

Argyll & Bute Health & Social Care Partnership

Internal Audit Report

October 2021

FINAL

Care Programme Approach

Audit Opinion: Limited

	High	Medium	Low	VFM
Number of Findings	3	1	0	0

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Contact Details

Internal Auditor: ***Moira Weatherstone***
 Telephone: ***01546 604146***
 e-mail: ***moira.weatherstone@argyll-bute.gov.uk***

www.argyll-bute.gov.uk

1. Executive Summary

Introduction

1. As part of the 2021/22 internal audit plan, approved by the Audit & Risk Committee in April 2021, we have undertaken an audit of Argyll & Bute Health & Social Care Partnership's (HSCP) system of internal control and governance in relation to the Care Programme Approach (CPA).
2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with HSCP officers and the information available at the time the fieldwork was performed. The findings outlined in this report are only those which have come to our attention during the course of our normal audit work and are not necessarily all the issues which may exist. Appendix 1 to this report includes agreed actions to strengthen internal control however it is the responsibility of management to determine the extent of the internal control system appropriate to the HSCP.
3. The contents of this report have been agreed with the appropriate HSCP officers to confirm factual accuracy and appreciation is due for the cooperation and assistance received from all officers over the course of the audit.

Background

4. CPA is a system to plan and deliver community mental health services. It was originally developed in 1996 (via a Scottish Office Circular) for use at a local level in Scotland for people with severe and enduring mental health issues. Unlike in England, where adopting CPA is mandatory, the circular simply recommended CPA for use in Scotland.
5. The purpose and aims of CPA are to ensure:
 - clients with mental health issues associated with complex health and social care needs receive ongoing care support
 - structured support for those most in need, or most at risk to themselves and others
 - there is effective multi-disciplinary agency collaboration
 - clients, their families and carers are involved as far as possible with care planning decisions and arrangements
 - systematic arrangements are established for the assessment and management of health and social care needs
 - appointment of a lead care co-ordinator to monitor and co-ordinate care arrangements.
6. The approach requires that, for each client, health and social services assess need, provide a written care plan, allocate a care co-ordinator, and regularly review the plan with key stakeholders in keeping with the National Health and Community Care Act 1990. The care plan should be written down, set out the support the client will receive and who will provide it, and the plan, at a minimum, should be subject to annual review.

Scope

7. The scope of the audit was to ensure that the CPA has been implemented consistently across the HSCP and that processes are being adhered to as outlined in the Terms of Reference agreed with the Head of Adult Services on 18 May 2021.

Risks

8. The risks considered throughout the audit were:
- **HSCP SSR13: Service Delivery** - ineffective leadership and management of services and resources as a result of insufficient progress towards operational integration being made. Services are unable to deliver on the day to day service delivery together with the agreed performance levels and improvements required from the integration of services. This would leave the IJB unable to achieve continuous improvement and to improve the effectiveness and efficiency of service delivery.
 - **Audit Risk 1:** CPA procedures are not established or being complied with.
 - **Audit Risk 2:** Lack of CPA process may impact on care and as a result be a concern in a high risk care episode.

Audit Opinion

9. We provide an overall audit opinion for all the audits we conduct. This is based on our judgement on the level of assurance which we can take over the established internal controls, governance and management of risk as evidenced by our audit work. Full details of the five possible categories of audit opinion is provided in Appendix 2 to this report.
10. Our overall audit opinion for this audit is that we can take a limited level of assurance. This means that internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.

Recommendations

11. We have highlighted three high priority recommendations and one medium priority recommendation where we believe there is scope to strengthen the control and governance environment. These are summarised below:
- CPA procedures should be agreed and implemented consistently across the HSCP
 - CPA training should be provided to all relevant staff
 - a consistent and secure process for maintaining client records should be implemented
 - Eclipse, the replacement system for Carefirst, should include a CPA identifier category.
12. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

2. Objectives and Summary Assessment

Exhibit 1 – Summary Assessment of Control Objectives

	Control Objective	Link to Risk	Assessment	Summary Conclusion
1	CPA procedures are in place including robust client assessment processes	SSR13 Audit Risk 1 Audit Risk 2	Limited	There are no agreed CPA procedures, including client assessment processes, to support a consistent approach to CPA across the HSCP. In addition no CPA training has been provided.

2	CPA processes have been consistently implemented and are being complied with	SSR13 Audit Risk 1 Audit Risk 2	None	As there are no CPA procedures we are not able to provide any assurance that CPA processes are being consistently implemented and complied with across the HSCP.
3	Client records are maintained and kept up to date	Audit Risk 1 Audit Risk 2	Limited	Client records are maintained on several systems across the HSCP however there is no consistent agreed approach for recording client records.

13. Further details of our conclusions against each control objective can be found in Section 3 of this report.

3. Detailed Findings

CPA procedures are in place including robust client assessment processes

14. CPA protocols and procedures are in place in an NHS facility in Lochgilphead. This includes a CPA information pack for key workers and a CPA guide for service users and clients. However these procedures, including client assessment processes, have not been implemented more widely across the HSCP.

Action Plan 1

15. We contacted Team Leads from Social Work and NHS Highland responsible for CPA across Helensburgh & Lomond (H&L)/Bute and Cowal (B&C)/Oban, Lorne and the Isles (OLI) and Mid Argyll, Campbeltown & Islay (MAKI). Excluding the CPA protocols and procedures provided by the NHS facility in Lochgilphead the other areas confirmed:

- there are no CPA procedures
- no CPA training has been provided
- standard templates for referrals and templates for meetings are available.

Action Plan 2

16. A paper has been submitted to senior management outlining a proposal for a new facilitator and administrator role to support CPA. This will include an element of teaching.

CPA processes have been consistently implemented and are being complied with

17. As there is no national guidance specifically for managing CPA clients in a community setting and there are no internally agreed CPA procedures we are not able to provide any assurance that CPA processes are being consistently implemented and complied with across the HSCP.

Client records are maintained and kept up to date

18. Client records are maintained on several systems across the HSCP. There is no consistent agreed process for maintaining client records, including the recording and sharing of information. Team Leads from Social Work and NHS Highland from across the HSCP confirmed that:

- in one area CPA meeting minutes and CPA records were held on Argyll & Bute Council's network drive

- two areas were unclear how records were stored
- Helensburgh and Lomond's CPA process is provided by West Dunbartonshire HSCP through an established service level agreement.

19. We were provided with a register/tracking spreadsheet of CPA clients for three of the four Council administrative areas, one of which had not been kept up to date. Helensburgh & Lomond work in partnership with West Dunbartonshire HSCP who also provide administrative support for CPA. No CPA register/tracking spreadsheet is maintained by West Dunbartonshire HSCP and West Dumbarton staff do not have access to Carefirst.

Action Plan 3

20. Carefirst, Argyll & Bute Council's client data management system, does not have a specific identifier category for clients on the CPA programme. Carefirst will be replaced by a system Eclipse to be implemented in June 2022. It was noted that not all NHS staff have access to Carefirst.

Action Plan 4

Appendix 1 – Action Plan

	No	Finding	Risk	Agreed Action	Responsibility / Due Date
High	1	<p>CPA Procedures</p> <p>There are no agreed CPA written procedures, including client assessment processes, to ensure a consistent approach to CPA service provision across the HSCP.</p>	Lack of consistency in service provision.	<p>Processes and procedures will be developed across Argyll & Bute to improve consistency and ensure service provision is appropriate across the region.</p> <p>This is subject to the recruitment of key posts within the service which are currently vacant.</p>	<p>Consultant Nurse</p> <p>30 June 2022</p>
High	2	<p>CPA Training</p> <p>There is no programme of CPA training available to relevant HSCP staff to ensure a consistent approach to CPA service provision across the HSCP.</p>	Lack of consistency in service provision.	A training programme will be developed once key service staff are recruited.	<p>Service Manager</p> <p>30 September 2022</p>

High	3	<p>Client Records</p> <p>There is no consistent agreed process for maintaining client records, including the recording and sharing of information.</p>	Potential breach of the UK General Data Protection Regulation (GDPR).	HSCP expect to transition to new Eclipse system. Implementation of the new system and associated processes and procedures will address this recommendation and the Data Officer will be involved in the development of processes and procedures.	<p>Service Manager / Eclipse Project Manager</p> <p>30 June 2022</p>
Medium	4	<p>Carefirst</p> <p>Carefirst does not have a specific identifier category for clients on the CPA programme. Carefirst will be replaced by the system Eclipse system in June 2022.</p>	Unable to identify clients on the CPA programme.	Service is moving to Eclipse on June 2022, an identifier category will be included.	<p>Service Manager / Eclipse Project Manager</p> <p>30 June 2022</p>

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

Grading	Definition
High	A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the objectives of the system. The weakness may therefore give rise to loss or error.
Medium	Observations on less significant internal controls and/or improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system. The weakness is not necessarily substantial however the risk of error would be significantly reduced if corrective action was taken.
Low	Minor recommendations to improve the efficiency and effectiveness of controls or an isolated issue subsequently corrected. The weakness does not appear to significantly affect the ability of the system to meet its objectives.
VFM	An observation which does not highlight an issue relating to internal controls but represents a possible opportunity for the HSCP to achieve better value for money (VFM).

Appendix 2 – Audit Opinion

Level of Assurance	Definition
High	Internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently.
Substantial	Internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.
Reasonable	Internal control, governance and the management of risk are broadly reliable. However, whilst not displaying a general trend, there are areas of concern which have been identified where elements of residual risk or weakness may put some of the system objectives at risk.
Limited	Internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.
No Assurance	Internal control, governance and the management of risk is poor. Significant residual risk and/or significant non-compliance with basic controls exists leaving the system open to error, loss or abuse. Residual risk must be addressed immediately with management allocating appropriate resources to the issues.