

MUNICIPAL YEAR 2012/2013 REPORT NO. 140

MEETING TITLE AND DATE:

Cabinet - 23rd January 2013

REPORT OF:

Director of Health, Housing and Adult Social Care

Key Decision No. : KD 3583

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Agenda - Part: 1

Item: 9

Subject: Health and Adult Social Care
Voluntary and Community Sector Strategic
Commissioning Framework 2013-16

Cabinet Members consulted:

Councillor McGowan

Councillor Hamilton

1. EXECUTIVE SUMMARY

- 1.1 The adult social care commissioning team, based in the Council's Health, Housing and Adult Social Care department has developed a new 3-year strategic commissioning framework which relates only to adult social care funding objectives and outcomes commissioned from the voluntary and community sector. At the heart of the new approach is the 'Putting People First' agenda and will see a change in the way the voluntary and community sector can contribute towards the adult social care vision for future provision but embraces a partnership approach to engaging a range of stakeholders in how support for vulnerable people is designed and delivered in future.
- 1.2 The new framework has been developed in partnership with a wide range of stakeholders including elected members, customers, voluntary and community sector organisations, and social care professionals and the Council's Communities, Partnerships and External Relations team. The framework has broader links to other Enfield Council policies and frameworks, aimed at delivering a joined up approach and links and supports 'Delivering Partnership - Enfield Voluntary and Community Sector Framework 2012-2017' and 'The Compact'.
- 1.3 The framework provides a clear statement of intent to provide a set of shared principles and long-term goals that form the basis of adult social care commissioning with the voluntary and community sector over the next three years (2013-2016). The framework also signals a forthcoming review of the current suite of adult social care grants to ensure that they are strategically relevant and provide value for money.

1.4 Public consultation on the framework closed on 26 October 2012. Responses were received from a range of people and groups, and the majority of submissions supported the direction of travel set out in the framework with a number requesting further clarity on certain areas. In response, a number of revisions to the framework have been made and these have been summarised in a 'Summary of Submissions' report which is available for viewing on the Council's website. A copy along with the final framework document is available along with other supporting documents to this report in the Member's library and Group Offices.

1.5 This report seeks Cabinet approval to agree the new 3-year strategic commissioning framework for adult social funding objectives and outcomes provided by the voluntary and community sector.

2. RECOMMENDATIONS

2.1 Cabinet is requested to :

- note and agree the Adult Social Care Strategic Commissioning Framework
- note the extensive consultation undertaken in developing the framework
- note the shared principles to underpin new commissioning arrangements set out at paragraph 3.15

3. BACKGROUND

3.1 It is a time of significant change for adult social care nationally. A fundamental shift in the way that social care services and supports are purchased and delivered to adults with support and care needs is underway. In line with the personalisation agenda, people are being put in control of the support and care they receive, and purchasing power is shifting from the local authority to the individual. Personalisation will give people greater control, choice and flexibility to live as independently as possible. Further change lies ahead in terms of the challenge to the public sector to make best use of decreasing levels of financial resource and the forthcoming changes to the National Health Service.

3.2 The voluntary and community sector in Enfield is centrally placed and highly regarded in terms of how social care support has been developed to meet the needs of some of the most vulnerable people in the borough. Through innovative and collaborative working, and having the needs of customers at the heart of things, the voluntary and community sector has helped to make choice and independence for individuals a reality. The voluntary and community sector has also contributed in bringing new resources into the borough and in building greater resilience within communities.

3.3 In Enfield, under 'Putting People First' (a shared vision and commitment to the transformation of adult social care) a need has been identified to change the

way voluntary and community sector organisations can play a part in the social care and support market and the wider delivery of public services. Over the last three years, adult social care commissioning managers have been working with voluntary and community sector representatives, social care professionals and customers to review the way funds are provided to the voluntary and community sector for projects to support adults in Enfield with social care needs and what types of new supports are required to meet shared needs.

3.4 Historically, the Council's adult social care commissioning team has funded a wide range of projects provided by the voluntary and community sector. Types of supports that we are currently funding include:

- Information and Advice
- Advocacy
- Prevention and Early Intervention
- Reablement and Enablement, support into employment.
- Day centres, customer respite, transport
- Core funding and running costs

A schedule of currently funding setting out organisations, details of projects and amounts funded, is appended to the draft strategic commissioning framework document which was issued for consultation and is available for viewing in the Members' library and Group offices.

3.5 Many of these current grants have been in place for a number of years. There has not been a consistent and regular review process and during this time strategic priorities have changed. Through regular forums with the voluntary and community sector, recognition that these arrangements need to be modernised has developed. Funding must become more outcomes focussed and there needs to be transparency about how projects are funded and how effectively they meet people's expressed needs.

3.6 In 2010/11, adult social care commissioners completed a comprehensive joint review of 98 projects provided by 44 voluntary and community sector organisations that are funded through grants with the department and with NHS Enfield. It was also timely to review all organisations that were provided with funding, against the seven key joint commissioning aims that had been agreed for Enfield in response to the White Paper "Our health, our care, our say: a new direction for community services". These seven key joint commissioning aims are:

Key Commissioning Aim One: Increase the choice and control in decision making over their individual services for service users, patients and carers across the Council's Health and Adult Social Care department and NHS Enfield.

Key Commissioning Aim Two: Increase the individual and collective influence of service users, patients and carers on shaping future services

across the Council's Health and Adult Social Care department and NHS Enfield.

Key Commissioning Aim Three: To focus services to maximise and maintain people's health, independence and inclusion.

Key Commissioning Aim Four: To develop and maintain accessible services, including fully accessible premises and homes.

Key Commissioning Aim Five: To develop integrated community pathways and services by working in partnership and co-coordinating development and investment.

Key Commissioning Aim Six: To recruit and retain a workforce that is trained, reliable and efficient across the Council's Health and Adult Social Care department and NHS Enfield and to work with the Independent and Voluntary and Community Sectors to ensure that the same is true for their workforce.

Key Commissioning Aim Seven: To focus on the quality of service provided to service users, carers and patients.

3.7 The review provided a picture of current provision in the following areas:

- actual activities against planned activities
- health and adult social care needs that have been met by funding
- how funding has contributed to the reduction of inequalities / increased life expectancy
- how funding has contributed to the well being of users /carers / families / others
- how the funding provided responds to the personalisation agenda
- how organisations obtain the views of users / carers / families and respond to them.
- how the projects funded contributes to the seven joint key commissioning aims

3.8 It is now necessary to align what is commissioned with current, emerging and anticipated priorities and develop a new strategic commissioning framework. In particular we have taken into account the significant transformation of adult social care through personalisation and the changes and implications that lie ahead in the commissioning and delivery of social care services and supports. Going forward, commissioning of funding objectives and outcomes will sit alongside and be informed by the Council's Adult Social Care Market Position Statement, Joint Commissioning Strategies and other key policy documents.

3.9 Our aim is to ensure a cohesive, consistent, fair and transparent approach to the commissioning of adult social care provision. 'The Enfield Compact' sets out principles and procedures for guiding the way that the statutory and the voluntary and community sector work together and represents a joint commitment by the partners to good practice. In November 2011, the Council

published its “Delivering in Partnership” - Enfield Voluntary and Community Sector Framework 2012-2017. The corporate framework is intended to form the central guiding tool for future working by the Council with the voluntary and community sector. In our commissioning, the Council’s adult social care department has adopted both of these key document’s wider principles.

- 3.10 Corporately, the Council seeks to work in partnership with voluntary and community sector organisations to support a vibrant voluntary and community sector that contributes to community cohesion, ensure the provision of generic advice and information to our residents and provide the specific work that can only be delivered effectively by our community organisations partners to support and address the various needs of our residents. Going forward, the role of the voluntary and community in adult social care is to complement statutory provision and enhance the range of quality services and supports that are available to meet community care needs. Support provided by the voluntary and community sector will be for all residents who meet low, moderate, substantial and critical Fair Access to Care Services (FACS) criteria. The voluntary and community sector should support individuals to commission their own solutions to meet outcomes through personalisation, and play a role in the prevention agenda of keeping people well and independent in the community reducing the need for statutory services.
- 3.11 Formal consultation with the voluntary and community sector about the changes to commissioning arrangements was launched in 2008/9, with a stakeholders day that gave the voluntary and community sector the Enfield context and explained the need to move to a more robust performance management framework.
- 3.12 In valuing the voluntary and community sector, the adult social care commissioning team have, through the Institute of Public Care, invested in specialist external support to provide targeted development and capacity building to help organisations plan for change and prepare for personalisation. Since 2008 the Institute of Public Care has provided this support:
- through business planning with individual and groups of organisations
 - at forums where the voluntary and community sector has developed its response to the Council’s adult Social Care commissioning agenda
 - at dedicated sessions where the voluntary and community sector has been helped to assess its preparedness for personalisation
 - at specialist training events to provide organisations with skills on:
 - collaborative working / forming consortia
 - bidding for public sector contracts
 - charging and costing for services
- 3.13 The new Adult Social Care Strategic Commissioning Framework provides a clear statement of intent to provide a set of principles and long-term goals that form the basis of adult social care commissioning with the voluntary and community sector over the next three years (2013-2016). It differs from a strategy in that it does not contain a detailed action plan setting out how and

when these goals and objectives will be achieved. The final framework document does not contain the specific details of what funding objectives and outcomes we are seeking to fund, but in deciding these objectives and outcomes to be commissioned, adult social care commissioners will maintain their commitment to engage with the voluntary and community sector, customers and other key stakeholders in order that they can contribute to the design of provision and to measures for performance monitoring. This approach can be evidenced with the recent activity in developing advocacy provision and details of this can be provided on request.

- 3.14 The framework's principles and objectives were developed in partnership with a wide range of stakeholders including elected members, customers, voluntary and community sector organisations, the Voluntary and Community Sector Strategic Group (co-chaired by the Cabinet Member for Community Wellbeing and Public Health and the Council's Chief Executive), social care professionals and the Council's Communities, Partnerships and External Relations team.
- 3.15 The framework sets out shared principles to underpin our commissioning arrangements. These include:
- the needs of customers are paramount and assessed needs will be met through personalisation and personal budgets
 - the views and voices of customers will be included in our commissioning activities.
 - the commissioning processes for adult social care funding objectives and outcomes will endeavour to build social capital and community cohesion and provide value for money.
 - volunteering will be actively encouraged through our commissioning processes.
 - funding of projects will be open and transparent and will be commissioned on a full cost recovery basis. This will bring clarity and fairness to funding arrangements as full cost recovery will replace existing core funding elements.
 - initiatives for match funding will be actively encouraged, as will ideas that bring additional resource streams into the borough.
 - the process for commissioning projects to be proportionate and as simple as possible, particularly for small grants.
 - the general rule will be to issue three + two year agreements. Regular reviews, involving people who use those supports, will be an integral part of the commissioning cycle.
- 3.16 In delivering personalised provision that meets adult social care needs to Enfield residents, adult social care commissioners have the following funding objectives prioritised over a two to three-year period:
- To strengthen the availability of targeted provision which supports **prevention and early intervention** that aim to keep people well and living independently in the community, reducing the need for statutory services. To promote independence and quality of life, those commissioning and

providing social care must make a strategic shift towards prevention, early intervention and reablement. This is not only because resources are limited but because most people want to retain their independence and stay in their own homes. Types of activities to support this could include: health advice (e.g. information about living with specific conditions, healthy living, weight management, exercise classes), practical help at home, social activities, support to get out and about, skills training, day resources and supporting people, including carers and people with disabilities, into paid employment, in particular the care and support industry.

- Improved **information advice and guidance** to provide adults with social care needs guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements.
- Access to **advocacy** and support primarily in relation to adult social care issues which may also address issues around safeguarding adults, benefits entitlement, complaints, housing, employment, education or leisure issues, if support with these issues will promote people's overall health and wellbeing.
- A choice of comprehensive external **brokerage** supports to support adults with social care needs to identify their own support needs; find out what resources and services are available to them; work out what support package will best meet their needs and preferences (given the available resources); organise and manage this support; review and adapt this support over time; and (potentially) identify problems and avenues for help in resolving them.
- To promote through transition, **a move towards direct payments from the current funding arrangements**. The Council's Health and Adult Social care department is committed to giving people as much choice and control over their social care services and supports as possible and the main instrument of this change has been direct payments. During 2012/13 and beyond, the Council's Health and Adult Social Care department will be seeking to significantly increase the uptake of direct payments. Therefore and where appropriate, we are reconfiguring resources away from traditional contracting and grant arrangements and making funds available for customers to place in their personal budgets. Clearly this means that as far as is possible, providers will need to change their business models to be able to receive direct payment and to adapt to the new reality of social care funding.
- Additionally, we are proposing to maintain a small pool of funding to give the flexibility to respond to emerging initiatives on a strictly time-limited basis.

3.17 Given the time that has elapsed since the last review of funding provided to the voluntary and community sector and to ensure that going forward, they meet shared needs and are aligned to the strategic objectives set out in the

new framework, projects that are currently funded will be prioritised and reviewed against strategic relevance and value for money.

- 3.18 The outcome of this review and accompanying equalities impact assessments will help us to decide which of the current projects should be offered new agreements. Recommendations may be made to de-commission existing projects provided by the voluntary and community sector. Safeguarding the welfare of customers will be a key priority with clarity about the risks involved in the process, and the approach being taken to manage these risks. The Council's adult social care commissioning team will work in partnership with all stakeholders to achieve a smooth transition, communicated clearly to stakeholders, especially customers and employees. In line with our aim to create stability and sustainability in the sector, officers will ensure that a minimum six months notice periods are issued to affected organisations as funded projects are drawing to a close reminding them of their responsibility to manage change as part of their agreed exit strategy.
- 3.19 The demonstration of efficiently delivered outcomes will become increasingly important and future commissioning processes will value an equal balance between the delivery of locally accountable social capital, cost effectiveness and quality and will be supportive of partnerships where they can demonstrate effective outcomes for local people or efficiencies. Consistent with the approach taken by the Council's Communities, Partnerships and External Relations team, adult social care commissioners will be seeking to agree robust grant based funding agreements with voluntary sector organisations for the benefit of the local community through a competitive grants process that will result in a partner or partners being appointed. The term of agreements will likely be for three years (with an option to extend further based on performance).
- 3.20 Performance management is the systematic process of monitoring the results of activities and collecting and analysing performance information to track progress toward planning results. Performance management uses performance information to inform and program decision making and resource allocation. The main objective is to communicate results achieved, or not attained, to ensure outcomes and objectives are being achieved and to advance learning for both the Council's adult social care commissioning team and the organisations providing supports. Performance management of these new projects will be monitored quarterly and reviewed on a cyclical basis focussing on three strands:
- Delivery of outcomes – measuring how well outcomes are being achieved and what impact the project is having on customers
 - Quantitative – the numbers of customers served and supports delivered
 - Qualitative – the quality of the support(s) provided
- 3.22 Public consultation on the draft Framework was undertaken over a 3 month period and closed on 26 October 2012. All members of the general public were invited to respond on whether they agreed with, disagreed with or felt anything was missing on the proposed:

- shared principles
- funding priorities
- approach to commissioning going forward
- approach to measuring success and managing performance

3.23 People were invited to comment on the draft framework by answering a questionnaire, which was available on the Enfield Council website, or completing a hard copy version on request.

3.24 The consultation was publicised through the following means:

- meetings with Lead Members
- Older People and Vulnerable Adults Scrutiny Panel meetings
- Health and Wellbeing Board meetings
- Learning Disabilities, Mental Health ,Older Peoples and Physical Disabilities Partnership Board meetings
- posters distributed to voluntary and community sector organisations, GP surgeries, libraries and Council receptions

3.25 During October 2012 Enfield Voluntary Action, established by local voluntary and community organisations to support, promote and develop local voluntary and community action, focused its annual conference and annual general meeting on engaging voluntary and community sector organisations in the consultation on the new framework. The day was structured around a mixture of plenary sessions, questions and discussion plus workshops. Resulting from the conference, a helpful and insightful joint response was developed to the proposed new framework and this has been incorporated into a summary of submissions report.

3.26 Responses to the public consultation were received from a range of people and groups, and the overwhelming majority of submissions supported the direction of travel set out in the framework with a number requesting further clarity on certain areas. In response, a number of revisions to the framework have been made and these have been summarised in the aforementioned summary of submissions' report and in the final framework document which are available for viewing in the Member's library and Group offices. Headline areas are set out below:

3.26.1 Shared Principles

Overall there is support for the shared principles, especially agreement on the commitment to user and carer engagement, full cost recovery and the three year funding with an option of a two year extension (subject to performance). **86%** of respondents agreed with the proposed shared principles. Concerns about the emphasis on volunteering have been raised and that the framework should recognise the value of volunteering but acknowledge that there are limitations. The final

framework recognises that the use of volunteers may not be appropriate for all organisations or projects, but it is a way for some voluntary and community sector organisations to show how they can add value and support costs/volunteer expenses should be built into all bids for funding.

3.25.2 Funding Objectives and Priorities

The new priorities have been well received particularly the development of information, advice and advocacy supports. **81.2%** of respondents agreed with the new proposals. Some respondents felt that the only thing deemed not to have enough emphasis in the priorities was the preventative work required to reduce the demand on statutory services which is an area where traditionally the voluntary and community sector is strongest. Suggestions were also received on additional new funding objectives and priorities on how the voluntary and community sector can support greater numbers, particularly from hard to reach communities, to enter employment in the care and support field. Adult social care commissioners have noted and appreciated the comments and suggestions made and acknowledged the need to place preventative work higher. Commissioners also intend to work with internal Council functions and a wide range of external partners to promote and facilitate employment opportunities. We will be working with these partners over the coming months to explore ways this can be achieved.

3.25.3 Commissioning

87.5% of respondents agreed with the approach to commissioning projects going forward. Respondents welcomed proposals to retaining grants and this was felt to be a very positive move, recognising the important role the voluntary and community sector plays in keeping vulnerable and marginalised people healthy, safe and preventing social isolation.

3.25.4 Measuring Success and Managing Performance

81.2% of respondents agreed with the approach to measuring success and managing performance going forward. Respondents recognise the value of monitoring and performance management for groups as well as the funding authority. As it is public funds, there is acceptance of the need for a robust monitoring and evaluation system that should be proportionate to the size of funding awarded and is consistent with other parts of the Council. Adult social care commissioners will therefore consistently apply quarterly monitoring arrangements in all agreements with the voluntary and community sector proportionately with the level of funding awarded.

3.25.5 Core Funding

68.7% of respondents feel that the adult social care commissioning team should include core funding in its commissioning arrangements and clarification on this issue has been requested. Some respondents believe that the voluntary and community sector in Enfield is more sustainable and resilient due to core support; particularly to those organisations working with the Equalities strands and the wider voluntary and community sector and that this should not be funded from budgets for direct social care provision. Some voluntary and community sector organisations use core funding as a lever for match funding bids to trusts and the lottery and brings additional funding into the borough.

We have listened to these concerns but consistent with a previous Cabinet decision taken in October 2007 and the Council's corporate voluntary and community sector framework, future agreements with the voluntary and community sector will be aligned with strategic commissioning priorities and customer needs. The principles set out at paragraph 3.14 , and supported overall from the public consultation responses, state that funding will be open and transparent and will be commissioned on a full cost recovery basis. This will bring clarity and fairness to funding arrangements as full cost recovery will replace existing core funding elements.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Do nothing - the current adult social care grant system cannot be continued. Many of these current grants have been in place for a number of years. There has not been a consistent and regular monitoring and review process to evaluate outcomes and benefits delivered and during this time strategic priorities have changed.

5. REASONS FOR RECOMMENDATIONS

- 5.1 The Council's approach to commissioning, funding agreements and performance management is outlined in the Council's Corporate Procurement Strategy, "Delivering Partnership – Enfield Voluntary and Community Sector Framework 2012-2017" and the Enfield Compact. By adhering to the policies set out in these documents, the Council's adult social care commissioning team is able to ensure a consistent relationship with voluntary and community sector organisations.
- 5.2 Consistent with the corporate voluntary and community sector framework, the new adult social care strategic commissioning framework will ensure that all

commissioning is set in the clear context of meeting identified need based on clear evidence and be able to demonstrate how this links into the 3 main strategic aims of Enfield Council.

5.3 The new framework will provide :

- greater joint working and opportunities for co-production in the planning process prior to commissioning
- clarification of where funding opportunities originate from and the purposes for that funding
- modernising our approach to focus consistently on provision and eliminating language and practises that appear unfair or unhelpful
- inclusivity and equality of coverage right across the voluntary and community sector
- the establishment of clear shared outcomes that can be adopted
- fairness, transparency and credibility to our work

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

6.1.1 The total adult social care spend, administered by the adult social care commissioning team, on voluntary and community organisations in 2011/12 was £2.46m. The estimated spend in 2012/13 is £2.31m. The difference in values is due to the expiry of some short term agreements that were in place and a programme of work to carry out the conversion of voluntary and community organisation payments to direct payments for customers.

6.1.2 Funding for the voluntary and community organisations commitments in 2011/12 was from LBE base budget provision £1.487m (SS0723), Learning disabilities development fund £76k (SS0310), Carers £685k (SS0102) and Mental Health £220k (SS0480) grants. This funding is administered by the adult social care commissioning team

6.1.3 From 2011/12 the Learning Disabilities development Fund, Carers grant and Mental Health grant no longer exist as separate funding streams but have been rolled into the authorities formula funding. Ongoing funding for the Voluntary and Community Sector will be met from existing Health and Adult Social Care resources.

6.2 Legal Implications

- 6.2.1 The Council has power under section 1(1) of the Localism Act 2011 to do anything that individuals generally may do provided it is not prohibited by legislation and subject to Public Law principles. The proposed application of funding is in accordance with this power.
- 6.2.2 Where the Council is allocating grant funding, it must ensure that the allocation of such grant is made on a non-discriminatory, transparent, equal and proportionate basis in accordance with the Council's Constitution. Such funding must be appropriately open to competition in accordance with the Council's Contract Procedure Rules where applicable. The Council must further be mindful of State Aid requirements when considering the allocation such grant funding.
- 6.2.3 The Council must ensure that the procurement of any works, goods or services is conducted in accordance with the Council's Constitution in particular Contract Procedure Rules.
- 6.2.4 Any agreement that the Council enters into to for the provision of goods works or services or the allocation of grant must be in a form approved by the Assistant Director for Legal Services.
- 6.2.5 Early consideration of the Council's Contract Procedure Rule's and State Aid requirements, and the forms of contract and grant that the Council will enter into should be built into the delivery of the project.

6.3 Property Implications

- 6.3.1 Enfield Council has successfully provided accommodation to numerous voluntary and community sector organisations in the past and continuous to do so. The new adult social care strategic commissioning framework recommends the funding of projects on a full cost recovery basis, which indeed, includes the use of Council property where considered appropriate.
- 6.3.2 Where Council property is considered suitable for the delivery of services and supports, the Property Procedure Rules must be adhered to. Leases or licences will be granted and market rents and service charges (where appropriate) will be sought from the voluntary and community sector provider/occupier. This will bring clarity and fairness to funding and occupancy arrangements and allow for the effective management of such properties.
- 6.3.3 In addition, where the use of Council property is deemed appropriate, the lease/licence agreement for such property must be entered contemporaneous to the funding agreement being

agreed. For any new occupations, it is important that appropriate legal documentation is completed before occupation is granted.

6.3.4 Furthermore, the new Strategic Commissioning Framework is welcomed in that it provides the opportunity to regularise existing licences/leases and, tie the use of Council property to respective funding agreements where appropriate.

7. KEY RISKS

7.1 Subject to the outcomes of the forthcoming review of currently funded organisations, recommendations may be made to de-commission projects that do not provide value for money and are not strategically relevant. This will enable resources to be released and targeted appropriately to meet needs and strategic objectives. Safeguarding the welfare of customers will be a key priority with clarity about the risks involved in the process, and the approach being taken to manage these risks. The Council's adult social care commissioning team will work in partnership with all stakeholders to achieve a smooth transition, communicated clearly to stakeholders, especially customers and employees. Consistent with the Council's corporate framework 'Delivering In Partnership', officers will ensure that a minimum six months notice periods are issued to affected organisations as funded projects are drawing to a close reminding them of their responsibility to manage change as part of their agreed exit strategy.

8. IMPACT ON COUNCIL PRIORITIES

In working proactively and positively with our partners in the voluntary and community sector, future commissioning arrangements as set out in the framework will support the key strategic objectives of the Council as follows:

8.1 Fairness for All

- Serving the whole borough fairly and tackling inequality
- Providing high quality, affordable and accessible services for vulnerable people in Enfield

8.2 Growth and Sustainability

- Bringing growth, jobs and opportunity to the borough

8.3 Strong Communities

- Encouraging active citizenship
- Listening to the needs of local people and being open and accountable
- Working in partnership with others to ensure Enfield is a safe and healthy place to live

9. EQUALITIES IMPACT IMPLICATIONS

- 9.1 A predictive equality impact assessment/analysis has been completed and is available from the report author.
- 9.2 The review of current grant funded agreements and projects together with new commissioning activity will allow strategically relevant and value for money projects that meet the assessed needs of all eligible customers (as outlined in new funding agreements) to be provided. No customers will be adversely affected by these recommendations. The impacts of these new grant funded agreements on different parts of the community will be monitored through the actions identified in the predictive equality impact assessment/analysis.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

- 10.1 The ability to be transparent in our joint working and to create mechanisms that allow for greater accountability between Council, voluntary and community sector and residents emerged as a key issue during consultation on the corporate framework , 'Delivering Partnership – Enfield Voluntary and Community Sector Framework 2012- 2017'. In response, adult social care commissioners have reviewed existing arrangements and will be implementing a more robust performance management system, as described in the draft framework document that will ensure we are more able to evidence the impact of the objectives and outcomes we jointly deliver.
- 10.2 We have used the experience gained in recent years to enhance and improve our performance management arrangements with the voluntary and community sector to allow greater interaction between the Council's Health and Adult Social Care department and those delivering supports on our behalf. We will consistently apply quarterly monitoring arrangements in all agreements with the voluntary and community sector proportionately with the level of funding awarded.
- 10.3 We will include greater emphasis on risk management, forward planning and sustainability. We will also utilise Equality Impact Assessments more rigorously in our future work with partners to help ensure we are meeting need.

11. PUBLIC HEALTH IMPLICATIONS

- 11.1 Many voluntary and community sector organisations are known for their work in delivering health-related and social services and play a range of significant roles in promoting public health and in tackling the social determinants of health. They can gather quantitative and qualitative evidence to make the case for intervention and to determine the most appropriate points of leverage. They are well placed to convene residents, diverse organisations and sectors in order to raise awareness of problems, develop strategic plans and undertake comprehensive action.

- 11.2 The current Joint Strategic Needs Assessment (JSNA) 2010–2012 brings together information about health and well-being needs from NHS Enfield, Enfield Council and key stakeholders including the voluntary and community sector. The list of priority health and well-being needs focuses on those sections of the population where there is significant evidence of poor health and well-being outcomes and of health inequalities.
- 11.3 Going forward, commissioners will be engaging with colleagues from public health, the voluntary and community sector and other key stakeholders to determine how the new framework can support delivery of current and future public health priorities and objectives, linked to the prevention agenda. These may include targeted interventions by the voluntary and community sector on information dissemination, signposting to HIV testing, promotion of healthy lifestyles and physical activity and smoking cessation.

Background Papers

None