climate and its impact on the Public Sector. It is clear from the work that has been done locally and the NHS Northwest that the approach must be focused on an economy wide basis and the hospital is working under the leadership of NHS Wirral to plan services. It is also clear that we need to be planning some services on a wider footprint and over the course of 2009 NHS Wirral, NHS Western Cheshire, The Countess of Chester and Wirral University Teaching Hospitals agreed a footprint of Wirral and Western Cheshire as an important footprint for the planning of secondary care health services.

3.3 The Joint Collaboration Board has been established and had its first meeting on the 7<sup>th</sup> December 2009. The membership of the Board is the Executive Directors of both Trusts. The purpose of the Board is to explore and examine all potential opportunities for the two Trusts to work together to develop safe, high quality services that will be sustainable in the long term and will derive benefits for patients and support the strategic direction of the two organisations. It will do this by systematically working through all of the services that are provided by each Trust to identify different

service models. This work will be carried out by clinical staff working in the two units, and we will involve service users in the reviews.

- 3.4 In addition to establishing the Board and agreeing Terms of Reference, we have also taken the opportunity to make a joint appointment between the two Trusts. There was a vacancy to the post of Associate Director of Operations – Diagnostics at Wirral University Teaching Hospital and we have asked Richard Baird, who holds the same position at the Countess of Chester, to work across both sites. He will take up this new post on a secondment basis on the 11<sup>th</sup> January 2010.
- 3.5 A driver for this new arrangement is to look at Pathology services in the first instance to identify the opportunities to provide a Chester and Wirral Pathology Service. This is at the very early stages and Richard will work with staff from the different Pathology disciplines to develop a more robust model of service.
- 3.6 The Trusts are at the beginning of a very exciting piece of collaborative work, in which both organisations have taken the initiative to respond to the range of external pressures facing the NHS and the Public Sector in general. The driving force within this work is to maintain high quality and safe services that are sustainable in the longer term to derive benefits for patients. Wirral has a track record of achieving that with the Countess of Chester in their Award winning Chester & Wirral Renal Service and the development of Cancer Centre status for Urology which again is a collaboration service with Chester

#### **4 Financial Implications**

The intention of this work programme is to achieve efficiencies across the public sector

#### **5 Staffing Implications**

These will be identified as the work progresses

#### **6 Equal Opportunities Implications/Health Impact Assessment**

All major service developments are subject to an Equality Health Assessment and an Impact Assessment will be carried out on this proposal.

#### **7 Community Safety Implications**

None

#### **8 Local Agenda 21 Implications**

None

**9 Planning Implications**

None

**10 Anti Poverty Implications**

None

**11 Social Inclusion Implications**

None

**12 Local Member Support Implications**

None

**13 Health Implications**

The intention is to develop programmes which meet the health aspirations of NHS Wirral and the Council

**14 Background Papers**

None

**15 Recommendations**

That the Committee notes the collaborative working and seeks further regular updates on progress.

**KATHY DORAN**  
Chief Executive  
NHS Wirral

**LEN RICHARDS**  
Chief Executive  
Wirral University Teaching Hospital NHS Foundation Trust

## WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE - 19<sup>th</sup> January 2010

REPORT OF THE COMMITTEE CHAIR - Cllr Ann Bridson

### DRAFT PROTOCOL FOR JOINT WORKING BETWEEN WIRRAL HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AND WIRRAL LOCAL INVOLVEMENT NETWORK (LINKS)

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#### EXECUTIVE SUMMARY

This report introduces a draft protocol for joint working between Wirral Health & Wellbeing Overview and Scrutiny Committee and the Wirral Local Involvement Network (LINKS).

#### 1. Background

- 1.1 Local Involvement Networks (LINKs) have been set up across the country to give local communities a stronger voice in how their health and social care services are delivered. In Wirral, the local group has been extremely active in creating an effective organisation and developing a work programme. Although the Health & Wellbeing Overview and Scrutiny Committee and LINKS have different priorities, it is clearly beneficial that both groups to work together constructively. Many Councils and LINKS are developing protocols to help develop positive relationships.
- 1.2 In Wirral, discussions have taken place between Cllr Ann Bridson (Chair, Health and Wellbeing Scrutiny Committee) and Diane Hill (Chair, Wirral LINKS). As a result of those discussions, a draft protocol for joint working has been developed. The draft protocol is attached as Appendix 1.

#### RECOMMENDATION:

- (1) That the Committee approve the Draft Protocol, as detailed in Appendix 1.

**Ann Bridson, Chair of Health & Well Being Overview and Scrutiny Committee 05/01/10)**

# **Wirral Health and Wellbeing Scrutiny Committee and Wirral Local Involvement Network (LINK)**

## **Protocol for Joint Working**

### **1. Background**

#### **1.1 Purpose of the protocol**

The aim of this protocol is to describe the relationship between the Health and Wellbeing Overview and Scrutiny Committee for Wirral Borough Council and Wirral Local Involvement Network (LINK). It is intended that it will provide a framework to help develop joint working between the two organisations.

Within Wirral it is recognised that developing a strong relationship between LINK and the Scrutiny Committee will help strengthen effective community engagement. It is anticipated that LINKs and Scrutiny Committees will cooperate to address local issues relating to both Health and Social Care.

#### **1.2 The Health and Wellbeing Scrutiny Committee**

Overview and Scrutiny Committees were created by the Local Government Act 2000. One of their main purposes is to review and challenge decisions made by a Council's Cabinet in order to ensure they are for the benefit of the community at large. This responsibility also extends to reviewing the activities of partner agencies where they impact on quality of residents' lives within an area. There are currently six scrutiny committees at Wirral Council.

The Health and Wellbeing Scrutiny Committee has the responsibility for overseeing health, social care and inclusion throughout the borough. Under the Health and Social Care Act 2001, the Committee was given extra powers to scrutinise local NHS Trusts.

The Health and Wellbeing Scrutiny Committee can:

- Ask officers of the Council and health trusts to attend meetings to answer questions or provide information on the planning and provision of health and social care services.
- Make recommendations to Cabinet and local NHS Trusts
- Conduct in-depth scrutiny investigations into a specific issue or area of concern.
- Call-in decisions that have been made by the Cabinet but not yet implemented
- Monitor the performance of the Council and local NHS Health Trusts
- Respond to consultations about major changes to health services

### 1.3 Wirral Local Involvement Network (LINK)

Local Involvement Networks (LINKs) have been set up across the country to give local communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of the LINK is to find out what people like and dislike about local services, monitor the care they provide and use their powers to hold services to account.

LINK can:

- Ask local people what they think of local health and social care
- Give people a chance to suggest ideas to care professionals that may help improve services
- look into specific issues of concern to the community
- make recommendations to the people who plan and run services and expect a response within a specific period of time
- ask for information about services and expect answers within a specified amount of time
- carry out visits, when necessary, to see if services are working well
- refer issues to the Council's Health & Wellbeing Overview and Scrutiny Committee if it seems that action is not being taken

### 1.4 Common functions and Rights

Common functions shared by the LINK and the Scrutiny Committee will include:

- Act as a critical friend
- Be provided with information by Health and Social Care organisations
- Health and Social Care organisations required to respond to recommendations made

## **2. How will Joint Working be developed?**

The roles and responsibilities of Wirral LINK and the Scrutiny Committee differ but developing effective working relationships between the groups will provide scope for their roles to complement each other.

Areas for joint working will include the following:

### 2.1 Developing good relationships and communication

It is recognised that the development and maintenance of clear lines of communication between the two parties is essential. It is envisaged that if the Scrutiny Committee and LINK continue to develop a good relationship then it would be likely that they will be aware of each other's concerns well before a formal referral is considered necessary (see section 3.2 for details).

This will help in building up a clearer picture of the views of patients, service users, carers and the public. To support this, the LINK and the Scrutiny Committee might share the following information:

- Annual Reports
- Work plans and progress reports
- Copies of the minutes and agendas of meetings to be available on websites
- Reports based on investigations carried out, for example, scrutiny review reports, LINK priority reports
- Updates on activities in the form of formal presentations to the scrutiny committee and LINK Board

In addition, informal meetings between the Chairs and support staff of the Council's Scrutiny Committee and Wirral LINK will be scheduled to discuss joint issues and share information.

## 2.2 Scrutiny Committee – Co-option of LINK member

A member of the LINK will be co-opted onto the Health and Wellbeing Scrutiny Committee. The co-option will be reviewed (as with all Committee members) at Annual Council. The co-opted member will, where appropriate:

- attend and participate (as a non-voting member) in scrutiny committee meetings
- participate in scrutiny reviews, where appropriate (or nominate a substitute)
- act as a key communication channel between the LINK and the Scrutiny Committee
- provide information to the LINK about the work of the Scrutiny Committee
- present LINK reports to the scrutiny committee
- have the opportunity to present the LINK Annual Report to the Scrutiny Committee

The co-opted member will be treated in accordance with the rules and regulations contained in the Code of Conduct for elected members and should act in accordance with these rules. The co-opted member may speak on items included on the agenda for a Committee meeting but shall not be entitled to vote on those items.

## 2.3 Scrutiny Reviews

Wirral LINK may contribute to Scrutiny Reviews by:

- a representative of the LINK being asked to attend as an expert witness;
- a representative of the LINK being co-opted onto a scrutiny working group, and;
- providing documentary evidence to support scrutiny reviews.



## 2.4 Work Programme Planning

Wirral LINK and the Scrutiny Committee will undertake to share work plans. Wirral LINK may specifically contribute to the Scrutiny Committee's work programme planning by:

- providing feedback enabling them to have evidence-based reasons for a review;
- the Co-opted Member having input into the regular reviews of the Scrutiny Committee's work programme and;
- suggesting topics for scrutiny.

## 2.5 Joint Reviews

Wirral LINK and the Scrutiny Committee may wish to conduct a joint investigation into a particular issue. In such cases, representatives of the LINK and the Scrutiny Committee will form a joint working group to decide the appropriate ways of conducting the review. This may involve:

- a joint scoping meeting to decide what issues need to be examined
- joint evidence gathering sessions interviewing expert witnesses
- a joint report including mutual recommendations

## 3. **Entitlements of Wirral Local Involvement Network (LINK)**

### 3.1 LINK – Powers to request information

The LINK may request information from any health or social care provider subject to exemptions defined by the Local Government and Public Involvement in Health Act 2007.

There is a 20 working day rule for an informed response to LINK requests for information. Where requests for information have been received but not responded to, the LINK reserves the right to refer matters to the regulator or the Scrutiny Committee. However, this will only happen after all other options have been exhausted.

### 3.2 Referrals

There will be a clear distinction between information sharing and formal reporting which requires a response. Formal referrals should not be made until the LINK has made all reasonable efforts to resolve matters with the relevant NHS or Social Care organisation and it considers that those efforts have failed. Examples of such issues might include:

- Issues on which the LINK has requested responses from statutory organisations and has been dissatisfied with the response/ action taken;
- Broad, strategic issues that the LINK feels warrant further investigation;
- Concerns about the effectiveness of local health and social care services; and;
- Issues on which the LINK has requested information from health and social care providers and not received a response.

Formal referrals should be clearly labelled as such and made in writing or via email to the Council’s Democratic Services Manager, who will liaise with the Chair of the relevant Scrutiny Committee and the Committee lead officer about an appropriate response. The referral should include the following information:

- a description of the item of work
- reasons why the LINK thinks that the Scrutiny Committee needs to consider the item of work
- any evidence that the LINK has already considered prior to the referral to scrutiny
- what other organisations the LINK has approached for discussion on the item prior to the referral to the Scrutiny Committee.

Referrals will be acknowledged within 20 working days with a response explaining intended action or reasons why no action is to be taken in a timely manner. In consultation with the Democratic Services Manager, the Chair will decide the intended action to be taken. This may be:

- the referral is placed on the agenda for the next Scrutiny Committee meeting for discussion with elected members and other relevant council officers
- an appropriate officer provides a written response
- the topic is included on the Scrutiny Committee’s work plan and (with agreement from the committee) a scrutiny review of the issue is conducted within the municipal year.
- No action is taken

In any event, there will be an obligation placed on the Democratic Services Manager to ensure that the outcome of any referral made by the LINK is reported to the next available meeting of the relevant Scrutiny Committee including the reasons for that decision. This will be particularly important where the decision is to request that a Council officer provides a written response, or that no action is to be taken on the referral.

#### **4. Review of Protocol**

The protocol should be reviewed/ updated jointly where necessary on an annual basis to ensure that it continues to meet the needs of the LINK and the Scrutiny Committee. It is suggested that the protocol should be reviewed, if necessary, prior to the first meeting of the municipal year.

#### **Signatories**

We the undersigned commit our organisations to abide by the principles and content of this Protocol:

.....  
Chair of Wirral Health and Wellbeing Scrutiny Committee

.....  
Chair of the Wirral Local Involvement Network

**DATE:**

## WIRRAL COUNCIL

### AUDIT AND RISK MANAGEMENT COMMITTEE

25 NOVEMBER 2009

#### REPORT OF THE CHIEF INTERNAL AUDITOR

#### ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

##### 1. EXECUTIVE SUMMARY

- 1.1. Further to Resolution 2 of the Audit and Risk Management Committee of the 23 September 2009 and Resolutions 1 and 2 of the Audit and Risk Management Committee of the 3 November 2009 this report addresses the "Special Charging Policy" applied to service users residing at "in house" Supported Living Units.
- 1.2. Information has been reviewed from a number of sources, i.e. Audit Commission's PIDA Report, Mr Morton's grievance and documents within the Department of Adult Social Services.
- 1.3. Mr Morton did not provide information to Internal Audit within time for it to be considered for inclusion in this report, consequently, this might be subject to amendment in the light of any information Mr Morton presents.
- 1.4. Documentary evidence indicates the charges levied were approved by Members at the Social Services Committee, 3 September 1997. This is in accordance with the definition of "reasonableness" as stated in an Audit Commission Report - "Charging with Care" - May 2000.
- 1.5. It is difficult to judge if Wirral's charges for Supported Living were significantly higher than those of several other authorities in the period 1997 to 2003. Wirral's charges were dependent on a financial assessment based on the service users income whereas other local authorities were based on the level of care.
- 1.6. The Report submitted to the Special Social Services Committee, 26 July 2000, paragraph 4.24 indicates that it was intended to consider Supported Living Charges separately as part of the Charging Policy Review in 2000. No evidence was found that this was done.
- 1.7. Evidence is available that officers were aware in November 2000 and April 2001 that the charges levied for service users residing at "in house" Supported Living Units were higher than they would have been if the provisions of the Special Social Services Committee, 26 July 2000 - Charging Policy Review - had been applied.

## 2. **BACKGROUND**

- 2.1. Members of this Committee on 23 September 2009 (Resolution 2) requested:

*"That a further investigation be undertaken by Internal Audit, to consider whether there was a point in time between 1997 and 2003 that officers ought reasonably have recognised that the 'Special Charging Policy' was unreasonable and therefore unlawful and, if so, to calculate the amount of re-imburement that would be due; and that Internal Audit be requested to seek the views of Mr Morton in relation to the further investigation".*

- 2.2. Members of this Committee on 3 November 2009 (Resolutions 1 and 2) requested:

Resolution 1:

*"That consideration of this matter be deferred and an update be presented to the scheduled meeting of the Committee on 25 November 2009".*

Resolution 2:

*"That, if a response from Mr Morton is not received in time for it to be included in the update report, a further special meeting be arranged to take place no later than the end of the 2009 calendar year"*

## 3. **INTERNAL AUDIT WORK UNDERTAKEN**

- 3.1. In order to assess if the "Special Charging Policy" was "unreasonable" enquiries were made to the Directors of all northern Adult Social Services with a copy to the Chief Internal Auditors of the same Authorities concerning the charges levied by them between 1997 and 2003 for "in house" supported living service users. The format and content of the Questionnaire and letter were agreed with the Director of Adult Social Services and the Audit Commission. Over 50 authorities were consulted, all were given reminders and 11 replies were received from the north west Authorities. (Appendix 1 and 2).
- 3.2. Relevant documents from the Department of Adult Social Services (DASS), e-mails and Committee Reports were reviewed to ascertain if there was evidence that officers had information that could have indicated the charges were unreasonable. Further discussions and enquiries were made with DASS officers and managers. All were again open, cooperative and helpful but inevitably there were difficulties in remembering details and locating documents relating to several years ago.
- 3.3. Internal Audit again reviewed documents and papers relating to Mr Morton's grievance to ensure that all items relevant to the charging policy had been included within this review.

- 3.4. The Audit Commission has been made aware of the documents reviewed by Internal Audit and is not aware of any additional documents relevant to this investigation.
- 3.5.1 Following the Audit and Risk Management Committee of the 3 November 2009 a Member of this Committee submitted a request to the Chief Internal Auditor to seek the views of the Directors of Adult Social Services of the north west Authorities to a specific question. (Appendix 3).
- 3.5.2. With the agreement of the Chair the question was sent to the Directors of Adult Social Services of the north west Authorities.
- 3.5.3. Nine of the eleven Authorities who replied to the Internal Audit Questionnaire, Appendix 1 and 2, replied and their responses are detailed in Appendix 3.
- 3.6.1. The Director of Law, HR and Asset Management wrote to Mr Morton to request his views and assistance in the investigation. Contact has been made with Mr Morton's solicitor. For various reasons a response was not received prior to the meeting of this Committee on the 3 November 2009.
- 3.6.2. In accordance with Minute 42 of this Committee on the 3 November 2009, the Director of Law, HR and Asset Management wrote to Mr Morton's solicitor to request Mr Morton's views and assistance in the investigation and his "final statement".
- 3.6.3. Mr Morton has replied and has stated that he will submit and present a "final statement" on the "Special Charging Policy" to this Committee on the 25 November 2009. No information has been provided to Internal Audit by Mr Morton in time for it to be considered, consequently this can only be considered an interim report which might be subject to amendment depending upon the information Mr Morton provides.

## **4. FINDINGS**

### **4.1. Chronology of Events**

- 4.1.1 On 3 September 1997, a report was submitted to the Social Services Committee on "Future Services for People with Learning Difficulties". The Conclusion of the report was:

"If residents could be asked to contribute their benefits related to their dependency and level of need for care to the costs of care provision, this would leave each person with an income for daily living needs and with all their housing needs provided for while Social Services would provide or purchase a full package of support care for them according to their individual needs".

The Recommendation, which was agreed, was:

“Members are asked to agree that in independent living situations, tenants in receipt of the Disabled Living Allowance Care component and/or the Severe Disability Premium can be charged the amount offered by those benefits to contribute to the cost of their care packages”,

(See Appendix 2a and 2b of Special Audit and Risk Management Committee, 23 September 2009 which refers to the Social Services Committee 3 September 1997).

This was implemented for service users at Bermuda Road, Curlew Way and Edgehill Road between 1997 and 2003.

- 4.1.2. At the Special Social Services Committee on 26 July 2000, a report entitled “Charging Policy Review” was presented. The purpose of the Report was to inform Members of the outcome of the consultation exercise on proposed changes to the charging policy for non-residential services and to present recommendations.

Paragraph 4.24 of the report stated:

“Service Users who reside in Supported Living Accommodation are not included under the proposed Policy. A further report will be submitted to Adult Community Care Panel and Social Services Committee outlining charging arrangements for this client group”.

No evidence has been discovered that a further report was produced and submitted.

Please refer to my Report to this Committee on the 23 September 2009 paragraphs 5.2.13 to 5.2.15 which discusses this in detail.

- 4.1.3. It is clear from an e-mail and other correspondence that officers were aware that a further Committee Report was needed and Mr Morton brought these issues to the attention of officers within the Department. (Appendix 4 and 5).

## **4.2. Charges**

- 4.2.1. An analysis of the charges levied on all the service users who lived at Bermuda Road, Curlew Way and Edgehill Road from 1997 to 2003 was completed. The charge levied depended upon the service users' benefits in accordance with the policy approved by Social Services Committee on 3 September 1997.
- 4.2.2. The records reviewed indicate that the average financial assessment charge for the period was £77.70 and the range is from an average of £63.33 in 1997/1998 to £83.82 in 2002/2003. This left an average amount over the period for the service users own use of £97.42, ranging from £89.02 in 1997/1998 to £107.77 in 2002/2003, which is contrary to the suggestion that all supported living service users income was taken as a contribution to the costs of care and that

charges were in excess of £100 per week. Records indicate the average ratio of charge to service user's income over the 5 years is approximately 44%. (Appendix 6). However, Mr Morton at this Committee on the 23 September 2009, see minute 41 of the Audit and Risk Management Committee 3 November 2009, stated that he was aware "... of hardship suffered by a tenant with learning difficulties who had to seek assistance from the Welfare Fund ....". It has not been possible to identify this person or financial records which would indicate a person in these circumstances.

4.2.3. A review of service users resident in the premises in Balls Road, Birkenhead was also conducted. No documents or records of any sort could be found that indicated that any were charged for care services. The only charges were in respect of rent. Several related issues have come to light and will be reported separately by the Director of Adult Social Services to Cabinet.

**4.3. At what point in time could it have been recognised that the charges applied by Wirral Council might be unreasonable and therefore unlawful?**

4.3.1. The Audit Commission Report "Charging with Care" of May 2000 stated in Section 45, page 25, the definition of 'reasonableness' which is crucial to determining legality of charging. The report states:

"Provided that decisions over the principles related to charging are properly debated and resolved then the resultant approach can be considered to be 'reasonable'". (Appendix 7).

The "Special Charging Policy" applied to residents of Bermuda Road, Curlew Way and Edgehill Road in 1997 was following a Committee Report that permitted debate, consequently it is, therefore, considered reasonable and lawful at that time and until the time when Fairer Charging should have been implemented i.e. April 2003, as decided at the previous Audit and Risk Management Committee, i.e. 23 September 2009.

4.3.2. However, there was a failure to submit a further report to Members on service users in Supported Living Accommodation, as stated in paragraph 4.24 of the Special Social Services Committee Report of 20 July 2000.

**5. SUMMARY OF FINDINGS**

5.1. Analysis of the survey of other local authority's charges is difficult to use to make comparisons as there were only 11 responses. Some authorities charged on an hourly rate or a sliding scale whereas Wirral charged based on income. Depending on the hours of care provided, some charges are comparable with Wirral's and the maximum charge of one approximated to Wirral's average for the period 1997/1998 to 2002/2003 which was £78. The approximate average for the other authorities is £45.

Some of those who made comments on Wirral's charging policy were critical of the level and considered it high.

5.2. Analysis of the responses from the Directors of Adult Social Services of the north west Authorities to the question submitted by a Member of this Committee to the Chief Internal Auditor indicates that:

- five of the nine who replied indicated that they applied the Domiciliary Care Policy (Home Care)
- two levied no charge for the service
- two applied a financial assessment in a way similar to Wirral
- Authority "H" provided further comments to indicate that they applied the charge in a similar way to Wirral. It also stated that it was important to have an appeals system in case of hardship. Wirral did have an appeals system which was favourably commented in the Audit Commission Report - "Charging with Care" - May 2000. (Appendix 8).

Due to the number of replies it is not possible to draw a conclusion on whether the approach applied by Wirral was "unreasonable".

5.3. Analysis of the documentary evidence indicates that in October 2000, some officers were aware the charges were not in accordance with best practice by virtue of not having been reported to Members in accordance with a previously reported intention. On 6 April 2001, they were in receipt of an evidenced recommendation that the charges should cease. This reinforced a previous document of 22 November 2000.

5.4. From interviews with officers and the examination of the documents located, it is clear that the situation concerning charging was confused but inevitably as the enquiry is about events which took place over 10 years ago and when the Department was in "Special Measures", records and memories are likely to be unreliable.

## **6. CONCLUSION**

6.1. It is difficult to assess if the level of Wirral's charges was "unreasonable" as the charges made by other authorities are not directly comparable. Several charged on the basis of the level of care provided. It seems that some charged at levels comparable or even in excess of Wirral if a significant level of care was provided. However, the findings of The Audit Commission Report indicated Authorities were entitled to set charges in any way they considered appropriate and recognised all authorities would have different approaches and levels of charge. It also defined "reasonableness" as depending on debating and resolving the approach to charging, which was undertaken at the Social Services Committee, 3 September 1997.



- 6.2. The earliest document identified that draws to the attention of officers that the "Special Charging Policy" should be withdrawn is 22 November 2000, subsequently followed up on 6 April 2001 when the Supported Living Development Officer, wrote a Memorandum explaining the difference between the charges levied by the "Special Charge Policy" and those that would arise from implementing the policy resulting after the Charging Review of 26 July 2000.
- 6.3 Further information might be available from Mr Morton's statement that might enable other conclusions to be drawn.

## **7. FINANCIAL AND STAFFING IMPLICATIONS**

- 7.1. The charging policy for supported living was not reviewed in accordance with 4.24 of the Special Social Services Committee report of 26 July 2000. Had the Policy been reviewed, Members may have implemented the wider charging policy to "in house" Supported Living, albeit the intention is unknown.
- 7.2. If this had been decided then the reimbursement for the 16 service users who were affected for the period 4 December 2000 to 31 March 2003 would total £127,700. This is calculated by reference to records of the amounts service users paid during the period, which were in excess of the charge that would have been levied had the recommendation of the wider departmental charging policy been applied to Supported Living.
- 7.3. Any reimbursement of excess charge will require Cabinet approval. If the funding cannot be met within existing resources, it will also require Council approval. It is recommended that the cost of any reimbursement or other action is funded from the Department of Adult Social Service's Revenue Budget.
- 7.4. There are no staffing implications.

## **8. LOCAL MEMBER SUPPORT IMPLICATIONS**

- 8.1. There are no local Member support implications.

## **9. LOCAL AGENDA 21 STATEMENT**

- 9.1. There are no local agenda 21 implications.

## **10. PLANNING IMPLICATIONS**

- 10.1. There are no planning implications.

## **11. EQUAL OPPORTUNITIES IMPLICATIONS**

- 11.1. There are no equal opportunities implications.

**12. COMMUNITY SAFETY IMPLICATIONS**

12.1. There are no community safety implications.

**13. HUMAN RIGHTS IMPLICATIONS**

13.1. There are no human rights implications.

**14. BACKGROUND PAPERS**

14.1. Appendix 1 - Charging information provided by the north west Adult Social Services Local Authorities.

Appendix 2 - Comments from north west Adult Social Services Local Authorities - "in house" Supported Living Units during the period 1997 to 2003.

Appendix 3 - Question submitted by a Member and comments from the north west Adult Social Services Local Authorities.

Appendix 4 - "Charging Policy Review – Implications for Supported Living Schemes Briefing Note" has attached to it an internal address label dated 22 November 2000.

Appendix 5 - Memorandum dated 6 April 2001.

Appendix 6 - Wirral's weekly average income, allowance and financial assessment charge under the "Special Charging Policy".

Appendix 7 - Audit Commission Report - May 2000 - Charging with Care -Extract - Page 25 - Section 45.

Appendix 8 - Audit Commission Report - May 2000 - Charging with Care -Extract - Page 51 - Section 108 & Case Study 3.

**15. RECOMMENDATIONS**

15.1. Members note the issues in this Report.

15.2. Members consider if further reimbursement is appropriate on the basis that no report into Supported Living Charging Policy was brought for consideration after July 2000.

15.3. If Members consider that reimbursement is appropriate, Members may consider a suitable reimbursement is at the level of the wider charging policy agreed in July 2000, albeit no evidence has been identified of the intention of the department at that time.

DAVID A GARRY  
CHIEF INTERNAL AUDITOR

**WIRRAL COUNCIL**

**AUDIT AND RISK MANAGEMENT COMMITTEE**

**3 NOVEMBER 2009**

**REPORT OF THE CHIEF INTERNAL AUDITOR**

**ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS  
RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE  
PERIOD 1997 TO 2003**

Appendix 1 - Charging information provided by the north west Adult Social Services Local Authorities.

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Appendix 6 - Wirral's weekly average income, allowance and financial assessment charge under the Special Charging Policy.

Appendix 7 - Audit Commission Report - May 2000 - Charging with Care - Extract - Page 25 - Section 45.

Appendix 8 - Audit Commission Report - May 2000 - Charging with Care - Extract - Page 51 - Section 108 & Case Study 3.

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## Appendix 1

### ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

**Charges for the care and support provided by Social Services staff to service users residing at "in house" Supported Living Units during the period 1997 to 2003.**

**Charging information provided by the north west Adult Social Services Local Authorities:**

<u>Local Authority</u>	<u>Weekly Charge</u>
<b>A</b>	Did not charge for the care provided in the home from 1997 to October 2002.  Weekly charges from 2002 not provided.
<b>B</b>	Based on income from all benefits apart from DLA Mobility and comparing to the level of basic Income Support for the age and the SDP.  If there was an excess then the weekly charge would be 50% of the excess.
<b>C</b>	Minimum weekly charge £6.00 - discretion for free service in exceptional cases.  No maximum weekly charge. Maximum based on standard hourly rate x number of hours provided. As at 4.January 1999 £6.00 per hour.
<b>D</b>	Minimum weekly charge £3.00.  Maximum weekly charge £27.00 (based on half DLA care component at that time).
<b>E</b>	£20 per week for those in receipt of lower DLA.  £30 per week for those in receipt of higher DLA.
<b>F</b>	Minimum weekly charge £2.00.  Maximum weekly charge of £30.50. (Banded charging)
<b>G</b>	Weekly charge £35.00
<b>H</b>	Minimum weekly charge - 50% of DLA care rate.  Maximum weekly charge - 50% of DLA care rate unless capital held or compensation for personal injury.

<b>I</b>	<p>Weekly charge - £nil</p> <p>The Authority had its own Policy from 1993. Service users were "passportted" free during the period 1993 to 2003.</p>
<b>J</b>	<p>Variable weekly charge based on the service users financial assessment.</p> <p>However, the Authority did not provide details of the weekly charge.</p>
<b>K</b>	<p>Minimum weekly charge £12.16</p> <p>Maximum weekly charge £73.40 (Care assessed between level 1 and 5).</p>

## Appendix 2

### ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

#### Comments from north west Adult Social Services Local Authorities - "in house" Supported Living Units during the period 1997 to 2003.

<u>Local Authority</u>	<u>Comments</u>
<b>A</b>	None Provided.
<b>B</b>	Compared to our policy this seems quite severe. We decided early on that we wanted to ensure that service users were not left with just Income Support, even though this would be more than res. care would do.
<b>C</b>	<p>If compared in hindsight to basic fairer charging principle of allowing basic IS plus a 25% buffer, this principle would have been breached as there would appear to be no buffer in the majority of cases.</p> <p>Not comparable with ILF assessment regulation of taking SD premium and ½ DLA Care which I think (although not entirely sure) was already in place at that time.</p> <p>Extension of charging policy to learning disabilities clients agreed with Learning Disabilities Sub Committee in September 98.</p> <p>Legality of policy was scrutinised by Legal services – no questions of illegality were raised.</p> <p>Our policy gave a personal allowance which was the same for all clients. This was the equivalent of the basic income support for over 60's plus £15.00. 50% of excess income was then charged.</p> <p>There was an appeals process. Extra expenses could be allowed based on carer's expenses and expenses for activities identified in the care plan.</p>
<b>D</b>	<p>The inclusion of the full amount of additional benefit awarded to individuals because of their disabilities leaves them with income levels equivalent to a non disabled person living on benefits. On the surface this appears to leave the disabled service user in the same financial position as a non disabled individual living on benefits. Social policy research has long established that disabled people incur additional costs because of their disability. This underpins the thinking behind the award of disability benefits. The effect of charging in the manner adopted by Wirral is that rather than creating parity this approach puts people with a disability at a distinct disadvantage and they no longer have additional income to pay for the extra costs incurred because of their disability. Following the introduction of the fairer charging guidance in October 2002 the inclusion of disability benefits as income for charging without any regard to spending on disability related items was contrary to the guidance.</p>

<b>E</b>	None Provided.
<b>F</b>	None Provided.
<b>G</b>	Understanding was that up to 2003 authorities could charge what they deemed suitable. Most adopted a flat rate. This authority only took into account the DLA and ignored SDP, approx half of what Wirral charged. Whether this is more suitable would be a matter influenced by local circumstances that would have been reasonable at that time.
<b>H</b>	<p>Our Authority along with other Councils had a major task in implementation of the guidance on fairer charging in accordance with the timescales required. Prior to the guidance our Authority had a system of flat rate charges for services provided. A passport system for those who paid over £30.00 per week was available to those people most in need together with an appeals policy was available to consider case of hardship under the flat rate charging system.</p> <p>While charging is not mandatory, there is an expectation from central government that Council's will charge for services, LAC (94) (1) refers. Health &amp; SSD Social Security Adjudications Act 1983 say that Local Authorities may charge for most services. In the case of non-residential services charges must be reasonable and not more than reasonably practical for the individual user to pay. It is up to each Council to determine the policy for non-residential care services as there is no national scheme just guidance.</p> <p>Service user need to be informed of their right of appeal if they consider charges to be unreasonable and informed of the reasons of any decision. Where a client lack capacity to deal with their own financial affairs support to appeal may be required if no legal representative appointed or family member is able to offer support. It is my view that clients should be left with a reasonable amount of money for personal needs from chargeable benefits.</p>
<b>I</b>	No guidelines were given during that period. Charging would have been up to the discretion of the LA.
<b>J</b>	None Provided.
<b>K</b>	None Provided.



**ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003**

**Question submitted by a Member and comments from north west Adult Social Services Local Authorities:**

**Question:**

*"In 1999, was the charging policy to which you referred in your earlier response:*

*(a) a single charging regime for domiciliary care etc., applied to all supported living establishments?*

*or*

*(b) a separate policy applied only to a subset of people receiving care and if so, how was that subset identified?*

*I would be grateful for any further comments you may wish to make regarding (b)".*

**Comments Received:**

<u>Local Authority</u>	<u>Option A or B?</u>	<u>Comments</u>
<b>A</b>	<b>N/A</b>	This Council did not begin charging until 2002 as a result there was no charging policy in 1999.
<b>B</b>	<b>A</b>	I can confirm the response to be (a).  The policy devised was applied to all establishments managed by the local authority even though some services were provided externally (eg. Mencap).  There were some other Supported Living provisions managed and provided by Health but these were exempted from charge contributions by virtue of their 'Health' status. These were brought into the scheme when the funding structure changed and these users were also deemed liable for the 'social care' charging policy.
<b>C</b>	<b>A</b>	Our 1999 charging policy would definitely come under the definition of (a).
<b>D</b>	<b>A</b>	A single charging regime for domiciliary care etc., applied to all supported living establishments.

<b>E</b>	<b>A</b>	The Council applied option (a) single charging regime for domiciliary care etc., consistently applied to all supported living establishments.
<b>F</b>	<b>A</b>	We are pretty certain that our answer is (a) – one charging policy for all supported living establishments.
<b>G</b>	<b>B</b>	The charging policy in use in 1999 was applied only to a sub set of people in 24 hour supported accommodation.
<b>H</b>	<b>B</b>	<p>In 1999 as far as I am aware the charging policy for supported living establishments was different to that applied for domiciliary care where most people paid a flat rate charge based on the level of services provided i.e. number of home care visits/hours of service provided.</p> <p>A separate charging policy applied to people in supported living who contributed based on the benefits.</p> <p>It is my understanding that charges for non-residential care is discretionary and under Section 17 of Health &amp; Social Services &amp; Social Security Adjudications Act 1983 the authority shall not require him to pay more for it than it appears to them that it is reasonable practicable for him to pay.</p> <p>The difficulty in this matter is determining what is "reasonable" as each case may require a financial assessment &amp; benefit check to determine what charge to apply - this would also require an appeals system in cases of hardship as the authority has discretion to charge or otherwise and it can not fetter its discretion under the charging regulations.</p>
<b>I</b>	<b>N/A</b>	Prior to July 2003, people residing in supported accommodation were not charged for services.
<b>J</b>		Did not reply.
<b>K</b>		Did not reply.

METROPOLITAN BOROUGH OF WIRRAL	
To: 1	[REDACTED]
Locality:	HQ
From:	[REDACTED]
	A.O.T.
Date:	22-11-00



# Metropolitan Borough of Wirral

Social Services Department

## Charging Policy Review – Implications for Supported Living Schemes Briefing Note

There is currently a special charging policy which applies to people who access Supported Living Services also known as Independent Living Schemes, Community Living or Group Homes. It may also apply to people who had been placed with foster carers but who are now aged over 18.

Service users subject to the above policy were not included in charging policy review which was presented to a special Social Services Committee 26 July 2006. Para 4.24 of this report stated that "a further report will be submitted to Adult Community Care Panel and Social Service Committee outlining charging management for this client group".

However, the proposals outlined in the revised charging policy should be considered applicable. In summary, the proposals are that:-

- ❖ When disposable income is below £7.40 over basic income support level there is no charge
- ❖ When disposable income in excess of £7.40 over basic income support a charge of 27% is applied or the price for the care package which ever is the lower (most usually in supported living it will be the former)
- ❖ A charge against severe disability premium of 27% be applied
- ❖ When Adult DLA care component is received a charge of 14% of that benefit is applied

The income implications of applying revised charging policy to support living services is as follows:

	Special Charging Policy	Charging Policy Review	Income Deficit
D.L.A. Care (higher)	53.55	7.50	46.05
(middle)	35.80	5.00	30.80
(lower)	14.20	-	14.20
S.D.P.	40.20	10.85	29.35

Accordingly, each service user accessing supported living services will be better off 86% in respect of DLA (Care) and 73% of SDP. Income deficit should be recovered through transitional housing benefit scheme of Supporting People Framework. Therefore it is fundamental to implementing charging policy review that housing benefit claims are maximised. Moreover this policy should be applied to private/independent placements where the Department has secured an intensive

holistic package based on an assessment of social care needs throughout each 24 hour period" (Special charging policy). This presently does not happen.

The principles outlined in charging policy review comply more fully with CIPFA guidance on developing charging policies in respect equity, consistency and simplicity. It is therefore recommended that the special charging policy be withdrawn. Further recommendations include:

- ❖ Monitoring of transitional housing benefit claims
- ❖ Effective systems for recovery of transitional housing benefit relating to support from care providers
- ❖ Further consultation with independent/private care providers in respect of applying revised charging policy

For comment –

cc.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]/eb/chargpoimm

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**COMMUNITY**  
NHS TRUST

**memorandum**

APPENDIX 5

to: [redacted]  
Divisional Manager  
Finance & Operational Support

date: 06 April 2001

[redacted]  
Residential & Community Support Finance Manager

from: [redacted] Supported Living Development Officer

my ref: [redacted] JB  
your ref:  
tel:

act: **RE: SUPPORTING PEOPLE - CHARGING CONSULTATION PAPER**

Attached, Supporting People consultation paper on charging and means testing. Further details of how charging will operate in Supporting People will be laid out following the outcome of the consultation.

Thanks.

[redacted]

[redacted]  
Supported Living Development Officer

Enc





Charging Policy Review – Implications for Supported Living Schemes  
Briefing Note

There is currently a special charging policy which applies to people who access Supported Living Services also known as Independent Living Schemes, Community Living or Group Homes. It may also apply to people who had been placed with foster carers but who are now aged over 18.

Service users subject to the above policy were not included in charging policy review which was presented to a special Social Services Committee 26 July 2006. Para 4.24 of this report stated that "a further report will be submitted to Adult Community Care Panel and Social Service Committee outlining charging management for this client group".

However, the proposals outlined in the revised charging policy should be considered applicable. In summary, the proposals are that:-

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- ❖ A charge against severe disability premium of 27% be applied
- ❖ When Attendance Allowance care component is received a charge of 14% of that benefit is applied

The income implications of applying revised charging policy to support living services is as follows:

	Special Charging Policy	Charging Policy Review	Income Deficit
D.L.A. Care (higher)	53.55	7.50	46.05
(middle)	35.80	5.00	30.80
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holistic package based on an assessment of social care needs throughout each 24 hour period" (Special charging policy). This presently does not happen.

The principles outlined in charging policy review comply more fully with CIPFA guidance on developing charging policies in respect equity, consistency and simplicity. It is therefore recommended that the special charging policy be withdrawn. Further recommendations include:

- ❖ Monitoring of transitional housing benefit claims
- ❖ Effective systems for recovery of transitional housing benefit relating to support from care providers
- ❖ Further consultation with independent/private care providers in respect of applying revised charging policy

For comment –

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
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## Appendix 6

### ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

**Wirral's weekly average income, allowance and financial assessment charge under the Special Charging Policy.**

Period	Weekly Average Income	Average Weekly Allowance*	Weekly Average Financial Assessment Charge	Weekly Average Charge as % of Income
Oct/Dec 1997 to March 1998	£152.35	£89.02	£63.33	41.57%
April 1998 to March 1999	£164.31	£91.01	£73.30	44.61%
April 1999 to March 2000	£173.40	£92.77	£80.63	46.50%
April 2000 to March 2001	£181.39	£99.48	£81.91	45.16%
April 2001 to March 2002	£187.71	£104.48	£83.23	44.34%
April 2002 to March 2003	£191.59	£107.77	£83.82	43.75%
Average	£175.13	£97.42	£77.70	44.37%

Note:

\* Allowance is the amount of income the service user retains for their own use.

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**ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003**

**Audit Commission Report - May 2000- Charging with Care**

**Extract - Page 25 - Section 45**

2 • WHY ARE COUNCILS CHARGING?

*Much of this guidance focuses on questions of process... Little is said about how 'reasonableness' should be interpreted*

**45.** Much of this guidance focuses on questions of process – over how charges are managed, such as the operation of appeals systems or the monitoring of service take-up. Little is said about how 'reasonableness' should be interpreted. The implication is that this questions has no 'right answer'. Provided that decisions over the principles related to charging are properly debated and resolved, then the resultant approach can be considered to be 'reasonable'. Currently, the only clarification available to managers has come as a result of legal precedent. But even when a legal ruling is made, councils are often divided about how it should be interpreted. For example, while many councils use 'banded' systems to split users into groups based on benefits received, one council visited dismissed this option as contradicting a ruling that all income sources should be treated the same.

**What drives councils' approaches to charging?**

**46.** The analysis carried out of councils' most recent reviews of charging policies shows that financial considerations dominate, overriding concerns about the equity, affordability or understandability of charges (EXHIBIT 7). Given a straight choice between cutting services by tightening eligibility criteria or maintaining services by increasing charges, increasing charges is often seen as the lesser of two evils (although 15 per cent of councils did both in their most recent reviews). Reviews of charges are rarely linked with wider issues of service planning and delivery.

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EXHIBIT 7  
Results of recent reviews  
Financial considerations dominate many charging reviews.

Reason	Percentage
Increase in revenue raised from charges	60%
Significant increase in level of charges (ie, above inflation)	45%
Greater account taken of ability to pay	42%
Closer relationship between charge and care received	40%
Introduction of charges for some previously free services	30%
Alignment with corporate anti-poverty policy objectives	25%
System more simple (easier to understand/administer)	20%
Changes to eligibility criteria	15%
Reduction/abolition of some/all charges	10%
Charging introduced (previously all services free)	5%

Source: Audit Commission survey

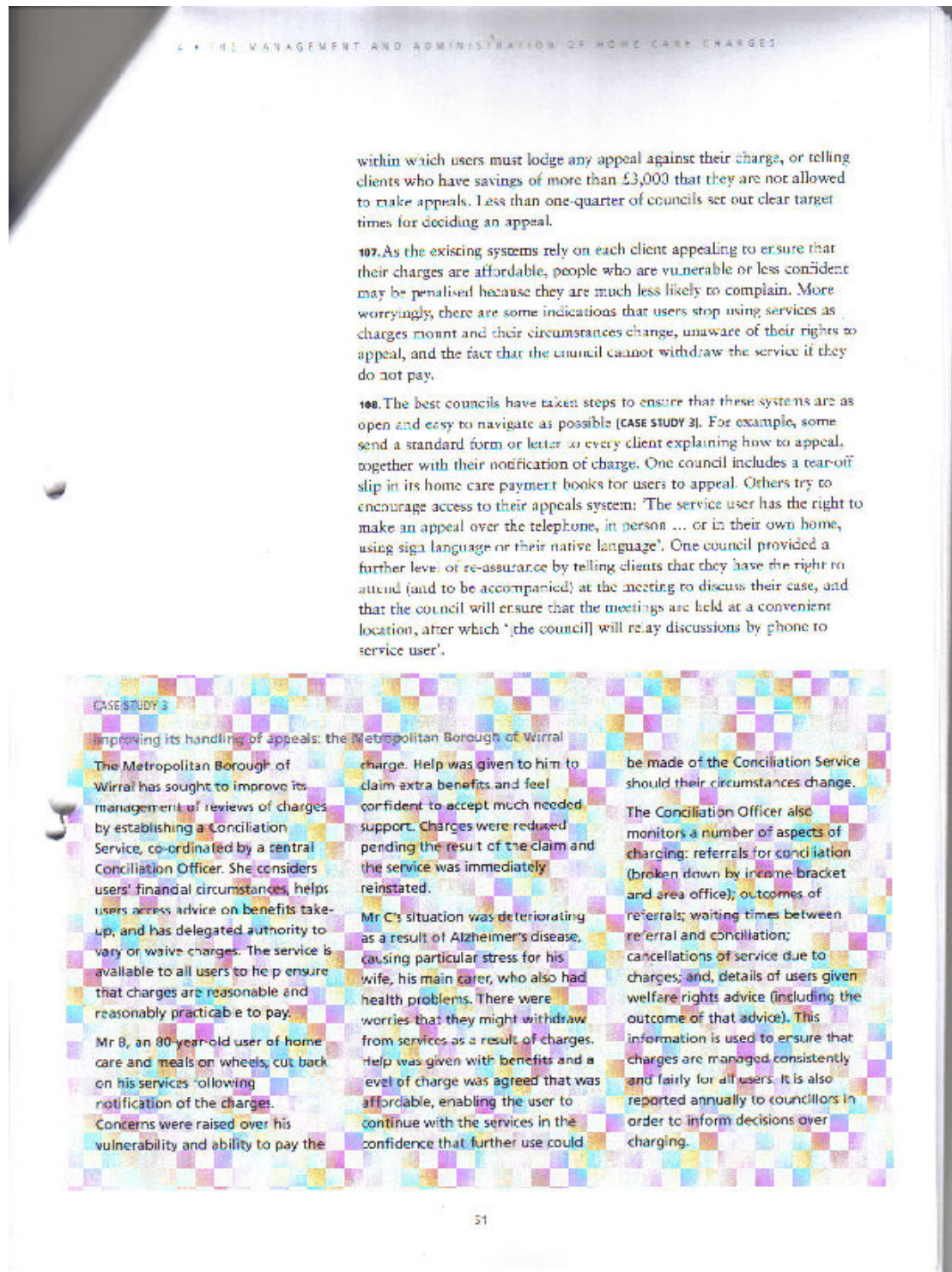
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**ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003**

**Audit Commission Report - May 2000- Charging with Care**

**Extract - Page 51 - Section 108 & Case Study 3.**



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**WIRRAL COUNCIL - AUDIT & RISK MANAGEMENT COMMITTEE****25<sup>th</sup> November 2009****Adult Social Services: Special Charging Policy****1. Introduction**

My name is Martin Morton.

I was employed by Wirral Council between October 1990 and April 2008.

I am currently employed as the Regional Supported Housing & Homelessness Co-ordinator at 4NW – The Regional Leaders Board (formerly the North West Regional Assembly).

I assert that I was forced to resign from my post as Supported Living Development Officer within Department of Adult Social Services in April 2008 after enduring sustained and co-ordinated abuse of power on the part of senior officers of Wirral Council.

At the request of the Director of Law etc; and although I would maintain that the matters detailed in this report and my bullying allegations are inextricably linked I will confine this report to the issue of unlawful charges levied upon people with learning disabilities residing at addresses in Bermuda Road, Curlew Way and Edgehill Road in Moreton between 1997 - 2006.

However, I reserve my right to make a further statement at a later date in respect of my bullying allegations.

**2. Background**

2.1 This report has been prepared following a meeting of Audit & Risk Management Committee held on November 3<sup>rd</sup> 2009 where the Committee resolved that I should be approached to provide information to enable members to consider the implications of the Special Charging Policy, with particular emphasis on the question as to the date from which reimbursement should be recommended.

2.2 Matters pertaining to the Special Charging Policy have been brought before the Audit & Risk Management Committee as a result of a Public Interest Disclosure Act (PIDA) report published by the Audit Commission in August 2008 and have been subject to consideration at meetings of the Committee held on 30/9/08, 4/11/08, 23/9/09 and 3/11/09.

2.3 The PIDA report was the result of an approach I made to the Audit Commission in October 2007 after Wirral Council had failed to investigate or address the allegations I had raised in accordance with grievance and whistleblowing procedures.

(**Note:** Bill Norman (Director of Law, Human Resources and Asset Management) made reference at ARMC on 23/09/09 that I had approached the Audit Commission with four specific issues, two of which the Audit Commission investigated.

This is incorrect. All of the issues I raised in my public interest disclosure were concerned with charging, contracting and monitoring arrangements and all were addressed within the resulting PIDA report.

The Audit Commission further advised that I should also approach the Commission for Social Care Inspection (now part of the Care Quality Commission) with my concerns. Although I did so, CSCI did not consider any of the issues I raised with them to be worthy of further investigation. I found this response to be both worrying and erroneous. This view has been compounded by subsequent events and does not reflect well on the statutory body responsible for monitoring and inspecting the Department of Adult Social Services)

2.4 I had specifically raised issues in relation to the Special Charging Policy from its inception and this culminated in it being included in my whistleblowing and grievance submission in August/September 2006, and despite the assertion by the Director of DASS in his report to ARMC on 6/11/09 ( para 2.1) that nobody had raised any concerns prior to 2000. It should be noted that a Charging Policy review was proposed at Social Services Committee in September 1999. This report states

*“Several other anomalies were also identified whilst reviewing the Charging policy, these included charging some clients for day care and not others, providing free day care to people in private sector accommodation and a separate assessment policy for those service users in supported living accommodation” (para 1.3)*

The basic premise of my grievance was that I was being treated in a detrimental way because I would not desist from trying to address concerns in relation to supported living schemes (which essentially was what I was employed to do).

My grievance was about the way I was being treated detrimentally for trying to do my job whilst the whistleblowing aspect of my submission detailed the specific concerns I had persistently raised. This aspect of the case has always been a matter of seeming complexity but which I consider to be very simple.

I wish to state in this context that although issues relating to the Special Charging Policy were a significant aspect of my submission it was by no means the most serious concern I raised. I was particularly anxious that abusive practices, primarily but not exclusively, concerned with independent providers should be tackled as a matter of urgency. My grievance was that I was being treated in a detrimental manner because I was a whistleblower and that's why I was advised by **[firm of solicitors] ([name of Trade Union])**'s solicitor) to submit my concerns under both procedures.

However I concluded that after seven months of stonewalling by DASS senior officers that whatever procedure I had invoked there was no intention of investigating my concerns.

This led me to progress to a Grievance Appeal hearing in accordance with Wirral council procedures.

(Note: From March 2007 I had no representation from (**[name of Trade Union]**) after they failed to provide me with the legal advice which they had agreed to provide. When I paid for my own legal advice (**[name of Trade Union]**) duly informed DASS that they no longer represented me. (**[name of Trade Union]**)'s position in relation to my employment dispute is summed up in the following quotes made by (**[name of Trade Union]**) officials: "Are you on some kind of crusade?," "You do realise you're making yourself unemployable", "You're just going to have to accept you work with **[derogatory comment]**", "Nobody will listen to you, **[Officer A (DASS)]'s the blue-eyed boy who [reference to achievement by Officer A]**".

2.5 I wrote to Wirral Council Chief Executive Steve Maddox on March 2<sup>nd</sup> 2007 in accordance with whistleblowing/grievance procedures and specifically in relation to:

- Gross maladministration
- Financial mismanagement
- Collusion with abuse
- Bullying

Mr. Maddox responded on March 7<sup>th</sup> 2007 informing me that he had put the matter in the hands of **[Officer B (Corporate Services)]**, and that I would hear from him shortly.

Although I have requested, under the Data Protection Act, access to correspondence between Mr. Maddox and **[Officer B (Corporate Services)]** indicating that they were progressing this matter in accordance with Council procedures, I have yet to receive a response, despite the request now being overdue.

2.6 The issue of the Special Charging Policy being persistently raised and consistently ignored was a key feature of my whistleblowing/grievance submission and is detailed on pages 27-34 of the bundle presented at my Grievance Appeal "hearing" which took place on July 2<sup>nd</sup> 2007. Reference is made to a number of documents where I evidence that I attempted to persuade senior officers of DASS to take appropriate action:

The following is a selective chronology of the issues I raised:

- **November 2000** I compiled a briefing note highlighting that service users subject to Special Charging Policy were excluded from Charging Policy Review. I recommended that they should be included as *"the principles outlined in charging policy review comply more fully with CIPFA guidance on developing policies in respect of equity, consistency and simplicity"*

- **October 2002** I again raised concerns about the Special Charging Policy describing the matter in an email as *"a potential time bomb and it never seems to get addressed"*. I stated that *"The existing charges in relation to Edgehill Rd, Curlew Way and Bermuda Rd should cease"*

**- February 2004** I compiled an Advice Note which reiterated much of what I'd already reported. However I did add that: *"It would be prudent to consider reimbursement of charges to tenants at Edgehill Rd, Curlew Way and Bermuda Rd initially to cover the period of the consultation process. It should be noted that the legitimacy of the Special Charging Policy has already been challenged by the Wirral Mind Advocate and members of staff within the West Wirral Learning Disabilities Service. This matter could be subject to legal challenge and has the potential to compromise the Department"*

**- May 2004** I further highlighted inconsistencies in charging policies via email as follows:

*"Birkenhead [referring to Balls Road] seems to operate a charge that bears no relation to any policy, Cabinet approved or otherwise and differs from tenant to tenant. Meanwhile Wallasey is not subject to any charges with the result that tenants are racking up savings and could ultimately make them responsible for paying rent and (being) ineligible for SP (grant).*

*The SP team will definitely pick up on these anomalies and it will not reflect well on our Department*

*I know that [Officer C (DASS)]/ [Officer D (DASS)] are not in favour of rocking the boat but I would suggest that charges are halted at Birkenhead, so that at least there is a semblance of consistency between the two and explain to SP that the charging policy is subject to consultation. This would further highlight the discriminatory charge at West Wirral – but I feel I've done that one to death"*

**- July 2004** My concerns continued to go unheeded and I was compelled to write a further email: *"I am further concerned that I am being asked to collude with institutional financial abuse.....this is unacceptable and I am requesting that action is taken to cease these charges (which are without authority and are discriminatory)....I know that work is being undertaken in relation to these issues but I would like to stress the urgency of a satisfactory resolution"*

**- November 2004** In a memo from [Officer E (DASS)], to [Officer A (DASS)] my former colleague stated:

*"Currently the Department is charging some of our service users in establishments such as Curlew Way and Bermuda Rd while others such as Cardigan Rd, Langdale and Serpentine Rd pay nothing.*

*I understand from Martin that this is to be looked at under the Revised Fairer Charging Policy.*

*It has been suggested that until this has been completed ,to be fair to our service users, charges being made for some residents should be put on hold until the policy is finalised.....This would allow a breathing space while the issue of charging is resolved. Would you be in agreement with the current charges ceasing as soon as possible?"*

- **December 2004** A lack of any response to this memo prompted my comment via email that "I am very disillusioned that I am effectively being asked to collude with this discriminatory policy" and which led to the following email exchange

Martin Morton to [Officer C (DASS) and Officer D (DASS)] :

*"I understand that matters in relation to charges in supported accommodation are being addressed in relation to fairer charging. However I am continuing to have enquiries with regard to possible timescales for this to be resolved, especially as this is causing difficulties in relation to tenants with mental health needs and learning disabilities accumulating large amounts of money that is affecting their ability to claim benefits and manage their money effectively. Can you advise"*

[Officer C (DASS) and Officer D (DASS)] replied respectively:

*"I have advised [Officer E (DASS)] that we need to have an overall strategy and not make a series of pragmatic decisions"*

*It is one of the policy options for Council and then in the budget Cabinet in february .So [Officer D (DASS)] is right we shouldn't "decide" things before that. The Charging policy Review Group hasn't met yet and will be represented by users and carers and each political group. This is not likely to happen now until the new year. My suggestion is that any new policy won't now be implemented until April 2005. In terms of users accumulating large amounts of money, dare I say "let them spend some on things they want" so long as it's their ideas"*

I replied:

*"I think we'd all agree on your last comment ,however in the case of one service user who the original query was concerned with, there's only so many leather coats a person can buy (13 at the last count!)"*

A further six months elapsed before I enquire of [Officer C (DASS)] in **May 2005**:

*"I need to respond to an enquiry from an independent supported living provider who is basically saying "tenants need to be subject to fairer charging because they're accumulating so much money it's affecting their benefits" and what is SSD's current position?."*

*After our Divisional meeting yesterday were financial matters were paramount it appears to me there's a whole raft of money the department is missing out on particularly in relation to a Supported Living provider which was identified as a "hot spot". What's more the implementation of an appropriate charging policy would assist in relation to certain providers who make unspecified charges in relation to "care and support" when it's SSD who foot the bill".*

2.7 Subsequently a Charging Policy Working Group met in **August 2005** – "Several months later than was originally anticipated". Although I recommended a participant

from Mencap be part of this group, there was no representative from a learning disabilities perspective. This is specifically detailed as follows in the minutes of this group held on August 22<sup>nd</sup> 2005:

**“[Officer C (DASS)]** *reported there some groups, and service types ,not being charged in the same way. These were 1) Adults with Learning Disability who attend Day Centres and 2) Adults living in Supported Living Services – previously classed as residential care. The Group felt this was unfair, and that everyone should be assessed in the same way, although it was noted the group most affected were not represented at this event”.*

The exclusion, even if unintentional, of a group of people who are in most need of support and advocacy in respect of their finances does not reflect well on the process of consultation or the Council. The Health & Social Care Committee agreed to make recommendations to Cabinet following a period of further consultation with service users and carers. The Cabinet report presented on **December 1<sup>st</sup> 2005** stated that *“current financial pressures demand that further options are considered to raise income in a fair way that is consistent with the principles outlined in the Fairer Charging guidance”.*

No reference is made in the report to the Special Charging Policy or that the Charging Policy Group considered it to be *“unfair”*.

A Briefing Note was issued in **January 2006** which stated that *“adults aged under 65, are included in the charging policy (some for the first time) and we will communicate directly over the next few weeks”.*

I am not aware that this happened (if at all) for a further twelve months. It certainly hadn't taken place by **June 2006** as evidenced by an email I sent to **[Officer C (DASS)] and [Officer D (DASS)]**:

*“I have spoken to **[Officer F (DASS)]** today and it would appear that tenants are now being charged in accordance with the domiciliary fairer charges and not the residential rate or the “special charging policy” (which has been ceased to be paid).*

*Therefore I would suggest this formula should now be applied across all supported living set ups (internal and external) and a process of informing and implementing the charging policy be agreed”*

**[Officer D (DASS)]** replied:

*“Although I agree with your recommendations regarding the introduction of a charging policy across the sector, the question below was about our in-house services. How much were people being charged in the past ?. When did it cease ?. How much are they being charged now ?. For other people in the in-house services, are they being charged ?, If so how much. Does this address any shortfall caused by West Wirral not being charged as much any more?. Can “someone” work this out please”.*

2.8 This was the background to issues specifically pertaining to the Special Charging Policy which I raised within my grievance / whistleblowing submission which eventually led to a Grievance appeal hearing in July 2007. Prior to this hearing I had a series of meetings with **[Officer A (DASS)]** and **[Officer G (DASS)]**. After declaring in these meetings that he was not accountable to me in relation to matters I had raised I presented a set of 10 questions to **[Officer A (DASS)]**, at the request of **[Officer G (DASS)]**, in **February 2007** which I felt remained outstanding.

The specific question I posed to **[Officer A (DASS)]**, about the Special Charging Policy was::

*“Am I right in suggesting that “Fairer Charging” in relation to supported living services was introduced in January 2007, if so, why was there an unreasonable delay in it’s introduction?, as it is my understanding that it applies charges in accordance with Domiciliary Care arrangements which is something I outlined years previously (2000 to be precise!)*

*Again the Council has lost out on large sums of money whilst simultaneously taking money from tenants in Curlew Way, Bermuda Rd and Edgehill Rd, to which it had no legal right.*

*Are there any plans to reimburse tenants of these addresses for monies that were unlawfully levied over a prolonged period of time?”.*

**[Officer A (DASS)]**’s response was as follows:

*“You are not right in your suggestion. It applied to anyone in non-residential care and has been applied once an Assessment has been completed. The application of fairer charging throughout 2006 has been a result of consultation and assessment of individuals. The Council has not lost out on large sums of money as the charges are fairly low, so as describe them is large is incorrect. These charges by the Council are not unlawful, they are a contribution made by the tenants for their **daily living expenses (my emphasis)**. However I understand it is being reviewed to ensure full complicity with charging regimes.*

2.7 I provided a detailed response which included a chronology and comments which refuted every aspect of **[Officer A (DASS)]**’s response. I feel that a substantial part of my response is worth repeating, primarily because I retain the same stance to this day:

*“I am assuming that the **[Officer A (DASS)]** has been briefed by **[Officer C (DASS)]** with regard to this particular question .If so he has left **[Officer A (DASS)]** particularly exposed and therefore in consideration of the above chronology I would maintain that it is not myself who is “incorrect” or “not right”.*

*It is apparent that a charge for non-residential care was deemed to be required from 1997 (otherwise why would 16 people with learning disabilities be subject to charges from this date?).*

Therefore why did it take a further **9 years** to implement across all supported living services ?. (The unreasonable delay in implementing an equitable system of charging cannot be explained away by the need for “consultation and assessment”).

Consequently I calculate the financial loss (based on DASS calculations) to be at least £1.5 million. **[Officer A (DASS)]** claims that I am “incorrect” to suggest that this is a large sum of money).....

Social Services simply did not have the right to take the money from these vulnerable people. The Department certainly would not have got away with such charges with any other service user group and probably explains why the “special charging policy” was never subject to any consultation processes because I cannot imagine that any organisation which represents people with learning disabilities would ever endorse such an exploitative charging mechanism.

DASS’s position in relation to this charge is indefensible and it is significant that the **[Officer A (DASS)]** fails to address the matter of reimbursement to tenants. I assume that this is because the sums involved amount to approximately £500K – which taking into account the Department’s ongoing financial crisis is clearly considered untenable (The irony of course being that if the Department had been able to organise the implementation of a comprehensive and fair system of charging much earlier perhaps the financial crisis might not be so pronounced.

However I would strongly advocate that vulnerable people should, not have to, quite literally ,pay for the Departments unreasonable delay in implementing a fair charge in relation to ALL supported living services AND failing to cease charges which they knew to be unethical and illegal.

**[Officer C (DASS)]** and **[Officer D (DASS)]** quite clearly recognized that the Department was in a vulnerable position in **February 2004**.....

The former stated:

“Once we go for a “reimbursement the covers blown. However we can’t bury our head in the sand for too much longer as the charging review group will start soon (it could be better to leave it to that group to consider).

By the book :- there is no separate charging policy for this service, so it could be argued the domiciliary care charging policy must apply (and should have since '97 and that will mean a hefty reimbursement.

I would suggest we go to Cabinet in the political downtime (May –June) to get agreement for a “special charging policy for supported living as part of the budget strategy”.

Meanwhile **[Officer D (DASS)]** does not concern [his/herself] with issues of financial mismanagement/ abuse but instead comments; “I am further disturbed by the staff at West Wirral complaining about this”.



These two statements neatly encapsulate how the Department tends to turn the moral universe upside down to justify their ends.

Somehow, suddenly it becomes acceptable to financially abuse vulnerable service users, expect staff to collude with abuse, dupe Elected Members and woe betide any subordinates who dare challenge this view.

I was prevented from having any further input into the process by the actions of senior management, which also be addressed as part of my bullying allegation.

2.8 When I took the matter to a Grievance Appeal hearing held on **July 2007** I naively thought I would get a fair hearing and the various matters I had raised would be finally be addressed.

However after taking ten months to bring the matter to the attention of members I withdrew from the process for reasons that will be a key feature of a forthcoming investigation into my allegations of bullying.

**(Note:** This Appeal hearing was chaired by Cllr. Pat Williams who was part of the Charging Policy Group who had recognized in August 2005 that the Special Charging Policy was “*unfair*”. Also part of this group was Cllr. Denise Roberts, who addressed Council on November 2<sup>nd</sup> 2009, to reject a proposal that there should be an external investigation into the issues arising from my grievance/whistleblowing allegations. I would question whether under the circumstances Cllr.Williams or Cllr.Roberts should have made a Declaration of Interest).

2.9 Subsequently I approached **[Officer B (Corporate Services)]** and **[Officer G (DASS)]** in October 2007 enquiring whether an investigation had taken place into my whistleblowing allegations.

Their respective responses and actions will also need to be considered as part of the investigation into my allegations of bullying.

2.10 Therefore having exhausted all internal processes I approached the Audit Commission in accordance with the Public Interest Disclosure Act on October 16<sup>th</sup> 2007

2.11. The Audit Commission subsequently published their report “Adult Social Services – follow up of a PIDA Disclosure” in August 2008 and it was considered by Wirral Council’s Audit & Risk Management Committee on September 30<sup>th</sup> 2008.

I have raised concerns directly with the Audit Commission in respect of this report, most particularly in relation to the appropriateness of the organisation under investigation (Wirral Council) having to pay the Audit Commission £15,250 for the report. I am not suggesting any impropriety but I am concerned that Wirral Council had the opportunity to direct the investigation and amend the final report. There were a number of specific concerns pertaining to the information that was or was not provided by DASS senior officers in relation to the Special Charging Policy which I have extracted from an email sent to Iain Miles and Michael Thomas from the Audit Commission on 25<sup>th</sup> September 2008:

*"The matters I wish to draw to your attention are :*

- Page 1 (paragraph 1) of the report states that I approached the Audit Commission in **October 2007** with a PIDA disclosure and yet officers of Wirral Council (P12,para.38) claim that my post ( Supported Living Development Officer) had been vacant since **May 2007**. The report records this statement as fact. This is simply untrue. The post became vacant upon my resignation in **April 2008**. I therefore consider the claim that there was no-one around to "identify cases where unfair charges were applied" to be deliberately misleading..... Moreover Senior Officers of Wirral Council already knew about unfair charges and had done so according to the report "for several years"/" since 2001" (p.6 para.14 & p.13 para.42 respectively) .*
- Page 5,para 10 of the report is particularly worrying as it states that: **"It is not clear** from discussions with officers the extent to which the charging policy was in place or whether it was approved by members". The answer to this question would be apparent if the matter had been investigated properly..... I provided details of addresses (Curlew Way, Bermuda Rd, Edgehill Rd. It was never applied elsewhere) and excessive charges (£81.25 -£101.25 per tenant per week) which would have been confirmed if financial records were scrutinised. Were Wirral Council officers asked to produce a copy of a Committee report sanctioning the charges. It would appear from the report that they weren't. I simply do not understand this. There has always appeared to be a marked reluctance on the part of the Audit Commission to adequately address the issue relating to institutional financial abuse. Instead the report accepts the utterly meaningless explanation offered by Council officers: "We understand that the charging policy was due to discrepancies between different housing units and how service users were charged".(P.12 para.39). There is a much more succinct and accurate explanation: if you take money from an individual (vulnerable or otherwise) to which you have no right it's called theft. The result of this theft left a young man with learning disabilities so destitute that he has to apply to a welfare fund to buy clothes. This wasn't an accounting error. This was systematic and callous abuse and is evidenced by the statement recorded in an email by a Senior Officer of Wirral Council who no doubt was questioned during your investigation: "Once we go for reimbursement our covers blown".*
- To add insult to injury it would appear that to minimise the compensation due to victims of financial abuse, the Council "commits" itself to undertaking financial assessments that would identify the amount of compensation that should be paid from April 2003. Why does the Audit Commission find this to be acceptable?. The tenants of Bermuda Rd, Curlew Way and Edge Hill Rd were being financially abused from 1997 as charges were backdated (not 1999 as stated in your report -P.12 para 39) What is the rationale that compensation be awarded from April 2003. The unlawful and excessive charges clearly relate to the period Oct 1997 - 2006 (Edgehill Rd) and Dec 1997 - 2006 (Bermuda Rd & Curlew Way).*
- Moreover it would be appear that it is acceptable that tenants will have to wait until March 2009 for assessments to be complete. The Council agreed to*

compensation 5 years ago and as yet, as you state in your report, " No such compensation has yet been given....." (P.12 para 40). There is no reasonable rationale for this further delay. It is a matter of simply adding up what charges were made upon the tenants of 3 addresses between 1997 - 2006 and paying it back.....

- I may not appreciate the protocols, politics and processes involved in compiling a PIDA report, however I am concerned that the final report contains the expression "It is not clear....." on 3 separate occasions.....
- I was surprised to read that "draft proposals for contract monitoring are currently being progressed which may include the appointment of a Supported Living Development Officer" (P.9, para 24). Putting aside the matter that this was my substantive post, I am taken aback by the fact that the Audit Commission accepts such vague, non-committal expressions as "draft proposals" and "may". There is no coincidence that the absence of this post has directly contributed to the headline in the Daily Post 23/9/08: "Number of Vulnerable Adults Abused Doubles" .If there are "no formal arrangements" (P9, para 24) to monitor Supported Living providers public money will continue to be wasted and vulnerable people will continue to be abused

Needless to say I am deeply disappointed by the report, not just because of the content but also because of the inordinate delay in reporting on straightforward matters of fact. That you only started investigating my disclosure when my position became untenable with Wirral Council (January 2008) is a matter of grave concern....."

## 2.12 Audit & Risk Management Committee (30<sup>th</sup> September 2008)

Iain Miles presented the PIDA report to ARMC and made specific reference to Bermuda Road, Curlew Way and Edgehill Road.

The minutes of this meeting state:

*"The Director of Adult Social Services had welcomed the Audit Commission report, and **[name of officer deleted as not in Minutes]** (the Head of Service - Wellbeing and Communities) referred to the Action Plan that had been produced to ensure compliance with the recommendations. She was confident that all of the issues had been addressed by the Department, and commented that a police investigation had concluded that there had been no illegal events. However, there remained concern that there was a risk that an independent Supported Living provider could be charging people unfairly for services, although there was no evidence of this. She indicated that a review was being undertaken to ascertain whether people had contributed more than was due under Fairer Charging for services provided by the Council. The review was planned to be completed by March 2009 and where it became clear that service users had contributed too much, the Department would ensure that reimbursement payments would be made. In response to a question from a member, the Head of Service (Wellbeing and Communities) indicated that although there had not been a 'special charging policy' for care in 1999, some Supported Living service users may have been expected to pay for*

*day to day expenses such as food and transport. It was unclear whether such an arrangement had been approved by members”*

**[Officer D (DASS)]** also replied in answer to a direct question concerning financial liability to the Council in relation to the special charging policy - **"there is no financial liability"** and that the Special Charging Policy was a matter of **"daily living costs"**.

This exchange was not recorded in the minutes and despite entreaties from myself and others that this was *"the most significant exchange of the meeting"* and should be recorded in the minutes, and despite reassurances that they would be, the minutes have never been rectified.

2.13 ARMC 4/11/08.

John Webb (Director of DASS) presented a report to ARMC.

Minutes of this meeting state:

*“He (John Webb) reported that to date, assessments had been undertaken on 351 people and, of those, it appeared that 8 cases had been assessed under the ‘Charging for Residential Care Guidelines’, rather than ‘Fairer Charging’ being applied. However, where higher incorrect charges had been levied, re-imburement would be made. The total financial liability at the present time was £78,499.62. In response to a question from a member, the Director was unable to confirm whether any of the 8 cases referred to were in relation to occupants of Bermuda Road, Curlew Way or Edgehill Road Supported Living establishments. In response to members comments, he proposed to provide information direct to members in relation to the location of those people who had been incorrectly assessed. With regard to concerns expressed by members that, without authority, a ‘special charging policy’ had been applied, he indicated that the funding arrangements for people in Supported Living were complex, with the service costs being funded from three sources:*

- *Housing – funded mainly by Housing Benefits*
- *Support Costs – funded by Supporting People and DASS – sometimes with funding from Health*
- *Daily Living Costs – met by individuals alone or as a living group.*

*The Director reported that he understood it to be around the ‘Daily Living Costs’ that concerns had been highlighted and, whilst work to address concerns with independent providers continued, he indicated that one anomaly had been identified in September 2008 and was being investigated in relation to 5 people living at Balls Road, the only Supported Living accommodation owned by the Council. Although investigations were ongoing, he had evidence in relation to four of the five cases, who were paying differential amounts as a result of being in receipt of differential amounts of Housing Benefit. The arrangement dated back some time and pre-dated Fairer Charging.*

*However, a member expressed the view that the concern highlighted was not around 'daily living costs', but about special charging applied at Bermuda Road, Curlew Way and Edgehill Road.*

*The Director believed that the term 'special charging policy' had been born in the area of 'daily living costs'. Although archive files from the time were no longer available, officers who had been employed in the Department prior to the introduction of Fairer Charging were clear in their recollection regarding some preparatory work that had been undertaken. However, they had confirmed to the Director that to their knowledge no special charging policy had been agreed or applied by the Council. He proposed to issue guidance in relation to daily living allowances but commented that it rightly remained an area for discretion. A member referred to paragraph 39 of the Audit Commission Summary Report, which suggested that a charging policy was applied at some Supported Living establishments. The Director commented that having reviewed the available information, it appeared that any charges applied related to assessments under the 'Charging for Residential Care Guidelines', rather than the Fairer Charging policy which was fully applied in 2006.*

*The Director referred to specific ongoing concerns in relation to an individual provider obstructing the application of Fairer Charging and he indicated that the Department, with legal advice, was now pursuing other processes to secure compliance, with regard to the remaining financial assessments. He reported also upon progress with the accreditation exercise for contracting services and safeguarding vulnerable people and expressed the view that a robust safeguarding policy and procedure were in place in Wirral."*

I was incredulous at the presentation by Internal Audit at this meeting, the Director's report and the responses that he and **[Officer C (DASS)]** gave to direct questions posed by members.

I was particularly concerned that the Director did not know if the newly identified financial liability of £78, 499.62 (previously denied by **[Officer D (DASS)]** at ARMC on 30/9/08) applied to properties at Bermuda Road, Curlew Way and Edgehill Road. I find it inconceivable that the Director knew nothing about these properties, especially when these were the only properties which I had ever raised as part of the PIDA and the only properties mentioned by Iain Miles at the previous meeting of ARMC. I was further concerned by reference to only eight tenants, knowing as I did that the original tenant cohort at the West Wirral properties consisted of sixteen people.

I was further perplexed by the continuing reference to "**daily living costs**" and the denial that there had ever been a Special Charging Policy. As previously evidenced senior officers of DASS had known for years that there had been a policy and it is even noted that they had known within the PIDA report! (See para 2.11).

I found the specific and persistent reference to Balls Road alarming, as the issue under consideration was whether a Special Charging Policy was ever applied at Bermuda Road, Curlew Way and Edgehill Road and if so the potential financial liability to Wirral

Council. I could not understand the motive for introducing an entirely bogus (albeit worrying) issue into the proceedings. As previously detailed in 2.6, DASS had known about the charges issues at Balls Road since 2004 (not September 2008 as claimed by the Director).

Ongoing disciplinary investigations pre-empted any further consideration of the implications arising out of the PIDA report and previous ARMC meetings.

However I was concerned that the £78,499.62 was the figure still being promulgated as DASS's financial liability in this matter. This figure was stated as being definitive by the independent investigator, Vic Hewitt.

2.13 Meeting with Chair of ARMC, Internal Audit, Audit Commission, Cllr. Mountney, Mrs. Margaret Robinson 30/4/09

At a specially convened meeting of the above, representatives from Internal Audit (**[Officer H (Internal Audit)]**) and David Garry) reported that £78K "overcharge" applied to eight unidentified people.

At the meeting I provided information in relation to individual charges that had been made upon West Wirral tenants which called into serious doubt figures that had been presented to ARMC, and presumably to Vic Hewitt as part of his disciplinary investigation.

I subsequently submitted a report to Bill Norman evidencing that the full extent of unlawful charges made upon tenants at Bermuda Road, Curlew Way and Edgehill Road to be approximately £503,000.

I stated in the report:

*"Information verifying these charges should be available in DASS accounts. Tenants paid by standing order and so their own bank accounts would be able to detail the charges as would ledgers kept to account for tenants finances held within the establishments.*

*Internal Audit could identify this information quite easily if the will was there, but clearly it would seem they are pursuing a quite different agenda"*

2.14 ARMC 23/9/09 Report of the Chief Internal Auditor

Adult Social Services – Charging Policy – Service Users Residing at In-House Supported Living Units

This report concedes that *"The calculations in respect of service users at Bermuda Rd etc; are more complete because of detailed information provided to Internal Audit by the whistleblower"* (para 1.7.21)

I would suggest that this surely raises the question as to why the whistleblower was able to provide information that DASS were unwilling/unable to provide.

The report finally concedes that charges levied upon tenants in Bermuda Road, Curlew Way and Edgehill Road were under the auspices of a "Special Charging Policy" (para 1.4.7/1.4.8)

However "*in the final week of preparing this report, Officers in DASS located a hard copy of a report to Social Services Committee on 3 September 1997 entitled "Report on Future Services for people with Learning Disabilities". Committee Services then located the related minute. These are very significant documents*" (para 5.2.3).

The report summarises the findings and concludes (para 5.11.4 – 6.13):

***"Were the Whistleblower's allegations in relation to Fairer Charging and Supported Living validated by Internal Audit's findings?"***

*Irrespective of the label that was (or should have been) applied to the Whistleblower's Grievance, it is now clear that most of the concerns in relation to 'in house' Supported Living and Fairer Charging were correct. As set out above, the Whistleblower raised six such concerns:*

*a) A Special Charging Policy was levied at Bermuda Road, Curlew Way and Edgehill Road between 1997 and 2006.*

*b) The Special Charging Policy was not approved by Members and was thus unlawful.*

*c) Those charges were also excessive.*

*d) The Council lost large sums of money due to a failure to assess service users at other Supported Living Units across Wirral prior to 2006.*

*e) The Council delayed unreasonably in implementing Fairer Charging for service users at Supported Living Units and this had an adverse financial consequence for the service users at Bermuda Road, Curlew Way and Edgehill Road.*

*f) The Council should reimburse the service users at Bermuda Road, Curlew Way and Edgehill Road for monies that were 'unlawfully levied over a prolonged period of time'.*

*Of these six concerns, a) has been validated; b) only very recently proved to be unfounded; c) has been validated in part (for the period April 2003 to February 2006); d) has been validated; e) has been validated and Members are recommended to consider implementing f). Irrespective of the label applied to the Whistleblower's Grievance, his concerns in relation to Supported Living and Fairer Charging were serious and legitimate and should have been promptly resolved.*

*The only point of substance raised by the Whistleblower in relation to Fairer Charging and Supported Living and not validated by Internal Audit is the matter of Members' approval of the principle of the 'Special Charging Policy' at the Social Services Committee on 3 September 1997. However, until earlier this month other current DASS officers appear to have been unaware of that decision" (paras 5.11.4 – 5.11.8).  
e complaint) and a Whistleblow (which concerns*

*danger or illegality that has a public interest or service user/customer aspect).*

*All officers involved in this investigation would like to express their appreciation of the Whistleblower for raising these matters and for providing evidence to the investigation. Members may wish to express their appreciation of the Whistleblower's actions as part of their decision.*

#### **CONCLUSIONS**

*Between October 1997 and February 2006 a 'Special Charging Policy' also referred to as 'Modified CRAG' was implemented by the Council in relation to the provision of care and support by Social Services/DASS staff at the 'in house' Supported Living Units at Bermuda Road, Curlew Way and Edgehill Road, Moreton.*

*The charges referred to in 6.1 above were consistent with the principles for charging at 'in house' Supported Living Units approved by the Council's Social Services Committee on 3 September 1997.*

*The principles for charging at 'in house' Supported Living Units approved by the Council's Social Services Committee on 3 September 1997 were intended to be applied by officers in relation to all 'in house' Supported Living Units in Wirral.*

*On balance, between October 1997 and April 2003, the charges referred to in paragraph 6.1 above, were reasonable and lawful and should not be subject to any reimbursement.*

*On balance, between April 2003 and February 2006, in relation to the charges referred to in paragraph 6.1 above, in so far as the sums actually paid by an individual service user exceeded what they might reasonably have been required to pay had the Council implemented Fairer Charging in April 2003, such charges were excessive and should be subject to consideration of reimbursement.*

*If the suggestion in paragraph 6.5, above, is accepted, the service users at Bermuda Road, Curlew Way and Edgehill Road, Moreton, were subject to excessive charging totalling **£116,300**.*

*If, in line with paragraph 6.5 above, reimbursement is to be considered, officers should seek to reach agreement with individual service users (and their family and/or advisers) as to the most appropriate, lawful solution, having due regard to the best interest of the service user in question.*

*The delay in implementing Fairer Charging at the other 'in house' Supported Living Units across Wirral (apart from those at Bermuda Road, Curlew Way and Edgehill Road) between April 2003 and February 2006 meant the Council failed to attempt to collect £156,400 of income to which it was legally entitled, but cannot now legally seek to recover.*

*The failure to assess service users at other 'in house' Supported Living Units across Wirral (apart from those at Bermuda Road, Curlew Way and Edgehill Road) prior to April 2003 meant that the Council failed to attempt to collect around £300,000 of income to which it was legally entitled, but*



cannot now legally seek to recover.

*That officers did not recognise that elements of the Whistleblower's Grievance should more appropriately have been dealt with under the Council's Whistleblowing Policy. Irrespective of the label applied to the Whistleblower's Grievance, the concerns in relation to 'in house' Supported Living and Fairer Charging were serious and legitimate and should have been promptly resolved.*

*In the light of paragraph 6.10 above, all Council managers should be reminded of the clear guidance contained within the Authority's Grievance Policy as to the difference between a Grievance (or private complaint) and a Whistleblow (which concerns danger or illegality that has a public interest or service user/customer aspect).*

*The only point of substance raised by the Whistleblower in relation to Fairer Charging and Supported Living and not validated by Internal Audit is the matter of Members' approval of the principle of the 'Special Charging Policy' at the Social Services Committee on 3 September 1997. However, until earlier this month other current DASS officers also appear to have been unaware of that decision.*

*All officers involved in this investigation would like to express their appreciation of the Whistleblower for raising these matters and for providing evidence to the investigation. Members may also wish to express their appreciation of the Whistleblower's actions as part of their decision".*

Despite the report claiming that the Council had taken an "intrinsicly reasonable approach" (para 1.7.11) and that, "On balance, however, officers consider that the policy approved by Members on 3 September 1997 was, at the time reasonable and thus lawful", (para 1.7.12) there was very little evidence provided to demonstrate "reasonableness" or "balance".

Although I was given the opportunity to address ARMC and there were many areas covered by the report which I wished to take issue ( 7 pages worth) I chose to concentrate on the issue of reasonableness ("The Council's legal power to charge is limited to what is reasonable" para 14.10 ).

I detailed a number of reasons why the Special Charging Policy should still be considered "unreasonable " for the entire duration that it was imposed on tenants of Bermuda Road, Curlew Way and Edgehill Road , regardless of the impact of the "very significant " documents described above .

However none of my comments were originally recorded in the published minutes of ARMC.

2.15 ARMC 3/11/09 Report of the Chief Internal Auditor

Adult Social Services – Charging Policy –Service Users residing at "In –House" Supported Living Units during the Period 1997 -2003

I would ask members to clarify the respective positions on the Special Charging Policy:.

- Internal Audit – unlawful 2000 - 6
- Director of DASS –unlawful 2000- 6?
- Director of Law - unlawful 2003-6

What is the rationale for these decisions and have their respective positions changed and if so why have they done so ?.

As a point of clarification has the position been revised from the Director of Law's stance in the light of the 2000 report (p.26/27 Appendix 4) written by myself as Supported Living Development Officer?.

Can I further refer ARMC to Director of DASS's report (para 2.1 p.51): *"It does not appear to me from the documentation I have seen, including that presented to internal auditors that the policy agreed in 1997 was challenged or questioned in the years immediately following up until late in 2000"*.

I have previously referred in para 2.4 to the Social Services Committee report dated 29<sup>th</sup> September 1999 (which you will be aware of because it was referenced in the Internal Audit report to ARMC on 23/9/09) and specifically para 1.3 which curiously is not referenced by Internal Audit:

*"Several other anomalies were also identified whilst reviewing charging policy. These included..... a separate assessment policy for those service users in supported living accommodation.*

Therefore it was known that there was an issue with the special charging policy the same year it was introduced, which is prior to 2000.

Again referencing para 2.1 the Special Charging Policy *"was not applied consistently to subsequent Supported Living places that were being established"*.

This is incorrect . The Policy was not applied at all to either in-house or external supported living services either established prior to West Wirral (Balls Road, Shrewsbury Road, North Road and Fellowship House) or subsequently ( Cardigan Road, Langdale Road, Serpentine Road, Livingstone Gardens, Grange Mount)

As ever with the various reports that have been presented to ARMC since September 2008 in response to the Audit Commission PIDA report there seems to be more questions than answers and I have many concerns which I could dispute or seek clarification.

However I wish to concentrate further on the specific issue of “*reasonableness*” which appears to be the crux of this particular matter.

### 3. Reasonableness & reimbursement

I maintain that the special charging policy which was applied to disabled people who resided at in-house supported living establishments Bermuda Road, Curlew Way and Edgehill Road were “*unreasonable* “ and therefore “*unlawful*” and that a full reimbursement of charges made during this period should be made, with interest and without undue delay.

#### 3.1 Reasonableness

I would request ARMC consider the following:

3.1.1 The Special Charging Policy levied on tenants was manifestly and grossly unfair and therefore unreasonable and unlawful (the legal use of the terms of unfair and unreasonable are seemingly interchangeable but I will defer to Mr. Norman on this matter).

3.1. 2 Report of the Chief Internal Auditor Audit Commission “Charging with Care” (para 4.3.1) – “provided that decisions over the principles related to charging are **properly debated and resolved** then the resultant approach can be considered to be reasonable”. No evidence to suggest that Special Charging Policy was ever “properly” debated or resolved has been offered.

3.1. 3 It is unfair/unreasonable to subject a particular group of people (people with learning disabilities) to a separate, discriminatory charge

3.1.4 Committee may have permitted debate but there are no minutes to indicate “debate” took place and the resolution is clearly at odds with the recommendation of the report presente. The report references charges being about level of need while the resolution refers to level to income (reference 4.1.1).

3.1.5 The Special Charging Policy was implemented without any consultation (bringing further into focus the question of whether the matter could have been considered to be “properly” debated) .Indeed as previously highlighted it would appear Learning Disabilities advocates or interest groups have never been formally involved in consultations relating to charging policies. ( Notes of Charging Policy Consultation meeting held on 22<sup>nd</sup> August 2005 :

3.1.6 It is ludicrous to suggest that the Special Charging Policy was not applied “consistently” as the Director of DASS claims in 2.1 of his report to ARMC. As I

stated in the questions to **[Officer A (DASS)]** submitted as part of my Grievance Appeal submission and quoted in para 2.8:

*“The Department certainly would not have got away with such charges with any other service user group and probably explains why the “special charging policy” was never subject to any consultation processes because I cannot imagine that any organisation which represents people with learning disabilities would ever endorse such an exploitative charging mechanism”.*

A specific example where the imposition of the Special Charging Policy would have undoubtedly met with resistance was Fellowship House, which became part of West Wirral Area in 2000. The tenants of this property would not have tolerated such an excessive charge whilst they were paying £25 per week “all-in”, which included food and utilities. Tenants of the other West Wirral properties meanwhile were charged in accordance with the Special Charging Policy (in 2000 the highest charge would have been £83.75 per week) PLUS they had to pay for food, transport, utilities from their disposable income.

As requested by ARMC chair at the meeting held on 23/9/09 Appendix 2 (page 19) of the Report of the Chief Internal Auditor provides a list of contemporaneous Local Authority comparators.

3.1.7 I contend that **not one** other Council supports the Wirral stance in relation to the Special Charging Policy and supports my assertion that the Special Charging Policy was unreasonable.

(Can the Chief Internal Auditor please clarify para 5.1 p 10 of his report and identify which Council he thinks had comparable charges to Wirral?).

Comments include:

**Local Authority:**

**B)** describes policy as: “**quite severe**”

**C)** states the principle of fairer charging has been: “**breached**”

**D)** states: “**this approach puts people with a disability at a distinct disadvantage**”

**G)** notes that they charged: “**approx half of what Wirral charged**”

H) reflects (quite rightly in my opinion) the need to consider the issues of: **“hardship” “right of appeal” and “capacity”**. (Again there is no evidence to suggest that these important matters were properly considered let alone fully “debated or resolved”).

3.1.8 It is unreasonable to take an average of 44% of someone’s overall income. (reference para 4.2.2 Report of Chief Internal Auditor). (**Note** : this is 4% above the highest rate of income tax).

Also in reference to para 4.2.2 Report of Chief Internal Auditor I wish to clarify that the comment I made in relation to charges exceeding £100 per week (£101,25 per week to be precise) refers to 2004, and I made reference to 100% of “disability income” (Disability Living Allowance and Severe Disability Premium) not 100% of total income. Neither of these comments were recorded in the minutes)

3.1.9 There should never have been a separate charging policy for supported living schemes (and indeed there isn’t one now). This is neither fair, equal or consistent.

**[Officer C (DASS)]** stated in his email from February 2004) that: *“It could be argued the domiciliary care policy must apply (and should have since ’97) and that will mean a hefty reimbursement”*.

This acknowledges that there should never have been a separate charging policy in the first place and that then, as now, the same policy which applies to domiciliary services should have been applied in this case. (This particular email is part of a very significant exchange which will form part of my conclusion)

3.1.10 The differential between the Special Charging Policy and the charges brought about as part of the Charging Policy Review are detailed on pages 26/27 of the Report of The Chief Internal Auditor .These pages are a Briefing Note I compiled in 2000 and I would ask that members give the note particular consideration.

3.1.11 The issue of hardship was a reality for some (but not all) of the tenants in Bermuda Road, Curlew Way and Edgehill Road during the period of time that the Special Charging Policy was applied. The case of hardship relating to Mr.C can be confirmed by a current and former employee of Wirral Council.

### 3.2 Reimbursement

3.2.1 Since this matter has come before ARMC in September 2008 I have borne witness to members being asked to consider financial liability in respect of the Special Charging Policy change from **none** ( 30/9/08) to **£78,499.62** ( 4/11/08) to **£116,000** ( 23/9/09) to **£243,700** (**£116,000** from period **2003-6** and **£127,700** from period **2000-2003**)( 3/11/09).

I am particularly concerned about the £78K that was detailed by Mr. Webb in November 2008 and would like to ask the Committee to request further details as to how that figure was arrived at, as I understand they relate to eight cases assessed under the Charging for Residential Care Guidelines (CRAG) rather than Fairer Charging being applied” ( ARMC minutes 4<sup>th</sup> November 2008).

3.2.2 However it is my belief and understanding based on all the evidence and on information I have obtained from DASS, that the true figure for a full reimbursement is nearer £500K .This is the figure that I have maintained all along that should be reimbursed to tenants at the West Wirral properties

3.2.3 I would suggest that the calculation arriving at £127,700 is incorrect. (reference 7.2 page 11 Report of Chief Internal Auditor)).It would appear that this figure was arrived at by calculating *“the amounts service users paid during the period ,which were in excess of the charge that would have been levied had the recommendation of the wider departmental charging policy been applied to supported living”*. Might I make reference to 1.7.19 of Internal Audit report considered by ARMC on 23/9/09 in relation to the retrospective application of charges: *“Legally the Council is precluded from seeking to recover this money retrospectively; the money is lost”* . It is simply illegal to try and reduce the financial liability to the Council by applying the charging policy that should have been in place instead of the Special Charging Policy

3.2.3 The Report of Chief Internal Auditor presented to ARMC on 23/9/09 asks members (para 6.5 p.28) to consider reimbursement of charges to West Wirral tenants for the period between April 2003 and February 2006 as such charges were “excessive” It should be noted that Special Charging Policy was still being applied at least until June 2006.

3.2.4 This is evidenced in an email I sent in June 2006 informing **[Officer I (DASS)]** that the Special Charging Policy had finally ceased. She replied: *“The inequity of the charging policy has been a cause for concern for some time and has been brought to the attention of the group looking at Fairer Charging on a number of occasions”*.

3.2.5 Unfortunately as an email forwarded to myself from **[Officer E (DASS)]** to **[Officer C (DASS)]** demonstrates that when the Special Charging Policy ceased the financial mismanagement continued : *“The tenants at West Wirral are receiving invoices from Client Financial Services which are clearly based on residential assessments e.g £409.28 per month.*

*“As you can imagine this is causing quite a lot of distress and renders most of them penniless!. The manager had informed them all that they would be charged 30% of*

*their disposable income plus £7.00 and now these bills have arrived like unexploded bombs”.*

3.2.6 This attempt to minimise the financial liability to the council by putting disabled people at a financial disadvantage has been a persistent feature of this appalling case. It does not reflect well on certain Senior Officers and Elected Members of the Council that they would even contemplate such an approach. It is simply ethically and morally reprehensible and, as I stated at the last meeting of ARMC, brings Wirral Council into further disrepute.

3.2.7 As far as I understand the ethos of the Government policy “Valuing People Now” is that people with learning disabilities should have the same citizenship and equality rights as everyone else. Wirral Council is undermining this ethos by actively denying disabled people their full financial entitlement and therefore I implore ARMC to reject outright the recommendations contained within para 15.2. of the Report of Chief Internal Auditor

#### **4.Balls Road**

4.1 I have grave concerns about the situation at Balls Road and find the sparse information contained within reports of DASS and Internal Audit to be reminiscent of the west Wirral debacle.

Members will be aware from details in para 2.6 of this report that I expressed my concerns in relation to Balls Road in May 2004. Although I mention Birkenhead, my specific concerns were in relation to Balls Road (this can be confirmed by **[Officer J (DASS)]** ).

*“Birkenhead seems to operate a charge that bears no relation to any policy, cabinet approved or otherwise and differs from tenant to tenant.....”*

*I know that **[Officer C (DASS)/ Officer D (DASS)]** are not in favour of rocking the boat but I would suggest that charges are halted at Birkenhead, so at least there is a semblance of consistency....”.*

This matter was brought to the attention of ARMC by Director of DASS in **November 2008** for reasons that are not entirely clear (as it wasn't a part of the Audit Commission PIDA investigation) and yet twelve months later we are no clearer as to what the issue is other than is not related to care charges (reference 4.2.3 page 10).

However these issues appear to relate to “*rent and service charges*” and the Director of DASS now admits to being “*mistaken*” about the matter.

I understand that issues relating to Balls Road are to be considered at Cabinet rather than ARMC. What possible justification can there be for that, as it would appear not be an open and transparent process.

There seems to be an implication that tenants at Balls Road have been paying rent and excessive service charges on top of HB payments. Can the Director of DASS provide this Committee with reassurance that this is not the case, and if it is, what further financial liability upon Wirral Council should ARMC be made aware of?

## 5. Conclusions

5.1 It is by now beyond dispute that the Special Charging Policy was unfair –

*Several other anomalies were also identified ...* – Social Services Committee (September 1999)

*“There is unfairness in the system ...”* - [Officer C (DASS)] (2004)

*“The Group felt this (Special charging Policy) was unfair ...”* – Charging Policy Review Group (2005)

*“The inequity of the Charging Policy has been a concern for some time ...”* – [Officer I (DASS)] (2006)

The Director of Law, HR and Asset Management considers the policy to have been “unreasonable” and therefore “unlawful” . at specific times

5.2 What has become a matter of dispute is whether Wirral Council dealt appropriately and effectively with this “unfairness”.

The Report of Internal Chief Officer for ARMC on November 3rd ( para 3.2 p.8) states that :

*“Further discussions and enquiries were made with DASS officers and managers. All were again open, co-operative and helpful.....”* .

Whilst I do not believe that all DASS staff have been obstructive during Internal Audit’s investigation, I strongly refute that this if this has always been the case If so why have I spent nine years fighting for justice, and why did I lose the job that I was so strongly committed to? I have witnessed senior officers lie to ARMC as they blatantly did to the Audit Commission. (I shake my head in despair every time I hear reference to “daily living costs/funds”).

I have been constantly reminded of the proverb that I included in my original grievance/whistleblowing submission:

*“If we keep up appearances we won’t be found out.....”*

Cllr. Abbey commented at ARMC on November 3<sup>rd</sup> on the “drip, drip ,drip” of information that has been a feature of this sorry saga.



The “*drip, drip, drip*” has been entirely of the Council’s making. I have taken several days leave from work, produced a series of reports (including this one) and provided information as requested to assist with ongoing investigations. If particular senior officers and indeed, particular Councillors had been truly “*open, co-operative and helpful*” I would not have had to get up at 4am to complete this report before I go to work.

Furthermore, I would not have lost my job, there would have been no PIDA report, no suspensions, no investigations, no special meetings, no solicitor’s fees, no Compromise Agreement, no payment of £45,000 to keep quiet, no need for a gagging clause, no adverse publicity and no possibility, as there is now, of the Council bringing itself into disrepute.

Whilst this case has been a terrible waste of Council resources, the personal, negative repercussions for me and my family have been incalculable.

5.3 Wirral Council’s response to this case has been to minimise

a) financial liability and b) serious malpractice.

I have detailed how the potential financial liability has grown exponentially from September 2008 from £0 to £243,700 as investigations have progressed.

I maintain that if I had not pressed ARMC the Council would have agreed to “take the hit” on the £78,499.62 figure detailed by Director of DASS in November 2008 and that as far as they were concerned would have been the end of the matter.

The council charged tenants of Bermuda Road, Curlew Way and Edgehill Road approximately £500K during the period 1997-2006 that I maintain was unlawful under the Special Charging Policy.

I fully understand that these are difficult financial times but that is no justification for unlawfully withholding money that is rightfully theirs from vulnerable people.

It should also be noted this is not just about the Special Charging Policy, this is about **legitimate** charges that were not made, which, according to my calculations, amounts to a sum well into seven figures. Again I strongly refute the previously reported claim that the loss of income amounted to £300,000 especially when I was told by Mr. Norman three weeks prior to the publication of the report presented to ARMC that the loss amounted to £580,000.

The tendency to minimise serious malpractice is reflected in the speech that Cllr. Denise Roberts gave to Committee on November 2<sup>nd</sup> 2009. Cllr. Roberts has kindly forwarded me a copy of her speech wherein she stated:

*“What we are dealing with, quite frankly, is a mess that needs to be sorted out”*

I would suggest that what we are actually dealing with is maladministration, financial mismanagement and an appalling abuse of power.

This tendency is also reflected in the comment that John Webb, (Director of DASS) made in his presentation to ARMC members on November 3<sup>rd</sup> 2009 about the observation made by Dame Denise Platt from the Commission of Social Care Inspection during a visit to Wirral on Mr. Webb's first day as Director. She reasoned that the Department had found themselves in special measures because "*Wirral couldn't count*".

Might I suggest on the evidence of this report that DASS should never have come out of special measures?

If there is a single piece of evidence I would ask ARMC to consider it is the following email exchange which I have already referenced within this report and which I include in its entirety as it demonstrates so clearly the two issues I have highlighted about financial liability and serious malpractice.

**[Officer D (DASS)]** to **[Officer K (DASS)]**

**19 February 2004**

**Subject: RE: Supported Accommodation – Charging Policy**

*How much money are we talking about*  
*a. reimbursing*  
*b. not collecting on a weekly basis.*

*I am further disturbed by the staff at West wirral complaining about this. can I have some more details please.*

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**[Officer K (DASS)] to Martin Morton**

19 February 2004

**Subject: RE: Supported Accommodation – Charging Policy**

*Can you respond to the attached please.*

-----  
**Martin Morton to [Officer K (DASS)]and [Officer D (DASS)]**

23 February 2004

**Subject: RE: Supported Accommodation – Charging Policy**

Information as requested:

*weekly charges amount to £1031.70 (£53,648 p.a).*

*The amount of money involved in reimbursement back to April 2003 would be approximately 48 weeks as at the end of the week. This would amount to £49,521.60. This sum may be seen as damage limitation as technically it could be argued that reimbursement should be backdated to December 1997 which would involve much larger sums.*

*My understanding of the difficulties which staff encounter in West Wirral is having to manage disproportionate charges within the same service as Fellowship House tenants are charged £25 "all in" (inc. food and utilities). Whereas the rest of West Wirral are charged the above amount and pay for own food and contribute towards utility bills.*

*If you require further information please let me know.*

*Thanks,  
Martin*

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**[Officer K (DASS)] to [Officer C (DASS)]**

23 February 2004

**Subject: FW. Supported Accommodation – Charging Policy**

*What do you think?*

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**[Officer C (DASS)] to [Officer D (DASS)]**

24 February 2004

**Subject: RE: Supported Accommodation – Charging Policy**

**Once we go for a 'reimbursement' the cover's blown. However we can't bury our head in the sand for too much longer as the charging review group will start soon (it could be better to leave it to that group to consider?) In the meantime there is 'unfairness' in the system hence my advice to X to consider the broader issues in AMT.**

**By the book:- there is no separate charging policy for this service, so it could be argued the domiciliary care charging policy must apply (and should have since '97), and that will mean a hefty reimbursement.**

**I would suggest we go to the Cabinet in the political down time (May-June) to get agreement for a 'special charging policy' for supported living as part of the budget strategy.... and that this policy maintains the status quo in financial terms but does so more fairly. I would also suggest the impact on individuals and**

**groups in certain living situations are considered in more depth as I was left thinking the charging practice was very diverse and almost locally determined by individual staff (although I could be wrong there).**

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[Officer D (DASS)] to [Officer K (DASS)]

24 February 2004

**Subject: RE: Supported Accommodation – Charging Policy**

[Officer K (DASS)], *to follow on. We should maintain the current position for the moment. There will be a group set up shortly to address this and other charging issues. This will report in to Cabinet with recommendations. At that point we will stop/start charging as necessary. **With other clients who no longer have to pay charges, they are not reimbursed for charges they have paid in the past. This group will be similarly affected (nor do we demand back payment for people who were not charged in the past but who now have to pay).***

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**6. Recommendation**

Despite the apparent complexities of this case I would refer members back to my email sent to the Audit Commission in September 2008 (para 2.11)

*“It is matter of simply adding up what charges were made upon the tenants of 3 addresses between 1997 -2006 and paying it back.....”*

I implore you not to be constrained by political affiliations and to make your decision in accordance with what is right and acknowledge the citizenship and legal rights of people with learning disabilities who lived at Bermuda Road, Curlew Way and Edgehill Road and who were subject to an unlawful charge.

Martin Morton

19 November 2009

## REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

**AUDIT AND RISK MANAGEMENT COMMITTEE 25 NOVEMBER 2009****CHARGING ARRANGEMENTS FOR SUPPORTED LIVING, WIRRAL 1997 - 2003**

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***Executive Summary***

*The purpose of this report is to provide to the Committee my professional comments and views on the policies and practices with regard to Supported Living which were in place in Wirral during the period 1997 – 2003 which have given rise to so much concern. The report is intended to complement both that of the chief internal auditor who has been asked by the Committee to undertake some further investigations and my report elsewhere on the agenda dealing with the wider matters raised in the PIDA. The report also refers to the position at Balls Road, which has been raised in previous reports.*

**1 Background****1.1 The 1997 Charging Policy.**

The report of the chief internal auditor contains comments and comparative information obtained from other local authorities. My own comments are as follows.

1.2 The context of the time needs to be understood. There had, at an earlier period, been two ways in which councils supported adults with needs through their social services departments. For those whose needs were very significant, provision was made in residential and nursing homes. The arrangements for charging for this provision were set out (as indeed they still are) in national regulations Charging for Residential Accommodation Guide (CRAG). Councils had little discretion about how to operate such charging and it was, and remains, very significant for individuals, taking account of their income and any available capital. From the point of view of councils, it provided a significant offset against the cost of making the provision. Historically, councils had also provided help to those living at home, with lower levels of need. This had, at one time, comprised mainly help with cleaning and shopping. Some councils provided this service without charge (indeed a small number still do), some made charges, but with services provided being fairly modest, the charges themselves were correspondingly limited.

1.3 In the years before 1997, it was becoming more and more the practice for councils to seek some third way, whereby through offering more intensive help to people, they were enabled to stay in their homes and avoid or at

least delay the critical step of going into residential accommodation. For people with high levels of learning disabilities the concept of “supported living”, whereby relatively high levels of support were provided as an alternative to residential placement, was being developed. However, the problem for councils was that there was a “perverse disincentive” in making such provision in that the cost was high – perhaps as expensive as residential placement – but Charging for Residential Accommodation Guide (CRAG) could not apply as this was limited to residential placement. Nevertheless councils did, as in Wirral, seek to find ways to develop such provision in order to improve people’s lives. They were, however, faced with the conundrum of how and how much to charge.

1.4 Without any clear national guidance a plethora of different charging arrangements arose throughout the country. This was clearly unsatisfactory and in 2000 the Audit Commission produced a national report “Charging with Care” which described in detail the rather anarchic position across the country with regard to charging. This is an extensive document (although it recognises itself that it could not fully describe the huge range of different charging arrangements which had grown up both between and often within authorities).

1.5 On the question of Council policies it states:

*“In the absence of a consensus over how to proceed and with little guidance over how to interpret their duty to ensure charges are “reasonable” and “practicable to pay”, councils have developed a range of approaches to the design and management of home care charges” (paragraph 21).*

1.6 Further (speaking of existing guidance):

“Little is said about how “reasonableness” should be interpreted. The implication is that this question has no “*right answer*”. Provided that decisions over the principles related to charging are properly debated and resolved, then the resultant approach can be considered to be “reasonable” (paragraph 45).

1.7 The report led, in turn, to the first comprehensive guidance covering all non residential charges – Fair Charging, which was issued in November 2001.

1.8 This background to the state of matters at that time is provided in order better to understand the position in Wirral. With the benefit of hindsight and in particular, with the knowledge of the arrangements brought in following the reviews and guidance described above, my judgement would be that the policy adopted by Wirral in 1997 which appears to have been written very much to address the particular position of people moving from a residential home – Esher House, into their own tenancies, was inflexible and did not take as full an account of all people’s needs as I would have thought desirable. Nevertheless, it is quite clear that it was not the intention of the Council at that time to disadvantage these individuals – rather the Council was seeking to make an improvement in their lives and enable them to have

greater independence than would have been the case had they remained in residential accommodation. I do not consider, again within the context of the time, that the policy could have been regarded as being so “unreasonable” as to question its legality. This is, of course, ultimately a legal question, but that is my judgement as a social worker.

## **2. 1997 - 2000**

2.1 It does not appear to me from the documentation I have seen, including that presented to internal auditors, that the policy agreed in 1997 was challenged or questioned in the years immediately following (up until late in 2000) This is, it must be borne in mind, a period in the history of the department where there is considerable confusion. The department was put into Special Measures at this time (1999 to 2002) and quite clearly matters of internal administration and governance lay at the heart of the problems which led to that designation. It is not entirely surprising, therefore, that there was a period where there was indeed confusion and inconsistency. Nevertheless, what appears to be clear is that for whatever reason, the policy recommended to the Social Services Committee in 1997 and adopted by the Council, was not applied consistently to subsequent Supported Living places that were being established.

2.2 Whilst it appears from the interviews conducted by auditors to have been impossible to clarify precise reasons why this was not done, it is possible to surmise that this arose, either from the confusion referred to above, or from a perception that the needs of service users in other settings were very different and that the 1997 policy was inappropriate or, quite likely, a combination of both. The former residents of Esher House had high levels of need which required 24 hours support. The cost of this will have exceeded the contributions provided. Other service users moving into other supported living settings will have had varying levels of need. The 1997 policy, as I indicate above, did not provide a satisfactory framework, with sufficient flexibility to meet varying levels of need. Clearly, if this is the position that developed – and that appears to be the case – then officers should have placed before Members the anomalies that were arising and the need to provide for a more flexible and appropriate policy.

## **3 2001- 2003**

3.1 Following the Audit Commission report on Charging in 2000 and in the lead up to and following the issue of Fair Charging guidance in 2001 there were further opportunities to lay clearly before Members the position with regard to charging that was developing across the Borough, and to place that within the context of the requirements of Fair Charging (which was due to become operative by no later than April 2003). These opportunities appear to have been missed. A further complexity at the time would have been the development of the “Supporting People” programme which was launched on 1<sup>st</sup> April 2003, to provide housing related support to help vulnerable people to live more independently and maintain their tenancies. There were numerous reports about Fair Charging and working parties operating, but

these failed to provide sufficient clarity for Members to make appropriate decisions. During this period (from 2000-2003) there is evidence that concerns about anomalies and a failure to collect income through not applying charges to some service users were raised within the department, but these did not lead to timely action.

- 3.2 It has already been agreed by the Committee that the slowness in responding to Fair Charging in so far as a new policy was not implemented by April 2003 was in effect unfair to the former residents of Esher House, who continued to be charged according to the 1997 policy.
- 3.3 To sum up, the main points I would wish the Committee to bear in mind when considering this complicated and fraught issue are as follows:
- The original policy for Supported Living was produced in a vacuum of national guidance
  - Whilst, as I have described above, I would have reservations about that policy, the question is: does it fall outside the parameters of what could possibly be regarded as reasonable when Members made the decision to adopt the policy? My view is that it does not.
  - The purpose of the Council in moving people from Esher House was to provide them with greater independence with greater access to benefits which would enable them to enjoy that independence whilst providing an intensive, 24 hour, level of support.
  - There was a clear failure as the position developed, to review and broaden that policy so as to encompass varying needs of people as supported living settings were developed.
  - This was a period when the department was in Special Measures with considerable turmoil, confusion and staff turnover.
  - The department was slow and late in introducing the Fair Charging policy, but it was introduced and has been applied since 2006
  - This issue needs to be resolved, not only in fairness to service users, who have been disadvantaged by these failures, but also to those service users whose needs have to be met by the current serving members of the Department who are under great pressure to deliver a hugely ambitious agenda while maintaining what I genuinely believe are good and improving levels of service to the people of Wirral.

#### **4 Balls Road**

The report of the 23<sup>rd</sup> September 2009 contains reference to the position at Balls Road. There has been confusion about this. Internal Audit have made clear that the “special charging policy” (ie that devised for charging for care in supported living settings in 1997) was not applied here. However, investigations into the charges that have been made for rent and service charges have shown apparent anomalies that need to be resolved. The detail is complex. Once I am satisfied that the history of this has been satisfactorily unravelled, I will write to Members explaining the position. If any action is required as a result of this work, I will report appropriately to Cabinet.



## **5 Financial and Staffing Implications**

The financial implications are dependent on any decision made regarding reimbursement. Options are set out in the Chief Auditor's report.

## **6 Equal Opportunities Implications**

The report provides my views and comments on policy and practice with regard to charges for services in Wirral 1997-2003. These policies and practices may be seen as affecting equal opportunities.

## **7 Local Member Support Implications**

There are no implications arising out of this report.

## **8 Human Rights Implications**

The report provides my views and comments on policy and practice with regard to charges for services in Wirral 1997-2003. These policies and practices may be seen as affecting human rights.

## **9 Community Safety Implications**

There are no implications arising out of this report.

## **10 Planning Implications**

There are no implications arising out of this report.

## **11 Health Implications**

There are no implications arising out of this report.

## **12 Background Papers**

Committee Reports and internal documents.

## **13 Recommendations**

Members are asked to consider the views and comments set out in this report.

**JOHN WEBB**  
**Director of Adult Social Services**

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**AUDIT AND RISK MANAGEMENT COMMITTEE – 25 NOVEMBER  
2009**

Resolution of minute 47 – Adult Social Services – Charging Policy

**Resolved –**

- (1) That the issues contained within the report of the Chief Internal Auditor be noted.**
- (2) That the statement received from Mr Morton be noted.**
- (3) That the Director of Adult Social Services be instructed to seek the approval of the Cabinet for the reimbursement of residents and former residents of Bermuda Road, Curlew Way and Edgehill Road, Moreton for the period dating back from March 2003 to December 2000, based on the difference between the ‘special charging policy’ and the wider review of Social Services charging approved by Members in July 2000; and/or to take any other appropriate restorative action.**
- (4) That the issues contained within the report of the Director of Adult Social Services be noted.**

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WIRRAL COUNCIL

CABINET – 26 NOVEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **OPTIONS FOR CHANGE - TOWARDS A STRATEGY FOR CARE SERVICES**

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### ***Executive Summary***

*This report follows the report entitled “Options for Change – Towards a Strategy for Care Services” which was presented to Cabinet on 23 July 2009. (Included at Appendix 1)*

*It outlines how the consultation process which was requested by Cabinet has been carried out, and gives a summary of the consultation feedback for each area of service. It then suggests options for each area of service, which are based on the information within the original report and an analysis of the consultation feedback.*

*This involves a key decision which was first identified in the Forward Plan dated September 2009.*

### **1 Background**

- 1.1 The report “Options for Change – Towards a Strategy for Care Services” was presented to Cabinet on 23 July 2009. It detailed the outcome and conclusions of the Design and Viability Project which was requested by Cabinet on 10<sup>th</sup> December 2008, and requested approval for a consultation process on the conclusions to take place.
- 1.2 The resolution of Cabinet was “that a full and comprehensive consultation process on the conclusions and options contained within the Options for Change document be undertaken, in accordance with the rationale set out in the report now submitted.”
- 1.3 This consultation process has now been completed and the responses received are attached as Appendices 3-5. Appendix 3 contains those responses which were completed on the formal template; Appendix 4 comprises those returned on the Easy Read template, and Appendix 5 contains responses which were submitted as letters, emails or in any other format.
- 1.4 A summary of the responses to the conclusions for each area of service is provided in the body of this report (Section 4). However, this summary is not a full statistical analysis of the information rather an overview of the opinions expressed.

It is always difficult in a summary to ensure that all consultees' views have been represented in a way that will satisfy those consultees. However, full responses are attached for information so that Cabinet can assure itself that the summary is a fair representation of the responses received.

## 2. Consultation Process

- 2.1 The consultation ran between 10<sup>th</sup> August 2009 and 30<sup>th</sup> October 2009 – 12 weeks and 4 days, which is within the requirements of the Compact Code of Good Practice on Consultation. It should be noted that some concern was expressed in meetings with the Trade Unions that the period was not long enough, given the complexity of the issues.
- 2.2 Comprehensive details of the Consultation Process are attached as Appendix 2.

## 3. Consultation Summary

The following is a summary of responses to the consultation; this information is set out in more detail in Appendix 3 -5.

Individual responses	19 templates 38 Comments/emails
Individual staff members	10 templates 7 comments/emails
Staff Groups	9 templates 2 comments/emails
Stakeholder Groups	10 templates 4 comments/emails
17 Focus Groups - (Mental Health, Physical Disability, Older People and Carers) which were attended by 202 people	2 templates containing Focus Groups' views 1 comment/email

A substantial proportion of the responses received expressed views about the Personalisation Agenda rather than, or in addition to, the conclusions about the future direction for the in-house Care Services. This was also reflected in the questions asked during the Briefing sessions to staff and to people who use services; this was not the case with Partner Agencies. This has highlighted the continuing need to promote the Personalisation agenda within the Department and with people who use our services and the general public.

Many responses assumed that the conclusions being consulted upon would lead to the closure of the unit which they used, and the cessation of that service. Therefore those responses focussed on the need for that particular resource to be retained.

Many of the comments submitted referred to the high quality of service which people felt that they received at the moment, and expressed anxiety about the possible deterioration in quality or continuity of provision if services were changed.

A number of responses discussed the need for services which are not currently provided by the in-house provision - for example, intermediate care for people with mental health needs, and for those with dementia, and which are not therefore in the immediate remit of this piece of work. The information will however be shared with commissioning colleagues to inform future strategies.

#### **4. Responses to the information contained in the report.**

- 4.1 Most respondents thought that the information was accurate and had been collected appropriately, although there were concerns from some people about the speed with which the research had been carried out. The engagement process was felt, generally, to be a positive exercise which could be used as a tool in ongoing assessments and reviews. A number of people felt that the report was overly complex and there were some people who felt that the language was at times inappropriate – for example, the use of the term ‘conclusions’ caused some confusion and implied that decisions had already been made. The intended use of this term was to refer to conclusions of research project, not conclusions of the Council.

The majority of respondents felt that the report reflected the current policy direction both nationally and locally.

There were some comments that the exercise had raised people’s anxieties about the future of the services they received, and this was reflected in letters and individual comments which were submitted.

#### **5. Responses and Options for Service Areas**

(‘Service Areas’ are defined in accordance with the structure of the original report. The page numbers given in each section refer back to the original report (Appendix 1)

##### **5.1 Transport (p36-37)**

The responses to the Transport conclusions were mixed, and there appeared to be some confusion over the range of conclusions presented. However, the general themes were:

- The need to ensure people’s safety
- People need to feel secure and confident in the service
- Reliability of the service is critical
- The specialised nature of the service needs to be recognised.

These themes lead to reluctance to outsource transport to the independent sector, but a guarded agreement to the suggestion for the service to

become part of a Local Authority Trading Company (LATC). However, considerably more work would need to be done on the feasibility of this suggestion.

Several individual comments refer to the need for travel training and a wish to have a range of options to meet individual transport needs.

Several responses requested further clarity over the various options; several made suggestions for improvements to the current services.

As in all service areas, any such suggestions will be considered separately as part of the continuing drive to improve quality and efficiency of services in the immediate future.

The Corporate Change Team has carried out a piece of work which recommends the amalgamation of the Department of Adult Social Services and the Children and Young People's Transport Services; this will be reported to Cabinet on December 9<sup>th</sup>. This recommendation does not conflict with the consultation responses and the option recommended by this report, is, therefore, that subject to the decision made by Cabinet on 9 December, the two services amalgamate.

In the meantime work will continue to identify further efficiencies in the service.

## **5.2 Supported Living (p37-40)**

The majority of responses to the conclusions focussed on the suggestion of moving towards a floating support service. Although there were some examples given of good experiences of such a service in the independent sector, the main response was concern over issues such as standards, continuity of staff, the availability of appropriate support and exactly what the term 'floating' meant. An assumption was made in many responses that floating support would automatically mean less support. There was some reference made to the importance of good needs assessments. A number of responses expressed concern about the reference to a possible reduction in attendance at day centres, as day centres were felt to be beneficial to many people.

There was little response to the two options suggested for the future of the service, that is, to pursue open tender or to become part of a LATC. That which was received favoured the LATC.

The cost differential of this service as compared to that in the independent sector indicates either that there are efficiencies to be achieved in the delivery of this service or that the council is providing inequitable services for people. Therefore, the option proposed is that further work is carried out on the realignment to achieve these efficiencies taking account of the Consultation feedback, including a number of comments about the



realignment proposals. Following that realignment, a further proposal will be put before Cabinet regarding the future of this service.

### **5.3 Intermediate Care/Respite (p41-42)**

This section refers to the services provided at Poulton and Pensall House. The conclusions about these services have generated a high level of interest, and the consultation feedback spans a wide range of views.

Broadly speaking the response from partner agencies has been positive towards the proposals.

Professional staff working within the NHS who currently work in the Intermediate Care Services have been more cautious about the idea of providing intermediate care in independent nursing homes, citing dilution of skill mix and inefficient use of professionals' time in travelling between homes. However, service redesign is due to commence with rehabilitation and enabling services across health and social care which will support efficient discharge from hospital and developing a more integrated focus to these services.

Concerns are also expressed about the quality of care in some of the independent homes.

There have been a number of letters from people who use, or who have had experience of, the services provided at the two homes, which express satisfaction with the current service and a high level of anxiety about any future changes. Confidence in and familiarity with, the staff and building, are key themes.

1110 people have signed petitions requesting that the Council review its conclusions about these two homes. (752 in respect of Pensall, 358 in respect of Poulton). (Appendix 6)

Whilst it is acknowledged that the level of service provided by Pensall House and Poulton House is good (in the case of Pensall House, deemed to be "excellent" by Care Quality Commission), the unit cost comparison and the market situation leads to the conclusion that these services could be transferred to the independent sector and realise substantial savings. Cabinet will be aware that the Poulton House building does not meet current standards (as determined by the Care Quality Commission) and that a new Extra Care Housing Development has been built adjacent to the site which will provide 70 properties, with a mixture of affordable rent and shared ownership. All properties will be appropriate for people with dementia. Therefore the option proposed by this report is that further reports be brought to Cabinet which outline the commissioning strategy for Intermediate Care Services, and the provision of respite care for older people.

Any decision on Pensall and Poulton House will only be taken when the information in these reports has been fully considered.

#### **5.4 Mapleholme (p43-44)**

Opinion was divided about the suggestion to move the service which is currently provided at Mapleholme to Pensall House. There were concerns about continuity of service in terms of staff. Aside from this, whilst many people agreed that Pensall House is in a more pleasant location, they expressed concerns about the availability of local amenities, for which Mapleholme is ideally suited – e.g. shops, swimming baths, etc. Many people also expressed concerns about the accessibility of Pensall, particularly if people were users of public transport.

The majority of respondents were in favour of more flexible access to respite care, and many saw the extension of the voucher scheme as providing that flexibility, although a minority wanted to be able to continue the current booking arrangements.

The relocation of this service cannot be determined until the outcome of the proposals about Intermediate and Respite services for older people are known. However this report proposes that the current 'Take a Break' Scheme is extended to all people who use Mapleholme, and that other alternatives are explored as personalised budgets become more available.

#### **5.5 Meadowcroft (p44-45)**

There has been a strong response from the focus group which represented users and carers, which was opposed to the conclusions of the report. Main concerns were around the quality of provision in the independent sector and concerns that a 'monopoly' situation would raise costs in the sector. Many people have had difficult experiences in the past which influence their views. There was a general feeling that care close to people's homes was not a major factor for consideration; preference was for familiarity with a service and confidence in the provision.

Whilst welcoming the principle of offering choice in the delivery of respite services, concerns were raised by Partner agencies about the readiness of the market to provide the range of services required.

A petition with 1045 signatures has been submitted. (Appendix 6).

Concerns have been expressed through the Advocates about the detrimental effect which any move would have on permanent residents at Meadowcroft.

Cabinet will be aware of the new development currently being built on the site of Mendell Lodge which is also in Bromborough, and will have 49 tenancies, all of which will be appropriate for people with dementia.

The suggested option for this service is given in part 5.8.

#### **5.6 Fernleigh (p45)**

There was a positive view of the current services provided at Fernleigh by both people who used the service and professional partners; the overwhelming response was that the service ought to be developed as a joint provision by Health and the Council, although a small minority saw it as a health resource.

The option proposed in this report is that the review of this service which is currently underway and being led by NHS Wirral should continue and report its findings to a future Cabinet. This review will involve close working with the Cheshire and Wirral Partnership Trust.

#### **5.7 Residential Care (p46-48)**

This refers to care provided at Girtrell Court, Sylvandale and Manor Road. The outcome of the Consultation supports the conclusion that the people who currently live in these units should be enabled to move into more independent living situations although there is less certainty over whether this service will be best delivered by independent sector or a Local Authority Trading Company.

The option suggested by this report is that work continues with individual people to help them to prepare for independent living, whilst at the same time, consideration is given to the current residential staff being realigned to provide an appropriate support service in accordance with the agreed structure for the existing supported living service. Implementation should be deferred until a decision is made about the feasibility of developing a LATC.

#### **5.8 Dementia Care (p48-49)**

There was broad agreement for the conclusion regarding dementia care; however a number of people expressed doubts about utilising the Poulton House site as a centre, because of transport and access problems. Some responses, both from individuals and organisations, suggested that services should be based in community settings rather than specific building bases. Several responses suggested utilising the skills and expertise already existing in Meadowcroft and developing that as a centre rather than looking for new sites.

Taking into account the consultation responses reported in Appendices 3 - 5, this report suggests the option of retaining some bed capacity at Meadowcroft and incrementally changing its focus from bed based to community based services, whilst further work is done to develop robust alternatives for respite and intermediate care services. Commissioning work is underway to progress this strategy, which will directly impact upon

the final recommendation for the number and locations of Dementia Centres.

## **5.9 Day Services (p50-56)**

This section generated the largest number of written responses from consultees, particularly those people who currently use services. 25 letters were received from people who use Mental Health Services at Prenton and Union Street, expressing their views on what they saw as proposals to close the centres. Petitions were signed to this effect by 139 people who use Prenton, and 25 people who use Union Street. (Appendix 4).

There was great anxiety in all areas of day care that services might be lost, and concern that reasonable alternatives would not materialise. Many comments referred to the positive experiences which people had at day Centres, and staff referred to the benefits of combining, rather than segregating, services, and working more closely with partner agencies. However, there was some support for moving some services into the community, as long as quality was not compromised.

There was some uncertainty for some respondents in respect of the Bridge Building Service, but generally it was perceived to be a positive proposal, particularly by professionals and partners. Further information was requested.

The response to the idea of developing a LATC and the development of Social Enterprises was broadly favourable, with many responses being extremely positive and enthusiastic, but it was felt that more information was needed, and there were concerns from staff and Unions and others about long-term commitment to such a venture.

The option suggested is that the Community Bridge Building proposal is explored further. The Mental Health Recovery Services should remain as part of the Day Services portfolio, all of which should be considered for transfer to a Local Authority Trading Company.

## **6 Local Authority Trading Company**

A number of Councils are exploring the viability of setting up a trading company to operate provider services in response to the personalisation agenda. The rationale behind this is to promote the flexibility of services that are more able to respond to changes in people's demand once they are in control of their own resources.

The Government is seeking to encourage a "more dynamic and entrepreneurial public sector" that will increase quality, diversity and choice in the delivery of services. A trading company, with increased autonomy creates a number of opportunities that might otherwise be restricted if services remain within Council control.

- Efficient & effective Councils can exploit their knowledge, skills and expertise in the open market place
- Customers are more able to make the best use of a 'mixed economy'
- Greater opportunities to develop 'shared, and therefore more efficient services' between the Council and other organisations
- More flexible supply capable of responding to changing patterns of demand
- Helps raise efficiency gains

The establishment of a LATC is not an end in itself. It may be the transition to further outsourcing and independence which is considered safer than a wholesale 'tender' for in-house service provision. The Company would therefore have time to develop its business skills in an increasingly competitive and flexible market and therefore stand a greater chance of success. This is clearly a sustainable benefit to people who use service and local employment.

The main challenge to trading is when customers no longer wish to buy the products on offer. This is a real risk to the traditional services the Council currently offers. A more independent organisation, albeit wholly or partly owned by the Council, is more likely to be motivated and equipped to respond to changes in customer behaviours than one which is part of a larger, more complex organisation like the Council.

The main benefit to trading has to be improved services and outcomes for people. This can be achieved by the re-investment of operating surpluses through more efficient deployment of resources (staff, buildings etc).

Trading does not automatically mean greater efficiency. What it does mean is that the new provider enjoys more freedom to adapt to changes in demand and deploy its resources in ways the Council would perhaps find more difficult.

In the light of the information gained from the consultation, and that provided in the original 'Options for Change' report, further exploration of this option is recommended.

This strategy demands dedicated capacity to undertake this exploration effectively. Key issues to address include: Project Leadership, Project Management, Legal implications, Section 151 implications, Commercial expertise, Industrial relations, Physical Assets. If the recommendation regarding the LATC is agreed, more detail about the scope of this work will be brought back together with any financial implications.

## **7 Financial Implications**

A cost analysis of the research which preceded this consultation identified that savings amounting to approximately £3m could be saved per annum if all the conclusions of that research were implemented. Some further analysis of potential savings, subject to Cabinet decisions, will be included as part of the wider report on the Change Programme which will be presented to Cabinet shortly

Cabinet has already agreed (6<sup>th</sup> November 2008) savings in Transport and Supported Living of £360,000 and £694,000 respectively. The latter has proved difficult to realise without the proposals of this report being implemented.

If the recommendation to carry out a detailed feasibility study into the creation of a LATC is agreed, some additional resource may be required. This will, if necessary, be the subject of a further report to Cabinet.

## **8 Staffing Implications**

There are currently 37 staff working at Poulton House (31 Full time Equivalent – FTE)

30 staff work at Pensall House ( 24 FTE)

122 staff are employed in Supported Living Services (75.9 FTE); Realignment towards a ‘floating support’ type service is likely to lead to a reduction in the number of staff employed, and a redesignation of others.

## **9 Equal Opportunities Implications**

The Services which are discussed in this report affect some of the most vulnerable people in the community. As part of the consultation, consultees were asked if there were any issues or barriers which needed to be taken account of in relation to ethnicity, disability, age, gender, religion and sexual orientation. Responses are included in the feedback in Appendices 3-5

## **10 Community Safety Implications**

None directly

## **11 Local Agenda 21 Implications**

None directly

## **12 Planning Implications**

None directly

**13 Anti Poverty Implications**

Non directly

**14 Social Inclusion Implications**

None directly

**15 Local Member Support Implications**

People who use the services in this report live in all wards of the Borough.

**16 Background Papers**

'Options for Change – Towards a Strategy for Care Services' 23<sup>rd</sup> July 2009

**17 Recommendations**

That Members consider the following proposals:

- (1) Supported Living: Further work should be carried out on the realignment of the staffing structure to achieve efficiencies to bring costs in line with those in the independent sector. The realignment should take account of the Consultation feedback. Following that realignment, a further proposal will be put before Cabinet regarding the future of this service.
- (2) Mapleholme: The 'Take a Break' scheme should be extended to all people who use the respite service at Mapleholme. The relocation of the service should be deferred until a decision is reached regarding the provision of Intermediate Care.
- (3) Meadowcroft: Some bed capacity should be retained at Meadowcroft and its focus should be incrementally changed from bed based to community based services, whilst further work is done to develop robust alternatives for respite and intermediate care services.
- (4) Fernleigh: A report from NHS Wirral should be requested, to inform Members of progress being achieved in the review of the service currently provided at Fernleigh.
- (5) Residential Care: People who currently live in these units should be enabled to access alternative accommodation, preferably in their own tenancies. At the same time, the staffing structure should be realigned to reflect these changes.
- (6) Dementia Care: That a future report should be brought to Cabinet to update Members of the progress of the Commissioning Strategy for Dementia Care.

- (7) Day Services: The Council should undertake a feasibility study into the creation of a LATC.

**JOHN WEBB**  
**Director of Adult Social Services**

Name – Jenny Ricketts  
Title – Direct Localities Support Services Manager  
ext no 3624

Date 17 November 2009



## CABINET – 26 NOVEMBER 2009

Resolution of minute 206 - Change Options

**Resolved - That in respect of:**

- (1) Supported Living: Further work be carried out on the realignment of the staffing structure to achieve efficiencies to bring costs in line with those in the independent sector. The realignment must take account of the Consultation feedback. Following that realignment, a further proposal be put before the Cabinet regarding the future of this service;**
- (2) Mapleholme: The 'Take a Break' scheme be extended to all people who use the respite service at Mapleholme. The relocation of the service be deferred until a decision is reached regarding the provision of Intermediate Care;**
- (3) Meadowcroft: Some bed capacity be retained at Meadowcroft and its focus be incrementally changed from bed based to community based services, whilst further work is undertaken to develop robust alternatives for respite and intermediate care services;**
- (4) Fernleigh: A report from NHS Wirral be requested, to inform Members of progress being made in the review of the service currently provided at Fernleigh;**
- (5) Officers be thanked for their hard work on change options;**
- (6) Residential Care: People who currently live in these units be enabled to access alternative accommodation, preferably in their own tenancies. At the same time, the staffing structure be realigned to reflect these changes;**
- (7) Dementia Care: A future report be presented to the Cabinet to update it on the progress of the Commissioning Strategy for Dementia Care; and**
- (8) Day Services: A feasibility study be undertaken into the creation of a LATC.**

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## **Council Excellence Overview and Scrutiny Committee – 16 September, 2009**

### **Minute 25 – Financial Monitoring Statement**

The Director of Finance provided a summary in tabular format of the position of the revenue accounts and General Fund balances at 31 July 2009. He also circulated a copy of the position as at 31 August 2009 and reported that at this stage of the financial year there were reports of pressures in Adult Social Services, Children and Young People and Regeneration. If the overspends were realised, the balance at 31 March 2010 would reduce by £4.1m (from £6m down to £1.9m).

In response to a question from a member, he reported that despite significant pressures, the Directors were confident of addressing the projected overspends by the year end.

### **Resolved –**

**(1) That this Committee registers its serious concern with regard to the projected overspend in CYPD and Adult Social Services.**

**(2) That the Children and Young People and Health and Well Being Overview and Scrutiny Committees be requested to consider the concerns expressed and to keep this Committee informed of actions to address each departments projected deficit.**

**(3) That the serious concerns of this Committee in relation to the projected overspend be referred to the Cabinet for consideration.**

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## UPDATE ON WORK PROGRAM : HEALTH AND WELLBEING OSC- 19/01/10

### New Reports to assist in monitoring the Committee's work programme

It was agreed by the Scrutiny Chairs Group in September 2008 to use the following reports to monitor the work programme for each Scrutiny Committee. The last item on each Scrutiny Committee agenda should be 'Review of the Committee Work Programme'.

#### Report 1 - Monitoring Report for Scrutiny Committee Work Programme

This report will list all items that have been selected by the Committee for inclusion on the work programme for the current year.

It will also include items, such as previous Panel Reviews, where recommendations have been made to Cabinet. It is important that the implementation of these recommendations is monitored. Otherwise there is no measure of the success of scrutiny.

For each item on the work programme, the report will give a description, an indication of how the item will be dealt with, a relative timescale for the work and brief comments on progress.

#### Report 2 - Suggestions for Additions to Work Programme

The Work Programme for the Committee should be reviewed at each meeting. This will include members having the opportunity to ask for new Items to be added to the programme. This report will list any newly suggested items. Committee will then have the opportunity to agree (or not) for them to be added to the programme.

#### Report 3 - Proposed Outline Meeting Schedule for the Municipal Year

The report will, for each scheduled Committee meeting, list those items which are likely to be on the meeting agenda. This will give the opportunity for Committee members to take a greater lead in organising their work programme.

#### Report 4 - Progress Report on In-Depth Panel Reviews

This report will give a very brief update on progress / timescales for in-depth panel reviews which are in the 'ownership' of the Committee.

**REPORT 1**  
**MONITORING REPORT FOR SCRUTINY COMMITTEE WORK PROGRAMME**  
**HEALTH AND WELL BEING SCRUTINY COMMITTEE : 2009 / 2010**

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
Feb 2008	Hospital Discharge Review	Panel Review	Report due March 2009	Final report presented to Committee on 25 <sup>th</sup> March 2009. Recommendations to be monitored. Initial Action Plan due in April 09. <b>Follow-up report presented in Nov 09. Further update report due in March 2010.</b>	
July 2008	Transforming Adult Social Care	Officer reports		Report to Committee 2nd Sept 08 and 24th Nov 08. Subsequent reports to follow. Call-In meeting held on 4 <sup>th</sup> Dec 08. Further reports to meeting on 22 June 2009, 8 September 2009 <b>and 19 Jan 2010.</b>	
July 2008	Update on Wirral Respond & Convey Pilot (NW Ambulance service)	Officer Report		Report to Committee 2nd Oct 08 Visit to Emergency Control Centre to be arranged (delayed at present).	
July 2008	Alcohol services, including geographical differentiations in the borough	Initial officer report which may lead into an 'in depth' panel review.		Report to Committee 24th Nov 08. Possible future scrutiny review. Oct 09 - Alcohol Strategy will be subject to an in-depth Review by the Scrutiny Programme Board. <b>Report on alcohol-related hospital admissions due to Committee in Jan 2010.</b>	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
July 2008	Update on Children's Transition to Adult Social Services	Initial officer report. Children's Services Scrutiny Committee has also requested a similar report in Jan 09. A joint panel review involving both committees may follow.		Report to Committee in Jan 09. Follow-up report due in January 2010. OSC meeting in Sept 09 agreed "possible review to include meetings with young people who have moved through the transition and some who do not get support as adults".	
July 2008	Review of Meals on Wheels contract	Officer report		Report to committee in Nov 08. Agreed for further report to Committee in approx one year's time. Follow-up report to Sept 09 meeting.	
July 2008	Reducing health Inequalities in the borough Health Inequalities Action Plan – A recommendation in the Action Plan reads: "Ensure that Scrutiny has a programme to monitor progress on the Health Inequalities Action Plan, and that this programme includes a focus on the preventative agenda as well as on health service delivery.	Officer reports		Presentations to Committee on 20th Jan 09, 25th March 09 and 8 <sup>th</sup> Sept 09. Further update reports expected in <b>March 2010 to include progress on reducing smoking and the BME Needs Assessment.</b>	
Sept 2008	Individual Budgets	Officer report		Report to Committee in Nov 08. Report back on pilot project due in Sept 09.	
Sept 2008	IDeA Healthy Communities Peer Review	Officer Report		Report to Committee 2nd Oct 2008. Subsequent reports to follow.	
Oct 2008	Reform of funding for Support & Care in Britain	Officer Report		Report to Committee in Nov 08. Further report due to a future meeting.	
Jan 2008	Possible presentation by Professor Ken Wilson - Hospital Readmissions and depression	Presentation to Committee			

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	
Jan 2008	Public Interest Disclosure Act – Adult Social Services follow-up of PIDA disclosure	Officer Report		Report to a future meeting once the issue has been fully discussed by the Audit & Risk Committee. Reports due to meeting in Jan 2010.	
March 2009	Homelessness and Health	Officer Report		Report due to committee in Nov 09. Further report due in June or Sept 2010.	
March 2009	Support for people with dementia in hospital and in the community	Panel Review	March 2010		
March 2009	Update report on 'Valuing People Now' and Wirral Learning Disability Partnership Board	Officer Report		Report to Committee in June 2009. Further report due to a future meeting.	
March 2009	LINKS – How is LINKS progressing and how can the Scrutiny Committee best work with LINKs	Joint meeting		Members of LINKS Board attended reception prior to OSC meeting on 10 <sup>th</sup> Nov 09. Protocol for joint working due to be discussed at OSC meeting on 19 Jan 2010.	
March 2009	Dignity in Care	Officer Report		Report to Committee in Sept 09. Members invited to join Dignity in care Forum, which is being established. A further report is due to the OSC meeting in Jan 2010.	
June 2009	Members training session on Personalisation agenda	Training session		Training session for all Council members to be held on 29 <sup>th</sup> Oct 09.	
Sept 2009	Provision of single sex wards at Arrowe Park Hospital	Officer Report		Report to Committee in Nov 2009. A further report is due in June 2010.	
Sept 2009	Heart of Mersey – Chief Executive Robin Ireland	Presentation			



Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	
Sept 2009	Follow-up report on the 'Out of Hospital' scheme operated by VCAW	Report		Report due to Committee in March 2010.	
Sept 2009	Swine Flu	Officer Report		Regular update reports to Committee.	
Nov 2009	Early Intervention Strategy for older people living independently	Officer Report		Issue raised by Sandra Wall. Committee agreed to a report to a future meeting.	

**REPORT 2**  
**SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME**  
**HEALTH AND WELL BEING SCRUTINY COMMITTEE : 19/01/10**

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
None			

**REPORT 3**  
**PROPOSED OUTLINE MEETING SCHEDULE FOR THE MUNICIPAL YEAR**  
**HEALTH AND WELL BEING SCRUTINY COMMITTEE : 2009 / 2010**

Meeting Date	Topic Description
22/06/09	Transforming Adult Social services - Update Valuing People Now – Implementation LINKs Annual report Hospital Discharge Action Plan – Progress report Process and Outcomes of the ‘Warrens’ consultation Committee Work Programme for 2009 / 10
08/09/09	Transforming Adult Social services - Update North West Ambulance Service – Presentation Meals on Wheels – Progress report Q1 Performance and Financial Monitoring Report Health Inequalities Dignity in Care
28/10/09	Members training session on the Personalisation agenda
10/11/09	Hospital Discharge Action Plan – Update Q2 Performance and Financial Monitoring Report Additional Co-opted members Update on Swine Flu Adult Social Services Charging Policy for Service Users Residing at ‘In House’ Supported Living Units (PIDA) Single sex wards - WUTH (Pat Higgins) Homelessness and Health (Lesley Hilton) Personalisation training session (held on 28/20/09) – opportunity for follow-up questions / discussion Update on Care Quality Commission assessment process (Annual Health Check)

Meeting Date	Topic Description
19/01/10	<p>Update on Children's Transition to Adult Social Services (Peter Tomlin)  Performance and Financial Monitoring Report (John Webb)  North West Ambulance Service – Foundation Status Consultation????  Proposed protocol for working between the Health &amp; Wellbeing Overview &amp; Scrutiny Committee and Wirral LINKS (Report from the Chair – Cllr Ann Bridson)  Update on Additional Co-opted members (John Webb)  Dignity in Care (Tina Long)  PIDA – Adult Social Services – Charging Policy – Service Users residing at “in house” supported living units during the period 1997 to 2003  PIDA – Charging Arrangements for Supported Living in Wirral 1997 to 2003  Options for Change (Cabinet report from 26 Nov 09)  Collaboration between Wirral University Teaching Hospital and Countess of Chester  Presentation – “Your Reason; Your Way – Stop Smoking Campaign”  Care Quality Commission Judgment</p>
25/03/10	<p>Final report from Dementia Scrutiny Panel  Performance and Financial Monitoring Report  Joint 'End of Winter' report on hospital admissions (WUHT / Wirral NHS / Social Services)  Annual Health Check  Hospital Discharge Action Plan – Update  Early Intervention Strategy for Older People  Health Inequalities – Updates on Reducing Smoking and BME Needs Strategy  Alcohol-related hospital admissions (Sue Drew)  Progress report on 'Out of Hospital' scheme  HIV Services (Response to referral from Notice of Motion at Full Council – 14/12/09)  Carer Strategy (to include Caring for Older People; Caring for Adults with Learning Disabilities; and Other Carers, for example, caring for younger people with physical disabilities)</p>

**REPORT 4**  
**PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS**  
**HEALTH & WELL BEING SCRUTINY COMMITTEE : 19/01/10**

Title of Review	Members of Panel	Progress to Date	Date Due to report to Committee
Dementia	Councillors Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Teggin	Scope agreed. Planning of review is ongoing. 'Evidence' gathering meetings have commenced. Meetings have taken place with representatives of the Third Sector. A focus group involving carers was held at the Devonshire Centre (Age Concern) A number of managers and consultants have been 'interviewed' at Arrowe Park hospital.	March 2010

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