



**Integration of Health and Social Care**  
**MARKET FACILITATION PLAN**  
**2016 - 2019**

<b>Date of First Issue:</b>	6 July 2016		
<b>Approved by :</b>	Falkirk Integration Joint Board	<b>On:</b>	5 August 2016
<b>Current Issue Date:</b>			
<b>Review Date:</b>			

# MARKET FACILITATION PLAN

## 2016 – 2019

SECTION	CONTENT	PAGE
<b>1.</b>	<b>Foreward</b>	<b>3-7</b>
1.11	What is Market Facilitation	
1.12	Market Intelligence	
1.13	Market Structuring	
1.14	Market Intervention	
<b>2.</b>	<b>Who this Plan is for and how it will support them (the audience)</b>	<b>8</b>
<b>3.</b>	<b>The Changes and Challenges</b>	<b>9-10</b>
3.1	Responding to an Ageing Population	
3.2	Redressing Health Inequalities	
3.3	Removing Barriers	
3.4	Respecting Self Management and Autonomy in Decision Making	
3.5	Reducing Budgets	
3.6	Restructuring Skills and Relationships to Improve Quality of Provision	
3.7	Responding to Change	
3.8	Responsive Workforce	
<b>4.</b>	<b>Priorities and Outcomes for Adult Health and Social Care and Support in Falkirk</b>	<b>11-12</b>
<b>5.</b>	<b>Key Market Messages</b>	<b>13-15</b>
<b>6.</b>	<b>How Providers can begin to adapt</b>	<b>16</b>
<b>7.</b>	<b>Approaches We Consider Important</b>	<b>17-18</b>
7.3	Provider Events	
7.4	Regular Forums for Specific Provider Markets	
7.5	Provider “Drop-in” Sessions/Advice Surgeries	
7.6	Direct Engagement with Providers	
<b>8.</b>	<b>Scope of Services</b>	<b>19-20</b>
<b>9.</b>	<b>Conclusion</b>	<b>21</b>
<b>APPENDICES</b>		
<b>Appendix 1</b>	<b>Contract Summary</b>	<b>22-27</b>

# **MARKET FACILITATION PLAN**

## **2016-2019**

### **1. Foreward**

- 1.1 This Market Facilitation Plan represents the start of a dialogue with service providers, service users, carers and other stakeholders about the future shape of our local social care and support market. By implementing the Plan, we can ensure that we are responsive to the changing needs and aspirations of Falkirk's residents. 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.
- 1.2 We are committed to ensuring Falkirk's residents 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. To this end, we currently procure c£60 million annually in adult health and social care and support services.
- 1.3 To deliver our commitment we need to make sure people who use services can choose from a variety of care and support providers and have a variety of creative support options available to them. This Plan will help improve understanding of what care and support is required and consequently assist providers to meet demand and enable service users to make informed choices.
- 1.4 We aim to achieve our commitment by:
- actively sharing with current and potential providers the intelligence we have on population trends, the current demand for and costs of care, and what future demand and the social care and support economy might look like;
  - making our ideas known about how we believe the market needs to change over time, in response to changing service user expectations and economic, demographic and legislative conditions;
  - being clear with providers about how we will intervene in the market, through the investment we make and the encouragement and advice we give, to achieve a balance in the supply and demand for services;
  - explaining why we “may” or “anticipate a” need to reduce budgets in some areas and increase spending in others, giving those organisations who wish to grow and adapt to new circumstances time to do so.
  - engaging with providers and discussing their long term business plans and, where appropriate, consider whether support to strategic business planning is needed.

- 1.5 This Plan is intended to complement and add value to the business planning and development activities of current and potential providers. It will help us engage in a way that embodies an approach focused on co-production and partnership working. By stimulating a vibrant, diverse and evolving market for adult care and support, we can “work together to offer people a real choice of provision”.
- 1.6 In presenting this Plan we aim to be:
- **Accessible** – our decisions are visible and open to fair challenge;
  - **Accommodating** – by facilitating participation of smaller and local providers in any new forms of contractual relationships we ensure diversity and choice;
  - **Adaptable** – our frameworks and contracts have a greater emphasis on co-production and sustainability.
- 1.7 As service commissioners we are committed to:
- ensuring we are clear about our long term approach to the market, what outcomes we want to achieve and what service users and their carers have advised us they want from current and potential new services;
  - reviewing tendering and procurement processes to ensure they are proportionate and we will evaluate their impact on providers, exploring how improvements to processes can be made;
  - supporting providers and developing greater trust and collaboration, so collectively we are more open and prepared to share information about funding; service activity and costs (within the limits of reasonable confidentiality).
- 1.8 To deliver new models of provision in Falkirk, 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.
- 1.9 This requires conscious, 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.
- 1.10 This document is, therefore, aimed at existing and potential providers of adult care and support. It represents the beginning of a dialogue to find the best ways to use available resources in the context of complex change and challenges.

## 1.11 What is Market Facilitation?

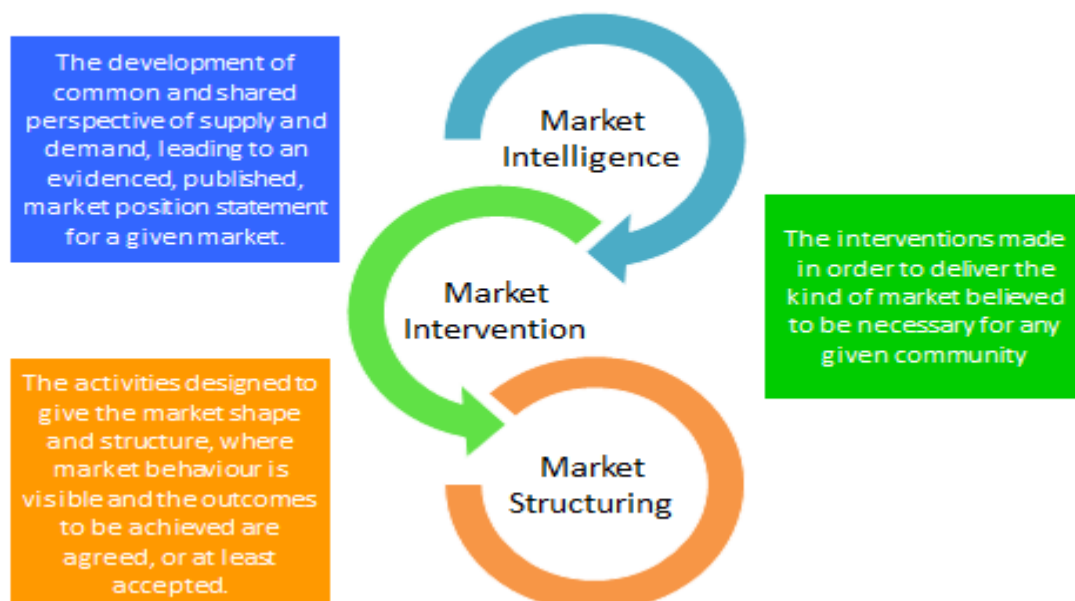
1.11.1 Market facilitation can be defined as follows:

**“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.”**

1.11.2 The task is complex, requiring the development of a new set of activities and skills from commissioners and will involve a collaborative approach between the commissioning and procurement functions in health and social care, as well as those involved in housing, planning and community development.

1.11.3 Market facilitation will help us and our partners take a strategic approach to understanding and meeting local need for adult social care and support. It also recognises the role that social care and support partners have in actively contributing towards economic growth in the Falkirk area, whilst creating employment opportunities for Falkirk residents.

1.11.4 Market facilitation combines both short and long term strategic approaches and helps us develop a strategic approach to understanding the local market. The Institute of Public Care defines “market facilitation” as the relationship between Market Intelligence, Market Intervention and Market Structuring.



## **1.12 Market Intelligence**

1.12.1 Market intelligence means a comprehensive understanding of the evidence base for future local supply and demand and is the foundation of successful market facilitation. 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 through strong elements of co-production help create a sustainable supply chain to serve the Falkirk area.

1.12.2 With market intelligence we shall have the means to make explicit to providers how we intend to perform and behave in influencing the market. This transparency and a commitment to co-production will then provide the platform for market structuring activities.

## **1.13 Market Structuring**

1.13.1 Market structuring means changing and adapting the core activities of commissioning and contracting to use a broader range of activities. Essentially, this means we need to work with a broader range of providers in a range 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 people's wellbeing.

1.13.2 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.

1.13.3 It also entails considering how our current staff skills need to change, eg: the skills that former contracting officers required may not be the same skill set as those needed to be effective in capturing and using market intelligence to shape and structure the market. Similarly, employee skills within the market will need to be developed and adapted to deliver care in different ways, ensuring staff are appropriately skilled and motivated.

1.13.4 If market intelligence is the thinking and planning stage, then market structuring is shaping how we intervene in the market to deliver the kind of market that is required.

## **1.14 Market Intervention**

1.14.1 This brings the results of the intelligence activity and the market structuring together into a potential number of intervention activities. The key to a successful market is about consistency of demand and price. It is acknowledged that investment by providers requires predictability about how the market will behave and longevity to income streams if new ideas are to mature and develop.

1.14.2 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.

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

## **2. Who this Plan is for and how it will support them (the audience)**

- 2.1 This document is aimed at existing and new providers of adult health and social care and support. It sets out the vision for the future of local social care and support markets, ie:

**“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.”**

- 2.2 This Plan will enable providers of adult social care and support to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of adult social care and support.
- 2.3 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.
- 2.4 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.
- 2.5 The Plan will also help service users of adult social care and support 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 their local area.



### **3. The Changes and Challenges**

#### **3.1 Responding to an Ageing Population**

- 3.1.1 People within the Falkirk area are living longer and healthier lives. 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 and support 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 and support 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.
- 3.1.2 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.

#### **3.2 Redressing Health Inequalities**

- 3.2.1 It is important that we are able to monitor progress towards local outcomes, through focussing 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.

#### **3.3 Removing Barriers**

- 3.3.1 There is a need 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 adult care services.

#### **3.4 Respecting Self-Management and Autonomy in Decision Making**

- 3.4.1 We need to support Falkirk's residents to make informed choices, to take control and contribute to their health and wellbeing before the need for formal support arises. There must be a long term shift from assessment and subsequent service provision and a greater focus towards local solutions, prevention and capacity building to help people and communities stay strong and stimulate reform of existing services.

#### **3.5 Reducing Budgets**

- 3.5.1 At a time of severe constraint on public finances, we cannot meet the rising demand for support by simply spending more. Doing more of the same is not an option. Together with providers, we need to develop new and financially sustainable responses to people's needs.

### **3.6 Restructuring Skills and Relationships to Improve Quality of Provision**

- 3.6.1 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.
- 3.6.2 The Council's commitment to the personal dignity and protection of every Service User is absolute. We will only work with providers who share and reflect this commitment in their organisational and day-to-day practice.

### **3.7 Responding to Change**

- 3.7.1 Recognising the level of change, the traditional ways in which adult services are structured and delivered are becoming untenable. To support the fundamental change required an effective approach to market facilitation is essential.
- 3.7.2 The drive to deliver more seamless services through the integration of local health and social care and support services is well underway. 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 procurement opportunities.

### **3.8 Responsive Workforce**

- 3.8.1 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.
- 3.8.2 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 for those engaged in delivering public contracts. As a contracting authority we will therefore consider, before undertaking a procurement exercise, whether it is relevant and proportionate to include a question on fair work practices, which should be evaluated along with other relevant criteria, while ensuring the appropriate balance between quality and cost.

#### 4. **Priorities and Outcomes for Adult Health and Social Care and Support in Falkirk**

- 4.1 The Scottish Government's 20:20 Vision of Health and Social Care and Support is that:

**“By 2020 everyone is able to live longer healthier lives at home or in a homely setting”.**

- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 formalises the requirement to work towards the 2020 Vision and legally requires NHS Boards and Local Authorities to establish Health and Social Care and Support Partnerships. These Partnerships are required to work in an integrated way and are responsible for the delivery of national agreed outcome targets, termed National Health and Wellbeing Outcomes.

- 4.3 The Integrated Vision for Falkirk is to:

**“Enable people in Falkirk to live full and positive lives within supportive communities”.**

- 4.4 Consistent with the nine national Health and Wellbeing Outcomes, the following five high level local outcomes have been agreed to describe what changes we wish to see over the next three years:

**Self-Management** – Individuals, their carers and families are enabled to manage their own health, care and wellbeing;

**Autonomy and Decision Making** – Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided;

**Safety** – Health and Social Care and Support systems help to keep people safe and live well for longer;

**Experience** – People have fair and positive experience of Health and Social Care and Support;

**Community based supports** – Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.

- 4.5 Through this Plan we shall work with all partners in adult social care and support to find the most appropriate and effective way to use the available resources.

- 4.6 Key objectives include;

- make sure service users understand what support is available and are able to make informed choices about the quality, flexibility, safety and cost of services;

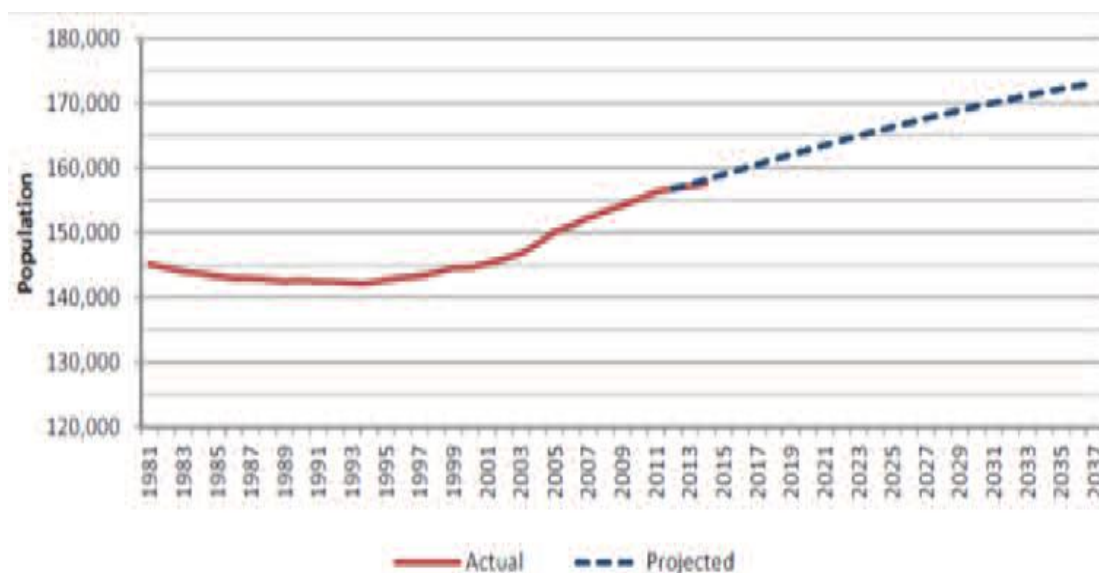
- actively share with current and potential providers and partners our proposals for disseminating the intelligence we have on population trends, the current demand for and costs of care, future demand and what the social care and support economy might look like;
- make our ideas known about how we believe the market needs to adapt over time, in response to changing service user expectations and economic, demographic and legislative drivers;
- communicate with providers about how we will intervene in the market, through the investments we make and the encouragement and advice we give, to achieve a balance in the supply and demand for services;
- explain where we may be reducing spend in some areas and increase spending in others, giving those organisations who wish to grow and adapt to new circumstances time to do so;
- stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is addressed;
- reduce the use of block contracts and move to more flexible contracting arrangements;
- work with our partners to achieve a balance of quality of support, value for money and positive risk enablement that is appropriate and sustainable;
- seek to use our purchasing power to stimulate the local economy, maximise opportunities for local people and increase the range of support available for smaller providers;
- promote outcome based commissioning and decision making.

4.7 We want to change the way we commission services from hours of output to achieving the outcomes people want. Those providers able to deliver outcomes will benefit from these changes.

## 5. Key Market Messages

- 5.1 Falkirk has a population of 157,640 people (2014) and it is increasing. An understanding of the current and potential customer base, its characteristics and market share is central to successful business planning and development in any service sector.
- 5.2 The population has been increasing for over 20 years after some years of little change. The area has grown by almost 12,500 since the Census in 2001 (8.5%) compared to an increase in Scotland of 5.6%, and has the ninth fastest growth rate of all Scotland's Councils.
- 5.3 Based on the 2012 mid-year estimate of population from National Records of Scotland (NRS), the population is projected to increase further to 162,800 by 2020 and 173,100 by 2037 (see Figure 1). The growing population presents a key challenge by placing increasing demands on services.

Figure 1



- 5.4 The biggest percentage increase is represented by the 65+ age group. A decline is forecasted for the 16-49 age group. In reviewing various localities, Figure 2 illustrates work carried out for the Falkirk Housing Strategy and the Local Development Plan. On a 2008 base, the figures predict that up to 2018, all areas except Grangemouth will have experienced an increase in population. By 2033, this overall trend is predicted to continue, however Grangemouth and Falkirk are both expected to show a decrease in population.

Figure 2

Falkirk Population Trends 2008 - 2033

Sub area	2008		2018	2033	Change 2008-2018		Change 2008-2033	
	No	%			No	%	No	%
Bo'ness	15,297	15,658	17,313		+ 361	+ 2.4%	+ 2,016	+ 13.2%
Denny and Bonnybridge	26,394	30,094	33,291		+ 3,700	+ 14.0%	+ 6,897	+ 26.1%
Falkirk	37,872	38,139	35,716		+ 267	+ 0.7%	- 2,156	- 5.7%
Grangemouth	16,827	16,157	14,290		- 670	- 4.0%	- 2,537	- 15.1%
Larbert, Stenhousemuir and Rural North	26,230	27,470	31,435		+ 1,240	+ 4.7%	+ 5,205	+ 19.8%
Polmont and Rural South	28,954	32,721	39,166		+ 3,767	+ 13.0%	+ 10,212	+ 35.3%
Falkirk Council total	151,570	160,239	171,211		+ 8,669	+ 5.7%	+ 19,641	+ 13.0%

- 5.5 In order to ensure that people have equal access to services, irrespective of where they live, consideration must be given to the challenges faced by people living in rural areas. The majority (90%) of Falkirk's population live in urban areas and a small percentage live in Accessible Small Towns (2%) and Accessible Rural Areas (8%).
- 5.6 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.
- 5.7 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 social care and support needs are met.
- 5.8 A continuing increase in demand for care and support is therefore expected, but this is not anticipated to be matched by an increase in resources. Key areas that therefore need to be considered include;
- The need to develop support that provides early intervention and prevention, to enable a move away from long term dependent care provision;
  - A focus towards shorter term intensive social care and support packages aimed at enablement and returning home;
  - The emphasis on personalisation, the delivery of individual outcomes and Self Directed Support mean that we need to consider new delivery models of social care and support;
  - An increase in self-care initiatives to support long term health and wellbeing;
  - The role of information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met.

- The use of assistive technology needs to be further embedded into mainstream support provision;
- There needs to be 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;
- 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. 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 Plan and Strategic Plan objectives.

5.9 We need the market to respond to these key messages, if they are to be best placed to respond to future market requirements.

## **6. How Providers can begin to adapt**

6.1 The drive to deliver seamless services through the integration of health and social care and support services is well underway. Providers who re-shape their service delivery models will be better placed to respond to future procurement opportunities.

6.2 Providers should therefore:

- consider how their services are or can be made “early intervention and prevention” focussed and how they support people to be as independent as possible;
- consider how their services work within local communities and how they support the building of capacity within those communities;
- 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;
- develop ways to record, evidence, analyse and report on outcomes. In the changing market of adult social care and support, quality and reliability will be what differentiates providers;
- 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.



## **7. Approaches we consider important**

7.1 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 Falkirk 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.

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

### **7.3 Provider Events**

7.3.1 Large-scale 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 marketplace on our plans.

7.3.2 Timing and frequency - At least one annual event each year in order to communicate our adult health and social care and support procurement plan for the year ahead and consult on options for developing our procurement strategy objectives.

### **7.4 Regular Forums for Specific Provider Markets**

7.4.1 Smaller scale meetings 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.

7.4.2 Timing and frequency - Scheduled across the year to engage the market, shape individual contract documents and influence route to market.

### **7.5 Provider 'Drop-in' Sessions/Advice Surgeries**

7.5.1 Provide regular 'drop-in' sessions for providers from all sectors of the market place to have an opportunity to meet with commissioners on a more informal basis to discuss ideas and gain clarity on any issues specific to their organisation. These sessions will also be opportunities for providers to seek advice and support around development plans to ensure these fit with the Partnership's direction of travel.

7.5.2 Timing and frequency - Advice surgeries will be available each month.

### **7.6 Direct Engagement with Providers**

7.6.1 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.

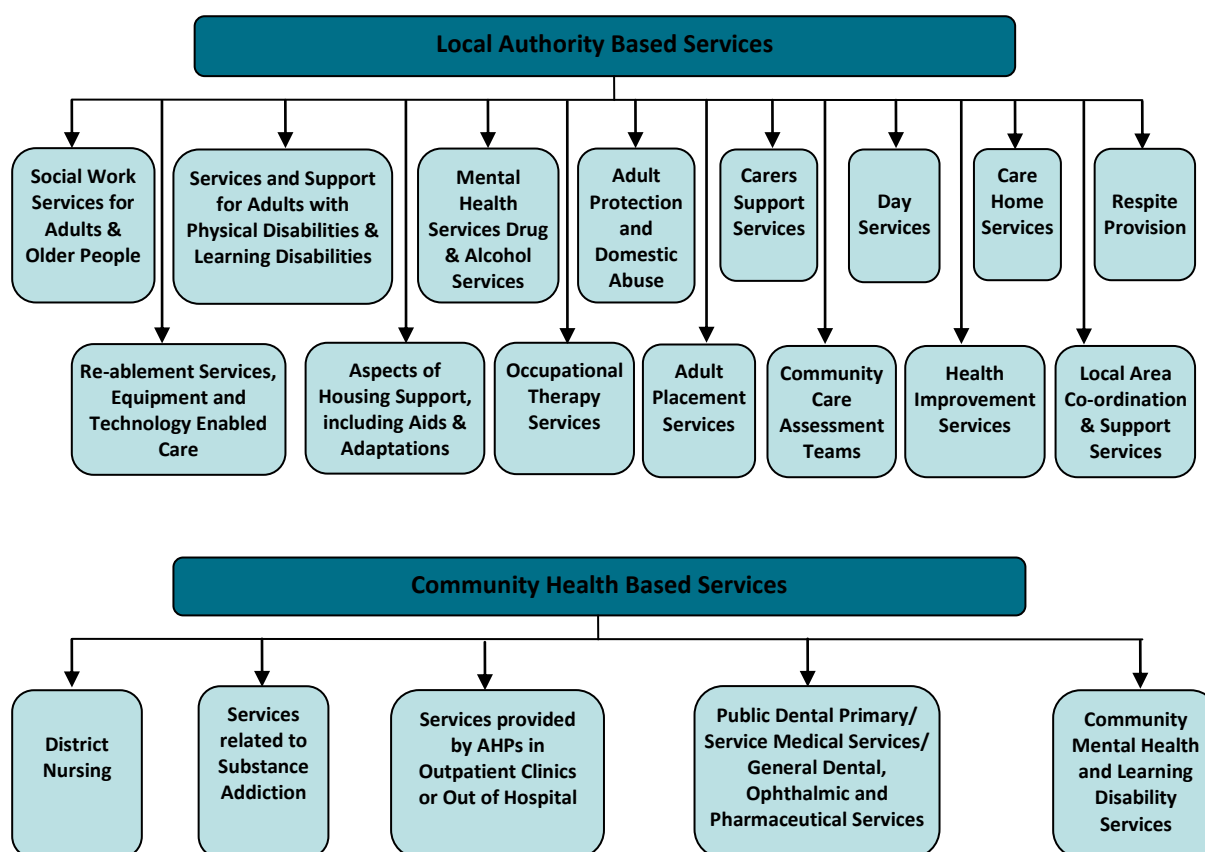
7.6.2 Timing and frequency - As and when required.

7.6.3 Through the above approaches we will encourage:

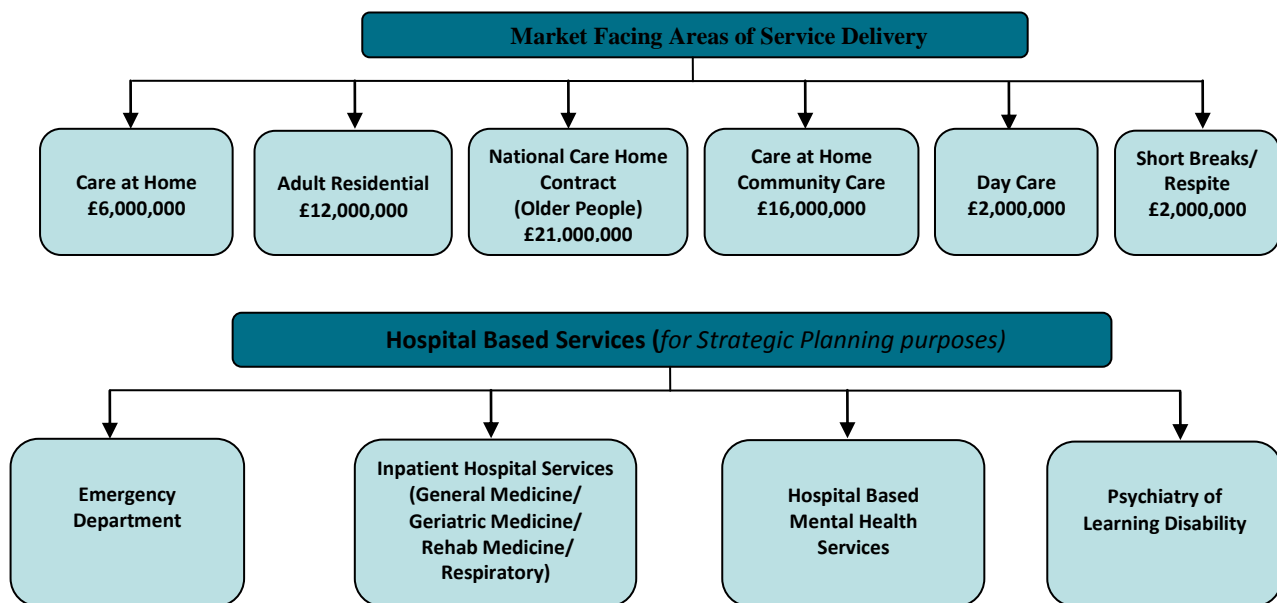
- Engagement in discussion in a respectful and constructive manner, debating but accepting different perspectives;
- Engagement in an open and transparent manner, which highlights any relevant conflicts of interest as they may arise;
- A solution focussed approach to problem solving and conflict resolution;
- A positive attitude and 'can do' approach;
- A clearly defined process of direct engagement for providers and developers to approach us with their proposals for possible new models of service provision.

## 8. Scope of Services

- 8.1 Locally within the Falkirk area there is an existing range of excellent social care, primary and secondary healthcare and public health improvement services that will provide the fundamental infrastructure required.
- 8.2 The Public Bodies (Joint Working) (Scotland) Act 2014 has required that NHS Forth Valley and Falkirk Council integrate the planning and delivery of adult health and social care services under the agreed scope of a number of key services.
- 8.3 It has therefore been agreed within the Health and Social Care Integration Scheme for Falkirk (2015) that the following services currently provided by the NHS Forth and Falkirk Council are to be integrated, namely:



- 8.4 For the purposes of the Market Facilitation Plan, the above integrated services have been segmented into 6 market facing areas. These represent recognisable areas of service delivery and in total represent around £60 million of annual spend on commissioning activities.



8.5 For each of the 6 areas a contract summary is included as Appendix 1. The contract summary reports provide the following information:

<b>CONTRACT DESCRIPTION</b>	An outline of the contract, information on the service user groups and details the composition of providers.
<b>CONTRACT PERIODS</b>	Explanation of current contract models and where relevant contract periods and contract ends date.
<b>CONTRACT DEVELOPMENT</b>	This looks at areas of change, discusses known challenges and/or new approaches to how the service maybe commissioned.
<b>CONTRACT MANAGEMENT</b>	Provides an overview of how provider performance is managed, how quality of services is monitored and the frequency of contract review meetings.

## **9. Conclusion**

- 9.1 This Market Facilitation Plan aims to provide the platform upon which commissioners and providers can work together to strengthen relationships and forge improved outcomes for service users. It also acts as a vehicle to support collective actions for more effective methods of service delivery. The Plan also helps us to utilise budgets more efficiently to not only deliver savings but also create capacity for investment to meet the increasing demand for care services.
- 9.2 By publishing a Market Facilitation Plan, Falkirk Health and Social Care Partnership signal their intention to engage, listen and provide support to the market. The market in return is asked to provide us with feedback, to bring to our attention opportunities for improvement, to ensure any matters of concerns are raised with a focus on solutions and, most importantly, share our commitment to enable people in Falkirk to live full and positive lives within supportive communities.

## **RESIDENTIAL & NURSING HOMES OLDER ADULTS**

### **(Estimated Annual Spend £21M)**

<b>CONTRACT DESCRIPTION</b>	There is a National Care Home Contract (NCHC) in place and this provides care for c900 older adults, in the Falkirk Council area, who have a need for the support offered in a care home environment. Depending on need, an older adult maybe placed within either a residential home or a nursing home. Terms and conditions are set at a national level and apply to all contracted homes. All the residential and nursing homes in the Falkirk area are contracted to the NCHC.
<b>CONTRACT PERIODS</b>	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.
<b>CONTRACT DEVELOPMENT</b>	Scotland Excel from 2015 are working with 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 remuneration for care staff to the Living Wage.
<b>CONTRACT MANAGEMENT</b>	<p>Packages of care are allocated and agreed by a multi-profession 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>Contracts and Commissioning, within the Council's Procurement Division, have responsibility 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 at least annually.</p>

## ADULT RESIDENTIAL (Estimated Annual Spend £12M)

### CONTRACT DESCRIPTION

Multiple agreements are in place to provide care for adults who have a need for the support offered in a care home environment. Around 70% of spend relates to a Scotland Excel national framework agreement for accommodation for individuals with learning disability, and the remaining 30% of spend is spot purchase of accommodation for mental health and complex care needs.

### CONTRACT PERIODS

The Scotland Excel Framework (Learning Disabilities) was established in June 2015 and will run for a period of 2 years to May 2017. There is a 2 year extension option which, if agreed, could see the Framework end in May 2019. A decision on whether the Scotland Excel extension period will be activated shall be taken around the end of 2016. Spot purchase agreements cover individual service contracts only and have no defined end date.

### CONTRACT DEVELOPMENT

Work is on-going to harmonise existing weekly rates for Scotland Excel framework providers. This requires a review of current care packages and all new care will be commissioned under Scotland Excel terms and conditions. The spot purchase agreements will be developed to establish contracted pricing for core and additional services. Again work will be required with these non-Scotland Excel providers to harmonise rates and review current care packages.

### CONTRACT MANAGEMENT

Packages of care are allocated and agreed by a multi-profession resources panel. The panel's role is to ensure the needs of the adult are best met and available budget is utilised effectively.

Contracts and Commissioning, within the Council's Procurement Division, 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 Community Care teams in Adult Services. Providers' meetings are held at least annually.

## PROVISION OF CARE AT HOME (Estimated Annual Spend £6M)

<b>CONTRACT DESCRIPTION</b>	This is a Framework Agreement, with c21 providers, for the provision of Care at Home services across the Council area. Services are allocated to the highest ranked framework provider who has indicated they have capacity. The rankings are adjusted on the first of every month to reflect any change in a provider's published Care Inspectorate grades during the previous calendar month.
<b>CONTRACT PERIODS</b>	The Framework was established in October 2014 and will run for 2 years through to October 2016. There is a 2 year extension option. Currently a one year extension has been agreed with providers which will see the Framework end in October 2017. A decision on whether the extension period will be activated beyond that period will be made prior to the end of 2016.
<b>CONTRACT DEVELOPMENT</b>	<p>It is projected that the current number of framework providers may reduce due to difficulties in maintaining capacity due to unpredictability around new levels of work.</p> <p>Consequently a number of initiatives will be implemented over 2016/17 to create opportunities for work to be allocated by larger service blocks to support providers recruit and retain staff. Consultation with current providers will also be undertaken to examine scope for allocating work geographically to reduce travel time and support more efficient ways of working.</p>
<b>CONTRACT MANAGEMENT</b>	Work is allocated by a Central Matching Team and contract management is undertaken by the Contracts and Commissioning team. Both teams are within Falkirk Council's Procurement Division. Management and review of individual cases is undertaken by the Resources Team in Falkirk Council Adult Services. Providers' meetings are held at least 4 times a year.



## PROVISION OF CARE AT HOME (COMMUNITY CARE)

### (Estimated Annual Spend £15M)

<b>CONTRACT DESCRIPTION</b>	This is a Framework Agreement, with multiple providers, for the provision of Care at Home services (Community Care). There are 5 lots: Physical Disabilities; Learning Disabilities; Mental Health; Dementia and people subject to the Criminal Justice System. Packages of care are allocated to the highest ranked framework provider who has indicated they have capacity. The rankings are adjusted on the first of every month to reflect any change in a provider's published care inspectorate grades during the previous calendar month.
<b>CONTRACT PERIODS</b>	The Framework was established in September 2015 and will run for 2 years through to September 2017. There is a 2 year extension option which, if agreed, would see the Framework end in September 2019. A decision on whether the extension period will be activated will be communicated towards the end of 2016.
<b>CONTRACT DEVELOPMENT</b>	The contract is being developed to agree harmonised rates for providers who are also delivering accommodation based services and/or operating under block funded agreements. Harmonisation will bring all work under a single set of terms and conditions and see services commissioned at agreed contracted rates. Commissioners are also working with providers to review care arrangements so that they focus more on skill development, promote greater independence and therefore reduce dependencies.
<b>CONTRACT MANAGEMENT</b>	Work is allocated by a Central Matching Team and supplier performance monitoring is undertaken by Contracts and Commissioning. Both teams are within Falkirk Council's Procurement Division. Management and review of individual cases is undertaken by the Resources Team in Falkirk Council's Adult Services. Providers' meetings shall be held at least 4 times a year.

## DAY CARE

### (Estimated Annual Spend £2M)

<b>CONTRACT DESCRIPTION</b>	Multiple agreements are in place to provide day care services to adults and older people. These are a mix of spot purchases, block funding arrangements and individual service contracts. A number of the purchased places are out with the Falkirk area and host Local Authority contract terms are applied.
<b>CONTRACT PERIODS</b>	Block funding agreements for day care would be subject to annual review. Spot purchases, individual service contracts and out of area placements have no fixed termination date.
<b>CONTRACT DEVELOPMENT</b>	Day care services for adults and older people are under review. Objectives include working with providers to agree standard terms and establish framework agreements. Block funding agreements are to be redrawn to be clear on how costs relate to the outcomes for the service user. Rates will be harmonised to ensure that costs for additional services, meals and transportation are accounted for separately.
<b>CONTRACT MANAGEMENT</b>	Work is allocated by care managers. A single overarching supplier performance or contract management process will be introduced. Management and review of individual cases will be undertaken by care managers. Providers' meetings shall be held annually.

## SHORT BREAKS/ RESPITE CARE (Estimated Annual Spend £2M)

<b>CONTRACT DESCRIPTION</b>	There are three contracts for block funded respite care within older people homes in the Falkirk Council area. One contract for block funded respite care at an adult care home out with the area is also in place. The contracts refer to the National Care Home Contract (NCHC) and payment is in line with the NCHC weekly rates. Additional short breaks and respite is contracted through spot purchase agreements.
<b>CONTRACT PERIODS</b>	All block funded contracts are renewed on an annual basis. Spot purchased contracts last for the duration of the care purchased.
<b>CONTRACT DEVELOPMENT</b>	Looking to develop current provision to provide more targeted support respite/short breaks for adults with physical disabilities. Also aiming to develop respite resources for adults with learning disability.
<b>CONTRACT MANAGEMENT</b>	Block funded and spot purchased contracts are managed by the Council's Short Breaks Bureau. Annual visits to each of the resources located in the Council area are completed to review outcomes, discuss performance and look at ways to improve the commissioning process.