

AUDIT REPORT 23'025**SELF DIRECTED SUPPORT****Executive Summary**

The Internal Audit Plan for the 2022/23 year provides for a review of the financial monitoring arrangements for Self-Directed Support (SDS) packages of adults as part of the coverage of Health & Social Care Moray activities. The Social Care (SDS) (Scotland) Act 2013 came into force in April 2014 and introduced the SDS term to describe how individuals can exercise choice and control over the support or services that allow them to live independently and meet agreed outcomes. The Act requires all Local Authorities to offer the following 4 Options to individuals who have been assessed as needing a care service:

- option 1 - a direct payment, which is a payment to a person or third party to purchase their own support
- option 2 - the person directs the available support
- option 3 - the local council arranges the support
- option 4 - a mix of the above

The scope of the audit was to review systems and procedures in the delivery and management of adult social care provided under Options 2 and 3 of the SDS Scheme. This included examination of the processes to support individuals in their preferred care delivery option, contractual relationships with care providers, financial management and monitoring of individual care packages. Annual expenditure for individuals in receipt of SDS Option 2 and & 3 care packages amounted to approximately £40 million and £17 million respectively for external and internal care providers.

The audit was carried out in accordance with the Public Sector Internal Audit Standards (PSIAS).

The key areas identified for management attention include the following :-

- The Social Care (SDS) (Scotland) Act 2013 requires Councils to provide individuals and their families with information and support to decide on a service user's preferred SDS care delivery option. A review of the support packages of individuals using care services found limited evidence of discussions between social workers and service users/families regarding the range of SDS care delivery options. A clear audit trail should be maintained to evidence the discussions held with service users in determining their care package.
- It was noted that where care is delivered through SDS Option 2, a tripartite agreement should be agreed to detail the care provided, signed by the provider, Council, and the supported person. From a random sample of individuals using care services, it was found the majority had no tripartite agreement in place to

formalise their care arrangements. The audit found, through a documentation review and discussions with social workers, examples where no referral had been made to the SDS Team to finalise a tripartite agreement or where the process still needed to be completed. The current workload pressures within the Service are appreciated.

- The Council does not charge individuals receiving a day care service. A review of practices within other Local Authorities notes charging policies where individuals contribute to the cost of receiving a day care service. The Council's charging policy should be reviewed regarding day care and a decision should be made as to whether a charge should be levied for the service in future.
- Audit testing noted examples where supporting documentation concerning an individual's care package was either not recorded or could not be found within the CareFirst System. In addition, changes to care packages were noted regarding the care delivered or the provider where again this was not reflected within the CareFirst System. CareFirst is the primary database that records and manages social care cases within Health & Social Care Moray. The limitations of the CareFirst System are appreciated, highlighted in a separate audit review in 2022/23. The Service has committed to investigate a replacement to the current recording databases used within Health & Social Care Moray.

Recommendations

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
Key Control: Effective controls operate in the management and recording arrangements for the delivery of SDS Options 2 and 3 care packages						
5.01	In accordance with SDS Regulations, evidence should be maintained to document the discussions held by social workers regarding the various care delivery options discussed with the individual using care services.	High	Yes	Discussions will be held by Social Workers as part of the assessment and recorded as part of the Support Plan on Care First. Team Managers will be accountable to ensure implementation and delivery through supervision, which will be monitored and reviewed at	Chief Social Work Officer / Head of Service	30/09/2023

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High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
				Practice Governance Board monthly.		
5.02	Documented procedures should be developed to support social workers and individuals using care services in the selecting of SDS care delivery options.	High	Yes	Relevant Guidance will be developed and a process map will be distributed to all Social Workers. This will be monitored at Practice Governance Board monthly.	Chief Social Work Officer / Head of Service	31/03/2024
5.03	An annual reference document detailing a breakdown of the rates paid to care providers should be provided to all relevant officers to assist in budgetary	High	Yes	A document containing all providers and costs will be issued to all relevant	Provider Services Manager	30/06/2023

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No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
	planning and the accurate preparation of an individual's support package.			officers. A process to maintain and update the document going forward will be developed and monitored through the Practice Governance Board on a regular basis.		
5.04	All officers should be reminded to update the CareFirst System to ensure the database is up-to-date and accurate for each individual using care services.	High	Yes	Discussions will be held by Social Workers as part of the assessment and recorded in the Support Plan on Care First. Team	Chief Social Work Officer / Head of Service	30/09/2023

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				Managers will be accountable to ensure implementation and delivery through supervision, which will be monitored and reviewed at Practice Governance Board monthly.		
5.05	A tripartite agreement between the individual using the care service, Council and care provider should be agreed for all SDS Option 2 care packages.	Medium	Yes	Social Workers will refer to the SDS Team when setting up a new package and this will be reviewed and monitored through	Chief Social Work Officer / Head of Service	30/09/2024

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				supervision. SDS Team to then put in place a Tripartite Agreement. This will be monitored and reviewed at the Practice Governance Board regularly.		
5.06	A contractual agreement detailing service delivery and costs should be agreed with the 3 providers of day care services noted within the findings.	High	Yes	Clarification will be given from SDS Team and Social Work as to the direction regarding contractual agreement.	Provider Services Manager	31/03/2024

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No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
5.07	Annual support plan reviews of individuals in receipt of SDS Option 2 and 3 care packages should be undertaken in accordance with agreed procedures.	High	Yes	Work with Social Work to develop a strategy to ensure all reviews are completed on time. There is a significant capacity issue across Social Work. This will be monitored and reviewed regularly through the Practice Governance Board.	Chief Social Work Officer / Head of Service	30/09/2024

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5.08	Consideration should be given for management to undertake regular reviews of the accuracy and recording of the checks completed to ensure the accuracy of payments made to care providers.	Medium	Yes	Continuous audit to be implemented through Community Care Finance.	Interim Community Care Finance Officer	30/09/2023
5.09	The Council's charging policy should be reviewed in regard to day care and a decision made as to whether a charge should be levied for the service in the future.	High	Yes	Review the Moray Council charging policy to allow the IJB to make recommendations regarding future iterations.	Interim Chief Finance Officer (MIJB)	30/09/2023
5.10	A review of arrangements regarding the authorisation of individual care packages should be undertaken.	Medium	Yes	Review the current authorisation practice in line with financial	Chief Social Work Officer / Head of Service	31/08/2023

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No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
	Thereafter, authorisation requirements should be documented and communicated to all appropriate officers.			regulations. Develop a process map highlighting authorisation levels for all Social Workers. Monitor and review through the Practice Governance Board.		