

# ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

## MARKET FACILITATION STATEMENT 2023-2026



## 1. WHAT IS A MARKET FACILITATION STATEMENT?

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards (IJB) are required to produce a Market Facilitation Statement (MFS).

The IJB's Strategic Commissioning Plan (SCP) 2023 – 2026 describes the direction of travel and approach to improve health and wellbeing outcomes. This MFS explains how Angus Health and Social Care Partnership (AHSCP) intends to deliver on the SCP ensuring there is a diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future. AHSCP recognises that successful strategic planning and service delivery depend on a strong partnership working between all involved parties and on the co-creation of new solutions to complex problems and challenges.

Commissioning of reliable, sustainable service provision that meets required quality standards is fundamental for the safe care and effective treatment of service users, and the on-going development and planning of services. Market facilitation will help us and our partners to take a strategic approach to understanding and meeting local need for health and social care services in Angus. It also recognises the role that our partners have in actively contributing towards economic growth in the Angus area whilst also creating employment opportunities in Angus.

The Institute of Public Care defines market facilitation as the relationship between market intelligence, market intervention and market structure:

- Market Intelligence: Development of a common & shared perspective of supply and demand leading to an evidence based, published market position statement for a given market
- Market Intervention: The intervention made in order to deliver the kind of market believed to be necessary for any given community
- Market structuring: The activities designed to give the market shape and structure, where market behaviour is visible and the outcomes to be achieved are agreed, or at least accepted

Our MFS represents our planned position in our relationship with service providers, service users, carers and other stakeholders who together form the AHSCP. Our aim is to work together to shape the local health and social care environment, and to implement the SCP 2023-2026. This plan is for all adult care groups and will provide the foundation for the direction of travel and delivery of contracts and grants for:

- Carers
- Homelessness Support
- Learning Disability
- Mental Health
- Palliative Care
- Physical Disability
- Older people
- Primary Care
- Substance Use
- Suicide Prevention
- Angus Alcohol and Drug Partnership

AHSCP is heavily reliant on services commissioned externally from the independent and third sectors for the provision of services, including homecare, residential and day care, to service users in the Older People, Mental Health, Learning Disabilities and Substance Use sectors. The IJB and its partners currently spend in the region of £60 million on commissioned services; the reliance placed on the stability and sustainability of these service providers is hugely significant.

By implementing the MFS, we can ensure that we are responsive to the changing needs of Angus service users. The MFS aims to identify what the future demand for care and support might look like and help support and shape the market to meet our future needs.

We have published information through our Joint Strategic Needs Assessment and through our performance reports.

**Providers of adult social care** can influence AHSCP's intentions as a commissioner of services and contribute to our vision for how services can respond to future demographic demands, including changes to national and local strategic drivers.

**Voluntary and community organisations** can learn about future opportunities and what would enable them to build on their knowledge of local needs in developing new activities and services. The third sector is an essential provider of preventative and early intervention services; these have value in their own right in their responsiveness to local need, but they also allow statutory services to focus on cases of higher need.

**People interested in local business development and social enterprise** can read about possible new opportunities in the market and tell us what they might contribute to social care provision.

**People who use adult social care support and their families/carers** can discover opportunities for being proactive in their own care and support solutions, and in those of others in their local area. It is important that our strategic commissioning takes into consideration the lived experience of people who use services so that strategy is rooted in knowledge about what works.

**Health and social care** staff can contribute to an emergent strategic planning approach which takes account of their broad service delivery experience.

## **2. OUR VISION, VALUES and PRINCIPLES OF WORKING**

The vision for AHSCP is:

People in Angus receive the best services possible and enjoy physical and mental health to their full potential.

Our Values:

We are caring, compassionate, person-centred, honest and respectful.

When planning service delivery, it is important that:

- The service user or patient's best interests and assessed need are paramount in all our activities.

- Our service provision should be of the highest possible quality
- We maximise efficiency and effectiveness in our delivery of services so that the greatest number of people can benefit from these.
- We ensure that spending public money is consistent with a Best Value approach.
- Our services are person-centred and outcome- focused.

AHSCP want to work with providers who can:

- Demonstrate personalisation in the way that services are delivered, and who can support us in the delivery of self-directed support.
- Provide care to the highest standard and achieve a minimum of grade 3 across all areas of inspection. As part of quality improvement, we aim to support local training for providers, in collaboration with Scottish Care. We will support care providers in improvement work where this is required.

AHSCP recognises that the promotion of fair working practices by providers can have a direct impact on service delivery, for example staff are paid an appropriate wage, treated fairly and appropriately rewarded for their work, and are motivated and incentivised to perform well.

AHSCP adopts the Scottish Government's approach to Fair Work First within our contracts and grants. More information can be found in Section 3 – Our Approach to Strategic Commissioning and Procurement.

In addition, AHSCP is working towards the implementation of the Unison Ethical Charter for Care to embed these principles within our contracts and as part of this a review of the Framework Agreement for the provision of home and community-based care and support services under SDS Option 3 gave us the opportunity to add to and formalise these principles in the recent tender for Care at Home Services under SDS Option 3. This included:

- Evidence that staff have the potential to develop a formal recognition agreement with a trade union;
- Staff are paid for business travel time, which at a minimum should be in line with HMRC guidance of 45p per mile;
- Evidence that staff receive all training during work time and at no cost to staff and staff regularly meet with co-workers to share best practice;
- Evidence that staff receive comprehensive training and receive all the equipment they need to perform their tasks;
- Consideration of staff payment of Occupational Sick Pay;
- No inappropriate use of `zero-hour contracts evidence that they are not used as an alternative to a permanent contract; where zero-hour contracts are in place, that this has been the choice of the staff member.
- Visits are scheduled in such a way so that staff do not feel rushed.

Fair Working Practices will become part of the monitoring process.

### **Public Protection**

AHSCP requires providers to have a robust approach to managing public protection matters and to ensure that staff undergo appropriate training. Within our contracts and grants, providers will be expected to confirm compliance with this in annual

performance reporting. AHSCP is developing a broader approach to public protection investigations in commissioned services and providing development events to this end, applying learning gained during the pandemic and from large scale investigations.

### **Unpaid Carers**

Unpaid Carers are central to the provision of care and support for many individuals. We want all unpaid carers in Angus to be recognised and valued as equal partners, feel fully involved in shaping services and feel supported to have a fulfilling life alongside their caring role. The Angus Carers Strategy describes how we will implement the requirements of the Carers (Scotland) Act 2016. We are committed to working together with unpaid carers' support organisations and unpaid carers as we continue to implement the legislation. Supporting people to identify themselves as a carer is one of the priority areas of the Carers Strategy so people can access the care and support they need in order to sustain their caring role. As the number of people with a carer support plan increases, it is possible that there will 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.

### **Technology**

Achieving improvements in productivity will be essential to support independence and deliver services fit for the future and help us address workforce challenges. This includes using a range of technology developments aimed specifically at people who use services and for providers. We want to work with providers who will also embrace technology too.

### **Monitoring**

We will build on established monitoring arrangements with providers to ensure that services operate efficiently and effectively, meeting the agreed outcomes of individuals and communities. We are committed to agreeing care home fees through the National Care Home Contract. Our approach for care at home has been to continue to use the Fair Cost of Care (Pre-Defined Pricing Model) which was first implemented in April 2018. This continues to ensure that providers delivering direct care will pay their carers at least the Real Living Wage.

## **3. OUR APPROACH TO STRATEGIC COMMISSIONING AND PROCUREMENT**

We aim to develop systems and processes that support strategic commissioning and procurement in an effective way. A model adopted by the Scottish Government defines our approach.

### **Key Principles of the strategic commissioning cycle**

- Activities are grouped into four elements. All four elements of the cycle are sequential and equally important, however where the process is entered depends on where AHSCP is in the process of developing a SCP.
- The commissioning and procurement cycles are linked; activities in one must inform the ongoing development of the other. The AHSCP's commissioning intentions are set by the Integration Joint Board and are informed by the SCP 2023-26.

- The procurement cycle, and aspects of managing provider relationships and market/provider development are supported by Angus Council procurement and commissioning staff. This forms part of the arrangements for supporting the delivery of integration agreed in the Angus Integration Scheme.
- The commissioning process must be equitable and transparent, and open to input from all stakeholders via on-going dialogue with people, communities and providers. The membership of the IJB, the Strategic Planning Group, the senior leadership team and the locality improvement groups involves all providers of health and social care services and our communities in the design, development and improvement of services that support the people of Angus. This is illustrated in Figure 1 below.

Figure 1 The Strategic Commissioning Cycle (originally developed by the Institute of Public Care at Oxford Brookes University).



Under procurement legislation, public bodies have the ability to directly award contracts in certain circumstances or to tender. Public Contracts Scotland (PCS) is a national website, provided by the Scottish Government, where public sector buying organisations can advertise procurements, publish Prior Information Notices (PIN) to request information from the market or advise of upcoming opportunities and the portal is also where contract awards are advertised. Where appropriate, contract opportunities with AHSCP with a value of £50,000 and above will be advertised on PCS. Providers can register with PCS at <https://www.publiccontractsscotland.gov.uk/register/>.

When commissioning services from providers, there is an expectation from Scottish Government that when receiving public money, providers will be able to demonstrate commitment to fair work practices, such as:

- appropriate channels for effective voice such as trade union recognition;
- investment in workforce development including formal and informal learning opportunities;

- no inappropriate use of zero hours contracts;
- action to tackle the gender pay gap and create a more diverse and inclusive workplace;
- payment of at least the Real Living Wage;
- offer flexible and family friendly working practices for all workers from day one of employment, and
- oppose the use of fire and rehire practice.

Further information can be found in the Scottish Government's [Fair Work First: guidance](#)

In addition, there is a statutory duty for public bodies to consider sustainable procurement and community benefits. As part of procurement processes, AHSCP and Angus Council will include fair work practices, sustainability and community benefits in tender evaluations. More information can be found in the Scottish Government's [Public Sector Procurement Policy](#).

Scotland Excel is a central purchasing body that develops contract frameworks for local authorities across Scotland. AHSCP participates in a number of these frameworks including:

- Care Homes for Adults with Learning Disabilities including Autism
- Community Meals
- Social Care Agency Workers
- National Care Home Contract under the Care Home Services for Older People

In addition, going forwards, AHSCP will be using the Care and Support framework to commission supported accommodation for people with learning disabilities. Providers are encouraged to participate in these frameworks.

We are looking to develop and explore stronger strategic relationships with our providers.

#### **4. CONTRACTUAL ARRANGEMENTS**

AHSCP is a commissioner of services. Procurement is undertaken by either Angus Council or NHS Tayside under the direction of Angus IJB. The value of the current procurement plan is in the region of £60m. It is envisaged that the plan and its associated value will grow due to potential new opportunities, annual increases allowed for in many contracts and new national rates agreed in relation to other contracts.

A number of different types of agreement exist within the procurement plan, including:

**Framework Agreement** - an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts can be entered into throughout the term of the agreement.

**Contracts** are entered into for a set period of time following a full procurement process usually involving a tender or occasionally a direct award.

Angus Council works with neighbouring HSCPs and with Scotland Excel to consider opportunities for shared service agreements and national models that will deliver better value.

Commissioners in the AHSCP are responsible for the development of specifications with support from contracts officers.

Contract monitoring arrangements are undertaken by contracts officers and involve nominated operational officers from the AHSCP.

**Grant Agreements** are payments made by AHSCP to Third Sector Organisations to support their activities. Grant recipients will be required to publicise funding from AHSCP and will be subject to monitoring and overview.

In the majority of instances, contracts will be awarded by tender. In order to support providers and where appropriate to do so, the services of the Supplier Development Programme will be used to provide training on tendering.

## **5. DRIVERS FOR CHANGE**

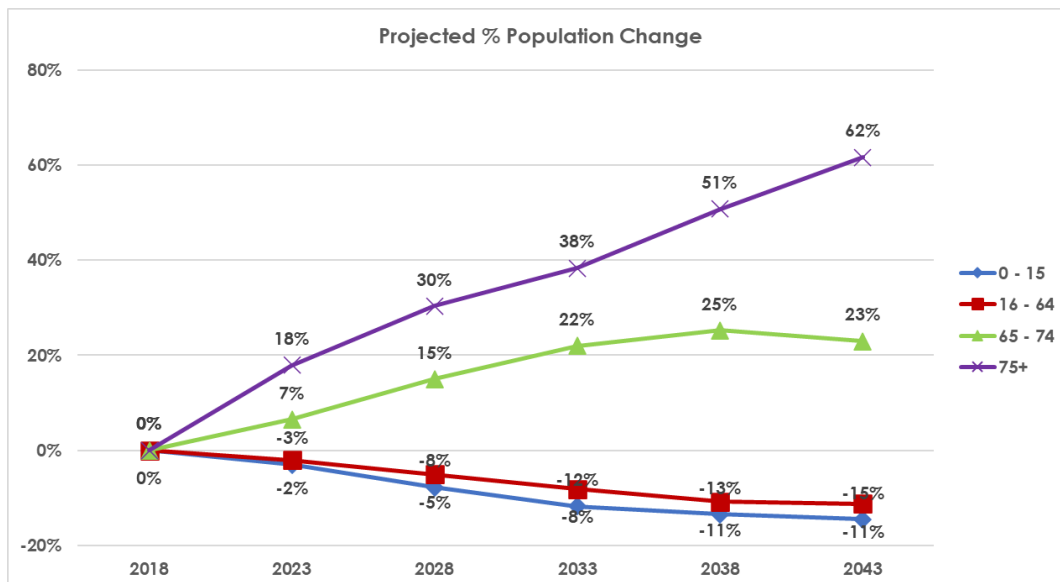
The AHSCP wants to stimulate a diverse market for care, offering people a real choice of provision and ensuring resilience in our services across the county. This requires that AHSCP understands the needs of the population and how it can best influence the local care market to achieve better outcomes. This market facilitation statement is an important part of that process. Through it, we expect to continue to promote shared outcomes with care providers in Angus.

### **Ageing population**

Our population is changing. According to the latest official statistics from the National Records of Scotland, the population of Angus in 2021 was 116,120. For the ten-year period 2018 – 2028, the population of Angus is expected to slightly decrease. However, we expect there will be fewer people aged 65 and under which reduces the number of working aged adults. We also expect the number of people aged 75 years and over will increase by 30%. The projected population Projected percentage population change in Angus between 2018 and 2043 is illustrated in Figure 2. This has implications for service provision as evidence indicates that the older people become they tend to have more long-term health problems.

### **Figure 2 Projected percentage population change in Angus between 2018 and 2043**





### Long Term Conditions

We will see an increase in people living with long-term conditions (LTCs). These are health conditions that last a year or longer, impact on a person's life and may require ongoing care and support.

- In the financial year 2021/22 22.8% of the Angus population had at least one LTC.
- Overall 2.4% of the population under the age of 65 have more than one LTC compared to 29% of those aged over 65
- Most people who need long term residential care have complex needs from multiple LTCs.

We will have to manage a much more challenging financial picture during the life of the SCP than during the previous one; consequently, principles of Best Value and value for money will be to the fore in how we use our resources.

### Source: Public Health Scotland and NRS

There are increasing pressures on spending. The public sector as a whole is working in an environment of significant financial constraint and the AHSCP is directly affected by this. The AHSCP faces a funding gap of £6.3 million by 2023/24, mid-way through the new SCP. Such pressures create a gap between demand and the resources available to meet that demand. The AHSCP SCP 2023-26 includes information on the resources available to the IJB and AHSCP. In this challenging financial environment, efficient partnership working with the broader care market becomes an imperative.

Expectations of the quality of public services are increasing with a heightened governmental focus on health and social care as a result of the pandemic; this increased focus results in changes to standards and the introduction of laws and regulations stipulating new duties and powers.

## 6. MARKET ASSESSMENT

We believe that we have a strong market in Angus, and this will continue to develop as we improve our partnership working. We have undertaken an assessment of the current market situation based on the intentions in our SCP 2023-26.

Strengths	Challenges
1) Diversity of providers for care at home developed through the care at home framework	1) There are recruitment and retention challenges across all care providers.
2) Relationships and partnership working were strengthened during the pandemic. There is an ability to co-create solutions to shared problems.	2) The viability of care at home and care home providers is challenged by high Infection Prevention and Control costs, insurance premiums increasing post-Covid, and a major increase in fuel and energy costs.
3) The market in Angus is well understood and there is broad consensus amongst partners about challenges and potential solutions.	3) The geographical spread of care home provision is uneven, with high availability in the South locations and insufficient resilience in the North East. There are significant problems in meeting the volume of need for care at home required in the Northwest rural locality.
4) There is closer alignment between service provision and clinical/care input following the pandemic.	4) There needs to be an improvement in the quality of care at home provision in complex care for people with Learning Disabilities.
5) Market issues are approached systematically through the Strategic Planning Group and Third-Party Group and are supported by a full-time professional from Scottish Care and by the Third sector.	5) The availability of 24-hour services which support and care should be considered
6) Carers are well-represented in planning forums and the Angus Strategic Plan for Carers is well advanced.	6) There is an insufficient focus on prevention and early intervention.
	7) There are real challenges for care providers in meeting the needs of people with complex care; this applies to care at home, day care and to care homes. Increased levels of frailty and cognitive impairment mean that existing methods, and staffing requirements, may no longer be

adequate.

- 8) We have a small number of out-of-area placements. These should be reviewed in line with the duties in "Coming Home" to consider if there are instances where care can be provided closer to home.

### **Risks:**

If we do nothing, or don't do enough of the right things, this will lead to:

- People not being cared for in their own home when they could be
- Delays in accessing appropriate care and support
- Less efficient use of available resources
- An inability to provide all the support that is required
- Not having the workforce in place to deliver what we need to
- Services which are not prioritised according to need
- An additional burden on unpaid carers.
- Risk of harm to vulnerable service users

## **7. ENGAGEMENT APPROACHES**

Angus has a longstanding and effective approach to partnership working and engagement with stakeholders and providers. The Angus HSCP Communication and Engagement Plan sets out a series of principles based on openness, transparency and mutual respect.

Providers play an essential part in how people in Angus achieve positive outcomes and we encourage discussions as to how this can be further developed. Engagement with the market is vital to securing the innovation needed to challenge existing systems and commission for the future. If we are to continue to deliver innovation and change to people living in Angus it is important that we continue to develop existing relationships and build new ones.

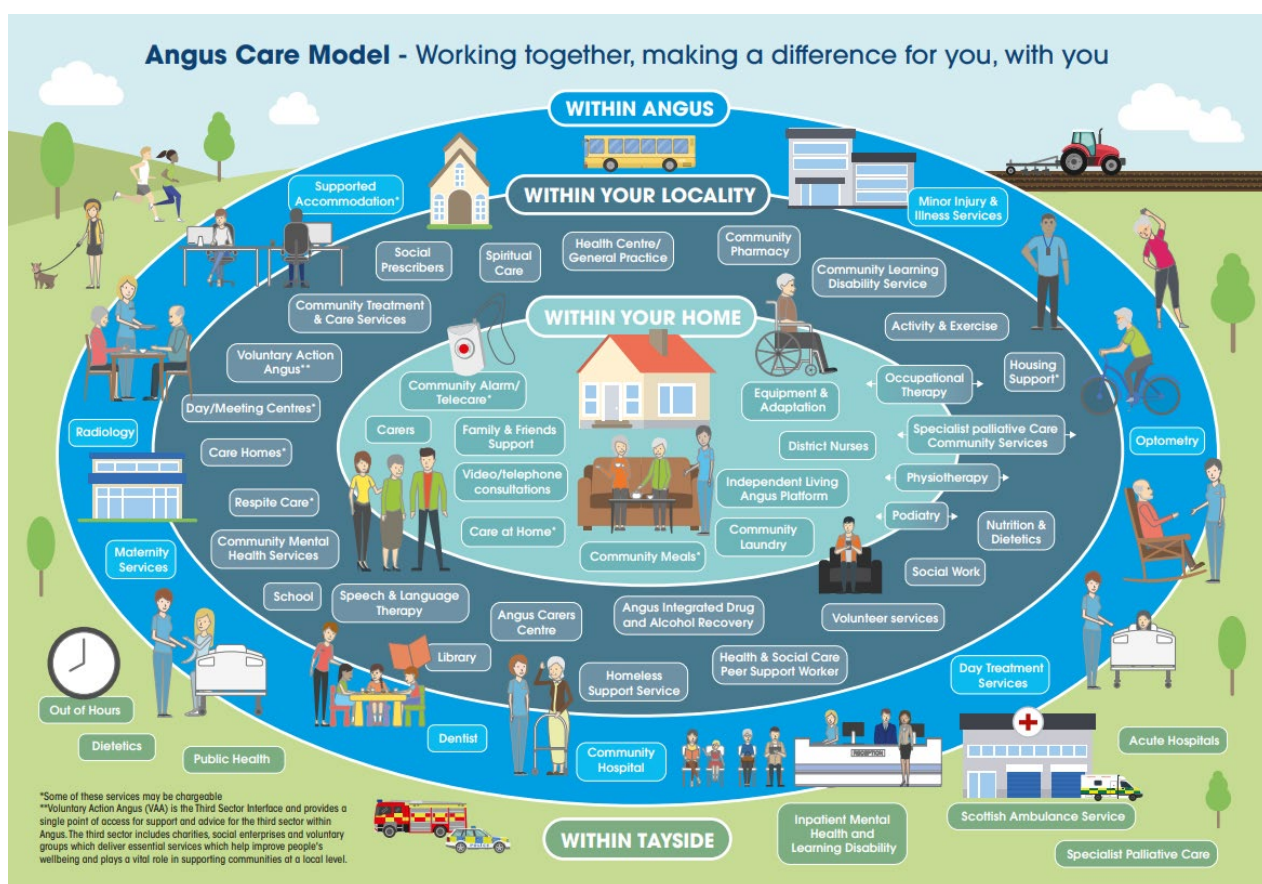
## Mechanisms for Market Facilitation and Engagement

Forums	<p>A Senior Planning Officer (Strategic Partner Relations) has been established within AHSCP to work with external care at home providers and support the shift from competitive to collaborative commissioning to sustain the local provider market. AHSCP also provide funding for a dedicated Scottish Care Independent Sector Lead post.</p> <p>A variety of forums take place and are a way of sharing information and to consult with providers on key developments and commissioning intensions. The forums provide an opportunity to build relationships and involve the local market in future developments. Current forums include the Providers Forum in addition to regular catch up meetings with Care Home, Care at Home and Day Care Providers.</p>
Provider events	Networking events will be held at least annually with providers from across the various sectors of care.
Direct Engagement	Providers can engage directly with commissioners to review plans/current arrangements. Commissioners also need to engage directly with providers to understand any barriers to delivering integrated care pathways.
Engagement with Carers	Unpaid carers are a vital part of the health and social care system in Angus and make a huge contribution to the people they care for and to communities throughout Angus. Carer representatives are involved in the strategic planning process.
Workforce planning	The IJB's <a href="#">Workforce Plan 2022-2025</a> recognises the important role of providers to support appropriate staffing models.
Engage with other areas	We are undertaking some work in conjunction with external care providers in Angus, Angus Council and Dundee & Angus College and Department of Work and Pensions focused on creative recruitment and advertising and more innovative ways to attract people into the health and social care workforce.

## 8. DELIVERING THE ANGUS CARE MODEL

The Angus Care Model (ACM) pictured in Figure 3 above, shows how we are shifting the balance of care to support more people in our communities and support people to have greater independence for longer.

Figure 3 Angus Care Model



Angus HSCP wants to continue to grow the ACM. This means that we must take every opportunity to better integrate services at all levels of our partnership. We must think and do things differently to support people more effectively in their own homes.

Project improvement plans which support the operational delivery of our SCP are brought together into a delivery plan to evidence progress and reported on through the IJB's Annual Performance Report.

## 9. KEY MARKET MESSAGES

In the context of our aim to support people to live in their own homes or as close to home and local communities for as long as possible the issues raised in section 5 together with limited financial and workforce resources, provide us and service providers with a number of challenges.

AHSCP needs to work with all third sector and independent care providers to continue to build the ACM to shape services in our localities through procurement activity, and to grow support in our communities to deliver on an Angus that actively cares. Through environment scanning, engagement with stakeholders, service reviews, market assessment, and conversations with providers and the wider public, we have identified a series of messages that we need to address through market shaping that will support the delivery of our SCP 2023-26:

## **I. Demand**

- A continuing increase in demand for care and support is expected because of demographic change. Resources have increased in the post-pandemic period, but this pace of investment is unlikely to be sustained at the same level as funding becomes more constrained from 2023 onwards.
- Life expectancy is increasing, including for those with long term conditions so there will need to be an increase in self-care initiatives to support long term health and wellbeing in older people.
- A key driver in the plan is to keep people at home or within their own community. This will shape how we deliver many of our services. We need to grow capacity to meet demand.
- Older people who remain at home for longer will have greater levels of frailty as a result of multiple Long Term Conditions. Services will need to be shaped to match this reality.

## **II. Prevention and Early Intervention**

- There is a need to grow supports that provide early intervention, prevention and enablement to support the move away from long term dependency on care provision.
- Demand for accessible information and in digital formats is expected to grow to support people in taking control over how their needs are met. There will continue to be a demand for accessible information in more traditional formats for some time.
- The AHSCP sees greater opportunity for the third sector in supporting independence in our communities and in early intervention and preventative work.
- Financial pressures will result in more rigorous application of eligibility criteria and prioritisation for high tariff services.

## **III. Individualisation**

- The development of online marketplaces is likely to give more information and choice to individuals and allow them to give transparent feedback on their experiences.

- The use of assistive technology needs to be further embedded into mainstream support provision to enable more people to maintain their independence for longer.
- Services need to maximise the opportunities for individualisation in outcomes under Self Directed Support (SDS).
- We will review the way that service users and carers are supported to manage their SDS budgets, including its application to preventative services.
- We want to work with providers to promote innovative approaches to care provision e.g. in the use of technology and single-handed care

#### **IV. Care at Home**

- Care at home services are under intense pressure as we struggle to meet increased demand. In addition to capacity challenges, there is a range of difficulties facing providers; increase in the cost of living, transport; viability; staffing and recruitment.
- We will continue to monitor the balance between local authority provision and commissioned provision to ensure maximum effectiveness. The AHSCP's "internal" social care provision will, wherever possible, emphasise shorter term intensive social care packages, focusing on enablement and prevention of admission.
- We will work with providers to gradually evolve our shared future expectation of what providers can deliver.
- We want Providers to have more autonomy to adjust care packages as need changes, building on an existing pilot project.
- A new flexible Framework for Provision of home and community-based care and support services under SDS Option 3 commences in April 2023. We will continue to work in a way which adheres to our commissioning duties, but which is responsive to what providers tell us about delivery issues. The flexible framework has the scope to be reopened to allow new entrants subject to meeting essential participation criteria. Providers will be subject to the same tendering requirements as the initial tender.

#### **V. Care Homes**

My Health, My Care, My Home was published by Scottish Government in June 2022. This document provides information, assurance and direction to all those involved in and affected by the provision of health and care in care homes. This includes people living in care homes and their family and friends, health and social care teams, care home providers and sector leaders across Scotland.

- Demand for care home places for older people decreased during and immediately after the pandemic but has increased again. For other groups it has remained consistent. We believe that there is an important and valued



place for care homes in our range of care provision.

- We recognise that there are fewer opportunities for younger people with a physical disability to access a care home, either permanently or for respite, that meets their outcomes in an environment with their peers.
- The care home sector has undoubtedly experienced the most challenging of times due to the COVID-19 pandemic. We want to be able to work alongside care homes on the key issues that affect them, continuing the shared approach to problem-solving that has developed during the pandemic.
- A positive to emerge from the pandemic has been the improved clinical input for care home residents. We want to build on this for the future, including making improvements in the arrangements for hospital to care home discharges.
- We want to discuss with providers how best we can commission services in a way which meets our needs for predictability of service provision with the providers' need for certainty about levels of business and viability. This could include considering different models of commissioning of services such as a greater emphasis on block contracts.
- We remain committed to the National Care Home Contract (NCHC) and will work with Scotland Excel, providers and national groups to ensure the NCHC is reflective of current service requirements and can deliver a sustainable sector.
- Angus has geographical anomalies in its care home provision i.e. adequate provision for older people in the South localities, and only just enough in the North East. We require more resources for people with learning and physical disabilities. We want to work with providers to determine whether we can achieve a better balance across the county.
- With providers, we will explore how we can ensure that people access the right type of care and support regardless of which home they live in.
- The average age of people entering care homes is now 85.5 years. Residents are older and frailer than previously. We know that 75% of care home residents now have cognitive impairment. Residents will require support that address these issues, and which meet palliative and end of life care needs. We want to discuss with care home providers what these demographic changes mean for their provision.
- There is an identified need for care home placements for people with a learning disability. This is for both residential support and also for those with more complex support needs that have required the procurement of placements out with Angus.
- There remains the requirement for an environment which provides short-term care for a person who needs an enablement assessment to prevent an unavoidable admission to hospital. Discussions will continue as to how this can be sustainably delivered for the community of Angus.



- Explore and improve the delivery of health and social care closer to home preventing the need for admission to hospital and focus on early discharge, in particular for people living with dementia.

## **VI) Community Support Services**

- We believe that Day Care/Meeting Centres has much to offer the citizens of Angus and we see Day Care/Meeting Centres as being an essential element of our range of options to maintain people at home and a key support to carers, as well as providing an important personal care and support service to individual service users.
- We recognise that keeping people at home for longer means that they will be frailer and may have more advanced cognitive problems. It is recognised that this will change the pattern of demand for day care, the challenges it encounters on a daily basis, the methods needed to work with a more vulnerable group, and the potential changes to staffing skills and numbers.

## **VII) Supported Housing**

### **Care in Supported Accommodation for Adults with a Learning Disability**

AHSPC currently commission care in supported accommodation for adults with a learning disability from four providers in five towns throughout Angus.

A migration to the Scotland Excel National Flexible Framework for Care and Support is planned for providers in 2023. It is envisaged that all four current providers will be part of the second generation of a four-year Scotland Excel Flexible Framework by 1 April 2024.

We will continue to work with providers to ensure that the services deliver the appropriate level of care with a focus on quality, sustainability as well as delivering value for money.

### **Respite Care for Adults with a Learning Disability and or complex needs**

AHSCP will continue to offer respite care for adults with a learning disability and or complex needs, whose requirements may include support of complex care needs and are assessed as suitable to receive the service.

## **VIII) Mental Health Services**

- A range of third sector organisations are currently commissioned to support the 'Mental Health Family' approach to ensure people get the right care, in the right place, at the right time. This provides support effectively at the time it is needed, in the person's local area, while reducing inappropriate demand on primary and secondary care services. We will be seeking to enhance third sector support in the future, with 'drop in' support to provide a compassionate response for people in crisis and for people who wish to access support for their general wellbeing.

- AHSCP currently commissions two suicide prevention services. This includes services for adults bereaved by suicide. Suicide prevention and support service requirements will be reviewed to ensure alignment with the Scottish Government's new suicide prevention strategy – 'creating hope together'. This will inform future 3<sup>rd</sup> sector service provision to support suicide prevention.

## **IX) Substance Use Services**

- A range of services are currently commissioned to support the care, treatment and recovery of individuals affected by substance use and their families and carers. There is a need to take a whole system approach to the delivery of support, care and treatment for problematic substance use, to improve access, promote prevention and self-management and deliver joined up services. This is in line with the Scottish Government Medication Assisted Treatment Standards, [Tayside Living Life Well Strategy](#), the Angus Health and Social Care Partnership Strategic Plan, and the Health Improvement Scotland Mental Health and Substance Use pathway development.
- Scotland Excel, which develops and procures some services on behalf of local government is currently exploring the development of a framework for residential rehabilitation. AHSCP will participate in such a framework if developed and would actively encourage providers to also participate.
- A range of third sector organisations are currently commissioned to support the Alcohol and Drugs Partnership's (ADP) Priorities Two and Three: Developing Recovery Oriented Systems of Care (ROSC), and Getting it Right for Children and Families.
- The ADP currently commission a Community Recovery Service which enables people who use substances to have the information, advice, connection and support they need to recover and live a healthy and fulfilled life within their communities.
- A number of social community cafes are also commissioned throughout Angus which offer safe, alcohol and drug free venues for people with any substance misuse issues, to meet and socialise. Workshops and activities are available within the cafes with the aim of promoting and improving wellbeing, tackling stigma, reducing isolation and loneliness, and signposting relevant local services and opportunities. People with lived experience of substance misuse are employed or volunteer within the cafés provide peer to peer support.

## **X) Complex care**

- The implementation of the next phases of our strategic approach to delivering specialist services for adults with learning disability, physical disability, mental health and substance misuse will be reflected in the new provision of home and community-based care and support services under SDS Option 3 Framework.
- Services for people with learning disabilities will need to offer a broader range of stimulating experiences for the service user and carer, including supporting

access to non-learning disability services.

- We need to find ways of providing sustainable services for what may be small numbers of complex needs service users through the Framework
- We want to work with providers to ensure complex care provision is available for clients locally rather than out-with the Angus area and that through skilled staff placement breakdowns are minimised. We will seek to deploy available capital resources, sometimes in conjunction with providers, to deliver appropriate local services.

## **XI) Carers**

- AHSCP has made great progress in support to carers and in implementing the requirements of the Carers Act. The next phase of this work will see greater involvement of carers in decision-making and in strategic development.

## **XII) Workforce**

- Recruitment issues are affecting staffing levels in nearly all care settings. The Angus HSCP Workforce Plan 2022-2025 has been approved by the IJB and the Scottish Government. Each Strategic change must be accompanied by an operational delivery plan, which in turn needs to be informed by workforce availability.
- AHSCP acknowledges the time and cost burden associated with travelling to deliver care services. The HSCP will work collaboratively and innovatively with providers to contain the impact of travelling to visit clients.
- We acknowledge that all our services are now provided in an environment with workforce constraints. AHSCP wishes to work collaboratively with providers to address and work-around these challenges so that we can deliver the appropriate level of care locally.

## **10. MORE INFORMATION**

More information on the work of AHSCP, the SCP 2023-26 and other related documents can be found at [www.angushscp.scot](http://www.angushscp.scot)