



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



1. Executive Summary

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.

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 at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.
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.

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.

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
network drive

two areas were unclear how records were stored

= "O 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. # " # identifier category for clients on the CPA programme. Carefirst will be replaced by a system Eclipse to be implemented in June 2022.

High	3	ClientRecords
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In order to assist management in using our reports a

