Scottish Procurement Directorate - Joint Improvement Team

Consultation on Draft Social Care Procurement Scotland Guidance

Summary Paper
Service User and Carer Involvement

January 2010
1. Introduction

In recent years, concern has been expressed about how some local authorities have been buying (procuring) care and support services from voluntary and private sector providers. Service users and carers have said that they have not been happy about the amount of information they have received and how their views have been taken into account. There have been concerns about why re-tendering has been necessary when good quality services are already in place. There have been issues about what part direct payments can play in these changes. There have been questions about how to set the cost of good quality services, about how local authorities should respond to having reduced budgets, and about why local authorities carry out procurement in quite different ways.

The Scottish Government decided that it would be helpful to address some of these issues by preparing Guidance which details each step of the social care procurement process. This can be referred to by service users and carers, local authorities and service providers. The Joint Improvement Team (JIT) and Scottish Procurement Directorate (SPD) have been leading the work with a national Reference Group. This national group involves all of the main interests in social care procurement, with representatives from service user and carer organisations, local authorities, service providers and regulatory bodies.

The first part of the programme of work involved finding out about local policy and practice, and matters of concern, through surveys and national and local meetings with local authorities, service providers and service users. In the second part of the programme there has already been detailed discussion with Reference Group members about a first draft of the Guidance, which has been now been amended to become the draft Guidance for wide consultation.

The Scottish Government would like to receive comments on the full draft Guidance. However the length and complexity of the document may limit the potential for comment by some service users and carers. This paper, and an accompanying easy read version and presentation, summarise what the Consultation Guidance says about the involvement of service users and carers in social care procurement. Comments can be submitted about this paper, and they will be taken into account in the work to complete the final Guidance.

Responding to the consultation

The Joint Improvement Team and Scottish Procurement Directorate welcomes input by **5 April 2010**. Comments can be submitted by e-mail to: socialcareprocurement@scotland.gsi.gov.uk

or by post to:

**Alex Bell**

Scottish Government, Partnership Improvement and Outcomes Division
Consultation On Draft Social Care Procurement Scotland Guidance
Summary Paper On Service User And Carer Involvement

3ER, St Andrews House, Regent Road, Edinburgh EH1 3DG

To ensure that we treat your response appropriately, please also complete and return the **Respondent Information Form**.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at [www.scotland.gov.uk/Consultations/Current](http://www.scotland.gov.uk/Consultations/Current). You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Government now has an email alert system for consultations ([www.scotland.gov.uk/Consultations/seConsult](http://www.scotland.gov.uk/Consultations/seConsult)). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SEconsult is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

**Handling your response**

If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

**Next steps in the process**

Where respondents have given permission for their response to be made public, these will be made available to the public in the Scottish Government Library by 3 May and published on the Scottish Government consultation web pages by 11 May 2010.

**What happens next?**

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us to finalise the guidance. We aim to issue a report on this consultation process by 29 June 2010.

**Comments or complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to:

Alex Bell  
Scottish Government  
Partnership Improvement and Outcomes Division  
3ER, St Andrews House  
Regent Road  
Edinburgh  
EH1 3DG
2. Extracts from the draft Guidance - Service User and Carer Involvement

Section 1 – Introduction

Why the guidance has been developed

Social care procurement has a significant impact on the quality of life, health and well-being of service users and carers. In order to achieve the best outcomes for service users and carers, it is essential that the views they express about their needs and wishes are considered in the development of local authorities’ procurement strategies and during the procurement process.

What is procurement

Procurement is the process by which a local authority buys goods and services identified in its strategies and plans, which will meet the needs of communities and individuals. This guidance applies when a local authority is buying social care and support services from private and voluntary sector service providers.

Valuing people, creating change

Local policy and practice must reflect the way local authorities and service providers value people. The direction of government policy is towards much greater service user and carer involvement in strategic planning and service redesign, along with greater control for service users and carers, and an increase in direct purchasing by individuals. All of this suggests that change will be a continuing feature in social care and support.

Section 2 - Social Care Procurement Scotland – Guiding Principles

Local social care procurement policy, procedures, and practice in individual exercises, must be established and monitored against the set of principles concerning: outcomes; strategic commissioning; personalisation; involvement; national care standards; codes of practice; best value; benefits and risk; procurement rules; leadership; workforce; and partnership. The full set of guiding principles is set out in Appendix 1, including:

- **Outcomes** – social care procurement must achieve positive outcomes for service users and carers through good quality social care and support services.
- **Personalisation** – social care procurement must take account of the need to deliver personalised services providing choice and control.
- **Involvement** – service users and carers must be active partners and citizen leaders in both defining their needs and the outcomes of their support.
- **Best Value** – services must meet needs in line with the Council duty of best value, balancing quality and cost with economy, efficiency, effectiveness, equal opportunities, attention to risk, and sustainable development.
Consultation On Draft Social Care Procurement Scotland Guidance
Summary Paper On Service User And Carer Involvement

- **Benefit and Risk** – procurement decisions need to consider the potential effects on: service users and carers; the quality and cost of services; and partnership working with service providers and workforce issues.

**Section 3 – Policy Context**

There is a policy context for social care procurement which includes national policies for social work and social care in the Changing Lives report, and also in National Care Standards, the outcomes framework and policies for self-directed support. The context also includes other national policies for about getting best value from public funds, working efficiently, and working together through community planning.

Local authorities have to make the most cost-effective use of budgets for new services and to make efficiency savings, wherever possible and reasonable, in existing services. Local authorities are now under great pressure because of reduced budgets to find service and cost efficiencies and make savings. Within social care procurement, this will involve examining whether different arrangements in funding or the approach to service delivery can provide savings against smaller budgets or for re-investment.

**Section 4 - Legislation**

Each procurement exercise has to be carried out within the context of five different but complementary areas of law, concerning: social work; human rights; procurement; best value; and other legislation relevant to procurement.

The European Convention on Human Rights [ECHR] sets out individuals’ fundamental rights and freedoms based on the core principles of dignity, fairness, equality, respect and autonomy. Local authorities must ensure that staff involved in social care procurement, and contracted providers understand individuals’ human rights and take account of them in the process to secure services.

Social care procurement by local authorities must conform to principles deriving from the Treaty on the Functioning of the European Union concerning transparency/openness and fairness/equal treatment between service providers. These principles mean that contract opportunities should generally be advertised and that social care services should generally be tendered. These principles are given effect in Scots law by Scottish Procurement Regulations.

Local authorities have discretion in deciding how best to do arrange services in their own local area. For example, it is the responsibility of individual local authorities to decide whether the Treaty principles require advertising and competition of social care services and, if so, the form of publicity and competition required.

The draft Guidance suggests that advertising and competition may not be required in a range of circumstances, such as:

- where services are required to meet specialist individual needs and/or the availability of specialist providers is very limited;
- where competition might put someone's accommodation at risk;
- where there are urgent reasons for putting a service in place; or
• where the contract is to be awarded under an existing framework agreement, approved list or other qualification system which has itself been the subject of adequate publicity.

Options for continuing existing services

With existing services, the draft Guidance says that local authorities should have a strategy for the procurement of social care services which recognises the need to maintain the quality and continuity of services and addresses the concerns of service users and their relatives. Local service reviews may point to a staged approach to the tendering of certain contract opportunities.

The need for service continuity should be assessed prior to the award of any contract. At the planning stage, local authorities should consider the appropriate contract duration for the service they are seeking to secure and may decide to award contracts of longer duration where this is necessary to ensure continuity of services for service users. The local authority should also consider whether to provide that contracts may be extended, subject to a review of service delivery.

A local authority which is happy with the quality of a service and that best value is being achieved may decide that it should renew (or “roll forward”) its contract with the existing service provider. However, the local authority would have to satisfy itself that it is meeting the Treaty principles of equal treatment, non-discrimination and transparency.

Section 5 - Local Policy, Strategy and Approach

Local Commissioning Strategies

Every local authority should have commissioning strategies for care groups and services which consider projections of need and demand, and set out plans for the nature and scale of services against intended outcomes for individuals. These strategies should determine the extent of choice and control to be delivered within the context of self-directed support. They should identify how priorities are to be delivered within available finances and, on occasion, reduced funding. Commissioning strategies should also consider a range of matters which will set the local direction for social care procurement and the approaches to be followed. This might include long-term strategic partnerships between local authorities and certain service providers.

Local Social Care Procurement Policy

Local authorities have a responsibility for best use of public funding, including cost effectiveness, and maintaining expenditure within available resources. In exercising these responsibilities, they have a duty of care in relation to people with social care and support needs. This means they are required to give special consideration to their approach to social care procurement which takes into account service user and carer involvement and partnership working with voluntary and private sector service providers.
The local policy for social care procurement will need to cover the technical aspects of the procurement process. The local policy should also address local expectations for service user involvement in social care procurement and partnership working between the Council and service providers in that process.

**Involvement of Service Users**

Procurement processes in some areas have given service users a sense that they have little control over their lives and no ability to impact on the decisions made in respect of their services. As a result service users may be anxious about the procurement process and what this will mean for them, especially when they have had little involvement in the planning or procurement process and when they have received very limited information about it.

Service users want to be told from the beginning when local authorities and/or service providers are thinking about making service changes. They want to be updated about any firm procurement plans made (not just when changes are about to happen) and to have plenty of time to think about how they will be affected by service changes.

The involvement of service users, and the opportunity for them to voice their experiences and views, is therefore essential at every main stage of the procurement process, from the earliest stages of analysis and planning to the later stages of contract monitoring, management and review. Service users and their carers may have opinion on changes to current service provision, have concerns about an existing provider which merits change of provider, or may want to support the continuation of a service provided by the local authority, voluntary or private sector.

The local approach to service user and carer involvement can include seeking to engage with service users and carers through different types of groups (Appendix 2). The different types of groups, that service users and carers can be part of, include:

- Stakeholder Groups;
- Users and Carers Forums;
- Representative Groups;
- Sample Groups;
- Everyone.

Local policies for social care procurement should therefore set out the approach and arrangements for service user involvement detailing the respective responsibilities of local authorities (including commissioning staff and care managers) and service providers, and the role of independent support workers such as advocacy workers.

Account will have to be taken of how to resource this work, including collecting views of service users with very limited communication skills. Consideration will also be required about how representative are the views of certain service users, and the feasibility and affordability of meeting the wishes and choices expressed.
There may be occasions when service users and carers are dissatisfied with the provision of a particular service or feel that their needs are not being met and wish to make formal representations about it. As with other similar circumstances, opportunities should be available for service users and carers to take up issues at various levels within local authorities, but they should also be made aware of their rights to complain through the statutory complaints procedure for social work, to the Ombudsman and to the Courts for judicial review.

The Care Commission expects that service users are fully informed of any potential changes to service when they have the potential to impact on their lives. If the Care Commission receives complaints regarding inadequate consultation this may be investigated as it relates to the management and leadership of the service.

Accessibility of Information and Terminology

It is clear that individuals wish to receive information about potential changes to their support early on in the process. They would prefer this information conveyed to them face to face. In line with the need for openness and involvement, attention will also need to be paid to writing social care procurement policies and procurement plans and proposed service changes in accessible language, easy reads and formats, including: paper formats; use of images; minority languages; braille; large print; audio; DVD; BSL DVD; electronic communication (websites, social networks, e-mail); and following plain English guidelines.

Communication must be built on an individual identification of needs. For example, using text messages may often be suitable for people with hearing impairments but may well be inappropriate for someone with a learning disability. Local Authorities have a duty to make “reasonable adjustments” under the Disability Discrimination Act and have to evidence what they have done to take account of individual need.

It is also important to consider the appropriateness of language and some of the terms used in procurement exercises. Efforts should however be made to ensure that the terminology of commissioning and social care procurement documentation in relation to people reflects the principles of dignity and respect. A greater focus on individual outcomes and personalisation in social care procurement requires matching terminology. The Scottish Accessible Information Forum (SAIF) recommends the use of ‘simple, direct but non-patronising text’.

Self-Directed Support

Councils already have to give consideration to the implications for social care procurement of direct payments. As the policy and implementation of self-directed support develops, Councils will be required to engage with service users and carers and with service providers to consider the changes that will be required to local social care procurement policy, Standing Orders and Financial Regulations, and procurement procedures and practice.
Partnership working between Local Authorities and Service Providers

The relationship between local authority and service providers needs to reflect a balance between close partnership working with individuals and groups of providers and fairness between all providers in a competitive market. A successful relationship will be built upon mutual respect and a joint understanding of the roles played and challenges faced by each partner in delivering better outcomes for the public. It will be a supportive and sustainable relationship which reinforces and celebrates their interdependence. Councils’ policies for social care procurement should also make reference to the methods they propose to adopt to improve smaller providers’ capacity and skills to compete for the delivery of social care services.

Service providers should be committed to working with Local Government to deliver efficiencies, promote best value, and achieve improved outcomes for local communities. Providers should consider the benefits of shared services to ensure that, alongside local authorities, they are improving organisational efficiency in order to deliver best value, maximise capacity and minimise duplication.

Collaborative Procurement

Councils may wish to consider exploring opportunities for developing collaborative approaches with other authorities purchasing in the same sector, for example, shared pricing and contracting strategies. For social care it must not mean mass procurement of a limited range of services, but a means of providing choice and enhancing individual control with access to services offering better value for money.
Section 6 - Social Care Procurement - Process

The Guidance details a 5 stage process for social care procurement, both generally and for individual exercises, which will assist in securing good outcomes for individuals and communities:

- **Stage 1 Prepare**
- **Stage 2 Analyse**
- **Stage 3 Plan**
- **Stage 4 Secure Services**
- **Stage 5 Review**

The Guidance emphasises that decisions and actions must be made with due consideration to the overarching ‘social care procurement principles’.

7. **Stage 1. Preparation**

**Knowledge and Skills Training**

Effective social care procurement is dependent not only on sound organisational arrangements but also the informed participation of those involved within local authorities, service providers and with service users and carers. It is also important to consider using advocacy services and developing citizen leadership approaches to enhance service users’ confidence in participation.

**Involvement of Key Stakeholders**

Any social care procurement process will impact on individuals and organisations and consideration should be given to the information and communication requirements of all stakeholders. Key stakeholders should be identified at this early stage, and are likely to include: service users; carers; elected/board members; Council staff; service providers and their staff; advocacy groups; representative groups; media organisations.
Good practice in procurement involves effective communication with the various interests from the start of a procurement exercise. Preparation will be needed to ensure that the right resources and skills are available, for example to produce easy read material, during the course of procurement exercises.

8. Stage 2 Analyse

The analysis stage of the process includes using information from the commissioning strategy which clearly defines need (including outcomes, waiting times, unmet need and future demand) and required outcomes for individuals. The guidance considers:

- Establishing needs and outcomes;
- Current supply - range and quality, and resource availability;
- Current performance evaluation – relevant data and benchmarking information;
- Market analysis – number/mix of providers including Council services;
- Option Appraisal – including equality impact assessment of the options for service delivery.

9. Stage 3 Plan

The guidance identifies the third stage of the process within individual procurement exercises as concerning the detailed planning required of the service to be put in place and exactly how the procurement exercise is to be carried out, including:

1) Funding
2) Service user, carer and provider involvement – scope, timing, and methods;
3) Service provider involvement;
4) Service specifications – outcomes for individuals and how these will be achieved;
5) Evaluation - selection and award criteria;
6) Procurement routes;
7) Contracts;
8) Transition arrangements;
9) Contract management and review - relationship management and service review.

Funding

Local authorities work within the resources available to fund social care services, and social care procurement is carried out within the financial framework determined by the Council, and the funding identified for particular services. Cost-effectiveness must be built into service specifications (and efficiency savings may be sought within the service review process).

Service User and Carer Involvement

Councils across Scotland are currently using a range of methods to involve service users and carers in the development of commissioning strategies, procurement policies and individual procurement plans. To ensure effective service user and carer involvement in the procurement process it may be useful for Local Authorities to consider scope, organisation, timing, frequency and methods of communication. In making service user and carer involvement meaningful, local authorities will need to
identify how they plan to take views into account and respond to these views. Local authorities should consider how the views of those with profound and multiple disabilities can be collected. In many cases family or kinship carers can play a role in representing the views of people with severe communication difficulties. Service users and carers will often have different views. Local authorities will need to communicate about their final decisions and why they have reached these decisions.

Selection and Award Criteria

Currently, there are significantly different approaches across the country to the balance of weighting in evaluations between cost and quality. The nature and range of social care services means that there is no one size fits all simple solution and right evaluation balance of quality and cost. However, it is important to be explicit about the connections between cost, quality and outcomes against the service specifications and how the balance between them will be evaluated and scored in the decision-making process. Local authorities should consider how to involve service users in evaluation, this could include inviting future service users to contribute questions which can be put to potential service providers at interview. The draft Guidance states that e-auctions should not be used as part of the tender evaluation process for the procurement of social care support and personal care.

Transitional Arrangements

The procurement plan should include details on how, when and what to communicate to service users and carers, service providers, and Council staff. It is important to remember to provide information to frontline social care staff, who may need to provide advice and support to service users and carers. It will be important to decide who will be responsible for communication and in what ways a local authority and any outgoing and incoming service provider should be providing information to service users, carers, staff, and other organisations which might need to know about the changes.

The plans for transition should address key factors, including:

- How meeting individual service user and carer need will be assured;
- What connections will be made with assessment and care management;
- A timeline for changes;
- The implications of staff transfers under TUPE.¹

¹ Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)
10. **Stage 4 - Securing services**

The purpose of this stage of the procurement process is to implement the procurement plan and to secure services to deliver the identified outcomes for service users.

**Communication and involvement of service users and carers**

Communication with service users and carers during the procurement process is extremely important. Local authorities need to provide clear information and ensure that service users and carers can understand it. The timing of communications with service users is critical. Early communication can raise expectations or anxieties; communication after the event is often unacceptable. There may need to be a level of certainty about the process and timescale before information is disseminated to service users and their carers. Decisions about communication will also vary according to the situation and depends on how personal and intensive the intervention of the particular service is for service users and how and when users may be affected by a tender exercise.

Local authorities should consider if service users and carers may be involved in the tender evaluation process and ensure that they understand the evaluation process, are able to commit the necessary time and are clear about their role in it. Local authorities should ensure that appropriate training and support is available to enable participation. Direct participation can be in the form of a sample group of service users who understand and can participate in examining presentations from organisations proposing to provide services or may involve service users going on a site visit to assess organisations’ potential. Alternatively, local authorities may decide to involve service users and carers in an advisory role to the evaluation panel. The involvement of service users and carers is particularly important where an existing service is being re-tendered.

**Transitional arrangements**

It is important that this stage of the procurement process is managed successfully to promote the transition as a period of development and growth for service users and carers, with opportunities for reassessment and review leading to improved service delivery. It will be equally important to ensure minimum disruption to service users and their carers, as well as staff from provider organisations. This requires close cooperation between local authorities and service providers in order to manage the transition of services in a staged way.

11. **Stage 5 - Review**

This part of the guidance considers important aspects of the review stage including relationship management with service providers, service user and carer involvement and the interface with frontline practitioners, as well as other factors including:
- Contract monitoring - user and carer feedback, links with regulators;
- Service Reviews – delivery against specification and contract;
- Reporting;
- Use of service provider forums;
- Link with Commissioning Strategies.
Contract Monitoring

The purpose of contract monitoring and review is to monitor the quality and effectiveness of the service by reviewing past performance and improvements made by the provider against the contract. It also informs the decision about whether a contract can be rolled forward and renewed, or whether a contract should be secured with an alternative provider, through a tendering exercise or alternative route.

The method employed by a Local Authority for contract monitoring and service review should reflect the Council’s social care procurement policy, and include consultation with service users, carers and service providers. It should also include consideration of:

- the views of service users and carers through individual meetings, questionnaires and focus groups;
- written returns/self-assessment by providers;
- providers’ performance reviews;
- planned visits to the service;
- unannounced spot checks by the Council and/or provider;
- information from the Council’s assessment and care management staff;
- service user records;
- individual service reviews;
- meetings with the providers;
- review of compliments, complaints and serious incidents;
- Care Commission reports.

It is important that all of those concerned including service users, carers and service providers understand the different functions of regulation and contract monitoring and also how they fit together. It is essential that service users and carers are actively involved in providing feedback about the quality and effectiveness of the service to secure the desired outcomes. There are a number of methods to involve service users and carers including:

- feedback from service users and carers (via focus groups and use of questionnaires);
- individual case reviews;
- examination of care plans and other records relating to service user outcomes;
- individual visits and interviews;
- peer interviews of service users by service users;
- strategic reviews of services;
- consideration of service users as lay assessors;

Service Reviews

Service reviews for individual services should consider the quality of service delivery and any shortfalls in service delivery against the service specification and contract, and any other issues arising from contract monitoring.
Consultation On Draft Social Care Procurement Scotland Guidance  
Summary Paper On Service User And Carer Involvement

It is important to emphasise that this process should focus on service improvement and should build on the partnership working established between local authorities and service providers; it should also involve service users and carers. Service reviews also have an important function in relation to decisions about continuity of service provision.

Service reviews, carried out at predetermined intervals, should also consider the responsiveness of service activity in relation to current demand and potential future need. As part of the service review it is important to consider whether service provision addresses and fits with the strategic direction of the Council and its partners, and whether it is in line with relevant commissioning strategy and corporate plans.

**Action Planning**

Any improvement proposals which results from the service review should be set out in an action plan this should identify who is responsible for completing tasks and time scales in relation to the range of tasks to be carried out. The decisions about whether it is planned to maintain existing arrangements, or to make small or a major changes will determine the level of information to be given to service users and carers.

If there may be a change of provider, the local authority should continue to work with the existing provider to minimise the impact on service users and other stakeholders. Service users and carers should receive: an explanation of the reasons for the change or closure of the service; an outline of the process and time scale of the process; and the name of a contact person for further information. Service users and carers should also be given information within the context of self-directed support about how to make choices, including information about direct payments and how to use them to secure a continuation of their existing service or an alternative service. They should also be given information about how to pursue these options and offered assistance, including from support organisations, if they decide to do so.

**Link with Commissioning Strategies**

The review process can offer a means to assist gathering together both the views of individual service users and carers, and the experience of broad service provision, to inform the future development of commissioning strategies.
Appendix 1. Social Care Procurement Scotland – Guiding Principles

Local social care procurement policy, procedures, and practice in individual exercises, must be established and monitored against the set of principles:

1. **Outcomes** – social care procurement must achieve positive outcomes for service users and carers through the delivery of good quality social care and support services.

2. **Strategic Commissioning** – the development and purchasing of services must be placed within a wider context of strategic social care commissioning activities and strategies, and reflect strategic and service reviews.

3. **Personalisation** – social care procurement must take account of the need to deliver personalised services providing choice and control through building individual, family and community capacity, with attention to consistency and continuity, performance improvement and the delivery of agreed outcomes.

4. **Involvement** – service users and carers must be active partners and citizen leaders in both defining their needs and the outcomes of the support they require to realise their potential and influencing the design of services.

5. **National Care Standards** – social care procurement must ensure that services provided to individuals adhere to the principles of dignity, privacy, choice, safety, realising potential and equality and diversity which underpin the National Care Standards.

6. **Codes of Practice (SSSC)** – social care procurement must ensure that social services staff promote the interests and independence of service users and carers, protect their rights and safety, and gain their trust and confidence; and social services employers must provide training and development opportunities to enable staff involved in social care procurement to strengthen and develop their skills and knowledge.

7. **Best Value** – services must be developed to meet the needs of service users and carers in line with the duty on Local Authorities to achieve best value, balancing quality and cost with regard to economy, efficiency, effectiveness, equal opportunities, attention to risk, and sustainable development.

8. **Benefit and Risk** – strategic decisions concerning social care procurement must be based on careful benefit and risk analysis of the potential effects on: service users and carers; the quality and cost of services; and partnership working with service providers and workforce issues.

9. **Procurement Rules** – social care procurement must comply with the EC Treaty principles of equal treatment, non-discrimination and transparency and the requirements of the Public Contracts (Scotland) Regulations and Scottish public procurement policy.

10. **Leadership** – senior managers must give a high priority to social care procurement, setting clear strategic goals and managing performance.

11. **Workforce** – the need for a skilled and competent workforce must be taken into account within social care procurement.

12. **Partnership** – there must be collaboration between agencies across the public, private and voluntary sectors to make the best use of the mixed economy of care and bring about cultural change in all sectors.
## Appendix 2. Involvement of Service Users and Carers

<table>
<thead>
<tr>
<th>Stakeholder Groups</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>All parties to change are involved</td>
<td>Hard to speak up in these big meetings</td>
<td></td>
</tr>
<tr>
<td>No decision without US!</td>
<td>Can need training to know what to do</td>
<td></td>
</tr>
<tr>
<td>Can share experiences from the past</td>
<td>Lots of information to digest</td>
<td>Little information in Easy Read</td>
</tr>
<tr>
<td>Everyone wants to be there</td>
<td></td>
<td>Only a few people involved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Users and Carers Forums</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easier to speak up</td>
<td>Self chosen</td>
<td>Can need training to know what to do</td>
</tr>
<tr>
<td>Very supportive</td>
<td></td>
<td>Information might be limited</td>
</tr>
<tr>
<td>Can share experiences from the past</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyone wants to be there</td>
<td></td>
<td>Carers can sometimes dominate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative Groups</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who are directly affected</td>
<td>Can be chosen by those consulting</td>
<td>Can be chosen carefully</td>
</tr>
<tr>
<td>Can be chosen carefully</td>
<td>Some points might be missed out</td>
<td>Information might be limited</td>
</tr>
<tr>
<td>Personal testimony</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easier to make sure people understand</td>
<td>Need training and support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Groups</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be quick to get involved</td>
<td>Can need training to know what to do</td>
<td></td>
</tr>
<tr>
<td>Easier to make sure people understand</td>
<td>Lots of information to digest</td>
<td></td>
</tr>
<tr>
<td>Can all take part in small meetings</td>
<td>Little information in Easy Read</td>
<td>Only a few people involved</td>
</tr>
<tr>
<td>Everyone</td>
<td>Problems can be overlooked because only a few people involved</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Everyone</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everybody gets to know</td>
<td>Takes a long time to let people know</td>
<td></td>
</tr>
<tr>
<td>No issues are left out</td>
<td>Might make people worry</td>
<td></td>
</tr>
<tr>
<td>People are treated with respect</td>
<td>Who decides what people are told</td>
<td></td>
</tr>
<tr>
<td>People with exceptional needs are included</td>
<td>Hard to train so many people to understand</td>
<td>Information needs to be in lots of forms</td>
</tr>
</tbody>
</table>

Source: prepared by the Learning Disability National Involvement Network