



Renfrewshire
Health & Social Care
Partnership

Market Facilitation Plan 2023-25



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Foreword

Welcome to the Renfrewshire Integration Joint Board (IJB), Market Facilitation Plan 2023. It has been four years since our last Market Facilitation Plan was published. In that period, the health and social care landscape has changed significantly, both in Renfrewshire and across the country.

In March 2022, we published our Strategic Plan, “Shaping Our Future”, where we made a commitment to update our Market Facilitation Plan, accounting for the impact of COVID-19 on the nature and demand for our services. Now in June 2023, we continue to face significant challenges and competing priorities in the delivery of health and social care services, including the financial sustainability of our services.

While challenges and uncertainties persist in health and social care in Renfrewshire and Scotland as a whole, we are hopeful that this plan will help our existing partners, as well as prospective provider organisations, to make informed business decisions about future service delivery.

Renfrewshire Health and Social Care Partnership (HSCP) has a commitment to, and proven track-record of effective collaborative working with provider organisations. There is provider representation at all levels of care planning and strategic planning forums across Renfrewshire.

The HSCP will continue to work collaboratively to develop a market that delivers improved outcomes for people who use services now and in the future. We hope to develop those collaborative relationships further over the coming years as the health and social care market works towards meeting well documented challenges such as staff recruitment, retention and an ageing population with multiple and complex needs.

We have a firm commitment to Ethical Commissioning and Human-Rights based approaches and will seek to embed this further in our practice over the coming years. We have consulted widely with providers organisations, both existing and prospective in the development of this plan and see this publication as a platform for further meaningful strategic engagement between Renfrewshire HSCP and our partners.



Christine Laverty
Chief Officer,
Renfrewshire HSCP

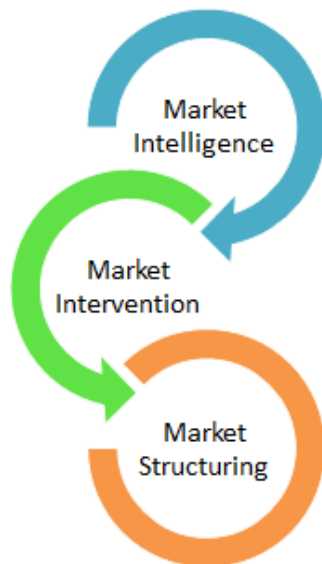
What is market facilitation and who is this plan for?

“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future”

Scottish Government Procurement of care and support services: best practice guidance.

The development of market facilitation plans or statements, is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. These plans aim to inform, influence and adapt service delivery to ensure the right services are available at the right time.

Market facilitation is the relationship between market intelligence, market intervention and market structure.



The purpose of this market facilitation plan is to help providers of health and social care services make informed business decisions and plan for future service delivery in Renfrewshire. We will work with our partners to share relevant information that will assist in their own planning and forecasting.

While this plan is published at a point in time, the process of engaging with the health and social care market will remain a constant focus for us. This document is therefore intended to be a reference point for future, more detailed commissioning discussions.

Principally, this plan is for existing and prospective providers of health and social care services in Renfrewshire. However, it is hoped that it will be of interest to individuals who receive services themselves and/or to families and carers.

Renfrewshire IJB Strategic Plan 2022-25

The Renfrewshire IJB Strategic Plan 2022-25 was approved by the Integration Joint Board in March 2022.

The plan sets out how services will be shaped around individuals, unpaid carers, and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. The plan has a focus on delivering within five key themes, which all link to National Outcomes. The themes are as follows:



We reduce inequalities and improve health and wellbeing through early action and prevention.



People are supported to recover and manage their disabilities or long-term conditions within their communities and to stay at home.



We provide clinically safe services, within the community wherever possible, and people are able to access the appropriate specialist support to aid them in their recovery.



People access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.



We work collaboratively to make sure Renfrewshire's resources are used to have the greatest impact on health and care.

Renfrewshire IJB Strategic Plan 2022-25

The development of the Strategic Plan and the themes which guide our work, demonstrate a culture of, and commitment to, collaborative working with partner organisations.

Provider representation continues at all levels of care planning and strategic planning forums across Renfrewshire.

Strategic Planning Group (SPG)

Our Care Planning Groups (HSCP-led)

Learning Disabilities

Autism

Older People

Unpaid Carers
Strategy Group

Independent Living

Palliative Care
Strategy Group

Mental Health & Wellbeing

Market intelligence, market intervention and market structuring are integral in ensuring our ability to deliver across each of the five Key themes of the Strategic Plan.

Our ability to engage effectively with existing and prospective provider organisations and to develop an environment which promotes problem solving, shared risk and innovation will determine to what extent we can meet our strategic objectives.

We also ensure that new providers to Renfrewshire are encouraged to take the opportunity to engage with the HSCP and partners at both an operational and a strategic level as we move through the lifetime of this Market Facilitation Plan and our Strategic Plan.



Developing our Market Facilitation Plan

The development of this plan has been a collaborative exercise between HSCP contracts and commissioning staff, operational teams and provider organisations over the past few months.

More than 40 local and national organisations have been given the opportunity to let us know what sort of information they would like to see included within this plan and what would be useful to them for their own business planning.

As well as regular and ongoing dialogue with provider organisations, dedicated consultation and formal events also took place as follows:

1. HSCP Provider Event (December 2022). This event was attended virtually by 40+ individuals from a range of organisations
2. Focused discussions with five national providers who do not currently deliver services in Renfrewshire
3. Presentation to the Renfrewshire SPG (Strategic Planning Group) Third Sector Group – February 2023
4. HSCP Provider Event May 2023





Demographics...

The following section provides a high-level overview of the key demographic data for Renfrewshire, which has been used to inform this plan.

Demographics

Population

In 2021, the total population of Renfrewshire HSCP was 179,940, this is projected to rise to 182,256 by 2028.¹ The graph below shows the population distribution of the HSCP. Overall, 48.4% of the population are male, and 51.6% are female.

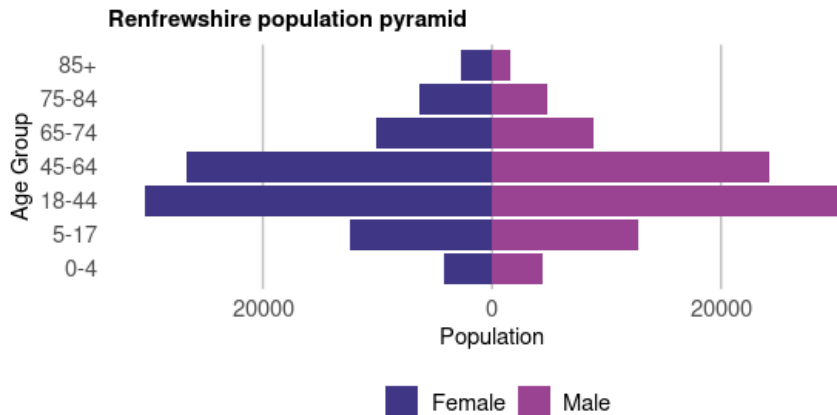


Figure 1: Population by age and sex. The population in Renfrewshire is estimated to increase by 1.2% from 2021 to 2026.

General Health

For the most recent period available, Renfrewshire HSCP had:



An average life expectancy of 75.7 years for males and 80.4 years for females, compared to the national average of 76.8 and 81 years of age respectively.



A death rate for ages 15 to 44 of 123 deaths per 100,000 age-sex standardised population. This is higher than Scotland (117 deaths per 100,000).²



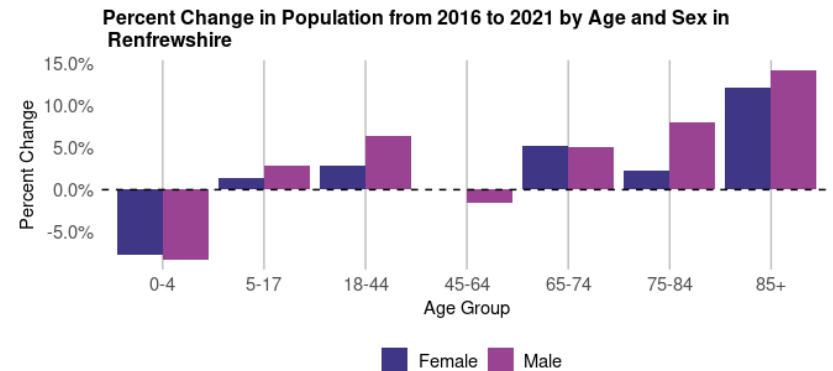
22.9% of the locality's population with at least one long-term physical health condition. This is higher than Scotland (21.7%).



A cancer registration rate of 643 registrations per 100,000 age-sex standardised population (compared to 625 in Scotland), and an early deaths (<75 years) from cancer rate of 173 per 100,000 age-sex standardised population (compared to 153 in Scotland).²



21.1% of the population being prescribed medication for anxiety, depression, or psychosis. This is a larger proportion than Scotland (19.3%).

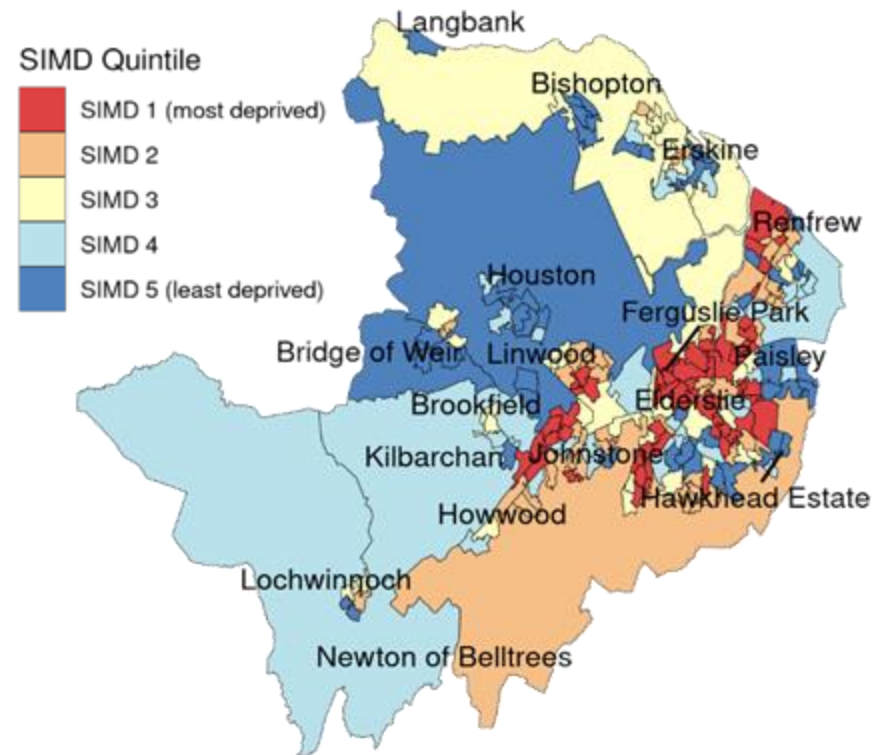


Demographics

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020.

Of the 2021 population in Renfrewshire, 23.9% live in the most deprived Quintile (SIMD 1), and 22.5% live in the least deprived Quintile (SIMD 5).

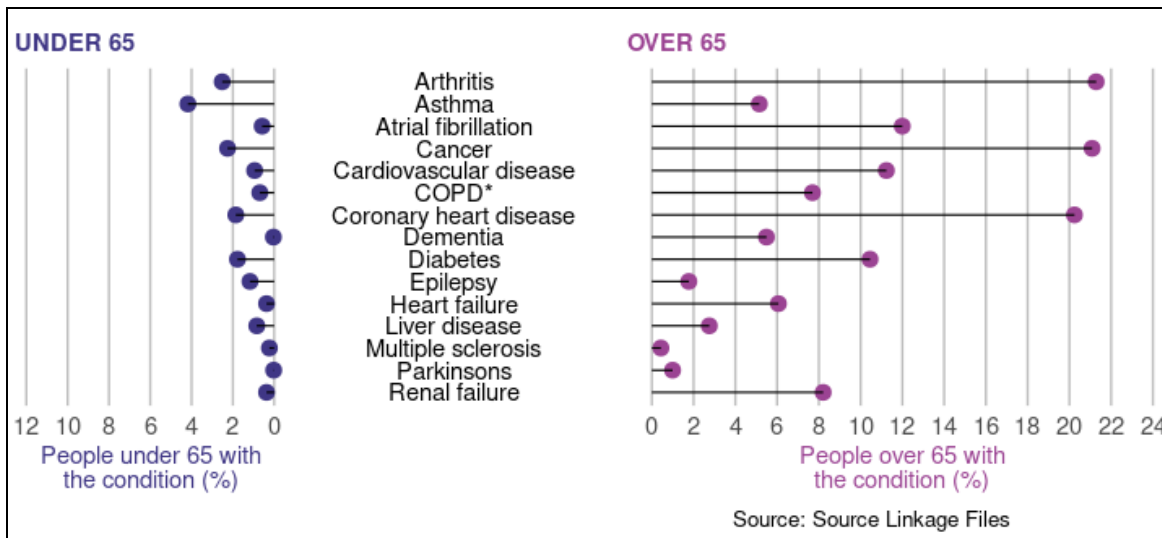
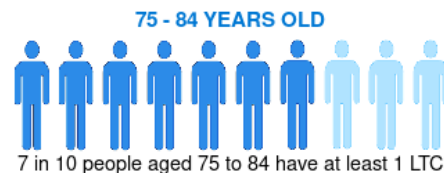
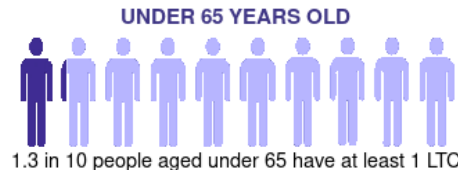


Demographics

Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2020/21, in Renfrewshire, it was estimated that 22.9% of the population had at least one physical long-term condition (LTC). These included: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.

Please note that estimates for this section are based on people who had contact with NHS services – see footnotes for further information and caveats on identifying LTCs.³

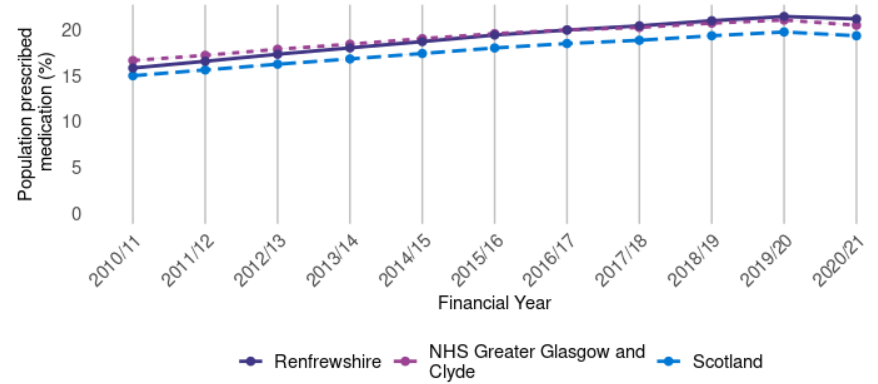


Percentage of people with each physical LTC, split by age group.

Demographics

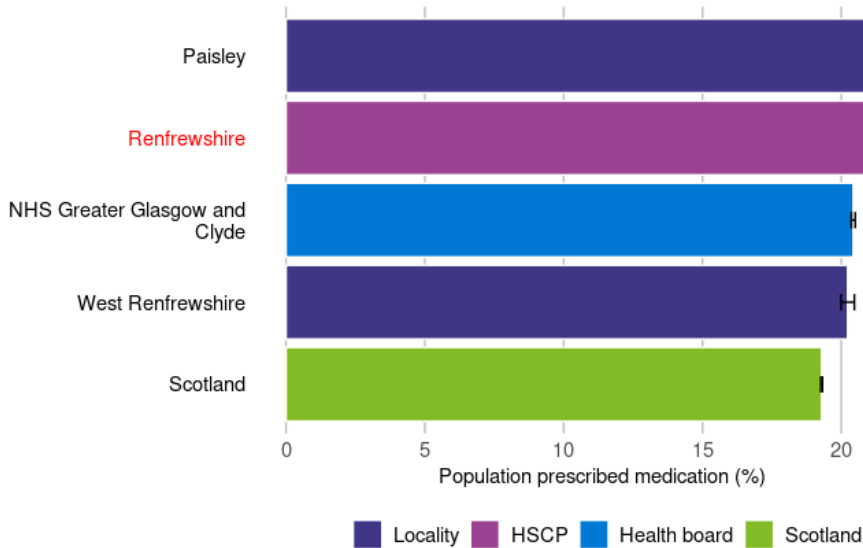
Anxiety, Depression, and Psychosis prescriptions

In 2020/21, **21.1%** of people were prescribed medication for anxiety, depression, or psychosis in Renfrewshire HSCP. This is a **33.7%** increase from the rate 10 years prior in 2010/11.



Source: ScotPHO

Anxiety, depression, and psychosis prescriptions over time and by geographical area.



Source: ScotPHO

Percentage of population prescribed medication for anxiety, depression, and psychosis by area for the latest time period available..

Demographics

Lifestyle and Risk Factors

For the most recent time period available, Renfrewshire had:



677 alcohol-related hospital admissions per 100,000 age-sex standardised population. This is higher than Scotland (621 admissions per 100,000).²



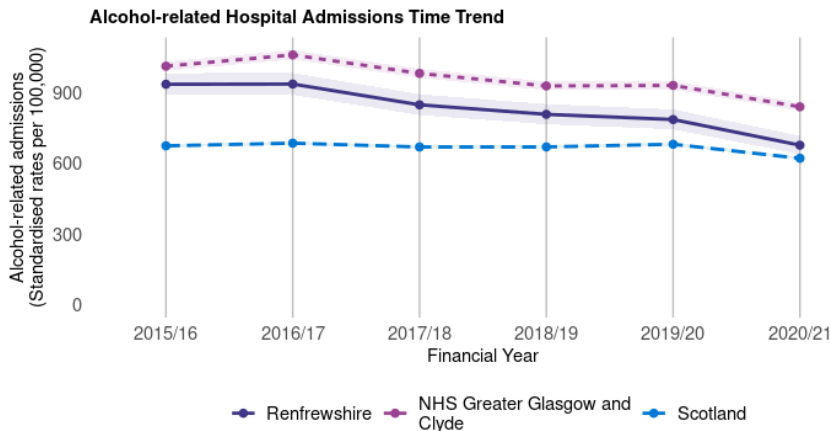
24.4 alcohol-specific deaths per 100,000 age-sex standardised population. This is higher than Scotland (20.8 deaths per 100,000).²



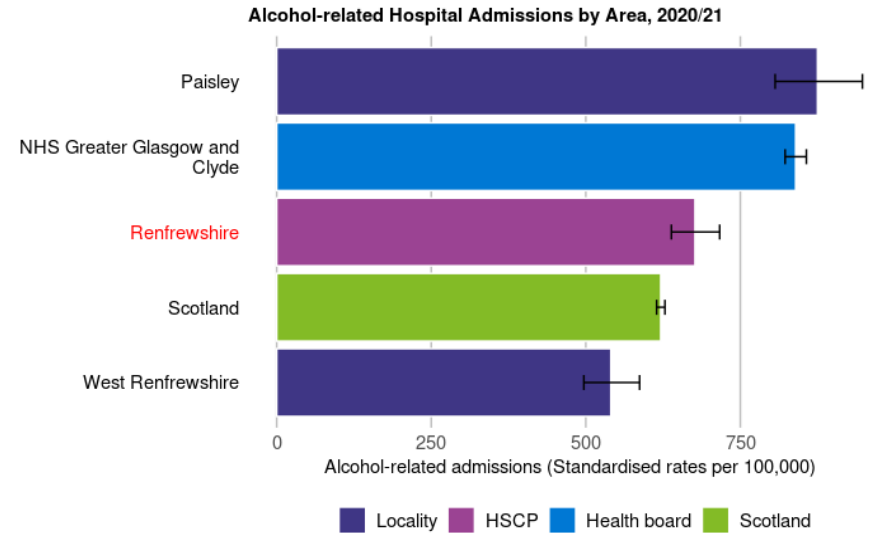
230 drug-related hospital admissions per 100,000 age-sex standardised population. This is higher than Scotland (221 admissions per 100,000).²



63% uptake of bowel screening among eligible population, compared to 64.2% in Scotland.



Source: ScotPHO




Source: ScotPHO


Alcohol-related hospital admission rates by area and over time.


Demographics


Hospital and Community Care


For the most recent time periods available, Renfrewshire had:


 9,655 emergency hospital admissions per 100,000 population, compared to 10,434 in Scotland.


 72,314 unscheduled acute specialty bed days per 100,000 population, compared to 71,792 in Scotland.

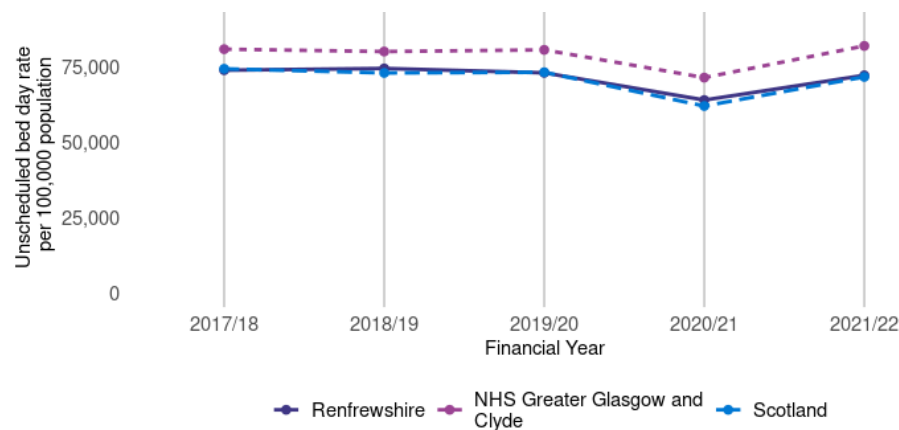
 30,072 A&E attendances per 100,000 population, compared to 25,791 in Scotland.

 17,123 delayed discharge bed days per 100,000 population aged over 65, compared to 40,774 in Scotland.

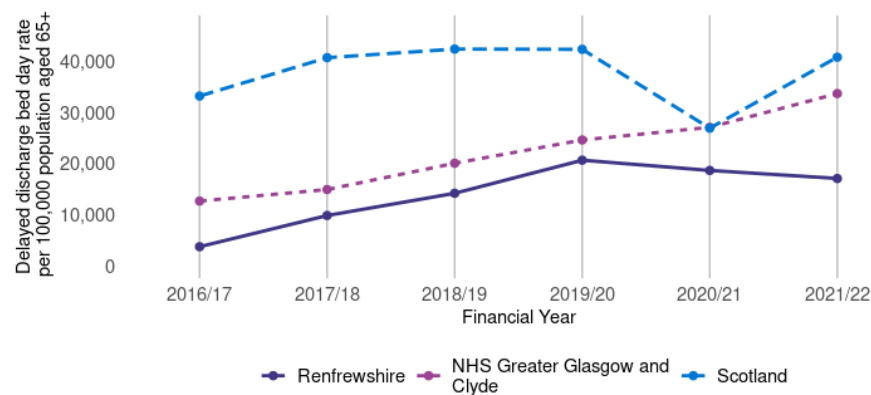
 2,041 emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,281 in Scotland.

 81.4 emergency readmissions (28 day) per 1,000 discharges, compared to 106.5 in Scotland.

 1,278 potentially preventable hospital admissions per 100,000 population, compared to 1,464 in Scotland.



Unscheduled acute bed days by geographical area



Delayed discharge bed days in population aged 65+ by geographical area

Demographics

Hospital Care (Mental Health Speciality)

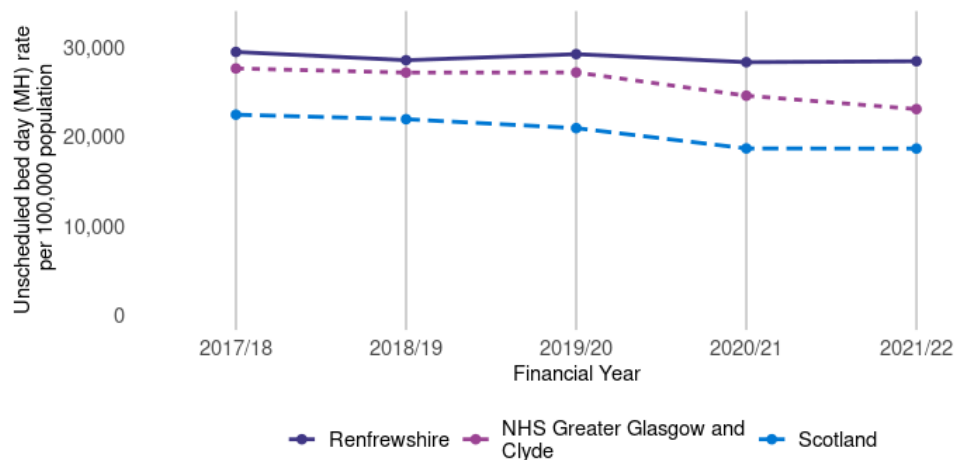
For the most recent time periods available (2017-22), Renfrewshire had:



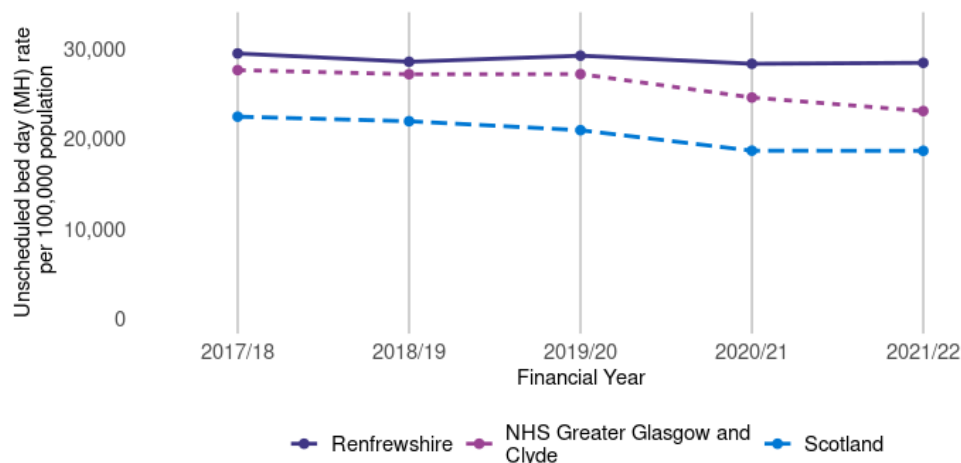
319.8 psychiatric patient hospitalisations per 100,000, compared to 242.8 in Scotland.



28,438 unscheduled mental health specialty bed days per 100,000, compared to 18,672 in Scotland.



Unscheduled mental health specialty bed days by geographical area



Unscheduled mental health specialty bed days by age group

Renfrewshire Geography

Renfrewshire is located in West Central Scotland and is the 10th largest Council area in Scotland by head of population, but covering a relatively small land mass of 270 square kilometres.

The Geography of Renfrewshire can present challenges to provider organisations who support people in their own homes. The semi-rural nature of much of Renfrewshire means there can be issues with travel and very local recruitment.

Local intelligence tells us that delivery of services in Paisley tends to be much less of a challenge for providers than areas such as:

- Erskine
- Bishopton
- Inchinnan
- Langbank
- Houston
- Lochwinnoch
- Howwood
- Bridge of Weir
- Crosslea
- Brookfield



Reliable and regular public transport is a key enabler to the delivery of health and social care services. Semi-rural areas of Renfrewshire which lack public transport links early in the morning, late at night or at the weekend, present a challenge to service delivery.

It is also common to see significant differences in weather across Renfrewshire during the winter months. Access to areas on higher ground, such as Foxbar present an additional challenge to social care staff who support individuals in their own homes.



Finance...

Finance

Financial Context

JBs across Scotland are now subject to significant demand and cost led pressures, and Renfrewshire JB is no exception. The increasingly challenging operational environment, coupled with increasingly strained resources, has given rise to a financial challenge on a scale never before experienced by the JB.

Since the publication of the JB's Medium Term Financial Plan 2022-25, which projected a considerable budget gap across the medium term, the fiscal landscape has again tightened dramatically. As we enter 2023/24, the HSCP's estimated impact of cost and demand pressures, prior to mitigation, is c£17.4m, now exceeding the worst-case scenario projected in March 2022.

In managing its budget for 2023/24 it is likely that the JB will require to draw down a substantial amount of reserves to provide non-recurring support to balance the annual revenue budget and deliver a balanced budget for 2023/24. In doing so the financial resilience of the JB in future years will be comprised. The use of non-recurring support to balance the 2023/24 budget also means the JB's budget is no longer in recurring balance.

Looking ahead to 2024/25 and 2025/26 - without the aid of reserves to shore up the budget, or a significant increase in funding and/or decrease in costs - the recurring budget gap is set to increase significantly, with current estimates under a medium-case scenario of a recurring gap of £14.7m in 2024/25, growing to over £25m in 2025/26.

This is likely to have an impact on our ability to fully deliver on our Strategic Plan objectives and may require the JB to reprioritise decisions for investment and disinvestment in order to deliver on our priority of a sustainable future. Together with providers, we need to develop new and financially sustainable responses to meet the needs of our communities and address the pressure on our services.

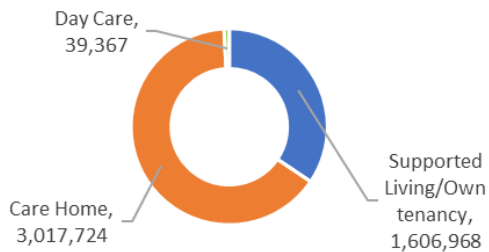
"JBs face considerable financial uncertainties and workforce challenges. Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements."

"The social care sector cannot wait for a NCS to deal with financial, workforce and service demand challenges – action is needed now if we are to improve the outcomes for people who rely on health and social care services."

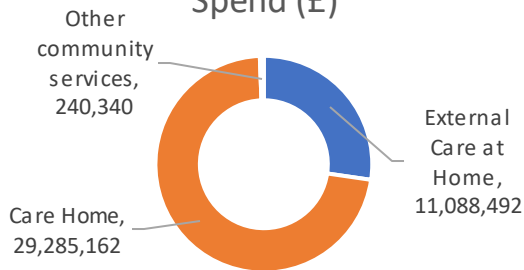
Finance

The following shows annual spend on purchased service provision across Care teams in Renfrewshire.

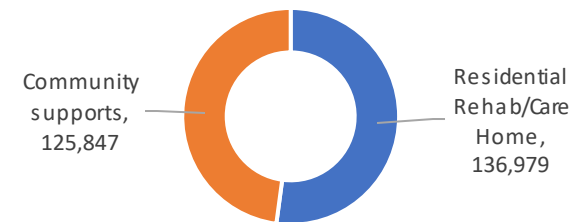
Physical Disability Purchased Service Spend (£)



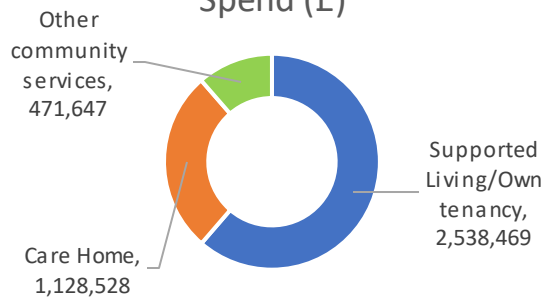
Older People Purchased Service Spend (£)



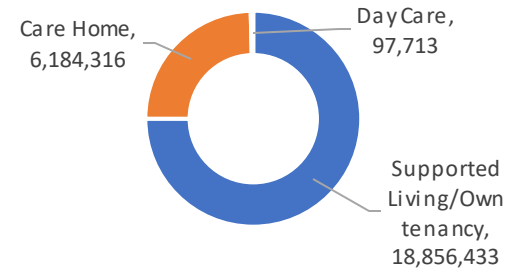
Alcohol & Drugs Purchased Service Spend (£)



Mental Health Purchased Service Spend (£)



Learning Disability Purchased Service Spend (£)





Service Area Priorities...

Renfrewshire Learning Disability Service (RLDS)

There are currently around 730 people open to RLDS. The key strategic policy driver is the [Coming Home Report](#), which was published by the Scottish Government in 2018 and the subsequent [implementation report](#), from February 2022, which aims to reduce Out of Area placements and delayed discharges significantly by March 2024.

Coming Home Implementation Recommendations

National Actions

- The Scottish Government and COSLA should make a policy commitment to take forward the framework
- A sample Dynamic Support Register should be developed into a tool for national use to improve performance monitoring
- Establishment of a National Support Panel to provide oversight and support for the Register
- Creation of a National Peer Support Network to facilitate joint learning and sharing of best practice
- Further work to explore issues in relation to people with enduring mental health conditions who are subject to delayed discharge
- £20m was allocated to Integration Authorities in February 2021 and can be held in reserve for up to 3 years. The Scottish Government is working with local areas to monitor the use of this funding which is 'The Community Living Change Fund'

Local Actions

- Use of the Community Change Fund to improve local community-based support for people with complex needs
- Renfrewshire allocation: £696,756 non-recurring funds
- Development of 6 HSCP GGC Wide Programme Board
- Enhance collaborative working with HSCPs and the third sector
- Work jointly across Board areas and support system-wide workforce development
- Health Boards, IJBs and Housing should assess opportunities for resource transfer to better utilise existing spend
- Multi-agency planning should be in place for crisis situations
- Use of £450K recurring Winter Monies allocation to establish a RLDS Assertive Outreach Model as part of Community Integrated Team

In the coming years, providers can expect closer joint working with the HSCP on managing the care needs of individuals with complex support needs.

Along with this, Renfrewshire HSCP will require a range of new accommodation options for people with Learning Disabilities. These include bespoke accommodation, core and cluster, shared accommodation and self-contained supported accommodation.

Older Adults

There are around 1,500 people open to locality teams in Renfrewshire.

Our strategic priorities remain aligned to [Reshaping Care for Older People 2011 – 2021](#) and [Social Care \(Self Directed Support\) Act 2013](#). The recently published [Dementia in Scotland – Everyone's Story](#) and the planned 'Health and Social Care Strategy for Older People', will shape our strategic direction in this area over the lifetime of this Market Facilitation Plan.

There are a range of service options for older adults, including Sheltered Housing, Very Sheltered Housing, Extra Care Housing, Residential Care Homes and Nursing Homes.

Work is underway to develop a new Care at Home and Housing Support Framework for Renfrewshire. We are working closely with provider organisations in the area to understand the marketplace as well as the challenges that are faced in the current climate. Our goal is to provide the best quality of care and support to individuals in their own homes and to ensure people can live as independently as possible, avoiding unnecessary or extended hospital admissions.

In the first quarter of 2023, the HSCP Care at Home service received over 800 referrals for Hospital Discharge, while receiving approximately 650 referrals from the community.

Our internal Care at Home services manage less than half of all current cases, with the rest being carried out by partner organisations.

Renfrewshire has 23 over-65 care homes, with the average occupancy in the last year being c.90%. Our purchasing route for over-65 care homes is the National Care Home Contract. Around 84% of the current residents within Renfrewshire Care Homes are living with a significant cognitive impairment.

The care home market in Renfrewshire, like elsewhere in Scotland, is still adapting to changes in demand post-pandemic. There are several care home units across Renfrewshire which potentially could be opened should demand change or increase in the coming years. However, at this point, the current care home estate is sufficient to meet the needs of our over-65 population.



Independent Living

(Physical Disabilities, Head injuries and Sensory Impairment)

We have established Care Planning Groups which support the Strategic Planning Group in carrying out its duties. They enable us to focus on the needs and services for those within 'care groups' supported by the HSCP.

The Independent Living Planning group covers Physical Disabilities, Head injuries and Sensory Impairment, recognising the particular care needs and issues faced by these groups. Most of the services provided in community settings for individuals with these support needs are delivered by the HSCP.

The Disability Resource Centre (DRC) provides services for people living in Renfrewshire with physical disabilities and sensory impairments. The DRC actively promotes independent living through various leisure, social, educational and employment activities and services. This service is provided directly by the HSCP and is designed to be flexible to peoples' needs.

Renfrewshire HSCP Sensory Rehabilitation and Support Services provide support to people of all ages across Renfrewshire with a sensory impairment. This includes internal and external services to support people to live safely and independently in their homes, to be active in their communities and to prevent hospital admissions.

As is common in other parts of Scotland, Renfrewshire is regularly challenged in identifying 24-hour care options for individuals under the age of 60. Due to the specialist nature of the care required, some of the most challenging areas of provision is for those with physical disabilities, acquired brain injuries or alcohol related brain damage (ARBD).

Going forward we will focus on working with provider organisations who have or are planning to develop services for these groups in Renfrewshire.



Mental Health

There are currently around 650 people open to Community Mental Health and Older People Community Mental Health Teams in Renfrewshire.

Services in Renfrewshire are delivering in line with [The Scottish Governments Mental Health Strategy \(2017-2027\)](#) and the [NHS Greater Glasgow and Clyde Adult Mental Health strategy \(2018-23\)](#).

The last two years have seen a significant increase in admissions to mental health hospitals, resulting in severe bed pressures in our Adult Admission wards. This can also lead to further pressure on our community-based services as well as increasing demand for supported living placements.

Over the lifetime of this plan, we will focus on accommodation-based mental health services becoming part of the recovery journey, with an aim to support people to move to more independent settings.

Across Scotland, including within our own current services, there is a gap in the under 65 mental health care home provision for people with severe and enduring Mental Health conditions. We will seek to address this gap and will focus on working with providers who deliver this type of support in other areas.

We are currently carrying out a review of community based mental health service provision, with a specific focus on our commissioned services. This review will conclude in summer 2023 and will make recommendations on future commissioning strategies in this area. Coupled with this, Renfrewshire is participating in the national Distress Brief Intervention Programme in the coming 12 months. More information about DBI can be found here: <https://www.dbi.scot/>



Renfrewshire Alcohol and Drugs Recovery Services (ADRS)

There are around 900 people who receive a service from Renfrewshire ADRS. Alcohol and Drug Recovery services seek to improve outcomes for individuals in line with national strategic drivers such as the National Mission to reduce drug related deaths and harms, and more local developments such as the Renfrewshire Alcohol and Drug Commission, who published their final report in 2020.

The majority of Alcohol and Drug services in Renfrewshire are currently delivered “in-house”, although there have been some new developments in the last year including the initiation of a Residential Rehabilitation Contract with a local provider.

ADRS provides a range of treatment and care options for individuals affected by alcohol and / or drug use. This includes assessment, support and treatment for alcohol and drugs issues by offering person-centred, recovery-focused care and treatment.

ADRS is a multi-disciplinary team including nurses, social workers and addiction and recovery workers with access to medical staff, psychiatrists, psychology and occupational therapy.

We also run the CIRCLE recovery hub, a unique mental health and alcohol and drug service. CIRCLE aims to address a key gap within Renfrewshire's mental health and alcohol and drug services, where a lack of recovery opportunities for people in treatment was previously identified.

Over the lifetime of the Strategic Plan and this Market Facilitation Plan, we will continue to review our current provision of Alcohol and Drug Services. We are keen to work with provider organisations delivering innovative models of care elsewhere and will use this information to inform future collaborative commissioning strategies.



Unpaid Carers

Around 17% of the adult population of Renfrewshire take on unpaid carer responsibilities.

We recognise and value the role that unpaid carers play in supporting people to live meaningful lives.

Our Unpaid Adults Carers Strategy 2022-25 highlights seven key priorities areas as follows:

1. Unpaid carers are identified early and offered the right support at the right time.
2. Unpaid carers get a break from caring.
3. Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
4. Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.
5. Unpaid carers have the information, skills, and resources they need to care.
6. We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.
7. Staff who are unpaid carers are identified and supported within the workplace

Around 3,000 unpaid carers are currently known to local services and there has been a consistent rise in the number of new unpaid carers accessing support.

Existing and prospective provider organisations should understand the role of unpaid carers and be able to respond effectively through partnership working and signposting to services such as the Renfrewshire Carers Centre.



A woman with long, wavy red hair and bangs is seated at a desk, focused on her work on a silver laptop. She is wearing a dark green cardigan over a dark blue top with white polka dots. The background shows a kitchen with wooden cabinets and a brick wall. The entire image has a soft, reddish-pink overlay. The text 'Renfrewshire Contracts and Commissioning Approaches...' is overlaid in white on the lower-left side of the image.

Renfrewshire Contracts and Commissioning Approaches...

Ethical Commissioning

“Ethical commissioning and ethical procurement will become a cornerstone of the National Care Service” – Scottish Government National Care Service: Q&A Engagement Sessions – Dec 2022.

We are working to ensure our practice is aligned to ethical commissioning principles as defined by the Scottish Government and will work with partners at a national level on embedding this in the coming years. Commissioning decisions will be person centred with a clear focus on high quality care delivery. We are committed to fair work practices and value the social care workforce in Renfrewshire which has continued to deliver high quality services to our population throughout the most trying of circumstances over the last three years.

The language around good commissioning practice has changed in Scotland over the last 10 years, but many of the principles remain the same from “trust based” or “collaborative” to “ethical commissioning”.

We are committed to Ethical and Sustainable procurement practices and there are multiple examples of how we engage collaboratively with the social care market. The development of this plan has been a collaborative exercise with more than 40 existing and prospective provider organisations having been given the opportunity to shape our thinking on what would be beneficial for inclusion.

Close collaboration with provider organisations and partners is key to our ability to deliver on our key strategic priorities. Most recently, RLDS and commissioning staff hosted an event with existing provider organisation to identify innovative community solutions for a group of individuals with complex care needs. We will seek to build on this "problem-solving" approach and implement learning across other care teams.

We value the skills and experience of provider organisations and are keen to ensure that innovative practice can be developed and tested here in Renfrewshire.

As we move forward, we want to have even closer collaborative relationships with providers and increase the involvement of people with lived experience in our commissioning planning and decisions.

Over the lifetime of this plan, we will:



Ensure that all commissioning practice has a person centred and human right approach at its core.



Increase the opportunities for people with lived experience to be involved in strategic commissioning decisions.



Be transparent with the market about constraints whether they be financial, legal, or based on capacity and demand.



Build on existing collaborative forums and invite partners to be involved in co-production sessions focussed on service specific transformational change or tendering activity.

Contract Management

Our Contracts and Commissioning team has responsibility for strategic commissioning and service review activity within Renfrewshire, as well as ensuring existing contracts are managed effectively.

The Scottish Government's "Procurement of care and support services: best practice guidance" (2021), tells us that the purpose of contract management is to:

- Ensure the service is delivered as agreed to appropriate quality standards and is providing value for money.
- Allow a public body to manage any risks which may impact on a service provider's ability to deliver the service, or to deliver it to the required quality.
- Ensure the correct administrative procedures are followed, for example in the event of a change to the contract or to put into effect a price adjustment.

At a local level, this means provider organisations can expect contract management visits to cover a range of topics to ensure contractual compliance, such as:

- Organisational / Management issues.
- Services provided.
- Record keeping.
- Service user finances.

- Review procedures.
- Service access/termination Issues.
- Complaints procedures.
- Medication Procedures.
- Review of Policies and Procedures.
- Inspection reports.
- Staffing issues.
- Outcomes.

While the team has a duty to scrutinise services in line with contractual obligations, this is always carried out in a supportive manner, with a clear focus on improving outcomes for individuals who use services.

The contracts and commissioning team have well established working relationships with the Care Inspectorate, as well as colleagues from across the HSCP and wider health and social care system. This enables us to respond quickly and effectively to situations that occur and has served us very well throughout the COVID response.

Upcoming Procurement

The majority of our existing contracts are Adult Social Care contracts, and as such procurement responsibility generally sits with Renfrewshire Council's Corporate Procurement Unit. However, we also draw upon the NHS Greater Glasgow and Clyde Procurement service where required.

In the coming three years, the largest planned procurement exercises are as follows:

1. Care at Home Framework

The current Renfrewshire Care at Home and Housing Support Framework ends in February 2024, having run for the last five years at an estimated value of £25million.

The increase in demand for care at home services, coupled with recruitment and retention issues means that the next iteration of this contract is a strategic priority for the partnership.

We have recently published a Market Research Questionnaire seeking views and information from the marketplace, which will be used towards the development of this particular procurement strategy.

2. Supported Living

Renfrewshire currently has negotiated Supported Living Contracts in place with 10 provider organisations.

These contracts were established in 2019 and are due to come to an end in June 2024. There has been approximately £90million spent on this type of provision over the lifetime of these contracts. Demand for supported living remains especially high from Learning Disability and Mental Health service areas, however appropriate accommodation remains a significant issue.

Work is underway to develop a strategy for the next iteration of these contracts including considering how best to adopt an outcome focused approach in this area.

We are committed to ensuring all procurement exercises carried out are collaborative in nature and in line with Ethical Commissioning Principles, our own parent bodies standing orders and procedures, as well as the Scottish Government's "[Procurement of care and support services: best practice guidance](#)" (2021).

A young man with short dark hair, wearing a teal polo shirt, is sitting on a couch and smiling broadly while playing a video game. He is holding a blue and white controller. In the foreground, the back of an older man's head and shoulder is visible, looking towards the younger man. The background shows a living room with a wooden cabinet, a fireplace, and shelves with various items. The entire image has a warm, yellowish-green tint.

Key Market Messages...

Key Market Messages

Demand

The demand for social care services will continue to increase in Renfrewshire. However, as noted in section 3, this will not be matched by an equivalent increase in public spending. It is our collective duty to continue to deliver sustainable models of care and support within this context.

We will continue to prioritise people with the highest level of need and ensure vulnerable people are supported. As a result, we must maximise the use of other community resources to help support individuals with lower-level needs.

We are committed to co-producing solutions with provider organisations with a transparent view of the resources available. Section 2 of this plan provides detailed information to the marketplace on the demographics of Renfrewshire, which will assist provider organisations with their future business planning.

Technology Enabled Care and Support

We recognise the developments being made in the TECS sector and are keen to increase our use of technology in the coming years. We are keen to work with provider organisations who specialise in the use of technology to discuss how this may be of benefit to Renfrewshire residents.

Commissioning for Outcomes

We recognise the work carried out by the Coalition of Care and Support Providers in Scotland (CCPS) and others regarding Commissioning for Outcomes. Our intention was to move towards an outcome-focused model during the lifetime of our current Supported Living contracts, however this was put on hold during the COVID response.

We are currently considering a revised approach which would include the inclusion of outcome focused commissioning in the next iteration of our Supported Living Contracts. This will however require significant changes to established practice.

Innovation

As previously noted in this plan, we recognise and value the skills and experience of partner organisations and commit to an open-door policy on new and innovative social care responses. Our contracts and commissioning team are keen to engage with providers who are involved in innovative responses elsewhere.

Key Market Messages

Accommodation based services



Like many other areas of Scotland, demand for new property in Renfrewshire is significant. We are working with Renfrewshire Council and Registered Social Landlords to identify new accommodation for social care services. We also welcome prospective providers who can source new accommodation, which would meet the needs of individuals who have been assessed as requiring support in these settings.

Care at Home



Demand for care at home services in Renfrewshire outstrips supply. We will be going to tender to establish a new Care at Home and Housing support framework commencing in early 2024.

Our intention is to increase capacity and ensure the delivery of high-quality service provision to individuals supported in their own home.

It is also important to recognise the increasing demand for more complex care at home service provision.

Effective provider engagement at an operational and strategic level is crucial in ensuring our ability to plan and deliver Care at Home services

Self-Directed Support



In our 2019 Market Facilitation Plan, we alerted the market that increasingly, the purchaser of social care will be the service user as opposed to the HSCP. As such, providers should consider how to best market their services. The use of SDS Option 1 (a direct payment, which is a payment to a person or third party to purchase their own support) and Option 2 (the person directs the available support and the HSCP pays) has increased in the last four years and this trend is likely to continue over the lifetime of this plan.

Staff Support



It is crucial that social care staff are properly supported and remunerated by their employers and paid at least the living wage.

Ensuring the mental health and wellbeing of our workforce is also a key priority of Renfrewshire HSCP - and we will seek to ensure that all contracted providers fulfil their own obligations to their workforce in line with national standards.

This area links closely to our [Workforce Plan 2022-25](#) and the [Scottish Government's National Workforce Strategy for Health and Social Care](#), published in March 2022 which describes 5 Pillars (Plan, Attract, Employ, Train, Nurture). It is our collective duty to ensure the health and social care workforce in Renfrewshire can respond effectively to changing needs, and the expectation is that partners and providers work with us to that end.

Key Market Messages

External Factors



The rising cost of living in Scotland will have an impact on people who use services, as well as the staff who work in them. Public Health Scotland published a Rapid Health Impact Assessment in December 2022

(<https://publichealthscotland.scot/media/16542/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment.pdf>) which evidences a range of issues that are likely to occur as a result of price inflation and the impact these will have on health inequalities and mortality rates.

The report specifically identifies Older People, People with Disabilities and Carers as groups which are likely to be impacted most severely.

Our collective duty therefore is to ensure that our resources are targeted where they are most required and that both the HSCP and partner organisations are aware of, and responsive to, the impact of cost-of-living pressures on the population.



Footnotes and Indicator Definitions

Footnotes

1 -Population projections are currently provided by NRS at the HSCP level.

2 - Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/

3 - Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, day case attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Indicator	Definition
Emergency admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded. Data are reported by month of discharge.
Emergency admissions from a fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35 (Patient injury, other).
Emergency readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an admission per 1,000 discharges. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
People living in 15% most 'access deprived' areas	Number and percentage of population living in 15% most 'access deprived' areas (data zones) in Scotland. Calculated using 2011-base population estimates.
Physical Long-Term Conditions (LTCs)	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for anxiety/depression/psychosis	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.

Indicator	Definition
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 "ambulatory care sensitive conditions" from "The health of the people of NEW South Wales - Report of the Chief Medical Officer". These conditions result from medical problems that maybe avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Psychiatric patient hospitalisations	Patients discharged from psychiatric hospitals: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. Data taken from SMR04. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their discharge date.
Unscheduled bed days	Rate of unscheduled bed days of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.
Unscheduled bed days (Mental Health specialty)	Rate of unscheduled bed days of patients of all ages per 100,000 population. Includes all occupied bed days within a continuous hospital stay following an emergency or urgent admission. Episodes beginning with a transfer have also been included as many of these episodes will have started as unplanned acute admission. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.
A&E attendances	The rate of A&E attendances per 100,000 population, includes data from 'New' and 'Unplanned Return' attendances at A&E, i.e. excludes those who are 'Recall' or 'Planned Return'. This indicator only contains data from all sites that submit episode level data. This impacts Highland and Aberdeenshire partnerships in particular as they have a number of sites which submit aggregate data.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15).
Asthma patient hospitalisations	Patients discharged from hospital (annually) diagnosed with asthma: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates are standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first asthma related hospital admission that year.

Indicator	Definition
Bowel screening uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre-paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).
Chronic Obstructive Pulmonary Disease patient hospitalisations	Patients aged 16 and over discharged from hospital with COPD: 3-year rolling average number and directly age-sex standardised rate per 100,000 population.
Coronary Heart Disease patient hospitalisations	Patients discharged from hospital with coronary heart disease: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first CHD related admission to hospital that year.
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed discharge bed days	The number of bed days occupied by people over the age of 65 experiencing a delay in their discharge from hospital, per 100,000 population. Includes the following reason groups: all reasons, health and social care, patient/carer/family-related and code 9s. Length of delay is calculated from the patient's ready for discharge date to either their discharge date within the specific calendar month or the end of the calendar month for patients who are still in delay.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Early deaths from cancer	Deaths from cancer (<75 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Death figures are based on year of registration.

Publications in Alternative Formats

We are happy to consider requests for this publication in other languages or formats such as large print

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