MODERNISING SERVICES FOR OLDER PEOPLE – FINAL CONSULTATION AND COMMUNICATION STRATEGY

1.0 SUMMARY

This report reminds Members of previous reports to the Housing and Social Work Committee in September 2007 and November 2007, highlights the themes resulting from the equalities consultation period, confirms a joint approach with NHS Highland and thereafter requests approval to the revised and final strategy and to its immediate implementation.

2.0 BACKGROUND

2.1 Members are reminded of the report to the Housing and Social Work Committee on 19 September 2007, which set out the Council’s intentions towards consulting and communicating with stakeholders on issues relating to Modernising Services for Older People.

2.2 A further report was presented to the Housing and Social Work Committee on 7 November 2007, which reported on the consultation responses received and the themes arising. It was agreed by the Committee that:

   a) a further period of consultation be undertaken to specifically seek comments from equalities groups;
   b) a joint strategy would be prepared in partnership with the NHS; and that
   c) the final strategy would be presented to Committee in January 2008 for approval.

2.3 This report therefore advises of the action taken following the above Committee and presents a final report for approval.

3.0 FURTHER CONSULTATION

3.1 The initial consultation period in September/October 2007, generated 30 responses from the 210 individuals/organisations directly contacted.

3.2 The additional consultation period in November/December 2007, specifically targeted equalities groups (age, disability, race, faith and gender) and 87 individuals/organisations were directly contacted, generating 5 responses.

4.0 ADDITIONAL THEMES

4.1 The key themes of the earlier consultation were reported to the Housing and
Social Work Committee in November 2007. The main themes arising from the additional equalities consultation period, are summarised below. It is noted that as the responses received were primarily from deaf groups, there will be a need to ensure there are further efforts to link with minority communities.

4.2 **Strategy Objectives**

a) Applaud aspiration to consult widely and in a meaningful way.
b) Strategy contains easy to read language with a good grasp of the difference between consultation and communication.
c) Those consulted on an ongoing basis still have a valid voice and should continue to be consulted as well as consulting harder to reach groups.
d) Information should be accessible.
e) Consultation with other groups (eg deaf etc) requires a greater commitment of time.

4.3 **Consultation and Communication Principles**

a) Impressed by willingness to live up to high principles.
b) Other forms of communication (other than written) should be used to pass the message on.
c) Plain English is only one form of communication and other methods should be deployed.

4.4 **Areas for Consultation**

a) Design of care homes should have hearing related equipment.
b) It is important for deaf organisations to be involved in the design stage.

4.5 **Stakeholders**

a) Communication will require to be tailored accordingly to its audience.

4.6 **Methods of Consultation**

a) All groups, meetings and forums should be accessible.

4.7 **Means of Communication**

a) As well as in writing, information should be available in BSL (British Sign Language).

4.8 **Monitoring and Review of the Strategy**

a) There should be appropriate support available to assist individuals with community engagement.

4.9 **General Comments**

a) Overall, respondents were pleased with the strategy.
b) If it works, it will be a major improvement.
c) There should be a link with appropriate organisations to access those harder to reach groups.

5.0 Working with the NHS

5.1 A number of comments made throughout the consultation process related to joint working with NHS Highland in relation to the strategy.

5.2 In order to clarify this area, a specific commitment has been included in the strategy which sets out that both agencies will work with one another and adopt a truly joint approach on the common areas which fall within the strategy. Members should note that the Chairman and the Chief Executive have been consulted and have agreed the final draft of the strategy document.

6.0 FINAL STRATEGY

Comments Included

6.1 The comments received from all 35 responses have been fully reviewed and the vast majority of comments have been included to ensure the final strategy is jargon free, more accessible and to further ensure that the Partnership (The Highland Council and NHS Highland) is responsive and transparent.

6.2 A copy of the final strategy, incorporating changes from the consultation, has been attached to this report at Appendix 1.

Comments Not Included and Reasons

6.3 As reported to the previous Housing and Social Work Committee in November 2007, where a comment, proposal or question has been submitted which cannot be taken in to account or which has not been addressed in the strategy, the issue would be flagged in this report and a reason provided as to why it is unable to be included. These such comments are as follows. The emboldened text represents the comment made and the following text provides the Council’s response.

a) The facility for lay representation on Highland Council committees, is long overdue.
   This comment has not been included as it is outwith the scope of the strategy and is flagged here for information.

b) A commitment to meeting the costs of implementing the strategy should be included.
   These costs have not been specifically mentioned within the strategy but all costs incurred which are associated with the implementation of the strategy will be met from existing resources.

c) Comments were received which suggested that the strategy did not address the needs of Caladh Sona care home in Melness; nor refer to the Wade Centre in Kingussie or to Graham House in Dornie.
   An insertion in the final strategy refers to consulting on changes in models of care.
d) **Will research/consultation be undertaken on the impact of the new Council care homes on existing provision?**
   No, research will not be undertaken as only the existing volume of provision is being replaced.

e) **The Council should consult on the location of the new care homes.**
   The Council is not able to consult on this area, due to the lack of available options over suitable Council sites to be used for the new care homes. Where a choice of Council sites exist, some local consultation may be undertaken.

f) **The number of residents (in Inverness) will be in the order of sixty.**
   It is clarified that the size of care home in Inverness will be 44 beds.

g) **The Core Consultation group should be empowered to select the appropriate stakeholders for the issue under consideration.**
   In order to ensure the group continues to meet its purpose and remains small enough to be effective, the issue of representation will lie with the chair of the group.

h) **The Highland Senior Citizens Network and Highland Community Care group should be represented on the Core Consultation group and Local Focus groups.**
   Again, to ensure the effectiveness of these groups, representation will be limited and will draw on voluntary sector representation where appropriate.

i) **There should be local member representation (two Members) on the Core Consultation group to represent the views of the local community.**
   This would be difficult to implement given the ward composition. Member input will be through the Housing and Social Work Committee and Ward Forums. Local representation on the Core Consultation group is provided for by the local action/support group member already included in the membership of this group.

j) **Community questionnaires could be used as an additional means of proactive communication and consultation.**
   It is considered that Local Ward Forums will serve this purpose.

k) **There should be independent monitoring of the strategy.**
   No budget provision has been made for this and it is considered that the Council/NHS can sufficiently monitor progress.

l) **In monitoring the strategy, it would be positive for comments on the past year from all stakeholders to be included.**
   It is considered that this task would be too resource intensive but a summary of views expressed can be reported.

m) **Minutes of the Trades Union group will be posted on the Council’s web site.**
   Due to staff confidentiality reasons, these minutes will have a restricted
distribution.

n) An e-mail/chat room forum should be available.
   No budget provision has been made for this facility.

o) Twice yearly monitoring of the policy in the first instance should be considered.
   This is considered resource intensive and unnecessary.

7.0 EQUALITY IMPACT ASSESSMENT

7.1 As confirmed in the previous report to Members in November 2007, the strategy was to be subject to or screened for an equalities impact assessment.

7.2 This assessment has now been progressed in line with equal opportunities legislation. The implementation of the final strategy will be informed by this assessment and will seek to positively engage with equalities groups in Highland communities.

8.0 RECOMMENDATIONS

Members are asked:

a) to agree the final strategy; and

b) to agree to its immediate implementation

Signature

Designation   Director of Social Work

Date   10 January 2008

Background Papers

1) Report to The Highland Council on 28 June 2007: “Modernising Services for Older People – Care Homes Procurement”

2) Report to the Housing and Social Work Committee on 8 August 2007: “Delivering New Care Homes – Developing a Consultation and Communication Strategy”

3) Report to the Housing and Social Work Committee on 19 September 2007: “Modernising Services for Older People – Draft Consultation and Communication Strategy”

4) Report to the Housing and Social Work Committee on 7 November 2007: “Modernising Services for Older People – Draft Consultation and Communication Strategy”
The Highland Council

Modernising Services for Older People

Working with NHS Highland

Consultation and Communication Strategy

January 2008
List of Contents

Foreword

Section 1: Introduction
Section 2: Working with the NHS
Section 3: Strategy objectives
Section 4: Consultation and communication standards and principles
Section 5: Areas for consultation
Section 6: Stakeholders
Section 7: Methods of consultation
Section 8: Means of communication
Section 9: Monitoring and review of strategy
Appendix 1: Standards for community engagement
Foreword

The Highland Council has committed to build and operate new care homes in Tain, Muir of Ord, Inverness, Grantown and Fort William and in so doing, has committed to consult with residents, partners and their families, staff and stakeholders on the detail of the proposed care homes and to keep them fully informed of progress as the programme proceeds.

This initiative is a key element of the Council’s significant investment in services for older people and commitment to working in closer partnership with the NHS towards delivering more joint services for older people. This document represents one of the first products of that closer working relationship.

The Highland Community Care Partnership between The Highland Council and NHS Highland, (referred to as the Partnership throughout), is committed to rebalancing care and modernising services for older people and wishes to engage with key stakeholders in delivering to these objectives.

There is therefore a full commitment on the Partnership’s part, to engage and work with stakeholders and with communities on the modernising services for older people agenda. All of these activities comprise an ambitious and exciting agenda and the views of stakeholders are vital in ensuring not only that we build first class care homes and deliver excellent services which meet the needs of future residents, but that we also deliver a range of complimentary and comprehensive services to support older people in Highland, into the future.

This strategy therefore sets out the Partnership’s commitment to involving and informing stakeholders and sets the standards that the Partnership will adhere to in terms of the nature, level and frequency of engagement.

We look forward to engaging with you.

Councillor Margaret Davidson
Chair, Housing and Social Work Committee, The Highland Council

Garry Coutts
Chair, NHS Highland
1.0 Introduction

1.1 This strategy details the commitment of the Partnership to effective consultation and meaningful communication with all staff, residents and their families and other internal and external stakeholders, on modernising services for older people in Highland.

1.2 This strategy encompasses the various strands of activity which comprise the modernising services for older people strategy, and includes:

a) increased joint working with the NHS in rebalancing care;
b) delivering new care homes;
c) delivering more sheltered housing units;
d) increasing the number of older people supported in their own homes and through day opportunities;
e) delivering additional investment in aids and adaptations (Telecare);
f) delivering additional home care;
g) changes in models of care;
h) supplementary care, such as for flexible day opportunities, evening, night and respite care;
i) anticipatory care and preventing admissions.

1.3 These initiatives and others will form part of the modernisation of services for older people, which the Council will be delivering in conjunction with NHS Highland. The Partnership wishes to communicate and consult on these matters and will begin with the 5 new care homes. It is highlighted that whilst the strategy will focus initially on the new care homes project, that the principles and standards as set out within this document, will apply to the preparation and operation of all strategies and areas which fall under the modernising services for older people agenda.

1.4 The different strands of activity will have different project programmes and timescales, which will be highlighted within each separate area of activity. This strategy does not set down the specifics of how, who and when engagement will take place in relation to all of these specific activities, but rather sets out the principles that will be adhered to, and the variety of consultation methods and communication means that may be used.

1.5 There are many areas within these various activities where the involvement and input of stakeholders is essential and effective consultation will be critical in ensuring an improved quality of service for current and future service users – essentially ensuring that the Partnership gets it right.

1.6 It is important at the outset to clarify the distinction between consultation and communication to ensure both a shared understanding and clarity of expectations.

1.7 Consultation and communication, whilst having different definitions and requiring different processes to be applied, if they are to be effective, are closely linked.

1.8 Communication is concerned with the transmission of information. As such, it
is distinct from **consultation**, which is more about exchanging opinions and ideas in the context of shaping policy or development. However, effective consultation follows effective communication and therefore the two cannot be dealt with in isolation.

1.9 This strategy therefore sets out how the Partnership will both **consult** and **communicate** on modernising services for older people in Highland, beginning with the 5 new care homes.

1.10 The Partnership will be supported in delivering this strategy, by Highland Community Care Forum, who currently undertake the Partnership’s consultation and involvement requirements on their behalf.

2.0 **Working with the NHS**

2.1 The Partnership is committed to working with one another and to adopting a truly joint approach on the common areas which fall within the strategy.

3.0 **Strategy Objectives**

3.1 The strategy will provide an internal working document for the Council, working with the NHS and will also advise stakeholders of the Partnership’s stated commitments in relation to consultation, communication and engagement.

3.2 The objectives of the strategy are as follows:

a) To work closely and effectively in partnership with the NHS where appropriate, on consulting and communicating issues connected with modernising services for older people.

b) To consult as widely as possible, including those regularly consulted as well as reaching past those who have typically been consulted in the past.

c) To ensure stakeholders are fully engaged and have opportunities and are supported to make their views known.

d) To reinforce communication as a two way process.

e) To deliver effective communication that is accurate, timely, relevant, reliable and accessible, through a range of appropriate methods and formats.

f) To develop a greater understanding of how the Partnership will improve standards of care and modernise services for older people, including delivering the 5 new care homes.

g) To provide feedback on how views are taken into account and show accountability for decisions.
4.0 Consultation and Communication Standards and Principles

4.1 The Partnership is committed to adhering to the 10 general standards for community engagement, which are provided for information at Appendix 1 and will ensure that relevant staff are familiar and adhere to these standards.

4.2 In addition, the Partnership will adhere to the following key principles in its consultation and communication activities for modernising services for older people. These key principles are to be:

a) Accessible
b) Appropriate
c) Clear
d) Effective
e) Professional
f) Honest
g) Informative
h) Open
i) Consistent
j) Responsive

4.3 In pursuing these objectives, the Partnership will also:

a) Permit sufficient time for consultation periods.
b) Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses.
c) Utilise cost effective means of communication, wherever possible.
d) Assist and facilitate the provision of feedback where possible, for example by supplying pre paid envelopes where electronic means are not preferred or available to the respondee.
e) Record views expressed and ensure that these are considered.

5.0 Areas for Consultation

5.1 The key priority of the Partnership, is to ensure the availability of suitable and appropriate services to meet the needs of older people. This strategy concentrates on the consultation and communication activities required to ensure this ultimate goal is achieved.
5.2 The areas relevant for consultation and the areas on which the Council with NHS colleagues are committed to effectively consulting with stakeholders and interested parties, are therefore as follows.

The first priority will be to consult on:

a) Developing joint strategies with NHS Highland in rebalancing care.

b) Delivering new care homes project, including
   I. The design of the new facilities
   II. The interior design of the new facilities
   III. Transition arrangements
   IV. Staffing arrangements

Thereafter focus will include promoting effective communication and consultation on the following issues:

c) Developments in housing for older people/sheltered housing.

d) Developments in aids, adaptations and Telecare.

e) Developments in home care services.

f) Changes in models of care.

g) Supplementary care, such as for flexible day opportunities, evening, night and respite care.

h) Anticipatory care and preventing admissions.

6.0 Stakeholders

6.1 The scope and diversity of stakeholders in relation to modernising services for older people is particularly wide ranging, given the need also to capture views of those who may use services in the future, thus making the issue of effective consultation and communication more crucial.

6.2 The following list represents key individuals or groups likely to have an interest in this area and these will therefore be important target groups for communication and consultation. The Partnership therefore will communicate with the following groups:

a) Action Groups
b) All Council care homes (staff, residents and their families)
c) All independent care providers in Highland
d) Community Councils
e) Elected members
f) “Friends of” Groups  
g) Future residents and service users  
h) Local communities  
i) Media  
j) Highland MPs  
k) Highland MSPs  
l) Staff  
m) Trades Unions  
n) Voluntary sector representative groups  

6.3 There are other groups and organisations who may also have an interest, and these will be identified as the work progresses. In addition, NHS Highland has a wide range of individual members of the Public Partnership Forum (HealthVoices).  

6.4 The Partnership will ensure that the variety of stakeholders are appropriately engaged with.  

7.0 Methods of Consultation  

7.1 Where a need for consultation has been identified within any of the strands of activity relating to the modernising services for older people agenda, the Council will work with NHS Highland, Highland Community Care Forum, and other local groups and organisations to consult and the following methods will be employed to ensure there is ample opportunity for views to be expressed.  

7.2 In order to ensure equality of opportunity for engagement, different methods of consultation may be used to specifically target particular stakeholders. The most appropriate method of consultation will therefore be used and it is possible that not all methods will be used in every instance.  

a) Key Contact Person  

Purpose and Detail  
A Key Contact Person for the Partnership will be appointed to act as a single point of contact on all consultations, who will co-ordinate all consultation and communication activity. This Key Contact Person will work with NHS Highland on areas of joint work. Another named contact will be provided in the absence of this person.  

Reporting  
The Key Contact Person will be responsible for recording consultation and communication activities and for ensuring consideration of comments received.  

b) Open Days/Exhibitions  

Purpose and Detail  
Open days/exhibitions in localities will be held, in order to obtain views on key issues, such as Telecare demonstrations or exhibitions for designs and interior design for the delivering new care homes project. Stakeholders will be requested to provide written comments, where possible.
Reporting
Comments received will be compiled and a report produced with the key themes highlighted and will be used to inform the ongoing process.

c) Using Existing Networks

Purpose and Detail
The Partnership funds organisations to undertake consultation activities on their behalf. These existing networks will be utilised in undertaking specific consultation activities in relation to modernising services for older people including the delivery of the 5 new care homes and these activities will be included within the work plans of these organisations. Existing Local Ward Forums and Patient Involvement Forums will also be utilised for planned discussions on relevant issues.

Reporting
Where such organisations are tasked with specific consultation activity using existing networks, formal reports will be submitted to the Partnership advising of the methodology of the task, the results and any recommendations. Local Ward Forums and Patient Involvement Forums will be reported upon in accordance with existing arrangements.

d) Face to Face Meetings

Purpose and Detail
Face to face interviews with stakeholders will be conducted, where requested, to support communication activities and respecting individuals privacy as appropriate. Where such face to face meetings involve residents, appropriate support will be available to assist their full participation.

e) Specific Activity for the Delivering New Care Homes Project

Liaison Forums

The Partnership is committed to establishing liaison forums to ensure a structured and ongoing approach to consulting, with specific reference to the delivering new care homes project. The liaison forums which will be established are a Core Consultation Group, Local Focus Groups and a Trades Union Group. The purpose, organisation and frequency of these groups, is as follows. A diagram of the various groups and their reporting arrangements, is provided at Diagram 1 below.

Core Consultation Group

Purpose
• The purpose of this group will be to provide the vehicle for informing, engaging with and seeking views from, representatives on the key consultation areas.

Membership
Membership will consist of:
• Two representatives from each of the affected care homes, one of which will be a member of the local support group and the other a staff representative.
• The Key Contact Person, Project Manager and other representation as appropriate.
• NHS representation.
• Voluntary sector representation as appropriate.

Organisation
• The Key Contact Person will be responsible for organising and facilitating the affairs of the group and will chair all meetings.
• Sufficient advance notice will be given for meetings of the group.
• Agendas will be issued prior to the meeting, and relevant papers to be attached or listed as background.
• Agendas to be followed with due regard to time.
• Minutes will reflect action points only and will be distributed as soon as practicable following the meeting.

Reporting
• Minutes of the group will be available to the Project Team and Project Board and will be posted on the Partnership’s websites.

Frequency
• The group will meet every quarter where necessary and more frequently where specific items are being consulted upon.

Local Focus Groups

Purpose
• The purpose of these workshop style groups will be to provide the vehicle for engaging with and seeking views from, staff, residents and their families and other local interested parties at each of the care homes, on specific consultation areas.

Membership
Membership will consist of:
• Staff, residents and their families and other local interested parties at each of the care homes.
• The Partnership’s representatives.
• Voluntary sector representation as appropriate.

Organisation
• The Area Community Care Manager will be responsible for organising and facilitating the affairs of the group and will chair all meetings.
• Sufficient advance notice will be given for meetings of the group.
• Advance notice of the proposed content and format of the workshop will also be given.
• Action points from the group will be recorded and distributed after the meeting.

Reporting
• Action points from the group will be available to the Project Team and
Project Board and will be posted on the Partnership’s web sites.

**Frequency**
- The group will meet at a suitable venue in each locality to discuss the specific consultation areas, at the appropriate timing in the process.

**Trades Union Group**

**Purpose**
- The purpose of this group will be to discuss and consider staffing issues in relation to the project.

**Membership**
Membership will consist of:
- Trades Union representation.
- The Partnership’s representatives.

**Organisation**
- The Key Contact Person will be responsible for organising and facilitating the affairs of the group. A representative of the Council’s Chief Executive’s Service – Personnel Section, will chair all meetings.
- Sufficient advance notice will be given for meetings of the group.
- Agendas will be issued prior to the meeting and relevant papers to be attached or listed as background.
- Agendas to be followed with due regard to time.
- Minutes will reflect action points only and will be distributed as soon as practicable following the meeting.

**Reporting**
- Minutes of the Trade Union Group will be available to the Project Team and Project Board and will be posted on the Partnership’s intranet sites, where appropriate.

**Frequency**
- The group will meet every quarter where necessary and more frequently where specific items are being consulted upon.
8.0 Means of Communication

8.1 The Partnership will adopt numerous means of communication to disseminate information as widely as possible and to promote a clear understanding of its plans and proposals to modernise services for older people, and will do so through the distribution of written and other material and through the opportunity for face to face dialogue with Council and NHS representatives.

8.2 The various methods of communication that will be utilised are as follows:

a) Newsletters

Description
The Council with input from the NHS, will produce a regular newsletter, to coincide with key points to provide an accessible update on progress of the various strands of activity, timescales, forthcoming events and advising of decisions about to be made and decisions already made. Newsletters will be widely available and will be posted on the Partnership’s web sites, distributed to the database of stakeholders, distributed to the care homes and will be available at Service Points and GP surgeries. Other formats of this newsletter will be available.

b) Annual Performance Report

Description
The Council’s Annual Performance Report is a publication on the Council’s activities, which is produced annually and circulated by way of an insert in the local newspapers circulating in Highland. Around 70,000 copies of this insert are distributed. The Council will dedicate a minimum of one page within this publication to caring for older people.

c) Web Site
Description
A web page/site will be created to contain all relevant information in relation to modernising services for older people. This information will be available via the Partnership’s web sites. This will include contact details, newsletters, minutes of meetings, strategies, progress reports, consultation papers, details of forthcoming meetings and will advise of Council Committee and NHS Board meetings and provide links to papers and minutes. An e-mail alert system will be in operation, which will advise those signing up to the alert system, of when new information has been posted. A Key Contact Person will be responsible for the content of this site and for keeping it up to date.

d) E-mail

Description
All communication and publications issued will contain the contact details (including e-mail address) of the Key Contact Person. All comments received will be acknowledged, recorded and logged. All requests for information will be dealt with in accordance with the Freedom of Information (Scotland) Act 2002.

e) Media

Description
The Partnership will use the media and press releases to encourage favourable local media coverage, to publicise key stages and events, will ensure a robust and prompt response to media queries and will be proactive in countering any misinformation reported.

f) Using Existing Networks

Description
The Partnership will utilise existing networks of voluntary organisations funded by the partnership and other relevant stakeholders, in the dissemination of information and the availability of accessible information.

g) Specific Activity for Delivering New Care Homes Project

i) Drop in Sessions

Description
Drop in sessions at each of the care homes will be held to coincide with the issue of newsletters. These sessions will be conducted by the Area Community Care Manager (or their representative) and will enable staff, residents and their families to ask questions about the newsletters and to ask other relevant questions. Issues raised at these drop in sessions will be recorded and where appropriate, a response will be provided to the enquirer or the issue will be addressed in the following newsletter. Feedback on these newsletters will be encouraged.

Frequency
The drop in sessions will be arranged to coincide with the issue of newsletters.
ii) Face to Face Interviews

*Description*
The Partnership will conduct face to face interviews with stakeholders to communicate information, respecting an individual’s privacy where appropriate and will ensure face to face interviews are offered to staff, residents and their families, particularly in the planning stages of the transition, in order to respond to specific queries and circumstances. Appropriate support will be available to assist residents.

*Frequency*
Face to face interviews will be offered as and when required.

9.0 Monitoring and Review of Strategy

9.1 The Partnership will monitor its performance in consulting and communicating and in complying with this strategy, through annual reports to the Council’s Housing and Social Work Committee and to meetings of the NHS Board.

9.2 These annual reports will set out the consultation and communication commitments made and will provide an activity report for the previous 12 months, on the means of consultation deployed, and the type and frequency of communication methods used.

9.3 The report will also provide comment on whether the various consultation and communication activities have met the Partnership’s objectives.

9.4 Where improvements to the strategy have been identified, proposals will be made for the strategy to be revised accordingly and the succeeding year’s report will assess performance against the revised strategy.
Standards for Community Engagement

1. The involvement standard: we will identify and involve the people and organisations who have an interest in the focus of the engagement.

2. The support standard: we will identify and overcome any barriers to involvement.

3. The planning standard: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.

4. The methods standard: we will agree and use methods of engagement that are fit for purpose.

5. The working together standard: we will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.

6. The sharing information standard: we will ensure that necessary information is communicated between the participants.

7. The working with others standard: we will work effectively with others with an interest in the engagement.

8. The improvement standard: we will develop actively the skills, knowledge and confidence of the participants.

9. The feedback standard: we will feedback the results of the engagement to the wider community and agencies affected.

10. The monitoring and evaluation standard: we will monitor and evaluate whether the engagement achieves its purpose and meets the national standards for community engagement.