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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>8 November 2024</b>
<b>Report By:</b>	<b>Kate Rocks Corporate Director Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/47/2024/CG</b>
<b>Contact Officer:</b>	<b>Craig Given Head of Finance, Planning and Resources Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>Inverclyde HSCP Market Facilitation and Commissioning Plan Update 2024-2027</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the updated Market Facilitation and Commissioning Plan 2024 – 2027 (Appendix 1)
- 1.3 As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan.
- 1.4 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 2024 – 2027.
- 1.5 As stated in the Strategic Plan, our vision is based on:  
*“Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives.”*

## **2.0 RECOMMENDATIONS**

- 2.1 The Integration Joint Board is asked to approve the updated draft Inverclyde HSCP Market Facilitation and Commissioning Plan covering the period 2024 – 2027 in line with the new HSCP Strategic Plan 2024 – 2027, noting the changes made from the previous plan highlighted in Appendix 2.

**Kate Rocks, Chief Officer, Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 The Inverclyde Health and Social Care Partnership (HSCP) operates in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 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 2024 – 2027.
- 3.3 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.
- 3.4 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.
- 3.5 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. 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. This is underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014 principles of integration to improve the quality and consistency of services for patients, carers, service users and their families, and provide seamless, joined-up quality health and social care services to care for people in their homes or a homely setting where it is safe to do so. Continuous service and quality improvement are therefore fundamental to ensuring service users are at the heart of what we do but also that the Partnership uses its experiences to measure its performance against these principles.
- 3.6 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.

### **4.0 COMMISSIONING WORKPLAN**

- 4.1 Inverclyde HSCP currently spends in the region of £51 million annually on commissioned Health and Social Care services.
- 4.2 The commissioning work plan sets out our priorities for processing contractual arrangements with providers for the commissioning of services based on priority and linked to the direction of the Strategic Plan and the Market Facilitation and Commissioning Plan.
- 4.3 The Commissioning Work plan currently contains over 100 providers of approximately 52 Services. This work involves Direct Awards, Tenders, National Frameworks and Grants to Contract arrangements which are currently being progressed.

### **5.0 IMPLICATIONS**

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
Financial		✓
Legal/Risk		✓
Human Resources		✓
Strategic Plan Priorities		✓
Equalities, Fairer Scotland Duty & Children and Young People		✓
Clinical or Care Governance		✓
National Wellbeing Outcomes		✓
Environmental & Sustainability		✓
Data Protection		✓

## 5.2 Finance

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>
N/A					

Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>
N/A					

## 5.3 Legal/Risk

There are no specific Legal implications arising from this report.

## 5.4 Human Resources

There are no specific human resources implications arising from this report.

## 5.5 Strategic Plan Priorities

As highlighted in this report, the updated Market Facilitation and Commissioning Plan 2024 – 2027 supports the vision of the overarching Strategic Plan 2024 – 2027.

## 5.6 Equalities

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EQIA) process with the following outcome:

	YES – Assessed as relevant and an EqlA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqlA is required. Provide any other relevant reasons why an EqlA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	
Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.	
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
✓	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 **Clinical or Care Governance**

There are no clinical or care governance implications arising from this report.

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The robust systems in place to monitor the quality-of-service provision include regular review of the service specifications against our commissioning priorities. This provides a platform to ensure that our commissioning, as well as the external provision, is adaptable to the needs of individuals and the principles of supported self-management.
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	Quality assurance extends to care at home services, ensuring that independence in a domiciliary setting is promoted, fostered, and actively supported.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	We ask service users about their experience as part of our contract monitoring, and complaints about services (both internal and external) are reported to our IJB.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Our commissioning is designed to ensure that assessment and care management staff are constantly alert to the need to undertake outcomes-focused assessment and review.
Health and social care services contribute to reducing health inequalities.	Our focus on the quality of services, so that vulnerable people who need such supports will have the best possible outcomes, aspiring to an equality of outcome as defined against the outcomes of people who do not have these vulnerabilities
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.	Carers can have assurance that the cared-for person is receiving high quality supports, which in turn should give them confidence to trust the cared-for person to the provider for spells of time that can be used to address the carer's needs.
People using health and social care services are safe from harm.	Quality and safety are central to our processes, ensuring that any drop in quality that could result in a harmful situation are identified and addressed quickly.
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.	The plan sets out our intentions to empowering staff and provider organisations have an opportunity to suggest improvements or progressive models of care that can then be written into the formal commissioning process.
Resources are used effectively in the provision of health and social care services.	As above.

## 5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
✓	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1 <b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	✓
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 HSCP Strategic Plan 2024-2027



Inverclyde Health and Social Care Partnership  
Market Facilitation and Commissioning Plan  
2024 – 2027

*‘People and Partnerships, Making a difference’*

<b>MARKET FACILITATION AND COMMISSIONING PLAN 2024-2027</b>		
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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 new overarching Strategic Plan 2024 to 2027.

The new Strategic Plan for 2024 to 2027 sets out our vision as:

*“Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives.”*

Our vision is underpinned by our four strategic priorities and based on the values such as dignity, diversity, equality, fairness, independence and respect.

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 can exercise choice and control over their support. Inverclyde HSCP currently spends in the region of £51 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 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.

As set out in our Strategic Plan 2024 to 2027 our four Strategic Priorities are underpinned by our vision and values and will inform our Market Facilitation and Commissioning Plans in the future.

Our four strategic priorities are:



## **What is Market Facilitation?**

Market facilitation can be defined as follows:

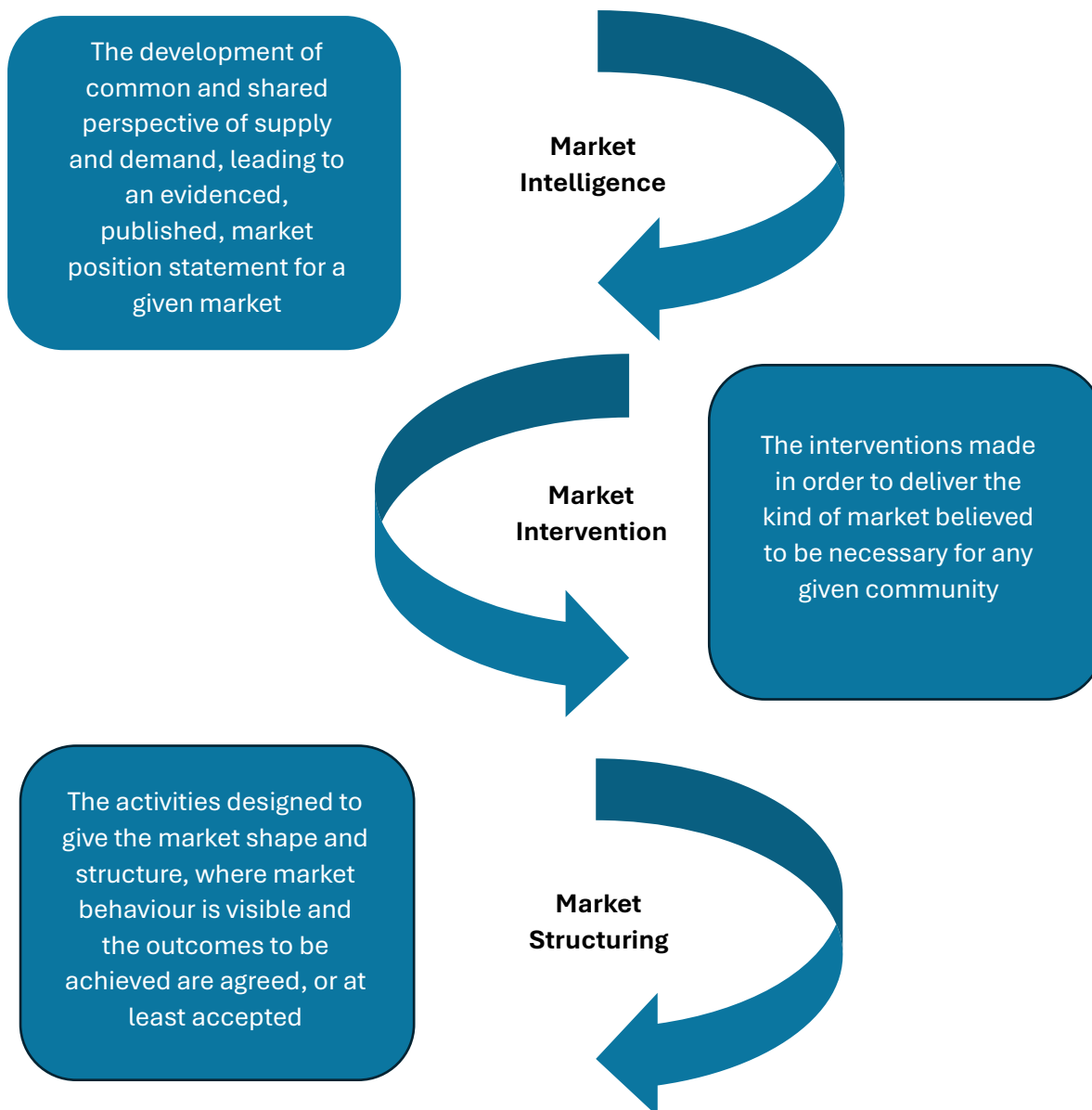
*“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.”*

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. This is underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014 principles of integration to improve the quality and consistency of services for patients, carers, service users and their families, and provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so. Continuous service and quality improvement is therefore fundamental to ensuring service users are at the heart of what we do but also that the Partnership uses their experiences to measure its performance against these principles.

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 excellent 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.

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 consider 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 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 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.

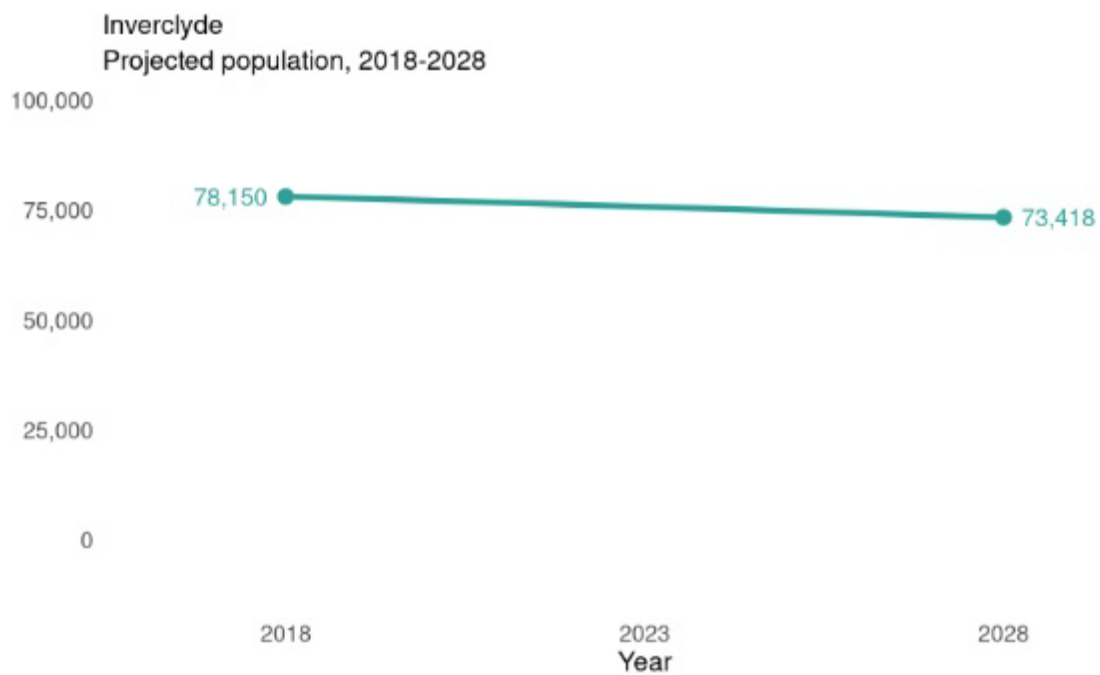


## SECTION 3:

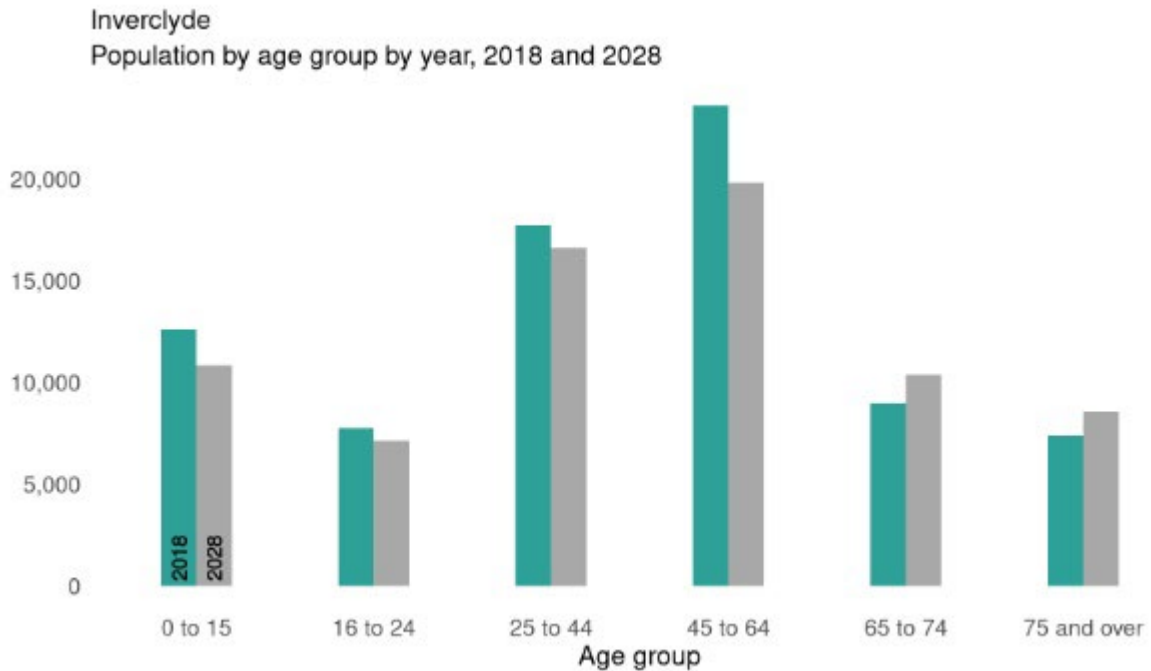
### Drivers for Change

#### Population Projections

Overall Inverclyde has an estimated population of 78,340. Like other places in Scotland, the population of Inverclyde has decreased over the past few years. This is expected to continue with the local population expected to decrease by a further 3.2% by 2028. This decrease also brings challenges for Health and Social Care Services provision.



Between 2018 and 2028, the 45 to 64 age group is projected to see the largest percentage decrease (-16.1%) and the 75 and over age group is projected to see the largest percentage increase (+16.0%). In terms of size, however, 45 to 64 is projected to remain the largest age group.



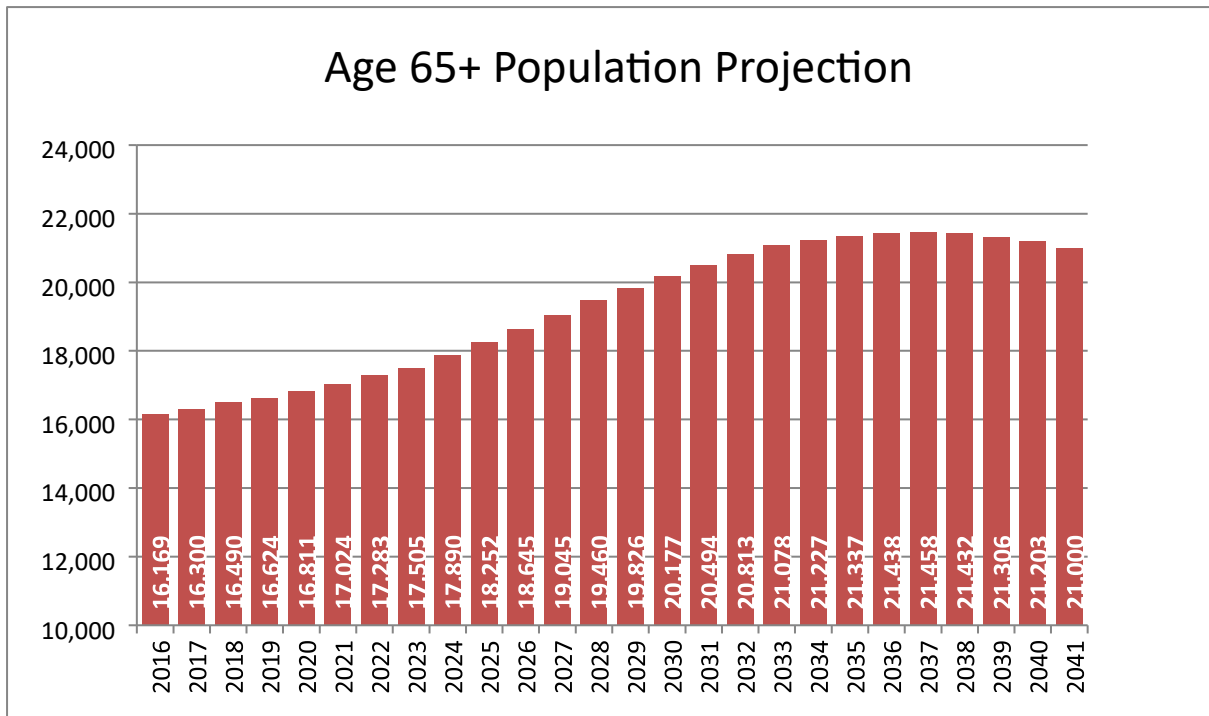
For Providers, understanding the current and projected customer base is essential in successful business planning.

### 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 in Inverclyde continues to rise. The Scottish Census 2022 highlights that nearly a quarter of residents (17,600) are aged over 65. By 2041 the 65+ age group population projected growth will be 21,000, an increase of 28%. 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 and potential delays in discharge. Another challenge is the increase of dependency of the wider society on carers.

The Scottish Carers Census 2022-23 found that there were more than 8,000 carers in Inverclyde but only around a quarter are known

Inverclyde Carer Demographics from 2022-23 Scottish Carer 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 2014 the number of registered carers has been increasing as the table below indicates.

Carers Registered with Inverclyde carers Centre	
2020	2,750
2021	2,200
2022	1,962
2023	2,300

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-socialcare/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

### **Health Inequalities**

It is important that we can 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 most 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 learning opportunities 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. 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.

People need to be empowered to shape their own local services in response to local priorities, and in response to this we have developed six Locality Planning Groups (LPGs). These will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformation change in line with agreed strategic policy and priority areas, including Inverclyde HSCP Strategic Plan 2024 - 2027 and the Alliance Local Outcomes Improvement Plan (LOIP).

This will enable service planning at a local level with local communities, as recommended in the Marmot Review (“Fair Society, Healthy Lives,” 2010) and Christie Commission Report (“Report on the Future of Public Services”, 2011). It will also help to inform what needs to be commissioned to deliver the changes that localities have identified as being the most impactful, and on what people tell us is important to them.

We aim to use locality planning to maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community to plan and deliver the services they need.

### **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 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 collaborate 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**

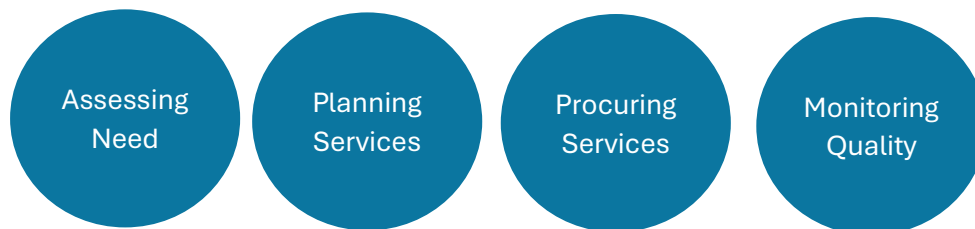
The Ethical Care Charter created and produced by Unison Trade Union has been adopted by Inverclyde HSCP. This charter is in recognition of the achievement of quality standards in homecare practice by Inverclyde HSCP. It pledges to ensure homecare employees' will be treated fairly, paid the living wage, 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 absolute best care they can. The Homecare tender which commenced in April 2018 included The Ethical Care Charter within the Fair Work Practice question which equates to 25% of the overall quality score.

## 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:



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

### **Scope of Services**

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

- Children's, Families and Justice
- Health and Community Care
- Mental Health, Addictions and Homelessness
- Finance Planning and Resources

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

Adult Residential	Estimated Annual Spend - £4,983,300
Supported Living Services	Estimated Annual Spend - £17,971,700
Day Care	Estimated Annual Spend - £1,232,940
Care at Home	Estimated Annual Spend - £5,000,520
Residential and Nursing Care	Estimated Annual Spend - £16,271,870
Fostering & Continuing Care	Estimated Annual Spend - £2,307,050

Children's Residential	Estimated Annual Spend - £2,422,710
Secure Care	Estimated Annual Spend - £807,570
Housing Support	Estimated Annual Spend - £114,790

For each of the current market areas a contract summary is included at Appendix 1. This summary provides information on;

- Contract Description:** An outline of the contract, description of the service.
- Contract Period:** Commencement, end dates and duration of contract.
- Contract Development:** How the service may be commissioned.
- Contract Management:** Overview of how providers performance is monitored.

There are also contracts that are negotiated due to the nature of the service and the contractual requirement.

### 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.

Supported Living Services	Estimated Annual Spend - £426,270
Day Care	Estimated Annual Spend - £1,952,530
Care at Home	Estimated Annual Spend - £12,147,520
Fostering & Continuing Care	Estimated Annual Spend - £708,570
Children's Residential	Estimated Annual Spend - £7,082,418

## Health Based Services

The HSCP delivers an extensive range of health based services:

- Opticians 7 Opticians services throughout Inverclyde
- Pharmacists 19 Pharmacists commissioned to deliver pharmacy in Inverclyde
- Dental Practices 11 Dental Practices across Inverclyde
- GP Surgeries 13 GP Practices

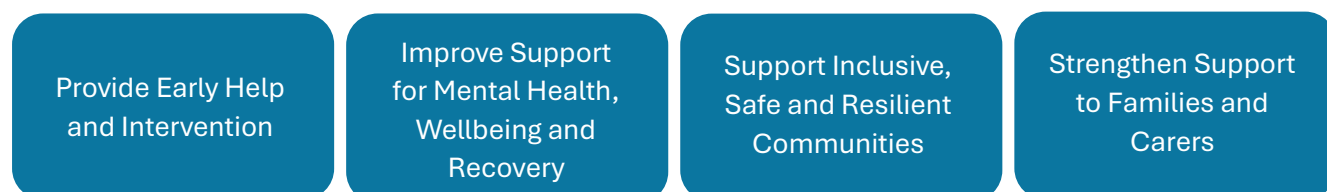


## SECTION 5:

### **Our Commissioning Intentions – The Future**

#### **Commissioning Themes – Four Strategic Priorities**

Inverclyde HSCP will commission based on our identified strategic priorities:



The HSCP will encourage providers to be more flexible and creative in how they provide services. The strategic priorities and the specific strategic actions within them cover all service areas and care groups, encouraging collaboration and a focus on desired outcomes that will make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission services in line with the identified strategic priorities, we will identify any opportunities to work with partners to commission services across care groups.

#### **Changing Landscape for Commissioning**

There is a statutory requirement for joint working between HSCO's 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 regarding unscheduled care.

## **Moving Forward Together**

Inverclyde HSCP has been a key partner in the development of Moving Forward Together. Moving Forward Together (MFT) is a programme of work that brings together the Greater Glasgow & Clyde NHS Board and Acute Hospitals Sector, as well as the 6 HSCPs that fall within the NHS Board catchment (Inverclyde; Glasgow City; Renfrewshire; East Renfrewshire; East Dunbartonshire and West Dunbartonshire). MFT will develop and deliver a transformational change programme, aligned to National and Regional policies and strategies. This is our first venture as a whole system to develop the future strategy, essentially, health and social care services need to modernise to keep pace with the changes that are taking place in technology; innovations in supported selfcare, and the integration of Community Health and Social Work services.

MFT describes how NHSGGC will deliver across all health and social care services, with particular focus on the benefits of integration at local levels. Good health is fostered by a range of supports, not just health services, and MFT recognises this. The MFT programme emphasises quality and the need to deliver safe, effective, person-centred and sustainable care to meet the current and future needs of our population. The programme reinforces the need to design support and care around specific needs of individuals and different segments of our population, not around existing organisations and services. There will be continuous engagement opportunities to involve communities in developing, leading and influencing strands of this work through locality based Communications and Engagement Groups.

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. 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 people<sup>1</sup> in an open, transparent and accessible way and use their feedback to shape the development of transformational change through the six Locality Planning Groups (LPGs).

As there is a key focus on delivering care out with hospital settings, maximizing care delivery in the local community, this will change the model of care in the future and will impact on 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:

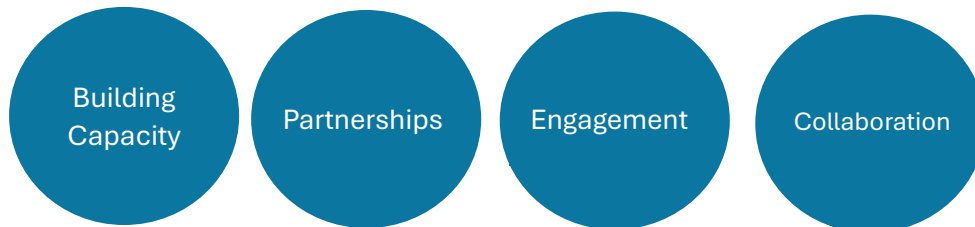
- Consider how their services can support prevention, early intervention and recovery focus and how they support people to be as independent as possible; Develop models of care that focus on holistic wellbeing for the service user to achieve personal and social outcomes, rather than delivering personal 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. This will require providers to market their

services differently and mean that they will need to make access to their services more straightforward;

- 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 shows 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 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 Groups (LPGs)

Inverclyde HSCP is establishing six localities to enable service planning at local level and within natural communities. Locality Planning Groups (LPGs) will be responsible for

the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformation change in line with agreed strategic policy and priority areas, including Inverclyde HSCP Strategic Plan 2019 – 2024 and the Alliance Local Outcomes Improvement Plan (LOIP), and they will articulate their commissioning intentions. This will enable service planning at a local level with local communities, as recommended in the Marmot Review (“Fair Society, Healthy Lives”, 2010) and Christie Commission Report (“Report on the Future of Public Services”, 2011).

Our Locality Planning Groups (LPGs) will be central to improving the social and economic circumstances within our communities and reducing inequalities. The challenges in meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review Report ‘Fair Society, Healthy Lives’ of 2010. The Review proposes an evidence based strategy to address the social determinants of health - the conditions in which people are born, grow, live and age - which can lead to health inequalities or other unequal outcomes. “Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities.”

As set out in the HSCP Strategic Plan 2024 – 2027 We will continue to deliver our two locality planning groups, having focused conversations in our communities about what matters most to you.

Our East locality covers the communities of Kilmacolm, Port Glasgow and East Greenock. Our West locality covers Greenock Central, Greenock West, Gourrock, Inverkip and Wemyss Bay.

Information on how you can participate in our locality discussions can be found on our website. [HSCP Locality Planning Groups \(LPGs\) - Inverclyde Council](#)

We will also continue to collaborate with our staff and partners to ensure services users and local people are regularly engaged and listened to.

Through this approach we will encourage:

A clearly defined process of direct engagement for providers and developers to approach us with their proposals for possible new models of service provision

A positive attitude and ‘can do’ approach

A solution focused approach to problem solving and conflict resolution

Engagement in an open and transparent manner, which highlights any relevant conflicts of interest as they may arise

Engagement in discussion in a respectful and constructive manner, debating but accepting different perspectives

Ensure information is clear, consistent and timely

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:

### **Governance**

#### **The Integration Joint Board**

Inverclyde Integration Joint Board (IJB) is a distinct legal body was created by Inverclyde Council and NHS Greater Glasgow and Clyde and approved by Scottish Ministers in line with the legislation.

The IJB is a decision-making body that meets regularly to discuss, plan and decide how health and social care services are delivered in Inverclyde. All IJB decisions are in line with the Strategic Plan which is why it is such an important document. Membership of the IJB is wide consisting of:

- Four Elected Members (Inverclyde Council)
- Four Greater Glasgow & Clyde NHS Board Members
- Chief Officer
- Chief Social Work Officer
- Chief Finance Officer
- Clinical Director
- Chief Nurse
- Acute Sector Clinician
- Staff Representative (Inverclyde Council & NHS) x 2
- Third Sector Representative x 2
- Service User Representative
- Carer Representative
- Inverclyde Housing Association Representative

In line with the legal requirements, the IJB established a Strategic Planning Group with wide representation from partners as noted below including carers and community representatives, who are responsible for shaping and monitoring the effectiveness of the plan. The Strategic Planning Group is chaired by the Chief Officer and has representation from:

- Service Users
- Carers
- People Involvement Advisory Network
- The local Third / Voluntary Sector
- The Independent Sector



- The Acute Hospitals Sector
- Social Work Services
- Community Health Services
- Primary Care
- Nursing
- Allied Health Professionals
- Inverclyde Housing Associations Forum
- Inverclyde Council Strategic Housing Services
- Staff-side
- Inverclyde Community Planning Partnership

It is important that we engage with people in their own communities so we have locality and local plans that link with Community Planning Partners.

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**

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.

## 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 to effectively plan our business and make known to the market our intentions for the coming years in line with the direction of our Strategic Plan 2024 to 2027.

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.
- To work effectively to create capacity to utilise the budgets we have 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 to ensure we embed continuous service improvement into our day-to-day business in line with the principles of integration underpinned by Legislation. Engagement will take place through existing and new communication and engagement channels and in line with agreed standards as outlined in the revised Communications and Engagement Strategy, as well as the work being carried out within our six Locality Planning Groups (LPGs), and Provider Forums. Through these routes we will realise 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 ongoing collaboration with the market on how best to respond to these key messages.

## Appendix 1

<b>ADULT RESIDENTIAL</b>	
Estimated Annual Spend 2023/24 - £4,983,300	
<b>CONTRACT DESCRIPTION</b>	Contracts in place to provide care for adults who have an assessed need to be supported in a care home environment includes; Scotland Excel Care Home for Adults with Learning Disabilities Including Autism framework and individual contracts with care home providers who support individuals with a learning disability and severe and enduring mental health problems.
<b>CONTRACT PERIODS</b>	<p>The Scotland Excel Care Home for Adults with Learning Disabilities Including Autism Framework commenced in October 2019 and ends in September 2024. It has been extended until March 2025.</p> <p>Individual contracts with providers are on-going and spot purchase agreements cover individual service contracts only and have no defined end date.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>The Scotland Excel Care Home for Adults with Learning Disabilities Including Autism Framework 2024. Evaluation and Post Tender Negotiations are ongoing for a commencement date in April 2025.</p> <p>Individual contracts with providers are on-going and spot purchase agreements cover individual service contracts only and have no defined end date.</p>
<b>CONTRACT MANAGEMENT</b>	The Strategic Commissioning Team, within Inverclyde Health and Social Care Partnerships Finance, Planning and Resources Service, has responsibility for monitoring the performance of each individual home and liaising directly with Scotland Excel regarding any 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.

## Appendix 2

<b>SUPPORTED LIVING SERVICES</b>	
Estimated Annual Spend 2023/24 - £17,971,700	
<b>CONTRACT DESCRIPTION</b>	<p>The Scotland Excel Care and Support National Flexible Framework is a collaborative agreement for the provision of care and support services (care at home and supported living/housing support services) in Scotland. It supports individuals with assessed needs due to learning disability, physical disability, sensory impairment, mental illness, addiction or are homeless.</p> <p>Additional spot purchases for out of area placements are also utilised.</p>
<b>CONTRACT PERIODS</b>	<p>The National Flexible Framework commenced on 1 April 2020 until 30 June 2024 when it was extended until 30 September 2024.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>It is the first framework approach for Care and Support services on nationally agreed terms and conditions, service delivery and quality standards.</p> <p>A new framework was tendered in 2024 that will commence in September 2024.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Work is allocated through Resource Allocation Groups. One for Learning and Physical Disability services and another for Mental Health, Addiction and Homelessness Services.</p> <p>The Strategic Commissioning Team, within Inverclyde HSCP Finance, Planning and Resources 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.</p>

### Appendix 3

<b>DAY CARE</b> Estimated Annual Spend 2023/24 - £1,232,940	
<b>CONTRACT DESCRIPTION</b>	Individual agreements are in place with three Providers to provide a flexible, needs led building-based Day Care and Outreach Service across the Inverclyde HSCP area.
<b>CONTRACT PERIODS</b>	Contracts commenced on 1st July 2024 for a period of 3 years until 30 <sup>th</sup> June 2027 with an option to extend for one year.
<b>CONTRACT DEVELOPMENT</b>	Contract terms were reviewed and negotiated as part of the Direct Award process in May 2024. All rates were uplifted as a result and are harmonised to ensure that costs are standardised across the service provision.
<b>CONTRACT MANAGEMENT</b>	Placements are allocated by service users' choice of provider. Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the HSCP Assessment and Care Management and Care at Home Teams. Providers' governance meetings are held at least twice a year.

## Appendix 4

<b>HOUSING SUPPORT</b> Estimated Annual Spend 2023/24 - £ 114,790	
<b>CONTRACT DESCRIPTION</b>	Individual agreements in place with 3 Providers to provide Housing Support Services across 13 Sheltered Housing Complexes across Inverclyde.
<b>CONTRACT PERIODS</b>	Contract commenced on 1st April 2022 for a period of 3 years until 31st March 2025 with the option to extend for a further 1 + 1 years.
<b>CONTRACT DEVELOPMENT</b>	Due to the current savings that the HSCP are required to make from Commissioned Services there will be a reduction in the Service Provision for all current providers. Proposals are currently being developed/ discussed.
<b>CONTRACT MANAGEMENT</b>	Current arrangements in Sheltered Housing Complexes are that all tenants are offered a Housing Support Service from the Warden. Contract Management is undertaken by the Strategic Commissioning Team within the HSCP Quality and Development Service. Management and review of individual cases is undertaken by the Inverclyde HSCP Assessment and Care Management Team.

## Appendix 5

<b>CARE AT HOME</b>	
Estimated Annual Spend 2023/24 - £5,000,520	
<b>CONTRACT DESCRIPTION</b>	<p>The Care at Home Framework Agreement consists of 11 providers at present, delivering Care at Home services across the Inverclyde HSCP area. This is a Flexible Framework and is always open for new entrants.</p> <p>Providers are ranked on their evaluation score and a financial cap is applied. Rankings are applied within the call off methodology which determines the award of a care package, where there are multiple Providers able to provide the same Service.</p>
<b>CONTRACT PERIODS</b>	<p>The Framework was established in April 2024 and will be for a period of 4 years until March 2028. There is an option to extend for 2 years, on a year by year basis.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>This is a Flexible Framework and as such any new provider who meets the Selection Criteria and provides responses to the Commercial and Technical requirements can join at any time. The Council may publish a Notice in Public Contract Scotland every 3 months to keep the market and potential new providers advised of the position that the Flexible Framework is always open to new entrants.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Currently work is allocated by individual Home Support Officers under the ranking and call-off process, and Contract Management is undertaken by the Strategic Commissioning Team within the HSCP Quality and Development service. Management and review of individual cases is undertaken by the Inverclyde HSCP Assessment and Care Management and Care at Home Teams. Providers' governance meetings are held at least twice a year.</p>

## Appendix 6

<b>RESIDENTIAL &amp; NURSING CARE</b>	
Estimated Annual Spend 2023/24 - £16,271,870	
<b>CONTRACT DESCRIPTION</b>	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 on assessed need, and older adults may be placed within either a residential home or a nursing home depending on the outcome of their assessment. Terms and conditions are set at a national level and apply to all contracted care homes. All residential and nursing homes in the Inverclyde area have signed up to the NCHC.
<b>CONTRACT PERIODS</b>	The National Care Home Contract is a rolling contract, NCHC weekly fee rates, levels of care and support and terms are re-negotiated annually. These annual agreements are led by Scotland Excel and cover both residential and nursing homes.
<b>CONTRACT DEVELOPMENT</b>	Scotland Excel is working alongside HSCP's and COSLA to help develop service specifications for the NCHC. New specifications are also being considered for more specialist services, which could be commissioned locally in the future under the NCHC. The sector is also committed to improving workforce matters and to increase care staff pay scales to the Living Wage.
<b>CONTRACT MANAGEMENT</b>	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. The Strategic Commissioning Team, within the HSCP's Quality and Development Service, are responsible for monitoring the performance of each individual care 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 Inverclyde HSCP Community Care teams in Adult Services. Providers' governance meetings are held on a six monthly basis.



## Appendix 7

<b>NATIONAL FOSTERING &amp; CONTINUING CARE FRAMEWORK</b> Estimated Annual Spend 2023/24 - £2,307,050	
<b>CONTRACT DESCRIPTION</b>	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 services, enhanced or specialist services and also short breaks and has been developed in a context of change in national legislation and policy.
<b>CONTRACT PERIODS</b>	The National Fostering and Continuing Care Framework started on 01 July 2021 and will run for a period of 3 years to 30 <sup>th</sup> June 2024. There is a 12 month extension option which we are currently in that ends on 30 <sup>th</sup> June 2025.
<b>CONTRACT DEVELOPMENT</b>	External placements for foster & continuing care are purchased via the Scotland Excel Framework.
<b>CONTRACT MANAGEMENT</b>	<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. Provider governance meetings take place on a yearly basis.</p>

## Appendix 8

<b>NATIONAL CHILDRENS RESIDENTIAL FRAMEWORK</b> Estimated Annual Spend 2023/24 – £2,422,710	
<b>CONTRACT DESCRIPTION</b>	<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 Child).</p>
<b>CONTRACT PERIODS</b>	<p>The Children’s Residential Care Framework commenced on 1st October 2022 and will run for a period of 6 years to 30th September 2028.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>The new Framework will remain Open to new applicants throughout the entirety of the Contractual Period.</p>
<b>CONTRACT MANAGEMENT</b>	<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>

## Appendix 9

<b>NATIONAL CHILDRENS SECURE CARE FRAMEWORK</b> Estimated Annual Spend 2023/24 - £807,570	
<b>CONTRACT DESCRIPTION</b>	<p>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 Child).</p>
<b>CONTRACT PERIODS</b>	<p>The 3rd Scotland Excel Framework for Children’s Secure Care Services started on 1st April 2020 for a period of 2 years until 31st March 2022 with an option to extend for 24 months to 31<sup>st</sup> March 2024. The Framework is currently in a further 12 month extension that was not included in the contract to 31<sup>st</sup> March 2025</p>
<b>CONTRACT DEVELOPMENT</b>	<p>The current National Children’s Secure Care Framework will expire on 31st March 2025. The new specification for this framework will be based on the national standards.</p>
<b>CONTRACT MANAGEMENT</b>	<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>

## Market Facilitation &amp; Commissioning Plan: Updates to 2024 – 2027 draft

Section	Page	Previous	Change	New Strategic Plan dates
1	3	Strategic Plan 2019 to 2024	Strategic Plan 2024 to 2027	Change from Six Big Actions to Four Strategic Priorities in line with Strategic Plan.
1	3	Our Vision is underpinned by 6 Big Actions and based on the values of: Dignity and Respect, Responsive Care and Support, Compassion, Wellbeing, Be Included, Accountability	Our vision is underpinned by our four strategic priorities and based on the values such as dignity, diversity, equality, fairness, independence and respect.	
1	3	Inverclyde HSCP currently spends in the region of £35 million annually on commissioned Health and Social Care Services.	Inverclyde HSCP currently spends in the region of £51 million annually on commissioned Health and Social Care Services.	Updated financial information.
1	4	Our 6 Big Actions are: “Graphic”	Our four strategic priorities are: “Graphic”	Graphic updated to replace Big Actions with strategic priorities.
3	9	Inverclyde has an estimated population of 78,150 as of June 2018	Overall Inverclyde has an estimated population of 78,340	Updated population figure.
3	9	Inverclyde’s population will have decreased to an estimated projection of 70,550 people.	This is expected to continue with the local population expected to decrease by a further 3.2% by 2028	Updated decrease in population figure.
3	9	“Inverclyde Total Population Projection” 2016-2041 graph	“Inverclyde Total Population Projection 2018-2028” graph	Updated graph.
3	9	From the population of age groups it is evident that by 2041 the largest population subset will be those ages 65+ while all other age groups are projected to decrease.	Between 2018 and 2028, the 45 to 64 age group is projected to see the largest percentage decrease (-16.1%) and the 75 and over age group is projected to see the largest percentage increase (+16.0%). In terms of size, however, 45 to 64 is projected to remain the largest age group.	Updated 65+ population group.
3	10	“Inverclyde projections by age group” 2016-2041 graph	“Inverclyde Population by age group by year, 2018 and 2028” graph	Updated projected population graph.

3	10	The population of older people is rising, as of June 2018 the population of 65+ age group in Inverclyde was estimated at 16,382.	The population of older people in Inverclyde continues to rise. The Scottish Census 2022 highlights that nearly a quarter of residents (17,600) are aged over 65.	Updated over 65 age
3	11	The Scottish Census 2011 highlighted that there were 8,252 of Inverclyde's population who identified themselves as Carers.	The Scottish Carers Census 2022-23 found that there were more than 8,000 carers in Inverclyde but only around a quarter are known	Updated carers figure.
3	11	<ul style="list-style-type: none"> <li>Inverclyde Population 81,485</li> <li>No of Inverclyde population who identify themselves as carers 8,252</li> <li>Under 16 population 13,770</li> <li>Under 16 population who identify themselves as carers 124</li> </ul>	<ul style="list-style-type: none"> <li>Inverclyde Population 78,340</li> <li>No of Inverclyde population who identify themselves as carers &gt;8,000</li> </ul>	Updated figures. Removed under 16 as no data available.
4	16	Strategy and Support Services	Finance Planning and Resources	Updated service name.
4	16	<ul style="list-style-type: none"> <li>Adult Residential – Estimated Annual Spend £2,610,009</li> <li>Supported Living Services – Estimated Annual Spend £8,608,423</li> <li>Day Care – Estimated Annual Spend £404,810</li> <li>Housing Support – Estimated Annual Spend £312,849</li> <li>Provision of Care at Home – Estimated Annual Spend £3,940,645</li> <li>Residential &amp; Nursing Homes Older Adults – Estimated Annual Spend £13,505,101</li> <li>Fostering &amp; Continuing Care – Estimated Annual Spend £455,432</li> <li>Children's Residential – Estimated Annual Spend £1,593,365</li> </ul>	<ul style="list-style-type: none"> <li>Adult Residential – Estimated Annual Spend £4,983,300</li> <li>Supported Living Services – Estimated Annual Spend £17,971,700</li> <li>Day Care – Estimated Annual Spend £1,232,940</li> <li>Housing Support – Estimated Annual Spend £114,790</li> <li>Provision of Care at Home – Estimated Annual Spend £5,000,520</li> <li>Residential &amp; Nursing Homes Older Adults – Estimated Annual Spend £16,271,870</li> <li>Fostering &amp; Continuing Care – Estimated Annual Spend £2,307,050</li> <li>Children's Residential – Estimated Annual Spend £2,422,710</li> </ul>	Updated estimated values.

4	17	<ul style="list-style-type: none"> <li>• Secure Care – Estimated Annual Spend £88,993</li> <li>• Supported Living Services – 2018/19 spend £8,004,587</li> <li>• Day Care – 2018/19 spend (Older people) £512,363, (Learning Disability) £1,673,450</li> <li>• Care at Home – 2018/19 spend £8,004,547</li> <li>• Fostering &amp; Continuing Care – 2018/19 spend £669,417</li> <li>• Children’s Residential – 2018/19 spend £2,309,915</li> </ul>	<ul style="list-style-type: none"> <li>• Secure Care – Estimated Annual Spend £807,570</li> <li>• Supported Living Services –£426,270</li> <li>• Day Care – 1,952,530</li> <li>• Care at Home – £12,147,520</li> <li>• Fostering &amp; Continuing Care – £708,570</li> <li>• Children’s Residential – £7,082,418</li> </ul>	Updated estimated values.
4	18	<ul style="list-style-type: none"> <li>• Opticians – 12 Optician services throughout Inverclyde</li> <li>• GP Surgeries – 14 GP Surgeries served by 68 General Practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• Opticians – 7 Optician services throughout Inverclyde</li> <li>• GP Surgeries – 13 GP Practices</li> </ul>	Updated figures.
6	26	<ul style="list-style-type: none"> <li>• Four Elected Members (Councillors).</li> <li>• Four NHS Non-Executive Directors</li> <li>• Carer Representative</li> <li>• Service User Representative</li> <li>• Staff-side Representative x 2</li> <li>• Clinical Director</li> <li>• Chief Nurse</li> <li>• Chief Social Work Officer</li> <li>• Acute Sector Clinician</li> <li>• Third Sector Representative x 2</li> <li>• Chief Officer</li> <li>• Chief Financial Officer</li> </ul>	<ul style="list-style-type: none"> <li>- Four Elected Members (Inverclyde Council)</li> <li>- Four Greater Glasgow &amp; Clyde NHS Board Members</li> <li>- Chief Officer</li> <li>- Chief Social Work Officer</li> <li>- Chief Finance Officer</li> <li>- Clinical Director</li> <li>- Chief Nurse</li> <li>- Acute Sector Clinician</li> <li>- Staff Representative (Inverclyde Council &amp; NHS) x 2</li> <li>- Third Sector Representative x 2</li> <li>- Service User Representative</li> </ul>	Updated IJB membership

APPENDICES	29	<ul style="list-style-type: none"> <li>● Estimated Annual Spend</li> <li>● Contract Description</li> <li>● Contract Periods</li> <li>● Contract Development</li> <li>● Contract Management</li> </ul>	<ul style="list-style-type: none"> <li>- Carer Representative</li> <li>- Inverclyde Housing Association Representative</li> </ul>	
		<ul style="list-style-type: none"> <li>● Estimated Annual Spend</li> <li>● Contract Description</li> <li>● Contract Periods</li> <li>● Contract Development</li> <li>● Contract Management</li> </ul>	<ul style="list-style-type: none"> <li>● Estimated Annual Spend</li> <li>● Contract Description</li> <li>● Contract Periods</li> <li>● Contract Development</li> <li>● Contract Management</li> </ul>	Each section of all appendices updated to reflect contractual position.