



## Audit and Performance Systems Committee

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| <b>Report Title</b>                            | Internal Audit – Care Management     |
| <b>Lead Officer</b>                            | David Hughes, Chief Internal Auditor |
| <b>Report Author (Job Title, Organisation)</b> | David Hughes, Chief Internal Auditor |
| <b>Report Number</b>                           | HSCP.18.047                          |
| <b>Date of Report</b>                          | 23 May 2018                          |
| <b>Date of Meeting</b>                         | 12 June 2018                         |

### 1: Purpose of the Report

A protocol was agreed by the Audit and Performance Systems Committee and Aberdeen City Council's Audit, Risk and Scrutiny Committee regarding sharing the outcomes from Internal Audit work undertaken in the respective organisations following consideration of the outcomes by the "lead" Committee.

The purpose of this report is to present the outcome from the planned audit of Care Management that was included in the 2017/18 Internal Audit Plan for Aberdeen City Council. The Internal Audit report was considered by the Aberdeen City Council Audit, Risk and Scrutiny Committee in May 2018.

### 2: Summary of Key Information

The Health and Social Care Partnership has a statutory duty to undertake assessments of those in need of community care services; this includes assessment of the needs of Carers. Individuals who are entitled to assessment of their needs are those affected by illness or disability, older people, people with learning disability, mental health issues, physical disability and substance misuse issues. Eligibility criteria are then applied and people who have high and urgent needs are prioritised for care and support. Support may be financial, including one-off assistance or regular care / support provided through an ongoing service agreement, determined after consideration of self-directed support (SDS) options.

The objective of this audit was to obtain assurance that care needs are being identified, planned, and recorded accurately, and that costs charged are appropriate and adequately controlled.

Whilst in general staff understand their roles and processes, written procedures are in need of review and re-issue to ensure CareFirst system records are updated promptly and provide a full and accurate record of care needs, plans, reviews and



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planned costs. The Service has agreed to review procedures to ensure they are clarified, including a review of delegated authorisation levels and the circumstances in which segregation of duties is required, and determining how care reviews can be more consistently documented. Existing procedures for recording and evidencing the use of one-off financial assistance will also be reiterated to staff, as practice in this area varies.

There are regular payments for care which are being processed outwith the CareFirst system. In some instances there is no record of the particular care which has been paid for on the system, and payments have been authorised retrospectively. Although there is evidence that this care was required, without a CareFirst service agreement there is effectively no purchase order for these services, which is a breach of Financial Regulations. In other instances payments had not been matched against existing CareFirst records, resulting in a duplicate payment in one case. The Service has agreed to review non-CareFirst payments to determine where these should have a CareFirst record.

SDS Option 2 payments to a third party (currently only the Council) to manage on behalf of a service user are not currently recorded on CareFirst. Although there are processes for obtaining approval for payments, and a tracker system to monitor payments to the third party, important elements of the process including: development and application of indicative budgets on the system, and monitoring variations in the use of funds to ensure they remain within the allocated budget over a specified period, have still to be developed before this can be set up. The SDS Programme Board will determine an action plan for implementation.

The Service maintains and leases out a small portfolio of residential property. This is currently under review in conjunction with Housing to determine the most appropriate arrangements for its management.

### 3: Equalities, Financial, Workforce and Other Implications

**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.

**Financial** – There are no financial implications arising directly from this report.

**Workforce** – There are no workforce implications arising directly from this report.



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**Other** – There are no other implications arising directly from this report.

### 4: Management of Risk

**Identified risk(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.

**How might the content of this report impact or mitigate the known risks:** Where risks have been identified during the Internal Audit process, recommendations have been made to management in order to mitigate these risks.

### 5: Recommendations

It is recommended that the Audit and Performance Systems Committee:

1. Review, discuss and comment on the issues raised within this report.