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Agenda Item: 16.

## **Integration Joint Board**

Date of Meeting: 29 October 2020.

Subject: Market Facilitation Statement.

### **1. Summary**

1.1. This report provides an overview of the draft Market Facilitation Statement (MFS), produced in support of the Strategic Plan 2019-2022.

### **2. Purpose**

2.1. To provide background information in respect of the Scottish Government requirement to produce a Market Facilitation Statement to support the objectives of the Strategic Plan.

2.2. To seek approval for publication of the proposed draft.

### **3. Recommendations**

The Integration Joint Board is invited to:

3.1. Consider the draft Market Facilitation Statement, attached as Appendix 1 to this report, and thereafter approve for publication.

### **4. Market Facilitation Plan: purpose and requirement.**

4.1. 'Market facilitation' is a part of the strategic commissioning process and aims to inform, influence and change the service delivery market to provide a wider range of options for service users. The requirement for a Market Facilitation Plan is set out in the Scottish Government's 'Strategic Commissioning Plans Guidance' (undated, p22).

4.2. The Market Facilitation Statement (MFS) does not set out a description of all services that are formally commissioned or purchased through Service Level Agreements, but rather is intended to show the areas where there is scope to provide services differently in a way that might enable third or independent sector service providers to develop their role in the overall health and social care sector.

4.3. For this reason, the key information provided in the document is focused on the areas of pressure in the health and social care system, the reasons for this, and the potential scope for development. In the interests of succinctness, the MFS is therefore limited to these areas.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource implications and identified source of funding

6.1. Although there are no direct resource implications in the production of the MFS, it is produced, in part, in response to increasing financial challenges.

## 7. Risk and Equality assessment

7.1. The realities of self-directed support, and challenging financial circumstances, mean that health and social care partnerships must look for alternative methods and sources of service delivery if care provision is to be maintained.

7.2. An Equality Impact Assessment has been undertaken and is attached at Appendix 2.

## 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 10. Author

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10.2. Shaun Hourston-Wells (Project Manager), Orkney Health and Care.

## 11. Contact details

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## 12. Supporting documents

12.1. Appendix 1 – Draft Market Facilitation Statement 2019-22.

12.2. Appendix 2 – Equality Impact Assessment.



# **Market Facilitation Statement 2019-2022**

**Integration Joint Board**

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<b>Version:</b>	<b>Market Facilitation Statement.</b>
<b>Lead Manager:</b>	<b>Gillian Morrison</b>
<b>Approved By:</b>	<b>Integration Joint Board.</b>
<b>Date Approved:</b>	

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## **Purpose of this Market Facilitation Statement**

Welcome to this Market Facilitation Statement (MFS) produced by Orkney Health and Care, the Integration Joint Board (IJB) of the Orkney Health and Social Care Partnership.

'Market facilitation' is a part of the strategic commissioning process that the IJB leads. It aims to influence, shape and change markets to deliver a wider range of affordable and long-term services, to deliver good outcomes for people, and to meet the needs of the population, both now and in the future. The purpose of the MFS is to share information that supports a forward thinking, innovative social care market, where we might achieve good outcomes for the people in Orkney who require health and social care support, in the most efficient manner.

The MFS does not set out a description of all services that are formally commissioned or purchased through Service Level Agreements, and does not seek to evaluate or comment on the performance or efficiency of the services currently commissioned or purchased; rather it seeks to show the areas where there is scope to provide services differently in a way that might enable third or independent sector services providers to develop their role in the overall health and social care sector. For this reason, the key information provided in this document is focused on the areas of pressure in the health and social care system, the reasons for this, and the potential scope for development. In the interests of succinctness, the MFS is therefore limited to these areas.

The IJB does, however, recognise that positive contributions are made by people with health and social care needs and those of advancing years, to their communities, to their own wellbeing and that of others, and to Orkney as a whole.

The IJB believes that, through co-operation, co-production and partnership working, there can be more options for quality care services for people and hopes the MFS is helpful and informative, as a means of providing an insight into how the Board believes care and support services could look in Orkney.

## **Orkney Context**

Health and social care services in Orkney are delivered across the sector as a whole by the local authority, health board and a wide number of third sector services, as well as a small number of independent sector service providers.

The profile of social care service delivery in Orkney is significantly different from most areas in Scotland, with a much greater proportion of these services being provided directly by the local authority than is usually seen elsewhere in Scotland and the rest of the United Kingdom. There are a number of factors behind this current profile including the challenges of geography, the impact this has on the attractiveness and financial viability of working in Orkney for external providers, and public opinions about the appropriateness of outsourcing services that have, traditionally, been the preserve of the local authority, such as Care at Home services.

The MFS also aims to raise awareness of the potential developments there may be for third and independent sector providers through the Self-Directed Support (Scotland) Act 2013. This Act introduced new duties and responsibilities, with an explicit requirement for local authorities to provide choice and control to service users. This policy has been successfully implemented locally, with a steady rise over time in the number of people opting to manage their own support through the receipt of a Direct Payment and employment of a personal assistant. However, the choice for service users beyond a Direct Payment or local authority service provision is still very limited. There is scope for development in this area in the form of structures that allow people to use funds to purchase care directly from third and independent service providers.

It is not the intention of the IJB to imply that the way services are currently provided is not good; however the Board does wish to explore whether different ways of working, different partners working together, and a more diverse range of options would promote choice and add resilience into the way in which services are provided. For example, the IJB's recent commitment to Community Led Support captures this fresh approach to service provision, particularly in the most remote and fragile of Orkney's communities.

## **Scope**

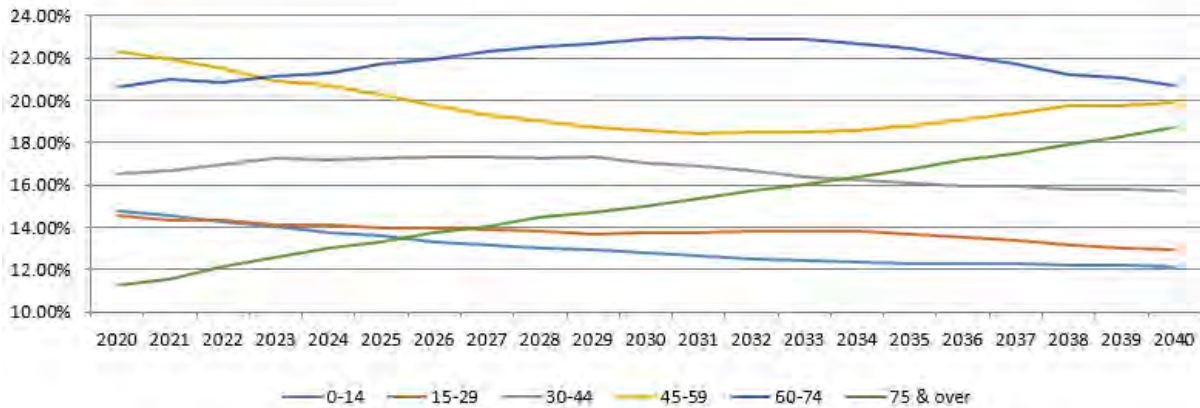
This document is intended to set out some of the key health and social care issues and challenges in Orkney and to examine some of the options for service delivery growth, both now and in the future.

It is not intended to be read in isolation, but as part of our broader strategy for the commissioning and delivery of health and social care services for the people of Orkney, which will be examined in detail in the Strategic Commissioning Implementation Plan which is currently under development.

## **Demographic Change and Future Demand**

Adult social care is in the midst of significant demographic change. In Orkney people aged 75 and over currently account for 11% of the population. This is predicted to increase to 19% by 2040.

## Percentage of Population in Each Age Group Orkney - 2020 - 2040



Source: NRS 2018 mid-year population estimate.

Advances in medical science are enabling more people to live for longer, many with long-term conditions, and this is continuing to change the profile of our population. This will inevitably lead to greater demand for social care support across all groups, especially amongst our older population.

This increase in demand is unlikely to be matched by any increase in government funding to support service increases, so new ways to deliver social care support need to be created.

Although this challenge is not unique to Orkney, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the islands, and so fewer people are available to provide the care and support required by the predicted levels of chronic illness and disabilities. This reality was also highlighted in NHS Orkney's Transforming Services Strategy:

'if nothing else changes in the way we deliver care, this means that for every 10 people over 85 currently accessing health and social care services, there will be 31 people over 85 accessing it by 2033. Equally, if nothing else changes, for every 10 people providing care to people over 85 we will need 31 people by 2033.'

It should also be noted that there are an increasing number of people living with long term conditions, and with complex and multiple conditions. The 2011 Census identified that 29.5% of the population in Orkney reported they had at least one long-term condition. Hypertension was the most prevalent long-term condition in Orkney; a similar pattern can be observed across Scotland.

Supporting and caring for people is not just a health or social care responsibility, we all have a role to play: families, neighbours and communities; providers of services like housing, transport, leisure, community safety, education and arts, and the commercial sector. People using services and their carers need to be involved with service providers in designing their care and support.



There are an increasing number of people of all ages self-funding the social care support that they need. However, regardless of how social care is funded, people want greater choice, control and flexibility over how their social care needs are met.

## **Drivers for Changing Service Delivery**

As we have seen, an increasing population, especially amongst people over 75, will mean a greater demand on services. Furthermore, we must manage this demand with less funding.

This challenging environment, as well as advances in technology, will mean that we must change the way that services are delivered. For example:

- There is a national expectation that support to unpaid carers needs to be increased to build capacity in the unpaid care sector. This expectation is realised in the Carer (Scotland) Act 2016.
- There is a need to grow supports that provide early intervention and prevention to support the move away from long-term dependent care provision, along with the avoidance of unnecessary hospital admissions and the support of timely hospital discharge.
- The role of information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met.
- The use of assistive technology needs to be further embedded into mainstream support provision to enable more people to maintain their independence for longer.
- Life expectancy is increasing; including those with long-term conditions, so there will need to be an increase in self-care initiatives to support long-term health and wellbeing.
- Focus will move towards shorter-term, intensive social care packages focused on reablement and returning home.

In addition, the emphasis on choice and control, the delivery of individual outcomes and Self-Directed Support means that we need to consider new models of social care delivery.

## **Community Led Support**

One such model is Community Led Support (CLS), an approach to social care that is now at the heart of service planning. CLS aims to provide the foundation for a more modern, effective way of delivering social and community health care support, strengthening individual and community resilience, and well-being.

It is a concept based upon joined up working across the Council, NHS Orkney, and third sector and community partners, working collaboratively in the interests of the individual and the community. It builds on what is already working, consolidating and joining up good practice and innovation, whilst drawing on the resources of an individual, their family and social circle, and their community, whilst empowering care practitioners to adopt a common-sense approach to care delivery.

At the heart of the approach is a set of underpinning principles, describing how local support should be delivered, and it is these principles that steer local service development, ensuring that the detail of what happens, how it happens - is determined with and by local people. The principles are summarised below:

- Co-production brings people and organisations together around a shared vision.
- There is a focus on communities and each of those communities will be different.
- The culture of care organisations is based upon the trust and empowerment of care staff and their clients.
- People receiving care are treated as equals, and their strengths and gifts are built upon.
- Organisational bureaucracy is kept to an absolute minimum.
- The care system is responsive, proportionate and delivers good outcomes.

## **What we did during 2018 and 2019 in relation to Market Facilitation**

We have made consistent efforts throughout the 2018-19 financial year in support of market facilitation. Some of the highlights include:

- **Publication of the new Strategic Plan 2019 - 2022.** This shows the areas of change and development that the IJB will be prioritising during the lifetime of the plan.
- **Community Led Support Launch.** Events were held throughout the Mainland and isles to promote CLS and encourage broader community involvement in community health and social care delivery.
- **Healthcare Improvement Scotland.** Working with colleagues from Healthcare Improvement Scotland, a number of workshops were undertaken for third sector organisations, looking at how laws and regulation might allow micro-provision of services at a community level.

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

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

Providers should therefore:

- Consider how their services are or can be made “early intervention and prevention” focussed and how they support people to be as independent as possible.
- Consider how their services work within local communities, especially within the context of CLS, and how they support the building of capacity within those communities.
- Recognise that increasingly the purchasing partner will no longer be the Local Authority / Health Board but will be the service user. This will require providers to market their services differently and mean that they will need to make access to their services straightforward.

- Develop ways to record, evidence, analyse and report on outcomes. In the changing market of adult social care and support, quality and reliability will be what differentiates providers.
- Create smarter partnership working opportunities, e.g. sharing expertise, resources or back office support to increase impact and efficiency. This could be via formal or informal arrangements.
- Think about ways to collaborate across services to achieve something that is greater than the sum of its individual parts and delivers best value.
- Collaborate with place and interest-based community, voluntary, faith and leisure groups to reduce loneliness and isolation.

## **Our Commitment**

- We are committed to working closely with our partners in the third and independent sectors to re-shape the landscape of community health and social care provision. This will deliver the best possible services for people in Orkney, right now and in the future.
- We continually analyse the needs of our communities to ensure that we can develop strategic priorities that will meet those needs, and will actively share demand and demographic information.
- We will engage with providers to learn how we can support them to overcome perceived barriers to planning and implementing new care models.

By being clear with providers about how we will intervene in the market, about how we will allocate funding in the future and what services we will invest in, and about what support and advice we can give, we hope to drive effective change that will allow us to both achieve a balance in the supply and demand for services and improve the overall availability and quality of services.



## Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

<b>1. Identification of Function, Policy or Plan</b>	
Name of function / policy / plan to be assessed.	Market Facilitation Statement (MFS)
Service / service area responsible.	Orkney Health and Care – all services
Name of person carrying out the assessment and contact details.	Shaun Hourston-Wells, Extn 2414
Date of assessment.	5 October, 2020
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	In accordance with the Public Bodies (Joint Working) Act 2014, health and social care partnerships are required to produce an MFS in support of their Strategic Commissioning Plan.  This is the second iteration of the document.

<b>2. Initial Screening</b>	
What are the intended outcomes of the function / policy / plan?	The MFS articulates the health and social care partnership's plans to support the development of service delivery options for service users.
State who is, or may be affected by this function / policy / plan, and how.	All service providers, including the local authority, NHS, private service providers and the third sector, as well as all service users may be affected by the broadening of the local market for service provision. This will increase choice for all service users.
Is the function / policy / plan strategically important?	Yes.

<p>How have stakeholders been involved in the development of this function / policy / plan?</p>	<p>The Strategic Commissioning Plan was the subject of comprehensive consultation, prior to publication, in 2019. The MFS further articulates the plans for service provision, outlined in the Strategic Commissioning Plan.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<p>No.</p>
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See <a href="#">The Fairer Scotland Duty Interim Guidance for Public Bodies</a> for further information.</p>	<p>No.</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).</p>
<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>No.</p>
<p>2. Sex: a man or a woman.</p>	<p>No.</p>
<p>3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	<p>No.</p>
<p>4. Gender Reassignment: the process of transitioning from one gender to another.</p>	<p>No.</p>
<p>5. Pregnancy and maternity.</p>	<p>Pregnant women and new mothers will be users of some of the services that the MFS addresses.</p>
<p>6. Age: people of different ages.</p>	<p>Older people are more likely to be users of some of the services that the MFS addresses.</p>

7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	Unpaid carers will be users of some of the services that the MFS addresses.
9. Marriage and Civil Partnerships.	No.
10. Disability: people with disabilities (whether registered or not).	Disabled people will be users of some of the services that the MFS addresses.
12. Socio-economic disadvantage.	No.
13. Isles-Proofing.	No.

### 3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	Whilst several groups have been identified, the broadening of service delivery options that the MFS is intended to facilitate will have a positive impact upon user outcomes.
How could you minimise or remove any potential negative impacts?	Any alternative service delivery options that eventually result from the MFS will be evaluated to ensure consistency of service delivery.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

### 4. Conclusions and Planned Action

Is further work required?	Yes.
What action is to be taken?	The MFS provides a starting point for joint-working between the health and social care partnership and service providers to identify and develop opportunities for service delivery options.
Who will undertake it?	Orkney Health and Care officers and service providers.
When will it be done?	This is ongoing work that will continually seek to develop new ideas and options for service delivery.
How will it be monitored? (e.g. through service plans).	Each iteration of the Strategic Commissioning Plan must report on service delivery development.

Signature:



Date: 5/10/2020

Name: Shaun Hourston-Wells