ABERDEEN CITY COUNCIL

COMMITTEE	**Education and Children's Services**
DATE	**26 January 2017**
DIRECTOR	**Gayle Gorman**
TITLE OF REPORT	**Self-Directed Support Progress and Assurance Report**
REPORT NUMBER	**ECS/17/008**
CHECKLIST COMPLETED	**YES**

1.   PURPOSE OF REPORT

1.1   The purpose of the report is to provide assurance to the Integration Joint Board (IJB), Education and Children's Service (ECS) and key stakeholders that implementation of the Social Care (Self-Directed Support) (Scotland) Act 2013 is progressing in Aberdeen City.

2.   RECOMMENDATION(S)

2.1   For Education and Children's Services Committee to note the content and future focus of the report as outlined in section 5.4 of the report.

3.   FINANCIAL IMPLICATIONS

3.1   **Scottish Government Change Fund Monies**

3.2   The Scottish Government has provided Aberdeen City with additional funding (*Table 1 – p. 3 Scottish Government Funding 2012 – 2017 Aberdeen City*) to support the development and implementation of the Act. The Scottish Government has also provided voluntary sector funding to assist community capacity building.

Scottish Government Funding 2012 – 2017 Aberdeen City			
Year	Budget Allocation	To Note	Carried Forward
2012/ 2013	£261,440		
2013/2014	£426,000		
2014/2015	£225,560		*Of this £435,443 has been carried forward to 2015/2016*

2015 / 2016	£127,537		The figure carried forward is £303,701.30 on the adult social care balance sheet. S58900 06586. This has not been spent.
2016 / 2017	£127,537	2015/2016 and 2016/2017 was rounded to £255,000 and awarded as an ear-marked reserve. Currently £150,000 has been spent against it and it is anticipated that it will be fully spent by the year end.	The figure carried forward is £303,701.30 on the adult social care balance sheet. S58900 06586. This has not been spent and is carried forward.
Table 1 – Scottish Government Funding			

3.3

3.4 Financial Resource

3.5 ACC funded posts

3.6 ACC staff costs to support the permanent SDS team (*Table 2, p.4 – ACC funded posts 2012 -2017*); it is to be noted that although the SDS coordinator has been funded from the SDS budget during 2015 - 2016, the post was not carrying out any functions for the SDS team. The post has now been backfilled from January 2017 to undertake duties in the SDS team.

3.7

ACC Funded Posts 2012 – 2017				
Year	**Year-end staff costs**	**Estimated year end staff costs**	**Scottish Government Funding**	**Cost to ACC**
2012/2013	*132,734.60*	*132,734.60*	*0.00*	*132,734.60*
2013/2014	*184,409.79*	*184,409.79*	*-59,249.44*	*125,160.35*
2014/2015	*213,001.17*	*213,001.17*	*-181,442.19*	*31,558.98*
2015/2016	*251,546.27*	*251,546.27*	*-127,342.14*	*124,204.13*
2016/2017	*202,171.23*	*269,561.64*	*-112,596.58*	*156,965.06*
Table 2 – ACC funded posts				

3.8 Personal Budgets

3.9 The implementation of the Act requires significant transformation in the way that support from social work and health will be arranged and delivered. Regardless of the approach to the implementation of the Act, there are risks in relation to seeking a different pattern of supports as the new arrangements for choice using the four options are implemented.

3.10 Currently personal budgets are allocated from social work budgets only; as implementation is progressing there is increased need to consider joint budgets and to free up resources from within existing NHS, Social Work and Education and Children's Services in order to allocate those resources based on supported people's choices.

4. OTHER IMPLICATIONS

4.1 Self-employed workers and carers

Due to highlighted risks the employment of self-employed workers a decision supported by legal has been made, all workers who are disclosing a self-employed status must complete a self-employed declaration and disclosure. Guidance on the differences between employing a personal assistant or self-employed worker is on the MyLife portal Aberdeen https://aberdeencity.mylifeportal.co.uk/home/ to ensure workers stating they are self-employed have the appropriate insurances and HMRC registration, paying their tax and national insurance contributions, where applicable.

5. BACKGROUND/MAIN ISSUES

5.1 Terms of Report

In November 2010 the Scottish Government produced its 10 year Strategy for Self-Directed Support (SDS) with the aim of SDS becoming the mainstream route to care and support for all who are assessed as eligible for support. The SDS strategy is part of the broader reform agenda, including the integration of health and social care and the Getting it Right for Every Child (GIRFEC).

5.2 The SDS National Strategy acknowledges the development of a local SDS Strategy to address the overarching goal to implement Self Directed Support within Aberdeen City. The Strategy is to address the need for people who use services to understand their rights and responsibilities and the options available through the Social Care (Self-directed Support) (Scotland) Act 2013. The Act, implemented on 1st April 2014, enshrines in law the key principles that already inform best practice. The Community Care (Direct Payments) Act 1996 is superseded by the 2013 Act and the Act extends eligibility for SDS to support for carer's where they have been assessed by the authority as requiring support services.

5.3 It is recognised in Aberdeen that the focus on SDS has been diverted, firstly due to resource implications, posts not being recruited to and then secondly due to the resource required to project manage the Joint Inspection of Older Peoples Services September 2015 – 2016 by the project manager. Notwithstanding SDS continues to be driven forward and the transition in how we assess, commission and deliver services across the city continues.

5.4 i) **Assessment Process and evidencing the four options**

The aim in both adult and children's service is to ensure outcome focused assessment and support planning is person centred rather than service led and provides personalised support which is tailored to support the individual to achieve their identified outcomes. During the assessment it is critical that the supported person is informed they may not be eligible for services and if the assessment shows that they are eligible for services, they can have a choice as to how they wish their support to be provided. The assessor will discuss the four options and what each option will mean for the supported person. The four options will be discussed in more detail when the support plan is agreed.

Currently best practice promotes the active involvement of supported people and carers in the assessment and care management process, adults, older people's and children's services need to incorporate full discussion of the four SDS options to ensure supported people have enough information, advice and support, to make an informed choice of the options.

ii) Resource Allocation Systems

The review and development of an approach to resource allocation that is transparent and fair across all service areas, will be based on the identification of a planning budget to meet any support needs identified through assessment.

Once a support plan is developed the planning budget amount will be approved ensuring that an individual's needs and outcomes are met this is known as the personal budget.

Resource allocation system for adults will allocate estimated cash amounts no greater than the national residential care home rate. Service managers do increase this level of resource most often to a maximum no greater than the average cost of care for a specialist residential placement for that service user group. Exceptions to this rule include end of life care; living and dying well.

For children it is proposed the resources will be allocated through the provision of a Child's Plan based on an assessment of wellbeing as stipulated in the Children and Young People (Scotland) Act 2014.

iii) SDS Panel

An SDS panel is being established to consider the need to allocate resources above specific levels; levels are yet to be agreed and will be in January 2017. The SDS panel will be expected to report such arrangements to committee on a six monthly basis.

iv) Review of historical direct payments

Review of direct payments across the city, reviews of all direct payments are to be time lined, this has been highlighted in the recent SDS Audit.

Development of resources to support the review of historical direct payments is in discussion; this will support a consistent approach at the same time not disadvantaging supported people in the interim.

v) **Risk appetite and positive risk taking: engage and consult with supported people to ascertain their risk appetite and to support the communication of hazards and risk**

Supported people have the right, the same as us, to purchase GAS from any company, organisation, club or supplier, including those considered to be 'off' framework. Those suppliers considered as off framework, are of the highest risk to supported people. Risks vary from high charges, misuse of public money, unregistered agencies, live in workers; unfree labour, paid at potentially less than the living and minimum wage, tax evasion and organised crime. Those who are exposed are already the most vulnerable in society and may become more visible to those with the intent to cause harm or those who are criminally minded.

Engagement and communication of risk is critical, due to the significant sum of public money in the public domain, the risk of misuse and illegal activity is becoming more predominant across Scotland.   Due to the potential impact of the risks liaison and partnership working is on course with Police Scotland, Adult Protection, Social Work Scotland, Self- Directed Support Scotland, Care inspectorate etc.

By raising public awareness, engaging, consulting and communicating with supported people and supporting them to develop a risk appetite will reduce the likelihood of the risk occurring.

vi) **Development of a communication strategy**

The SDS Communication Strategy will also address the need for people who use services to understand their rights and responsibilities.

vii) **Market Facilitation**

Development of an approach that will ensure preventative services are available and that there will be an appropriate response to crisis.

The progress of contractual arrangements to ensure that choice of providers and types of support can be developed and working with third sector and independent providers to identify capacity and capability to provide both informal and formal supports which promote independence, choice and control.

This area of work is being progressed in Adult services by the ACHSCP and contracts and commissioning.

6.   IMPACT

Improving Customer Experience –

6.1   Values and Ethos

The Acts' values and ethos are based on person centred principles, the personalisation agenda, self-directing principles and on an outcomes focus. The fundamental principles of SDS are 'choice' and 'control'. 'Choice' is about the person choosing how they live their life, where they live and what they do with their life. 'Control' is about the individual determining and executing how they wish their support to be delivered, when it should be provided, how and where the support will take place.

6.2   The integration of adult health and social care in Scotland has one of its four key principles, health and social care services should be firmly integrated around the needs of individuals, their carers and other family members. SDS implementation offers the opportunity to promote and deliver greater partnership working with key partners and stakeholders.

Improving Staff Experience –

6.3   Key Requirements of the Act

Practitioners now have a legal duty with regard to the following principles when engaging with all individuals who are assessed and those who are then eligible for support.

6.4   These form new legal duties:

- Involvement
- Informed choice
- Collaboration
- Dignity
- Participation

Improving our use of Resources –

6.5   Successful implementation of the Act is dependent on practitioners keeping values and principles central within their practice.

- The local authority must collaborate with people through co-production of the assessment and support plan and subsequent implementation of that plan (known as the Child's Plan for children and young people);
- To ensure that individuals and partners have as much involvement in their assessment as they want and they are treated with dignity;
- To ensure following assessment where a person has been determined to have eligible needs then they must have as much involvement in determining the outcomes to be achieved by the provision of support as they want;

- To offer options over how that support is organised purchased and delivered;
- That people will be provided with all reasonable assistance to enable them to make an informed choice of SDS option;
- A relevant amount of resource (personal budget) which the individual can make decisions about appropriate supports. A relevant amount is a reasonable estimate by the authority of the cost of securing the provision of support for the supported person. This should be fair and equitable regardless of the choice of delivery.

6.6   Four Options

The Act gives people four options of how their care and support is delivered, empowering people to decide how much ongoing choice, control and responsibility they want over their own support arrangements. The Act places a duty on Local Authorities to offer people the four choices.

6.7   The Scottish Government is clear within the National Strategy that while the options *(table 3- p8 four options)* should be made available to everyone assessed as being eligible for support, this concept should not be imposed on anyone. Where the supported person decides not to choose an option, the authority will select, arrange and manage the support on their behalf (option 3).

Option 1 – Direct payment	Option 2 – Directing your own support, individual service fund	Option 3 – Commissioned Support	Option 4 – Combination of options 1 -3
the personal budget is paid directly to the supported person or their legal representative. The personal budget can be utilised to purchases goods, activities and services, from any agency or organisation or employ their own personal assistant. This option provides the maximum choice, control and flexibility.	the personal budget is administered by the authority or a third party administrator. The supported person directs the authority or 3rd party to purchase goods, activities and services that they choose.	the personal budget is agreed and through discussion and agreement with the supported person, the goods, activities and services will be selected, arranged and managed by the authority on their behalf.	the supported person uses a mixture of options 1, 2 and 3 to meet different parts of their support plan.
The goods, services and activities can be a whole range of innovative arrangements that meet an individual's assessed outcomes provided that their support needs are met.			
Table 3 – four options			

Corporate -

6.8   Aberdeen City Project Work Streams 2015 -2017

A project management approach is being adopted with the provision of overarching leadership, governance and oversight via the SDS Project Board chaired by the Planning and Development Manager. Strategic and operational delivery of SDS implementation is provided by the project manager and the SDS team and the SDS programme project board and frontline Social Work practitioners.

6.9 There is a wide range of activity underpinning SDS implementation these can be grouped into seven key areas; these have formed the basis of the SDS project work streams.

6.10 The seven work streams (*Table 4 – p. 9 Aberdeen City Project Work Streams 2015 -2017, seven work streams*) outline the detail of project plans and activity and set out the planned delivery process for the implementation of SDS.

Aberdeen City Project Work Streams 2015 -2017		
1	Community Care Personalisation	The Community Care Personalisation remit includes the review and redesign of community care service delivery in line with the requirements of the Act and the move to more personalised, outcomes-focused assessment and support planning and SW/care management processes and the development of appropriate information and advice services.
		The introduction of the Act provides an opportunity to further develop the outcomes-focused assessment and care management work already undertaken and to build on achievements in promoting independent and community based living options for supported people.
		Resources will only being allocated where we have a duty to meet need and would be at an unacceptable level of risk should no support be provided.
		The identification of eligibility will form part of the conversations with supported adults.
2	Finance and Resource Allocation Systems	The Finance and Resource Allocation Systems remit includes the identification of all budgets which will form the basis for the review and development of appropriate resource allocation and individual budget systems which will then be piloted and evaluated.
3	Children and Families	The Children and Families remit includes the development and implementation of SDS and the four options within children and families' the set up application and agreement forms will evidence the options being offered, ensuring that processes are compatible with the delivery of the GIRFEC agenda and the provision of a single plan, known as a Child's Plan for children and young people. This necessitates close partnership working.
		The approach adopted considers the relative need of individuals using the SHANARRI indicators as part of the National Practice Model. The assessment process will ensure that resources are only allocated where we have a duty to meet need and not providing support would result in an unacceptable level of risk. As such the identification of eligibility will form part of the conversations with children and young people during the assessment phase.
4	Procurement and Legal	The Procurement and Legal remit includes ensuring the development and delivery of SDS in Aberdeen City is compliant with all relevant legislation and regulations and to consider the impact of SDS on future contracting, commissioning and service provision.
5	IT and Technical	The IT and Technical remit includes identifying and developing appropriate IT infrastructure for SDS implementation and appropriate IT information management systems particularly in relation to resource allocation and personal budget management systems and programmes; careFirst and MyLife Portal.

6	Workforce Development	The Workforce Development remit includes identifying and developing training programmes for operational and other relevant staff and delivering this training, in partnership with key stakeholders and partners (option 1 direct payment and option 2 directing your own support).
7	Communication	The Communication Strategy remit includes the development of a Communication Strategy underpinning SDS implementation and the development of engagement proposals to effectively inform, consult and involve service users, carers and relevant stakeholders in the local development and delivery of SDS.

Table 4 - seven work streams

6.11   The project manager recognises that SDS cannot be delivered in   isolation but must take account the wider public services landscape, including building community capacity and working in partnership to maximise the use of available resources. In approaching SDS implementation within a wider context, the project manager acknowledges the complexity of the processes to achieve this and believes the approach will ultimately lay effective foundations for the future delivery of care and support across social policy services within a climate of economic constraint.

6.12   **Option 1**

Implementation of option 1- direct payment has necessitated a complete redesign of processes. The redesign has been informed through discussion with Finance, careFirst, Service Managers, Supported People and Practitioners.

6.13   A key driver for change is the upskilling of practitioners. It is critical that practitioners are confident and competent to support informed choice and to drive the culture change across the city.

6.14   There have been a variety of practitioner engagement strategies ranging from drop in sessions, attendance at team meetings, SDS team and Police Scotland event highlighting risks; organised crime, tax evasion and money laundering to mandatory workshops for practitioners and engagement and learning events continue to occur with practitioners to support them to put processes into practice.

Stakeholder events have ranged from pensions regulator events highlighting pension requirements to employers to supporting and guiding people in receipt of a personal budget on how to challenge bad practice.

6.15   A critical aspect of successful implementation of option 1 has been the development of a robust financial escalation process. Monitoring paperwork includes the return of receipts, bank statements and invoices to evidence how personal budgets have been spent. Audits take place to evidence how the public purse is spent to meet assessed outcomes and support needs whilst ensuring that people are not coming to financial harm. Where these are not submitted, the finance team invoke the escalation process. The process includes a comprehensive range of letters and there is now a clear time line and process documents to embed the financial audit function.

6.16 In children's services the escalation process has resulted in the approximate return of £320,619 for year 2016 (full year workings) and £103,154 in 2017 (year to date).

| Sum of Amoun | Period | | | | | | | | | | | | | |
Year	Cost centre	1	2	3	4	5	6	7	8	9	11	12	(blank)	Grand Total
2016	S59810				-6235.27	-6649.48					-3590.4			-16475.15
	S59820	-4165.91	-30487.82	-5867.76	-47144.87	-30370.09	-33345.52	-49635.46			-35303.38	-28897.22		-265218.03
	S59830			22.28		-24167.6		-3900	-3206.85		-5382.5	-2291.35		-38926.02
2016 Total		-4165.91	-30487.82	-5845.48	-53380.14	-61187.17	-33345.52	-53535.46	-3206.85		-44276.28	-31188.57		-320619.2
2017	S59810	-4228.93	-12427.04	-2000			-2707.83	-18744.25	-14542.09	-452.25				-55102.39
	S59820	-2927.38	-5616.83	-4470.6			-2713.73	-5718.23	-1308.4					-22755.17
	S59830	-8152.67		-8256.66	-587.54	-3721.37		-2989.8	-1588.88					-25296.92
2017 Total		-15308.98	-18043.87	-14727.26	-587.54	-3721.37	-5421.56	-27452.28	-17439.37	-452.25				-103154.48
(blank)	(blank)													
(blank) Total														
Grand Total		-19474.89	-48531.69	-20572.74	-53967.68	-64908.54	-38767.08	-80987.74	-20646.22	-452.25	-44276.28	-31188.57		-423773.68

In adult services £153,276 is returned to the authority in 2016 (full year workings) and £343,459 2017 year to date.

Public –

6.17 SDS implementation offers the opportunity to promote and deliver greater partnership working with key partners and stakeholders. Supported people will be offered the opportunity to have more choice and control as is the want of the Act.

6.18 An EHRIA is not required for this report as the purpose of the report is to provide assurance to the Integration Joint Board (IJB), Education and Children's Service (ECS) and key stakeholders that implementation of the Social Care (Self-Directed Support) (Scotland) Act 2013 is progressing in Aberdeen City.

6.19 For the purpose of this report after consideration of the screening questions the need for a PIA has not been identified.

7. MANAGEMENT OF RISK

7.1 Please see *(Appendix A p.11-31)* Internal Audit Report Self- directed Support Action Plan October 2016.

8. BACKGROUND PAPERS

8.1 No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

9.   REPORT AUTHOR DETAILS

Gaynor Clarke
Project Manager SDS
GClarke@aberdeencity.gov.uk
01224 522504

Internal Audit Report

Self- Directed Support Action Plan

Report No. AC1617

Date of issue: October 2016

Recommendations

<u>**Issued to:**</u>
Judith Proctor, Chief Officer, Aberdeen City Health and Social Care Partnership
Tom Cowan, Head of Joint Operations, Aberdeen City Health and
Social Care Partnership Alex Stephen, Chief Finance Officer,
Aberdeen City Health and Social Care Partnership
Kevin Toshney, Interim Head of Strategy and Transformation, Aberdeen City Health
and Social Care Partnership
Richard Ellis, Interim Director of
Corporate Governance Gayle
Gorman, Director of Education &
Children's Services
Euan Couperwhite, Head of Policy, Performance
and Resources Bernadette Oxley, Head of
Children's Social Work
Steven Whyte, Head of Finance

GRADING OF RECOMMENDATIONS

GRADE	DEFINITION
Major at a Corporate Level	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss, or loss of reputation, to the council.
Major at a Service Level	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss to the Service/area audited. Financial Regulations have been consistently breached.
Significant within audited area	Addressing this issue will enhance internal controls. An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on a system's adequacy and effectiveness. Financial Regulations have been breached.
Important within audited area	Although the element of internal control is satisfactory, a control weakness was identified, the existence of the weakness, taken independently or with other findings does not impair the overall system of internal control.

RECOMMENDATIONS

No.	RECOMMENDATION	SERVICE RESPONSE / ACTION	AUDIT COMMENT/ POSITION	GRADING	RESPONSIBLE OFFICER	IMPLEMENT. DATE	PROJECT GROUP (Name and job title and contact details)	UPDATE TO AUDIT (Date and detail)	STATUS In progress Complete © Issue (I) Risk (R) (to be cross referenced with SDS project plan)
1. 2.1.2	The Service should ensure the appropriate Committees are provided with updates on progress with implementing the timetable for Self-Directed Support.	Agreed. Six monthly committee updates will be provided to the IJB and Education Culture and Sport.		Significant within audited area	SDS Project Manager	October 2016	GC	Arranged to attend committee and draft paper sent on 15th Sept 2016. Attendance at IJB did not occur due to the SDS Audit being finalised and shared with PM on 24th October 2016. Alex Stephen has requested that the PM	IP Extended to 31st January 2017 to allow for committee cycles.

								prepares a report to the next IJB. PM will be attending IJB in January 2017 thereafter PM will report to the Audit and Performance Systems Committee bi monthly as well as six monthly to IJB. SDS has such significance to the business it is agreed that bi monthly reporting will support the culture change and implementation of the Act across adult services and Health. As per discussion with Kevin Toshney.	

							ECS – to ascertain committee cycle for 2017 GC in discussion with Aisling McQuarrie and Gayle Gorman.	
2. **2.1.5**	The Service should ensure it can demonstrate that appropriate options have been offered to all eligible service users.	Agreed. The Board will be asked to consider a timeline to ensure all reviews are completed and all four options are offered where it is appropriate. New paperwork, applications, and six week reviews will begin to capture this data for supported people. Workshops to support implementation will commence in August 2016. Where it is not deemed appropriate		Significant within audited area	Interim Head of Strategy and Transformation SDS Project Manager	31st January 2017	SDS board and OP assessment group; Lindsay Flockhart lead. careFirst	The SDS board reached agreement 3rd Nov to pull statistics from careFirst to evidence the risk. Stats are being pulled relating to people in receipt of the 4 options of the SDS Act, historic DP cases and commissioned packages of care. The stats will	IP

		to offer all options to a supported person this will be evidenced in their assessment, support plan and/or risk assessment and management plan.						evidence start dates of packages, date of last review, and cost of packages. Agreement reached to consider how best to complete all reviews. Advertise for a SDS social Worker to review all high risk cases. To be discussed at board 20th Dec 2017. Statistics requested from careFirst Nov 2016.	
3. 2.2.3	Finance should update its Direct Payments procedure to reflect the current	Agreed. Finance procedures will be updated to reflect the process for scanning all monitoring paperwork.		Important within audited area	Finance Support Officer	October 2016	Finance procedures for all SDS functions project group: Paul Hewitt Laura-Leigh	The reconciliation spreadsheet and process has been reviewed and implemented.	IP January No audits until Jan 2017 Extended to 31st January

	scanning and storage processes.				Murray Gosia Cieslak Azia Aslam SDS team input			This requires updating within the finance procedures. The document is a work in progress as there are other elements that require updated. I have a member of the team on teacher work placement until the end of the week, when she returns this will be progressed.	2017 to allow for procedures to be updated.
4. **2.2.6**	Finance should ensure that all relevant documents are scanned onto the shared drive correctly, including review of	Agreed. A review of existing scanned documents will take place.		Significant within audited area	Finance Support Officer	October 2016		This was actioned, although the procedure requires to be updated to reflect the new scanning process.	R

	existing scanned documents to ensure they are complete.								
5. 2.2.14	The Service should reduce the number of days allowed for late returns before suspending payments. The Service should ensure all users are aware of and are consistently following the correct Direct Payments monitoring and escalation procedures. The Service should	Agreed. A new 24 Day escalation process has been developed to supersede the current process. This will ensure limited payments are made where non return is evident. New audit letters and the escalation process (using activities) will be developed on CareFirst. Letters and e-mails will be sent to supported people as part of the new process, all letters will sit in CareFirst.		Significant within audited area	SDS project Manager careFirst Team Manager	31st March 2017	Implemented Comms to all in receipt of DP – Finance GC careFirst – TG GC Finance-Paul Hewitt	Complete - Escalation process has been updated and letters are populated from careFirst. Information shared with practitioners and sits on MyLife portal. This has been live since May 2016. Audit letters are in careFirst-finance to use these. 07/11/2016- Activities in careFirst are in development.	C IP C

| review whether the audit return process can be managed through CareFirst, then ensure all relevant parties have appropriate access to do so.

The Service should consider whether the financial monitoring process can be made more proportionate to the level of risk involved in each instance. | Upskilling and engagement with practitioners and supported people is required to ensure they are all familiar with the new process.

The 'My life' portal will be updated and an individual communication with each supported person in receipt of a DP will be completed.

Escalation data will be pulled from CareFirst and presented to the SDS Board by Finance on a monthly basis.

A timeline will be developed for the introduction of proportionate monitoring. Supported people who are recognised as requiring support at assessment will | | | | | Comms to all in receipt of DP – Finance

Comms to all in receipt of DP – Finance

GC Finance – PH TG | Once this system development is completed escalation data stats will be pulled and reported to SDS board monthly. List to be provided to careFirst post project group.

07/11/2016 - Proportionate monitoring – update finance processes- project group Mon 14th Nov 2016.

Monthly update to SDS board. | IP

IP

IP

IP |
|---|---|---|---|---|---|---|---|---|

		provide monthly monitoring statements. This will be reduced where audits are satisfactory. Where they are not, consideration will be given as to whether extra support is required i.e. payroll, i- connect or op2 is more suitable. Payroll support will be offered to all in the first instance. All supported people in receipt of a personal budget may be asked for paperwork at any given time as an aspect of quality assurance.						Activities list and proportionate monitoring short life project group: Gaynor Clarke, Paul Hewitt, Gosia Cieslak, Azia Aslam, Eleanor Low. Naming schedule in development for careFirst		IP
6.

2.3.5 | The Service should ensure processes are in place to demonstrate that appropriate segregation of duties and | The Service considers that sufficient checks and processes are already in place. It is established practice that Social Workers and other Practitioners have a delegated authorisation level | Service position noted. In the absence of segregation of duties there remains a risk of fraud or error, however this is partly | Significant within audited area | SDS Project Manager | No implementation date. | Lead S.M's and Carol simmers. PM chair. | Financial authorisation levels to be reviewed. PM meeting with relevant SM's and Carol Simmers who is carrying out a piece of work on | IP |

	delegated authority levels have been applied to all new or revised care packages.	up to which they may create and approve service agreements. There are six weekly professional supervision meetings, and quality assessment checks of 10% of case files are completed by line management.	mitigated by the review activities described. The Service has accepted the risk.					careFirst data. This will then be passed back to careFirst to progress. 24th Nov – authorisation level meeting, consistency across service areas (where possible). Authorisation levels will then be built into craeFirst i.e. this will enable flagging when authorisation limit is exceeded and business objects reports to be extracted.	
7. 2.3.6	The Service should complete new style	Agreed. Actions as noted above at 2.1.5 will address this point.		Important within audited area	SDS Project Manager	October 2016 Implemented		07/11/2016 – DP application, set up and	C

application forms for all service users following a change or review.						agreement is live in careFirst. As agreed at SDS board 03/11/2016 SDS four options document is to be built into careFirst in the interim to ensure evidence of all four options being offered at assessment stage. The future plan is to have this question built into the assessment process. Review of outcome focused assessments is underway this will enable stats to be pulled	IP

No.	Recommendation	Management Response		Priority	Responsible Officer	Status		Update	
								on the four options.	
8. 2.3.10	The Service should ensure calculations and service agreements are completed and entered correctly and consistently.	Agreed. There is a need for consistency in recording, although it should be noted that the notes field is limited to 250 characters. A consistent method of recording information and better understanding of the process and system will lead to better quality data and reduce the risk of error. New Direct Payment forms, and changes to forms on CareFirst, have made the requirements clearer. Finance role is to input data as provided by the Service, however further information		Important within audited area	careFirst Team Manager Finance Support Officer	Implemented		The calculations are checked by finance and a cross check occurs against the spreadsheet this catches any input errors.	C

		or clarification will be sought from practitioners where appropriate.							
9. **2.3.11**	The Service should ensure information for service users is reviewed for accuracy before it is sent.	Agreed. New forms have been developed on CareFirst to automate the process, reducing the scope for error.		Important within audited area	CareFirst Team Manager	Implemented		Complete	C
10. **2.3.14**	Finance should ensure that the payments spreadsheets are complete and correct. Payments should not be made until discrepancies or omissions have been corrected.	Creditor numbers on the spreadsheet are for information only and are not a key control in the payment process. Spreadsheets are not the primary control to compare CareFirst records with payment runs: checks are in place prior to this stage within CareFirst. Spreadsheets are however still used as an additional check.		Significant within audited area	Finance Support Officer	Implemented		Complete	C
11. **2.3.15**	The Service should ensure an	Agreed. The most recent form has authorisation by		Significant within audited area	SDS Project Manager	Implemented		Complete	C

	authorisation process is put in place for cash payments.	service manager written into the process.							
12. **2.4.2**	The Service should finalise and implement the Contributing to Your Care and Support Policy and guidance.	Agreed. The relevant committee report was approved, but has not been developed into a policy/guidance document. This will be completed and implemented.		Significant within audited area	Interim Head of Strategy and Transformation	31st March 2017	Carol Simmers	07/11/2016- Reviewing Policy and Guidance.	IP
13. **2.4.3**	Finance should ensure Financial Assessments are carried out annually for all service users and that sufficient staff have been trained and have access to complete Financial Assessment work timeously in the event of	Agreed. This activity was transferred to the Finance team shortly before the audit commenced, and Residential care assessments had been prioritised. Cover is now in place, and CareFirst reports have been set up to highlight upcoming reviews and assist in scheduling.		Significant within audited area	Finance Support Officer	Implemented		Complete	C

No.	Recommendation	Management Response		Priority	Responsible Officer	Target Date		Update	Status
absences.									
14. 2.5.5	Finance should log the receipt of all monitoring returns, and ensure audit returns are reviewed promptly, and overdue returns followed up timeously.	Agreed. Returns are now being logged on a spreadsheet. Going forward the stage of completion of reviews will be recorded on CareFirst, and will be monitored.		Significant within audited area	Finance Support Officer CareFirst Team Manager	October 2016		07/11/2016- this is to be built into careFirst. This was actioned. We have kept a clear track of returns and a record of average days to process for each service.	C
15. 2.5.6	Finance should ensure that excess funds are recovered promptly following their identification.	Agreed. Following conclusion of the escalation process (see actions at 2.2.14) recovery will be progressed by raising invoices via efinancials, which can then be followed up through the corporate recovery process.		Important within audited area	Finance support officer	31st January 2017		Raising invoices to collect DP surplus is in development. Currently we write out and request the surplus to be repaid, by raising invoices in the future this will streamline the process.	IP
16.	The Service	Agreed. Guidance		Significant	SDS Project	Implemented		Can, cannot	C

2.5.10	should develop guidance in respect of activities and spending Direct Payments funds.	has been developed and made available in 'My Life' and within 'My Life' link to the SDS area on The Zone for practitioners.		within audited area	Manager			spend and negotiated spend is accessible to all supported people and practitioners on the MyLife portal.	
17. 2.5.11	The Service should consider whether a further layer of approval is necessary for unusual or high value cases.	Agreed. Consideration will be given to a board/resource panel that covers and represents all service areas, including Finance, NHS, Adult and Children's Social Care. Consideration needs to be taken to the needs of the LD and MH current panels to ensure the support of the senior practitioner is not lost. If agreed supported activities which are unusual, high cost, unique, negotiable as per can/cannot spend guidance (see 2.5.10) would be taken to the panel.		Important within audited area	SDS Project Manager	November 2016	PM SDS board – agreement	07/11/2016 – LD and CS have a group that consider all packages. PM to develop this group to incorporate representation from IJB/audit and risk/performance/ECS and Health as well as AS, LD and OP this SDS panel will consider negotiated spend, equipment that cannot be funded by NHS or LA.	IP Extended to 31st January 2017

		The development of a 'board' to ensure consistency of approach; eligibility criteria, negotiated spend and so on will benefit the Service. This may require a change in culture, and difficult conversations to be had with supported people where the new legislation does not support historical spend.							
18. 2.5.12	The Service should ensure sufficient information is available to those carrying out monitoring reviews to determine whether service user expenditure included within monitoring returns is appropriate.	Agreed. The Service is working with Practitioners, Finance and the CareFirst team to improve communication and embed a consistent approach across service areas. Changes are being considered to develop and better coordinate the current separate financial monitoring (Finance) and care needs (Practitioners)		Significant within audited area	SDS Project Manager	31st March 2017		Option2 paperwork contains details of what outcomes will be met and goods, activities and services will be purchased. The option 1 and 2 paperwork will then be merged so that finance can access	IP

		reviews.						what spend is for and against. Proportionate monitoring will then flow into the social work review loop annually.	
19. **2.5.14**	Approval from the Head of Finance should be sought to write off the debt or the funds should be recovered.	Not Agreed. Finance and the Service do not consider that a debt has accrued in this case. If the servicer user did not contribute to their direct payment account, they cannot have purchased services with that money, and therefore no chargeable service has been provided. The service user's contribution towards their care is not available to be recovered by the Council – it is only possible to recover excess funds paid by the Council.	The service user committed to paying a proportion of their care costs and has not done so. Had the Service area identified this at an earlier stage it could have reviewed and adjusted the care plan and payments as appropriat e (see 2.5.15). In the interim the Service has provided more funds	Significant within audited area				Not Agreed	N/A

			than necessary to meet its share of the care being purchased. However, actions agreed as part of this Internal Audit report should ensure that such cases are identified and addressed t an earlier stage.						
20. **2.5.15**	The Service should ensure that in cases where contributions are not being paid, or care not being purchased to the level anticipated, the service users' needs and outcomes are reviewed timeously	Agreed. This is a collaborative approach based on the financial audit, which may evidence that contributions are not being made. This will then require to be flagged with the relevant practitioner to ensure at review this can be discussed and considered, as to whether the supported persons		Significant within audited area	Lead Service Manager	Implemented		Review will pick this up and development of SDS Social worker post will further progress this action.	C IP

		needs and outcomes are being met and their SDS arrangement reviewed.						