Health, Housing and Adult Social Care

Voluntary and Community Sector Strategic Commissioning Framework 2012-2015

DRAFT FOR CONSULTATION

Working with the Voluntary and Community Sector to deliver personalised services to the citizens of Enfield
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1. INTRODUCTION

1.1 It is a time of significant change for social care nationally. A fundamental shift in the way that social care services 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.

1.2 The voluntary and community sector in Enfield is centrally placed and highly regarded in terms of how services have 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 service users and carers 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.

1.3 In Enfield, under ‘Putting People First’ (a shared vision and commitment to the transformation of adult social care – see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118) and, latterly, the Big Society agenda, 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, Commissioning managers from Enfield Council have been working with voluntary and community sector representatives, health and social care professionals, service users and carers to review the way funds are provided to the voluntary and community sector for projects and services to support adults in Enfield with health and social care needs and what types of new services and supports are required to meet shared needs.

1.4 We would like to develop an approach in partnership that engages all stakeholders and reflects national best practice. Therefore, we are seeking to pursue a comprehensive consultation process to help us arrive at a strategic commissioning framework document that meets shared needs. Going forward, this consultation document sets out how Enfield Council’s Health, Housing and Adult Social Care department, (hereinafter referred to as ‘the Council’) intends to work with and commission the voluntary and community sector to deliver personalised services for the citizens of Enfield. It explains:

- The overall approach we are taking to commission services from the voluntary and community sector
- Why we are taking this approach
- What will happen and when

1.5 It is your opportunity to feed back your views and tell us what you think of the proposals we are making. We welcome any ideas and suggestions on how the Council and its partners can best support the contribution of voluntary and community sector organisations to deliver personalised services for the citizens of Enfield and keep people well and living in the community.

1.6 The consultation closes on 26th October 2012. Details on how to respond are included on the feedback form at the end of this document.
2. SCOPE

2.1 This strategic framework relates to those services commissioned from the voluntary and community sector, by the Council’s Health, Housing and Adult Social Care department. In assessing the impact of any change to commissioned services, account will be taken of other funding streams provided by the Council and available externally from other funding sources. At the same time the strategic approach outlined in this document, will shape and influence the approach to the voluntary and community sector across the Council’s services.

3. DEFINITION

3.1 Over recent years the voluntary and community sector has been referred to as the Third Sector. The last Government set up the Office for the Third Sector, which described the Third Sector as “voluntary and community groups, social enterprises, charities, co-operatives and mutuals”. The use of the term voluntary and community sector is intended to define that part of the Third Sector with which the Council has a funding or purchase of service relationship or where such a relationship is emerging to improve health and social care outcomes for people in Enfield.

4. A JOINED UP APPROACH

4.1 Whilst the scope of this strategic framework is confined to health, housing and adult social care services, there are strong links with other departments in the Council and its health partners, which commission services from the voluntary and community sector. The arrangements for bringing these different areas together, include the Enfield Compact, 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) and the Corporate Third Sector Procurement Group.

4.2 Our aim is to ensure a cohesive, consistent, fair and transparent approach to the commissioning and procurement of services. 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 Health, Housing and Adult Social Care department intends to adopt 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

4.3 Underpinning this approach is the desire to deliver the overarching aims of the 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.
5. WHY DEVELOP A STRATEGIC COMMISSIONING FRAMEWORK NOW?

5.1 Historically, the Council’s Health, Housing and Adult Social Care department has funded a wide range of services and projects provided by the voluntary and community sector. From the information provided in the voluntary and community sector review we have determined service category types. The chart below sets out what grant funding has been given to the voluntary and community sector according to these categories. For a full schedule of grant funding provided please refer to Appendix 1.

**Total funding**
- Direct Service Provision: £826,592.90
- Core Funding: £393,154.40
- Prevention and Early Intervention: £365,740.30
- Reablement and Enablement: £258,332.00
- Information and advice: £249,338.70
- Advocacy: £171,944.50
- In transition to Direct Payments: £88,319.45
- Running Costs: £32,751.80

5.2 Types of services and support that we are currently funding within these service categories include:

- **Information and Advice**: provided in a variety of ways; information given at home visits, drop-in services, 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 service users, attending meetings to enable service users 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, services offering a variety of activities health and wellbeing activities, gardening, home repairs and maintenance, training for carers.

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

- **Direct Service Provision**: Day centres, service user respite, transport. Going forward these types of services can be funded through Direct Payments if the service user 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.

5.3 In addition to these grant funded arrangements, 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 services to support the assessed needs of vulnerable adults in Enfield. Types of services 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 service users using Direct Payments (this excludes grant funding arrangements).
5.4 Many of these current grants and service level agreements 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. Services must become more outcomes focussed and there needs to be transparency about how services are funded and how effectively they meet people’s expressed needs.

5.5 In 2010/11, Commissioners in Health, Housing and Adult Social Care, completed a comprehensive joint review of 98 services and 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 services 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:

<table>
<thead>
<tr>
<th>Key Commissioning Aim One:</th>
<th>Increase the choice and control in decision making over their individual services for service users, patients and carers across the Council and NHS Enfield.</th>
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<tbody>
<tr>
<td>Key Commissioning Aim Two:</td>
<td>Increase the individual and collective influence of service users, patients and carers on shaping future services across the Council and NHS Enfield.</td>
</tr>
<tr>
<td>Key Commissioning Aim Three:</td>
<td>To focus services to maximise and maintain people’s health, independence and inclusion.</td>
</tr>
<tr>
<td>Key Commissioning Aim Four:</td>
<td>To develop and maintain accessible services, including fully accessible premises and homes.</td>
</tr>
<tr>
<td>Key Commissioning Aim Five:</td>
<td>To develop integrated community pathways and services by working in partnership and co-coordinating development and investment.</td>
</tr>
<tr>
<td>Key Commissioning Aim Six:</td>
<td>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.</td>
</tr>
<tr>
<td>Key Commissioning Aim Seven:</td>
<td>To focus on the quality of service provided to service users, carers and patients.</td>
</tr>
</tbody>
</table>

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

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

More information on the background of this review is given at Appendix 2.

5.7 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 services through personalisation and the changes and implications that lie ahead in the commissioning and delivery of health and social care services. Going forward, commissioning of services and 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 3.

6. SUPPORTING THE VOLUNTARY AND COMMUNITY SECTOR THROUGH THESE CHANGES – CAPACITY BUILDING AND MARKET DEVELOPMENT

6.1 The Council now takes a commissioning approach to most funding. Commissioning involves an assessment of need, designing services to meet that need, procuring a provider to deliver the service and then monitoring and evaluating the service to make sure it is meeting its objectives. The voluntary and community sector has a valuable role in the commissioning process due to its understanding of the needs of service users and communities and their closeness to them. The voluntary and community sector can provide valuable insights that may not be known to the Council.

6.2 However, some services that should be funded through a commissioning approach are still funded by grants. Grants can be the most appropriate way to fund some services and activities. However, grants are a less secure form of funding and can be a less efficient way to fund the services that are needed for the community. We want to get the balance between grants and commissioning right.

6.3 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 away from grants for any sum of money above £50,000, measured across the life of the contract. During the ongoing programme of engagement through the provider forums commissioners have shared and developed the objectives and principles underpinning this framework.

6.4 In valuing the voluntary and community sector, the Council has, 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 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
7. CONSULTATION

7.1 This strategic commissioning framework is a description of what, how why, and when we plan to work with the voluntary and community sector going forward and we are asking for your responses and comments to a number of questions.

7.2 This section sets out a number of shared principles that will underpin our commissioning from the voluntary and community sector. We also ask for your views on the service priorities and proposals for funding the voluntary and community sector in future.

7.3 Shared principles

- The needs of service users and carers are paramount and assessed needs will be met through personalisation and personal budgets.
- The views and voices of service users and carers will be included in our commissioning and procurement activities.
- The commissioning and procurement processes for health and adult social care services will endeavour to build social capital and community cohesion.
- Volunteering will be actively encouraged through our commissioning and procurement processes.
- Funding of services 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.
- Market testing will be proportionate. We are intending to keep the process for commissioning services and projects as simple as possible, particularly for small grants.
- The general rule will be to issue three + two year agreements. Regular service reviews, involving people who use those services, will be an integral part of the commissioning cycle.

CONSULTATION QUESTIONS:

- Do you agree with these shared principles?
- Is there anything missing?
- Should the Council’s Health, Housing and Adult Social Care department include core funding in its commissioning arrangements?

Please use the questionnaire provided for your response

What is social capital?
Social Capital refers to the ability of individuals to use the power, prestige, wealth or abilities of people they know in order to get them ahead and to provide new opportunities.

What is full cost recovery?
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.
7.4 **Service Priorities and Objectives**

Going forward, we believe that the role of the voluntary and community in health and social care is to complement statutory provision and enhance the range of quality services and supports that are available. Support provided by the voluntary and community 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.

7.5 To support the development of personalised services and help us make the right decisions, the Council carried out a borough wide consultation between June and September 2010. This enabled us to get views and feedback from service users, carers and other Enfield residents. The results from this consultation have helped us to ensure that future services are developed taking into consideration the needs and aspirations of residents in Enfield. In delivering personalised services that meet health and social care needs to the citizens of Enfield, the Council has the following service objectives prioritised over a two to three-year period.

- **Priority 1: Improving Information, advice and guidance**

  Information, advice and guidance is a crucial part of services provided by the Council and is offered to provide people with health and 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. Any services commissioned from the voluntary and community sector should complement and enhance the range of services and supports that are already provided by the Council and the independent sector.

- **Priority 1: Ensuring access to advocacy and support**

  Advocacy is the provision of support and encouragement, or representation of individuals’ views, needs or rights. We are intending to develop advocacy primarily in relation to social care and health 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 peoples overall health and wellbeing. A range of advocacy options include professional advocacy and models that support individuals to develop a range of natural supports, including but not restricted to, group, self, peer and citizen advocacy.

- **Priority 2: To develop a choice of comprehensive external brokerage support services**

  Brokerage is support given to an individual to help them: 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.

- **Priority 2: To strengthen the availability of targeted services which support 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.
**Priority 1 and 2:** To promote through transition, a move towards direct payments from the current funding arrangements.

The Council is committed to giving people as much choice and control over their social care services as possible. The main instrument of this change has been direct payments. During 2012/13 the Council 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 service users 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.

7.6 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.

7.7 In designing and specifying these new services we will be engaging with the voluntary and community sector, service users, carers and other key stakeholders so that they can contribute to the design of new services, measures for quality, performance monitoring and service improvement.

**CONSULTATION QUESTIONS:**

- Do you agree with these service priorities?
- Is there anything missing?

*Please use the questionnaire provided for your response*

7.8 **Commissioning and procuring new services**

7.8.1 The Council now takes a commissioning approach, with no core funding element, to most funding. Commissioning can be defined as, ‘the way of obtaining the best value and health outcomes for local citizens by understanding their needs, and then specifying and procuring services that deliver the best possible health and social care provision and outcomes within available resources.’ Commissioning therefore, is the process of identifying needs within the population, and of developing policy directions, service models and a market of providers to meet those needs in the most appropriate and cost effective way.

7.8.2 Procurement and contracting (also known as purchasing) are the mechanisms for purchasing a specific area of service from one or more providers and ensures that identified needs and outcomes are being delivered.

7.8.3 The Council’s commissioning team have 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. Figure 1 illustrates this cycle.
7.8.4 As you will have seen from the earlier sections, the bulk of funding from the Council going to the voluntary and community sector is for the provision of a whole range of services for Enfield communities. Some of these services have been developed to respond to national or local priorities and complement the services which the Council commissions from other providers.

7.8.5 Other projects and services have been developed by local communities or organisations to meet their own needs – they may be new and just being tried out, or they may be long-standing activities. Some of these require regular funding to pay for staff, premises or supplies. Others just need a one off payment for equipment or a short term project. Some get a mixture of funding from the council and other funds such as the Lottery. Others rely on local donations.

7.8.6 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 this document, projects and services that are currently funded will be prioritised and reviewed against strategic relevance and value for money.

7.8.7 The outcome of this review and accompanying equalities impact assessments will help us to decide which of the current services and projects should be offered new agreements. Decisions may be taken to de-commission existing services provided by the voluntary and community sector. Safeguarding the welfare of service users 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 will work in partnership with all stakeholders to achieve a smooth transition, communicated clearly to stakeholders, especially service users and employees.
For commissioning and procurement of new services and projects the funding processes we are intending to use are described below and can apply to all of these types of service but some are more appropriate for different groups and projects. We have looked at what other councils do across the country, and sought advice on best practice from local and national voluntary and community sector organisations. We have ensured our proposals are consistent with local, national and European legislative procurement requirements. In the following section we have used this information to outline three different funding processes which we are proposing to use in Enfield:

**A. Small grants fund**

Small or new organisations apply for funding for a need identified in their locality or field. A specific fund would be agreed each year for the purpose of funding small grants to voluntary and community sector organisations for relevant community projects.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Funding source</th>
<th>Application process</th>
<th>Which organisations could apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £10,000*</td>
<td>Grant application</td>
<td>Simple application procedure – could be delivered by an umbrella voluntary and community sector organisation. Project must meet funding criteria and evidence need. Length of agreements likely to be for one year with option to extend the term. Full service review at end of year 1.</td>
<td>Ideal for small projects and new groups including community and BME groups needing one-off funds for events, workshops and small projects.</td>
</tr>
</tbody>
</table>

Service objectives that could be funded this way include: prevention and early intervention, information, advice and guidance.

*Enfield Council’s framework of contract procedure rules requires one written quotation for requirements between £1,000 and £10,000
B. Medium-sized grant mechanism

Small or larger organisations can apply for funding in an area jointly identified as meeting this framework’s service priorities; needing development or identified by central government. This would not be a specific fund set aside in advance, but suggests a way in which funds made available during the year for specific areas of work could be allocated openly so that any relevant organisation could apply.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Funding source</th>
<th>Application process</th>
<th>Which organisations could apply?</th>
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<tbody>
<tr>
<td>Over £10,000 but below £50,000</td>
<td>Grant application. A detailed description of the organisation and project. Indicative timescale from expression of interest to award of funding: 4 / 6 months.</td>
<td>Clear criteria provided by the funder and invitations to bid circulated widely. Application will provide clear outputs and outcomes. A service level agreement would need to be signed including outputs and outcomes. Requirement to report quarterly to show evidence of delivering the agreed outcomes. Length of agreements likely to be for one year with option to extend the term. Full service review at end of year 1.</td>
<td>Open to a range of providers – and at least three proposals would need to be considered under the Council’s contract procedure rules. Should be distinctively different from a contract with broad outputs and outcomes given but leaving the delivery mechanism to the project to decide.</td>
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*Enfield Council’s framework of contract procedure rules requires at least 3 three quotations for requirements valued over £10,000 but below £50,000.*
C. Commissioning through contracting

Under the Council’s framework of contract procedure rules, all requirements that are valued £50,000 and over must be procured using the full tender process. Organisations are invited to apply to deliver services against a specification developed by commissioners to meet local needs. The voluntary and community sector, service users, carers and other key stakeholders can be involved in needs assessment and development of specification before the procurement process.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Funding source</th>
<th>Application process</th>
<th>Which organisations could apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td>£50,000 and over</td>
<td>Enfield Council Commissioning.</td>
<td>Opportunities advertised on local and national relevant websites, journals and publications</td>
<td>Open to organisations providing relevant services (not limited to the voluntary and community sector).</td>
</tr>
<tr>
<td></td>
<td>Indicative timescale from expressions of interest to award of contract: 6 months.</td>
<td>Stage 1: Expression of interest</td>
<td>Would welcome bids and applications from consortia or partnerships with a lead / accountable partner.</td>
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<td></td>
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<td>Stage 2: Pre-qualification</td>
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<td></td>
<td>Stage 3: Invitation to tender</td>
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<td>We will require full applications and may lead to further negotiations prior to signing of contracts.</td>
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<td></td>
<td>Full contract (generally 3 plus 2 years) with ongoing quarterly monitoring including site visits and audit by accountable body.</td>
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<td></td>
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<td>Full service review annually.</td>
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*Enfield Council’s framework of contract procedure rules requires the formal tender process to be carried out for requirements over £50,000.*

**CONSULTATION QUESTION:**

- Do you agree with this approach to commissioning and procuring services going forward?

*Please use the questionnaire provided for your response*
7.9 Measuring success

7.9.1 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 organisations providing services.

7.9.2 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 service is having on service users/carers
- **Quantitative** – the numbers of service users and carers served and services delivered
- **Qualitative** – the quality of the service(s) provided

7.9.3 We will monitor and review services and projects on a cyclical basis. The flowchart below illustrates the Performance Management and Monitoring cycle and outlines each stage of the process.

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**Performance Management and Monitoring Cycle**

**Quarterly Activity**
- Organisation Provides Service
- Performance Monitoring Information Sent to Council for Analysis On Quarterly Basis (Every 3 Months)
- Council Provides Feedback on Performance
- Performance Issues or Concerns Raised?
  - YES
    - Performance Issues or Concerns – Failing to Achieve Targets and Objectives
  - NO
    - Payment for Next Quarters Activity Released – Organisation Continues to Provide Service
- Organisation Prepares Action Plan to Address Issues and Concerns – Plan Agreed by Council and Implemented by Organisation

**Annual Activity**
- Review of Performance and User Feedback
- Visit to Project / Service
- Feedback Given to Organisation
- If 1 Year Agreement, Move to End of Contract Activity
- If 3 Year Agreement, Organisation Continues to Provide Service as Above

**End of Contract / Funding Period Activity**
- Full Service Review (Led by the Council and involving users, carers and the organisation providing the service)
  1. Has the Project / Service Delivered Targets and Objectives?
  2. What Outcomes Have Been Delivered?
  3. Is the Project / Service Still Strategically Relevant?
  4. Is It Providing Value for Money
- Extension of Agreement Offered and Accepted
- Service Decommissioned
- Organisation Continues to Provide Service as Above
- Lessons Learned Decision to Re-commission or Abort
8. WHAT HAPPENS NEXT?

8.1 We will analyse the responses to the consultation questions, your views, comments and suggestions and group them into the following categories:

- things you are happy with and agree with
- things you are not happy with and do not agree with
- other ideas and helpful information you give us to improve the way in which the Council works with the voluntary and community sector.

Your views and comments will be taken into account and we intend to publish the outcomes of this consultation.

8.2 The feedback and input from consultation and engagement events together with the report of the service review outcomes will enable us to prepare a final strategic commissioning framework for formal agreement by the Council. When agreed, the final version will be published alongside a detailed implementation plan.

8.3 We are intending that the final version of the new strategic commissioning framework will contain a commissioning prospectus which brings together all the investment commissioners have available to deliver required outcomes against each service priority. It is likely to include the following components:

- a needs statement, which identifies 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.

8.4 The timetable below gives indicative key milestones and dates for the next steps.
9. TIMETABLE

<table>
<thead>
<tr>
<th>Milestone / Event</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 week consultation on the proposals of this strategic commissioning framework</td>
<td>July/August to October 2012</td>
</tr>
<tr>
<td>Consultation and engagement with voluntary and community sector organisations,</td>
<td>Commence during July 2012</td>
</tr>
<tr>
<td>service users, carers and other stakeholders on new services outcomes</td>
<td></td>
</tr>
<tr>
<td>Currently funded organisations projects and services prioritised and reviewed</td>
<td>Commence during September 2012</td>
</tr>
<tr>
<td>Outcomes of consultations analysed and published</td>
<td>November 2012</td>
</tr>
<tr>
<td>Decisions taken regarding any de-commissioning or re-commissioning of existing</td>
<td>November 2012</td>
</tr>
<tr>
<td>funded services and projects:</td>
<td></td>
</tr>
<tr>
<td>Formal approval to proceed with post consultation strategic commissioning</td>
<td>December 2012</td>
</tr>
<tr>
<td>consultation framework sought</td>
<td></td>
</tr>
<tr>
<td>Notification to affected organisations and stakeholders given</td>
<td>December 2012</td>
</tr>
<tr>
<td>Framework and implementation plan published.</td>
<td>January 2013</td>
</tr>
<tr>
<td>‘Meet the Commissioner’ events – to offer organisations an opportunity to seek</td>
<td>Commence during January 2013</td>
</tr>
<tr>
<td>clarity on the process and address any relevant issues or concerns</td>
<td></td>
</tr>
<tr>
<td>Commissioning of year 1 service priorities commences</td>
<td>January 2013</td>
</tr>
<tr>
<td>New services in place</td>
<td>June / July 2013</td>
</tr>
</tbody>
</table>

10. WHAT DO YOU THINK?

10.1 Please consider the information provided and where appropriate discuss this within your organisation and other groups. We need your comments by 26th October 2012 but will be happy to receive them earlier. Please complete the online questionnaire or if you prefer we can send you a paper copy. Our contact details are below:

- **Email:** hhasc.commissioning@enfield.gov.uk
- **Postal address:**
  - Commissioning Team
  - Health, Housing and Adult Social Care
  - Enfield Council
  - PO Box 59
  - Civic Centre
  - Silver Street
  - Enfield
  - EN1 3XL
- **Telephone:** 020 8379 8066 or 020 8379 3961

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

- **Michael Sprosson**
  - Commissioning Manager
  - Telephone: 020 8379 3961
  - Email: michael.sprosson@enfield.gov.uk

- **Lynsey Cooper**
  - Commissioning Team Business Support Officer
  - Telephone: 020 8379 8066
  - Email: lynsey.cooper@enfield.gov.uk
APPENDIX 1: SCHEDULE OF FUNDING

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Project</th>
<th>Amount 2012/13</th>
<th>Description of service according to VCS review 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK Enfield (formerly Age Concern Enfield)</td>
<td>Day Care Services (Day Centre)</td>
<td>£66,865</td>
<td>Day Care for people with dementia. Personal care is provided.</td>
</tr>
<tr>
<td></td>
<td>Time Out Project</td>
<td>£105,641</td>
<td>Home based respite for people with dementia and their carers (including personal care).</td>
</tr>
<tr>
<td></td>
<td>Core funding</td>
<td>£88,869</td>
<td>Support with core costs and overheads</td>
</tr>
<tr>
<td></td>
<td>Hospital Discharge Scheme</td>
<td>£48,375</td>
<td>Provides re-ablement service to service users during review period.</td>
</tr>
<tr>
<td></td>
<td>Information Service</td>
<td>£53,932</td>
<td>One stop shop for information and signposting, face to face and by phone or letter. Provides occasional home visits to housebound.</td>
</tr>
<tr>
<td></td>
<td>Time Out – Respite</td>
<td>£59,018</td>
<td>Home based respite for people with dementia and their carers (including personal care).</td>
</tr>
<tr>
<td></td>
<td>Additional Hours and Sat Day Centre</td>
<td>£17,625</td>
<td>Day Care for people with dementia. Personal care provided.</td>
</tr>
<tr>
<td></td>
<td>Parkinsons Project</td>
<td>£3,405</td>
<td>Drop in social support service for people with Parkinson’s and their carers.</td>
</tr>
<tr>
<td>Supporting Independent Lifestyles (SILs) affiliated to Age Concern Enfield</td>
<td>Handy Person Scheme</td>
<td>£25,831</td>
<td>Provide handyman service for decorating and lawn cutting.</td>
</tr>
<tr>
<td>Alzheimer’s Society</td>
<td>Respite</td>
<td>£81,087</td>
<td>Provide information and advice, newsletter, telephone befriending, carers support groups, complimentary therapies, dementia training and awareness, day centre places.</td>
</tr>
<tr>
<td>Carers UK Enfield</td>
<td>Monthly drop-in</td>
<td>£6,092</td>
<td>Service is for carers/former carers. Short breaks, complementary therapy drop in and social evening meetings for mutual support, advice and info. A sitting service and transport are also provided to enable attendance.</td>
</tr>
<tr>
<td>Catch 22</td>
<td>Support for vulnerable adults at Police stations</td>
<td>£13,949</td>
<td>Service is for adults with mental health issues, learning difficulties or juveniles who have been arrested and are in police custody Provides an appropriate adult for the eligible person to be interviewed by police whilst safeguarding their rights, interest and welfare under the provisions of the PACE Act 1984. It also ensures the person understands what is happening.</td>
</tr>
<tr>
<td>Community Aid</td>
<td>Elderly Project</td>
<td>£14,825</td>
<td>Work with members of Asian community who are not able to speak, read and write English properly. Provide services for service users and carers. Run info/ support/ guidance surgery (appointment and drop in). Support victims of domestic violence. Provide keep fit classes, health awareness seminars, family mediation, advocacy, counselling. Home visits for those unable to attend any of the services.</td>
</tr>
<tr>
<td></td>
<td>Core funding</td>
<td>£29,358</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Project</td>
<td>Amount 2012/13</td>
<td>Description of service according to VCS review 2010/11</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Crossroads Care Enfield</td>
<td>Home Based Respite Service / Sitting Services</td>
<td>£300,526</td>
<td>Respite care for service users and carers.</td>
</tr>
<tr>
<td>Cypriot Elderly and Disabled Group</td>
<td>Luncheon club and drop ins</td>
<td>£5,872</td>
<td>Social gatherings at different venues includes lunch and keep fit sessions, support with form filing and benefits optimisation.</td>
</tr>
<tr>
<td>DAZU</td>
<td>Running costs</td>
<td>£9,801</td>
<td>The money covers a salary for the FT Administrator/Co-ordinator post, and a salary for the FT Young Carers Project worker post. It also cover salaries for counsellors and Dance Movement Therapists, financial services for Young Carers, and transport.</td>
</tr>
<tr>
<td>Ebony Peoples Association</td>
<td>BME Mental Health Support</td>
<td>£30,899</td>
<td>Advocacy, support, information and advice to families from black and minority ethnic communities who are experiencing mental health problems.</td>
</tr>
<tr>
<td>North London Asian Care (formerly Enfield Asian Carers Consortium)</td>
<td>Core funding</td>
<td>£33,877</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td></td>
<td>Shakti Sewa</td>
<td>£24,279</td>
<td>Domiciliary care for the elderly (culturally specific).</td>
</tr>
<tr>
<td></td>
<td>Night Sitting</td>
<td>£18,598</td>
<td>Provides sitting service for elderly and disabled which gives the carers break.</td>
</tr>
<tr>
<td></td>
<td>Sitting service</td>
<td>£73,119</td>
<td>Provides sitting service for elderly and disabled which gives the carers break.</td>
</tr>
<tr>
<td>Enfield Association for the Blind</td>
<td>Respite</td>
<td>£10,292</td>
<td>Home visiting service provides practical and emotional support and befriending to blind, partially sighted and deaf blind people. Drop-in monthly for service users and carers to socialise, keep fit and access daily living aids and equipment. Assistance provided when visiting eye clinics. Bi-monthly low vision clinic and employment service. Computer training.</td>
</tr>
<tr>
<td>Enfield Bangladesh Welfare Association</td>
<td>Community Support and Advice Service</td>
<td>£20,665</td>
<td>Weekly elderly drop-in and keep-fit classes, plus hot lunch. Weekend language classes, inter-cultural activities, sewing classes for women, outings for elderly, Advice and Advocacy services, weekly women’s evening. Care assessment of Bangladeshi elderly.</td>
</tr>
<tr>
<td></td>
<td>Additional keep fit sessions</td>
<td>£10,000</td>
<td>Weekly elderly drop-in and keep-fit classes, plus hot lunch.</td>
</tr>
<tr>
<td>Enfield Citizens Advice Bureau</td>
<td>HIV Welfare Rights Project</td>
<td>£33,911</td>
<td>Outreach Advice in a variety of settings and locations across the borough.</td>
</tr>
<tr>
<td>Enfield Community Transport</td>
<td>Enfield Community Transport</td>
<td>£77,918</td>
<td>Provide accessible transport for member groups rather than individuals. The people who are then transported are done so from door to door.</td>
</tr>
<tr>
<td>Enfield Cypriot Association</td>
<td>Flexi breaks</td>
<td>£7,022</td>
<td>Drop in centre offering support, advice, information and activities. Organise day trips, family breaks, respite and holiday breaks for carers and the cared for. School holiday activities, social club/lunch club for elderly, over 50’s and disabled, keep fit, traditional dance classes, mother and toddler club, women’s support group, carers support group.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Project</td>
<td>Amount 2012/13</td>
<td>Description of service according to VCS review 2010/11</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Enfield Cypriot Association</td>
<td>Holiday Scheme</td>
<td>£82,388</td>
<td>Drop in centre offering support, advice, information and activities. Organise day trips, family breaks, respite and holiday breaks for carers and the cared for. School holiday activities, social club/lunch club for elderly, over 50's and disabled, keep fit, traditional dance classes, mother and toddler club, women's support group, carers support group.</td>
</tr>
<tr>
<td></td>
<td>Running costs</td>
<td>£5,375</td>
<td>Drop in centre offering support, advice, information and activities. Organise day trips, family breaks, respite and holiday breaks for carers and the cared for. School holiday activities, social club/lunch club for elderly, over 50's and disabled, keep fit, traditional dance classes, mother and toddler club, women's support group, carers support group.</td>
</tr>
<tr>
<td>Enfield Disability Action</td>
<td>Disability Information and Advice</td>
<td>£91,663</td>
<td>Provides outreach at drop ins, day centres and other voluntary and community organisations. Provides information and advice to disabled people and carers. Provides support at Social Security appeal tribunals and statutory agency complaints panels.</td>
</tr>
<tr>
<td></td>
<td>Independent Living Project</td>
<td>£33,650</td>
<td>To support individuals to have a positive and safe experience of independent living by being informed about safeguarding and community safety issues. Enables access to advocacy services.</td>
</tr>
<tr>
<td></td>
<td>Core funding</td>
<td>£52,953</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td></td>
<td>Deaf Project</td>
<td>£37,002</td>
<td>Drop in service for BSL users. Monthly drop-in sessions for deaf, deafened and hard of hearing. Weekly drop-in off site with social worker for the deaf providing immediate help with urgent issues to BSL users. BSL Conversation Class. Service user group meeting. Provides support, information and advice to service users / carers with hearing and communication difficulties. Including those with Ushers (deaf and blind-going blind).</td>
</tr>
<tr>
<td></td>
<td>Challenging Abuse project</td>
<td>£10,539</td>
<td>Meet with groups of disabled people to discuss and consider abuse and hate crime, look at why it is often difficult to challenge or report abuse or hate crime. Support and enable disabled people to challenge and report abuse and hate crime. This project which was about raising awareness on abuse has now come to an end.</td>
</tr>
<tr>
<td>Enfield Mencap</td>
<td>The Gateway Clubs</td>
<td>£18,371</td>
<td>3 clubs providing evening activities for people with a Learning Difficulty (this also provides respite for carers). Transport is provided for those requiring it. School halls are hired for the clubs at the going rate.</td>
</tr>
<tr>
<td></td>
<td>Weekend day care</td>
<td>£52,027</td>
<td>Saturday respite 60% community and 40% Centre based providing various leisure and gentle learning opportunities for people with a Learning Difficulty. (Service not open to people in supported or independent living). Service gives parents and carers a break.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Project</td>
<td>Amount 2012/13</td>
<td>Description of service according to VCS review 2010/11</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Enfield Mental Health Carers</td>
<td>Advocacy</td>
<td>£15,499</td>
<td>Advocacy for service users and carers.</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td>£2,583</td>
<td>Provides conferences for carers, service users and professionals interested in Mental Health provision.</td>
</tr>
<tr>
<td></td>
<td>Holiday Scheme/ Respite/ Befriending</td>
<td>£49,945</td>
<td>Service is for Carers. Provides various short breaks e.g. complimentary therapies, restaurant trips, holidays, leisure, counselling, etc. and befriending service.</td>
</tr>
<tr>
<td></td>
<td>Emergency Respite</td>
<td>£16,480</td>
<td>Short stay emergency respite services provided to carers in a crisis situation.</td>
</tr>
<tr>
<td></td>
<td>Training Consortia</td>
<td>£14,759</td>
<td>Training and breaks provided to carers.</td>
</tr>
<tr>
<td>Enfield Mental Health Users Group (EMU)</td>
<td>Enfield Mental Health Users Group</td>
<td>£11,969</td>
<td>Providing representation for service users at service user meetings and meeting with the Mental Health and Primary Care Trusts.</td>
</tr>
<tr>
<td></td>
<td>Service User involvement and support</td>
<td>£14,052</td>
<td>Providing representation for service users at service user meetings and meeting with the Mental Health and Primary Care Trusts.</td>
</tr>
<tr>
<td>Enfield Saheli</td>
<td>Core funding</td>
<td>£47,575</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td>Enfield Turkish Cypriot Association</td>
<td>Respite sitting service</td>
<td>£14,868</td>
<td>Sitting and respite service for Turkish speaking carers.</td>
</tr>
<tr>
<td>Ethiopian Community UK (ECCUK)</td>
<td>Community/ Living Well Project</td>
<td>£17,000</td>
<td>Prevention of the transmission of STI including HIV alone.</td>
</tr>
<tr>
<td>Greek &amp; Greek Cypriot Community of Enfield</td>
<td>Respite breaks – Older People</td>
<td>£18,421</td>
<td>Day breaks and weekly sitting service for primary carers.</td>
</tr>
<tr>
<td></td>
<td>Core funding</td>
<td>£39,750</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td></td>
<td>Hospital Discharge Scheme</td>
<td>£30,998</td>
<td>Assist service user to regain independence after a stay in hospital (6-8 week service).</td>
</tr>
<tr>
<td>Jewish Care</td>
<td>Flexi breaks</td>
<td>£9,148</td>
<td>Day care with lunch and transport provided.</td>
</tr>
<tr>
<td>LGBT Network</td>
<td>Mens HIV Support Grant</td>
<td>£12,000</td>
<td>Facilitates support groups and represents needs of LGBT community at steering groups. Also provides counselling.</td>
</tr>
<tr>
<td>Little Park Luncheon Club</td>
<td>Luncheon Club</td>
<td>£1,845</td>
<td>Hot lunches and social interaction.</td>
</tr>
<tr>
<td>Mind in Enfield</td>
<td>Drop In</td>
<td>£40,830</td>
<td>Social support via drop in where there are also skills and learning opportunities.</td>
</tr>
<tr>
<td></td>
<td>Core funding</td>
<td>£59,891</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td></td>
<td>Able Project</td>
<td>£98,827</td>
<td>Provides welfare benefit checks, housing advice, Community Advocacy and Forensic Advocacy. Advocacy provided on a casework basis.</td>
</tr>
<tr>
<td></td>
<td>Counselling</td>
<td>£18,330</td>
<td>Counselling for people with Mental Health difficulties and/or their carers.</td>
</tr>
<tr>
<td>Naree Shakti</td>
<td>Running costs</td>
<td>£20,260</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>£12,500</td>
<td>Service offered to Asian women are: yoga sessions keep fit, talks on a variety of subjects, luncheon club and other social activities.</td>
</tr>
<tr>
<td>Nightingale Community Hospice</td>
<td>Flexi breaks</td>
<td>£5,719</td>
<td>Services on offer to carers: Counselling, therapies, befriending and night sitting.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Project</td>
<td>Amount 2012/13</td>
<td>Description of service according to VCS review 2010/11</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>One-to-One</td>
<td>Core funding</td>
<td>£40,881</td>
<td>Support with core costs and overheads.</td>
</tr>
<tr>
<td>One-to-One</td>
<td>Family Support</td>
<td>£35,079</td>
<td>Provides services for people who live with family carers: Newsletters and information leaflets, visits to meet families and register new members, contact with family carers to arrange places on activities, contributing to debate i.e.: transition planning. Support provided for activities whilst carers have a break. Fundraising and administration for personal care fund.</td>
</tr>
<tr>
<td>Sangam Elderly Ladies Group</td>
<td>Rent and transport</td>
<td>£2,690</td>
<td>Social group providing mainly trips and outings. Funding provides support with core costs and overheads.</td>
</tr>
<tr>
<td>Stroke Action</td>
<td>Respite for carers</td>
<td>£11,436</td>
<td>Provide time out for carers of stroke survivors in the persons home. This can include personal care for stroke survivor or helping carer with domestic tasks (ironing, cleaning, etc). Access to health and active life service, annual group meal and outing.</td>
</tr>
<tr>
<td>Tamil Relief Centre</td>
<td>Elderly Project</td>
<td>£4,417</td>
<td>Provides advice and advocacy, drop-in sessions, keep fit classes, luncheon meetings, leisure trips, one to one sessions and an annual cultural event.</td>
</tr>
<tr>
<td>The Camden Society</td>
<td>Cafe 311</td>
<td>£48,188</td>
<td>Vocational training and employment café providing the skills necessary to find paid employment for people with a learning difficulty.</td>
</tr>
<tr>
<td>The Hanlon Centre</td>
<td>BME Mental Health Support</td>
<td>£11,211</td>
<td>36 hours per week of open door access to community support and activities.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>£2,382,771</strong></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2: BACKGROUND TO THE VOLUNTARY AND COMMUNITY SECTOR REVIEW

1. **Previous Ways of Working**
   Historically the Council and NHS Enfield have jointly funded a wide range of services provided by the Voluntary and Community Sector. For several years following the initial joint approach, the review, monitoring, de-commissioning and re-commissioning arrangements became separated with different processes being applied both between and within the two organisations.

2. **Joint Working**
   June 2007 saw the first recent joint event for the Voluntary and Community Sector that was organised by the Council’s Health and Adult Social Care Department and NHS Enfield. This introduced the commitment to the Voluntary and Community Sector for more collaborative working and a harmonised approach to the review and commissioning of services.

3. **Regular Voluntary and Community Sector Forums**
   In 2008 it was agreed to set up regular forums for the Voluntary and Community Sector, led by commissioners and facilitated by the Institute of Public Care (IPC). The main purpose of this initiative was to help to support Voluntary and Community Sector organisations to understand and prepare for the changes in the way that services would be commissioned and delivered in the future. There was a particular emphasis on personalisation, outcomes based commissioning and contracting, market development and capacity building.

4. **Outcomes Based Contracting**
   On 7th October 2008 there was a full day workshop on developing Outcomes Based Contracting.

5. **Commissioning and Procurement Strategic Approach and Processes**
   On 8th December 2008 the Commissioning and Procurement strategic approach and processes were presented and discussed at a full day Voluntary and Community Sector forum. It was highlighted that the application of the strategic approach and processes would be proportionate. It was stated that the whole review, de-commissioning and re-commissioning of services would be a multi-year phased programme.

6. **Personalisation and Voluntary and Community Sector Review Proposals**
   On 30th March 2009 at a full day workshop on personalisation, the proposed approach for the Voluntary and Community Sector Services Review was presented. This included the draft review forms for comment and outlined processes and timescales to which commissioners planned to work.

7. **Feedback on Draft Review Forms**
   Following feedback from Voluntary and Community Sector Organisations, the review forms were finalised and issued to the Sector in May 2009.

8. **Return of Forms, Analysis and Clarification Meetings**
   Review forms were returned from mid-July 2009 onwards. An officers Voluntary and Community Sector Review Group was established and analysis of all information submitted was begun. Clarification meetings were held for all services with all organisations working to a standard process and templates.
9. **Evaluation**

Evaluation of each service was completed against strategic priorities based on the information provided on the review forms and at the clarification meetings. The outcome from this will be used as a basis for identifying good practice and areas for development and capacity building.

10. **Services Mapping**

Mapping of services in conjunction with those that are commissioned or purchased by operational teams in Health and Adult Social Care and by other Council Departments has now been completed and shared with the sector.

11. **Equalities Monitoring**

In relation to the data provided through the Equalities Monitoring Forms, the aim was to complete a mapping exercise of service provision against the demographics of the borough. Further work is required to ensure this exercise takes account of all communities in Enfield.

12. **Progress Reporting**

Quarterly updates on progress of the review and development of a commissioning strategic framework have been and will continue to be reported to the Voluntary and Community Sector Strategy Group chaired by the Council's Chief Executive. Regular updates have also been provided at Voluntary and Community Sector Forums.

13. **Development and Support**

Development and support of the Voluntary and Community Sector market has been provided by Commissioners working with IPC at on-going forums and with individual organisations at their request or where this has been jointly identified with Commissioners.
APPENDIX 3: KEY RELATED ENFIELD COUNCIL 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 Health, Housing and 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 it’s 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/1000000017/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
- 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
# SECTION 1: ABOUT THE NEW PROPOSALS

1. **Do you agree with these shared principles?**

   - [ ] Yes
   - [ ] No

   **Comments**

2. **Is there anything missing?**

   - [ ] Yes
   - [ ] No

   **Comments**

3. **Should the Council's Health, Housing and Adult Social Care department include core funding in its commissioning arrangements?**

   - [ ] Yes
   - [ ] No

   **Comments**

4. **Do you agree with these service priorities?**

   - [ ] Yes
   - [ ] No

   **Comments**
5. **Is there anything missing?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Comments

---

6. **Do you agree with this approach to commissioning and procuring services going forward?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Comments

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7. **Do you agree with the approach to measuring success and managing performance set out in section 7.9?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Comments

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8. **Do you wish to make any other comments?**
SECTION 2: ABOUT YOU

Your personal details are treated confidentially and protected under the Data Protection Act 1998. These details will assist us in the analysis of the responses.

9. Are you:  [ ] Male  [ ] Female  [ ] Do not wish to state

10. How old are you?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Under 9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>25-29</td>
<td>30-34</td>
<td>35-39</td>
<td>40-44</td>
<td>45-49</td>
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<td>50-54</td>
<td>55-59</td>
<td>60-64</td>
<td>65-69</td>
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<td>70-74</td>
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<td></td>
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<td>75-79</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80+</td>
</tr>
</tbody>
</table>

11. Do you have any long standing illness, disability or progressive condition that limits or could limit in the future your daily activities in any way?

[ ] Yes  [ ] No  [ ] Prefer not to say

If ‘Yes’, please state the nature of your long-term illness, disability or progressive condition

12. How would you describe your ethnic origin?


13. Please select the postcode area you live in

<table>
<thead>
<tr>
<th>Postcode Area</th>
<th>Postcode Area</th>
<th>Postcode Area</th>
<th>Postcode Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN1</td>
<td>EN4</td>
<td>N11</td>
<td>N18</td>
</tr>
<tr>
<td>EN2</td>
<td>EN8</td>
<td>N13</td>
<td>N21</td>
</tr>
</tbody>
</table>
| EN3           | N9            | N14           | N22           | Other

14. Do you (please select all that apply?)

[ ] Live in Enfield  
[ ] Currently receive a social care or support service  
[ ] Provide care for someone as their unpaid carer (as a member of the family or a friend)  
[ ] Work in social or health care – either paid or unpaid/volunteer  
[ ] Are a member of a voluntary and community sector organisation  
[ ] None of the above

15. Are you responding on behalf of a voluntary and community sector organisation?

[ ] Yes  [ ] No
16. How did you find out about this questionnaire?

- Voluntary / community group
- Through my social worker / care manager
- From the Enfield Council website
- GP surgery / clinic
- Library
- An advert in the local paper
- From another website
- Other

If ‘Other’, please state below

Thank you for taking the time to complete this questionnaire.