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**Report To:** Inverclyde Integration Joint Board    **Date:** 7 November 2017

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Partnership (HSCP)    **Report No:** IJB/32/2017/HW

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**Subject:** INVERCLYDE HSCP MARKET FACILITATION STATEMENT

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish this draft Market Facilitation Statement, which will underpin the development of the Market Facilitation and Commissioning Plan.
- 1.2 Consideration of this report was continued from the meeting of the Board held on 12 September 2017.

## 2.0 SUMMARY

- 2.1 As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Statement and Market Facilitation Plan.

### **Market Facilitation Statement**

- 2.2 The attached Inverclyde Health and Social Care Partnership (HSCP) Market Facilitation Statement has been drafted in accordance with the said legislation. It provides a statement of Inverclyde HSCP's current commissioning approach to service provision and sets out our intent to move from traditional models of commissioning to our five strategic commissioning themes.
- 2.3 The statement provides the health and social care market with the detail of current spend on the provision of services by internal HSCP services and External services commissioned and delivered on behalf of the HSCP by independent, third and housing sector partners (referred to as purchased services).

### **Market Facilitation Plan**

- 2.4 The Market Facilitation and Commissioning Plan will be developed in collaboration with the Strategic Planning Group to ensure it captures all the elements of good practice and to shape the transformational journey to the five strategic commissioning themes.

### **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to approve the Inverclyde HSCP Market Facilitation Statement March 2017.

**Louise Long, Corporate Director (Chief Officer HSCP)**

## 4.0 BACKGROUND

- 4.1 The Inverclyde Health and Social Care Partnership (HSCP) operates in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.2 Under the legislation, the HSCP is required to co-produce a Strategic Plan in collaboration with service users, carers, partners and stakeholders. The Inverclyde HSCP Strategic Plan 2016 – 2019 was approved by the IJB in May 2016.
- 4.3 As part of the Strategic Plan, the legislation also requires the HSCP to co-produce a Market Facilitation Statement as part of a core suite of strategic documents. Following approval of the Market Facilitation Statement, the Market Facilitation and Commissioning Plan will be developed.
- 4.4 The Market Facilitation Statement was collaboratively produced by a subgroup of the Strategic Planning Group (SPG). The SPG has been consulted and updated from the initial commencement and throughout the development of the Statement.

## 5.0 IMPLICATIONS

### FINANCE

There are no financial implications from this report.

#### 5.1 Financial Implications:

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report<br>£000 | Virement From | Other Comments |
|-------------|----------------|--------------|------------------------------------|---------------|----------------|
|             |                |              |                                    |               |                |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact<br>£000 | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|---------------------------|-------------------------------|----------------|
|             |                |                  |                           |                               |                |

### LEGAL

- 5.2 There are no legal implications from this report

### HUMAN RESOURCES

- 5.3 There are no HR implications from this report

### EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

|   |     |
|---|-----|
| X | YES |
|   | NO  |

5.4.1 The Market Facilitation Statement is a subset of the HSCP overarching Strategic Plan as required by the Public Bodies (Joint Working) (Scotland) Act 2014. Therefore, it has been the subject of review against the existing Strategic Plan Equality Mainstreaming Report, the HSCP Equality Outcomes and Equality Impact Assessment documents.

5.4.2 How does this report address our Equality Outcomes?

The Inverclyde HSCP Market Facilitation Statement meets the equality outcomes as noted below.

5.4.1.3 **People, including individuals from the above protected characteristic groups, can access HSCP services.**

The Market Facilitation Statement sets out the current provision of health and social care across Inverclyde for all service user groups including those with protected characteristics.

5.4.1.4 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

The Market Facilitation Statement makes reference to the equalities mainstreaming report and equality outcomes and how services are built around people with protected characteristics through the assessment of need.

5.4.1.5 **People with protected characteristics feel safe within their communities.**

The Market Facilitation Statement states that we put people first in the assessment and support process, to find solutions to meet their care needs and deliver improved outcomes.

5.4.1.6 **People with protected characteristics feel included in the planning and developing of services.**

This Market Facilitation Statement was shared and consulted on through the SPG with representatives from all partners and stakeholders, including representatives of people with protected characteristics.

5.4.1.7 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

The Market Facilitation Statement is a sub set of the Inverclyde HSCP Strategic Plan. Equality and diversity is part of our core learning and development programme.

5.4.1.8 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

This Market Facilitation Statement does not directly relate to this outcome.

5.4.1.9 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

This Market Facilitation Statement does not directly relate to this outcome.

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no clinical or care governance implications at present.

## **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

5.6 The Inverclyde HSCP Market Facilitation Statement meets the delivery of the National Well-being outcomes as highlighted below.

**5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The Market Facilitation Statement promotes the right of choice for service users based on their assessed needs, support networks and assets.

**5.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

The Market Facilitation Statement promotes the national well-being outcomes in terms of the HSCP commitment to person-centred assessment, need, privacy, choice and least use of statutory interventions.

**5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.**

The Market Facilitation Statement promotes the right of choice to use services that will meet assessed need such as Self-Directed Support.

**5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

It is the core value of the HSCP that people are at the centre of improving lives. Our strategic commissioning themes have these principles at the forefront of commissioning services regardless of which partners provide the assessed needs of service users.

**5.6.5 Health and social care services contribute to reducing health inequalities.**

This Market Facilitation Statement will set the basis on which the Market Facilitation and Commissioning Plan will be developed. The foundation of this plan will be to re-enforce to the market our commitment to commissioning services which will contribute to reducing health inequality.

**5.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

The Market Facilitation Statement promotes the use of assessment including carers' needs and the contribution they make to the provision of care and support.

**5.6.7 People using health and social care services are safe from harm.**

The Market Facilitation Statement includes safety as part of the strategic commissioning theme.

**5.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

This statement was produced in collaboration with all of our partner and stakeholders through the Strategic Planning Group as well as our Staff Partnership Forum.

**5.6.9 Resources are used effectively in the provision of Health and Social Care.**

The Market Facilitation Statement reflects the need to develop services within our existing financial resources which will include decommissioning of less effective or outdated service approaches in favour of new and innovative, person-centred and outcomes-focused services.

## **6.0 CONSULTATION**

6.1 As stated, this statement was produced collaboratively with partners. It has been widely circulated and consulted on via the SPG and associated representatives and networks throughout its development.

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 Public Bodies (Joint Working) (Scotland) Act 2014

7.2 Inverclyde HSCP Strategic Plan 2016-19

7.3 Inverclyde HSCP Equalities Impact Assessment



## **Market Facilitation Statement August 2017**

### ***Improving Lives***

|   |   |
|---|---|
| Principal Author:                             | Martin McGarrity Integration Facilitator      |
| Responsible Head of Service:                  | Helen Watson<br>Strategy And Support Services |
| Approved by:                                  | Integration Joint Board                       |
| Date approved:                                | 7 November 2017                               |
| Date for Review:                              | November 2018                                 |
| Version:                                      | Final   |
| Replaces previous version:<br>[if applicable] | Draft 9                                       |

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## **Purpose**

The purpose of the Market Facilitation Statement is to describe the current local service provider landscape, so that when we look to the future to anticipate what we are likely to need, we can assess what must change, and develop our Market Facilitation Plan to reflect that.

All Health and Social Care Partnerships (HSCP), including Inverclyde HSCP must respond appropriately to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), often referred to as the integration legislation.

The 2014 Act required us to produce a collaborative Strategic Plan, as well as a Strategic Needs Assessment and a Housing Contribution Statement\*. That work has been completed and we are now at the stage of implementing the commitments contained within these documents. The Market Facilitation Statement is part of that continuous process, and describes what is currently in place. It is a precursor to the future Market Facilitation Plan which will describe the changes that we are proposing, in partnership with service users, their carers, and with the providers themselves.

\* <http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan>

Within this link you will also find accompanying operational service plans, which we refer to as the “document wallet”.

It is important that you take the time to review these key documents in conjunction with this Market Position Statement to understand the scope of our current services and the background to transforming the health and social care commissioning landscape in Inverclyde.

## **Market Facilitation Statement**

As previously stated, the 2014 Act and its associated guidance documents require us to develop a Market Facilitation Statement to set out the current service delivery and commissioning landscape in Inverclyde.

This document captures the current commissioning position and how services have been traditionally delivered in Inverclyde.

## **Market Facilitation Plan**

The 2014 Act also requires that a Market Facilitation Plan is produced to set out our health and social care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2016 - 2019.

## **Our vision and philosophy**

As stated in our Strategic Plan, our vision is based on “**Improving Lives**”, and this vision is underpinned by the values that:

- ***We put people first;***
- ***We work better together;***
- ***We strive to do better;***
- ***We are accountable.***

## Section 1 - We put People First

- 1.1 We are fortunate in Inverclyde to have a rich landscape of local statutory, independent, voluntary, housing and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure and healthy place to live.
- 1.2 It is the ambition and aim of the HSCP to continue to improve and foster strong collaborative approaches with our partners to co-produce plans which will deliver better services and outcomes for the people of Inverclyde based on partnership, asset and solution focused approaches.
- 1.3 Service users are at the centre of our commissioning intentions, and we are keen to work with them to develop truly outcomes-focused approaches to service design and provision. Service users and their carers have a key influence on how services are delivered, for example through the use of self-directed support, and so we work to support greater choice in the variety of providers who may be able to deliver the best outcomes to meet their assessed needs.
- 1.4 Our move to an outcomes based assessment model gives more emphasis to person-centred planning. The ethos of partnership, collaboration, and problem-solving methods are used to negotiate the most effective way of achieving individual outcomes.
- 1.5 Making the best use of the individual's knowledge, skills and abilities; their support networks and communities as assets; builds fundamental resilience, independence, choice as well as reducing vulnerability. This also has potential to reduce or remove discrimination and inequality which people with protected characteristics often experience as set out in our equality mainstreaming report and equality outcomes. [Inverclyde Council | Equalities](#).
- 1.6 It will reduce the need for statutory intervention or services in the longer term for some individuals. By **putting people first**, we are increasing independence, self-esteem, wellbeing and **improving the lives** of people living in Inverclyde.
- 1.7 **Our Commissioning Approach**
  - 1.7.1 Traditionally our approach to commissioning has been focused on service areas such as 'Children and Families', or 'Adults and Older People', commissioning packages of care and support from a standard list. Of course staff have always tried to find creative solutions unique to individual circumstances, but if these solutions don't involve a cost, then they're often not formally documented as part of commissioning. If such innovations are not documented, it is less likely that they will be able to inform what the future 'market' should look like.
  - 1.7.2 Our current approach is based on assessed need, which is resourced and delivered by internal services or from external social and nursing care providers who are commissioned by Inverclyde HSCP to deliver care or support on our behalf. That will continue, to ensure that we are identifying and responding to needs. What we hope will be different is that both assessors and providers will be working with individuals to think about assessed need in terms of how it affects the day-to-day life of the individual, and how to improve that situation and ultimately improve the life of the person concerned.

- 1.7.3 The introduction of the self-directed support (Scotland) Act 2013 (SDS) and the move to outcome and asset-based approaches to assessment, alongside the 2014 Public Bodies Act has provided the opportunity for us to review, consider and change the way we plan, assess and deliver services within our allocated budgets and resources. This is also an opportunity to further develop new and existing partnerships within a commissioning environment.
- 1.7.4 We are committed delivering better outcomes. It is our intention to plan, purchase and deliver services in support of outcomes, based on assessed need regardless of age, type, or service user group. Currently, the HSCP and the services and supports therein, is organised around four Head of Service areas in the HSCP as follows;
- Children’s Services and Criminal Justice
  - Health and Community Care
  - Mental Health, Addictions and Homelessness
  - Strategy and Support Services.
- 17.5 It is our intention to provide services and support in a different way and develop our commissioning position around the 5 strategic commissioning themes set out in our Strategic Plan. We will retain our current operational structures, but the Market Facilitation & Commissioning Plan will promote opportunities to collaboratively commission across these services, based on the strategic commissioning themes. These themes were developed to reflect the National Wellbeing Outcomes, and will help assessors shift their thinking from traditional care groups to addressing needs with outcomes in mind.
- 1.7.6 We will encourage providers to be more flexible and creative in how they provide services, working in partnership with other suppliers as well as in collaboration on consortium bids. Our five strategic commissioning themes are:
- Meaningful activity and Employability
  - Recovery and early intervention,
  - Prevention, support to live independently and re-ablement,
  - Support for families/carers
  - Inclusion and empowerment
- 1.7.7 Each of the service areas commission services to varying extents and our new approach will aim to identify opportunities for collaboration across services, rather than each of them commissioning separately. The five themes apply across all care groups and circumstances, to focus on better outcomes rather than targets. This approach may require our HSCP Integration Joint Board (IJB) to invest in existing services, or decommission others to meet need from within our financial resources.
- 1.7.8 In October 2016, Inverclyde Council and Inverclyde HSCP considered “The Ethical Care Charter” created and produced by Unison Trades Union. This charter is in recognition of the achievement of quality standards in homecare practice by Inverclyde Council and the HSCP. It pledges to ensure homecare employees’ will be treated fairly, paid a minimum of the living wage, be paid travelling expenses and the removal of zero hours based employment terms and conditions. This is important because we believe that when staff feel respected and valued, they are more motivated to deliver the very best care they can. Officers are currently working with care at home providers, to encourage them to adopt the Charter.

- 1.7.9 Inverclyde HSCP is committed to working with its commissionable services, to try to support them to follow the principles of the charter, including where TUPE applies.
- 1.7.10 The Charter has already been applied to staff employed by the HSCP, and details of the ethical care charter and its pledge can be found at:  
<http://icon/news/2016/oct/inverclyde-signs-ethical-care-pledge/>

## **Section 2 - We Work Better Together**

### **2.1 Supply and Demand**

- 2.1.1 Inverclyde HSCP provides health and social care through a mixed economy of provision by both internal and external services. It provides core statutory services including interventions and assessment which are undertaken by the HSCP and partners. Treatment, intervention, support and advice are delivered either by in-house services or by externally purchased services from independent, housing or third sector providers. We will aim to further develop the rich mix of internal and external provision through the Market Facilitation Plan.
- 2.1.2 The introduction of the 5 strategic commissioning themes will support growth in the market and empower service users or those who act on their behalf to decide how their outcomes are best met; by whom, at what time and where. Moving forward this new way of strategic commissioning will bring further opportunities for creativity and initiative; stimulate growth and diversity as well as further collaboration and partnership working.
- 2.1.3 The Strategic Plan 2016-2019 highlights that the HSCP spend on externally commissioned services for 2015/16 was £31m. Reshaping this significant resource presents some exciting opportunities for us to improve the lives of those who rely on our support.

### **2.2 Overview of Current Provision**

- 2.2.1 The HSCP has fourteen in-house services registered with the Care Inspectorate. These provide a diverse range of social care services including children's residential, respite, day care, outreach, supported living, care and support at home, housing support and temporary accommodation.
- 2.2.2 There are 15 registered care homes for older people in Inverclyde. Of these, 2 are residential care and 13 nursing care.
- 2.2.3 The HSCP now has a responsibility to work with Acute Sector colleagues to plan some hospital provision at Inverclyde Royal Hospital. In particular, this responsibility covers unscheduled care, including Accident and Emergency (A&E), planned and unplanned admissions to hospital beds in various specialist areas such as orthopaedics general surgery, general medicine, geriatric psychiatry and intensive care.
- 2.2.4 Currently the number of beds used for unplanned admissions at the Inverclyde Royal Hospital is 395.3 per year.
- 2.2.6 There are currently 16 general practice surgeries within Inverclyde served by 71 General Practitioners (GPs).

- 2.2.7 There are 13 dental practices with services delivered by approximately 37 contracted dentists.
- 2.2.8 The HSCP contracts for 12 optician branches throughout Inverclyde.
- 2.2.9 Currently there are 19 pharmacists commissioned to deliver pharmacy services across Inverclyde.
- 2.2.10 From the Inverclyde Housing Contribution Statement there are 9 Registered Social Landlords (RSLs) in Inverclyde providing sheltered and supported housing accommodation. These include sheltered, very sheltered, medium dependency, wheelchair housing and other specially adapted accommodation, as well as a range of un-adapted or non-specialist properties.
- 2.2.11 There are 136 health and social care provider organisations that are commissioned to deliver 193 services within and out-with Inverclyde. These services are purchased via national contracts, individual contracts, framework agreements, individual placement agreements, spot or call off contracts, and grants to voluntary organisations.
- 2.2.12 Approximately 50% of the HSCP budget is used to commission services from external organisations and providers.
- 2.2.13 In the Scottish Census 2011, 8,252 people in Inverclyde had identified themselves as unpaid carers, of which 124 were recorded as under the age of 16.
- 2.2.14 In August 2016, 765 volunteers responded to our local volunteer survey.

## **2.3 Current Spend**

- 2.3.1 Table 1 below indicates the current level and types of health and social care provision across Inverclyde together with the total cost of each service, during the financial year 2015/16.

| <b>Client Group</b>                                       | <b>Service Type</b>            | <b>Social Care Spend</b> | <b>Health Spend</b> | <b>Total</b> |
|---|--------------------------------|--------------------------|---------------------|--------------|
| Adults with Learning Difficulties (aged 18-64)            | Accommodation-Based Services   | 2903                     | 472                 | 3375         |
|   | Assessment and Care Management | 768                      | 665                 | 1433         |
|   | Day Care                       | 1923                     |                     | 1923         |
|   | Other                          | 49                       |                     | 49           |
| <b>Total</b>  |                                | <b>5643</b>              | <b>1137</b>         | <b>6780</b>  |
| Adults with Mental Health Needs (aged 18-64)              | Accommodation-Based Services   | 121                      | 20                  | 141          |
|   | Assessment and Care Management | 256                      | 3232                | 3488         |
|   | Day Care                       | 291                      |                     | 291          |
|   | Other                          | 63                       |                     | 63           |
| <b>Total</b>  |                                | <b>731</b>               | <b>3252</b>         | <b>3983</b>  |
| Adults with Physical or Sensory Disabilities (aged 18-64) | Accommodation-Based Services   | 514                      | 85                  | 599          |
|   | Assessment and Care Management | 1426                     | 1212                | 2638         |
|   | Day Care                       | 0                        |                     | 0            |
|   | Equipment and Adaptations      | 207                      |                     | 207          |
|   | Other                          | 22                       |                     | 22           |
|   | Home Care - Internal           | 380                      |                     | 380          |
| <b>Total</b>  |                                | <b>2549</b>              | <b>1297</b>         | <b>3846</b>  |
| Children and Families                                     | Accommodation-Based Services   | 4027                     | 655                 | 4682         |
|   | Children's Panel               | 11                       |                     | 11           |
|   | Community Placements           | 3226                     |                     | 3226         |
|   | Day Care                       | 0                        |                     | 0            |
|   | Fieldwork Services             | 3727                     |                     | 3727         |
|   | Other                          | 1320                     | 2625                | 3945         |
|   | Service Strategy               | 1013                     |                     | 1013         |
| <b>Total</b>  |                                | <b>13324</b>             | <b>3280</b>         | <b>16604</b> |

| <b>Client Group</b>                          | <b>Service Type</b>            | <b>Social Care Spend</b> | <b>Health Spend</b> | <b>Total</b>  |
|--|--------------------------------|--------------------------|---------------------|---------------|
| Older Persons (aged over 65)                 | Accommodation-Based Services   | 12525                    | 2037                | 14562         |
|  | Assessment and Care Management | 2228                     | 1999                | 4227          |
|  | Day Care                       | 1060                     |                     | 1060          |
|  | Equipment and Adaptations      | 394                      |                     | 394           |
|  | Other                          | 442                      |                     | 442           |
|  | Home Care External             | 2286                     |                     | 2286          |
|  | Home Care Internal             | 6403                     |                     | 6403          |
| <b>Total</b>                                 |                                | <b>25338</b>             | <b>4036</b>         | <b>29374</b>  |
| Other Adult Services                         | Adults with Other Needs        | 847                      |                     | 847           |
| <b>Total</b>                                 |                                | <b>847</b>               |                     | <b>847</b>    |
| Adults with Mental Health Needs (aged 18-64) | Inpatient Services             | 0                        | 9035                | 9035          |
| All client Groups                            | Prescribing                    | 0                        | 17422               | 17422         |
|  | Family Health Services         | 0                        | 20865               | 20865         |
|  | Addiction/Substance Misuse     | 0                        | 1858                | 1858          |
| Funded Project                               | Change Fund                    | 0                        | 1503                | 1503          |
| <b>Total</b>                                 |                                |                          | <b>50683</b>        | <b>50683</b>  |
| <b>Grand Total</b>                           |                                | <b>48432</b>             | <b>63685</b>        | <b>112117</b> |

## Section 3 – We Strive To Do Better

### 3.1 Collaboration and Consultation

3.1.1 Our partnership approach to developing our Integration Scheme and Strategic Plan led to agreement to create 3 wellbeing localities: Inverclyde East, Central and West.

3.1.2 In striving to do the best we can to maximise opportunities for service users and localities to have greater choice and control over how identified outcomes are met, we are committed to the principles of collaboration, consultation and continuous improvement. Our approach is to listen and learn from the many communication mechanisms which feed into all aspects of the planning and commissioning processes.

3.1.3 The following feedback mechanisms are a selection of active collaborative and co-production groups that influence change and shape in the market in Inverclyde:

- The Integration Joint Board;
- Strategic Planning Group;
- Direct contact with individual service users and carers
- Service user, carer and staff surveys and consultations;
- Community planning wellbeing localities and cluster groups
- The local advisory networks
- Independent advocacy including the Patient Advice and Support Service (PASS)
- Independent, third sector and housing representatives
- Provider forums;
- Contract monitoring;
- Provider governance meetings;
- Complaint investigations internal to the HSCP as well as those commissioned to provide services on our behalf;
- Care inspectorate inspection feedback, reports and quality grading's;
- Service review and evaluations
- Acute sector planning
- Trades Union and Staff Partnership Forum,
- Child and Adult Protection committees;
- Clinical and Care Governance;
- Practitioners forum;
- Inverclyde Council services and committees and NHS Greater Glasgow and Clyde Health Board
- The Scottish Government.

3.1.4 It is the intention of Inverclyde HSCP - in collaboration with stakeholders and partners - to move to a themed approach to commissioning for outcomes, within the timeframe of the HSCP Strategic Plan 2016/2019. The Market Facilitation and Commissioning Plan will be a central mechanism to achieving this.

3.1.5 The five strategic commissioning themes are set out at 1.7.6 of this Statement.

3.1.6 Consultation events around each of the themes with commissioners and providers will take place to test this new way of working. We will use the meaningful activity and employability theme as a pilot. This will involve a focus group of commissioners/ providers to explore the new commissioning ideas.



- 3.1.7 Our Market Facilitation and Commissioning Plan will be developed with our partners and reviewed by the Strategic Planning Group prior to submission to the IJB for approval.

## **Section 4 – We Are Accountable**

### **4.1 Governance Responsibility**

- 4.1.1 Our values are an important part of our approach. Putting people first, working better together and striving to do better help build strong partnerships and collaboration, trust and confidence for our partners and stakeholders. This is also a reciprocal relationship. We recognise the need to share good practice and learning across Inverclyde. In striving to do better, we are all equally accountable for the actions we take and any mistakes we might make. At each stage we need to ensure that we learn from critical review, feedback and evaluation if we are to continue to deliver health and social care services which are appropriate and improve the lives of our population, localities, communities and neighbourhoods.
- 4.1.2 As stated at 3.1.3 above, we have many routes to receiving feedback, compliments, and comments from service users, carers or those who act on their behalf. We have a robust complaints procedure and a keen drive to learn lessons from them which can be shared across the sectors. Our expectation is that such processes and systems are replicated for those who are commissioned to act on our behalf. Complaints, inspection and quality grading are gathered and reported to the IJB to ensure scrutiny and accountability across the sector.
- 4.1.3 Such feedback and improvements from complaints, compliments and comments are reported through various forums internal to the HSCP or externally through Inverclyde Council or Greater Glasgow and Clyde Health Board. These groups are set out in appendix 1.
- 4.1.4 It is the intention of the HSCP to set up a number of ‘sounding board’ sessions with our stakeholders over the coming months to share drafts of the Market Facilitation and Commissioning Plan and to scope out our commissioning intentions and transition to the 5 commissioning themes.
- 4.1.5 We anticipate that these sessions will stimulate conversations on the way forward, identify gaps, challenges, benefits and opportunities for the health and social care market to better meet needs in localities and communities.

## **Section 5 - Implementation process**

### **5.1 Process**

- 5.1.1 This document has been presented to the Strategic Planning Group (SPG) for recommendation prior to being submitted to the Integration Joint Board (IJB) for final approval. Once approved, it will be published on the Inverclyde HSCP website.
- 5.1.2 The Market Facilitation and Commissioning Plan will be presented to the SPG for endorsement. Approval will then be sought from the IJB.

### **5.2 Resources**

- 5.2.1 The Market Facilitation and Commissioning Plan will describe in more detail the journey we will take together, to achieve the transition to agreed commissioning ratios led by the Strategic Needs Assessment, and delivered within the HSCP financial framework.
- 5.2.2 As an enabler to the change process Inverclyde HSCP has funded the development of a Managing and Leadership in Commissioning programme. The programme has been designed around the local context and focuses on our 5 strategic commissioning themes, and has been made available to staff from the HSCP and our provider partners.
- 5.2.3 The Managing Leadership programme is based on 12 modules with the aim to:
- Change the culture of commissioning beyond purchasing;
  - Focus on community and personal assets and co-production;
  - Building capacity and innovative and strategic commissioning across service groups;
  - To make best use of enablers and resources to assist innovation.

### **5.3 Source references**

- Inverclyde HSCP Strategic Plan
- Inverclyde HSCP Strategic Needs Assessment
- Inverclyde Housing Contribution Statement

Available at: <http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan>