Integration Joint Board
Strategic Planning, Finance and Commissioning Committee

1st December 2026

This Report relates to
Item 9a on the Agenda

Contract Monitoring: Care and Support at Home

Paper presented by Peggy Taylor

For Discussion / Noting

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List of Background Papers:	Procurement of Care and Support Services Best Practice Guidance (https://www.gov.scot/publications/procurement-care-support-services-best-practice-guidance/) Procurement Reform (Scotland) Act 2014 (https://www.gov.scot/publications/procurement-reform-scotland-act-2014-statutory-guidance/pages/13/)
Appendices:	**Appendix 1 -** Sample contract monitoring Self Assessment Questionnaire **Appendix 2 -** Contract Monitoring Report Care and Support at Home

1. Introduction

1.1 On behalf of the Health and Social Care Partnership (HSCP) the Commissioning Team monitors contracts for adult commissioned services.

1.2 This paper presents the findings of the contract monitoring of Care and Support at Home (CASH) provider partners for the period 1 April 2025 – 31 March 2026.

2. Recommendations

2.1 **The IJB Strategic Planning, Finance and Commissioning Committee is asked to:**

- **Note the outcome of recent contract monitoring of care and support at home commissioned services**
- **Discuss issues raised from recent contract monitoring and approve suggested actions**

3. Background and Main Report

3.1 Contract Monitoring is a responsibility under the Procurement of Care and Support Services Best Practice Guidance and the Procurement Reform (Scotland) Act 2014. It is the process of collecting and analysing information from partners and from across the HSCP to determine if contracted services meet contractual requirements and reflect best value in terms of both price and quality of service. It also ensures that the HSCP meets its contractual obligations.

3.2 The Commissioning Team currently conducts contract monitoring of 30 Care Homes, 33 Care and Support at Home commissioned services and 22 third sector and non-registered commissioned services.

3.3 Contracting and contract monitoring are aspects of the commissioning cycle that are concerned with

- technical aspects of contracts
- the monitoring of the quality of what is provided under the terms of those contracts
- ensuring that people's personal outcomes are being achieved

3.4 On behalf of the Health and Social Care Partnership (HSCP) the Commissioning Team monitor adult health and social care commissioned services that have contracts with Dumfries and Galloway Council and NHS Dumfries and Galloway. These are delivered by third sector and independent sector partners and include:

- Day Care
- Day Centres
- Care and Support at Home
- Care Homes
- Carers Support
- Short Breaks
- Support services

3.5 <u>Care and Support at Home (CASH) Contract Monitoring</u>

3.6 Full contract monitoring of CASH providers commenced in April 2026 covering the period 1 April 2025 to 31 March 2026. This paper presents the findings of that monitoring exercise.

3.7 These findings were shared with Contract Management Group (CMG) on 24 September 2026 and will also be presented to the Health and Social Care Leadership Group (HSCLG) on 12th November 2026, the IJB Strategic Planning, Finance and Commissioning Committee on 1 December 2026 and the Social Work Services Committee on 8 December 2026.

3.8 A total of 33 contracts have been monitored. These are all registered commissioned care and support at home provider partners, including providers on the Scotland Excel National Flexible Framework for Care and Support at Home (NFF) and Self Directed Support (SDS) Option 2 contracts.

3.9 Appendix 1 provides a sample self-assessment questionnaire for completion by CASH provider partners and includes a list of provider partners.

3.10 Appendix 2 provides an overview of contract monitoring processes and the results of the latest CASH Contract Monitoring.

3.11 Any concerning risks identified and requiring action were escalated to the Contracts Manager in the first instance and then to the Commissioning Liaison Manager for further action in conjunction with operational and social work colleagues where applicable.

3.12 The following table gives a summary of the Commissioning Officer analysis findings.

<table>
<tr><td>Compliance</td><td>

64% of services have up to date 6 monthly reviews for people who use the service
88% of services are up to date with mandatory training
88% of personal outcomes for people who use the service were met in the reporting period
76% of services are up to date with Adult Support and Protection Training (with the remaining services awaiting only new staff to be ASP trained and/or staff have received initial training but refresher training overdue)
94% of services undertook engagement/satisfaction surveys or gathered feedback
76% of services are up to date with staff supervisions

</td></tr>
<tr><td>Risk Management</td><td>Risk scores resulting from contract monitoring show that there are 27 services showing no significant risks, 4 providers for whom moderate risks have been identified and 2 providers in the high-risk category. Risk concerns have been escalated as required and action has been taken or is ongoing. Detail regarding these risks is presented in Appendix 2.
<table>
<tr><td colspan="2">Risk Score Results
Note: the higher the risk score the lower the risk</td></tr>
<tr><td>Risk score achieved</td><td>Number of provider partners</td></tr>
<tr><td>100%</td><td>2</td></tr>
<tr><td>99% - 75%</td><td>25</td></tr>
<tr><td>74% - 61%</td><td>4</td></tr>
<tr><td>60% and below</td><td>2</td></tr>
<tr><td></td><td>33</td></tr>
</table>
</td></tr>
</table>

Intelligence	• 51% of services experienced changes to management • 39% of services experienced minor staffing challenges • 3% of services experienced significant staffing challenges • 33% reported changes in organisational structure • 19% of staff leaving services left for a new job out with the Health and Social Care Sector • 36% of services reported concerns regarding sustainability including the capacity to pick up and maintain packages of care • 18% of services recruited new staff from overseas (27.8 full-time equivalent) • 64% of services used a Digital Care Planning platform The table presented in 3.14 provides detail regarding these issues and some further actions being taken.

3.13 Issues and Planned Actions

3.14 Some common issues raised by provider partners, the reasons for these and planned action(s) are provided below.

Issues	**Reasons/Planned Action(s)**
51% of the CASH services have experienced changes to management	Reflects wider national situation due to longstanding recruitment and retention issues in Health and social care in conjunction with sector pressures. Where changes have affected service delivery, HSCP will explore with partners a proportionate transition/improvement plan covering management cover, outstanding responsibilities and continuity of support, including exploring how HSCP can share training opportunities.
24% of CASH services do not have up to date staff supervisions	Staffing pressures, including management changes and staff availability/sickness have impacted staff supervisions. Provider partners have been advised of the importance of up-to-date staff supervisions and Commissioning Officers will reassess and keep track of progress over the coming six months.
33% of CASH services have experienced changes in organisational structure	Organisational structures continue to undergo both planned and unplanned changes, including changes to the Board of Directors or company restructure. This reflects the wider national situation and health and social care market. Work is underway to inform potential options for the future role for Scotland Excel within social care. One of the suggestions being discussed is for Scotland Excel to conduct market intelligence gathering, which

	would provide a clearer understanding and mapping of parent companies/company structures within the sector. HSCP will work to confirm any changes to ownership and accountable contracts to ensure accurate records are in place. We will assess any implications for service delivery, financial resilience, assess risks and record any mitigating actions agreed with partners.
12% of CASH services were not up to date with Mandatory Training 24% were not up to date with ASP Training (although for 21%, only new staff were awaiting training and/or staff have received initial training but refresher training is overdue)	Provider partners cite centralising of systems for recording of training and staff changes as predominant reasons. Commissioning Officers will continue to follow up progress with providers and the HSCP are exploring the sharing of training opportunities.
39% of CASH services experienced minor staff challenges 3% have experienced significant staffing challenges affecting the service	Provider partners cite staffing challenges, including issues with recruitment and retention as well as management/organisational changes and sickness absence as key reasons. Provider partners also cite the impact of the HSCP decision to recycle and reduce packages of care, which has led to challenges in guaranteeing sufficient paid hours for staff. Provider partners in the Care at Home Collaborative have advised that they have reduced their recruitment or put it on hold due to the DGC budget reduction in care hours through recycling. Sustainability work is underway through the Care at Home Collaborative to work with provider partners and identify unused capacity. A paper was presented to the Social Work Services Financial Roundtable on 21 July 2026 on Care and Support at Home Market Sustainability in Dumfries and Galloway seeking agreement to progress a three-pronged market sustainability response for Care and Support at Home: using CASS strategically to build rural and hard-to-reach capacity with a view to planned handover to independent provider partners; protecting two or three core independent provider partners to provide contingency resilience; and developing a consortium model for smaller provider partners. The proposed approach is intended to reduce provider failure risk, preserve a mixed market, improve planned allocation of capacity and strengthen whole-system flow while continuing to support financial recovery. Work is currently underway in these three areas.

18% of CASH services have recruited staff from overseas in the reporting period	Care at home services continue with international recruitment to help address staffing issues. However, they have faced ongoing challenges with the Certificate of Sponsorship regulations and conditions of employment, including meeting the requirements in terms of staff hours. HSCP will continue to identify specialist support in this area and share with provider partners.
19% of reported leavers from CASH services are leaving for new jobs out with the health and social care sector	Developing the Young Workforce initiatives have continued. This includes a wide range of activities such as 'Positive Futures' events, careers fairs, primary school engagement, and collaborative sessions with Careers Advisors. A Project Manager from HSCP is now working with the Chamber of Commerce on this project. Through a revised framework for partner relationships, HSCP to work with partners to improve understanding of leaving reasons and identify practical retention actions.
36% of CASH services did not use a Digital Care Planning platform	An evaluation report on the use of ETHEL has supported the plan to roll out further deployment of units. The evaluation also indicated the need to consider remote care as a service and develop our approach to using technology and digital interventions. The development of remote care features as an action with the 2025-26 annual development plan. Digital Care Planning is now in place with care at home partners. The evaluation work has been postponed allowing time for digital care planning to be embedded in practice as partners adopted this at different times. Work with partners to consider the formation of a digital collaborative is underway. This can also be explored through the revised partner relationship framework. The Interface Hub Weekly Update from 21 September 2026 showed that for Community Nursing, the total number of Ethel devices is 30, with 5 of them active and 25 noted as available. Provider partners in the Care at Home Collaborative have advised that due to reduction in packages of care, they do not have the resources to invest in new technologies at present.
36% of CASH services have not fully completed 6 monthly reviews for people who use the service	Provider partners cite staff vacancies, sickness absence, recruitment issues, delays with Social Work reviews, management/organisational restructure and transitioning to new Digital Care Planning systems. However, in line with Care Inspectorate registration requirements, services are required to conduct 6

12% of CASH services did not meet personal outcomes for people using their service	monthly reviews and these are required to take place regardless of the social work reviews. Commissioning Officers remind services of this requirement. Commissioning will continue to monitor and follow up with provider partners to offer advice and support in developing systems to better evidence achievement and to help support compliance, including digital care planning where this is not already in place.
36% of partners have concerns about sustainability of the service	36% (12 out of 33) of commissioned services had concerns about the sustainability of their service. This is a significant increase over last year's result, which was 14%. The predominant reason for the financial concerns was the limitations on picking up packages of care due to D&G budget constraints. Services highlighted the difficulty of guaranteeing sufficient paid hours for staff when packages were being recycled or reduced. Sustainability concerns highlighted through contract monitoring were escalated to senior management as priority. The Care at Home Collaborative also highlighted these concerns. Discussions are ongoing within the Partnership to undertake to identify supports that can be offered. A meeting took place on 8 September 2026 between Care at Home Collaborative provider partners and the Head of Adult Social Care, Chief Officer IJB and Chief Finance Officer to discuss provider concerns. Providers were advised that there are still reductions to be made in the number of hours for care. Market sustainability work is ongoing through the CASH Collaborative to work with provider partners and identify unused capacity.

3.15 Future Planned Contract Monitoring

3.16 Contract monitoring of care homes and for third sector commissioned services for the period 1 April 2025 to 31 March 2026 has also been conducted and the findings included in a separate report to this Committee.

3.17 Contract monitoring for commissioned services for the period 1 April 2026 to 31 March 2027 is due to commence in April 2027.

3.18 Development work has been ongoing to streamline contract monitoring recording and documentation to improve efficiency. This has included all commissioned services utilising a contract monitoring return using Microsoft Forms. Development work is ongoing via SharePoint to expand functionality for improved data capture and reporting of results.

3.19	Work is underway to look at achieving a more holistic oversight of adult social care commissioned services. This is a joint undertaking between Commissioning, DGC Procurement, Finance and Social Work. It includes the development of one comprehensive list of all contracted and non-contracted funded adult social care services to give a clearer understanding of the commissioning arrangements and commitments across all areas of adult social care. The next piece of work would be to establish a comprehensive overview of all commissioned services, similar to a balanced scorecard approach. This would include information from Procurement, Finance and Social Work as well as the information already gathered by Commissioning through contract monitoring and intelligence.
4.	**Conclusions**
4.1	Results from recent contract monitoring of CASH provider partners has helped identify risks and challenges facing partners and the impact this has had on their ability to meet contractual obligations.
4.2	Contract monitoring of CASH provider partners has provided information and assurance to the Partnership and identified areas for improvement to inform our Partnership support response.
4.3	Findings indicate that the majority of CASH services (82%) are showing no significant risks, 12% are showing moderate risks and 6% are in the high-risk category. Discussions are ongoing within the Partnership to identify supports that can be offered and to agree next steps to support CASH partners.
4.4	Subsequent to the contract monitoring process, communication with CASH provider partners has been ongoing in order to support improvement, share information and provide contractual advice and support.
5.	**Resource Implications**
5.1	The work described in this paper is delivered within existing resources.
6.	**Impact on Integration Joint Board Outcomes, Priorities and Policy**
6.1	Ensuring that robust procedures are in place for contract monitoring and reporting of commissioned services will provide assurance to the Partnership that services are being delivered against contracts. It will help ensure that people of Dumfries and Galloway have access to appropriate care and support is in line with the Partnership outcomes.
7.	**Legal and Risk Implications**
7.1	Contract Monitoring supports the management of risks that may impact on service provider partner's ability to deliver the service to the required quality standards.
8.	**Consultation**
8.1	Appendix 2 sets out the details of the consultation and engagement work undertaken in relation to this contract monitoring. The Contract Management Group will consider this report prior to further consideration by HSCLG and IJB Strategic Planning, Finance and Commissioning Committee.

9. Equality Impact Assessment

9.1 An Equality Impact Assessment (EQIA) is not required at this time but may be undertaken if required as work progresses.

10. Consumer Duty

10.1 This report is providing the findings from the monitoring of health and social care services procured through the National Flexible Framework. An impact assessment is not required.

11. Glossary

EQIA	**Equalities Impact Assessment**
IJB	**Integration Joint Board**
CASH	**Care and Support at Home**
CMG	**Contract Management Group**
DGC	**Dumfries and Galloway Council**
DCP	**Digital Care Planning**
HSCP	**Health and Social Care Partnership**
HSCLG	**Health and Social Care Partnership Leadership Group**
SAQ	**Self Assessment Questionnaire**