



AGENDA ITEM NO 18

REPORT NO IJB 72/24

ANGUS INTEGRATION JOINT BOARD

30 OCTOBER 2024

**SOCIAL CARE PROCUREMENT AND COMMISSIONING SERVICE DEVELOPMENT
PLAN**

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1 ABSTRACT

To update AIJB on the planned procurement for social care services for the financial year 2024/25, and to update on planned commissioning developmental actions for 2024/25.

2 ALIGNMENT TO THE STRATEGIC PLAN

Social Care commissioning and procurement are central to the delivery of AIJB Strategic Commissioning Plan to ensure that AIJB can safely secure, deliver and monitor social care services for the people of Angus, especially to enable people to receive care in their own homes. The recommendations within this report link to the following Strategic Priorities:

- Priority 1 - Prevention and Proactive Care
- Priority 2 - Care Closer to Home
- Priority 3 - Mental Health & Wellbeing and Substance Use

3 RECOMMENDATIONS

It is recommended that the Angus Integration Joint Board: -

- (i) Consider the contents of this Report;
- (ii) Acknowledge the progress ongoing and planned development work in respect of Contracts and Commissioning;
- (iii) Support the plans to produce an Angus Health and Social Care Partnership (AHSCP) Social Care Planned Procurement and Commissioning Development / Implementation Plan; and
- (iv) Request the Social Care Planned Procurement and Commissioning Development Implementation Plan be brought back to Angus IJB in April 2025.

4 BACKGROUND

Angus IJB's Strategic Commissioning Plan continues to drive the work of the commissioning of social care services in Angus. The commissioning work is also informed by other key National and Local strategic drivers including Angus Carers Strategy, Coming Home and National Dementia Strategy.

A significant proportion of our support services in the community (care at home and care homes) are externally commissioned services. The overall cost of our commissioned care home and home care services is circa £60.0m. Care is provided based on a robust Social Work Assessment that uses eligibility criteria to determine the level of need, and the care required to meet this need. Self-Directed Support (SDS) Scottish Government legislation and

guidance sets what can be funded via SDS and what should be paid for by the service user or through other welfare benefit payments that the service user may be in receipt of. AHSCP have a framework in place for Option 3 Care at Home Services and are keen to develop frameworks for Option 2 and Option 4 packages. Option 1 is a Direct Payment to the service user and does not require a framework in place. The National Care Home Contract provides the framework for commissioning care and nursing home placements across Scotland and AHSCP use this framework to purchase beds for service users.

Nationally, levels of unmet need remain high and in Angus, around 800 hours of unmet need exist each week, and this is reported to the Scottish Government monthly. There are several factors contributing to this position including the national staffing challenges associated with working in care alongside the diverse local geography of Angus making it challenging to recruit and retain care staff and care agencies to work here. These risks are reviewed through our Clinical Care and Professional Governance Group which reports to AIJB alongside national oversight of Scottish Government reporting. A current pilot is taking place to develop a 'Pinpoint' system to support care at home providers to work together to reduce inefficiencies in travel and duplication of visits that will free some capacity with providers to address levels of unmet needs. The test is in its early stages, but this should enable AHSCP to address critical and substantial care at home unmet needs in the future.

The contracting authority for AHSCP is Angus Council. The development and publication of a Procurement Strategy is a duty placed on contracting authorities under the Procurement Reform (Scotland) Act 2014. AHSCP works closely with Angus Council Corporate Procurement Team to ensure that the procurement of social care services supports the actions of the Angus Council Procurement Strategy.

In addition to statutory commissioning, AHSCP currently commission circa £1.8m of non-statutory services (not care at home, residential/nursing beds or day care). AIJB will also be aware of the approved Strategic Delivery Plan update as described in the August 2024 IJB report (52/24) Appendix 5 which has identified a 10% efficiency saving that equates to circa £180k within the current social care contracts.

Using the data gathered via unmet need reporting and through information provided by Public Health, AHSCP understood the challenges ahead when completing the Strategic Delivery Plan. It is acknowledged that Angus has an ageing population which is evidenced by an increase in referrals to Community Mental Health Teams, an increase in Dementia diagnosis and the growing pressure to support individuals in their own homes and communities to provide care closer to home and reduce hospital admissions as well as reducing the number of delayed hospital discharges. As AHSCP commission most social care services in Angus, it is vital that to implement the Strategic Commissioning Plan to ensure sustainable future care, support innovation in response to changing needs and support areas of growth within social care services.

5 CURRENT POSITION

Contracts and commissioned services are monitored by an officer within the AHSCP with support from the Corporate Procurement Team, however the process has recently been reviewed by the Head of Service and improvements have been identified as a requirement to ensure best practice occurs in respect of monitoring. All contracts now sit within a live document that provides up to date management oversight of all contracts, any noted concerns in respect of outcomes, a current Service Specification and a RAG status to provide assurance as to the monitoring by officers. Any grants or contracts which do not have robust Service Specification document and regular contract monitoring in place will be prioritised for review.

The current Market Facilitation Statement requires to be reviewed in line with current and future demands. A new Market Facilitation Statement is therefore being developed which aligns to individual services and reflects their future procurement and commissioning needs. The format of this will be more accessible to support the market to understand future health and social care requirements.

Increased oversight of this work will enable AHSCP to fully align each contract to the strategic priorities, ensure agreed outcomes are evidenced, reduce any potential duplication of services and enable AHSCP to achieve savings of circa £180k within the non-statutory

commissioned services alongside efficiencies within our statutory provision that can enable AHSCP to align funding to better meet current and future needs.

AHSCP are aware of developments in neighbouring local authority areas where large (60 bed +) care homes are being built by independent providers to offer a more financially sustainable model of care home provision. The development of the Market Facilitation statement will seek to support the engagement of current and future providers to increase the size of their provision, support new build developments and seek to direct provision to better meet the needs of service users, including the development of enhanced provision to meet higher levels of need in the community. It is recognised that the current care home provision in Angus is provided by smaller care homes and recognise the key role that these smaller homes play in providing homely care settings for service users. However, there are sustainability issues for these smaller homes and AHSCP are keen to support these providers to sustain and develop their resources to meet the current and future demographic and health and social care challenges in Angus.

6 PROPOSALS

AHSCP will develop an implementation plan which will be informed by the updated Market Facilitation Statement. This will support the sustainability of the existing market and encourage investment and growth within social care provision in Angus.

7 FINANCIAL IMPLICATIONS

An efficiency saving has been identified within the non-statutory commissioned social care grants/contracts of circa £180k (this is an indicative 10% reduction of the circa £1.8m current budget).

There are no further direct financial implications arising from this report. Any future financial impact will be dependent on the outcome of the Market Facilitation Statement and will be the subject of further updates to AIJB in due course.

8 RISK MANAGEMENT

Provider failure is currently IJB Strategic Risk reported via Clinical Care and Professional Governance and has a clear risk management plan in place including providers Business Continuity Plans.

Risk Description	SR11 Commissioned Service Provider Failure As a result of market competition, shortage of suitably qualified staff, a large-scale adult protection investigation leading to embargo and the increased cost of living, there is a risk that commissioned providers of personal care at home, residential care or supported housing, may be unable to continue to provide services. This could result in a shortage of care provision and unmet service user need.
Risk Category	Workforce
Inherent Risk Level	Level Likelihood 5 x Impact 4 = Risk Scoring 20 (Major risk level) .
Mitigating Actions	<ul style="list-style-type: none"> • Bronze BCPs are now in place for commissioned services. A review of Care Home and Care at Home a provider BCPs has also taken place, and support has been offered to providers looking to make improvements to their plans. A template has been developed and shared with Care at Home providers to support a consistent plan. • Fair Cost of Care to be applied to all options under SDS through Framework Review. • Support to providers with recruitment events • Monitoring of market capacity
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (Moderate risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (Moderate risk level)
Approval	Providers still face significant workforce challenges and increasing

recommendation	economic challenges, so the risk of provider failure remains high. There are several actions being taken forward to support the recruitment and retention of staff working within health and social care and there is an increasing focus on business continuity planning if a provider becomes unsustainable.
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Reporting of unmet need to Scottish Government provides a high-level oversight of the number of hours of unmet need in Angus. AHSCP have also developed a local dataset that provides further information including the levels of unmet need (low, moderate, substantial, and critical) and the geographical areas where unmet needs are prevalent. As highlighted in 4.3, the pilot project called PinPoint is currently being tested to address levels of unmet needs for care at home. Unmet need remains a risk within AHSCP, but governance reporting structures are in place and local actions are taking place to address this.

Risk Description	SR24 Commissioned Service Provider – Unmet need Unmet need for care at home services occurs when assessed services required by a service user as needed to help them remain at home are not being received due to providers lack of available hours or no lack of providers in particular localities across Angus. The unavailability of services in the community, particularly for critical priorities, can lead to delayed hospital discharges; admission to respite care home placements; and vulnerable people being left unsupported in the community.
Risk Category	Workforce
Inherent Risk Level	Level Likelihood 4 x Impact 4 = Risk Scoring 16 (Major risk level) .
Mitigating Actions	<ul style="list-style-type: none"> • Eligibility Criteria – available services prioritised to critical and substantial service users. • Low Level Services – establishing a network of unregistered providers (i.e., not care at home) who deliver low level support and to who service users can be signposted. • Framework – new framework in operation since 1.4.23. Although providers are committed to their contractual commitment, there are still ongoing challenges within the sector which may inhibit immediate growth i.e., recruitment. • Option 2 capacity – utilising Option 2 providers' capacity for Option 3 critical and/or substantial services. • New providers
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (Moderate risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (Moderate risk level)
Approval recommendation	Providers still face significant workforce challenges and increasing economic challenges. Even with the progression of all agreed actions, this risk remains high. Scheduled reporting and monitoring will continue alongside the further development of risk mitigation actions.

9 PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report. However, by not taking developmental steps forward through our commissioning plan there is a risk that services may be unsustainable in the future and not responsive to future needs.

10 CLIMATE SUSTAINABILITY IMPLICATIONS

At this stage there are no direct environmental implications arising from the recommendations of this report.

However, sustainability and Net Zero are key priorities in procurement at both Scottish Government and Local Government level. Consideration to environmental sustainability will be required when procuring social care services going forwards and innovations in practice i.e. development of PinPoint system can contribute to move efficient use of staff travel and

through this reduce carbon emissions associated to care at home visitation.

11 EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A screening assessment has been undertaken and a full combined Equality Impact Assessment is not required for the following reasons:

- As the nature of the report is a procurement update on operational matters
- No impact on any protected characteristics

Should AIJB be supportive to the proposed Commissioning Development Plan and subsequent update report, then this will be subject to a full combined Equality Impact Assessment.

12 COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Chief Social Work Officer, Associate Medical Director, Lead Nurse, Lead Allied Health Professional and Chief Finance Officer have all had oversight of this report.

13 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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