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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE**

**SUBJECT: SELF-DIRECTED SUPPORT OPTION 2 & 3 AUDIT UPDATE**

**BY: SERVICE MANAGER, PROVIDER SERVICES**

**1. REASON FOR REPORT**

1.1. To inform the Audit, Performance and Risk Committee in relation to the progress of the current work being undertaken to achieve the recommendations outlined in the most recent internal audit report relating to SDS Option 2 and 3 delivery.

**2. RECOMMENDATION**

**2.1. It is recommended that the Audit, Performance and Risk Committee consider and note the current progress relating to the Self-Directed Support (SDS) Option 2 & 3 audit report.**

**3. BACKGROUND**

3.1. The Social Care (Self-Directed Support) (Scotland) Act 2013 was enacted on 1 April 2014 with the Self-Directed Support (SDS) Standards being implemented in March 2021. The focus of both the legislation and the standards is to deliver independent living, enabling people of all ages to have the same freedom, dignity and control as other citizens at home, work and in the community.

3.2. An internal audit was carried out looking in greater depth at the systems and procedures in place to support the delivery and management of adult social care through SDS Option 2 and 3.

3.3. An update report was requested from the Audit, Performance and Risk Committee on the issues found in the audit reports as presented by the Chief Internal Auditor at the Committee Meeting held on the 29 June 2023 (Item 8 of the minute refers).

**4. KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1. 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 practice in Scotland, with the aim to build a framework of good practice 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.

- 4.2. A high level action plan was delivered alongside the audit report, this has now been developed into an improvement plan, which several delivery plans will feed into to monitor the separate projects required to underpin the audit recommendations.
- 4.3. Health and Social Care Moray (HSCM) have been utilising a tri-part agreement to deliver a flexible approach to SDS option 2. This model agreement has been utilised since March 2022, 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 should utilise this model agreement, and all supports currently in place will have a tri-part agreement in place once the care package is reviewed.
- 4.4. 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.
- 4.5. Reassurance is given that the recent audit has highlighted the same challenges as faced by other Health and Social Care Partnership's across Scotland, with further action plans being developed to meet the recommendations within the national Improvement plan. These will be aligned to the findings of our internal audit and the subsequent improvement plan (**SEE APPENDIX 1**).
- 4.6. Supporting individuals to exercise choice and flexibility over their care and support is the ethos of 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 a greater understanding of demand, 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 in line with the development of new paperwork (**see Appendix 1 Action 1.3**)

- 4.7. Through further development of Option 2, and the proposed approved framework, it will afford greater governance in relation to the process, give clarity on approved rates, and provide a platform for individuals to consider a range of supports to meet their outcomes. The framework would not be the only means of delivery for SDS option 2, but give a platform to base support planning to generate outcomes, still enabling individuals to choose providers out with the framework once the appropriate checks have been carried out.

## **5. SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”**

SDS supports the vision of the MIJB Strategic Plan, the Corporate Plan and LOIP. The strategy supports Theme 2, Home First Objective 3, we work together to give you the right care in the right place at the right time.

**(b) Policy and Legal**

Compliance with Social Care (Self-Directed Support) (Scotland) Act 2013, the accompanying statutory guidance and SDS Framework of Standards alongside the national SDS Improvement Plan.

**(c) Financial implications**

SDS Transformation funds are provided each year to support the embedding of SDS.

**(d) Risk Implications and Mitigation**

Through not embedding the recommendations we risk not meeting the required ethos and principles of SDS in line with the required governance.

**(e) Staffing Implications**

None arising directly from this report

**(f) Property**

None arising directly from this report.

**(g) Equalities/Socio Economic Impact**

No negative impact has been identified through embedding the actions from the audit. Delivering on the improvement plan will support fair access to SDS.

**(h) Climate Change and Biodiversity Impacts**

None arising directly from this report

**(i) Directions**

None arising directly from this report

**(j) Consultations**

Chief Social Work Officer/Head of Service, Head of Service, Services Manager, SDS and Unpaid Carers Officer, Equal Opportunities Officer, Accountancy

**6. CONCLUSION**

**6.1 For Audit, Performance and Risk Committee to note the current progress in line with the SDS Option 2 and 3 Internal Audit Report.**

Author of Report: Michelle Fleming, Self-Directed Support and Unpaid Carers Officer

Background Papers: Moray Option 2 & 3 Audit Improvement Plan (Appendix 1)

Ref: