Edinburgh Commissioning Strategy for care and support services 2011-2016 and the Commissioning Plan for Adult Services Consultation Analysis

Audit Committee

9 May 2011

1   Purpose of report

1.1   To present the findings of a consultation through which the City of Edinburgh Council sought views on the Edinburgh Commissioning Strategy for Care and Support Services (Commissioning Strategy) and the Commissioning Plan for Adult Services (Commissioning Plan). These documents are attached as Appendix 1 and Appendix 2.

2   Summary

2.1   The Commissioning Strategy and Plan were contained within one consultation document, however, the analysis of the responses has been presented in two reports. The approach to the analysis was the same for both documents. The consultation document contained a combination of tick box choices and open questions for written submissions on the Vision, Approach, Key Principles and Outcomes for Care services. There was a good response to the consultation with detailed and considered responses being received, some running to several pages in length.

3   Main report

Background

3.1   On 2 November 2010, Policy and Strategy Committee agreed a draft overarching Council commissioning strategy for social care and support and a draft commissioning plan for adult social care services. It was agreed that both would be subject to consultation over the period 26 November 2010 to 18 February 2011. Due to adverse weather conditions and, at the request of the Checkpoint Group, this consultation period was extended to 4 March 2011, with later responses also being accepted.   This reduced the time available to input and analyse the data but allowed a greater number of people to provide their views.

3.2   The Commissioning Strategy is the overarching strategy for commissioning social care services, both internally provided and externally purchased by the

City of Edinburgh Council. The draft Strategy contains a set of 9 principles, which will underpin the 3 more specific commissioning plans: for adult social care; housing and homelessness and children and families. These plans will describe how the principles contained within the Strategy will be implemented by the Health and Social Care, Services for Communities and Children and Families Departments. Following periods of consultation, these plans are due to report in September 2011.

3.3 To ensure that the Council engaged effectively with our partners, from the outset, a 'Checkpoint Group' comprising representatives from all service user and carer groups and the private and voluntary sectors was formed. The group advised on the format and content of the consultation document and the approach to be taken. The Checkpoint Group will continue to meet until implementation is underway. The membership and remit of the Checkpoint Group is attached as Appendix 3.

3.4 At the request of the Checkpoint Group, reports to Policy and Strategy Committee for the overarching Commissioning Strategy will be submitted in advance of reports on the specific Commissioning Plans. This means the plans can be amended if necessary in light of the final version of the commissioning strategy.

Consultation Process

3.5 The consultation was open to any member of the public who wished to contribute. The full Commissioning Strategy and the Commissioning Plan for Adult Services were available to view online or paper copies could be obtained through support networks or requested direct from the Council. Responses were invited online, by letter or email, at meetings, forums and events, or through a third a party such as a carer, family member, support worker or care provider. An 'easy read' version of the document was available both online and in hard copy.

3.6 A range of methods was used to help assist the participation of key target groups. In addition to a general communication in Outlook, advertising in the Evening News, Herald and Post and on the Council's website other methods included:

- flyers - a sample of 2,000 service users were contacted directly by post to invite them to participate. Fliers were also sent to all GP surgeries;

- posters - distribution to homeless and housing support organisations;

- questionnaires - approximately 2,000 copies of the consultation document questionnaires were sent out;

- easy read version – approximately 2,000 copies of the easy to read version were made available;

- news features in Outlook, Magnet, Connections NHS Lothian, Face (for parents of school children) and the Council Leader's Report;

- approximately 200 groups and individuals were on a mailing list for 3 newsletters that were emailed;

- Council staff arranged and facilitated 60 groups - more were undertaken by our voluntary sector partners. Two sessions for facilitators were attended by approximately 50 people, both from the Council and the voluntary sector; and

- Twitter and the Council's web site were also used to communicate further information.

Consultation Response

3.7   The response to the consultation was good with a spread across the different respondent category groups. It was difficult to accurately quantify the spread for a number of reasons:

- the consultation document asked people to 'tick all boxes' that applied to them and as a result many respondents ticked 2 or more boxes and most also ticked the 'general interest' box;

- some respondents chose not to indicate what category they were from; and

- the written and group responses tended not to provide information on respondent category.

3.8   It was also not possible to accurately count the number of people potentially represented by the responses. Some returns clearly indicated that it was a joint response and gave the number of people who were represented. These numbers have been included in the figures below. For other response it was not clear how many people the views actually represented. The figures presented below are likely, therefore, to be undercounted.

Commissioning Strategy:
- number of questionnaires/written returns   223
- number of people potentially represented   1933

Commissioning Plan:
- number of questionnaires/written returns   149
- number of people potentially represented   1443

Data Collection and Analysis

3.9   The methodology chosen for the analysis reflects the nature of the consultation. This was not a research exercise. It was a general consultation process open to all members of the public and was not targeted at a representative sample of the population. The responses received represent the views of those who were aware of, understood, and chose to respond to the consultation. The approach to the analysis is the one used by the Scottish Government's Social Research team, where a consultation involves a large number of written comments.

Qualitative Analysis

3.10   All written responses were coded as common themes emerged and the analysis grouped the responses under these themed headings. Individual comments outwith the common themes have also been summarised and included. The consultation report refers to recurring themes and commonality of views as well as individual comments and suggestions. No scoring or weighting has been applied to the responses as it could equally be assumed that those who chose not to comment had no concerns about the issue or were unaware of the consultation and had no opportunity to comment.   The report, therefore, provides an illustrative of the views of those who chose to or were able to respond. It is not a definitive view of what the population feels about the issues presented. Numbers will not be used to influence policy decisions, however, all of the comments have been passed to the Project Manager for consideration by relevant officers in the Council.

Quantitative Analysis

3.11   The quantitative analysis has been kept simple due to the issues raised above. A count of total responses and analysis by category of respondents has been presented but as respondents have been asked to "tick all boxes that apply" the figures for total responses received and the numbers shown in the analysis by respondent category will not match. A simple count of the tick box (agree/disagree) responses for each question has been done and presented as bar graphs for each question. A breakdown by respondent category has been included in the appendices to the report but again the numbers will not match.

Emerging Themes

3.12   For each question common themes arose as well as individual comments. The key themes which emerged from the responses have been summarised in the report under each question. An example of recurring themes is given below:

- tendering and commissioning process – a range of concerns over the process and how it will be undertaken and what the impact will be for service users; carers and providers; that choice and high quality of service must be maintained over cost decisions;
- consultation and engagement – the request that people are able to be involved in and 'genuinely influence' service planning, design and decision making process at all stages of the planning cycle;
- status quo – questions about why things have to change when current services are of a good quality;
- resources – concern that there is a lack of resources within the Council to achieve the aims and that budget cuts are happening elsewhere;
- capacity – many responses highlighted the need for good support, advice and training mechanisms to be in place to help people through the process, in particular, over personalisation and self directed support;
- person centred approach - services must fit people's actual needs and not be a 'one size fits all' approach;
- holistic and joined up working – partners , organisations and Council departments must work together to deliver high quality services;

- language, definitions and detail – there were lots of questions around the definitions of terms and the language used, for example, meaning of best value, independence, carer definitions and so on; and
- the consultation process – several respondents found the consultation document lengthy and complicated and found it hard to answer the tick box questions when they agreed with the principles but had reservations about how they would be achieved.

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4 Financial Implications

4.1 There are no direct financial implications arising from this report.

5 Environmental Impact

5.1 The Sustainable Development Unit submitted a response to the consultation and these comments will inform the next stage of the process. For example, the Commissioning Strategy will promote contract specifications and secure providers that support environmental sustainability, while also reinforcing the social equity objectives of the Council's commitments to the Aalborg Treaty.

6 Equalities Impact

6.1 Consultation arrangements for the Strategy were assessed as having a large degree of relevance to equalities, diversity and human rights. Accordingly, a full Equalities Impact Assessment (EqIA) was carried out in advance of the consultation and due regard paid to the findings in the remit / membership of the Checkpoint Group and in planning the consultation. A further EqIA of consultation practice and outcomes has also been undertaken and will be reported with the final Strategy in June. The initial EqIA report will be made available on the Council's website.

7. Conclusions

7.1 The attached reports provide a summary analysis of the responses received to the consultation. A large volume of written comments were received which are available, in full, as a background paper. All of the comments have been read and passed to the project manager for consideration. A Council response to the issues which have been raised will be submitted to the Policy and Strategy Committee on 14 June 2011. A key feature of the consultation is the time and effort which people have put into responding.

8. Recommendations

8.1 It is recommended that the Committee notes:

a) the significant scale and comprehensive approach to the consultation; the level of responses received; and the approach to the data collection and summary analysis set out in the attached reports;

b) the time and effort which individuals, groups and organisations have put into their responses; and

c) that the attached consultation reports, and the Council response to the issues which have been raised, when completed, will be submitted to the Policy and Strategy Committee on 14 June 2011.

Peter Gabbitas
Director of Health and Social Care

Appendices	1. Edinburgh Commissioning Strategy for care and Support Services 2011 - 2016 Consultation Analysis Report 2. The Commissioning plan for Adult Services Consultation Analysis Report. 3. Membership and remit of Checkpoint Group
Contact/tel/Email	Nicky Byiers 469 3996 nicky.byiers@edinburgh.gov.uk
Wards affected	All
Single Outcome Agreement	
Background Papers	Data base containing all responses (anonymous) Data Table: care status by question (closed questions) Data table: organisations by question (closed questions)

**Edinburgh Commissioning Strategy
for Care and Support Services 2011-2016**

**Consultation Analysis
April 2011**

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Background papers
Data base containing all responses (anonymised)
Data Table: care status by question (closed questions)
Data table: organisations by question (closed questions)

The Edinburgh Commissioning Strategy for Care and Support Services 2011-2016

1. Background & Introduction

1.1 This report presents the findings of a consultation through which the City of Edinburgh Council sought views on the Strategy for Care and Support Commissioning (referred to as the 'Commissioning Strategy')

1.2 The consultation was originally planned to take place from 22 November 2010 to 18 February 2011. However, a prolonged period of bad weather intervened and the Project Board, overseeing the process, made a decision to extend the closing date to 4 March 2011. A few exceptions were made for some groups who notified us that they had struggled to contact service users during the bad weather, and those further comments were received by the 18 March. This has reduced the time available to input and analyse the data but allowed a greater number of people to provide their views.

The Consultation Process

1.3 This consultation was open to any member of the public who wished to contribute. The full Commissioning Strategy and the Commissioning Plan for Adult Services were available to view online or paper copies could be obtained through support networks or requested direct from the Council. Responses were invited in a number of ways:

- completion of the paper copy of the document available as a full or 'easy read' version;
- online version of both the full and 'easy read' documents;
- by email, telephone or letter;
- through a series of organised events, meetings and focus; and
- through a third party such as a carer, family member, support worker or care provider.

1.4 During November 2010 briefing meetings were held for those who were responsible for taking the consultation out to their networks. A flier, inviting people to take part in the consultation and receive the full consultation document, was sent out to approximately 2,000 people who use Health and Social Care Services. The circulation of the flier was stratified to ensure a proportionate distribution amongst the client groups. Appendix 1 provides further details on the methods of consultation.

The Consultation Document

1.5 Both the Commissioning Strategy and Commissioning Plan for Adult Services were presented within one consultation document. This report presents the findings of the responses to the Commissioning Strategy. The responses to the Commissioning Plan are set out in a separate report. The consultation document contained a combination of questions with tick box choices and open questions for written submissions on the Vision, Approach, Key Principles and Outcomes for care services. The tick box questions provided the opportunity to strongly agree/agree or strongly disagree/ disagree with all principles. The document also provided the opportunity for people to give any additional

comments on priorities, advise of areas missed from the document and anything else they wished to say.

Data Collection

1.6   Every response has been entered into a spreadsheet (and latterly a database) to allow for analysis. A copy of all the responses forms part of the background papers to this report. The Project Board gave an assurance that all responses would be confidential. All personal details have been removed from the publicly available background papers. Appendix 2 contains a list of all the groups and organisations that responded.

Analysis

1.8   The report uses the term 'service user' throughout as it is the one currently in use. This does not mean that the views expressed about the term have been ignored. They are presented later in the report.

1.9   The analysis provides a summary of the responses which have been received. With a large number of questionnaires/written responses received (232 for the Strategy and 157 for the Plan) many detailed and running to several pages, it was not practical to replicate all that has been said. What is important is that every response has been read in full to inform changes to the Commissioning Strategy and Plan and provide input to the Council's planning and decision making. The narrative includes some direct quotes from respondents, where a particular response appears to sum up comments being expressed by a number of people, or where it is important to capture the 'nuances' of a response. The report makes reference to the recurring themes which arise across the questions and these are discussed but the actual comments are not duplicated throughout the report. There is no reference to names or personal details in the report.

Open Questions

1.10   Given the volume of responses received a practical approach to the analysis has been taken.   This adopts the methodology used by the Scottish Government for similar consultation exercises which involve a large number of written submissions. Responses are coded to help highlight common and recurring themes, both for individual questions, and across the document as a whole.   Appendix 3 provides further details on the approach to the qualitative and quantitative analysis.

1.11   Several respondents provided comments on matters which are either not directly covered by this consultation or are part of a separate consultation exercise, for example, accessibility issues, the review of advocacy services and housing and homelessness services. All of these comments have been referred to the appropriate Project Board or Department for consideration. Appendix 4 provides a summary of these comments.

Tick Box Questions

1.12   Responses to the tick box questions have been graphically illustrated using bar graphs. The findings have been presented as follows:

- simple analysis of overall numbers (bar graphs showing breakdown by respondent category are attached as Appendix); and

- by question/theme, covering all categories of respondent, to gauge overall support for the Commissioning Strategy and Plan.

1.13 There were fewer responses to the tick box questions in the Commissioning Plan as respondents tended to focus their answers and comments on the particular groups for which they had knowledge or experience.

1.14 There are areas of the analysis which are more difficult to undertake due to the way the questions have been constructed:

- analysis by category of respondent – the document asked people to tick all boxes that apply and many people have selected several categories. It is still possible to look at responses by respondent category but the overall number will not match the total number of responses received; and

- quantifying the number of views represented – many of the responses, online, by letter or in the form of a note of a meeting, represent the views of a number of people. Not all of the documents have specified the number of views being represented or the category of respondent.

2. What Happens Next?

2.1 A full version of the database containing all comments received has been made available to the Project Board for distribution to relevant Council Officers to help inform decisions on the process and allow for changes to be made to the Commissioning Strategy and Plan. Not all responses will result in a change in the approach of the Council but they will have been considered and used to inform debate and discussion.

2.2 The timetable for consideration of the consultation report, Commissioning Strategy and Commissioning Plan is set out below:

- 9 May 2011 – Audit Committee to review feedback received from the consultation

- 14 June 2011 – amended Commissioning Strategy, report on consultation analysis and council response to be considered by Policy and Strategy Committee

- September 2011 - Commissioning Plan for Adult Services to be considered by Policy and Strategy Committee

3.   Strategy for Care and Support Commissioning

How Many people responded Overall?

3.1   The figures below show the total number of responses received and an estimate of the number of people represented (see section 3.4)

- total number of questionnaires/written returns 223
- total number of people potentially represented 1933

Who Responded?

3.2   Table 1 provides a breakdown of responses by category where this was clearly identified.

Edinburgh Commissioning Strategy for care and Support Services 2011-2016			
Table 1: Respondent Category	**Code**	**Number**	**%**
Needing care or support	NC	50	21.5
Carer	CR	45	19.4
Self-carer	SC	18	7.8
Member of family receives care or support	FM	36	15.5
Work for care or support providing organisation (but not directly with service users)	WP	44	19
CEC employee	CE	31	13.4
General interest (any anonymous or joint responses included here)	GI	80	34.9
Care/support provider (frontline working directly with service user)	CP	11	4.7
NHS employee	NH	0	0

3.3   The consultation document asked respondents to 'tick all boxes that apply' therefore the total of the categories above will not match the total number of responses received. Most people who completed the questionnaire document ticked the 'general interest' box in addition to another category (s). Care providers and other organisations tended to submit written responses in the form of letters or notes of forums which had been held. Many of these did not clearly identify the category of response.

3.4   The figure given for the total number of people potentially represented should be treated with caution. It was not always clear from the returns whose views were being represented and the actual number.   For example, one organisation prepared a joint response from its management board. This was then circulated to over 200 partner groups for comment but was submitted as one organisational response. Therefore, the number given for those who are potentially represented is likely to be undercounted. There is no weighting or scoring and numbers will not be used to influence outcomes.

3.5   The 'no decision' category in the bar graphs relates to those people who chose not to answer the tick box questions or submitted a written response which did not contain that information. A few responses included split decisions within a group or both agree and disagree had been ticked. These are shown as split.

What you said?

The specific findings for each question are summarised below.

4. Section 2 Question: Do you agree with our Vision for the future of care and support commissioning in Edinburgh?

Services to be personalised and offer choices
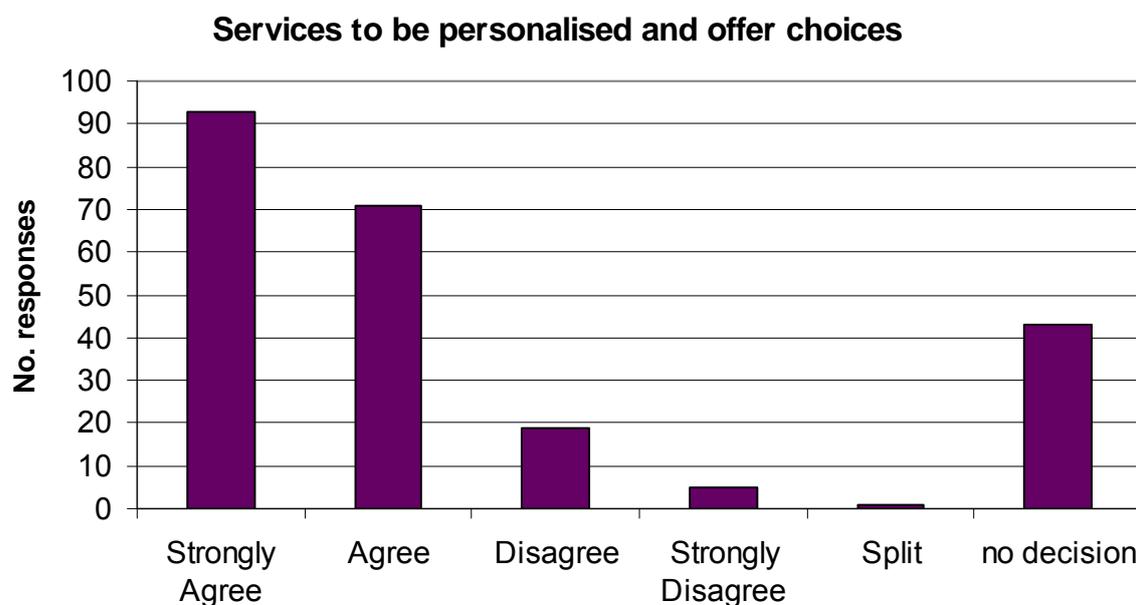
What you said

4.1 Over 82% of the responses to this question agreed or strongly agreed with the Vision. Of those who expressed disagreement the largest group (apart from general interest) were those needing care although actual numbers were small (16% of those who disagreed). However, many of these respondents, even where they were in agreement with the Vision, added their concerns or comments about how the Strategy and Principles will be applied. Many of the comments made in response to this question are also applicable to other questions in the document. The main areas for concern cover the following themes:

- tendering and commissioning process;
- consultation and engagement – the ability to 'genuinely influence' service planning, design and decision making process;
- status quo – why change things?
- resources - lack of resources to achieve the aims;
- capacity – support to help people in the process;
- person centred approach - ensure services fit people's actual needs;
- holistic and joined up approach
- language, definitions and detail; and
- other comments.

Tendering/Commissioning Process

4.2 Many respondents expressed concern about the tendering and commissioning process and asked how it will be done differently in future. These concerns run throughout many of their answers and focus on the following issues:-

4.3 There was a real concern that the process is about cutting costs and the impact this will have on service quality and service provision. There were many asking for a clear definition of 'quality' and 'best value' and more detail on how quality will be judged. One respondent pointed out that *"...there is no mention of a commitment to high quality service...."* whilst another stated there should be minimum standards of quality explicit in the document. Many respondents pointed out that quality services need to be adequately resourced and voiced concern that the reference to *"independence"* was an excuse to reduce support. Many people expressed the need to ensure service providers are accountable and that there are controls in place to ensure quality of service is maintained and which allow the Council to step in if *"things go wrong"*. There were further concerns from a number of respondents about the terms and conditions under which some care workers are employed. They point out that cheaper services are *"cheap for a reason"* and, as a result, where there is a high turnover of staff, the quality of service provided can be poor;

4.4 The loss of service choice was one of the common recurring themes from respondents. There were many concerns that the procurement process will favour larger organisations resulting in a loss of smaller organisations which many respondents feel are more *"..locally based and person centred..."* Others pointed out that competitive tendering causes the disappearance or amalgamation of organisations and thereby reduces choice and flexibility for service users. One group of carers from a BME group questioned how choice will be made available to their community. Another group noted that if the Commissioning Strategy leads to a range of small scale grant streams being *'rolled up'* into one large tender, that would unfairly disadvantage smaller voluntary organisations;

4.5 A perspective from several organisations was a concern that the tendering process created competition and tensions between organisations making it difficult to work in partnership and share information. It was noted that *"...it was difficult to work to be transparent when you were in competition..."* This was seen as not good for service users; and

4.6 There was genuine concern about the tendering process from most of those who responded on this. It was felt that if the strategy simply provides a framework for a competitive tendering process intended to drive down costs then this would not be supported. The strategy should be about *"....facilitating the delivery of the best possible care for people in need...."* Several respondents simply stated that they do not want tendering to take place and are against the involvement of the private sector in providing care.

Engagement and Influence

4.7 Another recurring theme was the real concern over people's ability to *"genuinely influence"* the process. This was expressed not just in relation to developing plans and strategies but in involving service users, carers and organisations/providers* right through the process including the design and

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delivery of services. Many linked this to the need to have a more *"transparent approach"* to the process. Others pointed out that communication is *"...vital and helps the system to work well..."* Many agreed with the aims but note that they were *"...only worth something if any comments made are taken on board and acted upon.."* (*Note that some respondents expressed concern about the level of involvement of providers in the cycle. This is addressed more fully in response to question 7).

4.8   One organisation pointed out that existing users of services often have special relationships with the service they use. Involving them in discussions over commissioning takes *"special work"* and some will be willing to engage whilst others will not be interested until the last minute when a change they do not want is threatened.   Care and support services are unlike other services. They engage in personal tasks with people and *"...build a scaffolding of support connections around people and their lives......you have to be very careful that the act of change doesn't cause a collapse on its own.....at any point up to the signing of the contract and beyond, users of services can decide that these are changes they did not ask for...."*

Status quo
4.9   Many people were concerned and anxious about change. They pointed out that they were happy with their current service provider and do not want this to change. Indeed, some service providers also pointed out the good relationships they have built up with service users. One organisation, supporting those with mental health needs, pointed out the importance of consistency of support and that the social networks and trust which have been built up over time help to give confidence and self esteem to people. Changes to their support arrangements could affect this.

Lack of Resources
4.10   One of the issues which many respondents questioned was whether there are sufficient resources to deliver the aims. One person summed this up as follows *"…..However, people only have choice when funds are available to meet their choices..."* Respondents noted that funding for existing services is limited and, in the current economic climate, further cuts and reductions are inevitable. There was concern that decisions on Edinburgh Council budget cuts are being made "elsewhere" but will impact on this process. Some respondents, in particular organisations, noted the impact of changing demographics, such as an ageing population and increasing numbers with complex needs as placing a further pressure on resources. Others highlight the growing reliance on unpaid carers and the need for their role to be part of the planning and commissioning process from the start.

Capacity
4.11   Another common theme raised in response to the Vision, is about the ability of some service users and carers to fully understand and engage in the process and have the right level of continuing support and information to make informed decisions and choices. Many requested that independent advice and guidance be put in place to help the user or carer plan the care package. It was noted by one respondent that assessment of capacity and risk are crucial. These issues are addressed in more detail in response to question1 on personalisation.

Person Centred Approach

4.12 Many people stressed that this process and any decisions taken must focus on individual need and ensure a range of services are available to meet that need. Concern was expressed by several respondents that *"value for money"* is the key driver, but it would be better if *"service provision"* was the driver. One respondent pointed out that some people need a *"...specific service which will cost higher. These people cannot express their needs but must be recognised as they are vulnerable adults who cannot make their voices heard..."* Other respondents highlighted that needs change over time and support and services must change to meet new and changing need. One person pointed out that even those with complex and multiple needs *"...can be given choices about who and what they receive in a care package..."* Others note that self directed support will never be right for some people.

Joined Up Approach

4.13 Several respondents felt the strategy appeared to present how the <u>Council</u> will commission care and support and does not recognise links and crossovers to the strategies, plans and actions of other organisations, groups and Council departments. For example, one group felt it should be a joint Strategy with NHS Lothian. Organisations must not work in *"isolation"* from each other. Several people pointed out that by working together, with other organisations and providers, the Council will know about the wide variety of support provided by different agencies and in turn those agencies will be able to plan for future service delivery.

Language, definitions and detail

4.14 There were a range of responses covering these issues. Many respondents felt this higher level, strategic document lacked the detail to enable them to comment on what this will actually mean in reality. For example, several organisations asked for comparable like for like quality and cost information across different providers; cost comparisons between sectors; detail on the allocation of resources between services and the split between external and directly provided services linked to volume. They also requested more information on how these decisions are made. Respondents generally requested more detail on the approach, terms of engagement, levels of support, criteria, and so on. For some, this meant the document was simply a list of statements of principles.

4.15 There was also a request for a common understanding around the language and terms used in the document. For example clarity is required over the following terms used:

- difference between 'personalisation' and 'self directed support';
- the use of the term 'carer' and its definition as "unpaid" which was felt to be different to that used in other strategies and needs to be borne in mind when reading the document;
- lack of common understanding of terms such as, 'best value', 'quality', dignity and choice; and
- others asked for clarification of the term *"independence"* and hoped that this would not be used as a means of cutting costs.

Other Comments

4.16   There were a number of other comments pointing out areas which respondents believe are missing from the Strategy, such as preventative services, eligibility criteria, use of the internet, integration with Sustainable Development Policy, strategic assumptions on decisions over Council operated services and so on. One respondent asked that equalities and inequalities underpin all aspects of every phase of the commissioning cycle. More recognition should be given to the impact of inequalities across all ages.

5.   Section 2 Question: Do you agree with the term service user when describing people who receive care and support?

Use of term "Service User"
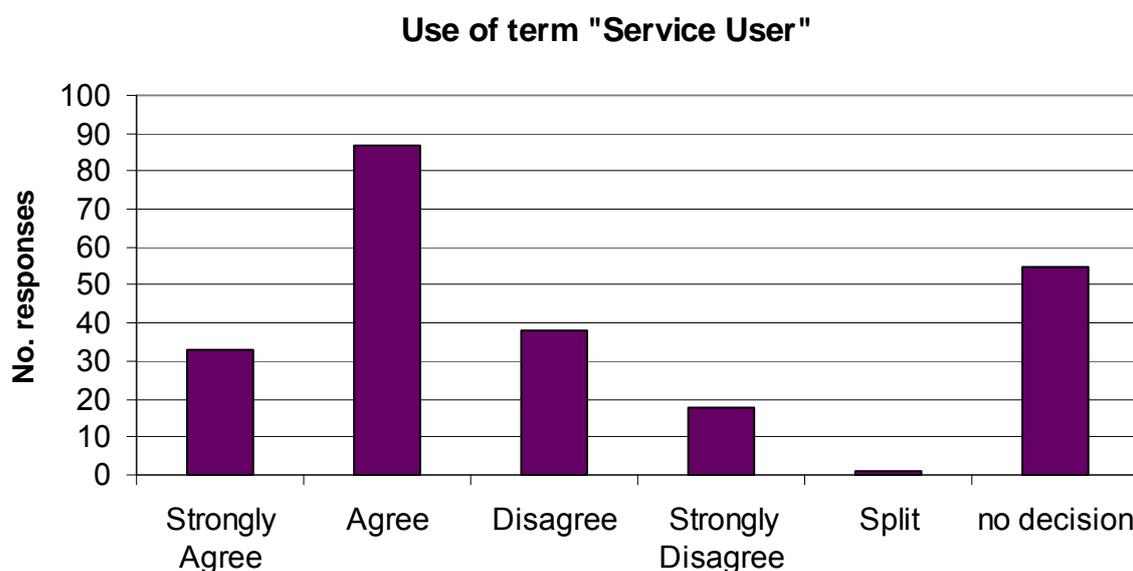
What You Said

5.1   The majority (72%) of responses to this question were happy with the use of the term 'service user'. A few respondents gave alternative suggestions which are provided below but none of these received a higher preference over the current term. Of those who disagreed (28%) with the current term 22.5% were in the categories of needing care or self carer. A significant number of respondents did not answer this question. A flavour of the comments is provided below under the following headings:
- agree with the term 'service user'
- disagree with the term 'service user'
- suggest alternative term

Agree

5.2   The following comments were made:
- totally agree as long as we keep our services;
- appropriate and meaningful;
- better than previous term; and
- agree but it is the work that is important.

Disagree

5.3　The following comments were made:
- term is stigmatising and has a negative connotation especially when abbreviated to 'user';
- term is impersonal, demeaning and dehumanising;
- no reason for a collective term, danger of forgetting the diversity of those using the service; and
- call me by my name not names.

Suggested alternative terms

5.4　The following suggestions were provided:
- prefer to use term "resident" within the care home setting;
- I'd call them customers;
- service user is quite impersonal. What about clients or customers;
- client is less controversial, more reassuring and empowering; and
- we are citizens not users.

6.　Section2 Question: Do you agree that the Council should adopt this five-year approach?

The Council's proposed approach to commissioning
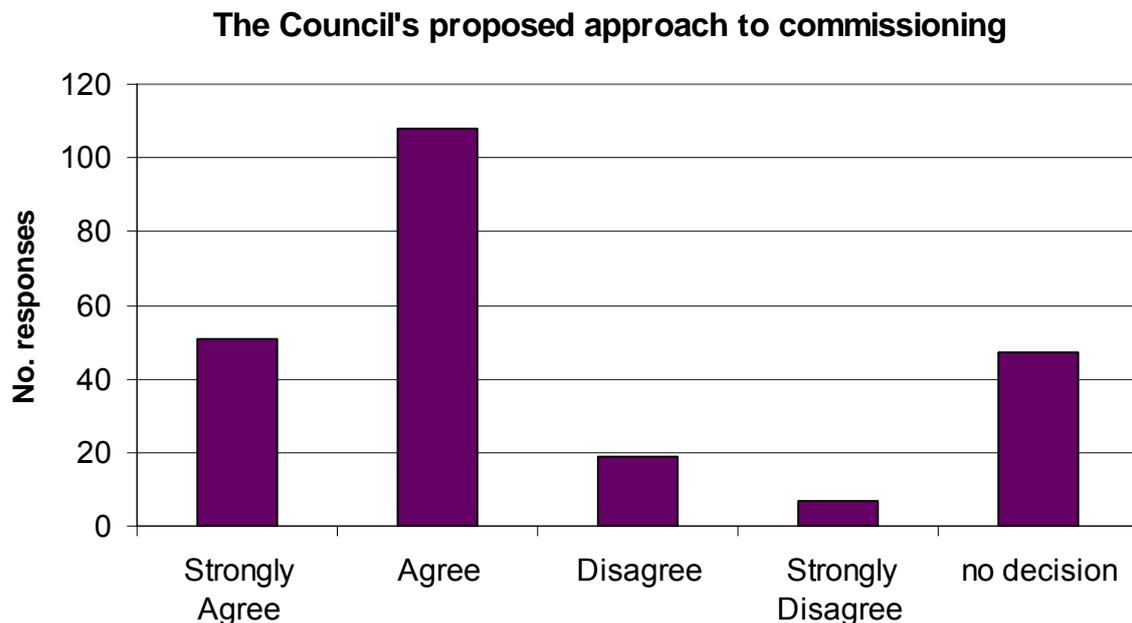
What you said

6.1　Over 86% of responses to this question agreed with the proposed 5 year approach. Of the small number who disagreed there was a fairly even spread over the different categories of respondent. Responses on the approach largely covered the following issues:
- strategy period too short;
- strategy period too long;

- five years good;
- joined up approach;
- transparency, openness and engagement;
- tendering/commissioning process; and
- carer support

Five years too short

6.2   Several respondents pointed out that people have needs over a longer term period not just 5 years.   Some voiced concern over the short term nature of contracts, generally over a 3 year period, noting that *"....people's individual goals and outcomes can be longer term than this and if the provider is changed the outcomes for those people can be detrimentally affected..."* Other respondents stated that the longer term allows service continuity and an ability to plan but noted the need to ensure a clear link with funding (5 year funding) and escape clauses to allow for changes in policy or funding over time.

6.3   One organisation felt the choice of a five year strategy was not fully explained when SWIA recommends a 10-15 year strategy. Security for service users is important and *"....facing another round of uncertainty would be the wrong message to bring out of this..."* The reference to regular reviews seemed to suggest the Strategy might not last 5 years.

6.4   A further comment suggested a longer Strategy "shelf life" with regular review periods would be more user friendly for service providers who need to know that contracts will be maintained for set periods of time even if a review is ongoing. The respondent also noted a concern regarding the impact of a 5 year strategy on a 3 year service level agreement which could leave providers 'on hold' whilst a review of the Commissioning Strategy takes place in 5 years time.

Five years too long

6.5   Several respondents were concerned that a five year plan will not be able to reflect changes over time in this period of changing Government and Administration policies. They point out a need to build in more flexibility and a monitoring and review process to accompany this. Others requested that a robust system for monitoring service be put in place to ensure the quality and consistency of services over that period.

Five years good

6.6   Whilst many respondents agreed with the five year period several, who provided views on this, added the caveat that they would like to be sure of the consistency of the support services they currently receive as this provides a "sense of security". Other respondents questioned how the Council was going to regularly review the Strategy and whether there would be a chance to give and receive feedback on the review.

Joined Up Approach

6.7   Several respondents pointed out that there will be crossover between the 3 Plans (Adults, Children and Families and Housing and Homelessness Services).   There was concern about a *"one size fits all"* approach and that *"...different people have different needs, you can't lump them all into the same*

category....think about the customers and how they are affected by the decisions...what if I am an adult and homeless...." Other respondents echoed this stating that some people *"....might fit into all categories and are concerned that if agencies are limited by a category then they won't be able to provide all the support someone needs..."* Some people suggested the Plans should be cross-referenced and the interdependencies between them noted. Others agreed with the approach as long it is properly joined up and synergies are identified to reduce duplication and costs. If the Plans *"...exist independently of each other, how will it all be pulled together to ensure effective delivery and efficiency..."*

6.8   Several people pointed out the need for the Commissioning Strategy to take account of the plans and actions of other organisations.   An example of this was summed up in one response *".... we also believe that any agreed commissioning strategy should be completed jointly with Health Services to provide continuity…and…. that commissioned services should be in keeping with the new Mental Health and Well-being Strategy " A Sense of Belonging" .* Further responses asked for a 'joined up approach' within the Council, across those service departments involved in delivering care and support services.

Transparency, Openness and Engagement

6.9   This was one of the themes which occurs across all the questions and was felt to be an underlying principle which the Council must adopt. In terms of the approach, this was summed up by one organisation as follows *".... a clear and principled approach to the Strategic Commissioning of services for Edinburgh's citizens will enhance transparency of decision making, and will ensure the most effective use of finite resources..."* Another respondent accepted the cycle of analyse, plan, do and review but wanted to ensure the practice will be transparent and open and that there will not be a minimalist approach to this. It was suggested that an explicit commitment to national standards such as those for community engagement and care commission standards be adopted. Respondents more generally wanted to know how they would be consulted and kept informed about the process. One group suggested that *"there should be explicit commitment to user-led research and independent advocacy to ensure that service user's views are embedded in each phase of the commissioning strategy...."*

6.10   A related comment expressed concern about the publication of the Commissioning Strategy at the same time as the Plan which *"feels contradictory"*. They questioned what the impact will be on the Commissioning Plans if the Commissioning Strategy is radically changed as a result of the consultation.

Tendering/Commissioning Process

6.11   Similar concerns about tendering and commissioning were raised in response to this question.   One group added a further concern about the approach *"...the theory states that the Commissioning process will (conceptually) precede any moves to tendering/Procurement, but recent practice suggests that decision makers are committed to Competitive tendering and might structure any commissioning process to lead to Competitive tendering in the*

procurement phase....not all CEC procurement is taken forward via Competitive tendering...".

Carer Support

6.12   Several respondents questioned the inclusion of "carer" as a category within the Commissioning Plan alongside care groups. One organisation suggested that a separate Commissioning Plan for Care Support be developed and they provided detailed information on this approach which is referred to in response to question 3.

Key Principles of the Commissioning strategy

7.   Section 2 Question 1: Services to be personalised and offer choices.

Personalising services to individual needs helps each person get the right outcomes for them and be actively involved in selecting and having a say in their services. The Council is committed to giving service users choice and control over their care and support and work with them to agree the best care and support packages. This means ensuring that a choice of good quality, flexible, affordable services is available.

Do you agree that this principle should be followed when commissioning services?

1. Services to be personalised and offer choices
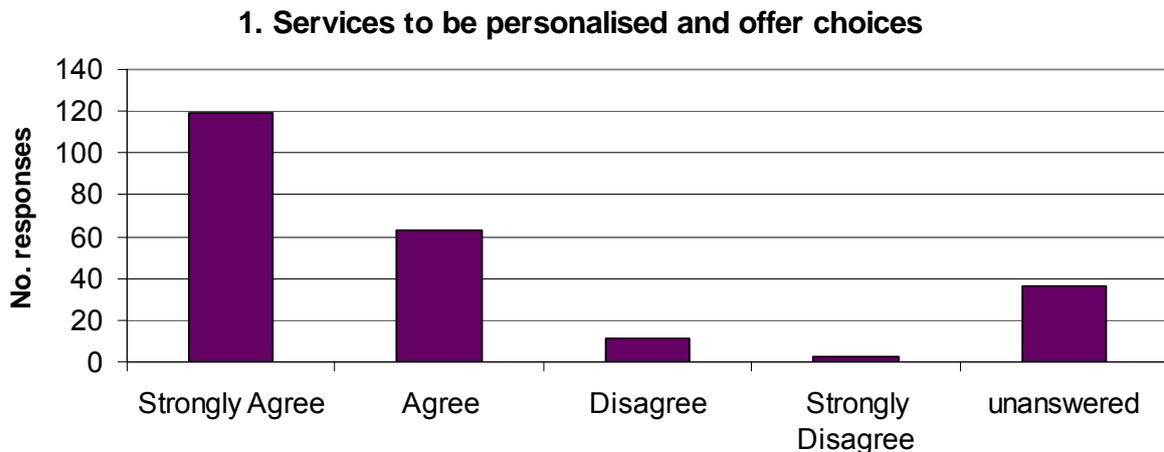
What you said

7.1   Most of the responses to this question agreed, with comments or reservations, with the principle of services being personalised and offering choices. There was a fairly even spread of agreement across those categorised as needing care, work for care provider, carer or caring for a family member. There was a low response to this question from care providers although, as stated earlier, many submitted written responses which did not answer the tick box questions. Many of the themes arising in response to questions on the Vision and Approach were also replicated in the responses to this question. The issues most commonly raised included:

- person centred approach;
- choice of Service;
- monitoring and control;
- resources;

- capacity and support to make decisions on care packages;
- multiple and complex needs; and
- clarification of terms.

Person centred approach

7.2 The need to tailor services to meet individual need was a widely held view with one respondent questioning who decides the 'right' individual outcomes - the service user, provider, purchaser or care commission? Another response summed up a number of views that *"...personalisation should focus on planned, positive outcomes and the prevention of crisis...."* and that the *"…personalisation of care solutions and care provision based on personal outcomes of the individual should be the central focus for commissioning care support…."*

Resources

7.3 There was real concern from many respondents that, currently, there are not enough resources to meet all needs and it will not be possible to achieve the principles set out. As one group put it *"...it is very obvious that demand is much higher than supply..."* Individual minority community groups identified a lack of current resources and support for their particular community as an 'equalities' issue. However, the same concern is echoed across all groups suggesting it is a wider issue. Several respondents believe the real driver behind this is cost cutting.

Capacity and support

7.4 There are numerous concerns about the need to assist vulnerable users to *"...understand the range of choices and make informed judgements on what best suits their needs..."*.. A key concern from many people is the need to have in place good support mechanisms, advice and information to help people to make informed decisions about their care. One group of respondents noted that agencies with the skills and knowledge to help and support people with Direct Payments are not offered the resources to do this and note that as a result *"...in practice this can be the difference between services given to someone and services chosen by someone..."* Others suggest that independent advocacy services be included as a way to support service users to make choices and engage with personalisation. The Resource Allocation System was referred to by one group which asked how service providers were inputting into that.

Choice of Service

7.5 Many respondents offered comments on the issue of choice. One group questioned how honest the promise is *"...to "offer choices" if service plans, service specifications and competitive tendering effectively limit choices?..."* Again, the issue of competitive tendering has been raised with concern that this will reduce choice and flexibility for service users as smaller organisations are closed out. Some people noted that it is important to have a mixed economy in order to have flexibility and choice. One group expressed concern over the term "appropriate" in relation to 'choice and control' and questioned who has the power to define what "appropriate" is in individual cases. This raises issues over eligibility and capacity criteria.

7.6   One group pointed out that the National Care Home Contract does not support personalisation as there are fixed fee rates which are not related to assessed need and there is no flexibility for additional funds following the assessment of need. They further note that personalisation also needs to happen in care homes related to assessment and leading to a differentiation of services. One organisation requested that there be reference to how 'out of Edinburgh' placement are to be dealt with and whether these will be based on cost/value or real customer choice.

Multiple and complex needs

7.7   Several respondents referred to the need to consider how to provide the right level of support to those with multiple and complex need.

Clarification of terms

7.7   Respondents, as in earlier questions, have asked that the document include agreed definitions of 'self-directed support' and 'personalisation' to avoid confusion between the two.

8.   Section 2 Question 2: Self-support or self-management and the promotion of independence, recovery and living and dying well.

It is a key aim for the future of care and support services in Edinburgh to encourage independence and reduce reliance on services when appropriate. We will promote and support self-help or self-management and independent living through services that lead to rehabilitation and recovery. We will also support people with palliative and end of life care needs.

Do you agree that this principle should be followed when commissioning services?

2. Self support of self-management and the promotion of independence, recovery and living and dying well
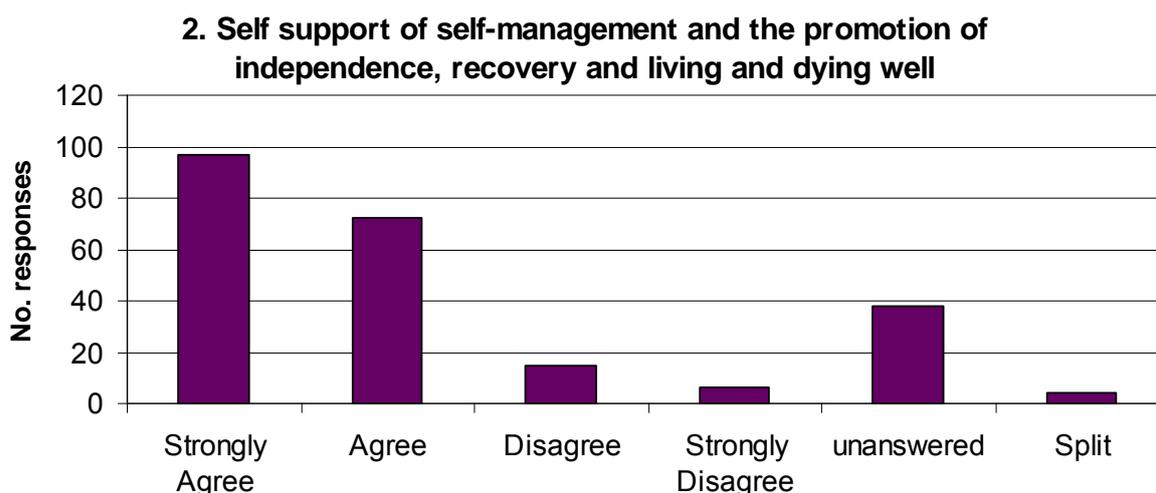
What you said

8.1   The majority of responses (76%) agreed with the principles stated in the document but many stated this support was conditional on a number of concerns being met. Of the small number who disagreed, the highest proportion was from carers or those with a family member needing care. The concerns fell into the following headings:

- person centred approach;
- flexibility and change;
- resources;
- support, guidance and advice; and
- recovery.

Person Centred approach

8.2 There were a lot of comments about "independence", most agreeing that it is a practical goal but pointing out that levels of independence are different for every individual and the term can also be understood in different ways. For example, several respondents made comments along the following lines *"...I get my independence from using my support. I need support to let me do independent tasks..."* another pointed out that *"...my support hours have increased and that's what has increased my independence..."* One respondent summed up a number of people's concerns as follows *".....Independence for me means that I can rely and trust the support I receive and where I have choice and control over the kind of support I get, need and want to live the life I want to live. For recovery and independence, I need to decide the timescale, to decide what is appropriate and when. It needs to be in response to what I think I need, not someone else. What will you do to make this happen?...."* Echoing this, one organisation stated that *"...key to the strategy behind commissioning services is the understanding that, if true to its principle, services/support should be shaped by people themselves and based on their aspirations for independent living....."*

8.3 In addition, respondents pointed out the importance of proper assessments to ensure the right level of independence is given as part of personalisation. Many respondents made pleas for the Council to listen to, and think about support for, those who cannot speak out for themselves, for example, those with Autism Spectrum Disorders, multiple needs, Dementia and so on. One group summarised this as *"...service users and carers need support to understand and articulate their needs as broadly as possible to achieve/ sustain the best quality of life 'in the round' rather than basic physical care..."*

Flexibility and Change

8.4 Linked to the points made above, many people pointed out the importance of services being flexible and able to change over time to meet changing need. One example given was Huntington's illness where independence is only applicable at the early stages of the illness. Many 'older' respondents expressed concern that, while wanting to be as independent as possible, services should not be short term service with no ongoing provision.

Resources

8.5 Several respondents expressed anxiety over the gap between the level of resources needed to meet these aims and the actual level of funding available, noting that for many increased support will be required over time. There is concern that this approach could be another way of cutting budgets and services, in particular, services that maintain independence or have a preventative role. One organisation suggests that the commissioning of preventative services needs to be a part of this Strategy. They add a concern that the Strategy has a focus on those *"losing independence"* and preventative

measures need to be in place for groups such as young people leaving care or adults with learning disabilities. For example, one group response noted that *"....there is already a big gap in providing adequate service; it was felt that moving towards self-support or self management would only increase the gap..."* with real concern from one respondent asking *"....does 'self-help' and 'self-management' really mean 'no help'?...."* One group noted that there is no mention of the cost of services and that this document might raise people's expectation of what services are available.

Support, Guidance and Advice

8.6 Another recurring theme from earlier questions related to the amount of support, advice and guidance that is provided to help people through the process. Several respondents pointed out that this support must also recognise language barriers, both for service users and carers, and the need to provide information and communicate with all groups in the City. Several respondents commented on this in relation to their experience of the re-ablement scheme where they felt they had been rushed into recovery with a lot of focus put on family providing support, irrespective of actual needs and family circumstances. A plea for clearer guidance on the help and support available was given.

8.7 One group asked what protection is built into the system *"...people may choose Direct Payments but need family/unpaid carer support to manage care arrangements which can change over time – either the capacity of the service user or carer to continue with this responsibility as circumstances change. Need for much more additional support and advice for those who want information/select direct Payments..."* One group made the following suggestion of a support process that *"...through excellent holistic assessment, identifies strengths and support networks within service users' lives. This is why a 'post-support' plan is part of our support process and we would urge the Council to consider ensuring it is also a part of any commissioning of services..."*
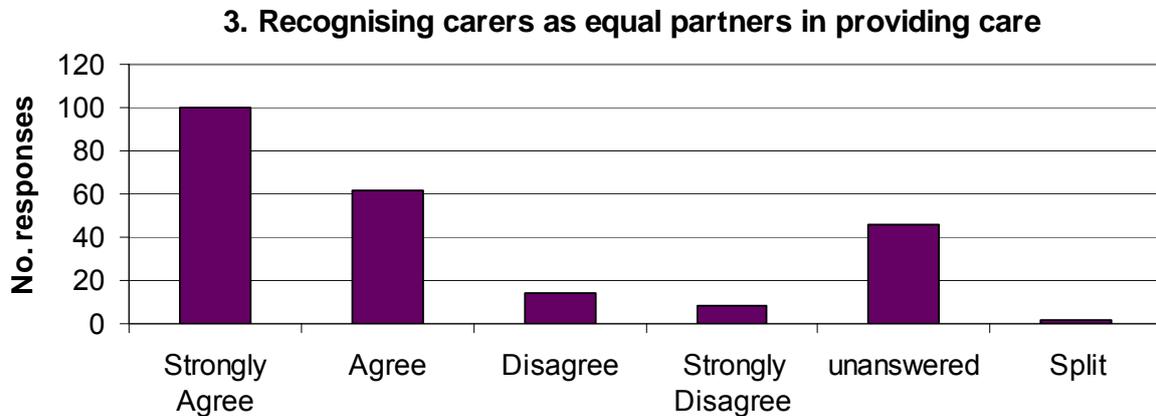
Recovery

8.8 Many commented that the term "recovery" is not applicable in all circumstances and there are people with a lifelong illness or disabilities where rehabilitation and recovery is not feasible. For example *"...it is not realistic for me to "recover" from my autistic spectrum. I can manage my symptoms better but I need consistent, long term support to manage this. It needs to be ongoing..."* One person highlighted that *"...if providers are forced to move people on more quickly, as a principle, more crisis situations will occur. Using a recovery focus is important, as is being flexible at times of crisis which, in our experience, is very difficult with direct payments..."* One group noted that the wording "through services that lead to rehabilitation and recovery" implies a 'medicalised focus' and should reflect the 'social model of disability'.

9. **Section 2 Question 3: Recognising carers as equal partners in providing care.**

We recognise the expertise of carers. Their views and knowledge in providing care will be valued. They will be supported and given the resources to help them provide care at the right level and for as long as they are able to. The

Council will continue to offer carers' assessments to unpaid carers who carry out regular and substantial care.
Do you agree that this principle should be followed when commissioning services?

3. Recognising carers as equal partners in providing care

No. responses

120	
100	
80	
60	
40	
20	
0	

Strongly Agree | Agree | Disagree | Strongly Disagree | unanswered | Split

What you said

9.1 Some of the differences in wording of the questions, between the easy read and full document, has meant that the emphasis in the responses varies. For example, Section 2 question 3 in the full version asks about "recognising carers as equal partners in care" The easy read version refers specifically to 'family carers'. There was a high level of support for this question with over 90% of responses being in agreement with the principles in the Commissioning Strategy. The comments received have been categorised under the following:

- resources;
- support, training, assessment and guidance;
- change over time;
- additional Burdens;
- young Carers;
- family carers;
- language and definitions; and
- Carer Commissioning Plan.

Resources

9.2 The underlying concern from respondents was that adequate support is not currently provided to carers and increasing responsibility is already being given. They question how this can be improved at a time when resources are reducing and budget decisions are being made elsewhere. In addition, demographic changes mean that actual need is increasing. There was a lack of belief that things will improve and that the Council can achieve its aims.

Support, training, assessment and guidance

9.3 Many respondents commented on the need for good quality support for carers from regular assessments and reviews; training; advice, guidance and support networks, which are accessible for all cultural groups, to the need for respite breaks. Others pointed out the need for specialist training to cover complex and

multiple needs such as Huntington's illness, Autistic Spectrum Disorders and substance misuse. Several noted that although they had received a carer assessment no extra support or help has been provided.

Change over time

9.4 Many stressed that, particularly for older carers or carers of those with complex illness, there needs to be more "planning for the future". A longer term planned approach is needed to cater for both carers getting older and client needs becoming more complex or changing over time. Some respondents, who are already 'older carers' themselves expressed real anxiety about the future care of their family member and their ability to continue providing care without greater support. All this was underpinned by respondents' concern over the level of resources available to provide this.

Additional Burdens

9.5 Several respondents believed this process is not about 'partnership with carers'. It is about cutting costs and shifting further responsibility for vulnerable people onto carers. Others pointed out that some family carers have been caring all their lives and the Council is already *"..... asking too much of these people..."*

Young Carers

9.6 Several people noted that the Commissioning Strategy does not appear to cover this particular group of carers with their own specific support requirements;

Family Carers

9.7 Many people acknowledged the importance of family members in providing care and the hours of support provided by this group. One carer summed this up as follows *"... when the service provider is not there 6 days and 14 hours a week who do they think provides the care?...."* One person drew attention to the fact that family carers save the Government a lot of money which shows their importance to care services and the economy yet they *"…receive no recognition or funding…."* Several respondents noted the importance of privacy and personal choice for service users over who provides their care.

9.8 A few respondents, who receive care, pointed out that sometimes reliance on family members does not work in *"relationship terms"* where people need independence from parents. One respondent explained *"...I like having paid staff. I don't want my Mum to have to come and make tea for me. I want her to come and visit me instead..."* Another person pointed out that *"...my family find it difficult to understand my mental health. Family should not replace support workers who are important in helping my family to understand my mental health better which helps my relationship with my family..."* Others stressed that family members are not always available to undertake this role.

Language and definitions

9.9 Several sought clarity on the terms used in the document noting that definitions are not consistent across key Council documents. One group requested that the words "respecting carers as equal partners" should replace the words "recognise the expertise of carers". Many questioned what is meant by the term "equal partners". One respondent felt this was disempowering for some

disabled people. One carer's group suggested that this should mean "*the carer's knowledge, expertise and views are recognised, listened to, valued and taken into account. The carer is involved in the decision making process and the carers physical, psychological, emotional and spiritual needs are taken into account...*" A few respondents pointed out that it cannot be presumed that the service user wants the carer to be an 'equal partner' in decisions or to have full access to confidential information, for example, young carers, parental carers, friends or neighbours.

Carer Commissioning Plan

9.10   Several respondents pointed out that carers have a set of needs and issues requiring action and resources to address, but which should not be seen as the same as, or part of, the debate about care packages. One organisation suggested that a more profound analysis and understanding of the future role of unpaid carers, as key providers of care, is required for the development of appropriate commissioning plans than that given in the document. This view is based on the likely huge impact of demographic change and the shifting of the balance of care on unpaid family carers over the next 10 years or more. Unpaid carers already outnumber the paid care workforce and projections of future demand suggest numbers will continue to rise.

10.   Section 2 Question 4: Consultation and engagement.

We believe that involving people who use services and their carers should be at the heart of commissioning. This will help us ensure that the care and support packages we commission reflect the needs, preferences and desires of existing and future service users. How this will be done will be outlined in each commissioning plan.

We recognise that people need information so that they can shape their views to take part in consultations and the process of commissioning. We will help individuals, groups and communities to do this.

Do you agree that this principle should be followed when commissioning services?

4. Consultation and engagement
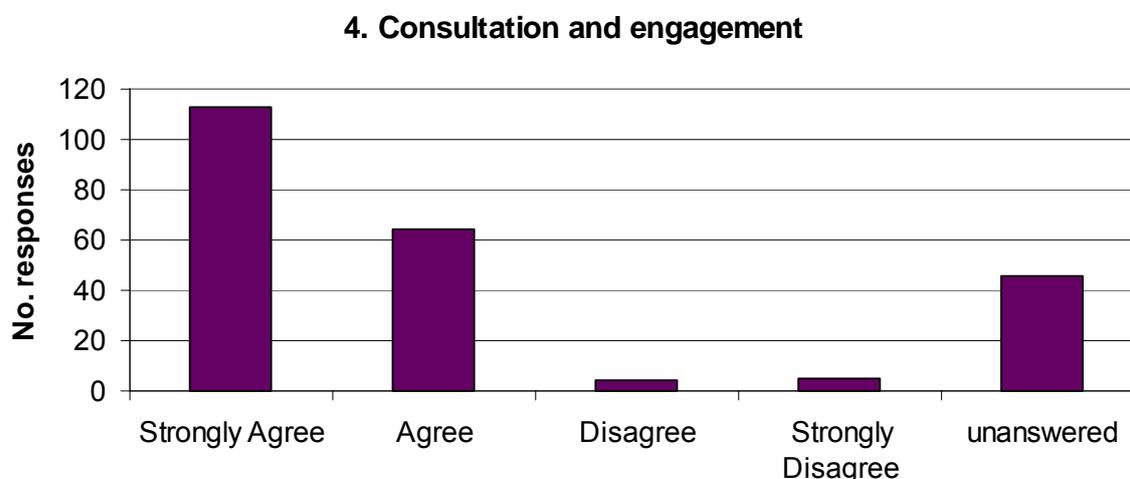
What you said

10.1   There was a high level of support (nearly 95% of responses to this question) for the principles relating to consultation and engagement with very few respondents expressing disagreement. However, there were also many comments and concerns about how the principles should be applied in practice. These are summarised under the following headings:
- consultation and engagement;
- appropriate stages of involvement;
- approaches/ methodologies;
- fair, open and transparent process;
- feedback; and
- comments on this consultation.

Consultation and Engagement

10.2   There was a great strength of feeling that the only way to improve services and know that the service is correct is by involving and listening to users. However, several respondents questioned how this would be undertaken. One person stated that from their experience *"...there needs to be a wide range of methods used to collect views. Not all service users are comfortable in groups and some need support precisely because they have chaotic lifestyles and are difficult to engage. A means needs to be found to access their views..."*

10.3   The term "genuinely influence" was expressed many times in answer to this question. Respondents wanted the Council to be open to *"hear"* what people have to say, to provide real feedback which is not *"tokenistic"*. As one respondent put it *"...it is important that more than lip service is paid to this. There is nothing more dispiriting than being asked for your opinion and then it being ignored. This must not be a tick boxing exercise but a true partnership..."* One group also noted that any consultation and engagement must include the views of paid carers.

Appropriate stages of Involvement

10.4   Many respondents pointed out the need for consultation and engagement to be undertaken in all 4 segments of the commissioning cycle, not just in the 'analyse' or 'planning' stage.   They believe it is important to actively involve all stakeholders in the 'review' and 'do' stages. One organisation summarised this view stating that *"….consultation needs to be embedded at every point in the commissioning cycle.   The strategy must align with the national standards of community engagement..."*

Approaches/methodologies

10.5   Some respondents felt the Council's track record in consultation has been poor. This was summed up by one respondent who stated that much needs to be done to *"build confidence that voices will be heard and encourage people to get involved in having their say..... there needs to be more effort to include everyone through different media, formats and communication methods..."* Some groups of older people pointed out that approaches must take into account issues such as Dementia, hearing, memory and sight loss. Other groups noted language barriers as a concern and the support needed to help people with multiple or complex needs to become involved. Several respondents stressed that the "help" they require to enable them to be involved

must to be of a very high quality which could be delivered through advocacy services.

10.6   Many people acknowledged the difficulty of consulting across such a wide range of users, carers, providers and other organisations. One group pointed out that the interests of small providers may be quite different from larger ones and that the interests of one care group may differ from each other. They suggested that a co production model would allow this principle to be "naturally integrated".

Fair, Open and transparent

10.7   People generally supported the aims as long as the process is also open and transparent and that "*....the provision of necessary information does not become an attempt to unduly influence the views and decisions of the parties who use it.* One group expressed concern as follows *"….there is always the risk that a minority of service users' views and opinions will be canvassed as is all too often the case. What mechanisms are in place to ensure full participation?.."* This concern was echoed from several respondents who felt that sometimes those who "shout the loudest" get the services while others miss out. Consultations must be properly planned. Service users at one group meeting suggested that an "impartial party" undertake this so that they feel they can be more open in their responses.   Several respondents believe that the Council has made already made decisions on this and the consultation is a *"sham"*.

Feedback

10.7   Many respondents raised this as a key part of the process. One group meeting summarised this as follows *"...some of them have attended quite a few focus groups in the past on the subject of palliative care. None of them received any feedback from the consultation. Six (attendees) felt consultation is a formality, from which nothing results..."* One group pointed out that changes are not always made quickly and the delay can make "customers" feel they have not been listened to.

Comments on this consultation

10.8   A number of respondents expressed concern about aspects of this consultation which have been summarised below. A complete list of these comments has been passed to the Project Board to help inform any review of the process:

- the form is too long and difficult to understand. Using the tick boxes does not reflect the complexities of the answers and the doubts, anxieties and questions from respondents must be captured;
- there is not enough detailed, useful information to enable meaningful answers;
- the main document should be 'easy read' – it should not be an 'added option'. One respondent felt the standard of the easy read version was poor;
- one group had problems with the online survey and had difficulty printing off coloured documents;
- several felt they had not been given sufficient information about this consultation and had only heard about it by chance;

- a few respondents highlighted the work of their support workers in helping them to complete the consultation form without which they would have struggled and several pointed out that they had not received information directly from the Council;

- it was difficult for some organisations, which receive a small amount of funding, to find the time and resources to "…plough through…" the Strategy; and

- a few people pointed out that the document does not really say what the Council plans to do, what the constraints are and what people are really being asked to support or not.

11. Section 2 Question 5: Equal Access to services

There should be equal access to all Council services regardless of how they are provided. We need to ensure that we are not unintentionally discriminating against specific groups of people when planning, buying or providing services. We plan to assess if a full equalities impact assessment is required during commissioning and procurement. Assessments will be monitored and reported to the appropriate management groups or Council Committees.

Do you agree that this principle should be followed when commissioning services?

5. Equal access to services
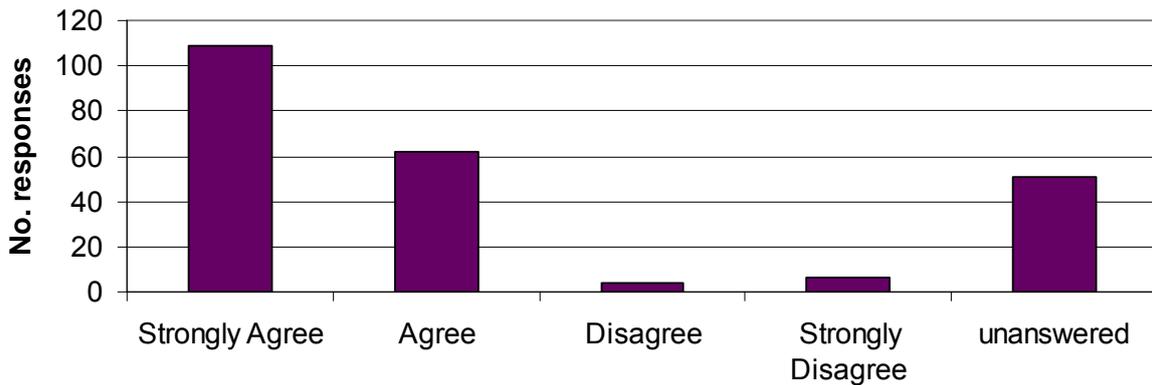
What you said

11.1 There was significant support (95% of responses) from across all respondent categories for the principles outlined with regard to equal access to services. However, some of the written responses highlight that there are equalities issues to be addressed, which cut across all groups linked to language barriers, cultural differences, complex and multiple needs, ageing and so on. The common themes are summarised below:

- person centred approach;
- excluded groups and barriers to equality;
- resources; and
- Equality Impact Assessments.

Person centred approach

11.2 Recognising individual needs was considered a key part of ensuring there is equality of access to services. One group summed this up as *"....not everyone is the same so not everyone should be treated the same...but everyone should*

have the same rights...you need to check what's right for each person..."
Linked to this were several comments on the importance of training for budget "gatekeepers" to ensure full understanding of what independent living means for different services users. Responses from groups, which included people from ethnic minorities, highlighted the need to resolve the barriers of language and cultural differences.

11.3 The lack of minority ethnic staff in the care sector was seen as adding to this with one group stating *"...the biggest advantage is language as this can make the difference in regards to dignity and self respect, especially when it comes to personal care...".* Evidence of these barriers is felt by people in a number of ways. For example, one minority ethnic community group stated that they currently feel they are not being heard and that they have provided views at meetings on issues affecting minority groups but *"...nothing discussed has actually happened..."* This reinforces the feeling that there are barriers to engagement with certain groups. Others believe that they are being excluded from equal access to services. (see point below)

Excluded groups

11.4 Several individuals and groups drew attention to the fact that they felt they were more likely to be excluded from services because of their condition. Examples given were those with ASD, Huntington's illness, substance misuse, dementia, and those with 'challenging behaviour'. One respondent, who works with families with Autism in adulthood, pointed out that they are not adequately provided for and can be excluded from some Learning Disability services and yet *"...can also not be appropriately supported through Mental Health Services/providers... these individuals 'fall between two stools'...."*

11.5 One group questioned how equal access will work in reality giving the example *"... children who do not have a disability are excluded and sometimes those children with a disability, but specifically without a learning disability may be excluded. How can we ensure the integrity of the service is maintained whilst ensuring the few resources available are allocated in a meaningful way which will gain the most benefit for families. We need to be able to maintain the specialist nature of our commissioned services..."*

Resources

11.6 Again several respondents believed the sentiment of the principles is good but have real concerns whether the Council has the resources to achieve these aims. There was concern about decisions on the allocation of resources to different providers, for example, if cuts are made to some voluntary groups this could significantly impact on one particular care group more than others. In addition the amalgamation of services may disadvantage one particular group of service users.

Equality Impact Assessments (EQIA)

11.7 Many respondents commented on the EQIA process with concerns ranging from the resource intensive nature of this work which draws funding away from service provision to the wording in the document which states "plan to assess" rather than "will assess". There were also calls for more people to be trained to carry out EQIAs.
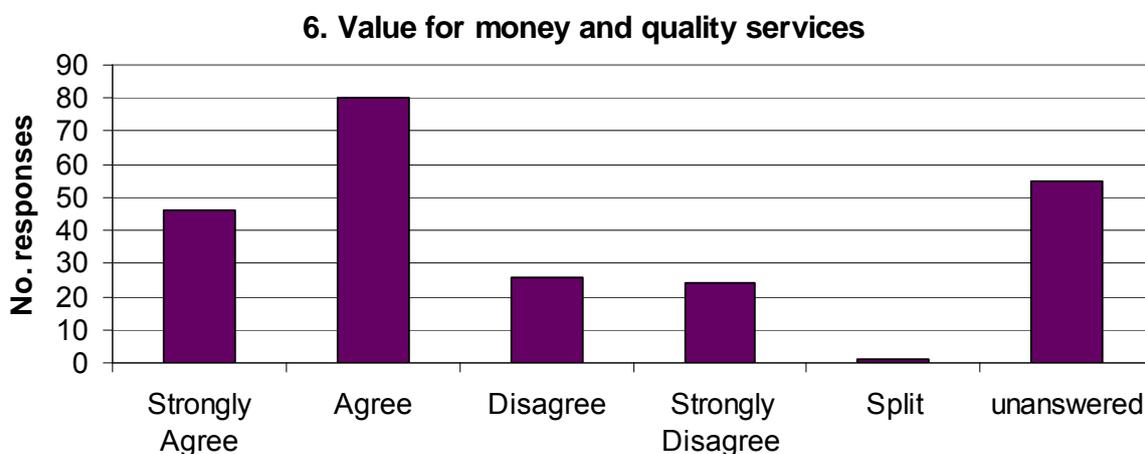
12. Section 2 Question 6: Value for money and quality services

The best balance of the Council or voluntary and private sector care provision will vary with each care group. This will be set out in each commissioning plan and will take into account a range of principles:

- *the Council must always seek the best possible value in quality and cost for itself and service users*
- *the Council must ensure it is fair , open and transparent in the way it purchases services;*
- *care service providers must be allowed to compete for services in a fair, open and transparent way*
- *services will improve quality and choice and service users and carers must be involved in this process*
- *organisations, including the Council, must continue to improve how they work together to provide the best value in cost and quality*
- *information on costs, activity, productivity and results must improve and baselines must be set to measure performance*

There may be cases when competitive tendering for care services does not represent the best value for money or it is not possible to tender. Each commissioning plan will set out and explain any exceptions to tendering. The Council is proposing to open up existing services to competition. This approach will take into account service redesign, choice, quality, best value and availability of resources.

Do you agree that this principle should be followed when commissioning services?

6. Value for money and quality services

What you said

12.1 The question on value for money and quality services elicited some of the more worried responses. Whilst the majority of responses agreed with the principles this was a smaller figure of 69% with 31% expressing disagreement. The views were spread across all respondent categories. Many respondents, both those who agreed and disagreed with the question, also added concerns about the tendering and commissioning process. Some of these points have already been aired in response to the question on the Vision. The recurring themes are summarised below:

- tendering and procurement – concern about loss of quality, reduced choice, and poor terms and conditions for staff
- status quo - worry about impact of change on service users
- consultation and engagement in the process
- monitoring and control of the quality and standard of services

Tendering and procurement process

12.2 There were similar anxieties and concerns from many respondents on this issue. A widely held concern is that the tendering process is about cost cutting and will lead to the cheapest option being chosen and a reduction in the quality of services provided. There are many pleas for a clear definition of quality; for quality to be prioritised over cost at all times; for an explanation of how the balance between quality and cost will be selected by the Council; and how service users, carers and providers will be involved in decision making. One group suggested that quality should be independently assessed, for example, by the Care Commission. The concerns were summed up by one mother who is also a carer who stated *"...there are no services available on the cheap. Quality is measured by the quality of the people they employ to care for disabled people..."* another carer stated *"... the service has to be "fit for purpose" and this is not always cheap..."*

12.3 There is also concern that, as a result of the process, smaller organisations will be driven out of the market place thus further reducing choice. Many small organisations find it difficult to participate in the tendering process and compete fairly with larger commercial service providers. The process needs to be much more transparent and provide better information. One person drew attention to the fact that voluntary sector providers also have to plan budgets and need sufficient time to allow them to prepare bids for services. One organisation asked the Council to be mindful that all successfully procured services have the infrastructure, knowledge, experience and expertise to offer support to all service users including vulnerable children, young adults and their families. Organisations submitting tenders must be rigorously tested in this area of operations. Another organisation pointed out that services provided by the Council also need to be part of the analysis for best value not just the voluntary and private sector. One group pointed out that in accordance with European legislation, competitive tendering should not be presented as the only option for any particular contract. The best possible approach is *"….a negotiated solution between the statutory authorities, providers and service users which avoids the destabilising upheavals in staffing, infrastructure and established caring relationships associated with tendering processes…"*

12.4 Several respondents noted that the costs of care services are directly related to the wages of care workers. If the terms and conditions of staff working for a provider are poor then there will be a high turnover of staff and the service delivered will be affected. This could result in a lack of continuity of care which has been identified, by many service users and organisations, as a vital component in helping to build confidence, self esteem and independence. Others expressed concern that the tendering process does not favour specialist services which will directly impact those with complex and multiple needs.

Status quo and impact of change

12.5 Several respondents pointed out that the principles do not fit with the aims to give service users individual choice. Many people are happy with their current service provider and do not wish their services to be put out to tender. This was summed up by one respondent *"….if existing services offer the best possible value for money and quality, as judged by the people who use them and their carers, why open them up to competition?..."* One carer, from personal experience, noted the impact of change on service users stating that people get used to the same person providing care and it can be very upsetting for them when things change.

Consultation and engagement

12.6 Many respondents requested that consultation and engagement take place during the commissioning process and asked how this was going to be undertaken. Others requested that service users are involved in creating definitions and outcomes.

Control and Monitoring

12.7 Several respondents asked what mechanisms will be put in place to ensure that quality and standards of service are maintained, noting that this can be difficult to monitor for some of the more vulnerable client groups. This needs to be transparent and consistent with clarity over the balance between the quality and cost.
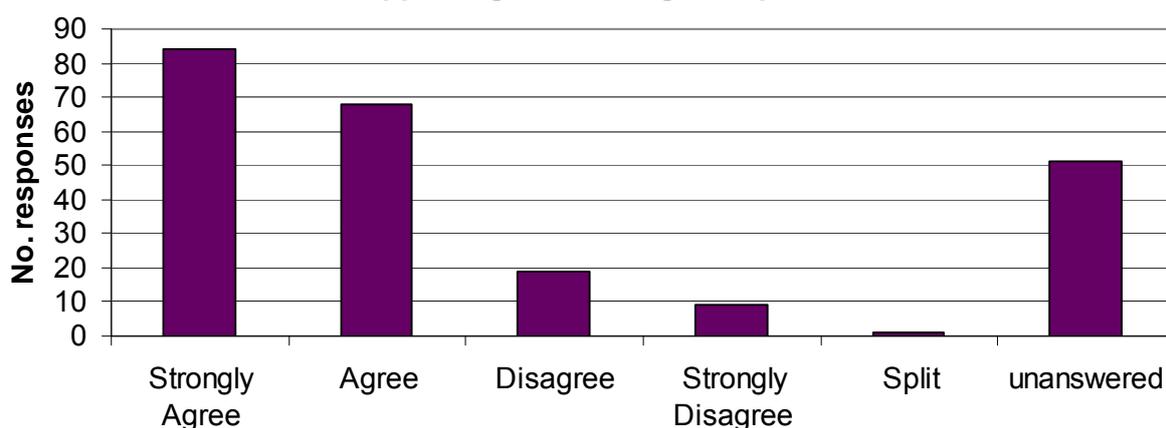
Joined up working

12.8 This theme has already been raised in other questions. One group pointed out that value for money must be broadly defined taking into account *"consequential, unintended and cumulative impacts…"* The example given to illustrate this was raising the rent in a community centre whilst cutting grants to groups using the centre. It was further noted that crisis management takes longer and costs more but there is no emphasis in the document on early intervention and community capacity building. Another perspective was given by one respondent who noted that joined up working between providers and sectors should have an impact on the cost of purchased services. They further added that as much interest as possible should be stimulated to lead to competition, creative models and partnerships being developed.

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13. Section 2 Question 7: Supporting and involving care service providers.

The Council recognises care service providers as key partners in delivering good quality, affordable services to people who need them. Each commissioning plan will support and involve current and prospective providers at appropriate stages.
Do you agree that this principle should be followed when commissioning services?

7. Supporting & involving care providers

No. responses

Category	Value
Strongly Agree	~84
Agree	~68
Disagree	~19
Strongly Disagree	~9
Split	~1
unanswered	~51

What you said

13.1 Most responses (89% of those who answered) agreed with the principles in the Commissioning Strategy. Of the small number who disagreed most came from the category carer or family member needing care. Responses to this question varied from those who commented on the appropriate type and level of involvement of care providers to a few who have concerns about any provider involvement. The comments fall under two headings:

- support provider involvement; and
- concern about provider involvement.

Support provider involvement

13.2 Most respondents believed it is important that the Council listens to providers and speaks to them about what they "*can do"* but there is also a need to look at Care Commission reports and speak to staff in the organisations and to service users to see "*what they need"*. There should be a balanced approach with service users as the primary concern. Several noted that appropriate communication and constructive criticism is important between care service providers to ensure delivery of quality services. Others pointed out the importance of keeping all partners, including providers of health services, informed at all stages in the planning process so that they can design services to meet future need in a co-ordinated fashion.

13.3 A multi provider approach can lead to cost savings and more joined up working. Several pointed out that involvement must be from the start before any planning has begun. It was noted that providers can give crucial information that affects the balance between quality and cost. A regular 'service providers' meeting was suggested, by some, as a way to take this forward. Another suggestion was to open the dialogue up to non traditional stakeholders to bring different perspectives to the discussions. Other respondents pointed out that there are so many different forums and checkpoint groups that a network or directory would be helpful as involvement sometimes seems to be dependent on being on the *"right email list"*.

13.4 Other points raised included a concern that providers cannot be equal partners when they do not know when a major change to the budget will be imposed or

for how long they will have a contract. It was noted that, like service user involvement, there needs to be evidence of how they will be consulted, that it is real involvement and whether there has been an impact.   One organisation drew attention to *"…a tension between appropriate stages from a procurement perspective and a service provision perspective which needs to be acknowledged and resolved…"*

Concern about provider involvement

13.5   Several respondents expressed concern over any provider involvement stating that those with a *"vested interest"* who are in the *"profit sector"* should not be given the same consideration as those who will end up with a care package.

14.   Section 2 Question 8: Assessing benefit and risk of reshaping services

A risk analysis will be carried out before any decisions or changes are made to services. We will consider:
- *the safety and wellbeing of service users and carers*
- *the quality and cost of services*
- *the ability of the Council to deliver its duty of care*
- *the sustainability and long-term cost effectiveness of redesigned services*

We will thoroughly assess:
- *the risk of key services being changes or withdrawn*
- *the benefits to be gained from working in partnership to develop and provide services*

Do you agree that this principle should be followed when commissioning services?

8. Assessing benefit and risk of reshaping services
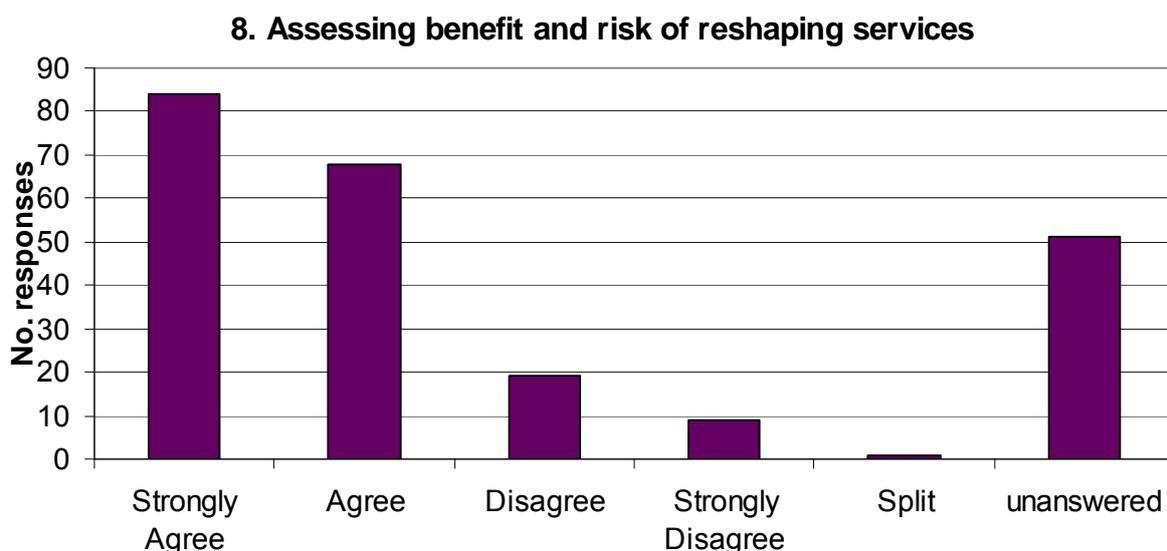
What you said

14.1   The majority of people (over 80% of responses to this question) agreed with the principles set out. There were a range of comments and views in response to this question. Many were recurring themes from previous questions whilst others provide new perspectives and suggestions. Comments have been grouped under the following recurring headings:

31

- tendering and procurement;
- assessment process;
- consultation and engagement;
- status quo; and
- cost cutting.

Tendering and procurement

14.2 Many people referred again to their concern about quality and cost pointing out that service users' needs are more important than cost. Assessing benefit and risk is acknowledged as a vital part of the process but a few respondents noted that *"…you need to assess cost both in terms of financial and human cost and I need to have an input in this…."* It was also pointed out that certain people require a level of care which will cost more and this must be taken into account. One group noted that user led services have a history of user involvement that may be lost in the tendering process which could undermine the principles behind 'co-production'.

Assessment process

14.3 There were several questions about the process - who will be involved; what assessment tool will be used; and how will the Council ensure the efficiencies are not made at a cost to "quality of life"? One group pointed out the need to look at the longer term benefits and savings to be made and what kind of service is best designed to deliver this. Most agree that assessing risk is essential to the commissioning process and that understanding the risk of a particular strategy is needed to inform the decision making process. However, one organisation noted that it is hard for people inside a process to identify some risks and there needs to be an appropriate level of external validation of risk. Risk assessment must take place at an early enough stage to allow alternative approaches to be considered. The Council should note that the proposed risk analysis around provision of services to users may not necessarily reflect service users own views around their safety and wellbeing. An underlying fear from several respondents is whether the Council has the resources to do all this.

Consultation and Engagement

14.4 The importance of good communications, timely consultation and involvement in the process was expressed by several respondents. Some focused on the service user, for example *"….this is a good idea as long as people using these services are involved…"* Others argue that both service user's and stakeholder's views must be included and feedback provided. One group suggested there should be consultation over benefits and risk analysis with established providers <u>whenever</u> there is any proposed change. Several people stressed that decisions need to be open and transparent and the cycle of discussion, engagement and panning must be *"holistic"* and take account of the impact of decisions on other service areas.

Status Quo

14.5 Several people were anxious about change to their services and service providers. In particular, the term 'redesigned services' prompted questions about what this will mean for them. Many people pointed out that they are very content with their current care providers with whom they have built up a good

relationship and receive a reliable and quality service. There is a plea for some reassurance that this will not change.

Cost Cutting Exercise

14.6 Several respondents questioned whether this was really more about cuts in the present financial climate rather than service improvement. Some of these again noted the impact of cuts on the terms and conditions of staff working in the care sector

15. Section 2 Question 9: Promoting community benefit

It is important to consider price and quality when commissioning care services. We will also consider wider social and community benefits. These can include:

- *employing local people*
- *creating volunteer opportunities*
- *career or learning progression*
- *social opportunities for service users*
- *support for carers*

The Council will follow Scottish Government guidelines on how and when social issues can be considered in developing services. The guidance sets out how social benefits can be promoted before the procurement process begins, while drawing up and advertising the service and at the stages of selection and evaluation of tenders.

Do you agree that this principle should be followed when commissioning services?

9. Promoting Community Benefit
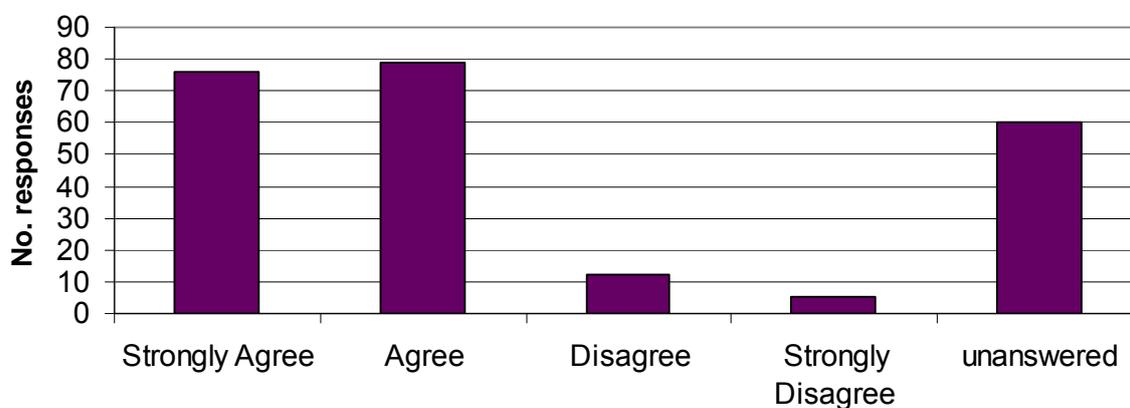
What you said

15.1 Most responses (over 90%) agree with the principles of promoting community benefit. The comments have been grouped under the following headings:

- long term timescale;
- resources;
- consultation and engagement;
- language and definitions;
- volunteers;
- wider societal benefits; and
- tendering and commissioning.

Timescale

15.2 Several respondents noted that timescale is an important factor and that 'community benefit' needs to be viewed over the longer term and properly resourced. This was summed up by one organisation which stated that *"…….'short termism' is seen as a huge issue in relation to community benefit. If funding is not secure enough then long term planning and gains cannot happen…."* Another group noted that it is difficult to see how they can be delivered and measured within a commissioning exercise *"…especially when it often directly competes with short term real and powerful economic arguments, e.g. the need to make £90m savings over the next 3 years…"* They further question how this principle can be reconciled with a best value approach.

Consultation and Engagement

15.3 Several questions were raised about the transparency of the process and involvement of service users in decisions about this. For example, how are decisions to be made (and by whom); what is the relative weighting of quality and price and wider social benefit. There was a request for clarity on how community benefit is defined and understood and how service user's views will be taken into account when decisions on the shape, structure and scale of community benefit clauses are made. Again the question of who defines the balance between quality, price and societal benefit was raised.

Resources

15.4 Several respondents questioned whether there is sufficient funding to achieve these aims. Some suggested that providing more funding to existing organisations which already work in local communities, provide social opportunities and have the trust of the community would help to increase their capacity and meet unmet need. The examples given were minority ethnic community groups and groups for older people. There is an acknowledgement that capacity building, through the development of local services is vital to create strong, happy and supportive communities. One organisation questioned whether the added value delivered by volunteering services has been considered, given the appropriate financial value and included in the cost-benefit analysis. A further comment pointed out that decisions on the balance between competing objectives and the subsequent allocation of resources between them will be an important part of this process. A few respondents suggested that first consideration should be given to quality in actual service provision, followed by the consideration of price and potential wider social and community benefits.

Joined Up Approach

15.5 Whilst agreeing with the principles there was a suggestion that providers should be taking a broader approach which relies on wider partnership arrangements and joint ventures so that key central services are shared and resources used more efficiently. The Council unit working on sustainable development noted that there needs to be a reference in the Strategy to sustainable procurement which is defined as *"… a process whereby organisations meet their needs for ...services... in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy…"*

Language and Definitions

15.6 Several respondents asked for clarity on some of the terms used such as - what does employing local mean and would it cut across employment law requirements; how 'community benefit' is defined and understood; term "think about" (used in 'easy read' version) is considered weak and does it mean the Council will opt for a provider who supports the local community even if that provider offers a service that costs more? One group felt that the principles should also health and well being opportunities.

Volunteers

15.7 Several respondents commented about the role of volunteers in community benefit. There was general agreement that there is a role for volunteers but it needs to be appropriate, providing additionality and not replacing paid professional employees. There should also be support mechanisms in place and close monitoring of the situation. The general view was that using local people and volunteers was good if they are the "right person for the job".

Societal benefits

15.8 Another way of looking at community benefits was presented by several respondents who pointed out the wider societal benefits from the investment in their care and support. This was summed up by one as follows *"…in my life I have spent a long time sleeping rough, battling an addiction to alcohol and this meant that I spent a higher than average time in A&E and hospital, prison detox and rehab. This has a large cost to society. Since I have had the right kind of support in place for me then my life has changed sufficiently to not need to use these services and the benefit of this to the community is huge…"*

Tendering and commissioning

15.9 A number of people responding to the consultation were worried that the tendering process may actually reduce the number of local organisations providing services. One organisation suggested that an effective route to maximising the positive wider impacts of public procurement decisions involves the use of Social and Environmental Community Benefit Clauses within a strategic commissioning framework.

16. Section 2 Question 10: Your priorities

Do you think there is anything else we have missed in setting out these principles? Please tell us more.

What you said

16.1 This questions requests respondents to provide comments on what has been missed in setting out the principles. Summarised below is a list of those points which have not already been expressed in answer to earlier questions:

- **Statement of Prioritisation** – supply will not meet demand and there is an inadequate steer on priorities in the Strategy;
- **Social Model of Disability** – underpinning the Vision should be the understanding that it is not the impairment that is disabling the person but the lack of support and appropriate responses within the community which create barriers that make people disabled;

- **Service User Groups** - consultation groups such as those in mental health services should be developed;
- **Client perspective** - there is not enough in the Strategy from the client perspective, for example, *"…ask the service user what quality of service means to them…"*;
- **Service Standards** – these must be clearly publicised with a clear route for people using services to say *"..this did not happen!.."* ;
- **Emerging Models of Service Delivery** – the Strategy is predicated on an established model of care provision which does not provide the space, scope or stimulus for new and emerging models of service delivery like co-production;
- **Self Carers** – acknowledge self carers as a key group in consideration of future developments. As people live longer and an increasing number live alone, it is important to recognise self carers as a category and permit them to attend information and support events;
- **Training** – good training is needed for care workers and social workers in areas such as ASD where there is still a lot of ignorance;
- **Charities** – charities are not purely service providers. They must also provide support and services to their users which are integral to the charity's Vision. The Council must bear this distinction in mind;
- **Carer group meetings** – provide group meetings with carers to discuss how services are working and have providers and Councillors in attendance; and
- **Outcomes –** there should be greater emphasis on or examples provided on outcomes. Two respondents summed this *up "…I am required to imagine outcomes.... and to have faith that CEC have understood outcomes, despite, or because of, mistakes in the past…" ; and "...no matter how many times I read the proposals , I cannot 'envision' the outcomes..."* A further respondent noted that when considering outcomes for those with learning disabilities the Council needs to take into account the very different needs of those with learning disorders including adult ADHD, dyslexia, Aspergers, Autistic Spectrum Disorder and those who in addition have drug and alcohol problems.

Section 4 - General Comments

17. Section 4 Question: is there anything else that you feel we have not addressed within the Commissioning Strategy?

What you said

17.1 The responses summarised in this section are those which have not been presented in response to earlier questions. A full transcript of responses is available in the background papers.

- **Preventative services -** mention is made of the Council's developing policy on preventative work but it is not clear what the policy is and how it will affect the balance of services commissioned over the lifetime of this Commissioning Strategy. Similarly the Strategy will need to be updated to take account of the Scottish Government Finance Committee report on preventative spending. With limited resources, cutting front line services and tendering short term contracts may well prove more expensive more

quickly as the preventative services are reduced and become less established;

- **Eligibility Criteria -** the Commissioning Strategy does not aim to address the impact of the current use of eligibility criteria for access to support and care services and as such has a *"...very limited and proportionate impact in relation to the needs of all disabled people and people with long term conditions in Edinburgh..."*

- **Care Service Management** – the Council should look at the management and allocation of routes for home care workers so that visits are made in the most efficient way;

- **Capacity Plans** – a section on commissioning should be added to each Capacity plan;

- **Information detail** – information in section 13 on spending does not distinguish between frontline service costs and back office assessment costs. The assessment process should not be seen as a service cost as this is the process that enables people to receive the service they require;

- **Vision Statement** – a shorter more precise statement was provided by one organisation (full text in background papers); and

- **Learning Disability Plan and Complex Care Working Group** – this work should influence the learning disability section in the Plan.

18.   Section 4 General – Is there anything else you want to say

What you said

18.1   The consultation document provided space for people to provide further comments and information. Many people took this opportunity to reiterate their concerns about the tendering process; to request that their views will genuinely influence outcomes; to ensure choice and 'quality' services are maintained; to point out that change is unsettling causing anxiety among vulnerable groups including carers; to consider the important issues around personal care and respecting privacy; and to remind the Council of those groups who they believe are excluded from services. Summarised below are those comments which have not been reflected previously in the report. The full text of all comments is available in the background papers.

- **Consultation Fatigue** – this exercise has clashed with the NHS Mental Health and Wellbeing Strategy consultation and the Local Neighbourhood Partnership Community Plan Consultation which is also lengthy and complex with similar timescales *".....It is not surprising that 'consultation fatigue' is setting in...";*

- **Climate Change (Scotland) Act 2009** – this has imposed new duties on Public Bodies (from January 2011) stating that *"….in exercising its functions, (public body must) act.....to reduce carbon emissions, adapt to impacts of climate change and act in a way that it considers most sustainable..."* Reference to this new legislation is mandatory and clear linkages will need to be made with the Commissioning Strategy;

- **Service groups** – commissioning according to service groups could create barriers. A more holistic strategy would overcome any gaps that are as a result of budget allocation between groups;

- **Rehabilitation and re-ablement Services** – one group pointed out that there is a regular cross-over between these and other categories of service and restricting these areas solely to in-house provision goes against the grain of working in partnership with providers;

- **Access to information** – unless you have prior knowledge of the system it seems to be difficult to know what you can get help for, who you need to talk to, and where you need to go. The Council must consider how to address this;

- **Wellbeing** – promoting wellbeing should be implicit throughout the whole Strategy;

- **Dementia care team** – consideration should be given to providing a responsive dementia care team service in the community;

- **Transport** – the provision of accessible and affordable transport has relevance to all categories of people to be considered when commissioning care and support services and has been mentioned in government strategies such as 'All Our Futures';

- **Carer Statistics** - there is no reference to statistics or prevalence of the carer (including young carers) population which has risen steeply by 20% in Edinburgh in less than 10 years. There should also be reference to the BME carer population and BME population trends to reflect an awareness of cultural needs for future commissioning.

List of Consultation Methods   **Appendix 1**

- Flyers - a sample of 2,000 service users were contacted directly by post to invite them to participate. Fliers were also sent to all GP surgeries;

- Posters - distribution to homeless and housing support organisations;

- Questionnaires - approximately 2,000 copies of the consultation document questionnaires were sent out;

- Easy read version – approximately 2,000 copies of the easy to read version were made available;

- Advertisements were placed in the Edinburgh Evening News and the Herald and Post;

- there were news features in Outlook, Magnet, Connections NHS Lothian, Face (for parents of school children) and the Council Leader's Report;

- Approximately 200 groups and individuals were on a mailing list for 3 newsletters that were emailed;

- Council staff arranged and facilitated 60 groups - more were undertaken by our voluntary sector partners. Two sessions for facilitators were attended by approximately 50 people, both from the Council and the voluntary sector.

- Twitter and the Council's web site were also used to communicate information.

List of organisations and groups who responded   Appendix 2

- Alzheimer Scotland
- BASE Edinburgh (Bridges Accommodation, Support and Education)
- Bingham and district 50+ Organisation
- Birthlink
- BUPA Braid Hills Nursing Home
- Calton Welfare Association
- Care for Carers
- Carers – Have Your Say
- Carter JLS ELTS Dyslexia Information and Support
- Changeworks Resources for Life
- Columville Centre 2
- Craigentinny Meadowbank Community Council
- Edinburgh Cyrenians
- Edinburgh Forum for Organisations providing services to people with Learning Disabilities
- Effortmark Ltd
- Everycare
- EVOC
- Forbes Children's Nursery
- Fostering Relations Limited
- Friends of Norton park
- Garvald Edinburgh
- Gowrie care
- Learning Disability Alliance Scotland
- Lifecare Edinburgh Ltd
- Linkliving
- Lothian Centre for Inclusive Living (LCiL)
- MECOPP Chinese Carers Group
- MECOPP South Asian Carers group
- NEDC North Edinburgh Dementia Care
- North East Carers Forum
- Orchard and Shipman
- Penumbra
- People First Scotland
- Pilmeny Development project
- Places for people Scotland Care and Support
- Prestonfield Neighbourhood Project
- Redcroft Care Services
- Rowan Alba Ltd
- Royal Blind School
- Scottish Drugs Forum - Service User Forum
- Scottish Huntington's Lothian
- SHAPE
- Shelter Scotland
- Sikh Sanjog
- South Edinburgh Partnership for people with a physical disability (SEMP)
- Streetwork UK

- SWAN Support Workers Network
- Tiphereth (Camphill in Edinburgh)
- The Action Group – carer representative group
- The Broomhouse Centre Beacon Club
- The Broomhouse Centre Elderly Befriending service
- The Salvation Army
- Viewpoint Housing Association Ltd
- VOCAL

Networks/Partnerships
- A City for All Ages
- CAPS
- Care and Edinburgh Small Care Home Providers)
- Carer Information Strategy Group
- Compact Partnership
- Community Addition Recovery service – service users group (CARS)
- Edinburgh Equalities Network
- Edinburgh Network of Voluntary Organisations for Children, Young People and Families
- Forum for Learning Disability
- Strategic Development Group for Mental Health
- Today and tomorrow task Group
- Towards 2012 Action Pan Implementation group
- Voluntary Sector Strategy Group

City Of Edinburgh Council
- Adult Resource Teams - Addictions
- Assessment, Homelessness and Support Services, Services for Communities
- Care and Repair Service
- CEC administration managers Health and Social Care
- Day services for older people
- Edinburgh Joint Mental Health Group
- Managers - Older Peoples' Services
- Mental Health Accommodation Support providers
- Strategic development Group for Older People
- Strategic Carers Group
- Support to Children and Young People Services for Children affected by disability
- Sustainable Development Unit
- Transition team
- Westfield House Social Work Centre

Methodology & Approach   **Appendix 3**

The methodology chosen for the analysis reflects the nature of the consultation. This is not a research exercise. It is a general consultation process open to all members of the public and has not been targeted at a representative sample of the population. The responses received represent the views of those who were aware of, understood the consultation, and chose to respond.

The approach taken is the one used by the Scottish Government's Social Research team, where a consultation involves a large number of written comments, but adapted to meet the particular questions set by this consultation.

The consultation report refers to recurring themes and commonality of views as well as individual comments and suggestions. Where there are large numbers of responses on the same issue this has been referenced to show the strength of feeling from those that <u>chose</u> to respond. No scoring or weighting has been applied to the responses as it could equally be assumed that those who chose not to comment had no concerns about the issue/ or were unaware of the consultation and had no opportunity to comment.   Numbers will not be used to influence policy decisions, however all comments have been read and considered by relevant officers in the Council. The report provides an illustrative of the views of those who chose to respond not a definitive view of what the population feels about the issues presented.

'Open' Questions – Qualitative Analysis

The collection and analysis of data from the open questions was more complex simply because of the high volume of comments which were provided.   The database contains 277 pages of information and comments. All comments have been recorded but it is not practical or useful to simply present them in full in the report. The following principles have been used:

- a framework of key recurring themes was developed, as responses came in, and each response was coded accordingly. The coding is simply a 'tool' to allow similar comments to be filtered from the database and grouped together to enable the key points to be taken out, summarised and presented in the report;

- the themes are linked to the emerging issues which were presented by respondents and are reflected in the summary headings in the report. This allowed the narrative to give a feel for key dimensions and associations, patterns of issues emerging; contrasting or similar views and experiences and how widely held the views are. However, not all respondents addressed the questions specifically and many raised similar concerns in response to all the questions. The language of the report, therefore, indicates the overall balance of views using terminology such as 'several', 'some', 'many' or 'a few' rather than specific numbers or percentages.

- the report does not repeat the same views each time they are stated but makes reference to the fact that the same issues are arising;

- the free text responses have been summarised in the report but include sufficient material for explanation and to retain the intended meaning and overall sense of

the views expressed. Where an individual comment appears to sum up a number of similar views being expressed the quote has been included;

- the coding and analysis was undertaken by staff in the Corporate services Department of the Council who have no direct links with the development of the Commissioning Strategy and Commissioning Plan;

- where a respondent has provided views on a topic not directly related to this consultation their comments have been referred to the appropriate officers within the Council.

Quantitative Analysis
There are several factors which have had an impact on the level of quantitative analysis that can be accurately undertaken. These are summarised below:

- analysis by respondent category - the construction of the opening questions (respondent category and who the response is from) and interpretation of them by respondents - people were asked to tick all boxes that apply and many responses falls into several categories. There were also a variety of responses in relation whose views were being represented from individual, to joint submissions (of mixed respondent groups), to views about someone else. From the returns it is not always possible to accurately reflect comments whose views are being represented and in which category they should be grouped;

- total number of views represented – many of the online and written responses did not provide information on the numbers of views represented or, where numbers were given, provide a breakdown by category of respondent. It is acknowledged that this would not have been practical at the consultation meetings and events which were held. Also it is not always clear whether the number provided is the number of people within the organisation or the number of people who have signed up to the response. The figures given in this document are, therefore, likely to be lower than the real numbers represented; and

- group responses – a small number of group responses contained a mixture of 'agree' and 'disagree' for same question. As individual respondent categories have were not provided these responses cannot be included in the graphs. Many of the group responses did not answer the tick box questions

A count of total responses and analysis by category of respondents has been presented <u>but</u> as respondents have been asked to "tick all boxes that apply" the figures for total responses received and the numbers shown in the analysis by respondent category will not match.

A simple count of the tick box responses for each question has been done and presented as bar graphs for each question. This does not take account of those responses described in the bullet points above.

Comments related to other Consultations or Council Departments

A number of comments were received which have been referred to other consultation project boards for consideration. These have been summarised below:
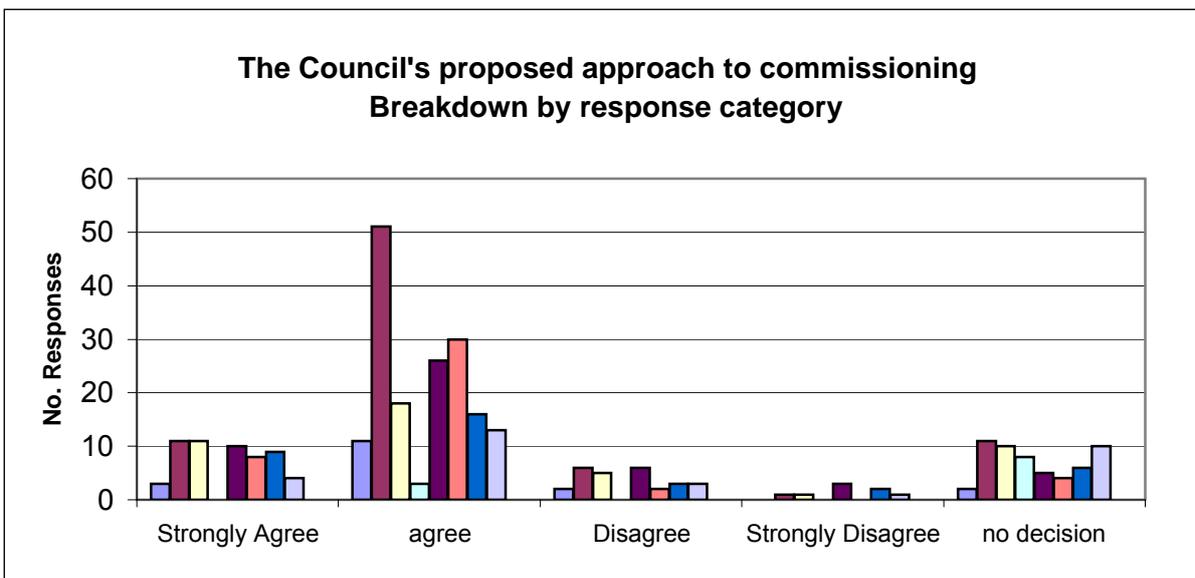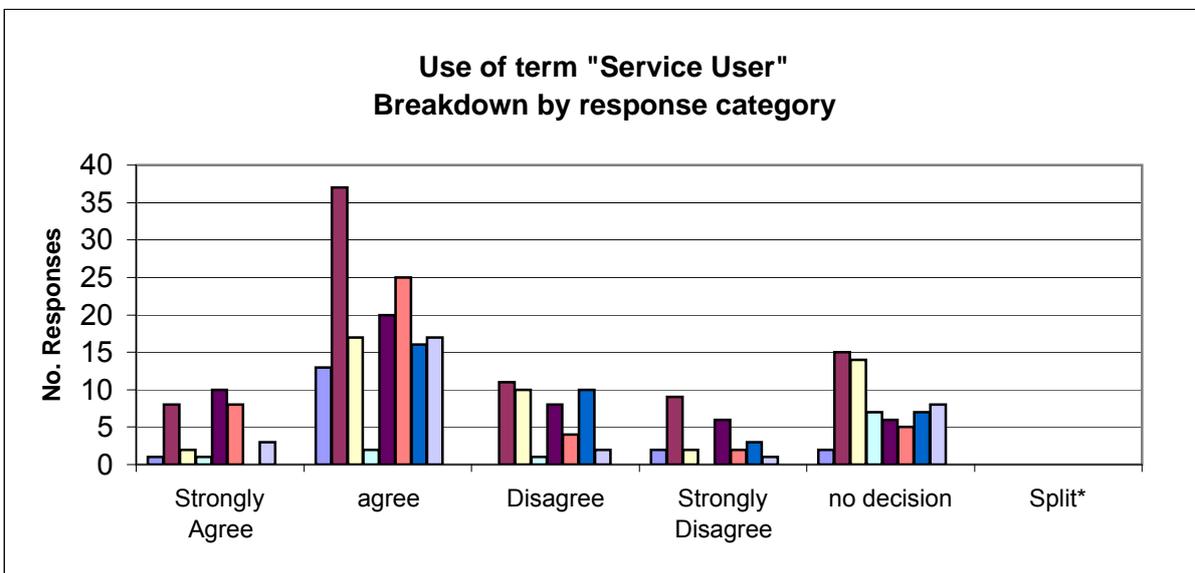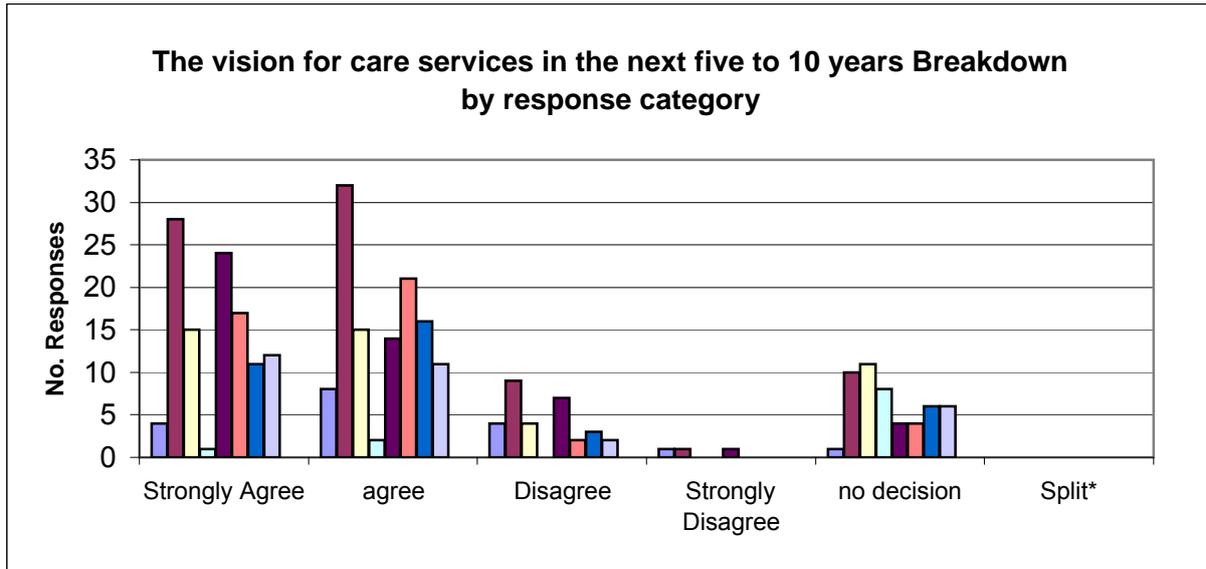
Advocacy Services

"…by putting Advocacy Services out to tender, you are risking providing me with a service I don't want in place of a service I know, have faith in and trust. In introducing a competitive market –place philosophy to Advocacy services you are risking giving me a service that will be self-serving and self-seeking and will not serve my needs..."

Homelessness & Housing Issues

- choice is not real when people are not consulted and the information is not transparent *"…that is what happened in the last round of tenders for homelessness services…"*;
- supporting adults with multiple needs is limited when told to restrict it to the 21 housing support tasks
- Independent living and sense of isolation from other people and services is often a reason for tenancies failing when re-housed from a homeless situation;
- Provision of low responsibility housing tenure with an element of communality should be considered as a service model;
- the biggest piece of the pie should be for prevention of homelessness not providing accommodation and support after people are made homeless. A social enterprise organisation can move more quickly from providing accommodation to prevention of homelessness than the public sector can;
- cutting the homelessness service means that these services disappear. This affects the most vulnerable people firsts as happened the last time services were tendered; *"…in the space of 2 years you (the Council) have destroyed the homeless support services and you have not mentioned the planned cut in hours to supporting people contracts…"*
- one group expressed concern about the change to the housing application - the need to fill in the EdIndex Form, look at the Council website or at weekly housing advertisements. Some older people expressed worry about applying for housing in the future as their health deteriorates and they do not have computer skills or there are language barriers. They do not want to be excluded from choice.
- the cause of every persons homelessness situation is different and needs to be mapped out in good care planning
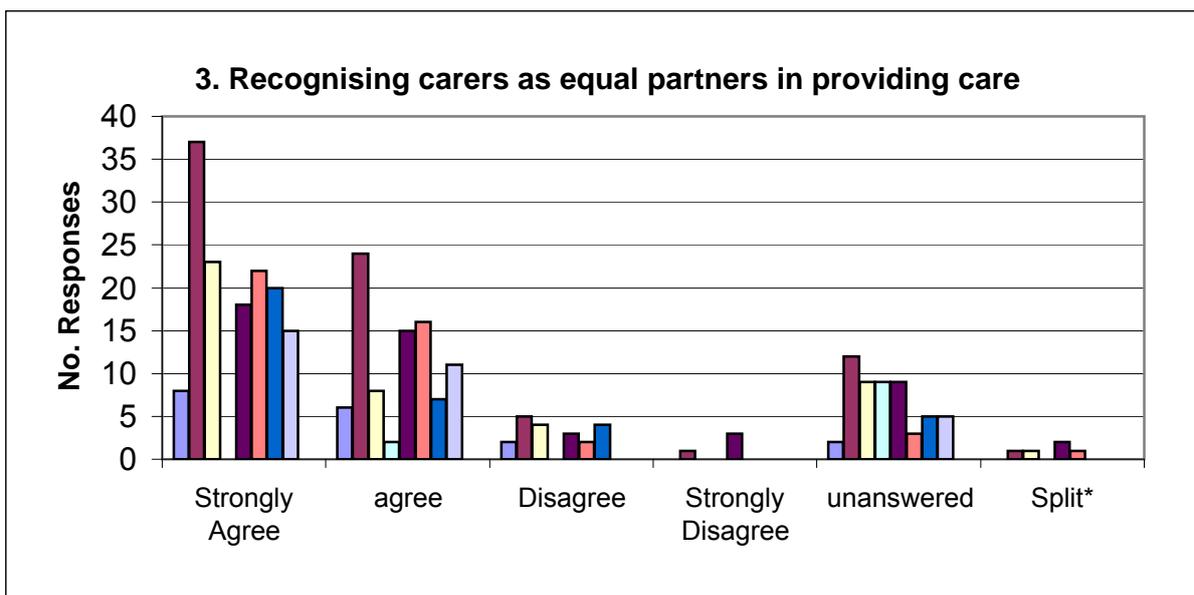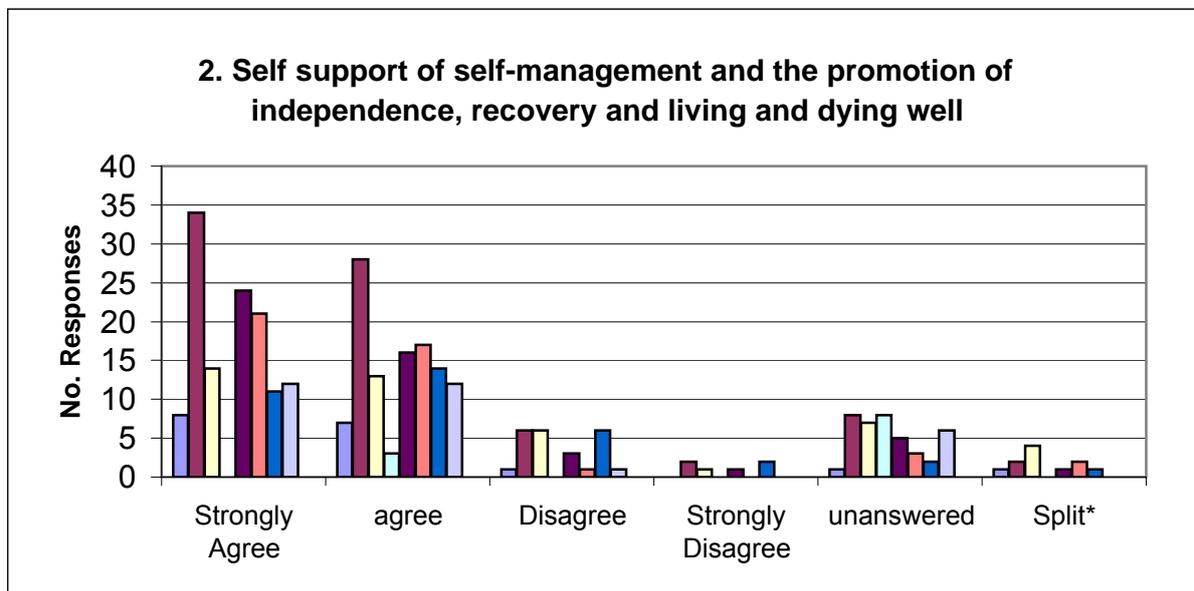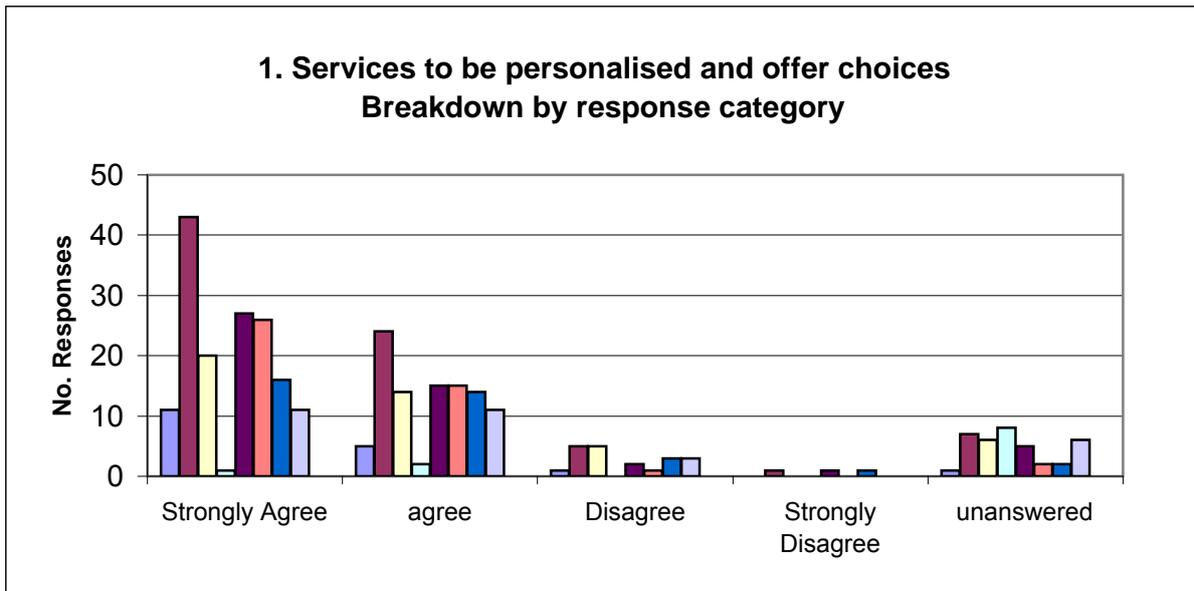
Access

- one respondent pointed out a range of accessibility issues including: need for ramped access to all public buildings; the lack of drop pavements for wheelchair users; use of buses with ramps in bad weather; small business don't have the reserves to adapt for accessibility
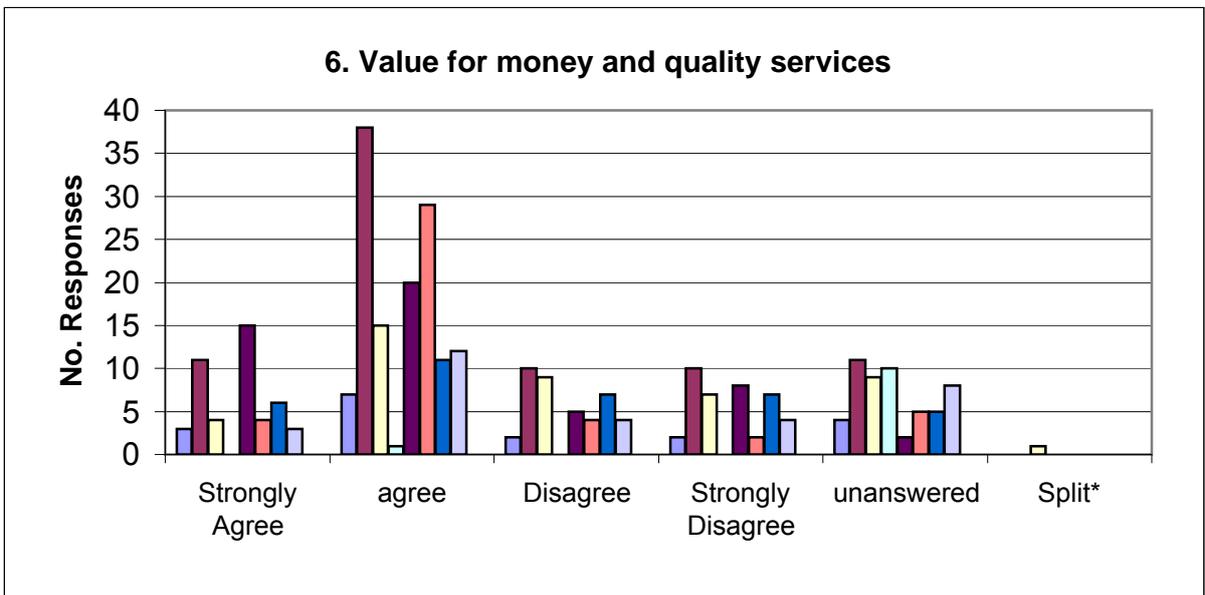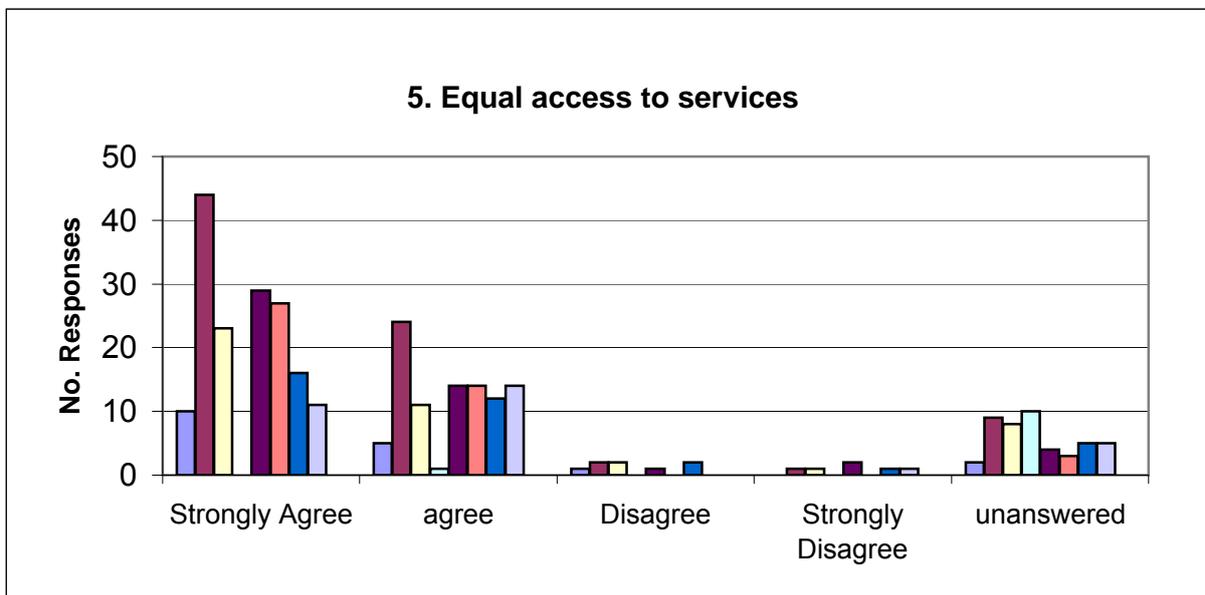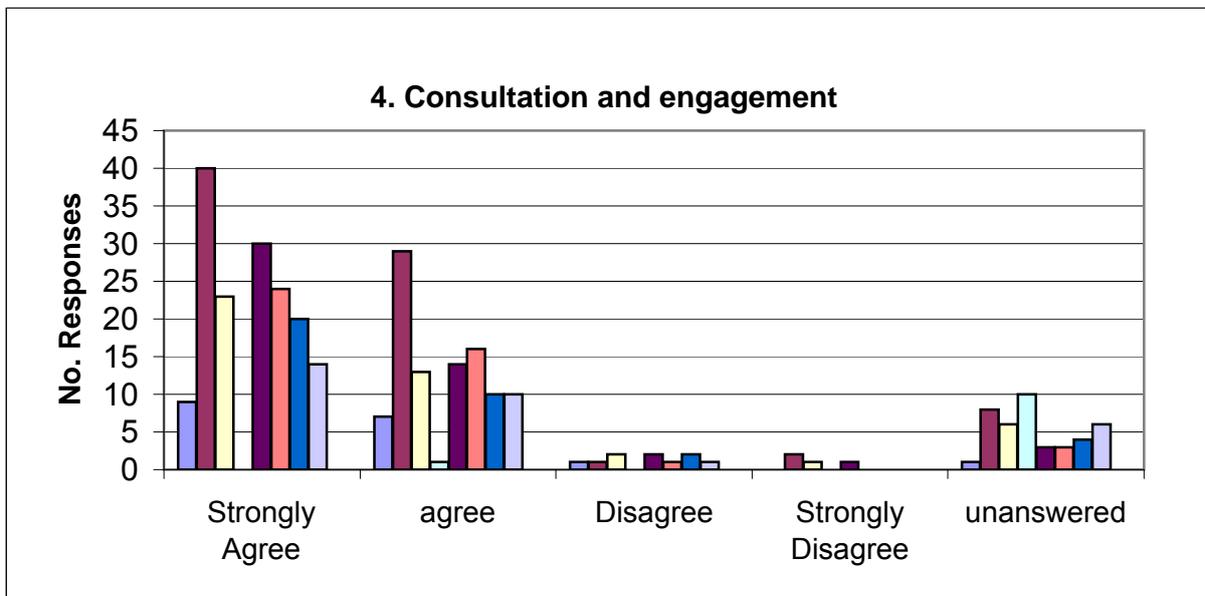
The vision for care services in the next five to 10 years Breakdown by response category

Use of term "Service User" Breakdown by response category

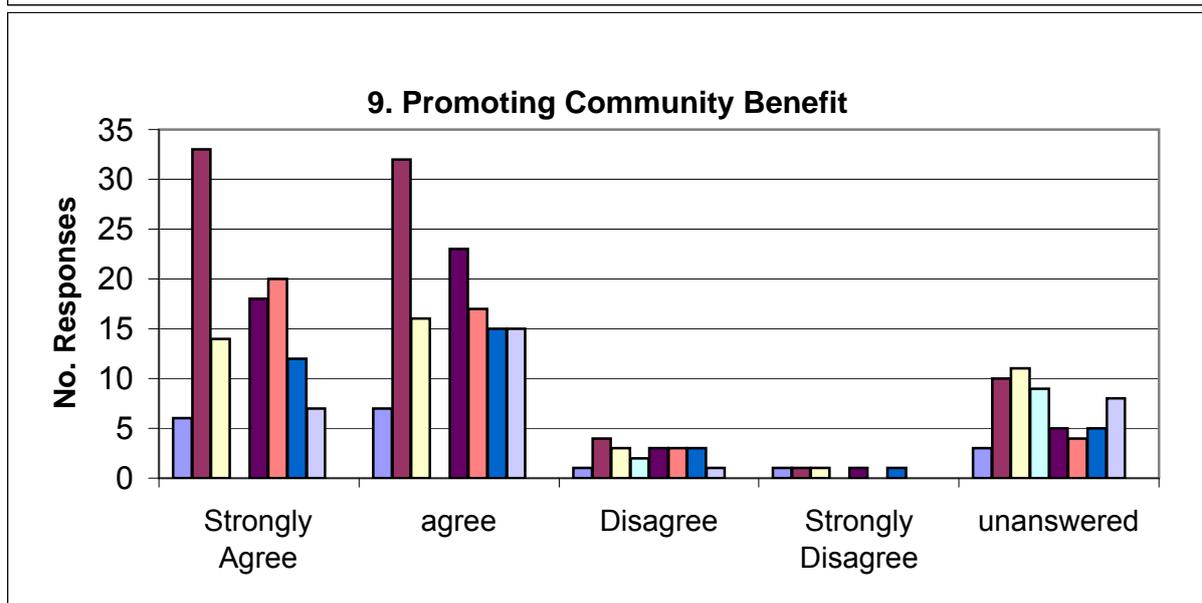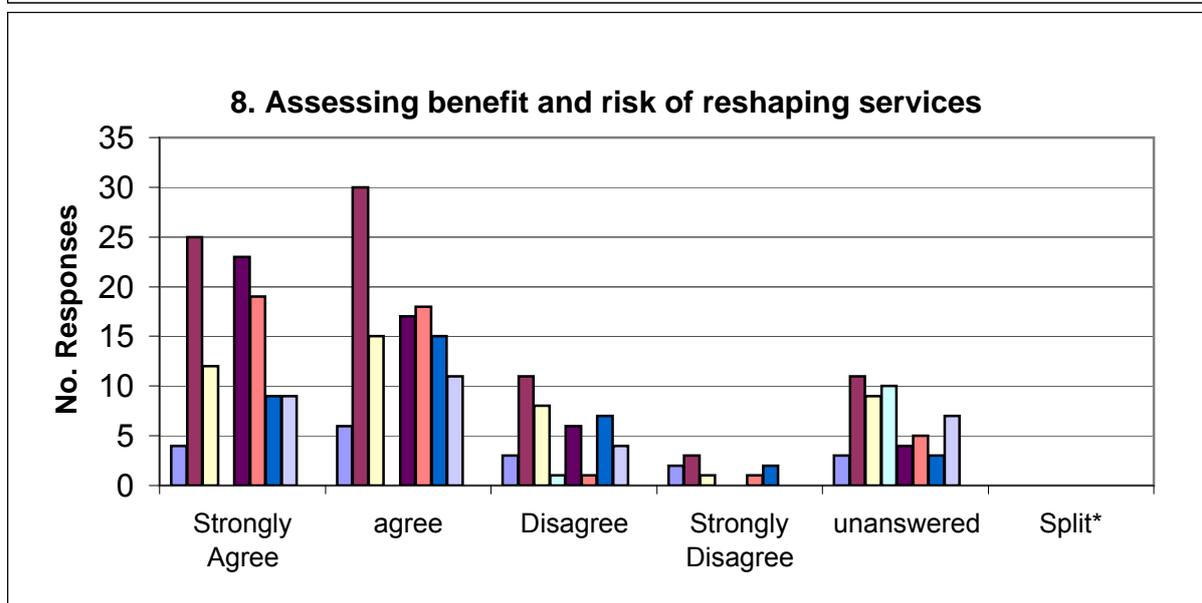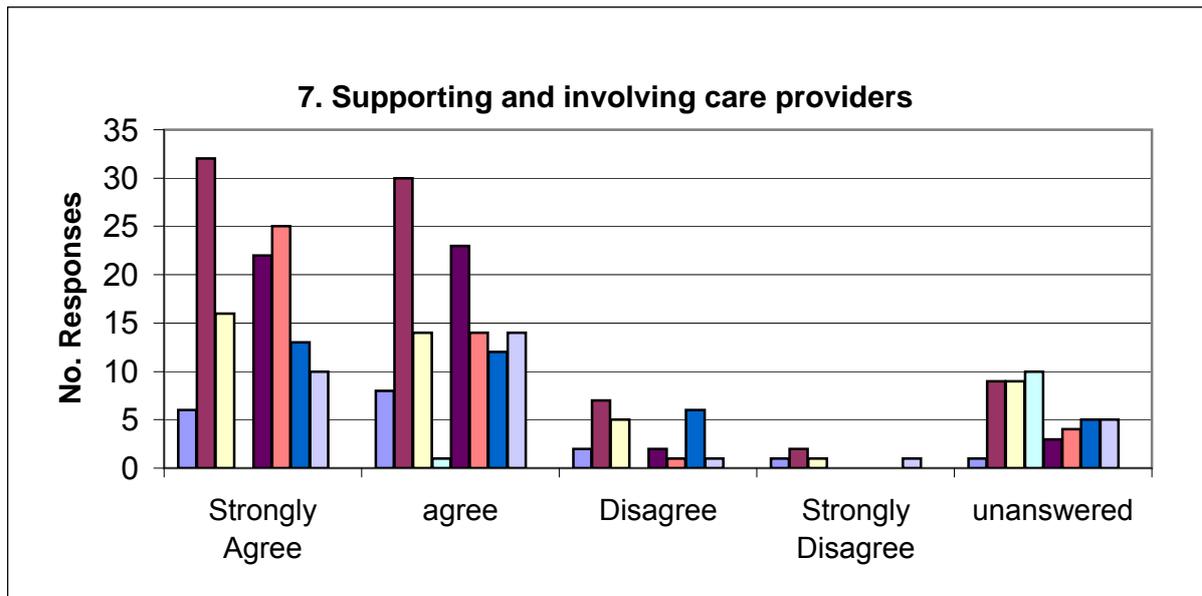## The Council's proposed approach to commissioning Breakdown by response category

Self Carer ■ General Interest □ Carer □ Care Provider ■ Need Care ■ Work for Provider ■ Family Member □ CEC ■ NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

**1. Services to be personalised and offer choices
Breakdown by response category**

**2. Self support of self-management and the promotion of
independence, recovery and living and dying well**

3. Recognising carers as equal partners in providing care

□ Self Carer ■ General Interest □ Carer □ Care Provider ■ Need Care ■ Work for Provider ■ Family Member □ CEC ■ NHS
* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

4. Consultation and engagement

5. Equal access to services

6. Value for money and quality services

Legend: Self Carer, General Interest, Carer, Care Provider, Need Care, Work for Provider, Family Member, CEC, NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

7. Supporting and involving care providers

8. Assessing benefit and risk of reshaping services

9. Promoting Community Benefit

Legend: ■ Self Carer ■ General Interest □ Carer □ Care Provider ■ Need Care ■ Work for Provider ■ Family Member □ CEC ■ NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

The Commissioning Plan for Adult Services

Consultation Analysis
April 2011

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General Comment

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Appendix 1 – List of Consultation methods
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Appendix 3 – Methodology and approach
Appendix 4 – Comments related to other consultations or departments
Appendix 5 – Bar graphs showing breakdown for each question by respondent category

Background papers
Data base containing all responses (anonymised)
Data Table: care status by question (closed questions)
Data table: organisations by question (closed questions)

The Commissioning Plan for Adult Services

1. Background & Introduction

1.1 This report presents the findings of a consultation through which the City of Edinburgh Council sought views on the Commissioning Plan for Adult Services (referred to as the 'Commissioning Plan' in the report).

1.2 The consultation was originally planned to take place from 22 November 2010 to 18 February 2011. However, a prolonged period of bad weather intervened and the Project Board, overseeing the process, made a decision to extend the closing date to 4 March 2011. A few exceptions were made for some groups who notified us that they had struggled to contact service users during the bad weather, and those further comments were received by the 18 March. This has reduced the time available to input and analyse the data but allowed a greater number of people to provide their views.

The Consultation Process

1.3 This consultation was open to any member of the public who wished to contribute. The full Commissioning Strategy and Plan were available to view online or paper copies could be obtained through support networks or requested direct from the Council. Responses were invited in a number of ways:

- completion of the paper copy of the document available as a full or 'easy read' version;
- online version of both the full and 'easy read' documents;
- by email, telephone or letter;
- through a series of organised events, meetings and focus; and
- through a third party such as a carer, family member, support worker or care provider.

1.4 During November 2010 briefing meetings were held for those who were responsible for taking the consultation out to their networks. A flier, inviting people to take part in the consultation and receive the full consultation document, was sent out to approximately 2,000 people who use Health and Social Care Services. The circulation of the flier was stratified to ensure a proportionate distribution amongst the client groups. Appendix 1 provides further details.

The Consultation Document

1.5 Both the Commissioning Strategy and Commissioning Plan for Adult Services were presented within one consultation document. There was a combination of questions with tick box choices and open questions for written submissions on the Vision, Approach, Key Principles and Outcomes for care services. The tick box questions provided the opportunity to strongly agree/agree or strongly disagree/disagree with all principles. The document also provided the opportunity for people to give any additional comments on priorities, advise of areas missed from the document and anything else they wished to say.

Data Collection

1.6 Every response has been entered into a spreadsheet (and latterly a database) to allow for analysis. A copy of all the responses forms part of the background papers to this report. The Project Board gave an assurance that all responses would be confidential. All personal details have been removed from the publicly available background papers. Appendix 2 contains a list of all the organisations and groups that responded.

Analysis

1.7 The report presents an analysis of the comments received from those who chose to, or were able to, respond. There is no scoring and no weighting attached to the comments as this was an 'open' consultation not limited to a representative sample group. Consultation involves 'opting in' and requires an understanding that views are being sought. People can choose to participate. It cannot be inferred, therefore, that the views expressed in the final report are representative of all of those with an interest in the issues.

1.8 The report uses the term 'service user' throughout as it is the one currently in use. This does not mean that the views expressed about the term have been ignored. They are presented later in the report.

1.9 The analysis provides a summary of the responses which have been received. With a large number of questionnaires/written responses received (232 for the Strategy and 157 for the Plan) many detailed and running to several pages, it is not practical to replicate all that has been said. What is important is that every response has been read in full to inform changes to the Commissioning Strategy and Plan and provide input to the Council's planning and decision making. The narrative includes some direct quotes from respondents, where a particular response appears to sum up comments being expressed by a number of people, or where it is important to capture the 'nuances' of a response. The report makes reference to the recurring themes which arise across the questions and these are discussed but the actual comments are not duplicated throughout the report. There is no reference to names or personal details in the report.

Open Questions

1.10 Given the volume of responses received a practical approach to the analysis has been taken. This adopts the methodology used by the Scottish Government for similar consultation exercises which involve a large number of written submissions. Responses are coded to help highlight common and recurring themes, both for individual questions, and across the document as a whole. Appendix 3 provides further details on the approach to the qualitative and quantitative analysis.

1.11 Several respondents provided comments on matters which are either not directly covered by this consultation or are part of a separate consultation exercise, for example, reductions to bus services, the review of advocacy services and housing and homelessness services. All of these comments have been referred to the appropriate Project Board or Department for consideration. Appendix 4 provides a summary of these comments.

Tick Box Questions

1.12   Responses to the tick box questions have been graphically illustrated using bar graphs. The findings have been presented as follows:

- simple analysis of overall numbers (bar graphs showing breakdown by respondent category are attached as Appendix 5); and

- by question/theme, covering all categories of respondent, to gauge overall support for the Commissioning Strategy and Plan.

1.13   There were fewer responses to the tick box questions in the Commissioning Plan as respondents tended to focus their answers and comments on the particular groups for which they had knowledge or experience.

1.14   There are areas of the analysis which are more difficult to undertake due to the way the questions have been constructed:

- analysis by category of respondent – the document asked people to tick all boxes that apply and many people have selected several categories. It is still possible to look at responses by respondent category but the overall number will not match the total number of responses received; and

- quantifying the number of views represented – many of the responses, online, by letter or in the form of a note of a meeting, represent the views of a number of people. Not all of the documents have specified the number of views being represented or the category of respondent. Therefore, the number given for those who are potentially represented is likely to be undercounted. There is no weighting or scoring and numbers will not be used to influence outcomes.

2.   What Happens Next?

2.1   A full version of the database containing all comments received has been made available to the Project Board for distribution to relevant Council Officers to help inform decisions on the process and allow for changes to be made to the Commissioning Strategy and Plan. Not all responses will result in a change in the approach of the Council but they will have been considered and used to inform debate and discussion.

2.2   The timetable for consideration of the consultation report, Commissioning Strategy and Commissioning Plan is set out below:

- 9 May 2011 – Audit Committee to review feedback received from the consultation

- 14 June 2011 – amended Commissioning Strategy, report on consultation analysis and council response to be considered by Policy and Strategy Committee

- September 2011 - Commissioning Plan for Adult Services to be considered by Policy and Strategy Committee

Commissioning Plan for Adult Services

3.   How Many people responded Overall?

3.1   The figures below show the total number of responses received and an estimate of the number of people represented (see section 3.4)

- total number of questionnaires/written returns 149
- total number of people potentially represented 1443

Who Responded?

3.2   Table 1 shows responses by category where this was clearly identified.

The Commissioning Plan for Adult Services			
Table 1: Respondent Category	**Code**	**Number**	**%**
Needing care or support	NC	35	22.3
Carer	CR	30	19.1
Self-carer	SC	16	10.2
Member of family receives care or support	FM	23	14.7
Work for care or support providing organisation (but not directly with service users)	WP	30	19.1
CEC employee	CE	17	10.8
General interest (any anonymous or joint responses included here)	GI	53	33.8
Care/support provider (frontline working directly with service user)	CP	8	5.1
NHS employee	NH	3	1.9

3.3   The consultation document asked respondents to 'tick all boxes that apply' therefore the total of the categories above will not match the total number of responses received. Most people who completed the questionnaire document ticked the 'general interest' box in addition to another category (s). Care providers and other organisations tended to submit written responses in the form of letters or notes of forums which had been held. Many of these did not clearly identify the category of response.

3.4   The figure given for the total number of people potentially represented should be treated with caution. It was not always clear from the returns whose views were being represented and the actual number.   For example, one organisation prepared a joint response from its management board. This was then circulated to over 200 partner groups for comment but was submitted as one organisational response. Therefore, the number given for those who are potentially represented is likely to be undercounted. There is no weighting or scoring and numbers will not be used to influence outcomes.

3.5   The 'no decision' category in the bar graphs relates to those people who chose not to answer the tick box questions or submitted a written response which did not contain that information. A few responses included split decisions within a group or both agree and disagree had been ticked. These are shown as split.

What you said?
The specific findings for each question are summarised below.

4. Section 3 Question 11 Personalisation and self-directed support

Personalisation is about making sure that services meet people's individual needs in the best possible way. Self-directed support describes how individuals, their families and carers have choices in the care provided through a range of options. These choices include direct payments, individual budgets and individual service funds.

Do you agree that the Commissioning strategy should contribute to the reshaping of care and support in this way?

Please tell us your views, including what additional services and support people need to help them move to a self-directed model of support?

11. Personalisation & self directed support
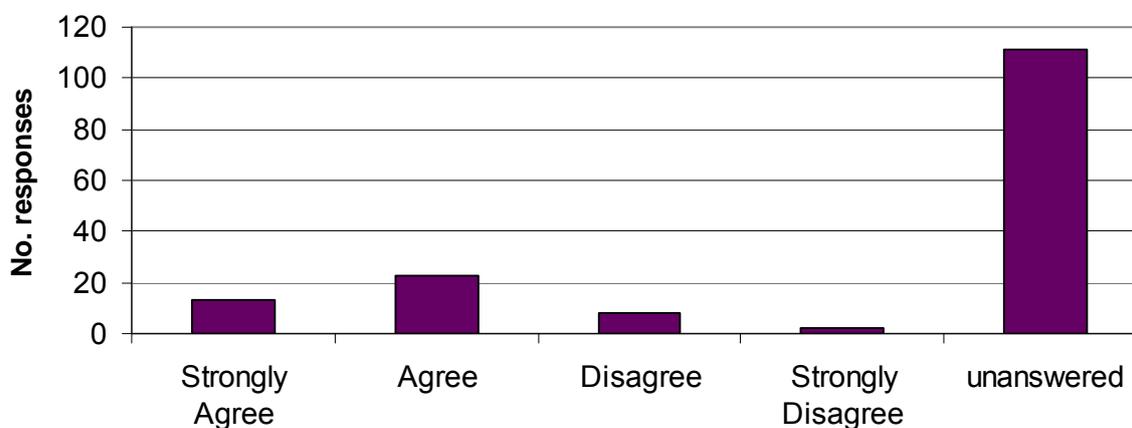
What you said
4.1 The majority of responses did not answer the tick box question, of those who did more agree (76%) than disagree. Of the comments given on this question many mirror issues that had been raised in the Commissioning Strategy consultation. The comments are summarised under the following headings below:

- capacity and support;
- resources;
- choice;
- flexibility; and
- quality.

Capacity and support
4.2 Many concerns have been expressed about this including the ability of service users and carers to understand and be in control of organising their care package. Many question whether there will be real choice within commissioned services and stress; the importance of good quality support, advice and information systems for service users and carers which also take account of ethnic minority needs and cultural differences. Other note the process changes which will be required in order to move towards self directed support.

4.3 One response summed up a variety of concerns being expressed as follows ".…. service users are unaware of the 'range of options; they struggle with the complexity of the system and are put off by regulations surrounding access to funding (direct payments can be perplexing for professional staff who need to consult specialists to understand the system); buying care is cumbersome and confusing and becoming 'employers' of their own care packages brings other responsibilities which can be off putting. Those with multiple needs will find this even more complicated…." An older carer expressed dismay at the lack of detail in the document which raised deep anxiety about the future care of their family member. This worry was further reinforced at a consultation meeting during which a Council officer advised that "…clients on average get through 3 different providers before they are secure and happy. Translated into a situation where a person cannot speak up for himself, and is vulnerable to abuse and financial exploitation, the upset, not to mention crisis management costs, are unthinkable…" Another person asked about the requirement for Disclosure Scotland in the process and the need to ensure people needing support do not become targets of abuse.

4.4 One person highlighted a different type of concern which has been voiced by other respondents. They pointed out that as providers ".….attempt to give the Council the savings it wants, there is an inevitable tendency to prioritise the needs of service users who have articulate relatives to stand up for them over those who are more isolated and less confident…. there is currently a long waiting list for advocates…"

4.5 The Plan refers to "individual budgets" which one pointed out is a 'theoretical sum' which depends upon being able to identify both the sources of funding and the care and support packages which are available. Funding streams need to be simplified, advertised and resourced. One group suggested a programme of greater training and "road shows" for both staff and service users which would help to improve take up. Another suggestion was for a "….range of easy read contracts and documentation that individuals can use to ensure that they have robust relationships with service providers and local authorities…"

Resources
4.6 One group explained that the 'individual service fund' depends on priorities set by commissioners on behalf of the Council and is not a secure level of funding. Several questioned whether there will be enough resources to buy the services people need or will they have to top this up themselves. There was concern about funding care for those with more complex conditions which do not fit neatly into the classifications in the Commissioning Plan. It was pointed out that the care at home budget regularly overspends at present. One group raised the issue that support organisations should be able to provide help to people to manage the cost and structure of self directed support without incurring a financial cost to the individual or their support package.

4.7 Several people expressed worry about financial abuse of service users and the importance of having controls in place over the administration of individual service funds stating "…the money is held by the care provider, but decisions are made by the individual – a bit like making a payment up front to a tradesperson…something we are never advised to do…" One organisation

provided a different perspective, which has been stated by a few respondents, that money should be given to service providers because some service user groups may misuse money rather than purchasing appropriate services.

Choice

4.8   A few respondents suggested that choice should include 'traditional forms' of support such as care home provision with fair and equal access to services. People should not be forced into 'individualised solutions' if this is not their preference. One organisation also questioned why individuals should take responsibility for full payment for their care when the care already given is exactly the same whatever the source of the payment? Another organisation noted that for some people the preferred choice is the support of a close relative and that excluding choice to spend in this way "…is institutionalised discrimination and cannot be supported…" They further add that a genuine outcome focussed assessment with person-centred planning, a range of personalised options and access to services will allow people to make their own choices. Several respondents expressed concern that local provision will reduce with further loss of choice.

Flexibility

4.9   A few respondents noted that the process needs to take account of transitions and changing needs over time. This will be of major significance for the Council in planning and funding the commissioning of care. There should also be flexibility in funding models and an adequate hourly rate to allow the right level of care to be purchased. One organisation requested that the assessment process be fully thought through with input from service users and their organisations so that it remains flexible and can truly enable all disabled people to identify their needs and individual outcomes. Future decisions should be based on lessons learned from the current situation and the actual experience of Direct Payment recipients, whether they are PA employers or those who use support differently.

Quality

4.10   Several respondents pointed out that the funding must be sufficient to pay for quality, professional and experienced support which meets the specific needs of the individual. Others stated that access to services should be based on high grades of quality and not on cost. One organisation pointed out the importance of appropriate guarantees that 'Duty of Care' will apply and that where problems occur people will continue to receive the support they need.

Other points raised include:

4.11   A number of other comments were raised by respondents which are summarised below:

- **Block contracts** - services used to receiving block contracts will need transitional support to ensure they do not collapse during the move to personalised services and spot purchasing;

- **Fuel debt management** – a primary concern is to ensure service users can afford to keep living in their own homes and afford to heat their homes to maintain their health. Issues such as this must be taken into account in the Plan;

- **Self Directed support** – there is not a lot about self directed support in the document given that this is the direction of travel.

5. Section 3 Question 12 Shifting the balance of care

Shifting the balance of care is about developing and providing services that are closer to people's homes and communities and closer to their expressed needs. Personalised and community-based services encourage self-support or self-management where possible. This means moving away from reliance on care home and long-stay hospital accommodation towards a range of models of care in the community. These can include home care, complex homecare, telecare, community rehabilitation, housing with support and care and repair, and connecting with the community. We will always provide and develop good quality, care home accommodation for some.
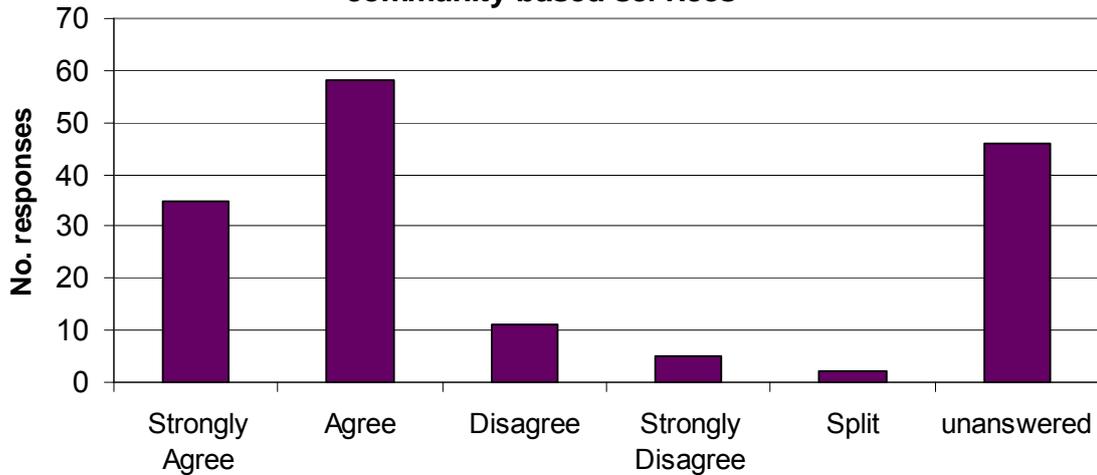
Do you agree that there should be a shift of emphasis to more care and support at home?

12. Shifting the balance of care - more care & support at home
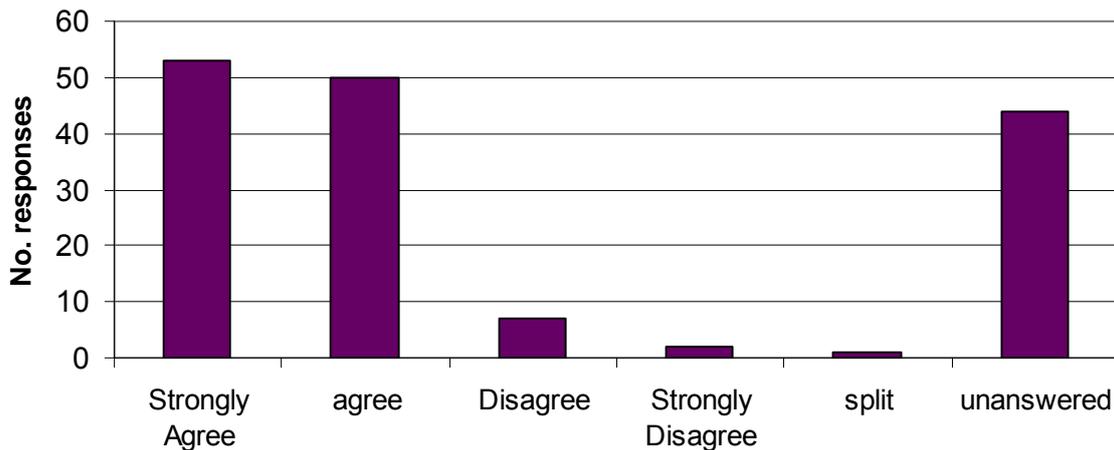
Do you agree that there should be greater emphasis on community based services that encourage self-management and self support where appropriate?

12. Shifting the balance of care - greater emphasis on community based services

Chart showing No. responses for each category:
- Strongly Agree: 35
- Agree: 58
- Disagree: 11
- Strongly Disagree: 5
- Split: 2
- unanswered: 46

Y-axis: No. responses (0 to 70)

What you said

5.1 The majority (90%) of responses to this question agreed with the principle of providing more care and support at home to help people to retain their independence. A slightly smaller, but also significant number (85%) of responses agreed that greater emphasis should be given to community based services that encourage self-management and self-support. The key words noted by several respondents were "where appropriate" and that care and support must be at the right level. Agreement to the principles was underpinned by a number of concerns. These include the need to consider the range of individual needs which cannot be grouped together; the careful management of telecare and remote monitoring; closer working between the Council and the NHS; and that care is provided when it is needed. Most comments fell under the following headings:

- Resources;
- burden on carers;
- capacity and support mechanisms; and
- balance

Resources

5.2 Several respondents questioned whether there are sufficient resources to achieve these aims pointing out that; care in the community only works if funding is adequate to meet demand/need; effective care at home is not necessarily a cheap option; there is a fundamental contradiction between lowering the hourly rate and responding to expressed need; and it is not possible to receive individualised support in the community for less money. Many people pointed out that services are already stretched and there needs to be an improvement in the quality and amount of care at home services currently provided. These aims will only be achieved if there are sufficient care organisations and day services to support people.

Burden on carers

5.3　There is concern among a lot of respondents that additional burdens will be placed on carers to provide support. One group suggested a move to a 'family systems' approach where greater attention is given to carers and other family members alongside the person they care for.

Capacity and Support

5.4　Most people agreed with the shift in the balance provided adequate support is given and that community based services are 'fit for purpose'. One group summed this up "…..there needs to be a sustainable infrastructure of carer support and local provision of low level support matched by a programme of centrally provided yet person centred 'specialist' interventions…." The request for a separate Commissioning Plan for carer support services was re-iterated here. One organisation stressed that care at home is also about people being able to live in and afford to run their home. Tools and support to help people with this can be provided by organisations and these additional services should be included in decisions on care at home.

Balance

5.5　Several respondents stressed the importance of social opportunities for service users pointing out that care provided closer to someone's home should not be at the expense of day care services. Feeling isolated is a real issue and it is important that there are opportunities for people to meet and interact with others. In relation to day services they suggest the solution to the issue of travel time is to increase the number of day facilities.

5.6　Other respondents asked for more detail on the split between directly provided and externally provided services, in particular, for mental health services. Several people pointed out that there will still be a need to retain good quality care home accommodation and this must be balanced with personalisation. One organisation suggested that the concept of the 'care village' should be explored where some care providers move to providing a mixed basket of services, for example, ".... re-ablement; step down from hospital; prevention of emergency admissions to hospital; development of complex support at home..." Another group discussed issues around admission to care homes which tend to be direct from hospital. They suggest that residential care homes should have stronger agreements with the NHS and dedicated nursing hours so that they can deliver more complex care. There should also be a 24 hour review for emergency admissions which could result in many people going home with a better package of care.

6.　Section 3 Question 13: Balance between the Council and external service provision

The best balance of the Council and voluntary or private sector care services will vary with each care group. However, we plan to apply the following principles when deciding on the best balance:
More involvement from service users, carers, staff and service providers
Consider alternative service providers if they can improve the efficiency, productivity or quality of services
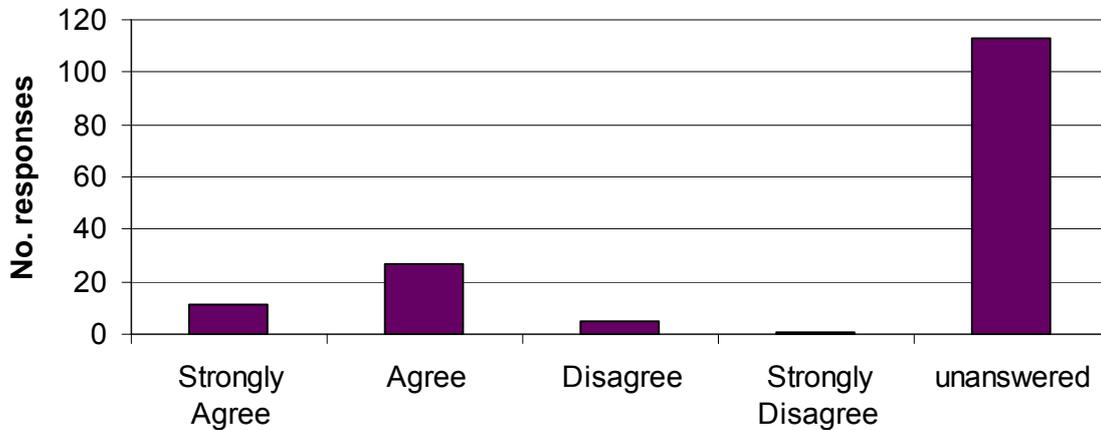*Continue to improve how we work together to provide care*
Provide better information on costs, activity, productivity and performance

The Council to retain capacity to act as provider of last resort

Do you agree with these principles for assessing the best balance of care?

13. Balance between Council and external service provision

What you said

6.1   There were only 59 responses o the tick box question with the majority of people not answering this question. Of those who answered 93% of responses were in support of the principles. There were a range of written responses to this question. Again the key issues of 'quality'; transparency and service user involvement in decision making and whether this will influence the process or the Council has already decided; individual need and choice were raised by many respondents. The comments have been summarised under the following headings:

- balance of service provision; and
- quality of service.

Balance

6.2   One respondent pointed out the need for a variety of provision including the voluntary and charitable sector. Another welcomed the recognition of different types of procurement alongside competitive tendering including reconfiguration, decommissioning and re-negotiation of existing contracts. They requested clarity over the boundaries between influencing the commissioning process and responding to resulting tenders. One person stressed the importance of the handover from one service provider to another. Close, hands-on monitoring of this must take place to ensure it is not "botched". Others argue for the Council to have closer, partnership working with both providers and the NHS, to ensure delivery of best practice and sustainable services.

6.3   A few people pointed out that the commissioning of preventative services, such as those for young people leaving care, needs to be part of the Commissioning Strategy. These services should include having supportive structures in place to stop them from becoming vulnerable to homelessness, crime and substance misuse. Similarly adults with learning disabilities need support to help them

build on their skills and maximise their independence. One organisation identified three main issues for people with learning disabilities which are not mentioned in the Plan, help to travel independently, to manage money better and to develop circles of support.

6.4 One organisation stressed that most local people prefer local services and local service providers. They note that "...'alternative service providers' should not only consider "the improvement of efficiency, productivity or quality", but also include social auditing data, social return on investment and the ability and experience of providers to develop additionality – in fund raising from non-statutory sources, in the recruitment and support of volunteer capacity, and for the integration and cohesion within our local service infrastructure..." Another organisation feared that the in house/outsourced service delivery split has already been decided and questioned the logic of retaining re-ablement.

Quality

6.5 Most respondents to this question mentioned the importance of 'quality services' being provided and one pointed out that the Care Commission grading system must be taken into consideration. Some are concerned about 'other providers' stressing the need for clear and robust monitoring systems to maintain standards of care. Others stress that monitoring should also apply to in-house services. One person gave the example of a provider being paid for 60 minutes of service but providing only 10 minutes to the client.

6.6 One organisation questioned why there is the "inference" that alternative service providers will only be considered if they improve quality when it can be evidenced that there is already good quality being provided. They further question why there is a need for anyone to be a provider of last resort if this is purely based on price? There is concern amongst several respondents that decisions have been taken without the necessary full analysis of cost activity, productivity, performance and outcomes.

6.7 One group of Council employees took the opportunity to reassure people that they are fully qualified to assess need and identify a range of in-house and external services. They also advised that, without exception, service users are fully engaged in the process. By care managing they believe they are also in a position to ensure that external and internal services meet identified needs and that the quality of those services is monitored. The group also pointed out that it is essential that they remain in a position where they can hold service providers to account.

7. **Section 3 Question 14: Engaging with service users, carers and care providers.**

The Council is determined to ensure that the views and experiences of service users and their carers are at the centre of developing the commissioning plan. This means taking into account their suggestions and concerns and ensuring they are fully involved. The Council plans to build on all of its strong relationships with the voluntary and private sectors. Their involvement is crucial to the success of this plan.

A group of representatives from care and support organisations is working with the Council and we propose to ensure that there is plenty of opportunity to

listen to all voices and views. This group, known as a checkpoint group, will continue to support the people, groups and communities it represents to develop these plans.

Do you agree that the Council should consult and engage with service users, carers and care providers at key stages in the commissioning process?

14. Engaging with service users, carers and care providers
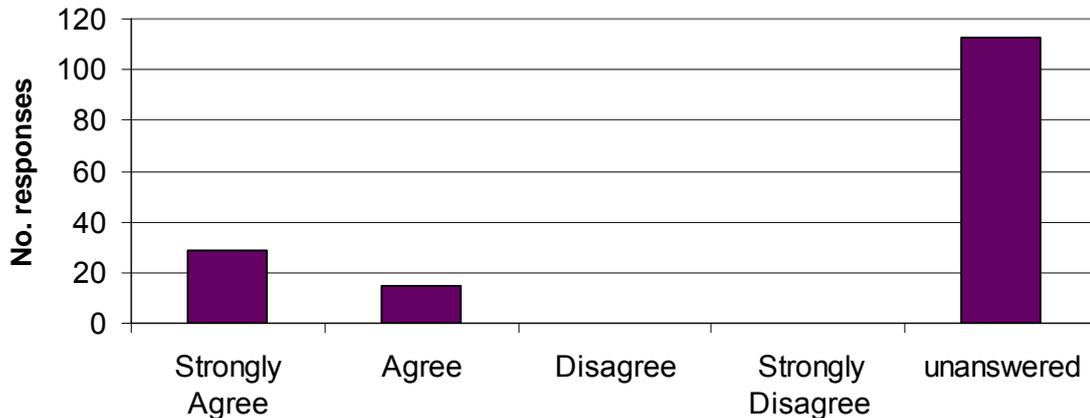
What you said

7.1 The majority of responses did not answer the tick box question. However, all of those that did agreed with the principles related to engagement. Most people also provided their comments and concerns over how this will be applied in practice. Many of these are similar to the responses received in relation to consultation and engagement question in the Commissioning Strategy. The key themes for response are:

- consultation and engagement with stakeholders;
- Consultation suggestions; and
- Feedback.

Consultation and Engagement with Stakeholders

7.2 Most respondents stressed the importance of real involvement, consultation and engagement at every stage of the 'analyse, plan, do and review' process in which they can "genuinely influence" decision making. Many stressed that it is the service user who is best placed to inform the level of service they require. Others point out the importance of listening to carers' views and involving a wide range of service providers. One organisation drew attention to the fact that, for many service users, dealing with the Council can be daunting. One respondent noted their appreciation of the consultation sessions run with commissioning officers present explaining that they prefer face to face meetings with an independent scribe.

Consultation Suggestions

7.3 One person suggested that consultation meetings should be held in the community rather than on Council premises. Another requested that future service provision must continue to take account of issues for the carers of drug

users which continues to grow across the age ranges and affects a significant number of the carer population.

7.4 A few respondents suggested smaller more specific group events be held as grouping everyone together is not workable. One person asked that the Council explain how they are going to engage with clients and enable them to choose when and how to get involved. They questioned how these principles are going to work in practice. Further requests were made for a dialogue with care home operators as to how they would wish to be represented in this process, and that the frontline staff of service providers should be involved as well as management. Others suggested service user and carer forums as a way forward. One older person's group suggested there could be a single spokesperson such as an 'older person's champion' as point of contact both to give information and to ensure concerns were passed on and dealt with. One organisation pointed out that homeless people are generally a group without carers and arrangements need to be made to reach homelessness advocacy groups or voluntary sector providers who are able to facilitate access to these groups. One person suggested regular emails updating on the commissioning process with open forums, further questionnaires and opinion polls.

7.5 Several providers asked for meaningful discussion with the Council. One suggestion was for a committee, involving a wide range of providers, which would avoid having large consultations at short notice and allow for ongoing discussions.

Feedback

7.6 Many people feel that even when they give their views they are ignored and that the Council needs to listen to views which it does not share. It is important for the Council to keep everybody informed of progress. One organisation suggested that the Council should also find ways of aggregating the outputs and outcomes from individual community care assessments and carer assessments which, *"....for the purpose of planning would yield much richer information on peoples' aspirations and need than any tokenistic focus group or badly attended public meetings..."*

Care Groups within the Commissioning plan for Adults

## 8. Section 3 Question 15 Care groups – Older People
The Council is planning for older people's services over the next 5 to 10 years. Following extensive consultation in 2007 and 2008, this plan focuses on the following priorities and outcomes:

- *improve the health and wellbeing of older people and their carers*
- *develop care services around the individual's needs*
- *address inequalities in care provision*
- *provide effective assessment of needs and access to services*
- *shift the balance of care to the community while ensuring high quality care home provision for those who need it*
- *shift the balance of care to more personalised, community-based services by developing a range of support and care options*
- *ensure carers are recognised and involved as equal partners*

- *give carers access to services and support which meet their needs and help them to manage their caring role with confidence*

Do you agree with the priorities and outcomes set out for the future of care services for older people.

15. Older People
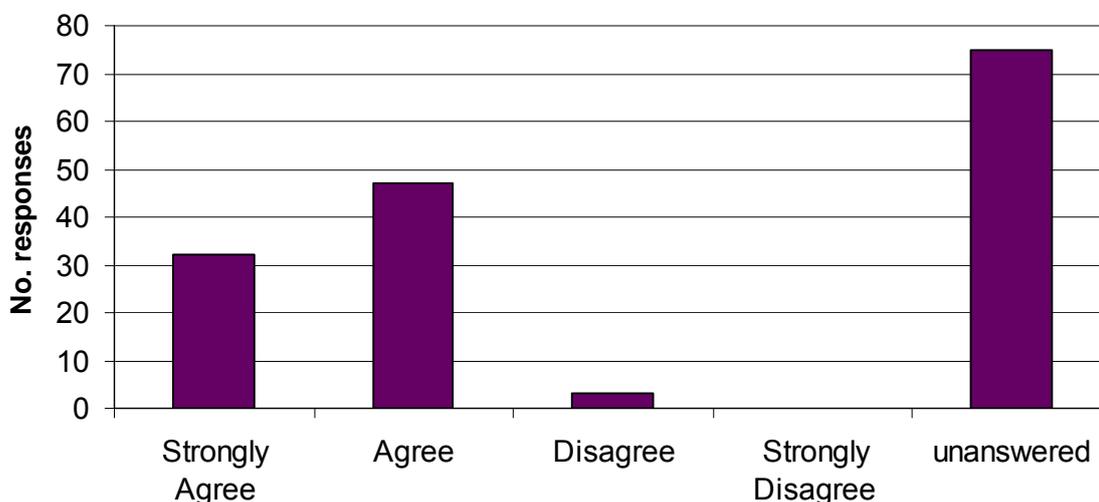
What you said

8.1   Of those who answered the tick box question the over 94% agreed with the principles set out. It must be noted that a large number of people did not answer the tick box question. The responses to the open question on older people have been summarised under the following headings:

- quality, monitoring and control;
- choice and support;
- resources; and
- other comments.

Quality, monitoring and control

8.2   Some respondents expressed concerns about the quality of commissioned services and the need for adequate monitoring and control. A common theme was also evident around the desire for more engagement with service users, in particular, Chinese service users made a request to be included.

Choice and Support

8.3   The theme of personalisation was generally welcomed, including the need to recognise older people's wish to not be a burden. However, some issues not specifically mentioned in the question were felt to be possibly more important with regards to personalisation and self direction, for example end of life care and advance directive provisions. However some respondents were concerned that less focus might be placed on practical support such as sitter services and overnight support. It was also suggested that care homes should not be presented as the last resort, but as a positive step. Although greater choice was welcomed, it was pointed out by one respondent that, information and support from independent advocacy services was needed for older people in case they feel they need to change their service provider.

8.4 Families require flexible care which 'wraps around' their needs and relieve the pressures of care. Carers of older people are often elderly themselves and planning for infirmity is important.

8.5 Older people can have other needs which are not related to their age including drug dependencies. It was suggested that these need to be kept separate, where appropriate. For example, where a drug dependency affects their ability to attend day centres, or needs to be considered as part of a package of care.

Resources

8.6 Many respondents were concerned that while the aims of the plan were laudable, financial constraints would make them unworkable and there was scepticism regarding the concept of providing more with less. One respondent expressed their concern *"...this make me feel like I'm going to be abandoned and left to my own devices as I don't have the money to go private..."*

Other Comments

8.7 A number of responses were put forward which didn't fit easily into a category including dealing with fuel poverty and depression, the need to reduce bed blocking, and the need to have more detail about the plans for increased telecare/healthcare. It was also suggested that addressing postcode lotteries for services was important. Other issues included the need to consider the support and transport required to deliver these principles; joined up working between re-ablement teams and NHS services.

9. Section 3 Question 16: Care Groups - Mental Health

Over the next five to ten years, the Council plans to achieve the following priorities and outcomes for mental health services:
Improve the quality of life, self esteem and confidence of people with mental health problems;
A shift in the balance of care from hospital to community;
Increase the size and range of social networks for people with mental health problems
Enable more people with mental health problems to live independently
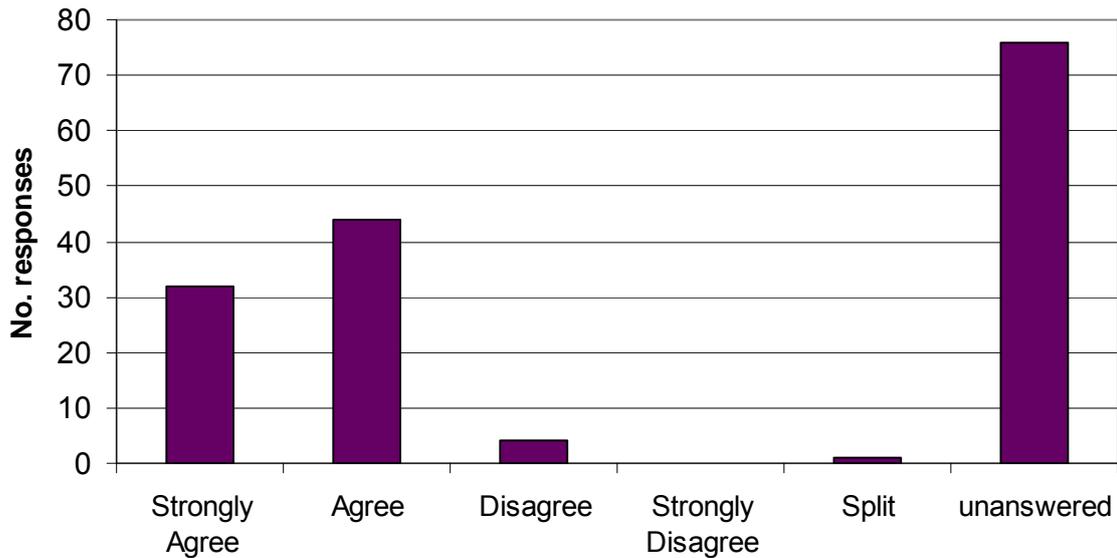*Support carers of people with mental health problems*
Increase the number of people who are in control of their own support
Improve the employability of individuals through education and training
Support recovery for people with mental health problems
Do you agree with the priorities and outcomes set out for mental health services?

16. Mental Health

What you said

9.1 Again, of those who answered the tick box question the majority agreed with the principles set out but many gave no answer to the tick box question. Many of the views expressed reinforced comments which have been made across a number of questions. There were also additional concerns specific to this group. The comments have been summarised under the following headings:

- resources;
- consultation;
- capacity;
- support networks;
- approach; and
- other comments.

Resources

9.2 A reduction in funding for mental health services was an area of concern for many respondents who felt that these services had already experienced cuts in recent years. Several respondents questioned the principle of more with less *"…..mental health priorities and outcomes will not be met by cutting funding – need more resources, not less…."* It was also suggested by one respondent that providers that are recovery focussed and should not be financially penalised for enabling service users to reduce their support.

Consultation

9.3 There were several questions about the consultation itself regarding the focus on the planning stage *and "…..little or none in the Doing and Reviewing stages…."* There were some queries about terminology, for example, what is meant by "quality of life" and the use of the word 'recovery' *"…..I would love to see the details of how you will make my Autistic loved one 'get better!...."* Several respondents commented that consultation played an important role in improving service users self esteem and confidence.

Capacity

9.4 Concerns were expressed about the capacity of service users to make decisions and the need for properly trained staff to help users make the right choices regarding services for them. It was felt that those with serious mental illness need the most support. One person stressed that *"…thought must be given to addressing the needs of those with mental health problems (perhaps linked with alcohol or substance addiction) who lack awareness of their problems, or the willingness to accept help…."*

Support Networks

9.5 Working towards or increasing the size and range of social networks of those using mental health services and increasing their independence was recognised as a *"core function of the social work role"* and one respondent was glad that this was included in the Plan. It was felt that Community based care was a good principle, however, it might lead to people being discharged too quickly. There were similar comments about the support needed for carers and the need to work in partnership to ensure that care services are the best quality.

Approach

9.6 It was felt by a number of respondents that a 5 – 10 year plan was advisable given the length of time it takes to support a process of change with mental health issues *"….mental health does not exist in a vacuum…."* Multiple conditions need to be taken into account, for example, while Alzheimers and Dementia are associated with older people, they are also mental health issues.

Other comments

9.7 There were a number of comments which didn't fit in with the themes identified above including issues around fuel poverty, access to crisis support, support for Chinese service users, the need for 24 hour support and a wide range of services including day services, befriending, volunteering and social enterprise and the importance of prompt access to talking therapies. One respondent noted that *"….it is very important for everyone with poor mental health to have easy and prompt access to talking therapies, which should never be offered as a one-size-fits-all CBT (though CBT has its uses). Drugs should be a last resort. A link between NHS psychological therapies and community counselling/psychotherapy must be strengthened. This could save a lot of money, besides providing much needed support…."*

9.8 Improving employability training was felt to be particularly important given the difficulties inherent in convincing employers to work with those with mental health difficulties. A word of warning was given by one respondent however about the danger that *"....there would be a cherry picking of individuals who are more likely to enter paid employment, or that undue pressure would be placed on those who are not yet at this stage. This is particularly true for those with a dual diagnosis ... who may face multiple barriers to employability...."*

## 10. Section 3 Question 17: care groups – Learning Disability

Extensive consultation with individuals and organisations concerned with learning disability services has helped to develop a plan for the next 10 to 15 years. In March 2010, phase one of the plan was reported to the Council.

Consultation is continuing on key topics. The key priorities and outcomes for developing the plan in the next 5 to 10 years are;

- *more choice and control for service users*
- *better local services for people with complex needs*
- *making money go further*

Do you agree with the priorities and outcomes set out for planning learning disability?

17. Learning Disability
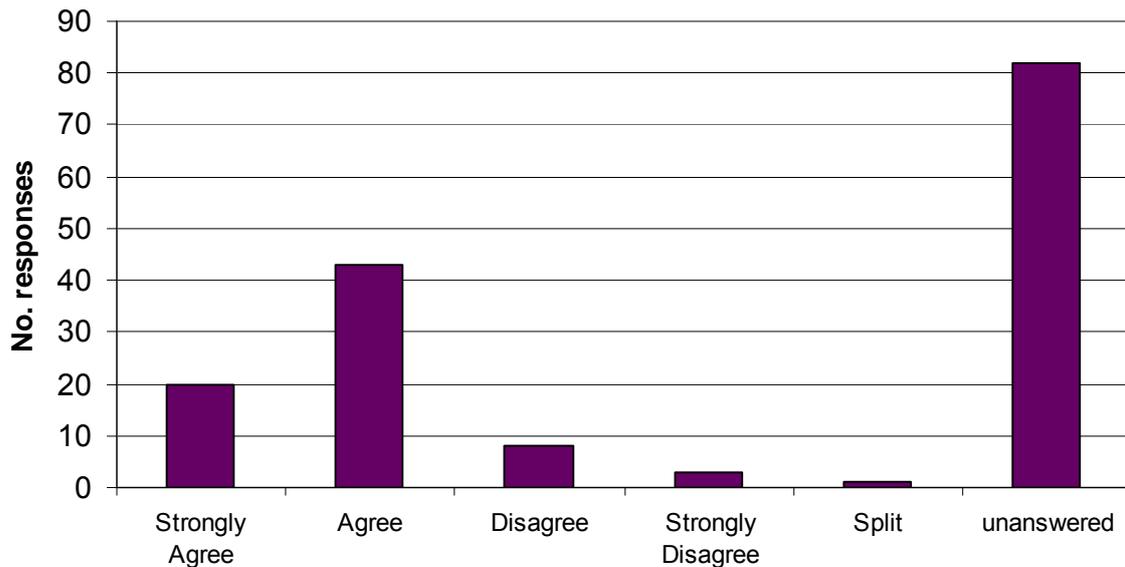
What you said

10.1 The majority of people did not answer the tick box question. Of those responses that did 81% agreed with the principles. Of the small number who expressed disagreement this was spread across all categories of respondent apart from care providers. Concerns and comments made in response to other parts of the document have been echoed in these responses which have been grouped under the following headings:

- resources;
- language and detail;
- capacity;
- approach;
- carer support;
- complex and multiple needs; and
- other comments.

Resources

10.2 Several respondents were sceptical about the concept of 'making money go further'. It was felt that this meant *"…spending less, which never works in finding long-term, effective solutions…."* There was also a feeling that those with learning difficulties had been *"short-changed in the past"* and that they should receive more funding not less. It was suggested that cutting down on staffing costs leads to "*untrained, unhappy staff"* and it was felt that 'Getting It Right For Every Child (GIRFEC) must outweigh financial considerations. It was

acknowledged that providers would try to reduce costs in order to gain contracts, however this *"….may leave providers increasingly feeling they are unable to provide terms, support and training that encourage staff to treat the job as something more than a stopgap while they look for something better…."* One respondent suggested that monitoring and punitive measures of control of any contracts awarded is paramount to ensure quality.

Language and detail

10.3   Questions about the consultation included concerns that "best value" had not been defined and a perceived lack of detail on priorities for those with learning difficulties compared with other care groups covered in the consultation. In particular inclusion of the priority "making money go further" was questioned given that this was not present in any other care group's priorities.

10.4   A large number of respondents questioned the small number of priorities for those with learning difficulties. It was suggested that other priorities should be included such as appropriate and sustainable education; employment opportunities and advocacy services. Given the importance of consistent staffing it was also felt that continuity, reliability, security and inclusion should be priorities for those with learning disabilities *"…without these they get depressed and confused…."*

Capacity

10.5   Strong reservations were voiced about giving service users more choice and control "because learning disabled have to be guided through a maze of choices, they couldn't manage on their own" and "Choice and control is often a source of anxiety and malaise for vulnerable people."

Approach

10.6   It was agreed that 5 to 10 years is a necessary timescale for the complexities of needs to be taken into account.

Carer Support

10.7   There was general agreement with more personalised choice, but a key area of concern for parents and carers is the fear that a "time may come when they can no longer care for their disabled family/community member." In the learning disability section no mention was made of support for carers, especially older carers looking after older people.

Complex and Multiple needs

10.8   Concern was expressed about those people with learning difficulties and other multiple conditions related to old age, physical disabilities, mental health problems or drug and alcohol dependencies. The importance of staff training on these issues was stressed by one respondent.

Other comments

10.9   There were a number of comments which did not fit into the main themes identified in the report:

- **fuel poverty** – this an important issues to be addressed;

- **core and cluster model** – one respondent expressed a lack of support for this model as highlighted in previous consultations. They asked how this has been taken into account in plans to move towards more accommodation with shared support;

- **telecare pilot** - it was suggested that a pilot project should be set up to test telecare with a *"….clear assessment of the risks, dangers and advantages of moving to telecare before such systems are bought…"* ;

- **review of in-house provision** – one respondent requested that a review be undertaken to ensure that it can provide the stated flexibility to respond in a crisis and whether it can be moved towards best value;

- **day centres** – the Council was asked to note that they serve a purpose and could change rather than cease to exist; and

- **mainstream services** – these services could expand to take service users needs into account rather than providing specific services.
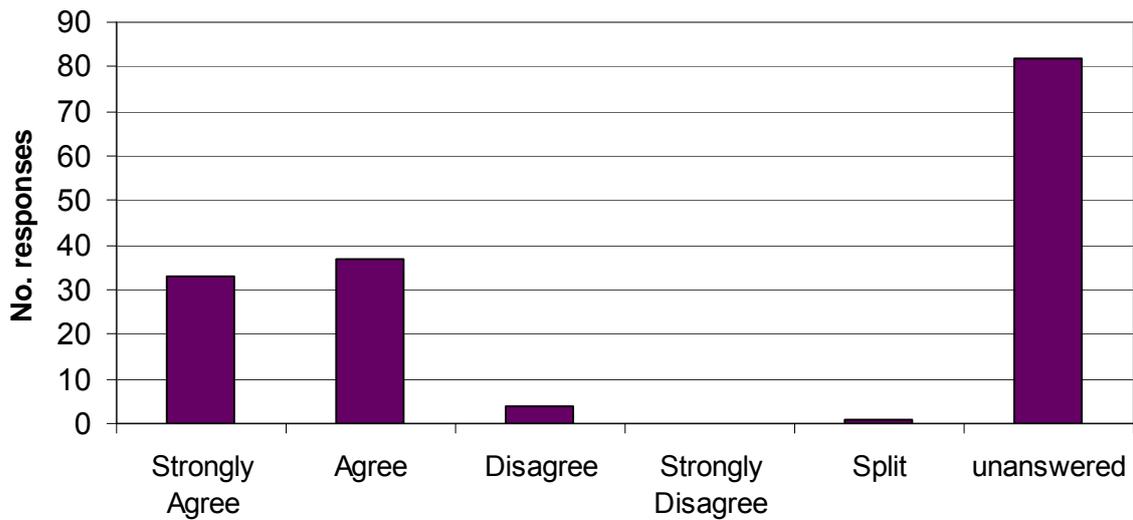
11. Section 3 Question 18: Care groups – Physical Disability

Over the next 5 to 10 years, we plan to develop physical disability services according to these priorities and outcomes:
- *consider the whole person and the whole system of care around the individual*
- *shift the balance of care to the community while ensuring high quality, flexible homecare provision for those who need it*
- *be more flexible with financial resources by moving away from contracts*
- *identify more budgets around individuals to help us accurately forecast demand*
- *provide more opportunities for individuals and their cares to manage their own support*
- *work jointly with other service providers to shape and increase the choices available*
- *ensure carers are recognised and involved as equal partners*
- *Support carers to access services and support*

Do you agree with the priorities and outcomes set out for physical disability?

18. Physical Disability

Bar chart titled "18. Physical Disability". Y-axis labelled "No. responses" from 0 to 90. Bars: Strongly Agree ≈ 33; Agree ≈ 37; Disagree ≈ 4; Strongly Disagree ≈ 0; Split ≈ 1; unanswered ≈ 82.

What you said

11.1   Again, the majority of people did not answer the tick box question. Of those that did most agreed with only one response expressing disagreement with the principles. There were a range of responses to this question. However, many similar concerns to those raised earlier have been expressed. The most commonly arising issues are related to the following themes are:

- person centred approach;
- multiple and complex need;
- resources;
- capacity and support; and
- other comments.

Person Centred Approach

11.2   The principle of personalisation was generally welcomed and one respondent wrote that current service provision in care homes is *"….not personalised or meeting personal outcomes…."* One respondent cautioned that flexibility is needed given that a physical disability can get worse over time and the needs of service users can change.

Multiple and Complex Need

11.3   The multiple needs of service users were mentioned by several respondents whose thoughts were summarised by this comment *".....services, including CEC health social work, need to be flexible to meet complex multiple needs..."* for example, people with addictions, mental health or learning difficulties. It was felt that professionals must be able to work with all these needs and to reduce barriers for those with physical disability.

Resources

11.4   The lack of money available in the current financial climate was cited as a cause for concern as respondents were unsure how these 'fine principles' would be resourced. One respondent wrote that the priorities and outcomes mentioned in the plan had been 'promised for years' but not delivered and

services had received more and more cuts. It was suggested that it should be made clear that some expectations cannot be met.

11.5   There were particular questions raised about the priorities, for example, how the outcome of 'improving social support & personal relationships' will be measured. Some additional priorities were suggested including accessibility and the attitude in the city in general towards those with physical disabilities. One group pointed out that the loss of a social worker can make the service disjointed. The outcomes are harder to achieve without a single point of contact.

Capacity and support

11.6   Again capacity issues were expressed with one respondent summing up the views *"….my son, who has an acquired brain injury, is perfectly capable of handling his day to day money but not all that would be involved with direct payments. Nor is he able to understand all the implications involved in being an employer…."*

11.7   There were concerns that although the priorities provide good individual aims it is not clear how much service users and carers views influence decisions. It was suggested that carers should be supported by working in partnership to ensure that care services are the best quality, and that regular respite is made available for those who require it.

Other Comments

11.8   A number of points were raised which sat outwith the main themes identified in this report. These included the need for holistic management of a physical problem so as not to take away independence and confidence to do things "*on their own";* rehabilitation plans for after hospitalisation, especially for disabled people living alone; and training to help them understand how to maintain a healthy level of heating and to affordably heat their homes. It was noted by one respondent that disabled service users often have to compete for community facilities with able bodied users and *"end up with nothing".*
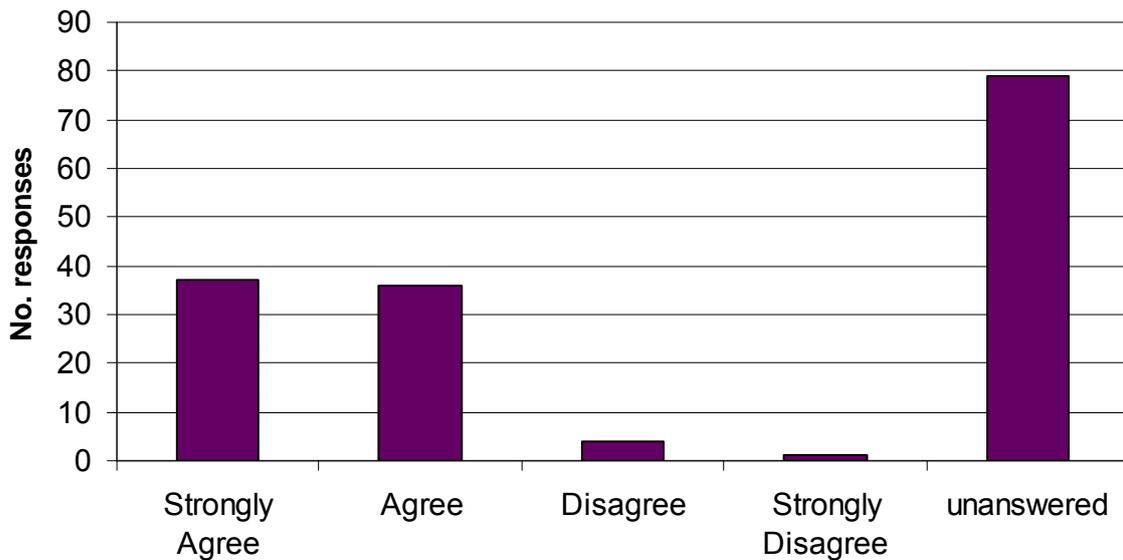
12.   Section 3 Question 19: Care groups – Drug and alcohol addictions

Over the next 5 to10 years, the Council plans to achieve these priorities and outcomes for drug and alcohol addiction services:

- *reduce the use of illicit drugs and consumption of alcohol;*
- *improve the physical health of individuals;*
- *improve the psychological health and wellbeing of individuals;*
- *reduce criminal and antisocial behaviour*
- *improve the employability skills of individuals through education and training*
- *improve social support and personal relationships*
- *improve accommodation status*
- *reduce risk taking and chaotic behaviour*

Do you agree with the priorities and outcomes set out for drug and alcohol services?

19. Drug & alcohol addictions

No. responses

(Bar chart showing number of responses)

- Strongly Agree: approximately 37
- Agree: approximately 36
- Disagree: approximately 4
- Strongly Disagree: approximately 1
- unanswered: approximately 79

What you said

12.1 Of those responses which answered the tick box question over 97% agreed with the principles set out. A large number of people did not answer the question. The written comments provided for this group are reflected under the following headings:

- person centred approach;
- multiple needs;
- joined up approach;
- resources; and
- other comments

Person centred approach

12.2 One organisation pointed out the importance of *"services fitting needs"* rather than making users fit into services, for example, placing a homeless person with an alcohol problem in a dry hotel. Several people pointed out the need for more flexible, non traditional approaches to be provided for those with drug and alcohol issues. Many pointed out that people within this group currently experience difficulties with appointment times, waiting times, long procedures and assessments. Several respondents referred to those who by lifestyle and life experience are not in the position to 'change' at particular points in their lives and some *"…may never aspire to this…"*

12.3 One group stressed the need to accept that not everyone will "get better". Some customers have no intention of dealing with their drug and alcohol issues which means they do not meet the criteria for accommodation, or if they accept the accommodation and do not attend 'support' meetings they get booked out and land up on the street again. One group stated that there should be *"…a service which will allow customers to engage in their own way, in their own time and on their own terms. This is not a short term fix. It can take a long time to build up trust…"* A service for the more complex and difficult clients can be provided but the outcomes for those services would have to be different. Others note that outcomes must reflect the changing goals of service users as they progress through the service/ care pathway.

12.4 One group identified that there is a lack of supported accommodation for people with addictions. Most is short term without clear paths to suitable tenancies or 'move on' accommodation. There are now fewer rehabilitation places and lengthy waiting lists for community based 'detox'.

Multiple needs

12.5 Several groups pointed out the level of resources required to provide the specialist support needed for people within this group. One respondent noted the lack of services available to him as a person with dual addictions and ADHD. Many people asked why 'detox' services are not accessible. Another noted that *"…people with addictions often have a variety of other issues and their outlook on life without a "crutch" can be very negative and scary. There is no quick fix and small steps over a longer period of time are required…"*

Joined Up Approach

12.5 One group highlighted a sense that the current arrangements for this group are somewhat fragmented with inconsistencies in terms of service provision depending on which part of the City you live in. It was noted that efforts are being made to address this. Another pointed out the importance of strong links between drug and alcohol service providers and additional support agencies which have the right in depth experience and knowledge to provide appropriate support

Resources

12.6 Several people stressed the high level of funding needed to provide adequate support to this group against a back drop of reducing budgets. Another group noted that uncertainties over funding can cause difficulties for third sector agencies inhibiting longer term planning and creative models of working. The decreasing range of services, largely due to a lack of resources, particularly those offering counselling and other therapeutic interventions has a direct and negative impact on service users.

Other comments:
- **Staff experience** - a few respondents suggested that it would be beneficial to employ workers with life experience of these issues, for example, working with prisoners to give them drug support when they leave; and
- **Preventative services**- intervention needs to start from birth together with education about the effects of drug addiction.

13. Section 3 Question 20: Care groups – HIV/AIDS

Over the next 5 to 10 years, the Council aims to achieve these priorities and outcomes for the HIV/AIDS services:
- *improve access to services for harder to reach groups;*
- *improve access to treatment for Hepatitis C and HIV;*
- *provide support for HIV positive service users aged over 50;*
- *provide more support to secure accommodation services so they can help people move on to education, training and employment*
- *help people love more independently in the community;*

- *encourage service users to be more involved in improving and delivering services.*

Do you agree with the priorities and outcomes set out for HIV/AIDS services?

20. HIV/AIDS
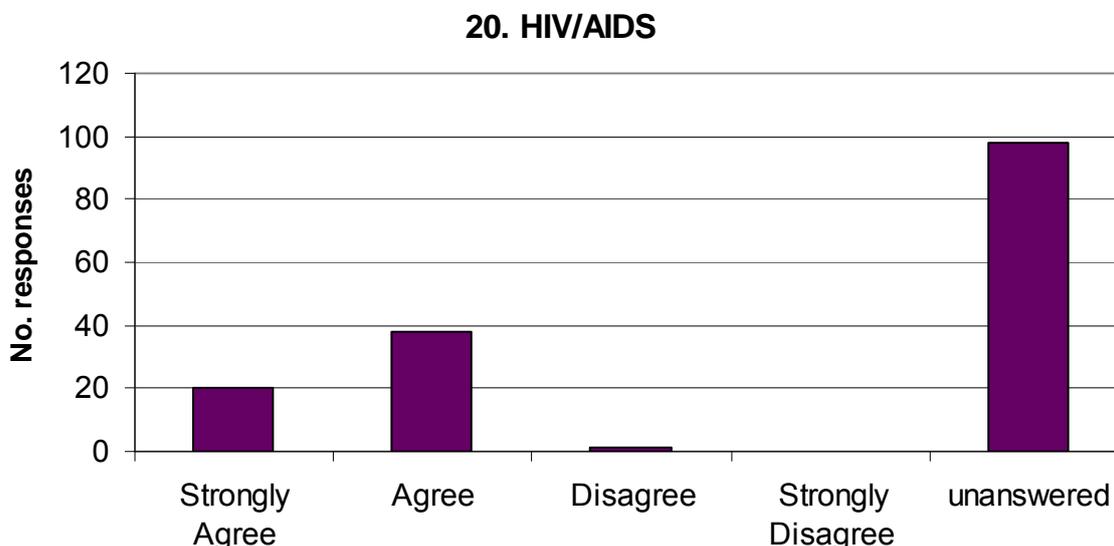
What you said

13.1 Most of the responses did not answer the tick box question. Of those responses which did most agreed with the principles with only 1 respondent expressing disagreement. This question elicited the fewest written responses. The comments have been grouped under the following headings:

- resources;
- joined up approach; and
- blood borne virus (BBV) care management.

Resources

13.2 Several respondents made the same point, that whilst agreeing with the aims they doubt there are sufficient resources to achieve them and if funding is reduced then the quality of service provided inevitably falls.

Joined Up Approach

13.3 There was a request that strong links be made between HIV/AIDS health care service providers and additional support agencies who can provide appropriate support to service users and providers. One example given was support to enable people to afford to heat their homes and maintain home-living and care. The overlap between support for BBV sufferers and addiction support services needs to be recognised. There are also existing community support services such as Positive Help, C Plus and Waverley Care who extend support to include hep C alongside HIV. Likewise there is a long standing link between the care management team for BBV and the Drugs Unit at the Western General.

Blood Borne Virus care Management (BBV)

13.4 One group pointed out that there should be recognition in the title to other BBVs such as Hep B and C and how these have become more prominent.

This should link to the increasing survival rate of HIV/AIDS sufferers and the effectiveness of treatment. The lack of public awareness of Hepatitis and co-infection was noted. Service users need to be aware of testing, treatment and the likelihood of co-infection. They should be encouraged to be tested even if they have been tested previously. More emphasis needs to be placed on support for parents with BBVs and children who are in a caring role for these parents.

14. Section 3 Question 21: Care groups – Carers

The key priorities and outcomes the Council plans to achieve for unpaid carers over the coming 5 to 10 years are:

- *ensure they are recognised and involved as equal partners in care;*
- *support them to access services and support which meet their needs and help them to manage their caring roles with confidence;*
- *work with other agencies who provide carer support for the benefit of carers and the people they care for*

Do you agree with the priorities and outcomes set out for carers?

21. Carers
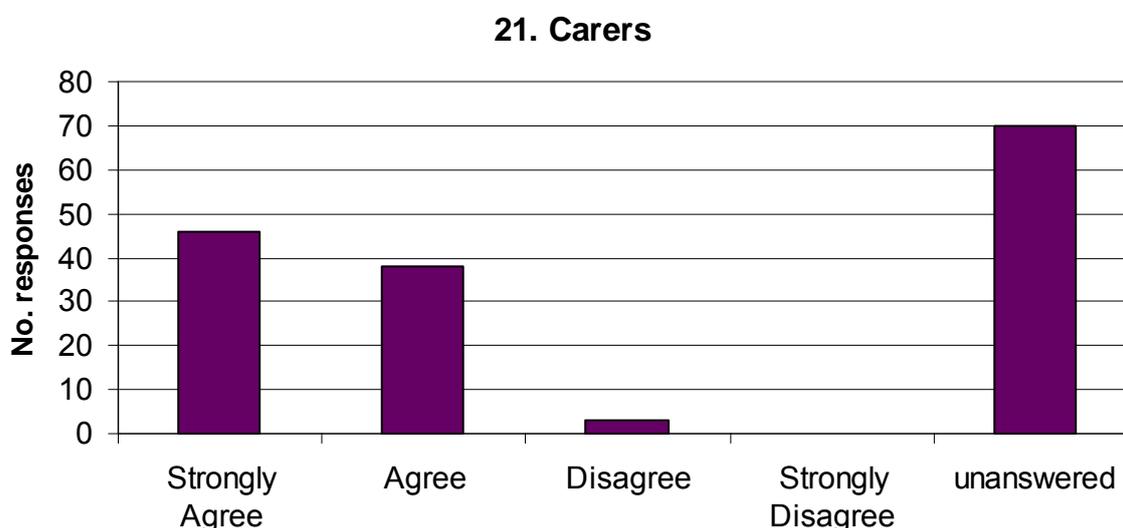
What you said

14.1 The majority of responses (over 93%) agreed with the principles in the Commissioning Plan. Many people did not answer this question. The key theme running through the responses to this question is about recognising the needs of carers in the role that they are providing. The comments have been grouped under the following headings:

- carer Support;
- information and advice;
- carers as a separate group; and
- resources.

Carer support

14.2 Of those who responded most agree that there needs to be good support provided for carers. Several note that this should include respite services. Some point out that they do not feel that they have ever been treated as equal partners and that whether supported or not they *"...have to carry on regardless...".* One person requested that there be transitional support for older carers to plan for when they are unable to continue caring for someone with a

lifetime condition. There should also be support at times of crisis, for example, when there is an accident or incident involving a relative. They drew attention to the fact that most are *"at breaking point"* and a commitment of care needs to be recognised. A few respondents pointed out the usefulness of the support and advice they currently receive from city wide agencies citing their own local support group as being invaluable in supporting and in highlighting local issues, needs and concerns. One asked the Council to note that sometimes they are too exhausted to take on extra work and need support themselves.

14.3   One group called for the needs of those caring for drug users to continue to be recognised. This is a growing issue across the age range with an increasing number of carers. Given the recognition of the huge costs saved by unpaid carers in the community, carers needs must be met appropriately, if not this could have much more costly consequences for local authorities.

Information and advice

14.4   Several people point out that carers are unaware of what support is available and can feel isolated. They asked for more practical support in letting them know what advocacy, advice and support they can access including training. One organisation took the opportunity to advise of the support they can provide to carers who are taking responsibility for paying bills, general finances and dealing with fuel suppliers. Such organisations can provide the tools and knowledge to help carers deal with these often complex and long standing issues around fuel billing and fuel debt repayment.

Separate group

14.5   One group expressed concern that carers are included as a 'client group' which indicates that professionals are *"...having difficulty in visioning what treating 'carers as equal partners' actually means in practice..."* They believe carers should be aligned to professionals/ workers in the provision of care rather than as a client group. Carers' issues cut across all client groups and services provided to them should be subject to the same rigour and expectation. One respondent asked for a category of self-carers to be included throughout the Commissioning plan.

Resources

14.6   One theme running through many responses is that the support for carers needs to be sufficiently resourced. One person pointed out that support package costs should genuinely reflect a person's needs as an individual and not be reduced because a carer or relative feels obliged to assist. They further state *"... the parents, siblings and extended families who take ongoing responsibility, are often sandwiched between caring for elderly parents as well as their own young people. These ever widening circles are the people who will make increasing calls on the health budget, on respite care and on hospital beds, if not supported. Responding to crisis will always be the more costly option..."* Good personal planning of the needs of the individual should reflect the needs of the carer.

15.   Section 4 Question 23: General Comments - is there anything else that you feel we have not addressed within the Commissioning Plan for Adults?

What you said

15.1 Several comments, which have been voiced earlier, were also given in response to this question. For example:

- **quality and choice** - the importance of providing a high quality choice of services to meet the needs of service users and information about how to access them;
- **support and advice** - good support and advice networks for carers;
- **tendering** - concern that the Council is trying to make people agree with competitive tendering;
- **person centred** - recognising different needs and treating people as individuals;
- **resources** - concern about the impact of budget cuts and limited resources on the achievement of these aims;
- **real consultation** - that there must be real consultation where people can see how things have changed as a result of what they have said;
- **status quo -** that existing, very good or excellent providers should be able to continue and if this does not happen then it would be hard for people to feel they had been "heard and respected". A re-evaluation of the service delivery and the overall community provisions made by a provider might prevent the need for unnecessary tendering;
- **monitoring and control -** there must be good quality control mechanisms for commissioned services; and
- **holistic approach** – need for a holistic approach to recipients of support or care and a co-ordinated approach between services. If the overarching aim of the Plan is for people to live more independent lives then why should the priorities and outcomes be so different for different groups?

15.2 Several respondents suggested areas, which have not been previously covered, including:

- **talking therapies** - more provision of 'talking therapies' would reduce the drugs bill in liaison with GPs and NHS;
- **respite care** – more consideration of specialist respite care for disability, mental health, Dementia care, heart and stroke, CPD and diabetes;
- **statistics** – as in the Commissioning Strategy a request for the Plan to contain statistics on carers which reveal a dramatic increase in light of changing demographics;
- **young carers** – this group should be specifically mentioned as they have different needs from adult carers but are responsible for caring for adults across the client groups;
- **carers for those with Substance misuse** – there is no reference to carers at all in the section on adults with substance misuse problems;
- **defining specific need** – the category for learning disabilities should address the specific and different needs in this group, for example, dyslexia, dyspraxia, adults ADHD, aspergers, autism etc;
- **payment strategy** - it would be good to have a strategy about payments and how they will reflect inflation and the constant rise in the cost of

living. Resources also need to be able to respond and flex with changes in service user needs;

- **commissioning** cycle – section 9, in the Commissioning Plan, needs an explanation and further information to support why different services have been placed where they are in the cycle;
- **Social Enterprise** Company – the Council should consider going down this route to allow and assist Council employees to take out front line services and run them as social enterprises;
- **'making money go further'** – there is a particular emphasis on this, in the Plan, for those with learning disabilities that is not expressed for other groups. There has to be much more analysis of the present allocation of resources which should be shared with stakeholders; and
- **targets and goals** – it is encouraging to see outcomes (with reference to mental health services s9.2) but there is no means of identifying a baseline or what targets or goals will be set. Neither is there a plan to show how these outcomes will actually be measured. There is a well used quote saying 'a goal without a plan is just a dream'. This could be reworked to say "...an outcome without a plan is just a dream..."

16. Section 4 General – Is there anything else you want to say

What you said

16.1 The consultation document provided space for people to provide further comments and information. Many people took this opportunity to reiterate their concerns about the tendering process; to request that their views will genuinely influence outcomes; to ensure choice and 'quality' services are maintained; to point out that change is unsettling causing anxiety among vulnerable groups including carers; to consider the important issues around personal care and respecting privacy; and to remind the Council of those groups who they believe are excluded from services. Summarised below are those comments which have not been reflected previously in the report. The full text of all comments is available in the background papers.

- **Consultation Fatigue** - this exercise has clashed with the NHS Mental Health and Wellbeing Strategy consultation and the Local Neighbourhood Partnership Community Plan Consultation which is also lengthy and complex with similar timescales *".....It is not surprising that 'consultation fatigue' is setting in...";*
- **Climate Change (Scotland) Act 2009** – the legislation has imposed new duties on Public Bodies (from January 2011) stating that "….in exercising its functions, (public body must) act.....to reduce carbon emissions, adapt to impacts of climate change and act in a way that it considers most sustainable..." Reference to this new legislation is mandatory and clear linkages will need to be made with the Commissioning Strategy;
- **Service groups** – commissioning according to service groups could create barriers. A more holistic strategy would overcome any gaps that are as a result of budget allocation between groups;
- **Rehabilitation and re-ablement** Services – one group pointed out that there is a regular cross-over between these and other categories of service and restricting these areas solely to in-house provision goes against the grain of working in partnership with providers;

- **Access to information** – unless you have prior knowledge of the system it seems to be difficult to know what you can get help for, who you need to talk to, and where you need to go. The Council must consider how to address this;
- **Wellbeing** – promoting wellbeing should be implicit throughout the whole Strategy;
- **Dementia care team** – consideration should be given to providing a responsive dementia care team service in the community;
- **Transport** – the provision of accessible and affordable transport has relevance to all categories of people to be considered when commissioning care and support services and has been mentioned in government strategies such as 'All Our Futures';
- **Carer Statistics** - there is no reference to statistics or prevalence of the carer (including young carers) population which has risen steeply by 20% in Edinburgh in less than 10 years. There should also be reference to the BME carer population and BME population trends to reflect an awareness of cultural needs for future commissioning.

List of Consultation Methods   **Appendix 1**

- Flyers - a sample of 2,000 service users were contacted directly by post to invite them to participate. Fliers were also sent to all GP surgeries;

- Posters - distribution to homeless and housing support organisations;

- Questionnaires - approximately 2,000 copies of the consultation document questionnaires were sent out;

- Easy read version – approximately 2,000 copies of the easy to read version were made available;

- Advertisements were placed in the Edinburgh Evening News and the Herald and Post;

- there were news features in Outlook, Magnet, Connections NHS Lothian, Face (for parents of school children) and the Council Leader's Report;

- Approximately 200 groups and individuals were on a mailing list for 3 newsletters that were emailed;

- Council staff arranged and facilitated 60 groups - more were undertaken by our voluntary sector partners. Two sessions for facilitators were attended by approximately 50 people, both from the Council and the voluntary sector.

- Twitter and the Council's web site were also used to communicate information.

Methodology & Approach   **Appendix 2**

The methodology chosen for the analysis reflects the nature of the consultation. This is not a research exercise. It is a general consultation process open to all members of the public and has not been targeted at a representative sample of the population. The responses received represent the views of those who were aware of, understood the consultation, and chose to respond.

The approach taken is the one used by the Scottish Government's Social Research team, where a consultation involves a large number of written comments, but adapted to meet the particular questions set by this consultation.

The consultation report refers to recurring themes and commonality of views as well as individual comments and suggestions. Where there are large numbers of responses on the same issue this has been referenced to show the strength of feeling from those that <u>chose</u> to respond. No scoring or weighting has been applied to the responses as it could equally be assumed that those who chose not to comment had no concerns about the issue/ or were unaware of the consultation and had no opportunity to comment. Numbers will not be used to influence policy decisions, however all comments have been read and considered by relevant officers in the Council. The report provides an illustrative of the views of those who chose to respond not a definitive view of what the population feels about the issues presented.

'Open' Questions – Qualitative Analysis

The collection and analysis of data from the open questions was more complex simply because of the high volume of comments which were provided. The database contains 277 pages of information and comments. All comments have been recorded but it is not practical or useful to simply present them in full in the report. The following principles have been used:

- a framework of key recurring themes was developed, as responses came in, and each response was coded accordingly. The coding is simply a 'tool' to allow similar comments to be filtered from the database and grouped together to enable the key points to be taken out, summarised and presented in the report;

- the themes are linked to the emerging issues which were presented by respondents and are reflected in the summary headings in the report. This allowed the narrative to give a feel for key dimensions and associations, patterns of issues emerging; contrasting or similar views and experiences and how widely held the views are. However, not all respondents addressed the questions specifically and many raised similar concerns in response to all the questions. The language of the report, therefore, indicates the overall balance of views using terminology such as 'several', 'some', 'many' or 'a few' rather than specific numbers or percentages.

- the report does not repeat the same views each time they are stated but makes reference to the fact that the same issues are arising;

- the free text responses have been summarised in the report but include sufficient material for explanation and to retain the intended meaning and overall sense of

the views expressed. Where an individual comment appears to sum up a number of similar views being expressed the quote has been included;

- the coding and analysis was undertaken by staff in the Corporate services Department of the Council who have no direct links with the development of the Commissioning Strategy and Commissioning Plan;

- where a respondent has provided views on a topic not directly related to this consultation their comments have been referred to the appropriate officers within the Council.

Quantitative Analysis

There are several factors which have had an impact on the level of quantitative analysis that can be accurately undertaken. These are summarised below:

- analysis by respondent category - the construction of the opening questions (respondent category and who the response is from) and interpretation of them by respondents - people were asked to tick all boxes that apply and many responses falls into several categories. There were also a variety of responses in relation whose views were being represented from individual, to joint submissions (of mixed respondent groups), to views about someone else. From the returns it is not always possible to accurately reflect comments whose views are being represented and in which category they should be grouped;

- total number of views represented – many of the online and written responses did not provide information on the numbers of views represented or, where numbers were given, provide a breakdown by category of respondent. It is acknowledged that this would not have been practical at the consultation meetings and events which were held. Also it is not always clear whether the number provided is the number of people within the organisation or the number of people who have signed up to the response. The figures given in this document are, therefore, likely to be lower than the real numbers represented; and

- group responses – a small number of group responses contained a mixture of 'agree' and 'disagree' for same question. As individual respondent categories have were not provided these responses cannot be included in the graphs. Many of the group responses did not answer the tick box questions

A count of total responses and analysis by category of respondents has been presented but as respondents have been asked to "tick all boxes that apply" the figures for total responses received and the numbers shown in the analysis by respondent category will not match.

A simple count of the tick box responses for each question has been done and presented as bar graphs for each question. This does not take account of those responses described in the bullet points above.

List of organisations and groups who responded   **Appendix 3**

- Alzheimer Scotland
- BASE Edinburgh (Bridges Accommodation, Support and Education)
- Bingham and district 50+ Organisation
- Birthlink
- BUPA Braid Hills Nursing Home
- Calton Welfare Association
- Care for Carers
- Carers – Have Your Say
- Carter JLS ELTS Dyslexia Information and Support
- Changeworks Resources for Life
- Columville Centre 2
- Craigentinny Meadowbank Community Council
- Edinburgh Cyrenians
- Edinburgh Forum for Organisations providing services to people with Learning Disabilities
- Effortmark Ltd
- Everycare
- EVOC
- Forbes Children's Nursery
- Fostering Relations Limited
- Friends of Norton park
- Garvald Edinburgh
- Gowrie care
- Learning Disability Alliance Scotland
- Lifecare Edinburgh Ltd
- Linkliving
- Lothian Centre for Inclusive Living (LCiL)
- MECOPP Chinese Carers Group
- MECOPP South Asian Carers group
- NEDC North Edinburgh Dementia Care
- North East Carers Forum
- Orchard and Shipman
- Penumbra
- People First Scotland
- Pilmeny Development project
- Places for people Scotland Care and Support
- Prestonfield Neighbourhood Project
- Redcroft Care Services
- Rowan Alba Ltd
- Royal Blind School
- Scottish Drugs Forum - Service User Forum
- Scottish Huntington's Lothian
- SHAPE
- Shelter Scotland
- Sikh Sanjog
- South Edinburgh Partnership for people with a physical disability (SEMP)
- Streetwork UK

- SWAN Support Workers Network
- Tiphereth (Camphill in Edinburgh)
- The Action Group – carer representative group
- The Broomhouse Centre Beacon Club
- The Broomhouse Centre Elderly Befriending service
- The Salvation Army
- Viewpoint Housing Association Ltd
- VOCAL

Networks/Partnerships
- A City for All Ages
- CAPS
- Care and Edinburgh Small Care Home Providers)
- Carer Information Strategy Group
- Compact Partnership
- Community Addition Recovery service – service users group (CARS)
- Edinburgh Equalities Network
- Edinburgh Network of Voluntary Organisations for Children, Young People and Families
- Forum for Learning Disability
- Strategic Development Group for Mental Health
- Today and tomorrow task Group
- Towards 2012 Action Pan Implementation group
- Voluntary Sector Strategy Group

City Of Edinburgh Council
- Adult Resource Teams - Addictions
- Assessment, Homelessness and Support Services, Services for Communities
- Care and Repair Service
- CEC administration managers Health and Social Care
- Day services for older people
- Edinburgh Joint Mental Health Group
- Managers - Older Peoples' Services
- Mental Health Accommodation Support providers
- Strategic development Group for Older People
- Strategic Carers Group
- Support to Children and Young People Services for Children affected by disability
- Sustainable Development Unit
- Transition team
- Westfield House Social Work Centre

Comments related to other Consultations or Council Departments

A number of comments were received which have been referred to other consultation project boards for consideration. These have been summarised below:

Advocacy Services

"…by putting Advocacy Services out to tender, you are risking providing me with a service I don't want in place of a service I know, have faith in and trust. In introducing a competitive market –place philosophy to Advocacy services you are risking giving me a service that will be self-serving and self-seeking and will not serve my needs..."

Homelessness & Housing Issues
- choice is not real when people are not consulted and the information is not transparent *"…that is what happened in the last round of tenders for homelessness services…"*;

- supporting adults with multiple needs is limited when told to restrict it to the 21 housing support tasks

- Independent living and sense of isolation from other people and services is often a reason for tenancies failing when re-housed from a homeless situation;

- Provision of low responsibility housing tenure with an element of communality should be considered as a service model;

- the biggest piece of the pie should be for prevention of homelessness not providing accommodation and support after people are made homeless. A social enterprise organisation can move more quickly from providing accommodation to prevention of homelessness than the public sector can;

- cutting the homelessness service means that these services disappear. This affects the most vulnerable people firsts as happened the last time services were tendered; *"…in the space of 2 years you (the Council) have destroyed the homeless support services and you have not mentioned the planned cut in hours to supporting people contracts…"*

- one group expressed concern about the change to the housing application - the need to fill in the EdIndex Form, look at the Council website or at weekly housing advertisements. Some older people expressed worry about applying for housing in the future as their health deteriorates and they do not have computer skills or there are language barriers. They do not want to be excluded from choice.

- the cause of every persons homelessness situation is different and needs to be mapped out in good care planning
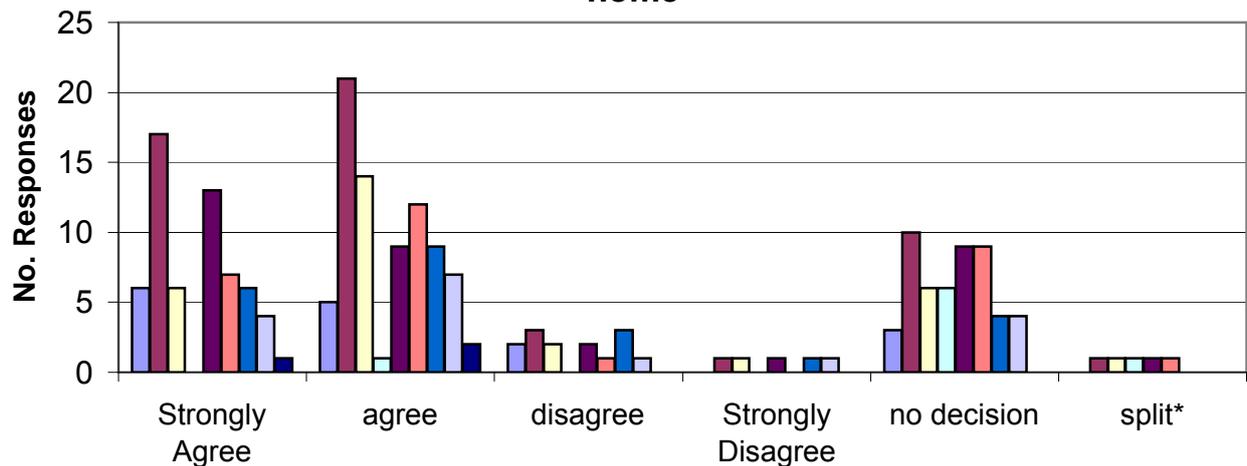
Access

- one respondent pointed out a range of accessibility issues including: need for ramped access to all public buildings; the lack of drop pavements for wheelchair users; use of buses with ramps in bad weather; small business don't have the reserves to adapt for accessibility
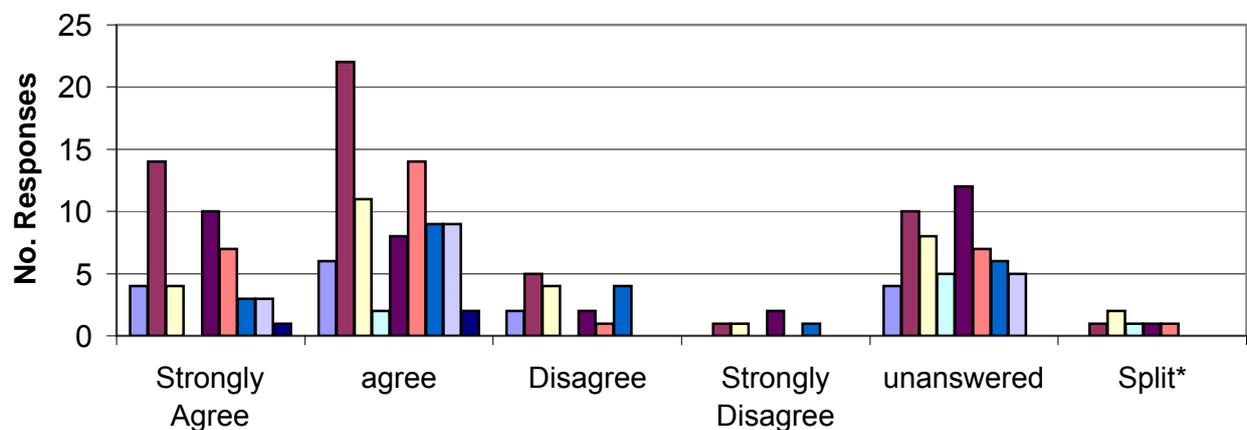
11. Personalisation and self-directed support
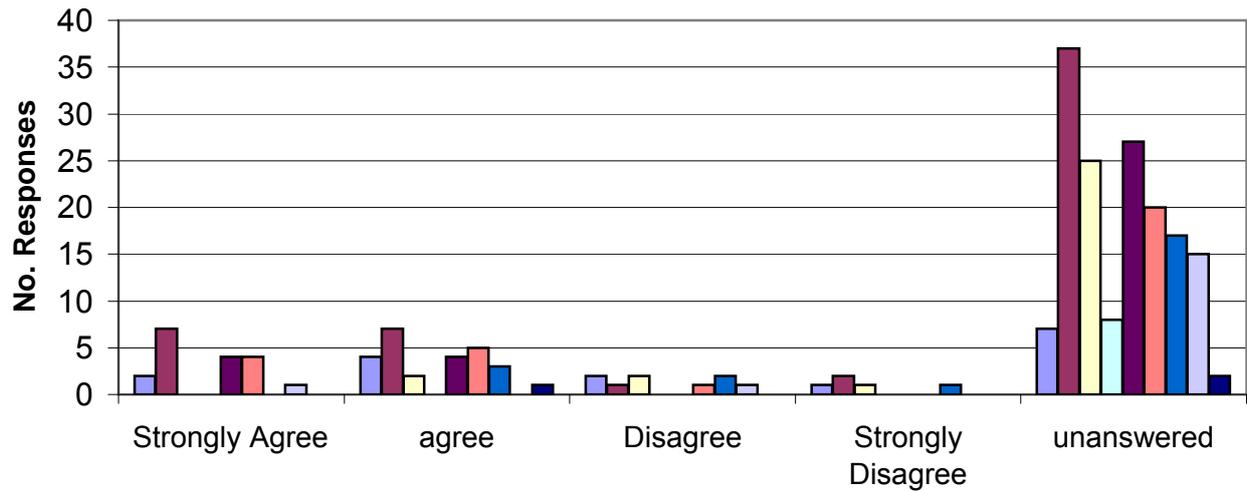
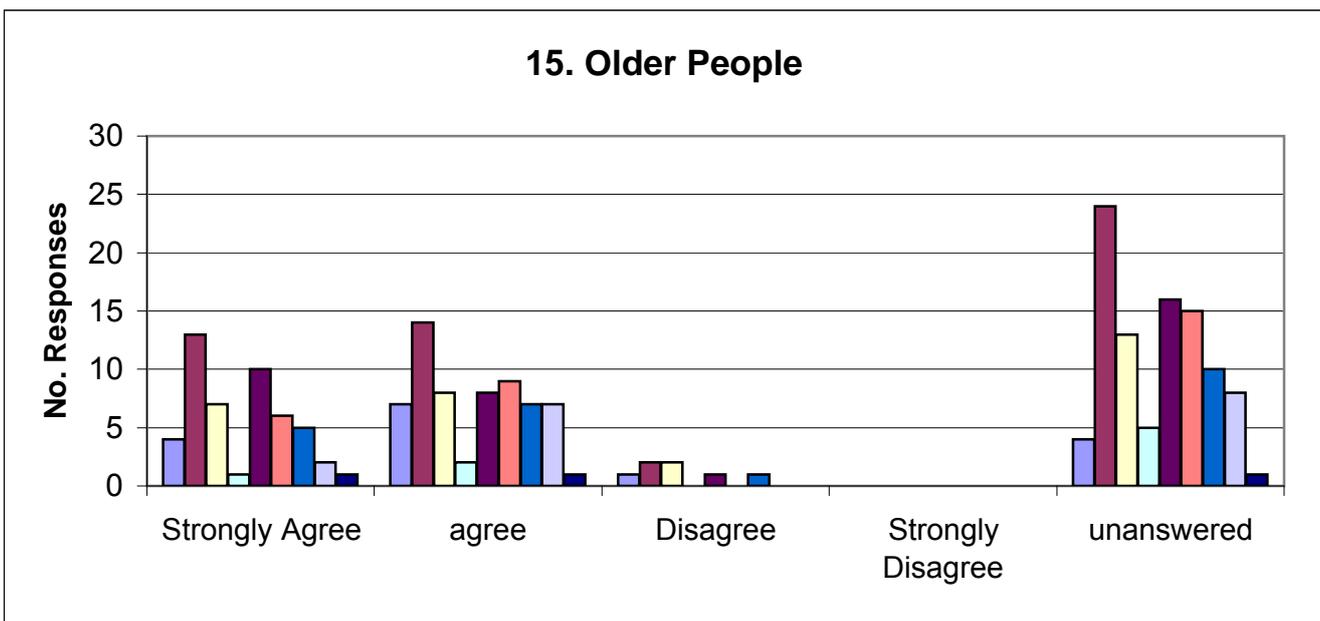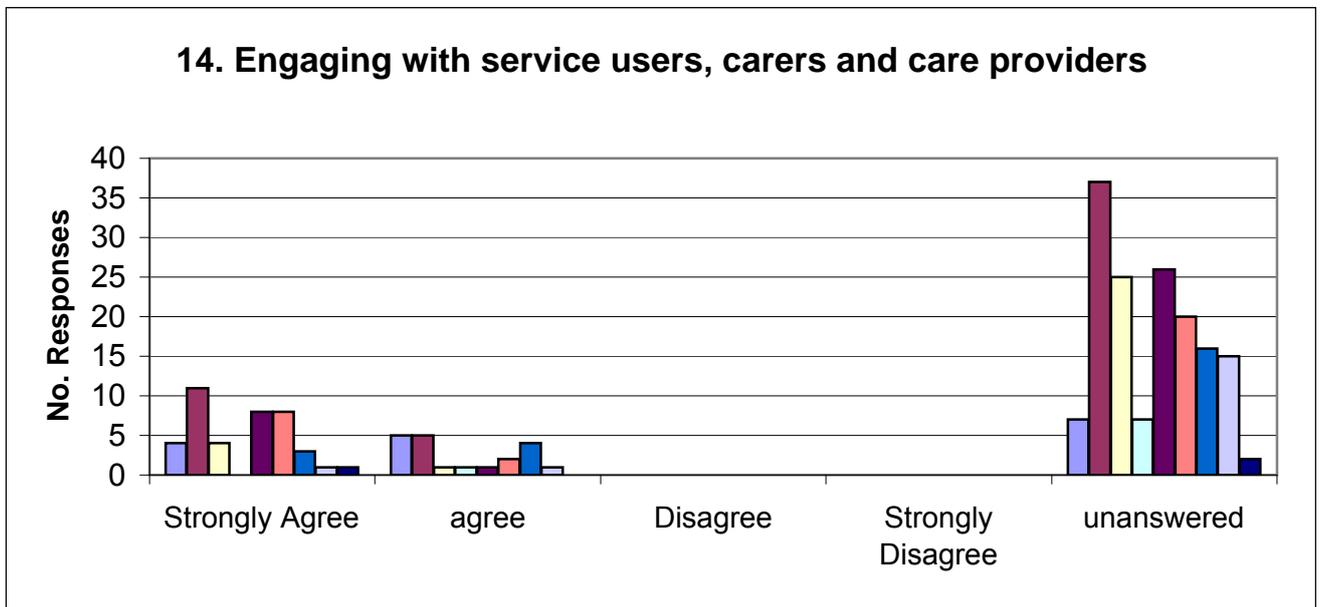## 12. Shifting the balance of care - more care & support at home

Shifting the balance of care - greater emphasis on community based services

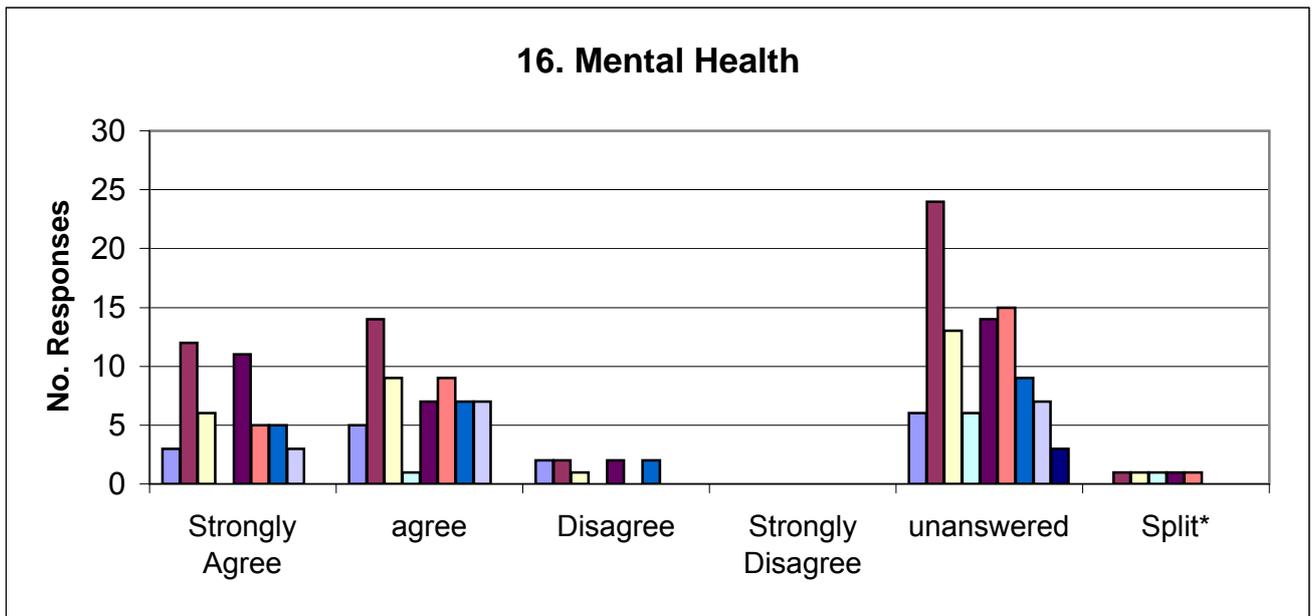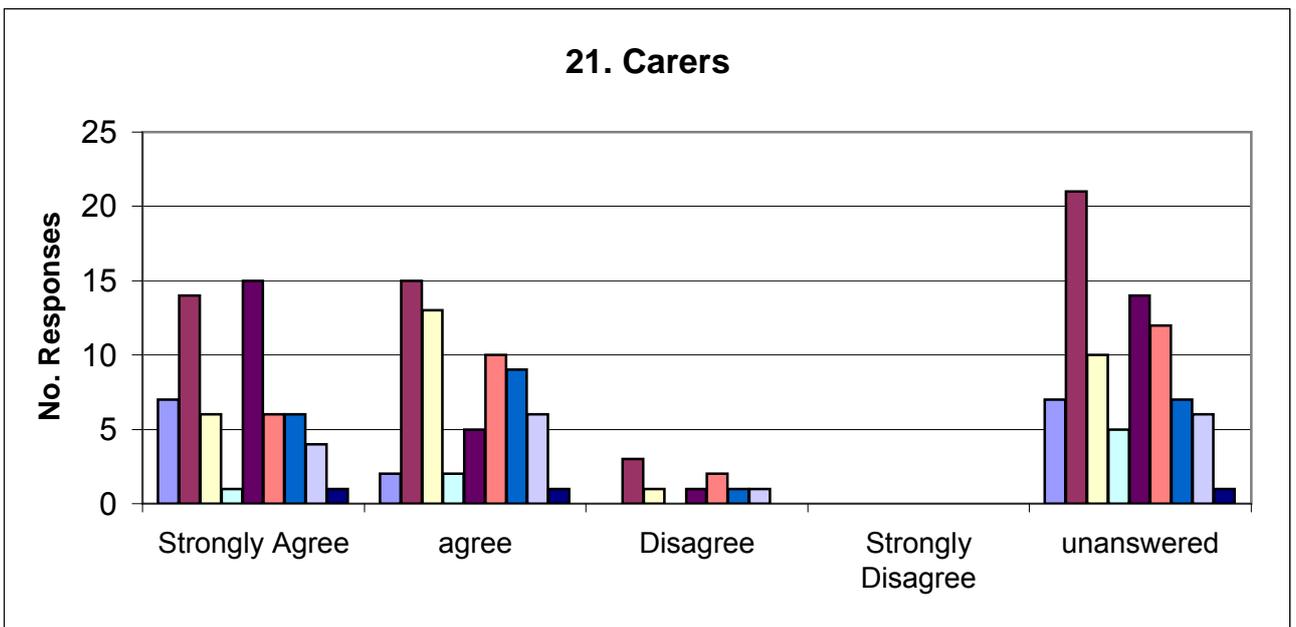
■ Self Carer ■ General Interest □ Carer □ Care Provider ■ Need Care ■ Work for Provider ■ Family Member □ CEC ■ NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

13. Balance between Council and external service provision

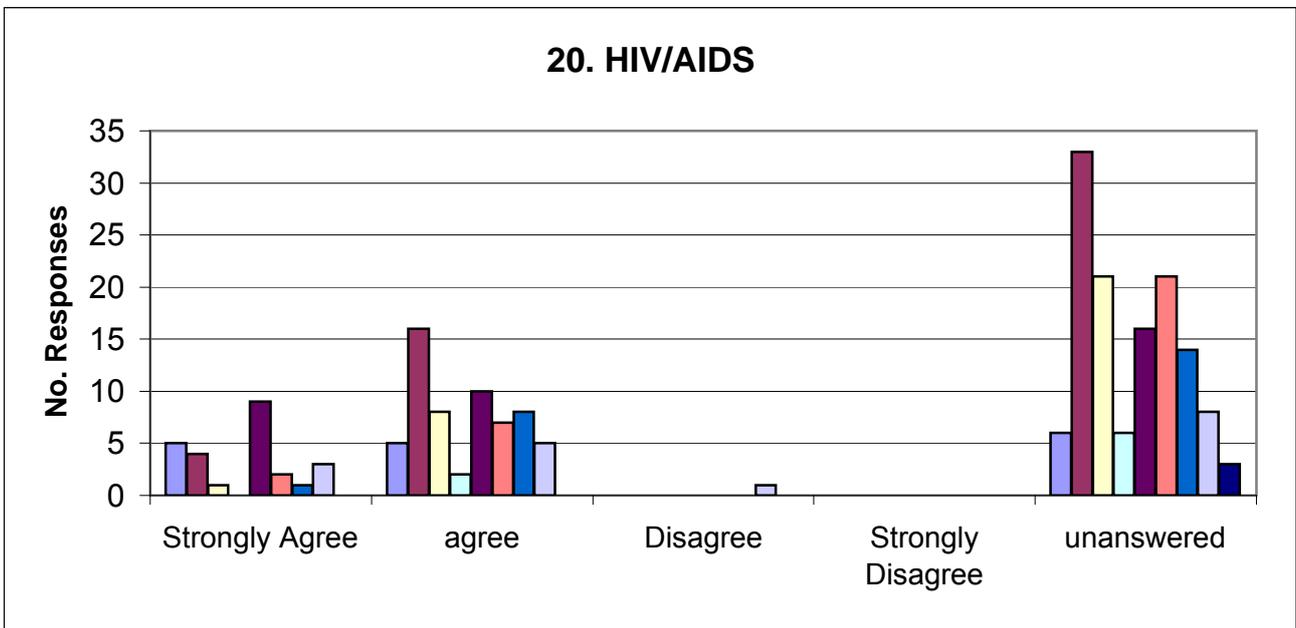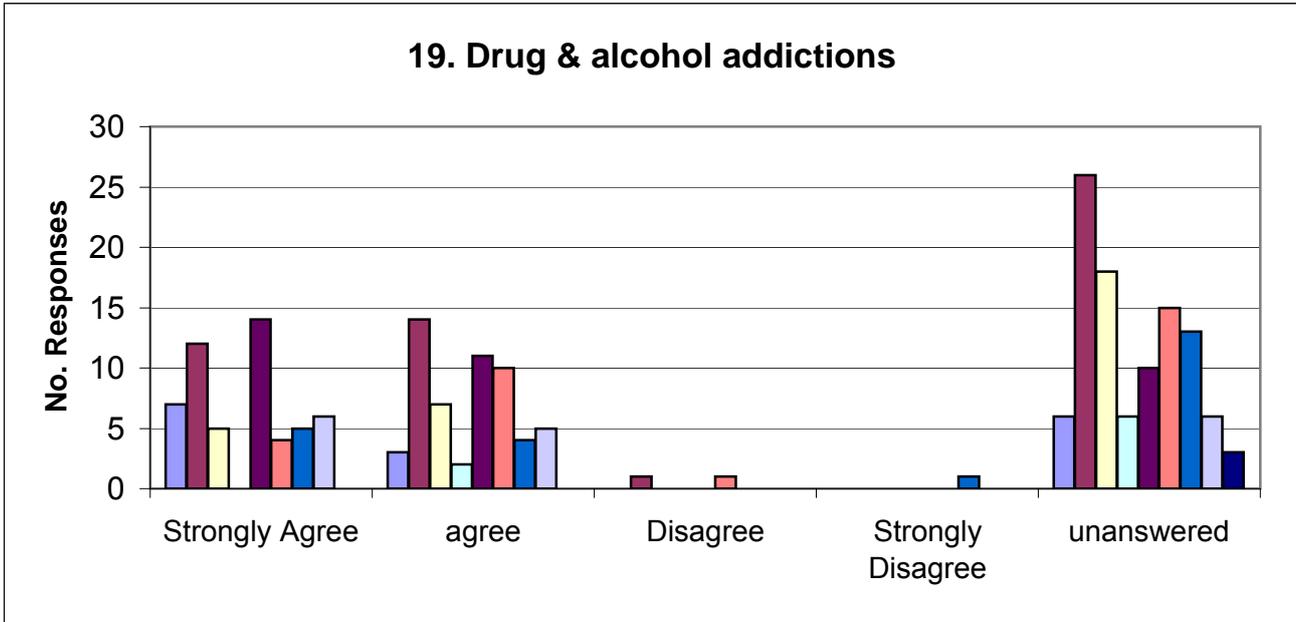## 14. Engaging with service users, carers and care providers

15. Older People

☐ Self Carer ☐ General Interest ☐ Carer ☐ Care Provider ☐ Need Care ☐ Work for Provider ☐ Family Member ☐ CEC ☐ NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

16. Mental Health

17. Learning Disability

18. Physical Disability

Legend: Self Carer | General Interest | Carer | Care Provider | Need Care | Work for Provider | Family Member | CEC | NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

19. Drug & alcohol addictions

20. HIV/AIDS

21. Carers

■ Self Carer ■ General Interest □ Carer □ Care Provider ■ Need Care ■ Work for Provider ■ Family Member □ CEC ■ NHS

* Note: 'Split' shows where responses both disagreed and agreed or where there was a mixed response from a group meeting

Checkpoint Group Membership and Remit

Membership

• Seb Fischer	Chief Executive Voice of Carers Across Lothian
• Florence Garabedian	Chief Executive Lothian Centre for Integrated Living (LCiL)
• David Griffiths	Chief Executive ECAS
• Annie Gunner Logan	Chief Executive Community Care Providers Scotland
• Ian Hood	Learning Disability Alliance Scotland
• Alex McMahon	Head of Strategy and Planning NHS Lothian
• Ranald Mair	Chief Executive Scottish Care
• Will Mallinson	Independent Advocacy Organisations
• Mary Scott MacFarlane	A City for All Ages Advisory Committee
• Ella Simpson (Chair)	Edinburgh Voluntary Organisations Council
• Patricia Whalley	Patients' Representative Council, The Royal Edinburgh Hospital

Remit

- to agree an engagement and communications strategy, which will be employed for the consultation on the commissioning strategy, reviewed and embedded within the final document as a model of best practice;
- to be aware of the key stages in the project plan;
- to consider options drafted by the Project Executive for the commissioning approach;
- to discuss options for implementation;
- to be a contact point for future independent evaluation of the commissioning strategy; and
- to represent views to the commissioning strategy Project Executive

This will be done by:
- meetings of the Group at key stages in the project, built into the project plan

- provision of short updates

- seeking the views of representatives:

    o some of this will be around the table viewpoints to ensure everyone's voice is heard; and

    o where appropriate, wider audiences will be informed and views sought (particularly for hard to reach groups).

- the Group will have an independent chair.