

**Action from Audit and Scrutiny on 27 June 2023****Agenda Item No:** 8**Report Title** Internal audit Section Completed Projects Report**Responsible Officer:** Tracy Stephen – Chief Social Work Officer**Information Sought:**

Concerns were raised that with statutory duties going back to 2013 on SDS, some of the actions identified felt like 'going back to basics'. Timescales for actions seemed long in some instances, that process maps needed to be put in place, which it was felt should be well embedded already or that if they were not being utilised correctly should be more of case of refresher training and improved oversight rather than a 15 month plan. In particular, on actions 5.05 and 5.07 the timescales being in excess of 12 months give rise for concern when there is a statutory duty to review SDS packaged every 12 months, a duty which has existed for nearly a decade.

Monitoring of contracts gave rise for concern and, again, the timescale for actions seemed overly long.

Questions were asked if any issues around choice and flexibility were found during the audit, with Mr Lewis only able to give limited comment without a service perspective. Further questions were posed around the timescales and whether there was confidence from the service in delivering to those timescales.

The Internal Audit Manager, Mr Lewis, stressed repeatedly that he was 'concerned' about the operation of key controls in SDS, especially given the large budgets involved, which from councillors' perspectives is clearly a concern in both service delivery and financial terms. The full points made in the committee will be available on the webcast recording.

**Response:**

The findings and subsequent actions from the recent option 2 and 3 audit have been a positive step forward to support the focus of SDS over the next 12 months. The Self-Directed Support (SDS) Framework of Standards and supporting action statements were introduced in March 2021 (currently in review) to ensure consistency of outcomes and approaches in SDS practise in Scotland, with the aim to build framework of good practise in assessment, support planning and provision of care and support resources. In light of this, current practices, alongside the supporting local policy and guidance need to be reviewed and updated in line with the framework. The delivery of SDS Option 2 has been a challenge both locally and nationally to ensure the greatest choice and flexibility to individuals, with a clear distinction between more formal commissioned services, which are primarily delivered via an Option 3 budget. The Coalition of Care and Support Providers in Scotland (CCPS) were commissioned to develop a tri party agreement to support local delivery of a flexible Option 2 budget. Health and Social Care Moray (HSCM) have been utilising this model agreement since March 2022 to deliver a flexible approach option 2, which ensures all three parties (the individual, the provider and HSCM) have an understanding of their roles and responsibilities. All new support delivered through option 2 in Moray utilises this model agreement, and all supports currently in place will have a tri part agreement in place once the care package is reviewed. Option 2 has been a challenge to fully embed across Scotland, with CCPS currently developing a more person centred three way (tri part) agreement which makes option 2 less bureaucratic, more flexible and user-friendly. The timescales identified within the audit action plan for the embedding of the tri part agreements, aligns itself with those identified for the completion of the Social Work Care reviews. These timescales need to be realistic and achievable taking into account Social Work capacity, the competing challenges within the current social work and social care landscape and current vacancies and subsequent recruitment to Social Work posts.

<p>Councillors on the committee are seeking assurance on these issues and I would be grateful if you would address these points of concern.</p>	<p>The National SDS Improvement Plan 2023-27, recently endorsed by CoSLA, sets out key priorities for local HSCP's, including keys areas relating to the delivery of SDS Options 2 &amp; 3, namely:</p> <ul style="list-style-type: none"> <li>• 1.2.2 Support provider engagement with Option 2.</li> <li>• 1.2.3 Develop and roll-out of tools and contractual models for Option 2 to increase workforce confidence and efficiency in offering it.</li> <li>• 1.2.4 Work to increase flexibility in the provision of in-house and commissioned services when delivering Option 3</li> </ul> <p>Training relating to SDS across social work must be continuous and develop in line with the moving landscape both locally and nationally with the development of the emerging Advanced Practice Framework for Social Care. This is further embedded into the National SDS Improvement Plan 2023-27 as extracted below:</p> <ul style="list-style-type: none"> <li>• 2.2.1 Ensure the principles of SDS are reflected in the emerging post-qualifying Advanced Practice Framework for Social Work, including describing the knowledge, competencies and skills required across the full breadth of social work roles (framework to be launched by OCSWA September 2024, followed by the development of a training plan).</li> <li>• 2.2.2 Review of current SDS training at both local and national level, consistent with an alignment to the developing Advanced Practice Framework for Social Work (see above).</li> </ul> <p>Reassurance is given that the recent audit has highlighted the same challenges as faced by other HSCP's across Scotland, with further actions plans being developed to meet the recommendations within the national Improvement plan which will be aligned to the findings of our internal audit.</p> <p>The ethos of SDS and the underlying principles are embraced by HSCM and we acknowledge the actions identified to ensure we deliver on these.</p> <p>Supporting individuals to exercise choice and flexibility over their care and support is the ethos of Self-Directed Support (SDS). This can be at times limited for individuals due to the availability of resources in Moray. The recording of these gaps in resource is vital for us to collate in terms of market intelligence, having</p>
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	<p>a greater understanding of the gaps, and subsequently collaborating with our communities to ascertain how they can support to shape the demand is important going forward. With limited resources we know that we cannot continue to do more of the same, through taking a strength and asset based approach, in line with SDS Standard 3 (Strength and Asset-Based Approach) will support to embed this. Looking at the strengths of the individual, explore personal support networks (friends, family and unpaid carers) can support to meet their outcomes, explore supports from the community and external grants before identifying an SDS budget will support to ensure choice and flexibility of support, delivered in an individual's own community. Capturing all identified resources through good support planning will support to evidence the choice and flexibility of an individual's care and support. Through developing SDS Standard 4, Meaningful and Measurable Recording Practice; we will be able to record and capture the data required to shape the market enabling greater choice for individuals to meet their outcomes.</p> <p>In line with the National SDS Improvement plan, further developing delivery of option 2 and increase flexibility of option 3 will support to give reassurance in our ability to fully meet the recommendations from the audit.</p> <p>Monitoring of contracts:</p> <p>Proactive – Annual Contract Meeting to discuss KPIs and service level issues. Meet again in Sept/Oct to discuss year to date budgets to keep on top of deficit/surplus. Monthly comments/complaints/incident form sent in from all providers – Commissioning co-ordinators receive and feed back to lead officers. A minimum of one site visit per year using a checklist aligned with the contract. Checklist with any recommendations shared with lead officer.</p> <p>Reactive – follow the process for Supportive/Enhanced monitoring through the multi-disciplinary monitoring group and escalating to the collaborative care meeting.</p> <p>Financially – the controls for authorisation have been put in place, next step is a workshop with managers re authorisation levels and remits.</p>
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