



Creating a foundation for change

Market Position Statement for Clackmannanshire and Stirling

2017-2020



Clackmannanshire
Council



NHS
Forth Valley

Health and Social Care Partnership

Market Position Statement

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Foreword

Welcome to the first Market Position Statement for the Clackmannanshire and Stirling Health and Social Care Partnership. This document sets out information about current arrangements, challenges and opportunities and key messages about future service delivery. It is intended to be a foundation for discussion and debate for all those involved or with an interest in delivering health and social care services, community groups and organisations across our Partnership.

Clackmannanshire and Stirling Health and Social Care Partnerships wish to work with you to strengthen the local health and social care market, so that we are able to respond and adapt to meet the current and future needs of our communities. The independent and third sectors play a key role in providing care and support for adults in their own homes, their local communities and in supported living or care home settings across our Partnership area.

We wish to adopt a collective and collaborative approach to commissioning that recognises the skills, strengths and assets of all our partners, including those who use health and social care services. A fundamental principle of health and social care integration is to focus on all of the

resources available, to achieve our vision. We know that there are pressures across the health and social care market and in the current financial context; difficult decisions will continue to be required. We want to work together to address these challenges so that we consistently deliver high quality services within the available resources.

We would like to take this opportunity to thank everyone who has given their time to attend events, respond to consultation questions and contribute to the production of this Market Position Statement. Please do provide us with feedback to inform the further development of this work.

Shiona Strachan
Chief Officer,
Clackmannanshire and
Stirling Health and
Social Care Partnership



1. What is the Purpose of the Market Position Statement?

The Market Position Statement is primarily designed for existing and potential providers of adult health and social care services. We consider that it will also be of interest to local voluntary and community organisations, local businesses and other stakeholders including those who use health and social care services and their unpaid carers.



The purpose of the Market Position Statement is to help providers of health and social care services plan for future service delivery. The Market Position Statement sets out key pressures, summarises current supply and expected demand and provides key messages about future priorities. The Market Position Statement also sets out how the Partnership will work with providers to deliver high quality, person-centred and cost effective services and supports.

The Market Position Statement is part of a suite of documents and should be read in conjunction with Clackmannanshire and Stirling Health and Social Care Partnership's Strategic Plan, Strategic Needs Assessment and Locality Plans. The document outlines the context of the health and social care market across the Partnership area and then sets out some of the key messages for all those involved or with an interest in delivering health and social care services, community groups and organisations across the Partnership area.

The Market Position Statement is intended to provide guidance and a starting point for discussion. Some of the detailed plans for delivering and redesigning integrated services are still under development. In recognition of this, all current or potential providers are requested to consult with commissioners before developing plans for new services or initiating significant changes to current services and supports across the Partnership area.

Links to the wider suite of documents can be found at:

<http://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/>

2. Our Vision

Our vision is to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

We can only deliver this vision if we have a sustainable and diverse health and social care market that is equipped to deliver personalised, high quality services and supports across our local communities.

People are living longer, which is a good news story. As citizens and those responsible for planning and delivering services, we want health and social care services to offer high quality, consistent care that delivers the best possible outcomes. There are an increased number of people with complex needs and demand for services is growing faster than the finances available. New models of care are needed to support more people in community based settings and to address health inequalities and improve healthy life expectancy.

We will build on the work we have done already in partnership with providers and our local communities, to face the challenges ahead and seek out opportunities to make best use of all the resources available to us. We know that safe and sustainable health and social care services will only be delivered through whole systems change. Through the integration of health and social care services, we will design and deliver proactive, joined up services and supports that enable people to live as independently as possible within their communities.

We want to work with you to create a strong, diverse health and social care market that delivers outcomes-based services and is responsive to local needs. We will continue to engage with providers, those who use our services, their unpaid carers and the wider public to address the challenges we face and identify opportunities, building on the many strengths and assets across the Partnership area and in our neighbourhoods and localities.



3. Context

3.1 The Partnership Area

This map shows the area covered by the Clackmannanshire and Stirling Health and Social Care Partnership. The area is divided into three localities for locality planning purposes: Clackmannanshire, Rural Stirling and Stirling City with the Eastern Villages, Bridge of Allan and Dunblane. The localities reflect the diversity across the Partnership area. There is a mix of urban areas and more sparsely populated areas in rural Stirling.



-  Community Hospitals
-  Clackmannanshire Locality
-  Rural Stirling Locality
-  Stirling City with the Eastern Villages, Bridge of Allan and Dunblane Locality
-  Clackmannanshire & Stirling Health & Social Care Partnership Area

3.2 Services provided by the Clackmannanshire and Stirling Health and Social Care Partnership

NHS Forth Valley Services

Community based services

- ◆ District Nursing
- ◆ Services related to substance addiction or dependence
- ◆ Services provided by Allied Health Professionals in outpatient clinics or out of hospital
- ◆ Public dental service / Primary medical services (including out of hours) / General dental, Ophthalmic and Pharmaceutical services
- ◆ Services provided out-with a hospital in relation to geriatric medicine and palliative care
- ◆ Community Mental Health and Learning Disability services
- ◆ Continence and kidney dialysis services provided out-with hospitals
- ◆ Services that promote public health

Clackmannanshire Council & Stirling Council Services

- ◆ Social work services for adults and older people
- ◆ Services and support for adults with physical disabilities and learning disabilities
- ◆ Mental health services
- ◆ Drug and alcohol services
- ◆ Adult protection and domestic abuse
- ◆ Carers support services
- ◆ Community care assessment teams
- ◆ Support services
- ◆ Care home services
- ◆ Adult placement services
- ◆ Health improvement services
- ◆ Aspects of housing support, and provision of assistance including aids and adaptations, and gardening assistance
- ◆ Day services
- ◆ Local area co-ordination
- ◆ Respite provision
- ◆ Occupational therapy services
- ◆ Reablement services, equipment and telecare

These services cover all adult social care, adult primary and community health care services. There are other, hospital based, services that are included for planning purposes. This will ensure that we are planning for the whole pathway of care for individuals. These services are listed below:

- ◆ Accident and Emergency
- ◆ Inpatient hospital services relating to (General Medicine / Geriatric Medicine / Rehab Medicine / Respiratory / Psychiatry of Learning Disability)
- ◆ Palliative care services
- ◆ Inpatient hospital services provided by General Medical Practitioners
- ◆ Hospital based Mental Health and Addiction services

The Clackmannanshire Health and Social Care Partnership works closely with acute health services and the full range of Community Planning Partners to plan and deliver services.

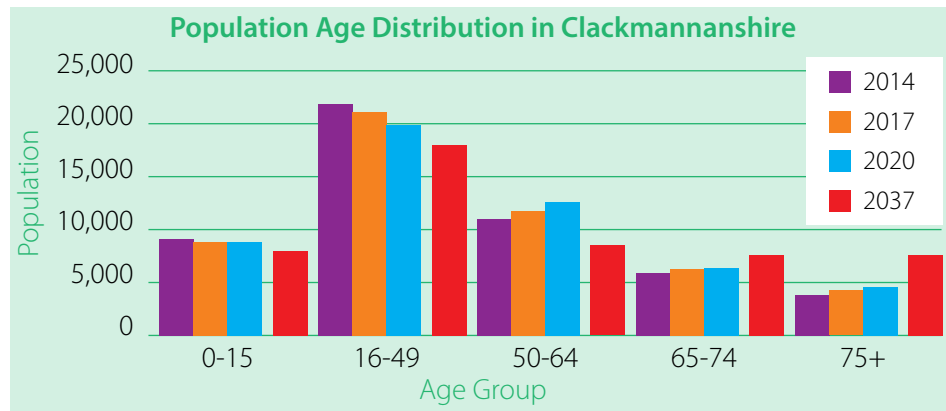
3.3 Demographic information

This section sets out some of the key characteristics of the current population across the Partnership, some data about the changes we expect to see over the coming years and indications about the scale and nature of demand for adult health and social care services.

Ageing Population:

Demographic changes and societal changes have a significant impact on the demand for health and social care services. Audit Scotland states that overall demand for health and social care will depend significantly on the number of older people and the percentage who require care. Although life expectancy continues to increase, healthy life expectancy (HLE), that is the number of years people can expect to live in good health, has not changed significantly since 2008. This means that a larger number of older people may require support for longer, unless HLE increases. Around 143,000 people currently live in the Clackmannanshire and Stirling Partnership. This is only expected to increase slightly by 2020. However, the number of people aged 75 and over is expected to grow by 10% between 2017 and 2020. At the same time there is expected to be a slight decrease in the working age population. The overall impact of the growing older population is likely to be an increased demand for services from people with multiple and complex needs.

Table 1



Source: National Records of Scotland (NRS) Population Projections

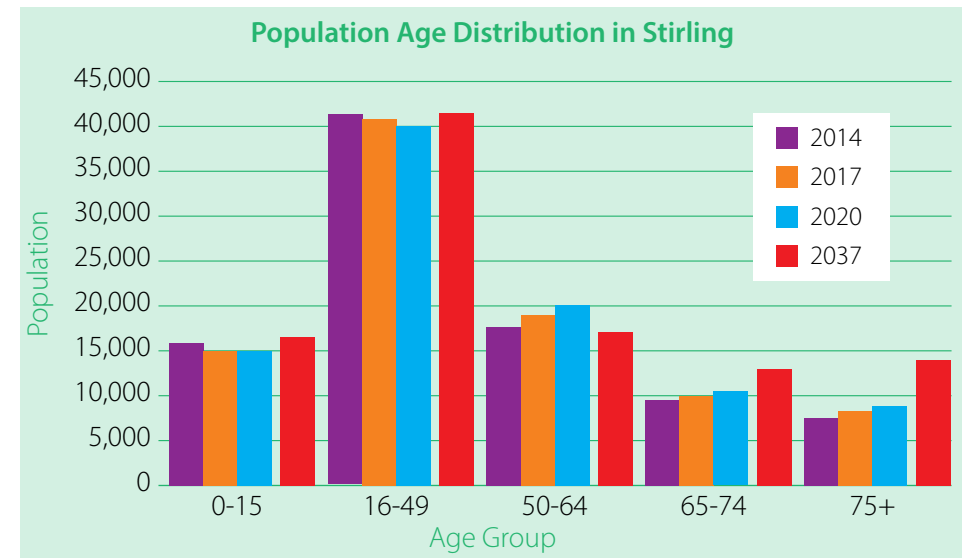
The growth in the number of older people to date has been driven by the ageing of current residents rather than by inward movement.

Between 2012 and 2017, both areas rose well above the national average for those in the 75-84 age group. Predicted population increases in the next 10 years will see a rise for those aged 75 and over in Clackmannanshire, whilst Stirling is predicted to rise for those aged 85 and over.

The increase in life expectancy is not matched by an increase in healthy life expectancy. This is particularly marked in some communities, where health inequalities are most evident and healthy life expectancy is lower than across the rest of the Partnership. The smaller working age population is also set to make recruitment within the health and social care sector more challenging.

"The prevalence of health conditions increases with age. While having a long-term health condition does not necessarily impact upon people's quality of life, the more conditions someone has the more likely they are to need joined up health and social care"

<http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf>



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The current population of older people is not evenly distributed across Clackmannanshire and Stirling Partnership. Approximately 18% of the current population is over 65 across the whole Partnership area, and the projected increase in the number of people aged 65 and over is set to be most marked across the whole Clackmannanshire locality. However, there are particular concentrations of the over 65 population in the communities of Dollar in Clackmannanshire (22%), and in Drymen (26%), Callander (25%), Strathblane (25%), Killin (24%), Buchlyvie (23%), and Killearn (22%) in rural Stirling and in Bridge of Allan (23%). Although these are relatively small population centres, these communities are likely to see the biggest proportionate increase in demand for health and social care services.

Demand for More Complex Care at Home

Clackmannanshire and Stirling have made good progress over the past decade in helping more people who need care remain in their own home rather than having to move into a care home. This has helped more people stay as independent as possible for as long as possible. As a result, the proportion of residents living at home with support in the Partnership is higher than the national average. In addition, a greater proportion of people living in Clackmannanshire and Stirling who get care at home receive intensive support of 10 or more hours per week compared to the Scottish average (Scottish Government Social Care Survey).

While this progress is very welcome, it does suggest that we are already making good use of the capacity of care at home services to meet demands from more people with increasing complex care needs.

The projected increases in the older population will compound the challenges that care at home services face. Therefore, it is vital that we work in partnership with providers and care users to look at alternative models of support. This includes the pilot of community based multi-disciplinary in rural west Stirling and the redesign of mental health services

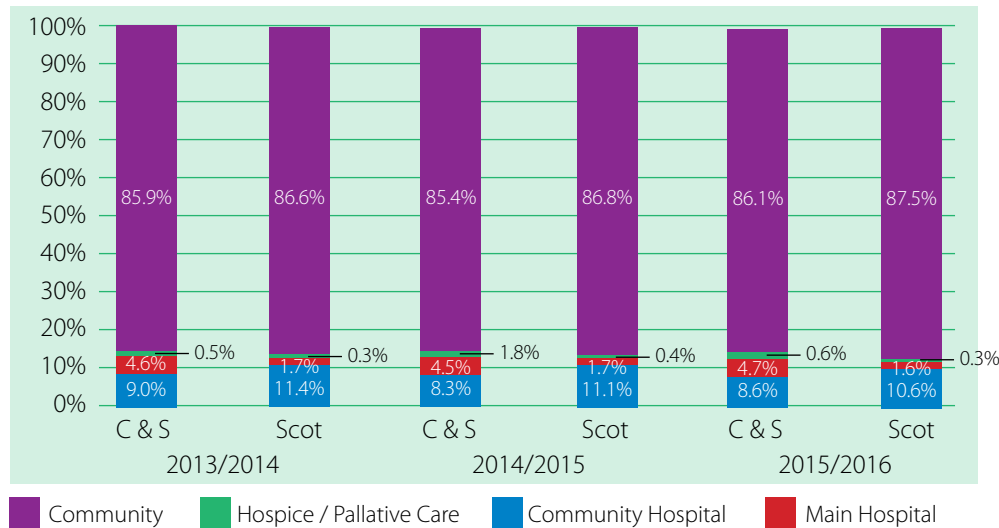
There is growing recognition that people with advanced age or terminal disease can experience multiple difficulties, symptoms and challenges. Palliative and end of life care are integral aspects of the care provided by health or social care professionals to people living with and dying from any advanced, progressive and incurable condition. NHS, social services and care home workers deliver care to people with advanced illness and to their families, using well developed palliative care approaches.

Table 2



Source: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare/SocialCareDatasets>

Table 3 Clackmannanshire & Stirling HSCP % last 6 month by setting

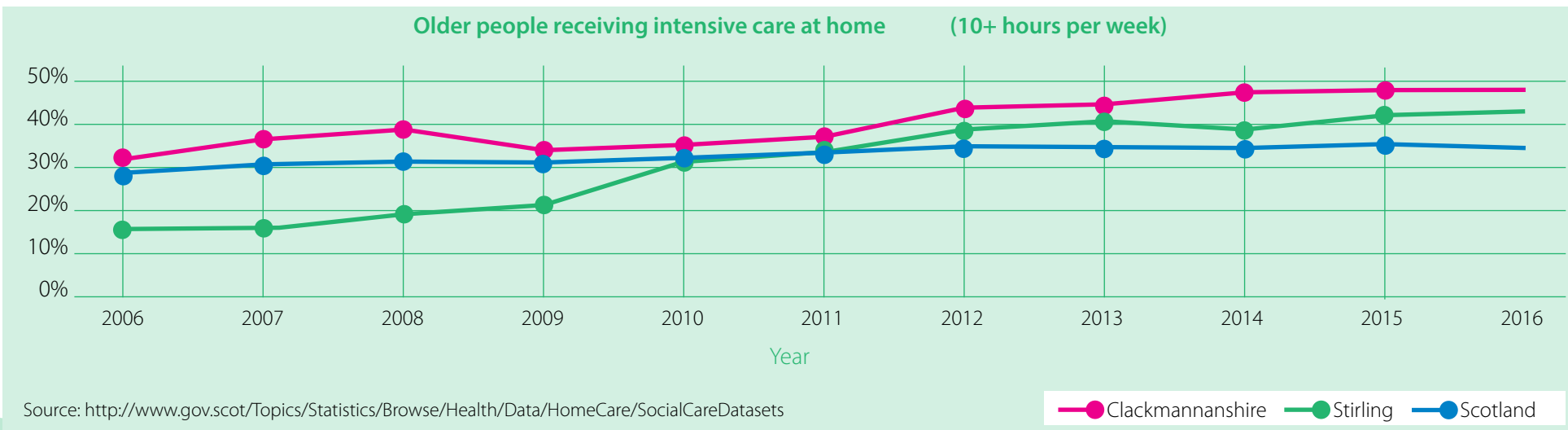


Source: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare/SocialCareDatasets>

Housing

The Clackmannanshire and Stirling Housing Contribution statements set out the key housing-related issues that must be addressed to meet the shared outcomes and strategic priorities. The Clackmannanshire Health and Social Care Partnership commissioned assessments of housing needs – specifically related to older people and to homelessness which set out key recommendations for planning housing services in line with health and social care needs of the population. The projected increase in the number of older people across the Clackmannanshire and Stirling Health and Social Care Partnership will impact on both the capacity and suitability of current local housing provision and the need for housing support services.

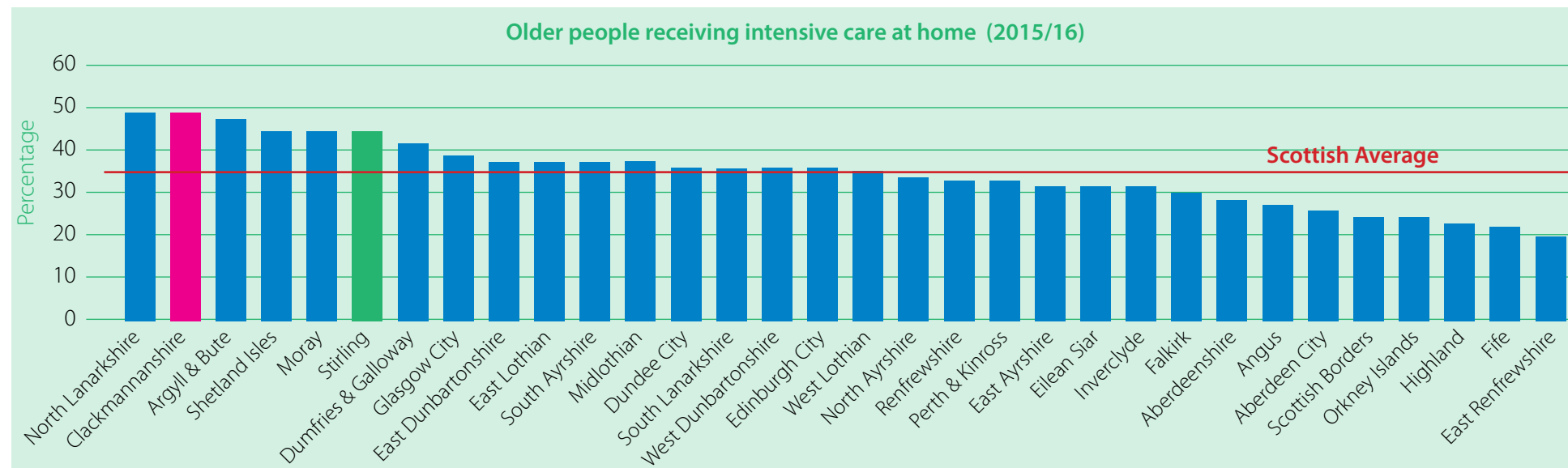
Table 4 This indicator measures the extent to which the Partnership is maintaining people with intensive needs in the community. Care at Home is one of the most important services available to support people at home. This indicator measures the flexibility in terms of the extent to which care is provided.



Source: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare/SocialCareDatasets>

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Table 5



Source: Local Government Benchmarking Framework <http://www.improvementservice.org.uk/benchmarking/tool.html>

Table 6

Percentage of People aged 18 and over with long-term care needs receiving personal care at home

Type of Care	2009		2010		2011		2012		2013		2014		2015		2016	
Personal Care at home	570	710	580	860	620	910	550	960	640	1,070	630	1,050	590	1,080	640	1,070
Long stay care home residents	290	600	280	590	270	550	260	530	270	520	270	540	250	510	270	510
Continuing care census / HBCCC	20	20	30	50	20	40	10	30	10	20	10	10	10	10	0	0
Percentage	64.6%	53.3%	65.5%	57.7%	68%	60.7%	67%	63.1%	69.8%	66.5%	69.9%	65.6%	69.8%	67.2%	69.9%	67.7%

Clackmannanshire

Stirling

Source: Scottish Government Quarterly Monitoring, Survey. Scottish Government Social Care Survey, ISD Continuing Care Census and Hospital Based Complex Clinical Care Census.

Life Expectancy:

There are significant variations in health outcomes across the Clackmannanshire and Stirling Partnership. Both male and female life expectancy is higher in Stirling than the Scottish average. In Clackmannanshire, female life expectancy at birth is below the Scottish average. In Clackmannanshire while both male and female life expectancy is comparable to Scotland both are expected to have a lower healthy life expectancy. There are significant variations in life expectancy within the Partnership area. This impacts on the complexity of health and social care needs in particular localities and communities and on demand for services.

Dementia:

As at March 2014 there were 424 individuals known to GP practices as having dementia in Clackmannanshire and 649 in Stirling. However, it is suspected that dementia is under diagnosed across Scotland and in the Partnership area. Alzheimer Scotland estimated that there were around 2,345 people living with dementia in the Partnership area

Table 7

Life expectancy at birth in Scotland (2013-15) by Council and NHS Board Area and comparisons with 2001-03

	2013-15		2012-14		12 yr change		1 year change		12 yr change	
	Years		Years		Years		percentage		percentage	
Scotland	81.1	77.1	81.1	77.1	2.3	3.6	0.1%	0%	2.9%	4.9%
Clackmannanshire	80.1	76.9	80.2	77.1	1.5	3.4	-0.1	-0.3%	1.9%	4.6%
Stirling	82	78.5	81.9	78.3	2.7	3.0	0.1%	0.3%	3.5%	4.0%

Females

Males

Source: NRS Scotland

The number of people with dementia is likely to have a significant impact on demand for health and social care services due to the complex nature of care required.

in 2015. They have estimated that this will increase by around 17% by 2020.

Learning Disability:

There were 780 individuals with a learning disability known to the Partnership in 2013-2014. (Social Care Information Systems) The local government returns are assessed as being the best available indicator of overall prevalence levels. The 2011 census records

Table 8

Estimated number of people in Clackmannanshire and Stirling with Dementia in 2015:

	Under 65	65+	Total
Clackmannanshire	32	725	757
Stirling	53	1,535	1,588
Clackmannanshire & Stirling HSCP	85	2,260	2,345

Source: Alzheimer Scotland

the total number of people living in the Partnership area and having a learning disability as 605.

The highest proportions of people with a learning disability for both genders are in the 35-49 age range. Whilst the number of working age adults with learning disabilities is likely to remain relatively static, as people with complex health and social care needs are supported and are continuing to live longer lives, we will see the number of older people with learning disabilities increase. It is estimated that approximately half of people with a learning disability now have a similar life expectancy to the general population.

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Autistic Spectrum Disorder:

The 2016 School Census shows that there are 149 children currently in mainstream secondary schools in Clackmannanshire and Stirling who are diagnosed with Autistic Spectrum Disorder. Approximately one quarter of these children receive additional support. It is likely that these children will require support from adult health and social care services. Further planning is underway to assess the level of demand.

Physical Disability

In the Clackmannanshire and Stirling Partnership, there were over 9,200 people recorded as having a Physical Disability in the 2011 Census.

Table 9

Number of people with a Physical Disability

Area	Physical Disability	% of Total Population
Clackmannanshire	3,717	7.2%
Stirling	5,535	6.1%
Clackmannanshire and Stirling	9,252	6.5%

Source: 2011 Census

The majority of people who have a physical disability in Clackmannanshire and Stirling are over the age of 50. Only 1% of the population aged 16-24 had a Physical Disability in 2011, compared to 35.4% for those aged 85 and over.

Mental Health

Mental health problems have been assessed as the largest single reason for disability across the United Kingdom, making up 23 % of the “burden of disease” (a measure of both premature mortality and reduced quality of life). People with long term conditions are two-three times more likely to experience mental health problems than the general population (The Kings Fund, 2012) It is estimated that approximately 20% of the adult population in the UK will experience a common mental health problem such as depression and anxiety in their life time (this would represent 28,500 people in the Partnership area). (The Kings Fund, 2012) A smaller proportion of people (estimated at between 3-4%) require to access secondary mental health services due to more complex needs.

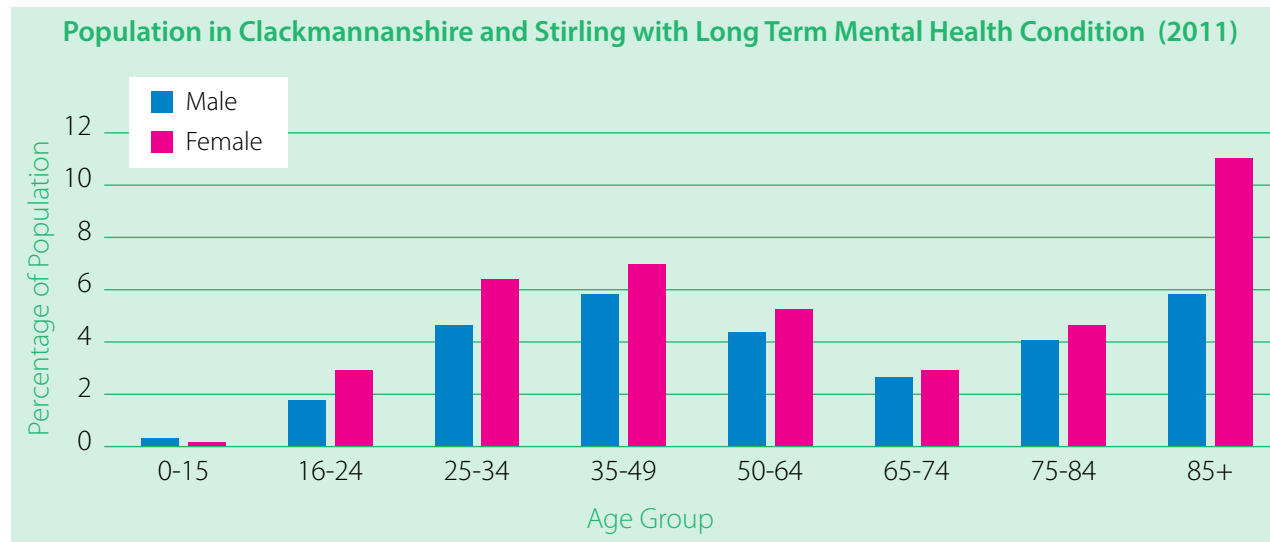
In the 2011 Census return 2,374 people in Clackmannanshire and 3,319 people in Stirling identified themselves as having a mental health condition. This is 5,693 people in total, 4% of the total population. The distribution of this group by age group and sex is shown in Table 10.

Reference: The King's Fund (2012) Long-term conditions and mental health: the cost of co-morbidities



Table 10

Percentage of population with long term mental health condition in Clackmannanshire & Stirling by age group and gender 2011



Unpaid Carers

It is assessed that there are between 13,000 (2011 census) and 23,000 (Scottish Health Survey in 2013) unpaid carers in the Clackmannanshire and Stirling Partnership area. Of these people only 4,000 are known to local services. As more people are supported within the community and the Carers (Scotland) Act 2016 is implemented there is likely to be increased demand for support for carers including advice and a wider range of support services.

There is recognition that additional financial resources are accessed, particularly by the third sector including local community groups, and used to provide services and supports that contribute significantly to health and wellbeing across the Partnership. The contribution of volunteers across the health and social care sector is also very significant across the Partnership area.

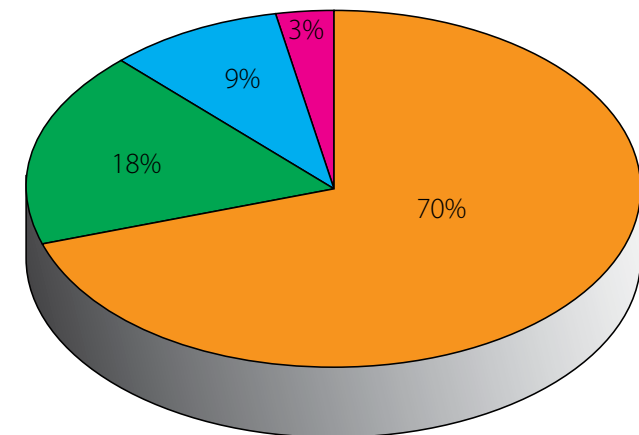
3.4 Financial Information - Historic and Current Investment

In 2015/16 the Clackmannanshire and Stirling Health and Social Care Partnership total budget was £165,265 million.

- ◆ Clackmannanshire Council £15.322 million
- ◆ NHS Forth Valley £115.912 million
- ◆ Stirling Council £29.524 million
- ◆ Partnership Funding £4.507 million
- ◆ Total Partnership Budget £165.265 million

Table 11

2015/16 Clackmannanshire and Stirling Partnership Funding Sources:



- ◆ Clackmannanshire Council
- ◆ NHS Forth Valley
- ◆ Stirling Council
- ◆ Partnership Funding

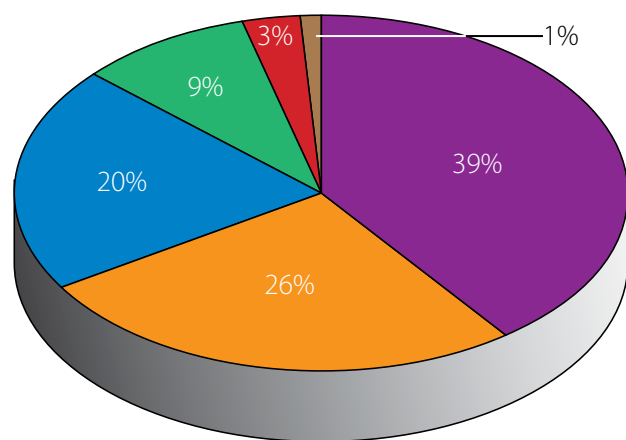
Market Position Statement

A summary of the 2015/16 spending by Local Authorities in the Clackmannanshire and Stirling Health and Social Care Partnership

The budget for adult social care services across the Partnership area has remained relatively static since 2008. Approximately half of the budget has been consistently used to provide services to older people, who also form the largest client grouping.

Table 12

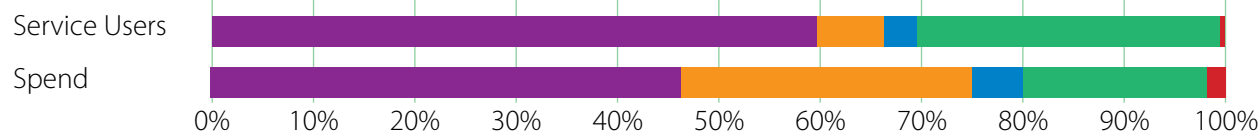
Proportion of Spend on Social Care for older people (2015/16)



Residential Care	£9.6m (39%)	for 666 people
Care at Home (9.8 hours p/w)	£6.5m (26%)	for 1,739 people
Intensive / Nursing (Residential)	£4.9m (20%)	for 248 people
Respite Care	£2.1m (9%)	for 348 people
Other Services	£0.8m (3%)	for 425 people
Equipment / MECS / Adaptations	£0.25m (1%)	for 799 people

Table 13

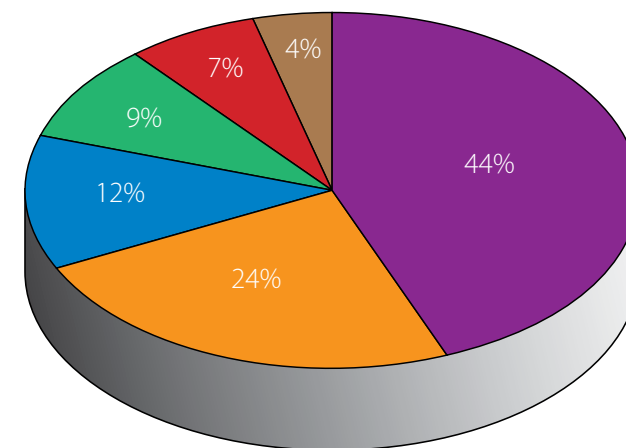
Current Social Care Expenditure in Clackmannanshire and Stirling Health & Social Care Partnership:



Older People	£24.6m (48%)	Services for 3,110 people
Learning Disability	£14.2m (28%)	Service for 473 people with LD
Mental Health	£2.6m (5%)	Services for 256 people
Physical Disability	£9.3m (18%)	Services for 2,286 people
Other	£0.8m (2%)	Services for 33 people

Table 14

Proportion of Spend on Social Care Services for people with physical disabilities (2015/16)

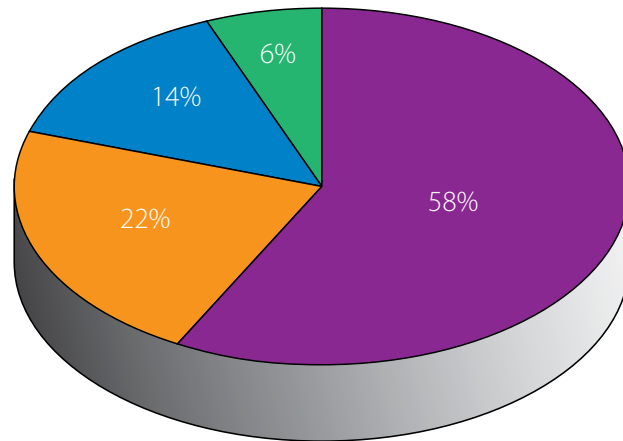


Care at Home (10.7 hours p/w)	£4.1m (44%)	for 782 people
Intensive / Nursing (Residential)	£2.2m (24%)	for 105 people
Residential Care	£1.1m (12%)	for 34 people
Other Services	£0.8m (9%)	for 152 people
Equipment / MECS / Adaptations	£0.7m (7%)	for 1,928 people
Respite Care	£0.4m (4%)	for 105 people

Approximately half (£24.6 million) of the adult social care spending in Clackmannanshire and Stirling was on older people in 2015/16. The main areas of expenditure were residential care (39%) and care at home (26%).

Table 15

Proportion of Spend on Social Care Services for People with Mental Health 2015/16



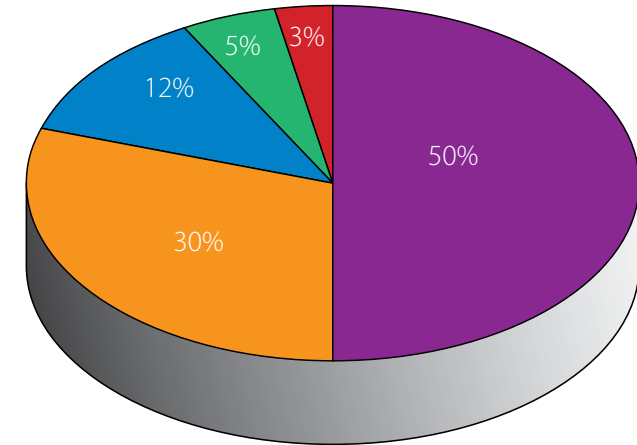
Residential Care	£1.5m (58%)	for 48 people
Care at Home (6.4 hours p/w)	£0.6m (22%)	for 153 people
Intensive / Nursing (Residential)	£0.36m (14%)	for 12 people
Direct Payments	£0.17m (6%)	for 105 people

Around 28% (£14.2 million) of the adult social care spending in Clackmannanshire and Stirling was to provide care and support to people with learning disabilities with a further 18% (£9.3 million) spent of services for people with physical disabilities in 2015/16.



Table 16

Proportion of Spend on Social Care Services for People with Learning Disabilities 2015/16



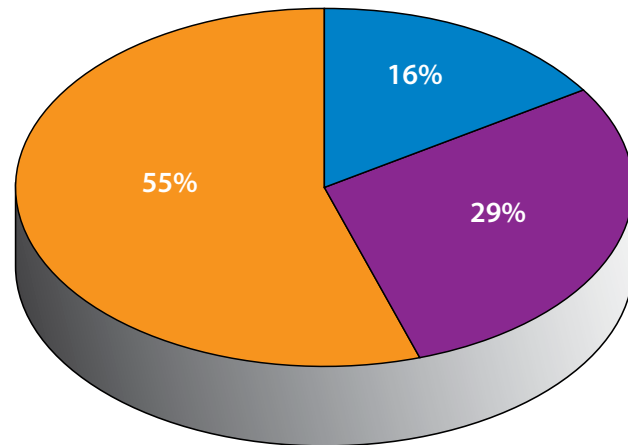
Care at Home (31.9 hours p/w)	£7.1m (50%)	for 291 people
Residential Care	£4.3m (30%)	for 67 people
Day Care	£1.7m (12%)	for 185 people
Other Services	£0.65m (5%)	for 169 people
Intensive / Nursing (Residential)	£0.5m (3%)	for 8 people

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A summary of the 2015/16 spending by NHS Forth Valley in the Clackmannanshire and Stirling Health and Social Care Partnership area

Table 17

Initial NHS Budget

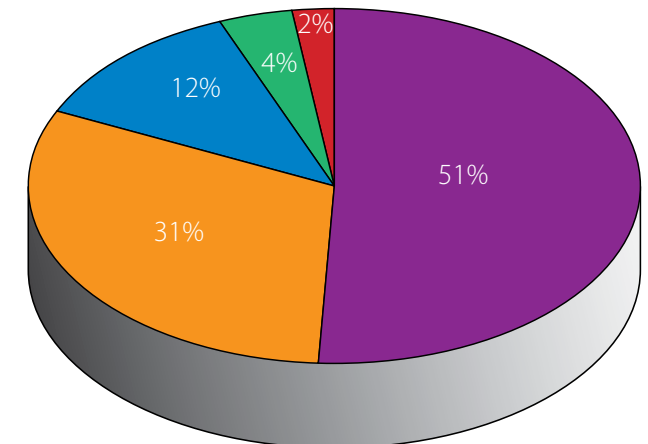


Operational Budget	£33.324m (29%)
Family health services including Primary Care prescribing and GP out of hours	£63.465m (55%)
Set Aside Budget for large Hospital Services	£19.123m (16%)
Total Initial NHS Budget	£115.912m

Table 18

Family Health Services including prescribing and GP OOHs Spending.

Clackmannanshire and Stirling IJB for NHS Forth Valley 2015/16 £m



Community Pharmaceutical Ser.	£32m (51%)
Primary Medical Services +	£20m (31%)
Primary Dental Services *	£7.6m (12%)
Community Ophthalmic Services	£2.5m (4%)
GP Out Of Hours Services	£1.2m (2%)

* GDS Contract
+ GMS Contract

This included over £32 million on Community Pharmaceutical Services, over £20 million in primary medical services and over £7.6 million on primary dental services. The Partnership also invest almost £3 million in community mental health services and almost £4 million in the district nursing services

4. Key Messages

4.1 What The Partnership will do

The Scottish Government National Health and Social Care Delivery Plan sets out three main areas on how we will take this forward through; better care, better health and better value.

The delivery plan also sets out the programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- ◆ is integrated;
- ◆ focuses on prevention, anticipation and supported self-management;
- ◆ will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- ◆ focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ◆ ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

In the Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan, we identified the following priority areas for action. These priorities areas have informed our Locality Plans and guided the content of the Market Position Statement. Our priorities are focused on promoting the development of service practices and interventions that are outcomes focused, delay and prevent long-term or future care needs, and to support people to live as independently as possible for as long as possible:

- ◆ Further develop systems to enable front line staff to access and share information across professions and organisations. This will enable people receiving services, named care coordinators, and other relevant staff to minimise the time spent duplicating assessment and maximise opportunities to create 'seamless' personal outcomes focused care.
- ◆ Support more co-location of staff from across professions and organisations to enable working in an integrated way where this facilitates the best quality of care, support, and enablement/independence to be achieved.

- ◆ Develop single care pathways which recognise that there are many more conditions than services available. While one size doesn't fit all there are benefits to be had from providing consistent and predictable processes.
- ◆ Further develop anticipatory and planned care services for people with multiple long term conditions. This will include people with dementia and will be tailored to meet people's preferred personal outcomes and maximises their ability to be actively involved in managing their own conditions.
- ◆ Provide more single points of entry to services where named care coordinators help people receive more holistic services.
- ◆ Deliver the Stirling Care Village to realise many of the expected benefits of greater levels of Health & Social Care Integration.
- ◆ Develop seven-day access to appropriate services to maximise quality of care; the potential for rehabilitation and recovery; and flow through acute and community services.

People should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care" (Scottish Government, 2016, National Health and Social Care Delivery Plan). We will work together to free up capacity in hospitals and acute care to advance specialist provision and better-quality acute provision, while reducing delays in discharge from hospital and supporting people to be cared for in their own communities whenever possible.

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- ◆ Take further steps to reduce the number of unplanned admissions to hospital and acute services by supporting more prevention, early intervention (including Technology Enabled Care), and community based services. This includes medical and social forms of prevention that could impact on future health such as providing information about local groups and activities that can help people stay socially connected and physically active along with more 'Keep Well' style health screening and support.

Working in partnership is fundamental to achieving progress in each of our priority areas. We will work with communities and those who use or may need to use our services in the future and service providers to ensure that the models of care we deliver are sustainable and fit with the priorities of the Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan. These priorities will be aligned to the Local Delivery Plan for NHS Forth Valley Health Board.

Our intention is to develop more collaborative approaches to strategic commissioning. There will be opportunities for the independent and third sector to be more involved in developing new service models as we take this work forward. This requires all of the sectors to understand and own the challenges we face as a partnership, and to be fully engaged in identifying opportunities and developing and agreeing solutions. This will also require a fuller understanding of the resources across all sectors and the contributions that each sector brings. This will include developing innovative approaches and sharing expertise, resources, assets and training opportunities.

We have recognised the need for more supported accommodation across the Partnership. This is needed to meet the needs of people who are currently supported in other Partnership areas or are children who will need support from adult care services over the next few years. We want to work in partnership with providers, carers and care users to help us deliver supported accommodation options.

We will also pursue opportunities to work in partnership with other public sector partners and business partners to support innovation and growth. Significantly, this will include joint work by Stirling and Clackmannanshire Councils on the City Deal Bid, which is focused on securing sustainable and inclusive growth in the local economy, tackling inequalities across the region and an improved travel network. This will incorporate a specific focus on health and well being.

4.2 Messages for the Health and Social Care Market

- ◆ Demand for health and social care services will increase but will not be matched by an increase in public spending
- ◆ People being supported in the community will have more complex needs and will be living for longer
- ◆ Demand for community based services will increase, in part due to the increased number of older people, and this will increase the proportion of care and support provided at home or in community settings
- ◆ People with the highest level of needs will continue to be prioritised for access to formal services. This means that some needs will require to be met in different ways e.g. through

maximising use of community based resources. This may provide more opportunities to commission more flexible services that deliver best value and make greater use of volunteers, peer support models and third sector services

- ◆ The development and implementation of locality planning will help to tailor services to meet local needs and variations and address health inequalities
- ◆ Self-directed support requires services to be more personalised and a shift from commissioning on the basis of "time and task" to commissioning support to meet outcomes.
- ◆ As the numbers of people with personal budgets and Direct Payments increases, it will become increasingly important for providers to develop and market their services to be attractive to people purchasing their own care and support
- ◆ All providers of health and social care services should identify and embed opportunities to promote prevention, self care and self management across all service user groups. This includes ensuring that staff members have the knowledge and skills to deliver services in a way that supports people to be as independent as possible, for example through the use of technological solutions
- ◆ People with health and social care needs are likely to receive support in a range of different settings during their lifetimes. Provider organisations need to deliver a flexible; outcomes focused response and be open to developing new models of service delivery.

4.3 Opportunities to shape and develop services

This section focuses primarily on the core adult social care services that are currently delivered across the Clackmannanshire and Stirling Health and Social Care Partnership. These service models will be developed within a whole systems approach, with recognition of the critical role of the third sector and community organisations in promoting health and wellbeing and in delivering early intervention and prevention that delays the need for formal health and social care services.

The Partnership will continue to prioritise shifting investment from institutional to community based services and supports. This will include increasing spending on primary care services.

Reducing the number of unplanned admissions and the number of occupied bed days for unscheduled care, supporting people to return home from institutional settings wherever possible, are central to achieving this. We will also be working to increase the number of people who receive end of life care in the community.



Prevention, self-management and self care are core priorities for the Partnership. We expect all providers to embed these approaches into core service delivery. This will include, wherever possible, supporting people to make best use of their local community resources as an alternative to formal service provision. We anticipate that there will be an enhanced role for the third sector in working more closely with formal services to deliver proactive care in line with new care pathways

How We Deliver Services

The Partnership will provide and commission services to meet people's needs in a way that gives individuals greater choice and control about how their care and support is designed delivered and provided. The Social Care (Self-directed Support) (Scotland) Act 2013 introduced four options for people assessed as eligible for social care services or support:

1. the local authority makes a direct payment to the supported person in order that the person can then use that payment to arrange their support
2. the supported person chooses their support and the local authority makes arrangements for the support on behalf of the supported person
3. the local authority selects the appropriate support and makes arrangements for its provision by the local authority
4. a mix of options 1, 2 and 3 for specific aspects of a person's support

Self-directed support requires a shift to commissioning for outcomes. The 2013 Act also requires local authorities to facilitate choice for individuals. This includes supporting diversity across the social care market and accommodating a probable increase in the demand for personal assistants and for commissioning with smaller or specialist providers. In the Clackmannanshire and Stirling Health and Social Care Partnership, the use of block contracts with providers to deliver specified units of services has significantly reduced. We continue to change and adapt our approach to commissioning to facilitate more outcomes based and person-centred care and promote choice. This will underpin our approach to service redesign across the Partnership.

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Care at Home

We recognise that this has been an area of significant expansion with independent care at home providers increasing their share of the market in recent years across the Clackmannanshire and Stirling Health and Social Care Partnership. This shift is particularly evident in the Stirling Council area of the Partnership. This has primarily been due to internal care at home services focusing on the delivery of reablement. We also recognise that care at home providers are increasingly working with people in their own homes with a wide range of complex care needs, including at the end of their lives.

There have been difficulties in meeting demand for care at home services across the Partnership, particularly, but not exclusively in more rural communities of Stirling. Independent care at home providers for older people and people with physical disabilities have identified that there are significant challenges recruiting and retaining care staff.

Opportunities to shape services: The current framework for care at home for older people and people with physical disabilities is due to end 31 March 2018; however, this can be extended until 31 March 2020. We will work with current and potential care at home providers to establish the capacity of the care at home market to meet different approaches to service delivery

We wish to move to a position where all care at home delivery is focused on enabling individuals and maximising their independence. One example of this is the provision of quick response services by the independent sector. We have commissioned a quick response care at home services to facilitate swift discharge from hospital and avoid hospital admission in the Clackmannanshire and Stirling Health and Social Care Partnership area. We wish to build on this to embed the reablement approach across all care at home services.



Reablement is designed to maximise the potential for self care, improve the quality of life for individuals and reduce demand on formal services. Reablement is often described as “helping people to do for themselves rather than doing it to or for them”.

We will be working in partnership with independent and third sector providers to extend and build on our existing approach to reablement across service user groups and extend the role of our commissioned services in delivering reablement type services. This will include ensuring the use of technology is considered for all those using care at home services. This will provide development opportunities for care at home providers and their staff.

Neighbourhood Based Models of Care

In the west rural area of Stirling, we are currently piloting a model of neighbourhood care to improve continuity of care in the partnership with the local communities. The model puts the person at the centre of a flexible range of support services. The pilot involves a review of all current resources across the statutory, independent and third sectors in the locality and the introduction of joint, multi-disciplinary teams. If the pilot is successful we would look to extend this model across other localities.

As part of this development, we wish to work with care at home providers to improve access to services that are responsive and flexible to meet demand, particularly in our rural communities. We also wish to work with providers to maximise

joint working to improve response times and potentially reduce costs or achieve efficiencies e.g. reduce travel costs and maximise the efficiency of scheduling. This may include developing approaches such as “zoning” care delivery based on local neighbourhoods. We would wish to work with providers to develop a more flexible approach to allocations which works for all and supports sustainable recruitment of care at home staff in local communities. We would also encourage and promote the full use of technology across all business areas, for example, to secure efficiencies in scheduling and reduction in back office costs.

Palliative and End of Life Care

The Scottish Government National Health and Social Care Delivery Plan (2016) establishes the provision of end of life care in community settings as a core improvement objective for Health and Social Care Partnerships. The Delivery plan makes a commitment that everyone who needs palliative care will have access to it. There is a commitment to doubling palliative and end of life provision in the community. We will work with specialist services including hospices, patient support organisations as well as care at home and care home providers and other third sector and faith based organisations to extend the range of provision and deliver personalised, outcome based care. This will build on work that has already taken place in the Forth Valley area to understand local need.

Evidence tells us that investment in community-based palliative care services can significantly improve the experience of those who require these services. By reducing the number of people who are admitted to hospital and the length of hospital admissions, this is also likely to be cost-effective. We wish to work across the partnership to improve how and when we identify palliative care needs and to build on what we do well already to enhance the coordination of holistic care that will support people to remain wherever possible in their preferred environment.

This table sets out the percentage of time spent in community settings in the last six months of life for the Partnership (published by ISD, August 2016). A community setting may include those living at home with support or in a homely setting such as a Care Home.

Area of Residence	2013/14	2014/15	2015/16
Clackmannanshire	86.9%	86.1%	86.0%
Stirling	84.3%	86.6%	86.0%

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This figure is calculated by measuring the amount of time spent in a hospital setting during the last months of life and from this estimating the time spent at home or in a community setting. This measure is designed to reflect both quality and value with the objective that increasing the amount of time spent in community settings will support the delivery of more effective, person centred end of life care with people being better able to be cared for at home or closer to home resulting in less time spent in acute hospital settings.

A large percentage of residents within the Partnership receive palliative care within the community. The Partnership figures for the percentage of the last six months have not changed significantly over the last three years and are in line with the Scottish average. There is some variation across Scotland in the time spent in community settings, with those living in rural areas spending a higher amount of time in community settings. It should be noted that in relation to palliative hospital care, the Partnership has traditionally used local community hospitals more than Forth Valley Royal Hospital (which is located outside the Partnership area). The development of the Stirling Care Village will change this type of hospital based support in the future to a more community based model. Supporting the delivery of more effective, person centred end of life care for residents of the Partnership.

Development Opportunity: The current framework for care at home for older people and people with physical disabilities is due to end on 31 March 2018, however, contracts can be extended to March 2020. The Health and Social Care Partnership is currently evaluating options for the future delivery of care at home services for older people and people with physical disabilities. We will use this to work to establish a sustainable model to meet the level and complexity of future care needs. We also plan to review the provision of care services to those who have the most complex care needs. This may present opportunities for providers to diversify and specialise care at home provision.

Scotland Excel are scoping a potential national care at home contract that could be used by the Partnership. Providers are encouraged to register for alerts from Public Contract Scotland to avoid missing a potential development opportunity.

Care Homes

Similar to national trends, there has been a reduction in the rate and length of admissions to long term care placements across the Health and Social Care Partnership. This is in line with the national policy direction and with our ambition to support people as far as possible to remain in their own homes and local communities.

The 2016 Care Home Census reported that there were 11 Care Homes in Clackmannanshire and 24 in Stirling with 383 and 682 registered places respectively. The total number of residents in these care homes at the time of the census was 361 in



Clackmannanshire (94% occupancy) and 607 in Stirling (89% occupancy). The majority of people were long stay residents in both Clackmannanshire (96.9%) and Stirling (85%).

The census reports on all people resident in the care home at the time of the census. The number of people placed in these care homes by each council during the same period however was much lower, 236 in Clackmannanshire and 359 in Stirling. The difference between these figures and the number of residents at the time of the census reflects that number of people who were not placed in care homes by the local authority.

Of the 11 care homes in Clackmannanshire, six are for people over the age of 65, four are for people with physical or learning disabilities and two are specifically for people with a mental health illness. Five of the care homes for older people provide nursing care whilst the other two provide residential or intermediate care. All other homes in the area provide residential care only.

In Stirling, 15 of the 24 care homes are specifically for older people, of which eight provide nursing care, three provide intermediate care and the remainder provide residential care. In addition there are four residential care homes that provide support to people with a mental health illness and a further four homes that provide residential care to people with disabilities. One of these is a national resource for people with Prader-Willi syndrome and thus not specific to the area and a further two are not currently used by Stirling Council.

There are a number of large group providers operating across the Clackmannanshire and Stirling Health and Social Care Partnership as well as a number of single home providers. Provision is across the statutory, third and independent sectors.

In line with national policy and practice, there has been a shift in the patterns of use of long term care placements and a trend for people to be admitted to residential or nursing home care at an older age. The Care Home Census reports that Clackmannanshire and Stirling now have amongst the lowest rates of provision of care home places of all local authority areas in Scotland. In March 2015 there were 614 'long stay' care home residents aged 65+ in the HSCP area and the median age of older people on admission was 84 years, up from 80 years and 82 years in Clackmannanshire and Stirling respectively in 2006. Care homes are increasingly accommodating older people with more complex needs closer to the end of their lives.

The Health and Social Care Partnership has seen a reduction in the proportion of long stay beds across residential and nursing home settings. This has largely been the result of a move to decreasing the number of long term beds in local authority residential care homes with a corresponding increase in the number of short stay beds.

There are an increasing range of alternatives to care homes, and the partnership are not planning for an expansion in the overall number of care home beds across the Clackmannanshire and Stirling Partnership area. Nevertheless, residential and nursing home provision remains a very important component of the overall health and social care market. Across the Partnership, almost 2,200 people accessed care and support in residential settings (including short term care, nursing care and residential care settings and out of area placements) in 2015/16 (Social Care Information Systems). Having access to good quality provision across the residential and nursing home sector will continue to be required to meet the increasingly complex needs of people who are living for longer with a range of long term conditions and the needs of their unpaid carers for high quality respite care.

Work is ongoing at a national level to reform the National Care Home Contract. Reform of the National Care Home Contract is intended to maintain the sustainability of the residential care market while promoting greater local flexibility, innovation and ensuring that the quality of services is improved and maintained, while remaining affordable. The Health and Social Care Partnership will continue to work with the local providers of care home services to ensure that services are responsive to local need.



Opportunity to shape services: We recognise that increasingly people who are admitted to long term care have a higher level of health and social care needs. As a partnership, we wish to work with independent care home providers to ensure that all providers are equipped to develop more flexible models of care, which are responsive to individual needs, are designed wherever possible to avoid people being admitted to hospital, where their health deteriorates. We recognise that this may require the development of different models within care homes. This may include developing the role of care homes as hubs for day care, meal delivery, medication prompts or respite care provision for unpaid carers.

This will also include building on the current expertise across the sector in caring for people at the end of their lives. We will also look for ways to work with the sector to strengthen the skills and confidence across the workforce and further reduce the number of people admitted to hospital from care homes at the end of their lives.

We will work with you to support the better use of assistive technology within residential and care home settings. We would also wish to see a strengthened focus on reablement as a key feature of residential and supported living services for adults with a mental health illness and learning difficulties, with providers increasingly identifying service users who may be able to be supported in alternative settings.

Housing with Care Models

Housing is integral to the delivery of health and social care services. Where a person lives has a significant impact on their health and wellbeing and on their ability to continue to live in homely settings in their own communities. As people's needs change, it is important that wherever possible the accommodation is flexible enough to respond to these changes. We want to ensure that people are able to access the right type of accommodation with the right support. We have increased our understanding of our housing needs across the Partnership and we have identified the need for a wider diversification in housing models to support the need of the changing population.

Opportunity to shape services: We will build on this review to ensure we improve our understanding of the links between housing with care models and care home models to put in place the appropriate range of solutions across the Partnership area in line with local needs. This will involve close working between the Health and Social Care Partnership and housing providers across the Partnership in the statutory and independent sectors and organisations delivering care at home or housing support services.

Unpaid Carers:

We want to make sure that more individuals, their unpaid carers and families are enabled to manage their own health, care and wellbeing. Supporting unpaid carers to continue to support the person that they care for, wherever this is possible, is a key priority for the Partnership. We recognise the key role that the third sector and other community

based services play in enabling unpaid carers to access informal supports and to have respite from their caring responsibilities. Organisations providing carers support have a core role in providing direct support to unpaid carers in local communities.

We are planning for the implementation of the Carers (Scotland) Act 2016 in 2018. We will work together with unpaid carers' support organisations and unpaid carers, to plan the implementation of the legislation. The services and supports requested by unpaid carers may change and develop with the introduction of this legislation and carers' support plans. There is likely to be an increase in unpaid carers accessing individual budgets. This presents an opportunity to develop innovative services that are specifically designed to meet carers' needs.

Opportunity to shape services: We will review service models to support unpaid carers and extend the range of supported options. This may include further developing initiatives such as Shared Lives and Short Breaks.

Day Opportunities:

Across the Partnership and across all service user groups, we are reviewing our approach to delivering day care services and supports. Over the last five years we have seen a change in the pattern of use of day care across the Partnership. Fewer people are accessing building based day care services. However, we recognise the key role that day care and day supports have in supporting unpaid carers to continue with their caring roles.

Opportunity to shape services: We know that there is a need for flexible and responsive day support services and we are working with independent and third sector providers and local businesses to develop locally based responses. This may include providers working with a number of individuals who have personal budgets to make use of a combined budget to plan new ways to meet their outcomes and deliver services available 7 days per week where appropriate.

Mobile Emergency Care Services (MECS)

As of March 2017 the number of service users accessing MECS for Clackmannanshire is 1587 and Stirling is 2280.

Stirling Care Village

The Care Village will bring together a wide range of health and social care services together in one location. Services will be delivered in a modern, purpose-built 'care hub' with more than 100 short-stay care beds.

Construction work on the new Stirling Care Village started in early 2017. The majority of new facilities are expected to be operational by Autumn 2018 and overall completion is scheduled for Autumn 2019.



Equipment and Technology Based Care:

Over 2,800 people received some kind of equipment, adaptation or technological enabled care in 2015/16.

Opportunity to shape services: We are currently reviewing the ways in which we provide equipment across the Health and Social Care Partnership and exploring alternative options.

We are interested in working with providers to build on our use of new technologies to support independent living and promote self management across health and social care services. We will be looking at how we can best engage younger people who will need support of adult health and social care services in using technology to promote self care.

The Partnership has accessed £162,000 from Technology Enabled Care Funds for 2016-18. The funding will concentrate on promoting a net increase in users of telecare by 15% across the Partnership area, amounting to an additional 500 users over the 2 year period of the project. There will be a focus on preventative measures which avoid unnecessary admissions to acute hospital settings, along with innovations to expand the use and application of telecare in communities. We would want providers to identify where technology may help us to make better use of our resources and support individuals to achieve their outcomes.

This funding will be used to support and introduce:

- ◆ Increased training and awareness raising across all health and social care staff groups and for local communities;
- ◆ Expansion of telecare through purchase of additional equipment including smoke and heat detectors, falls monitors and bed exit sensors;
- ◆ Improved assessment pathways to include assessment within acute hospital settings to ensure appropriate telecare is identified with someone in planning their discharge;
- ◆ Development of a self assessment tool which will help to direct individuals to manage their conditions, avoiding the need for additional services;
- ◆ Increased technological solutions to access specialist advice and support;
- ◆ Expansion of Partnerships with Police Scotland and the Scottish Fire and Rescue Service.

Independent Advocacy Services

In Forth Valley, independent advocacy for adults has been commissioned and funded jointly under a single contract by Clackmannanshire Council, Falkirk Council, Stirling Council and NHS Forth Valley was recommissioned in 2017. Under this arrangement, one advocacy organisation delivers services across all adult care services. The priority is the delivery of the statutory requirements to ensure the availability of independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act, Adult Support and Protection (Scotland) Act and Adults with Incapacity (Scotland) Act.

5. Delivery of Quality Services

5.1 Approaches to Quality

The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. We want to work with providers to encourage a culture of continuous improvement where we identify and roll out best practice. We also want to work with providers to clearly demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities.

This is underpinned by legislation and policy drivers, national and local strategies, professional codes and regulatory standards across health and social care services including the Public Bodies (Joint Working) (Scotland) Act 2014, the NHS Scotland Healthcare Quality Strategy, the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011; the Dementia Standards; and the Scottish Social Services Council's Codes of Practice for Social Service Workers and Employers. The Scottish Government have revised and published the National Health and Social Care Standards which are available here <http://www.gov.scot/Resource/0052/00520693.pdf>. The new standards will apply across health, social work and social care services."

Whatever the setting, we want to ensure that services are consistently of a high quality and tailored to meet individual needs. We will achieve this through our approach to performance and quality assurance, with a clear focus on self-evaluation and learning together and from what works elsewhere, to make continuous improvements. There will be opportunities moving forward to draw on the experiences gained in how we approach quality improvement in different services and from lessons learned from scrutiny and inspection activities delivered by the Care Inspectorate and Healthcare Improvement Scotland.

We want to work with individuals, families and providers to plan and deliver high quality services and supports that are flexible, person-centred and outcomes focussed.

Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce. (Scottish Government, 2016, National Health and Social Care Delivery Plan)

Other key national changes which will affect the way we all work, has been the introduction of Self Directed Support (SDS) which has a key part to play in the delivery of person centred outcomes for individuals. This change encourages individuals to become micro-commissioners by them deciding how to use their personal budget to support their needs and deliver outcomes.

We wish to develop a more proactive, partnership approach to securing high quality services, where we recognise the challenges across all sectors and provide targeted guidance and support.



To support this way of working, we will:

- ◆ Include local people wherever possible in designing services which will be for them
- ◆ Work with a range of different providers
- ◆ Use provider forums to share best practice and meet shared challenges
- ◆ Develop good working relationships with local care providers to enable the design and delivery of quality services to meet the care and support needs and outcomes that local people want
- ◆ Support the provider to focus on solutions which follows the principles of early intervention and prevention through innovative working practice
- ◆ Encourage providers to focus on outcomes and to develop innovative service models
- ◆ Encourage providers to join with each other in partnership working and best practice sharing
- ◆ Ensure commissioners have regular individual meetings with local providers
- ◆ Ensure Providers seek feedback from people using their services
- ◆ Expect providers to keep us informed about performance and quality issues
- ◆ Ask providers to advise us timeously if Care Inspectorate registered services grades drop below 4s (good)
- ◆ Work closely with the Care Inspectorate and providers where there are concerns about the quality of services and identify and agree improvement plans, ensuring a consistent approach to meet requirements

5.2 Approaches we consider important to procuring high quality services

The majority of adult social care services provided by the Partnership are delivered by independent and third sector providers. 74% of adult social care services including care at home, care homes and day care are delivered on behalf of the Clackmannanshire Council by external providers in Stirling, 81.7% of these services are delivered by external providers.

We want to work in partnership with providers to redesign services and work together to produce the specifications for the services we need. This means delivering services that are safe and effective and are part of a whole system approach that maximises people's independence within local communities. We need providers to be innovative and make the best use of technology, volunteers and peer support to promote early intervention, prevention and self management.

We want providers to work with us to identify areas for improvement and engage with us where there are potential areas of concern, for example, about recruitment and retention, frequent changes in management or financial pressures.

We want to work with partners who:

- ◆ Work with individuals, carers and families and our operational services to review care and support.
- ◆ Treat people with dignity and respect.
- ◆ Focus on solutions which follow the principles of early intervention, independence and prevention through innovative working practice.
- ◆ Develop good working relationships to enable the design and delivery of quality services to meet the care and support needs and outcomes that local citizens want.
- ◆ Focus on outcomes and develop innovative service models.
- ◆ Are prepared to work closely with other organisation and are willing to explore the potential of working closely through alliance and consortium approaches.
- ◆ Are focused on continuous improvement, and where registered with the Care Inspectorate, work towards quality grades at a Grade 4 (good) or above.

5.3 Support for Providers

We recognise that providers will benefit from access to support and advice and learning opportunities to help ensure the delivery of high quality health and social care services.

Support for providers is available from a range of sources.

Clackmannanshire and Stirling Health and Social Care Partnership will provide support through provider forums to support continuous improvement by maintaining positive working relationships, sharing information and learning.

Third Sector Interfaces work closely with volunteers and support member organisations to recruit and manage volunteers and to match volunteers to placements. They can help providers to understand how volunteers can enhance current service delivery and the level of support required by both host and volunteers to benefit from their contribution. They will continue to support organisations that provide befriending, peer support and mentoring type services and work with the sector to develop and sustain this model of working.

Small and Medium Enterprises (SME) and third sector organisations that are interested in working with the public sector can get free training, support and information from the [Supplier Development Programme](#).



Open4funding is a free [online funding search facility](#) is available to help organisations search for funding for any venture or project. Sources of funding include:

- ◆ Government
- ◆ Lottery and Trust Funding
- ◆ as well as funding only available for the Clackmannanshire and Stirling area

[Business Gateway in Clackmannanshire](#) and [Business Gateway Stirling](#) offer businesses practical help and guidance to start or grow a business. They provide access to publicly-funded business support services. The free support includes:

- ◆ Workshops and events
- ◆ Expert advice
- ◆ Access to Scottish Enterprise programmes
- ◆ Web audits
- ◆ Social media training
- ◆ Aftercare support
- ◆ Links with professional organisations

Stirling Council is also a member of the [East of Scotland Investment Fund](#) (ESIF). ESIF is a consortium of ten east of Scotland local authorities working together to provide loan finance to new and growing SME's within the east of Scotland. ESIF offers loans of up to £50,000 to new and growing Stirling businesses and also aims to encourage and support the creation, development and growth of businesses within each of the ten local authority areas.



6. Market Facilitation Plan

This section sets out our Market Facilitation Plan. Many of the points in this section were raised during engagement sessions. New ways to develop and facilitate the market are needed and the solutions do not all lie within the health and social care sector. Therefore this plan encompasses actions for multiple stakeholders.

To reflect this way of working, the plan identifies what work the Health and Social Care Partnership will carry out, what is expected from and the work to be carried out through joint working by the Health and Social Care Partnership and Providers together (Together we have/will). This a long-term plan which we will refresh and update regularly.

Our Market Facilitation Plan will help support the 'triple aim' in the Health and Social Care Delivery Plan December 2016 from the Scottish Government.

- ◆ we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care');
- ◆ we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health'); and
- ◆ we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').



Better Care - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all.

No	Desired information, models & approaches	How partners will deliver	The Health and Social Care Partnership have/will	Providers have/will	Together we have/will
1	Third Sector role is enhanced and further developed	We will carry out a review of care home, care at home and respite services and ensure we are making best use of the third sector as part of wider service delivery to ensure that we maximise opportunities for anticipatory care, self management, early intervention and prevention.	✓		
2	Supported self-management	Further develop services which are co-produced and place people at the centre of their care and are tailored to meet people's individual outcomes and maximise their ability to be actively involved in managing their own conditions. Work with providers to live safely at home for as long as possible; help prevent or delay people's care and support needs from escalating and help them to achieve an improved quality of life.			✓
3	Review and extend supports available for unpaid carers in context of implementing the Carers (Scotland) Act 2016	We will review services and develop a clear message to care providers regarding the support options for short breaks service which should be available to meet local needs. Work with carers' organisations to ensure that provision is planned around carers' needs.	✓		
4	Co-assessment Providers and Public Sector caring staff working together to review care packages and focus on prevention, self management and early intervention	To maximise efficiencies, Providers and public sector multi agency partners will review individual care packages together. More collaborative working across provider organisations to make best use of resources and meet need in individual neighbourhoods.			✓
5	Information about services Accurate and comprehensive information about the services that are available (for business planning) including services from the third sector, independent sector, the NHS and councils.	In 2015 we launched the Autism Forth Valley (autismforthvalley.co.uk) web site which has information on local services. There are a number of on line and paper based directories providing information about local groups and activities that can help people stay socially connected and physically active e.g. livingitup.scot . Third sector interfaces and some of the larger community organisations hold information on local groups and currently act as a signpost to services. We are reviewing current directories and approaches and will move to a more streamlined approach to ensuring information is available and accessible across the partnership.	✓	✓	✓

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Better Health - we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management.

No	Desired information, models & approaches	How partners will deliver	The Health and Social Care Partnership have/will	Providers have/will	Together we have/will
6	Volunteers and Peer Support Increased role for volunteers and peer support	Third Sector Interfaces work closely with volunteers and support member organisations to recruit and manage volunteers and to match volunteers to placements. Third Sector Interfaces will help Providers to understand how volunteers can enhance current service delivery and the level of support required by both host and volunteers to benefit from their contribution. Third Sector Interfaces will continue to support organisations that provide befriending, peer support and mentoring type services and work with the sector to develop and sustain this model of working. Providers to consider how they could make best use of volunteers.	✓	✓	
7	Care Homes delivering in the community	Consider care homes as hubs for day care, meal delivery, medication prompts or respite which will enable unpaid carers to have a short break from their caring responsibilities.	✓		
8	Reduce the number of unplanned admissions to hospital and acute services	Work with providers to support more prevention and early intervention and community based services			✓
9	Care at Home framework for older people and people with physical disability Support the move away from traditional "time and task" based approach.	The current framework is due to end 31 March 2018 although this can be extended to March 2020. Work with care at home providers to establish the capacity of the care at home market to meet different approaches to service delivery.			✓
10	Day opportunities Develop a range of opportunities in line with Self-directed Support	Social Services will provide the strategic lead in shaping and developing a range of responsive and cost effective solutions, based on service user needs. Introduce a mixed supply of provision making best use of activities provided by the community, voluntary sector and universal provision.			✓
11	Services for people with mental ill health and learning disability	Review current models to ensure that they offer the correct flexible support which respond to people's needs that allows individuals to decide when they no longer require the service or need less support	✓		
12	Strategic and Operational Meetings between Providers and Commissioners	Individual meetings between local providers, commissioners and operational public sector staff to take place at least once a year. Continue with Partnership Wider Provider Forums.			✓

Best Value - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention.

No	Desired information, models & approaches	How partners will deliver	The Health and Social Care Partnership have/will	Providers have/will	Together we have/will
13	Business and Strategic Providers requested information on the current and projected number of service users including information about their location, needs, demographics and also the expected need from young people transitioning to adult service. This should include information or estimates about unmet needs. The information should reflect the different context, demands and costs in different communities.	We have produced a Strategic Needs Assessment outlining the current and future health and care needs of local populations within a local area. We are producing Locality Plans which will identify key information and priorities in each of the 3 localities (Clackmannanshire, Stirling and Stirling rural). Providers are asked to share relevant information they may have to assist us as we build on this work.	✓		✓
14	Developing clear expectations Providers wish more clarity about what they are expected to deliver.	Delivery priorities based on the Health and Wellbeing outcomes have been co-agreed with commissioned third sector providers across Clackmannanshire and Stirling since 2014. We will review and build on this approach to commissioning for outcomes in line with the Strategic Plan and introduce outcomes focused specifications which will move from existing time and task based activities.			✓
15	Commissioners engage with and communicate directly to the market regarding MPS, commissioning intentions, development of service models, forthcoming procurement and strategies.	Commissioners will hold regular forums to communicate key messages and developments with a wide range of providers of care, support and accommodation services. Commissioners will organise opportunities for providers to share information and highlight local good practices.	✓		✓
16	Micro providers and Social enterprises are supported .	Offer business support to micro providers and social enterprises and user led organisations.	✓		
17	Very Sheltered Housing/Extra Care Models Service which bridges the gap between an individual living in their own home and living in a care home.	Review and consider how to extend this model of care for service users. Build on our partnerships with housing and planning colleagues to maximise the opportunities and develop new models of housing with care for older people and those with long term conditions who require accessible accommodation. Work with housing associations, registered social landlords and disabled people's organisations to ensure that housing provision meets the needs of an ageing population.	✓		
18	Technology enabled care As part of an individual's care and support needs assessments and reviews, Telecare, telehealth and assistive technology solutions will be considered	Where appropriate, assistive technologies will be taken into account as part of the individual's assessment. This approach should help maintain and promote independence. Providers will be expected to share where they believe assistive technologies could be an alternative solution for an individual.			✓
19	Review and reduce costs	Collaborative engagement with providers and others to explore mutually beneficial opportunities to innovate and review and reduce costs.			✓

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No	Desired information, models & approaches	How partners will deliver	The Health and Social Care Partnership have/will	Providers have/will	Together we have/will
20	<p>Fairness in Fee Negotiations and Scottish Living Wage</p> <p>Providers share information about costs, profit margins and commissioners share information about the rationale for funding decisions</p> <p>We will work with providers to seek to ensure sustainable rates that will support fair terms and conditions for staff across all service areas</p>	<p>We have introduced a standard tool for requests for fee increases to support the introduction of the Scottish Living Wage for staff employed by providers.</p> <p>This will continue to be the format in evaluating rate requests and to ensure informed, evidence based discussions.</p>			✓
21	<p>Funding</p> <p>Annual funding creates uncertainty</p>	<p>In 2014 the length of the contract for commissioned Third Sector Providers was extended from 1 year to 2 years. Their outcome focused contracts are due for renewal in 2017.</p> <p>Commissioners will consider the length of contract in line with budget setting and with regard to procurement regulations and the needs of organisations and the people they support.</p>	✓		
22	Business Continuity Plans	Providers to have clear business continuity plans in place to prevent and manage provider failure.		✓	
23	Self-assessment of Service Delivery	<p>We wish to work with providers to introduce a self-assessment tool to be used for providers to evaluate their own performance effectively and openly, and report on the quality of delivery and identify areas for improvement.</p> <p>Agree with providers the quantitative data and qualitative performance information on outcomes to be routinely and consistently collected, including feedback for people who use services and their carers and families.</p> <p>Improve the quality of data collection regarding people with protected characteristics in order to establish gaps in service provision or identify barriers which prevent people from accessing services.</p> <p>Jointly agree the information to be submitted to commissioners and the regularity.</p>			✓
24	<p>Workforce</p> <p>Recruitment and retention issues</p>	<p>Workforce analysis to be shared so that there is a shared understanding of employment trends and risks. The workforce analysis has commenced with the NHS Forth Valley and Local Authority services and we will work to extend to encompass all partners in line with the National Health and Social Care Workforce Plan due for publication in Spring 2017.</p> <p>Ongoing discussions will continue at an individual level and collectively.</p>			✓

No	Desired information, models & approaches	How partners will deliver	The Health and Social Care Partnership have/will	Providers have/will	Together we have/will
25	<p>Compliments and complaints</p> <p>Share information and learning to ensure the delivery of safe and effective services</p>	<p>Providers and Commissioners openly and constructively discuss compliments and complaints.</p> <p>Providers to inform Commissioners timeously regarding issues.</p> <p>To work together where there are issues.</p> <p>This will be also be addressed through performance monitoring and reporting as part of clinical and care governance.</p>			✓
26	<p>Concerns in provider delivery</p> <p>Share information at an early stage to ensure safe and effective service delivery</p>	<p>Where there are areas of concern about delivery of service e.g. capacity, providers will get in touch with Commissioners before the issues affect the care delivered to the service user. We will work with providers and the Care Inspectorate in an open and transparent manner to ensure safe and effective service delivery.</p>		✓	
27	<p>Named contact</p>	<p>Commissioners will provide named contacts for operational, financial and contractual issues.</p> <p>For communicating on commissioning and contractual contact either:- Clackmannanshire - commissioning@clacks.gov.uk or for Stirling - procurement@stirling.gov.uk</p>	✓		

7. Glossary

Asset based approach - Improve people's life chances by focusing positively on what improves their health and wellbeing and reduces preventable health inequalities.

Rather than focusing on needs and deficits, it starts by locating the assets, skills and capacities of citizens and local organisations and communities.

Care Inspectorate - The Care Inspectorate regulates and inspects care services in Scotland to ensure that they meet the right standards. Quality grades awarded are based on care & support, environment, staffing and management & leadership.

Co-assessment - Providers and statutory staff working together to evaluate the need of service users.

Commissioning - Commissioning is the process of analysing, planning, agreeing and monitoring services.

Community Planning Partnership (CPP) - Community planning is about how public bodies work together and with local communities to design and deliver better services that make a real difference to local people's lives. Community planning is a key driver of public service reform at local level. It provides a focus for partnership working driven by strong shared leadership, directed towards distinctive local circumstances. Partners work together to improve local services, ensuring that they meet the needs of local people, especially for those people who need those services the most.

Co-production - Involving people who use social care, their families, unpaid carers and wider communities as equal partners in decision-making and planning of services.

Consortium - A group of several provider organisations who will co-deliver services.

Contract - The terms and conditions which govern the relationship between each party.

Contract management - The process that then ensures that the service continues to be delivered to the agreed quality standards.

Decommissioning - A planned process of removing, reducing or replacing care and support services.

GDS Contract - General Dental Services contract.

GMS Contract - General Medical Services Contract.

HBCCC - Hospital based complex clinical care, previously known as NHS Continuing Healthcare.

ISD - Information Services Division A division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.

Micro commissioners - Commissioning at an individual level, usually through an assessment and support planning process. Allows the individual choice and control over using their individual budget.

Micro enterprise - A profit making business with 5 or fewer employees with the purpose of filling a niche in the market of the local community.

Outcome - What people would like to achieve or need to happen e.g. continue to live at home.

Outcomes focused - A service that is based on what outcomes the service user wants to achieve as set out in their Support Plan rather than on the time required to do a task.

Procurement - Process by which a public body buys goods, services and works from external suppliers. It is often one element of a wider strategic commissioning process.

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Reablement - Reablement is often described as 'helping people to do for themselves rather than doing it to or for them'. It is short term, intensive support designed to help people re-gain skills and confidence. The purpose of reablement is to maximise independence, choice and quality of life, and reduce the need for support in the future.

Regulatory bodies - A regulatory agency is an agency responsible for exercising autonomous authority over some area of human activity in a regulatory or supervisory capacity.

Self Directed Support - Self-directed support is about people being in control of the support they need to live the life they choose. Self-directed support enables people to choose how their support is provided to them by giving them as much control as they want over the individual budget spent on their support and how this will be used.

Social Enterprise - A non-profit making business that has the greater purpose of fulfilling a social or environmental need in the community.

Strategic Commissioning - The term used for all of the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

Technology Enabled Care - The use of technology as an integral part of care and support. This includes, but is not limited to, the use of Telecare, Telehealth, Video Conferencing.

Third Sector - The third sector comprises of community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers.

Third Sector Interfaces - Third Sector Interfaces provide a single point of access for support, advice and guidance for the third sector within local authority areas. They provide representation of the third sector in local authority areas with links to Community Planning Partnerships.

Time and Task - A way of delivering a service by the time it takes to carry out a particular task.

Unpaid Carer - A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling, disabled and could not manage without this help. This is distinct from a care worker, who is paid to care for people.

Whole Systems Approach - Considers how a patient moves through and between care settings. Bringing together all the different parts of the health and social care system will provide better communication and sharing of relevant information to reduce duplication and confusion for individuals, carers and staff. This will mean one set of goals agreed by the individual, supported by one team, one approach.

Market Position Statement

Please call 01324 590886 (24hrs),
fax 01324 590867 or
email disability.department@nhs.net

