



**Audit and Risk Management Committee**  
**Monday, 18 November 2019**

<b>REPORT TITLE:</b>	<b>CLIENT FINANCE SUPPORT UNIT UPDATE</b>
<b>REPORT OF :</b>	<b>DIRECTOR OF FINANCE AND INVESTMENT</b>

**REPORT SUMMARY**

This report provides an update and assurance to members on an item of note regarding the Client Finance Support Team brought to the attention of the Members in the Chief Internal Auditors report for year ended 31 March 2019 (identified at Section 3.3.5).

**RECOMMENDATION/S**

Members note the report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 To provide the Members with assurance that the Council is taking appropriate measures to ensure that an effective control environment is in place in respect of Court of Protection Deputyships and Appointeeships, and that the service provided to this vulnerable customer group is effective and in compliance with statutory requirements.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 No other options considered.

### **3.0 BACKGROUND INFORMATION**

#### **Review of the Client Finance Support Function**

- 3.1 The Mental Capacity Act 2005 (MCA) provides for powers to be granted by the Court of Protection to a Local Authority Deputy in order for them to make best interests decisions about an incapacitated person, in any setting, in relation to their property and financial affairs. This Deputyship is applied in circumstances where there is no other person willing or able to act on their behalf. Where a person's income is state benefits, the team can also apply for an Appointeeship to the Department for Work and Pensions to manage these benefits and assist with a residents day to day financial affairs.
- 3.2 The Local Authority Deputy (Director of Adult Social Care & Health) delegates these responsibilities to the team workers in the Client Finance Support Team. These responsibilities include:
- handling people's property and finances appropriately, consistently and confidentially in accordance with legislation, regulations and Wirral Council's financial policy and procedures
  - minimising the risk of abuse or criminal activity
  - ensuring transparency in the recording of financial transactions
  - wherever possible understanding and acting on the person's wishes

The activities that the team undertake and are committed to meeting are set out in the service specification (Section 75 agreement) as part of the Wirral Health and Care Commissioning arrangements for health and adult social care integration.

- 3.3 In July 2018, as part of the integration of Health and Adult Social Care, the Client Finance Support Team was moved in to the Transaction Centre within the Council's Customer Services Directorate. The transfer followed the earlier transfer in 2014 of the Personal Finance Unit and was completed in September 2018. At this time the Director of Finance & Investment instructed that a review of all Council services be undertaken as part of a 3 year rolling programme. The review started in Customer Services and as the Head of Service was not familiar with the processes and practices undertaken by the Client Finance Support Team, it was pertinent that the

Team were included in phase one of this programme and the review started early November 2018.

- 3.4 As the review progressed, operational concerns about working practices were raised by Business Unit Managers. A working group was formed by the Director of Finance and Investment in March 2019 to act as a driver and escalation point for the improvements required for clients requiring financial protection. Representation from the operational service, Adult Social Care, Legal Services and Internal Audit ensures resolution of any identified issues.
- 3.5 At this time, in line with self-reporting practice, the concerns were also flagged to the regulator – the Office of the Public Guardian. This was important since a routine inspection ‘visit’ was imminent. External resource was sourced to closely project manage the review of the function, with a clear objective to develop and drive forward implementation of an improvement plan.
- 3.6 The process review has found:
  - The Client Finance Team had historically worked in isolation with insufficient management oversight.
  - Process and procedures were intensively reviewed against the care act and deemed to be not fit for purpose. As a result, working practices were variable across both deputy team workers and social care.
  - The Team’s duties and main responsibilities were not clearly documented and there was a lack of understanding of the legal powers and duties that they were acting under.
  - There was a reliance on manual processes and a failure to implement digital process at the earliest opportunity. This made reporting and transparency of caseload at an overall level difficult.
  - There was no systematic reporting providing oversight for senior managers nor an effective audit trail of decision making.
  - Inefficient and cumbersome Bank Reconciliation processes for client accounts.
  - Team members removed possessions from properties where service users had been admitted to care without the appropriate security e.g. transporting possessions and cash in public on a lone basis.
  - Where possessions and cash were removed from properties, these were taken back to the office and not stored securely enough, nor was there any review with social care of what was held, and without clear process allowing property to amass over time.
  - Staff were not effectively trained for the duties and responsibilities they were undertaking.
  - Insufficient capacity to meet the demands of the workload for deputy team workers. This has impacted on quality and timeliness of service to Clients.
  - Staff were arranging for funerals (outside their powers) for people who died in the community who had no known family or suitable arrangements and were not CoP clients.
  - The team’s role had evolved over time and functions had become conflated.

**The review has not found issues of financial mismanagement of Clients affairs.**

## **Improvement Plan**

- 3.7 In response to the findings an improvement plan was developed to deliver a programme of works to ensure that the control environment is in place in respect of Court of Protection Deputyships and Appointeeships and that the service provided is effective and compliant with statutory requirements. The outline improvement plan and timeline can be seen at Appendix 1. The improvement plan covered:
- clarify of statutory duties and powers and roles and responsibilities of the Client Finance Team and social care.
  - clear and effective governance between the Corporate LA Deputy and the staff delegated to carry out the day to day function.
  - develop a new operating model for the function.
  - develop fit for purpose all policies, processes and procedures.
  - change working practices of the CFST and adult social care to become compliant with legislation and the needs of the business regarding financial protection.
  - review workloads and capacity and resolve resource issues, developing longer term sustainable structure.
  - development and training of the team to effectively deliver their responsibilities.
  - resolution of legacy issues related to poor practice, i.e. bank reconciliation and moveable property (person's small valuables, cash and pets)
  - IT systems implementation of Financial Protection Module and build reporting for managerial oversight.
- 3.8 The improvements have been developed with advice from Legal Services on statutory responsibilities to design legally compliant processes. The processes were the subject of an assurance test by Internal Audit in September 2019 which provided a positive opinion while acknowledging some processes remained in development.
- 3.9 Much of this work has focused on revisiting and revising working practices, clarifying roles and responsibilities between the Client Finance Team and Adult Social Care. For example, each request for a payment of expenses (e.g. purchasing clothes) for a client was previously authorised by a social worker. This was a slow and cumbersome process. An examination of powers clarified this 'financial' decision as the responsibility of the Deputy. The process and procedure has been revised, streamlined and implemented to the benefit of the vulnerable person, whose needs are being now met more quickly.
- 3.10 The Office of the Public Guardian (OPG) conducted an inspection 'Visit' in August 2019. The OPG has yet to send the report but at the time of the visit the inspector flagged no major concerns with the Council. Any findings will be incorporated into the improvement plan.

## **Legacy Issues**

- 3.11 The improvement work to create 'fit for purpose' policy, process and procedure has closed gaps in working practices and will ensure these are compliant and follow statutory requirements. There are, however, historic issues related to poor practices

that require the completion of tasks to conclude and close them. These are being closely managed as part of the improvement plan and recommendations for resolution taken for decision and oversight through the Review Group. This provided full assurance that compliance is being met.

- 3.12 The Team have historically also undertaken tasks where they were unknowingly acting outside their powers, but with all good intention to help the vulnerable customer groups. An example is people who had died in the community (Public Health funerals) where the statutory power would be to arrange the funerals of deceased without family or suitable arrangements. The team visited properties to try to establish next of kin or executors for the deceased and brought back paperwork and any valuables or cash found. This activity, when identified in April 2019, ceased immediately.
- 3.13 Moveable property (a person's small valuables, cash and pets) in particular has had significant scrutiny in terms of historic practice and a fundamentally new control environment created to protect vulnerable people but also officers of the Council from any accusation of impropriety in the management of a person's financial and property affairs.
- 3.14 The team have in storage the possessions of Clients for whom they acted on behalf of, those who temporarily may have gone into care and those who had died without family in the community. Roles and responsibilities of the social worker and the Client Finance Team and public health in this area were not clearly set. There was no clear disposal or repatriation policy, nor review of the valuables in hand.

## **Workforce**

- 3.15 The team are currently being supported by additional operational resource and an ongoing consideration of required capacity in underway as we continue to review the roles and responsibilities, Job descriptions for the team. As this activity progresses, we will be able to conclude the exact resource requirements to ensure that the team can deliver the work to the required standard providing robust resilience of the service. Training and development on new process and procedures has been undertaken to ensure that working practice changes. The project has included work with Social care Professional Standards Team to ensure Social Care working practices are also changed. Longer term training needs will be defined and built into personal development plans for staff in the Client Finance team.

## **Current position**

- 3.16 The project remains on plan with most of the actions required delivered by October 2019. At the time of writing, the areas of the improvement plan requiring completion are, new banking arrangements for Clients to replace inefficient processes, and the IT implementation of a Financial Protection Module to ensure records are electronic with greater visibility and management oversight of activity. This work has started, and the plan is that these will be in place no later than March 2020.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are none arising from this report.

**5.0 LEGAL IMPLICATIONS**

5.1 There are none arising from this report.

**6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 There are none arising from this report.

**7.0 RELEVANT RISKS**

7.1 Appropriate actions are not taken by the officers to deliver the improvements required. This has been mitigated by close management and driving of actions in the improvement plan.

**8.0 ENGAGEMENT/CONSULTATION**

8.1 Engagement with responsible Social Care officers within the Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Community NHS Foundation Trust

**9.0 EQUALITY IMPLICATIONS**

9.1 There are none arising from this report.

**10. ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are none arising from this report.

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**APPENDICES**

Appendix 1 – Client Finance Review Outline Improvement Plan

**BACKGROUND DOCUMENTS**

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>