

Appendix A (i)

Commissioning Task and Finish Group: Terms of Reference

- To enable the co-production of a joint programme of work between SCC and the VCF sector to enhance and improve commissioning capability enabling a thriving and enterprising social enterprise/ 3rd sector deliver quality services.
- To ensure the work of the Task Force underpins and adheres to the principles and requirements of the Joint Compact
- To agree individual workstream sponsors – who will be responsible for a workstream plan, engagement with relevant parties, delivery outcomes, reporting to the task group.
- To deliver the agreed workstream products by the end of June 2011
- To agree an engagement and communications plan throughout the life span of the group to reach:
 - Relevant Council Departments
 - The VCF/3rd sector
 - Other public sector commissioners as required
 - Community Assemblies
- To ensure the workstream and overall programme of work is aligned to work on social enterprise, Supporting Community Funds and other Giving and Investment funding streams,
- To report the findings and recommendations of the Task Group to:
 - 3rd sector Assembly- Sept (to be agreed)
 - Market Management Board- Adult social care
 - VAS Board 14th July
 - Sheffield City Council Management Team July
 - Sheffield City Council Cabinet September
 - Sheffield Executive Board

A (ii) Members of Task and Finish Group

James Henderson	Director of Policy Partnerships and Research Sheffield City Council	Chair, and Managing Risk sponsor
Mandy Forrest	Commissioning and Procurement Officer VAS	Secretariat, and Commissioning Capability and Skills sponsor
Laura Moynahan	Chief Executive Zest	Commissioning for Transformational Services sponsor
David Qualter	Director Sheffield Well Being Consortia	Commissioning for Outcomes Sponsor
Clare McManus	Director Eventus	Developing the Market sponsor
Denise Bann	Assistant Commercial Director Commercial Services SCC	Procurement Practice sponsor
Frances Potter	CLASSY	
Pamela Butler	Eventus	
Caroline Mabbott	Associate Director of Procurement NHS Sheffield	
Lorraine Jubb	SCC	
Emma Dickinson	SCC	
Nicola Afzal	SCC	
Anne Giller	SCC	
Nicola Robinson		

Associate Members of Task and Finish Group

Fiona Stone	SCC			Rachel Hanson	SC C
Andy Hare	SCC	Pervez Khan	SCC	Natasha Gray-Cowley,	SCC

Appendix B

Summary of Activities to Deliver Commissioning Task and Finish Group

Key: **Bold font Workstream- primary lead/ benefits/** Normal font workstream- secondary benefits

	Workstream	Activity	Deliverables
1	Task and Finish Group	Strategic committee	By 6 July Report to support SCC review of Commissioning Buy in from sector and public sector commissioners Recommended tools/frameworks
2	Skills and Competencies Market stimulation	Structured interviews to review from 3 rd sector organisations perspective of the issues they faced in responding to recent tenders	By end of June Data base to share with commissioners Overall themes shared with sector
3	Skills and Competencies Market Stimulation	Facilitated workshop with range of providers (and commissioners) to co-design new service model- (supported employment)	By May Service model agreed New bus opps for organisations
4	Skills and Competencies Market Stimulation	workshop on 'an introduction to Commissioning' to arts and culture SMEs/3 rd sector	By April Improved knowledge of sector Review of arts consortia
5	Skills and Competencies Market Stimulation Commissioning for outcomes	Identified Commissioner's perspectives on current level of understanding and capacity within the sector.	By May Understanding of perceived gaps in skills and approaches – fed into relevant workstreams
6	Skills and Competencies	Market scanning of commissioning support packages being offered by a range of providers	By May Informed Masterclass and mentoring scheme
7	Skills and competencies Commissioning 4 outcomes Procurement practice Managing risk	Developing and delivering a pilot master class	July 18 th Evaluation and further proposals by end of July
8	Procurement practice	Desk Top review of other public body	By June 13 th

	Commissioning for outcomes	practices and standards for procurement	To inform/ lobby SCC policy
9	Procurement practice	Joint SCC/ 3 rd sector planned detailed review of a recent large value tender	Date unknown Action learning
10	Procurement practice	A review of SCC processes and documents	Revised procedures and documentation to support improved commissioning Delivery date unknown
11	Procurement practice Commissioning for outcomes	Action learning from proposed Adult Social Care Partnership Investment Agreement	Ongoing learning- commissioning for outcomes Summer/ Autumn
12	Procurement practice	Procurement mentoring scheme	Successful tendering, improved skills and knowledge Ongoing- needs new administrator post June 11
13	Market stimulation Commissioning for outcomes	SCEN workshop to address the commissioning agenda	Position statement by community enterprise and consortia by April 11
14	Market stimulation	Self Directed care Provider Innovation Fund	During 2011/12 Stimulated market Learning from pilots Business opps for other orgs
15	Market stimulation	Trade Fair: New Markets – New Opportunities 14 th June	June onwards Stimulated markets
16	Market stimulation	Trade Fair: Adult Social Care- developing existing markets	July onwards Stimulated markets Clients understand market providers
17	Commissioning for outcomes	Desk top research and review of models	By June 11 Best practice sourced to inform recommended Sheffield framework
18	Commissioning for outcomes	Developed 2 case studies	By June 11 Best practice sourced to inform recommended Sheffield framework
19	Commissioning for outcomes	Proposed/ recommended framework	By June 11 Best practice sourced to inform recommended Sheffield framework
20	Commissioning for outcomes	Action learning from current example	By June 11 Best practice sourced to inform recommended Sheffield framework
21	Commissioning for transformational services	Workshop to develop Framework for commissioners and providers links to support and evidence,	By June 11
22	Managing risk	Framework of issues and responsibilities Recommends key documentation to be included in commissioning policy	Desk top research Review of other practice

Appendix C(i)

Sheffield Community Economic Network Workshop 8th March 2010

PEST ANALYSIS COMMISSIONING AND SOCIAL/COMMUNITY ENTERPRISE/3RD SECTOR

<p style="text-align: center;">Political</p> <ul style="list-style-type: none"> • Current policy- devolution, localism, enterprise- 25% of contracts go to SMEs/ social enterprise • Work programme- Primes HAVE to subcontract with sector • Senior Officer pushing a drive for more standardisation within Council- will May elections have an impact? • SCC Directorates seeking opps for social enterprise- so they mean transferring or transforming services? • Devolving small £ to Community Assemblies • Need a clear focus on mainstreaming enterprising services not just on small monies/services at local level • Desire for mixed sector partnerships? • Social enterprise or 3rd sector focus- are they mutually excluding? 	<p style="text-align: center;">Economic</p> <ul style="list-style-type: none"> • Is SCC motivated by £savings –is this driver for social enterprise and/ or adding high value to mainstream contracts? • Best value includes –social/added return on investment, the sum of the parts, linked to funders strategic objectives • Current systems don't enable commissioners to buy the services they need- systems push commissioners down perverse routes • Social enterprises/(3rd sector) use market intelligence effectively to shape current and future services to best effect.- can shape and turn markets around. • Social enterprises/3rd sector use resources and reinvest surpluses locally into communities • Social value objectives can also make £ for local service development eg building and facilities services – generate monies for investment into core value services
<p style="text-align: center;">Social</p> <ul style="list-style-type: none"> • How do sector demonstrate added value/ SROI?- qualitative and quantitative? • Often sum is greater than parts- integration of services bring added value and holistic outcomes • Responsive services built on local intelligence, credibility, accountability, service delivery. Respond to local needs • Responsiveness enables new markets and services to develop eg advice/work programme • Able to give whole service/ system information- intelligent referrals to the right place for support/services • Service transformational opportunities • Accountability and reinvestment at local level • Close to communities and service users 	<p style="text-align: center;">Technological</p> <ul style="list-style-type: none"> • Need to develop virtual market places and brokerage systems • Need to horizon scan technological developments and develop new services which use them eg telecare, virtual libraries and information services etc • Use of social networking to work with users of services • E- procurement portals eg Buy4Sheffield – need developing to reflect enterprise and 3rd sector service offers- currently focused on ' widgets' not social outcomes

SWOT ANALYSIS COMMISSIONING AND SOCIAL ENTERPRISE/3RD SECTOR

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Accountability and local ownership- value driven • Social values as valid as entrepreneurial values • Vibrant and diverse sector • History of investing in contract capability, skills, experience and values • know what issues to move forward, pragmatic approach • History of innovation and transformation of services • Significant asset base • Good ethical business acumen • Entrepreneurial • Developed partnerships and consortia to promote innovation/whole systems • Similar to commercial sector- can spot the added value/ embed the need for accounting for added value of all spend- more so than public sector 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Contracts don't fund the whole costs- also reliant on grants as well as contracts • Self directed care leaves some gaps in contract value- but more complex to fund the gap • Statutory authorities don't declare full costs (office, infrastructure) not a level playing field- current or future • Commissioners and providers Don't invest sufficiently in R&D/ insight into need- can end up with wrong services meeting wrong need • Lack of coherence across central and local government and other public sector agencies- difficult to develop whole system innovative services when commissioning intentions not whole system • Could improve partnership and consortia arrangements and opportunities – whilst completion can be helpful can also negate innovation • Community Assemblies don't have skills and experience to commission for outcomes and innovation • Markets for self directed care not well formed beyond care services- need multi- skilled staff to respond flexibly to range of needs
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Other monies available- sector mature enough to directly go for monies don't always need to go through intermediary bodies • Greater investment in R &D / Insight/ need assessment to drive investment grants- need to be able to test innovation • Need to try out/test consortia models further • New opportunities for transformational services- future shape • Holistic/ whole systems services – adding key additional value- need to promote outcomes • New health agenda- with GP consortia and public health • Need to build bottom up as well as influence at senior level 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Emerging types of social enterprises some moving away from social value model losing perspective • Statutory authorities setting up ex-staff led social enterprises- with staff cost liabilities • Larger organizations may be able to respond to service innovation- leaving smaller organisations behind and vulnerable • If move totally to commissioning will lose out- grants are needed for innovation/ investment • Statutory sector have variable views on capability of sector- some perspectives built on flawed perceptions • Commissioners do not see new health opportunities- and links with social care • SCC are dismantling 3rd sector from decision making forums and processes and access / input into strategic thinking- will 3rd sector Assembly be robust enough?

C(ii)

Future Shape and Transformation Agenda

Principles for the sector

1. Not just transfer of services needs to be about transformation of services- need radical service redesign.
2. New skills and approaches needed- will not be able to inherit staff and liabilities from former services AND innovate- TUPE may not always apply if delivering radically different services.
3. Need to be focused on outcomes – and have ways of describing the added value and the distance travelled.
4. Commissioners need to set out outcomes to be achieved, and enable providers to deliver services in whatever way appropriate.
5. Need to be able to test innovation- through research, development, insight, investment grants/ pilots
6. Personalisation and self directed care will also be a lever for innovation/ service transformation- need to develop and support new skills for staff to provide flexible and joined up services
7. Need to promote and develop markets/ services for self directed care- beyond traditional care markets
8. Budgets for self directed care need to be freed up- not just care services budgets
9. Need to have common agreement / ground rules on full cost recovery across sectors to enable fair and transparent tendering
10. Need to evaluate current commissioning and procurement process to ensure alignment with agreed framework