

Report To: Inverclyde Integration Joint Board **Date:** 20 March 2018

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Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/19/2018/HW

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Subject: INVERCLYDE HSCP MARKET FACILITATION AND
COMMISSIONING PLAN

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the draft Market Facilitation and Commissioning Plan and start the implementation process for the plan.

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 Plan.
- 2.2 The 2014 Act 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.
- 2.3 As stated in our Strategic Plan, our vision is based on ***“Improving Lives”***.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to approve the Inverclyde HSCP draft Market Facilitation and Commissioning Plan.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde 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 The 2014 Act 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.
- 4.3 The Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market.
- 4.4 By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.
- 4.5 This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.
- 4.6 The document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.
- 4.7 The Market Facilitation and Commissioning Plan was collaboratively produced by the Strategic Planning Group.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

There are no financial implication from this report

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

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

LEGAL

- 5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES
x	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

- a) People, including individuals from the above protected characteristic groups, can access HSCP services.

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

- b) Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

The Market Facilitation and Commissioning Plan 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.

- c) People with protected characteristics feel safe within their communities.

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

- d) People with protected characteristics feel included in the planning and developing of services.

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

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

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

- f) Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

- g) Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 NATIONAL WELLBEING OUTCOMES

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

- a) People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

- b) 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 and Commissioning Plan promotes the national wellbeing outcomes in terms of the HSCP commitment to person-centred assessment, need, privacy, choice and least use of statutory interventions.

- c) People who use health and social care services have positive experiences of those services, and have their dignity respected.

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

- d) 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 values 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.

- e) Health and social care services contribute to reducing health inequalities.

This Market Facilitation and Commissioning Plan will re-enforce to the market our commitment to commissioning services which will contribute to reducing health inequality.

- f) 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 and Commissioning Plan promotes the use of assessment including carers' needs and the contribution they make to the provision of care and support.

- g) People using health and social care services are safe from harm.

The Market Facilitation and Commissioning Plan includes safety as part of the strategic commissioning theme.

- h) 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 Market Facilitation and Commissioning Plan will engage with providers and health and social care staff.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Strategic Planning Group.

7.0 LIST OF BACKGROUND PAPERS

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



Market Facilitation and Commissioning Plan 2017-2019

DRAFT V1.1



**Working
Better
Together**

MARKET FACILITATION PLAN 2017 – 2019

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SECTION 1

Market Facilitation and Commissioning Plan

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 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.

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



This Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. This Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of **£35 million** annually on commissioned Health and Social Care Services.

To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process.

This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.

This document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.

What is Market Facilitation?

Market facilitation can be defined as follows:

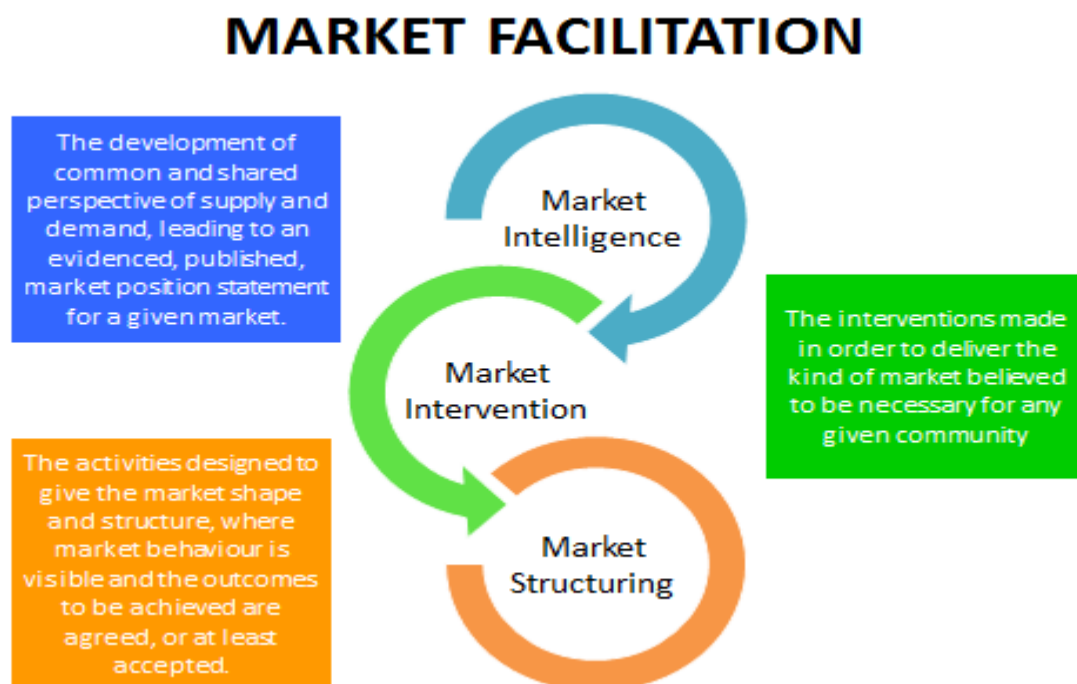
“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future”.

Inverclyde HSCP wishes to continue the communication with the people who use the services, carers providers and other stakeholders about the vision of the local Health and Social Care market in Inverclyde.

Inverclyde HSCP wants to continue to work in partnership and develop a market that delivers improved experiences and outcomes for the service users of Inverclyde who use the services now and will do in the future.

Market facilitation will help us and our partners take a strategic approach to understanding and meeting local need for Inverclyde’s Health and Social Care Services. It also recognises the role that social care and support partners have in actively contributing towards economic growth in the Inverclyde area, whilst creating employment opportunities for Inverclyde service users.

There are three commonly understood elements of market facilitation. These are market intelligence, market structure and market intervention as described below;



Market Intelligence

Market intelligence means a comprehensive understanding of the evidence base for future local supply and demand and is the foundation of successful market facilitation.

Market intelligence helps commissioners to understand the structure of the market, the key players, current market, scope for innovation, market capacity and capability and barriers to entry to the market.

It involves ensuring that we are well informed about the market, understand the factors that influence demand and supply and that we have a clear vision of what good quality care looks like and the outcomes that it will achieve. It will ensure we are aware of any deficiencies in current provision and preventing or managing supplier and market failure.

Market Structuring

Changing and adapting the core activities of commissioning and contracting to use a broader range of activities. Making explicit to providers how commissioners intend to perform and behave in influencing the market.

Essentially, this means we need to work with a broader range of providers in a variety of different ways. We will continue to work with residential, nursing, home and day care providers, but will also be working more closely with a range of other organisations and providers in the private and voluntary sectors, including housing providers to ensure we can improve service user's wellbeing.

It may mean identifying and removing barriers to market entry faced by specific providers, developing channels to produce ideas from providers of new models of care or piloting innovative approaches. As strategic commissioners, we also need to understand and take into account the impact our decisions may have on the overall structure of the market.

Market Intervention

This brings the results of the intelligence activity and the market structuring together into a potential number of intervention activities.

Helping to support investment may include; stimulating particular parts of the market with incentives, offering specialist training, providing support with business planning, working with providers and service users in order to deliver good quality information, creating vehicles for consumer feedback on service provision or help to stimulate community based partnerships.

Working with providers to support the delivery of our vision locally can however, only be achieved through practical, well understood and targeted intervention activity.

SECTION 2

Who is this Plan is for?

This document is aimed at existing and new providers of health and social care. It sets out the vision for the future of Inverclyde Health and Social Care markets:

“We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor standards of practice are identified and addressed.”

This Plan will enable providers of Health and Social Care to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of health and social care.

It will also assist voluntary and community organisations to learn about our requirements and contracting activities and thereby help them to build on their knowledge of local needs in order to develop new activities and services.

People interested in local business development and social enterprise can also learn about possible new opportunities in the market and explore in partnership with us, how to enter the social care and support market and thereby offer innovative ideas and solutions for users of services.

The Plan will also help service users of Health and Social Care and their families/carers have a greater understanding about the possibilities for change. This may therefore help to lead to greater choice and control. Additionally, it will help individuals become proactive in shaping not only their own support solutions, but those of others in Inverclyde.

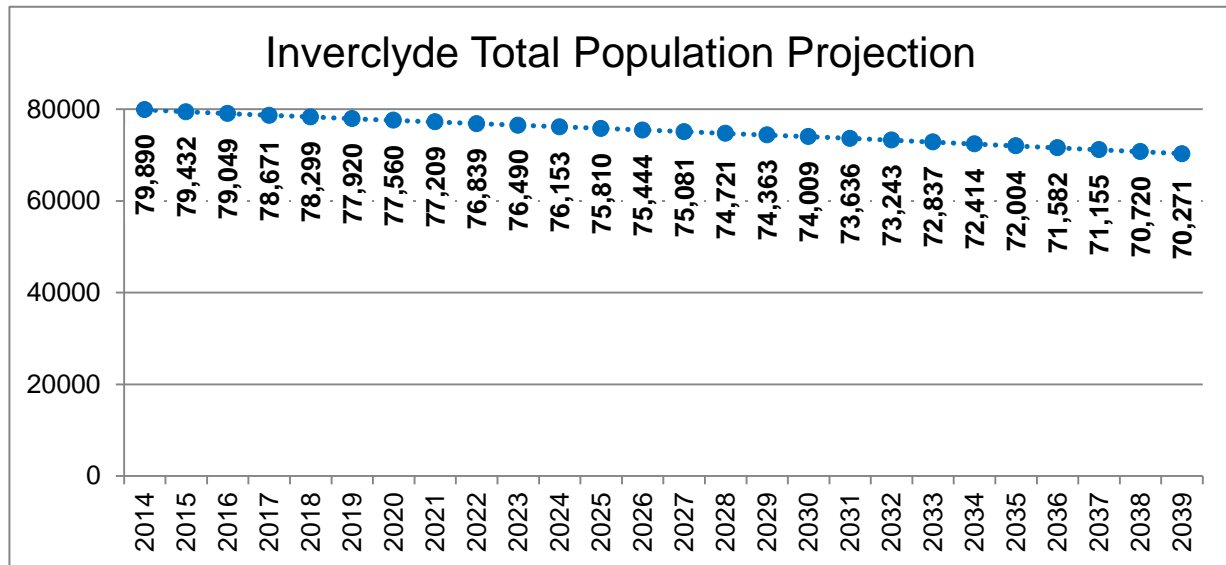


SECTION 3

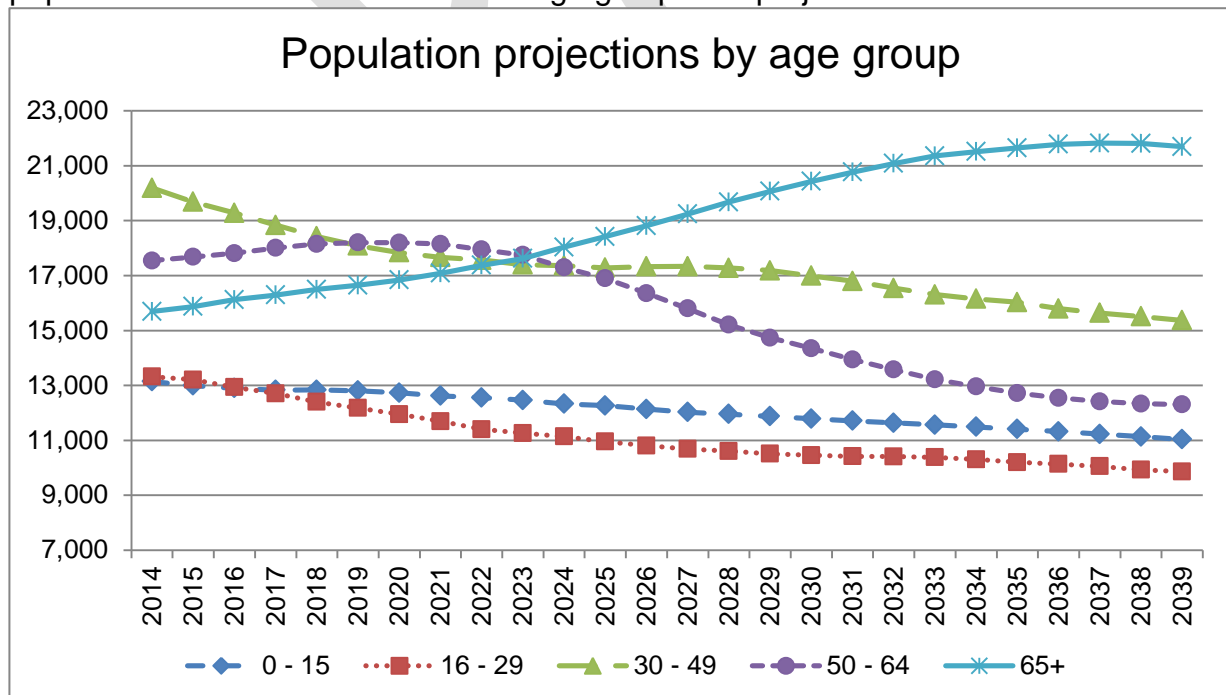
Drivers for Change

Health and Wellbeing

Inverclyde has a population of 78,299 as of January 2018. The population in general within Inverclyde is decreasing; by the year 2039 Inverclyde's population will have decreased to an estimated projection of 70,000 people. This decrease also brings challenges for Health and Social Care Services provision.



From the population of age groups it is evident that by 2039 the majority of the population will be 65+ while all other age groups are projected to decrease.

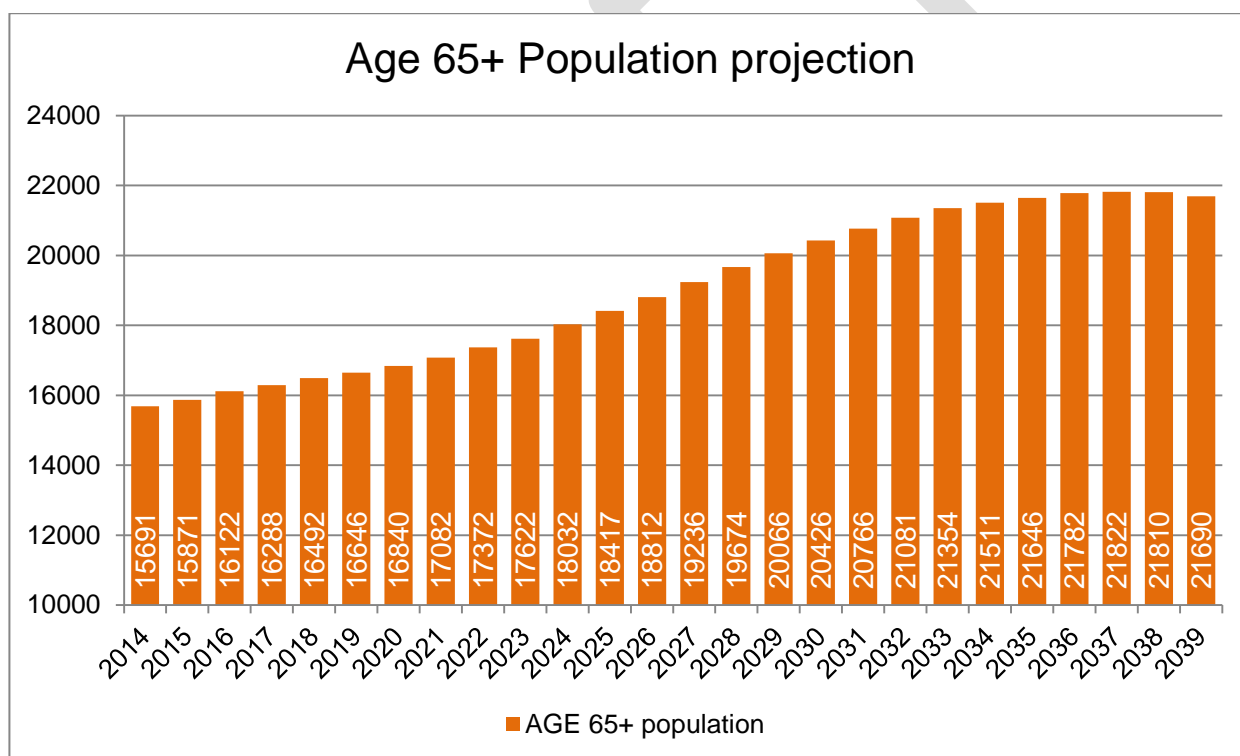


For a provider understanding the current and potential customer base is essential in successful business planning.

Ageing Population

People within the Inverclyde area are living longer, many with long term conditions many people aged over 60 years contribute greatly to society through volunteering within their community and caring for relatives. Simultaneously, this brings new challenges. The way that Health and Social Care is being provided therefore must change to meet current and future demands, as well as rising public expectations. The current delivery of Health and Social Care is unsustainable, due to an ageing population; growing numbers of older people living with multiple conditions and complex needs and the continuing shift in the pattern of disease towards long term conditions.

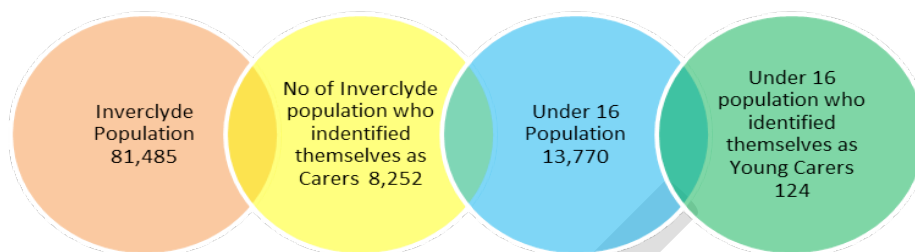
The population of older people is rising, currently (2018) the population of 65+ age group in Inverclyde is 16,492 by 2039 the 65+ age group population projected growth will be 21,690 a 31% increase. This will lead to an increase on reliance on Health and Social Care Services.



In conjunction with an ageing population an increase in multiple and long-term conditions can be anticipated, which has an impact on emergency hospital admissions as well as potential delays in discharge. Another challenge is the increase of dependency of the wider society on carers.

The Scottish Census 2011 highlighted that there were 8,252 of Inverclyde’s population who identified themselves as Carers.

Inverclyde Carer Demographics from 2011 Scottish Census



A key priority outcome for Inverclyde is to identify “hidden carers” through a range of initiatives and encourage them to seek the advice, guidance and support which is on offer to assist them in their future caring role. From 2013 the number of registered carers has been increasing as the table below indicates.

Carers Registered with Inverclyde Carers Centre	
Year	No of Registered Carers
2014/2015	2208
2015/2016	2345
2016/2017	2581
2018	2677 as of 17 th January 2018

For more information on key priority outcomes for all carers the Carer and Young Carers Strategy 2017 – 2022 can be found at: <https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

Health Inequalities

It is important that we are able to monitor progress towards local outcomes, through focusing on the priority areas identified and continue to reduce health inequalities through positive health and social outcomes. Deprivation is a risk factor for the vast majority of conditions. Health and Social Care and support services must continue to reduce health inequalities through delivering positive health and social outcomes.

Advances in medical science are enabling more people to live for longer, many with long term conditions and this is continuing to change the shape and make up of our population and will thus continue to lead to greater demand for social care and support.

Responding to Change

Recognising the level of change, the traditional ways in which Health and Social Care Services are structured and delivered are becoming unsustainable. To support the fundamental change required an effective approach to market facilitation is essential. We are committed to deliver more seamless services through the integration of local Health and Social Care Services.

The NHS Strategic Context

NHS GGC and Inverclyde IJB have a shared responsibility for strategic planning and service delivery across the boundaries of primary, community and secondary care and a key priority is to reduce demand for acute services and ensure that patients who no longer require acute care are discharged home or move into HSCP delivered services in a timely manner.

Clinical Case for Change

There are a number of key clinical drivers that underpin the changing environment in which care is delivered. Recognising this landscape and the evident shift of care from more traditional in-patient beds to local community based models will be key in developing future models.

Improve Quality of Service Provision

Supporting people to achieve the outcomes they want for themselves will need a focus on further development of the skills of our Health and Social Care and support workforce and the ways in which we motivate and support people who want to contribute as volunteers.

Innovation

Providers who re-shape their service delivery models, to include the provision of opportunities to learn about living well and practical help to maintain health and wellbeing, will be well placed to respond to future commissioning opportunities.

Asset Based Approaches

Inverclyde HSCP recognises the value of the assets in our community – our service users, their social connections and the wide range of activities and services in our community, not all of which are immediately recognisable as a health or social care service. In particular we are interested in:

Coproduction

There is broad recognition that services that are designed and delivered in partnership with service users result in improved outcomes and user satisfaction. Services delivered in a coproduction model are proven to reduce reliance on support and support recovery. We aspire for all health and care services in Inverclyde to take such an approach wherever possible.

Community Empowerment

The Community Empowerment Act gives communities the right to a greater say over how public services are delivered to them. We recognise this opportunity for enhancing public involvement and are keen to make it as easy as possible for people to become involved in how services are designed and delivered.

Community Resources

We recognise the hundreds of community resources that already exist in Inverclyde provided by both the public and third sector. Community centres, advice services, sports clubs, arts groups, social activities, peer support and many more.

We want service users to be able to access the activities that they enjoy and benefit from. We also want them to feel enabled to establish new activities and services where there are gaps in delivery.

Partnership

HSCP resources are finite and increasingly stretched to meet the demands placed upon it. We want to maximise the overall resource available by working effectively with our public and third sector partners to identify resources that do and could come into Inverclyde that can contribute to health and social care. This approach will see Inverclyde HSCP working as a partner rather than a commissioner in some cases.

Removing Barriers

It is important to identify where there are barriers to market entry and we need to work with providers and other stakeholders to see how these might be overcome. There is also a need to ensure that procurement arrangements do not hinder the development of creative solutions in the commissioning of Health and Social Care Services.

Pressures on Spending

At a time of severe constraint on public finances, Health and Social Care Services are being delivered within an increasingly challenging financial environment.

At a time of constraint and demands on Health and Social Care Services we cannot meet the rising demand for support by simply spending more. Doing more of the same is no longer an option. Together with providers, we need to develop new and financially sustainable services to meet service users' needs.

Responsive Workforce

A skilled and competent workforce, across all sectors, is required to ensure tailored care is provided to meet the needs of service users and their carers. Care will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills.

It is recognised that service quality levels are often critically dependent on the quality and engagement of the workforce through fair work practices, including the Living Wage. Inverclyde HSCP encourages all providers to pay the living wage. Paying the

living wage offers clear benefits to employers which can have a positive impact in value for money and service deliver.

Ethical Care Charter

The Ethical Care Charter created and produced by Unison Trades Union has been adopted by Inverclyde HSCP. This charter is in recognition of the achievement of quality standards in homecare practice by Inverclyde HSCP. It pledges to ensure homecare employees' will be treated fairly, paid the living wage, paid travelling expenses and travel time and the removal of zero hours based employment terms and conditions. This is important because the HSCP believe that when staff feel respected and valued, they are more motivated to deliver the very best care they can. The Homecare tender published in January 2018 with a start date April 2018 has included The Ethical Care Charter within the Fair Work Practice question which equates to 25% of the overall quality score.

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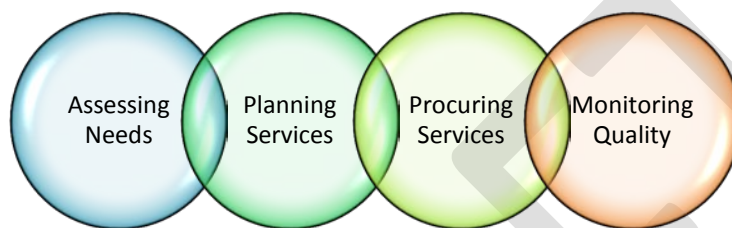
SECTION 4

Our Approach to Commissioning

What is Commissioning

Commissioning is the process by which the HSCP plan, purchase and monitor care services.

Commissioning comprises of a range of activities which include;



HSCP is responsible for commissioning public funded health and social care services.

Scope of Services

Inverclyde Health and Social Care Partnership have an existing range of excellent Health and Social Care Services. Currently the HSCP is organised around four service areas;

- Children Services and Criminal Justice
- Health and Community Care
- Mental Health, Addictions and Homelessness
- Strategy and Support Services

Within the service areas the current market areas of service delivery are;

Current Market Areas of Service Delivery	
Adult Residential	• Estimated Annual Spend - £2.46M
Supported Living Services	• Estimated Annual Spend £7M
Day Care	• Estimated Annual Spend £0.6M
Housing Support	• Estimated Annual Spend £0.3M
Provision of Care at Home	• Estimated Annual Spend £3.2M
Residential & Nursing Homes Older Adults	• Estimated Annual Spend £14.5M
Fostering & Continuing Care	• Estimated Annual Spend £0.3M
Childrens Residential	• Estimated Annual Spend £1.9M
Secure Care	• Estimated Annual Spend £0.1M

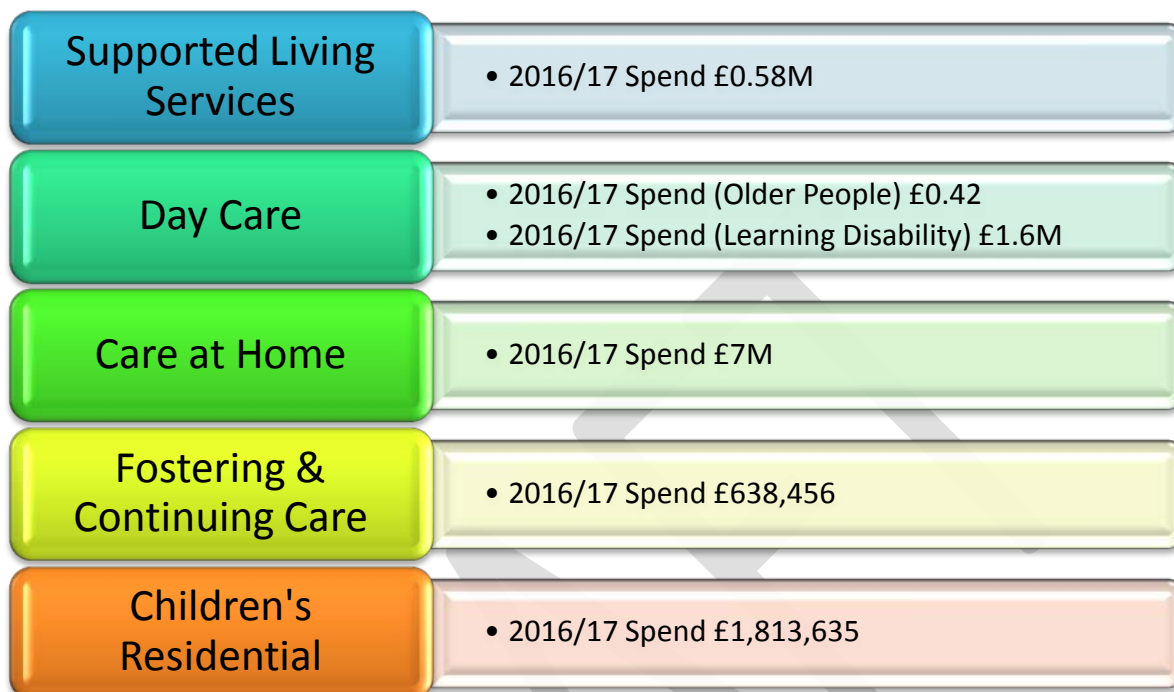
For each of the current market areas a contract summary is included at Appendix 1. The contract summary reports provide information on;

Contract Description	• An outline of the contract, information on the service.
Contract Period	• Current models and contract start and end dates.
Contract Development	• Discusses how the service may be commissioned.
Contract Management	• Provides an overview of how providers performance is managed.

There are also contracts which are negotiated due to the nature of the contract required.

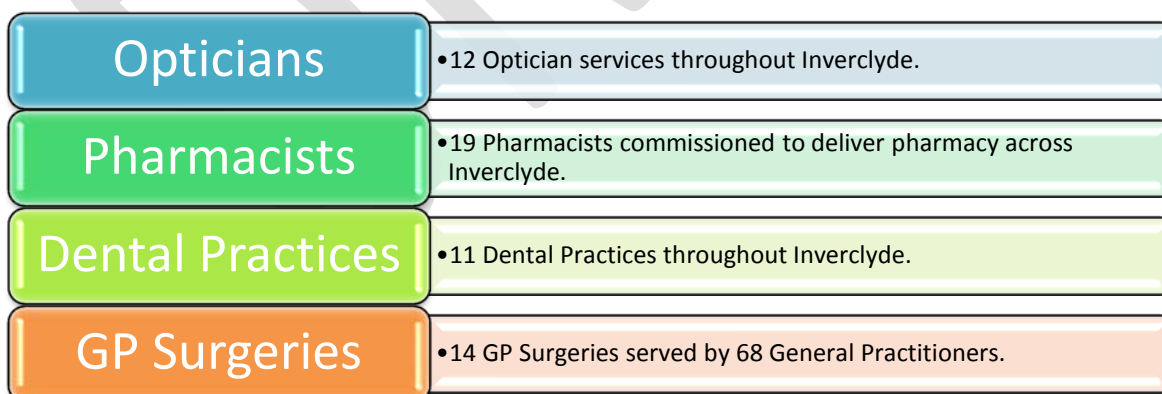
Internal Spend

Alongside commissioned services the HSCP have in house provision which provides a diverse range of social care services including day care, children's residential, fostering and adoption services, respite, care at home, housing support and temporary accommodation.



Health Based Services

Contracted services that provides delivery of health care across Inverclyde HSCP

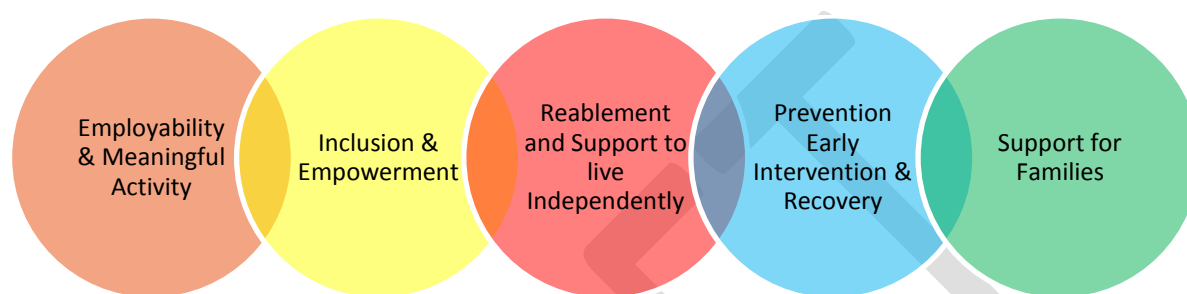


SECTION 5

Our Commissioning Intention – The Future

Commissioning Themes

Inverclyde Health and Social Care Partnership will now be commissioning based on five strategic commissioning themes:



The HSCP will encourage providers to be more flexible and creative in how they provide services. The introduction of the five strategic commissioning themes will bring further opportunities for creativity, innovation stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

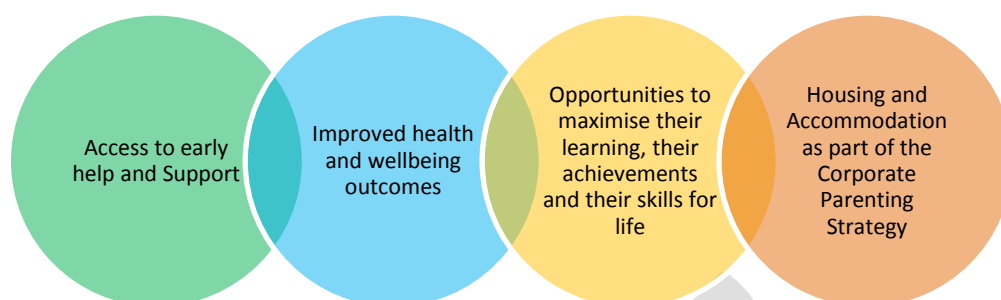
The strategic commissioning themes will cut across all care groups rather than work in care group silos, this will allow providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by strategic commissioning themes we will identify any opportunities to work with partners to commission services across care groups; for example:

“Reablement and support to live independently” – has relevance to all ages and with full range of support needs. It does not make sense to commission services to support recovery on behalf of older people, people with mental health and learning disabilities separately. By commissioning against our strategic commissioning themes the HSCP will be in a stronger position to ensure that our commissioning is based on person centered outcomes.

“Support for families” - The Inverclyde Integrated Children and Young People’s Service Plan 2017 – 2020 sets out our joint vision and agreed approach to improving outcomes for children.

Our priorities are that children and young people in Inverclyde have:



For more information on the Children and Young People's Service Plan 2017 – 2020 go to: <https://www.inverclyde.gov.uk/health-and-social-care/support-for-children-families/joint-childrens-services-planning>

Changing Landscape for Commissioning:

There is a statutory requirement for joint working between HSCPs and hospitals to plan for:

- Accident and Emergency services provided in a hospital;
- Inpatient hospital service relating to;
 - General medicine
 - Geriatric medicine
 - Rehabilitation medicine
 - Respiratory medicine
- Palliative care service provided in a hospital.

Therefore transforming our current provision into a more effective and patient-centered system will be at the heart of our planning with the acute sector, particularly with regard to unscheduled care.

Moving Forward Together

The way that healthcare and social care services in Greater Glasgow and Clyde are provided is changing. Over the next 18 months, clinicians, managers and planners will work together and will engage with patients, service users, the public and staff to develop plans for a better healthcare and social care system for Greater Glasgow and Clyde residents.

This new system of care will be organised in the most effective way to provide safe, effective person centered and sustainable care to meet the current and future needs of our population. It will be designed to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer

- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland

This will be developed through the Moving Forward Together Programme, and will start to create stronger links between statutory services and those that are commissioned, with a view to developing clearer and more efficient care pathways. This will see a core team of multidisciplinary healthcare and social care clinical and managerial staff from across Greater Glasgow and Clyde working collaboratively. They will work in partnership with Scottish Government, neighbouring NHS Boards, Local Authorities, Scottish Ambulance Service, Third Sector and Education. They will engage with the full range of people¹ in an open, transparent and accessible way and use their feedback to shape the development of the Transformation Strategy.

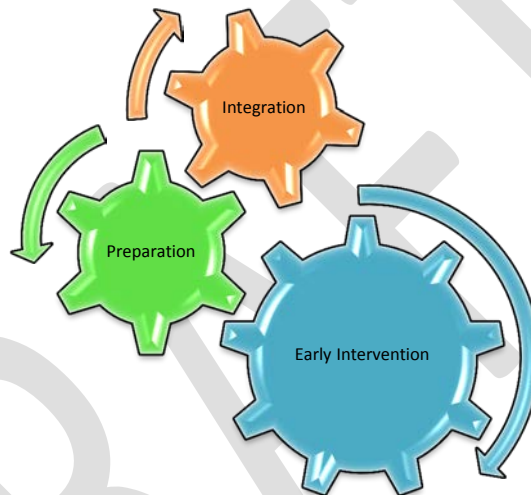
As there is a key focus on delivering care outwith hospital settings, maximising care delivery in the local community, this will change the model of care in the future and will change the commissioning landscape for the HSCP.

How providers can begin to prepare

The HSCP is committed to delivering seamless services through the integration of Health and Social Care and support services. Providers who re-shape their service delivery models will be better placed to respond to future commissioning opportunities.

Providers should therefore:

- Consider how their services can support prevention, early intervention and recovery focus and how they support people to be as independent as possible; Develop models of care that focus on holistic wellbeing for the service user to achieve personal and social outcomes, rather than delivering personal care tasks a focus towards shorter term intensive care packages aimed at reablement and returning home.



- Consider how their services work within local communities and how they support the building of capacity within those communities. The use of assistive technology needs to be further embedded into mainstream support provision; capacity building within the unpaid carers sector; services for people with learning disabilities will need to offer a broader range of stimulating experiences for the service user and carer.
- Consider how services can deliver a combination of intervention to support prevention, early intervention and recovery.
- Empower individuals to change behaviours and promote self care/management approaches.
- Recognise that increasingly the purchasing partner will no longer be the Local Authority/NHS but will be the service user, guided by Self Directed Support and/or outcomes-focused assessment and commissioning. This will require providers to market their services differently and mean that they will need to make access to their services more straightforward, or in some cases, augment their offer in response to needs and required outcomes.

- Consider the need to find innovative ways to design and provide support which will increase the need to better involve and engage service users and their families/carers. Focus should be on maximising independence even for service users who need a higher level of long term support; and offer a broader range of stimulating experiences for service users and carers.
- Develop ways to record, evidence, analyse and report on outcomes. Ensure evaluations show the impact of their activities rather than the number of people whom a service was provided or hours delivered.
- Find better ways to engage with and link service users with other opportunities in the community, particularly within the context of individual budgets, maximising independence and a general broadening of the potential social care and support market.
- Require innovation and develop new approaches to be marketed to service users directly or by engaging with commissioners, in order to deliver personalisation.
- Create smarter partnership working opportunities, eg: sharing expertise, resources or back office support to increase impact and efficiency. This could be via formal or informal arrangements.
- With Self Directed Support, the emphasis on personalisation, the delivery of individual outcomes means that we need to consider new delivery models of health and social care.
- Information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met.
- There are also an increasing number of people self-funding the social care and support that they need. However, regardless of how social care and support is funded, people wish greater choice, control and flexibility over how their Health and Social Care needs are met.

Approaches we consider important

There are a number of approaches that we feel are important to ensure we can effectively inform, engage and consult with the market. Setting out how we want to develop the market in Inverclyde and what we need to achieve to realise our vision is not enough. We must also be clear about how we plan to engage with the market to do this.



We intend to develop engagement through a number of different mechanisms including the following:

Provider Events

Events to engage with the market to share strategic commissioning intentions, direction of travel and to inform discussion about new models of provision and to gauge feedback from the market place on our plans.

Forums for Specific Provider Markets

Regular forums to engage with specific sectors within the wider market place to discuss strategic commissioning intentions and direction of travel and how they may impact on specific sectors of the market around new models of provision.

Direct Engagement with Providers

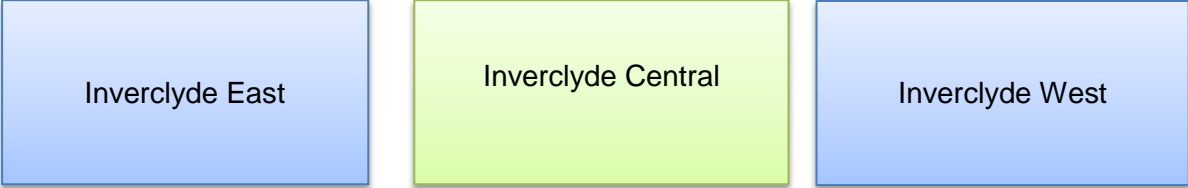
Meetings and working groups with different providers as and when required to facilitate the development and realisation of new models of service provision. This level of engagement is necessary to model the care and support services required in the community to support the accommodation plus model of provision.

The HSCP currently have direct engagement with Providers at the 6 monthly Governance meetings, these meetings allow providers to discuss potential development opportunities and any issues they wish to share.

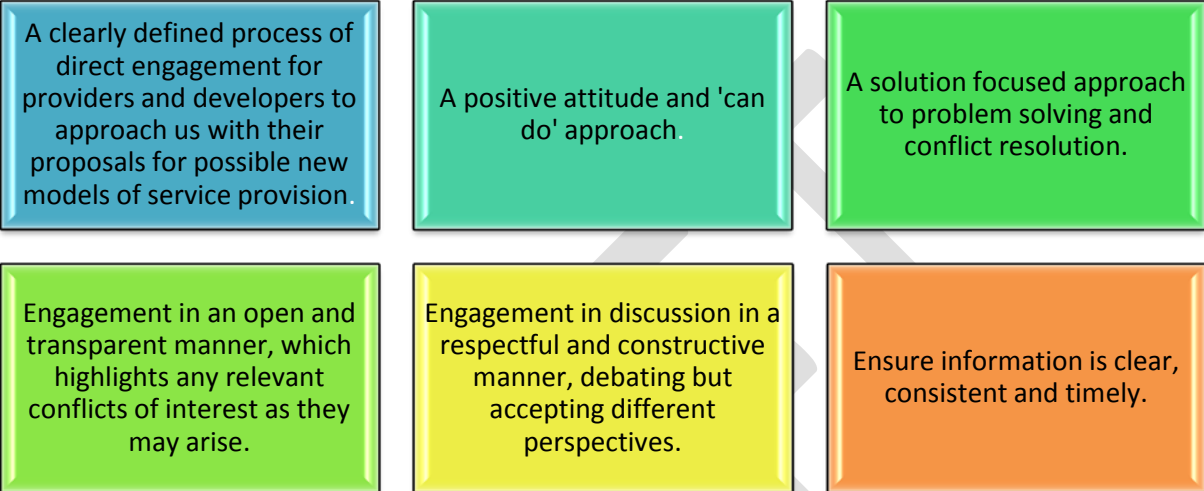
Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities to allow service planning at locally relevant geographies in natural communities. These aren't hard lines on a map, but represent natural communities and delivery of local health and social care services.

Inverclyde will have three localities;



Through the above approaches we will encourage:



Inverclyde HSCP is committed to developing greater trust and supporting providers, so collectively we are open and prepared to share information about funding, service activity and costs (within reasonable confidentiality).

SECTION 6

The Integration Joint Board

The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the role and function of the Integration Joint Board (IJB) as the key governance body which has a responsibility for the planning and commissioning of the Health and Social Care Services which are delegated to it by its partner local authority and health board.

The Chief Officer is accountable to the IJB and the Chief Executive of the local authority and health board for the performance and quality of the partnerships delegated functions.

Governance

In order to ensure we are meeting our performance and quality the Strategic Commissioning Team report to the Inverclyde Integration Joint Board Committee members on matters relating to the HSCP governance process for externally commissioned social care services. The governance report provides a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations.

The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.



Governance

SECTION 7

CONCLUSION

It is Inverclyde Health and Social Care Partnership's intention to continue to work with providers and include other interested stakeholders to improve our market intelligence, in order we can effectively plan our business and make known to the market our intentions for the coming years.

The market facilitation and commissioning plan provides a platform;

- For providers and commissioners to strengthen their relationship and continue to work together to improve outcomes for Inverclyde's service users.
- Work effectively to create capacity to utilise the budgets we have in order to meet the increasing demand on Inverclyde's Health and Social Care Services.

Inverclyde Health and Social Care Partnership in return would ask the market to provide feedback, bring opportunities for improvement and raise concerns with a focus on solutions. Engagement will take place through existing communication channels and provider forums, with the aim of developing a joint action plan to support the delivery of the Market Facilitation and Commissioning Plan.

The aim of the plan is to communicate these messages and thereafter enable and provide a basis for early engagement and consultation with the market on how best to respond to these key messages.



**Working
Better
Together**

Appendix 1

ADULT RESIDENTIAL (Estimated Annual Spend £2.46M)	
CONTRACT DESCRIPTION	A number of contracts are in place to provide care for adults who have an assessed need to be supported in a care home environment. Approximately 42% of spend relates to the Scotland Excel Care Home for Adults with Learning Disabilities national framework agreement. Another 33% of spend is contracted for individuals with a physical disability or severe and enduring mental health problems. The remaining 25% are spot purchased out of area placements for adults with a learning disability.
CONTRACT PERIODS	The Scotland Excel Care Home for Adults with Learning Disabilities Framework was established in June 2015 for an initial period of 2 years to May 2017. After this period a further 2 year extension was agreed to run until May 2019. Individual contracts with providers are on-going and spot purchase agreements cover individual service contracts only and have no defined end date.
CONTRACT DEVELOPMENT	Discussions to migrate the spot purchased out of area placements to the Scotland Excel framework terms and conditions with providers who are on the framework are on-going. Once completed all new placements for these providers will be commissioned from the framework.
CONTRACT MANAGEMENT	Strategic Commissioning, within Inverclyde Health and Social Care Partnerships Quality and Development Service, have responsibility for monitoring the performance of each individual home and liaising directly with Scotland Excel regarding contract matters that may arise. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.

SUPPORTED LIVING SERVICES (Estimated Annual Spend £7M)

CONTRACT DESCRIPTION	This is a Framework Agreement, of 10 providers for the provision of Supported Living Services which meets the assessed needs of service users due to learning disability, physical disability, sensory impairment, mental illness, addiction or are homeless.
CONTRACT PERIODS	The Framework was established in January 2018 for a period of 2 years until December 2019. Thereafter there is an option to further extend the framework for 2 years on a year by year basis. A decision on whether the extension period will be activated will be communicated towards the end of 2019.
CONTRACT DEVELOPMENT	The contract was developed to harmonise rates for providers who were delivering Housing Support (Supported Living) Services. Providers submitted a rate up to a capped level to which they could provide the “core service” as set out in the service specification. Following a service user assessment an enhanced rate (+5%) of the tendered rate is awarded to those providers who can evidence a specialist service being provided as set out in the service specification.
CONTRACT MANAGEMENT	Work is allocated through Resource Allocation Groups. One for Learning and Physical Disability services and another for Mental Health, Addiction and Homelessness Services. Strategic Commissioning, within Inverclyde Health and Social Care Partnerships Quality and Development Service, has responsibility for monitoring the performance of each provider. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.

DAY CARE
(Estimated Annual Spend £0.6M)

CONTRACT DESCRIPTION	Framework agreement in place to provide day care services to older people. Service provision is allocated in two lots Greenock East Port Glasgow and Greenock Central/Gourock.
CONTRACT PERIODS	The Framework was established in July 2017 and be for a period of 2 years until June 2019. There is an option to extend for 2 years, on a year by year basis.
CONTRACT DEVELOPMENT	Day care services for older people were reviewed in 2016/17. Objectives included working with providers to agree standard terms and establish framework agreements. Block funding agreements were withdrawn. Rates were harmonised to ensure that costs were standardized across the service provision. Additional services such as meals are paid for separately by the service user.
CONTRACT MANAGEMENT	Placements are allocated by service users' choice. Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management and Care at Home Teams in Inverclyde HSCP. Providers' meetings are held at least twice a year.

HOUSING SUPPORT (Estimated Annual Spend £0.3M)

CONTRACT DESCRIPTION	Individual agreements in place with 5 Providers to provide Housing Support Services within Sheltered Housing Complexes across Inverclyde.
CONTRACT PERIODS	Current contracts in place with individual notice periods to terminate the Contract.
CONTRACT DEVELOPMENT	A review of Housing Support began in December 2017 with a remit to create a redesigned Housing Support Service model. The redesign aims to be concluded in Summer 2018 with a commencement date of 1 st April 2019.
CONTRACT MANAGEMENT	<p>Current arrangements are that all tenants in Sheltered Housing Complexes receive a service from the Warden.</p> <p>Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management in Inverclyde HSCP.</p>

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**PROVISION OF CARE AT HOME
(Estimated Annual Spend £3.2M)**

CONTRACT DESCRIPTION	This is a Framework Agreement, with 10 providers at present, for the provision of Care at Home services across the Inverclyde HSCP area. Services are allocated in lots, with the provider in each area being offered the packages before being offered to Ad-Hoc providers who have capacity.
CONTRACT PERIODS	The Framework was established in April 2015 and will be for a period of 3 years until March 2018. There is an option to extend for 2 years, on a year by year basis. The extension will not be invoked and it is planned to tender for a new Framework, to commence in April 2018.
CONTRACT DEVELOPMENT	Plans to reduce the number lots in the new Framework. This will allow opportunities for work to be allocated by larger service blocks to support providers recruiting and retaining staff, to reduce travel time and support more efficient ways of working.
CONTRACT MANAGEMENT	Work is allocated by individual Home Support Officers and Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management and Care at Home Teams in Inverclyde HSCP. Providers' meetings are held at least twice a year.

RESIDENTIAL & NURSING HOMES OLDER ADULTS (Estimated Annual Spend £14.5M)

CONTRACT DESCRIPTION	There is a National Care Home Contract (NCHC) in place which provides care for approximately 600 older adults, in the Inverclyde HSCP area, who have a need for the support offered in a care home environment. Placements are made dependent on assessed need, and older adults may be placed within either a residential home or a nursing home dependent on the outcome of their assessment. Terms and conditions are set at a national level and apply to all contracted homes. All the residential and nursing homes in the Inverclyde area are contracted to the NCHC.
CONTRACT PERIODS	NCHC weekly fee rates, levels of care and support and terms are negotiated annually. These annual agreements are led by COSLA and cover both residential and nursing homes.
CONTRACT DEVELOPMENT	Scotland Excel is working alongside COSLA to help develop service specifications for the NCHC. New specifications are also being considered for more specialist services, which could be commissioned locally under the NCHC. The sector is also committed to improving workforce matters and, in particular, to increase the staff pay for care staff to the Living Wage.
CONTRACT MANAGEMENT	<p>Packages of care are allocated and agreed by a resource panel. The panel's role is to ensure the needs of the older adult are best met and available budget is utilised effectively.</p> <p>Strategic Commissioning Team, within the HSCP's Quality and Development Service, are responsible for monitoring the performance of each individual home. Scotland Excel provides support at a strategic level, with financial risk assessment and continuity planning in the event of any large scale closure of a resource. Management and review of individual cases is undertaken by Community Care teams in Adult Services. Providers' meetings are held on a three monthly basis.</p>

NATIONAL FOSTERING & CONTINUING CARE FRAMEWORK (Estimated Spend for 2016/17 £326,140)

CONTRACT DESCRIPTION	<p>The National Fostering & Continuing Care Framework enables Local Authorities to purchase fostering and continuing care placements from independent and voluntary providers as a supplement to their internal provision. Fostering services provide family based care for children and young people who cannot live with their own families. Foster care can be for a short period or longer term placements. The framework covers both core type services, enhanced or specialist services and also short breaks and has been developed in a context of change in national legislation and policy.</p>
CONTRACT PERIODS	<p>The Scotland Excel Framework for Fostering Services started on 28th March 2013 and ran until 24th March 2017. Due to its success Scotland Excel in partnership with participating Local Authorities updated and retendered for a second framework which incorporated legislative changes around continuing care. The National Fostering and Continuing Care Framework started on 25th March 2017 and will run for a period of 2 years to 24th March 2019. There is a 2 year extension option which, if agreed, could see the Framework end on 24th March 2021.</p>
CONTRACT DEVELOPMENT	<p>Work is on-going to migrate all external placements onto the new Scotland Excel framework. This requires a review of current children and young person's care packages and all new care will be commissioned under Scotland Excel terms and conditions.</p>
CONTRACT MANAGEMENT	<p>Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services.</p> <p>The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.</p>

NATIONAL CHILDREN'S RESIDENTIAL FRAMEWORK (Estimated Spend 2016/17 £1.9M)

CONTRACT DESCRIPTION	<p>The National Children's Residential Framework enables Local Authorities to purchase placements within independent children's residential care, care and education, residential short breaks and day education services. The framework provides Local Authorities with clear and transparent pricing information and confirms which services are included within the agreed fee and costs of any additional services available. The Framework Agreement places a strong focus on the quality of service being delivered with the principles of GIRFEC (Getting It Right for Every Citizen).</p>
CONTRACT PERIODS	<p>The Scotland Excel Framework for Children's Residential Services started on 1st April 2014 and will finish on 31st March 2018. Due to its success Scotland Excel in partnership with participating Local Authorities are in the process of retendering for a second framework which will incorporate legislative changes around continuing care. The new National Children's Residential Care Framework will commence on 1st April 2018 and will run for a period of 2 years to 31st March 2020. There is a 2 year extension option which, if agreed, could see the Framework extended until 31st March 2022.</p>
CONTRACT DEVELOPMENT	<p>The new framework tender closed on 27th October 2017 and evaluations of submissions took place during November 2017. Scotland Excel is currently considering recommendations. Awards to Providers are scheduled to take place February 2018 for the new framework to start on 1st April 2018. Work will then begin to migrate all external placements onto the new Scotland Excel framework. This will require a review of current children and young person's care packages and all new care will be commissioned under Scotland Excel terms and conditions.</p>
CONTRACT MANAGEMENT	<p>Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.</p>

NATIONAL CHILDRENS SECURE CARE FRAMEWORK (Estimated Spend for 2016/17 £85,754)

CONTRACT DESCRIPTION	The National Children’s Secure Care Framework enables Local Authorities to purchase placements within independent children’s secure care services. The primary function of the service is to provide a safe and secure environment within an approved facility to a child or young person who meets the secure care criteria as defined by the relevant legislation. The framework provides Local Authorities with clear and transparent pricing information and places a strong focus on the quality of service being delivered with the principles of GIRFEC.(Getting It Right for Every Citizen).
CONTRACT PERIODS	The Scotland Excel Framework for Children’s Secure Care Services started on 1 st July 2013 and finished on 31 st March 2017. Due to its success Scotland Excel in partnership with participating Local Authorities retendered for a second framework which started on 1 st April 2017. The new framework will run for a period of 2 years to 31st March 2019. Agreement has been made to extend the framework until 31 st March 2020.
CONTRACT DEVELOPMENT	Work will then begin to migrate all external placements onto the new Scotland Excel framework. This will require a review of current children and young person’s care packages and all new care will be commissioned under Scotland Excel terms and conditions.
CONTRACT MANAGEMENT	Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP’s Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP’s Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.