Live Well in Later Life 2012-22, Edinburgh’s Joint Commissioning Plan for Older People – Consultation Arrangements

Health, Social Care and Housing Committee
11 September 2012

1 Purpose of report

1.1 This report outlines consultation arrangements for the Joint Commissioning Plan for Older People 2012-22.

2 Background

2.1 As part of its Reshaping Care for Older People and associated Change Fund programme, the Scottish Government requires all health and social care partnerships to produce a Joint Commissioning Plan for Older People by April 2013.

2.2 The Joint Commissioning Plan for Older People 2012-22 will build on 'Live Well in Later Life 2008-18', the City of Edinburgh Council and NHS Lothian’s Joint Capacity Plan. Much of the content of the original ‘Live Well in Later Life’ is still relevant, but with many of the service changes set out in the document now implemented, and significant changes developing within the wider policy and planning landscape, the Plan will provide an updated vision for the next ten years.

2.3 The development of the Plan will be overseen by the Edinburgh Joint Older People’s Management Group which includes senior managers from older people’s services across health, social care and housing, voluntary and independent sectors and older people representatives.

3 Main report

3.1 Based on a model used in previous successful consultations, a Checkpoint Group has been established to provide advice on the approach to communication and engagement (Appendix 1). The Checkpoint Group has been instrumental in developing the draft vision for the Plan along with engagement tools and materials to be used for the consultation.

3.2 A summary document with questions has been developed to assist the consultation process (Appendix 2). A programme of consultation activities is
being developed as part of the Engagement and Communications Strategy (Appendix 3).

3.3 Timescales for the consultation and subsequent development of the Joint Commissioning Plan for Older People are as follows:

- Consultation: mid September – mid December 2012
- Collate and analyse consultation feedback: December 2012 - January 2013
- Finalise Joint Commissioning Plan for Older People: March 2013

3.4 The Joint Commissioning Plan for Older People will be a high level document setting out the direction of travel for care and support services for older people for the next ten years. The plan will largely build on work already underway however, where any changes to services are proposed, these will be subject to further consultation prior to implementation.

4 Financial Implications

4.1 There are no direct financial implications of this report; all costs of the consultation will be met through existing budgets and the Change Fund allocation for communication and engagement.

5 Equalities Impact

5.1 The Joint Commissioning Plan for Older People will have a high degree of relevance to equalities, diversity and human rights. Accordingly, a full Equalities and Rights Impact Assessment (ERIA) is in the process of being undertaken and will be finalised following the completion of the consultation period.

6 Environmental Impact

6.1 There are no adverse environmental impacts arising from this report.

7 Recommendations

7.1 It is recommended that the Health, Social Care and Housing Committee:

   a) notes the consultation arrangements for the Joint Commissioning Plan for Older People 2012-22.

   Peter Gabbitas
   Director of Health and Social Care
Appendices

1) Checkpoint Group remit and membership
2) Consultation Summary
3) Engagement and Communications Strategy

Contact/tel/Email
Monica Boyle, Tel: (0131) 553 8319
monica.boyle@edinburgh.gov.uk

Wards affected
All

Single Outcome Agreement
Edinburgh’s citizens experience improved health and wellbeing, with reduced inequalities in health

Background Papers
Commissioning Plan for Older People - Checkpoint Group

Remit

- To agree an engagement and communications strategy, which will be employed for the consultation on the commissioning plan, reviewed and embedded within the final document as a model of best practice.
- To contribute to the vision for the plan
- To be aware of the key stages in the project plan and comment on them
- To advise on communication methods
- To contribute to the Equalities Impact Assessment
- To be a contact point for future independent evaluation of the commissioning plan
- To represent views to the commissioning plan Project Executive

This will be done by:

- Meetings of the Group at key stages in the project, built into the project plan
- Provision of short updates
- Seeking the views of representatives, which will be taken in to account to influence the shaping of the document
  - Some of this will be around the table viewpoints to ensure everyone’s voice is heard
  - Where appropriate, wider audiences will be informed and views sought (particularly for hard to reach groups).

Formation of the Group

The Project Executive will agree a framework for the membership of the Group.

Membership will include representation from service user and carer groups, advocacy groups, the voluntary, community, charity and private sector, equalities groups and Council and NHS staff.

The Group will have an independent chair.

List of Members:

Chair - Tim Puntis, volunteer with the Lesbian, Gay, Bisexual and Transgender (LGBT) Centre for Health and Wellbeing
Colin Murray - Edinburgh Voluntary Organisations Council
Irene Garden – older person, member of NHS Public Partnership Forum and other NHS stakeholder groups, wheelchair user
John Moore – Lothian Community Transport Services
Joyce Armstrong – older person, member of A City for All Ages Advisory Group and other stakeholder groups
Lorna Wynn – Partners in Advocacy
Rohini Sharma Joshi – Trust Housing
Sandra Warburton – Scottish Care
Wendy Laird – older carer, member of a range of stakeholder groups

Officers
Dorothy Hill – Communications and Engagement Manager, Health and Social Care, City of Edinburgh Council
Ewan Blain – Sector Manager, Health and Social Care, City of Edinburgh Council
Gillian Donohoe – Senior Project Manager, Housing Strategy and Investment, Services for Communities, City of Edinburgh Council
Jamie Hetherington - Change Fund Implementation Manager, NHS Lothian
Katie McWilliam - Strategic Programme Manager, Older People, NHS Lothian
Tricia Campbell – Senior Manager for Older People, Health and Social Care, City of Edinburgh Council
Caroline Clark – Planning and Commissioning Officer, Health and Social Care, City of Edinburgh Council
This is a consultation on a joint plan of NHS Lothian and the City of Edinburgh Council in partnership with Scottish Care and Edinburgh Voluntary Organisations Council (EVOC) which explains out how we wish to improve services for older people over the next ten years.

The plan is still a draft until we hear the views of people who wish to participate in the consultation. The full document is on our website or you can contact us to request a copy.

We have produced this booklet to help you understand the plan and to encourage you to tell us what you think. The booklet contains some notes to explain a bit more about why we have produced the plan and why we want to hear people’s views. There is also a questionnaire.

The questionnaire can be completed by individuals on their own, by someone else helping a person to complete it, or by groups. All we ask is that you tell us how you are completing the questionnaire on page 5.

Jargon buster

We have done our best to make the language in this document as straightforward and as accessible as possible.

Social care and social work language can be complex and some terms may be unfamiliar to you. We have marked phrases that might need further explanation in bold – you’ll find a more detailed explanation of these words at our glossary on page 14.
Our plans – what we are aiming for and how we will do it

- We recognise the value that older people bring to our communities and so we will focus on what they can offer, as well as on care and support for those that need it.

- We are committed to involving older people, their carers and representatives in producing our Joint Commissioning Plan and ongoing development of care services.

- The Council, NHS, voluntary and private sectors will work as equal partners on the planning of services.

- We have formed an advisory group (Checkpoint Group) involving older people, their representatives and providers of service to oversee this plan.

- We will report the outcome of the consultation and proposals for the plan through the Council and NHS decision making arrangements.

- The plan, once approved, will be monitored by the Checkpoint Group and the multi-agency Older People’s Management Group.

Current services

Here is a list of some of the services available for people when they need care and support (there may be a cost for some services):

- lunch and day clubs
- befriending
- volunteering
- community transport
- support for carers
- information and advice
- planning care and support for the future
- promoting health and wellbeing
- care at home
- community alarms
- housing
- equipment and adaptations for the home
- community nursing
- help to get home from hospital, (including physiotherapy, occupational therapy)
- rehabilitation/reablement
- day care
- help with medication
- day hospitals
- care homes
- urgent hospital care
- GPs
- social work assessment (hospital and community)
- end of life care

Finance – what we spend on services

A total of almost £217 million will be spent between 2012 and 2013 on services for older people. The largest part of this (just over £119 million) will be spent on the smallest number of people receiving intensive care and support in hospitals or care homes.

Another £54 million will be spent on assisting people who need a bit more care and support at home. Just over £4 million will
be spent on helping people at an early stage to stay at home and in their community.

Reasons for change

In 2007, we consulted on our plan ‘Live Well in Later Life’ for older people’s services. Many changes have been made since then. However, more needs to be done to respond to the changing needs of older people in our population and their carers.

Challenges can also present opportunities: for example, the growing number of older people in the population, most of whom do not need care services, make a great contribution to society. Many are carers themselves and many communities depend on the voluntary work of older people.

In line with the Scottish Government’s policy, ‘Reshaping Care for Older People’, we want to continue to do all we can together to increase the independence and wellbeing of older people at home or in a homely setting. For people who need it, we will continue to develop the service provided by care homes.

A lot of progress has been made, but we need to respond to:

- the estimated increase in demand from the growing number of older people
- increasing number of people living with dementia and other complex health problems
- the need to build on the existing support for unpaid carers
- people living longer with long term health conditions
- the need for our services to be increasingly responsive while ensuring good quality
- the need for services to be inclusive of minority groups
- the need to expand housing options
- the need to continually improve the quality of services
- the number of people delayed in hospital
- the number of people over 75 admitted to hospital following an emergency
- the as yet unknown impact of new legislation to give people a different way of obtaining the care they need. (The Social Care [Self Directed Support] Scotland Bill).

What we propose

Through our plan for the future, we aim to support people to maximise their independence and quality of life. This means we will:

- take account much more of long term conditions
- build on support for unpaid carers
- focus more on preventative care
- support self management, choice and control.
- work with communities to reduce social isolation.
the QUESTIONNAIRE
Question 1: our vision

Here is our proposed vision for older people living in Edinburgh:

Edinburgh is a city which values older people and respects their dignity. Where older people:

• feel safe, feel equal and are supported to be as independent as possible for as long as possible

• can participate in their communities

• have choice and control to access quality care and support.

Do you have any comments or suggestions on our proposed vision?

1

Question 2: financial implications

Clearly, the money available for older people’s services is not unlimited. The diagram opposite illustrates how our combined budgets are currently allocated. We want to use the money available to achieve the best outcomes for older people.

By investing more in preventative and community based services for people, we can reduce costly emergency admissions to hospital. This will allow money to be released from hospital budgets and invested in community services.

Tell us what you think of these plans. How do you think the money available for older people’s services should be invested to achieve the best outcomes for older people?

2
**Question 3: promoting health and wellbeing**

To support people with lower levels of need at an early stage to stay at home and in the community, we will:

- invest in communities to reduce social isolation
- improve support for carers
- provide information and advice
- ensure the interests of equality groups are heard.

We will invest in:

- locally based projects that support volunteers
- services that connect socially isolated people
- accessible community transport options
- lunch clubs and day services
- projects that help build resilient communities
- increasing the awareness of community-based services and support, including community learning and activities
- preventative services that promote health and prevent negative outcomes
- support for carers when those they care for leave hospital
- support people with dementia and their carers, by developing existing services and employing carers as mentors
- support for carers (including at least 20% of Edinburgh’s Change Fund)

- information on activities and opportunities for older people
- a community-based electronic service directory
- promotion of information about specific health conditions
- encouraging people to plan for the future
- housing options advice.

We will also:

- assess the impact of all proposed changes on minority groups
- encourage older people and their carers to get involved in planning services
- engage with carers in reviewing the Edinburgh Carers’ Plan
- continue to focus on reducing health inequalities.

Tell us what you think of these plans to promote health and wellbeing. Have we covered everything? Please add anything you think we have missed.

3
Question 4: care and support at home

When people need more care and support to help them stay at home, we will:

• provide high quality care in people’s homes
• invest in a range of housing options
• support people with adaptations and equipment
• develop day services and day hospitals
• provide support for people with long term conditions
• use technology to help people stay safe in their homes.

We will invest in:

• the ongoing modernisation to our home care and care at home service
• out of hours health and social care services
• the home care overnight service (expanding it from three to five teams)
• the development of a range of services to support and encourage people to direct their own support.

We will also:

• provide a housing support service
• support health care in the community through community nursing, occupational therapists, physiotherapists, GPs, dentists, ophthalmologists and podiatrists
• review the current sheltered housing stock and the services offered by sheltered housing providers
• increase the number of people supported with equipment
• develop a community connecting approach in all day services
• work with partners to improve local resources for older people
• continue specialist day services
• extend services to help people who need support to manage long term health conditions
• increase the number of people with complex needs and dementia benefiting from telecare
• pilot the use of new telehealth technology.

Tell us what you think of these plans to provide care and support at home. Have we covered everything? Please add anything you think we have missed.

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4
Question 5: extra support when people need it

When people need more care and support, for example, following a diagnosis or at end of life, we will:

- develop a range of intermediate care services
- improve the links between different types of care
- support people with dementia and their carers
- support people through day hospitals and rehabilitation centres
- provide good quality end of life care.

We will invest in:

- community-based services such as reablement, physiotherapy, speech and language services, dietetic services and community pharmacy services for reviewing medication
- the early diagnosis of dementia
- a range of services to support carers of people with dementia, including specialist respite services.

We will also:

- improve care for older people through closer working between medical specialists, GPs and other community-based services
- adapt our care services to ensure people with dementia get the service most appropriate to them
- support people with dementia in familiar homely environments for as long as possible
- increase the availability of medical assessments within day hospitals as an alternative to and to prevent hospital admission
- use day hospitals as part of care and support after a hospital stay
- improve palliative care, including good symptom control, holistic assessment involving family and carers' needs, choices around treatment options, place of care and preferred place of death.

Tell us what you think of these plans to provide extra support when people need it. Have we covered everything? Please add anything you think we have missed.

5
Question 6: hospital and residential care

For people who need to be cared for in hospital and in care homes, we will invest in good quality hospital and residential care.

We will do this by:

• opening a new care home at Drumbrae in 2012

• continuing the refurbishment and new build programme for Council care homes

• improving the quality assurance procedure for all care homes

• supporting care homes in caring for increasingly frail residents

• ensuring better planned care to reduce the number of emergency admissions to hospital

• improving care for people in hospital wards who have dementia, are suffering from confusion, or who are agitated and restless due to illness

• continuing to invest in activities both within care homes and for care at home residents in the community

• developing opportunities for care homes to offer step-up or step-down care after hospital

• improving the design of care homes to make it easier for people with dementia to settle.

Tell us what you think of these plans for hospital and residential care. Have we covered everything? Please add anything you think we have missed.

Question 7: our workforce

Our services will need a skilled workforce. We aim to:

• develop our understanding of the existing health and social care workforce in the city to inform how we plan to meet future demands

• work jointly with all partners to raise the profile of care as a career choice

• continue to develop joint learning and development opportunities to ensure that Edinburgh has a confident and competent workforce.

Tell us what you think of our plans for our workforce.
Question 8: equalities standards

Under the Equality Act 2010, councils have a duty to assess and review the impact of their policies and practices on equality groups.

Equality groups comprise of individuals with 'protected characteristics'. The Equality Act defines these as including age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

The Act is important as it helps us to consider how we can positively contribute to a more equal society through advancing equality and good relations in our day-to-day business.

What do you think we should do to make certain that our services meet the terms of the legislation?

Are there any significant issues we need to consider in relation to individuals with protected characteristics?

Question 9: equalities purchasing

What services should we plan, purchase or provide as specialist services for people in equality groups and why?

Question 10: equalities risks

Please tell us if you think the plan might:

• pose any risk to people's rights – and why you think this.

• discriminate against any person or group, cause people to be harassed or victimised and why.
Question 11: other comments

Please add below anything you feel you’ve not had a chance to say so far in the questionnaire.

You may include here what you think are the most positive proposals and any fears you have about the outcome of any part of the plan.

Thank you for completing the questionnaire.

Question 12: about you

Please tell us if you are responding as:

☐ an individual.

☐ a group or organisation.

If you are responding as a group, please tell us the name of your group:

We will not make your response available to the public, but may list your group or organisation’s name when we publish a response to this consultation.

Are you happy for the name of your group or organisation to be listed?

☐ Yes.

☐ No.

We may wish to contact your group or organisation about your response. Are you happy to be contacted?

☐ Yes.

☐ No.
Glossary of terms

Health and social care terms can be quite complex. Here is a list of key terms that have been used throughout this document.

Change Fund
The Scottish Government established a Change Fund of £70 million for 2011/12 to enable health and social care partners to implement local plans for making better use of their combined resources for older people’s services.

Edinburgh’s share of the £70 million is just over £6 million for 2011/12.

Commissioning
The process of planning and delivering services. This involves understanding needs, planning how these should be met and putting services in place, either by delivering services directly or purchasing them.

Community connecting
Projects that support older people who are isolated and lack confidence to get out and about.

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.

Dementia
A term for a range of illnesses, the most common of which is Alzheimer’s disease, in which brain cells deteriorate through the build up of a protein. About 75 per cent of people who are diagnosed with dementia will have either Alzheimer’s or vascular dementia (another form of dementia), or a combination of the two.

Direct Payments
Payments from the Council so that people 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; buy agency services from private providers, or services from a voluntary organisation; buy local authority services, and so on.

Edinburgh Carers’ Plan
Known as “Towards 2012”, this is the Carers’ Strategic Action Plan for Edinburgh, jointly developed by NHS Lothian and the City of Edinburgh Council.

Dietetic services
Specialist advice on diet and nutrition

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.
Intermediate care
An umbrella term describing services that provide a ‘bridge’ at key points of transition in a person’s life, in particular from hospital to home (and from home to hospital) and from illness or injury to recovery and independence.

Live Well in Later Life
A joint plan, developed between the Council and NHS Lothian for the care and support of older people. The plan covers 2008 to 2018.

Occupational therapist
Occupational therapists work in hospital and various community settings. They help people re-learn skills for daily living, using specific, purposeful activity to prevent disability and promote independent function in all aspects of daily life.

Opthalmologist
A specialist in medical and surgical eye problems.

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 and meeting social, emotional and spiritual needs.

Personalisation
An approach to social care which gives people greater choice, control and flexibility over the kind of care they want. Choices may include having a direct payment managed by a third party, directing an individual budget, support from the local authority or from another provider. The choice can also be for a combination of these. See also self directed support.

Physiotherapist
Physiotherapists help and treat people of all ages with physical problems caused by illness, accident or ageing.

Podiatrist
A specialist in the diagnosis and medical treatment of problems with the foot and ankle.

Preventative services
The term “prevention” has at least three different meanings. Each refers to services and spending that:
• prevents or delays 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
• promotes and improve people’s quality of life, independence, engagement with the community, learning, or which create healthy and supportive environments
• prevents inappropriate use of more intensive services where needs could be met by lower cost services or interventions

Protected Characteristics or Protected Grounds
The reasons why people might be protected from discrimination in the Equality Act 2010. The following 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
• sexual orientation.
Public Sector Equality Duty
A duty on public authorities, under the UK Equality Act 2010, to have due regard to the need to:

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

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

Reshaping Care for Older People
A ten year Scottish Government programme to address the challenges of supporting and caring for Scotland’s growing older population.

Resilient communities
The ability to withstand or recover from difficult conditions. Resilience in older people has been widely researched to better understand why some people bounce back from negative life events more successfully than others.

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, including direct payments.

Self Directed Support Bill (Scotland)
This new bill was introduced to the Scottish Parliament in February 2012 and is now going through the legislative process. If enacted, the bill will:
• introduce the language and terminology of self directed support into law
• impose firm duties on local authorities to provide the various options available to citizens – making it clear that it is the citizen’s choice as to how much choice and control they want to have
• widen eligibility to those who have been excluded up to this point, such as carers
• consolidate, modernise and clarify existing laws on direct payments.

Self management
This is the process each person develops to manage their conditions. It is a person-centred approach in which the individual is empowered and has ownership over the management of their life and conditions.

Step up/step down down care
A facility that provides less intensive care than a hospital. A Step Up service provides increased support without which a person would likely be admitted to hospital. A Step Down service is for a person who no longer requires hospital based medical care but is not ready or able to return straight home. These services are short term and can be provided in a range of settings.

Telecare/telehealth
Equipment and services that support people’s safety and independence in their own home. Examples include personal alarms, smoke sensors, etc.
You can get this document in Braille, tape, large print and various computer formats if you ask us. Please contact the Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number ??????.

ITS can also give information on community language translations.
Engagement and communication strategy for the
draft Joint Commissioning Strategy for Older
People’s services in Edinburgh

June 2012 (v.2)

Introduction

1.2 The Council and NHS Lothian are committed to working together to involve
people in the planning and commissioning of the services we provide.

1.3 This engagement and communication strategy sets out how we intend to do
this for our draft Joint Commissioning Strategy for Older People’s services. It
sets out the principles, practices and values that will guide our work. It should
be read alongside the activity plan, attached at Appendix 2.

1.4 We will involve representatives of those who will be affected by the services in
the designing, implementation and monitoring of our activities. We will do this
through a Checkpoint Group.

1.5 This strategy confirms that involvement is for everyone regardless of physical
sensory or learning disabilities, mental health condition, religion or beliefs,
gender, sexuality, age, race, lifestyle or environment.

1.6 To ensure the involvement of all of those who wish to take part, we will address
other barriers experienced by people who for example, are carers, or have a
disability, or who live alone, or those who have other pressing commitments.
We will address others difficulties people may face, such as those that might
arise from worries about cost, transport, time and effort.

What is engagement and consultation?

1.7 Engagement is about ensuring that people can participate in a variety of
different ways to make their views heard.
1.8 To achieve this, we will involve people in a number of ways which may include:

- Giving information through leaflets and written documents, DVDs, information on notice boards and posters, letters, email, exhibitions, media coverage, social networking, texting and websites.
- Involving people through questionnaires and one to one interviews.
- Arranging group sessions, through existing forums, (for example Public Partnership forums and Neighbourhood Partnership sub-groups), specially arranged events and through meetings with interest groups.
- The use of volunteers to listen to people’s stories.
- All information is provided in formats tailored to the individual or group needs of service users and carers.
- Partnership work with people in the Council, NHS, voluntary and private sectors.

1.9 There will be no ‘one size fits all’ approach. Full use will be made of the range of accessible communication formats, appropriate to individual or group communication needs. Formats include symbol systems, audio, video, Braille, large print, sign language interpretation, and community language translation and interpretation. We will ensure that any venues that are used are fully accessible.

1.10 We will also make arrangements to ensure:

- Service users and carers have the support they need to express their views.
- The Council makes clear who will be listening, including both officers and councillors, to the record of views of all those who have participated in the engagement or consultation and what the response will be to those views.
- The record of the engagement or consultation is made available publicly and to all who contributed and includes any areas of disagreement.
- There is clear communication to all stakeholders at the implementation stage of any changes arising from the proposals which have been the subject of the engagement or consultation.
Involvement in the commissioning cycle

1.11 We will involve people in all aspects of the commissioning cycle. The commissioning cycle is a series of work areas and supporting business activities. The work areas include:

- Strategic Planning, which involves the business activities of assessing needs, reviewing current service provision and deciding priorities
- Investing in or procuring services which involves planning and designing services and working with providers.
- Monitoring and evaluation which involves seeking service user and carers views and those of the general public, managing performance and supporting service user choice.

1.12 By people we mean:

- People who use services
- Carers, relatives and representatives of service users
- Voluntary sector providers of service
- Private sector providers of service
- Voluntary sector organisations which represent service users and carers
- Voluntary and private sector umbrella organisations which represent providers.
- Advocacy organisations
- Trades Unions
- Leader/Deputy Leader of the Council
- Convenors of relevant Council committees
- Group spokespersons
- All Councillors
- MPs/MSPs
- Council staff
- NHS Lothian staff.

1.13 This strategy places older people at the centre of our commissioning process. In delivering it we will:

- Ensure service users and carers can have a genuine influence on how services are provided and who provides them.
- Ensure that this engagement or consultation is a positive experience for all those involved.
- Bring together knowledge and information from engagement and consultation in service planning and development in other areas, such as the Joint Capacity Pan for Older People, Live Well in Later Life, and the work in Neighbourhood Partnerships.
- Establish a ‘Checkpoint Group’ from the start of the work to provide advice on the approach to engagement, consultation and communication. (The terms of reference of the Checkpoint Group are at Appendix 1
- Evaluate this engagement and consultation strategy to ensure continuous improvement.
- Develop an engagement or consultation toolkit that is clear about what is being consulted on and on what has been already agreed or fixed.
- Ensure that the views received are summarised and published and that everyone who has contributed to the consultation has access a copy of the publication. Any points made that are not directly relevant to this consultation would be directed to the relevant people.
- In recognition that not everyone who participates will agree with all outcomes of the consultation, we will ensure there is honesty, transparency and openness about how decisions are made by all those taking part.

1.14 In summary we will report on:

- Who was involved and or represented (but not individual identities) and their views
- What has been done as a result of what has been said
- What is going to be done and why
- What is not going to done and why.

1.15 A communications log will be kept up to date, listing all engagement or consultation sessions.

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Appendices

1. Checkpoint Group Terms of Reference
2. Activity Plan

Contact/tel/Email

Wards affected: All

Background
Papers
Commissioning Strategy for Older People - Checkpoint Group

Remit

- To agree an engagement and communications strategy, which will be employed for the consultation on the commissioning strategy, reviewed and embedded within the final document as a model of best practice.
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- To be aware of the key stages in the project plan and comment on them
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- To contribute to the Equalities Impact Assessment
- To be a contact point for future independent evaluation of the commissioning strategy
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The Project Executive will agree a framework for the membership of the Group.

Membership will include representation from service user and carer groups, advocacy groups, the voluntary, community, charity and private sector, equalities groups and Council and NHS staff.

The Group will have an independent chair.
### Appendix 2
Joint Commissioning strategy for Older People’s services

#### Activity plan

<table>
<thead>
<tr>
<th>Audience</th>
<th>Notes</th>
<th>Activity</th>
<th>Timescale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project team</td>
<td>Gathering of data (finance, performance)</td>
<td>May – June 2012</td>
<td>C Clark/J Hetherington</td>
<td></td>
</tr>
<tr>
<td>• Checkpoint Group</td>
<td>Agree engagement and communications strategy</td>
<td>End of May 2012</td>
<td>D Hill</td>
<td></td>
</tr>
<tr>
<td>• Checkpoint Group</td>
<td>Agree draft strategy and consultation toolkit</td>
<td>Mid - end of June 2012</td>
<td>D Hill/T Campbell</td>
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<tr>
<td>• Project team/checkpoint group</td>
<td>Drafting initial EQIA</td>
<td>18 June 2012</td>
<td>Julia Sproul</td>
<td></td>
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<tr>
<td>• Checkpoint Group</td>
<td>Draft consultation questionnaire and summary document</td>
<td>Mid July 2012</td>
<td>D Hill/C Clark/J Hetherington</td>
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</tr>
<tr>
<td>• Checkpoint Group/Political group spokespersons/IMT</td>
<td>Completion of initial draft strategy</td>
<td>Mid July 2012</td>
<td>T Campbell/C Clark</td>
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<tr>
<td>• OPMG</td>
<td>Approval of draft as finalised document</td>
<td>25 July 2012 tbc</td>
<td>T Campbell/C Clark</td>
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<tr>
<td>• Checkpoint Group</td>
<td>For agreement of consultation documents</td>
<td>August 2012</td>
<td>T Campbell/C Clark/D Hill</td>
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</tbody>
</table>

To raise awareness of consultation launch and encourage and/or support involvement

By adopting a multi-channel approach and use of Checkpoint Group networks
- People who use services
  - This to include people who use:
    - Home Care and Reablement
    - Care Homes
    - Day services
    - Sheltered housing
    - Housing Association tenants
    - Respite
    - Libraries (Get Up and Go)
    - Adult Education centres
    - Telecare
    - Intermediate care
    - Equipment and adaptations
    - GP's
  - Distribution of flyers, email, etc
  - September-November 2012
  - C Clark/D Hill
<table>
<thead>
<tr>
<th></th>
<th>Carers, relatives and representatives of service users</th>
<th>This to include:</th>
<th>September-November 2012</th>
<th>C Clark/D Hill</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A City for all Ages</td>
<td></td>
<td>18 September 2012</td>
<td>D Hill</td>
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<tr>
<td></td>
<td>EVOC older people’s forum</td>
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<td></td>
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<tr>
<td></td>
<td>Edinburgh Carers Network</td>
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<td></td>
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<tr>
<td></td>
<td>Community Councils</td>
<td>By email</td>
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<td>D Hill</td>
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<tr>
<td></td>
<td>Neighbourhood partnerships</td>
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<tr>
<td></td>
<td>Edinburgh Equalities Network</td>
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<td></td>
<td>Voluntary sector providers of service</td>
<td>Email with other providers of service (approx 500 organisations)</td>
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<td>D Hill</td>
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<tr>
<td></td>
<td>Private sector providers of service</td>
<td>Email with other providers of service (approx 500 organisations)</td>
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<td>D Hill</td>
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<tr>
<td></td>
<td>Voluntary sector organisations which represent service users and carers</td>
<td>Email with other providers of service (approx 500 organisations)</td>
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<td>D Hill</td>
</tr>
<tr>
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<td>Voluntary and private sector umbrella organisations which represent providers.</td>
<td>Email with other providers of service (approx 500 organisations)</td>
<td></td>
<td>D Hill/Caroline Clark</td>
</tr>
<tr>
<td>Group/Group</td>
<td>Communication Method</td>
<td>Contact Person(s)</td>
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<tr>
<td>Advocacy organisations</td>
<td>Email with other providers of service (approx 500 organisations)</td>
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<tr>
<td>Trades Unions</td>
<td>Email</td>
<td>D Hill</td>
<td></td>
<td></td>
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<tr>
<td>Leader/Deputy Leader of the Council</td>
<td>Email</td>
<td>D Hill</td>
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<tr>
<td>Convenors of relevant Council committees</td>
<td>Individual briefings</td>
<td>D Hill</td>
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<tr>
<td>Group spokespersons</td>
<td>Individual briefings</td>
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<tr>
<td>All Councillors</td>
<td>Committee report</td>
<td>D Hill/Caroline Clark</td>
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<tr>
<td>MPs/MSPs</td>
<td>Email</td>
<td>D Hill</td>
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<tr>
<td>Council staff</td>
<td>Intranet/email/staff publications</td>
<td>D Hill</td>
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<tr>
<td>NHS Lothian staff.</td>
<td>Use of staff briefings, GP email system, Intranet publications</td>
<td>J Hetherington</td>
<td></td>
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<tr>
<td>Press and media</td>
<td>Press release/feature to be planned for mid September</td>
<td>D Hill/J Hetherington</td>
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</tbody>
</table>

**All audiences**
- Consultation closes: End November 2012
- Analysis undertaken by nominated officers
- Collation, analysis and response to consultation and drafting of final strategy: December 2012/January 2013
- Tabling for approval: January/February 2013
- Council Committee for approval: February
<table>
<thead>
<tr>
<th>All audiences</th>
<th>Consultation feedback report published</th>
<th>*March 2013</th>
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<tbody>
<tr>
<td>All audiences</td>
<td>Report on implementation plans published</td>
<td>* March 2013</td>
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</table>

* Note: later timescales subject to confirmation