THE CITY OF EDINBURGH COUNCIL

Item no 7
Report no PS/2/11-12/H&SC

Commissioning Strategy for Care and Support Services – Consultation Feedback and Council Response

Policy and Strategy Committee

14 June 2011

Purpose of report

1. This report seeks to advise the Committee of the responses to the consultation to the draft overarching Commissioning Strategy for Social Care and Support and to seek agreement to the Council's response to these consultation comments.
2. The Committee is also asked to agree action points to implement the strategy and to agree that the final version of the Commissioning Strategy goes to full Council on 30 June for final approval.

Background

3. 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 from 4 November 2010 – 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.
4. The commissioning strategy is the overarching strategy for commissioning both internally provided and externally purchased social care services. The draft strategy contained a set of nine principles which would underpin the more specific commissioning plans for adult social care, housing and homelessness and children and families. These plans would describe how the principles contained within the strategy would be implemented by each of the 3 departments; Health and Social Care, Services for Communities and Children and Families. Following consultation, these plans will be reported in September 2011.
5. To listen effectively to the views of our partners, a 'Checkpoint Group' comprising representatives from all service user and carer groups and private and voluntary sector providers was formed at an early stage of the project. An important factor in the composition of the checkpoint group was the fact that it was chaired by an independent person. The Group advised on the format and

content of the consultation document and the approach to be taken. Membership of the Checkpoint Group is described in Appendix 1 to this report.

6. At the request of the Checkpoint Group, reports to Policy and Strategy Committee for the overarching commissioning strategy will come in advance of reports on specific commissioning plans. This means the plans can be amended if necessary in light of the final version of the commissioning strategy.
7. The final version of the commissioning plans will come to Policy and Strategy Committee in September 2011 with recommendations for approval and referral to service specific committees eg Health, Social Care and Housing and Children and Families.

Main report

8. Consultation and engagement with service users, unpaid carers, internal and external service providers and other interested parties was agreed as an underpinning principle of the development of the commissioning strategy and associated commissioning plans.
9. A range of methods was used to encourage the participation of key target groups. In addition to the general communication about the consultation in *Outlook*, through advertising in the *Evening News* and *Herald and Post* and the Council's website, these included:

- A targeted e-newsletter on three occasions during the three month consultation period to a list of approximately 200 individuals and groups. This aimed to invite a wider audience to participate
- 60 officer and voluntary sector partner-led consultation meetings for service users, carers, providers and other key stakeholders
- A flier sent to a 20% sample of adult social care service users (2000) to encourage their participation in the consultation
- Briefing sessions involving approximately 40 Council and voluntary sector staff nominated to deliver the consultation meetings
- A special session of the Edinburgh Equalities Network, facilitated by a voluntary sector partner
- A consultation document available both in printed and electronic format of which approximately 3,000 were distributed
- A single point of contact for people who needed more information, wished to join a group or simply wanted to provide views on a one to one basis
- An easy-to-read version, using symbols produced by voluntary sector partners
- The use of the Councils' 'Happy to Translate' accessible information standard
- An e-version of the consultation available on the Council's website
- 3,000 posters/fliers distributed to locations where the most hard-to-reach service users gather (e.g. homeless hostels, GP surgeries)
- Articles in the Council's staff newsletter *Magnet* and parents newsletter *Face* and Leaders' report
- The use of plasma screens in neighbourhood offices and at Waverley Court.

Consultation results

10. A large number of questionnaires and/or written responses was received. Many were detailed and ran into several pages. For the Strategy part of the questionnaire, 223 responses were received and for the Plan, 149 were returned. The total number of people potentially represented for the Strategy was 1933 and the total for the Plan was 1443.

11. A key feature of the consultation was the time and effort which people put into responding. An analysis of the consultation results for the strategy forms appendix 2 to this report.

Main Points from the Consultation

12. Most responses agreed or strongly agreed with the 9 key principles which were the subject of the consultation. There were also many qualifying statements expressing concern and wish for clarification in a range of areas including:

    - Tendering commissioning processes
    - Quality, Control and Monitoring of Services
    - Transparency Openness and Engagement
    - Resources
    - Person Centred Approaches and Choice
    - The Impact of Change.

City of Edinburgh Council Response to the Consultation on the Strategy

13. The Project Team has developed a Council response to the consultation report which has been agreed by the Project Board. This response forms Appendix 3 to this report.

14. The response is an attempt to address the concerns raised and provide clarification on the main points raised.

15. In addition the relevant Council officers have been sent the data for information.

Next Steps

16. As broad agreement was reached within the consultation process on the 9 key principles these will form the backbone of the overarching commissioning strategy for Social Care and Support.

17. Action points have been developed from the response (Appendix 3). These will be incorporated into the final version of the Commissioning Strategy once agreed and will be developed into an action plan to be implemented over the life of the strategy.

18. The final version of the overarching Commissioning Strategy for Social Care and Support will be presented to the Full Council meeting on 30 June with a recommendation for approval.

19. Each service specific commissioning plan will contain detail on how these principles will be embedded into more service specific commissioning plans.

20. The final versions of specific commissioning plans will come to Policy and Strategy Committee in autumn 2011 and will also be referred to service specific committees ie Health, Social Care and Housing and Children and Families.

Financial Implications

21. There are no direct financial implications arising as a result of this report.

Equalities and Human Rights Impact

22. The Strategy has been assessed as having a large degree of relevance to equalities, diversity and human rights. Accordingly a full Equalities Impact Assessment (EqIA) was carried out. Due regard has been paid to the findings in preparing the consultation analysis responses and action plan, and will continue to underpin work on the Strategy going forward. The EqIA report will be made available on the Council's website.

23. Key recommendations related to commissioning arrangements include:

    - the need to incorporate an equalities perspective throughout the commissioning cycle
    - the need to contnue to work with black and minority ethnic and other protected groups to identify and eliminate service gaps.

24. Further recommendations with more general application across care and support services include:

    - the need to develop a means of monitoring outcomes of eligibility assessments by equality grouping
    - the need to develop mechanisms for monitoring service access and service outcome from an equalities perspective
    - the need to continue existing work to encourage a more balanced equality profile of staff across the care sector.

25. The above recommendations have been incorporated into the Action Points arising from the consultation responses (see Appendix 3).

Environmental Impact

26. There are no direct environmental implications arising as a result of this report.

Recommendations

27. The Committee is requested to:

    a. note the findings of the consultation exercise

    b. note and acknowledge the significant scale of the consultation exercise and particularly the time and effort which individuals and groups put into submitting their consultation responses.

    c. agree the Council Responses to the Consultation analysis on the overarching strategy as detailed in Appendix 2

d. agree the action points which have arisen as a result of the consultation responses as detailed in Appendix 3

e. instruct the 3 Council departments to implement the action points when developing the final version of the overarching commissioning strategy and service specific commissioning plans.

f. Agree that the final strategy is submitted to the City of Edinburgh Council on 30 June for approval

Peter Gabbitas
Director of Health and Social Care

Appendices	1 Checkpoint Group membership 2 Council response to consultation comments received on strategy 3 Action points arising from the consultation responses
Contact/tel/Email	Tricia.campbell@edinburgh.gov.uk
Wards affected	all
Single Outcome Agreement	National Outcome 15 – 'Our public services are high quality, continually improving, efficient and responsive to local people's needs.'
Background Papers	Consultation Document: 'Edinburgh Commissioning Strategy for Care and Support Services 2011-2016 and the Commissioning Plan for Adult Services' Easy Read Version of Consultation Document as above Report: 'Commissioning Strategy' Policy and Strategy Committee 2 Nov 2011

Commissioning Strategy Checkpoint Group	
Ella Simpson (Chair)	Edinburgh Voluntary Organisations Council (EVOC)
Seb Fischer	Chief Executive Voice of Carers Across Lothian (VOCAL)
Florence Garabedian	Chief Executive Lothian Centre for Integrated Living (LCiL)
David Griffiths	Chief Executive ECAS
Annie Gunner Logan	Director 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 (EVOC)
Patricia Whalley	Patients' Representative Council, The Royal Edinburgh Hospital
Des Loughney	UNITE (Voluntary Sector)
Andy Cashman	Edinburgh Homeless Forum
Ruth Rooney	Edinburgh Carers Council
Attending for the City of Edinburgh Council	
Tricia Campbell	Acting Head of Strategic Planning and Commissioning (Health and Social Care)
Nick Croft	Head of Equalities
Peter Gabbitas	Director, Health and Social Care
Dorothy Hill	Client Manager Communications service
Geoff Brown	Senior Project Manager (Services for Communities)
Chris Whelan	Contracts Manager Health and Social Care
Ricky Dover	Principal Officer, Commissioned Services (Children and Families)
Ali Black	Policy Officer
Michelle Miller	Chief Social Work Officer
Caroline Clark	Executive Assistant to Director of Health and Social Care

Edinburgh Commissioning Strategy for Care and Support Services 2011-2016

Consultation Analysis

With City of Edinburgh Council Response

April 2011

This Document contains the analysis of the consultation on the Overarching Commissioning Strategy for Social Care and Support alongside the responses from the City of Edinburgh Council

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Appendices:

Appendix 1 – List of Consultation methods
Appendix 2 – List of organisations and groups that responded
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 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 an unpaid 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

1.7 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.

1.8 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

1.9 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.

1.10 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

1.11 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.

1.12 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.

1.13 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 reviewed feedback received from the consultation and agree proposed Council response prior to submission to Policy and Strategy Committee

- 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
Unpaid carer	CR	45	19.4
Self-unpaid 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.

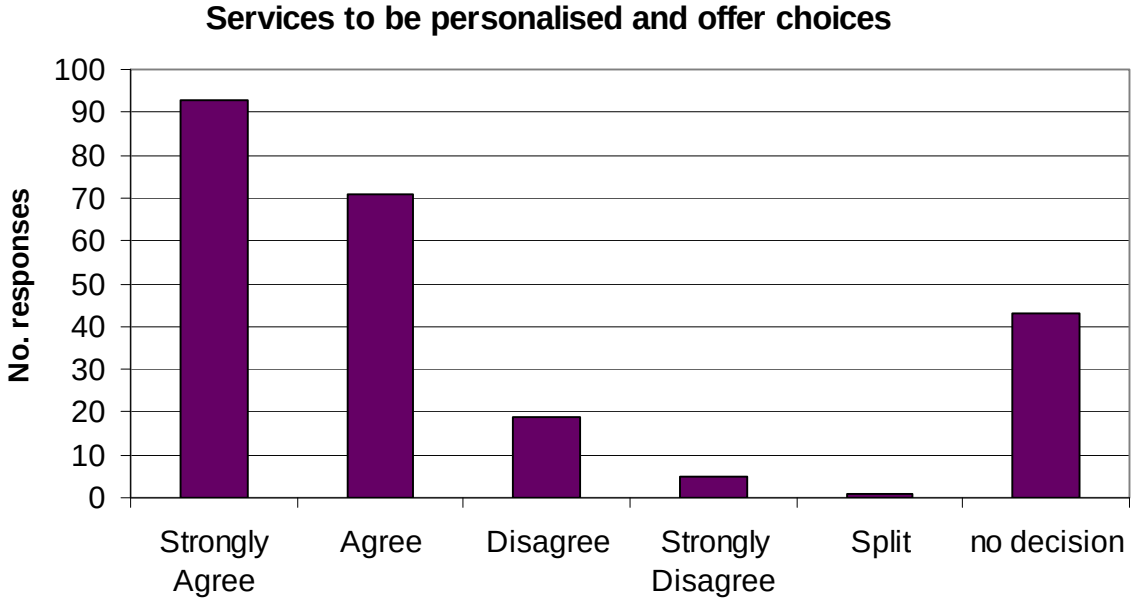
3.4 The figure given for the total number of people potentially represented should be treated with caution. It was not always clear from the returns whose views were being represented and the actual number. For example, one organisation prepared a joint response from its management board. This was then 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?



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 issues contained in 4.3 - 4.16

Council Response

The Council will in future use the Commissioning approach recommended by the Social Work Inspection Agency (SWIA). This has four distinct phases: Analyse, Plan, Do and Review. At each stage in the commissioning and procurement cycle the Council will follow the key actions described below. An Equality and human rights perspective will be incorporated at each stage.

Stage 1 – Analyse

The development of service user grouping or specific commissioning plans will take place by following the key principles contained within the commissioning strategy and will involve:

- comprehensive analysis of relevant national and local policies and priorities (including those of partner organisations) and Edinburgh's Single Outcome Agreement;
- an assessment of current and predicted future demand for the service
- an analysis of the current and future market capability
- analysis of the resources committed to the current service
- a programme of engagement and consultation with service users, unpaid carers and other stakeholders designed to elicit views about their needs, preferences and aspirations about the support they want and how they want to receive this in future which meets the National Standards for Community Engagement
- the development of a shared understanding among stakeholders about the outcomes we want to achieve
- an analysis of the options for achieving agreed outcomes

Stage 2 – Plan

We will use the findings of our analysis to develop a Service Delivery/Procurement Plan. This will set out information about whether services need to change and if so how this will happen in the short, medium and longer term.

The Plan will also indicate whether the service or range of services will be provided by the Council or is to be purchased from a third party organisation, or a combination of both. If the service is to be purchased the Plan will identify the best procurement route to take by considering:

- the subject matter of the contract
- the estimated value of the contract
- whether a service is of such a specialised nature that no market of potential providers exists

- where the service is to be delivered, e.g. within a specific locality, at city wide level or out of Edinburgh
- potential impact of possible procurement routes on service users and unpaid carers
- potential impact of possible procurement routes on relevant workforce
- the legal implications of any particular course of action for the Council

Stage 3 – Do

This stage involves implementing the Service Delivery Plan and securing the service for people. At this stage the Council will explain to stakeholders:

- how the service will be **procured** and delivered
- how long it will take to decide who will provide the service
- who will make the final decisions, how they will be made and when
- whether there could or will be a change of provider
- how the service may or will change as a result of implementing the Plan
- How service users, unpaid carers and other stakeholders will be kept informed of progress in implementing the Plan, of final decisions made and of any necessary transition arrangements between existing and new providers.

The outcome of this stage will be either the award of one or more contracts to third party organisations to deliver the service from an agreed date, or an agreement that the service will be delivered by the City of Edinburgh Council.

Stage 4 – Review

The Council will pro actively monitor and review all Service Delivery Plans. This work will be informed by:

- feedback obtained from service users, unpaid carers and other stakeholders about their experience of the service and the extent to which this is helping people achieve the outcomes they want for themselves
- regular review of Social Care Social Work Improvement Service gradings
- monitoring and further investigation where appropriate of compliments, complaints or incidents reported to the Social care Social Work Improvement Service and/or the Council
- regular meetings with providers on an individual and collective basis
- budget monitoring activity

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;

Council Response

In the City of Edinburgh Council we will adopt the definition of Strategic Commissioning recommended by the Scottish Government i.e.

'the term used for all the activities informed in assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Strategic Commissioning should provide a clear rationale for service development and procurement activity'

The Council is committed to delivering and developing high quality services and within contracts if the service is not delivered to the standards required in the contract, then ultimately we have the power to terminate that contract

We describe our approach to quality below but to answer the specific points raised; the process is much wider than a budgetary one. We do acknowledge that competitive tendering can result in services which cost less to the Local Authority and therefore ultimately to the taxpayer. Within our contracts we require that providers comply with all current legislation and national standards. The Council has no additional power to determine the terms and conditions of staff employed by external providers.

The reference to independence is not primarily intended to reduce the level of support offered to people – this is expanded upon in section 8 of this report.

Quality and Best Value

Best Value is defined as an appropriate balance between the quality and cost of services, having regard to efficiency, effectiveness, economy, equal opportunities and sustainable development. Local authorities have a statutory duty to secure best value in the performance of their functions and the continuous improvement of services

Quality criteria will reflect the outcomes the Council is seeking to achieve, e.g. a higher level of customer care and quality and compliance with regulatory requirements, including equality requirements.

Our duty under 'best value' is to consider both quality and cost issues. We are very mindful of service quality and agree that opening up any market to competition does not in itself deliver quality services. We include quality criteria in the specifications for services, which reflect the outcomes we are trying to achieve and the standards we intend to meet. We have a range of different to assure the quality of the services and we will look at ways of improving these

further. This will include ensuring that all services have robust and fully accessible methods of receiving and reflecting on customer and service user feedback, including feedback with an equality perspective.

Where services are regulated by Social Care and Social Work Improvement Scotland (SCSWIS), the Council will provide or procure new services, which are of at least Grade 4 in quality of care and support. During the life of this strategy we aim to move towards the achievement of at least grade 4 in care and support in all internal and external services for all service user groupings.

In addition, under best value requirements we need to ascertain that services:

- evidence continuous improvement in the delivery of service
- provide customer and citizen focused services
- achieve the best balance of cost and quality in service delivery
- are commissioned in a fair, open and transparent manner
- are economic, efficient and effective
- meet equal opportunity requirements
- contribute to the achievement of sustainable development

In the event any provider fails to meet our quality assurance requirements, the Council will be pro-active:

- in supporting providers committed to achieving improved service quality to do so
- in suspending and/or terminating contracts with providers who are unable to achieve improvements

The Council will not duplicate the work of Social Care and Social Work Improvement Scotland (SCSWIS). It will complement this by operating its own quality assurance systems in respect of directly provided and procured services. Some of the ways we monitor services are detailed below:

External Services

- Assessing the views of service users and unpaid carers about individual providers through survey and consultation activity;
- developing robust service specifications and contract conditions which clearly state how the Council will step in if things go wrong via a termination clause which allows the Council to terminate the contract if the service is not carried out satisfactorily. This would always be undertaken in consultation with Social Care, Social Work Improvement Scotland (SCSWIS)
- ensuring levels of compliance by providers with the terms and conditions of their contract with the Council.
- using a memorandum of understanding with the Social Care and Social Work Improvement Scotland (SCSWIS), which allows us to share information on complaint and inspection information;
- monthly monitoring of routine care commission gradings;
- regular monitoring and inspection visits by Council officers of all contracted services;

- monitoring of complaints and suggestions to the Council;
- monitoring of complaints and suggestions to SCSWIS
- opening out training opportunities to private and voluntary sector providers;
- holding regular providers meetings in each service area to promote good communication, engagement, shared understanding, training and development opportunities.
- Developing the use of quality incentives.
- quality criteria are clearly set out in contracts and monitored by contracts and commissioning teams
- Services for Communities - internally through quarterly monitoring meetings and responding to complaints/comments
- other activity takes place in relation to specific adult protection or other concerns
- Regular monitoring of financial information including annual accounts

Internal Services

- internal social care services are monitored by Social Care and Social Work Improvement Scotland (SCSWIS)
- homelessness and housing services are subject to regulation by the Scottish Housing Regulator.
- reporting inspection outcomes for registered Health and Social Care services are reported to Special Sub-Committee on Adult Social Care
- Inspection outcomes for Children and Families are reported to the Looked After Children Strategy Group and monitored through the Looked After Children Improvement Plan.
- the approach to monitoring inspection outcomes for internally provided services in Health and Social Care is being reviewed
- quality assurance is supported by a case file audit programme using a file reading template adapted from SCSWIS. The outcome of these audits are reported to Health and Social Care and Children and Families Performance Management Groups
- advice, support and accommodation services are people at risk of homelessness are subject to regulation by the Scottish Housing Regulator
- a programme of service improvement assessments was undertaken in 2010, generating service specific improvement plans
- a further round of assessments is being planned to commence in late 2011
- complaints regarding internally provided services are scrutinised to identify possible service improvements
- a staff suggestion scheme is operated by the Chief Social Work Officer for staff to make suggestions about improvements.

During the life of this strategy, the Council will review its approach to quality.

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 unpaid 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;

Council Response

We acknowledge that there is a risk that any funding process can favour larger organisations as they may have a more developed infrastructure to complete funding and tender bids. We want to do business with local based small and medium enterprises that deliver quality services at a cost that provides best overall value and this is consistent with the duties placed upon us by equalities legislation. We cannot guarantee future business to any provider or discriminate in favour of local small and medium enterprises during any procurement. However, we want to break down any barriers that these enterprises may be experiencing in doing business with us to improve access to our contracts. The Council will ensure that any documentation and selection criteria are proportionate and relevant to the contract in question and through the Council's supplier development programme will highlight opportunities to small and medium enterprises (SME's) and provide them with guidance on the procurement process. We shall produce guidance and assistance to make the procurement processes open, equitable and transparent.

The Council will continue to support providers delivering smaller value services, i.e. up to £50,000 per annum, through its Grants Programme. These services are often delivered by local or small voluntary organisations whose work we wish to support. The value of grant applications received often exceeds available resources so the Council will still have the difficult task of balancing competing priorities. The extent to which grant applicants proposals add value to the Council's objectives will be key to the success of applications.
In terms of choice for people from BME communities – we expect all organisations to be sensitive to the needs of black and minority ethnic communities (BME), we support a range of BME organisations who either deliver specialist services or support other organisations to do so. We acknowledge that not all people from BME communities feel mainstream services are appropriate. During the life of this strategy we will continue to work with BME communities and other protected groups to identify and eliminate service gaps, ensure equitable referral processes and develop inclusive responses to identified barriers in accessing universal services.
See also the section on Community Benefits in part 9 of this document.

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;

Council Response

We believe that the conditions have existed for a long time where organisations might perceive they are in competition with each other whether services are competitively tendered or not. Regardless of the funding regime, it is everyone's responsibility to work together to ensure that competition does not harm service users or partnerships. However we do acknowledge that when a tender submission is underway, it will be difficult for organisations to share certain aspects of their information with each other.

We welcome consortia bids from organisations as long as they are within the procurement rules i.e. Regulation 28 of the Public Contracts (Scotland) Regulations 2006 which states that the Council can not treat the tender of a consortium as ineligible to tender on the grounds that the consortium has not formed a legal entity (e.g. there is one formal company that represents all the members of the consortia). However if the Council awards a contract to a successful consortia it may, if it is justified for the satisfactory performance of the contract, require the consortia to form a legal entity.

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.

Council Response

The strategy is intended to provide an overall framework for service development and procurement activity as recommended by the Social Work Inspection Agency. Therefore we agree with the comment and aim to use this strategy to facilitate the best possible care that we can within the context of Best Value.

We appreciate people's concerns about tendering processes. As indicated above (4.2) decisions about how to procure particular services will be the subject of a Procurement Plan. The Council must however operate fair and transparent procurement processes and Plan's will consider the legal implications for the Council of pursuing any particular course of action.

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, unpaid carers and organisations/providers* right through the process including the design and 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).

Council Response

We try to create the conditions for people to genuinely influence our processes. For many years we have worked with multi-agency strategy development groups and planning groups, which incorporate service user and unpaid carer representation.

More recently the City of Edinburgh Council has established communication groups or Checkpoint Groups to influence and guide major change processes. Examples of this are:

- Home Care Modernisation
- Learning Disability Plan
- Personalisation and Outcomes
- Commissioning Strategy

Membership of these groups is drawn from representatives of service user and unpaid carer groups, advocacy organisations and voluntary, private and statutory sector providers. The main role of these checkpoint groups is to support and scrutinise the communication and engagement process. However, checkpoint groups also offer advice and guidance in other areas of the work where the group deems this to be appropriate.

Checkpoint groups build on the work which is undertaken by Strategy Development Groups and other planning groups such as:

- the Children and Young People's Strategic Partnership
- the Edinburgh Homelessness Forum
- the Homelessness Planning Group
- a specific checkpoint group for the Commissioning Plan for Advice, Support and Accommodation Services for People at Risk of Homelessness

Engagement will continue through the development of commissioning plans. In addition, a specific checkpoint group for the commissioning plan for Housing and Homelessness will be established.

The City of Edinburgh Council will establish engagement and consultation groups when major change processes are being developed, as well as using a wide range of already established forums. We will identify from the start of the process which areas are open to influence and which areas cannot be changed.

Methodology for consultation and engagement will be inclusive and accessible to all protected groups.

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....”

Council Response

We agree that involving service users in commissioning sometimes needs careful consideration and that any change should be handled well and sensitively. We also acknowledge that there are some groups of people who may be particularly impacted by change. We aim to work closely with the people who know service users best when change is happening so that this can be handled as well as possible – the people who know these service users best will often be service providers who we will work with to ensure a consistent message is given to service users and unpaid carers.

We will make a commitment that we will be transparent in all our dealings with service users. There will be different approaches to different situations – sometimes it is best to work through providers, sometimes it is better for council staff to work directly with service users.

Our communications and engagement plan will state clearly how service users will be involved – see section 10 for further information about consultation and engagement.

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.

Council Response

The Council recognises that changes to long-standing care and support arrangements can cause anxiety. By following our ‘Analyse, Plan, Do and Review’ approach to commissioning services, we aim to capture such concerns during the ‘analyse’ stage of the process (i.e. before any final decisions are taken), and where possible respond positively to these.

We often need to make fine judgements based on individual circumstances, but in certain cases we will have to ask people to change providers due to child or adult protection and other quality issues, or for reasons of excessive cost.

To minimise the effect of service change on existing service users who have long standing care and support arrangements, we will consider procuring new contracts that are based on the business generated principally by new services users. This would give existing service users the choice of staying with their existing provider or moving to the new service provider(s). Existing providers would need to meet minimum quality criteria and be affordable. The Council will consider this option during the process of developing commissioning plans.

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.

Council Response

The resources available to provide services are inevitably finite and many organisations are facing financial pressure from a wide range of public and private funding sources. It is therefore essential that the resources made available by the Council to support the delivery of services to vulnerable people is used as wisely, equitably and efficiently as possible to continue to support outcomes like prevention, choice and independent living. See section 11.4 on eligibility criteria for further information.

The council in its long term financial plan has made allowance for the impact of demographics. However we wish to view the rising numbers of older people positively and acknowledge the increasing opportunities that the growth in the number of older people will bring both to the people themselves and to the city as a whole.

See Section 9 for responses relating to the role of unpaid carers

Capacity

4.11 Another common theme raised in response to the Vision, is about the ability of some service users and unpaid 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 unpaid 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.

Council Response

Qualified practitioners are trained to work with people who have limited capacity, comprehension and/or communication difficulties. Assessment of risk is an integral part of the assessment processes. We comply fully with the principles of the Adults with Incapacity Act (Scotland) 2000 and where necessary work closely with our colleagues in NHS Lothian to provide a formal assessment of capacity.

We need to pay particular attention to the needs of people who find it hard to engage due to communication or capacity problems. We already have some experience of working with people in this way and we will review what the best practice is in this area and build on this by developing specific training programmes around assessment and finding ways in which we can better engage with people during the assessment process, when agreeing the outcomes they want to achieve and in enabling them to participate in decisions relating to how these will be met. The personalisation and outcomes checkpoint group will be a key part of this process in order to identify how to engage with service providers on how to improve their information and advice as a co-production activity. This will be taken forward as part of the review of information (see 7.2)

We need to continue to engage people within protected groups who may have issues of reduced or impaired capacity. We will apply the learning gained from previous engagement and consultation exercises to improve our performance in this area of work.

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.

Council Response

While Best Value is very important, the key driver from the Council's perspective is providing or arranging services which meet equitably the outcomes which people identify for themselves within the eligibility criteria. Following assessment we will provide or arrange services in order to meet the agreed outcomes identified within the assessment of need and in line with current eligibility criteria. We agree that some services cost more than others and this is reflected in the cost of these services to the Council. We try to work

with vulnerable people to ensure their voices are heard either directly or through the circle of support which surrounds them.

We agree that people's needs change over time and we do undertake service reviews to ensure that both internal and external service provision can develop in line with changing need.

We also agree that self directed support may not be possible for everyone, but even in those instances, work needs to be done to ensure that the person's current and previous wishes are ascertained as much as possible to design the support they would have wished had they been able to make that choice.

Joined Up Approach

4.13 Several respondents felt the strategy appeared to present how the Council 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.

Council Response

The Council already works jointly with public, private and voluntary sector partners. This includes NHS Lothian in particular. Strategic direction for partnership working is primarily directed by the Single Outcome Agreement and governed through the Edinburgh Partnership. It is supported by local community planning and a wide range of joint forums and working groups across all our services. However, we need to reflect on the feedback from customers and service providers and seek ways of improving our joint working arrangements.
Although this Strategy is being developed by the City of Edinburgh Council, many of the Plans, which sit below it, are joint plans with NHS Lothian partners. These plans have been or will be the subject of an extensive and inclusive consultation and engagement process.

- Live Well in Later Life (Older People)
- Learning Disability Plan
- Towards 2012 (Unpaid carers).
- Integrated Children and Young People's Plan
- A Sense of Belonging (Joint Mental Health and Wellbeing Strategy)
- Homelessness Strategy
- City Housing Strategy
- Single Outcome Agreement

Therefore wherever appropriate, we will continue to develop commissioning plans jointly with our partners.

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.

Council Response

The Council publishes high level information on resource allocation between service areas. This includes the capital and revenue budgets and is available at https://orb.edinburgh.gov.uk under Finance Publications.

We are undertaking work on cost and quality comparisons at present and we will publish information, which will enable people to make meaningful choices regarding direct payments and self directed support.

During the life of this strategy we will publish increasingly detailed information about the extent to which the Council has chosen to deliver services itself or to buy these on behalf of people from other organisations and the reasons why. We will also make Care Commission gradings, other qualitative information and the detail of in house/external service costs available. In the short and medium term the sophistication of this information will be influenced by where each service is on the commissioning cycle. Details of the information to be provided about specific services will be set out in the more specific commissioning plans.

We have been using cost comparisons between internal and external services and with this information, making strategic decisions about the balance between internal and external services. Over time, more services are being procured externally to the council.

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 ‘unpaid 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.

Council Response
Language Definition and Detail

We recognise that the language of many of our policies and services is complex and can be confusing. We will seek to simplify the terms we use and make information freely available. We will also produce a glossary on publication of the final strategy.

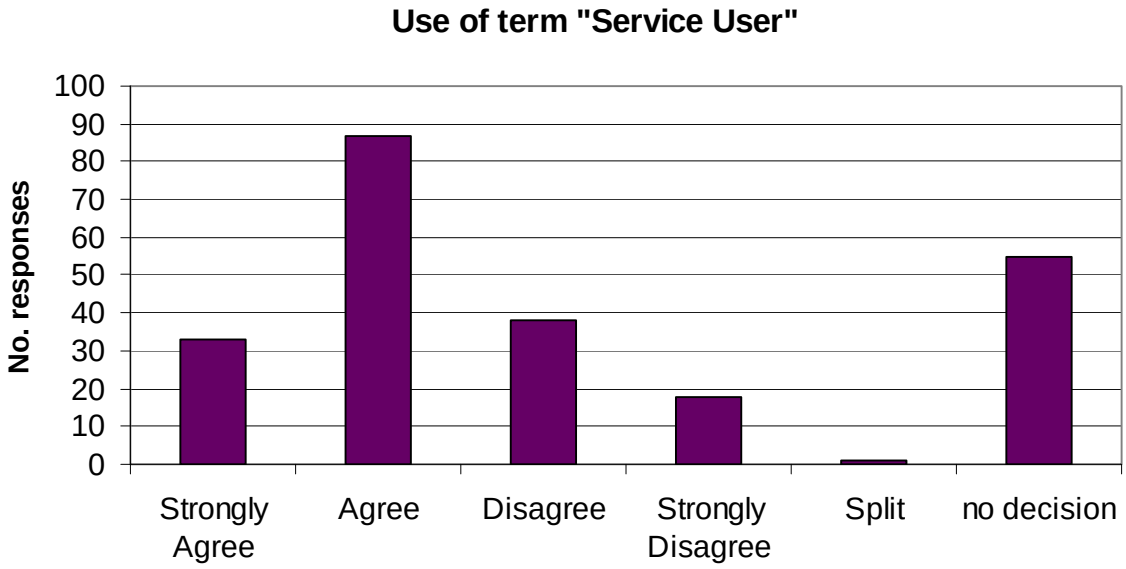
Other Comments

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.

Council Response

- Preventative services – see section 11.4
- Eligibility criteria – see section 11.4
- Use of internet – we encourage communication by whatever means is most appropriate for people. We increasingly use web-based consultation, although this will not replace conventional consultation and engagement activities
- Sustainable development – sustainable development requirements will be incorporated into the final version of the strategy
- Equalities/inequalities – equalities issues run throughout this response, but see section 11 of this report which specifically relates to equalities issues.

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



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 unpaid 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.

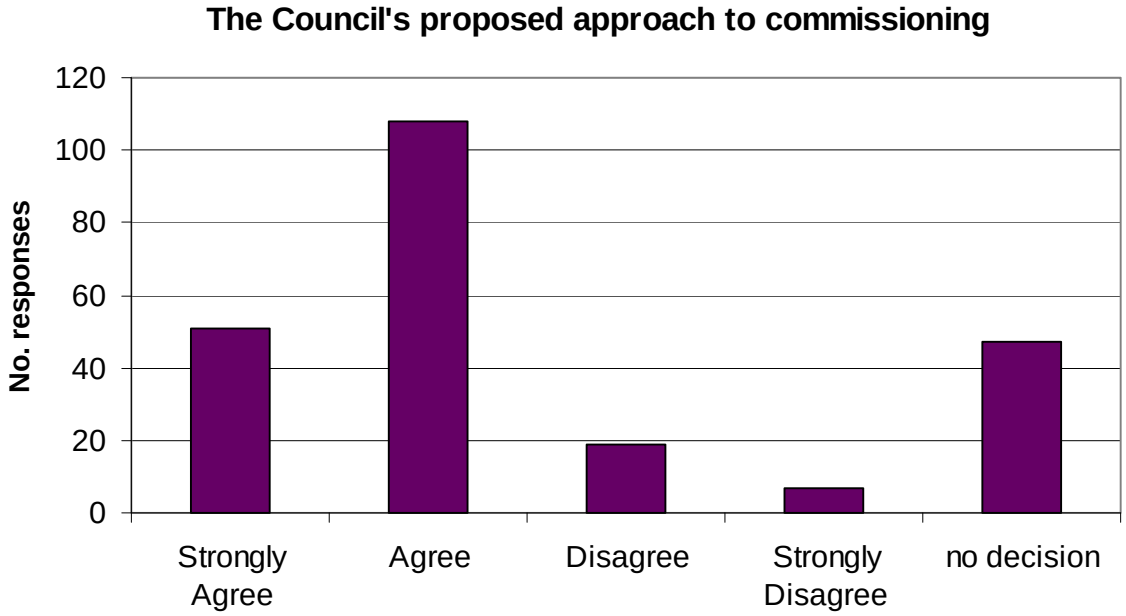
Council Response

It is our strong view that people should be made to feel that they are being treated as individuals. Whichever term is used to describe individuals, we will continue to take a person centred approach to the way in which we provide care and support for people.

The Council proposes to continue to use a range of terminology, e.g. individuals, service users, customers, residents, to describe the people with whom it engages. No-one will be labelled a ‘user’ or a ‘SU’, as respondents specifically requested that this did not happen. This will be communicated to all Council employees.

We will always use people’s own names and ask them how they wish to be addressed. Descriptions which address people in groupings (e.g. service users, customers) will only be used when there is no other way of communicating a collective meaning.

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



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
- unpaid 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.

Council Response

We know that many people will have long term needs for more than 5 years and that people's individual goals and outcomes will often be longer than the strategy. We will, however, engage and consult these people each time we renew and refresh the strategy.

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.

Council Response

We already plan for the longer term in many of our services eg where accommodation needs to be constructed. However because we work in 3 year budgetary cycles and both Scottish and UK governments sit for up to 5 years- it seems most appropriate for us at present to develop this strategy initially within a 5 year time-frame. We will still plan for longer time frames than 5 years where this is appropriate.

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.

Council Response

Our Commissioning Strategy will be refreshed on a regular or 'rolling' basis with a view to building on successes, learning lessons, consolidating the delivery of high quality services and providing as much continuity for people as possible. Ongoing developments in the area of self directed support will undoubtedly

impact on the number, type and nature of social care contracts to be let by the Council during the period 2011 – 16. For this reason we think it sensible to retain our usual practice of awarding contracts for three year periods in order that we do not limit our ability to pro actively support self directed support initiatives and respond to other changes in the way social care services are delivered.

More important perhaps is the request for consistency and a joined up approach with strategies and plans of other agencies.

We confirm that the overarching strategy will initially be for 5 years till 2016, recognising that regular review needs to be built into the process.

Whatever the time-frame, for strategies and plans, we remain committed to engaging and involving people who use services and unpaid carers at all stages in the commissioning process.

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..."

Council Response

The Commissioning Strategy is of such strategic importance that it will become one of the major council projects which are reported quarterly to Council Management Team and annually to Policy and Strategy Committee.
There is also a council wide project board and project team alongside a checkpoint for the strategy which comprises representatives from all sectors. These groups will also oversee implementation of the strategy.

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.

See section 4.13 for a response to these issues

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...."

See section 10 for the Council's approach to engagement and consultation

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.

Council Response

As a result of this comment we have decided to await Council agreement on the strategy before bringing the plan for adult social care and support to the appropriate council committee for agreement. This is in order to make further amendments to the plan in light of the strategy.

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...".

Council Response

As indicated above (4.2) the Council's approach to commissioning will follow the 'Analyse, Plan, Do and Review' methodology recommended by the Social Work Inspection Agency. We confirm that analysis and planning stages, in terms of service design, will be carried out prior to the completion of a Procurement Plan and a decision being taken about the most appropriate procurement route.

Unpaid carer Support

6.12 Several respondents questioned the inclusion of “unpaid 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.

Council Response

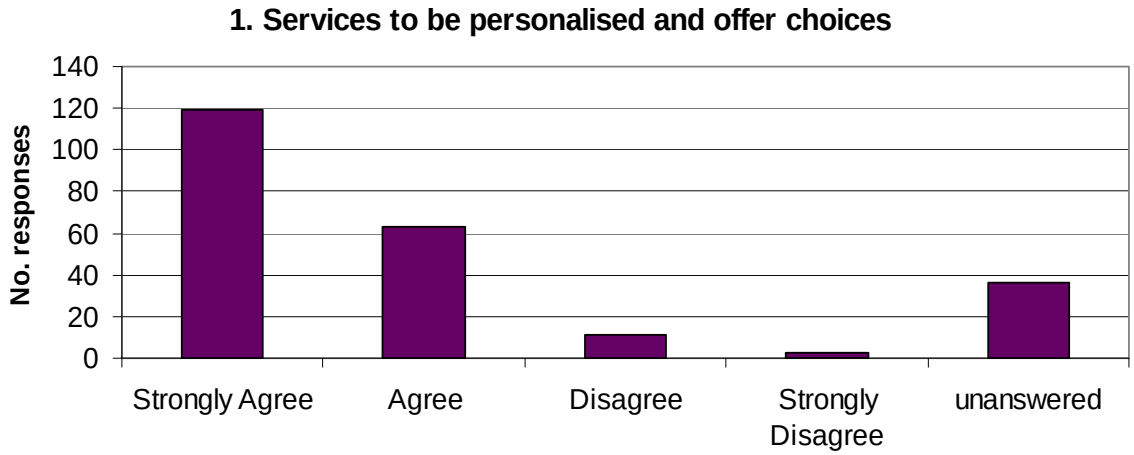
There is commitment that a new unpaid carers’ strategy will be developed once the current ‘Towards 2012’ comes to its conclusion. This should also serve as a joint commissioning plan for unpaid carers. This issue was discussed in the checkpoint group and following a detailed discussion there was no consensus that unpaid carers should not remain included within the current commissioning strategy and commissioning plans.

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?



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, unpaid 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….”

Council Response

We agree with the above. Individual outcomes are mutually agreed between the individual and the ‘assessor’ based on the needs which fall within equitable eligibility criteria. The assessor will work together with the individual to identify the best way to meet the agreed the outcomes.

Delivery Plans will in part be developed by aggregating the information obtained from assessments about the outcomes and choices people want for themselves and ensuring this is accurately reflected in the detail of Plans

We will ensure that people are engaged and given the right level and detail of information to help them to make that choice. This applies whether we arrange the service on behalf of an individual or whether the individual wants to make their own arrangements (self-directed support).

You tell us that people often need support to make their own choices and arrangements. The Council provides resources to support services that do this. This includes services which assist people make the right choices regarding direct payments and their housing options, for example. However, we need to reflect on this feedback and explore how we can improve this support further. The Council will review its approach to personalisation and outcomes during the life of the strategy. This will take place initially in Health and Social Care and will include:

Information

- Health and Social Care will review information and how it is made available to people, whether this is in paper format or on-line. We will also ensure that information is inclusive and is available on request, in a range of accessible media. Some of this information is generally about services and some of it is specific to people who want to find out about self directed support options. During this review, we will ask the views of people who currently use services as well as those who are trying to get information in order to help them make a decision. We will ensure that information relevant to specific equality requirements is made explicit where there is a need for this.
- Following this review, we will try to make the information more readable and easier to find. We will undertake this review in stages, completing by summer 2012.
- In Children and Families and Services for Communities, these questions will be reviewed in light of individual circumstances and legislative requirements which apply.

Support

- By working alongside individuals we will agree the outcomes that people wish and work out any gaps in service or unmet needs. We will use the findings from this to help us improve the support which people want to receive and to ensure it is appropriate to their circumstances. This will help us to analyse and plan the range of services which needs to be commissioned in future.

- To implement the principles of personalisation and self directed support, we will develop training programmes, which meet the needs of workers from a wide range of backgrounds

Engagement

- The personalisation and outcomes strategy is being developed following the principles of co-production. We will agree the strategy and deliver the key objectives in a way that involves active participation of people who currently or may in the future require care and support.
- We will continue to monitor the process and outcomes of our engagement arrangements to ensure that they are equitable.
- You tell us we need to pay particular attention to the needs of people who find it hard to engage due to communication or capacity problems. We already have some experience of working with people in this way. We will build on this by reviewing what the best practice is in this area. Following this review we will develop specific training programmes about assessment and finding ways in which we can better engage with people during the assessment process, when agreeing the outcomes they want to achieve and in enabling them to participate in decisions relating to how these will be met. The personalisation and outcomes checkpoint group will be a key part of this process.
- The Children and Families' and Services for Communities Commissioning Plans will advise on how Personalisation will be addressed.

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.

Council Response

The Council has finite resources within which to offer choice. The range of options available to people has and will continue to need to be managed within the resources available to deliver services.

The Council faces a long term financial challenge when comparing the Scottish Block with Demand over the period 2009-2017 which demonstrates an increase

in demand for services of 2% per annum with a real reduction of 11.6% in allocations.

In responding to the most challenging financial circumstances which local government has faced for a generation the Council has presented a balanced budget for the next 2 years and put in place plans for delivering a substantial level of further savings in 2013/2014. This budget enables Council to deliver on Edinburgh's share of national commitments as set out in the recommended agreement of November 2010 between the Scottish Government and COSLA's leadership. This budget has been developed following a community engagement process, incorporates measures in relation to public sector pay restraint and makes provision for demographic change in our society through additional funding for the growing number of adults and children with disability and the elderly.

In recognition of the scale of challenge facing the Council in future years, and the remaining balance in 2013/2014, Council will continue to pursue savings through further development of the "5Ps" approach: prioritisation; people; process; procurement and property. In particular departments have been instructed to participate actively in the extension of improved procurement practices across the Council and to link spend to outcomes.

Delivering principles of personalisation within the current financial context

- delivering personalised services will be challenging in the present financial context
- personalisation is intended to provide more effective services, tailored to individual need. It is not driven by cost cutting, but we recognise that some savings may be made within the framework
- choice and personalised services are often less expensive than block contracted services; for example, the Council's experience suggests that Choice Based Letting and Housing Options are approaches that are much less expensive than their alternatives
- 'co-production' is defined as: '*delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change'* [1]We believe that improvements can be made to the outcomes for individuals through working more closely with them and their family or unpaid carer, using the principles of co-production.

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

[1] The Challenge of Co-Production NESTA 2009

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.

Council Response

- We believe that everyone should be supported to participate in their own assessment and delivery of care as much as possible. For people with limited capacity, this may mean that we need to work with individuals, their unpaid carers or their families in different ways.
- We will review information and support (see 7.2 above)

The Council has undertaken to review the support provided to people who use self directed support including direct payments and make improvements in the way in which this is provided in the future. This review will incorporate the role of organisations who support these people. This will be part of the Personalisation and Outcomes Strategy and is likely to require an equalities impact assessment.

Independent advocacy services – We recognise that these can be important in enabling equitable access to choice about other arrangements for care and support and not just direct payments.

We have not yet made a decision to use a Resource Allocation System (RAS). Work is underway through the personalisation and outcomes programme executive and the associated checkpoint group to determine whether this method would support improved outcomes for individuals.

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.

Council Response

We support a range of ways of helping people make choices to help them get the right services and support they need. This includes direct payments for people with care and support needs, housing options advice for people who do not have a home, and choice based lettings to help people see the range of housing that is available to them.

See Section 7.2 for response about choice.

See Section 11.4 for response about eligibility criteria
See section 4.4 for response on range of providers

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.

Council Response

The National Care Home Contract (NCHC) provides a context for setting the fees for Care Homes for Older People and the contributions residents are expected to make. In Edinburgh we have the flexibility to pay above the NCHC rate for personalised respite and challenging behaviour services.

We agree that it is the responsibility of care homes in all sectors to work with each individual to offer personalised services and work proactively with Care Home providers to ensure the delivery of such services.

We aim to increase choice for people using Out of Edinburgh placements by introducing a new Framework Agreement during 2012 which will govern the way placements are arranged and purchased. Identification of the outcomes people want for themselves as a result of such placements will be key to the process as will the 'offer' providers make to the Council about how they will support people to achieve these outcomes.

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.

Council Response

Many of the individuals with whom we work have multiple and complex needs which do not fit neatly into a 'service user grouping'. The personalisation and outcomes framework is crucial in ensuring that the best outcomes are achieved for this group of people.

Clarification of terms

7.8 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.

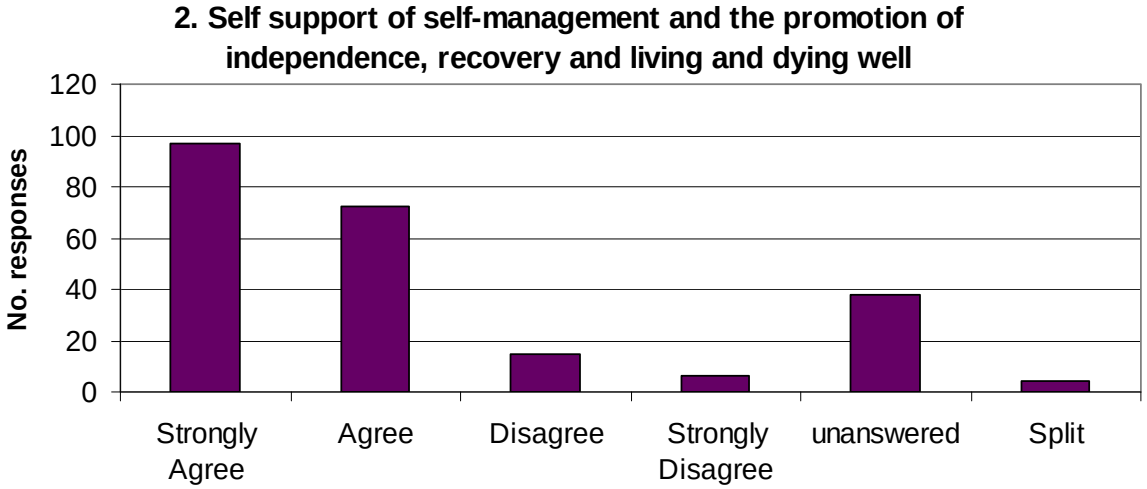
Council Response

We will include a glossary of terms in the final commissioning strategy document.

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?



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 unpaid 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....."

Council Response

We recognise that independence means different things in different situations. However the Independent Living Movement gives a helpful definition which we aim to deliver within eligibility criteria.

'Independent Living means people in receipt of care and support of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.' The personalisation and outcomes approach as described in section 7 of this document will be crucial in enabling people to achieve the independence which they desire for themselves.

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 unpaid 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..."

Council Response

Our strategies and policies are intended to deliver the Council's overarching aim to put customers first. This principle applies to both purchased and directly provided services. We do this by listening to what customers tell us and directing services to people in response to their needs. During the assessment process, conversation, observation and discussion with all key people in the individual's life will establish the level of help the person or family needs to achieve the desired outcomes.

The detail of this process will vary to reflect the wide range of services we commission.

However, we need to continue to reinforce this approach from the point when someone seeks help to the point of a successful outcome and the ongoing delivery of services to them.
The views of individuals' and their unpaid carers, where appropriate, are central to the assessment process. Every effort is made to actively involve service users and unpaid carers in identifying desired outcomes and planning how these outcomes can best be met within available resources. It is important that this is undertaken equitably and that outcomes are monitored.

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.

Council Response

All services provided by the council will be subject to regular review. This is in recognition that needs may change over time and to ensure that the services continue to meet these needs**.** The local authority has to work within the context of value for money – however if services are not of sufficient quality we need to work to make this better for everyone.

Flexibility when needs fluctuate

- Anyone in receipt of care and support services can expect a review of their needs without having to request this. If the person receiving services has an unpaid carer, the unpaid carer can also expect a separate review of their own needs. Services must respond to changes in levels of need
- The services we commission and the ones we deliver internally must be flexible and recognise people's needs are not static. Where appropriate they should be focused on supporting people make their own choices and managing their own support and become less reliant on public services.
- Anyone who uses a Direct Payment (DP) can use this flexibly to accommodate changes in needs. Although regular monitoring of the use of the DP takes place, where people have fluctuating needs this is taken into account in reviewing the direct payment.
- We ensure that externally procured services are flexible enough to respond to changing needs via service specification and monitoring.
- Housing services will be flexible and respond to changing needs. This will be reflected in service specifications and outcome agreements with providers.

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.

Council Response

Our preventative approach, will seek to ensure that small problems that may require limited resources, do not increase in complexity and expense. However, in some cases people's needs will increase over time as a result of deterioration in their health or circumstances and the allocation of resources within commissioning plans will reflect this. See Section 11.4 for further information about prevention.

Increasingly the Council want to provide services that prevent small problems becoming more complex ones. This often means that the provision of short term support at the right time will reduce the need for longer term support. However we recognise that in some cases long term support will be needed.

We also work closely with our colleagues in Edinburgh Community Health Partnership (CHP) around self help and the management of long term conditions for adults.

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 unpaid 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.

Council Response

As described above, we work closely with our colleagues in NHS Lothian to develop the best ways of supporting people through the process of managing long term conditions.

The Council is moving towards offering support to people through short-term services in the first instance. This allows a longer period of assessment than was previously available and may reduce the need for more complex support in the longer term.

We acknowledge that language can be an issue for people in accessing appropriate support, guidance and advice. We will address language barriers in the review of information referred to in 7.2

We undertake regular reviews of our routine surveys to ensure they provide service users and unpaid carers with an opportunity to give their feedback on the service, and that they provide the Department's managers with the information they need to make improvements to the service

We regularly review the reablement scheme and the results of the reablement surveys are used in the following ways:

- Reports are discussed at the Home Care Managers Operational Meetings and managers discuss at the team meetings in their localities.
- All positive and negative comments are recorded and each manager discusses these with their teams. They also agree, at those meetings, what steps need to be taken to address any issues

The comments noted above about people feeling "rushed into recovery with a lot of focus put on family providing support, irrespective of actual needs and family circumstances" and the "plea for clearer guidance on the help and support available" will be consider further as part of this review.

Survey responses to date have not alerted us to the issues raise in the Commissioning Strategy consultation, and provide a helpful pointer for the review of the survey.

8.7 One group asked what protection is built into the system "...people may choose Direct Payments but need family/unpaid unpaid carer support to manage care arrangements which can change over time – either the capacity of the service user or unpaid 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..."

Anyone in receipt of care and support services can expect a review of their needs without having to request this. If the person receiving services has an unpaid carer, the unpaid carer can also expect a separate review of their own needs. Services must respond to changes in levels of need.

See section 7.2 about review of information

We will pass the suggestion about post-support plan to the Personalisation and Outcomes Group for them to consider how this can be incorporated into their work.

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'.

Council Response

Many people commented that the term 'recovery' is not applicable in all circumstances. We agree that this expression does not feel appropriate to all service users. However, it is central to the services that many people receive, particularly in the field of mental health and wellbeing and drug and alcohol addictions. We believe that the recovery model has relevance to many people as does the social model of disability. Therefore we have described both below and we will consider how to reflect both in the principle. We also need to take into account the focus on management of long term conditions where we work in partnership with NHS Lothian to enable people to manage their own long term conditions where this is appropriate.

Recovery Model

The recovery model is separate to the medical model of health, as it aims to emphasise and support each individual's own *potential* to recover rather than seeing a *condition* that will be cured by outside intervention.

The model emphasises the need for social inclusion, empowerment and personalisation of services. Key to the concept is for each person to have their own recovery plan, where the individual identifies the signs of their condition deteriorating and supports are identified to deal with this.

We expect all mental health and well being services to have a recovery ethos, as well as many drug and alcohol addiction services. However, this model is not exclusive to these groups and services need to be flexible to meet a range of varying needs.

Social Model of Disability

The social model of disability says that disability is created by barriers in society.

These barriers generally fall into three categories:

the environment — including inaccessible buildings and services
people's attitudes — stereotyping, discrimination and prejudice
organisations — inflexible policies, practices and procedure

Many people think that disability is caused by an individual's health condition or impairment. This approach is called the medical model of disability. The medical model says that by fixing their body, disabled people will be able to participate in society like everyone else. This is an outdated model that is not supported by disabled people or their organisations.

Using the social model helps identify solutions to the barriers disabled people experience. It encourages the removal of these barriers within society, or the

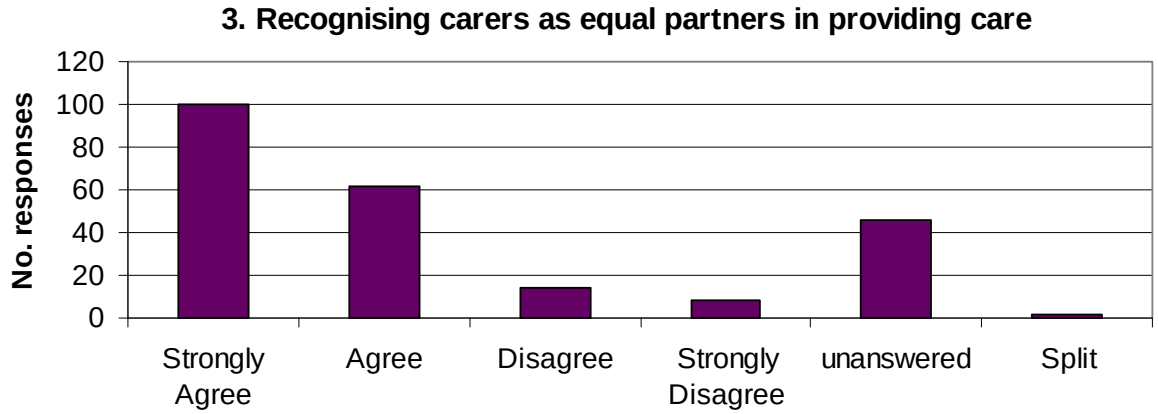
reduction of their effects, rather than trying to fix an individual's impairment or health condition.

The social model is the preferred model for disabled people. It empowers disabled people and encourages society to be more inclusive. The Department of Health & Social Care encourages all staff to use this model when considering disability.

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

We recognise the expertise of unpaid 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 unpaid carers' assessments to unpaid carers who carry out regular and substantial care.

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



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 unpaid carers as equal partners in care" The easy read version refers specifically to 'family unpaid 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 Unpaid carers;
- family unpaid carers;
- language and definitions; and
- Unpaid carer Commissioning Plan.

Resources

9.2 The underlying concern from respondents was that adequate support is not currently provided to unpaid 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.

Council Response

The Council faces a long term financial challenge when comparing the Scottish Block with Demand over the period 2009-2017 which demonstrates an increase in demand for services of 2% per annum with a real reduction of 11.6% in allocations.

In responding to the most challenging financial circumstances which local government has faced for a generation the Council has presented a balanced budget for the next 2 years and put in place plans for delivering a substantial level of further savings in 2013/2014. This budget enables Council to deliver on Edinburgh's share of national commitments as set out in the recommended agreement of November 2010 between the Scottish Government and COSLA's leadership. This budget has been developed following a community engagement process, incorporates measures in relation to public sector pay restraint and makes provision for demographic change in our society through additional funding for the growing number of adults and children with disability and the elderly.

In recognition of the scale of challenge facing the Council in future years, and the remaining balance in 2013/2014, Council will continue to pursue savings through further development of the "5Ps" approach: prioritisation; people; process; procurement and property. In particular departments have been instructed to participate actively in the extension of improved procurement practices across the Council and to link spend to outcomes.

We acknowledge the concern that resource constraints make it difficult to fund all the need which exists in the city. In order to be transparent about how we allocate resources, we have published eligibility criteria for access to services. See section 11.4 for further information about eligibility criteria.

We will scope our current preventative activity and consider how this can be strengthened to meet current needs.

In supporting unpaid carers we will continue to contribute to the funding of a range of voluntary organisations in the city and we will continue to offer assessments to unpaid carers in their own right.

We have increased the amount of resource available for respite and short breaks, including a direct payments scheme for short breaks for older people Children and families continue to develop respite services to meet increasing demand in this area.

Support, training, assessment and guidance

9.3 Many respondents commented on the need for good quality support for unpaid 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 an unpaid carer assessment no extra support or help has been provided.

Council Response

We will continue to offer assessments and reviews to unpaid carers in their own right and monitor the outcomes for unpaid carers. We need to be sensitive to equalities issues in these assessments.

We will continue to support training opportunities for unpaid carers. This includes access to training courses, which deal with specialist and long-term conditions. We will work with NHS Lothian and discuss with a range of organisations how we support people with specialist and long-term needs, through training and support.

We will continue to take into account the needs of unpaid carers including young unpaid carers in their assessment of need.

Change over time

9.4 Many stressed that, particularly for older unpaid carers or unpaid 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 unpaid carers getting older and client needs becoming more complex or changing over time. Some respondents, who are already 'older unpaid 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.

Council Response

We agree that it is important to plan for when older unpaid carers can no longer support family members or friends. This planning should include the needs both of the older unpaid carer and the person who is being cared for. Within the new plan for unpaid carers, which will follow Towards 2012, we will consider, with NHS Lothian and third sector partners, how these needs can be met either directly by the Council or through services commissioned by the Council. We will take into account the recent report commissioned on the needs of older unpaid carers

Additional Burdens

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

Council Response

It is important that the Council and unpaid carers organisations communicate to unpaid carers that they have a right to a carers assessment of their own needs and to discuss with them what services are available. If people believe their caring responsibilities are asking too much of them, they have a right to raise this issue either directly via Social Care Direct, the statutory complaints process or via an advocacy service.

Young carers

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

Council Response

Young unpaid carers are acknowledged and included in the Children and Families Commissioning Plan. We will also make specific reference to young unpaid carers in the Commissioning Strategy.

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 unpaid 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 unpaid 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.

Council Response

We recognise and applaud the role that unpaid carers (including young carers) play in providing the majority of care and support in Edinburgh. We acknowledge that reliance on families, partners and other members of the household or community, does not always work for people and that each set of circumstances is unique. We aim through a personalised assessment approach, both with the service user and their unpaid carer, to work out the outcomes each person wants and to provide assistance with achieving these outcomes. Currently we are unable to provide Direct Payments to unpaid carers unless the cared for person is a child. The draft Self Directed Support Bill seeks to introduce a power to extend Direct Payments to all unpaid carers in future

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.

Council Response

We believe that good assessment and working in partnership with all family members is really important so that all relevant people can work out the part which they are able to or wish to play in the support network. The local authority should not make assumptions about the role which people are able to play.

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 unpaid carers as equal partners" should replace the words "recognise the expertise of unpaid carers". Many questioned what is meant by the term "equal partners". One respondent felt this was disempowering for some disabled people. One unpaid carer's group suggested that this should mean "the unpaid carer's knowledge, expertise and views are recognised, listened to, valued and taken into account. The unpaid carer is involved in the decision making process and the unpaid 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 unpaid carer to be an 'equal partner' in decisions or to have full access to confidential information, for example, young unpaid, parental carers, friends or neighbours.

Council Response

We accept that the term 'equal partner' is not defined in the document. We use this term because The National Carers Strategy includes a statement (which the Council supports) in its vision regarding the term 'equal partner'.

'The vision is underpinned by the mutual health and social care approach. In its broadest sense this means an inclusive Scottish society in which carers are reaffirmed as partners and are not passive recipients of health, care and other support services. The knowledge and skills of carers need to be harnessed to make decisions about the shape and structure of services. Carers as equal partners in the delivery of care, enable people with illnesses or disability to remain at home and in their own communities safely, independently and with dignity. Carers can for example prevent avoidable hospital admissions and contribute to overall health and wellbeing'.

We will develop our approach to carers as equal partners in the version of the Carers' Action Plan which follows 'Towards 2012'

We will not assume that service users want us to give unpaid carers information or involve them in decisions about care.

Carer Commissioning Plan

9.10 Several respondents pointed out that unpaid 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 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.

Council Response

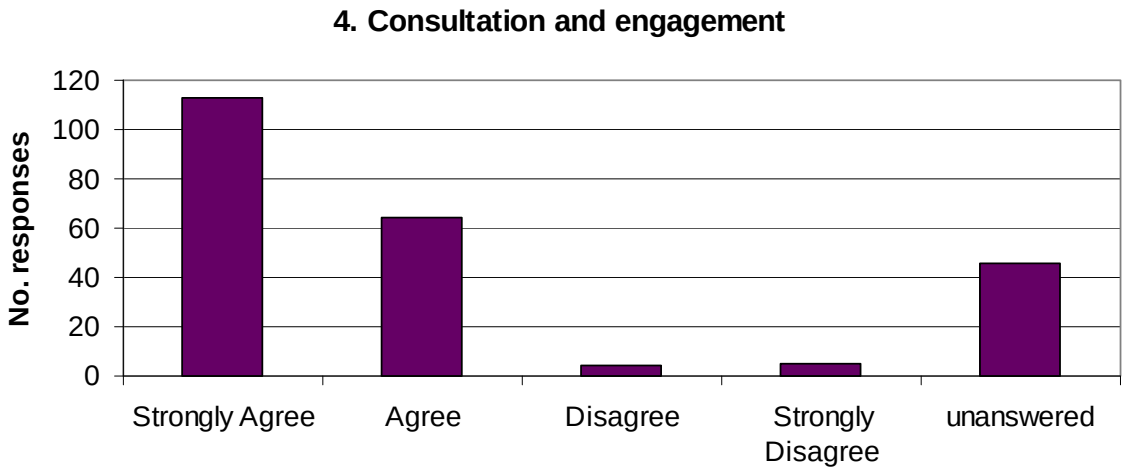
Edinburgh's joint strategic action plan for unpaid carers ('Towards 2012') is part of the commissioning plan for adult social care and will inform the Children and Families Young Carers Plan. 'Towards 2012' will be reviewed during 2012 and the new plan will be incorporated within the commissioning plans for adult social care, children and families and housing and homelessness once the plan has been agreed.

10. Section 2 Question 4: Consultation and engagement.

We believe that involving people who use services and their unpaid 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?



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 unpaid carers.

Council Response

The Council has been developing its approach to engagement with people who use services. This is expressed in policies, such as the Health and Social Care Department’s engagement strategy, which describes our approach to:

- listening carefully to people and respecting what people say about their services, including unpaid carers
- the extent to which services support them
- what people value about their service
- the importance of meeting people’s needs through service flexibility or change.
- This has been expressed through the detailed work which has been undertaken in the development of strategies and plans eg Live Well in Later Life (Older People) and the Learning Disability Plan.

A similar approach has been taken in Services for Communities; specific examples are as follows:

- Services for Communities have engaged with a wide range of people at risk of homelessness in the development of the homelessness strategy and the development of the forthcoming commissioning plan for homelessness services. We also have specific duties to engage with groups like the Edinburgh Tenants Federation on these and ensure participation in the development of services.
- Service providers and other stakeholders are involved in a variety of other forums including the Homelessness Planning Group and the Edinburgh Homelessness Forum.
- Regular surveys are undertaken. Most recently a survey of around 600 people took place to assess the range of housing choices they could consider.
- The commissioning plan for advice, support and accommodation services to prevent homelessness will outline the strategic direction for these services. As this is changing significantly there will be new specifications for service and generally there will be a commissioning process to obtain the new services. Service users, unpaid carers and advocacy groups will be involved throughout this process. In general, these services are designed to be short term (less than two years). Where people have a longer term need they will normally move on to a specialist service appropriate to their needs.

At the outset of any consultation, the Council will be clear regarding the limits of influence consultees will have. This will include an explanation before the consultation begins, regarding the constraints and restrictions that will limit the Council's ability to respond to all views expressed and to individual needs. This will need to be 'equality proofed'. The Council will not consult on issues that have been decided on in advance.

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..."

Council Response

The Council will ensure that consultation is consistent with each stage in the commissioning cycle. The Council will revisit how it involves people in the procurement process.

We will plan consultations with service users. However, given comments regarding restricted time and 'consultation fatigue', this may need to be through checkpoint groups, such as the one involved in the Commissioning Strategy and Plan consultation. Checkpoint groups need to be promoted and the members' roles clearer.

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. Many people acknowledged the difficulty of consulting across such a wide range of users, unpaid 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".

Council Response

The Council will ensure people are kept informed or consulted at regarding developments in commissioning.

In the planning of any future consultations, we will ensure that adequate time is given to seeking the views of people about the best ways of reaching the right participants. This will include the design and testing of the consultation materials (questionnaires, etc.) and the general approach, including formats, mechanisms and methods to be used and groups to be included in the consultation and monitoring of consultation outcomes, including levels of participation from different groups of people.

This type of approach will require a longer lead in time for planning and preparing databases of people who should be consulted. The views of people who care for themselves need to be taken into account, particularly as more people live alone into older age.

We will improve the standard of easy to read materials and ensure adequate time scales for availability of materials when consulting. The Council will build on its approach to consultation, developing jointly with key Council staff, service users and unpaid carers, a variety of methods for engagement, including, but not exclusively: working with groups in ways that do not patronise service users, with a standardised approach to the use of symbol and other accessible information systems.

The Council will use plain English in all our communications which support involvement, using a variety of formats to reflect the diversity of needs and abilities and to ensure people are not put off from participating.

The Council will assist participation of hard to reach groups (for example advocacy for homeless groups was suggested). This will include those who are not comfortable in groups, and people who are in hospital or who are homeless.

We will consult in good time, in advance of planned service change. Similarly, the Council should plan consultation so that delays in service development which may arise through the need to consult are avoided.

The Council will ensure adequate resources and funding for consultation and be attentive to the need to avoid duplication or overlap.

We will use other methods, in addition to consultation, to assess service need for both groups and individuals. For example, the Council will build on the work already undertaken to: review services regularly and survey service users and unpaid carers; research alternative practice in other local authority areas; use information from the aggregation of service outcomes; use the results from analysis, including equality analysis, of service user and unpaid carer conversations, and Care Commission inspection results.

Where consultation directly affects City of Edinburgh Council staff, we will seek their views. We will also encourage providers in all sectors to follow this good practice model.

Fair, Open and transparent

10.6 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".

Council Response

A key element of this approach for the Council is for us to be 'open to what (we) hear from … consultation' and on completion and reporting back, demonstrate how service users and unpaid carers have influenced commissioning decisions.

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.

Council Response

Feedback will always be provided and we will publish clear timescales throughout. We will also be clear about **how** the Council will respond and provide feedback, including details of the decision making process and timescale for considering views expressed. The Council will respond with a clear explanation of how it will address the views expressed, whether with a shift in service delivery or with an explanation as to why some unmet need and concerns could not be addressed.

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.

Council Response

The Council will explore further the feasibility of using individuals from other sectors (not Council staff) to carry out consultations. The Council will continue to involve and work jointly with advocacy and other organisations to assist consultation and engagement.

We will ensure that the views we seek are not limited to a minority of people and that people who do not want to be represented by groups will not miss out. Wherever possible, the Council will communicate directly with service users and unpaid carers about consultations and events, rather than through representative organisations.

Where providers are involved in consultation, the use of a variety of methods will be considered. Current methods for doing this will be reviewed jointly with providers.

In future, the Council will aim to have a more staged approach to consultation, asking fewer questions at any one time, but making consultation a more frequent event, while monitoring for ‘consultation fatigue’.

With changes arising from a personalised approach, which has a ‘co-production’ model embedded within it, the Council will have individual and group aspirations at the heart of service planning.

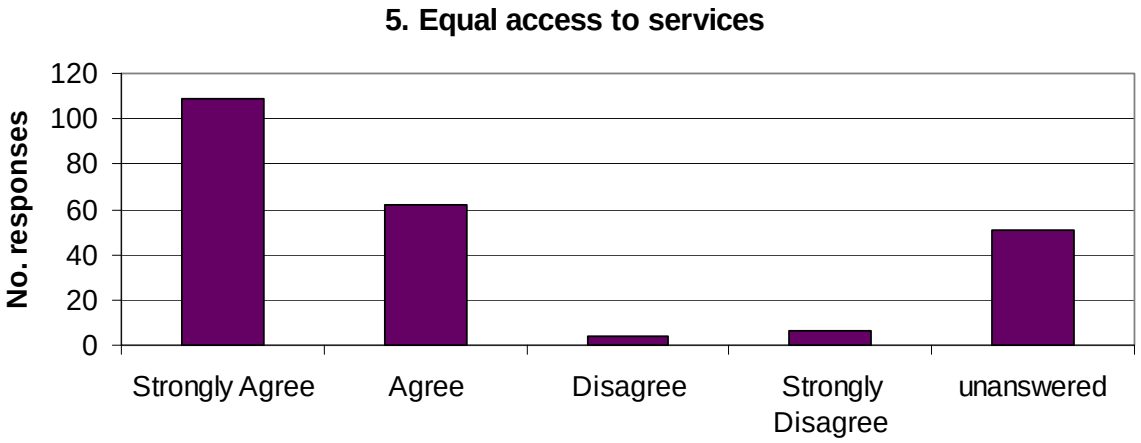
The Council will involve unpaid carers in consultation in a way that takes account of the limited amount of time that unpaid carers have available. We will take account of the need to include in the planning of consultation any support that unpaid carers may require, for example, recompense for respite or travel costs.

The Council will advise the management teams of all relevant departments and suggest as an action for the next stage of the commissioning strategy and plans for all care groups, the need to provide up to date and accurate service information and to keep it under review.

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?



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.

Council Response

In response to the issues raised we will carry out an Equalities Impact Assessment (EQIA) for all commissioning work in connection with this strategy. This will be reviewed at each of the key stages in the commissioning cycle, including the monitoring of services to ensure that these duties are maintained at all levels.

Through the EQIA process we will seek to engage relevant parties including service users, unpaid carers, providers and representatives of equalities groups.

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.

Council Response

We recognise individual needs as a key part of ensuring equality of access to services.
We will train and supervise our assessment staff and work with our partners in NHS and voluntary and private sectors to collaborate in these assessments where there is a specialist need. We will also listen to the views of specialist organisations and user groups to assist us in meeting specific needs. We will develop mechanisms to monitor service access and service outcomes from an equalities perspective.

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)

Council Response

In response to the first point above, the Council will initiate, and will encourage partners to participate in, a review of the steps that might lawfully be taken to encourage a more balanced equality profile of staff across the care sector.

We acknowledge that language barriers contribute to people's perceptions that they might not be listened to. We will reflect back to all groups of people that we have heard their views and we will explain the action we intend to take.

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'...."

Council Response

People will not be excluded from services because of their condition. Decisions about who can receive care and support are based on an assessment of need. We prioritise those people who are at the greatest risk. We will not exclude people because they do not fit neatly into service 'categories'.

To make sure our decisions are fair, we use agreed criteria. These take account of each person's circumstances and allow Council staff to identify how serious the risk is of someone losing their independence if their needs are not met.

The Council agreed eligibility criteria for **adult social care** in March 2010. This followed an extensive consultation with organisations and groups representing people who use services and unpaid carers. The consultation led the Council to change the wording of the criteria, based on guidance published by the Scottish Government in 2009, so that it clearly included needs for independent living. The amended criteria recognise that practical assistance and support may be needed to enable people to participate in society and live an ordinary life.

There are four categories of risk used in the criteria – critical, substantial, moderate and low. The Department of Health and Social Care gives priority to people who are assessed as being within the critical and substantial categories. People who are assessed as being in the moderate or low categories may receive help to maintain or develop their abilities or stop them getting worse.

The Council's Guide to Adult Social Care Services (December 2010) gives further details about eligibility criteria for adult social care; here is the website link:
http://www.edinburgh.gov.uk/download/downloads/id/3499/guide_to_adult_social_care_services_december_2010

Children and Families social work services give priority to child protection, looked after children and young people, and children and young people with a disability. A "scoring chart" is used to define high, medium and low priority needs for services for children and young people with a disability, and their families. People with needs that are assessed as being of higher priority will receive more services more quickly, than people who have lower priority services. Further information on the range of services for children and young people with a disability is on the Council's website at:
http://www.edinburgh.gov.uk/info/1397/disabilities/427/services_for_disabled_children_and_young_people

Housing support services provided or arranged by the Council's Services for Communities enable people to maintain tenancies and continue to live in the community. They support independent living, prevent homelessness, and help people in a crisis that is related to accommodation. The need for services is assessed by housing support providers.

People who have housing problems or who may be at risk of homelessness will be helped to access the advice, support and accommodation services they need to resolve their problem as quickly and effectively as possible.

Preventative Services

The Scottish Government published the National Strategy for Self-Directed Support in November 2010. This emphasises the importance of **preventative services** for people at all levels of need, and especially those in moderate or low risk eligibility categories. The Council currently offers a wide range of preventative services and support and is reviewing how to take these forward in future. This will also cover the promotion of well-being through 'universal' services, including improving access to employment, physical recreation, leisure and transport. It will also look at addressing barriers to social inclusion and use 'targeted' interventions to support individuals at increased risk (including re-ablement, telecare and housing support). The aim is enable people of all ages to continue to live in their own communities.

However constitutions, service specifications and the functions agreed with Social Care and Social Work Improvement (Scotland) may limit the range of people that providers can accept into their services. It is the role of the local authority to identify unmet need and work towards ways of meeting that need.

Each of the 3 commissioning plans will contain an explicit approach to prevention.

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..."

Council Response

We will continue to assess need and respond to this assessment on the basis of the eligibility criteria described at 11.4 above. We will develop a means of monitoring the outcomes of eligibility assessment by equality grouping.

Individuals who are homeless or are at risk of becoming homeless will be eligible to approach Council or externally procured services for help.

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.

Council Response

When budget reductions or efficiencies are being considered an equalities impact assessment should be undertaken to identify the impact of this action on particular groups and mitigate the effect.

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.

Council Response

The Council, as with all public bodies, is likely to have a legal duty to assess he impact on equality of policies and practice. Resources are needed for this work, but these are relatively small scale and can contribute to the avoidance of costly legal disputes. The Council is also considering how to improve EQIA work, including training and working in conjunction with partners, to ensure more effective use of available resources.

EQIA’s can contribute to better service outcomes for all. It is Council policy to target EQIA work to key areas of Council business. Significant commissioning work would be considered a ‘key area’.

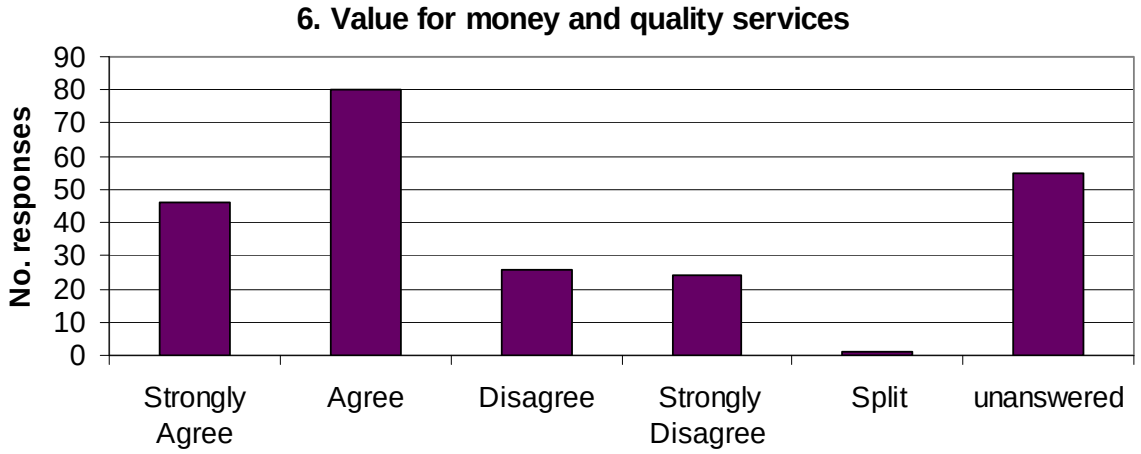
12. Section 2 Question 6: Value for money and quality services

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 unpaid 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?



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, unpaid 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 an unpaid 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 unpaid carer stated "... the service has to be "fit for purpose" and this is not always cheap..."

Council Response

The points above are addressed in sections 4.3. Quality is independently assessed by Social Care and Social Work Improvement Scotland (SCSWIS-formerly the Care Commission). We use these quality gradings to inform our monitoring and commissioning of services as described in section 4. Service

users and unpaid carers will be engaged appropriately at all stages of the commissioning process.

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…"

Council Response

We share the concern of many small organisations that the complexity of the tender process may be a barrier to them submitting tenders. That is one of the reasons that the Council will develop standardised tender documents and provide guidance prior to the commencement of the formal tendering process. We recognise that by employing local organisations this helps the local community and it is for this reason among others that the Council is developing its community benefits policy – this is deal with in more detail in section 15 of this document. The Council will also highlight opportunities to small and medium enterprises (SME's) and through the Council's supplier development programme will provide them with guidance through the procurement process.

Also see section 4.4 for further information

Most services are not registered with Social Work and Social Care Improvement Scotland (SCSWIS) to deliver care to all service user groupings. We would only expect them to deliver services that they are registered to provide.

We are committed to including directly provided services in the analysis of Best Value – this will be included in specific commissioning plans.

We describe our approach to contracting in section 12.4 below.

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.

Council Response

We acknowledge that staff wages form a significant proportion of the hourly rate for care services and that a high staff turnover can impact on the quality of service delivered. We monitor staff turnover within our contracts

We consider all social care tenders received on a quality and cost basis. We have indicated that bidders for new services will need to have achieved a 'good' grading for the quality of care and support they offer from Social Care Social Work Improvement Scotland. We do not expect SCSWIS would award 'good' grades to organisations with excessive levels of staff turnover.

When procuring new services we will be explicit about how quality and cost are being assessed.

Contracting Processes

The Council's approach to Best Value is to achieve a balance between increasing customer satisfaction, improving the quality of services and reducing their overall cost. Best value is not about seeking the cheapest service.

There are already a number of different approaches to the specification of contracts for homelessness and housing support services.

Children and Families will consider the impact of this approach as part of the development of the Children and Families' Commissioning Plan

During the life of the Strategy, the Council will adapt the way in which services are commissioned and contracted, in line with the forthcoming legislation on self directed support.

We will respond to this significant policy shift by commissioning and contracting services, which offer a greater degree of individual choice, both directly provided and externally procured. This means that an increasing proportion of social care services will be purchased via individual budgets and direct payments.

For some services there will be fewer block contracts, because the method of procurement will become replaced by more national and local framework agreements and additional options which people themselves may choose via a direct payment. An outcomes focus will be built into service specifications.

The overarching principle is that services have been and will be commissioned and monitored on an outcomes basis to include equality outcomes.

When procuring services, the Council will be transparent about how quality and cost are being assessed.

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 unpaid carers, why open them up to competition?..." One unpaid 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.

Council Response

We recognise that the procurement of care and support services is a complex area. In some instances, social care principles may not appear to fit within the procurement rules and there will be tensions between our duty to respond to individuals' assessed need and to comply with legislation governing procurement, which may involve the tendering of services.

For these reasons, the Council commits to following the guiding principles set out in the Scottish Government's 'Guide to Social Care Procurement' when considering procurement options. A key requirement will be the publication of an analysis of the benefits and risks associated with the proposed procurement approach on a case by case basis. This is similar to the principle of assessment of benefit and risk within this wider commissioning strategy (see section 8.)

Preparation of the above analysis, which will provide a rationale for decision making, will involve engagement with service users and unpaid carers and consideration of any potential effects on: the safety and wellbeing of service users and unpaid carers; the quality and cost of services; partnership work with providers; and workforce issues.

The personalisation and outcomes strategy as described in section 7 alongside a move towards framework agreements for services which people can directly purchase, should increase the individual choice available to people.

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.

Council Response

Please refer to section 10 which contains details of how we undertake consultation and engagement.

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.

Council Response

We describe some of the ways we control and monitor service provision in section 4 of this document. We agree it can be very difficult to monitor day to day service provision, particularly for vulnerable people who find it difficult to communicate their concerns.

We work closely with our partners in NHS Lothian to assist us with monitoring and alerting us to problems and issues in both internal and external services. Examples may include care homes for older people and some services for children.

Externally, services adhere to the requirements of a range of different bodies, including Social Care and Social Work Improvement Scotland (SCSWIS), the Scottish Housing Regulator and the Scottish National Standards for Information and advice services.

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.

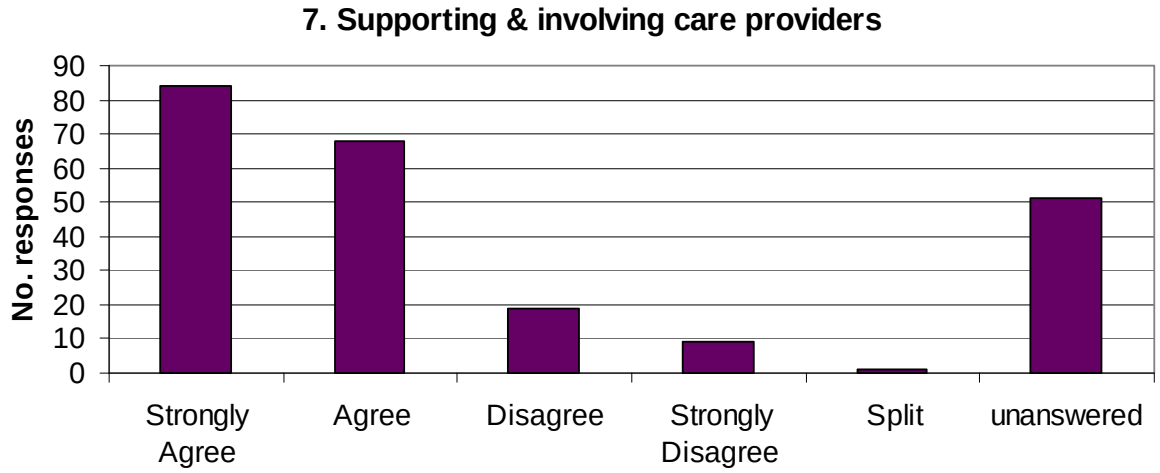
Council Response

There are many good examples of effective and committed joined up working. See sections 4.7 and 4.13 for some examples. The groups and strategies described in thee section help to stimulate creative thinking and partnerships. The Council is not complacent, however and this can always be improved upon. This will be helped by assessment of benefit and risk, including equality impact, when making budget decisions and redesigning services.
People asked about early intervention and community capacity building – the approach to our preventative strategy will be described within the final version of the strategy.

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?



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 unpaid 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.

Council Response

We agree that it is important to support provider involvement in a range of ways and that the primary reason for this involvement is the wellbeing of service users. We regularly check regulatory body grades as part of the quality assurance process and have a contract monitoring system and a memorandum of understanding with the Social Care and Social Work Improvement Scotland (SCSWIS), which highlights any concerns at an early stage.

We will continue to use and to develop the mechanism of service area provider group meetings in order to inform, engage and support providers on a large scale. In addition, monitoring and link officers are in contact with providers on a regular basis and are there to offer support if needed.

We will engage and involve providers at the 'analyse and plan' stage of commissioning, but where the 'do' stage involves an invitation to tender, we cannot involve providers in the formal tender process. Providers are also an integral part of the review process. We also engage our planning partners in this cycle.

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".

Council Response

We aim to involve existing and potential providers at all stages in the process. We have regular providers meetings in most areas of service. We think it is a good idea to have a directory of forums and checkpoint groups and we will think about how we could achieve this.

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…"

We agree that engagement and consultation with providers is very important. This will be done mainly through provider forums. It is in these forums that tensions from both perspectives above are aired and resolved where possible.

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.

Council Response

We are aware that different providers will have different interests in the commissioning process, i.e. some are local authority, some are profit making and some are registered charities. We work within a mixed economy of care and value the contribution of all providers in the care and support of the citizens of Edinburgh.

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

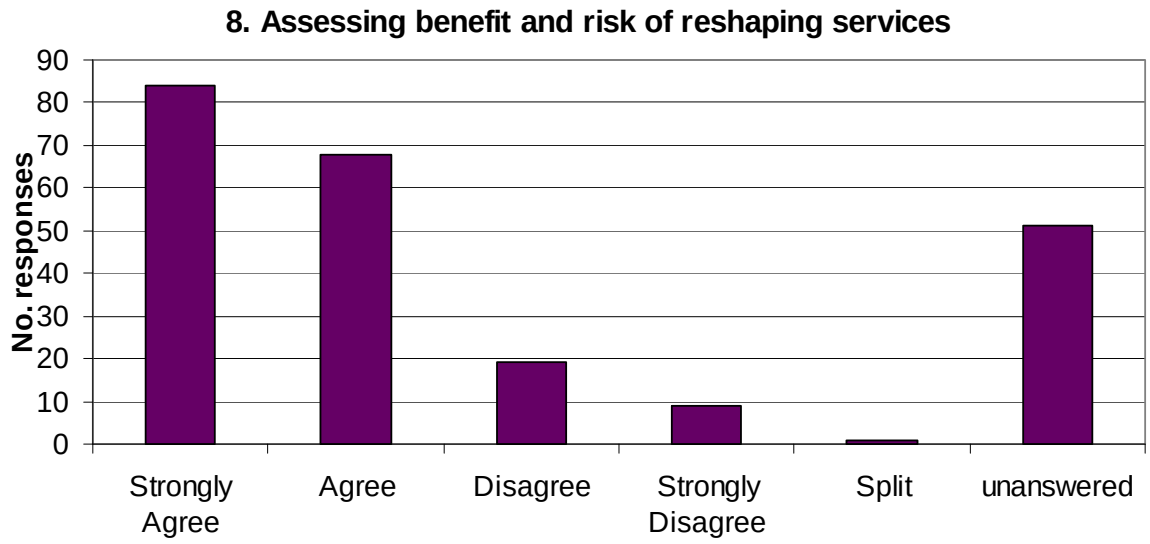
A risk analysis will be carried out before any decisions or changes are made to services. We will consider:

- the safety and wellbeing of service users and unpaid 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?



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:

- 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'.

Council Response

There will be an assessment of benefit and risk to particular groups of stakeholders when any procurement exercise is being undertaken. This assessment will take into account the implication for service users in any procurement exercise. The duty to offer direct payments in most circumstances will remain in order to offer choice to people.

When we assess service user need we are aware that some people have higher levels of care needs than others and this is taken into account in the care or support plan which follows the assessment.

We believe that the principles of co-production can work within a service which has been procured on a competitive basis.

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.

Council Response

The Council currently uses a Procurement Quality Risk Assessment Tool to assist in contracting decisions. This tool will be developed and refined, ensuring it includes equality based criteria, during the life of this commissioning strategy in consultation with service users and providers in order to more fully meet the requirements of this principle. This development will take into account the views which have been expressed in this consultation exercise.

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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 whenever 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.

Council Response

Please refer to sections 4 and 9 which contain details of how we will engage with service users and providers

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.

see section 4.9 for the Council response to the issues above.

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

See section 4.3 and 7.3 for the Council response to the issues above.

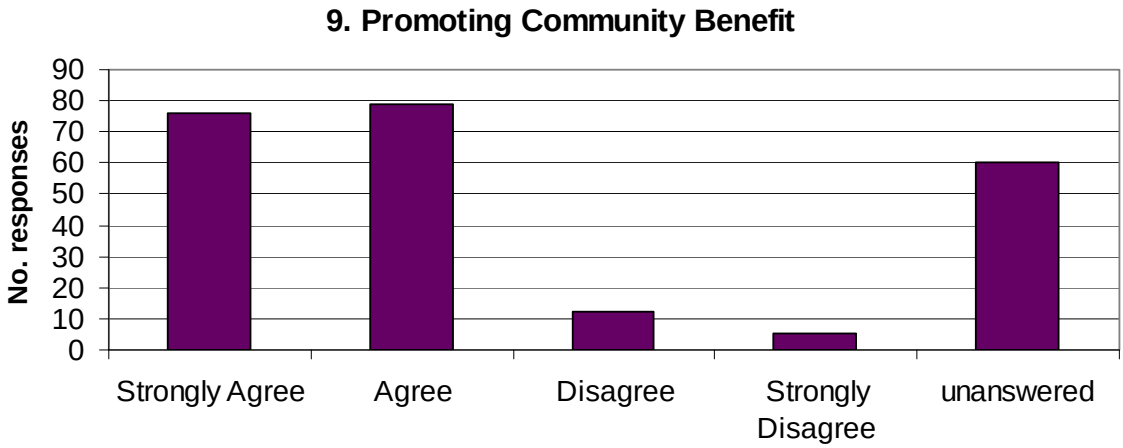
15. Section 2 Question 9: Promoting community benefit

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 unpaid 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?



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.

Council Response

We agree that this is an under-developed area, which needs further work to take account of all the issues raised above for example the need to view community benefit over the longer term, the value placed on volunteering, wider societal benefits and the risk that there will be fewer local organisations as a result of the tender process. We have not responded to the issues above in detail because we know we need to do further work on this aspect – but all the points raised in the consultation will be considered at that stage.

As an action within the Strategy, we will commence the identification of relevant community benefits for inclusion in social care and support commissioning.

We will also consider how to weight and score responses to questions asked of organisations regarding the community benefit they will create. This will involve considering how to value the worth of, for example, the creation of a volunteer placement relative to the delivery of another benefit, such as making a social opportunity available to a service user.

We will involve and engage providers and service users in this process by establishing a specific checkpoint group to assist in the development of the work.

We will then invite comments on our proposals, with a view to the Council agreeing a standard community benefit question in social care procurement documents.

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; - see response on eligibility criteria at section 11.4
- **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 – see section 8 for our response regarding the social model of disability
- **Service User Groups**- consultation groups such as those in mental health services should be developed;- this is acknowledged and is described generally in section 10 on consultation and engagement and will also feed into the adult social care plan.
- **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* see section 10 which deals with engagement and consultation
- **Service Standards**– these must be clearly publicised with a clear route for people using services to say *"..this did not happen!.." ;*We will make service specifications available to service users
- **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; we need to develop our approach to co-production during the life of the strategy
- **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; This has links to the long term conditions and self management strategy – people who manage their own long term conditions should have access to information and support events which are suitable for their needs – we will refer this comment to NHS Lothian who lead on this strategy
- **Training**– good training is needed for care workers and social workers in areas such as ASD where there is still a lot of ignorance
  It is acknowledged that there is a need for staff to have an understanding of autism. The Council has committed to developing its strategy on autism once the government's national stategy is published. This will include consideration of training requirements.

- **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;
  The Council is mindful of the crucial contribution charities make to the civic and social fabric of Edinburgh and the lives of many thousands of beneficiaries. We also understand the need for charities to remain true to their charitable objects, to operate within the terms of their constitutions and to guard their independence. Our dealings with charities will reflect this understanding. We remain committed to maintaining dialogue with charities and addressing issues raised with us by the charity sector through the medium of the Edinburgh Compact Group.
- **Unpaid Carers - group meetings**– provide group meetings with unpaid carers to discuss how services are working and have providers and Councillors in attendance; and
  The Council and the CHP have developed a carers' network for discussing issues of interest to carers and to feed into the Strategic Planning Group – Carers. We are happy to arrange additional meetings about specific issues and to arrange attendance by council representatives and carers' service providers for these.
- **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.
  See response to Section 7.2

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; see section 11.4 for response on preventative services

- **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..."* see section 11.4 for response on eligibility criteria – equality monitoring of eligibility criteria will also take place
- **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; this comment has been passed to the home care and support service manager
- **Capacity Plans** – a section on commissioning should be added to each Capacity plan; this will be developed alongside each 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; this comment has been passed to the finance manger
- **Vision Statement** – a shorter more precise statement was provided by one organisation (full text in background papers); and a shorter vision statement has been (will be) agreed with the checkpoint group
- **Learning Disability Plan and Complex Care Working Group** – this work should influence the learning disability section in the Plan. This group has already influenced this section and will continue to be involved as the plan develops

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 unpaid 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...";* We are aware that our requirement to consult and engage can have this effect. Where possible we will co-ordinate the range of consultation and activity to minimise the consultations which people are being invite to engage 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; we will work with the sustainable development unit in the council to ensure that these new duties are incorporated where relevant within the 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; this overarching strategy is an attempt to provide a council wide approach to commissioning services. We are aware that people do not always fit neatly into categories and we anticipate that the Health and Social Care personalisation and outcomes strategy will provide a more holistic response.

- **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. We anticipate that all services will operate with a reablement approach. We have provided training and advice to the third sectors in order to facilitate this. Within the life of this strategy we aim to review the reablement and community rehabilitation services with a view to aligning them more closely together. As these short term services contain an element of inter-agency assessment activity and they are very closely aligned to NHS Lothian we anticipate these remaining in house during the life of the strategy

- **Access to information** – refer to section 10

- **Wellbeing** – promoting wellbeing should be implicit throughout the whole Strategy; This is agreed and has close links to the mental health and wellbeing strategy

- **Dementia care team** – consideration should be given to providing a responsive dementia care team service in the community; We are working closely with our colleagues in NHS Lothian to further develop our approach to people with dementia living in the community. This will form part of the 'Live Well in Later Life Strategy' which is described within the adult social care plan

- **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'; We recognise that transport is integral to many of the services which we commission. We will take this into account when we are designing and commissioning services.

- **Unpaid carer Statistics** - there is no reference to statistics or prevalence of the unpaid carer (including young unpaid carers) population which has risen steeply by 20% in Edinburgh in less than 10 years. There should also be reference to the BME unpaid carer population and BME population trends to

reflect an awareness of cultural needs for future commissioning. We will add unpaid carer statistics to the final document

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 Unpaid carers
- Unpaid 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 Unpaid carers Group
- MECOPP South Asian Unpaid carers group
- NEDC North Edinburgh Dementia Care
- North East Unpaid 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 – unpaid 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)
- Unpaid 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 Unpaid 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 chose 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.

Appendix 4

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

Number	Key Actions Points within the 5 year life of the Commissioning Strategy		
Vision for the Commissioning Strategy			
1.	The Council will promote the vision and principles for the Commissioning Strategy to all relevant staff and stakeholders.		
General			
2.	The Council will adopt the approach to Strategic Commissioning recommended by the Social Work Inspection Agency. This will include adopting a 4 phase approach to Commissioning ie analyse, plan, do, review. An equality and human rights perspective will be adopted throughout the commissioning cycle.		
3.	The Commissioning Strategy will run for 5 years and will become a major project reported quarterly to Council Management Team and annually to Policy and Strategy Committee		
4.	The City of Edinburgh will establish engagement and consultation groups, with agreed terms of reference, when major commissioning plans and related change processes are being developed		
5.	The Council will be transparent in all its dealings with service users and unpaid carers either directly or through service provider organisations. This commitment will be communicated to all relevant staff.		
6.	When commissioning services, the City of Edinburgh Council will follow the 9 key principles contained in the strategy document. These principles will also be incorporated into service specific commissioning plans.		
7.	Council staff will always ask people how they wish to be addressed. Words which address people as groups (ie service user, customer) will only be used when there is no other description.		
Information			
8.	The Council will communicate the reasons for services being directly delivered or procured externally. This information will be contained in the more specific commissioning plans		
9.	The Council is currently undertaking work on cost and quality comparisons across directly provided and external services and will make this information available to help people make meaningful choices about which services they want to choose. The Council will ensure that people are engaged and given the right level and detail of information to help them make choices		
Services to be Personalised and offer Choice			
10.	The Council will develop it approach to Personalisation and Outcomes in a way that involves active participation of people who currently receive care and support or who may do so in the future.		

11.	The Council will develop training programmes which meet the needs of workers from a wide range of backgrounds in order to implement the principles of personalisation and self directed support. This training will include how to work with people who find it hard to engage and communicate choices due to communication difficulties or capacity issues		
12.	The personalisation and outcomes framework will work towards ensure that the best outcomes are achieved for people who have multiple and complex needs and who do not fit 'neatly' into a service user grouping		
13.	Each of the departmental Commissioning Plans will describe how personalisation and choice will be addressed.		
14.	The Council will review the support provided to people who use self directed support (including direct payments) and make improvements to how this is provided in future. This review will incorporate the role of organisations who support those people		
15.	The Personalisation and Outcomes group and its associated checkpoint group will bring forward recommendations on whether a Resource Allocation System (RAS) will support improved outcomes for adults who receive social care and support services.		
Self Management and the promotion of independent living, recovery, and living and dying well			
16.	Each of the 3 commissioning plans, will contain an explicit approach to prevention.		
17.	The Council will work towards directly provided and procured services focussing, where appropriate on supporting people to make their own choices, managing their own support and making more use of universally available services		
18.	The Council will recognise the palliative care needs of people by directly providing and procuring services which meet the needs of people in the last stages of life		
19.	The Council will ensure that anyone in receipt of a care and support service is offered a regular review of their needs and the outcomes they wish. Where there is an unpaid carer, we will offer a separate review of their own needs		
20.	The Council will ensure that both internal and externally procured services are flexible enough to respond to changing needs via service specifications, outcome agreements and regular monitoring		
21.	Where appropriate the Council will incorporate both the Recovery Model and the Social Model of Disability into our commissioning process		
Unpaid Carers as Equal Partners			

22.	In partnership with unpaid carers, service users, carer organisations, and NHS Lothian the Council will review the current Carers' Strategy 'Towards 2012'. We will incorporate actions from the new plan into the commissioning plans for adult social care, children and families and housing and homelessness		
23.	The Council will continue to offer carers assessments (including young carers) in their own right and we will monitor this activity		
24.	The Council will continue to develop short breaks and breaks from caring, to meet increasing demand. This will include increased opportunity for direct payments where appropriate		
25.	The Council will continue to support training opportunities for unpaid carers		
26.	The Council will develop plans for the time when older carers can no longer support family members, partners or friends		
Consultation and Engagement			
27.	The Council will consult in good time, in advance of planned service change and will ensure consultation plans are timely in order to avoid unnecessary delays in service developments. Engagement and Consultation will be consistent with each stage in the commissioning cycle		
28.	The Council will develop an engagement and consultation plan for each relevant aspect of commissioning activity.		
29.	The Council will provide support to meet the needs of people who find it hard to engage due to communication or capacity issues.		
30.	Feedback will always be provided and the Council will publish clear timescales throughout		
Equality and Equity of Access			
31.	The Council will continue to work with BME communities and other protected groups to identify and eliminate service gaps, ensure equitable referral processes and develop inclusive responses to identified barriers in accessing universal services.		
32.	The Council will undertake an Equalities and Human Rights Impact Assessment where necessary for commissioning work for social care and support and will be mindful of equalities throughout the commissioning cycle		
33.	The Council will continue to publish eligibility criteria for access to social care and support services		
34.	The Council will develop a means of monitoring the outcomes of eligibility assessment by equality grouping		
35.	When budget reductions or efficiencies are being considered an equalities impact assessment will be considered to identify any impact on particular groups and mitigate the effect		

36.	The Council will develop assessment staff in collaboration with statutory, voluntary and private sector partners to collaborate in assessments where there is a specialist need.		
37.	The Council will listen to the views of specialist organisations and service user groups to assist us in meeting specific need.		
38.	The council will continue existing work to encourage a more balanced equality profile of staff across the care sector.		
39.	The Council will develop mechanisms to monitor service access and service outcomes from an equalities perspective		
40.	The Council will consider, with its partners how to improve Equalities Impact Assessment work and make the best use of available resources		
Value for Money and Quality Services			
41.	The Council will review its approach to quality assurance during the life of this strategy		
42.	Where services are regulated by Social Care and Social Work Improvement Scotland (SCSWIS), the Council will directly provide or procure new services which reach at least grade 4 in the category of 'Quality of Care and Support' and aim for all its existing purchased or directly provided services to achieve grade 4.		
43.	The Council will develop Specifications for directly provided and external services with an outcomes focus		
44.	The Council will make service specifications available to service users		
45.	In the planning stage of the commissioning cycle the Council will indicate whether services are to be internally provided, procured externally or a combination of both. A Best Value approach will be taken when these decisions are being taken and this will be communicated in a transparent fashion		
46.	If the service is to be externally procured, the Council will identify the best procurement route and make explicit to stakeholders the reasons why this route has been selected.		
47.	The Council will develop a procurement plan for all services to be procured externally		
48.	When procuring services, the Council will be transparent about how quality and cost will be assessed.		
49.	The Council will continue to support providers delivering smaller value programmes (currently up to £50,000 per annum) through its Grants programmes		
50.	The Council will ensure that any documentation and selection criteria relating to financial viability are proportionate to the contract in question and do not unreasonably exclude small and medium enterprises or third sector providers.		

51.	The Council will produce guidance and assistance to make its procurement processes open, equitable and transparent.		
52.	The Council will ensure that any documentation and selection criteria are proportionate and relevant to the contract in question and through the Council's supplier development programme, will highlight opportunities to small and medium enterprises (SME's) and provide them with appropriate guidance on the procurement process.		
53.	The Council will follow the guiding principles established in the Scottish Government Guidance on the Procurement of Social Care and Support		
54.	The Council will adapt the way in which services are commissioned and contracted in line with policy and legislative shifts eg the forthcoming legislation on self directed support.		
Supporting and Involving Care Service Providers			
55.	The Council will engage providers appropriately at all stages of the commissioning process		
56.	The Council will engage with providers through the mechanism of provider group forums in order to inform, engage and support providers on a large scale. This is in addition to the one to one support provided by monitoring and link officers		
57.	The Council will attempt to engage prospective providers when specific commissioning plans are being developed		
Assessing Benefit and Risk of Reshaping Services			
58.	When commissioning or procurement exercises are being undertaken an assessment of benefit and risk to service users (and unpaid carers where appropriate) will be undertaken		
59.	The current Procurement Quality Risk Assessment Tool will be developed and refined to assist in the assessment of benefit and risk, ensuring that it includes equality based criteria		
Promoting Community Benefit			
60.	The Council will commence the identification of relevant community benefits for inclusion in social care and support commissioning		
Reviewing the Commissioning Strategy			
61.	The Council will review the Strategy annually and report this review to the relevant committee		