Executive Summary

Background
Adult Social Care commissioned Internal Audit to lead an independent team to undertake an evaluation of the Self Directed Support (SDS) Early Implementer Pilot Scheme. The intention of Adult Social Care, when the work was commissioned, was to implement any recommendations from the evaluation report by approving a detailed action plan and to monitor its implementation through the DMT Transformation Board. A detailed action plan is now in place to address the recommendations in this report and is being closely monitored by DMT Transformation Board as planned.

At the time of reporting approximately 60 customers were part of the pilot scheme. Of these, 21 customers are now in receipt of their personal budget. As such it is too early to draw meaningful conclusions given the relatively small number of people on the Pilot Scheme. It should also be recognised that work on the SDS project is still very much ongoing.

Key Findings
There are 11 high priority recommendations of which 5 are of such significance it is advised that great caution should be exercised in continuing the roll-out whilst these recommendations are fully addressed and implemented:

Key Recommendation 5   Weightings underpinning RAS;
Key Recommendation 6   Affordability and budget monitoring;
Key Recommendation 7   Support Plan Policy;
Key Recommendation 8   Risk Management arrangements;
Key Recommendation 11  Operating systems, processes, key controls and governance arrangements should be finalised, approved and communicated to all relevant staff.

Key Objectives
The evaluation has been split into two key objectives:

- Objective 1 – To evaluate the operating systems and underpinning processes for delivery of SDS to determine that they are fit for purpose and have suitable key controls in place to manage key risks;
- Objective 2 – To evaluate the impact SDS has had on peoples lives with respect to the 7 National Outcomes as defined in Putting People First Evaluation of Objective 1 took place between July and September 2009 and the results of the evaluation are contained within this report. Evaluation of Objective 2 will commence once sufficient customers have experience of using their personal budgets to meet their social care needs.

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1 Putting people First: a shared vision and commitment to the transformation of Adult Social care, HMG
**Evaluation Team**

Adult Social Care commissioned Internal Audit to lead an independent team to undertake an evaluation of the Self Directed Support (SDS) Early Implementer Pilot Scheme. It was felt that it would be beneficial to have a multi-disciplinary team that could bring their expertise to the evaluation. The Evaluation Team comprised of:

- Leeds City Council Internal Audit (Alex Firth, Principal Audit Manager; Jason Brook, Audit Manager; Anne Greenwood, Audit Manager)
- Sandra O’Donovan, Consultant (who is also a customer on the pilot scheme. Sandra is also heavily involved in peer group work for people with physical disabilities. In addition she is a member of the SDS Project Board);
- Viv Slater, Consultant, (who works for In Control\(^2\) and continues to help other local authorities in delivering SDS);

**Evaluation Approach**

The evaluation of Objective 1 was undertaken via:

- Customer feedback – feedback from 20 customers was obtained. It should be noted however that not all customers had reached the later stages of the SDS process at the time of the evaluation and therefore feedback on these later stages has been limited. Feedback obtained was as follows:
  - Self Directed Assessment Questionnaire (SDAQ) – all 20 customers provided feedback;
  - Support Plan – feedback was received from the 19 customers at the support planning stage;
  - Accessing Budget – feedback was received from the 11 customers whose support plan had been approved;
  - Organising Support – feedback was received from the 8 customers who were at this stage;
  - Review – none of the customers had had a review at the time of the evaluation. As such no feedback could be obtained.
- Care Manager feedback – feedback from the 4 Care Managers involved in the Early Implementer was also obtained for the above areas (except review). They were also asked for feedback on the calculation of the indicative budget including the Resource Allocation System (RAS) which is used to generate the customers personal budget;
- Internal Audit review and challenge of key operating systems and processes including mitigation of key risks within the operating systems and key control operation – key workstream leads were consulted along with other relevant personnel.

**Proposed Roll Out of Self Directed Support**

It is intended that Self Directed Support (SDS) will be phased in as follows:

- For existing customers already in receipt of community based support, SDS will be offered as an option as part of their next Fair Access to Care (FACS) review;

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\(^2\) In-Control is a social enterprise, working in partnership with citizens, government and the private sector. Its mission is to help create a new welfare system in which everyone is in control of their lives as full citizens.
It is proposed that all new customers will go through SDS processes from the 1\textsuperscript{st} April 2010, where this is appropriate, and that this will be subject to Executive Board approval.

At some point, all existing customers will move onto SDS following a review. The timescales for this are yet to be decided, and will be dependent on a number of other developments across the directorate.

Financial modelling is still being undertaken to understand the impact that SDS may have on the budget as well as traditional services such as home-care and day care services, which have traditionally been provided in-house.
Key Findings

Self Directed Assessment Questionnaire – SDAQ

Customer and Care Manager Feedback

Feedback was received from all 20 customers and 4 care managers.

Overall, the majority of customers were happy with the SDAQ process. In particular the customers felt that it covered their needs. The customers also provided their views on how the process could work better, including:

- Reviewing the use of Box B (which is used to capture how a person's needs are currently being met by carers and whether the customer and carer are happy with this to continue), which many felt was emotive and repetitive;
- Making the instructions for completing the SDAQ more user friendly; and,
- Allowing for variable and complex needs to be captured within the SDAQ process.

Feedback from the Care Managers also reflected the comments made by the customers.

Internal Audit Findings

Internal Audit has the following comments on the SDAQ:

- The Evaluation Team found that the SDAQ has already been updated to reflect some early feedback from customers and Care Managers provided at the Project Board and a paper was presented to DMT on 3 September 2009 which reviewed the assessment process and recommended further developments to ensure this is coordinated as far as possible with current EasyCare standards and takes carers’ needs into account in an appropriate manner.

- A common RAS framework is being developed nationally and there are workshops to discuss whether such a development will help all local authorities, who are trying to develop their own systems. However, these national developments may not arrive in time to meet the performance time-frame being set by Government for delivering SDS targets. In any case a national RAS, if adopted, will result in significant changes to both the Leeds assessment and RAS processes and systems. This will afford an opportunity for many of the recommendations contained within this report to be incorporated into the mainstream business practices.

- The work-stream lead advised that there has, as yet, been very little robust challenge of the content, composition and assumptions of the SDAQ and that this still needs to
take place. Without effective challenge there is an increased risk that the SDAQ is not fit for purpose.

- Based on feedback from customers and care managers the assessment of need in the Early Implementer has been a voluntary arrangement undertaken as a joint exercise between the customer and the Council. As such the Council is meeting its statutory duty\(^3\) to assess a persons needs reducing the possibility of legal challenge\(^4\).

- The Care Manager should be required to sign and date all key documents, including the SDAQ and record this information on ESCR as evidence they have:
  - Met statutory duties when assessing a persons needs;
  - Followed Council policies and processes;
  - They have received the appropriate training on SDS;
  - They have the necessary skills to undertake the assessment

<table>
<thead>
<tr>
<th>Key Recommendation 1</th>
<th>The SDAQ should be robustly challenged by appropriate stakeholders prior to final approval. Evidence of this challenge should be retained.</th>
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<tr>
<td>Key Recommendation 2</td>
<td>A paper (of sufficient detail) should be submitted to the appropriate board for approval which will enable appropriate challenge to take place of the final SDAQ prior to approval and full roll out.</td>
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</table>
| Key Recommendation 3 | Care Managers should sign and date all key documentation (and record on ESCR) to demonstrate compliance with the SDAQ as evidence they have:  
  - Met statutory duties when assessing a persons needs;  
  - Followed Council policies and processes;  
  - They have received the necessary training;  
  - They have the necessary skills to undertake the assessment  
  In addition, this control should be in operation for all assessments undertaken to meet statutory obligations including Mental Capacity Assessments and Carers Assessments. |

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3 Section 47(1) NHS and Community Care Act 1990.
4 R v Cornwall County Council, where the judge ruled the Council had abdicated its responsibility in this respect.
Calculation of Indicative Budget (including RAS)

The calculation of the Indicative Budget is a key component of the SDS process. The Council’s 2009/10 budget for meeting community based social care needs is approximately £69.5 million per year (excluding nursing and residential care) and it is envisaged that a significant part of this budget will be spent on delivering SDS. It is therefore crucial that the assumptions, weightings and calculation mechanism underpinning the calculation of the indicative budget are fundamentally sound and that the indicative budget generated meets a customer’s assessed needs within the constraints of available LCC resources. It is important to note that the indicative budget may be increased or reduced later in the process depending on the needs, outcomes and support identified in the support plan.

The development of the Indicative Budget calculation was split between two work-streams:

- Support Planning – to develop the SDAQ and attach weightings to responses to questions within each domain. The weightings convert answers given as to customers needs into points.
- Financial Management – to ascertain a £’s per point and to develop the resource calculator (the tool used to convert assessed needs (as per SDAQ) to the indicative budget). This is referred to in LCC as the RAS.

Care Manager Feedback

All Care Managers felt that the RAS was not easy to use and that errors would result in the amount of indicative budget as a result of using it. There was generally a negative response to the weightings used in the RAS.

The Principal Finance Manager expressed his disappointment about this feedback as he advised both himself and a further officer from Financial Management have spent time helping Care Managers in the RAS process. In addition, the Principal Finance Manager advised that he had expressed concerns over the Care Managers completing the RAS as they do not have a financial background. He also offered Financial Management resource to complete the RAS during the pilot.

The Evaluation Team found that the RAS has already been updated to reflect some early feedback provided by the Care Managers.

Internal Audit Findings

Internal Audit reviewed the work undertaken by each work stream on the RAS and has the following comments:

Weightings (developed by the Support Planning work-stream)

- The weightings are based upon the work-stream lead’s professional judgement and experience, as a Service Delivery Manager and was based upon the best advice available from In-Control at the time, that local authorities should try and start testing their processes against real cases and not wait until they have perfected their systems and processes.
- However there is no evidence that the assumptions made by the relevant work stream lead at the time have subsequently been subject to a robust challenge;
- There is a lack of supporting evidence detailing the rationale behind the weightings for each domain. It is not possible to provide an opinion on whether the weightings are sensitive enough to generate an indicative budget that will
meet peoples needs;
- Impact assessment through sensitivity analysis has not yet been undertaken on different user groups.

This is a significant issue as at present, if the processes used in the Early Implementer were adopted unamended and without appropriate challenge, LCC would not be able to demonstrate that:
- the calculation of an indicative budget is open and transparent,
- the calculation of the indicative budget is equitable to all user groups,
- the RAS fairly allocates resources based on needs

£ Per Point and Resource Calculator (developed by Financial Management workstream)

A desktop exercise, involving approximately 300 customers in receipt of traditional services was undertaken. This was used to determine the pounds per point that should be used for SDS. This process included:

- A representative sample of customer user groups that currently receive social care services from Adult Social Care;
- Completing a dummy SDS assessment to generate a points total;
- Using actual budgetary information to determine what the cost would be to provide those services;
- Factoring in a contingency, in accordance with recommended good practice\(^5\), of 20% to account for insufficient RAS allocations, changing customer needs and potential increase in people accessing the service;

- A review of the excel spreadsheet used to generate the indicative budget confirmed that the formulae used were accurate. In addition all calculating cells were password protected to reduce the risk of unauthorised amendments;
- The current RAS calculator (excel spreadsheet) requires up to 52 individual inputs per customer. It is therefore open to significant human error. The Project Team are working with ICT in developing a new RAS calculator which should reduce significant human error upon input. This is at final testing stage and rollout should commence November 2009.
- At the time of the evaluation there was no control in place to ensure that the scores had been accurately input (for example sample or 100% checks by an independent officer). Upon rollout, it is expected that this check will be undertaken by either team managers or business support officers.

**Affordability**

At the time of writing, 21 Support Plans had been approved. Financial Management have undertaken an analysis of the cost of Support Plans under SDS to the cost of care under ‘traditional’ care routes. This early analysis has identified that:

- 14 out of 21 customers are now receiving a greater budgetary allocation under SDS. The cost of previous care packages amounted to a total of £260,333 and their approved personalised budget under SDS totals £354,118 a total increase of £93,785 (36% increase).

\(^5\) In-Control recommend that a contingency factor of between 5% and 25% is built into the RAS.
- 7 out of 21 customers are now receiving a lower budgetary allocation under SDS (with one customer receiving the same budgetary allocation). The cost of previous care packages amounted to a total of £ 240,886 and their approved personalised budget under SDS totals £202,550 a total decrease of £38,336 (16% decrease).
- Overall, the net effect of all 21 approved budgets is an increase of £55,449 (11% increase) over the cost of previous care packages.

It is too early to draw any meaningful conclusions given the small number of cases and the fact that many customers on the Early Implementer have high and complex needs. In addition the customers in the Early Implementer pilot are not a representative cross-section of service users as a whole. It does however indicate that careful budget monitoring needs to be undertaken throughout the Early Implementer and the early stages of full roll-out to ensure that SDS is not going to lead to LCC budgetary pressures. Regular updates should be submitted to Financial Management (Corporate) as to the results of early comparisons so that any remedial action can be taken as necessary.

In addition, monitoring should include an analysis of how the customer plans to commission their services and support. This will identify customers who are proposing to commission services from bodies other than the Council where previously they received Council services and the potential financial impact of this. In the short to medium term, there is a risk that the Council will be funding customers under SDS whilst still incurring the cost of providing services that are no longer needed by a particular customer. Work is being undertaken in this area by Financial Management and the Contracts and Commissioning work-stream.

Financial Management work-stream lead has been reporting to both the DMT Transformation Board and Project Board on the financial implications of SDS. The reports recognise the impact SDS may have on traditional services, such as homecare and day care services.

It is important that such work continues as the pilot scheme progresses (and early stages of roll-out commence). In particular it is important to:

- Continue reviewing the affordability of SDS, on a regular (at least monthly) basis, updating management records and assessing the budgetary impact of SDS as soon as support plans are being approved;
- Assess the short and medium term impact on the Council’s budget by having to support in-house services and SDS (through the review of what services customers are commissioning);
- Assess the potential redeployment and re-skilling of council staff in these traditional services that may no longer meet the needs of customers and any associated budgetary impact;
- Obtaining legal advice on the current contracts the Council has with independent sector providers. For example the contracts for home care services have a clause guaranteeing minimum hours within each area. If these providers are also unable to meet the needs of the customer it could lead to further budgetary pressures. Work is being undertaken in this area by the Contracts and Commissioning work-stream.

Given current budgetary pressures within LCC, the issue of affordability, both in terms of increases to cost of providing care under SDS and the effect it has on traditional care services provided by the Council is a significant issue.
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<tr>
<th>Key Recommendation 4</th>
<th>The Project Team should continue to work with ICT to develop a new RAS calculator. This should focus on reducing the opportunity for human error as well as making it more user friendly. Once developed, an assessment must be undertaken to assess the opportunity for human error. If it is considered that there is still significant scope for human error, additional controls must be implemented. These may include input checks by an independent person.</th>
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| Key Recommendation 5 | The RAS (including weightings and pounds per point) should be revisited:  
- All assumptions should be clearly documented  
- All assumptions should be underpinned by robust workings detailing source information and guidance used  
- Benchmarking with other councils should be undertaken if at all possible  
- Financial information/costings should use current actual costings wherever possible.  
- Assessment of impact of RAS (including weightings and pounds per point) on user groups should be undertaken through sensitivity analysis.  
- Key risks associated with final RAS (including weightings and pounds per point) and assumptions should be documented and challenged and if the risk is accepted it should be documented and approved.  
- All assumptions and final RAS (including final weightings and pounds per point) should be robustly challenged by appropriate stakeholders – to include as a minimum a member of finance  
- A paper (of sufficient detail) should be submitted to the appropriate board for approval which will enable appropriate challenge to take place of the RAS(including final weightings and pounds per point) prior to approval of the RAS. |
| Key Recommendation 6 | Careful budget monitoring of cost and analysis of reduced commissioning of Council Services needs to be undertaken throughout the Early Implementer and the early stages of full roll-out to ensure any budgetary pressures are identified at the earliest opportunity.  
**Regular updates should be submitted to Financial Management (Corporate) as to the results of early comparisons so that any remedial action can be taken as necessary.** |
As a minimum:

- Review of the affordability of SDS, on a regular (at least monthly) basis, updating management records and assessing the budgetary impact of SDS as soon as support plans are being approved;

- The 2010/11 budget must be prepared using actual experience from the project factoring in all policy changes and contingency as appropriate;

- Assess the short and medium term impact on the Council's budget by having to support in-house services and SDS (through the review of what services customers are commissioning);

- Assess the potential redeployment and re-skilling of council staff in these traditional services that may no longer meet the needs of customers and any associated budgetary impact;

- Obtaining legal advice on the current contracts the Council has with independent sector providers. For example the contracts for home care services have a clause guaranteeing minimum hours within each area. If these providers are also unable to meet the needs of the customer it could lead to further budgetary pressures.
Support Plan

Support Plans allow customers to record how their assessed needs will be met through different types of support. Customers Support Plans can be innovative and creative.

Customer and Care Manager Feedback

The majority of customers were happy with the Support Plan process and felt their needs had been met by their support plan. All customers received help in producing their support plan and many felt that without the help they would have experienced difficulty in producing it. Many customers found it difficult to cost their support plan and relied heavily on their Care Manager to help them. Feedback from Care Managers also identified the difficulties faced by many customers in producing their Support Plan.

Internal Audit Findings

Internal Audit have the following comments to make about the support planning process:

Policy

- There is no policy on support planning in place (although a toolkit has been developed). A policy on support planning is required to ensure that:
  - Customers are treated consistently and fairly;
  - LCC and the individual care worker can demonstrate they have acted in a reasonable and informed way.
  - Public monies are protected and wisely spent;
  - LCC is protected from reputational damage

- The policy should be subject to robust challenge and approved by the appropriate board prior to roll-out. A communication strategy should be implemented to ensure all relevant stakeholders are informed of the policy.

The policy should detail the key requirements of a Support Plan so that a Care Manager can ensure that these key requirements are included in all customer support plans. The policy should not be a ‘list’ of the types of support that are acceptable/not acceptable but should offer clear guidance on what needs to be considered when developing and approving a Support Plan. Consideration should be given to the following key elements for inclusion in a support plan policy:

- Needs versus ‘wants’ – defining what a need is and what a ‘want’ is.
- Risk and safeguarding issues – defining high risk support plans and procedures to follow.
- Financial issues – define what is acceptable in terms of financial cost. Occasions may arise where needs may be met with a particular type of support but there could be considerable cost variations associated with providing the particular type of support depending on what the customer would like.

- LCC reputational issues – define areas that the Council is not willing to fund for example this may include gambling or drinking which could impact on the council’s reputation.

- Outcomes – defining what an ‘outcome’ is, guidance as to how outcomes can be measurable.

- Minimum support plan requirements – define what the minimum Support Plan requirements should be.

- Gatekeeping requirements – define composition of gatekeeping panel and approval process

This is a significant issue that needs to be addressed. A support plan policy and supporting framework should be approved and implemented. Without a support plan policy it will be difficult to demonstrate that:

- Customers are treated consistently and fairly;

- LCC and the individual care worker can demonstrate they have acted in a reasonable and informed way.

- Public monies are protected and wisely spent;

- LCC is protected from reputational damage

Protecting customers and other people from harm or injury

A multi-agency safeguarding policy has been developed by the Council in conjunction with its statutory partners. Further work is to be undertaken to develop a policy and guidance for Leeds City Council social care staff. This would be a good opportunity for Adult Social Care to consider the specific risks associated with the SDS process. As customers have more choice and control on how to live their life the Council needs to consider how it will safeguard people and minimise and manage foreseeable risks.

The Council needs to fully understand the risks associated with the new agenda of choice and control. In line with other local authorities it may be beneficial to set this out in formal risk management arrangements and be supported by appropriate guidance and training. Any risk arrangements should be based upon the principles contained within the Leeds Risk Management Framework. The project team is currently working towards developing appropriate risk management arrangements. Such arrangements should include:

- defining high risk support plans

- procedures to follow to approve high risk support plans. This may include use of a Risk Panel.
This will allow the authority and the individual care manager to demonstrate that they assessed and took steps to manage and minimise foreseeable risks.

**This is a significant issue. Risk management arrangements should be implemented and approved to ensure that foreseeable risks are managed and minimised and that customers are adequately safeguarded.** The Project Team are currently addressing this issue and a team has been established which is developing a risk management policy, practice guidance and arrangements for risk panels. A report is due to be presented to DMT in November.

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<tr>
<th>Key Recommendation 7</th>
<th>A support plan policy should be put in place. This should cover:</th>
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<td>▪ Needs versus ‘wants’ – defining what a need is and what a ‘want’ is.</td>
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<td>▪ Gatekeeping requirements – approval process</td>
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<td>▪ The policy should be submitted to the appropriate board for approval.</td>
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<td>▪ A communication strategy should be put in place to roll out the policy and ensure it is effectively embedded.</td>
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| Key Recommendation 8 | Risk management arrangements should continue to be developed. These should define high risk plans and the process to be followed for approval. A risk panel (or similar) should approve all high risk support plans. The risk panel should have clear terms of reference, comprise suitably qualified and experienced personnel, and should formally document all decisions. |
Accessing Budget

Customer and Care Manager Feedback

Overall, customers and Care Managers were happy with how to access their budget although some customers commented that there had been some confusion as to when and how monies were to be received.

Customers, or their representative, enter into a formal agreement with the Council which is signed by all appropriate parties.

Internal Audit Findings

During the evaluation Internal Audit was advised that one customer had requested their full budget of over £100,000 be paid in full up front. Internal Audit does not support this request for the following reasons:

Affordability

- It sets a precedence for other customers, and could result in significant budgetary pressures, if a significant number of people request money to be paid in full up front;
- If a significant number of customers request the money to be paid upfront this may impact LCC investment opportunities, other council priorities and cash-flow.
- Increased risk of additional funding requirements if customers do not manage their budget appropriately and spend their personal budget part way through the year;
- The cost of potentially having to introduce more checks/reviews to ensure that the customer is managing their budget correctly. At present reviews are to be undertaken after 3 months.

Customer satisfaction with accessing budget

<table>
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<tr>
<th>Option</th>
<th>Percentage</th>
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<tr>
<td>Yes (6 customers)</td>
<td>55%</td>
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<tr>
<td>Partly (2 customers)</td>
<td>18%</td>
</tr>
<tr>
<td>No (1 customer)</td>
<td>9%</td>
</tr>
<tr>
<td>No opinion expressed (2 customers)</td>
<td>18%</td>
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</table>
Safeguarding
- The justifications of why the customer needs their personal budget upfront;
- Care needs not being met throughout the year due to poor management of funds. This could result in serious harm or injury to the customer;
- Significant amount of money not spent on assessed needs;
- Customer being exploited by family/friends/brokers etc

Reputation
- Criticism of Council by inspectorates/press if personalised budget is misspent;
- Poor CAA scores or inspectorate scores.

The customer is required to sign a formal agreement which states that the money will be paid on a 4 weekly cycle.

| Key Recommendation 9 | Payment of a budget to a customer upfront should not take place.  
| All customers should sign the formal agreement which states that the money will be paid on a cycle by instalments that are suitable to deliver the Support Plan |
Organising Support

Customer and Care Manager Feedback

The majority of customers were happy with organising service providers. 50% of customers felt they needed help in organising their support but that they did not receive all the help they needed or it was inconsistent. Generally, Care Managers were happy with the overall process of how customers are commissioning their services.

2 of 3 Care Managers commented from feedback received from the customer, that the customer prefers SDS to traditional methods of delivering care.

A review of commissioning arrangements (other than customer and care manager feedback) was outside of evaluation team remit and therefore no further comments are made in respect of organising support.
Review

Customer and Care Manager Feedback

No customer had reached the review stage at the time of the evaluation, therefore no feedback was obtained from customers or care managers.

Internal Audit Findings

Formal guidance as to how financial reviews should be undertaken is in the process of being finalised and approved. Based upon draft guidance reviewed by the evaluation team there appears to be a sound basis for which to undertake financial reviews.

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<tr>
<th>Key Recommendation</th>
<th>The project team should finalise the process and guidance for undertaking financial reviews. This should be subject to appropriate challenge and formally approved by the appropriate Board.</th>
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Key operating systems and processes

Internal Audit Findings

Work still needs to be undertaken by the Project Team to finalise operating systems and processes to ensure that key controls are built into the system and SDS processes are consistent with other developments such as initial screening in the contact centre and the introduction of a re-ablement service. A Process diagram and key control matrix have been designed by Internal Audit which will help the Project Team ensure that full and proper governance arrangements are in place upon roll-out. The following key controls (other than the recommendations as made above) are of particular note:

- SDS Training needs to be developed and delivered to staff
- SDS policies and work procedures need to be developed and delivered to staff

It is strongly recommended that operating systems, processes, key controls and governance arrangements are finalised and implemented prior to full roll-out. Without key controls and governance arrangements in place LCC (and the individual care manager) may not be able to demonstrate that they:

- acted reasonably
- acted in an informed way, reflecting their expertise
- acted responsibly in relation to their duty of care and were not negligent
- assessed and took steps to manage foreseeable risks
- involved the customer in the process and supported them to make informed decisions
- followed Council policy, procedures and rules.

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<th>Key Recommendation</th>
<th>Operating systems, processes, key controls and governance arrangements should be finalised, approved by the appropriate board and communicated to all staff.</th>
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Conclusion

Work on the SDS project is still very much on-going and work undertaken by work-
streams is still in the process of being finalised.

There are 11 high priority recommendations of which 5 are of such significance it is advised that great caution should be exercised in continuing the roll-out whilst these recommendations are fully addressed and implemented:

- Key Recommendation 5  Weightings underpinning RAS;
- Key Recommendation 6  Affordability and budget monitoring;
- Key Recommendation 7  Support Plan Policy;
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- Key Recommendation 11 Operating systems, processes, key controls and governance arrangements should be finalised, approved and communicated to all relevant staff.