SCOPE OF WORK

2009/10
Overview

This document sets out the scope of the work to be carried out on the evaluation of the SDS Early Implementer (EI) for 2009/10.

Objectives

The scope of the work has been split into 2 main objectives:

Objective 1 - To evaluate the impact SDS has had on peoples lives with respect to the 7 National Outcomes as defined in *Putting People First*.

Objective 2 - 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.

Details of the initial work to be carried out on each of the objectives and the key outcomes for each objective can be found on subsequent pages. It should be noted however, that the scope of our work may be expanded dependent on the findings of our initial work.

Evaluation Team

The evaluation team comprises the following individuals who are independent from the SDS EI Project

- Alex Firth (Internal Audit)
- Viv Slater (Integrity Alive)
- Sandra O’Donovan (Expert by experience)
RISK REGISTER

The evaluation team have identified a number of key risks to the evaluation. These are detailed in the attached risk register.
Objective 1

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 this objective will be undertaken via questionnaire and stakeholder feedback.

A questionnaire has been designed that will evaluate the impact that SDS has had on peoples lives and is based upon questionnaires designed and used by In Control on similar evaluation projects. The questionnaire is structured around the 7 national outcomes as defined in Putting People First being:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic well-being
- Maintaining personal dignity and respect

The questionnaire will be used to obtain feedback from 3 different stakeholder groups:

- Service Users
- Family Carers
- Care Managers

This will ensure that different perspectives are taken into consideration and will give a more balanced evaluation as to the impact SDS has had on peoples lives.
It is proposed that for Service Users and Care Managers feedback is obtained via face to face visits to complete the questionnaire. The family carers feedback will be obtained via completed questionnaire only (not face to face visits).

Copies of the questionnaires are found in the appendix.

**Key Risks**

A number of key risks to achievement of this objective have been noted as detailed in the attached risk register. The are:

Key risk 1 - Insufficient time between Service User implementing support plan and reporting deadline for exec board to fully evaluate impact of SDS on peoples lives re 7 outcomes.

Key risk 4 - Process used to evaluate outcomes of Early Implementer is significantly different from the process to be used upon full roll out - Early Implementer is a 'stand alone' evaluation.

**Key Outcomes Of Objective 1**

- Report on the results of Service User evaluation showing impact of SDS on peoples lives in the areas defined by the 7 national outcomes
**Objective 2**

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.

Evaluation of this objective will be undertaken in three ways:

- Service User Feedback
- Care Manager and other relevant stakeholder (eg Risk Panel and Gatekeeping Panel) Feedback
- Internal Audit review and challenge of key operating systems and processes including mitigation of key risks within the systems and key control operation. (NB Systems audit only – no testing of key controls will be undertaken)

Note that it was agreed with the Chief Officer – Access and Inclusion (John Lennon) that the review would no longer incorporate commissioning.

The following table sets out how the key stages within the SDS process will be evaluated.

<table>
<thead>
<tr>
<th>Key Process</th>
<th>Key risks</th>
<th>Service User Evaluation</th>
<th>Care Manager Evaluation</th>
<th>Operating System Evaluation</th>
</tr>
</thead>
</table>
| SAQ         | • SAQ not fit for purpose i.e. does not capture all SU needs in most efficient way possible
- does not identify/record all SU needs i.e.gaps
- Ease of use
- too long/onerous | Evaluation via questionnaire (see Appendix 1a. Questionnaire to cover key considerations per risk – ie document itself and the process undertaken to complete the document). Evaluation team to complete | Evaluation via questionnaire (see Appendix 1b. Questionnaire to cover key considerations per risk.) Evaluation team to complete questionnaire with Care Manager. | IA to undertake a review of process/ systems map and consideration of key controls to mitigate key risks including:
- all requests for SDS logged and assigned-unique ref no on |
### Early Implementer Evaluation

<table>
<thead>
<tr>
<th>Jargon/Accroynoms</th>
<th>Impact if risks not addressed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- jargon/accroynoms</td>
<td>- SU care needs are not met</td>
</tr>
<tr>
<td>• SAQ incorrectly completed</td>
<td>- LCC budgetary pressure if SU care needs are overstated</td>
</tr>
</tbody>
</table>

Timing to be considered – ideal option would be to undertake evaluation following SAQ completion whilst still fresh in SU minds which would lead to timely updates of doc and process that could be fed into subsequent evaluations. But would this be too onerous on the SU?

<table>
<thead>
<tr>
<th>Suggest undertake evaluation after 20/40/60 SAQs</th>
<th>- SAQ completed with appropriate support (support agreed in advance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- SAQ signed by SU/Support Person and Care Manager after appropriate challenge if applicable and retained on file</td>
</tr>
<tr>
<td></td>
<td>- SAQ validated and evidenced (to obtain copy of validation report)</td>
</tr>
</tbody>
</table>

### RAS

<table>
<thead>
<tr>
<th>Desktop RAS not fit for purpose Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- model does not produce ‘meaningful’ allocations</td>
</tr>
<tr>
<td>- model based on incorrect assumptions</td>
</tr>
<tr>
<td>- model does not build in market condition adjustments</td>
</tr>
<tr>
<td>- arithmetical mistakes/formula incorrect</td>
</tr>
<tr>
<td>- ease of use</td>
</tr>
</tbody>
</table>

| N/a – no SU involvement in this process |
| Evaluation via questionnaire (see appendix 1b. Questionnaire to cover key considerations per risk. |
| Evaluation team to complete questionnaire with Care Manager. |
| Suggest undertake evaluation after 20/40/60 RASs |

### IA

<table>
<thead>
<tr>
<th>Undertake a review of process/systems map and consideration of key controls to mitigate key risks including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- spreadsheet controls</td>
</tr>
<tr>
<td>- challenge of key assumptions</td>
</tr>
<tr>
<td>- input controls (care managers)</td>
</tr>
<tr>
<td>- validation checks on end result</td>
</tr>
<tr>
<td>- Care Manager training on RAS completion</td>
</tr>
</tbody>
</table>

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### ESCR

<table>
<thead>
<tr>
<th>SAQ completed with appropriate support (support agreed in advance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- SAQ signed by SU/Support Person and Care Manager after appropriate challenge if applicable and retained on file</td>
</tr>
<tr>
<td>- SAQ validated and evidenced (to obtain copy of validation report)</td>
</tr>
</tbody>
</table>
### Early Implementer Evaluation

- **RAS not checked/validated**

**Impact if risks not addressed:**

- Budget allocation insufficient - SU care needs are not met
- Budget allocation excessive - LCC budgetary pressure

| **Support Plan** | Support Plan Document not fit for purpose i.e. does not support SU needs.  
Conditioner |
|-----------------|---------------------------------------------------------------|
|                 | Ease of use  
|                 | too long/onerous  
|                 | jargon/accroynoms  
|                 | does not meet all SU needs that were identified in SAQ i.e.gaps  
|                 | Safeguarding issues not identified  
|                 | High risk SPs not identified  
|                 | RAS allocation identified as inadequate  
| | SP incorrectly completed  
| | High risk SPs not submitted to Risk Panel for approval  

| **Evaluation** | Evaluation via questionnaire (see Appendix 2a. Questionnaire to cover key considerations per risk – i.e. document itself and the process undertaken to complete the document).  
| | Evaluation team to complete questionnaire with SU(and their support) as independent of process/design  
| | Timing to be considered – ideal option would be to undertake evaluation following SP completion whilst still fresh in SU minds and would lead to timely updates of doc and process that could be fed into subsequent evaluations. But would this be too onerous on the SU?  

| **Care Manager** | Evaluation via questionnaire (see Appendix 2b. Questionnaire to cover key considerations per risk).  
| | Evaluation team to complete questionnaire with Care Manager.  
| | Suggest undertake evaluation after 20/40/60 SP’s  

| **Risk Panel** | Interview/questionnaire approach to evaluate role of Risk Panel. Considerations:  
| | SP completed with appropriate support(support agreed in advance)  
| | SP signed by SU/Support Person and Care Manager and retained on file  
| | SP validated by team manager and JC(who). Evidence of validation retained on file  
| | Contentious plans sent to Risk Panel for
### Early Implementer Evaluation

<table>
<thead>
<tr>
<th>Accessing Budget</th>
<th>• Budget mismanaged - SU does not understand how to manage</th>
<th>Evaluation via questionnaire. Questionnaire to cover key</th>
<th>Care Manager</th>
<th>To undertake a review of process/ systems map and consideration of key controls</th>
</tr>
</thead>
</table>

- SP not approved by Team manager
- SP not approved by Gatekeeping Panel

**Impact if risks not addressed:**
- SU needs are not met
- SU exposed to significant risk and safeguarding issues:
  - SU exploited
  - SU neglected
  - physical or emotional abuse (intentional or unintentional)
- LCC budgetary pressures – left to ‘top up’ payments and/or provide extra services.

- appropriate mix of professionals
- information presented sufficient to undertake role
- challenge
- safeguarding issues addressed
- terms of reference
- approval documented

**Gatekeeping Panel**

Interview/questionnaire approach to evaluate role of Gatekeeping Panel. Considerations:
- Information presented sufficient to make decision
- review of all budgets outside preset thresholds
- approval process
- governance issues re key controls

Agreement (Evidence of approval retained on file)
- SP signed off by Gatekeeping Panel (Evidence retained on file)
- Safeguarding controls?
### Early Implementer Evaluation

<table>
<thead>
<tr>
<th>their budget</th>
<th>considerations per risk – ie document itself and the process undertaken to complete the document.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Budget inappropriately spent- SU spends money on services not meeting needs</td>
<td></td>
</tr>
<tr>
<td>• Record keeping not undertaken</td>
<td></td>
</tr>
<tr>
<td>• All options re how budget can be accessed not considered</td>
<td></td>
</tr>
</tbody>
</table>

**Impact if risks not addressed:**
- SU care needs not met
- LCC budgetary pressures – left to ‘top up’ payments and/or provide extra services.

<table>
<thead>
<tr>
<th>Monitoring and Review</th>
<th>Evaluation via questionnaire. Questionnaire to cover key considerations per risk – ie document itself and the process undertaken to complete the document.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services received do not meet SU needs</td>
<td></td>
</tr>
<tr>
<td>• Timing</td>
<td></td>
</tr>
<tr>
<td>• Financial records not being kept</td>
<td></td>
</tr>
</tbody>
</table>

**Impact if risks not addressed:**
- SU care needs not met
- Neglect of SU
- Physical/emotional abuse of

### Impact if risks not addressed:
- SU care needs not met
- LCC budgetary pressures – left to ‘top up’ payments and/or provide extra services.

**To undertake a review of process/ systems map and consideration of key controls to mitigate key risks including:**
- 1 month review carried out in timely manner
- 3 month review

**Evaluation via questionnaire.**
- Questionnaire to cover key considerations per risk.

**Evaluation team to complete questionnaire with Care Manager.**

**Suggest undertake evaluation after each 20/40/60**
# Early Implementer Evaluation

<table>
<thead>
<tr>
<th>SU</th>
<th>process/design</th>
<th>evaluation after each 20 SP’s</th>
<th>carried out in timely manner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial abuse</td>
<td>Timing to be considered – one month review. Unlikely to get any through for 3 month review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial mismanagement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Key Risks

A key risk to the achievement of this objective has been noted as detailed in the attached risk register. This is:

Key risk 5 - Evaluation of the Early Implementer Process, Governance and Controls will be a 'stand alone' evaluation. The process, governance and controls in place for full roll out may differ significantly from those in place for the Early Implementer.

## Key Outcomes Objective 2

- results of service user, care manager and other identified stakeholder feedback as to the SDS process
- recommendations for improvement to the SDS process to ensure that it is fit for purpose
- recommendations for improvement to the governance arrangements within the SDS process to ensure that key risks within the process are appropriately managed and can be evidenced as operating in practice.