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Orkney Health and Social Care Partnership

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Agenda Item: 14.

Integration Joint Board

Date of Meeting: 22 April 2026.

Subject: Market Facilitation Statement.

1. Purpose

1.1. To present the Market Facilitation Statement for the period 2026 – 2028 for Members' consideration.

2. Recommendations

It is recommended:

2.1. That the Market Facilitation Statement 2026 - 2028, attached as Appendix 1 to this report, be approved for publication.

3. Background

3.1. 'Market facilitation' is a part of the strategic commissioning process and aims to inform, influence and change the service delivery market, to provide a wider range of options for service users.

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

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

4. Revised Market Facilitation Statement

4.1. On 22 April 2023, the Board considered a draft Market Facilitation Statement for the period 2023 - 2026 and thereafter approved the document for publication.

4.2. Whilst the focus of the Market Facilitation Statement is unchanged from the previous iteration, we have revised some of the wording in an attempt to make this document more approachable and comprehensible. This reflects the approach in the most recent iteration of the Strategic Plan, along with other relevant strategies and policies, where we have attempted to make our documents more user-friendly.

4.3. The document also includes some changes to reflect the nascent challenges and demands on service provision.

4.4. The timeframe of the revised Statement has been amended to coincide with that of the present Strategic Plan, and will be reviewed alongside the new Strategic Plan, in 2028.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

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

6. Resource and financial implications

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

7. Risk, equality and climate change implications

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

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

7.3. An Island Communities Impact Assessment has been undertaken and is attached at Appendix 3.

7.4. The responsibilities of the Integration Joint Board under the Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 have been considered during development of the Market Facilitation Statement, particularly with regard to the partnership's service delivery partners.

8. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

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10.3. Shaun Hourston-Wells (Policy and Performance Manager), Orkney Health and Social Care Partnership. Email: shaun.hourston-wells@orkney.gov.uk, telephone: 01856873535 extension 2414.

11. Supporting documents

11.1. Appendix 1: Market Facilitation Statement 2026 – 2028.

11.2. Appendix 2: Equality Impact Assessment.

11.3. Appendix 3: Island Communities Impact Assessment.



Market Facilitation Statement 2026 - 2028

Integration Joint Board

Version:	Market Facilitation Statement 3.0.
Lead Manager:	Policy and Performance Manager.
Approved By:	Integration Joint Board.
Date Approved:	
Date for Review:	April 2028.

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Purpose of the Market Facilitation Statement (MFS)

‘Market facilitation’ is a part of the strategic commissioning process that the Integration Joint Board (IJB) leads. It aims to influence, shape, and change markets to deliver a wider range of affordable and long-term services, to deliver good outcomes for people, and to meet the needs of the population, both now and in the future.

The purpose of the MFS is to share information that supports a forward thinking, innovative social care market, where we might achieve good outcomes for the people in Orkney who require health and social care support, in the most efficient manner.

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

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

The IJB believes that through cooperation, coproduction, and partnership working, there can be more options for quality care services for people and hopes that you find the MFS helpful and informative, as a means of providing you with an insight into how the IJB believe care and support services could look in Orkney.

Orkney Context

Health and social care services in Orkney are delivered by the Health Board, the Local Authority, and a wide number of third sector services, as well as a small number of independent sector service providers.

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

The MFS also aims to raise awareness of the potential developments there may be for third and independent sector providers through Self Directed Support. This policy

has seen some success locally, with many people consistently opting to manage their own support through the receipt of a Direct Payment and employment of a personal assistant.

Furthermore, whilst the choice for service users beyond a Direct Payment or local authority service provision is still limited, there has been significant progress in the use of funds to purchase care directly from third and independent service providers.

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

Scope

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

It is not intended to be read in isolation, but as part of our broader strategy for the commissioning and delivery of health and social care services for the people of Orkney, which is examined in detail in our Strategic Plan. You can find our current Strategic Plan [here](#).

Demographic Change and Future Demand

Adult social care is amid significant demographic change. In Orkney, for example, the census of 2022 found that 49% of the population is aged 50+, versus a 42% nationally. Results published by Scotland's Rural College, based upon projections published by the National Records of Scotland, are even more alarming, with those aged 75 or over projected to increase by 86%, between 2018 and 2043. Over the same period, the population aged 16-65 is forecast to decrease by 12.35%. Consequently, when demand for care services will inevitably increase with the over 75 population, the number of people available to deliver care services will decrease.

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

Although this challenge is not unique to Orkney, as we have seen, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the islands and so fewer people are available to provide the care and support required by the predicted levels of chronic illness and disabilities.

Supporting and caring for people is not just a health or social care responsibility, we all have a role to play: families, neighbours and communities, providers of services like housing, transport, leisure, community safety, education and arts and the

commercial sector. People using services and their carers need to be involved with service providers in designing their care and support.

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

Drivers for Changing Service Delivery

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

This challenging environment will mean that we must change the way that services are delivered, taking cognisance of legislation, new initiatives and advancing technology. For example:

- There is a national expectation that support to unpaid carers needs to be increased to build capacity in the unpaid care market. This expectation is realised in the Carer (Scotland) Act 2016 and is reinforced in the Care Reform (Scotland) Act 2025 where carers receive the right to a break.
- There is a need to grow services that provide early intervention and prevention, supporting the move away from long-term, dependent, care provision, along with the avoidance of unnecessary hospital admissions and the support of timely hospital discharge.
- The role of information and advice in the market is expected to continue to grow to support people in taking choice and control over how their needs are met.
- The use of assistive technology will be further embedded into mainstream support provision, enabling more people to maintain their independence, for longer.
- As life expectancy increases, including those with long term conditions, so there will need to be an increase in self-care initiatives to support long term health and wellbeing.
- Focus will move towards shorter term, intensive care packages, focused on reablement and returning home.

Community Led Support (CLS)

One such model is CLS, an approach to social care that is now at the heart of service planning. CLS aims to provide the foundation of a more modern, effective way of delivering social and community health care support, strengthening individual and community resilience and wellbeing.

It is a concept based upon joined up working across NHS Orkney, the Council, third sector and community partners, working collaboratively in the interests of the individual and the community. It builds on what is already working, consolidating, and

joining up good practice and innovation, whilst drawing on the resources of an individual, their family and social circle, and their community, and empowering care practitioners to adopt a common-sense approach to care delivery.

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

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

What We Did Between 2023 and 2025 in Relation to Market Facilitation

We have made consistent efforts during the last few years to support market facilitation. Some of the highlights include:

- **Publication of our new Strategic Plan 2025 - 2028.** This shows the areas of change and development that the IJB will be prioritising during the lifetime of the plan.
- **More Choice for Care Services.** We have worked with Crossroads Care Orkney and Age Scotland Orkney to develop realistic alternatives for care at home provision, and continue to work with Enable and Scottish Autism, offering specialist support to some of our most vulnerable people.
- **Support for Children and Young People.** The establishment of a Children's Rights Service, provided by Who Cares? Scotland, and the Orkney Emotional Wellbeing Service, delivered by Action for Children.
- **Targeted support for Alcohol and Drug Dependent Service Users, their Families and Carers.** Several targeted services have been established to support adults, young people, and children affected by alcohol and drug dependency, and are provided by Right There, Relationship Scotland Orkney, Action for Children, Orkney Drugs Dog and Nordhaven.

How Providers can Begin to Adapt

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

Providers should therefore:

- Consider how their services are or can be made “early intervention and prevention” focussed and how they support people to be as independent as possible.
- Consider how their services work within local communities, especially within the context of CLS and how they support the building of capacity within those communities.
- Recognise that, increasingly, the purchasing partner will no longer be the Health Board/Local Authority but will be the service user. This will mean providers have to market their services differently, making access to their services straightforward.
- Develop ways to record, evidence, analyse and report on outcomes. In the changing market of adult social care and support, quality and reliability will be what differentiates providers.
- Create smarter partnership working opportunities, e.g., sharing expertise, resources, or back-office support, to increase impact and efficiency. This could be via formal or informal arrangements.
- Think about ways to collaborate across services to achieve something that is greater than the sum of its individual parts. and delivers best value.
- Collaborate with place and interest-based community, voluntary, faith and leisure groups, to reduce loneliness and isolation.

Our Commitment

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

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

Review

The Market Facilitation Statement will be reviewed every three years in line with the strategic planning cycle. The next review will be in 2028.



Equality Impact Assessment

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

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Market Facilitation Statement (MFS).
Service / service area responsible.	Orkney Health and Social Care Partnership.
Name of person carrying out the assessment and contact details.	Shaun Hourston-Wells, 01856873535 extension 2414.
Date of assessment.	24 March 2026.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced, or changed significantly).	In accordance with the Public Bodies (Joint Working) Act 2014, health and social care partnerships are required to produce an MFS in support of their Strategic Plan. This is the fourth iteration of the document.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	The MFS articulates the Health and Social Care Partnership's plans to support the development of service delivery options for service users.
State who is, or may be affected by this function / policy / plan, and how.	All service providers, including the health boards, local authority, private service providers and the third sector, as well as all service users may be affected by the broadening of the local market for service provision. This will increase choice for all service users.

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

5. Pregnancy and maternity.	Pregnant women and new mothers will be users of some of the services that the MFS addresses.
6. Age: people of different ages.	Older people are more likely to be users of some of the services that the MFS addresses.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	Unpaid carers will be users of some of the services that the MFS addresses.
9. Care experienced.	Care experienced people will be users of some of the services that the MFS addresses.
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	Disabled people will be users of some of the services that the MFS addresses.
12. Socio-economic disadvantage.	No.

3. Impact Assessment

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

4. Conclusions and Planned Action

Is further work required?	Yes.
What action is to be taken?	The MFS provides a starting point for joint working between the health and social care partnership and service providers to identify and develop opportunities for service delivery options.
Who will undertake it?	Orkney Health and Social Care Partnership Officers and service providers.

When will it be done?	This is ongoing work that will continually seek to develop new ideas and options for service delivery.
How will it be monitored? (e.g. through service plans).	Each iteration of the Plan must report on service delivery development.

Signature:



Date: 24 March 2026

Name: Shaun Hourston-Wells.



Island Communities Impact Assessment


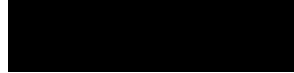
The purpose of an Island Communities Impact Assessment (ICIA) is to improve the work of the Integration Joint Board by making sure it considers whether the impact of any policy, strategy or service on an island community is likely to be significantly differently from its effect on other communities (including other island communities).

PRELIMINARY CONSIDERATIONS	Responses
Please provide a brief description or summary of the policy, strategy, or service under review for the purposes of this assessment.	The Market Facilitation Statement (MFS), in support of the Strategic Plan 2025 – 2028.
STEP 1 - Develop a clear understanding of your objectives	Responses
What are the objectives of the policy, strategy, or service?	The MFS articulates the Health and Social Care Partnership's plans to support the development of service delivery options for service users.
Do you need to consult?	No, the Strategic Plan has been the subject of comprehensive consultation and this information has fed into the development of the MFS.
How are islands identified for the purpose of the policy, strategy, or service?	The totality of Orkney and its islands.
What are the intended impacts/outcomes and how do these potentially differ in the islands?	The MFS provides a starting point for joint working between the Health and Social Care Partnership and service providers to identify and develop opportunities for service delivery options. Potential partners have, to date, offered service solutions that address the availability of services in the isles; this approach will continue.
Is the policy, strategy, or service new?	No.
STEP 2 - Gather your data and identify your stakeholders	Responses
What data is available about the current situation in the islands?	There is no directly relevant data available.
Do you need to consult?	No, the MFS is published to support the Strategic Plan, which has been consulted upon

	widely. The information received on the Strategic Plan has fed into the development of the MFS.
How does any existing data differ between islands?	N/A.
Are there any existing design features or mitigations in place?	No.
STEP 3 - Consultation	Responses
Who do you need to consult with?	N/A.
How will you carry out your consultation and in what timescales?	N/A.
What questions will you ask when considering how to address island realities?	N/A.
What information has already been gathered through consultations and what concerns have been raised previously by island communities?	N/A.
Is your consultation robust and meaningful and sufficient to comply with the Section 7 duty?	N/A.
STEP 4 – Assessment	Responses
Does your assessment identify any unique impacts on island communities?	No.
Does your assessment identify any potential barriers or wider impacts?	Any proposals for building-based services, in the Orkney Mainland, will present an obvious barrier to service delivery.
How will you address these?	Proposals for such services will have to include suggestions around service delivery in the isles.
<p>You must now determine whether, in your opinion your policy, strategy, or service is likely to have an effect on an island community that is significantly different from its effect on other communities (including other island communities).</p> <p>If your answer is NO to the above question, a full ICIA will NOT be required, and <u>you can proceed to Step SIX</u>. If the answer is YES, an ICIA must be prepared, and <u>you should proceed to Step FIVE</u>.</p> <p>To form your opinion, the following questions should be considered:</p> <p>Does the evidence show different circumstances or different expectations or needs, or different experiences or outcomes (such as different levels of satisfaction, or different rates of participation)?</p> <p>Are these different effects likely?</p> <p>Are these effects significantly different?</p> <p>Could the effect amount to a disadvantage for an island community when compared to other</p>	

islands in Orkney (especially the Mainland)?

STEP 5 – Preparing your ICIA	Responses
In Step Five, you should describe the likely significantly different effect of the policy, strategy, or service:	
Assess the extent to which you consider that the policy, strategy, or service can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.	
Consider alternative delivery mechanisms and whether further consultation is required.	
Describe how these alternative delivery mechanisms will improve or mitigate outcomes for island communities.	
Identify resources required to improve or mitigate outcomes for island communities.	
STEP 6 - Making adjustments to your work	Responses
Should delivery mechanisms/mitigations vary in different communities?	No.
Do you need to consult with island communities in respect of mechanisms or mitigations?	No.
Have island circumstances been factored into the evaluation process?	Yes.
Have any island-specific indicators/targets been identified that require monitoring?	No.
How will outcomes be measured on the islands?	The impact of any proposed solutions, in the isles, will be considered individually, along with

	processes for measuring intended outcomes.
How has the policy, strategy, or service affected island communities?	There has been no effect, to date.
How will lessons learned in this ICIA inform future policy making and service delivery?	Service proposals will always consider the impact upon people in the isles, as distinct from those in the Mainland.
STEP 7 - Publishing your ICIA	Responses
Have you presented your ICIA in Easy-Read Format?	No.
Does your ICIA need to be prepared in Gaelic, or any other language?	No.
Where will you publish your ICIA, and will relevant stakeholders be able to easily access it?	The ICIA will be published, alongside all ICIA's and Equality Impact Assessments, on the Orkney Islands Council website.
ICIA completed by:	Shaun Hourston-Wells.
Position:	Policy and Performance Manager
Signature:	
Date complete:	27.03.26.
Who will sign-off your final ICIA and why?	Stephen Brown, as Chief Officer.
Signature:	
Date approved:	27.03.26