



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	01.03.2022
Report Title	Internal Audit Report AC2112: Mental Health and Substance Misuse
Report Number	HSCP.21.127
Lead Officer	Jamie Dale, Chief Internal Auditor
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Mental Health and Substance Misuse that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee review, discuss and comment on the issues raised within this report.

3. Summary of Key Information

- 3.1. The following summary of the Internal Audit report was considered by the Council's Audit, Risk and Scrutiny Committee on 2 December 2021.

Background

- 3.2. The Mental Health and Substance Misuse (MHSM) Social Work team supports a variety of service users with a variety of needs. When a person



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applies to get care or support, an assessment is carried out and a support plan is agreed between them or their representative and a Practitioner stating what they would like to be able to do/achieve with the assistance provided by the Council, either through providing the support or providing the funds under Self Directed Support (SDS) to obtain appropriate support.

- 3.3. The Social Work Mental Health and Substance Misuse Team spent a total of £9 million in financial year 2020/21. This included £8.94 million paid to 63 external providers and £0.06 million direct to 17 service users. £7.43 million related to mental health and £1.57 million for addictions/dependency.

Objective

- 3.4. The objective of this audit was to provide assurance that appropriate processes are in place to manage and record support arrangements and that expenditure is adequately controlled, including approval / management of discretionary support. This involved review of a sample of service users' records and ensuring appropriate procedures were followed regarding support arrangements, and funding provided.

Assurance

- 3.5. While requiring some legislation updates the Partnership has written procedures covering the assessment process and recording on the care management system.
- 3.6. The Partnership's process of assessing client needs and subsequent referral to the appropriate support package is carried out by qualified staff at the appropriate level. Approval of these packages is governed by the Adult Services Resource Allocation Panel (RAP) which provides a good segregation of duties between those assessing and approving expenditure. During the pandemic the panel did not meet, and the approval process was delegated to Service Managers. While this was appropriate to provide ongoing client support, the terms of reference covering the RAP did not fully support his level of delegation. Testing did not find any packages allocated during this period to be inappropriate in terms of client need.

Findings and Recommendations

- 3.7. The Partnership's written procedures were last updated in 2009, since then legislation covering self-directed support and data protection have changed along with the formation of the Health and Social Care Partnership. A recommendation graded as Important within audited area was made that



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the Service should review its policies and procedures to ensure they are up to date.

- 3.8. Two of 12 service users had no record of the required annual review being undertaken. Annual reviews should be undertaken and documented to ensure service users' care arrangements remain appropriate and any changes are made timeously. The remaining reviews were not recorded in a consistent manner within the care management system. Review data was recorded either within assessments, activities, or in an observations field. It is important that details are recorded consistently to ensure the care management process has been followed. This is particularly important in the event of changes in care staff. A recommendation graded as Significant within audited area was made that the Partnership should ensure that reviews are completed in line with service requirements and are consistently documented.
- 3.9. Clients can be referred to employment skills and experience support to help rehabilitate them back into the workplace; this is provided through a third sector commissioned service. Once on this path the review process should be undertaken by the provider, and no ongoing review is undertaken by the Partnership. Testing found clients who had been on this path since 2016. Without a Partnership review there may be a risk of continuing to provide services that are no longer required or achieving the originally assessed outcomes. A recommendation graded as Significant within audited area was made that the Partnership should implement periodic review of service users assigned to employment skills and experience.
- 3.10. The Service has noted that due to COVID-19, the Resource Allocation Panel (RAP) was suspended between March 2020 and August 2021 and as such all plans in this period had been approved by Service Managers. While the RAP terms of reference note the ability of Service Managers to approve care plans in urgent situations between the normal fortnightly RAP meeting schedule it does not explicitly cover cases where the panel does not meet. Also, while the terms provide for a level of delegation in such situations these financial levels were exceeded during this period. A recommendation graded as Significant within audited area was made that the Partnership should ensure all expenditure is approved and reviewed at the appropriate level.

Management Response

- 3.11. The Service has highlighted that COVID-19 has impacted on the urgency and nature of new and ongoing care provision, however, acknowledges the audit findings and has agreed to implement actions in response. The



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written procedures will be updated as part of the roll out of the new D365 system which will include procedures on recording data along with updated paperwork to reflect legislation and Partnership working. The Employment Skills and Development Contract is under review and the requirement for reviews has already been highlighted to the providers. The providers are undertaking to move people on, where appropriate to the service users' needs. Although not documented, an approval process commensurate with Officers work remits and seniority was undertaken during the pandemic, including liaising with the Chief Finance Officer for higher value packages. As these officers normally form the RAP, packages approved during that period will not be submitted for retrospective approval. The RAP terms will be reviewed to ensure they provide sufficient scope to deal with any future situation.

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for Committee to discuss, review and comment on the contents of an Internal Audit report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.



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- 6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks have been identified during the Internal Audit process, recommendations have been made to management to mitigate these risks.