

**To the Chair and Members of Audit Committee**

**ADULTS, HEALTH AND WELLBEING AUDIT RECOMMENDATIONS PROGRESS REPORT:** Progress on implementing outstanding recommendations in Adults Services, including Mental Health Section 117 refunds.

**EXECUTIVE SUMMARY**

1. Audit Committee at its meeting on the 08 July 2015 noted the current progress being made in relation to the outstanding actions within Adults Health and Wellbeing and requested a further update at the next meeting scheduled for September 2015 particularly in relation to the Major Risks.
2. This report provides the basis for a further update on the completion of recommendations since April and those that were still outstanding as at 31 August 2015. The table below gives a brief overview of the progress made and the current position:

<b>Progress in relation to the 84 original recommendations</b>				<b>Current Position including new actions</b>
	<b>Feb 2015</b>	<b>June 2015</b>	<b>August 2015</b>	
Major Risk	7	6	2	2
Significant Risk	73	27	22	29
Moderate Risk	11	1	1	4
<b>Total</b>	84	34	25	35

3. Significant progress has been made in clearing the outstanding recommendations since February and internal audit are satisfied with the position. There are currently 35 outstanding actions within the directorate and these are all currently being addressed. This is made up of 25 recommendations remaining since reporting to audit committee in February and 10 new recommendations from more recent audits. A further breakdown is attached as appendix 1.
4. Of the seven original - "Major risks" two have been closed and a further three have had the risk level reduced to significant due to the work completed to date. This includes the recommendation in relation to Mental Health Section 117 refunds because good progress has now been made and the activity undertaken is considered reasonable with all identified individuals having now been contacted. Table 1 provides a more detailed update on the Major risks. Annex 1 and 2 are action plans relating to the two remaining Major risks.

## RECOMMENDATIONS

### 5. Audit Committee is asked to:

- a) Note the update on current recommendations.

## WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Audits and subsequent improvement plans are designed to improve services, make them more efficient and effective and identify issues with processes that could cause reputational and financial damage to the authority.

By delivering the audit recommendations, the interactions between the authority and citizens should be a more positive experience, work will be progressed more quickly which will mean that individuals will achieve their outcomes much more quickly and the potential for them receiving confusing or conflicting information will be greatly reduced.

## BACKGROUND

7. This report provides audit committee with a further update on the progress of outstanding audit recommendations within Adults, Health and Wellbeing.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

8. Any improvement in the management of the risks will have a positive impact thereby increasing the likelihood of the Adults, Health and Wellbeing achieving its objectives. Monitoring and implementing Internal Audit's recommendations is therefore relevant to all priorities but in particular the following:

<b>Priority</b>	<b>Implications</b>
We will deliver modern value for money services.	By delivering audit action plans performance will improve and increase the effectiveness and efficiency of a whole range of services across the directorate.
We will provide strong leadership and governance, working in partnership.	The work undertaken to address and implement audit actions will drive forward performance improvements across the directorate

## RISKS AND ASSUMPTIONS

9. The implementation of audit recommendations is a response to identified risks and hence is an effective risk management action.

## LEGAL IMPLICATIONS

10. Part of the process is to identify issues that could have open the council up to litigation, therefore by delivering the recommended improvements there can be more confidence that processes are compliant and less likely to be subject to challenge.

## CONSULTATION

11. There have been a number of meetings between the Directorate and internal Audit.

This report has significant implications in terms of the following:

Procurement		Crime & Disorder	
Human Resources		Human Rights & Equalities	
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	
Directorate Strategies and Policies		The Care Act	

## BACKGROUND PAPERS

12. Internal Audit Reports

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**Table 1** below highlights the current situation of the 7 Major Risks

Action	Service Area	Comments
Direct Payments/ Personal Budgets – Manage and Monitor Debtor Accounts	M & C	A process has now been established for the collection and monitoring of monies owed through direct payments. Work with legal services has commenced to recover the oldest outstanding amounts from 2011 and each will be considered on a case by case basis. This work is being governed through the bad debts group. An action plan for the completion of this task is in place.  Still Major but on target to be achieved by the deadline
Direct Payments/ Personal Budgets – Improve the Resource Allocation System	M & C	The proposals in relation to OLM giving support to the development of the recalibration process has now been signed off and discussions have commenced. The Rescript was implemented on 01/04/15 and included various safeguards to mitigate risks. Progress has been delayed due to work required by OLM not being delivered on time which has affected the timeline. Due to the risk mitigations within the system audit have been asked to revisit and review the risk status. An action plan to provide assurance that the work will be completed by the deadline is in place.  Still Major but action plan in place and a commitment to complete with arrangements now in place to enable the external provider to contribute to the process
Section 117 After-Care Payments	M & C	The work is not fully completed but sufficient progress has been made to de-escalate this action to “Significant Risk”
Safeguarding Adults Personal Assets – Investigate contingency arrangements for service user’s monies.	M & C	Complete This action was submitted to audit for sign off as complete on 20 March 2015 and has now been signed off as completed
External Home Care Service Contracts – Assurance of checks in place in relation to minutes billed/minutes paid.	M&C	Complete Signed off as completed by audit on 10/06/15
External Home Care Service Contracts – Assurance that	M & C	This project remains tied up with the Help to Live at Home Contract, which is not likely to be implemented until 01/04/2016, however it has been agreed that sufficient interim

checks are in place in relation to the invoice/actual care provided.		arrangement are in place to warrant the de-escalation of this action to “Significant Risk”
Blue Badge Scheme – Enforcement Strategy	ASC	<p>A Draft Strategy has now been developed and will be submitted for authorisation by the director and portfolio holder after which it will be implemented and uploaded to the Internet</p> <p>It has therefore been agreed that sufficient evidence of progress has been made to enable the risk to be de-escalated to “Significant Risk”</p>

**Direct Payments/ Personal Budgets – Manage and Monitor Debtor Accounts Action Plan**

<b>Milestone</b>	<b>Target Date</b>	<b>Date Completed</b>	<b>Interdependencies</b>	<b>Status Update</b>
Backfill vacant post and identify nature of current outstanding monies	August 2015		HR processes	Commenced working through outstanding debtor accounts to establish nature of debt. Implemented monitoring procedures to ensure balances and contributions are managed effectively. Commenced recruitment to backfill vacant posts to undertake audit and recovery work.
Establish process for recovery action	September 2015			
Establish proactive approach to monitoring balances and contributions	July 2015			
Engagement with Legal services on recovery of outstanding raised debtor accounts	July 2015			
Audits up to date to end March 2015	December 2015		Direct payments Policy	
Evaluate findings of exercise to inform revised assessment and review processes	March 2016			

## RAS Action Plan

Task	Deadline	Date Achieved	Progress	Comments
RAS developed, tested and calibrated ready for go live	10/11/2014	10/11/2014	Complete	
Go Live of new RAS	01/04/2015	01/04/2015	Complete	Interdependencies with wider Re-Script project and Care Act changes relating to eligibility and carers meant that that the RAS roll out date had to coincide with the go live date for the Re-Script on 1/4/15.
Specify requirements, agree re-calibration methodology and sign off proposal for re-calibration work	31/07/2015		In progress	Approval has now been granted for OLM's involvement in developing the recalibration process and discussions have commenced
Analyse data, identify issues and investigate results to determine change requirements	30/09/2015			The extent of work required at this stage is unknown until the extent of outliers is determined. Detailed scrutiny of outlier cases will be required to determine root cause and inform the re-calibration.
Produce calibration options and recommendations	31/10/2015			
Obtain sign off for re-calibration option for go live	13/11/2015			
Configure and test in CareFirst and sign-off for go live	30/11/2015			

**Notes:**

A number of measures to manage risk have been included in the roll out of the new RAS:

Controls are included within the new Re-Script process and forms on the new CareFirst system to manage risk and to ensure that budget allocations are appropriate. This includes evidence based practise for any changes in the budget amount that require manager or Risk Panel decision for the change to take place.

Under the new RAS system, Workers are required to evidence their judgements around needs, risk frequency and risk severity which managers scrutinise prior to authorisation.

Additionally the initial RAS calibration that was rolled out includes a 15% contingency which means that the funding pot was reduced by 15% to manage the risk of it being a new RAS and to make provision for referrals to Risk Panel for an increase in the RAS amount.