

Commissioning Strategy for Care and Support Services

Policy and Strategy Committee

9 August 2011

Purpose of report

- 1 This report seeks approval for the final draft of the Council's Commissioning Strategy for Care and Support Services.

Background

- 2 The document attached as Appendix 1 is the overarching strategy for commissioning both internally provided and externally purchased social care services. The strategy contains a set of nine principles, which will underpin the more specific commissioning plans for adult social care, housing and homelessness and children and families. These plans will describe how the principles contained within the strategy will be implemented by Health and Social Care, Services for Communities and Children and Families. Following consultation, these plans will be presented for member approval in autumn 2011.
- 3 To listen effectively to the views of our partners, a checkpoint group including representatives from 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 that it was chaired by an independent person. Membership of the checkpoint group is set out at Appendix 2 to this report. The group advised on the format and content of the consultation document and the approach to be taken.
- 4 On 14 June 2011, Policy and Strategy Committee agreed the Council's response to the substantial consultation and engagement programme undertaken from November 2010 to March 2011.
- 5 Committee also agreed a set of action points, which would be incorporated into the final version of the strategy.

Main report

- 6 The final version of the strategy contains a set of 9 principles, to be adopted by each department when commissioning social care and support services. The principles are as follows:
 - services to be personalised and offer choice

- self management, promoting wellbeing and independence through to the end of life
 - unpaid carers are equal partners
 - communications and engagement
 - equality of opportunity
 - Best Value for all services
 - supporting our providers
 - assessment of benefit and risk in service redesign
 - promoting sustainable procurement by means of community benefits and social issues.
- 7 The strategy also includes a 61 point action plan which has already been agreed by Policy and Strategy Committee.
- 8 The Checkpoint Group has reviewed the strategy on a number of occasions and agrees that it reflects the outcome of the consultation exercise.
- 9 Following approval, the strategy will be published using a range of media, including hard copy and electronic versions, which will be accessible on the Council's website. Easy-read versions will also be available.

Financial Implications

- 10 The strategy includes a commitment to commissioning new services, which achieve at least a grade 4 in 'quality of care and support' from the regulator Social Care and Social Work Improvement Scotland (SCSWIS).
- 11 For all existing services, either delivered by the Council or procured externally, the aim is to achieve a Social Care and Social Work Improvement Scotland grade 4 in the category 'quality of care and support'.
- 12 This ongoing commitment to quality services is likely to have financial implications for the Council.

Equalities Impact

- 13 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 in the future. The EqIA report will be made available on the Council's website.
- 14 Key recommendations related to commissioning arrangements include:
- the need to incorporate an equalities perspective throughout the commissioning cycle
 - the need to continue to work with black and minority ethnic and other protected groups to identify and eliminate service gaps
- 15 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
- 16 The above recommendations have been incorporated into the action points, which are included in an appendix to the strategy.

Environmental Impact

- 17 The Council has taken account of sustainable development issues in its approach to this strategy, and in developing a framework of mixed provision, has recognised the need for economic and social sustainability in this service area. The environmental impacts will be assessed in the implementation of the strategy, a monitoring framework will be established to measure its effects in relation to the Council's obligations under climate change legislation.

Recommendations

- 18 It is recommended that the Policy and Strategy Committee:
- a) agrees the final draft of the Commissioning Strategy for Care and Support
 - b) instructs the three relevant Council departments to implement the action plan and incorporate these actions into service specific commissioning plans
 - c) requests annual reports on progress with the strategy.

Peter Gabbitas
Director of Health and Social Care

Appendices	1. Final draft of Commissioning Strategy for Care and Support Services 2. Commissioning Strategy Checkpoint Group membership
Contact/tel/Email	Tricia Campbell, Head of Older People's Services, Health and Social Care 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

Policy and Strategy Committee report 14 June 2011: 'Commissioning Strategy for Care and Support Services – Consultation Feedback and Council Response'

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

Policy and Strategy Committee report 2 November 2010: 'Commissioning Strategy'

Edinburgh Commissioning Strategy

For care and support 2011-2016

Commissioning

“The term used for all the activities involved 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.”

Contents	Page
Foreword	2
Introduction	4
1) Our vision	
2) What are the aims of this strategy?	
3) Your views	
4) Plain English guide	
Part one: Background	6
1) Legal issues	
2) National outcomes	
3) Strategic plans	
4) Eligibility criteria and prevention	
5) Population trends	
6) Financial context	
Part two: The commissioning cycle	14
1) How the cycle works	
2) One strategy – three plans	
3) Joint commissioning	
4) Reviewing the city-wide strategy	
5) Key principles in commissioning	
Appendices	24
Appendix 1 – Glossary of Terms	
Appendix 2 – Key Action Points within the 5 year life of the Commissioning Strategy	
Appendix 3 – Legal Framework	

Foreword

Last year, as we launched our consultation into the commissioning of care and support services, I made a commitment that for the planning, design and improvement of services, a more participatory approach would be taken, involving genuine two-way communication to secure the views, opinions, suggestions and concerns of the people who use services and their unpaid carers.

As a Council, we are committed to building on the strong relationships that we have with the voluntary and private sectors. In taking forward the discussion on how we plan, purchase and deliver care and support services for those most in need, the shared knowledge that exists between the Council and the independent sector is invaluable.

It is encouraging that so many people took time to participate in the consultation, which has informed our Commissioning Strategy for 2011 to 2016. I am grateful to the 2000 or so people who provided their views which were detailed, informed and insightful. This enabled the development of an action plan comprising 61 points to be addressed in our commissioning work.

We would not have benefited from these contributions without the active, engagement of a Checkpoint Group, representing people who either use care and support services or provide them. I would like to extend my personal gratitude to those individuals who willingly gave such thoughtful and valuable advice, based on their own personal and practical experience.

This strategy for commissioning care and support services for the years 2011 to 2016 will continue to be shaped by service users and providers. In the implementation and review stages of our strategy, and in the development of our associated plans, we will make sure that you have the opportunity to have your say, and that your views genuinely influence the development, provision and delivery of Edinburgh's services.

Councillor Jenny Dawe
Leader
The City of Edinburgh Council

The Checkpoint Group brought together people from the third and private sectors who had considerable expertise and knowledge of best practice in commissioning and procurement. This has resulted in the strategy being developed in a spirit of openness, inclusion and through robust debate. The wide remit of the Checkpoint Group has ensured that the stakeholders have influenced and critiqued the development of the strategy.

The scale of the response to the consultation process directly reflects the importance of this strategy to individuals, organisations and communities, and how the Council will undertake commissioning in the future.

The strategy sets a high benchmark as it ensures that service users, carers and the community will be at the heart of all future commissioning and procurement processes.

Ella Simpson
Chair
Commissioning Strategy Checkpoint Group

Introduction

1. Plain English guide

Professional terminology can sometimes be difficult to understand. While this document explains complex commissioning, contractual and legal arrangements, we have done our best to make the language as clear as possible.

Any terms you find **underlined** are explained in detail in our 'Glossary of Terms' attached as Appendix 1.

2. Our vision

The Council wants to support children and adults of all ages to have dignity and choice to live as independently as possible and appropriate. We want to see people exercising as much control over their lives as they want or are able to, through to the end of life.

We are committed to the principles of **self directed support, choice, personalisation, equality of opportunity** and **value for money**, which form the building blocks for high quality, responsive services for all of Edinburgh's children and adults.

We will work in partnership with service users, **unpaid carers** and organisations in the public, voluntary and private sectors to deliver the aims of this strategy.

3. What are the aims of the strategy?

This strategy describes the principles we will follow when **commissioning** care and support services.

There is also a set of action points in Appendix 2, which state what we will do over the next 5 years to 2016.

The Council currently provides a wide range of care services for people across Edinburgh. These include services to children, young people and vulnerable families, people at risk of homelessness, older people, people with physical disabilities, learning disabilities, mental health problems, substance misuse, and HIV/AIDS.

The Council also pays external organisations to provide some of these services on its behalf. The table on page 11 of this document shows that

approximately 59 per cent of the total services provided are purchased externally.

To meet the needs of current and future service users, the Council must provide or arrange services in a variety of ways, including:

- directly, through its in-house services
- externally, from the private and **voluntary sectors** through the **procurement** of services
- by providing people with a range of self directed support options, such as **direct payments** or **individual budgets**, which can include a direct payment; or
- a combination of the above

This document explains our proposed 'commissioning cycle', which will mean that services are directly delivered and purchased in an open, transparent and fair way.

In developing this strategy, we have followed guidelines from both the Scottish Government and the **Social Work Inspection Agency** (this organisation became Social Care and Social Work Improvement Scotland on 1 April 2011). Both organisations stress the importance of a number of key areas for councils to pay special attention to when commissioning – including legal requirements, **Best Value**, **equality** and the views of service users. All of these areas are discussed in detail in Part Two of this strategy on page 13.

4. Your views

It is essential that we listen and respond to the views of service users and unpaid carers when we are developing our overall approach to commissioning. When we were developing the strategy, we engaged and communicated with a wide range of people. The views and opinions that we received were summarised in a consultation response and the Council responded to all the themes, which were raised throughout the process.

One of the key principles to which we are committed is engagement and communication at key stages in the commissioning process. We learned a lot about this and its central role when we were developing this strategy.

Part One: Background

1. Legal issues

The Council has a wide range of legal responsibilities to consider when assessing, providing and purchasing care and support services. These include legislation relating to social work, housing, procurement, equality, Best Value and employment law. A summary of relevant legislation is contained in Appendix 3.

Future legislation may also affect how we provide these services. For example, a Self Directed Support (SDS) Bill is likely to become law in 2011/12. This will have a considerable impact on how we provide direct payments and a very significant impact on how we commission and purchase care and support services in Edinburgh. Welfare reform will also impact on the income of vulnerable people and on the way services are funded.

2. National Outcomes

As part of the Edinburgh Partnership's **Single Outcome Agreement** 2009-12, the Council needs to show how it contributes to the Scottish Government's 'National Outcomes'.

The Council has specific targets to meet for many local outcomes, shown below. Further information on these can be found in the Single Outcome Agreement 2009-12 on the Council's website.

National Outcome	Local Outcome
Outcome 3: We are better educated, more skilled, more successful, and renowned for our research and innovation	<ul style="list-style-type: none"> • Young people go on to positive sustainable destinations.
Outcome 4: Our children are successful learners, confident individuals, effective contributors and responsible citizens	<ul style="list-style-type: none"> • Our young people have high quality learning experiences and their learning needs are met. • Children and young people are successful learners. • Young people are confident individuals, effective contributors and responsible citizens.
Outcome 5: Our children have the best start in life and are ready to succeed	<ul style="list-style-type: none"> • Children's early years development, learning and care experiences are improved so that they are ready for school.
Outcome 6: We live longer, healthier lives	<ul style="list-style-type: none"> • Edinburgh's unpaid carers are supported. • Edinburgh's children are healthy. • People are discharged from hospital without delay. • Mental health and wellbeing is improved.

	<ul style="list-style-type: none"> • Drug and alcohol dependency is reduced. • People with disabilities have improved health and wellbeing. • Older people have improved health and wellbeing. • People in Edinburgh are increasingly active, contributing to the aim of Edinburgh being the most physically active European city by 2020.
Outcome 7: We have tackled the significant inequalities in Scottish Society	<ul style="list-style-type: none"> • Deprivation and all forms of inequality in Edinburgh are reduced.
Outcome 8: We have improved the life chances for children, young people and families at risk	<ul style="list-style-type: none"> • Children in need of protection receive the help they need straight away. • Looked after children are cared for and supported. • There is a reduction in the number of children and young people who offend.
Outcome 9: We live our lives safe from crime, disorder and danger	<ul style="list-style-type: none"> • People in Edinburgh are safe from crime, disorder and danger.
Outcome 10: We live in well-designed, sustainable places where we are able to access the amenities and services we need	<ul style="list-style-type: none"> • People in Edinburgh have access to a range of affordable homes.

3. Strategic plans

The Council already produces detailed strategic plans for its care services. These include:

Adult services

Joint capacity plans and other strategic plans for adult care services. These plans cover older people and people affected by learning disability, mental health issues, physical disability, substance misuse and HIV/AIDS.

These plans are developed in partnership with NHS Lothian, in consultation with service users and other partners.

Children's services

The Integrated Children and Young People's Plan has been developed with the four key partners who work with children, young people and their families in Edinburgh. The partners are the Council, NHS Lothian, Lothian and Borders Police and the voluntary sector.

Housing and homelessness

The Council has a responsibility to develop and implement a city-wide housing strategy that outlines how the Council tackles homelessness and meets housing need.

The current housing strategy is under review and a new strategy will be published in summer 2011, following consultation with key partners and stakeholders. The homelessness strategy is updated annually in consultation with the Homeless Planning Group and the Edinburgh Homelessness Forum.

4. Eligibility criteria and prevention

To make sure our decisions are fair and equitable, we use agreed criteria to inform different decisions about what care, support, accommodation, housing and advice can be made available to people who need help. These take account of each person's circumstances and allow the Council and its partners to identify the different options that are available to support people to live independently.

Adult Social Care

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 their 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 – 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 to stop them from getting worse.

The Council's Guide to Adult Social Care Services (December 2010) gives further details about eligibility 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

The Council agreed eligibility criteria for children and families social work services in September 2009. These give priority to child protection, looked after children and young people, children and young people with a disability, and their families. Children and families with needs assessed as being of critical or substantial priority will receive services more quickly than people with lower priority needs.

The Council's policy emphasises that social work services to children cannot be provided in isolation from other services needed by them, in particular education, health and adult social care services for their parents and carers. In line with the Scottish Government's policy "Getting It Right for every Child", the Council works with agencies that provide services to meet children's needs, both before these reach the threshold for social work intervention and as additional support where social work is involved. 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

Preventing Homelessness

People who have housing problems or who may be at risk of homelessness will be helped to access advice, support and accommodation services they need to resolve their problem as quickly as possible. There are different assessment criteria for housing support and for the provision of advice and accommodation for homeless people. Advice on the help available to people at risk of homelessness can be found on the Council's website at:

http://www.edinburgh.gov.uk/info/1022/housing_advice_for_homeless_people

Self Directed Support

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 categories. The Council currently offers a wide range of preventative services and support and is reviewing how to take these forward in the 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 increase risk (including **re-ablement**, **telecare** and housing advice). The aim is to enable people of all ages to continue to live in their own communities.

5. Population trends

Edinburgh's total population is estimated at 478,447 at June 2010.

By 2020, it is expected to rise to 514,065, an increase of 7.4 per cent. This is twice the Scottish average rate of increase.

The highest expected increase is in the 85+ age group. By contrast, the number of primary school children is expected to increase steadily from 2012 to 2019 and then level off, but the decline in numbers of secondary age children is expected to continue until 2017 and will not be back up to 2008 levels until 2021.

Older people

Growth in the numbers of older people will increase the demand for care and support services. For example, by 2020-21, care home places would need to increase by 24 per cent and home care hours by 22 per cent, if current service levels were to be maintained. This means the total Health and Social Care net expenditure on services for older people would need to increase by £22.6 million over this period (23 per cent), before inflation was added.

People with learning disabilities

The number of people with learning disabilities, who are known to the Council increased by 7% per year between 2006 and 2011. While some of this increase may be due to better recording, the underlying prevalence is known to be increasing.

There are also increased numbers of people with physical disabilities, such as people surviving road accidents and other trauma.

These numbers are expected to continue to rise, but it is not possible to predict by how much. The Council has increased expenditure on disability services in recent years, but demand continues to grow.

Carers

Most care and support is provided by unpaid carers, mainly partners and family members. At the 2001 Census, there were 38,900 carers in Edinburgh, of whom almost 12,000 (30%) provided 20 hours or more of care per week. More recently, data from the Scottish Household Survey (SHS) suggest that in 2007-08 there were 47,400 carers in Edinburgh. The variation in the Census and SHS figures may reflect differences in the survey questions. We assume that the number of carers will rise in future, however, the rate is uncertain, as the increase in need for care may not necessarily be reflected in the number of people able to provide it.

Drugs and alcohol

Both Scottish and UK Governments have expressed concern about rising alcohol and substance misuse, which will also increase pressures on children and families social work, and on services for adults who misuse substances.

Poverty

Household relative poverty levels in Edinburgh are below the Scottish average, according to data published by the Scottish Government in August 2010. However, this masks stark differences in the relative wealth across communities in the city. For 2005 - 2008, Edinburgh ranked 18th out of the 32 councils on this poverty measure.

Homelessness and housing

Edinburgh has a serious shortage of affordable homes. For example, there are on average 140 bids for every available social rented home. The Council estimates that in order to meet this shortage, up to 16,000 new affordable homes are required in coming years. This issue contributes to the level of homelessness in Edinburgh.

The city's homelessness strategy aims to prevent homelessness wherever possible. When people do become homeless, the strategy aims to ensure that their transition to independent living is as quick and as effective as possible.

Through this Strategy, overall homelessness has fallen in the last four years. However, the current recession, changes to housing benefit, new local authority duties to provide a home to everyone who is unintentionally homeless and a significant reduction in public investment in new affordable homes is likely to lead to increased homelessness.

This means more work is required to prevent homelessness, wherever possible through accommodation, advice and housing support services that are efficient and appropriately targeted.

6. Financial context

Budgets for the services covered in this strategy are allocated to three of the Council's departments: Children and Families, Health and Social Care and Services for Communities.

Overall, 41% of the Council's net budgeted expenditure on these services (including assessment) is provided in-house. 59% is purchased from private and voluntary sector providers.

The budget breakdown for 2011-2012 is shown overleaf:

2011-12 Council budgets

	IN-HOUSE	PURCHASED	TOTAL	Percent purchased
	£'000	£'000	£'000	%
Children and Families				
Total C+F Social Work	52,076	31,917	83,993	38%
Health and Social Care				
Service Strategy	1,630	0	1,630	0%
Older people (65+)	34,282	66,546	100,828	66%
Adults with physical or sensory disabilities (18-64 years)	7,262	14,097	21,359	66%
Adults with learning disabilities (18-64 years)	13,187	30,770	43,957	70%
Adults with mental health needs (18-64 years)	4,021	6,031	10,052	60%
Substance misuse (18-64 years)	574	1,921	2,495	77%
AIDS/ HIV	339	1,135	1,474	77%
Services to asylum seekers and refugees	245	0	245	0%
Total HSC	61,540	120,500	182,040	66%
Services for Communities				
Homelessness and Housing Support (excluding Public Sector Leasing contracts)	8,139	16,424	24,563	67%
Housing support budgets being transferred to Health and Social care in 2011-2012 (£7.6m)				
• Adults with physical or sensory disabilities	0	965	965	100%
• Adults with learning disabilities	0	6,381	6,381	100%
• Adults with mental health needs	0	177	177	100%
• Other groups	0	85	85	100%
Total being transferred	0	7,608	7,608	100%
Total Services for Communities	8,139	24,032	32,171	75%
GRAND TOTAL	121,755	176,449	298,204	59%

Source: POBE (Projected Outturn Budget Expenditure) return to Scottish Government, adjusted for PSL contracts, with additional information about in-house/ purchased split.

Note: Health and Social Care budgets for adults (18-64) include services for young people with disabilities aged 16 and 17 years who are in transition between Children and Families and health

and Social Care Services. For Health and Social care the recording of expenditure by client-group changed in 2010-2011 to count all expenditure on people aged 65+ under “older people”. The level of investment from Children and Families in this Strategy reflects the social work spend. Other areas of commissioning may be added to this as the Commissioning Plan for Children and Families develops.

Funding levels

In responding to the most challenging financial circumstances that local government has faced for a generation, the Council has presented a balanced budget for the next two years (2011-2013) and put in place plans for delivering a substantial level of further savings in 2013/2014. This budget enables the Council to deliver on Edinburgh’s share of national commitments that were agreed on 17 November 2010 between the Scottish Government and the Convention of Scottish Local Authorities (COSLA). A copy of the letter containing these national agreements can be found at:

www.scotland.gov.uk/Resource/Doc/1070/0107976.pdf

The Council's budget has been developed following a community engagement process. It 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 older people, and their unpaid carers.

Council Long Term Financial Plan: Year on year budget additions for demography

	2011/12	2012/13	2013/14	Total
	£'000	£'000	£'000	£'000
<i>Increasing numbers of:</i>				
Older people (especially aged 85+)	1,369	2,086	2,016	5,471
Adults with a learning disability	2,321	2,425	2,555	7,301
Adults with physical disability	346	352	357	1,055
Children in need	1,464	1,522	1,157	4,143
Total Long Term Financial Plan additions	5,500	6,385	6,085	17,970

The Council has increased support to unpaid carers in recent years and is committed to continuing to develop short breaks and breaks from caring to meet increasing demand.

In recognition of the scale of challenge facing the Council in future years, the 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.

Further information on the Council’s budget is available at:

http://www.edinburgh.gov.uk/info/20104/council_budget/1314/council_budget_201114

Part Two: The Commissioning cycle

We value the many contributions made to the further development of our commissioning and procurement processes and our plans reflect the commitment to fairness and transparency we were asked to make.

The Council wishes to use a commissioning 'cycle', which has four distinct stages: *analysing, planning, doing and reviewing* and which will incorporate an equality perspective throughout. See page 14 for a diagram which describes the commissioning cycle.

The idea for this cycle comes from the Social Work Inspection Agency's (SWIA) *Guide to Strategic Commissioning (2009)*. This guide recommends that public bodies, like councils, should have a long-term overall commissioning strategy.

As well as this larger strategy, we are also developing three individual plans, which look in more detail at how we will go about commissioning specific services (see page 15).

As this is the first time such a strategy has been developed, it will initially span five years.

The Council wishes to use this model, both internally and in partnership work with other organisations.

1. How the cycle works

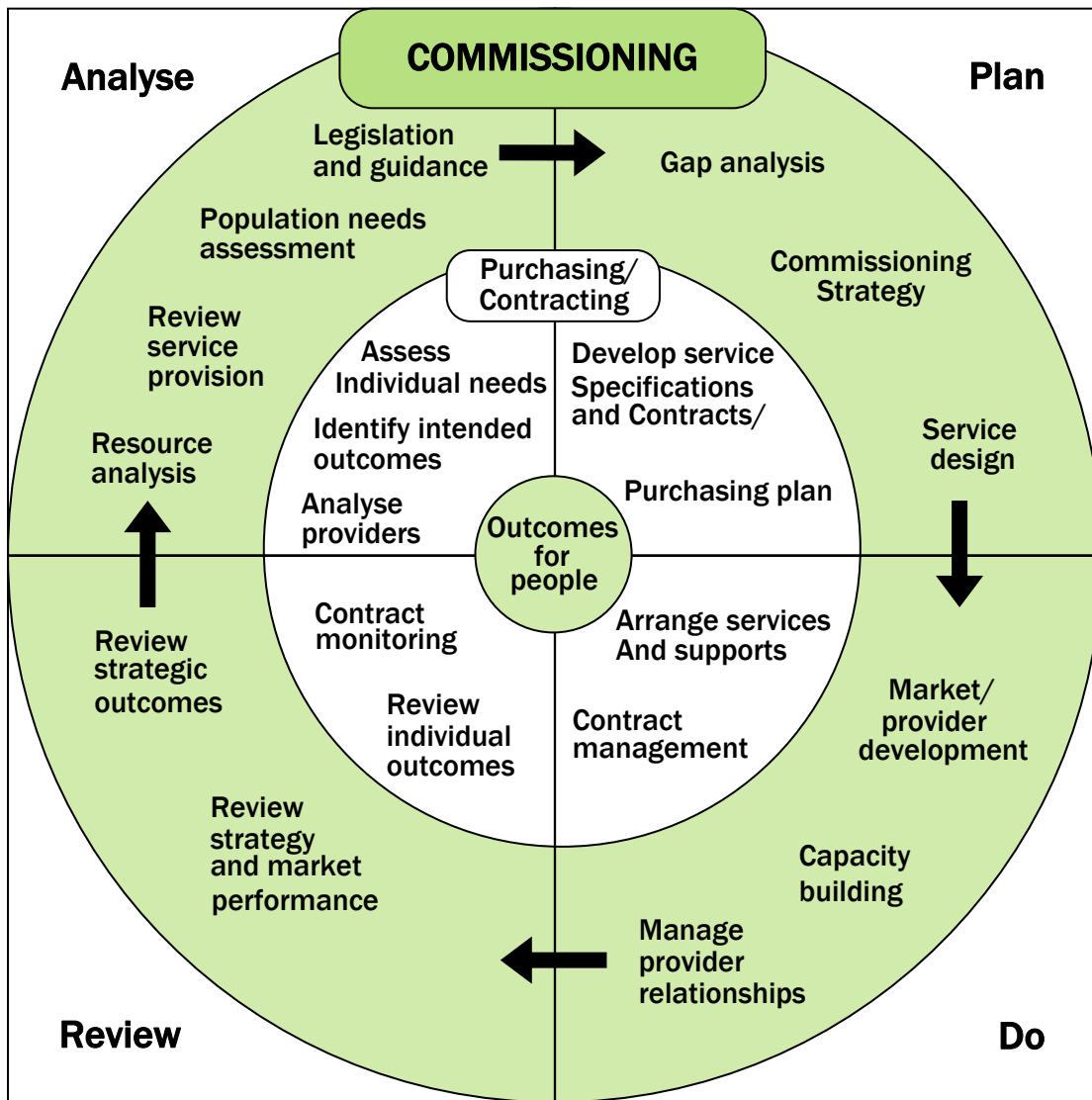
These are the four stages of the commissioning cycle.

Analyse. The Council will consider all the information available from consultations, census information, the way people use services currently, gaps in services, and by monitoring service quality. It will also use disaggregated information on equality (protected) groups where possible.

Plan. We will then work with stakeholders in an inclusive manner to create a picture of how services need to be shaped in the future.

Do. Individual service areas will describe how they will implement the longer term commissioning strategy through shorter term delivery plans. These may include developing or purchasing new services, reshaping or ending existing services, which are no longer as relevant to what people want or need. This stage also demands that departments work closely with **providers** on an ongoing basis and that the market is developed or stimulated where necessary. We will be particularly mindful at this stage to build in equality requirements.

Review. The strategy will be reviewed, including looking at whether it is in itself still relevant to changing conditions. The effectiveness of purchasing arrangements will also be reviewed at this stage. Getting feedback (from people who use services, unpaid carers and other partners) is an essential part of this stage and we will endeavour to use monitoring information which takes equality requirements into account.



Each department and individual service areas within departments are at different stages within the cycle described above. Some services have made good progress, while others are at the planning and analysis stage.

2. One strategy – three plans

We will also be publishing three different plans, which look in greater detail at the areas where people need our help. These plans will be developed in consultation with partners and other key stakeholders. These three plans are:

Commissioning Plan for Adults

This covers the diversity of need within the service groupings of older people, mental health, learning disability, physical disability, substance misuse and HIV/AIDS services. It also considers residential, **day care**, care and support at home, short breaks, **advocacy** and counselling services. It also covers services to support unpaid carers, recognising the critical role they play.

Commissioning Plan for Children and Families

This will cover the diversity of need to include services in fostering, adoption, residential and secure care. It will also include, youth justice, disability, early years, parenting and early intervention services as well as consideration of youth work, befriending and literacy services.

Commissioning Plan for Advice, Accommodation and Support to Prevent Homelessness

This plan covers the diverse group of people who receive the range of housing, advice and support services provided to prevent homelessness. The main aims of these services are to prevent people becoming homeless and for those who are homeless to make the transition to independent living as quickly and effectively as possible.

These three plans will each look at:

- the available resources
- the financial planning for the future commissioning of services
- the balance between how these services will be provided internally and externally
- the ways in which we will consult; and
- how we will work with external organisations, taking into account the procurement principles of equality of opportunity, non discrimination and transparency.

3. Joint commissioning

Joint commissioning is a term used to describe two or more agencies working together to commission services. They take joint responsibility at all stages in the cycle to produce action plans. Each is required to consider equality requirements. The City of Edinburgh Council and NHS Lothian have a shared duty to work together to provide certain care services.

Much of the work which is described in the commissioning plans relates to joint commissioning. 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 the Commissioning Strategy is being developed by the City of Edinburgh Council, many of the plans, which sit below it are joint commissioning plans with NHS Lothian partners. These plans have been or will be the subject of an extensive and inclusive consultation and engagement process. For example:

- 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.

4. Reviewing the Strategy

Regular reports to the Council will demonstrate the progress made with the commissioning plans and will ensure that any significant changes to the strategies are agreed by councillors.

The strategy will also be reviewed by Social Care and Social Work Improvement Scotland and the current national self evaluation framework.

In response to the preferences expressed by consultees, the Council will review this strategy in five years, but will consider progress on an annual basis.

5. Key principles

At each stage in of the cycle, the Council will follow these key principles:

- a) **services to be personalised and offer choice**
- b) **self management, promoting wellbeing and independence through to the end of life**
- c) **unpaid carers are equal partners**
- d) **communications and engagement**
- e) **equality of opportunity**
- f) **Best Value for all services**
- g) **supporting our providers**
- h) **assessment of benefit and risk in service redesign**
- i) **promoting sustainable procurement by means of community benefits and social issues**

The related action points for each principle are at Appendix 2.

a) **Services to be personalised and offer choice**

Services should be tailored to individual need. When developing commissioning plans, the Council will seek to ensure that diverse groups of people can become actively involved in selecting and shaping the services they receive.

When commissioning these services, we will need to ensure that a full range of flexible, affordable and appropriate services are available, which are of good quality, deliver equality and offer choice to service users and their unpaid carers.

One way of doing this is through direct payments. The Council currently pays a number of different direct payment rates. These rates vary depending on how the payment is used (for example, to purchase a service from an agency, to employ a Personal Assistant or to fund an individual budget).

We recognise that allocating direct payment levels on the basis of type of service used, rather than as a result of assessment of an individual's needs is no longer appropriate. Given the expected rapid growth in the numbers of people choosing self directed support, the approach is also not sustainable.

During 2011/12, the Council's Personalisation Development Group will begin new consultations to develop ways of expanding self-directed support in Edinburgh and a fairer allocation of resources on the basis of need.

b) **Self management and the promotion of well-being independence, recovery and living and dying well**

The definition of independent living extends beyond simply living or fending

for yourself. The Council holds the views of people and their unpaid carers as central to the assessment process. Long-term support will continue to be part of our core service, jointly with NHS Lothian, however, short-term services will play an important role in preventing small problems becoming more complex. We recognise that people's needs change over time and the Council will seek to ensure that all services are flexible enough to respond to changing needs.

Detailed commissioning plans will stress the importance of promoting well-being and independence, with a reduction in reliance on services, where appropriate, and an emphasis on prevention. They should consider how self-help and independent living can be promoted and supported by services such as those which offer re-ablement, rehabilitation, recovery, wellbeing and making connections with services, which are available to everyone in the community.

Plans will also consider the needs, wishes and rights of those who receive end of life or **palliative care**.

c) Unpaid carers as equal partners

The Council, while acknowledging the scale of the financial challenge, will continue to fund a range of services to support unpaid carers, whilst developing plans to address the needs of older unpaid carers. Edinburgh's joint strategic plan for unpaid carers (*Towards 2012*) will be reviewed during 2012.

Unpaid carers will be supported as equal partners in the provision of care. We recognise and value the support provided by unpaid carers and their views, knowledge and understanding of the person they care for.

We will continue to offer a carer's assessment to unpaid carers who undertake a 'regular and substantial' amount of care for another person. Unpaid carers will be supported to allow them to continue to care as much and for as long as they are able and willing to do so. The Council will continue to provide resources to enable unpaid carers to sustain their contribution to the care package.

We will not assume, however, that service users want us to give unpaid carers information or involve them in decisions about care, and will only do so with service users' agreement.

d) Communications and engagement

Engaging with people who use services and their unpaid carers is at the heart of good commissioning. This includes talking to people who may use services in the future.

Our commissioning plans will describe how we will ensure inclusive engagement and communication with the community to make sure we are

meeting the needs, preferences and aspirations of current and future service users. The Council will provide support and tailor materials for varying communication needs and will always provide feedback.

e) Equality and equity of access

Everybody has an equal right of access to all Council services to which they are entitled, regardless of how they are provided.

We must ensure that we fulfil the requirements of the **public sector equality duty** when we commission or purchase services. We will also make those who are commissioned to provide services on our behalf aware of their responsibilities in this regard, and will monitor their performance in fulfilling these duties.

To do so, we will assess whether a full equalities impact assessment is required at key points in commissioning cycles. We will report the findings through the appropriate management groups or committees.

To meet specific needs, we will train our own staff and work within our organisation and with our partners and specialist groups and organisations to achieve a more balanced equality profile for the workforce.

f) Best Value for all services

The Council expects that internal and external providers will help the Council to achieve Best Value, including improved outcomes for local people and communities. To ensure services provide effective value for money, the Council and other service providers must ensure that the required quality and customer satisfaction are maintained or improved and service costs are minimised. This is known as Best Value.

By the end of the strategy timescale in 2016 the aim is that all services whether delivered internally or procured externally will have a Social Care and Social Work Improvement Scotland grade 4 in the category 'quality of care and support'.

After we have analysed the options for achieving agreed outcomes for service users, the Council will use the findings to develop a service delivery plan (for internal services) or a procurement plan (for purchased services). If a service is to be purchased externally, the plan will identify the best way of doing this 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 exist
- where the service is to be delivered, e.g. within a specific locality, at city wide level or out of Edinburgh

- the potential impact of possible procurement routes on service users or unpaid carers
- the potential impact of possible procurement routes on the relevant workforce
- the legal implications of any particular course of action for the Council.

After the service delivery plan has been agreed, the Council will decide on the best method of purchasing the service, which might include opening up the service to competition through a **tendering** process.

Every effort will be made to minimise the effect of service change on existing service users who have care or support arrangements and we remain committed to engaging with service users at key stages of commissioning. However, it may not be possible in all circumstances to ensure services do not change.

For future contractual arrangements, we will consider the option of procuring new **contracts** that give service users under such newly procured contracts the choice of staying with their existing provider or moving to the new service provider(s). This option would need to meet minimum quality, cost and other relevant considerations. Each department will consider the range of options when developing specific commissioning and procurement plans.

g) Supporting and engaging providers

Maintaining a good working relationship with the external organisations from which we purchase care services is an essential part of this strategy. The wellbeing of service users is the primary reason for the involvement of providers. With regard to this, we will continue to implement a quality assurance process to highlight any concerns at an early stage.

Each commissioning plan will support communicate and engage current and potential providers at the appropriate stage in the commissioning and procurement process.

h) Assessment of benefit and risk in service redesign

Commissioning decisions and any change to how we provide services should be based on a risk analysis. This will include points in time when we may be undertaking procurement of services when we will use a Procurement Quality Risk Assessment tool, which will be developed in line with the views of people who use services, their unpaid carers and providers of services. Factors to be considered include:

- the safety and well-being 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 affordability of redesigned services
- the benefits to be gained from partnership working

- the risk of key provision being withdrawn from the market
- equality issues.

i) Promoting community benefit and sustainability

Sustainable procurement, in addition to relating to environmental objectives, can be described as purchasing appropriate services, whilst at the same time providing economic and social benefits to the local community. All of which must comply with the principles of Best Value.

So, for example, the Council could advertise a contract for a specific service with a contractual requirement on the provider to secure the creation of training and employment opportunities for a specified number of people during the period of the contract. The community benefit being sought by the Council is the training and employment opportunity for that number of people.

Another example of sustainable procurement is for the Council to encourage small and medium enterprises and the **third sector** to provide services to the Council by standardising **tender** documentation, ensuring that any 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. The benefit being sought by the Council is to encourage local small and medium enterprises and third sector providers to tender for Council services.

Another example of promoting social issues would be to encourage volunteering by making reference to this in the specification and taking this into account in the award criteria.

By promoting sustainable procurement by means of community benefits and social issues, the Council can stimulate and support local employment and encourage inclusive supportive communities. The Council is committed to promoting sustainable procurement and will develop the use of community benefit clauses and social issues in all its care and support contracts.

6. Implementing and Monitoring the Strategy

Appendix 2 contains a set of action points for implementation, which have been informed by the Council's response to the consultation. Each of the 3 main Council departments (Health and Social Care, Children and Families and Services for Communities), alongside Finance and Corporate Services where appropriate will have responsibility for implementing these actions.

Annual reports to the Council will demonstrate progress made with implementation and with the action plan. If there are any significant amendments that need to be made within the 5 years, these will also be reported to the relevant Council Committee.

The Strategy will be reviewed in five years to ensure that it continues to be relevant, given the changing policy and economic environment. Progress on implementation will be reported annually.

Commissioning – Glossary of Terms

Advocacy

Help given to people to enable them to express their opinions, e.g. regarding what care and support services they require, and/or rights to which they or their advocates believe they are entitled. An advocate can be a friend or relative authorised to speak or act on behalf of a person.

Best Value

A legal requirement of all local authorities to make sure that they deliver value for money across their services. In more detail, councils are required to secure continuous improvements in performance while maintaining an appropriate balance between quality and cost. They must also have regard to economy, efficiency, effectiveness, equalities requirements and contribute to sustainable development. This is implemented by carrying out reviews, consultations and monitoring of Best Value performance indicators.

Commissioning

The term used for all the activities involved 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.

Contract

A legally binding agreement between the Council and an external provider of services.

Day Care

Day-time care, usually provided in a centre away from a person's home, covering a wide range of services from social and educational activities to training, therapy and personal care.

Direct Payments

Payments from the Council, given in lieu of service(s), so that recipients have the means of controlling their own care at home, allowing more choice and flexibility. They can be used, for example, to employ a personal assistant(s); buy agency services from private providers, or services from a voluntary organisation; buy local authority services; purchase equipment and temporary adaptations; purchase short breaks and so on

Equality

An equal society protects and promotes equal, real freedom and opportunity to live in the way people value and would choose, so that everyone can flourish, regardless of any **protected characteristics**.

An equal society recognises people's different needs, situations and goals, and removes the barriers that limit what people can do and be. The definition recognises that:

- equality is an issue for us all
- we don't all start from the same place
- to create a fairer society we need to acknowledge and respond to different needs

(see also **Public Sector Equality Duty**)

Equality Impact Assessment (EQIA)

This is an analysis of a policy, service or function to assess the implications of Council decisions on the whole community. The EQIA helps the Council to:

- eliminate discrimination
- tackle inequality
- develop a better understanding of the community we serve
- target resources efficiently

EQIA helps staff plan and deliver services that reflect the needs of the community as well as ensuring that they meet the requirements of anti-discrimination and equalities legislation.

Equality of Opportunity

The prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, race, disability, age, sexual orientation, language or social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions.

Grant

A contribution to a voluntary organisation or community group, made by the Council, in support of that organisation's work. The contribution may be framed by clear expectations of specified outcomes and quality standards.

Home Care

Care and support for people in their own home to help them with personal and other essential tasks. Examples include helping to wash, dress and prepare meals.

Independent Living

Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, 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 (definition from the Independent Living in Scotland (ILiS) Project and adopted by the Scottish Government).

Independent Sector

An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations.

Individual Budgets

Individual budgets bring together a variety of income streams from different public care agencies to provide a sum for an individual, who has control over the way the money is spent to meet his or her care needs.

Joint Commissioning

The process in which two or more organisations act to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.

Palliative Care

The treatment of symptoms where cure is no longer considered an option, usually when someone is dying. It focuses on controlling pain and other symptoms, improving quality of life for the person and their family, and meeting social, emotional and spiritual needs.

Personalisation

The focus of a personalised approach is to offer greater choice, control and flexibility to individuals by delivering better outcomes through focused assessments and review, improved information and advice, and a clear and transparent joint approach to planning.

The Scottish Government provides the following definition of personalisation: "It enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involve in selecting and shaping the services they receive." (Scottish Government, Self Direct Support Strategy 2010)

Preventative services

The term "prevention" has at least three different meanings. Each refers to services and spending that:

- prevent or delay the need for more costly health, housing, care and support services, by reducing people's ill-health or disability, or by increasing self-care abilities and resilience
- promote and improve people's quality of life, independence, engagement with the community, learning, or which create healthy and supportive environments
- prevent inappropriate use of more intensive services where needs could be met by lower cost services or interventions

Procurement

Procurement is the process by which public bodies purchase goods, services and work from third parties. It is not the only method of securing services; other options include the provision of services in-house, shared services arrangements or **grant** funding (where the provision of the grant, and the conditions attached to it, do not constitute a procurement). Procurement is one element of the wider commissioning process.

Protected Characteristics or Protected Grounds

The reasons why people might be protected from discrimination in the Equality Act 2010 are called "protected grounds" or "protected characteristics"

The following characteristics are protected characteristics:

- age
- disability
- gender reassignment (whether someone has gone through or is going through a sex change)
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion or belief
- sex (whether someone is a man or a woman)
- sexual orientation (whether someone is gay, straight or bisexual)

(see also **Public Sector Equality Duty**)

Protected Groups

A way of describing all the groups of people who are protected from discrimination in the Equality Act 2010.

Providers

Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.

Public Sector Equality Duty

A duty on public authorities, under the UK Equality Act 2010, to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The characteristics that are protected under this Act are a person's age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief; sex, and sexual orientation.

Re-ablement

Care services that encourage people to learn or re-learn the skills necessary for daily living.

Self Directed Support (SDS)

Self directed support is a term that describes the ways in which individuals and families can have informed choice about the way support is available to them. It includes a range of options for exercising those choices.

One of these options is to take a direct payment. A direct payment is when the local authority makes a payment instead of providing or arranging services for the person. The person may manage their own direct payment or alternatively the person can arrange for the direct payment to be managed by a third party.

Another way is **directing the available budget**. This option is sometimes called an **individual service fund** or an individual budget. It is where the person decides how their individual budget should be spent by the local authority to arrange support from one or more providers.

Self-directed support can be a combination of these. It is about the citizen being able to make informed choices and continuing to have as much control as they wish.

Self Management or Self Care

The terms 'self management' and 'self care' are often used interchangeably. The Long Term Conditions Alliance clarifies the terms in the following way:

- self care is what each person does on an everyday basis – this is often compromised for a person living with a long-term condition
- self management is the process each person develops to manage their conditions; self management is a person-centred approach in which the individual is empowered and has ownership over the management of their life and conditions.

Single Outcome Agreement

A formal agreement between the Scottish Government and councils, which contains specific policies and commitments the Government wants to deliver. The City of Edinburgh Council recognises it has an important part to play in delivering many of these commitments, both through its own services and with partners.

Social Work Inspection Agency (SWIA)

An independent government agency, which until 1 April 2011 carried out inspections to improve the quality of social work services across Scotland. This organisation no longer exists; its functions have been combined with those of the

Care Commission. The new body came into force on 1 April 2011 and is called Social Work and Social Care Improvement Scotland (SCSWIS).

Telecare

Equipment and services that support people's safety and independence in their own home. Examples include personal alarms, smoke sensors, etc.

Tender

A formal offer to provide services as a response to a specification, usually for a stated price or in accordance with a schedule of stated prices.

Tendering

A process where organisations put in a competitive bid for a contract for a service.

Third Sector

The full range of non-public, non-private and non-governmental organisations, which are motivated by the desire to further social, environmental or cultural objectives, rather than to make a profit.

Universal services

Services provided for the whole community, including education and health, housing, leisure facilities and transport.

Unpaid carer

A Unpaid carer is a person, of any age (including children) who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Unpaid carer's help, due to frailty, illness, disability or addiction.

Voluntary sector

An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help and community groups, which operate on a non-profit making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers.

Appendix 2

Number	Key Actions Points within the 5 year life of the Commissioning Strategy	Owner	Progressed Through
Vision for the Commissioning Strategy			
1.	The Council will promote the vision and principles for the Commissioning Strategy to all relevant staff and stakeholders.	Corporate Management Team	Annual reviews of commissioning plans
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, i.e. analyse, plan, do, review. An equality and human rights perspective will be adopted throughout the commissioning cycle.	Directors of H&SC, SfC and C&F	Commissioning plans
3.	The Commissioning Strategy will run for 5 years and will become a major project reported quarterly to Council Management Team (CMT) and annually to Policy and Strategy Committee.	Corporate Management Team	Quarterly to CMT Annually to P&S
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.	Directors of H&SC, SfC and C&F	As required
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.	Directors of H&SC, SfC and C&F	Commissioning Plan engagement strategies
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.	Directors of H&SC, SfC and C&F	Included in annual review of strategy and plans
7.	Council staff will always ask people how they wish to be addressed. Words which address people as groups (i.e. service user, customer) will only be used when there is no other description.	Directors of H&SC, SfC and C&F	As required
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.	Directors of H&SC, SfC and C&F	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. The Council will ensure that people are engaged and given the right level and detail of information to help them make choices.	Directors of H&SC, SfC and C&F	Commissioning plans

Services to be Personalised and offer Choice			
10.	The Council will develop its 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.	Director of Health and Social Care	Adult Social Care Plan
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 lack of capacity.	Director of Health and Social Care	Adult Social Care Plan
12.	The personalisation and outcomes framework will work towards ensuring 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.	Director of Health and Social Care	Adult Social Care Plan
13.	Each of the departmental commissioning plans will describe how personalisation and choice will be addressed.	Directors of H&SC, SfC and C&F	Commissioning plans
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.	Director of Health and Social Care	Adult Social Care Plan
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.	Director of Health and Social Care	Adult Social Care Plan
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.	Directors of H&SC, SfC and C&F	Commissioning plans
17.	The Council will work towards directly provided and procured services focusing, where appropriate on supporting people to make their own choices, managing their own support and making more use of universally available services.	Directors of H&SC, SfC and C&F	Commissioning plans
18.	The Council recognises the palliative care needs of people and will directly provide and procure services, which meet the needs of people in the last stages of life.	Directors of H&SC and C&F	Adult Social Care Plan
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.	Directors of H&SC, SfC and C&F	Adult Social Care Plan
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.	Directors of H&SC, SfC and C&F	Commissioning plans

21.	Where appropriate, the Council will incorporate both the Recovery Model and the Social Model of Disability into our commissioning process.	Directors of H&SC, SfC and C&F	Adult Social Care Plan
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.	Directors of H&SC, SfC and C&F	Performance Monitoring Report
23.	The Council will continue to offer carers assessments (including young carers) in their own right and we will monitor this activity.	Directors of H&SC, SfC and C&F	Performance Monitoring Report
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.	~Directors of H&SC and C&F	Performance Monitoring Report
25.	The Council will continue to support training opportunities for unpaid carers.	Director of Health and Social Care	Capacity plans
26.	The Council will develop plans for the time when older carers can no longer support family members, partners or friends.	Director of Health and Social Care	Capacity plans
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.	Directors of H&SC, SfC and C&F	Commissioning plans
28.	The Council will develop an engagement and consultation plan for each relevant aspect of commissioning activity.	Directors of H&SC, SfC and C&F	Commissioning plans
29.	The Council will provide support to meet the needs of people who find it hard to engage due to communication difficulties or lack of capacity.	Directors of H&SC, SfC and C&F	Commissioning plans
30.	Feedback will always be provided and the Council will publish clear timescales throughout.	Directors of H&SC, SfC and C&F	Commissioning plans
Equality and Equity of Access			

31.	The Council will continue to work with Black and Minority Ethnic 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 .	Directors of H&SC, SfC and C&F	Commissioning plans
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.	Directors of H&SC, SfC and C&F	Commissioning plans
33.	The Council will continue to publish eligibility criteria for access to social care and support services.	Directors of H&SC, SfC and C&F	Adult Social Care Plan
34.	The Council will develop a means of monitoring the outcomes of eligibility assessment by equality grouping.	Corporate Management Team	Adult Social Care Plan
35.	When budget reductions or efficiencies are being considered, an equalities impact assessment will identify any impact on particular groups and mitigate the effect.	Directors of H&SC, SfC and C&F	Commissioning plans
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.	Directors of H&SC, SfC and C&F	Adult Social Care Plan
37.	The Council will listen to the views of specialist organisations and service user groups to assist us in meeting specific need.	Directors of H&SC, SfC and C&F	Commissioning plans
38.	The council will continue existing work to encourage a more balanced equality profile of staff across the care sector.	Corporate Management Team	Adult Social Care Plan
39.	The Council will develop mechanisms to monitor service access and service outcomes from an equalities perspective.	Corporate Management Team	Commissioning plans
40.	The Council will consider, with its partners how to improve Equalities Impact Assessment work and make the best use of available resources.	Corporate Management Team	
Value for Money and Quality Services			
41.	The Council will review its approach to quality assurance during the life of this strategy.	Directors of H&SC, SfC and C&F	Commissioning plans

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.	Directors of H&SC, SfC and C&F	Adult Social Care
43.	The Council will develop specifications for directly provided and external services with an outcomes focus.	Directors of H&SC, SfC and C&F	Commissioning plans
44.	The Council will make service specifications available to service users.	Directors of H&SC, SfC and C&F	Commissioning plans
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 in relation to these decisions and this will be communicated openly.	Directors of H&SC, SfC and C&F	Commissioning plans
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.	Directors of H&SC, SfC and C&F	Commissioning plans
47.	The Council will develop a procurement plan for all services to be procured externally.	Procurement	
48.	When procuring services, the Council will be transparent regarding how quality and cost will be assessed.	Directors of H&SC, SfC and C&F	Commissioning plans and Procurement
49.	The Council will continue to support providers delivering smaller value programmes (currently up to £50,000 per annum) through its grants programmes.	Director of Corporate Services	
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.	Directors of H&SC, SfC and C&F	Commissioning plans
51.	The Council will produce guidance and assistance to make its procurement processes open, equitable and transparent.	Procurement and Legal	
52.	The Council will ensure that any documentation and selection criteria are proportionate and relevant to the contract in question. Through the Council's supplier development programme, we will highlight opportunities to small and medium enterprises (SME) and provide them with appropriate guidance on the procurement process.	Procurement and Legal	
53.	The Council will follow the guiding principles established in the Scottish Government Guidance on the Procurement of Social Care and Support.	Procurement and Legal	
54.	The Council will adapt the way in which services are commissioned and contracted, in line with policy and legislative shifts, e.g. the forthcoming legislation on self directed support.	Procurement and Legal	

Supporting and Involving Care Service Providers			
55.	The Council will engage providers appropriately at all stages of the commissioning process .	Directors of H&SC, SfC and C&F	Commissioning plans
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.	Directors of H&SC, SfC and C&F	Commissioning plans
57.	The Council will attempt to engage prospective providers when specific commissioning plans are being developed.	Directors of H&SC, SfC and C&F	Commissioning plans
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 carried out.	Directors of H&SC, SfC C&F, & procurement	Commissioning plans
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.	Directors of H&SC, SfC ,C&F, & procurement	Commissioning plans
Promoting Community Benefit			
60.	The Council will commence the identification of relevant community benefits for inclusion in social care and support commissioning.	Directors of H&SC, SfC ,C&F, procurement and legal	Commissioning plans
Reviewing the Commissioning Strategy			
61.	The Council will review the Strategy annually and report this review to the relevant Council Committee.	Corporate Management Team	Annually

Legal Framework

The key pieces of legislation that shape the Council's approach to providing social care services are noted below.

National Assistance Act 1948 places duties on councils to make provision for residential accommodation for certain categories of people and sets out the mechanism for charging for that accommodation.

Social Work (Scotland) Act 1968 sets out the powers and responsibilities of councils in relation to social work services.

Local Government (Scotland) Act 1973 provides for the powers and duties of councils and the way in which they operate.

National Health Service Act 1978 makes various provisions in relation to the organisation of the National Health Service.

Housing (Scotland) Act 1987 outlines the duties on councils to provide for individuals and families who are homeless or at risk of homelessness. It describes councils' responsibility to produce strategies to address homelessness in their area.

NHS and Community Care Act 1990 makes councils responsible for assessment and care management of people in need of social care.

Carers (Recognition and Services) Act 1995 places a duty on councils to offer a carer's assessment to an unpaid carer who undertakes a 'regular and substantial' amount of care for another person.

Community Care (Direct Payments) Act 1996 gives councils the power to make direct payments to individuals who could then purchase services and facilities themselves.

Human Rights Act 1998 places duties on public authorities (such as the Council) to act in away that complies with protections under the European Convention on Human Rights

Adults with Incapacity (Scotland) Act 2000 makes provision for adults who do not have the capacity to make decisions about their finances or welfare and places councils under certain duties in relation to such adults.

Regulation of Care (Scotland) Act 2001 introduced National Care Standards (standards for a range of services, including care homes, services to people in

their own home and adult placement schemes), and set up arrangements for the registration and inspection of services through the Care Commission (now Social Care and Social Work Improvement Scotland), and the registration of the social care workforce through the Scottish Social Services Council.

Housing (Scotland) Act 2001 introduces Housing Support into legislation for the beginning of what was the “Supporting People programme”. Subsequent regulations further define Housing Support in terms of twenty-one types of activity.

Community Care and Health (Scotland) Act 2002 provides for free personal care for older people, free nursing care, expanded access to direct payments, and extended to unpaid carers the right to an assessment.

Homelessness, etc, (Scotland) 2003 plans the abolishment of priority need in homelessness assessments. This is to be implemented by 2012.

Local Government in Scotland Act 2003 imposes a duty on councils to secure ‘best value’ and provided councils with the ‘power to advance wellbeing’. The Act also places a duty on councils to lead on community planning.

Mental Health (Care and Treatment) (Scotland) Act 2003 makes various provisions in relation to the assessment, care and detention of people with mental health issues.

Community Care (Direct Payments) (Scotland) Regulations 2003 and **Community Care (Direct Payments) (Scotland) Amendment Regulations 2005** extends the Community Care (Direct Payments) Act 1996 to place a duty on councils to make direct payments available to almost all people using social care services (with the exception of people subject to compulsory measures of care under mental health and criminal justice legislation).

National Health Service Reform (Scotland) Act 2004 makes provision for Community Health Partnerships.

Management of Offenders etc (Scotland) Act 2005 places a duty to co-operate on Community Justice Authorities, their consistent councils and Scottish Ministers. It requires councils and other “responsible authorities” to establish joint arrangements for the assessment and management of high risk offenders.

Public Contracts (Scotland) Regulations 2006 implements the European Procurement Directives in national law.

Adult Support and Protection (Scotland) Act 2007 gives powers to and places responsibilities on councils to investigate risk of harm to or abuse of adults in the community or in care homes.

Protection of Vulnerable Groups (Scotland) Act 2007 sets up a list and referral system for individuals who may pose a risk to vulnerable people.

Equality Act 2010 places duties on bodies (including 'service providers') not to discriminate on the basis of certain protected characteristics and to make 'reasonable adjustments' in certain situations.

Housing (Scotland) Act 2010 describes, as an amendment to the Housing (Scotland) 2001 Act, the responsibility of all councils to assess the Housing Support needs of all people who have been assessed as homeless.

Self Directed Support Bill introduces the term "self-directed support" into statute, provides general principles on service user choice and control, consolidates and modernises current legislation on direct payments, and improves support to unpaid carers. The legislation will place a duty on councils to provide people with a range of options so that the citizen can decide how much choice and control they want. Following consultation, the Scottish Government plan to put an amended Bill before the Scottish Parliament in the autumn of 2011. The progress of the Bill through the Scottish Parliament is likely to be completed by March or April 2012.

Commissioning Strategy Checkpoint Group	
Ella Simpson (Chair)	Edinburgh Voluntary Organisations Council (EVOC)
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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
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Des Loughney	UNITE (Voluntary Sector)
Andy Cashman	Edinburgh Homeless Forum
Ruth Rooney	Edinburgh Carers Council
Attending for the City of Edinburgh Council	
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Peter Gabbitas	Director, Health and Social Care
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