

London Borough of Enfield

Health & Adult Social Care

Voluntary & Community Sector Strategic Commissioning Framework 2013-2016

*“Working with the Voluntary and Community Sector to
deliver personalised services to the citizens of Enfield”*

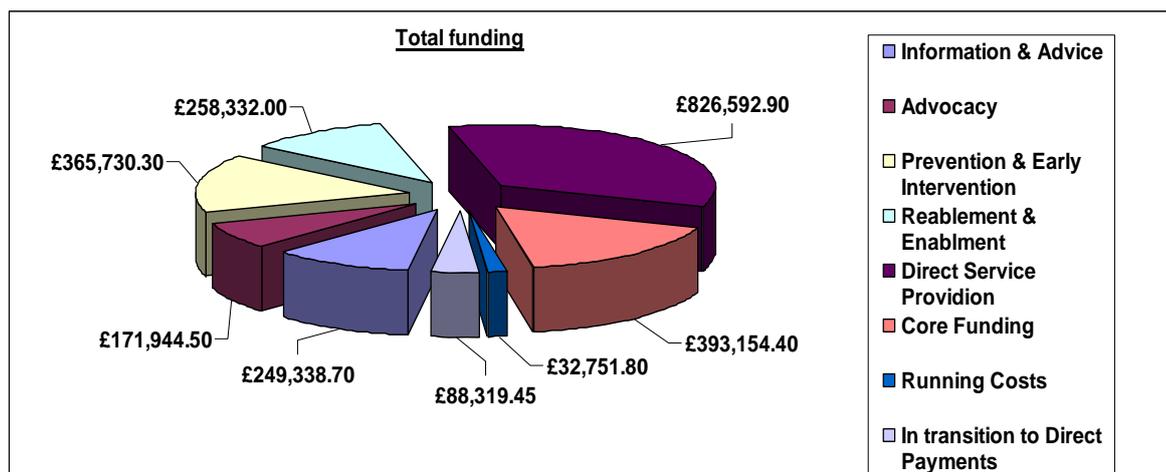
1. INTRODUCTION

- 1.1 The adult social care commissioning team, based in Enfield Council's Heath, Housing and Adult Social Care department has developed this new 3-year strategic commissioning framework which relates only to adult social care interventions and supports 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 services and supports but embraces a partnership approach to engaging a range of stakeholders in how provision is designed and delivered in future.
- 1.2 This framework has been developed in partnership with a wide range of stakeholders including elected members, customers, voluntary and community sector organisations, 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 Enfield Compact'.
- 1.3 Public consultation on this 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.
- 1.4 We are confident that this 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).

PART A - LOOKING BACK

2. BACKGROUND

- 2.1 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.
- 2.2 The voluntary and community sector in Enfield is centrally placed and highly regarded in terms of how provision 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.
- 2.3 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 and supports. Over the last three years, adult social care commissioning managers have been working with voluntary and community sector representatives, social care professionals, service users and carers 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 provision are required to meet shared needs.
- 2.4 Historically, the Council's Health, Housing and Adult Social Care department has funded a wide range of projects provided by the voluntary and community sector. From the information provided in the voluntary and community sector review we have determined funding category types. The chart below sets out what grant funding has been given to the voluntary and community sector according to these categories.



2.5 Types of projects and supports that we are currently funding within these funding categories include:

Information and Advice: provided in a variety of ways; information given at home visits, drop-in sessions, day centres that include informative talks from guest speakers, over the telephone, leaflets/newsletters mail outs and signposting to relevant services.

Advocacy: current activities include; contact with family carers to arrange places on activities for customers, attending meetings to enable customers to have a voice, assisting with forms, providing support to carers to complete carer's assessment forms.

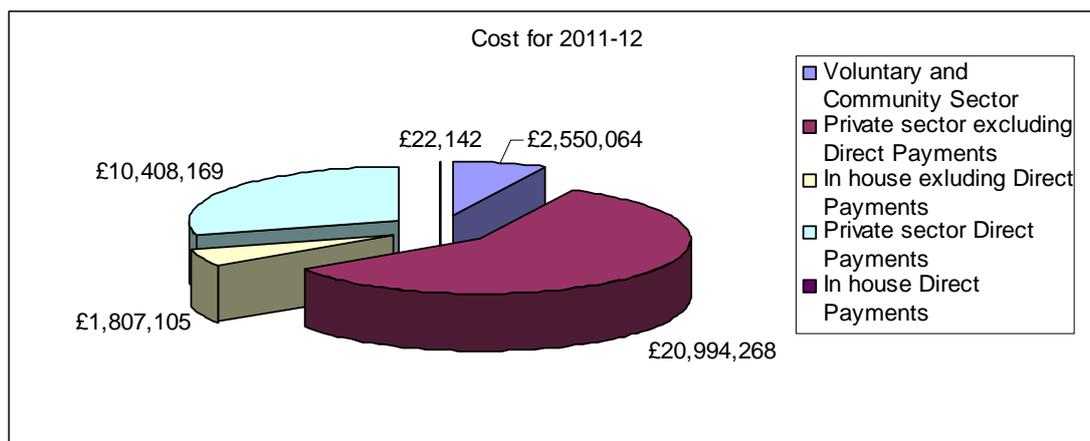
Prevention and Early Intervention: respite for carers, drop-ins, luncheon clubs, a variety of activities for health and wellbeing, gardening, home repairs and maintenance, training for carers.

Reablement and Enablement: hospital discharge support, family support, life skills training e.g. cooking, support into employment.

Direct Service Provision: Day centres, customer respite, transport. Going forward this type of provision can be funded through Direct Payments if the customer is eligible.

Core funding and running costs: Historically, a small number of local voluntary and community sector organisations that were viewed as meeting the Council's strategic objectives and considered a central point of access for vulnerable people in Enfield, have received core funding to support them with their core costs or overheads. These are the costs incurred by an organisation in order to support all the projects that it runs. They are needed to support and administer projects or activities. They relate to the whole organisation since they cover all projects and generally do not relate specifically to one project. These costs, often called indirect, 'core', central or support costs, are often shared or split among various people or activities in an organisation.

2.6 In addition to these grant funded arrangements administered by the adult social care commissioning team, the Council's Health, Housing and Adult Social Care department provides services directly and also purchases from the private and voluntary sectors, a variety of community based provision to support the assessed needs of vulnerable adults in Enfield. Types of provision include; domiciliary care (home care), day care, supported living and supported employment. The chart below illustrates a breakdown of this spend by sector and as purchased by customers using Direct Payments (this excludes grant funding arrangements).



2.7 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. Provision 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.

2.8 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 and service level agreements with the Council 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":

2.9 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 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 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 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.

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

- actual funded activities against planned activities
- health and social Care needs that have been met by these projects
- how these projects have contributed to the reduction of inequalities / increased life expectancy
- how these projects have contributed to the well being of users /carers / families / others
- how these projects are responding to the personalisation agenda
- how these projects obtain the views of users / carers / families and respond to them.
- how these projects contribute to the seven joint key commissioning aims

2.11 It is now necessary to align what is commissioned with current, emerging and anticipated priorities and develop this 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 health and social care provision. Going forward, commissioning of projects will sit alongside and be informed by the Council's Market Position Statement, Joint Commissioning Strategies and other key policy Documents. Links to those documents are provided in Appendix 1 – 'Key Related Enfield Council Documents'

PART B – LOOKING FORWARD

3. SCOPE & ROLE OF THE VOLUNTARY & COMMUNITY SECTOR

- 3.1 This new 3-year strategic commissioning framework relates only to adult social care interventions and supports commissioned from the voluntary and community sector.
- 3.2 Corporately, Enfield 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.

4. DEFINITION

- 4.1 For the purposes of this Framework, the Voluntary and Community Sector is defined as registered charities, voluntary organisations, community groups, faith groups engaged in voluntary social action, not for profit organisations, community interest companies and social enterprises".

5. A JOINED UP APPROACH

- 5.1 Whilst the scope of this strategic framework is confined to adult social care, there are strong links with other departments in the Council and its partners, which commission's provision from the voluntary and community sector. The arrangements for bringing these different areas together include the Enfield Compact and the Voluntary and Community Sector Strategy Group, (chaired by the Council's Chief Executive and the Council's Cabinet Member for Community Wellbeing and Public Health).
- 5.2 The aim of the adult social care commissioning team is to ensure a cohesive, consistent, fair and transparent approach to the commissioning and procurement of funding objectives and outcomes. In November 2011 the Council published its "Delivering in Partnership" Enfield Voluntary and Community Sector Framework 2012-2017 which sets out how the Council will work in partnership to deliver shared goals and increase the quality of life for our residents. The framework

is intended to form the central guiding tool for future working by the Council with the voluntary and community sector and in our commissioning, the Council's adult social care commissioning team has adopted this framework's wider principles which are:

1. Establishing clarity of purpose
2. Establishing a consistent approach
3. Improving communications
4. Greater accountability (through better performance management)
5. Encouraging sustainability

Underpinning these approaches is the desire to deliver the overarching aims of Enfield Council; that is to create a borough where **Fairness for All, Growth and Sustainability** and **Strong Communities** are the touchstones for all we aim to deliver and encourage.

6. SHARED PRINCIPLES

- 6.1 The principles set out below, which will underpin our commissioning arrangements were developed in partnership with a wide range of stakeholders including local Councillors, customers, voluntary and community sector organisations, social care professionals and colleagues from other Enfield Council departments. These principles are :

The needs of customers are paramount and assessed needs will be met through personalisation and personal budgets

Meeting the needs of our growing and diverse local population is of particular interest to adult social care commissioners and this is reflected in the funding aims and objectives below and linked to national and local strategies and plans. A needs statement against each funding objective will be prepared and issued with forthcoming funding application packs. The needs information will be obtained from a number of sources including the Joint Strategic Needs Assessment, National Statistics for people aged 65 + , younger adult care needs, population projections and indicative forecasts of the impact that demography and relevant conditions may have on the demand for social care together with information on demand that voluntary and community sector organisations are able to share with us.

The views and voices of customers will be included in our commissioning activities.

Enfield adult social care commissioners seek to involve people who are in receipt of care services in how we work. Together, we can make sure that provision is available, appropriate, affordable, and meets people's needs. We are intending to work with customers in a number of activities which include : co-designing funding outcomes, selection of funding recipients and user focussed monitoring.

The commissioning processes for adult social care provision will endeavour to build social capital and community cohesion.

Social capital is generally understood to be the connections among people and their social networks, a willingness to do things for each other and a sense of trust that comes from this. At a local level these connections give rise to a feeling of 'belonging' and wellbeing, sometimes developed through collective action in the form of community participation or voluntary action. This is often known as civil society and is distinct from the state and the private sector. The voluntary and community organisations that make up civil society provide both the structure and the opportunity for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest.

Through our commissioning, the Council's adult social care commissioning team wants to ensure that the voluntary and community sector can help people to help each other, and where there is a 'social return' on investment made. We want to commission outcomes that can change people's lives for the better through the building of trust rooted in strong communities. This can be supported through making the best use of local:

- Knowledge and experience
- Community engagement
- Customer and / or carer-accountable structures, for example, user led organisations
- Local partnership or collaborative bids
- Networks
- Volunteers
- Access points or bases.

Volunteering will be actively encouraged through our commissioning processes.

It is recognised that some types of provision cannot involve volunteers as much as others due to the nature of their work but it is a way for some voluntary and community sector organisations to show how they can add value. Where possible, support costs/volunteer expenses should be built into all bids for funding.

Funding of provision 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.

Broadly speaking there are two types of costs within organisations: direct and indirect (or overhead) costs. Direct costs are easily identified as part of a project as they are incurred as a direct result of delivering a project or activity. Overhead costs are those costs needed to support

and administer projects, activities, and the organisation itself. These costs are sometimes also referred to as indirect, core, central, support, or management and administration costs and are often shared or split amongst various activities within an organisation.

Full cost recovery therefore means recovering the total costs of a project or activity, including the relevant proportion of all overhead costs. This will mean that those currently in receipt of council subsidised accommodation will be on an equal footing with those in the voluntary and community sector who do not receive this support.

For voluntary and community and sector organisations, understanding the organisation's full costs is critical in strategic decision making, and ensuring it remains sustainable. There are a range of tools and services which can help voluntary and community sector organisations understand and implement the principles of full cost recovery e.g. Association of Chief Executives of Voluntary Organisations (ACEVCO).

Initiatives for match funding will be actively encouraged, as will ideas that bring additional resource streams into the borough.

The process for commissioning provision to be as simple as possible, particularly for small grants.

We want to cultivate a climate that encourages innovation and development in response to the growing needs of people in Enfield. This commissioning framework aims to balance a fair and transparent competition with the benefits of working together to achieve greater outcomes. Currently funded organisations must not assume a protected position for new commissioning and 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 is proportionate to the amount of funding applied for.

The general rule will be to issue three + two year funding agreements. Regular reviews, involving customers, will be an integral part of the commissioning cycle.

A funding agreement is similar to a service level agreement. It includes an overview of the agreement plus other sections which will include :

- The specification agreed between the applicant and Enfield Council to deliver the outcomes specified
- Details of the finance and payment schedule.
- Responsibilities and terms and conditions of the commissioning grant.

7. FUNDING AIMS & OBJECTIVES

7.1 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 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** provision 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 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

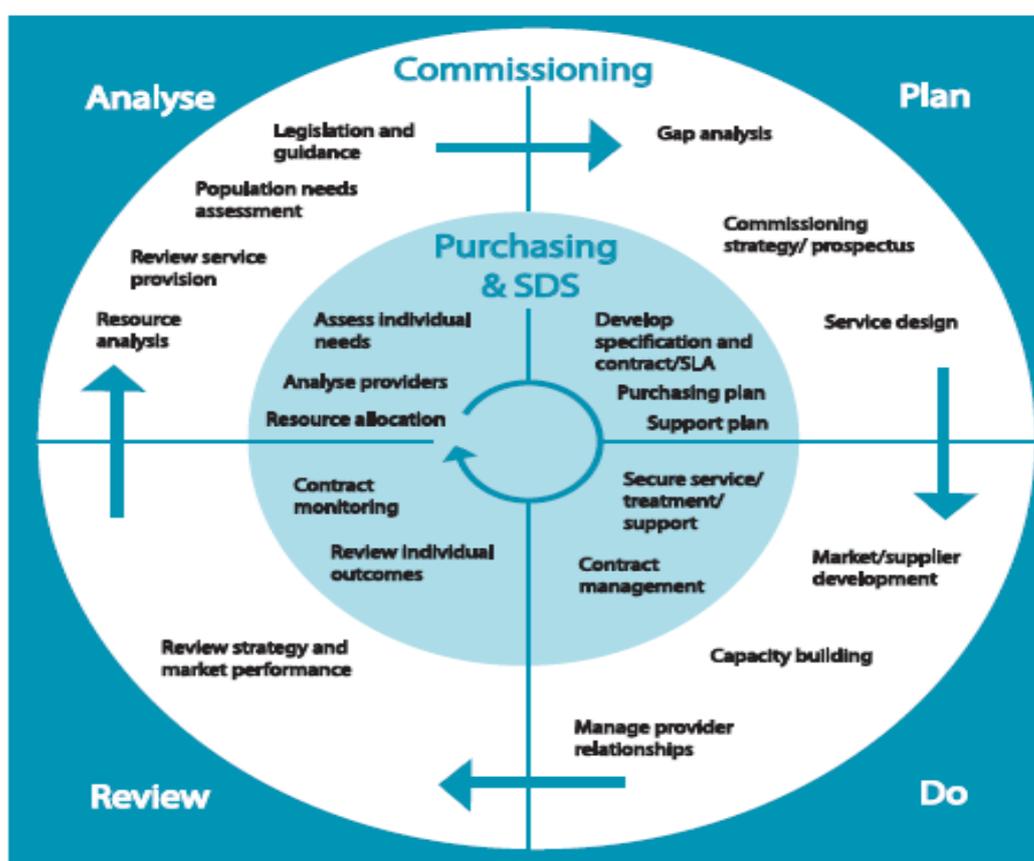
receive direct payment and to adapt to the new reality of social care funding.

- 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.

7.2 In designing and specifying this new provision, we will be engaging with the voluntary and community sector, customers and other key stakeholders so that they can contribute to specifying outcomes and objectives, measures for quality and performance monitoring.

8. COMMISSIONING

8.1 Commissioning is a process that identifies best value and delivery of positive outcomes that meets the needs of local people and communities. Enfield Council’s adult social care commissioning team has adopted the joint strategic commissioning framework developed by the Institute of Public Care. This reflects good practice and describes essential activities grouped under four consecutive quadrants of commissioning and procurement activity. These are analyse, plan, do, and review, and they together constitute a cycle of Commissioning and Procurement. The figure below illustrates this cycle.



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8.2 All stakeholders involved in commissioning have a role at every stage in the commissioning cycle. The Joint Strategic Needs Assessment,

national and local strategies and priorities, performance data and wider stakeholder feedback are used to develop a local picture of need. Our priorities to address identified need are described in our joint commissioning strategies and plans.

- 8.3 The voluntary and community sector has a valuable role in the commissioning process due to its understanding of the needs of customers and communities and their closeness to them. The voluntary and community sector can provide valuable insights that may not be known to the Council.
- 8.4 The adult social care commissioning team will make clear in simple language which objectives and outcomes it has identified as in need of support and what the criteria are for getting involved.
- 8.5 We will tighten up our future requests for expressions of interest to ensure residents get the right provision and organisations know whether an opportunity is appropriate or not. Eligibility criteria will be clear and explicit setting out the requirements of the Council in simple terms and based on timescales that give sufficient notice for our community partners to prepare bids for consideration.
- 8.6 All commissioning by Enfield Council for delivery by the voluntary and community sector will be carried out on the basis of standardised paperwork commissioning, with revised funding agreement documentation that is clear and user friendly. It will be applied consistently in all agreements. We will also seek to ensure that payments timetables are met to assist our voluntary and community sector partners
- 8.7 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. 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).

9. MEASURING SUCCESS

- 9.1 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 and the funded organisations.

- 9.2 Performance management of these new services and projects will focus 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 provision delivered

Qualitative – the quality of what has been provided

- 9.3 We will monitor and review projects on a cyclical basis, proportionate to the level of funding awarded. We will seek flexible and innovative approaches to demonstrate that outcomes have been met whilst seeking to ensure that the process is not over bureaucratic and does not hamper funded organisations. Appendix 2 illustrates a performance management flowchart. The flowchart illustrates the Performance Management and Monitoring cycle and outlines each stage of the process.

10. EQUALITIES & DIVERSITY

- 10.1 The Council's relationship with the voluntary and community sector is governed by the principles and the aspirations set out in the Enfield Compact. These policies ensure a fair and transparent association with voluntary and community sector organisations based upon inclusiveness and equality.
- 10.2 A predictive equality impact assessment/analysis has been completed and is available for viewing on the Council's website.
- 10.3 The review of current grant funded agreements and projects together with new commissioning activity will allow strategically relevant and value for money funding objectives and outcomes 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.
- 10.4 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.
- 10.5 Those organisations who wish to work with the Council need to demonstrate that they operate in a clear, transparent and democratic manner and that their staff and stakeholders embrace all strands of the equality agenda.

11. COMMUNICATIONS

- 11.1 We will continue to provide regular briefings on developments in commissioning to our partners in the voluntary and community sector via updates on the Council website and direct mail shots. We intend to continue to hold provider forums and seek make better use of them by creating a more accountable and transparent environment, increasing the amount of interaction and information exchange between the Council's adult social care commissioning team and the voluntary and community sector.

12. PROPERTY

- 12.1 Enfield Council has successfully provided accommodation to numerous voluntary and community sector organisations in the past and continuous to do so. This 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.
- 12.2 The Council is committed to a transparent, fair and accountable allocations process for allocating premises, with premises that boast improved standards of management, maintenance and tenant services, and which are funded by rents at levels that cover costs. Where Council property is considered suitable for the delivery of funding objectives and outcomes 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. In addition, where the use of Council property is deemed appropriate, the lease/licence agreement for such property must be entered at the same time as the funding agreement being agreed. For any new occupations, it is important that appropriate legal documentation is completed before occupation is granted.

13. WHAT HAPPENS NEXT ?

- 13.1 Given the time that has elapsed since the last review of funding provided to the voluntary and community sector by adult social care commissioners, projects that are currently funded will be prioritised and reviewed. We will contact organisations separately to inform them of the process, timetable and methodology we will apply to the review process. Each project review will be examining :

Strategic relevance :

- Is the project aligned with the strategic objectives set out in this framework ?

Value for money :

- What are the outcomes for customers ?
- What is the quality of provision ?

- Is the project cost effective ?
- What is the demand for the project and does it meet shared needs ?

and involve discussions with:

- Staff
- Stakeholders
- Customers

13.2 The outcomes of these reviews will help us to decide which of the current projects should be offered new agreements. Recommendations may be made to de-commission existing provision 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.

13.3 Work is continuing to gather the necessary data and information that we need to pull together and publish commissioning prospectus documents which will bring together all the investment commissioners have available to deliver required outcomes against each funding priority. The prospectus documents will include the following components:

- needs statements, which identify groups of people the investment is being targeted at;
- outcomes, or what should be different as a result of the investment;
- funding objectives, which offer more information about what is required;
- performance indicators;
- monitoring requirements
- the review process
- scoring and weighting criteria;
- details on how to bid;
- application forms;
- timetable.

13.3 Commissioning of new funding objectives will take place over a 2 to 3-year period in two phases.

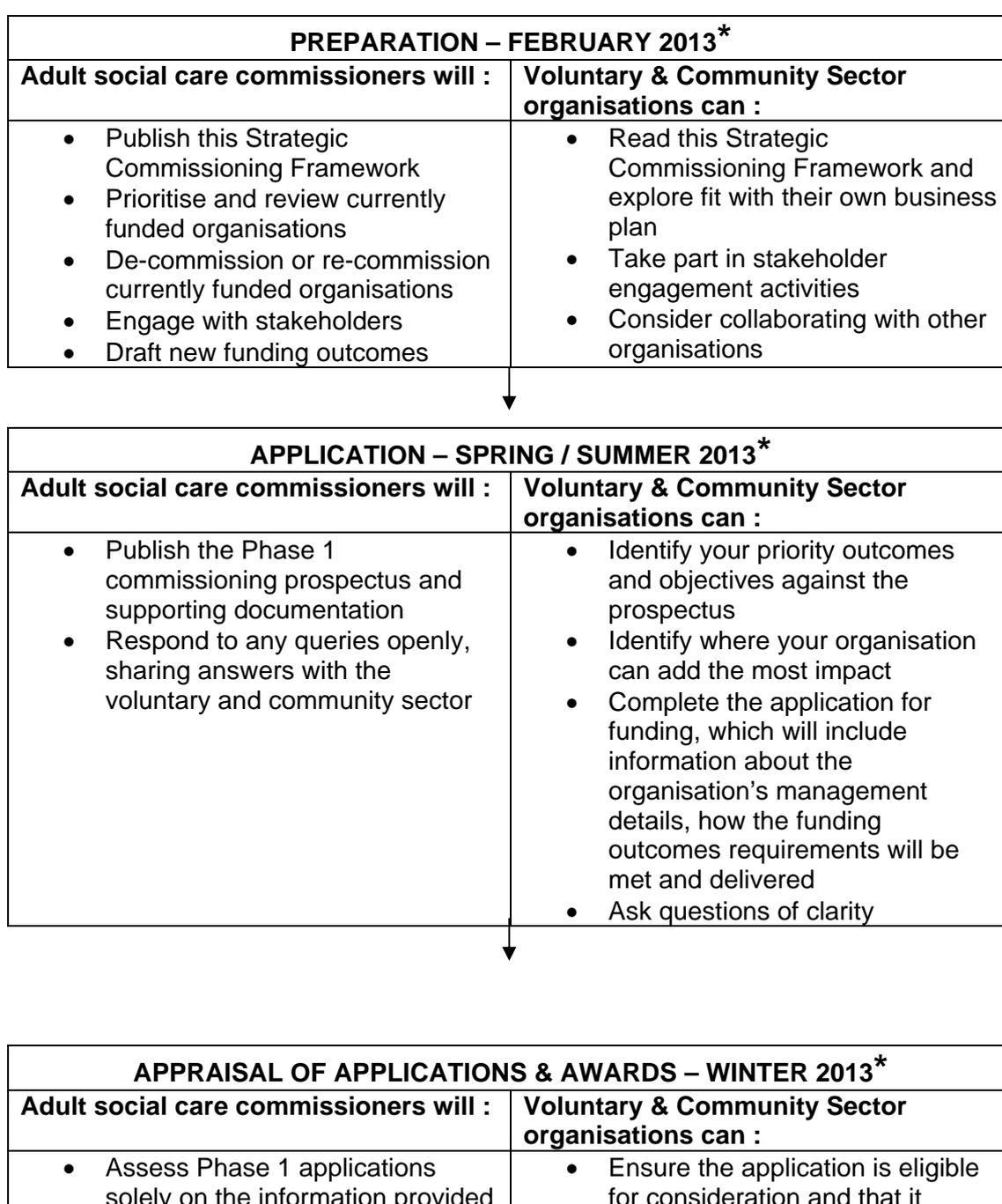
Phase 1: 2013/14 & 2014/15 Priorities are likely to include:

- Accessible Information and Advice
- Advocacy Services
- Targeted services to support Prevention and early intervention

Phase 2: 2014/15 & 2015/16 Priorities are likely to include :

- External Brokerage Support Services
- Targeted services to support Prevention and early intervention

13.4 The flow diagram below outlines the key milestones at each stage of the process, for Phase 1, together with detail about what adult social care commissioners will do and what voluntary and community sector organisations could do in order to respond effectively.



<p>in the application form and other requested documents and score against criteria published in forthcoming application packs</p> <ul style="list-style-type: none">• Seek clarification and negotiate (where applicable)• Award funding• Support voluntary and community sector organisations through transition and implementation of new funding agreements	<p>addresses the outcomes specified</p> <ul style="list-style-type: none">• Ensure internal clarity about who the contact is in case of queries from adult social care commissioners
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DELIVERY

PERFORMANCE MANAGEMENT OF FUNDING AGREEMENTS

FORMAL REVIEW OF FUNDING AGREEMENTS AT 3 YEARS

**** PLEASE NOTE THAT THESE DATES ARE INDICATIVE ONLY AND MAY BE SUBJECT TO CHANGE.***

If you have any queries or require clarification on any areas please do not hesitate to contact:

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Email : Michael.sprosson@enfield.gov.uk or
hhasc.commissioning@enfield.gov.uk

APPENDIX 1: KEY ENFIELD COUNCIL ADULT SOCIAL CARE DOCUMENTS

1. The Market Position Statement is a key document which should be read in conjunction with this Framework, and the other relevant Enfield Council strategies. The Market Position Statement published by the Council's Adult Social Care Commissioning team, provides:
 - Information to the social care market to support the effective planning and development of future services
 - Information on resources available to deliver change, including how the Council intends to increase efficiency by maximising the use of limited resources to deliver the best outcomes for service users
 - A basis for constructive, creative and ongoing dialogue between the Council's Health and Adult Social Care services and its public, private, voluntary and community sector provider providers
 - A clear statement on how the Council wishes to engage with the social care market to support the delivery of safe, high quality services in the future, including how the Council will support change and innovation.

The Market Position Statement can be found by following the link below.

www.enfield.gov.uk/info/100000017/our_policies_and_strategies/1653/our_policies_and_strategies%0A

2. The link will also give you access to all the other key documents and strategies, and the contents page is reproduced below:

Adult Social Care – General

- Sensory Impairment Strategy
- Carers' Strategy 2005-2010
- Safeguarding Adults Strategy 2009-2014
- Service User, Patient and Carer Involvement Strategy 2008-2011
- Dementia 2011-2016
- Dignity Strategy
- Intermediate Care and Re-ablement 2011-14
- Quality Assurance Framework Policy
- Enfield Joint Stroke Strategy 2011-2016
- SCIE Protecting adults at risk – London multi-agency policy and procedures to safeguard adults
- The Enfield Local Account March 2012

Setting our Priorities – Commissioning Intentions

- Older People Joint Commissioning Strategy – Getting Personal 2009 2012
- Older People's Mental Health joint Commissioning Strategy – A future

- for all 2009- 2012

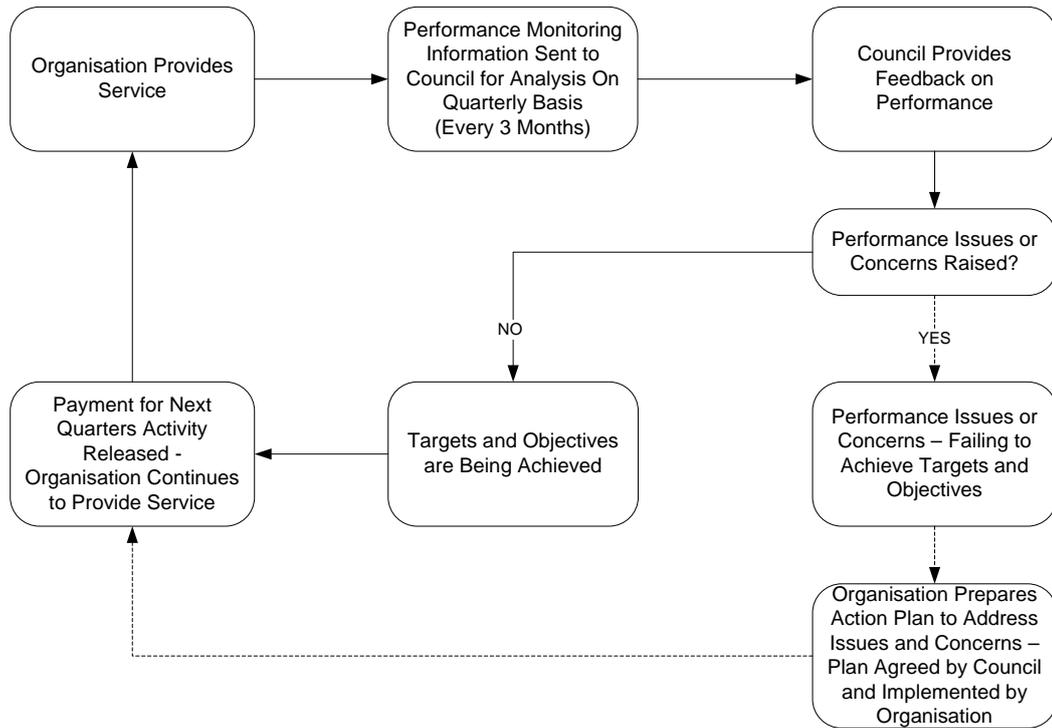
Transforming Services

- Enablement Policy in Enfield
- Support Planning and Review Policy
- Validation of Support Plans and Personal Budgets in Enfield
- Enfield Risk Enablement Policy
- Personal and Sexual Relationship Policy
- Carers Assessment and Services Policy
- Resource Allocation System (RAS) Policy
- Charges for Services
- Community Care Services for people living at home Charging Policy 2012-13
- Residential and Nursing Care Homes Charging Policy 2012-13

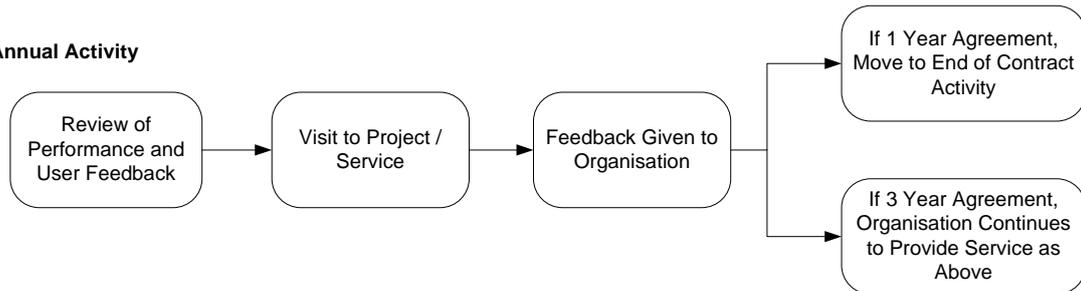
APPENDIX 2: PERFORMANCE MANAGEMENT AND MONITORING CYCLE



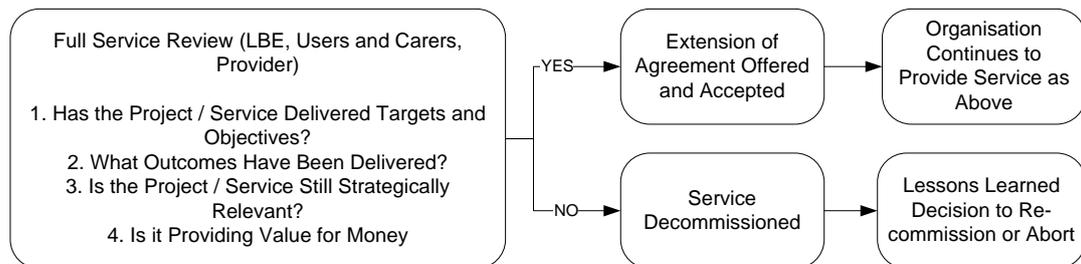
Quarterly Activity



Annual Activity



End of Contract / Funding Period Activity



End of Document