※WIRRAL

Audit and Risk Management Committee

Date:	**Tuesday, 28 September 2010**
Time:	**6.15 pm**
Venue:	Committee Room 3 - Wallasey Town Hall

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AGENDA

1. **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

   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.

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

   To receive the minutes of the meeting held on 30 June 2010.

3. **MERSEYSIDE PENSION FUND ACCOUNTS 2009 - 2010**

   Report to be circulated separately.

4. **ACCOUNTS 2009 - 2010**

   Report to be circulated separately.

5. **AUDIT COMMISSION ANNUAL GOVERNANCE REPORT - MERSEYSIDE PENSION FUND**

   Report to be circulated separately.

6. **AUDIT COMMISSION ANNUAL GOVERNANCE REPORT**

   Report to be circulated separately.

AUDIT AND RISK MANAGEMENT COMMITTEE

Wednesday, 30 June 2010

Present:	Councillor	S Mountney (Chair)
	Councillors	RL Abbey J Crabtree
		P Reisdorf D Dodd
		L Rowlands A Brighouse
		C Povall

1 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

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

No such declarations were made.

2 MINUTES

The Director of Law, HR and Asset Management submitted the minutes of the meeting held on 24 March 2010.

Resolved –

(1) That the minutes be approved.

(2) That the Director of Law, HR and Asset Management be requested to provide an update for members on amendments to the Petition Scheme.

3 APPOINTMENT OF VICE-CHAIR

The Director of Law, HR and Asset Management requested the Committee to consider the appointment of a vice-chair for the current municipal year.

On a motion by the Chair and seconded by Councillor Povall, it was –

Resolved – That Councillor L Rowlands be appointed Vice-Chair for the current municipal year.

ORDER OF BUSINESS

The committee agreed to vary the order of business and bring forward the following related items:

- Internal Audit Report
- Statement of Accounts
- Pension Fund Accounts

- Audit Commission Progress Report
- Audit Commission Annual Audit Fees 2010/2011
- Audit Commission – Performance Management Review
- Audit Commission Progress Report – Merseyside Pension Fund
- Audit Commission Fees – Merseyside Pension fund

4   **INTERNAL AUDIT ANNUAL REPORT**

The Chief Internal Auditor reported that the Internal Audit Section of the Finance Department planned and completed audits to review all relevant areas of risk and reports, including recommendations, produced following audits were presented to managers. An overall report was produced annually and he presented the Annual Audit Report for 2009/2010.

In order to meet statutory requirements the Internal Audit Section had conducted audits to review the operation of the internal control systems. The Audit Commission had reviewed the operation of Internal Audit and indicated satisfaction with the service and concluded that there were no major issues to be reported.

The Chief Internal Auditor responded to questions from members regarding the Section's work programme; management and monitoring of financial control systems; integration of the HR and Payroll functions, and; measures to proactively promote good practice.

Resolved – That the report be noted.

5   **STATEMENT OF ACCOUNTS 2009/2010**

In line with the Accounts and Audit Regulations 2003, the Director of Finance presented the 2009/2010 Statement of Accounts (SOA). They had been produced in accordance with the statutory accounting framework laid down by the Accounts and Audit Regulations 2003, which was further supported by the Statement of Recommended Practice (SORP). The SORP was updated annually and specified the accounting principles and practices required to prepare a Statement of Accounts which presented fairly the position of a local authority. The Director had signed the Accounts and requested approval of the Committee for signature by the Chair on behalf of the Council.

The Accounts were subject to audit and if the Audit Commission required any material amendments to the Accounts, then as stipulated by the Regulations, they would be reported to the 28 September 2010 meeting of the Committee.

The Chief Accountant gave a detailed presentation, which provided an explanation of the content of the SOA and highlighted key messages in relation to –

- financial performance for the year;
- the position of balances at the year end;
- detailed statements and explanatory notes explaining key areas;
- comparison of 2009/10 with 2008/09;
- an explanation of the way the Accounts were compiled; and
- an explanation of details for safeguarding public money.

The Director indicated that given the complex technical nature of the Accounts, the Committee was not expected to be able to review the Accounts in detail. However, the Committee's role was to ensure that quality control procedures were in place and he set out a number of factors for the Committee to consider in scrutinising the SOA.

The Director responded to questions from Members relating to Accounting Standards and Policies; the main Financial Statements including items within the Income & Expenditure Account and the Balance Sheet; the Pension Fund; Council Tax collection and provision for bad debts as well as the impact of changes in housing benefit legislation. He also reported upon engagement with the public and how financial information was made available through the council website, and information leaflets available through libraries and one stop shops.

Resolved –

(1)   That the Statement of Accounts 2009/10 be approved and signed by the Chair of the Audit and Risk Management Committee.

(2)   That the Director of Finance and his Accountancy team be thanked for their efforts in producing the Statement of Accounts

6   **MERSEYSIDE PENSION FUND ACCOUNTS - YEAR ENDED 31 MARCH 2010**

The Director of Finance submitted a report and presented the accounts and financial statements which in due course would be contained in the Annual Report of Merseyside Pension Fund 2009/2010.

Resolved –

(1)   That the Committee agree the levels of materiality and triviality.

(2)   That the Committee approve the accounts and financial statements of Merseyside Pension Fund for the year ended 31 March 2010.

(3)   That the Director of Finance and his Pension Fund officers be thanked for their efforts in producing the Statement of Accounts

7   **AUDIT COMMISSION PROGRESS REPORT**

Liz Temple-Murray, Audit Manager, presented the Audit Commission Annual Progress Report for 2009/10 updating members of its ongoing work at the Council. The report highlighted some key messages for members' attention:-

(a) Fees – the government was abolishing Comprehensive Area Assessment (CAA) and all work relating to organisational assessment would cease with immediate effect (paragraph 2). Inspection fees for 2010/11 would change when the implications of the abolition of CAA was confirmed.

(b) Opinion 2009/10 – The opinion plan was on target and milestones and deadlines had been updated to show progress on the opinion audit.

(c) Value for Money (VFM) Conclusions – the VFM conclusion plan was on target. The impact of the abolition of CAA on reporting was highlighted.

(d) Public Interest Disclosure Act (PIDA) work continued (paragraph 31)

(e) Grant Claims and Returns 2009/10 - the Audit and Risk Management Committee's responsibilities for receiving the Annual Governance report and approving the audited accounts at its meeting on 28 September were noted (paragraph 45).

(f) Councillor update newsletters were now available on the website.

Resolved – That the report be noted.

8   **AUDIT COMMISSION ANNUAL AUDIT FEES 2010/2011**

The Director of Finance outlined the proposed Audit Commission fees for 2010/2011. The fees were based on a risk based approach to audit planning as set out in the Code of Audit Practice and reflected only the audit element of the work, excluding any inspection and assessment fees. The fee proposed for 2010/2011 was 8% above the scale fee for Wirral Council of £363,000 and this compared favourably with the previous year and reflected the on-going work between the Council and the Audit Commission, and their commitment to seek to reduce their fees.

It was noted that the Commission would subsidise the 'one-off' element of the cost of transition to International reporting Standards (IFRS) and the Council would therefore receive a refund of £21, 904 for 2010/11.

The expected Total Audit Fee for 2010/2011, including certification of claims and returns, was £520,000, an increase of £5,000 from 2009/2010.

Resolved – That the audit fees for 2010/11, as amended by a 'one-off' refund of £21, 904, be agreed.

9   **AUDIT COMMISSION - PERFORMANCE MANAGEMENT REVIEW**

The Deputy Chief Executive/Director of Corporate Services presented a report summarising the findings of the Audit Commission's final report on the Council's performance management arrangements which included an action plan (Appendix 1). Full copies of the Audit Commission's reports for each stage of the review were available in the electronic library on Wirral Council's website. The areas for focus emerging from the review were as follows:

- Further develop the Council's management information arrangements to help services monitor and manage improvements.
- Review arrangements to ensure that key strategic documents intended to support the delivery of the Corporate Plan are fully aligned to both the Corporate Plan and each other.
- Strengthen arrangements to promote shared learning, both internally and externally.

- Review the way that the Corporate Improvement Group (CIG) and Performance Management Group (PMG) function and contribute to the improvement of corporate performance management arrangements.

Action had been taken to address these areas for focus, prompted by the Council's recognition and understanding of what needed to be done to improve its performance management arrangements. However, the review had been a useful catalyst to drive further improvements and an action plan has been developed in response to the Audit Commission findings (Appendix 1) The plan had been developed by the Council's Performance Management and Corporate Improvement Groups with approval by the Chief Officers Management Team.

The Director of Finance responded to a request for a review of I.T. systems to improve communications and sharing of management information between departments. He reported that external consultants were currently engaged in this task and their findings would be reported back to Cabinet.

Resolved – That the Committee:

(1) Note the findings of the review outlined within this report.

(2) Note the Audit Commission's final report and action plan.

10   **AUDIT COMMISSION PROGRESS REPORT - MERSEYSIDE PENSION FUND**

Liz Temple-Murray, Audit Manager, presented a report providing an update of the Audit Commission's ongoing work at the Pension Fund and informing the committee of the risks arising from the audit.

Resolved – That the report be noted

11   **AUDIT COMMISSION FEES - MERSEYSIDE PENSION FUND**

The Director of Finance submitted a report informing Members of a reduction in the fee levels of the Audit Commission for MPF for the audit of the annual accounts for the financial years 2009-2010 through to 2012-2013.

In May 2010, the Audit Commission advised of a change in approach to the basis of charging fees, which would contain three elements, and would apply, to the Audit of the Accounts for the year ended 31 March 2010, and thereafter:

(i) A statutory scale fee of £33,300 per annum will apply to multi-employer funds for the 2009-2010 and 2010-2011 audits.

(ii) A new variable element is now introduced, to reflect the size of the pension fund, as a proxy for the amount of auditing involved, estimated at £19,365 for two years.

(iii) A joint annual identification of additional risk by MPF and the Audit Commission would take place relating to any exceptional changes and transitions in a particular year.

In January 2010, the Committee had agreed a budget of £73,700 for the audit and opinion on the accounts for the year ended 31 March 2010. Fees for the audit of the 2009-2010 accounts, which were charged against the 2010-2011 budget, were expected to total £54,068 which would represent a saving of £19,632 against the budget.

Resolved – That the Committee note the reduction in the Audit Commission fees for auditing the accounts from the financial year 2009-2010 onwards.

12 **INTERNAL AUDIT WORK - APRIL TO MAY 2010**

The Chief Internal Auditor reported that in order to assist in effective corporate governance and fulfil statutory requirements, the Internal Audit Section of the Finance Department reviewed management and service delivery arrangements within the Council as well as financial control systems. Work areas were selected for review on the basis of risks identified on the Corporate Risk Register and as assessed by Internal Audit in consultation with Chief Officers and Managers.

He provided an evaluation the performance of the Internal Audit Section and presented details of the actual work undertaken over the period April – May 2010.

Resolved – That the report be noted.

13 **CORPORATE RISK AND INSURANCE MANAGEMENT**

The Director of Finance provided information on the corporate risk and insurance management objectives for 2010/2011 and detailed recent progress made against the existing objectives and the anticipated developments in the coming months. He set out the principle areas of responsibility and provided details of significant tasks which needed to be addressed during 2010/2011, together with target dates for completion.

Resolved – That the report be noted.

14 **DEPARTMENTAL AND CHANGE PROGRAMME RISK REGISTERS**

Further to minute 88 (24/3/2010 the Director of Finance presented all current departmental risk registers and the risk register in place for all projects within the Change Programme.

Resolved - That the content of the registers be noted.

15 **ANTI-FRAUD AND CORRUPTION POLICY**

The Director of Finance presented a report summarising a review of the Anti-Fraud and Corruption Policy. Having such policies documented, up to date and drawn to the attention of all stakeholders was a fundamental requirement of one of the six core principles of the CIPFA/SOLACE Delivering Good Governance in Local Government Framework.

Resolved: That

(1) the Anti-Fraud and Corruption Policy be endorsed; and

(2) the Anti-Fraud and Corruption Policy be made available to all Members, officers, and citizens by being included on the Council Internet site and awareness training be scheduled to promote compliance across the Council.

16   **AUDIT COMMISSION REPORTS**

The Chief Internal Auditor presented a report detailing the recommendations arising from reviews undertaken by the Audit Commission between April 2009 and March 2010, and those reports dating from 2006/07 where recommendations were previously found to be outstanding. The report and Appendix detailed the action that Wirral Council had taken to implement the listed recommendations.

Resolved – That the report be noted.

17   **CIPFA AUDIT COMMITTEE UPDATE**

The Director of Finance referred to the CIPFA Better Governance Forum Audit Committee Update Issue 2, dated May 2010, which had been distributed to all Members of the Committee. Within the update was a section on recent developments and the Director provided a note of progress in relation to: –

(i) Delivering Good Governance in Local Government – provided advice on the application of the Statement on the Role of the Chief Financial officer in Local Government under the CIPFA/SOLACE Framework: Delivering Good Governance in Local Government. It showed how the annual governance statement could reflect compliance with the Statement for reporting purposes.

The Council complied with all of the principles in the Role of the Chief Financial Officer in Local Government, as detailed in a report to this Committee on 24 March 2010.

(ii) Consultation on the Role of Head of Internal Audit - the CIPFA Statement set out five principles which apply across all public service organisations.

(iii) The Effective Internal Audit Guide – Provided guidance on assurance frameworks and the role of internal audit, and how internal audit teams could improve and demonstrate their effectiveness. It included case studies, improvement tools and links to other resources.

(iv) Severance Agreements for Chief Executives - This report, *By Mutual Agreement*, included recommendations to the Government, Councils and the Local Government Association.

(v) Counter Fraud Checklist for those responsible for Governance – For use by those responsible for governance (audit committees or equivalent) to assess their contribution to the fraud defences of their organisation.

(vi)   Fraud Risk Evaluation Diagnostic (FRED) - For practitioners such as risk managers, internal auditors, finance managers, and counter fraud specialists, to gain an understanding of the susceptibility to fraud and corruption of their organisation.

Resolved – That the report be noted.

18   **REGULATION OF INVESTIGATORY POWERS ACT 2000**

The Director of Law, HR and Asset Management submitted a report summarising the use of covert surveillance by the Council since 1 July 2009.

Between 1 July 2009 and 31 May 2010 the Council had granted 13 authorisations for covert surveillance to gather evidence of serious anti-social behaviour (6), surveillance by Wirral Trading Standards officers (6), and investigations into fly tipping (1).

The Home Office Codes of Practice required local authorities to appoint one of its Directors to oversee the use of RIPA and to report on its use. The Director of Law, HR and Asset Management (through the Head of Legal and Member Services) was responsible for keeping the central record of authorisations of covert surveillance and monitoring the proper use of the legislation through quarterly meetings of departmental co-ordinators.

The Committee was requested to recommend to the Cabinet that the Director of Law, HR and Asset Management be appointed to this position.

Resolved –

(1)   That the Committee notes the report on the use of RIPA.

(2)   That Cabinet appoint the Director of Law, HR and Asset Management as the Council's Senior Responsible Officer as defined in the Home Office Codes of Practice on RIPA.

19   **MEMBERS TRAINING**

The Director of Finance reported that committee members received specific training in their role which was usually undertaken by the authors of 'Audit Committees – Practical Guidance for Local Authorities' conducting two training sessions per annum. The initial training session had been completed and it was recommended that members agree a date for a more advanced training session.

Resolved – That arrangements be made for an advanced Member training session.

20   **REPORTS SUBMITTED AFTER DEADLINES**

Further to minute 97 (24 March 2010), the Director of Law, HR and Asset Management presented an updated monitoring report in relation to the receipt of reports by Committee Services after specified deadlines. The deadlines imposed by Committee Services were intended to ensure that the Council published agendas

and reports in accordance with the statutory period laid down and he commented that failure to do so could result in a decision in question being open to challenge in the courts.

He provided details of late reports, by Committee, received by Committee Services for meetings up to 1 June 2010 and indicated the number of reports approved as items of 'any other urgent business'. For comparison purposes, he presented information considered by the Committee in March 2010.

Resolved – That the report be noted.

21 **WORK PLAN 2010/2011**

The views of the Committee were requested concerning topics to be included in this year's scrutiny work programme.

Resolved – That the following list of items forms the basis of the committee's work programme for the current municipal year:

- **Statement of Accounts**
- **Private Finance Initiative (PFI) - as it affects the Accounts**
- **Information Technology Review**
- **ePetition Scheme**
- **Budget Projections including the impact of savings on service delivery and risk management**

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Managing Attendance

Wirral Metropolitan Borough Council

Audit 2009/10

July 2010

audit commission

Contents

Introduction and background

1   Preventing people from falling ill at work and getting them back sooner, as well as discouraging abuse of absence, is a key component of public sector cost efficiency and change agendas.

2   However, effective management of sickness absence is not just about reducing costs. Staff sickness also results in `lost time' which can have a particularly negative impact on the quality of frontline services. Employers also have legal duties to protect their staff from work-related stress and illness.

3   Wirral Council has struggled to meet its sickness absence targets in the past but the situation is now starting to improve. The Council's target for sickness absence in 2009/10 was 10 days. This target was higher than that set by other metropolitan authorities in the North West and most of the other Merseyside councils. During the year, actual sickness levels for the organisation as a whole were consistently better than this target, and by December 2009 had fallen to 9.01 days.

4   Nevertheless, the overall sickness absence figure masks some variations between Directorates. These are illustrated in the chart below.
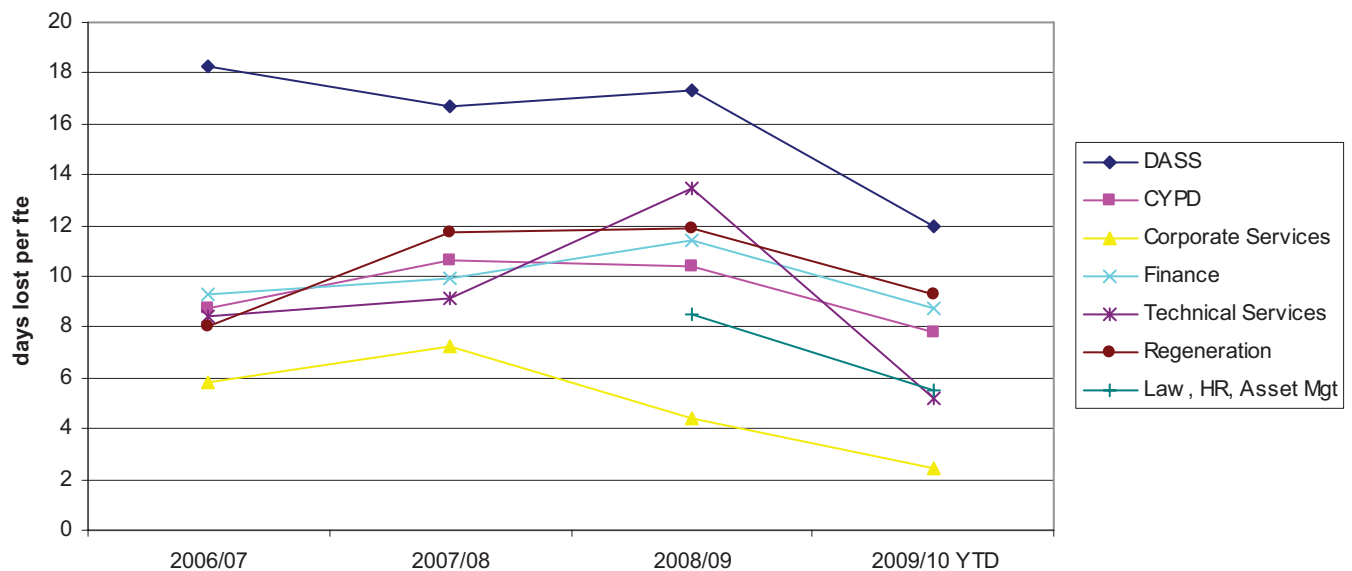
5   The Council is now working to strengthen arrangements across the organisation for managing attendance to help it achieve further improvements.

Audit objectives and approach

6   We agreed to carry out a short review to support the Council in its work to strengthen organisational arrangements for managing attendance. This would, in turn, link to the Council's broader objectives of improving the quality of services and securing value for money.

7   The purpose of the review was to assess the extent to which corporate arrangements are being implemented within Directorates, but also to identify any examples of good practice within services which could be shared across the organisation.

8   The audit aimed to evaluate the Council's:

- procedures for managing short and long-term sickness absence;

- training and support for managers on managing attendance within their area of service;

- the use of management information on sickness absence; and

- systems to support staff welfare.

9   The review was carried out in two stages. To gain an understanding of corporate arrangements, we started with a brief review of Council documents and data on sickness absence levels. We discussed our findings from this review with the Head of HR and Organisational Development. We then agreed to carry out further work in two 'tracer' Directorates.

- Technical Services.

    - Of all the Council Directorates, Technical Services has seen the most significant rate of improvement in staff attendance since 2008/09. In March 2009, the Directorate's sickness absence levels were 13.5 per cent which was the second worst figure recorded for the Council. By December 2009, sickness absence levels had fallen to 5.22 per cent placing the Directorate second best in the Council. Over this period, the Directorate has made some significant changes in the way a number of its services are provided which may have contributed to this improvement. Nevertheless, we felt that the approach taken by the Directorate to managing attendance warranted further investigation.

- Regeneration.

    - In 2006/07 sickness absence levels within Regeneration were the second best in the Council, but increased markedly in 2007/08 and did not improve the following year. This increase may have resulted from the addition of services to the Directorate's portfolio around this time. Since 2008/09 there has been a strong push on improving staff attendance within Regeneration. This is reflected in a marked increase in the number of managers within the

Directorate receiving absence management training. However, the rate of improvement in staff attendance has not been as rapid as in other Directorates. In March 2009, the Directorate's sickness absence levels were 11.88 per cent which was the third worst figure recorded for the Council. By December 2009, sickness absence levels had fallen to 9.3 per cent, but the Directorate's comparative position in the Council had deteriorated to the second worst. The varied and geographically dispersed nature of services provided by the Directorate coupled with significant changes it has faced will have undoubtedly made attendance management a more challenging issue to address.

10 Our work within Technical Services and Regeneration comprised:

– focus group sessions with a sample of line managers; and

– meetings with the key HR contacts for these Directorates.

11 The outputs from the two focus group sessions are included as an appendix to this report.

Main conclusions

12 The Council recognises that there is scope for it to strengthen its corporate approach to managing attendance. Whilst some work has been done at an organisational level, responsibility for establishing arrangements which underpin good attendance has been devolved to the Directorates.

13 This, in itself, is not necessarily a weakness. It is appropriate that Directorates should be encouraged to 'own' attendance issues rather than seeing them as being of concern only to corporate HR. At the same time, arrangements need to reflect local circumstances and service needs.

14 However, the degree of devolution has made it difficult for the Council to be assured that appropriate action is being taken within Directorates or, indeed, to share learning and good practice across the organisation.

15 The Council is now taking steps to address this.

- The Council has had an organisational absence management policy for some time and some Directorates have supplemented this with locally relevant procedures to good effect. The Council is now working to strengthen the corporate policy as part of a scheduled review.

- All training on attendance management has so far been delivered within the Directorates. The organisational absence management policy is used as a framework for training and corporate support is available on request. The Council is now developing an e-learning package to ensure consistency. However, levels of ongoing support available to managers on sickness absence issues have varied. Some Directorates have developed the role of their in-house support functions to provide managers with a point of contact for more routine queries. Others are still reliant on the corporate HR function which does not always represent a good use of HR managers' skills and expertise.

- Some high level analysis of sickness absence data has been undertaken at a corporate level, but more detailed analysis has been carried out by the Directorates. This has resulted in duplication of effort and different approaches to presenting this information being adopted across the organisation. The Council is now implementing a new information system which will improve efficiency and the consistency of reports. However, there may be scope for Directorates to make more effective use of the information they receive on sickness absence as part of their overall performance management arrangements.

Main conclusions

16 The challenge for the Council now is to establish a better balance and linkage between corporate and Directorate arrangements which, at once:

- provides clear direction; but also
- empowers managers across the organisation to deal with attendance issues within their area of service.

17 The Council is also now working to adopt a more strategic approach to staff welfare and well-being. This provides a good opportunity for the Council to rationalise the support services currently available and ensure that managers and staff are more clearly signposted to interventions appropriate to individual needs.

18 Our detailed findings and conclusions from the work are set out in a later section of this report.

Recommendations

19 Our recommendations to the Council are as follows.

Recommendations

R1 To strengthen the overall policy framework for managing attendance:
   • consider and address the specific opportunities for improving the corporate policy raised by managers in our focus group sessions;
   • ensure that the revised policy clarifies respective roles and responsibilities for managing attendance;
   • where appropriate, supplement the corporate policy with additional local procedures which have been formally agreed with staff and their representatives;
   • take steps to ensure that a summary of the corporate policy and any supplementary procedures is made available to and understood by all staff.

R2 Strengthen the approach to absence management training by, for example:
   • making absence management training a mandatory requirement for all managers in the organisation;
   • rolling out the corporate e-learning package on absence management and establish arrangements to ensure that all managers complete this;
   • revising the approach to delivering absence management training across the Council to ensure that managers receive consistent messages concerning the corporate policy and detail of any supplementary procedures where it has been agreed that these need to be in place;
   • taking steps to ensure that Directorates have arrangements for monitoring the take-up of absence management training delivered locally, and for following up any non-attendance.

R3 To improve levels of ongoing support for managers on absence management issues:
   • work with Directorates to identify and address any opportunities where the roles of support or other staff within the Directorate could be further developed to deal with more routine enquiries relating to attendance issues;
   • following on from this, draw up service level agreements which specify the respective roles and responsibilities of the Directorate and of corporate HR. These should be consistent with the roles and responsibilities set out in the corporate policy (R1).

Recommendations

R4	To improve the use of management information on sickness absence:
	• consider how the new HR information system may be utilised to ensure that key aspects of the corporate absence policy (e.g. completion and timeliness of return to work interviews) are monitored and reported, both corporately and at a Directorate level;
	• following on from this, work with Directorates to ensure that there are no gaps or duplication in the information which is being collected and reported;
	• work with Directorates to ensure that, as part of their overall approach to performance management, they have arrangements which allow managers to routinely and collectively identify factors which may account for sickness absence figures and explore opportunities for improvement.
R5	As part of work to strengthen the strategic approach to promoting staff welfare and well-being:
	• review and rationalise services so that managers and staff are clear on the pathways of support which are available and know how to access these.

Detailed findings and conclusions

Policies and procedures

20 The Council is currently reviewing its corporate policy for managing absence and recognises that there is scope for this to be strengthened. As part of our focus group sessions, managers from both Directorates highlighted some specific opportunities for improvement. These were around:

- Accessibility

  - The Council's approach to sickness absence is referenced in not only the policy itself, but within several other corporate policies. Managers report that this can make it difficult for them to locate the information they need.

  - Information is held on the intranet but managers report that they are experiencing some difficulties in navigating through this.

- Clarity

  - How do managers distinguish between long and short term absences?

  - How do they manage absence in cases of staff who work shifts, part time hours or flexible working arrangements?

  - How soon should return to work interviews be carried out? Managers recognise that these should be done as soon as possible, but the time limit is not currently specified in the policy.

  - Managers feel that they need to take action with staff as soon as they detect patterns of absence emerging, but that the policy does not make this clear or set out what action they can take.

  - Managers feel that clarity is needed on 'triggers', including more guidance on how to apply them.

- Controls and incentives

  - Managers feel that the wording of the policy needs to be strengthened to provide a greater imperative (ie 'should' needs to be substituted with 'must').

  - Managers suggest that additional controls could be added to escalate staff through the capability procedures if they are abusing sickness absence (eg if staff have already reached stage 1 and have any additional absence within a defined period for which they are unable to produce a doctor's note, they will automatically be referred to stage 2). However, this suggestion indicates that further guidance is needed on the policy; managers already have provision to escalate staff through capability procedures as part of action plans agreed following capability hearings.

  - Managers feel that cases in the later stages of capability procedures could be heard by an independent panel to ensure objectivity and convey the 'right' message to staff.

– Managers suggest that some provision could be made corporately for rewarding good attendance (eg two additional days' leave).

21 Our review has found some significant differences in the approach which has been taken by the two tracer Directorates to implementing the corporate policy. These are summarised in the table below.

Table 1   Directorate approach to implementing policy

Technical Services	Regeneration
• Corporate policy supplemented by departmental procedures agreed with Unions - makes the organisational policy 'real' for services.	• Corporate policy.
• Guidance on departmental procedures issued to staff including a 'wallet card' which summarises the action staff need to take in the event of sickness - staff are clear on what is expected of them.	• Staff issued with periodic reminders on the procedures which they should be following.
• Staff required to report their absence from work to the department's central admin function and this is then followed up by a call from their line manager - managers feel that having to report to a third party initially has acted as a deterrent to staff who might otherwise abuse sickness absence, and also report that the incidence of text messaging has reduced as a result.	• Absence is reported to individual line managers. Managers report problems with incidence of text messaging and staff getting colleagues to relay messages.
• The department's admin function produces reports for senior managers on all absences within their section - enables them to check that absences are being followed up by line managers.	• Departmental absence co-ordinator produces reports for managers.
• Corporate and local procedures supported by forms which managers are required to complete and return to the department's central admin function - facilitates monitoring of timeliness of return to work interviews, completion of paperwork etc which is then reported to the departmental management team.	

22 Technical Services has been proactive and established arrangements to help it implement the policy in a very systematic and co-ordinated way. Key to this has been the assignment of a dedicated officer to lead on the work, and a revision of the duties of the Directorate's administrative function to make optimal use of available support staff in the new arrangements. There is also a very strong element of collaboration between managers within the Directorate on sickness absence issues.

23 Managers within Regeneration have been working to implement the corporate policy, but they have been doing this more in isolation from each other than in Technical Services. This has made it more difficult to ensure that absences are managed in a consistent way across the Directorate.

Recommendations

R1 To strengthen the overall policy framework for managing attendance:

- consider and address the specific opportunities for improving the corporate policy raised by managers in our focus group sessions;

- ensure that the revised policy clarifies respective roles and responsibilities for managing attendance;

- where appropriate, supplement the corporate policy with additional local procedures which have been formally agreed with staff and their representatives;

- take steps to ensure that a summary of the corporate policy and any supplementary procedures is made available to and understood by all staff.

Training and support for managers

24 The Council has recognised that it needs to adopt a more corporate approach to absence management training. All of the absence management training which has so far been provided has been developed and delivered by the Directorates themselves. Whilst an element of this is clearly needed to ensure proper coverage of local procedures where these exist, the absence of any central training makes it difficult for the Council to ensure that the corporate policy is being correctly interpreted across the organisation. At the same time, the Council has not made absence management training a mandatory requirement for managers. This presents a risk of some managers in the organisation not being aware of either the corporate or local procedures which they should be following with their staff. The Council is now looking to develop an e-learning package on attendance management which will help promote greater consistency.

25 Optimal use is not consistently being made of available support resources. This is resulting in some inconsistencies in the nature and level of support available to managers on managing attendance within the two 'tracer' Directorates. Both Directorates have access to specialist advice from the corporate HR function. An HR Manager is nominally assigned to Technical Services (as well as Finance), whilst Regeneration has part funded an HR Manager post to provide support to the Directorate as part of a business partner relationship with the HR function. Both Directorates also have an absence co-ordinator post within their staffing structure, but this resource is being utilised in different ways.

26 In Technical Services, the absence co-ordinator has been involved in establishing the Directorate's arrangements for managing attendance, and their role has also evolved to incorporate a greater element of advice and assistance. Managers value and make good use of this local source of support with the result that fewer demands are placed on the HR Manager's time.

Detailed findings and conclusions

27   In Regeneration, the absence co-ordinator has dealt with referrals to occupational health, and supported managers on home visits and capability meetings. However, in terms of advice and dealing with queries, managers report that they are dependent on the HR Manager and greatly value this source of support. We acknowledge that the extremely complex and sensitive nature of some of the cases within the Directorate are likely to require this level of input. Nevertheless, establishing arrangements to promote a more co-ordinated approach to absence management (as referenced in the previous section) whilst making better use of the available resource within the Directorate would ensure that such cases are more effectively 'triaged'.

28   The Council is now considering how HR functions may be delivered in the future under its corporate priority of 'Excellent Council'. This provides a good opportunity to consider how existing resources are being used to ensure an appropriate balance between the ongoing support which managers clearly value as well as more specialist advice.

Recommendations
R2   Strengthen the approach to absence management training by, for example:
• making absence management training a mandatory requirement for all managers in the organisation;
• rolling out the corporate e-learning package on absence management and establish arrangements to ensure that all managers complete this;
• revising the approach to delivering absence management training across the Council to ensure that managers receive consistent messages concerning the corporate policy and detail of any supplementary procedures where it has been agreed that these need to be in place;
• taking steps to ensure that Directorates have arrangements for monitoring the take-up of absence management training delivered locally, and for following up any non-attendance.
R3   To improve levels of ongoing support for managers on absence management issues:
• work with Directorates to identify and address any opportunities where the roles of support or other staff within the Directorate could be further developed to deal with more routine enquiries relating to attendance issues;
• following on from this, draw up service level agreements which specify the respective roles and responsibilities of the Directorate and of corporate HR. These should be consistent with the roles and responsibilities set out in the corporate policy (R1).

Management information

29 The Council has recognised that it has not been making efficient and effective use of sickness absence data. Sickness absence data is collected centrally for the whole organisation. However, whilst some corporate analysis is undertaken (e.g. sickness absence rates by directorate, reasons for absence), more detailed analysis is presently carried out by the Directorates themselves. This represents a duplication of effort. It also increases the likelihood of inconsistencies in the nature of reports made to managers on sickness absence in their service area. For example, during our focus group session with Regeneration, Libraries reported that they have adopted the 'Bradford System' to help them identify problem cases of short term absence, but other managers in the Directorate were not aware of this system.

30 The Council is now working to address this situation. It is implementing a new HR management system. As part of this, template reports on sickness absence are being developed which will be automatically generated by the system. This will help improve efficiency, as well as the timeliness and accessibility of information at both a corporate and service level.

31 Some aspects of corporate reporting which needed strengthening are also being addressed. For example, the corporate management team is responsible for providing an executive overview of workforce issues across the Council but in the past has only received annual reports on sickness absence levels and performance against the corporate target. Quarterly reports are now going to be made, and we note that the first of these has also included information on sickness absence levels in other Merseyside and metropolitan councils. This will help senior managers to better monitor progress and take remedial action where it is needed. It will also provide the Council with a clear measure of its performance relative to other organisations.

32 The findings of our review suggest that there may be scope to make better use of absence information in Directorate performance management arrangements.

33 Attendance management forms part of core business within Technical Services. Sickness absence rates and performance against the policy (eg timeliness of return to work interviews) are reported and discussed on a monthly basis by section to the Directorate and Operational Management Team meetings. These measures are also posted on notice boards around the Directorate. This enables managers to make comparisons and encourages an element of healthy competition between sections. Although not reported regularly, the costs of sickness absence are understood to have been included in Directorate performance reports to raise awareness of the financial impact of poor attendance. Managers report that attendance issues are also considered at the Directorate Health and Safety and Equality and Diversity Groups. In overall terms, these arrangements are helping the Directorate to better understand some of the factors which may be affecting attendance and to identify ways of addressing them in a proactive way.

Detailed findings and conclusions

34 Sickness absence rates have similarly been reviewed at Directorate Management Team meetings in Regeneration, but reports to this group have been made on a quarterly basis. Absence statistics have also been reported and discussed as part of Senior Management Team fortnightly meetings and locally within sections. At our focus group session, managers expressed concern about the lack of forums within the Directorate for them to work together to 'get underneath' absence figures, and reported that our session with them was the first opportunity they had had to consider attendance issues as a group. They went on to report that the Directorate Health and Safety Group does review absences, but only when these have resulted from an accident at work.

Recommendations

R4 To improve the use of management information on sickness absence:

- consider how the new HR information system may be utilised to ensure that key aspects of the corporate absence policy (eg completion and timeliness of return to work interviews) are monitored and reported, both corporately and at a Directorate level;

- following on from this, work with Directorates to ensure that there are no gaps or duplication in the information which is being collected and reported;

- work with Directorates to ensure that, as part of their overall approach to performance management, they have arrangements which allow managers to routinely and collectively identify factors which may account for sickness absence figures and explore opportunities for improvement.

Staff welfare

35 The Council recognises that there is scope for it to strengthen its strategic approach to staff welfare and well-being.

36 At a corporate level, the Council already has a number of key services to support its staff. These include:

- an occupational health service, currently provided by Aviva; and

- an Employee Assistance Programme (EAP) which was introduced in April 2009.

37 At the same time, a wide range of other work has been carried out across the organisation to promote well-being. Examples of this include:

- a pilot of training for managers on managing stress which was delivered in conjunction with NHS Wirral;

- a pilot project undertaken within the Children's and Younger People Directorate to help people with mental health problems back into work;

- programmes of health checks within services; and

- surveys of work-based stress carried out within individual services.

38   The Council and its partners have established a new initiative (Wirral Working4Health) to help local people who have been on long term sickness or are at risk of going off stay in work or get back into employment. They are now working on another initiative (Fit4Wirral) to better co-ordinate welfare and well-being activities across the borough. This is still at a very early stage of development.

39   As part of our focus group sessions, managers expressed no concerns around access to existing corporate welfare services, but highlighted a number of opportunities where they felt these might be improved.

40   The Council is already aware of some of these opportunities for improvement. For example, managers believe that the EAP is currently under-utilised, but the Council is already planning to run further marketing exercises later this year to raise awareness of this service.

41   Nevertheless, feedback from managers suggests that there may be scope for the Council to make more efficient and effective use of its corporate welfare services. Under present arrangements, managers report that any member of staff who has been off work with stress is automatically referred to occupational health on their return and may then be referred for counselling. However, managers are aware that counselling services are also available through EAP and can be readily and directly accessed by staff. This means that the Council could, in effect, be paying for the same service twice. Managers also report that staff can sometimes find it difficult to stop having counselling sessions arranged through occupational health once they have started. This suggests that there may be scope to strengthen arrangements so that individuals only receive counselling for as long as they need it and are supported in 'stepping down' from full counselling sessions. Doing this may also help the Council to achieve some savings. Under the present contract, staff can access a maximum of six sessions but once this number has been exceeded the Council incurs additional cost.

42   The Council's contract for occupational health services is due to end this year and future options for delivery are presently being assessed. This presents a timely opportunity for the Council to consider:

- how the points raised by managers in our focus groups might be addressed in the specifications for a new occupational health service; and

- how this service, in turn, could link into other services provided under the Wirral Working4Health and Fit4Wirral initiatives.

Recommendations
R5   As part of work to strengthen the strategic approach to promoting staff welfare and well-being: • review and rationalise services so that managers and staff are clear on the pathways of support which are available and know how to access these.

Appendix 1 – focus group outputs

WMBC Managing Attendance - Technical Services Focus Group
15 April 2010

Short term/long term – there was some discussion about when short term becomes long term absence. The Councils' distinction –10 days of absence.

Monitoring systems are in place to graph out individual service areas and are produced on a monthly basis.

Sickness absence rates are currently slightly higher (fluctuations in different seasons) and the main reason has been colds and flu. Staff who had not been off for years were taking a few days to recover following sickness during Dec/Jan/Feb.

Some areas of service have experienced a spate of people having operations – 4-6 weeks off. All previously programmed in but number of staff off at same time.

Majority of absence within the directorate is short term, self certified (less than 7 days). Long term can skew stats.

Since April 09 sickness absence figs have been better – the directorate compares well with the Council as a whole. They are now applying capability procedures more consistently – in past this has not happened. Absences are reported centrally now. The directorate has been more prescriptive in terms of what they expect of staff (telephone in and speak to someone or leave a message – no text messaging or third party messages).

HR policies suggest people 'should' do this but thoughts in the room are that the wording of the policies should be strengthened to say people 'must'.

Senior managers are informed of the staff who are off sick so they are able to check that managers are following absences up – a calendar of absences is now routinely issued.

Managers are wary of centralising HR too much – local knowledge of what's happening within services is important and could be lost. They are also keen to ensure that the implementation of the new system does not result in additional tasks for them to do. The spreadsheets they currently receive are generated automatically for them.

Spreadsheets shows sickness dates on a calendar, type of sickness and number of days for individuals. ADs and services mgrs get a report after 12 days absence. The local spreadsheets help managers to detect patterns of absence sooner and it is good for staff to be shown this as sometimes it comes as a surprise to see this info in front of them.

The directorate has sent out a clear message to staff that action is taken on sickness absence. There is now consistency of actions around trigger points. Now if someone hits trigger formal action is taken. Clear process now. Removes any subjectivity.

Staff have become aware that they are approaching the triggers and are given the opportunity to take action. No longer a surprise when they hit them. Return to work interviews are being completed quickly, on the day of return or as near to the date on which they returned to work but this is not Council policy. Information on the timeliness of RTWs is reported to the directorate's joint OMT and SMT.

Sickness absence is covered in team briefs. Team briefs were used to do a push on long term absence which has aided the recent improvement.

Departmental charts are produced showing sickness absence rates for each section which allows for comparisons with other members of service. This has decreased occurrences of sickness absence. Encourages managers to act quicker to improve their team's absences and raises awareness.

Managers feel that they receive a good level of support. Internal HR contacted more or less daily for advice. Managers feel that they have to be careful about what to say and do about sickness absence with staff so feel that advice is needed. One member of staff had odd days off so looked at working arrangements/work pattern and things have improved. This person is now off the trigger. They feel that they are better able to have a dialogue with staff about absence.

They feel that there has been a change the culture. It's ok for people to seek advice from Occupational Health. Occupational (Occ) Health no longer a stigma, now a positive thing. Managers also feel that they benefit from having H&S based in the directorate and the same building as them – used them for risk assessments on improving work stations to help staff. Managers are required to manage H&S in the workplace (IOSH).

Regular work place inspections take place.

Absence regularly discussed at the departmental H&S working group and Equality Group – these forums for discussion help them to proactively identify issues.

Absence management isn't part of the KIE unless it's an issue. Policies are in intranet and staff are now required to confirm their understanding of sickness absence policies.

Managers have received absence and performance capability training. Focuses on what policy is, useful to gets answers to questions, half day course and refresher courses available.

Training is 'spot on'. Internal HR provides post-training support.

Managers feel that training should be compulsory as aids understanding of process and gives more consistency. Before training managers and staff unsure of what to say or saying the right thing. All staff should have the training. Culture at Council is not to have compulsory training. Only Quality & Diversity training is compulsory as is statutory requirement. If someone ended up at tribunal and manager not had training – problem. Absence management training has been made more or less compulsory within the directorate.

Council policy gives timescales, sets expectations, provides letter templates.

Policy can be a little bit vague in places and sometimes contradictory Eg 12 working days lost, then look at patterns. Somewhere else says action could be taken if patterns emerge before 12 days absence.

Problems about applying the policy with part-time working and pro-rata. Confusing if people work only a few hours each day – difficult to determine what time has been taken off. Needs to take account of flexi-working arrangements. Staff and managers are all confused by this and cannot find guidance.

Also Policy does say 'working days lost' but people have been counting weekends – this requires clarification.

Not one policy eg absence management is mentioned in a few places which can contradict each other. – code of conduct, HR Hand book etc. Also problems about how

these different sources of information are laid out on the intranet – makes it difficult to navigate to the information managers need.

Directorate has issued a card to each member of staff giving bullet points of what needs to be done and which number to phone in the event of absence to clarify expectations.

In terms of staff wellbeing, managers contact staff, Home visits follow, then back-to-work. If someone off with stress there is an immediate referral to Occ Health.

Wellbeing days are held throughout the Council.

Referral to Occ Health can be done before sickness absence triggers hit.

NB some uncertainty now re EAP. Should staff be referred here before Occ Health (EAP covered by fixed contract but payment for Occup Health is by visit)

Managers like the fact that EAP can be accessed by staff and all family members, but not sure if staff are aware of that or of the range of services provided. A seminar was held on EAP but the service needs to be promoted more. Also need to raise awareness that staff can access Occ Health as a preventative measure i.e. before a person goes off sick.

Departmental drive for staff to complete display screen equip questionnaires as preventative measures re back problems.

| **WMBC Managing Attendance - Regeneration Focus Group** |
| **15 April 2010** |

Regeneration has just been split up so comments from them with comments also from individual area. Regeneration 2nd from bottom on absence so could do better.

Main reasons for absence – person off for operation (91 days) in a small team so had impact. Also ear/nose/throat took similar length of time. Stress has been an issue for some but not all sections. Ongoing treatment for cancer has skewed figs, also DDA illnesses (diabetes, epilepsy). Lifestyle stress eg bereavement can be difficult to manage.

Long term sickness is difficult to resolve and is time consuming and drawn out process. Managers feel that they receive conflicting advice from Occupational (Occ) health. Occ Health gives advice that is not easy to work with on a practical level eg a person may be able to do some duties but not the job which they are employed to do.

Staff can access counselling through Occ Health – this is supposed to be short term but view that staff get on counselling 'treadmill' and can't get off.

Managers feel they ask OH specific questions but don't get specific answers. Information can be ambiguous and different officers can reach different conclusions. Small percentage can be exceptionally complex and time consuming.

Doctors can withhold specific information and this is within their rights to do so. Individual has discretion whether to disclose so Dr not obliged to do so – this can make things difficult.

Managers feel that an increasing amount of physical stress put on managers to deal with intense staff cases of problems and stress and feels way out depth with area of expertise. They feel they don't know how to help the person and give the right pastoral care. Occ health is a fantastic tool but more clarity is needed from them and more support for managers.

Occ Health

The Directorate has an Absence Support Officer.

The Directorate has a dedicated HR person – this has been a master stroke, he provides exceptional levels of support and some managers feel that they can't do without him. NB recognition that the HR person is under pressure so limited resource. Some managers are known to feel isolated and unable to cope.

EAP though AVIVA has been useful – has prevented absence in some areas of service. Managers do signpost staff to EAP at RTW but don't know if this is taken up.

'Trigger dodgers' - triggers are not realistic and staff work a way around the triggers. Managers don't feel that the policy enables them to address patterns of absence at an early stage.

Managers feel that there is scope to tighten up on the policy. For example, could say that at stage 1, if the member of staff has any further absences in next 3 months, they will automatically reach stage 2. Or they could ask for docs note for any sickness absence.

Need something for persistent offenders. Individuals are known to have 30 days off each year and managers feel that nothing can be done. Managers see the same people coming through on stage 1 and stage 2 proceedings but feel unable to do anything about this.

At the same time, people who are never off sick year in year do not receive any recognition for good attendance apart from a 'well done' from managers. People who are off routinely takes up a disproportionate length of managers time. Each stage has 'routine offenders'. Perception by junior staff is that managers are doing nothing. No lateness procedure guidance. Are they absent or late? How much time is considered as an absence? Corporate policy is used by unions but is not always the best for local departments to fit with – local arrangements could be better used. Leave arrangements produce problems with everyone having same leave year and using up excess leave in March.

Local management meeting have not debated this before - this is first time a forum like this has happened for managers to discuss sickness absence. EMT looks at headline figures but deep issues are not discussed. Locally common problems are not discussed. Sickness absence does not feature at H&S meetings. Libraries have own senior managers strategy group (4x mgrs) discuss absence at weekly meetings. Absence only discussed if happened because of accident. Sport and Rec report to Head of Service monthly.

Reports locally produced each month gives breakdown of figures and this gives profile of last 12 months. Sickness always goes up at Christmas and during school holidays. Large majority of staff keep holidays.

View that some staff treat managers with contempt - cited examples of staff not turning up for capability meetings.

Staff have to phone in by 10.00am and speak to someone. They keep having to remind staff that they shouldn't be texting or speaking to a third party. Staff want to text as avoids proper explanation or possible confrontation. In libraries staff must phone in as near to 9.00am as possible and speak to the manager in the building and not leave a message.

Absence Coordinator responsible for co-ordinating Occ health referrals and speaking to occ health if manager has an issue of concern that they do not want to put in writing. They assist with difficult process and provide support for managers at each stage. They sit in and support in disciplinary discussions or accompany managers on home visits.

HR contact is invaluable. Can phone him for advice and gives credible answers.

Managers feel that there is a grey area in terms of when they should move from sickness to capability proceedings.

People have no penalty to not turning up to meetings etc, showing contempt for system. Has negative affect on the 'good guys'.

Policy is here but needs to be tighter. Lateness and calling in can be a problem. No calling in procedure.

Policy needs revision, eg no triggers – 3 absence only with 6 months.

Managers feel that there is some tension in applying the policy when they know sickness is genuine. Managers don't want to be over zealous with genuine cases. Note there was

some discussion around the table about the need for applying the policy consistently so not show favouritism. Recognition for the need to be pragmatic – bring people in for stage 1 but if their absence record has been exemplary in the past and they've then just had a bout of illness, do they really need to issue a warning..

Managers aware of positive things are going on. Health and Wellbeing Group at strategic level etc. Make use of the Council's good greenspaces, sport centres, incentives.

'Bradford System' being used by Libraries to highlight problem cases of short term absence. Very useful but not used across the directorate. Designed to tackle short term absence. Picks up on frequency and not patterns.

Suggestion made that cases of absence after stage 2 are appraised by independent panel.

View that the Council needs to reward good attendance – 2 days holiday?

Appendix 2 – Action Plan

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
12	R1 To strengthen the overall policy framework for managing attendance:	3				
	• Consider and address the specific opportunities for improving the corporate policy raised by managers in our focus group sessions;		Head of HR/OD	Yes	Managing Attendance Policy is currently being reviewed by a working group consisting of representatives from all departments as part of the Council's People Strategy. Draft policy does address the issued raised at the focus groups.	September 2010
	• Ensure that the revised policy clarifies respective roles and responsibilities for managing attendance;		Head of HR/OD	Yes	Policy clarifies roles and responsibilities for managing attendance including: HR, Occupational Health, Managers and employees	September 2010
	• Where appropriate, supplement the corporate policy with additional local procedures which have been formally agreed with staff and their representatives;		Departmental Chief Officers	Yes	Audit Commission report will be shared at Chief Officers Management Team (COMT) where it will be recommended to Chief Officers to supplement corporate policy with local procedures.	September 2010

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Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	• Take steps to ensure that a summary of the corporate policy and any supplementary procedures is made available to and understood by all staff.		Head of HR/OD & Departmental Chief Officers	Yes	As part of the launch of revised managing Attendance Corporate policy, provision will be made for training managers and resource allocated to the internal communication of the new policy. Departments are responsible for ensuring the effective communication of supplementary, local procedures.	From September 2010
13	R2 Strengthen the approach to absence management training by, for example:	3				
	• making absence management training a mandatory requirement for all managers in the organisation;		Head of HR/OD	Yes	Training will form part of Managers Toolkit and will be recommended to COMT that it is compulsory for all managers to attend.	From September 2010
	• rolling out the corporate e-learning package on absence management and establish arrangements to ensure that all managers complete this;		Head of HR/OD & Departmental Chief Officers	Yes	It will be recommended that an E-learning package will be rolled across the Council and will be compulsory for all managers to complete. Records of training will be held centrally.	From September 2010
	• revising the approach to delivering absence management training across the Council to ensure that managers receive consistent messages concerning the corporate policy and detail of any supplementary procedures where it has been agreed that these need to be in place;		Head of HR/OD & Departmental Chief Officers	Yes	Training will form part of Corporate Managers Toolkit to ensure consistency of message. Departmental, local procedures to be cascaded to managers by departments.	From September 2010
	• taking steps to ensure that Directorates have arrangements for monitoring the take-up of absence management training delivered locally, and for following up any non-attendance.		Head of HR/OD & Departmental Chief Officers	Yes	Records of management training for absence will be maintained centrally. Non-attendance will be reported to COMT for action by Departmental Chief Officers.	From September 2010

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
13	R3 To improve levels of ongoing support for managers on absence management issues:	3				
	• work with Directorates to identify and address any opportunities where the roles of support or other staff within the Directorate could be further developed to deal with more routine enquiries relating to attendance issues;		Head of HR/OD & Departmental Chief Officers	Yes	HR will discuss were support can be utilised within departments.	December 2010
	• following on from this, draw up service level agreements which specify the respective roles and responsibilities of the Directorate and of corporate HR. These should be consistent with the roles and responsibilities set out in the corporate policy (R1).		Head of HR/OD & Departmental Chief Officers	Yes	Service level agreements considered. Role & responsibilities will form part of the policy update.	October 2010
15	R4 To improve the use of management information on sickness absence:	3				
	• consider how the new HR information system may be utilised to ensure that key aspects of the corporate absence policy (eg completion and timeliness of return to work interviews) are monitored and reported, both corporately and at a Directorate level;		Head of HR/OD	Yes	HR and Payroll system team will ensure that optimum use of the functionality of the new system will be made on the attendance management workstream.

The reporting system implementation will be brought forward. | January 2011 |
| | • following on from this, work with Directorates to ensure that there are no gaps or duplication in the information which is being collected and reported; | | Head of HR/OD | Yes | An evaluation of the arrangements in place will be made to ensure that no gaps or duplication in information is reported. | 2011 |

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	• work with Directorates to ensure that, as part of their overall approach to performance management, they have arrangements which allow managers to routinely and collectively identify factors which may account for sickness absence figures and explore opportunities for improvement.		Head of HR/OD Head of Policy and Performance	Yes	This will form part of our overall approach to attendance management including, launch of policy, training etc. All of which will be evaluated as above.	2011
16	R5 As part of work to strengthen the strategic approach to promoting staff welfare and well-being: • review and rationalise services so that managers and staff are clear on the pathways of support which are available and know how to access these.	3	Head of HR/OD	Yes	This work is currently being reviewed as part of the Council's Fit4Wirral Initiative. As part of this an internal communication strategy will be developed to ensure a clear understanding from managers and employees. Work in conjunction with NHS Wirral.	October 2010

The Audit Commission

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Procurement - follow up of PIDA disclosure

Wirral Council

Audit 2009/10

September 2010

audit
commission

Contents

Status of our Reports

The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors/members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or
- any third party.

Summary report

Introduction

1   In March 2009 the Chief Executive notified us of a number of concerns which had been raised by a group of staff in Operational Services under the Council's 'Whistleblowing' procedures. The concerns were in respect of the Highways and Engineering Services Procurement Exercise (HESPE) that was undertaken during 2008. An investigation had been carried out by the former Head of Legal Services and feedback was given to the group in March 2009. Following this feedback the group still had some concerns and the Chief Executive asked us to meet with them. The group subsequently raised its concerns with us under the Public Interest disclosure Act 1998 (PIDA). The concerns were in respect of the governance arrangements that operated during the tendering process. At no time was there any allegation or evidence of fraud or corruption.

Background

Public Interest Disclosure Act 1998

2   The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle-blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions. The most readily available protection under the Act is where a worker, who is concerned about malpractice, raises the issue within the organisation or with the person responsible for the malpractice. The intended effect of this provision is to reassure workers that it is safe and acceptable for them to raise such concerns internally. Employers are therefore encouraged to establish proper procedures for dealing with internal disclosures. The Act also sets out the circumstances where the disclosure of the malpractice outside of the organisation is in the public interest and should be protected.

3   The Audit Commission and its appointed auditors are prescribed persons for disclosures relating to "the proper conduct of public business, value for money, fraud and corruption in local government and health service bodies". The obligation of the Commission and its appointed auditors to a whistleblower under PIDA is confined to the receipt of disclosures. PIDA neither requires nor empowers the Commission or its appointed auditors to carry out an investigation into the subject matter of any disclosure made or to report the results of any investigation undertaken. However, the Commission and its appointed auditors will consider any information received as a result of a disclosure and determine what action, if any, to take in the context of their existing statutory and professional powers and duties.

4   These statutory duties are set out under the Audit Commission Act 1998 in relation to the audit of the accounts and the value for money conclusion and include auditors' powers to:

- issue a report in the public interest under section 8 of the Act;

- issue statutory recommendations under section 11 of the Act;

- issue an advisory notice under section 19 of the Act;

- apply to the court of a declaration that an item of account is contrary to law under section 17 of the Act; and

- apply for judicial review under section 24 of the Act.

5   Neither the Commission nor its appointed auditors have powers to discipline local authority officers or are able to bring criminal prosecutions against such individuals. Disciplinary action can only be taken by management and/or any relevant professional bodies. Allegations of criminality are usually investigated by the police and can ultimately only be decided by the courts.

Highway and Engineering Services Procurement Exercise (HESPE)

6   During 2008 the Council carried out a competitive tendering process for the provision of highway and engineering services (the Highway and Engineering Services Procurement Exercise - HESPE), bringing together several previous contracts in order to rationalise the services. Following the pre-qualifying stage, Cabinet on 13 March 2008 approved a shortlist of seven providers who were invited to submit tenders. Six of those seven providers submitted tenders, including Wirral Council's in-house Operational Services.

7   The tender evaluation was carried out and led by the Director of Finance. Cabinet on 16 October 2008 subsequently formally awarded the contract to Colas and the contract came into effect from 1 April 2009. Staff from Operational Services were transferred to Colas under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE 2006).

8   During the period when the contract was tendered and let any external challenge by aggrieved bidders could have lead to damages being paid. However, new rules brought the EU Remedies Directive into force on 20 December 2009. These rules are now in the Public Contracts Regulations 2006. Aggrieved bidders have tougher remedies against public authorities that break procurement rules. The UK policy is that only new procurements advertised after 20 December 2009 are subject to the new rules. The High Court will now be able to set aside signed contracts if procurement rules are broken. The changes affect everyone involved in procurement, both procurers and suppliers (see Appendix 3 for more detail).

Audit approach and objectives

9   As noted at paragraph 1, concerns were raised with us following an internal investigation. We agreed to carry out this review as part of our existing statutory and professional powers and duties. However, this was not identified as a risk when the fee was originally set. The additional fee for the work completed during the 2008/09 and 2009/10 audit is £20,000.

10 Our work built upon the investigation carried out by the former Head of Legal Services and was undertaken in tandem with work that had already been planned in respect of a review of commissioning and procurement as part of our assessment of the Council's use of resources assessment for 2008/09. We:

- reviewed the file provided to us by the Whistleblowers;

- reviewed the file produced by the former Head of Legal in his investigation;

- reviewed the robustness of controls and considered whether there was any evidence of, or opportunity for potential fraud or corruption;

- reviewed compliance with procurement policies, processes and procedures;

- reviewed the tender exercise and evaluation and carried out extensive checking of the detailed documents;

- met with:

  – the Whistleblowers;

  – the Director of Technical Services;

  – the Director of Law, HR and Asset Management and the former Head of Legal Services;

  – the 'client' - Technical Services staff;

  – Corporate Procurement staff;

  – Consultants involved in the process;

  – Finance Department staff; and

- considered the post contract experience.

11 Throughout the review we have kept the Whistleblowers and the Director of Legal, HR and Asset Management informed of the progress of our work and the key messages emerging. We also met with and updated the Chief Executive, Deputy Chief Executive and Director of Corporate Services, Director of Finance, and the Chief Internal Auditor at our liaison and Corporate Governance Monitoring Group meetings. In addition, we have consulted with the Audit Commission leads for procurement at both regional and national level and our regional lead for counter fraud.

12 Our objectives were to review the concerns raised regarding the HESPE PIDA to:

- consider whether the Council followed proper processes in its conduct of public business;

- assess the Council's arrangements for achieving value for money in its use of resources; and

- assess whether we needed to consider taking further action with regard to our responsibilities under the Audit Commission Act 1998.

Main conclusions

13 The concerns raised under the PIDA fell into a number of specific areas and our conclusions are as follows:

- Officers' and Directors' involvement in the in-house bid

  – We found no evidence of any inappropriate influence on the outcome of the tendering exercise

- Communication by officers with potential tenderers between the post-qualifying and tender submission stage

  – We found no evidence that a meeting held between the Director of Technical Services and another senior officer with a representative of the winning firm influenced the outcome of the tendering exercise or was in effect canvassing by an individual firm

- Declarations of interest

  – Our review confirmed that a conflict of interest form was submitted by the Director but this was done retrospectively. We found no evidence of any information being shared as part of the association.

- The deliverability of the contract awarded to Colas

  – There is no evidence that the rates in the winning bid will not be achieved but this can only be assessed through the ongoing benefits realisation process.

14 Our conclusion is that overall the Council set up proper processes for the procurement exercise for highways and engineering services and there were many areas of good practice. This is also supported by our review of Commissioning and Procurement previously reported to members (see Appendix 1 for an excerpt from that report). There is evidence that the tender evaluation, information provided for decision making and contract awarded were sound. There is no evidence of impropriety by any officers or members. The winning bid was clearly better value for money than the others in terms of both cost and quality. This is a significant achievement considering the size, complexity, uniqueness and nature of the tender exercise which brought together a number of previous contracts and also involved an in-house bid.

15   However, the issues raised were genuine concerns and our review did highlight some weaknesses including a lack of clarity about separation of duties, inadequate records and documentation and the need to clarify corporate systems for raising and recording potential conflicts of interest. There were also examples of a lack of proper consideration of or disregard of procedures, for example meeting with potential tenderers during the period between the post tender qualifying stage and tender submission.

16   These weaknesses potentially left the Council and individuals open to external challenge. If there had been external challenge to the contract by an aggrieved bidder, the remedy could have led to substantial damages being paid and loss of reputation by the Council. Going forward, a new EU Remedies Directive applicable to new procurements advertised after 20 December 2009 means that aggrieved bidders now have tougher remedies against public authorities that break procurement rules. The High Court will be able to set aside signed contracts resulting in delays to services, as well as significant and costly litigation and further procurement costs (see Appendix 3 for further detail).

17   The importance of robust procurement policies and procedures and compliance with those procedures and governance needs to be strengthened to ensure the Council promotes the right culture, the risk and incidence of external challenge is managed and the benefits of procurement initiatives are not put at risk. Weaknesses could jeopardise the achievement of benefits resulting from good procurement.

18   As reported to the Audit and Risk Management Committee in January 2010 there is evidence that the cost reductions envisaged by the tendering exercise have been achieved. A price and quality 'model' was used to evaluate the tenders received. A 70 per cent cost and 30 per cent quality split was used to support the award of contract decision. The winning bid from Colas was clearly better value for money than the others in terms of both cost and quality. The benefits realisation exercise is ongoing and is being reported to members on a regular basis.

19   As noted at paragraph 1, the PIDA concerns were raised with us following an internal PIDA investigation. The Council needs to continually consider the adequacy of its Whistleblowing procedures and how well they are complied with to ensure that individuals have confidence that issues will be fully investigated and lessons learnt.

20   There are currently no further actions that we propose to take under the Audit Commission Act 1998. However, we will continue to monitor how well the Council is implementing the lessons learnt from the HESPE tender process.

Detailed report

21 The Council set out good arrangements for governance and there were many areas of good practice. However, our recent commissioning and procurement report concluded: 'although the Council has generally put in place a sound framework of policies and procedures these are not always followed or fully comprehensive'. Our work found some examples where there was non-compliance, such as notes of meetings not being recorded during the tender exercise. Also, some procedures lacked clarity, for example, the separation of duties relevant to in-house bids. An excerpt from the report is included at Appendix 1. In particular, recommendation 15 of the report was to 'strengthen the governance arrangements relevant to procurement activity and ensure compliance, in particular clarify roles and ensure full compliance with policies and procedures'.

22 This detailed report sets out the concerns raised by the group of employees of the Council that raised the PIDA and highlights the actions the Council needs to take to ensure it is not at risk in future procurement exercises.

23 In December 2009 we shared a list of lessons learnt from our review so far and also highlighted good practice. This is included at Appendix 2 and we recommend that the Council uses this to form an action plan to keep members informed of progress and ensure that actions are implemented to strengthen the Council's governance.

Documentation

24 Throughout our review we found weaknesses in control over documentation which impacted on the Council's ability to respond to our review and could have hampered its ability to respond to any external challenge from aggrieved bidders.

25 **However, our view is that the tender evaluation, information provided for decision making and contract awarded were sound in spite of the weaknesses in documentation.**

26 The weaknesses included:

- Some tender documentation was not safeguarded or retained.

- Some meetings were not minuted or records retained.

- Documents did not set out clearly roles and responsibilities.

- There was little clear documentation of why figures had changed or decisions made.

- There was poor version control over the in-house bid.

- It was difficult to establish the audit trail and get information and there were delays in providing information to us.

27   The standards of evidence need to demonstrate compliance with legislation and provide assurance to members in support of decision making. Formal documentation should include and properly evidence the thought process leading up to agreed decisions.

Issues raised under the PIDA

28 The concerns raised by the group of employees focussed on the following:

- Officers' and Directors' involvement in the in-house bid.

- Communication by officers with potential tenderers between the post-qualifying and tender submission stage.

- Declarations of interest.

- The deliverability of the contract awarded to Colas.

Officers' and Directors' involvement in the in-house bid and tender evaluation

29 Concerns were raised regarding which officers should be involved in the in-house bid and whether those who were could be seen to influence the outcome of the tendering exercise.

30 **We found no evidence of any inappropriate influence on the outcome of the tendering exercise. However, it is important to ensure in future that there is clarity about the specific governance arrangements to ensure that officers and members are clear about roles and there is no actual or perceived conflict.**

31 In particular it is important that the role of the Director of the service subject to tender is agreed in advance and is approved formally through Cabinet with a clear statement on involvement in any in-house bid and the tendering exercise generally. The Director has the responsibility to both deliver any future in-house contract without incurring a deficit and ensure that the tendering exercise achieves the Council's objectives at a competitive rate. Members have responsibility for ensuring they understand and can challenge the governance arrangements.

32 Although there was a report to Cabinet regarding governance arrangements in respect of the in-house bid, it was silent on the specific role of the Director of Technical Services. However, the Director of Finance was responsible for the evaluation of the bids and there is no evidence that the Director of Technical Services was involved in this process. We reviewed the various versions of in-house tenders and it is clear that the tender was made more competitive through the Director of Technical Service's involvement and was comparable to many of the other tenders. We also reviewed individual rates that appeared lower than the in-house bid and were satisfied that there were similar rates in other tenders or that the rates were confirmed with the firms.

33 However, we found weaknesses in record keeping and version control which meant significant work was needed to establish an adequate audit trail and this potentially left the Council and individuals vulnerable to challenge.

Issues raised under the PIDA

34 It is also important that the roles and responsibilities of others involved in the process including consultants and Internal Audit are clearly understood and documented and any changes recorded. We found some lack of clarity around the role of consultants advising on the in-house bid and then being involved in contract management. A representative from Internal Audit was on the project team and also carried out work classed as consultancy, focussing on the arrangements around the in-house bid to ensure it could not be perceived to have had any advantage over external bidders. It is important that it is clear that the primary role of Internal Audit is to provide assurance over the whole control environment, covering both the in-house bid and the overall tendering process and set this out in a detailed assignment sheet.

Communication by officers with potential tenderers between the post-qualifying and tender submission stage

35 Concerns were raised with us that a meeting was held by the Director of Technical Services and another senior officer with one of the tenderers between the post qualifying stage and tender submission.

36 **We found no evidence that this meeting influenced the outcome of the tendering exercise or was in effect canvassing by an individual firm.**

37 However, the meeting was not minuted and so there is no formal record of what was actually discussed. The Director of Technical Services and the other senior officer indicated that the reason for the meeting was to clarify whether tenderers could bid for both the main tender and for the sub-contract work for the in-house tender. Holding this meeting and failing to record it was clearly inappropriate and contrary to procedure and put the Council at risk of non-compliance with procurement regulations and the tenderer at risk of disqualification.

38 The invitation to tender clearly specifies the procedure for enquiries from potential tenderers in order for the process to be open and fair for all concerned and to ensure there is no canvassing which would result in disqualification from the tendering exercise:

- All points of clarification to be addressed in writing to the nominated officer for the bid - the Assistant Director, Highways. Our review found no evidence of any written request from the tenderer.

- All correspondence should be through the nominated officer for the bid and logged to ensure all firms have fair access. Our review found no response posted for the benefit of other tenderers regarding the issue of whether tenderers could bid for both the main tender and for the sub-contract work for the in-house tender following this meeting.

- Any meetings with individual tenderers must be approved by the nominated officer for the bid. Our review found no evidence of any request by officers to the Assistant Director, Highways that a meeting be held with the tenderer.

39 The situation was exacerbated by the lack of clarity around the role of the Director of Technical Services and by the fact that there were no procedures to deal with any meetings with existing contractors who might be placing bids. However, the fact that the meeting was held openly in Council offices, albeit there is no formal record of discussions, helps to mitigate the risk of any improper conduct.

Declarations of interest

40 Concerns were raised with us that the Director of Technical Services had failed to declare a potential conflict of interest regarding a personal friendship with an individual in one of the firms bidding for the contract.

41 **Our review confirmed that a conflict of interest form was submitted by the Director but this was done retrospectively. We found no evidence of any information being shared as part of this association.**

42 The Director of Technical Services completed a conflict of interest declaration on 11 November 2008 and submitted it to the Chief Executive to be considered at his next annual Key Issues Exchange (KIE) meeting which was held in November 2008. However, it was following the award of the contract (16 October 2008) and should have been submitted and discussed with the line manager at the start of the tendering process. In addition, as the tenderer was an existing contractor, there should have been existing annual declarations on file. This retrospective declaration has clearly allowed the relationship between the Director and the individual to be viewed with suspicion.

43 The Director of Technical Services indicated that the individual in the firm is an acquaintance who is a close friend of his brother who had previously worked for the firm. Although the Director was aware that the individual worked in the firm he judged that there was no conflict to declare. Once he became aware that the individual would be involved in the contract going forward the Director submitted his conflict of interest form in line with his judgement and his interpretation of the Council's procedures.

44 However, Council procedures clearly state that in order to manage conflicts of interest (including any perception of a conflict), employees should complete the form even if there is nothing to declare and return it to their line manager at the KIE and any amendments should be made immediately. During our review we found no evidence of any annual declarations of interest for the Director prior to the one submitted on 11 November 2008 apart from those covering the period when his brother worked for the firm. However, the absence of annual declarations was not unusual in the Council at that time and was raised as an issue in Internal Audit reports during 2008 and a memo dated March 2009.

45 The key issue is whether the Director or his line manager should have made the judgement about whether and when a potential conflict should be declared. Our view is that it was the responsibility of the Director to make the line manager aware of his 'acquaintance' when the firm first contracted with the Council and this should have been reviewed when the tendering exercise started and the firm received an invitation to tender. The judgement about whether it was a conflict (or a possible perceived conflict) then rests with the line manager and arrangements could have been put in place to ensure that it was appropriately managed and any 'perceptions' of conflicts rebuttable.

46 As noted above, the absence of annual and updated declarations as well as poor evidencing of review and consideration by line managers was not unusual within the Council. We also found during this review that there were weaknesses in the procedures around the employment of consultants, for example ensuring sign up to confidentiality clauses and completion of conflict of interest forms and supporting consideration (one of the consultants had previously worked for the winning firm).

47 We are aware that the Council has strengthened the process during the period of our review. It is also important that senior officers take a leadership role by conducting themselves as role models for others within the Council to follow, as set out in the Standard of Conduct.

The deliverability of the contract awarded

48 Concerns were raised with us that some elements of the winning bid were very low cost and will prove unachievable in practice.

49 **There is no evidence that the rates in the winning bid will not be achieved but this can only be assessed through the ongoing benefits realisation process.**

50 We carried out an extensive review of all the tenders at the detailed item level. There were only a very limited number of rates that were not similar in at least two of the bids and all of these were checked and confirmed back with the tenderers by the evaluation team led by the Director of Finance. In addition, 'client' engineers reviewed the reasonableness of rates. There is no evidence that any of the external tenderers were privy to any information that would have given them any advantage.

51 As reported in our report to the Audit and Risk Management Committee in January 2010 there is evidence that the cost reductions envisaged by the tendering exercise have been achieved. A price and quality 'model' was used to evaluate the tenders received. A 70 per cent cost and 30 per cent quality split was used to support the award of contract decision. The winning bid from Colas was clearly better than the others in terms of both cost and quality. The benefits realisation exercise is ongoing and is being reported regularly to members.

Recommendation
R1 Strengthen procurement and general governance policies and procedures to ensure the Council promotes the right culture, the risk and incidence of external challenge is managed and the benefits of procurement initiatives are not put at risk • Use the 'Lessons Learnt' from this review (Appendix 2) to form an action plan to keep members informed of progress and ensure actions are implemented. • Ensure compliance testing is carried out and reported throughout the exercise.

Whistleblowing process

52   The Council has recently clarified and updated its Whistleblowing process following a previous PIDA in respect of Adult Social Services. In our work on the Ethical Governance Diagnostic reported to members in last year's Annual Audit Letter concerns were raised by staff regarding the culture of the Council in supporting members and officers who make allegations of misconduct to ensure:

- there is no fear of reprisal;

- they can be confident in the action they should take; and

- they can be assured that inappropriate behaviour is suitably dealt with.

53   The Council has increased awareness of the Whistleblowing Policy and re-enforced assurances that reporting through this mechanism can be done without fear of reprisal. However, for the individuals concerned, it has been a largely negative experience and all would seriously question whether they would do so again.

54   This is also the second PIDA that has been brought to us following an internal investigation that has not satisfied the whistleblower(s). This has resulted in additional work and an additional fee in both cases.

55   The Council needs to continually consider the adequacy of its Whistleblowing procedures and how well they were complied with to ensure that individuals with genuine concerns have confidence that issues will be fully investigated and lessons learnt.

Recommendation
R2   Consider the adequacy of the Whistleblowing procedures and how well it is complied with to ensure that individuals can have confidence that they will be safeguarded, issues will be fully investigated and lessons learnt.

Appendix 1 – Excerpt - Commissioning and procurement report December 2009.

Starting at paragraph 75 of original report:

75 The HESPE contract provides the Council with an opportunity to improve services at the same time as delivering financial savings. The tender process has employed best practice techniques and contemporary contracting practice. It is too early to determine if the envisaged benefits will be realised although procedures are being refined to ensure this is monitored.

76 The Council's objectives and priorities have been specifically recognised as part of the HESPE procurement process. This is to ensure the new contract contributes to the achievement of the Council's aims going forward. The new contract is intended to make best use of available resources and achieve an enhanced and responsive customer focused service. The contract covers various aspects of maintenance work on highways, drainage and coastal infrastructure. It is too early to confirm that the contract is delivering improvement to customer experience, quality and value for money.

77 An important part of the HESPE procurement process has been the consolidation of various packages of work delivered through a number of contracts into one single contract. This was intended to provide more competitive contract pricing, along with internal efficiencies resulting from streamlined contract management arrangements. Relevant budgets have been reduced to reflect anticipated financial savings resulting from the new contract which commenced in April 2009.

78 A Project Initiation Document (PID) has been used to provide a structured basis for managing the HESPE procurement process. Also, Gateway Reviews have been undertaken throughout the project to ensure the process was in line with best practice and identify lessons learnt. Gateway Reviews were previously used on the revised environmental waste services contract.

79 The HESPE procurement exercise has taken account of various potential contract strategies. This was the basis of the decision to move from a traditional contract to a partnering form of contract. An outline business case was prepared along with other supporting documentation, including an options appraisal. External consultants were employed to ensure a comprehensive review was undertaken, including taking into account the arrangements used by other councils.

80 Where relevant consultants have continued to be used to supplement lack of capacity within the Council. Additional external resources have been used during the early stages of the procurement process and subsequent tender

exercise following agreement of the contract strategy. Also consultancy support is being used during the early part of the contract management stage following commencement of the contract. This requires the ordering, delivery and management of services to be redesigned.

81 The HESPE tender exercise included a comprehensive quality element in addition to consideration of cost. Method statements were used to assess the quality of bids, including use of ICT to provide a better customer service, plus use of innovation and technology to drive continuous improvement.

82 Expressions of interest leading to submission of tenders where received from a number of external contractors. An in-house bid was also submitted by the Operational Services Department (OSD). A price and quality 'model' was used to evaluate the tenders received. A 70 per cent cost and 30 per cent quality split was used to support the award of contract decision. The winning bid from Colas was clearly better than the others in terms of both cost and quality.

83 Governance was given specific attention during the HESPE process. For instance a reporting hierarchy was created to link the Project Team to members via a Project Board. Internal Audit were commissioned to undertake reviews of the process and made permanent members of the Project Team. Detailed procedures were also created such as separate arrangements for evaluating the cost and quality elements of tenders. Also specific governance arrangements were approved by Cabinet for the in-house bid. However, our work has found examples where procedures lacked clarity, for example, separation of duties relevant to the in-house bid or there was non-compliance, for example, notes of meeting not being created. Compliance with procedures and robust governance are fundamental requirements of effective procurement. This is necessary to ensure the risk of external challenge is managed. Weaknesses could jeopardise the achievement of benefits resulting from good procurement.

84 Risk management has been undertaken as part of the HESPE procurement process. Also, risk management has been rolled forward to the contract management stage following contract award. Both high level risks and detailed commercial risks are being addressed. These risks are to be routinely reported to the Colas/Wirral Partnering Board meeting which is held on quarterly basis. Detailed risk management issues are considered at the monthly Colas/Wirral Liaison meeting.

85 The performance of the HESPE contract in providing a responsive service to meet statutory obligations and customer requirements is to be monitored and driven through the Performance Management Framework with Key Performance Indicators (KPIs) under four headings: Planned Work, Reactive Work and Emergency Response, Contract Management and Customer Focus.

86 The first five KPIs come into effect from the 1 July 2009 and cover reactive elements, emergency works, Priority 1 and 2 work. These PIs will be monitored in detail each week and then feed into the monthly Liaison Meeting with the contractor. Other PIs are subsequently to be developed as part of contract management. This should ensure there is a focus on improving relevant highway condition Best Value/National Indicators. At present it is too early to determine whether the contract will deliver the envisaged improvements.

87 Colas are to be invited to give a presentation on the first six months of the HESPE contract to the Sustainable Communities Overview and Scrutiny Committee.

88 A benefits realisation process is an integral part of the HESPE procurement exercise. A procedure has been drafted to ensure there is a formal methodology in place for measuring the delivery of anticipated benefits during the life of the contract. An external consultant is providing additional capacity during the initial contract management stages.

89 Part of this work includes firming-up the project objectives to establish measurable targets to enable a robust evaluation of benefits to be undertaken. Ownership of specific aspects of the benefits realisation programme is also being assigned. This includes action by the client, where applicable, to enable Colas to deliver benefits, for example, upgrade of ICT systems, timely agreement of budgets and specification of works by the Council to enable jobs to be planned and packaged efficiently by Colas.

Recommendations in original report

- R12 Ensure the HESPE contract is routinely evaluated to ensure the financial and other benefits are delivered over the life of the contract. Ensure attention is given to the role of the client, in addition to the contractor, to ensure benefits are delivered.

- R13 Continue to develop risk management as part of the contract management arrangements for the HESPE contract, in particular risk associated with delivery of financial and other benefits.

- R14 Ensure the performance management arrangements for the HESPE contract are fully implemented.

- R15 Strengthen the governance arrangements relevant to procurement activity and ensure compliance, in particular clarify roles and ensure full compliance with policies and procedures.

Appendix 2 – Lessons learnt - note to officers December 2009

Lessons learnt applicable to current PACSPE (parks & countryside service procurement exercise)

- clear message required that Council needs to be able to respond effectively to external challenge. Note, since HESPE more extensive legal/procurement requirements to be introduced (on 20 December 2009) as part of Remedies Directives

- standards of evidence to demonstrate compliance with legislation and provide assurance to members in support of decision making. Formal documentation to include thought process leading up to agreed decisions

- 'exemplar role model' message needs to be reinforced. Standard of Conduct: "senior officers are expected to exercise leadership by conducting themselves as role models for others within the Authority to follow"

- ensure compliance with Code of Conduct, including Declaration of Conflicts of Interest procedure – annual statement (M15) to be completed even if no conflict to declare, and returned to manager at KIE. Any changes to be notified immediately

- in conjunction with potential Conflicts of Interest, line management responsibilities of relevant officers should be reviewed to ensure 'separation of duty' controls are effective

- officers to clearly set out governance arrangement in relevant committee papers. Members to recognise the importance of governance and challenge accordingly, in addition to ensuring proposals are aligned to the Council's priorities and will provide better value for money

- comprehensive procurement procedures – strengthen re support for in-house bids, tender evaluation/use of 'model', role of CPU including in-house bid

- Corporate Procurement Unit (CPU)

  - separation of duties re main contract and in-house tender

  - Declaration of Interest by CPU staff – reviewed and approved

  - 'shared drives' created with specific access control for main contract and in-house bid

- adequate capacity

  – main contract: review capacity at start of project and again once contract strategy has been agreed e.g. partnering contract, to ensure appropriate skills and expertise are available to maximise the benefits. Ensure roles and responsibilities are clear and achievable. Strong message at outset that involvement is not optional e.g. attendance at meetings

  – in-house bid: review capacity as part of submission of proposal to include an in-house bid in the tender exercise

  – post contract award/contract management stage – recognise potentially different skill set required to implement operating procedures and control systems under new contract

  – downsizing of in-house 'client function' after contract award: delivery of savings whilst maintaining adequate controls systems

- use of consultants:

  – provision of confidentiality clause within contract – consistency: corporate template needed

  – Declaration of Interest followed by evaluation of appropriateness of arrangements

  – compliance with contract procedures/rules regarding engagement of consultants e.g. tender process

  – movement between different stages of the process e.g. supporting bid vs. contract management – assessment of confidentiality issues to be reviewed at approved for each piece of work

- Business case/ options appraisal

  – links to Council's objectives and priorities clearly stated

  – detailed outcomes established to support subsequent monitoring of benefits

  – specific performance measures identified e.g. KPIs (to be captured in PM system & other performance monitoring systems) – to be created timely during procurement rather than once into contract management stage. Also, to be used as part of ITT process and evaluation of tender bids

  – both financial and non-financial outcomes covered, in detail

- In-house bid

  – specific governance arrangements, including full clarity on role of director

  – role of director to be transparent with approval through Cabinet. Clear statement on whether the director will or will not be involved in any in-house bid. If not involved then alternative arrangements should be clearly stated and approved, including responsibility for approving the bid prior to submission (balance between competitive rates and subsequent delivery without deficit)

- clarify role and responsibility of team members, including consultants and IA
- 'Version' control during compilation of bid, with relevant documents retained
- assumptions re in-house and sub-contract elements of the bid recorded and approved
- details of approach to use of sub-contractors recorded e.g. uplift, lowest bid etc
- clear separation within internal departments: separation of 'client' and 'provider' functions

- tender process

  - procedure to address potential canvassing – specific provision for existing contractors of the Council
  - all correspondence processed through specific procedure e.g. Data Room and nominated person
  - any contact/meetings during tender process recorded and subsequently reviewed/approved
  - Points of clarification logged – transparency re other contractors
  - retention of contract documents – responsibility clear

- responsibility for evaluating bids:

  - separation of duties e.g. which director takes lead responsibility
  - dedicated evaluation teams: stable membership maintained – record of work done and conclusions created and retained
  - involvement of 'experts' to be documented, review by relevant 'client' manager e.g. sustainability of rates in context of technical evaluation: reasonableness check
  - control over design and information in 'model' e.g. cost vs. quality split – 'model'/'basket' to be challenged to ensure no subsequent changes required, especially during evaluation of bids stage
  - use of firm or indicative quantities to be approved (integrity)
  - records to confirm accurate input of rates to model retained
  - process for financial evaluation to be approved – actual rates vs. average rates
  - financial and technical/quality appraisal separate then consolidated prior to recommendation regarding contract award
  - approach to points of clarity following tender submissions and evaluation e.g. integrity of rates – face to face interview procedure for clarification or formal written approach. Decisions on approach recorded.

- benefits realisation process

    – benefits realisation strategy to be approved during tender stage, supported by detailed outcomes and appropriate performance measures. This should confirm that high level objectives have been properly thought through at the detailed level to ensure outcomes can be routinely measured

    – appropriate attention to role of Council as well as contractor in delivering benefits. Where appropriate part of tender specification. Relevant departments within Council to have confirmed assumption are achievable e.g. implementation of new ICT systems

- appropriate checks to confirm compliance with Council's policy and procedures

- role of Internal Audit (IA)

    – clarity that the primary role of IA is to provide assurance over the control environment, supported with agreed terms of reference, scope of audit, including attending project meetings. Any consultancy work to be clear to ensure there is added value and no conflict with the routine assurance role

    – work done and findings recorded, including outputs from attendance at project meetings

    – both main contract & in-house bid to be covered

    – specific review of role of decision makers and use of consultants

    – risk management during tender and beyond – including risk associated with delivery

Appendix 3 – Remedies for breaches of procurement law

1   During the period when the contract was tendered and let any external challenge by aggrieved bidders could have lead to damages being paid.

2   However, new rules brought the EU Remedies Directive into force on 20 December 2009. These rules are now in the Public Contracts Regulations 2006. Aggrieved bidders have tougher remedies against public authorities that break procurement rules. The UK policy is that only new procurements advertised after 20 December 2009 are subject to the new rules.

3   The High Court will now be able to set aside signed contracts if procurement rules are broken. The changes affect everyone involved in procurement, both procurers and suppliers.

Key changes

4   There are four key changes.

- The High Court can set aside a signed contract.

- The procurer must provide more information about their decision at the start of the standstill period. The standstill period is the compulsory length of time a body must wait before awarding a contract after a tender exercise.

- Contracts cannot be entered where an application has been made to the court challenging the contract.

- Procurers can voluntarily use a standstill period as a precaution to prevent a contract from being set aside.

5   If an unsuccessful bidder applies to the High Court and the court decides that a contract award breached specific EU procurement rules, it can set aside the contract. A contract can be set aside where:

- there was a direct award without advertisement and competition, in breach of procurement rules (including above threshold call-offs under frameworks); or

- there was failure to abide by the mandatory standstill period.

6   Aggrieved bidders usually have six months to bring an action. However, public authorities can reduce the time limit to 30 days by telling the bidders its award decision. It is likely to be standard practice to reduce the time limit for a challenge to 30 days.

7   The High Court can shorten contracts and impose fines rather than set contracts aside where it thinks this is more suitable.

Mandatory standstill

8 For contracts subject to the full procurement rules, when a public authority decides who it will award the contract to, it must:

- tell the unsuccessful bidders and provide reasons for the decision;

- wait for 10 days before entering the contract (if using electronic or fax communication, otherwise this increases to 15 days) this is the Alcatel or standstill period;

- answer questions during the standstill period and suspend the procurement if asked to review the decision.

9 Authorities can use the standstill period and publish an award notice in cases where this is not legally necessary ('voluntary standstill') to protect contracts from 'ineffectiveness'. This only applies where it is not clear if the contract is subject to the full procurement rules, not where the authority has intentionally broken the rules.

Legal challenge during standstill period

10 During the standstill period an aggrieved bidder can question and challenge the award decision. The contracting public authority must suspend the procurement automatically when a bidder asks it to review the contract award decision. On application to the High Court the public authority is also automatically prevented from entering the challenged contract. Public authorities can apply to the court to have this lifted

11 The practical implications of this are that contracts can be set aside where there has been a direct award of a contract without competition, in breach of procurement rules or failure to satisfy the mandatory standstill period. The full impact of this on contract law remains to be seen as it will be possible for contracts to be set aside even once they have been awarded.

Possible impact on public authorities

12 Contracting public authorities will be subject to risks of delays to their services, goods and works where a contract is challenged before it is entered.

13 After a contract has been signed authorities are exposed to significant and costly litigation if they fail to comply with the EU procurement rules. Successful bidders are likely to want assurances and indemnities in contracts with authorities against the possibility of their contracts being set aside.

14 The standstill period can be useful as a shield from 'ineffectiveness'. Where the rules are unclear, one would expect authorities to publish contract award notices as a precaution and having a standstill period before awarding the contract. A voluntary notice protects unadvertised procurements.

Appendix 4 – Action Plan

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
Procurement - follow-up of PIDA disclosure on HESPE contract						
12	R1 Strengthen procurement and general governance policies and procedures to ensure the Council promotes the right culture, the risk and incidence of external challenge is managed and the benefits of procurement initiatives are not put at risk • Use the 'Lessons Learnt' from this review (Appendix 2) to form an action plan to keep members informed of progress and ensure actions are implemented. • Ensure compliance testing is carried out and reported throughout the exercise.	3				
13	R2 Consider the adequacy of the Whistleblowing procedures and how well it is complied with to ensure that individuals can have confidence that they will be safeguarded and issues will be fully investigated and lessons learnt.	2				

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The Audit Commission

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

Audit Commission Progress Report

Wirral Council

Audit 2009/10

Date **13 September 2010**

audit
commission

Contents

Status of our reports

The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors/members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or

- any third party.

Key messages

1   This report provides members with an update of our ongoing work at the Council and informs you of the risks arising from the audit, under International Standard on Auditing (United Kingdom and Ireland) 300.The key messages to draw to members' attention are:

Fees

- The new coalition government has stated that it is abolishing the Audit Commission. We will keep members informed of the impact on the audit and on fees (paragraph 2).

- There will be an additional charge of £20k in respect of work carried out to consider the concerns raised by a number of staff under the Public Interest Disclosure Act (PIDA) in respect of the Highways and Engineering Services Procurement Exercise (HESPE). The report is being presented to this meeting of the Audit and Risk Management Committee (paragraph 16).

Opinion on the statement of accounts

2009/10

- Our Annual Governance Report (AGR) is being presented to this meeting of the Audit and Risk Management Committee (paragraph 22).

- We have updated the milestones and deadlines to show progress on the opinion audit (paragraph 29 and Table 2)

2010/11

- Progress on implementing International Financial Reporting Standards (IFRS) has moved from 'red' in November 2009 to 'amber' at the end of July 2010 (paragraph 25).

Value for money conclusion 2009/10

- Our review of managing attendance is complete and is reported to members at this meeting of the Audit and Risk Management Committee (paragraph 33).

- The value for money conclusion is reported in the AGR being presented to this meeting of the Audit and Risk Management Committee (paragraph 32).

Public Interest Disclosure Act (PIDA) work

- Work on the PIDA in respect of the Directorate for Adult Social Services (DASS) continues (paragraph 36).

- Work on the PIDA in respect of the Highways and Engineering Services Procurement Exercise (HESPE) is now complete and is being reported to this meeting of the Audit and Risk Management Committee (paragraph 40).

Grant claims and returns 2009/10

- Grant claims work is progressing to schedule (paragraph 41)

Audit team and key contacts

- There is no proposed change to the current team (paragraph 44).

Members' resources

- Members' resources have been updated with the latest reports published by the Audit Commission. We have also provided a full list of International Financial Reporting Standards (IFRS) reports and briefings for management and members (paragraph 50).

Audit plan

Audit Commission

2   The Secretary of State for Communities and Local Government announced on 13 August that the Audit Commission would be abolished in 2012/13. The Audit Commission is currently considering how this will be managed and plans are underway to develop an audit practice to continue external audit in the public sector. We will keep members up to date about the impact on external audit at Wirral and on how this will affect fees.

2010/11 plan

3   The letters with the proposed fees for 2010/11 for audit and assessment were agreed with officers in April and were presented to members on 30 June 2010. Alongside the audit fees letter we presented the Work programme and scales of fees 2010/11, the new Code of Audit Practice 2010 and the Statement of Responsibilities of Auditors and Audited bodies

Audit fee

4   The total indicative fee for the audit for 2010/11 is £392,000 (excluding VAT), a 0.5% increase on the planned fee of £390,000 for 2009/10. This is less than the Audit Commission's anticipated 6% increase for 2010/11 for the first year of International Financial Reporting Standards (IFRS) and is in line with our commitment to reduce the 2010/11 fee as noted at meetings with officers and members.

5   Members should also note that the Commission has confirmed that it would subsidise the 'one-off' element of the cost of transition to International Financial Reporting Standards (IFRS) for local authorities and police and fire and rescue authorities from 2010/11. You will therefore receive a refund from the Audit Commission of £21,904 which brings the fee charged for 2010/11 to £370,096.

6   This will be subject to a further reduction once we are clear about the approach to providing you with a safe conclusion on the value for money element of the audit. The letter sent by the Audit Commission to the Council made it clear that we will continue to deliver the audit in line with the statutory Code of Audit Practice under which we are required to give a value for money conclusion alongside the opinion on the financial statements.

Grant claims and returns fee

7   The planned fee for grant claims and returns is £125,000.

Assessment and inspection fee

8   The fee letter agreed with officers in April showed the total indicative fee for inspection as £49,153 (£16,630 for the managing performance organisational

assessment and £32,523 for the economic development inspection). The implication for the inspection fee will be updated when the position has been agreed.

National Fraud Initiative (NFI)

9   We presented the work programme and scale of fees for NFI 2010/11 to members on 30 June 2010. The rate for metropolitan borough councils remains at the 2008/09 rate of £4k. The NFI is run over a two-year period, so the scale of fees covers the two financial years 2010/11 and 2011/12. We will bill for these fees in two equal annual instalments.

Other work

10   There will be an additional charge of £20k in respect of work carried out to consider the concerns raised by a number of staff under the Public Interest Disclosure Act (PIDA) in respect of the Highways and Engineering Services Procurement Exercise (HESPE).

2009/10 plan

11   We issued our initial audit fees letter for 2009/10 to Cabinet on 23 April 2009 and the Audit and Risk Management Committee on 29 June 2009, which set out the work that we proposed to undertake in order to satisfy our responsibilities under the Audit Commission's Code of Audit Practice. The fee for the audit of the financial statements and the value for money conclusion was confirmed in the Annual Audit Letter as £390,000. The planned fee for grant claims and returns is £128,000.

12   We are working with officers to reduce the fee for future years. The actions that the Council can take to help to reduce the fee include:

- Manage and respond to issues and complaints raised within the Council and by members of the public to reduce the issues brought to our attention

- Manage and mitigate significant audit risks

- Demonstrate that there is a sound control environment

- Provide us with complete and materially accurate financial statements and other evidence

  – with good supporting working papers

  – within agreed timeframes.

13   We prepared a detailed 2009/10 opinion plan and value for money plan that has been discussed with and agreed with officers and presented to the Audit Committee on 24 March 2010. Our Annual Governance Report being presented to members today confirms that the fee remains adequate.

Public interest disclosure act (PIDA) work

14   We have continued to carry out work on the PIDA in respect of Directorate of Adult social Services (DASS) and we received a further PIDA on procurement. These

issues were not anticipated when the fees were originally set and we have previously agreed that we will charge an additional fee when we complete the work.

PIDA DASS

15 We are continuing to monitor the Council's actions in dealing with the issues raised and do not at present anticipate any further fee.

16 Our report on the PIDA regarding the HESPE is being presented to members today. It indicates that there will be an additional fee of £20,000 for our work.

Opinion 2009/10

17 The District Auditor is required to issue an audit report by 30 September 2010 giving his opinion on whether the Council's accounts give a true and fair view of the financial position of the Authority as at 31 March 2010. Our Opinion Plan presented to members in January 2010 sets out in more detail the audit work we proposed to carry out in relation to the audit of the financial statements 2009/10 for Wirral Council, including the audit of the Whole of Government Accounts. We have also updated the timetable and the table of audit risks below.

18 There is a separate Opinion plan and progress report in respect of Merseyside Pension Fund's financial statements.

19 Our work is split into 3 elements:

- updating and documenting our knowledge of the main financial systems;
- interim controls testing; and
- audit of the financial statements.

Knowledge of the main financial systems and controls testing

20 We have completed our work on updating our knowledge and documenting the main financial systems. There are no significant issues that we wish to bring to the notice of members other than the risks identified in the pan and updated in our last progress report.

Reliance on internal audit

21 We have discussed our respective audit approaches with Internal Audit with the aim of placing reliance on some areas of its work in 2010/11.

Audit of the financial statements

22 Our audit of the approved financial statements is substantially complete and is reported to this meeting in the 2009/10 Annual Governance Report (AGR).

23 During the audit we considered the additional risks that are appropriate to the current financial statements audit and set them out in a table in our last progress report. Our findings against these risks are set out in the AGR.

Chief Accountants' workshops

24 The Audit Commission runs workshops every year for chief accountants to ensure that consistent messages about technical issues are shared with audited bodies. Key finance officers attended the workshop at Warrington on 4 February 2010.

International Financial Reporting Standards (IFRS) 2010/11

25 2010/11 is the first year that the accounts need to be prepared in accordance with IFRS. However, councils are required to implement some elements for the 2009/10 accounts and this is reported in the AGR.

26 We completed an initial survey of preparedness for IFRS in November 2009 and assessed the Council as 'red' risk overall. This was due to the following:

- The timetable was not in line with Chartered Institute of Public Finance and Accounting (CIPFA) guidance

- The new asset management system was not being implemented till February 2010 and we had reported material weaknesses in asset records in our 2008/09 audit of accounts

- The Council had a complex Private Finance Initiative PFI scheme that would need to be considered for inclusion on the balance sheet (this impacted the 2009/10 accounts)

- Little work had been carried out to consider leases

27 We previously assessed group accounts and employee benefits as 'green'.

28 We now assess the Council as 'amber' overall.

Table 1   IFRS implementation 2010/11

The Council is assessed as 'amber' risk overall

Issue	Findings
Governance and oversight	The role of the Audit and Risk Management Committee in the implementation of IFRS has been limited
Timetable	The Council is not on track against its project plan. An impact assessment has been completed but opening balances have not been restated. Officers plan to restate the 2009/10 accounts and draft a model set of skeleton IFRS compliant financial statements including policies and notes before the end of December 2010
Non-current assets	We assessed the risk as 'amber'. Concerns remain regarding information required in respect of vehicles plant and

Issue	Findings
	equipment and infrastructure assets. The systems need to be set up to satisfy component accounting.
Leases and other lease type arrangements	We assessed the risk as 'red'. There has been no review of leases and other lease type arrangements to determine the appropriate accounting treatment for these.
Employee benefits	We assessed the risk as 'amber' Although systems are in place, the 2009/10 accrual for holiday pay has not yet been calculated. A new payroll and HR system is planned.
Group accounts	We assessed the risk as 'green'. The Council does not currently have any arrangements that would require it to produce group accounts.

Audit Commission survey 30 July 2010

Update to opinion plan

29 The tables below update our opinion plan for members. Overall there has been some delay although we are still planning to meet the deadline for giving an opinion on the accounts and value for money conclusion by 30 September 2010.

Table 2 Planned outputs

The planned outputs from the opinion audit are set out below.

Planned output	Indicative date	Update and progress
Opinion audit plans	31 December 2009	Completed
Update to opinion audit plans and feedback on interim audits (if appropriate)	March 2010	Update in progress report. No significant interim issues to bring to members attention
Annual governance reports	30 September 2010	For ARMC 28 September
Auditor's reports giving an opinion on the financial statements	30 September 2010	As planned

Table 3   Key milestones and deadlines

There has been some delay although we still expect to give the opinion on the accounts and value for money conclusion by the deadline of 30 September 2010

Task	Deadline	Update and progress
Agreement of Opinion Plan with officers	Draft by end of November Final by mid December	Completed to plan
Progress meetings - pre statements	Six weekly	In progress
Presentation of Opinion Plan to ARMC Finance to present covering report including explanation of the final accounts process and the roles of the Pensions Committee and Audit and Risk Management Committee	**18 January 2010** (papers by 29 December)	**Completed to plan**
ISA+ 315 knowledge of the entity	January 2010	Completed to plan
Control testing	February 2010	Completed to plan
ARMC consider draft Annual Governance Statement **Update of Opinion Plan presented to ARMC**	**24 March 2010** (papers by 10 March)	**AGS considered at ARMC March 2010** **Opinion plan updated in progress reports.**
ARMC member training (proposed)	**May/early June 2010**	**In progress**
Early substantive pre-statements testing	Mid June 2010	Complete
Receipt of pre-audit accounts by ARMC and auditor	**14 June 2010**	**Pre-audit accounts received by ARMC and auditor 25 June 2010**
Working papers provided to the auditor	By 30 June 2010	Some received 5 July 2010 and remaining provided throughout the audit
Pensions Committee to challenge accounts and make recommendations to ARMC	Before ARMC meeting (by 30 June 2010)	Pensions Committee meeting held 28 June 2010 as planned
ARMC to challenge and approve accounts, including Annual Governance Statement and Pension Fund Statements. Finance to present pre-audit statement of accounts and covering	**By 30 June 2010** (papers out by 16 June)	**ARMC meeting held 30 June 2010 as planned**

Task	Deadline	Update and progress
report		
Start of detailed testing on main statements	30 June 2010	Delayed due to delay in accounts and working papers
Completion of fieldwork on main statements	6 August 2010	Fieldwork completed where we had adequate working papers provided at the start of the audit. Fieldwork completed on PFI on 25 August - delayed due to complexity of issues, eg foundation schools.
Receipt of WGA and working papers	8 July 2010	Received 19 July 2010
Completion of fieldwork on WGA	6 August 2010	Completed 26 August - delayed due to delay in Audit Commission guidance.
Progress meetings - post statements	Weekly	Completed to plan
Agreement of errors and uncertainties for Finance to complete covering reports and amend statements	20 August 2010	Completed to plan - some working papers; decisions regarding amendment and PFI issues outstanding.
Draft Annual Governance Reports from Audit Commission to officers	3 September 2010	Completed to plan.
Meeting with officers to agree final AGRs (Finals AGRs will highlight any outstanding issues that will be updated at meetings with members)	Meetings by 8 September 2010 Final AGRs by 13 September 2010	Met Director of Finance on 7 September - to plan. Ongoing issues at 13 September are highlighted in the reports. Final draft shared with Chair ARMC at meeting 13 September 2010.
Pensions Committee - to consider the Pension Fund AGR and any action plan, any amendments to statements and the Letter of Representation - to make recommendations to ARMC	Before ARMC meeting below (by 30 September 2010) Papers out by 13 September	Now confirmed for 27 September 2010 MPF AGR sent to officers 13 September 2010

Task	Deadline	Update and progress
ARMC to receive Annual Governance Reports, including any verbal update on outstanding issues (Wirral and MPF) Finance to present covering reports and post-audit statements	**By 30 September 2010** Papers out by 13 September 2010	**Now confirmed for 28 September 2010. Wirral Council AGR sent to officers 15 September 2010.** Final draft shared with ARMC Chair 13 September 2010.
Final check of post-audit statements	By 30 September 2010	Expected to plan
Issue of opinions by the District Auditor	**By 30 September 2010**	**Expected to plan**
Audited accounts published by the Council	**By 30 September 2010**	**Expected to plan**
Whole of Government Accounts return submitted	**1 October 2010**	**Expected to plan**

Value for money conclusion 2009/10

30 We agreed a value for money conclusion plan with officers and presented it to the Audit Committee in March 2010. We have updated the timetable below to show progress to date and changes to our original plan.

31 Every year the Audit Commission applies a proportionate approach to the work and has determined that we will not be doing any work on one of the criteria at any councils this year - natural resources - and will carry forward the assessment of 'yes' on that criteria for 2009/10. This will be the first year that we assess whether the Council plans, organises and develops its workforce effectively to support the achievement of its strategic objectives.

32 We substantially completed our work on the assessment for the value for money conclusion 2009/10 in April 2010. We met with the Director of finance on 20 April 2010 to discuss preliminary feedback and are reporting the outcome in our Annual Governance Report to the Audit Committee and Risk Management Committee on 28 September 2010. We will also report any significant findings in the annual audit letter but will not be reporting a score for the use of resources.

Managing attendance

33 As part of our work to inform the value for money conclusion we have completed a review of how the Council manages attendance. The final report has been agreed with officers and is being presented to members at this meeting of the Audit and Risk Management Committee.

Update to value for money conclusion plan

34 The value for money conclusion plan is progressing to targets. Members should note the impact of the abolition of CAA on our reporting.

Table 4   Update to and progress on value for money timetable

The timetable has been updated for actions completed and changes to the plan. Members should note the impact of the abolition of CAA on our reporting.

Date	Original activity/milestone	Update and progress
November 2009	Draft plan to Council	Completed to plan
December 2009	Agree plan with Lead Director	Completed to plan
Mid December 2009	Audit Commission national report 2008/09 including scores and examples of strong performance and outcomes to support learning for the 2009/10 assessment	Completed to plan

November - March 2010	Fieldwork	Completed to plan
January 2010	VFM profile tools available from the Audit Commission	Slight delay but now complete
January 2010	**Plan to the Audit & Risk Management Committee**	**Completed**
March 2010	Cheshire/Mersey local quality assurance	Completed to plan
Early April	Interim feedback to Lead Director	Completed 20 April 2010
21 April 2010	Indicative scores submitted by audit team to Audit Commission	Completed to plan
10 - 21 May 2010	Audit team area QA and internal challenge	Completed to plan
May 2010	Issue and agree draft managing attendance report. Finalise report by the end of May 2010.	Partially complete by May 2010. Report discussed and final agreed subject to completion of action plan. Now agreed and being presented to ARMC 28 September 2010.
June/July 2010	Consideration of final evidence of outcomes and agreement of draft value for money conclusion	Completed to plan
30 July 2010	Final scores submitted to Audit Commission	CAA abolished and we will not be scoring UoR
2 - 27 August 2010	National quality assurance process	Cancelled
End August 2010	Agreement of final value for money conclusion and scored UoR judgements	Agreement of final value for money conclusion in progress. We will not be scoring UoR
Early September	Draft Annual Governance Report to officers	Sent 3 September 2010 as planned

Mid September	Final Annual Governance Report to members	Required 13 September 2010. Final draft shared with ARMC Chair 13 September 2010. Final published version sent to officers 15 September 2010.
Late September 2010	**Audit & Risk Management Committee** (papers out 2 weeks before)	**Now confirmed as 28 September 2010**
October/November 2010	Draft organisational assessment report shared with the Council	CAA abolished - work on organisational assessment has stopped
Late November 2010	Final organisational assessments reported as part of CAA reporting. Issue annual audit letter.	CAA abolished so no reporting. Annual audit letter as planned.

PIDA work

35 Work on two PIDA disclosures in respect of adult social services and the Highways and Engineering Services Procurement Exercise (HESPE) continues.

Adult social services

36 We are continuing to monitor the Council's progress in responding to our 2007/08 report: *Adult Social Services - Follow up of PIDA Disclosure* which was considered by the Audit and Risk Management Committee in September 2008.

37 A key issue was in respect of the charging policy applied at three supported living units. Following a number of reports by Internal Audit, the Audit and Risk Management Committee has recommended to Cabinet that users at these units should have been charged at lower rates and should be reimbursed back to December 2000 for the amounts overcharged. We have confirmed that this is reflected in the statement of accounts.

38 Cabinet has commissioned an independent investigation into the whistleblower's allegations of bullying and harassment. The Leader of the Council has also commissioned an independent review to confirm that all issues raised by the whistleblower have been appropriately dealt with.

39 The Director of Adult Social Services has reported to members on progress against the original action plan in our PIDA report. The Council is taking forward the actions and we will continue to review and monitor the actions as part of our on-going work with the Council. Our review and subsequent reviews by the Council have confirmed the whistleblowers concerns around charging, financial control, compliance with policies and procedures and governance between 1997 and 2006.

Procurement of highways and engineering services

40 During 2008/09 we received a PIDA disclosure in respect of the process for awarding the Highways and Engineering Services Procurement Exercise (HESPE) contract. The review is being reported to members at this meeting of the Audit and Risk Management Committee.

Grant claims and returns 2009/10

41   The 2008/09 grant claims and returns report was presented to the March 2010 meeting of the Audit and Risk Management Committee. We have started the 2009/10 programme and it is progressing to schedule:

- Housing and Council Tax Benefits Scheme - received from the Council 30 May 2010. We are carrying out early testing and are progressing well on this. Audit deadline 30 November 2010.

- National non-domestic rates grant - received from the Council by 25 June 2010. Audit deadline 25 September 2010.

- Teachers' pensions return - received from the Council by 30 June 2010. Audit deadline 30 November 2010.

- Disabled facilities grant - received from the Council by 30 June 2010. Audit deadline 30 September 2010.

- Single programme grants - 4 grant claims received from the Council by Council 30 June 2010. Audit deadline 30 September 2010.

- General Sure Start grant - received from the Council by 31 July 2010. Audit deadline 31 October 2010.

Annual Audit Letter 2008/09

Key findings

42 The Annual Audit Letter, presented to the Audit Committee meeting in March 2010 reported the outcome of the 2008/09 audit programme:

- Wirral Council Opinion and Value for Money Conclusion - unqualified opinion and value for money conclusion given 30 September 2009;

- Merseyside Pension Fund Opinion - unqualified opinion given 30 September 2010

- use of resources assessment - scored 2 for all criteria (performing adequately).

43 The reports completed to support our findings and dates of issue are shown below. All reports are presented to the Audit and Risk management Committee and copies can be obtained from the Council. Internal Audit follows up progress on the action plans.

- Annual Governance Report 2008/09 - Wirral Council, September 2009

- Annual Governance Report 2008/09 - Merseyside Pension Fund, September 2009

- Auditor's report 2008/09 containing opinion on Wirral Council's accounts and value for money conclusion, 30 September 2009

- Auditor's report 2008/09 containing opinion on Merseyside Pension Fund's accounts, 30 September 2009

- Improvement through better financial management 2008/09, September 2009

- Governance of partnerships 2008/09, June 2009

- Ethical governance diagnostic 2008/09, June 2009

- Triennial review of Internal Audit 2008/09, December 2009

- Data quality spot checks 2008/09, December 2009

- Performance management interim report 2008/09, August 2009

- Community cohesion 2008/09, September 2009

- Procurement and commissioning 2008/09, November 2009

- Grant claims and returns (2007/08 programme), December 2009

- Annual audit letter 2008/09, December 2009

- Grant claims and returns 2008/09, March 2010

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The audit team and key contacts

44 The key members of the audit team for the 2009/10 audit have not changed from that set out in our opinion and value for money plans. The current team is shown in the table below.

45 I can confirm that the audit is being carried out in accordance with the Audit Commission's policies on integrity, objectivity and independence and there are no conflicts to report to members.

Table 5   Audit team

Name	Contact details	Responsibilities
Mike Thomas District Auditor	m-thomas@audit-commission.gov.uk 0844 7987043 or 07879 667712	Overall delivery and reporting of the audits of the Council and Merseyside Pension Fund including quality and outputs. Signing the opinion, conclusion and certificate. Liaison with councillors, the Chief Executive and corporate and service directors
Liz Temple-Murray Audit Manager	l-temple-murray@audit-commission.gov.uk 0151 666 3483 or 07769 887358	Manages, quality assures and coordinates the different elements of the audit work on Wirral Council (including liaison with the Pension Fund Audit Manager). Key point of contact for the Director of Finance, Head of Finance, Head of Pensions and Chair of the Audit and Risk Management Committee. Annual Governance Report for Wirral Council.
Caroline Davies Audit Manager	caroline-davies@audit-commission.gov.uk 0151 666 3481	Supports the Audit Manager on Wirral Council. Manages, quality assures and coordinates the different elements of the audit work on Merseyside Pension Fund. Key point of contact for the Head of Pensions, the Financial Controller and the Chair of the Pensions Committee.

Name	Contact details	Responsibilities
		Annual Governance Report for Merseyside Pension Fund.
Rob Metcalf Audit Team Leader	r-metcalf@audit-commission.gov.uk 0151 666 3484	Leads fieldwork and audit team on opinion and value for money conclusion work. Key point of contact for and liaison with the Head of Finance and the Chief Accountants.
Dave Wilson Performance Manager	da-wilson@audit-commission.gov.uk 0844 7987333 or 0774 8930598	Managed, quality assured and coordinated some elements of the audit work on the value for money conclusion
Kath Johnson Phil Kuehnle and Tony Whitehead Performance Specialists	ka-johnson@audit-commission.gov.uk 0844 7983579 p-kuehnle@audit-commission.gov.uk 0844 798 3663 t-whitehead@audit-commission.gov.uk 0151 666 3509	Completed audit work on the value for money conclusion. Kath Johnson carried out the fieldwork on the Managing Attendance review. Tony Whitehead carried out the fieldwork on the HESPE PIDA.

46 Wirral Council key officer contacts for the audit are set out in the table below.

Table 6 Wirral Council key officer contacts
Key officers of the Wirral Council team

Name	Contact details	Responsibilities
Stephen Maddox Chief Executive	stephenmaddox@wirral.gov.uk 0151 691 8589	Accountable Officer Governance framework and signing the Annual Governance Statement.
Ian Coleman Director of Finance	iancoleman@wirral.gov.uk 0151 666 3056	Section 151 Officer Preparation and certification of accounts that present fairly the financial position of Wirral Council at 31 March 2010. Preparation and certification of accounts that present fairly the

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Name	Contact details	Responsibilities
		financial position of Merseyside Pension Fund at 31 March 2010. Agreement of final AGRs. Lead officer for the value for money conclusion.
Bill Norman Director of Law, Asset Management and HR	billnorman@wirral.gov.uk 0151 691 8498	Monitoring Officer Considering the legality of transactions.
Tom Sault Head of Financial Services	tomsault@wirral.gov.uk 0151 666 3407	Preparation and quality assurance of Wirral Council's accounts. Agreement of draft AGR for Wirral Council. Key contact for the value for money conclusion.
Jenny Spick Chief Accountant - Operations	jennyspick@wirral.gov.uk 0151 666 3582	Preparation of accounts and coordination and liaison during the audit.
Dave Garry Chief Internal Auditor	davegarry@wirral.gov.uk 0151 666 3387	Review of and assurance on risk management, corporate governance and financial control.

Wirral Council

47 Wirral Council key member contacts for the audit are set out below:

Table 7 Wirral Council key member contacts
Key members involved in the audit have changed with the new administration

Name	Contact details	Responsibilities
Councillor Jeff Green Council Leader	jeffgreen@wirral.gov.uk	Governance framework and signing the Annual Governance Statement
Councillor Simon Mountney Chair of the ARMC	simonmountney@wirral.gov.uk	Considers, approves and signs the accounts on behalf of the Council

Wirral Council

48 In addition, all members of the Audit & Risk Management Committee are responsible for:

• Considering both the Council's and Merseyside Pension Fund's (MPF's) statements of accounts prior to approval by 30 June. This includes the Annual Governance Statement in the Council's accounts,

• The responsibilities of the Council under section 151 of the Local Government Act 1972 to make proper provision for its financial affairs.

49 At the meeting in September members need to consider the post audit financial statements for the Council and MPF and our Annual Governance Reports (AGRs) which set out the key issues that you should consider before we complete the audits. Members will be required to:

• consider the matters raised in the AGRs before approving the financial statements

• take note of any adjustments to the financial statements set out in the reports

• agree to adjust any errors in the financial statements which management has declined to amend or set out the reasons for not amending the errors

• approve the letters of representation on behalf of the Council before the District Auditor issues his opinions and value for money conclusion; and

• agree the Council's response to the proposed action plans

Members' resources

Audit Commission information for members

50 The Audit Commission has developed councillor update newsletters which are available on the website. These online resources have been developed to meet the needs of members of councils. It is hoped that they will assist you in fulfilling your challenging role.

Councillor Update newsletters

51 These newsletters are aimed specifically at councillors and are available at the following http://www.audit-commission.gov.uk/localgov/nationalstudies/pages/default.aspx . They summarise information about the Commission and its' activities. To ensure you receive Councillor Update as soon as it is published, you can subscribe to future editions. The latest edition (March 2010) contains the following relevant information:

Upcoming reports

- National Fraud Initiative 2008/09. This report will set out the successes of NFI in helping protect 'UK PLC' from fraud and wrongful payments, explain what more could be done by government and participants and detail how NFI will develop to meet new fraud challenges.

- Financial implications of personalised social care budgets. We are looking at the costs and benefits of giving individuals control of social care budgets; what would it mean for accountability and councillors? We expect to publish a national report in September/October 2010.

- A new finance improvement tool will help councils respond to the financial impact of an ageing population. The tool, available on the Improvement Network (external link) from 16 September, is based on the areas for challenge and review identified in Under Pressure: Tackling the Financial Challenge for Councils of an Ageing Population (AC external website). (Published 18 February 2010 - see below)

Published reports:

Latest releases

- **Strategic financial management in councils,** 8 September 2010. Delivering services with a reduced income. In our latest report, we reveal how organisations that manage their finances strategically are more adaptable and resilient when money is tight, and how other councils can learn from them. Councils need to make some urgent and tough decisions. 'Strategic financial management in councils' is aimed at all council staff, especially those who hold the purse strings of local government. In it, we point out potential financial pitfalls, highlight successes, and feature a value for money self-assessment questionnaire that can be used locally. The findings in the report are supported by a good-practice checklist that describes the key issues for improving financial management. Councillors and managers can use the checklist to evaluate their current approach to financial management.

- **Local government pensions in England** - an information paper - 29 July 2010. In our latest information paper, we examine the long-term affordability of the Local Government Pension Scheme, and look at steps that could be taken to put it on a better financial footing.

- **Local government claims and returns**, 27 July 2010. The level of amendments and the number of qualification letters issued by auditors in 2008/09 shows some authorities can improve their preparation of claims and returns. The first Audit Commission annual report on certification work, published on Thursday 29 July, shows that in 2008/09 Audit Commission auditors certified claims and returns from local authorities for schemes covering £45.6 billion of public money. Auditors agreed amendments to claims and returns totalling £54.5 million. Eight schemes had total amendments over £1 million and auditors qualified 673 (24 per cent) claims and returns. For the housing and council tax benefits scheme, 85 per cent of benefits claims had qualifications or amendments or both. Certification of 2008/09 claims and returns cost local authorities £18.7 million which is 0.04 per cent of the total value certified. Local government claims and returns: The Audit Commission's report on certification work 2008/09 (July 2010) (AC external website)

- **Against the odds. Re-engaging young people in education, employment or training** - 7 July 2010. We reveal how councils need a new approach in getting to grips with the needs of their local teens, in order to make scarce resources work harder for those at greatest risk of long-term unemployment.

- **A review of collaborative procurement across the public sector**, 21 May 2010. The National Audit Office and the Audit Commission have jointly produced this review. It draws on Audit Commission research in local government, carried out during the autumn of 2009. The review finds that although collaborative procurement has the potential to improve value for money, the public sector procurement landscape is fragmented, with no overall governance. Consequently, public bodies are incurring unnecessary administration costs by duplicating procurement activity, and they are paying a wide range of prices for the same commodities, even within existing collaborative arrangements. It recommends that, given the size of public sector procurement spend and the potential to significantly improve value for money, public bodies should work together much more effectively than they currently do. And there should be a clear framework to coordinate public sector procurement activity.

- **Countdown to IFRS - Identifying and accounting for leases,** 17 March 2010. Councillors have a part to play in preparing for International Financial Reporting Standards (IFRS), especially those on finance and audit committees. Alongside a general briefing on IFRS, the Commission published a checklist for members with finance responsibilities. See below.

- **By mutual agreement**, 16 March 2010. Severance deals serve councils and the taxpayer. But our research shows that not all pay-offs are justified. Competent chief executives sometimes lose their jobs needlessly, and less effective individuals have been paid-off rather than dismissed.

- **Healthy balance**, 11 March 2010. Does your ward have a high number of teenage pregnancies, or is there growth in childhood obesity? This briefing says the NHS allocated £21 billion in 2009/10 on the basis of inequalities in health between areas. The impact of the spending is unclear.

- **The truth is out there**: A discussion paper, 5 March 2010. Information is essential: it helps you make better decisions. Making more and better information available to the public should help them evaluate the decisions their elected representatives are making, what public money is spent on and with what result. This discussion paper looks at how councils and health trusts, social workers, doctors and police can improve data and analysis made available to the public.

- **Under pressure: Tackling the financial challenge for councils of an ageing population**, 18 February 2010. Councils need to understand the nature and needs of residents who are ageing. The report stresses growth in the number of older citizens affects all services. We need better working across boundaries.

- **Giving children a healthy start: A review of health improvements in children from birth to five years,** 3 February 2010. Have the large sums spent on young children from 1999 to 2009 improved their health? The study examines local service planning and delivery, and how councils and primary care trusts can improve services and access for vulnerable groups, lone and teenage parents and black and minority ethnic communities.

52 The following link will also take you to the most up to date list of national studies
http://www.audit-commission.gov.uk/localgov/nationalstudies/pages/default.aspx

International Financial Reporting Standards (IFRS)

53 We have listed the IFRS reports and briefings available on the Audit commission website for management and members.

Countdown to IFRS - a checklist for members, 17 March 2010

54 This report is included in the list above and is brought to members' attention as it is a fundamental change in financial reporting. From 2010/11 local government will be required to prepare accounts in accordance with international accounting standards (IFRS). A failure to achieve successful transition to IFRS would cause significant reputational damage not only to individual authorities but to the local government sector as a whole.

55 Poor preparation will heighten the risk that accounts will not meet requirements and so attract a qualified auditor's opinion or be published late. At a practical level, there is a risk that avoidable additional costs will be incurred if the implementation timetable is not well managed or is allowed to slip. The transition process is a real test of self regulation by local government.

56 The audit committee (or its equivalent) needs to be sufficiently aware of the requirements of IFRS to ensure the transition project is on track. In order to help members discuss their IFRS transition plan with relevant officers we have set out a number of suggested questions in a checklist available at the following link: http://www.audit-commission.gov.uk/localgov/audit/auditmethodology/financialmanagement/ifrs/Pages/ifrsmemberbriefing.aspx

Complete list of resources

- Countdown to IFRS: Accounting for employee benefits - 15 July 2010
  Issues authorities may face when accounting for employee benefits.

- Countdown to IFRS: Managing the practical implications of restating non-current assets - 17 June 2010
  Guidance on managing the practical implications of restating non-current assets.

- Countdown to IFRS: Summary paper - 8 June 2010
  A guide for senior managers and members.

- Countdown to IFRS: Accounting for non-current assets - 17 May 2010
  Introducing international financial reporting standards (IFRS) for Accounting for non-current assets.

- Countdown to IFRS - Checklist for councillors - 17 March 2010
  Councillors checklist - discussing IFRS transition plans with officers.

- Countdown to IFRS - Identifying and accounting for leases - 17 March 2010
  Issues arising from the introduction of International Accounting Standard (IAS) 17: Leases.

- Countdown to International Financial Reporting Standards (IFRS) - 19 February 2010
  Implementation of IFRS in local government.

- IFRS briefing paper 3 for local government - 4 May 2009
  Managing the transition to IFRS.

- IFRS briefing paper 2 for local government - 1 September 2007
  The move to international financial reporting standards - how can your auditor help?

- IFRS briefing paper 1 for local government - 1 May 2007
  The move to international financial reporting standards.

57 Further local government briefings will follow, which will focus on the main technical issues.

The Audit Commission

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE CHIEF INTERNAL AUDITOR

AUDIT COMMISSION REPORTS

1.   EXECUTIVE SUMMARY

1.1   This report summarises reviews undertaken by the Audit Commission since April 2006 to date, and details the action that Wirral Council has subsequently taken to implement the recommendations contained within the associated reports.

2.   BACKGROUND

2.1   On 29 June 2005, the Finance and Corporate Management Select Committee resolved that it should receive an annual report detailing the results of the reviews undertaken by Internal Audit as to how the Council has responded to Audit Commission reports.

2.2   The Financial Regulations (4.3.15) state that it is incumbent on Chief Officers to ensure that the receipt and action taken in response to the recommendations within external audit reports, relating to services for which they are responsible, are reported promptly to the appropriate Committee.

2.3   A request was made by the Audit and Risk Management Committee, 30 June 2010, that testing of a sample of recommendations be undertaken so as to verify that appropriate action has been taken. This report details the findings of this work.

3.   FINDINGS

3.1   All Audit Commission reports for the period 1ˢᵗ April 2006 to date in respect of Wirral Council and Merseyside Pension Fund were examined. These are listed in Appendix 1 to this report.

3.2   Confirmation was obtained that all reports had been reported to the appropriate Committee, with an attached action plan where relevant.

3.3   Assurances were obtained that all recommendations have been implemented or are in the process of being implemented.

3.4   A 20% sample of the recommendations identified were tested in depth by Internal Audit and sufficient evidence obtained to substantiate the implementation progress in all of the cases examined. All relevant comments regarding progress made for these recommendations are included in the attached appendix in bold typeface.

3.5 However, despite a request by this Committee for evidence to be provided of the progress against four reports within the Department of Law, HR and Asset Management (Probity in Partnership, Governance of Partnerships, Democratic Arrangements and Ethical Governance), such assurances have not been provided to date.

4. **FINANCIAL AND STAFFING IMPLICATIONS**

4.1 There are none arising from this report.

5. **LOCAL MEMBER SUPPORT IMPLICATIONS**

5.1 There are no local member support implications.

6. **LOCAL AGENDA 21 STATEMENT**

6.1 There are no local agenda 21 implications.

7. **PLANNING IMPLICATIONS**

7.1 There are no planning implications.

8. **EQUAL OPPORTUNITIES IMPLICATIONS**

8.1 There are no equal opportunities implications.

9. **COMMUNITY SAFETY IMPLICATIONS**

9.1 There are no community safety implications.

10. **HUMAN RIGHTS IMPLICATIONS**

10.1 There are no human rights implications.

11. **BACKGROUND PAPERS**

11.1 Audit Commission Reports issued since 1 April 2006 to date. (Appendix 1).

12. **RECOMMENDATION**

12.1 That the report is noted.

DAVID A. GARRY
CHIEF INTERNAL AUDITOR

FNCE/180/10

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer providing assurance	Comments
			No	High			
1.	May 2006	Probity in Partnerships	9	6	**R1** (High) Complete a comprehensive review of the Council's relationship with all external partners. Establish a register of partnerships, documenting the nature of the Council's relationship. **R2** (High) Assign responsibility for corporate co-ordination of partnership issues to one officer. (Implementation corporate guidance to remain responsibility of relevant chief officers). **R3** (High) Draw up corporate guidelines for entering into a partnership. This should include a risk analysis of partnership working. **R4** (High) Complete memorandum of agreements for SureStart partnerships as a matter of urgency. **R5** (High) Ensure memorandum of agreements is prepared for future partnerships before they begin operating. **R6** (Medium) Periodically clarify to partnership board members and partnership staff, the roles and responsibilities of partnership board members. **R7** (Medium) Periodically check partnerships comply with Wirral's governance requirements, - for example, standing orders, ethical frame work, and declaration of interests. **R8** (High) Ensure legal representation is available, as appropriate, to partnership board meetings. **R9** (Medium) Partnerships to ensure training requirements for all staff/board members are appropriately assessed and adequate resources are available to deliver these identified training needs. Assessment to include consideration of governance issues and support the timeliness and quality of supporting records for grant claims.	Bill Norman Director Law, HR & Asset Management	Reports to Executive Board 2/11/06, 8/2/07 and Audit and Risk Management 28/9/06. Awaiting an assurance as to whether the recommendations made have now been fully implemented.

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Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer providing assurance	Comments
			No	High			
2.	September 2006	Annual Governance Report	2	2	R1(High) Improve year end and qualitative process for producing the financial statements to ensure the accounts presented for approval are free from significant errors. R2 (High) Ensure consistent accounting treatment of balances due to and from health partners in the 2006/07 accounts.	Peter Molyneux Chief Accountant Finance	R1 An assurance has been provided that recommendation R1 is ongoing. Quality control and review processes enhanced and appropriate training provided. R2 An assurance has been provided that recommendation R2 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer providing assurance	Comments
			No	High			
3.	December 2006	Working in Partnership – Health Improvement	6	5	R1 (High) The Council and PCT need to implement changes to effectively co-ordinate their strategies, plans, governance, performance management and delivery arrangements as a result of new initiatives such as the development of local area agreements.	Sue Drew Wirral PCT	R1 An assurance has been provided that recommendation R1 has been implemented. The Terms of Reference for the Health and Well-being Partnership Co-ordination Group have been reviewed and revised. This includes clearly stating which strategic areas the group are responsible for and the governance arrangements. A performance dashboard has been implemented and ensures performance is scrutinised quarterly and there is a programme of presentations to the group on each of the strategic areas.
					R2 (High) For all future arrangements the Council and PCT need to ensure that clear funding agreements are established when the work is commissioned. These should clearly set out the respective funding responsibilities of partner organisations and the payment terms.	Tina Long Wirral PCT	R2 An assurance has been provided that recommendation R2 has been implemented. As part of the Health and Well-being Partnership Co-ordination group review of terms of reference, a commissioning sub group was established with a commissioning framework. There are now three Commissioning Managers for Health and Well-being who ensure that there are clear specifications for any funding agreements and that contracts are developed, signed and monitored.
					R3 (Medium) The Council and PCT should implement an approach to monitor and review the Compact with the voluntary and community sector. This should be done in conjunction with the voluntary and community sector.	Sue Drew Wirral PCT	R3 An assurance has been provided that recommendation R3 is an ongoing process. The Council, together with the PCT is continuing to review funding arrangements using the principles of the Compact and involving the voluntary and community sectors.
					R4 (High) As part of its partnership review, the Health and Social Care Partnership should clearly identify what outcomes its various groups have been tasked to be responsible for and deliver in the future. Where this cannot be identified, these groups should cease to exist and their work be incorporated into other groups.	Tina Long Wirral PCT	R4 An assurance has been provided that recommendation R4 has been implemented.
					R5 (High) Progress against key strategies that will deliver improved health outcomes (such as obesity and physical activity) should be reported formally as part of the new partnership performance management arrangements.	Sue Drew Wirral PCT	R5 An assurance has been provided that recommendation R5 has been implemented. The Health and Well-being Partnership now has a clear framework for leading and reviewing key strategies. This is through the performance dashboard and regular reports from strategy leads.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer providing assurance	Comments
			No	High			
					R6 (High) Building upon the neighbourhood renewal commissioning approach, all initiatives aimed at improving health need to be: • clearly linked to achievement of agreed outcomes (including interim measures of achievement where overall aims are long term); • clearly linked to organisational plans; • regularly monitored against outcomes; • assessed at least annually to ensure they are providing value for money and having sufficient impact to justify their cost; and • reformed or discontinued if impact is insufficient.	Sue Drew Wirral PCT	R6 An assurance has been provided that recommendation R6 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
1.	May 2007	Grant Claims and Returns	5	0	R1 (Medium) Take a more proactive approach to managing grant claims, eg set early deadlines for submission of claim to co-ordination section for checking sufficiently before the deadline for submission. R2 (Medium) Check that all the expected working papers are provided to support the claim. The claim preparer should provide working paper references to support entries on the claim. R3 (Medium) Review the claim and accompanying working papers for completeness i.e. no missing documents. R4 (Medium) Prepare a self assessment of the control environment and submit the assessment with the grant claim. R5 (Medium) Identify weaknesses in the grant claim control environment and discuss appropriate action with the claim preparer.	Tom Sault Head of Financial Services Finance Department	R1 An assurance has been provided that recommendation R1 has been implemented. R2 An assurance has been provided that recommendation R2 has been implemented. R3 An assurance has been provided that recommendation R3 has been implemented. R4 An assurance has been provided that recommendation R4 has been implemented. Undertaken and control environment assessments have further developed in line with Audit Commission advice. R5 An assurance has been provided that recommendation R5 has been implemented.

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Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
2.	September 2007	Annual Governance Report	3	2	R1 (Medium) Ensure the Authority's reserves and provisions are classified in accordance with appropriate accounting requirements.	Peter Molyneux Chief Accountant Finance	R1 An assurance has been provided that recommendation R1 has been implemented. Reserves and provisions are subject to a minimum twice yearly review and reported to members.
					R2 (High) Finalise the corporate plan and ensure it provides an effective strategic direction to the Authority, with clear service priorities that will be closely linked to service plans and resource allocations over the next three years.		R2 An assurance has been provided that recommendation R2 has been implemented.
					R3 (High) Finalise plans for delivering the Authority's efficiency plan targets. This should include reviewing the Authority's approach to achieving its efficiency plan targets for 2008/2009 and beyond, having regards to the Council's future strategy for service provision.		R3 An assurance has been provided that recommendation R3 has been implemented.
3.	November 2007	Final Accounts Memorandum	11	6	R1 (High) Amend the year-end timetable to allow time to undertake a detailed review of the analysis of debtors and creditors. Ensure the analysis of the debtors and creditors balances agrees with the supporting working papers.	Reg Huyton Group Accountant Finance	R1 An assurance has been provided that recommendation R1 has been implemented.
					R2 (High) Review brought forward provisions, contingencies, and reserves to ensure their treatment is consistent to the requirements of FRS12.		R2 An assurance has been provided that recommendation R2 has been implemented.
					R3 (High) Provide a reconciliation of all cash and related account balances throughout the year.		R3 An assurance has been provided that recommendation R3 has been implemented.
					R4 (High) Complete a full inventory of community assets held by the museum and art gallery and consolidate into the accounts and asset register.		R4 An assurance has been provided that recommendation R4 has been implemented.
					R5 (High) Review the costs arising from the Equal Pay Process and compile the entries in		R5 An assurance has been provided that recommendation R5 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					the accounts in accordance with the SoRP and the LAAP bulletin. **R6** (Medium) Review the amounts recovered from Out of Area PCT's in respect of Social Service debtor accounts and assess whether a provision for bad debts is required. **R7** (Medium) Ensure that Social Services debtors for statemented direct and indirect payments are fully supported. **R8** (Medium) Apply the Community Fund provision to redeem the WPH set up costs loan. **R9** (Low) Communicate to all affected managers the arrangements for strengthening related party transaction disclosures. **R10** (High) Reconcile Housing Benefit total awards to the total paid; reconcile housing benefit overpayments to the total amount of debtors raised. **R11** (Medium) Develop the production of the Whole of Government Accounts return.		R6 An assurance has been provided that recommendation R6 has been implemented. R7 An assurance has been provided that recommendation R7 has been implemented. R8 An assurance has been provided that recommendation R8 has been implemented. R9 An assurance has been provided that recommendation R9 has been implemented. R10 An assurance has been provided that recommendation R10 has been implemented. R11 An assurance has been provided that recommendation R11 has been implemented. An update session organised by CIPFA has been attended. DCLG are also running a training day which we will be attended. The system for ensuring year end accruals has been improved, is now better and reflects the information needed to complete the Counter Party data contained in the return.

AUDIT COMMISSION REPORTS ISSUED 2008/2009
Wirral Council

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
1.	July 2008	Democratic Arrangements	5	2	R1 (Medium) Assess and review the amount of senior officer time spent on serving the current democratic arrangements and whether that currently provides value for money. R2 (High) Continue to support and develop the training for the scrutiny function. Including the ongoing provision of training for new scrutiny members and the development of more tailored training such as performance management. R3 (Medium) Review the current scrutiny committee structure and clearly identify the remit of each committee in order to reduce duplication of activity and review. Including: • ensure that performance information is reported to the most relevant committee; and • that all committee have put in place work programme for the coming municipal year. R4 (High) Continue to review the arrangements for Cabinet in order to further reduce the number of items considered. Including: • review the effectiveness of the virtual committee in reducing items taken to cabinet; and • monitor the impact of the new scheme of delegation in reducing the cabinets work load and explore the opportunity to extend the scheme further. R5 (Medium) Review current performance indicators to ensure they enable members to understand the impact and value for money of the Council activities.	Bill Norman Director Law, HR & Asset Management	Awaiting an assurance as to whether the recommendations made have been implemented.
2.	August 2008	Adult Social Services – Follow Up of PIDA	-	-		-	A report detailing actions for improvement to controls was presented to the Audit and Risk Management Committee 3

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
		Disclosure					November 2009, and encompassed recommendations from Internal and External Audit with the view to strengthening processes.
					Update 03/11/2009 **ACR1(Medium)** **Complete the outstanding matters in respect of the supported living contracting process, including the completion of contracts by current providers.**	Mal Price Principal Manager (Overarching Responsibility for this action)	
					1. Establish a Learning Disability Review Team to review all supported living arrangements.	Rick O'Brien Head of Service Access and Assessment	R1.1 An assurance has been provided that recommendation R1.1 has been implemented.
					2.Second experienced Contracts Manager to LD Review Team	Rick O'Brien Head of Service Access and Assessment	R1.2 An assurance has been provided that recommendation R1.2 has been implemented.
					3.Second a member of the Supporting People Team into the LD Review Team	Gerry Flanagan Commissioning Manager (Please note that this officer left the Department in January 2009)	R1.3 An assurance has been provided that recommendation R1.3 has been implemented. A member of staff from the Regeneration Department Supporting People Team was seconded to the LD Review Team for 6 months to May 2009. This allowed for the development of enhanced contract monitoring processes and provided the LD Review Team with a much improved insight into Supporting People Issues and has subsequently facilitated improved cross-department working.
					4.Review all LD people who use services	Rick O'Brien Head of service Access and Assessment	R1.4 An assurance has been provided that recommendation R1.4 is an ongoing process. The Specialist Adult Learning Disabilities Review Team is working through a scheduled programme of reviews of all people with Learning Disabilities in Supported Living tenancies where the Department funds their support. The team has robust written procedures and staff from a number of disciplines (social care, contracts, and finance) to ensure that the needs and outcomes of people receiving services are met. There is robust senior operational management oversight and quality control of the Team with the Supported Living providers involved and targets have been set for the completion of these reviews. As part of the

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
							continuing transformation agenda all people with a learning disability will be offered the opportunity to have a personal budget by 31 March 2011.
							The programme for the review of adults with learning disabilities has continued throughout the year. Measurement of completed reviews in adult learning disabilities as of the year end March 2010 showed that 74.16% of people receiving a service had received a review and 73.24% of adults with learning disabilities (581 people) had received a review. This figure was an improvement of last year's performance where 44.6% (331 people) received an annual review. A structured programme of reviews for supported living providers is now established.
							The DASS programme to offer personalised support has prioritised adults with learning disabilities under phase 2 of its pilot. The piloting of the self assessment and resource allocation system within the current statutory assessment arrangements is now being offered to adults with learning disabilities. A Transitions Team across DASS and CYPD has also been established to assist young people into adulthood and supported accommodation where appropriate.
					5.Ensure a signed contract is in place for all independent sector providers with whom people are placed.	Mal Price Principal Manager Quality Assurance and Customer Care	R1.5 An assurance has been provided that recommendation R1.5 has been implemented.
					6. Apply the accreditation process to in-house provision of supported living.	Gerry Flanagan Commissioning Manager	R1.6 An assurance has been provided that recommendation R1.6 has been implemented.
					7.Apply full accreditation process to all existing providers (With Business)	Mal Price Principal Manager Quality Assurance and Customer Care	R1.7 An assurance has been provided that recommendation R1.7 has been implemented.
					ACR2(Medium) **Clarify plans for the subsequent re-tendering of Domiciliary Care Contract.**	Mal Price Principal Manager Quality Assurance and Customer Care	
					1. Undertake a value for money appraisal of existing contracting arrangements for	Mal Price Principal	R2.1 An assurance has been provided that recommendation R2.1

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Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					domiciliary care.	Manager Quality Assurance and Customer Care	has been implemented. A single fee was approved by Cabinet on 19 March 2009 and implemented from April 2009 as a result of this action.
					2. Review current contract in terms of personalisation agenda and context of individual budgets.	Mal Price Principal Manager Quality Assurance and Customer Care	R2.2 An assurance has been provided that recommendation R2.2 is an ongoing process. Options to develop contracts to reflect personalisation, for implementation in 2010. Report was taken to Cabinet in December 2009 outlining arrangements to consult and develop a new contract in consultation with all independent sector providers including supported living which is registered as a domiciliary care service. A series of four workshops has been arranged to develop an outcome based specification that delivers personalised services. See attached presentation for workshop dates and details. The existing contract will be terminated with the new contract in place from 1 April 2011.
					ACR3(Medium) **Formalise and embed contract monitoring arrangements for supported living contracts**	Gerry Flanagan Commissioning Manager	
					1. Develop a Quality Assessment model for Wirral.	Gerry Flanagan Commissioning Manager	R3.1 An assurance has been provided that recommendation R3.1 has been implemented.
					2. Develop a Monitoring schedule of all Supported Living Providers.	Gerry Flanagan Commissioning Manager	R3.2 An assurance has been provided that recommendation R3.2 has been implemented.
					3. Undertake ten spot check inspections to test monitoring framework.	Gerry Flanagan Commissioning Manager	R3.3 An assurance has been provided that recommendation R3.3 has been implemented.
					4. Report on the key findings of spot check inspections to Strategic Leadership Team. To be used to inform the approach being taken when the schedule of full inspections commences in January 2009.	Mal Price Principal Manager Quality Assurance and Customer Care	R3.4 An assurance has been provided that recommendation R3.4 has been implemented.
					5.Inform all Accredited Providers in writing how the contract monitoring framework will be implemented.	Gerry Flanagan Commissioning Manager	R3.5 An assurance has been provided that recommendation R3.5 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					ACR4(High) **Complete outstanding financial assessment reviews for service users with Learning Disabilities, ensuring required financial compensation is provided**	Sandra Thomas Principal Manager Resources	
					1. Undertake Financial Assessments for all 83 people supported in-house supported living services.	Sandra Thomas Principal Manager Resources	R4.1 An assurance has been provided that recommendation R4.1 has been implemented. All people who use services who are being reviewed are offered access to Advocacy Services and a benefit check prior to the commencement of the review.
					2. Undertake a Financial Review for people supported in independent supported living provision.	Sandra Thomas Principal Manager Resources	R4.2 An assurance has been provided that recommendation R4.2 has been implemented.
					ACR5 (High) **Ensure appropriate safeguards are applied to protect vulnerable service users from the risk of any potential financial abuse**	Mal Price Principal Manager Quality Assurance and Customer Care (Overarching Responsibility for this action)	R5 An assurance has been provided that recommendation R5 has been implemented. All desktop evaluations should be validated by a second member of the panel. This should be evidenced with a signature and date. Only two evaluations have taken place since this action was put in place. These were signed off on 9 March 2010 prior to the companies proceeding to the interview stage.
					1. Revise LD Review Team letter informing people about their pending review to include an offer to facilitate a review of their personal finances and details of how to access advocacy support.	Gerry Flanagan Commissioning Manager	R5.1 An assurance has been provided that recommendation R5.1 has been implemented.
					2. Develop and distribute a guidance note to all providers on Daily Living Allowances in supported accommodation.	Gerry Flanagan Commissioning Manager	R5.2 An assurance has been provided that recommendation R5.2 has been implemented.
					3. Develop an "Easy read" guide to Daily Living Allowances for people who use services in consultation with people who use services. To include information on how to access advocacy services for assistance.	Gerry Flanagan Commissioning Manager	R5.3 An assurance has been provided that recommendation R5.3 has been implemented.
					4. Obtain confirmation in writing from providers of the numbers and details of people placed with them for whom they act as appointees.	Gerry Flanagan Commissioning Manager	R5.4 An assurance has been provided that recommendation R5.4 has been implemented.
					5. Service Manager for Safeguarding to review the issues at the heart of the original	Steve Passey Service Manager	R5.5 An assurance has been provided that recommendation R5.5

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					concern and confirm improvements have been made.	Safeguarding	has been implemented.
					6. Ensure that all safeguarding requirements are robust at the interview stage of the accreditation process.	Gerry Flanagan Commissioning Manager	R5.6 An assurance has been provided that recommendation R5.6 has been implemented.
					7. Confirm that all accredited providers are working to the protection of Vulnerable Adults/Safeguarding Policy for Wirral.	Gerry Flanagan Commissioning Manager	R.5.7 An assurance has been provided that recommendation R5.7 has been implemented.
					8. Service Manager and Safeguarding Officer undertaking further review of accreditation process and contract monitoring framework.	Steve Passey Service Manager Safeguarding	R5.8 An assurance has been provided that recommendation R5.8 has been implemented. A further full review of the Safeguarding process was completed in September 2009 which has been reported to Members separately.
					9. Ensure that Contracting, Quality Assurance and Safeguarding functions of DASS are brought together within a single portfolio managed by a Principal Manager.	John Webb Director of DASS	R5.9 An assurance has been provided that recommendation R5.9 has been implemented.
					Internal **Audit R1(High)** **Written procedures should be compiled for the accreditation process. They should be comprehensive and ensure fair competition and a consistent approach is maintained. They should be authorised by the DASS Strategic Leadership Team and be readily available to all relevant staff**	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)	
					1. Develop comprehensive accreditation procedures.	Gerry Flanagan Commissioning Manager	IAR1.1 An assurance has been provided that recommendation IAR1.1 has been implemented.
					2.Obtain DASS Strategic Leadership Team approval for accreditation procedures.	Gerry Flanagan Commissioning Manager	IAR1.2 An assurance has been provided that recommendation IAR 1.2 has been implemented.
					3. Ensure accreditation procedures are available to all contract and commissioning staff.	Gerry Flanagan Commissioning Manager	IAR1.3 An assurance has been provided that recommendation IAR 1.3 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					Internal Audit R2 **To ensure a fair and consistent desktop evaluation and interview process, the same panel should be involved in both**	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)	
					1. Ensure that the accreditation procedures clearly state that the desktop evaluation and accreditation panel interviews must involve the same officers.	Gerry Flanagan Commissioning Manager	IAR2.1 An assurance has been provided that recommendation IAR 2.1 has been implemented.
					2. Ensure that records evidence that the same officers have undertaken desktop evaluations and were involved in the interview panel for all completed assessments.	Gerry Flanagan Commissioning Manager	IAR2.2 An assurance has been provided that recommendation IAR 2.2 has been implemented.
					Internal Audit R3 **All desktop evaluations should be validated by a second member of the panel. This should been evidenced with a signature and date**	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)	
					1. Ensure that the procedure requires desktop evaluations to be validated by a second panel member, dated and signed.	Gerry Flanagan Commissioning Manager	IAR3.1 An assurance has been provided that recommendation IAR3.1 has been implemented.
					2. Ensure that records evidence validation signatures have been provided for all panels held to date.	Gerry Flanagan Commissioning Manager	IAR3.2 An assurance has been provided that recommendation IAR3.2 has been implemented.
					Internal Audit R4 **Each interview sheet should be scored, signed and dated by the individual undertaking the interview. This should be completed at the conclusion of the interview.**	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)	
					1. Ensure that the procedure includes a requirement that interview panel members must score and sign their interview sheet.	Gerry Flanagan Commissioning Manager	IAR4.1 An assurance has been provided that recommendation IAR4.1 has been implemented.

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			No	High			
					2. Ensure that all interview records to date have been scored and signed.	Gerry Flanagan Commissioning Manager	IAR4.2 An assurance has been provided that recommendation IAR4.2 has been implemented.
					3. Ensure that all accreditation documents are kept on file to maintain an audit trail.	Gerry Flanagan Commissioning Manager	IAR4.3 An assurance has been provided that recommendation IAR4.3 has been implemented.
					Internal Audit R5 **The service provider should return a signed General Service Agreement prior to the inclusion of the Accredited List**		
					1. Ensure General Service Agreements have been signed for accredited providers.	Gerry Flanagan Commissioning Manager	IAR5.1 An assurance has been provided that recommendation IAR 5.1 has been implemented.
					2. Provide evidence of signed contracts for specific providers identified by internal audit in March 2008.	Gerry Flanagan Commissioning Manager	IAR5.2 An assurance has been provided that recommendation IAR 5.2 has been implemented.
					Internal Audit R6 **A formal system for contract monitoring and the standard of care being proved by the service providers, should be introduced**		
					1. Introduce a formal contract monitoring process.	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action) (Contract Monitoring Arrangements have been introduced as outlines in AC R3 of this report).	IAR6.1 An assurance has been provided that recommendation IAR 6.1 has been implemented.

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			No	High			
					Internal **Audit R7** **A record of the Panel's decision on which service provider to procure services from should be retained to ensure an effective audit trail exists**	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)	
					1. Ensure that the Accreditation procedure clearly states the requirement for all panel decisions to be recorded and retained on file for each provider as an audit trail.		IAR 7.1 An assurance has been provided that recommendation IAR 7.1 has been implemented.
3.	September 2008	Annual Governance Report	13	-	R1 Build on your arrangements for the AGS by involving members at an earlier stage and strengthening corporate ownership: • present the AGS to the Audit and Risk Management Committee at a separate meeting to the approval of the accounts to provide members with more opportunity to consider and challenge the issues raised in the statement • ensure the drafting of the AGS is done by a corporate group rather than being the responsibility of Internal Audit within the Finance Directorate.	Peter Molyneux Chief Accountant Finance	R1 An assurance has been provided that recommendation R1 is ongoing. **R1 - Reviewed** **3 March 2010 draft presented to Corporate Improvement Group, Audit & Risk Management Committee 24 March 2010 and final version 30 June 2010 to Audit & Risk Management Committee.**
					R2 Ensure supporting records for community assets are complete and are accurately reflected in the financial statements.		R2 An assurance has been provided that recommendation R2 is ongoing. **R2 – Reviewed** **Work has been undertaken by Wirral Museum Service, a draft report has been produced by the Principal Museum Officer, copy obtained. The implementation of the recommendation is ongoing.**
					R3 Consider the issues at paragraph 14 where we have asked for specific representations and respond in the letter of representation.		R3 An assurance has been provided that recommendation R3 has been implemented. **R3 - Reviewed** **Letter of representation obtained. Approved by Audit & Risk Management Committee 30 September 2008.**
					R4 Further improve the quality assurance processes that underpin the production of information for the statement of accounts.		R4 An assurance has been provided that recommendation R4 has been implemented. **R4 – Reviewed** **Evidence of the training provided has been obtained.**

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			No	High			
					R5 Review the underlying records and the accounting treatment of infrastructure assets to ensure strict compliance with the SoRP.		R5 An assurance has been provided that work has been undertaken to identify and analysis. **R5 – Reviewed** **Infrastructure assets identified and shown within 2008-2009 Statement of Accounts and onwards.**
					R6 Review reserves and provisions to ensure they are at an appropriate level and remain prudent.		R6 An assurance has been provided that recommendation R6 has been implemented. Reserves and provisions are subject to a minimum twice yearly review and reported to members. **R6 – Reviewed** **Reports obtained. Reports produced every six months. Reports obtained for 2008/2009 dated 10 December 2008 and 25 June 2009 presented to Cabinet.**
					R7 Ensure the Whole of Government Accounts consolidation pack is produced earlier in future years to ensure the department's deadline is met.		R7 An assurance has been provided that recommendation R7 has been implemented. **R7 – Reviewed** **For 2008/2009 additional deadline introduced for end of July (un-audited), audited 10 October 2009 (deadline met)**
					R8 Ensure classification and valuation of assets is robust and that valuation and finance staff take joint responsibility to ensure assets are correctly reflected in the statement of accounts.		R8 An assurance has been provided that recommendation R8 has been implemented. **R8 – Reviewed** **Assets valuation reflected in the 2008/2009 Statement of Accounts, Audit and Risk Management Committee 29 June 2009.**
					R9 Discuss with Merseyside Pension Fund how a more accurate estimation of the value of Fund assets can be made whilst still meeting deadlines for financial reporting.		R9 An assurance has been provided that recommendation R9 has been implemented. **R9 – Reviewed** **Recommendation no longer applicable. Now based on actual figures (no longer based on estimates).**
					R10 Improve internal controls in respect of payroll procedures and ensure consistent compliance across the Council.		R10 An assurance has been provided that recommendation R10 has been implemented.

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							R10 - Reviewed **Audit and Risk Management Committee 29 June 2009 minutes state all items on the action plan following the Audit Commission recommendations have now been resolved.**
					R11 Review schools bank accounts to ensure funds are held and applied for proper purposes.		R11 An assurance has been provided that recommendation R11 has been implemented. A list of all school bank accounts and what they are used for is kept. On an annual basis schools are written to with a list of their accounts to ask if there are any changes. This process has been done for the current year. **R11 – Reviewed** **Copy of proforma letters issued to schools obtained requesting (annually) an update of details in regards to accounts and informing the schools of the reviews of accounts undertaken by Audit Commission**
					R12 Ensure all related party transactions returns are received from Members and Officers to be included in the accounts approved by 30 June and test disclosure.		R12 An assurance has been provided that recommendation R12 is ongoing. The profile for both Officers and Members is trying to be raised. The importance of completing the returns has been raised at some Departmental management meetings. Director of Law, HR and Asset Management has been contacted to get him to use his influence to ensure Members complete the declarations. Contacts at party offices have also been used. Reminders are sent out as necessary. **R12 – Reviewed** **Implemented annually. Guidance issued detailing the process for Councillors and senior officers to complete.** **For 2007-2008 97.64% returned.** **For 2008-2009 the overall return rate 98.4% (96.7% of Councillors, 100 % officers).** **For 2009-2010 overall return 97.7% (95.1% Councillors, 100% officers).**
					R13 Consider the finance and governance implications of the PIDA report.		**R13** **Please see "Follow Up of PIDA Disclosure" report August 2009.**
4.	November 2009	Progress report on Action Plan in relation to PIDA report	-	-	Please see report of August 2008 above	-	-

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			No	High			
5.	January 2009	Access to Services	3	-	R1 Consolidate existing plans for improving access to services within an overarching strategy that defines: • users that are, and are not, accessing services; • how the Council intends to achieve its aims and targets for further improving access and reducing the gap between users and non-users; • the wider implementation of customer relationship management across services; • access channels that will be supported, including emerging technologies; and • timescales for implementing resourced improvements over the short, medium and long-term. R2 Review the means of access across all services to ensure that opening times, access channels and outreach facilities meet users' needs and preferences. R3 Strengthen the approach to accessibility and user-focus by ensuring that performance management frameworks include: • analysis of the access to, and standard of services experienced by, different groups and communities; and • indicators that measure the speed and quality of service responses against aims, objectives, service standards and targets that are publicised to users.	Malcolm Flanagan Head Of Service Finance	R1 An assurance has been provided that recommendation R1 has been implemented. A Customer Profiling Policy which links to the overarching Customer Access Strategy is in place. The Council has signed up to a Home Access Scheme to provide PC and internet access for low income families. The Customer Relationship Management System has extended through further Streetscene related services. SMS text messaging went live for Bulky Waste collection reminders in February 2010. This facility has now extended further to include notification of fraud and School Governor Meeting reminders. R2 An assurance has been provided that recommendation R2 is ongoing. The section have completed a resident's survey, independent survey and developed a Customer Focus Group to gain stakeholder feedback in relation to opening hours. The division are currently collating feedback from these. In addition, the current ITS review will need to be finalised prior to progress of extended hours. R3 An assurance has been provided that recommendation R3 is ongoing. A steering group has been formed to ensure uniformity of measures for service standards within the Authority's Customer Care Standards. A number of initiatives are already underway to begin monitoring of these.
6.	January 2009	Use of Resources	-	-	-	-	Report is for information only.
7.	January 2009	Data Quality	11	3	R1 (High) Strengthen arrangements for providing leadership and governance on data quality by: • clarifying the respective roles and responsibilities of the CIG and PMG specifically for championing data quality; • developing an action plan which addresses common themes from service based reviews	Lucy Beed Corporate Performance Manager Corporate Services	Each recommendation has been broken down into a number of actions. Please see below for the action and also the completion date(s) of the corresponding action. R1 An assurance has been provided that this action has been implemented. The Terms of Reference have been refreshed for Performance Management Group (PMG) and Corporate Improvement Group (CIG) and have been included in the refreshed Data Quality Policy. This was completed in May 2009. **R1 – Reviewed** **Data Quality Policy obtained and the updated Terms of**

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			No	High			
					of data quality and includes measurable targets for improvement, and keeping progress against the plans and targets under regular review within the forum of the PMG; • producing regular reports for the CIG on progress against the action plan and targets, and ensuring that key messages are being communicated back to departmental management teams through both the CIG and PMG; and • producing an annual report on progress against the action plan and targets for the Audit and Risk Management Committee. Implementing this recommendation will help the Council to further develop its corporate approach to ensuring the quality of its data. We do not anticipate that implementing this recommendation will incur significant cost.		**Reference included for Corporate Improvement Group and Performance Management Group.** An assurance has been provided that this action has been implemented. The development of the Data Quality Action Plan to address Audit Commission's findings / recommendations and report progress through PMG, CIG and Audit & Risk Management Committee was completed and reported to A&RM Committee: 26th January, 29th June, 23rd September, 25th November, and 18th January. **Minutes verified, Action Plan regularly submitted to Audit and Risk Management Committee. Action plan submitted to Corporate Improvement Group and Performance Management Group.** An assurance has been provided that this is ongoing. The completion of the Performance Indicator reviews for all National Indicators which were able to be reviewed at this stage was completed for those which could be done at 2008/09 year end in June 2009. Remaining PIs will be reviewed by June 2010. **Timetable obtained. For 2009/2010 reviews are now being finalised.** An assurance has been provided that this action has been implemented. The development of the data collection database for Performance Indicator reviews was completed in September 2009. The analysis of common themes from reviews, and the subsequent escalating of these to Internal Audit as appropriate was completed in November 2009. **Data Collection Database examined.** An assurance has been provided that this has been implemented. The revised Performance Indicator review procedure was reflected in the Data Quality Policy which was completed as part of the Data Quality Policy, refreshed in July 2009. **Data Quality Policy obtained, revised Performance Indicator review procedure included within the policy.**
					R2 (High) Refine the corporate data quality policy by: • documenting the respective roles and responsibilities of CIG and PMG for championing data quality (see also		R2 An assurance has been provided that this action has been implemented. The refreshment of the Performance Management Group and Corporate Improvement Group Terms of Reference and their inclusion in the refreshed Data Quality

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			No	High			
					recommendation 1); • clarifying the respective roles and responsibilities of Internal Audit and of PMG in reviewing data quality at service level; and • defining the requirements for validating third party data and arrangements for data sharing to support partnership working. Implementing this recommendation will help the Council realise the full potential of the data quality policy in supporting and facilitating improvements. We do not anticipate that implementing this recommendation will incur significant cost.		Policy was completed in May 2009. An assurance has been provided that this action has been implemented. The inclusion of information regarding the role of Internal Audit and others in the Data Quality Policy was completed in July 2009. An assurance has been provided that this action has been implemented. The Partnership Data Quality Agreement was completed and reported to the LSP Executive in July 2009. Issues were raised regarding alignment with others' Data Quality and arrangements which required further discussion were input into a revised agreement issued in January 2010. **R2 – Reviewed** **Data Quality Policy obtained and verified. Performance Management Group and Corporate Improvement Group Terms of Reference updated in the policy.** **The role of Internal Audit has also been included in the Data Quality Policy.** **Wirral Local Strategic Partnership Data Quality Agreements verified for all Local Strategic Partners.**
					R3 (Medium) Within each service area, evaluate how information systems are being used to calculate performance indicators and take appropriate action to address any opportunities for improvement identified by this review. Implementing this recommendation will help the Council ensure that performance indicators are being calculated in the most efficient and effective way. We do not anticipate that implementing this recommendation will incur significant cost.		R3 An assurance has been provided that recommendation R3 has been implemented. The adaptation of the Performance Indicator Review process to include consideration of systems was completed in May 2009. **R3 – Reviewed** **Part of the review process considers all systems.**
					R4 (Medium) Put arrangements in place to ensure that performance against data quality standards and targets is consistently covered in appraisals for staff with specific responsibilities for data quality, and that action is taken to address any development needs identified by these appraisals.		R4 An assurance has been provided that recommendation R4 has been implemented. The agreement with Corporate Improvement Group for Data Quality to be covered in Key Issues Exchange process for relevant staff to identify any development needs and for it to be reflected in Data Quality Policy was completed in March 2009. The Data Quality Policy refresh was embarked upon in March and completed in July 2009. It has been issued for consultation with PMG and the Audit Commission with the final version incorporating implemented actions from the Data Quality Action Plan reported to CIG on the 3rd February and will be made available on the Council's Intranet.

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							<u>**R4 – Reviewed**</u> **Data Quality included in Key Issues Exchange, this has also been included in the Data Quality Policy.**
					<u>R5</u> (Medium) Put arrangements in place to ensure that common issues and opportunities for improvement arising from data quality reviews undertaken by Internal Audit and PMG are communicated to all relevant staff. Implementing these recommendations will help the Council ensure that all relevant staff are sufficiently skilled and appropriately supported to deliver the requirements of the corporate data quality policy. We do not anticipate that implementing this recommendation will incur significant cost.		<u>R5</u> An assurance has been provided that recommendation R5 has been implemented. The development of a data quality workshop to provide guidance/support to relevant staff was completed in February 2009 and June 2009. <u>**R5 – Reviewed**</u> **Data Quality Workshop provided to relevant staff, Data Quality Workshop agenda obtained.** **Feedback report compiled and presented to Corporate Improvement Group (25/02/2010) and Performance Management Group (26/09/2010).**
					<u>R6</u> (Medium) Investigate the factors which impact on the timeliness of performance reports to Cabinet and the overview and scrutiny committees, and take action to address any issues identified by this review. Implementing this recommendation will help the Council to improve the capacity of its members for providing effective scrutiny and challenge to performance. We do not anticipate that implementing this recommendation will incur significant cost.		<u>R6</u> An assurance has been provided that recommendation R6 has been implemented. Performance reports have been placed on the electronic members' library two weeks after the quarter end and a report was presented to the next available Cabinet meeting. This was completed in May 2009. The production of one performance report for each of the five revised Overview and Scrutiny Committees was completed from June / July 2009. <u>**R6 – Reviewed**</u> **Quarterly Performance reports presented to Cabinet (verified 27 May 2010).** **Performance monitoring reports for each overview and scrutiny committee available though the Web Library.**
					<u>R7</u> (Medium) The Council should review its compliance testing arrangements to ensure that data collected and reported for Housing Benefits PIs is robust.		<u>R7</u> An assurance has been provided that recommendation R7 has been implemented. <u>**R7 – Reviewed**</u> **Email obtained providing an assurance that this has been implemented, in addition a separate Audit is currently being undertaken by the Finance Department Systems Team.**
					<u>R8</u> (Medium) The Council have improved in their reporting of HIP HSSA - Private sector homes vacant; however they are continuing to experience considerable difficulties in compiling the		<u>R8</u> An assurance has been provided that recommendation R8 has been implemented. <u>**R8 – Reviewed**</u> **Documentary evidence obtained to support improved**

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			No	High			
					indicator which could be easily remedied by setting up queries (SQLs) to interrogate the Council Tax system (Academy). More effective use could also be made of officer time in validating the data on empty properties, again through improved working with staff within the Council Tax section.		**communication and partnership working between Council Tax and Housing.** **Evidence also obtained to support that Chorley Council were engaged in regards to their system and evidence supporting the evaluation of the effectiveness of their system obtained (to enable Wirral to calculate the PI).**
					R9 (High) Our spot check testing found HIP HSSA repeat homelessness indicator was fairly stated. However, we found that the corporate DQ policy has not yet been fully implemented. Guidance/procedures for calculating the indicator are not yet documented in all service areas. There is further scope to make more effective use of IT in the calculation of indicators. Data has required some manual manipulation which has demanded officer time and increased the risk of error. In addition there is scope to extend corporate training/briefing on common DQ issues.		R9 An assurance has been provided that recommendation R9 has been implemented. **R9 – Reviewed** **Corporate Data Quality Policy fully implemented and copy obtained.** **In addition following the implementation of the IT system to manage homelessness (which enables electronic calculation of PIs) emails have been obtained confirming officers trained.**
					R10 (Medium) The Council should carry out a review of its management arrangements in order to ensure that they are correctly collecting and reporting data in line with the new requirements of the NIS.		R10 An assurance has been provided that recommendation R10 has been implemented. **See R1**
					R11 (Medium) We would urge Corporate services to revisit the recommendations made in the Internal Audit report to ensure that they are equipped to report on the new national indicators.		R11 An assurance has been provided that recommendation R11 has been implemented. **R11 – Reviewed** **Action Plan produced. Action Plan regularly submitted to Audit and Risk Management Committee. Action plan submitted to Corporate Improvement Group and Performance Management Group.**

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			No	High			
1.	June 2009	Ethical Governance	7	3	R1 (High) Emphasise to members and officers that they can: • make allegations of misconduct by a member or an officer without fear of reprisal; and • be confident in the actions they should take as individuals if they become aware of such misconduct. R2 (Medium) Raise the profile of the Standards Committee by: • developing a work programme and action plan; • undertaking an annual assessment of standards of conduct of Members and Officers and taking action as appropriate; • learning from and using the findings of the allegations it receives, reviews, determinations and reports from the Local Government Ombudsman, Internal and External audit, complaints and whistleblowing to plan and evaluate its work; and • communicating its work to a wider public. R3 (High) Review the level of training for Members and Officers on the ethical agenda and:	Bill Norman Director Law, HR & Asset Management	Awaiting assurance as to whether the recommendations have been implemented.

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			No	High			
					• use information obtained through feedback and monitoring processes of individuals/groups/panels/committees and from other sources to plan training, development and support for individual members, groups of members and members of the Standards Committee and for officers; and

• introduce for independent members an induction programme that includes training on the Members' and Officers' codes of conduct and the function of the Standards Committee and attendance at meetings of, for example, Cabinet, overview and scrutiny, planning and licensing committees and the full Council.

R4 (Medium)
Ensure that information on the Council's ethical governance arrangements and its expectations about high ethical standards by all is widely disseminated, both internally and externally.

R5 (Medium)
Clarify the circumstances in which the use of council resources would constitute improper use for party political purposes within the Members' Code of Conduct.

R6 (Medium)
Consider the implications of the survey results relating to communication between Officers and Members, challenging member recommendations and council decisions and tackling inappropriate behaviour to create a culture of openness and transparency. | | |

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					R7 (High) Increase awareness of the Whistleblowing Policy and reinforce assurances that reporting through this mechanism can be done without fear of reprisal.		
2.	June 2009	Governance of Partnerships	8	3	R1 (High) Establish a Corporate Framework for governing partnerships, including the following. • Roles and responsibilities of corporate and service based officers and councillors. • Establishing effective links between Council departments particularly the Legal Department (governance), Finance Department (risk and financial accounting) and Corporate Services (corporate policy). • Establishing effective links between the Partnership Toolkit and the Partnership Risk Management Toolkit as well as the Council's overall governance and risk management arrangements, such as the risk register and standing orders. • Policy and guidance for relevant officers, including those in service departments. • Developing clear criteria against which partnerships can be evaluated to determine that they help to achieve the Council's and partners' corporate objectives cost effectively. • Review and challenge of partnerships to ensure value for money is achieved and risks are manageable.	Bill Norman Director Law, HR & Asset Management	Awaiting assurance as to whether the recommendations have been implemented.

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					• Developing appropriate reporting processes, including reporting to members, partners, service users and the wider public. • Ensuring the current Internal Audit work is completed on a timely basis and includes mapping the proposed implementation of a partnership toolkit against good practice. <u>R2</u> (High) Launch the Corporate Framework with relevant training and support for Officers and Members and ensure all stakeholders are aware of where responsibility and accountability lie. <u>R3</u> (Medium) Create a partnership database to ensure the following are satisfied. • Completeness of details of existing partnerships. • Accurate and up to date records including review of protocols and governing documents with partners. • All relevant information captured, in compliance with good practice. • Facility to enable drill down to supporting records, including risk assessment and accounting treatment. <u>R4</u> (High) Review the adequacy of the capacity to establish and take forward robust corporate arrangements and provide subsequent maintenance and support once established. <u>R5</u> (Medium) Review whether the roles and responsibilities assigned by the previous Executive Board remain fit for purpose and establish clear corporate leadership.		

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					R6 (Medium) Ensure the review of the governance arrangements for the LAA is completed in line with the requirements of the LAA Programme Board in June 2008. R7 (Medium) Ensure lead officers are clear about their responsibility for the risk assessment of partnerships for which they are accountable, taking advice from colleagues where appropriate. R8 (Medium) Establish a tracking system to monitor the implementation of audit and other review agency recommendations and ensure all action plans are routinely monitored at corporate level and by members.		
3.	August 2009	Performance Management Stage 1	-	-	No recommendations.	-	-

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			No	High			
4.	September 2009	Annual Governance Report	7	2	R1 (Medium) Strengthen quality assurance to ensure errors on the accounts are minimised. R2 (High) In order to comply with accounting standards and the requirements of IFRS, the Council needs to improve asset records and should undertake a formal review of the systems used to develop a robust asset register to properly account for: • land and buildings • VPE, including to confirm the existence of all of its VPE assets and ensure that its asset register is suitably updated; increase the amount of information held on its asset register in respect of VPE assets. This should include location and information to allow unique identification. Review its internal processes of ensuring that all disposals are notified to Finance. This could include periodic reconciliations to other asset records and confirmations from departments as to the assets held • Infrastructure assets, including to increase the amount of information held on infrastructure assets and ensure that individual infrastructure assets are identifiable. Review its internal processes of ensuring that all disposals are notified to Finance.	Peter Molyneux Chief Accountant Finance Sam Hird, Asset Manager Mike Wilkinson, Service Manager	R1 Procedures are subject to annual review with updates made to closure of financial accounts procedure manuals and training updated. R2 New computerised asset management system introduced March 2010. Review undertaken. VPE asset information updated to include location and identification details. Infrastructure assets has seen further work undertaken 2009/10 in advance of expected national guidance is being issued. For Community Assets work has been undertaken by Wirral Museum Service and is ongoing. Asset Management is responsible for the Land and Buildings element of the Council's Corporate Asset Register. The information held on all land and buildings has been checked for accuracy and crossed referenced with Director of Finance, in the production of the Council's Financial Statements year ending 31st March 2010. Technical Services department is currently undertaking a procurement exercise for an integrated highway asset management system which it is intending to have in place by April 2011. This system requires an up to date inventory to enable its functionality. These systems will be able to contain the complete asset inventory for all items within the highway, street lighting, coastal and bridge areas. It will issue works orders make payments, update asset records and provide valuations and depreciations. As part of the procurement exercise there is an ongoing updating of the inventory, which will be complete before the system is commissioned. With regard to a current asset valuation we are engaged on a joint HAMP exercise with our LA Merseyside colleagues which will help us all produce a estimated valuation of the asset. Discussions are ongoing between the Audit Commission and Technical Services regarding the disposal element of the infrastructure assets recommendation.

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					• Community assets, including complete the cataloguing of community assets held in museums and art galleries and ensure that the asset register is subsequently updated	Colin Simpson, Curator of Museums & Jim Lester, Head of Cultural Services.	Progress has been made against the cataloguing of assets. Oil paintings have been reviewed with the help of the Public Catalogue Foundation. Achieved Museums Accreditation in 2009. Works to be undertaken in 2010-11 includes a) purchase and install the required software to contain our entire documentation needs, including a facility to enable public availability of collection information, **b)** recruit a (temporary) member of staff to input and coordinate collection records. The draft Documentation Report suggested that the bulk of the backlog of collection data could be dealt with within a year, and is expected to be completed by March 2011.
					R3 (Medium) Members should comply with the process for making related party disclosure declarations.		R3 Director of Law, HR, Asset Management has been contacted to get him to use his influence to ensure Members complete the declarations. Contacts at party offices have also been used. Reminders are sent out as necessary.
					R4 (High) Ensure overspending in Adult Social Services is addressed.		R4 R4 is a continuous ongoing process. The DASS gross budget for 2009-10 was £145m. The Council agreed budget efficiencies of £4m plus £2m bridged from 2008-09. Additionally, new demand from the increasing older population and young adults with complex needs moving from education presented a further financial pressure of £2.8m. These budget savings and the cost of the extra demand have largely been met in 2009-10 with the current projected overspend reported to Council being £2.5m (1.7% of the gross budget). The controllable outturn for DASS for 2009/10 was an overspend of £2.4m which represents 1.7% of the gross budget.
					R5 (Medium) Ensure that the links between costs and performance are consistently made at service level and unit costs used to measure service performance.		R5 An assurance has been provided that R5 is a continuous ongoing process.

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			No	High			
					R6 (Medium) Ensure a consistent approach to procurement and commissioning is in place so that good practice is spread across the Council and that policies and procedures are followed.		R6 An assurance has been provided that R6 is a continuous ongoing process. The revised Corporate Procurement Strategy was approved by Cabinet on 4 February 2010 which identifies the relationship between Commissioning and Procurement. Following on from this, a Commissioning and Procurement Review has been undertaken and, proposals to corporately align Commissioning and Procurement activity across the Council, to optimise outcomes and ensure VFM, are under consideration.
					R7 (Medium) Ensure the Partnership Toolkit which was approved in April 2009 is launched, supported by training and fully implemented.		R7 An assurance has been provided that R7 is a continuous ongoing process.
5.	September 2009	Improvement Through Better Financial Management	1	0	R1 (Medium) Consider the responses from all the surveys and: • analyse the survey results in further depth to establish whether particular groups are outliers; • explore the results of the survey in more depth using focus groups/workshops involving relevant members; • compare existing improvements plans against the areas for improvement; and • identify gaps in existing improvement plans and take appropriate action.	Peter Molyneux Chief Accountant Finance	R1 An assurance has been provided that R1 is a continuous ongoing process. Combined performance and financial management workshop facilitated with the Audit Commission in November 2009.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
6.	December 2009	Commissioning and Procurement Review	17	7	**(R1 High)** **Update the Corporate Procurement Strategy (CPS) to address the following.** • Create an action plan with milestones to drive the implementation of the strategy and provide the basis of subsequent performance monitoring.		The revised Corporate Procurement Strategy was approved by Cabinet on 4 February 2010: R1 An assurance has been provided that this action has been implemented. The Key Priorities and Action Plan now show milestones dates for implementation and benefits reporting.
					• Ensure procurement and commissioning are aligned to optimise outcomes for service users and deliver better VfM, and facilitate closer working between CPU and commissioning activity.	Corporate Procurement Manager	An assurance has been provided that the implementation of this action is ongoing. A Commissioning and Procurement Review has been undertaken and, proposals to corporately align Commissioning and Procurement activity across the Council, to optimise outcomes and ensure Vfm, are under consideration.
					• Map the CPS against the government's procurement agenda to ensure alignment.	Corporate Procurement Manager	An assurance has been provided that this action has been implemented. The revised Corporate Procurement Strategy has been aligned with the government's procurement agenda.
					• Ensure there are robust performance measures for subsequent performance reporting, including delivery of sustainable outcomes and VfM.	Corporate Procurement Manager	An assurance has been provided that this action has been implemented. Performance measures have been implemented for all High Risk/ High Value projects.
					• Specify the requirements for reporting progress and responsibility for monitoring implementation of the CPS.	Corporate Procurement Manager	An assurance has been provided that this action has been implemented. Reporting requirements and process are clearly specified within the revised Corporate Procurement Strategy.
					• Require robust post contract evaluations to be undertaken, for contracts over a pre-determined value, to ensure envisaged benefits are delivered.	Corporate Procurement Manager	An assurance has been provided that the implementation of this action is ongoing. A comprehensive guidance document is being produced by Corporate Procurement for use by officers to measure and report on project outcomes against perceived expected benefits.
					(R2 High) Clarify the role and authority of CPU regarding provision of advice and guidance to service areas.	Corporate Procurement Manager	R2 An assurance has been provided that recommendation R2 has been implemented. A policy document, from the Director of Finance and endorsed by COMT, was circulated to all departments clearly defining Corporate Procurement and departmental responsibilities in December 2009.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R3 High) Clarify responsibility for creation and retention of contract documentation, pre and post contract award.	Corporate Procurement Manager	R3 An assurance has been provided that recommendation R3 has been implemented. All contract documentation will be centrally held by Corporate Procurement through the new electronic contracts management system 'Due North', which went live in December 2009.
					(R4 Low) Continue to embed sustainable procurement, alongside the development of equality and diversity within procurement procedures and practice.	Corporate Procurement Manager	R4 An assurance has been provided that R4 is a continuous ongoing process. Equality and Diversity in contracts monitoring process commenced in January 2010.
					(R5 High) Routinely monitor expenditure to ensure orders, wherever appropriate, are processed using the Oracle procurement system to ensure the benefits of using e-procurement are maximised across the Council, including schools.	Corporate Procurement Manager	R5, R6, R7 – R5/R6/R7 are ongoing. As part of the Common Administrative Practices project (CAP) Corporate Procurement are changing process and procedures that will ensure that all appropriate procurement activity will be conducted through the Oracle system, this project will include the establishment of targets and will ensure that system efficiencies are optimised.
					(R6 High) Investigate and take relevant action, where appropriate, to address expenditure which has not been processed through the Oracle procurement system.	Corporate Procurement Manager	
					(R7 High) Establish targets for the utilisation of Oracle to form the basis of performance monitoring to help maximise the use of e-procurement.	Corporate Procurement Manager	
					(R8 Medium) Continue to develop benchmarking as a tool for improving procurement and basis of monitoring performance.	Corporate Procurement Manager	R8 An assurance has been provided that recommendation R8 is ongoing. Benchmarking has already been initiated through the CIPFA / KPMG benchmarking club, The Merseyside Procurement Group are developing further options based on unit costs and procedures.

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Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R9 Medium) Clarify the financial and other benefits of collaboration, including impact on the Council's procurement arrangements, including resources. This should be used to inform the CPS and to monitor progress and delivery of outcomes.	Corporate Procurement Manager	R9 An assurance has been provided that recommendation R9 is underway. In progress as above, the Forward Plan of contracts is under review within the Merseyside Procurement Group to measure future input requirements and impact on staff resources.
					(R10 Low) Consider providing refresher training to users of the i-procurement system to ensure the full benefits of the system are utilised, in addition to reinforcing compliance with procedures.	Corporate Procurement Manager	R10 An assurance has been provided that recommendation R10 is an ongoing process. A schedule of refresher training commenced in January 2010, and will continue as required by users.
					(R11 Low) Provide relevant members with training regarding procurement.	Corporate Procurement Manager	R11 An assurance has been provided that recommendation R11 is ongoing. As part of Corporate Procurements roles and responsibilities agenda a series of Workshops and Roadshows have been scheduled which will include Member participation.
					(R12 Medium) Ensure the HESPE contract is routinely evaluated to ensure the financial and other benefits are delivered over the life of the contract. Ensure attention is given to the role of the client, in addition to the contractor, to ensure benefits are delivered.	Head of Streetscene and Waste Services	R12 An assurance has been provided that recommendation R12 is ongoing. Existing Benefits Realisation Plan to be evaluated by end June 2010. This covers a qualitative and quantitative assessment. Annual report to Cabinet will include a summary of review.
					(R13 Medium) Continue to develop risk management as part of the contract management arrangements for the HESPE contract, in particular risk associated with delivery of financial and other benefits.	Head of Streetscene and Waste Services	R13 An assurance has been provided that recommendation R13 is ongoing. Risk register still in operation, detailing risks and potential costs to contract. Risks reviewed at regular Project Board meetings.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	**High**			
					(R14 Medium) Ensure the performance management arrangements for the HESPE contract are fully implemented.	Head of Streetscene and Waste Services	R14 An assurance has been provided that recommendation R14 has been implemented. Performance Management Framework now fully implemented. Regular performance reports to Project Team and Board meetings.
					(R15 High) Strengthen the governance arrangements relevant to procurement activity and ensure compliance, in particular clarify roles and ensure full compliance with policies and procedures.	Director of Technical Services/Corporate Procurement Manager	R15 An assurance has been provided that recommendation R15 is ongoing. As part of Corporate Procurement's roles and responsibilities agenda a series of Workshops and Roadshows have been scheduled for the coming year. All tender activity is now processed through the central sourcing system, Due North, by Corporate Procurement ensuring compliance with policies and procedures.
					(R16 Medium) Ensure all relevant contracts make provision for performance measures to subsequently monitor the delivery of outcomes. This should include outcomes for service users in addition to financial savings in order to demonstrate VfM, while meeting wider social, economic and environmental objectives.	Mal Price Principal Manager Quality Assurance and Customer Care Corporate Procurement Manager	R16 An assurance has been provided that recommendation R16 is ongoing. A comprehensive guidance document is being produced by Corporate Procurement for use by officers to measure and report on project outcomes against perceived expected benefits. A Community Benefits in Contracts Strategy is at present being written by Corporate Procurement, this will include a monitoring procedure.
					(R17 Medium) Review the delivery of financial and other outcomes resulting from the current Assistive Technology contract.	Mike Fowler, Head of Branch, Finance and Performance	R17 An assurance has been provided that recommendation R17 is an ongoing process. A project evaluation agreement is being prepared with NHS Wirral Informatics Service which will ensure outcomes for people who use services are measured as well as the cost avoidance and cashable efficiencies attributable to the application of assistive technology. This will be used to inform the Council and NHS Wirral of future Invest to Save opportunities.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
7.	December 2009	Annual Audit Letter	0	0	-	-	Report is for information only.
8.	December 2009	Grant Claims and Returns	4	0	(R1 Medium) Ensure that the control environment for all claims and returns is robust and that this is adequately demonstrated when the claim or return is submitted for certification.	Grants Coordinator/ Project Manager	R1 An assurance has been provided that recommendation R1 has been implemented. Review process demonstrated through Control environment check sheet and completion checklist, this ensure review by Claim compilers and Grant Co-ordinator. **R1 – Reviewed** **Control environment check sheet and completion checklist proforma verified.**
					(R2 Medium) Ensure all expenditure included in the claims and returns is eligible under the terms and conditions specified by the grant paying body.	Grants Coordinator/ Claim Compiler	R2 An assurance has been provided that recommendation R2 has been implemented. Certificate instructions to be included on claims file. Grant Application and terms to be included on file. These documents are to be read and understood by project managers and claim compilers to ensure the terms are met and not breached. **R2 – Reviewed** **As per conversation with the Grants Co-ordinator, each grants claim file has a unique certificate instructions held on each file. A grant file overview details sheet is also held on file (copy of the proforma obtained).**
					(R3 Medium) Ensure consistently strong internal quality assurance processes and coordination arrangements.	Grants Coordinator	R3 An assurance has been provided that recommendation R3 has been implemented. Grants Manual comprehensively updated to include new procedures for 2008/09. This was circulated to all claim compilers and Project Managers. Review of claims undertaken by claim co-ordinator before submission. **R3 – Reviewed** **Grants Manual verified and copy obtained. As per the Grant Co-ordinator this is circulated to all project**

						(R4 Medium) Ensure working papers provided are consistently of good quality and provide a clear audit trail between the amounts in the claim or return and supporting financial documentation.	Claim Compiler/Grants Coordinator	**managers, claim compilers have access to the manual.** R4 An assurance has been provided that recommendation R4 has been implemented. Training provided to Claim Compilers and Project Officers. Check lists introduced to ensure working papers are trailed to ledger. **R4 – Reviewed** **Training has been provided to all grant compilers and to project managers. Training presentation obtained and invitation acceptance verified by attendees.**

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
9.	January 2010	Audit Commission review of Internal Audit	12	2	(R1 Medium) Strengthen the independence of Internal Audit • Review the structure of the Internal Audit department and in particular management and reporting lines and ensure it is shown on the Council's organisation chart. • Consider the results of the IA survey in relation to independence.	Deputy Chief Internal Auditor	R1 An assurance has been provided that R1 has been implemented.
					(R2 Medium) Strengthen arrangements for ensuring ethical standards are met • Consider the results of the survey in respect of improving trust and confidence. • Improve Internal Audit knowledge of; • The organisation's aims objectives, risks and governance arrangements. • The purpose, risks and issues of the service area.	Deputy Chief Internal Auditor	R2 An assurance has been provided that R2 has been implemented.
					(R3 Medium) Carry out an annual review of the effectiveness of the Audit and Risk Management Committee to demonstrate how it has strengthened the Council's control environment.	Deputy Chief Internal Auditor	R3 An assurance has been provided that R3 will be implemented by 30/06/2010.
					(R4 High) Review the organisational structure and staffing of Internal Audit to ensure that it is at an appropriate level to give a safe opinion to management and members on the control environment.	Deputy Chief Internal Auditor	R4 An assurance has been provided that R4 has been implemented.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R5 Medium) Review the factors that may be hindering the recruitment and retention of appropriate staff.	Deputy Chief Internal Auditor	R5 An assurance has been provided that R5 will be implemented by 30/06/2010.
					(R6 High) The CIA should strengthen the approach to determining the strategy and risk based planning to focus on including work in the plan to ensure he can demonstrate how he meets his responsibility to provide a safe opinion to the organisation on the control environment. The planning process should take account of: • the adequacy and outcomes of the organisation's risk management. • performance management and other assurance processes. • Internal Audit's independent risk assessment. • stakeholders views - they should be consulted on the draft plan - but should not determine it. • the resources required to deliver the strategy and plan. The Plan should differentiate between assurance and other work.	Deputy Chief Internal Auditor	R6 An assurance has been provided that R6 has been implemented.
					(R7 Low) Ensure key issues are consistently brought to the attention of the relevant manager during assignments to enable them to take corrective action and to avoid any surprises at the end of the audit.	Deputy Chief Internal Auditor	R7 An assurance has been provided that R7 has been implemented.
					(R8 Low) Spread good practice with regard to testing schedules, such as those used in the "payroll procedures" file.	Deputy Chief Internal Auditor	R8 An assurance has been provided that R8 has been implemented

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	**High**			
					(R9 Medium) Consider what training is required to improve auditor consideration of evidence, audit skills and judgment.	Deputy Chief Internal Auditor	R9 An assurance has been provided that R9 has been implemented.
					(R10 Medium) Review the format of and information contained in the Annual Report to clearly show the actual work completed against the planned work, differentiate between assurance and other work and how quality targets have been met.	Deputy Chief Internal Auditor	R10 An assurance has been provided that R10 has been implemented.
					(R11 Medium) Ensure all reports are quality assured before being finalised and reported to Members.	Deputy Chief Internal Auditor	R11 An assurance has been provided that R11 has been implemented.
					(R12 Medium) Ensure adequate supervision and review of all work.	Deputy Chief Internal Auditor	R12 An assurance has been provided that R12 has been implemented.
10.	January 2010	Data Quality Spot Checks	1	0	(R1 Medium) Improve data quality and ensure that individual claimants receive the correct benefit: • continue to quantify the results from QA testing, consider the reasons for errors and the impact, including on claimants; • monitor performance over time; and • identify and implement appropriate training and other corrective action.	Housing Benefits Operational Manager	R1 An assurance has been provided that the implementation of this recommendation is not necessary as the recommendation made reflects current embedded practice.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
11.	January 2010	Audit Opinion Plan	-	-	-	-	Report is for information only.
12.	January 2010	Use of Resources Plan	-	-	-	-	Report is for information only.
13.	March 2010	Certification of Claims and Returns	11	3	(R1 Medium) Investigate and address for future years the reasons for amendments to the claim having to be made by the Council after submission of the claim to DWP and for audit.	Housing Benefit Manager	R1 An assurance has been provided that recommendation R1 is ongoing. There is insufficient time from the date the subsidy reports are produced and the deadline for submitting the claim to analyse in any significant depth the expenditure cells to ensure subsidy is maximized. This is realistically achieved once the claim has been sent and this is done. An analysis is then undertaken on underlying reasons for changes to rectify in following years. To continue to look at whether this is capable of being done in this time slot.
					(R2 Low) Liaise with the software supplier to investigate and resolve the difference between: • the headline cell and the reconciliation cell • the amount awarded and the amount paid to claimants.	Housing Benefit Manager	R2 An assurance has been provided that recommendation R2 is ongoing. The software supplier strives to ensure that relevant transactions are included in the calculation of both the headline cell and the in year reconciliation cells. Discrepancies between these, the amount awarded and the amount paid are not always easily identifiable and the level of further investigation and resources employed depend on the significance of the value of any such discrepancies. To continue to work to supply to minimise these along with the other 100+ local authority users of this system.
					(R3 Low) Ensure that the information contained in the asset register satisfies the requirements of the DCSF in respect of the Sure Start, Early Years and Childcare grant.	Financial Grant Co-ordinator	R3 An assurance has been provided that recommendation R3 is ongoing. Asset registers are a condition of the grant and it is the responsibility of each Children's Centre to ensure that any assets are recorded over a certain value. Following the Audit it was decided that a more co-ordinated approach was needed to ensure that the correct information is being recorded. Devised two spreadsheets for each Centre one sheet to cover official assets as described in the Memorandum of Grant and the second sheet acts as an Inventory List to record items of worth but which are not classified as an asset. The section have asked that these spreadsheets be returned by the end of May 2010 – these will then be kept on file and resent by the individual centres if there are any additional purchases to be logged throughout the year.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R4 Medium) Review the year end process followed for the production of the Sure Start, Early Years and Childcare grant claim to allow submission to the DCSF and audit by the specified deadline.	Financial Grant Co-ordinator	R4 An assurance has been provided that recommendation R4 is ongoing. Unfortunately during 2008/09 Audit the final claim was submitted to the DCSF on time to meet the deadline, however, at this time the Annual Financial Statement should have also been returned to the nominated auditor. This was sent as part of the Audit preparation pack at a later date, which has been the process followed in previous financial years. The original plan for 2009/10 was that the paperwork would all be sent to Carl Gurnell (Grant Co-ordinator) for checking on Monday 24th May and then forwarded on to the Auditor by the deadline of Friday 28th May. Since this recommendation has been made an email has been circulated by DCSF (Peter Rooney – 12.04.10) which states: 'In the 2009-10 MoG, you were required to complete and submit the AFS by 29 May 2010. Due to the introduction of the Achievement for All project, we have reviewed this timing and consequently extended the submission of the AFS. You are now required to submit your unaudited AFS to your appointed auditor by the end of July. Further details including the final AFS form to be completed will be sent to you in May.' As a team they have agreed to continue to work towards the original date, however, now have additional flexibility.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R5 High) Review and improve the arrangements in place to ensure completeness and accuracy of the information provided by external payroll providers for inclusion into the Teachers' Pension Return.	Tax Compliance Manager	R5/R6/R7 An assurance has been provided that this recommendation is ongoing. All five schools appear to have accepted the situation as well as the authority to request the additional information so it is hoped they will be fully cooperative. Looking at the Audit Commission qualification and deciding the best course of action agreed the Tax Compliance Manager was probably the best person to carry out these extra checks since he is aware of the tests the Audit Commission perform on the Authority payroll. Any resistance or problems with the schools are to be reported to Internal Audit but the signs so far point to a positive response.
					(R6 Medium) Confirm that for all teachers who are currently treated as having opted out of the Teachers' Pensions scheme there is sufficient documentation to demonstrate that the teacher has formally opted out.	Tax Compliance Manager	
					(R7 Medium) Confirm and conclude on the decision whether or not backdating of membership is necessary in the case identified during testing of the Teachers' Pension return.	Tax Compliance Manager	
					(R8 High) Amend Contract Standing Orders to include specific reference to the number of tenders that the Council expects to receive prior to the award of a contract and the process to follow in instances where only a single tender is received.	Corporate Procurement Manager	R8 An assurance has been provided that this recommendation is ongoing. A review of the Council's Standing Orders procedures is underway.
					(R9 High) Ensure that a written report is submitted to Cabinet or other relevant regulatory committee to explain the contract overspend identified during our testing of the LRP grant claim.	Economic Manager	R9 An assurance has been provided that recommendation R9 is ongoing. A report had been prepared but was awaiting completion of the scheme before a report was presented to Cabinet.

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
					(R10 Medium) Review and improve the quality assurance process to reduce the number of compilation errors present in claims submitted to audit. The quality assurance process needs to involve key officers at each stage of the stage from original compiler through to final signatory. Responsibilities for quality assurance should be set out in the Grants Manual.	Project Officer/ Claim Compiler/Grants Coordinator	R10 An assurance has been provided that recommendation R10 has been implemented. Delivered through Additional training / support for Project Officers and Claim Compilers which will further raise the profile of these issues as well as making the amendments to the Grants Manual.
					(R11 Medium) For all grant claims and returns, ensure there is an adequate audit trail that clearly supports key decisions and judgements made in respect of grant expenditure and demonstrates how data from the general ledger supports the financial entries in the claim/return.	Project Officer/ Claim Compiler/Grants Coordinator	R11 An assurance has been provided that recommendation R11 has been implemented. Additional training / support for Project Officers and Claim Compilers is regularly provided and will further raise the profile of these issues.

Merseyside Pension Fund 2009/2010

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
1.	September 2009	Annual Governance Report - MPF	4	1	(R1 High) Strengthen internal quality assurance to ensure errors in the accounts are minimised.	Financial Controller MPF	R1 An assurance has been provided that recommendation R1 is ongoing. MPF will close its 2009/2010 accounts using, for the first time, the Administering Authority's Oracle accounting platform, so new procedures have been identified and followed. This has improved the robustness of certain aspects of the closure of accounts programme, but, with any such change of this magnitude, has brought its own set of challenges, which will be subject to an Autumn internal review of performance.
					(R2 Medium) Members should ensure they comply with the process for making related party declarations.	Financial Controller MPF	R2 An assurance has been provided that recommendation R2 will be implemented shortly. At the time of writing, a handful of declarations are outstanding, but are expected to be received prior to completion of the draft accounts.
					(R3 Medium) Ensure audit trails are available to support year end balances.	Financial Controller MPF	R3 An assurance has been provided that recommendation R3 is ongoing. The Fund continues to diversify, and remains heavily dependent upon the timely receipt of accurate information and evidence from an increasing number of external sources. The audit trial for a specific internal balance, identified as inadequate last year, has been strengthened.
					(R4 Medium) Improve procedures within the pension fund to ensure compliance with the SoRP aided by improved communication with other pension funds and government to ensure interpretation is clear and consistent.	Financial Controller MPF	R4 An assurance has been provided that recommendation R4 has been implemented. This has been achieved. MPF helped frame an appropriate agenda and the Financial Controller of MPF chaired a meeting of The Audit Commission and 13 selected local authority pension funds, under the auspices of CIFPA. Although unable to attend the meeting, a senior representative from the Department of Communities and Local Government subsequently was able to clarify the two reaming outstanding issues. CIPFA subsequently released the outcomes in time to inform the closure of local authority pension fund accounts for 2009/2010.
2.	December 2009	Audit Opinion Plan - MPF	0	0	-	-	Report is for information only.

AUDIT COMMISSION REPORTS ISSUED 2010/11
Wirral Council

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
1.	April 2010	Annual Inspection Letter	-	-	-	-	Report is for information only.
2.	April 2010	Annual Audit Fee	-	-	-	-	Report is for information only.
3.	May 2010	Perfomance Management	4	4	(R1 High) Develop the Council's information management arrangements to help services monitor and manage improvements. (R2 High) Review arrangements to ensure consistency of key strategic documents intended to support the delivery of the Corporate Plan to ensure that they are fully aligned to both the Corporate Plan and each other. (R3 High) Develop arrangements to promote shared learning, both internally and Externally. (R4 High) Review the way that the Corporate Improvement Group (CIG) and Performance Management Group (PMG) function and contribute to the establishment of corporate performance management arrangements.	Head of ICT Head of Policy CIG CIG Head of HR/OD Head of Policy Head of Legal and Democratic Services CIG/PMG	To be implemented by April 2011.

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Merseyside Pension Fund 2010/2011

Ref	Date of Final Issue	Report Title	Recs		Recommendations	Officer Providing Assurance	Comments
			No	High			
1.	June 2010	Annual Audit Fee	-	-	-	-	Report is for information only.
2.	June 2010	Audit Commission Progress Report	-	-	-	-	Report is for information only.

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF FINANCE

BUDGET PROJECTIONS 2011-2015

1. **EXECUTIVE SUMMARY**

1.1. This report updates the projected budgets for the years from 2011 to 2015 in line with the decision of HM Treasury to undertake a four year Spending Review. It was presented to the Cabinet on 23 September 2010.

2. **ASSUMPTIONS UNDERPINNING THE PROJECTIONS**

2.1. Inflation – HM Treasury is assuming a return to a long term inflation rate of 2%. Therefore prices are assumed to increase by 2% per annum with income to continue to increase by 3% per annum. Pay awards will be limited to those employees earning less than £21,000 per annum for 2011-13.

2.2. Capital Financing – HM Treasury is assuming that the level of capital investment will reduce by 50% between 2009-10 and 2013-14. The annual increase in capital financing charges has therefore been reduced to £2.0m.

2.3. Pension Fund – the Department for Communities and Local Government (DCLG) has yet to finalise the proposed cost sharing arrangements which are now unlikely to be implemented before 2012-13. In advance of this decision the increase arising from the actuarial valuation currently underway is projected at 1.5% or £2m per annum. In addition the outsourcing of the highways and engineering services contract is likely to increase the contributions by £0.2m per annum.

2.4. Waste Disposal – the increase in the levy will be dependent on delivery of the waste disposal strategy. The Landfill Tax will increase by £8 per ton per annum, an increase of 50% between 2010-11 and 2014-15. The levy is assumed to increase by 8% per annum.

2.5. Merseytravel – the levy is assumed to increase by 3% per annum.

2.6. Private Finance Initiative – the latest projections are included.

2.7. Benefits – the Department for Work and Pensions is estimating an annual increase of 1.7% and has announced a review of Benefits.

2.8. Schools – it is assumed that the Schools Budget will vary in line with the Dedicated Schools Grant.

2.9. Adult Social Services Reform – the Reform Grant of £1.9m will cease in 2011-12 with the assumed implementation of the personalisation agenda.

2.10. Personal Care At Home – the Government has now abandoned this policy and reduced the Area Based Grant.

2.11. Carbon Reduction Commitment – payment of £1.0m commencing in 2011-12. It is assumed that the Authority will reduce the carbon footprint sufficiently to recover these payments.

2.12. National Insurance – the proposed 1% increase in the employers rate will not now be implemented.

2.13. Home Insulation – increased cost from 2011 of £1m.

2.14. Guinea Gap and Leasowe Recreation Centres – restoration into budget at a cost of £0.6m each.

2.15. Other Unavoidable Growth – a number of items of unavoidable growth of less than £0.2m will arise. These usually total about £1m per annum.

2.16. Efficiency Investment – in order to continue to deliver efficiencies in future years it will be necessary to continue to invest and therefore £2m per annum has been provided.

2.17 Area Based Grant (ABG) – Cabinet on 22 July 2010 agreed to reductions in expenditure for 2010-11 only to meet the £3.9m reduction in ABG.

2.18 Swimming - the Department for Culture, Media and Sport has deleted the grant of £0.3m to fund free swimming.

2.19. Government Grants – the DCLG has indicated that Government Grants will be reduced by 30% to 40% over the period 2011-15. I have only assumed a reduction of 30%.

2.20 Council Tax – the Government has announced a freeze in Council Tax increases for 2011-12, although Local Authorities could be permitted to increase Council Tax by upto 2.5%. From 2012-13 any proposed increase above the rate of inflation would be the subject of a local referendum.

3. **GRANT NEGOTIATIONS**

3.1. The Government has agreed to the following elements of the Local Government Finance Settlement being reviewed as part of the 2011 settlement:-

   a. Area Cost Adjustment
   b. Highways Maintenance
   c. Day Visitors
   d. Income Support/Tax Credits
   e. Students
   f. Concessionary Fares
   g. Coast Protection/Flood Defence
   h. Capital Financing
   i. Dedicated Schools Grant

j. Housing Benefit
　　k. Pensions
　　l. Schools Deprivation.

3.2. Consultation is currently underway on a number of options as part of the 2011 settlement.

3.3. The Local Government Finance Settlement due to be announced in December 2010 may cover 2011-15 as HM Treasury intends to deliver a four year Spending Review on 20 October 2010. However there is a possibility that the DCLG will issue a two year settlement covering 2011-13 with a subsequent two year settlement for 2013-15 announced after the completion of the review of Local Government Finance.

3.4. The Government has announced that it intends to conduct reviews of the following:-

　　a) Local Government Finance
　　b) Public Sector Pensions
　　c) Welfare Benefits

3.5. During the course of this budgeting period the results of the Census 2011 will become available and will be incorporated into the grant distribution formulae. The Office for National Statistics has now released the Mid 2008 estimated populations. The reduction for Wirral is greater than for any other metropolitan or unitary authority. If this is confirmed in the Census 2011 then the reduction in grant receivable could be significant.

4. **BALANCES**

4.1. The budget for 2010-11 includes balances of £6.5m.

4.2. The financial out-turn for 2009-10 was reported to Cabinet on 24 June 2010 and showed an overspending of £1,385,000 offset by increased investment income of £1,185,000 and a contribution from the Collection Fund of £515,000 to produce a net surplus of £315,000.

4.3. The Government has announced that the Personal Care at Home scheme will not be proceeding. The revenue budget for 2010-11 will therefore be reduced by £2.6m with a reduction of £1.6m in Area Based Grant.

4.4. The Government announced on 10 June 2010 that there would be the following grant reductions for 2010-11:-

	£000
Area Based Grant	3,927
LAA Reward Grant	1,400
Local Authority Business Growth Incentive	200
	5,527

Cabinet on 22 July 2010 agreed that the reduced Area Based Grant will be matched by reduced expenditure in 2010-11.

4.5. The Insurance Fund Annual Report was presented to Cabinet on 24 June 2010 including the transfer of £2,471,000 to General Fund balances.

4.6. Cabinet on 24 June 2010 agreed that additional VAT of £240,000 recovered from HM Revenue and Customs should be placed in balances.

4.7. Cabinet on 26 August 2010 agreed to continue to provide free swimming after the withdrawal of the Government grant of £0.2m in 2010-11.

4.8. Cabinet on 2 September 2010 agreed to transfer £3.4m from the Insurance Fund to General Fund Balances following the actuarial valuation of the Insurance Fund.

4.9. The budget for 2010-11 provides for pay awards of 1% totalling £1.7m. No pay award has yet been offered.

4.10. The Cabinet has not agreed to any projected overspendings in 2010-11

	£m
4.11. Opening Balances	6.5
Out-Turn 2009-10	0.3
Personal Care at Home	1.0
LAA Reward Grant	- 1.4
LABGI	- 0.2
Insurance Fund	5.9
VAT	0.2
Free Swimming Grant	- 0.2
	12.1

5. **EFFICIENCIES**

5.1. The previous Government increased the efficiency target for 2010-11 to 4% which for Wirral equates to £14.9m. The previous Government expected that this saving would be reinvested in order to enable delivery of increased efficiency requirements in 2011 to 2014.

5.2. The efficiencies that the Authority will need to deliver for 2011-15 are well in excess of the statutory efficiency target. The main mechanism for delivery of the required efficiencies is the change programme. Cabinet on 14 January 2010 agreed a revised change programme, progress on which was to be reported quarterly to the Cabinet.

5.3. Revised governance and programme management arrangements for the change programme were reported to Cabinet on 22 July 2010.

5.4. Cabinet has to date agreed a number of efficiencies:-

a. Cabinet agreed that £1m will be saved from office accommodation from 2011. Progress was reported to Cabinet on 24 June 2010.

b. Cabinet on 15 October 2009 agreed to the implementation of an integrated Human Resources IT system with initial projected savings of £254,000 for 2011-12, £220,000 for 2012-13, £100,000 for 2013-14 and £20,000 for 2014-15.

c. Cabinet on 22 February 2010 agreed to the creation of an integrated transport unit with projected savings of £130,000 in 2011-12, £340,000 in 2012-13 and £250,000 in 2013-14.

d. Cabinet on 18 March 2010 agree to investment in an assistive technology project in Adult Social Services with projected additional savings of £8.8m over 2011-13 after additional investment from the Efficiency Investment Budget of £6.0m.

e. Cabinet on 15 April 2010 agreed to investment in family group conferencing to deliver savings of £70,000 in 2011-12 and £130,000 in 2012-13.

f. Cabinet on 22 July 2010 agreed to proceed with a parks and countryside service procurement exercise. Following a call-in on 31 August 2010 the estimated savings have been revised to £173,000 in 2011-12, £1,255,000 in 2012-13 and £1,255,000 in 2013-14.

6. **FINANCIAL IMPLICATIONS**

6.1. The assumptions outlined above are reflected in the budget projections in the Appendix.

7. **STAFFING IMPLICATIONS**

7.1. There are none arising directly from this report.

8. **EQUAL OPPORTUNITY IMPLICATIONS**

8.1. There are none arising directly from this report.

9. **COMMUNITY SAFETY IMPLICATIONS**

9.1. There are none arising directly from this report.

10. **HUMAN RIGHTS IMPLICATIONS**

10.1. There are none arising directly from this report.

11. **LOCAL AGENDA 21 IMPLICATIONS**

11.1. There are none arising directly from this report.

12. **PLANNING IMPLICATIONS**

12.1. There are none arising directly from this report.

13. **MEMBER SUPPORT IMPLICATIONS**

13.1. There are none arising directly from this report.

14. **BACKGROUND PAPERS**

14.1. Medium Term Financial Strategy 2010-13 – September 2009
Formula Grant Settlement 2010-11 – DCLG – January 2010
Estimates 2010-11 – March 2010
Budget – HM Treasury – March 2010 and June 2010

15. **RECOMMENDATIONS**

15.1. That the budget projections be kept under review.

15.2. That further efficiencies be delivered.

IAN COLEMAN
DIRECTOR OF FINANCE.

FNCE/170/10

WIRRAL COUNCIL

BUDGET PROJECTIONS 2011-2015

	2011-12 £m	2012-13 £m	2013-14 £m	2014-15 £m
Base Budget	330.8	315.0	303.7	292.6
Increased Requirements				
Pay Inflation	1.0	1.0	3.5	3.5
Price Inflation	3.7	3.7	3.8	3.8
Capital Financing	2.0	2.0	2.0	2.0
Pension Fund	2.2	2.2	2.2	2.2
Waste Disposal	1.4	1.5	1.6	1.7
Merseytravel	0.8	0.8	0.8	0.8
Private Finance Initiative	0.1	0.1	0.1	0.1
Benefits	2.4	2.4	2.5	2.5
Home Insulation	1.0	-	-	-
Guinea Gap	0.6	-	-	-
Leasowe Recreation Centre	0.6	-	-	-
Swimming	0.3	-	-	-
Other Unavoidable Growth	1.0	1.0	1.0	1.0
Efficiency Investment	2.0	2.0	2.0	2.0
	349.9	331.7	323.2	312.2
Reduced Requirements				
Income Inflation	-1.0	-1.1	-1.1	-1.1
Benefits Subsidy	-2.2	-2.2	-2.3	-2.3
Savings Agreed	-1.6	-2.0	-1.6	-
	345.1	326.4	318.2	308.8
Resources				
Grants	180.5	165.9	151.3	136.7
Council Tax	134.5	137.8	141.3	144.8
Forecast Resources	315.0	303.7	292.6	281.5
Shortfall	30.1	22.7	25.6	27.3

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE CHIEF INTERNAL AUDITOR

**INTERNAL AUDIT WORK: JUNE TO AUGUST 2010**

1. **EXECUTIVE SUMMARY**

1.1. In order to assist in effective corporate governance and fulfil statutory requirements, the Internal Audit Section of the Finance Department reviews management and service delivery arrangements within the Council as well as financial control systems. Work areas are selected for review on the basis of risks identified on the Corporate Risk Register and as assessed by Internal Audit in consultation with Chief Officers and Managers.

1.2. This report identifies and evaluates the performance of the Internal Audit Section at 2. and includes details of the actual work undertaken over the period and the number of 'High' risk recommendations identified in reports at 3. There are no items of significance identified during the audit process that require action by the Members for this period.

1.3. The Internal Audit Plan for 2010/11 was approved by this Committee at it's meeting in March 2010.

1.4. The Internal Audit Plan identifies all of those audits required to provide the Council with adequate assurance regarding the effectiveness of its systems in operation to manage and mitigate all of the identified risks to the achievement of the Council's objectives. It is essential therefore that the audit plan is delivered to ensure that the 'annual assurance opinion' on the effectiveness of the Council's control environment is not qualified and supports the delivery of the Annual Governance Statement. The Section is confident of achieving this objective by year end.

2. **INTERNAL AUDIT – PERFORMANCE**

2.1. This report summarises the audit work completed between 1 June 2010 and 31 August 2010. The specific nature of the work that has been undertaken or is currently ongoing is identified in Appendix I. 150 audit reports were produced during this period identifying 120 high and 111 medium priority recommendations to improve systems and address control weaknesses. Management has agreed to implement all of the recommendations made within a satisfactory timescale. Those reports identifying high priority recommendations are analysed in more detail in section 3 of this report.

2.2. The Section constantly evaluates the effectiveness of its performance including a number of performance indicators in key areas as identified for the period 1st June 2010 to 31st August 2010:

2.2.1. To ensure that the Internal Audit Plan is delivered by the 31 March 2011.

**Acheivement of IA Plan on a monthly basis**
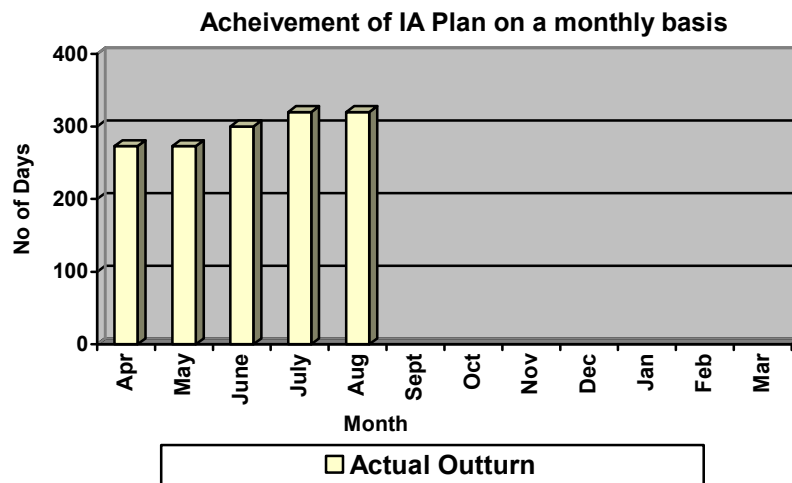
2.2.1.a. This is an input based measure i.e. the estimated number of days required each month to deliver the whole of the Internal Audit Plan. 4250 days are actually required to deliver the plan for this year, equating to approximately 355 days per month. As can be seen from the graph, approximately 300 days on average have been available each month to date. This is mainly due to a slight shortfall in staff resources as a result of vacancies and some members of staff being deployed undertaking investigations that were not included in the plan. This shortfall is not considered significant at the moment and the Section remains confident that its targets can still be achieved, provided that the situation does not deteriorate or increased unplanned demands placed upon the service. This will continue to be very closely monitored by management and any appropriate actions taken as needed and reported to this Committee.

2.2.2. To ensure that all planned audits are completed.

The Internal Audit Plan comprises a substantial number of audits essential to the provision of the 'annual assurance opinion' and are designed to review the key risks to Council systems. Delivery of these audits accounts for 3030 days of the plan. The remainder of the plan, 1220 days relates to audits designed to evaluate the effectiveness of the Council and the achievement of its overall objectives and whilst important are not necessary to support the actual assurance opinion. This 'other' work is considered essential to the well being of the organisation and complies with CIPFA best practice guidance. Work identified in this area includes the Strategic Change Programme, Managing Fraud audits and some ICT projects. It is essential that all of the assurance opinion work is completed in the year to enable the opinion on the effectiveness of the Council's control environment to be provided. The graph below identifies the planned audits completed each

month for the year to date, subject to variances arising from the changing dynamics of the plan, including requests from Chief Officers and Members for additional work. With a full complement of staff for the year it is expected that nearly 600 audit reports including follow ups, some of which relate to the 2009/10 Audit Plan, will be issued.

Planned Audits Completed
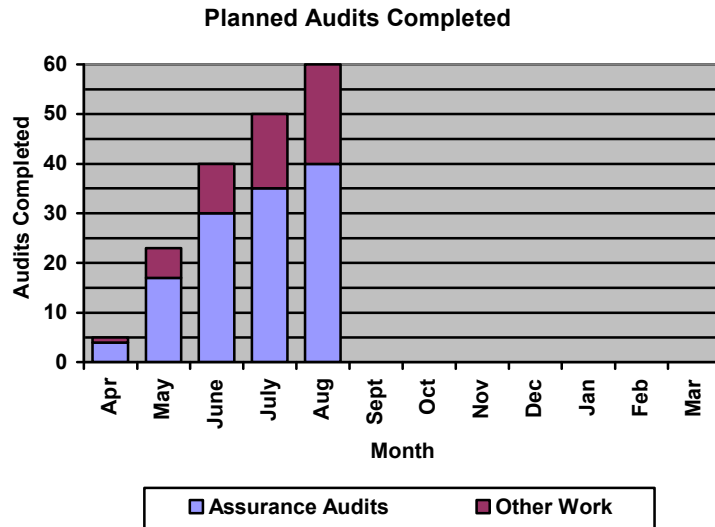
2.2.2.a. To date 200 reports including follow ups have actually been produced representing 90% of those planned for the period. This figure reflects the staffing resources available to the service during the year to date and includes necessary seasonal adjustments.

2.2.2.b. Overall performance is only slightly below target for this time of year, primarily as a result of requests for audits and investigations not originally included in the audit plan, a slight shortfall in staffing resource and necessary seasonal adjustments. Considerable effort has actually been made during the period to address the performance shortfall identified in the June 2010 report to this Committee through increased efficiencies and more streamlined working and the service is currently on target to achieve its objective of delivering all of the assurance audits by the year end. The position will continue to be monitored and any appropriate actions taken to ensure continued delivery of the plan and these actions notified to this Committee in due course.

2.2.2.c. The chart also clearly indicates that of the audits completed to date, a significant proportion represent work undertaken to support the 'annual assurance opinion'. This reflects the deliberate policy of the Internal Audit Section to complete as many of these audits as early as possible, however for operational reasons some of these audits cannot be delivered until later in the year. The Section has all of these audits scheduled for the remainder of the year and is confident that the target of completing these by the year end will be achieved.

2.2.3.   Percentage of Customer Satisfaction Forms returned indicating a 'good' opinion of the service.

Customer Survey Forms
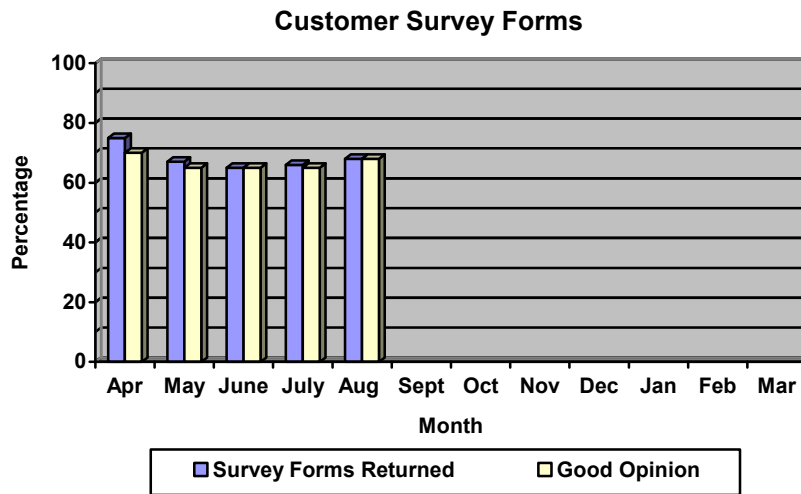
2.2.3.a. Customer survey forms are completed by the clients following the completion of an audit and pose a number of questions relating to the actual audit, its findings and the conduct of the auditor. The chart identifies the percentage of those forms returned that indicate a positive opinion of the service. This clearly indicates that the Internal Audit Section is viewed very positively by its clients and is regarded as adding value to the systems that it audits. Where feedback from clients identifies issues, appropriate measures have been taken by management to address these and prevent any re-occurrence.

2.2.4   Follow up Audits

To comply with current best practice and Audit Commission recommendations, follow-up audits are undertaken for all completed audits up to six months after the completion date, to confirm the implementation of agreed recommendations. The majority of the required follow up audits completed this period relate to work undertaken in the previous year. No significant delays have occurred in this area despite the resource problems experienced to date. No outstanding issues were identified that require the attention of the Audit and Risk Management Committee at this time.

3.   **INTERNAL AUDIT PLAN - PROGRESS OF WORK**

3.1   The following table identifies audits undertaken over the period which include recommendations of a high priority nature. The table also indicates the audit opinion provided on the effectiveness of the control environment, where 4* indicates an excellent rating.

Audit	Total Recs Agreed	Recs Not Agreed	Audit Opinion Provided
Workforce Planning – Hard to Fill Posts	1	-	2*
St Marys College	2	-	2*
Annual Governance Statement 2009/10	3	-	3*
Bebington Library	1	-	3*
New Brighton Primary School	2	-	4*
Poulton Lancelyn Primary School	1	-	4*
Thingwall Primary School	2	-	4*
Woodchurch Primary School	7	-	3*
Heswall Library	3	-	2*
Invigor8	2	-	2*
Members Allowances	2	-	2*
Rock Ferry Library	2	-	2*
St James Library	3	-	2*
Leaving Care Grants	1	-	3*
Asset Management	5	-	3*
Debtors - DASS	2	-	2*
Income – Corporate Services	2	-	2*
Overseas Travel	4	-	2*
Payroll – Corporate System	1	-	3*
Planning Applications	1	-	2*
Woodchurch Library	2	-	3*
One Billing System	1	-	2*
Procurement - CYPD	1	-	2*
Housing Benefits	1	-	3*
Telecommunications	2	-	2*
Pensions	2	-	2*
Travel and Subsistence	2	-	2*
Procurement - DASS	5	-	2*

3.2. All of the action plans in respect of the audits identified have been returned fully completed and identify appropriate timescales for the implementation of recommendations agreed to mitigate or remove weaknesses.

4. ITEMS OF NOTE

4.1. A report will be presented to the next meeting of this Committee in November 2010, identifying changes that are required to the Internal Audit Plan for the current year. This is necessary to address emerging issues identified and ensure that adequate audit cover is provided in these areas. A detailed review of the Audit Plan is currently underway and has to date identified issues that include:

- Strategic Change Programme

  The role of the Internal Audit Service in this area is likely to increase and include more detailed assurance work to support the implementation of this major corporate project, evaluating progress against targets and compliance with best professional practice.

- Care Quality Commission

  Review and evaluation of the progress made by Adult Social Services to implement the action plan prepared, following completion of the recent review of systems in this area.

- Governance

  Evaluation of issues arising from the two PIDA reports to establish whether the issues identified are of a departmental or corporate nature and if actions taken to improve systems are appropriate and effective.

5. FINANCIAL AND STAFFING IMPLICATIONS

5.1. There are none arising from this report.

6. LOCAL MEMBER SUPPORT IMPLICATIONS

6.1. There are no local member support implications.

7. LOCAL AGENDA 21 STATEMENT

7.1. There are no local agenda 21 implications.

8. PLANNING IMPLICATIONS

8.1. There are no planning implications.

9.   **EQUAL OPPORTUNITIES IMPLICATIONS**

9.1.   There are no equal opportunities implications.

10.   **COMMUNITY SAFETY IMPLICATIONS**

10.1.   There are no community safety implications.

11.   **HUMAN RIGHTS IMPLICATIONS**
11.1.   There are no human rights implications.

12.   **BACKGROUND PAPERS**

12.1.   Internal Audit Annual Plan 2010/11.

12.2.   Audit Reports.

13.   **RECOMMENDATION**

13.1.   That the report be noted.

DAVID A GARRY
CHIEF INTERNAL AUDITOR

FNCE/179/10

INTERNAL AUDIT PLAN 2010/11

WORK CONDUCTED/ONGOING – 1 JUNE to 31 AUGUST 2010

1.   **SYSTEMS**

(a)	Finance	- Creditors
		- Cash
		- Council Tax Recovery/Enforcement
		- Housing Benefits Data Quality
		- Pensions Administration
		- Debtors
		- Main Accounting System
		- NNDR
		- Banking Services
(b)	Law, HR and Asset Management	- Corporate Governance
		- Licensing
		- Payroll
		- Asset Management
		- Members Allowances
		- Income
(c)	Children & Young People	- Schools - Reviews
		- Financial Management Standard in Schools assessments
		- Contact Point
		- Procurement
		- Income
(d)	Technical Services	- Final Accounts
		- COLAS
		- Highways Maintenance
		- Planning Management System
		- Greenwaste
		- Coastal Defences
		- HESPE
		- Planning Applications
(e)	Regeneration	- Floral Pavilion
		- Williamson Art Gallery
		- Grants
		- General Licensing
		- Libraries
(f)	Adult Social Services	- Procurement

		- Leaving Care Grants
		- Permanent Residents Care
		- Debtors

(g)	Corporate Services	- Performance Management
		- Contracts
		- Income

(h)	Corporate Systems	- Corporate Governance
		- Annual Governance Statement
		- Risk Management
		- National Fraud Initiative
		- Audit Commission Reports
		- Payroll
		- Overseas Travel

2. SCHOOLS

(a)   8 FMSIS Schools (incl Follow Ups)
(b)   8 Schools audited

3. ICT

(a)   Acceptable Usage
(b)   Data Protection
(c)   Removable Media
(d)   Data Transfer Security
(e)   Computer Forensics
(f)   Non Staff Access
(g)   Information Security
(h)   Asset Disposal

4. ANTI-FRAUD

(a)   National Fraud Initiative
(b)   Tender Procedures.
(c)   IDEA - Payroll
(d)   Overseas Travel
(e)   File Transfer Payments

5. INVESTIGATIONS

(a)   Pensions
(b)   Financial Services
(c)   DASS

6. OTHER

(a)   Wirral Methodist Housing Association
(b)   Family Housing Association
(c)   2 Final Accounts (totalling £400k examined)

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF FINANCE

THE ROLE OF THE HEAD OF INTERNAL AUDIT

1.   **EXECUTIVE SUMMARY**

1.1.   In May 2010, CIPFA issued a consultation draft on the Role of the Head of Internal Audit in public service organisations.

2.   **BACKGROUND**

2.1.   CIPFA's opinion is stated in a letter that accompanied the issue of the consultation draft. It is that the Head of Internal Audit (HIA) occupies a unique position in any organisation, providing objective assurance and helping the organisation to achieve its objectives. In uncertain times, the HIA is more important than ever and more is expected especially in helping organisations to improve and champion good governance, and their advice and help should be sought.

2.2.   CIPFA believes that it is important to issue a statement similar to the Statement on the Role of the Chief Financial Officer to raise the profile and clarify the role of the HIA. It sets out best practice for the HIA to aspire to and for Audit Committees and others to measure internal audit against. The draft sets out an overarching principles-based framework which is intended to apply to all HIA's in the UK, irrespective of the particular part of the public services in which they work. The Statement draws on the best practice and regulatory requirements in public services, as well as the requirements of CIPFA, other professional accountancy bodies' and the Institute of Internal Auditors' codes of ethics and professional standards.

2.3.   Introducing the draft Statement, CIPFA states that the demand for better public services within a complex environment has strengthened the need for effective governance. Good governance requires a focus on the organisation's purpose and its intended outcomes. It also carries a specific obligation in relation to citizens, taxpayers and service users to make best use of resources and ensure value for money. Internal audit is one of the cornerstones of effective governance.

2.4.   The HIA is responsible for reviewing and reporting on the adequacy of the organisation's control environment, including the arrangements for achieving value for money. Through the annual internal audit opinion and other reports the HIA gives assurance to the Leadership Team and others, and makes recommendations for improvement. The HIA has to win the support and trust of others, so that he/she is listened to, and the HIA role as a critical friend means that sometimes difficult messages must be given and acted on for the HIA to act as a catalyst for positive change and continual improvement in governance.

3.   THE STATEMENT

3.1   The Statement sets out five principles that define the core activities and behaviours that belong to the role of the HIA in public service organisations and the organisational arrangements needed to support them. For each principle the Statement sets out the governance arrangements required within an organisation to ensure that the HIA is able to operate effectively and perform their core duties.

4.   THE PRINCIPLES

4.1   **Principle 1**
The HIA in a public service organisation champions best practice in governance and management, objectively assessing the adequacy of governance and management of existing risks, commenting on responses to emerging risks and proposed developments.

Governance Requirements

- Ensure that the HIA role and internal audit objectives include promoting good governance.
- Ensure that the importance of good governance is stressed to all in the organisation, through policies, procedure and training.
- Ensure that the HIA is consulted on all proposed major projects, programmes and policy initiatives.

4.2   **Principle 2**
The HIA in a public service organisation gives an objective and evidence based opinion on all aspects of governance, risk management and internal control.

Governance Requirements

- Set out the responsibilities of the HIA, which should not include the management of operational areas.
- Where the HIA does have operational responsibilities the HIA's line manager should specifically approve the IA strategy for these and associated plans and reports and ensure the work is independently managed.

- Establish clear lines of responsibility for those with an interest in governance (e.g. Chief Executive, Chief Legal Officer, Chief Financial Officer, Audit Committee, non-executive directors/elected representatives). This covers responsibilities for drawing up and reviewing key corporate strategies, statements and policies.
- Establish clear lines of reporting to the Leadership Team and to the Audit Committee where the HIA has significant concerns.
- Agree the terms of reference for internal audit with the HIA and the Audit Committee as well as with the Leadership Team.
- Set out the basis on which the HIA can give assurances to other organisations and the basis on which the HIA can place reliance on assurance from others.
- Ensure that comprehensive governance arrangements are in place with supporting documents covering e.g. risk management, corporate planning, anti fraud and corruption and whistle blowing.
- Ensure that the annual governance report is reviewed but not prepared by internal audit.
- Ensure that the annual internal audit opinion and report are issued in the name of the HIA.
- Ensure that the views of the HIA are sought and taken into account when major projects and changes are being considered.
- Include awareness of governance and internal audit in the competencies required by members of the Leadership Team.
- Set out the framework of assurance that supports the annual governance report and identify the internal audit role within it.
- Ensure that the internal audit strategy is approved by the Audit Committee and endorsed by the Leadership Team.

4.3. **Principle 3**
The HIA in a public service organisation must be a senior manager with regular and open engagement across the organisation, particularly with the Leadership Team and with the Audit Committee.

Governance Requirements

- Designate a named individual as HIA in line with the principles in this Statement. The individual could be someone from another organisation where internal audit is contracted out or shared. Where this is the case then the roles of the HIA and the client manager must be clearly set out in the contract or agreement.
- Ensure that where the HIA is an employee that they are sufficiently senior within the organisation structure to allow them to carry out their role effectively.
- Ensure that where the HIA is an employee the HIA is line managed by a member of the Management Team. Where the HIA is not an employee then the reporting line must be clearly set out in the contract or agreement with the internal audit supplier.
- Establish an Audit Committee in line with guidance and good practice.
- Set out the HIA's relationship with the Audit Committee and its Chair.

- Ensure that the organisation's governance arrangements allow the HIA:
  - to bring influence to bear on material decisions reflecting governance.
  - to have direct access to the Chief Executive, other Leadership Team members, the Audit Committee and external audit.
  - to attend meetings of the Leadership Team where the HIA considers this to be appropriate.
- Set out unfettered rights of access for internal audit to all papers and all people in the organisation , as well as appropriate access in (significant) partner organisations.
- Set out the HIA responsibilities relating to partners , joint ventures and outsourced and shared services.

4.4 **Principle 4**

The HIA in a public service organisation must lead and direct an internal audit service that is resourced to be fit for purpose.

Governance Requirements

- Provide the HIA with the resources, expertise and systems necessary to perform their role effectively.
- Set out the role of the Chair of the Audit Committee in the appointment of the HIA.
- Ensure that the Audit Committee sets out a performance framework for the HIA and their team and assesses performance and takes action as appropriate.
- Ensure that there is a periodic (at least every five years) external review of internal audit quality.
- Ensure that where internal audit is provided by a firm that the same firm does not also provide the external audit service.

4.5 **Principle 5**

The HIA in a public service organisation must be professionally qualified and suitably experienced.

Governance Requirements

- Appoint a professionally qualified HIA whose core responsibilities include those set out under the other principles in this Statement and ensure that these are properly understood throughout the organisation.
- Ensure that the HIA has the skills, knowledge, experience and resources to perform effectively in his or her role.

5. **PROPOSED IMPLEMENTATION AND COMPLIANCE**

5.1 Implementation will be effective in time for inclusion with the Annual Governance Statement (AGS) for 2011. The AGS is signed by the Leader of the Council and the Chief Executive prior to review by the Audit Commission. Any failure to comply with the five principles should be explained in the AGS.

5.2. The Council currently complies with all the principles.

6. FINANCIAL AND STAFFING IMPLICATIONS

6.1. There are none arising from this report.

7. LOCAL MEMBER SUPPORT IMPLICATIONS

7.1. There are no local Member support implications.

8. LOCAL AGENDA 21 STATEMENT

8.1. There are no local agenda 21 implications.

9. PLANNING IMPLICATIONS

9.1. There are no planning implications.

10. EQUAL OPPORTUNITIES IMPLICATIONS

10.1. There are no equal opportunities implications.

11. COMMUNITY SAFETY IMPLICATIONS

11.1. There are no community safety implications.

12. HUMAN RIGHTS IMPLICATIONS

12.1. There are no human rights implications.

13. BACKGROUND PAPERS

13.1. The Role of the Head of Internal Audit in public service organisations Consultation Draft - CIPFA May 2010

14. RECOMMENDATION

14.1. That compliance with the five principles be noted.

IAN COLEMAN
DIRECTOR OF FINANCE

FNCE/178/10

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WIRRAL COUNCIL

AUDIT & RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF FINANCE

CORPORATE RISK AND INSURANCE MANAGEMENT

1.   **EXECUTIVE SUMMARY**

1.1.   This report provides information to Members on recent progress made against the existing objectives for this service and the anticipated developments in the coming months.

2.   **INSURANCE MANAGEMENT PROGRESS**

2.1   Liability statistics for the first quarter of 2010/11 have been produced which showed that the upward trend in claims received in the previous two quarters, perceived as due to the severe weather, has begun to plateau. Overall the repudiation rate continues to exceed 85%,;success in Court continues with the ratio of wins to losses exceeding 2:1 for the year to date and the number of discontinuances where our costs are paid remaining high. Notable successes in individual cases include the formal discontinuance of a failure to educate / bullying case that had been on the books for six years without any payment, the recovery of legal costs in a highway tripping claim and the successful defence in the Court of Appeal of a highway case.

2.2   Claims fraud is a continuing issue as the level and nature of attempted frauds continue to evolve. Many hours are invested to identify potentially fraudulent claims and gather the necessary evidence to force the claim to be discontinued or to refute the claim in Court. This has proven successful in defeating many attempted frauds including a saving of £170,000 on a single case that discontinued one week prior to trial.

2.3.   A number of policies subject to annual review on 30 June 2010 were renewed at existing premium rates and within budget. Significant work has been undertaken to improve the information on assets for future renewals. Renewal terms for the Marine insurance policy are due to be received.

2.4   The Actuarial Study completed by HJC Actuarial Consulting covered the funding required to meet Council responsibilities for self-insured liability claims. This was reported to Cabinet on 2 September 2010 and resulted in the release of £3.4 million from the Insurance Fund to Council balances and a future saving on premiums of £0.6 million per year. This reflects the excellent recent claims experience and is based upon the continuation of this performance in forthcoming years. The outcome of the Actuarial Study is reported elsewhere on this agenda.

2.5. Following discussions with the Director of Technical Services it has been agreed that from 2011/12 Zurich Insurance will no longer undertake inspections of boilers where there is no statutory requirement to do so. The more general legal obligations under the Provision and Use of Work Equipment Regulations will be met by existing maintenance and servicing arrangements. This change will reduce the cost of the inspection contract by approximately £20,000 per year.

2.6. Work continues on large liability losses / historic abuse / mesothelioma and other industrial disease claims. The increasing trend in receipt of Employers Liability cases from the 1980's and 1990's in respect of noise induced hearing loss cases and vibration related injury continues. Considerable marketing is being undertaken by claimant solicitor firms to identify potential claimants.

2.7 Following dialogue between the Department for Education and the Insurance Companies it has been established that other than Property insurance the Authority cannot arrange cover for schools converting to Academy status. At present only a small number of schools are likely to convert in the current financial year.

3. **RISK MANAGEMENT PROGRESS**

3.1. The study being undertaken on reviewing the Council approach to risk management is progressing. The on-line survey of managers in relation to risk management maturity was conducted in July / August and business context interviews were held with Chief Officers and senior Members in July/September.

3.2. Linking with the work on the study officers have evaluated the existing risk management framework and processes against the current British Standard (BS31100:2008) in order to identify areas for improvement.

3.3. An update on progress made in improvements to the management of corporate risks was included in the 2010/11 Quarter 1 Performance and Financial review. For the first time the Risk Monitoring Summary included indicators in relation to some of the Corporate Risks. Whilst formal risk assessment paragraphs are not yet included as standard in reports to Cabinet the quality and extent of information on the risks and opportunities associated with decisions to be taken is showing significant improvement.

3.4. Zurich Municipal has been appointed to assist with conducting a Risk Ranking Survey programme for all schools. Surveys of secondary schools have begun and planning has been undertaken for the remainder of the programme.

3.5. The individual risk registers for each Local Area Agreement (LAA) priority area have been reviewed and incorporated into a new template.

3.6. An initial meeting has been held with risk managers from the key partners to inform an improved approach to the management of key risks to the Wirral Local Strategic Partnership.

4. **INSURANCE MANAGEMENT – ISSUES FOR NEXT PERIOD**

4.1. Liability claim statistics for the second quarter of 2010/11 will be produced and assessed for long term trends.

4.2. The 2011/12 Insurance Budget will be prepared and individual insurance charges for schools calculated. In looking ahead a key factor will be any potential adverse impact of budget reductions that may result in an increase in risks and losses to be met by the Insurance Fund.

4.3. Complex high-value claims and those involving historic abuse and employee disease are expected to continue to have a significant impact on the workload.

4.4 Officers will be conducting an audit of the claims handlers to ensure that the contractor is maintaining compliance with the service level agreement.

5. **RISK MANAGEMENT – ISSUES FOR NEXT PERIOD**

5.1. The Risk Management study will continue with the responses to the risk management maturity survey and the business context interviews being analysed. The next stage will see the publication of a comprehensive report.

5.2. Progress on the management of the revised Corporate Risks will be reviewed by the Corporate Improvement Group and by Chief Officers and included in the 2010/11 Quarter 2 Performance and Financial Review.

5.3. The Risk Ranking Surveys of secondary schools will be completed. The programme of visits to primary and special schools and early years centres will begin.

5.4. An annual review of the Corporate Risks will be undertaken in conjunction with the refresh of the Corporate Plan and the updating of Departmental Service Plans.

5.5. The individual risk registers for each Local Area Agreement (LAA) priority area will be reviewed and significant risks incorporated into the Quarter 2 Performance and Risk Report.

5.6. A risk management training session for Members will be held on 27 October 2010.

6. **FINANCIAL IMPLICATIONS**

6.1. There are none arising directly from this report.

7. **STAFFING IMPLICATIONS**

7.1. There are none arising directly from this report.

8.   **EQUAL OPPORTUNITIES IMPLICATIONS**

8.1.   There are none arising directly from this report.

9.   **ENVIRONMENTAL IMPACT STATEMENT**

9.1.   There are none arising directly from this report.

10.   **LOCAL MEMBER SUPPORT IMPLICATIONS**

10.1.   There are none arising directly from this report.

11.   **BACKGROUND PAPERS**

11.1.   Data from the Figtree claims database

11.2   Liability claim statistics.

12.   **PLANNING IMPLICATIONS**

12.1.   There are none arising directly from this report.

13.   **RECOMMENDATIONS**

13.1.   That the report be noted.

13.2.   That Members attend the Risk Management training session on 27 October 2010.

IAN COLEMAN
DIRECTOR OF FINANCE

FNCE/176/10

WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF FINANCE

INSURANCE FUND ACTUARIAL REVIEW

1.   EXECUTIVE SUMMARY

1.1   This report summarises the conclusions of the recent study undertaken by HJC Actuarial Consulting into the sum required to fund liability claims within the limits of the self-insured liability. It highlights continued improvement in the Insurance Fund and indicates the potential for reductions in contributions and a further return of resources to the General Fund.

2.   BACKGROUND

2.1   On 24 June 2010 I reported to Cabinet on the position of the Insurance Fund as at 31 March 2010.

2.2   The report contained a self-evaluation of the funding required to meet self-insured liability losses for the period 1993/94 to 2009/10. That self-evaluation was based on figures provided in the last formal actuarial study undertaken in 2008 by IRMG a division of Aon the previous insurance brokers.

2.3   The self-evaluation indicated that the Insurance Fund was in surplus by £2.47m. Cabinet agreed to transfer that sum from the Insurance Fund to General Fund Balances.

2.4   The report stated that ascertaining the sum required to meet the cost of such losses with greater precision was a complex technical exercise. In line with established policy a formal actuarial study had been commissioned from HJC Actuarial Consulting. Output from the review was to be reported to Cabinet as soon it was available. The actuarial report has recently been received and analysed by officers and was presented to the Cabinet on 2 September 2010.

3.   ACTUARIAL STUDY

3.1   Although they adhere to standard professional guidelines individual actuarial practices differ in their technical approach to the conduct of studies and in the content of their reports. As such direct comparison with the last formal study is not possible

3.2   The HJC report confirms the previous assessment in relation to the stabilisation of claims numbers and a continuation of the high percentage of repudiations especially in relation to highway claims.

3.3 HJC has advised that the minimum sum required to cover estimated future payments on claims already received and those which have yet to be reported is £6.2m. However I consider that a more conservative minimum figure of £7.5m is justified. This is because the purely technical approach adopted by actuaries cannot take account of some important additional factors.

- The pattern of claims can change. For example the most recent data contains a significant number of claims for damage to vehicles by potholes related to the severe winter. These are of relatively low value and so skew the average cost of claims downwards. This pattern is unlikely to be repeated meaning that actual average costs are likely to be higher than the actuaries have allowed for.
- There is uncertainty as to whether the current level of repudiations can be maintained given the anticipated pressures on Council budgets.
- The Wirral liability account is statistically too small to apply complex modelling processes with any accuracy. A single large claim can have a significant impact on the amount of funding required. For example since the study was completed two existing claims have had their reserves increased by almost £500,000.
- The regulations governing the claims process are under review it is difficult to predict the impact of proposed changes to civil procedure rules and claim governance legislation.

3.4 The table below compares the actual amount currently held in respect of Liability claims with the figure contained in the report.

Class	Current Provision	Revised Minimum Recommended Provision
	£m	£m
Combined Liability	10.9	7.5

3.5 HJC advises that a surplus of this level is the minimum reasonable for the short term needs of the Insurance Fund. This is because future payments from the Fund could increase significantly from those estimated.

3.6 The actuaries also indicated that the level of contribution to the Insurance Fund to meet claims for 2010/11 could be reduced to £1.5m. I agree with this assessment and consider that on current trends this level of contribution is sustainable.

3.7 The table below compares the revised recommended annual contribution to the Insurance Fund with the figure used in preparing the Insurance Fund budget for 2010/11.

Class	Current Contribution 2010-11	Revised Contribution 2011-12	Difference
	£	£	£
Combined Liability	2,100,000	1,500,000	600,000

3.8 Members may recall that the contribution figure reached a peak of £5.67m in 2004/2005. The revised contribution figure represents a reduction of 74% from this figure. This is attributable to improved claims handling and better management of liability risk.

3.9 The contribution for 2011/2012 could be reduced by £600,000.

3.10 The revised contribution figure could be used in preparation of the 2011/12 insurance budget which will be reported to Cabinet in November. Approximately £240,000 of the reduction would go to schools and the remaining £360,000 to the General Fund.

4. RISK ASSESSMENT

4.1 The actual cost of liability claims could be greater than the revised minimum recommended contribution. Similarly the revised annual contribution might also be less than the cost of claims for this year and next. However given that the sums result from a formal actuarial study and also take account of the more conservative approach proposed by officers this may be considered unlikely.

5. FINANCIAL IMPLICATIONS

5.1 The HJC fee for undertaking the actuarial study and producing the report is £5,150 excluding VAT.

5.2 The Insurance Fund currently has an estimated surplus of £3.4m above the anticipated minimum required to meet claims.

5.3 The contribution to the Insurance Fund for 2011/2012 could be reduced by £600,000 to £1.5m.

6. STAFFING IMPLICATIONS

6.1 There are no direct staffing implications arising out of this report.

7. EQUAL OPPORTUNITIES IMPLICATIONS

7.1 There are no direct equal opportunities implications arising out of this report.

8. ENVIRONMENTAL IMPACT STATEMENT

8.1 There are no direct environmental implications arising out of this report.

9. **LOCAL MEMBER SUPPORT IMPLICATIONS**

9.1 The risk management initiatives apply to all wards.

10. **BACKGROUND PAPERS**

10.1 Risk & Insurance Section claims Database.

10.2 Actuarial review from HJC Actuarial Consulting.

11. **PLANNING IMPLICATIONS**

11.1 There are no direct planning implications arising out of this report.

12. **RECOMMENDATION**

12.1 To note that £3.4m of the current reserve in the Liability section of the Insurance Fund has been transferred to General Fund Balances

IAN COLEMAN
DIRECTOR OF FINANCE

FNCE/165/10

WIRRAL COUNCIL

CABINET: 2 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

CARE QUALITY COMMISSION INSPECTION REPORT: SAFEGUARDING ADULTS, MAKING A POSITIVE CONTRIBUTION FOR ADULTS WITH A LEARNING DISABILITY AND INCREASED CHOICE AND CONTROL FOR ADULTS WITH A LEARNING DISABILITY

Executive Summary

This report provides Cabinet with an introduction to the Care Quality Commission Inspection findings from its review undertaken in May 2010. The focus of the inspection was on safeguarding adults, making a positive contribution for adults with a learning disability and increased choice and control for adults with a learning disability.

As part of the inspection process the Care Quality Commission will formally present their findings to Cabinet on 2 September 2010, until this date the report which has been shared with Cabinet, will remain embargoed to members of the public. It will then be available on the Care Quality Commission website and in Easyread versions.

1   Background

1.1   An inspection team from the Care Quality Commission visited Wirral Council in May 2010 to find out how well the council was delivering social care. The inspection team looked at how well Wirral Council was:

- Safeguarding adults whose circumstances made them vulnerable
- Making a positive contribution for adults with a learning disability
- Increasing choice and control for adults with a learning disability

2   Inspection Process

2.1   Before visiting Wirral Council, the inspection team reviewed a range of key documents supplied by the Council and assessed other information about how the council was delivering and managing outcomes for people. This included the Council's own assessment of performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the Council was performing.

2.2   During the inspection the team met with people who used services and their carers, staff and managers from a number of Council Departments and representatives of other organisations.

2.3   The Council has produced an action plan in response to the inspection report. This plan provides detailed responses to address all areas for improvement. In turn it recognises that working with partners is key, where good practice is identified the council will seek to build upon it.

2.4   The Care Quality Commission will return to Wirral in six months time (approximately end of January 2011) to undertake a follow up inspection to check on progress of the recommendations.

3   Inspection Process

3.1   The Inspection Report will identify what the Care Quality Commission found the Council was doing well and areas for development and make recommendations for improvements in each of the areas inspected.

3.2   The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'. In addition the Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

4   **Improvement Plan**

4.1   Cabinet are aware of the issues raised by the Inspection and the recommendations from the Care Quality Commission including the need to address a range of matters, through a robust Improvement Plan.

4.2   Cabinet recognise that improvements will need to be made, both to Safeguarding and Services for People with Learning Disabilities.

4.3   The initial Improvement Plan approved by cabinet has been submitted to the Care Quality Commission. This will be kept under close scrutiny with progress reports to Cabinet submitted at two monthly intervals

5   Financial Implications

5.1   There are no financial implications directly arising out of this report.

6   Staffing Implications

6.1   A range of issues have been addressed within the Improvement Plan to ensure that Wirral provides competent staffs, who have appropriate support and training.

7   Equal Opportunities Implications/Health Impact Assessment

7.1   An equality impact assessment was undertaken on the safeguarding improvement plan which was implemented and delivered between June 2009 and June 2010.

8   Community Safety Implications

8.1   None arising from this report.

9   Local Agenda 21 Implications

9.1   None arising from this report.

10   Planning Implications

10.1   None arising from this report.

11   Anti Poverty Implications

11.1   None arising from this report.

12   Social Inclusion Implications

12.1   None arising from this report.

13   Local Member Support Implications

13.1   None arising from this report.

14   Background Papers

14.1   CQC Inspection Report (embargoed until 2 September) and Wirral's improvement plan which will be available at the Cabinet meeting.

15   Recommendations

       That;

       (1)   Cabinet receive the findings from the Care Quality Inspection Report on 2 September 2010 and accept their recommendations.

       (2)   Cabinet approves and supports the initial Improvement Plan.

       (3)   Cabinet receives regular reports on progress for safeguarding and Services to Adults with Learning disability.

JOHN WEBB
Director of Adult Social Services

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Inspection report

Service inspection of adult social care:
Wirral Metropolitan Borough Council

Focus of inspection:

Safeguarding adults

Making a positive contribution for adults with a learning disability

Increased choice and control for adults with a learning disability

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Date of inspection: May 2010

Date of publication: 2 September 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Wirral Metropolitan Borough Council

May 2010

Service Inspection Team

Lead Inspector: Sue Talbot

Team Inspector: Lynette Ranson

Expert by Experience: Amanda Platts
Supported by: The Quality Company

Project Assistant: Balwinder Jeer

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Contents

Introduction

An inspection team from the Care Quality Commission visited Wirral Council in May 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Wirral Council was:

- Safeguarding adults whose circumstances made them vulnerable.

- Making a positive contribution for adults with a learning disability and,

- Increasing choice and control for adults with a learning disability.

Before visiting Wirral Council, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Wirral Council. It will support the council and partner organisations in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Wirral Council was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Wirral Council was performing poorly in safeguarding adults.

Making a positive contribution for adults with a learning disability:

We concluded that Wirral Council was performing adequately in supporting adults with a learning disability to make a positive contribution.

Increased choice and control for adults with a learning disability:

We concluded that Wirral Council was performing poorly in supporting adults with a learning disability to have increased choice and control.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Wirral Council was uncertain.

What Wirral Council was doing well to support outcomes

Safeguarding adults

The council:

- Was working closely with Age Concern and Merseyside Fire and Rescue Service to promote the safety and wellbeing of local people.
- Gave a high priority to ensuring people living in the area were treated fairly.
- Positively included representatives of people who used services in shaping the work of the Safeguarding Adults Partnership Board.
- Worked closely with local health partners to improve the quality of care.
- Was expanding the use of assistive technology to improve levels of personal safety and support.

Making a positive contribution for adults with a learning disability

The council:

- Enabled people to make a positive contribution that also benefited the wider community.
- Had included people with a learning disability and their carers in its work to re-design services and improve outcomes.
- Encouraged and supported people in volunteering roles.
- Promoted the development of user-led services.

Increased choice and control for adults with a learning disability

The council:

- Enabled people to benefit from advocacy support.
- Improved transition arrangements to ensure earlier identification and better support to young people moving into adult services.
- Assisted people to be more confident and independent including in their use of public transport.
- Offered flexible support through access to Direct Payments.
- Was working to improve access to employment.

Recommendations for improving outcomes in Wirral Council

Safeguarding adults

The council should:

- Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.

- Embed a shared approach to recognising and responding to allegations of abuse.

- Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competencies.

- Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved.

- Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.

- Improve scrutiny of provider activity and risks across the sector.

Making a positive contribution for adults with a learning disability

The council should:

- Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.

- Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.

Increased choice and control for adults with a learning disability

The council should:

- Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support.

- Ensure people's needs are holistically assessed and supported by effective partnership working.

- Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes.

- Address gaps in awareness of the needs of and support to carers.

- Ensure that reviews are appropriately timed and focused.

- Strengthen arrangements for management and learning from complaints and compliments.

What Wirral Council was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had clear aims and priorities for improving the quality of life of people living in the area.

- Was working to strengthen the governance, leadership and impact of the Safeguarding Adults and Learning Disability Partnership Boards.

- Had improved its awareness of the health inequalities experienced by local people.

- Had improved access to training and personal development.

- Was working to get a clearer picture of its performance.

Commissioning and use of resources

The council:

- Had taken action to secure improved value for money and was working to reduce costs.

- Had strengthened its approaches to joint commissioning with health.

- Had recognised the need to strengthen procurement and contract management to improve safeguarding arrangements.

Recommendations for improving capacity in Wirral Council

Providing leadership

The council should:

- Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people.

- Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.

- Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.

- Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers.

- Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well.

Commissioning and use of resources

The council should:

- Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.

- Ensure joined-up and efficient use of resources across the council, health and housing services.

Context

Wirral Metropolitan Borough Council is located in the north west region of England. It has a population of over 310,200 residents. Almost 6 per cent of the council's residents are from a black or minority ethnic community. The council has relatively high numbers of older people and people with long term conditions living in the area compared to other councils in England. There are approximately 37,000 carers who provide regular unpaid support. There are 4,470 people with a learning disability living in the area. There is a marked mortality gap with people living on average 10 years longer in its affluent areas compared to its most deprived areas.

The council's base budget (2010-11) for adult social care services is approximately £86 million. The joint health and social care budget for adults with a learning disability is £38.9 million. The council meets the needs of people who fall within the substantial and critical bandings of the Fair Access to Care Services criteria. Services for people with learning disabilities are provided in conjunction with Cheshire and Wirral Partnership NHS Trust. The council provided support to approximately 800 people with a learning disability at the time of the inspection. A total of 54 people with a learning disability were living out of the borough.

The Department of Adult Social Services was structured into five areas. These included Access and Assessment, Integrated Communities and Wellbeing, Finance and Performance, Direct Locality Services and Integrated Commissioning. The department had established a Reform Unit to support transformation across the business areas.

The council received 1,203 safeguarding referrals in the period 1st April 2008 to 31st March 2009. The majority of these referrals were due to physical abuse or neglect. A total of 1274 referrals were received in the period 1st April 2009 to 31st March 2010. Frontline teams undertaking investigation work were able to access specialist advice from specific safeguarding staff including a co-ordinator, contracts officer and administrator located within the Reform Unit.

The Audit Commission rated the council as performing adequately overall in 2009. It awarded a 'red flag' for its performance in safeguarding adults. Concerns were raised about poor performance in the completion of investigations, levels of staff and member training and data quality.

The Care Quality Commission judged the council to be performing well in its delivery of outcomes for adults with social care needs. NHS Wirral (the Primary Care Trust) was rated as good in the quality of its commissioning and financial management. The Cheshire and Wirral Partnership Foundation (NHS) Trust was rated as excellent in the way it managed its resources and good for the delivery of its services.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

Wirral's arrangements for keeping local people safe were developing. The council's marketing strategy included safeguarding as a priority. We found some work that identified people at risk of harm. This had not yet been secured by a comprehensive and co-ordinated approach to preventing abuse. Age Concern's '*Preventing Elder Abuse and Changing Experiences'* (PEACE) campaign promoted improved awareness of concerns about the care of older people. Work jointly undertaken by Merseyside Fire Service and Rescue Service and the POPIN older person's team had a strong focus on the safety and well-being of local people. Local Trading Standards initiatives would benefit from improved links with adult social care.

The council and its partners had limited awareness of the extent to which people with a learning disability experienced hate crime. There was some protection work with adults with a learning disability including travel training and dealing with bullying. This required expansion to ensure incidences of poor treatment were routinely reported, with improved levels of support provided to people. There was a need to improve understanding of the level of discrimination and harassment experienced by older people. The council had strengthened links between safeguarding adults, domestic abuse and HATE crime. There was work in progress to widen multi-agency working to include all aspects of hate crime. Targets to reduce level of domestic abuse were being met. There was a clear focus on increasing reporting levels. Local area forums needed to improve their focus on identifying and reporting safeguarding issues.

The council had been assessed as 'achieving' against the new local government equality standard. This work was led by the Director of Adult Social Services. Staff received training in recognising equality and diversity issues in their work. The council's equality and cohesion team regularly received telephone calls from people with a disability, mental health issue or who had been a victim of homophobic or race hate crime. The council needed to ensure such incidents proactively informed its work to protect people in their local communities.

The council recently produced an information leaflet that informed people about abuse. Most people who used services and their carers had a limited awareness of abuse and how to report it. There was a need to involve people using services and partner agencies in awareness-raising and the production of accessible information.

People are safeguarded from abuse, neglect and self-harm.

The council had been working to strengthen its safeguarding arrangements. It had reviewed its performance and developed a project plan to deliver improvements. At the time of the inspection it was undertaking a further review in conjunction with Cheshire and Wirral Partnership (NHS) Trust. Efforts were being made to respond to safeguarding allegations in a timely manner. The council had improved its performance in tracking the progress of investigations and ensuring they were brought to a conclusion. However, there continued to be delays in meeting timescales for investigation in some cases. The council was working to expand access to training, but this was an area that still required substantial development. Attention had been paid to improving management reporting of safeguarding activity.

Local organisations were at very different stages in their planning and delivery of safeguarding arrangements. Lead safeguarding roles were well-established in Wirral University Hospital and the PCT. There was good access to training within these organisations. There was work to do to align the management of serious and untoward incidents with safeguarding arrangements. The Merseyside police force was working to ensure a single point of access for enquiries. Its role in safeguarding adults had been narrowly interpreted and required review. This needed to be addressed to ensure they made a fuller and more appropriate contribution to safeguarding arrangements. There was work to do across the partnership to strengthen links with child and family services and wider community safety work.

The council was working to strengthen the leadership and co-ordination of safeguarding activity across the partnership. The Safeguarding Adults Partnership Board however, was still at a relatively early stage of development. It had only very recently established sub-groups to support the implementation of its strategy. Representatives of people who used services made a good contribution to shaping the priorities of the Safeguarding Adults Partnership Board. This was positive and supported a more inclusive and challenging approach to service developments. The Board intended to appoint an independent chair to support its work.

The inspection took place at a time of significant change in adapting to new procedures and allocation arrangements. Access teams in localities had recently taken on a lead role for investigations. This was providing a clearer pathway and management oversight for safeguarding work. We identified inconsistencies and variable standards of safeguarding practice within and between local teams and organisations. Most of the training provided by the council was basic. It did not adequately equip frontline staff and managers for their work in leading investigations. Some staff did not have sufficient scrutiny of their competencies and performance in undertaking investigation work. We found that accountabilities between key agencies were unclear in a number of cases.

There was limited work jointly undertaken to support learning from national or local incidents including serious case and management reviews. The council had begun to identify staff training needs, but this was not yet secured by a multi-agency training plan. There was a need to develop learning groups to promote consistent practice and stronger partnership working. The new personalised practitioner training course aimed to support a stronger focus on safeguarding and the delivery of person-

centred practice. The council had recently organised awareness-raising sessions for local councillors.

We found that much of the safeguarding work undertaken over the past year had too narrow a focus or was poorly co-ordinated across the partnership. There were examples where the council or CQC had not been notified of incidents and where responses to the management of risk were slow or inadequate. A number of assessments of people with learning disabilities highlighted concerns about their safety but there was little evidence of protection planning or of individual reviews paying attention to this. Some partners were not adequately informed about the progress of the investigation and of the outcomes. Advocacy support had not been secured where this could have improved the focus of the work and engagement of people. People chairing conferences needed appropriate training.

The council should strengthen working together to ensure sound and shared arrangements underpinned the management of safeguarding incidents, protection planning, monitoring and review. This included ensuring clear decision-making and shared actions in recognising risk, assessing mental capacity and promoting the involvement of people using services and their carers. The new multi-agency procedures recognised weaknesses in previous practice and aimed to improve risk management and ensure complex work included relevant partners. These had not yet been approved by the Partnership Board. The referral pathway had been recently reviewed and partner organisations generally reported improvements in the process.

The new central advice and duty team located in the council's call centre was the single point of contact for logging safeguarding referrals. Customer services staff took basic details and forwarded the referral to the appropriate locality or specialist team. The service level agreement between the call centre and adult social services would benefit from a more explicit specification and evaluation of its role in assisting the department to meet its statutory responsibilities. A high proportion (79 per cent) of all safeguarding referrals had been assessed as requiring no further action. There was a need to get a better understanding of the reasons for this and of the effectiveness of the initial response.

The council and its partners had work to do to develop practice in safeguarding people funding their own care, those with learning disabilities or mental health needs that fell outside health and social care criteria and younger people in transition, who without support placed themselves or others at risk. There was limited awareness of the incidence of abuse involving carers, people from black or minority ethnic communities, and people who misused alcohol or drugs. The council also needed to improve its understanding of perpetrators of abuse.

Quality assurance of safeguarding practice was at an early stage of development. Case auditing guidance and tools had been recently developed, but they were not yet in use or adopted across the partnership. Checks had not been systematically made of the safety of other users of services where there were multiple concerns about a provider. Greater care was required in case recording and case closure to ensure risks and outcomes were promptly and accurately reported. Front line staff and their managers would benefit from training in record-keeping. The department's case recording policy was under review at the time of the inspection. The council's

supervision policy did not have a strong enough focus on safeguarding, risk management or practice standards.

Joint working with children's services required significant development. There was a need to share lessons from serious case reviews and for the relevant Boards to actively engage in action planning and review of safeguarding as a 'whole family approach'. The children and adults safeguarding procedures would benefit from a stronger focus on 'whole family' safeguarding practices. The Safeguarding Adults Board was working to strengthen links with the Children's Safeguarding Board.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

We found variable practice in the extent to which the personal preferences of people using services and their carers were explored and used to shape individual support plans. This included the identification and promotion of personal faith, culture and relationships. There was work in progress to ensure more responsive support to people at the end of their lives. Support planning undertaken by housing, health and social care agencies was not effectively joined up. It required development to ensure a shared approach to safeguarding and the delivery of outcomes. We found some examples of poor practice in identifying and managing risk as people moved between different settings including their own homes, hospital and care homes.

The council had enhanced its electronic case management system to include a clearer focus on tracking and reporting of safeguarding concerns. Some health partners were able to access this and valued being able to broaden their understanding of individual needs and risks. There was work required to roll this out to other relevant partners and ensure use of personal and confidential information was secured by clear information-sharing protocols.

Some people reported a lack of flexibility in their access to domiciliary, day care and short break arrangements. There was a limited range of local services for people with mental health needs or physical disabilities who required a high level of support. This meant that a number of people were placed out of area. The council was working to promote the involvement by people using services and their carers in designing their individual support arrangements. The new supported and self-directed arrangements being piloted aimed to offer greater choice and personal control in meeting individual needs. A risk management process had been developed to support implementation.

There were some examples of work to promote the national *Dignity in Care* policy but these were not yet secured by a shared action plan. An awareness-raising event had recently been held. The Local Involvement Network (LINks) had set up a task group involving key partners to progress the agenda. Front line staff were not actively involved in *Dignity in Care* developments. Work was taking place with one provider to address concerns about the quality of provision. The Older Person's Parliament, members of the *Enabling Fulfilling Lives*[1] and local advocacy groups

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[1] Consultative group that included people with a learning disability and carers.

were encouraged to provide feedback on the quality of services and outcomes for individuals. The Older Person's Parliament had been involved in work to improve hospital discharge arrangements.

The majority of safeguarding referrals concerned physical abuse and neglect. The council received a high number of referrals about people with a learning disability harming themselves or others in care settings. There were also concerns raised about the care and support provided to some people with dementia. The council and its partners needed to undertake a comprehensive analysis of areas of risk and ensure such incidences were effectively addressed and reduced. A new post of safeguarding (contracts) had been established. This was helping to improve understanding of trends and of the quality and performance of specific providers.

Health and social care contracts had a clear focus on promoting dignity and respect. The council had taken action to suspend placements where there were concerns about the quality of care provided. However, there was a need to strengthen risk management of some service providers and ensure robust joint planning and communication underpinned service closures. The council identified some areas where service providers had inappropriately managed the personal finances of individuals. The council was monitoring risks relating to this.

Local health organisations offered training to care providers to improve their knowledge and expertise in supporting people with high or complex needs. This positively included work to improve the care of people who were physically frail and to secure improvements in the management of medication. There was work taking place to improve the quality of personal care provided by domiciliary care staff.

We found positive practice by health staff in supporting people who lacked mental capacity. Matters relating to deprivation of liberty safeguards, control and restraint were well-managed within the University Hospital. The council however, needed to substantially develop and strengthen its practice in this area. Work was required to support a stronger focus on the accountabilities of adult social care staff and the quality of their practice. There was potential for independent mental capacity advocates to be more actively involved in some areas. Work was required to strengthen arrangements for consent to treatment and ensure effective support for people with complex needs on admission to and discharge from hospital.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council and its health partners had recently made a significant investment in assistive technology. This should enhance levels of security and back up support to people to enable them to continue living safely in their own homes and communities.

Some supported living provider's demonstrated good practice. There was potential for learning to be more widely shared across the sector. Some users of supported living services were positive about the help they received to manage their own homes. They told us their support workers were helpful and reliable.

Making a positive contribution

People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.

People who use services and their carers are supported to take part in community life.

Some people with a learning disability were supported to take an active part in the life of their local communities. This was an area the council was seeking to expand to widen their networks of support and experiences. However there continued to be an over-reliance on traditional day, residential and respite services that detracted from the social inclusion of people with learning disabilities. Some people told us that current levels of staffing meant that it was not easy for some people to participate in community-based activities. This was particularly the case for people who required high levels of support.

We found that some people living at home with older or single carers had limited opportunities to engage in social and leisure activities. There was a need to address this to ensure people with a learning disability and their carers had the support they required in their own right. Some family carers told us that the lack of flexibility in access to day services and transport made it difficult for them to have a job or pursue their own interests. Some activities were provided in day services such as pottery, drama, horticulture or country dancing. There was a need to ensure people also had the option of and support to pursue their interests in local community settings.

Over 130 people with a learning disability were involved in volunteering including a variety of charitable and small businesses in their local communities. Only 43 people were engaged in paid work for up to four hours per week. Some people who had been attending day services for a long time continued to receive an 'incentive payment'. This was valued by them, but was not available to new users of services. This needed further review in the light of the council's strategy to promote employment opportunities and to ensure compliance with minimum wage issues.

The adult social services department had recently appointed three community development workers. One of these had a lead responsibility for progressing new ways of working with people with learning disabilities and their families. There was a need to ensure future developments were inclusive of people with diverse needs including people from minority ethnic communities and those who required high or specific levels of support to access their communities.

Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.

There were some strong relationships and work with local groups centred in enabling people with a learning disability to make a positive contribution. The monthly '*Seven Waves',* community radio slot provided discussion and awareness-raising of the experiences of people with disabilities living in Wirral.

People with learning disabilities valued their contribution to neighbourhood or community activities such as Royden and Central Park and *Everyone's Community Café.* These arrangements sought to maximise the use of local resources and promoted a stronger voice and presence of people with a learning disability in their local areas. There was potential to build on this to strengthen the council's approach to social inclusion and to ensure opportunities for people with a learning disability were embedded within a wider equalities framework. This included making better use of local community, sports and leisure facilities.

There was work required to ensure a shared strategic direction in partnership with local community and voluntary sector organisations. The council's procurement and commissioning action plan would benefit from a stronger focus on outcomes. Policies and procedures relating to the use of volunteers were being revised at the time of the inspection. Partnership between the council's *Working Life* project and the council for voluntary services was growing and enabled some people to have a wider range of opportunities and to learn new skills. People with learning disabilities and family carers valued the support they received from advocacy organisations such as WIRED and Mind.

People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.

The council was working to expand its approaches for involving and listening to people who used services and their carers. It had included high numbers of people in its plans to transform in-house services. The development of social enterprises and user-led organisations was encouraged. One user-led organisation told us that their relationship with the council was positive, open and encouraging. A few people had attended a '*Partners in Policy Making',* course and felt that this had helped them in having their voice heard. However there was a need to review involvement arrangements to ensure the inclusion of people with high or complex needs and people from a minority ethnic background.

There was a particular need to improve the availability of support to enable people with a learning disability to have a stronger voice. This included expanding opportunities for self and peer advocacy. There was work required to routinely provide clear information in formats that were appropriate to individual needs with recognition of support requirements and costs. The engagement of people with a learning disability and their carers in setting standards and reviewing the quality of

local services was under-developed.

The Learning Disability Partnership Board had recognised gaps in its representation and had recently strengthened its membership to include parents involved in transition. It had only recently established sub-groups to support implementation of '*Valuing People Now'* priorities. Some people with learning disabilities and carers we met had not heard about the Board and were unaware of its role or how they could bring matters to its attention. It needed to develop its arrangements for communicating with wider groups of people using services, their carers, service providers and partners so that they were kept informed about priorities and progress.

The '*Enabling Fulfilling Lives'* group was accountable for electing Board members. This group included people with disabilities, their carers and staff. There was a need to widen its focus and include user and carer representation from other parts of the sector including supported living. One person told us:

"We would have a bigger voice if we all pulled together".

There were some new developments that sought to strengthen the engagement and leadership of people using services. Work was taking place to strengthen the involvement and voice of carers. A Wirral Carers Association had recently been established and carers' issues were being championed by an elected member. An autism development group had been established and involved family carers, professionals and advocates. Their work was informing the development of a local autism strategy. The new Open University course on personalisation positively included participation by people using services and carers.

The council had undertaken a detailed consultation exercise 'O*ptions for Change',* on the future of its directly provided services. Care was taken to use a variety of methods to involve people and to engage advocates in facilitating and recording discussions. Decisions had yet to be taken by the council on the best way forward. People who had been involved in the consultation told us that they found the proposed changes difficult to understand and were unclear about what the various options meant. In particular they wanted more information about costs and how individual budgets would work in practice. They identified expansion of supported housing as a key priority for improvement.

Increased choice and control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council's arrangements for the provision of advice, information and support to people with learning disabilities and their carers were under-developed. It was at a relatively early stage in producing information in accessible and easy read formats. The recent appointment of people with learning disabilities to take a lead role in its development was positive. The council's website had been recently reviewed and improved. There was work required to support its use by people with a learning disability and their carers. The council and its partners had improved the provision of information about the transition process. *"Your Future, Your Choice"* information events had been held involving all transition partners.

The council produced an annual Care Services Directory for users of adult social care services. A number of information booklets had been recently produced, but many people had not yet seen them. There was a need to progress shared approaches to the production of information with local partners. All information would benefit from review and involvement by people using services and families to improve its focus and accessibility.

Welfare benefits information was provided by a number of local organisations. However, there was a need to improve the targeting of information to promote improved understanding of savings thresholds and the implications of having a job. The Wirral Multi Cultural Organisation was funded by the council and NHS Wirral to provide advice and support in areas such as health, housing, maximising income, social care and befriending. There was work in progress to assess the outcomes of this. A helpline for carers had been recently introduced. The council had consulted carers about the need for a local carers centre. There was a high level of support for this.

All enquiries were dealt with by the Central Advice and Duty team. We found them to be friendly and approachable in their manner. They provided information about a range of local services. This could be provided in other languages and formats. The team did not keep data about the people it had signposted onto external agencies. There was a need to improve their focus on the outcomes for people it referred on and learning from re-referrals. The emergency duty team was under review at the time of the inspection. There were issues to be addressed with regard to its focus, funding and joint arrangements with partner agencies.

Since 1st April, everyone with a learning disability could access a personal budget. Information packs were not yet available. It was not sufficiently clear to people where they could go for help and advice. The council had not yet established its brokerage

arrangements. Wirral had a low level of investment in advocacy services for people with a learning disability. This needed review to enable people with learning disabilities and their carers to have greater understanding and control.

Several people told us that correspondence from the council was not easy to understand. This included information about charging, complaints and self-directed support. We saw no evidence that correspondence from the council recognised individual access issues such as impaired sight or specific communication needs.

People who use services and their carers are helped to assess their needs and plan personalised support.

Most assessments and support plans did not adequately reflect the whole person's needs or those of their carers. They were not sufficiently focused on the future, on risks to individuals, on the promotion of their independence or outcomes. Mental capacity issues were not embedded in assessment and support arrangements. There was work to do to agree and align the role and contribution of partner agencies including service providers. This included both improving existing arrangements and developing new models of support. Strict criteria and an additional point of entry to specialist health services meant that some people were not getting the level of support they required. There was a strong focus on eligibility, costs and affordability of existing services.

The council had restructured and expanded its learning disability care management teams over the past year. It was working to provide a more reliable service and to deal with increased demand. However, some people told us of ongoing difficulties in getting in touch with their social worker, changes of social workers and lack of effective relationships. One person said:

"Social workers change too often and you can't build up a relationship with them. They don't have time and think everything is about the money-but it's about listening to things I want to say."

We found that the council had not addressed need in a timely manner in a number of cases. Some people reported having to wait too long for resources to be agreed. The work undertaken with some individuals and their families was very limited and did not secure the required outcomes. We were particularly concerned about the lack of support provided to older carers, single carers and those with multiple caring responsibilities. A number of older carers said they were tired and worried about their ability to care long term. Few people had clear contingency plans in the event of carer breakdown. This was poor practice and resulted in some people being placed without adequate preparation and in inappropriate environments.

Carers told us:

"You can be very isolated and don't know where to turn".

"I don't know how long more I will be able to care for X on my own".

There was generally weak practice in the development of person-centred planning. Although there were a few areas where practice was improving, the approach was not embedded. This meant that the council did not have a clear or up date picture of peoples' wishes and preferences to inform new models of service development. The council was working to address this. All new requests for assistance and review arrangements offered the option of a personal budget. However, people told us that the new self-directed assessments and carers assessments were too complex and did not ask what they considered to be the right questions. They relied on others to understand what was required and assist with their completion.

A number of assessments highlighted a lack of awareness about 'stranger danger' or risk of exploitation or harm. These concerns were not adequately addressed through support planning and the development of self-protection strategies. We identified a few examples of sensitive work being undertaken to support people in managing loss and change. However, this approach was not sufficiently embedded in frontline practice. Sexuality and personal relationships had not been identified or effectively supported in some cases. Some people we spoke to were not able to and would have liked to be involved in recruiting their own staff.

The lack of robust practice in these areas required urgent review. Some staff did not have the required levels of knowledge or training for their roles. We found examples of low expectations by caseworkers. This included views that assistive technology was not appropriate due to lack of rehabilitation potential, or college courses being too difficult for the person to understand. There was a lack of creativity in addressing barriers to access. Some case workers did not adequately involve people, their families and independent advocates in these important decisions.

There were significant pressures on health and social care agencies in meeting local demand, but current arrangements detracted from effective case co-ordination. Care processes, equality and engagement, service design and delivery had been identified as areas for improvement in supporting people with learning disabilities and mental health needs. The council reported that approximately 44 per cent of people with a learning disability living in the area had a health action plan. There was better practice in the number of health checks undertaken by doctors which was recorded as 75 per cent. There was good support provided by community nurses in the management of epilepsy and challenging behaviour. The appointment of a physiotherapist at a local college was effective in opening access for some people.

There was positive recent work to improve transition planning and provide earlier identification and consistency of support as young people moved into adult services. Joint working with partner agencies was being strengthened and this was increasing options for young people and their families. Efforts were being made to develop alternatives to out of county college placements. One carer told us:

"Our social worker is good. They have a nice rapport with X"

However, there was work to be addressed, particularly for people about to leave college. There was a need to significantly improve support to people with learning disabilities as they aged to ensure any additional needs were proactively recognised and responded to. Support for people with early onset dementia or high health needs

required development.

A total of 58 people with a learning disability were in receipt of Direct Payments. The council had a contract with an advocacy organisation to provide support in managing the process. People who had a Direct Payment or had access to the Independent Living Fund valued the opportunities and flexibility this offered. There was relatively low levels of promotion and use of Direct Payments for carers. The council was at a relatively early stage in the development of self-directed support and personal budgets. There was a considerable programme of learning taking place to improve staff understanding and to implement affordable and appropriate resource allocation arrangements.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

People who used services and their carers were heavily dependent on traditional services where support was provided to large groups of people. Carers lacked opportunities to balance their caring responsibilities with a life of their own. The council needed to radically transform local services so that they recognised peoples' aspirations and supported their move on to more enabling forms of support. There were too many people living in residential care or with older carers who could benefit from supported living.

Access to supported housing was poorly co-ordinated. There were risks of unequal access given gaps in joint working in this area. There was an urgent need for a shared approach to agreeing priorities and the development of a clear and transparent allocation system. Adaptations, including those that were urgent, were slow to be provided in some cases. Assistive technology had not been adequately promoted to people with a learning disability living in their own homes or with family carers. People who benefited from supported living valued the opportunity to be more independent.

Work was beginning to take place to widen employment opportunities. The council and its health partners had recently set targets to improve its performance in this area. Dale Farm provided opportunities for people to develop their interests and knowledge in horticulture. A person volunteering at the farm told us:

"I like coming here. I like to be busy. I have learned to do some new things".

A person who had been supported to find a job told us:

"Before I started working I was talked down to, things are very different now".

The council's travel training positively assisted people to be more confident and independent in using public transport. Some people reported problems in the use of the council's transport. There were some people who had to leave their day centres

early in order to meet scheduling requirements.

The council had not adequately developed its arrangements to support carers, many of whom had cared for a family member for decades. The council was slow in its approach to implementing carers' legislation. It was still working to establish a carers' emergency scheme. Carers' support planning and review arrangements were weak and did not adequately consider their personal development and employment needs. There was a limited range of short break options for people with learning disabilities and their carers. Usage of adult placement schemes was low. Family carers were heavily reliant on a large accommodation-based service. Some carers told us:

"If there was a choice, we would not use it."

There were gaps in local provision for people with specific needs including autism, older people with learning disabilities and people from black and minority ethnic communities. The use made of and outcomes achieved from specialist health resources including the assessment and treatment and short breaks provision was being reviewed. There was a need to expand support out of hours and enhance access to social and leisure opportunities.

There were some areas where further work was required to help people consider their options and prepare for changes in line with the council's promotion of self-directed support. This included ensuring access to reliable and appropriately trained staff that could be appointed as personal assistants. There was also a need to ensure robust back-up support in the event of a crisis.

People who use services and their carers can contact service providers when they need to. Complaints are well-managed.

The quality and outcomes of reviews was an area for urgent attention. There were a relatively high number of unscheduled reviews. It was of concern that a number of people with high or complex needs had not had a recent review of their needs. A consequence of this was that there were missed opportunities for outcomes for individuals to be assessed or support plans adapted in the light of individual priorities or preferences. The council had undertaken reviews of all people with learning disabilities living out of area. All expressed a desire for their support arrangements to continue. A number of reviews had been undertaken of high cost placements and had resulted in savings.

The management of complaints was inadequate. Some complaints were very slow to be resolved and there was a lack of clarity about the outcomes achieved. The council had not adequately addressed the root causes of some complaints such as the level of staffing or the quality of its buildings. Advocacy and mediation could have been more proactively used in some cases. The council did not have a system to check if people were satisfied with the outcome of their complaint or with the improvements made. There was also a weak focus on promoting and learning from compliments.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council had clear strategic aims for improving the quality of life of people living in the area. These were shared with local health partners and included addressing inequalities and promoting independence and choice. The vision for transforming adult social care was developing. Priority was given to enabling people to have more involvement and personal control. However, some partners including service providers, people using services and their carers were not clear about the future direction and did not understand the impact for them. The council needed to provide them with clear and up-to-date information, encourage new ways of working, and address uncertainty and fears about future change. The departmental '*Focus'* newsletter and senior manager briefings were positive means of informing and involving front-line staff.

The council and its partners were working to strengthen the governance, leadership and impact of the Safeguarding Adults and Learning Disability Partnership Boards. Membership had been recently reviewed and included senior managers with an improving focus on working together. A number of work streams were being developed to progress policy agendas and improve outcomes linked to safeguarding adults, '*Putting People First* and *Valuing People Now'.* The council was significantly behind the pace compared to most other councils in delivering improvements in these areas. The Cabinet recently approved the establishment of a review group to strengthen the focus of senior managers and councillors on safeguarding children and adults.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

There was work required to translate the vision for personalisation into clear, responsive and sustainable plans. The departmental plan was too heavily weighted

towards internal processes and did not sufficiently specify targets or the impact of proposed changes and outcomes for people. The department was under significant pressure to identify efficiencies and deliver savings in the short term. This was impacting on its capacity to effect and deliver change in a timely manner in a number of areas. The council was ambitious to strive forward, but there were some critical gaps and risks to be addressed in the areas of resource management and partnership working.

Wirral was at an early stage in implementing personal budgets and self-directed support. Plans to widen access to services including out-of-hours had been delayed. There was work required to progress joint working with health and housing partners at both strategic and operational levels. The future modernisation of its directly provided services was unclear. There was heavy reliance on making savings from the '*Options for Change',* programme in the current year. This was becoming more difficult to achieve. The local market was not well-positioned to support new models of service delivery. The work of front-line staff required review to improve the quality of support provided to people with complex needs. There were significant gaps in the council's approach to prevention for adults with a learning disability.

The priorities of the Safeguarding Adults Partnership Board had not yet been secured by shared action plans. A safeguarding adults' strategic framework was produced in March 2010 that identified a number of areas where improvements were required. An action plan to support its delivery had not yet been developed. There was an urgent need to strengthen joint arrangements, establish and progress the work of its sub-groups to improve the focus on and co-ordination of safeguarding at a number of levels. There was work to do to ensure safeguarding adults was higher on the agenda of the council and some local strategic partners.

The Learning Disability Partnership Board was working to build its capacity to respond to '*Valuing People Now'.* There were gaps in its implementation of the original *Valuing People* strategy that still needed to be addressed. The Board had recently agreed a forward plan that detailed areas where work to deliver improved outcomes was urgently required. Senior managers and people using services were jointly accountable for key areas of delivery. It was too early to tell the impact of this. Board members needed to strengthen their focus on supporting and tracking the delivery of outcomes to enable people to be positively and safely included in their local communities. There had been a significant over-spend against the allocated budget in 2009-10.

A joint strategic needs assessment had been carried out. It included areas where additional information was required to improve understanding of the needs of the local population. This was beginning to inform the development of joint commissioning strategies. There was an improving focus on addressing health inequalities including those experienced by people with a learning disability and people from black and minority ethnic communities. The council recognised that too often people were expected to fit into existing services. Its key challenge was to translate this into person-centred, affordable and responsive services. There was improved joint working between children and adult services in mapping the needs and resources to address areas of growth.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Some staff did not have the required level of knowledge, skills or experience to do their job well. The council and its partners needed to expand access to safeguarding training so that staff and others, including volunteers, were competent and confident in managing risk and keeping people safe. There was a need to improve co-ordination of training and to develop multi-agency review and learning groups. We found gaps in workforce planning and development, including joint arrangements with health and local service providers. There was a need to promote the development of a flexible health and social care workforce. There was a particular need to ensure the workforce across the sector effectively supported people with mental health needs, learning disabilities and dementia.

The council was working to enhance the knowledge and competencies of its staff. A total of 450 adult social care staff had accessed its development centre and received feedback on their performance. Areas of personal development were agreed and were being progressed. The council had made a significant investment in training for its managers. 'A *Values and Leadership Unites Everyone'* (VALUE) programme sought to promote shared understanding of the vision and values of key partners. There was a programme of training to support personalisation. The staff recognition process recently introduced was positive.

Team structures had been reviewed to support localisation and integration of support for older people and adults with a physical impairment. There was evidence of improved joint working with primary health care staff. The number of staff employed within the specialist adult social care learning disability team had recently been increased. Its next steps in progressing joint working with specialist health staff were unclear. Knowledge and information systems required significant development as the different systems in use were a barrier to efficient joint working. The department needed to secure the effective deployment of expertise across all its frontline teams to raise the quality of safeguarding work and assessment of mental capacity. It would benefit from closer scrutiny of its supervision arrangements.

The council's expenditure on assessment and care management staff was lower than that of other councils in the region. Some managers were over-stretched in meeting operational and service development targets. The Reform Unit workforce provided additional capacity, but its future focus and funding arrangements required review. Work was required to establish brokerage arrangements to support personalisation developments.

Recruitment was generally compliant with safeguarding requirements, with appropriate checks being made. There were gaps in the staffing of some frontline teams. It took too long for some disciplinary issues to be explored and brought to conclusion. The department of adult social services was working to encourage better use of its whistle blowing procedures to promote a culture of openness and accountability.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

Wirral was ambitious to become an excellent council. It monitored its performance against key indicators and local area agreement targets. Its approach to performance management, including responding to complaints, needed development to include a stronger focus on the experience of people using services and the outcomes delivered. The recently introduced balanced scorecard was beginning to enable a better focus on wider organisational effectiveness. Performance surgeries had been established to provide feedback and support to frontline managers. Action was being taken to improve the accuracy and reliability of management information including in the area of safeguarding adults. The council and its partners needed to strengthen systems for information-sharing, quality assurance and the management of risk.

There were some areas where the council and its partners had not made the required level of progress in transforming services for adults with learning disabilities and their carers. A previous inspection in 2005 highlighted a number of areas that still needed to be addressed including partnership working and implementation of person-centred planning. The Department of Communities and Local Government in a recent visit to the council identified that there were a number of people remaining in residential accommodation who could be living in supported housing.

The council had not achieved the required level of performance with regard to self-directed support, help for carers, people with learning disabilities living in settled accommodation and people having a review of their needs. Support to carers of adults with a learning disability (15 per cent) was significantly lower than the overall performance of the council in this area. The council needed to more rigorously benchmark its performance within the department and against similar councils to improve understanding of good practice and raise levels of customer satisfaction. Equality impact assessments and action plans were insufficiently developed.

The council recognised weaknesses in its arrangements for keeping local people safe. It commenced a review of safeguarding in February 2009. A number of changes were being made to improve joint working and the quality of practice. The Safeguarding Adults Partnership Board and senior managers had improved their awareness of activity and trends, but gaps remained in some key areas. There were variable levels of activity between teams and partner organisations that required further analysis. The engagement of elected members in local safeguarding activity required development. There was a need to promote learning from management and serious case reviews. The council and its partners needed to have a better understanding of concerns about specific localities, user groups and settings.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

The council was working to strengthen its engagement and consultation arrangements to support improvements in listening to and learning from the views of local people. This was still at a fairly early stage of development. Further work was required to ensure appropriate levels of involvement and coverage to support the delivery of its transformation agenda. There was work required to expand the level of involvement and focus of the personalisation steering group to promote wider learning and regular feedback on what was working well and areas for improvement. Some people were not clear about some key areas including personal accountabilities, resources, employment responsibilities and contingencies.

The focus of the Learning Disability Partnership Board had recently been reviewed and its membership complied with *Valuing People Now* guidance. The '*Enabling Fulfilling Lives Group',* was working to ensure people with learning disabilities and their families had a stronger voice on the board. Although arrangements were still relatively new, we had positive feedback from some people that the work was moving in the right direction. Concerns raised by people with learning disabilities about the availability of accessible public transport had resulted in Merseytravel becoming involved in the work of the Partnership Board. There was potential to widen the challenge and impact of the Board. One person told us:

"We are on a steep learning curve and willing to learn together-things are slowly improving."

The council and its health partners had recognised the need to do more to support carers. A carer's survey was recently undertaken and provided some important feedback on areas for improvement. This should assist the council and its partners in targeting future support to carers and addressing areas where customer satisfaction was low. The joint carers' action plan required substantial development in the light of this.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

Commissioners were working to improve their understanding of the local population's needs for housing, social and health care. The council had taken action to secure

improved value for money and had reduced the costs and fees paid to all providers. However, there remained some areas where better value for money was still required. The council was beginning to challenge its legacy investment patterns and support more flexible use of its resources. This included promoting user-led organisations and social enterprises. A high level of efficiencies and savings had been made by the department in recent years. Significant financial pressures remained in the current year. There was a need to strengthen medium-term financial planning to ensure effective control of costs and progress the transformation agenda.

We found gaps in transforming strategic objectives into timely, robust and sustainable joint plans. New commissioning frameworks for adults with learning disabilities and older people had been recently agreed. Detailed project and resource planning work to support implementation was not well-developed. A total of £26 million of the learning disability budget (over 66 per cent) was invested in residential, nursing homes and day services. Work with local voluntary sector organisations needed to be underpinned by a clearer focus on outcomes and use of resources. There had been a significant fall in the rate of people using Direct Payments. The council needed to understand the reasons for this. It needed to ensure its new arrangements to support people in managing their individual budget were effective.

The council was piloting new ways of working to support learning in implementing self-directed support and individual budgets. Phase 1 of the pilot, due to its small sample size did not allow for a robust evaluation of its approach. The council had set a target to include 200 people by August 2010 including adults with a learning disability, people who had a stroke and people living in the Birkenhead locality. New systems and support requirements were being tested, and additional staff had been deployed to support the work of frontline staff. We had concerns about the council's capacity to secure full implementation within the required timescales including supporting the level of change required in conjunction with its partners and people using services.

The joint strategic needs assessment was being updated and its findings were being used to inform joint commissioning and service procurement activity. A website had been developed to support access by local partners and stakeholders. There were some gaps in awareness of the needs of people with a learning disability. These included people with complex needs, people living with older carers, people with a learning disability who were parents, and people from minority ethnic communities. Gaps in person-centred planning meant that commissioning was not sufficiently alert to peoples' aspirations and did not proactively drive the development of new models of service delivery. There were plans to co-locate the department's business support unit with NHS Wirral to improve research and identification of needs.

The adult social services department had made significant savings and delivered efficiencies in a number of areas in recent years. It had re-negotiated contracts with care home providers and secured savings of over a £1 million. There was potential to achieve better targeting and outcomes from its quality incentive scheme that had been in place since 2005. There was work still required to tackle over-provision of care home places and the quality and sustainability of some providers. Domiciliary care contracts had been re-negotiated and a standard fee agreed. The costs of some services for adults with mental health needs and adults with physical disabilities were

high. There was work required to re-shape the local market to strengthen the quality and capacity of local services and improve the choice and flexibility of local provision.

There was an urgent need to expand housing and support options for people with a learning disability. The council had reviewed the costs of its supported living services and secured savings in excess of £600,000. All except one provider had agreed to new contract terms. Action was being taken to address non-compliance. The council needed to ensure it had robust contingency plans to manage the process of decommissioning across the sector .NHS Wirral and the council was in the process of reviewing the outcomes and effectiveness of use of specialist resources for adults with a learning disability. There was work required to respond to the findings of the council's strategic asset review.

The learning disability budget had over-spent by £4 million against its allocation in 2009-10. The council's base budget for learning disability services was below regional averages. The council had further work to do with its partners including people using services to ensure the level of resources was appropriate, and that it's plans, including the 'Options for Change', work secured improved outcomes and value for money. It needed to develop the local market to ensure reliable and easy access to alternatives and back-up support. Some providers told us they had not been adequately included in reviews of individual need. This meant that opportunities to learn from and adapt support to deliver improved outcomes for people were not robustly captured.

The quality of residential, nursing and domiciliary care services operating in the area was high overall compared to other areas. However, care home provision for adults with physical disabilities or long term conditions was an area for improvement. The council needed to strengthen its focus on the outcomes achieved by its own directly-provided services. It also needed to improve its focus on the outcomes for people using services that were not regulated including day care and grant-funded services. There was work in progress to review services for people with challenging behaviour in line with the findings of the Mansell report.

The council needed to develop its work with partners and service providers to reduce the risk of self-neglect or of people harming each other. This included embedding shared approaches to the management and monitoring of risk, careful matching of people to the services commissioned, with sufficient and appropriately skilled staff to meet individual needs. The council recognised that its contract monitoring arrangements were largely reactive and focused on investigating safeguarding issues or complaints. The new safeguarding officer (contracts) was working to improve scrutiny of and support to service providers. The new outcomes framework planned for implementation in April 2011 aimed to strengthen procurement practice and drive higher standards of service delivery.

Appendix A: summary of recommendations

> **Recommendations for improving performance in Wirral Council**

> **Safeguarding adults**
>
> The council should:
>
> 1. Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated. (Pages 10,12-13)
> 2. Embed a shared approach to recognising and responding to allegations of abuse. (Pages 10-14)
> 3. Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competencies. (Pages 11-14)
> 4. Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved. (Pages 10-12)
> 5. Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership. (Pages 11-12)
> 6. Improve scrutiny of provider activity and risks across the sector. (Pages 11,13-14)

> **Making a positive contribution for adults with a learning disability**
>
> The council should:
>
> 7. Improve its focus on people who have limited opportunities to engage in and contribute to their local communities. (Page15)
> 8. Ensure wider representation, involvement and support for people using services and their carers in planning and managing change. (Pages 16-17)

Increased choice and control for adults with a learning disability

The council should:

9. Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support .(Pages 18-19)

10. Ensure people's needs are holistically assessed and supported by effective partnership working. (Pages 19-21)

11. Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes. (Pages 19-22)

12. Address gaps in awareness of the needs of and support to carers. (pages 19,21-22)

13. Ensure that reviews are appropriately timed and focused. (Pages 22 and 28)

14. Strengthen arrangements for management and learning from complaints and compliments. (pages 12 and 22)

Providing leadership

The council should:

15. Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people. (Pages 23-24)

16. Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services. (Page 23)

17. Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk. (Pages 24 and 26)

18. Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers. (Page 24)

19. Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well. (Page 25)

Commissioning and use of resources

The council should:

20. Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.(Pages 27-28)

21. Ensure joined-up and efficient use of resources across the council, health and housing services.(Pages 28-29)

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010**.**

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full on our website. The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINks (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Wirral Council when we met with approximately 7 people whose case records we had read and inspected a further 25 case records. We also met with approximately 200 people who used services and carers in groups and in an open public forum we held.

> We also met with
> - Social care fieldworkers
> - Senior managers in the council, other statutory agencies and the third sector
> - Independent advocacy agencies and providers of social care services
> - Organisations which represent people who use services and/or carers
> - Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Wirral Council will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the general service inspection page on our website.

If you would like to see how we have inspected other councils then please visit the service inspection reports section of our website.

Inspection report

Our check on the social care of Wirral Metropolitan Borough Council

When we did our inspection: **May 2010**

When this report was written: **September 2010**

easy read

You can get a copy of this report from our website:

www.cqc.org.uk

If you would like this report in other formats or languages, please contact us in these ways:

By phone   **03000 616161**
                  (normal rate phone call)

By email   **enquiries@cqc.org.uk**

Thank you

We would like to thank all the people who use services, staff, carers and everyone else for taking part in our check.

About the Care Quality Commission

We make sure there are good health services, and good social care for adults in England.

We check up on services run by the NHS, local councils, private companies and voluntary organisations.

We help and support people whose rights have been affected by the law called the Mental Health Act. The law might stop them from doing certain things.

This is our inspection report on the social care of

Wirral Metropolitan Borough Council
May 2010

An **inspection** is to check how well something is working. People who do inspections are called inspectors.

The **Service Inspection Team**:

Lead Inspector (person in charge of the team): Sue Talbot

Team Inspector: Lynette Ranson

Expert by Experience: Amanda Platts

An **Expert by Experience** is someone who uses services. An expert could also be a family carer. This person helps us by telling us what services are really like for users.

Supported by: The Quality Company

Project assistant: Balwinder Jeer

Who is this report for?

Anyone can read this report.

We think it will be helpful to people who use services and their family carers.

This report will help Wirral council support people and meet their needs better.

It will help the organisations the council works with. In this report, we call these organisations the council's **partners**.

It will help the people who run services for the council. In this report, we call them **service providers**.

What the team did

> I feel safe

We went to check how Wirral Council **was keeping people safe**.

We also wanted to find out about the council's social care for **people with learning disabilities**.

We looked at how well the council was supporting them to:

> Having our say

- **Make a positive contribution** – do something that is useful to other people

- **More choice and control**

> Month
> Month

We also wanted to know if the council had enough things in place to **make things better in the future**.

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About the visit

Before visiting, the team looked at information we were sent about the council. We also looked at how the council thought they were doing.

When we went to Wirral we met with:

- people who use services and their family carers

- council staff and managers

- staff and managers from the council's partners.

After our visit

We got together and talked about what we found out. Then we decided what Wirral did well and what needed to be better.

We wrote our report in 2 parts.

Part 1 is a short report of how we thought the council did. It is also about how we thought the council could make things better in the future.

Part 2 is a longer report about what we thought the council did well. It also includes what we thought the council should do to make things better.

Notes about this report

When we say people, we mean people who use services and their family carers.

When we say everyone, we mean everybody who lives in Wirral including people who use services and their family carers.

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Part 1: How did the council do?

Keeping people safe
We thought Wirral was **poor** at doing this for everyone.

For more about what we found out, go to page **9**.

Making a positive contribution
We thought Wirral was **doing OK** at supporting people with learning disabilities.

For more information about what we found out, go to page **12**.

More choice and control
We thought Wirral was **poor** at doing this for people with learning disabilities.

For more about what we found out, go to page **14**.

Making things better for the future
We are not sure if Wirral **had enough good things in place** to make things better for the future.

For more about what we found out, go to page **17**.

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Part 2: The longer report about what we found out

Keeping people safe
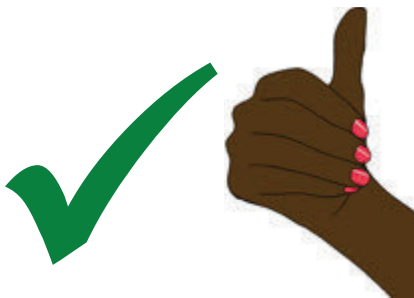
What the council did well

The council were working with Age Concern and the Fire and Rescue service to tell local people about keeping safe.

The council thought it was important to make sure everyone living in the area was treated fairly.

They were good at involving people who use services in planning how the Safeguarding Adults Board would work.

They worked well with health services to make care better.

They were using more technology like alarms and buzzers to support people and help keep them safe.

What needs to be done

The council and its partners should:

- have good plans and rules for working together to keep people safe

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- agree how to tell if people are being abused and how to support them

- make sure staff have the right skills to keep people with high support needs safe
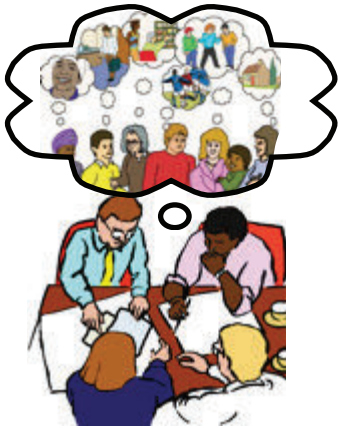
- think about what is important to people when they plan how to keep them safe

- check how good they are at keeping people safe

- get better at checking that people who run services are keeping people safe.

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11

Having our say

Making a positive contribution
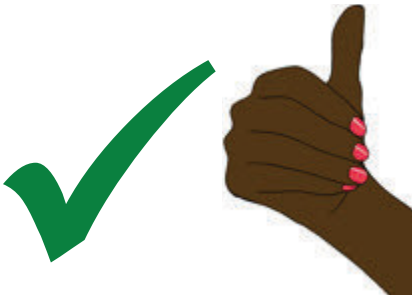
What the council did well

Supported people to do things that helped other people in the community.

Included people with learning disabilities and carers in planning better services.

Volunteer Work   Jobs
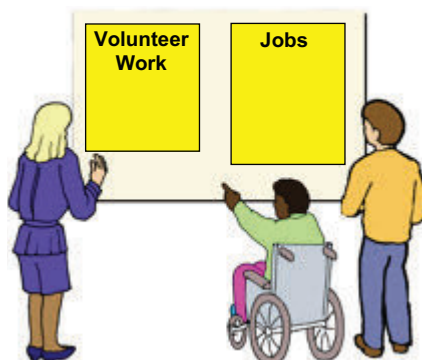
Supported people to be volunteers.

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12

Helped people who use services to set up and run services.

What needs to be done

The council and its partners should:

- do more to help people who find it difficult to get involved in their local community

- support more people who use services and their carers to get involved in planning changes.

More choice and control
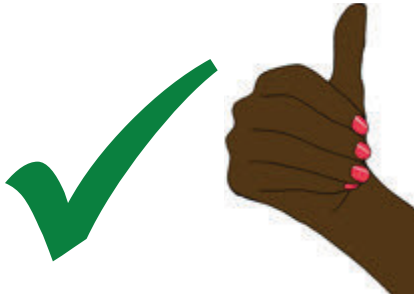
✓ What the council did well

Helped people to get advocacy support.
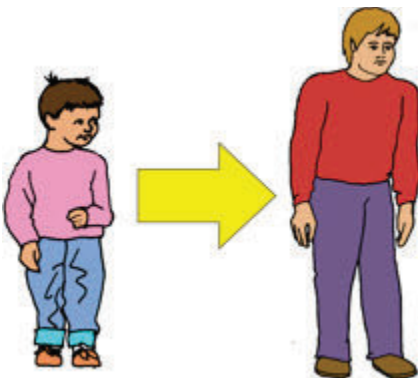
Found better ways to support young people to move into adult services.

Helped people to get more confident and do more for themselves, including using public transport.

Used Direct Payments to help people get the support they needed.

Was working to make it easier for people to get jobs.
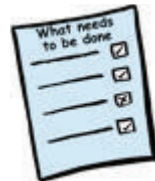
What needs to be done

Information

The council and its partners should:

- make sure people with learning disabilities and their carers get the advice, information and support they need

- find out about the different types of support people need and work together to give this

Page 230

- change the way they plan support so people stay safe and do the things that are important to them

- make sure they know what support carers need

- review and check how things are going for people

I'm here to put things right

- deal with complaints properly and learn from what people tell them about services.

Making things better in the future
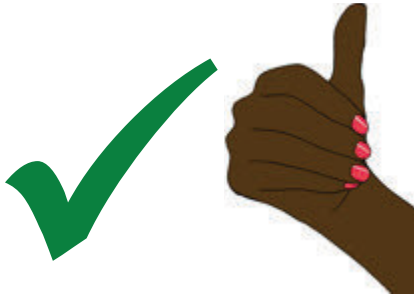
What the council and its partners did well

In **giving leadership**, the council:

- knew what it needed to do to make things better for people in the area

- was trying to make sure the Safeguarding Adults Board and Learning Disability Partnership Board could do their jobs well

- knew local people did not all have the same chance to be healthy

- were better at training staff

- were trying to find out how well they did their work.

In **planning and buying services**, the council:

- bought services that were worth the money they cost and was trying to spend less money

- was better at working with health services to buy services together

● knew it needed to get better at buying services so it kept people safe.

What needs to be done

In **giving leadership,** the council and its partners should:

Safeguarding Adults Board

● make sure the Safeguarding Adults Board and Learning Disability Partnership Board make things better for local people

● get better at involving local people and service providers in planning services

working together

● plan how to work with other organisations to keep people safe

Page 234

- look at ways to make things better for people with learning disabilities and their carers by keeping them safe

- make sure all staff know how to do their jobs well.

In **planning and buying services**, the council and its partners should:

- make sure there are enough good safe services for people to plan and buy their own support

- make sure all the different parts of the council, health and housing work well together.

What some of the words mean

In this report, some words are in **blue.** We have explained them again here.

Inspection

An **inspection** is to check how well something is working. People who do inspections are called inspectors.

Expert by Experience

Someone who uses services or a family carer who helps us by telling us what services are really like for users.

Partners

When groups work very closely together they are sometimes called **partners**.

Service providers

These are people or groups who run services for the council.

Direct Payments

Money from the council to pay for your support.

Credits

Where we are

The Care Quality Commission's head office is at
Finsbury Tower
103-105 Bunhill Row
London EC1Y 8TG

How to contact us

Phone: **03000 616161** (normal call rates)

Email: **enquiries@cqc.org.uk**

Please contact us if you would like a summary of this publication in other formats or languages.

FIRST IMPROVEMENT PLAN

For

SAFEGUARDING ADULTS;

MAKING A POSITIVE CONTRIBUTION FOR ADULTS WITH A LEARNING DISABILITY;

INCREASED CHOICE AND CONTROL FOR ADULTS WITH A LEARNING DISABILITY;

PROVIDING LEADERSHIP;

AND

COMMISSIONING AND USE OF RESOURCES.

FOREWORD

This is the **first Improvement Plan** for Safeguarding Services to Adults with a Learning Disability
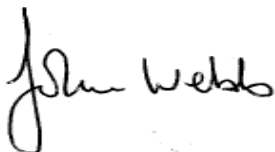
The Plan recognises the improvements to be made and the Council is determined to improve services in all 21 improvement areas.

As the Care Quality Commission report is "Embargoed" until it is presented to Cabinet on 2nd September, the action plan has been developed in that context.

It has been agreed that a **second revised Improvement Plan** – along with a report outlining progress to date will be submitted to CQC by Tuesday, 19th October. This will enable further scrutiny of improvement areas and full involvement of partners, including the Partnership Boards for Safeguarding and Learning Disability.

The Improvement Plan will be managed by the Director of Adult Social services, with the close and direct involvement of the Cabinet Member for Social Care and Inclusion.

Governance arrangements are set out within this first Improvement Plan.

JOHN WEBB
Director of Adult Social Services

COUNCILLOR BOB MOON
Cabinet Member for Social Care & Inclusion

First Improvement Plan for Safeguarding Services to Adults with a Learning Disability

Governance

Progress against this Improvement Plan will be monitored on a number of levels. Those involved in the monitoring will include those who use our services, their carers and families, elected Members, Council Officers and Adult Social Services staff.

Cabinet will receive progress reports every two months.

The Safeguarding Review Group will also provide a monitoring role and enable a closer level of scrutiny regarding the specific issues relating to safeguarding.

Progress will also be reported to, and monitored by both the Safeguarding and Learning Disability Partnership Boards.

The Improvement Plan itself will be driven forward by a group led by the Director of Adult Social Services and including the Cabinet Member for Social Care and Inclusion.

These arrangements will supplement the usual management arrangements and will ensure that progress is tightly monitored and that improvement is made in all areas identified.

IMPROVEMENT PLANNING

SUMMARY OF ACTIONS

Safeguarding Adults

Improvement Area 1 – Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.
1. A multi-agency mission statement for Safeguarding will be completed.
2. Multi-agency Safeguarding policies and procedures will be finalised.
3. The Safeguarding Adults Partnership Board will be chaired by an Independent Person
4. Lessons learned' from national serious case reviews and best practice will be regularly considered by the Safeguarding Adults Partnership Board.
5. The 'Dignity in Care' initiatives will be more widely promoted.
6. Hate crime incidents for people with disability and people from Black and Minority Ethnic (BME) communities will be more clearly reviewed.
7. Public information about safeguarding which particularly targets, carers, self funders, people from Black Minority Ethnic (BME) communities and people who misuse alcohol or drugs will be made more accessible.
8. Relevant partners will be given access to the Department of Adult Social Services electronic case management system under information –sharing protocols.
9. Strengthened arrangements for consent to treatment will be implemented to ensure effective support for people with complex needs on admission to, and discharge from hospital..
10. The initial Equality Impact Assessment of the Safeguarding Adults Improvement Project undertaken in 09/10 will be reviewed.
11. Joint working arrangements on the prevention agenda across the Local Strategic Partnership (LSP) will be further developed.

Improvement Area 2 – Embed a shared approach to recognising and responding to allegations of abuse.
1. Public information about safeguarding issues will be provided in a range of community venues
2. Joint working arrangements across Children's and Adults Boards will be established.
3. The Central Advice and Duty Team service level agreement with Department of Adult Social Services will be reviewed.
4. A comprehensive analysis of areas of risks and incidents of abuse will be undertaken.
5. A multi-agency Safeguarding Training Plan will be developed and implemented.

Improvement Area 3 – Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competences.

1. Develop multi-agency training plan
2. A staff competency framework will be developed.
3. The DASS supervision procedure will be revised to reflect a stronger focus on safeguarding, risk management and practice standards.
4. Appropriate training to safeguard people with high or complex needs will be implemented.
5. Poor workforce practices will be addressed and appropriate action taken.
6. The revised safeguarding procedures will be appropriately implemented in DASS

Improvement Area 4 – Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved.

1. The experiences of people who have reported safeguarding issues in local communities will be routinely reported into the Community Safety Partnership and Safeguarding Adults Partnership Board.
2. Individuals subject to safeguarding will be engaged in all stages of the safeguarding process
3. The Mental Capacity Action Plan will be implemented.

Improvement Area 5 – Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.

1. A Safeguarding quality assurance framework will be developed.
2. A regular process for sampling safeguarding cases will be developed.
3. Performance reports which track trends will be made available to the Safeguarding Adults Partnership Board on a regular basis.

Improvement Area 6 – Improve scrutiny of provider activity and risks across the sector.

1. The contract monitoring of health and social care providers will be improved.
2. New contracts for personal support provided by the independent sector outlining safeguarding expectations will be developed.
3. A quality assurance partnership with representative groups will be developed to quality assure providers.

Making a positive contribution for adults with a learning disability.

Improvement Area 7 – Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.

1. The Council's Comprehensive Engagement Strategy will be reviewed to ensure that the needs of people with limited opportunities for engagement are reflected in it.
2. Issues raised in the Equality Impact Assessment of the Learning Disability Commissioning Framework will be addressed.
3. The Volunteer Strategy will be implemented.
4. Payments made to people who attend Day Services will be reviewed to ensure an equitable approach.
5. The key priorities of the revised Commissioning Strategy will reflect access to local housing, employment, leisure opportunities and social networks in local communities

Improvement Area 8 – Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.

1. The Learning Disability Partnership Board and its sub groups will continue to implement actions from the Learning Disability Commissioning Framework.
2. People with learning disabilities and their carers will be supported to fully engage in shaping Council services

Increased choice and control for adults with a learning disability.

Improvement Area 9 – Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support.

1. A Wirral wide Information, Advice and Advocacy Strategy which explicitly includes learning disability services will be produced.
2. A sample of people who have been signposted to other services by the Central Advice and Duty Team will be audited.

Improvement Area 10 – Ensure people's needs are holistically assessed and supported by effective partnership working

1. A model for equitable access and delivery of health, housing, education and social care support will be developed and implemented.

2. The revised joint Commissioning Strategy will reflect the totality of needs and how they will be met across the partnership.
3. The training plan for personalisation will be further developed.
4. Revised policy, procedure and practice guidance underpinning the Personalisation reforms will be implemented.

Improvement Area 11 – Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes.

1. Implement policy, procedure and practice guidance and ensure staff attend mandatory training
2. The Phase 2 pilot of the Personal Budgets Project will be completed and Phase 3 will be initiated to roll the process out across the Department.
3. Providers will be engaged in new contract arrangements and involved in the development and delivery of Support Planning.
4. See also Improvement area 3, Actions 1, 3 & 6.

Improvement Area 12 – Address gaps in awareness of the needs of and support to carers.

1. Carer's legislation and a revised local carer's strategy will continue to be implemented.
2. Policy and procedures for carers will be implemented
3. See also improvement area 3, Actions 1 & 3

Improvement Area 13 – Ensure that reviews are appropriately timed and focused.

1. A schedule of reviews will be developed and implemented to ensure they are delivered in a timely manner to all people with learning disabilities who receive support from the Council.
2. Also, see Improvement area 3, Actions 3, 4 & 5.

Improvement Area 14 – Strengthen arrangements for management and learning from complaints and compliments.

1. A system for learning from complaints and compliments including root cause analysis will be developed and implemented.
2. A system for following up outcomes for people including informing them of improvements made as a result of the complaint will be further developed and implemented.
3. Learning from complaints will be embedded in working practices.
4. The use of advocates and mediation will be further established in the complaints and quality assurance process.

Providing leadership.

Improvement Area 15 – Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people.

1. The Learning Disabilities Partnership Board and its subgroups will continue to implement actions from the Learning Disability Commissioning Framework.
2. Clear performance-monitoring report processes for both Safeguarding Adults Partnership and Learning Disability Partnership Boards will be developed and implemented.
3. See also Improvement Area 8, Actions 1 & 2.

Improvement Area 16 – Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.

1. People with learning disabilities will be supported to engage in the Council's 'Wirral's Future. Be a Part of it' consultation.
2. People with disabilities will be involved with the Localisation Commission
3. The Department of Adult Social Services communication strategy group will refresh and re-align communication plans for transforming adult social care, safeguarding adults and the transformation of adult with learning disability services.

Improvement Area 17 – Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.

1. The Managing the Market Project (commenced August 2009) will be completed.
2. Voluntary agency contracts will be reviewed.
3. An analysis will be undertaken to determine levels of activity between teams and partners agencies (including the number of staff for safeguarding adults and learning disability services).
4. The Terms of Reference of the Joint Commissioning Group for people with learning disabilities will be revised.
5. Elected members will be involved in the safeguarding adults and learning disability agendas
6. The role of the Safeguarding Adults Sub Groups will be further developed.
7. An agreed Resource Allocation System will be implemented.

Improvement Area 18 – Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers.

1. The Early Intervention Strategy will be implemented.
2. Specific support for people with learning disabilities and carers will be identified through the early Intervention workstreams.
3. The offer of Assistive Technology to people with a learning disability and/or their carers will be made clearer.

Improvement Area 19 – Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well.

1. The Competency Framework will be developed with learning plans
2. Performance management and supervision policy will be integrated
3. HR Policies and their application will be reviewed (review will include trends and issues).
4. Managers will be trained in performance management for HR policy application

Commissioning and Use of Resources

Improvement Area 20 – Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.

1. Advocacy and brokerage support processes involving the voluntary and community sector will be developed.
2. The Emergency Duty Team arrangements will be reviewed.
3. See also improvement area 17, Actions 1 + 2

Improvement Area 21 – Ensure joined-up and efficient use of resources across the council, health and housing services.

1. The 'Total Commissioning' model will be agreed and implemented across the public sector in Wirral.
2. The Department of Adult Social Services Business Plan 2011-14 will be refreshed.
3. The Corporate Plan 2011-14 will be refreshed.
4. The Council will direct the use of in-house provider services. Cost efficiency will be driven within the Department and through the current 'Wirral's Future. Be a Part of it' consultation.
5. The medium-term financial plan will be strengthened as a result of the current administration budget and resource allocation, and following feedback from the 'Wirral's Future. Be a Part of it' consultation.
6. Robust contingency plans to manage decommissioning across the sector will be developed.

LIST OF LEAD RESPONSIBLE OFFICERS

John Webb	Director Adult Social Services – Wirral Council
Aiden Pollitt	Service Manager, Direct Locality Support – Adult Social Services
Andrew Swan	Safeguarding Mental Capacity Act Lead - Wirral University Teaching
Ann Marie Nobes	Head Of Safeguarding - Nhs Wirral
Carolyn Curr	Head Of Policy And Performance - Wirral Council
Chris Hyams	Head Of Hr & Organisational Development – Wirral Council
Francesca Tomlin	Principle Manager, Reform Unit – Adult Social Services
Gill Foden	Service Manager, Human Resources – Adult Social Services.
H Cooper	Director Of Children's Services – Wirral Council
Ian Platt	Head Of Housing – Wirral Council
Jenny Ricketts	Head Of Direct Locality Support Services – Adult Social Services
Jim Wilkie	Director Of Corporate Services/Deputy Chief Executive – Wirral Council
Malcolm Flanagan	Head Of Benefits Revenues & Customer Services – Wirral Council
Maura Noone	Head Of Integrated Communities & Wellbeing Branch - Adult Social Services
Mike Fowler	Head Of Finance & Performance Branch – Adult Social Services
P Edmondson	Head Of Branch (Participation And Inclusion) – Children And Young People's Department – Wirral Council
Rachel Hughes	Principal Manager (Performance) – Adult Social Services
Rick O'Brien	Head Of Access And Assessment Branch – Adult Social Services.
Russell Grant	Integrated Commissioning Manager – NHS Wirral and Adult Social Services
Stephen Rowley	Head Of Support Services – Wirral Council
Tina Long	Director Of Strategic Partnerships – NHS Wirral

FIRST IMPROVEMENT PLAN

1. Safeguarding Adults

Improvement Area 1 – Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
1	1	A multi-agency mission statement for Safeguarding will be completed.	1	Safeguarding vision and strategy signed off by Local Strategic Partnership.	Mar-11	All partnership agencies will share the same aspiration for developing Safeguarding services.	J Webb
1	2	Multi-agency Safeguarding policies and procedures will be finalised.	2	Multi agency safeguarding procedures approved by Safeguarding Adults Partnership Board	Oct-10	Safeguarding services will be operated consistently across all partner agencies.	M Noone
1	2		3	Cross-agency audit evidences that procedures are in use across all agencies.	Jan-11		M Noone
1	2		4	Copies of policies and procedures are accessible in a range of formats and venues.	Jan-11		M Noone
1	2		5	Serious Case Reviews procedure reviewed and updated and aligned with 'whole system' arrangements.	Nov-10		M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
1	3	The Safeguarding Adults Partnership Board will be chaired by an Independent Person	6	Independent Chair appointed.	Nov-10	Improved safeguarding arrangements resulting from routine external scrutiny and challenge.	J Webb
1	4	Lessons learned' from national serious case reviews and best practice will be regularly considered by the Safeguarding Adults Partnership Board.	7	Safeguarding Adults Partnership Board has 'Lessons Learned' as a standing Agenda item.	Mar-11	Local practices will be influenced by the wider national experience.	J Webb
1	4		8	Review Panel to consider the findings of serious case reviews and make recommendations accordingly	Mar-11		J Webb
1	5	The 'Dignity in Care' initiatives will be more widely promoted.	9	Shared Action Plan reviewed (including inputs from front-line staff).	Dec-10	People will feel more valued by services and those that care for them. LINKs annual report published. Dignity in care working group representatives from the Third Sector working with locality teams.	R O Brien
1	5		10	Charter Mark in place, which recognises the achievement of groups and organisations who work hard to safeguard adults at risk.	Dec-10	Organisations and groups who have achieved the Charter Mark show increase quality of service outcomes.	M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
1	6	Hate crime incidents for people with disability and people from Black and Minority Ethnic (BME) communities will be more clearly reviewed.	11	Reporting of hate crime incidents to the Safeguarding Adults Partnership Board formalised.	Oct-10	There will be an increased awareness of hate crime and an increasingly earlier identification of related safeguarding issues.	M Noone
1	7	Public information about safeguarding which particularly targets, carers, self funders, people from Black Minority Ethnic (BME) communities and people who misuse alcohol or drugs will be made more accessible.	12	People using services and partner agencies engaged in awareness raising and production of accessible information	Dec-10	Those who require support in relation to the misuse of alcohol or drugs will more readily know where to obtain it.	M Noone
1	7		13	Safeguarding information produced in culturally appropriate formats.	Dec-10		M Noone
1	7		14	Safeguarding information made available to relevant groups.	Dec-10		M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
1	8	Relevant partners will be given access to Department of Adult Social Services electronic case management system under information – sharing protocols	15	Information Sharing Protocols agreed with all partner agencies via SAPB.	Dec-10	The improved access to information will ensure co-ordinated activity and information sharing.	M Fowler
1	8		16	Technical Specification presented to Information Strategy Group.	Dec-10		M Fowler
1	8		17	Access solution implemented.	Feb-11		M Fowler
1	9	Strengthened arrangements for consent to treatment will be implemented to ensure effective support for people with complex needs on admission to, and discharge from hospital.	18	Consent to Treatment processes reviewed and revised to ensure appropriate support is provided on admission or discharge to hospital for people with complex needs	Mar-11.	Services will be clearer and more consistently delivered.	T Long
1	10	The initial Equality Impact Assessment of the Safeguarding Adults Improvement Project undertaken in 09/10 will be reviewed.	19	Review Completed.	Oct-10	The Safeguarding Adults Improvement Project will deliver services more equitably.	M Noone
1	11	Joint working arrangements on the prevention agenda across the Local Strategic Partnership (LSP) will be further developed.	20	The membership of the Safeguarding Adults Partnership Board and action plan both reviewed to reflect the safeguarding prevention agenda	Nov-10	Partnership agencies will have a clear and shared understanding of roles and responsibilities in relation to the prevention of abuse.	J Webb

Improvement Area 2 – Embed a shared approach to recognising and responding to allegations of abuse.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
2	1	Public information about safeguarding issues will be provided in a range of community venues	21	Leaflets and posters produced in consultation with those who use services are accessible and available in a range of venues.	Dec-10	There will be an increased awareness about abuse and a greater understanding of how to respond to concerns about it.	M Noone
2	2	Joint working arrangements across Children's and Adults Boards will be established.	22	Joint working arrangements agreed by Children and Young People and Adult Social Services Departments	Sep-10	Learning in the respective Departments and partner agencies such as Merseyside Police will be shared and procedures revised accordingly.	J Webb H Cooper
2	2		23	Joint protocol and training programme in place for recognising and working with parents with mental health difficulties.	Dec 10	Safeguarding Adults and Children's Safeguarding procedures provide a stronger focus on 'whole family' approach.	J Webb H Cooper
2	3	The Central Advice and Duty Team service level agreement with Department of Adult Social Services will be reviewed.	24	Service Level Agreement revised in respect of Central Advice and Duty Team's role and responsibilities in regard to safeguarding.	Oct-10	The Central Advice and Duty Team's role in responding to allegations of abuse will be clearer and improved.	R O Brien

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
2	4	A comprehensive analysis of areas of risks and incidents of abuse will be undertaken.	25	Establish sub-group of Safeguarding Adults Partnership Board to review activity information.	Oct-10	Identification of high incident areas or low referral rates (for example) will inform safeguarding strategy.	A M Nobes
2	4		26	Sub group reports into Safeguarding Adults Partnership Board.	Nov-10		A M Nobes
2	5	A multi-agency Safeguarding Training Plan will be developed and implemented.	27	Draft multi-agency Training Plan available.	Oct-10	There will be an increased awareness and understanding of respective roles and responsibilities across partnership agencies in relation to Safeguarding.	G Foden
2	5		28	Draft multi-agency Training Plan presented to Partner Agencies.	Nov-10		G Foden
2	5		29	Draft multi-agency Training Plan presented to SAPB.	Dec-10		G Foden
2	5		30	Multi agency Training Plan implemented.	Jan-11		G Foden

Improvement Area 3 – Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competences.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
3	1	Develop multi-agency training plan	31	Joint learning groups established to promote consistent practice and good use of advocates	Jan-11	Staff and managers who have successfully demonstrated competencies within the framework will deliver services at a satisfactory standard.	G Foden and C Hyams
3	1		32	Draft multi-agency Training Plan presented to Partner Agencies.	Nov-10	Training available in case recording for DASS staff developed	G Foden
3	1		33	Effective multi-agency training sub-group in place, underpinned by a robust business plan.	Dec-10		G Foden
3	1		34	Draft multi-agency Training Plan presented to SAPB.	Dec-10	Training will be reviewed to ensure a joint approach is taken between partnership agencies to safeguarding and the delivery of outcomes	G Foden

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
3	1		35	Multi agency Training Plan implemented.	Jan-11		G Foden
3	2	A staff competency framework will be developed.	36	Framework developed	Nov-10	Staff and managers who have successfully demonstrated competencies within the framework to deliver services to a satisfactory standard.	R O Brien
3	3	The DASS supervision procedure will be revised to reflect a stronger focus on safeguarding, risk management and practice standards.	37	Revised supervision procedure implemented.	Jan-11	Practice reflects a stronger focus on safeguarding, risk management and practice standards evidenced via audit of case and supervision files.	R O'Brien and C Hyams
3	3		38	Staff receiving regular appropriate supervision based on audit of supervision files.	Feb-11	Clarity provided to staff about accountabilities and expectations with regard to quality of staff practice and evidenced in supervision files.	R O Brien
3	3		39	Training and support needs for all staff identified.	Nov-10	All staff will have access to appropriate supervision, mentoring and coaching and Key Issues Exchange process is undertaken by all staff as part of a rolling programme.	R O Brien

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
3	4	Appropriate training to staff involved in work to safeguard people with high or complex needs will be implemented.	40	All relevant staff will have attended training in Safeguarding Adults Policy and procedures.	Nov-10	Appropriate and consistent practice in safeguarding adults.	R O Brien
3	5	Poor workforce practices will be addressed and appropriate action taken.	41	All fieldwork managers and staff will have a formal appraisal of their professional competence and practice standards	Nov-10	Staff involved in safeguarding and supporting people with high or complex needs will be able to demonstrate the appropriate level of competence and knowledge.	R O Brien
3	5		42	Staff competency framework implemented resulting in raised professional standards and clear accountabilities between agencies	Mar-11	Case files will be routinely audited.	R O'Brien
3	5		43	Implementation of appropriate Human Resources procedures.	Dec-10	Raised professional standards and clear accountabilities between agencies	R O Brien and C Hyams

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
3	6	The revised safeguarding procedures will be appropriately implemented in DASS	44	Case recording procedure developed and implemented.	Dec-10	Rolling Case file audit in place providing evidence of appropriate protection planning, management of risk, advocacy support, co-ordinated responses to abuse and engagement of individuals subject to abuse	R O Brien
3	6		45	Systems are in place to quality assure practice through routine auditing of case files and supervision notes.	Dec-10		R O Brien
3	6		46	Case file audit conducted providing evidence that appropriate standards of recording has taken place	Dec-10		R O Brien
3	6		47	Case recording is discussed in supervision sessions and evidenced on supervision files or minutes from team meetings	Dec-10		R O Brien

Improvement Area 4 – Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
4	1	The experiences of people who have reported safeguarding issues in local communities will be routinely reported into the Community Safety Partnership and Safeguarding Adults Partnership Board.	48	The experiences of people who have reported safeguarding issues are recorded in the minutes of Community Safety Partnership and Safeguarding Adults Partnership Board.	Dec-10	Procedures and individual support will be influenced by the wider local experience.	M Noone
4	1		49	Community Safety Partnership plans develop an approach to the inclusion of older people and people with a disability.	Feb-11		M Noone
4	2	Individuals involved in safeguarding will be engaged in all stages of the safeguarding process	50	Action plans from safeguarding investigations reflect the views of people who have needed a safeguarding intervention.	Apr-11	Individual experiences of the safeguarding process are appropriately used to shape future interventions.	R O Brien
4	2		51	People with experience of safeguarding issues attend Safeguarding Adults Partnership Board	Nov-10		J Webb
4	3	The Mental Capacity Action Plan will be implemented.	52	Action Plan and procedures form part of the multi agency procedures	Dec-10	All relevant staff will deliver a consistent and high quality service.	A Swan (Safeguarding Adults Partnership Board)

Improvement Area 5 – Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
5	1	A Safeguarding quality assurance framework will be developed.	53	Quality Assurance framework agreed by Strategic Leadership Team and Safeguarding Adults Partnership Board	Dec-10	The Quality Assurance Framework will provide checks on key elements of the safeguarding process.	M Noone
5	1		54	A system is in place which alerts across the economy when multiple concerns about a provider are received	Oct-10		M Noone
5	1		55	Evidence via performance reporting that incidents of abuse have been dealt with in a timely manner	Mar-11		M Noone
5	2	A regular process for checking safeguarding cases where 'no further action' is recorded will be developed.	56	Complete a review of sample referrals which are recorded as no further action	Jan-11	Confirmation of appropriateness of decision to take no further action	M Noone
5	3	Performance reports which track trends will be made available to the Safeguarding Adults Partnership Board on a regular basis.	57	Operational managers follow up outstanding cases and provide regular reports to Strategic Leadership Team for reporting into SAPB.	Oct-10	The safeguarding process will be more efficient due to the closer monitoring of performance.	R Hughes

Improvement Area 6 – Improve scrutiny of provider activity and risks across the sector.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
6	1	The contract monitoring of health and social care providers will be improved.	58	Proactive monitoring of contracts in place	Oct-10	The increased level of monitoring of providers and the resultant information gathered will enhance the management of risk in this area.	M Noone
6	1		59	Risk monitoring of service providers is strengthened	Oct-10		M Noone
6	1		60	Robust joint arrangement in place to monitor across agencies	Oct-10		M Noone
6	1		61	Share learning from positive work with supported living providers across the sector and put schedules in place across system to meet needs of new contract	Mar-11		M Noone
6	2	New contracts for personal support provided by the independent sector outlining safeguarding expectations will be developed.	62	Provider Workshops undertaken and completed.	Aug-10	New Contracts will be awarded that reflect personalisation, promote Dignity in Care and strengthen risk management associated with safeguarding concerns	M Fowler

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Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
6	2		63	Report to Cabinet	Sep-10		M Fowler
6	2		64	Invitation to tender	Oct-10		M Fowler
6	2		65	Award of Contracts	Jan-11		M Fowler
6	2		66	New Contracts commence	Apr-11		M Fowler
6	3	A quality assurance partnership with representative groups will be developed to quality assure providers.	67	Quality Assurance process agreed	Dec-10	The quality assurance process will be strengthened by the engagement of key stakeholders.	M Noone
6	3		68	Process implemented and feedback regularly delivered to Safeguarding Adults Partnership Board, DASS Strategic Leadership Team and appropriate groups	Mar-11		M Noone

2. Making a positive contribution for adults with a learning disability

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
Improvement Area 7 – Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.							
7	**1**	The Council's Comprehensive Engagement Strategy will be reviewed to ensure that the needs of people with limited opportunities for engagement are reflected in it.	**69**	Local communities will be engaged in understanding and working with people with Learning Disabilities	Mar-11	People with limited opportunities will more readily access universal services in their local communities.	C Curr
7	**2**	Issues raised in the Equality Impact Assessment of the Learning Disability Commissioning Framework will be addressed.	**70**	Equality Impact Assessment is presented to Learning Disability Partnership Board	Sep-10	Minutes of the Learning Disabilities Partnership Board reflect presentation and discussion of issues in the Equality Impact Assessment.	S Rowley
7	**2**		**71**	Actions identified along with future formal reporting arrangements which ensure future developments are inclusive of people with diverse needs	Sep-10	Opportunities for people with a learning disability will be embedded within a wider equalities framework including better use of local community, sports and leisure facilities	S Rowley

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
7	2		72	Inclusion of people from a diverse range of backgrounds in the design and delivery, monitoring and reviewing of services.	Oct-10	Evidence of involvement of a more diverse range of needs and backgrounds in the people who work with services to deliver future changes	S Rowley
7	3	The Volunteer Strategy will be implemented.	73	Recruit volunteers to engage with the wider community.	Dec-11	100 new volunteers recruited to engage in the wider community, in addition to the 600 currently reported	M Noone
7	4	Payments made to people who attend Day Services will be reviewed to ensure an equitable approach.	74	The Council's policy on 'incentive' payments is revised in the light of the Council's strategy to promote employment opportunities.	Dec-10	Those who attend Day Services and receive payments will have a clearer understanding about their wage in relation to the national minimum standard.	J Ricketts

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
7	5	The key priorities of the revised Commissioning Strategy will reflect access to local housing, employment, leisure opportunities and social networks in local communities	75	Implementation of relevant strategies, policies and procedures	Mar-11	Increased access to local housing, employment, leisure opportunities and social networks in local communities	S Rowley
7	5		76	Reviews of all people who have a Learning Disability and receive a service from Department of Adult Social Services will be completed as part of a rolling programme and support plans developed to support access to housing and employment.	Mar-11	Increase in the percentage of people known to the Department of Adults Social Services who are in settled accommodation and paid employment.	R O Brien
7	5		77	Reviews of all people who have a Learning Disability and receive a service from Department of Adult Social Services will be completed through a self directed assessment process and support plans will be developed based on these assessments.	Mar-11	An increase to 30% of the total population supported by the Department of Adult Social Services receiving self directed support	R O Brien
7	5		78		Mar-11	Options and support in place for individuals to pursue their interest in local community settings evidenced via case audits	R O Brien

	Improvement Area 8 – Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.						
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
8	1	The Learning Disability Partnership Board and its sub groups will continue to implement actions from the Learning Disability Commissioning Framework.	79	The Partnership Board will have reviewed its arrangements for communicating with wider group of people using services, their carers, service providers and partners so that they are kept informed about priorities and progress	Oct-10	People with Learning Disabilities and their families and carers will have their lives improved in accordance with the aims of Valuing People Now.	J Webb
8	1		80	The strategic direction will be agreed across the partnership with local community and voluntary sector organisations	Dec-10	Shared vision to be in place which promotes the involvement of adults with a Learning Disabilities in making a positive contribution to delivering Valuing People Now outcomes	J Webb
8	1		81	The 'Enabling Fulfilling Lives' sub group will widen its focus of service user and carer representation	Dec-10	Enabling Fulfilling Lives group will have a diverse range of members including people who don't use Day Services.	A Pollitt

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Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
8	2	People with learning disabilities and their carers will be supported to fully engage in shaping Council services	82	Develop involvement arrangements to ensure the inclusion of people with high or complex needs and people from a minority ethnic background.	Dec-10	Higher numbers of people with complex needs will be involved in shaping council services.	M Noone
8	2		83	Widen choice of advocacy and self advocacy services for customers	Mar-11	Increased choice and take up of advocacy services for people with a Learning Disability	M Noone
8	2		84	People with learning disabilities as experts through their own experience will set standards, design, develop, deliver and evaluate services in Wirral	Mar-11	More services designed, delivered and evaluated by people with a Learning Disability	M Noone
8	2		85	Capacity added to enable carers to maximise the ability to drive change	Dec-10	Greater involvement of carers in groups	M Noone
8	2		86	People with learning disabilities and carers are included in the Council's consultation – 'Wirral's Future. Be a Part of it'.	Dec-10	Evidence of people with a Learning Disability having a say in 'Wirral's Future. Be a Part of it'..	C Curr

3. Increased choice and control for adults with a learning disability

	Improvement Area 9 – Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support.						
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
9	1	A Wirral wide Information, Advice and Advocacy Strategy which explicitly includes learning disability services will be produced.	87	Strategy is written and signed off by the Learning Disability Partnership Board and appropriate organisations	Dec-10	People with Learning Disabilities will be supported to have a greater 'voice' and access support through advocacy, information and advice.	M Noone
9	1		88	A shared approach to reviewing the production of information with local partners and people using services and families. Information to include; savings thresholds, implication of having a job, complaints and self directed support	Mar-11		M Noone
9	1		89	Arrangements established for monitoring and reporting usage of the website by and usefulness to people with learning disabilities	Mar-11	Learning Disability Partnership Board website is operational	M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
9	1		90	A 'readers panel' of people who use services and carers is set up to assess departmental information to award local 'kite marks'	Mar-11		M Noone
9	1		91	Expand the use of different formats, including Easy-Read in all relevant communications including access to advocacy leaflets and information in large print	Oct-10	People receive information such as self directed support information packs in formats which are diverse and easy to understand	M Noone
9	2	A sample of people who have been signposted to other services by the Central Advice and Duty Team will be audited.	92	Revised service level agreement in place reflecting the need to report information on people who have been signposted	Oct-10	People with Learning Disabilities who are not eligible for Department of Adult Social Services support receive appropriate support to their needs.	R O Brien and M Flanagan
9	2		93	Auditing process agreed and implemented	Dec-10	Learning from outcomes of signposting and accepting of referrals implemented in developing new services.	R O Brien and M Flanagan

Improvement Area 10 – Ensure people's needs are holistically assessed and supported by effective partnership working.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
10	1	A model for equitable access and delivery of health, housing, education and social care support will be developed and implemented.	94	Develop through the self directed support planning process an equitable set of choices for people with Learning Disabilities to access health, housing, education and social care support.	Nov-10	Local priorities for supported housing are agreed, a transparent allocation system in place and access to supported housing is better co-ordinated	R O Brien and I Platt
10	1		95	Agree on the basis of demand, a model for integrated delivery of services with people with Learning Disabilities	Nov-10	Improved commissioning processes alongside more robust support planning.	R O Brien and I Platt
10	1		96	The Learning Disability Partnership Board to consider a revised model for specialist LD service.	Nov-10	Agreed model for future model of integrated services for people with Learning Disabilities.	R O Brien
10	2	The revised joint Commissioning Strategy will reflect the totality of needs and how they will be met across the partnership.	97	Through the Joint Strategic Needs Analysis identify the future housing health and social care needs of people who are ageing (specifically carers of people with a learning disability and people with a learning disability)	Dec-10	People with differing complexity of Learning Disabilities will receive integrated support appropriate to their level of need.	R Grant

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
10	2		98	Adaptations to housing support people moving into supported housing.	Mar-11	Adaptations are provided in a timely way	I Platt (Learning Disability Partnership Board)
10	2		99	Access to education is improved and courses easy to understand	Mar-11	Greater numbers of people with a Learning Disabilities accessing local higher education.	P Edmondson (Learning Disability Partnership Board)
10	3	The training plan for personalisation will be further developed.	100	Training Plan addresses personalisation agenda including training on support planning, outcomes, personalisation awareness, process training etc	Nov-10	Greater awareness of personalisation by professionals and carers who work and care for people with Learning Disabilities	F Tomlin
10	3		101	Training available in case recording for DASS staff developed	Nov-10		F Tomlin
10	3		102	Support planning training will be reviewed to ensure it reflects a joint approach is taken between housing, health and social care and a shared approach to safeguarding and the delivery of outcomes	Dec-10		F Tomlin

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
10	3		103	Establishment of joint learning groups to promote consistent practice and good use of advocates	Jan-11		F Tomlin
10	4	Revised policy, procedure and practice guidance underpinning the Personalisation reforms will be implemented	104	Evidence from case files that needs are holistically assessed taking account of issues across agencies such as housing, health and social care	Mar-11	People with Learning Disabilities will receive a seamless service from agencies working in partnership with one another.	R O Brien
10	4		105	Evidence in case files of effective relationships between staff and individuals	Mar-11	Effective, auditable case file and supervision processes in operation.	R O Brien
10	4		106	Evidence from performance information which shows that needs are assessed in a timely way focussing on outcomes for individuals, with clear contingency plans around carer breakdown	Mar 11	Case files will be routinely audited.	R O Brien

Improvement Area 11 – Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
11	1	Implement policy, procedure and practice guidance and ensure staff attend mandatory training	107	All new support plans identify employment & housing aspirations	Dec-10	Outcomes for people will be of better quality and more efficient and will be evidenced in case files, identified through case file audits	R O Brien
11	1		108	Risk to individuals including 'stranger danger', risk of exploitation or harm and self-protection strategies are clearly identified through a sample audit and plans in place to mitigate risk or identify areas of positive risk taking	Mar-11	A sample audit of case files will reveal consistent and accurate collation of material useful for the support planning tasks.	R O Brien
11	1		109	All staff will have attended appropriate training which will ensure that staff are competent in delivering the personalisation agenda evidence in supervision notes	Mar-11	Evidence via case file audit that support planning is undertaken which focuses on the whole person's needs andr those of their carers, future aspirations, risk to individual, promotion of independence, outcomes, sexuality, personal relationships etc	R O Brien

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
11	2	The Phase 2 pilot of the Personal Budgets Project will be completed and Phase 3 will be initiated to roll the process out across the Department.	110	Policy Procedures and Practice document in place providing clear guidance on support planning that reflects the whole of the person's needs and those of their carers, people's futures, risks to individuals, promotion of independence, outcomes and people's wishes and aspirations.	Oct-10	Understanding from staff of their role in developing support planning that reflects the whole person's needs or those of their carers, people's futures, risks to individuals, promotion of independence, outcomes and people's wishes and aspirations	F Tomlin
11	3	Providers will be engaged in new contract arrangements and involved in the development and delivery of Support Planning.	111	Expectations for support planning to be made explicit to providers	Dec-10	Support Planning will be improved with Provider input.	M Fowler
11	3		112	Complete provider workshops	Aug-10	Providers will have been involved in support planning training	M Fowler
11	3		113	Cabinet Report	Sep-10		M Fowler
11	3		114	Invitation to tender	Oct-10		M Fowler
11	3		115	Award of contracts	Feb-11		M Fowler
11	3		116	New contracts in place	Apr-11		M Fowler
11	4	See also Improvement area 3, Actions 1, 3 & 6.	N/A		N/A		Multiple Officers

Improvement Area 12 – Address gaps in awareness of the needs of and support to carers.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
12	1	Carer's legislation and a revised local carer's strategy will continue to be implemented.	117	Carers Action Plan fully implemented and signed off by the Carers Development Committee	Dec-10	Increase in number of older and single carers who have carers assessments and support to carers with multiple caring responsibilities	M Noone
12	1		118	Carers emergency scheme in place	Dec-10	Carers supported appropriately in an emergency.	M Noone
12	1		119	Total Commissioning Plan for learning Disability considers a range of options for short-breaks.	Dec-10	Options for short breaks and use of adult placement schemes considered and agreed by Carers Development Committee	S Rowley.
12	2	Policy and procedures for carers will be implemented	120	Carers needs are identified through the assessment and review process	Feb-11	Evidence of carers needs being clearly recorded on files as evidenced through performance information and case file audits	R O Brien
12	2		121	Ensure contingency plans are in place for carer breakdown as part of carers' assessments evidenced in support plans	Feb-11	Case files will be routinely audited.	R O Brien
12	3	See also improvement area 3, Actions 1 & 3.	N/A		N/A		Multiple Officers

Improvement Area 13 – Ensure that reviews are appropriately timed and focused.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
13	1	A schedule of reviews will be developed and Implemented to ensure they are delivered in a timely manner to all people with learning disabilities who receive support from the Council.	122	An action plan with clear targets for self directed reviews with people with Learning Disabilities is written and implemented.	Sep-11	People whose service requires reviewing will receive andefficient, personalised service.	R O Brien
13	1		123	Action plans and clear targets to ensure that support plans identify employment & housing aspirations and outcomes for people evidenced in case files	Mar-11	Case file audits reflect case work that identifies employment & housing aspirations and outcomes for people in case files	R O Brien
13	1		124	Risk to individuals including 'stranger danger', risk of exploitation or harm and self-protection strategies are clearly identified through a sample audit and plans in place to mitigate risk or identify areas of positive risk taking	Mar-11	The assessment of those risks undertaken by individuals will be based on more accurate information.	R O Brien
13	2	Also, see Improvement area 3, Actions 3, 4 & 5.	N/A		N/A		Multiple Officers

Improvement Area 14 – Strengthen arrangements for management and learning from complaints and compliments.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
14	1	A system for learning from complaints and compliments including root cause analysis will be developed and implemented.	125	System agreed by Strategic Leadership Team and implemented	Oct-10	The Learning Disabilities service will be continuously improved based on feedback and learning from its customers and stakeholders.	M Noone
14	2	A system for following up outcomes for people including informing them of improvements made as a result of the complaint will be further developed and implemented.	126	System agreed by Strategic Leadership Team and implemented	Oct-10	People who raise concerns know what actions have been taken as a result of their feedback.	M Noone
14	3	Learning from complaints will be embedded in working practices.	127	Improved working practices evidenced via minutes of Access and Assessment Branch Leadership Team and team meeting and subsequently checked through case file audits	Nov-10	Actions and service improvements identified through complaints will be acted upon and practice will improve and be developed based on feedback from customers.	R O Brien
14	4	The use of advocates and mediation will be further established in the complaints and quality assurance process.	128	Wirral Advocacy Partnership fully involved in the quality assurance process	Dec-10	People will be supported to have a voice and gain an effective resolution through the complaints process.	M Noone

4. Providing Leadership

Improvement Area 15 – Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
15	1	The Learning Disabilities Partnership Board and its subgroups will continue to implement actions from the Learning Disability Commissioning Framework.	129	Strategic Commissioning Framework Implementation 'Making It Happen' reports presented to every Learning Disabilities Partnership Board	Jul-10	Governance arrangements will be clearer across the economy.	J Webb
15	1		130	Presentations and reports to Learning Disabilities Partnership Board to ensure that strategic priorities are being met	Sep-10		J Webb
15	1		131	Annual Report on Progress on the Strategic Commissioning Framework presented to Learning Disabilities Partnership Board	Jan-11		J Webb
15	1	See also Improvement Area 8, Actions 1 & 2.	N/A		N/A		Multiple Officers
15	2	Clear performance-monitoring report processes for both Safeguarding Adults Partnership and Learning Disability Partnership Boards will be developed and implemented.	132	Review and test data collection procedures will be in place.	Sep-10	Performance against Local Indicators 8866 and 8867 will show improvement.	R Hughes

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Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
15	2		133	Produce Weekly performance statistics and exception reports and distribute to Locality Managers	Aug-10		R Hughes
15	2		134	Performance reports presented to SAPB and LDPB	Oct-10		R Hughes
15	3	See improvement area 1, improvement areas 1 and 2	N/A		Oct-10		J Webb & M Noone

Improvement Area 16 – Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
16	1	People with learning disabilities will be supported to engage in the Council's 'Wirral's Future. Be a Part of it' consultation.	135	Communication about the consultation is provided in suitable format	Oct-10	People with learning disabilities will be more fundamentally engaged in the shaping of Council services.	C Curr
16	2	People with disabilities will be involved with the Localisation Commission	136	Funding distributed by the commission is specifically targeted	Nov-10	People with learning disabilities will have greater control over service developments.	C Curr

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
16	3	The Department of Adult Social Services communication strategy group will refresh and re-align communication plans for transforming adult social care, safeguarding adults and the transformation of adults with learning disability services.	137	Communication plan refreshed	Nov-10	Departmental Communications will be more focussed upon communicating with people with learning disabilities and delivering information in more appropriate formats.	M Noone
16	3		138	Process in place which ensures more people and service providers are involved	Dec-10	Recorded evidence that the vision has been shaped by people who use services, carers and service providers and looks at involvement in decision making over the last year, making recommendations for improvements	M Noone
16	3		139	The Enabling Fulfilling Lives group to present an independent annual report to the Learning Disabilities Partnership Board on involvement	Jan-11		A Pollitt
16	3		140	Plans for transforming adult social care are translated into format which are easy to understand	Dec-10		M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
16	3		**141**	Different methods of communicating messages are used	Sep-10		M Noone

Improvement Area 17 – Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
17	1	The Managing the Market Project (commenced August 2009) will be completed.	**142**	Tender for Outcome Based Framework Agreement	Oct-10	People with learning disabilities will have a greater number of support options which will be of higher quality.	M Fowler
17	1		**143**	Outcome based framework agreement in place	Dec-10		M Fowler

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Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
17	1		144	New personal support services are available to people wherever they may live, including supported living to minimise the need for people to enter residential care or out of area placements.	Apr-11	The quality assurance framework contained within the personal support contracts evidences improvements in standards	M Fowler
17	2	Voluntary agency contracts will be reviewed.	145	Outcome-based framework agreement in place	Dec-10	The voluntary sector will be more stimulated to provide support.	M Noone
17	3	An analysis will be undertaken to determine levels of activity between teams and partners agencies (including the number of staff for safeguarding adults and learning disability services).	146	Benchmarking and performance reports to Safeguarding Adults Partnership Board and Learning Disability Partnership Board to inform decision making	Mar-11	Services will be more effectively managed and will deliver personalised care in an increasingly efficient manner.	R Hughes
17	3		147	Review and test data collection procedures.	Aug-10	Variable levels of activity will be minimised	R Hughes
17	3		148	Produce Weekly performance statistics and exception reports and distribute to Locality Managers	Aug-10		R Hughes
17	3		149	Performance reports presented to SAPB and LDPB	Oct-10		R Hughes

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
17	4	The Terms of Reference of the Joint Commissioning Group for people with learning disabilities will be revised.	150	Terms of Reference revised.	Sep-10	There will be a clearer focus on key priorities for joint planning person-centred, affordable and responsive services.	R O Brien
17	4		151	Joint Commissioning Group for people with learning disabilities review potential for single risk matrix	Feb-11	Key decisions are made from a wider availability of information.	R O Brien
17	5	Elected members will be involved in the safeguarding adults and learning disability agendas	152	Elected member Review Panel in place	Sep-10	The scope and understanding of safeguarding activities and supporting people with learning disabilities will be more consistent across the Council economy.	J Webb
17	5		153	Elected member safeguarding adults champions identified	Sep-10		J Webb
17	5		154	Elected members attend safeguarding adults training which started in April 2010	Sep-10		C Hyams

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
17	5		155	Elected members continue to be represented on Safeguarding Adults Partnership Board	Oct-10		J Webb
17	6	The role of the Safeguarding Adults Sub Groups will be further developed.	156	Actions from sub group plans delivered on time in a co-ordinated way	Mar-11	People with learning disabilities and their representatives will be more engaged in the direction of support service development.	J Webb
17	7	An agreed Resource Allocation System will be implemented.	157	Resource Allocation System implemented.	Oct-10	The deployment of resources will be more transparent and more efficient at providing support.	R O Brien

Improvement Area 18 – Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
18	1	The Early Intervention Strategy will be implemented.	158	Strategy is approved by Council and implementation commences	Sep-10	Services will be more focussed on delivering support 'upstream' - in advance of substantial and critical interventions.	M Noone
18	2	Specific support for people with learning disabilities and carers will be identified through the Early Intervention workstreams.	159	Workstream action plans in place and include measurable milestones and monitoring arrangements.	Dec-10	The Personalisation Agenda will be increasingly more apparent in early intervention services.	M Noone
18	3	The offer of Assistive Technology to people with a learning disability and/or their carers will be made clearer.	160	Procedure in place for people with a learning disability and their carers offered Assistive Technology.	Dec-10	The greater uptake of cost-effective technological support will enable more people to achieve independence and retain it for longer.	R O Brien
18	4		161		Mar-11	An increase in the number of Assistive Technology installations for people with a learning disability and/or their carers	R O Brien

Improvement Area 19 – Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
19	1	The Competency Framework will be developed with learning plans.	162	Learning plans in place For key professional areas , using multi agency training, shadowing and coaching	Dec-10r	Improved confidence and performance of staff	C Hyams
19	2	Performance management and supervision policy will be integrated	163	The supervision policy and practices are linked to the Key Issues exchange for consistent performance management	Feb-11	Improved performance management with clarity provided to staff about accountabilities and expectations with regard to performance	C Hyams
19	3	HR Policies and their application will be reviewed (review will include trends and issues).	164	HR Policy update Issues identified and improvement plan	Nov-10	HR policy framework and practices enable managers to better manage performance	C Hyams
19	4	Managers will be trained in performance management for HR policy application	165	Training delivered.	**Feb-10**	Managers able to implement effective management practices	C Hyams
19	5	See Area 17 point 3	**N/A**		N/A		M Fowler
19	6	See Area 3 points 1 - 6 and Area 10 points 3+4	**N/A**		N/A		Multiple Officers.

5. Commissioning and Use of Resources

Improvement Area 20 – Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.							
Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
20	1	See also improvement area 17, Actions 1 + 2	N/A		N/A		Multiple Officers
20	1	Advocacy and brokerage support processes involving the voluntary and community sector will be developed.	166	A Brokerage Scheme is in place	Oct-10	Communities will become more able and confident in supporting those who most need their support and advice.	M Noone
20	1		167	Communication with voluntary and community sector advocacy support services on new personalisation requirements and role in supporting self directed assessment and self directed support	Oct-10		M Noone
20	1		168	Develop and implement approved provider list for existing brokerage support	Dec-10		M Noone
20	1		169	Review and implementation of voluntary sector contracts	Mar-11		M Noone

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
20	2	The Emergency Duty Team arrangements will be reviewed	170	Review Completed	Oct-10	The revised business model will enable the Emergency Duty Team to provide a more efficient service, and one more tailored to the needs of those who require its support.	R O Brien
20	2		171	Revised arrangements implemented.	Mar-11	The revised business model for the Emergency Duty Team will enable planning for a future service model.	R O Brien

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Improvement Area 21 – Ensure joined-up and efficient use of resources across the council, health and housing services.

Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
21	1	The 'Total Commissioning' model will be agreed and implemented across the public sector in Wirral.	172	The concept of "Total Commissioning," as agreed by COMT in May 2010, will be developed within services for people with learning disabilities	Sep-10	Health and Social Care services will be more closely integrated and efficiently delivered.	S Rowley
21	1		173	Gaps in person centred planning identified through reviews to inform commissioning	Dec-10		S Rowley
21	2	The Department of Adult Social Services Business Plan 2011-14 will be refreshed.	174	Department of Adult Social Services Business Plan agreed by Council	May-11	The Department will be better placed to deliver effective support services which are responsive to local needs and legislative intentions.	J Webb
21	3	The Corporate Plan 2011-14 will be refreshed.	175	Corporate Plan agreed by Council	May-11	The Council will be better placed to deliver effective support services which are responsive to local needs and legislative intentions.	J Wilkie

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Imp Area No.	Action No.	How is this to be achieved / action	Milestone Number	Milestone	Milestone End Date	Evidence Of Improvement	Lead Responsible Officer
21	4	The Council will direct the use of in-house provider services. Cost efficiency will be driven within the Department and through the current 'Wirral's Future. Be a Part of it' consultation.	176	Value for money services provided following the council's consultation with the public via the Council's consultation programme - 'Wirral's Future. Be a Part of it'.	Dec-10	Services will more clearly influenced by considerations of community requirements and efficiency.	J Webb
21	5	The medium-term financial plan will be strengthened as a result of the current administration budget and resource allocation, and following feedback from the 'Wirral's Future. Be a Part of it' consultation.	177	Better value for money provided following the council's consultation with the public via Wirral's Future. Be a Part of it' consultation	Dec-10	A clearer understanding of the support the Council will deliver, and the resources it has to do it will enable more effective management.	J Webb
21	6	Robust contingency plans to manage decommissioning across the sector will be developed.	178	Following Wirral-wide consultation, if appropriate, services will be decommissioned in a safe way	Apr-11	The transformation agenda will not cause any individual or group of individuals to become further disadvantaged.	J Webb

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE:
28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

PROGRESS REPORT ON REIMBURSEMENT IN RELATION TO PUBLIC INTEREST DISCLOSURE ACT 1998 (PIDA)

Executive Summary

The purpose of this report is to update members of the Audit and Risk Management committee on progress in implementing reimbursement to certain residents and former residents of Bermuda Road, Curlew Way and Edgehill Road following the agreement of Cabinet to the recommendations of this Committee.

An update on the project to reimburse the 16 individuals provides the following progress: relatives of the 4 deceased people have received reimbursements; one person with capacity has received theirs; all other repayments have been affected by the intervention of the Office of the Public Guardian.

This item falls within the Social Care and Inclusion portfolio.

1   **Background**

1.1   This paper provides a progress report on the work undertaken to proceed with reimbursing sixteen individuals who were identified as eligible for a payment following a decision by Cabinet on 14 January 2010. Twelve of these people who currently use services are still alive and four people are now deceased.

1.2   Each of the twelve individuals have been provided with an advocate, ten with Wirral Mind, one with Mencap and one with Advocacy in Wirral.

2   **Reimbursement Task Force**

2.1   A task force meeting has been held regularly since February 2010 in order to the review progress with advocates on individual cases and discuss any issues. The meetings have been attended by advocates, Weightmans Solicitors and Council staff, including individuals from finance, welfare benefits and operational areas.

2.2   Reimbursement has been paid to one of the twelve individuals in July 2010.

3   **Office of the Public Guardian**

3.1   A letter was received in May from the Office of the Public Guardian. They had been made aware of the reimbursements and they had safeguarding concerns in relation to substantial sums of money being paid to vulnerable adults who may not have the capacity to make their own decisions. If this were the case they advised that it would be appropriate for applications to be made to the Court of Protection.

3.2   Since then the department has liaised with the Compliance and Regulation Unit of the Office of the Public Guardian to agree the actions we should be taking. They advised to complete capacity assessments on all individuals and where they do not have capacity an application should be made to the Court of Protection. If they do have capacity then the reimbursement can go ahead to the individual.

3.3   Initial capacity assessments have been completed for nine individuals. For eight of them the indication was that they did not have the capacity to make decisions around financial matters. Referrals to their GP have been arranged for a formal capacity assessment which is a requirement by the Court of Protection when applications are made.

3.4   We are currently awaiting the outcome of the initial assessment for three people.

3.5   The department will make the applications to the Court where there is not an appropriate person able or willing to do so, such as a family member.

3.6   Establishing and dealing with the requirements of the Public Guardian have delayed progress in making reimbursement payments. The one payment which has been made was to someone who did have capacity.

4   **Contact with the individuals and their relatives**

4.1   Independent advocates have been working closely with the individuals and their families since February 2010 to determine how they may wish to utilise their reimbursement. Most of the preparatory work in relation to understanding the wishes of the individuals and their families has now been completed.

4.2   Update letters have been sent to relatives in August which includes details of the requirements from the Office of the Public Guardian.

5   **Progress on the four deceased**

5.1   Next of kin have been identified for each of the four deceased and reimbursement payments have been made for all of them.

5.2   Identification and verification of next of kin has been managed in line with legal advice.

6   Future Progress

6.1   Progress on completing the work to reimburse the remaining 11 individuals will now be dependent on the progress of the applications to the Court of Protection.

7   Financial Implications

7.1   The total cost of reimbursement is £243,460. To date £62,695 has been paid. At Cabinet on 14 January 2010 it was agreed to provide the sum of £243,000 to meet the cost of the reimbursements

8   Staffing Implications

8.1   There are none.

9   Equal Opportunities Implications/Health Impact Assessment

9.1   This issue has concerned the fairness of the Council's charges to a group of people with learning disabilities.

10   Community Safety Implications

10.1   There are none.

11   Local Agenda 21 Implications

11.1   There are none.

12   Planning Implications

12.1   There are none.

13   Anti Poverty Implications

13.1   Part of the concern with previous practice was the impact on individuals with capital resources.

14   Social Inclusion Implications

14.1   The objective of supported living schemes is to enable disadvantaged individuals to have more independence and integration in the community.

15   Local Member Support Implications

15.1   The houses concerned are in Moreton Ward.

16 **Health Implications**

16.1 None as a result of this report.

17 **Background Papers**

17.1 Previous reports to Committee and Cabinet

17.2 Letter received from the Office of the Public Guardian

18 **Recommendations**

That;

(1) The report be noted.

(2) Final details of reimbursements to individuals be reported to a further meeting of this committee.

JOHN WEBB
Director of Adult Social Services

Name   Rick O'Brien
Title   Head of Branch
Ext no 3632

Date   13.9.10

AUDIT & RISK MANAGEMENT COMMITTEE – 28 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF LAW, HR AND ASSET MANAGEMENT

REGULATION OF INVESTIGATORY POWERS ACT 2000

1. **SUMMARY**

   This report summarises the use of covert surveillance by the Council between 1 June and 31 August 2010 and recent developments in this field.

2. **BACKGROUND**

2.1 The Regulation of Investigatory Powers Act 2000 (RIPA) governs how public bodies use surveillance methods: The Council may use covert surveillance for the purpose of preventing or detecting crime or preventing disorder.

2.2 The origin of RIPA lies in the Human Rights Act 1998 which places restrictions on the extent to which public bodies may interfere with a person's right to respect for his or her home and private life and correspondence during the course of an investigation into suspected criminal activities. The provisions of RIPA ensure (in summary) that any such interferences are in accordance with the law and are necessary and proportionate (i.e. the seriousness of the suspected crime or disorder must outweigh any possible interferences with the personal privacy of the persons being investigated and of persons who associate with them).

2.3 The Council's Constitution authorises the Directors of Law, HR and Asset Management, Technical Services and Finance to designate Heads of Service and Service Managers to authorise the use of covert surveillance in accordance with the procedures prescribed by RIPA.

2.4 The Office of Surveillance Commissioners (OSC) is responsible for overseeing the operation of RIPA. The OSC inspected the Council on 1 July 2009. The outcome of that inspection was reported to the Committee on 23 September 2009. The Committee approved amendments to the Council's Policy and Guidance Document made in response to the Report.

2.5 New Codes of Practice on covert surveillance have been published by the Home Office. As from 1 April every Council should report quarterly to its Audit and Risk Management Committee on its use of RIPA.

3. **THE USE OF RIPA BY THE COUNCIL**

3.1 Between 1 June 2010 and 31 August 2010 the Council granted 5 authorisations for covert surveillance.

3.2. Of those authorisations, 3 were for covert surveillance by the Wirral Anti-Social Behaviour Team to gather evidence of serious anti-social behaviour (mainly on housing estates) for use in proceedings for possession injunctions and anti-social behaviour orders. The use of covert surveillance by the installation of cameras and sound recording equipment is a valuable means of overcoming the barriers raised by witness intimidation to evidence obtained by other means. It also is potentially more reliable evidence than the recollection of a witness whose memory may be fallible and whose evidence may be perceived as biased against the defendant.

3.3 The reasons for those authorisations were complaints of criminal damage to windows and fencing, verbal abuse, shouting, persistent harassment through targeted noise nuisance and fighting. The evidence obtained from covert surveillance was used to obtain an ASBO.

3.4 One authorisation was for covert surveillance by Wirral Trading Standards officers for use in an investigation with the Police into the sale of cigarettes and alcohol to under-age children. As a result of that surveillance evidence was obtained of 3 offences of illegal sales to children of alcohol and tobacco.

3.5 One authorisation was granted to investigate possible licensing offences by a pub landlord. Evidence was obtained of offences which was forwarded to the police.

4. **PATON v POOLE BOROUGH COUNCIL - DECISION OF THE INVESTIGATORY POWERS OF TRIBUNAL PUBLISHED ON 29 JULY 2010**

4.1 Poole Borough Council had authorised directed surveillance of a family whose mother was suspected of giving a false address to ensure her children attended the school of her choice.

4.2 The Tribunal held that the surveillance was unlawful because its purpose was not for the detection or prevention of crime but to obtain evidence that would justify the Council's withdrawal of the offer of a place at the school in question.

4.3 Wirral Council has never used covert surveillance to detect breaches by parents of its Schools Admission Policy.

5. **REVIEW BY THE GOVERNMENT OF LOCAL AUTHORITIES POWERS TO USE COVERT SURVEILLANCE**

5.1 The Home Office is undertaking this review under the oversight of Lord MacDonald QC.

5.2 It is anticipated that the review will recommend that only magistrates can authorise local authorities to use covert surveillance. This would be an acceptable independent safeguard against improper use of RIPA.

5.3 More controversially it has been suggested that local authorities should only be allowed to use covert surveillance to detect serious crime (eg crimes of violence or offences which would usually attract prisons sentences of 3 years or more). This would mean that local authorities could no longer use RIPA to obtain evidence of anti social behaviour and offences such as sale of counterfeit goods, fly-tipping or contravention of the licensing laws. Enforcement of the law by local authorities would become substantially more difficult and this would not be in the public interest.

6. **FINANCIAL, STAFFING, LOCAL AGENDA 21, PLANNING, SOCIAL INCLUSION AND LOCAL MEMBER IMPLICATIONS**

There are no Financial, Staffing, Local Agenda 21, Planning, Social Inclusion and Local Member Implications arising from this report.

7. **EQUAL OPPORTUNITIES IMPLICATIONS**

The purpose of RIPA is to strike a fair balance between the rights of individuals to privacy and the rights of public bodies to act in the public interest to detect and prevent criminal behaviour and disorder.

8. **COMMUNITY SAFETY IMPLICATIONS**

The use of RIPA enables the Council to use covert surveillance to tackle the problem of anti-social behaviour and disorder.

9. **BACKGROUND PAPERS**

The report to the meeting of this Committee on 23 September 2009 and 30 June 2010.

10. **RECOMMENDATIONS**

10.1 That the Committee notes the report on the Council's use of RIPA.

10.2 That the Committee recommends to the Home Office that local authorities be allowed to continue to use covert surveillance to detect crime and disorder provided it has been authorised by an independent magistrate.

BILL NORMAN
DIRECTOR OF LAW, HR AND ASSET MANAGEMENT

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