

Joint Commissioning Framework



June 2010

Staffordshire Children's Trust



Staffordshire Children's Trust
Working together to improve the lives of children and young people

Joint Commissioning Unit Children & Young People

Staffordshire Children's Trust Joint Commissioning Framework

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Executive Summary

The Staffordshire Children's Trust Joint Commissioning Framework has been updated for summer 2010. The framework has the following aims:

- To provide a consistent language and approach for the commissioning of services for children, young people and their families at all levels. The framework will advise commissioning practice.
- Reduce confusion and wasted resources caused by the duplication of services.
- Create greater efficiency through the most effective use of resources to ensure improved outcomes for groups of children, young people and families in Staffordshire, whilst maximising value for money.
- Place what is needed, and what works to meet those needs for children and families, at the heart of service planning and funding decisions. The development and use of an effective Joint Strategic Needs Assessment (JSNA) is of paramount importance in this process as it will allow us to see where there are inequalities and if current services are having an impact on reducing them. Clear evidence from the JSNA will give us a mandate to remodel or restructure service provision.
- Encourage partners to pool resources where this can create better outcomes for children, young people and their families, and facilitate greater cost efficiency by developing economies of scale.
- Require commissioners and providers alike to demonstrate how they are contributing to meeting needs identified as priorities in the Staffordshire Children & Young People's Plan, following the Joint Strategic Needs Assessment.

The adoption of the Framework by the Children's Trust Board will, in early 2011, support the development of a series of 3-4 year Commissioning Strategies for each 'sub-group' of children and young people. These strategies will identify how we will improve service performance and outcomes for children and young people, and will aim to narrow the gap between the most disadvantaged children and the rest. Each of these strategies will come with a clear time-bound action plan to show how, when, and by whom this will be achieved. In this respect it is important to be clear that transforming the way we jointly plan and

commission services, and refocus resources, is something that is both extremely complex in a large two tier authority like Staffordshire, and also that it will take time both to get right and to effect real measurable change.

We are currently working with the support of the Government's Commissioning Support Programme (CSP), which is funded jointly by the Department for Children, Schools and Families and the Department of Health. This will ensure that this Framework, and the strategies developed to deliver against it in early 2011, do not simply sit on the shelf but actually effect real, measurable improvements on the ground in the services that children, young people and families receive.

This document and it's companion document the Staffordshire Children's Trust Commissioning Toolkit, will be updated on an annual basis to ensure they remain an up to date, useful resource that reflect the very latest developments and guidance in what is still a relatively young and rapidly developing discipline, which has become progressively more sophisticated even over the last 2-3 years . As such we hope you find it useful and informative.

Martyn Baggaley
Joint Commissioning Unit Manager, Children & Young People
June 2010.

Staffordshire Children's Trust Joint Commissioning Framework

1. Vision

- 1.1. Effective joint planning and commissioning will be at the heart of improving outcomes for children and young people through the Children's Trust.
- 1.2. Joint Commissioning will be an agreed priority that is led by heads of service and senior managers under the governance of the Trust Board.

2. What is Joint Commissioning?

- 2.1. Joint planning and commissioning are a key product and manifestation of Children's Trust strategic governance arrangements. They will lead to better integrated processes and integrated front-line delivery. This involves a step change transition that will require clear leadership, a strategic understanding of how far all outcomes in the County are met, and a more commercially minded approach to procurement – all focussed on the child or young person (*Every Child Matters Joint Planning & Commissioning Framework 2006*).
- 2.2. Effective Commissioning is about much more than procurement and contracting, though these are key elements of the commissioning cycle. Commissioning has to define what's needed and how those needs are best met before consideration can be given as to what services need to be purchased. "The commissioner exists to act as an advocate for local people – to make sure they get the right care, in the right place, at the right time." (Darzi 60th Anniversary NHS review; 2008)
- 2.3. In order to facilitate successful joint planning and commissioning the partners in the Trust need an agreed definition and understanding of what Joint Commissioning is together with an agreed language and approach.
- 2.4. A definition of Joint Commissioning for **Staffordshire** is:
"Joint Commissioning is the set of linked activities by two or more agencies to assess the needs of young people in Staffordshire, specify the services required to meet those needs within a strategic framework, secure those services, and monitor and evaluate the outcomes" (developed from Woodin J, 2006, *Healthcare Commissioning & Contracting*)

2.5. By adhering to the guidance contained within the 'Every Child Matters: Joint Planning & Commissioning Framework for Children, Young People and Maternity Services' publication of 2006, and the World Class Commissioning Assurance Handbook, June 2008, the Joint Commissioning Framework can be used successfully to create local Commissioning Strategies that have a consistent structure, language, and methodology.

3. The Aims of Joint Planning and Commissioning

3.1. Following the messages contained in the Every Child Matters (ECM) Joint Planning and Commissioning Framework (2006), there will be a need to develop clear, robust and long term Joint Commissioning strategies for children and young people. Children's Trust strategies must be developed to inform future investment and changes in configuration, including the contracting and purchasing of public, private and voluntary sector services. Our joint aims are:

- To promote an integrated approach to meeting population needs to achieve all five ECM outcomes for children and young people; namely:
 - Be Healthy
 - Stay Safe from Harm
 - Enjoy and Achieve
 - Make a Positive Contribution
 - Achieve Economic Wellbeing.
- In the light of the current (and entirely correct) focus on 'Think Family' we can also add the following to this list:
 - Have supportive families, friends and communities
- To manage the relationship between needs and services.
- To promote efficiency and make financial savings where possible.
- To shift the balance between service 'tiers' towards prevention, and to Narrow the Gap (see section 4) between the most disadvantaged children & the rest.
- To manage the relationship with expanding private and third sectors.
- To reconfigure public services in the context of overall need.

4. Narrowing the Gap - Tackling Inequality, Disengagement and Disadvantage

- 4.1 Improving the well being of **all** children and young people in Staffordshire is central to our vision, but there needs to be an acknowledgement of the necessity to give priority to meeting the needs of those groups of young people who are most vulnerable.
- 4.2 The commissioning framework must be structured in such a way that it will encourage services to be commissioned that will result in better outcomes for a number of key groups, including looked after children, children with learning difficulties and disabilities, children from minority ethnic backgrounds and others.
- 4.3 It will be important to evaluate our current position, with the aim of developing services in order to achieve significant change for vulnerable groups of children and young people in Staffordshire. The self assessment tool will help by including questions that will support the process of developing appropriate commissioning practices. Find out more at: www.staffordshirechildrenstrust.org.uk/isg/workstreams

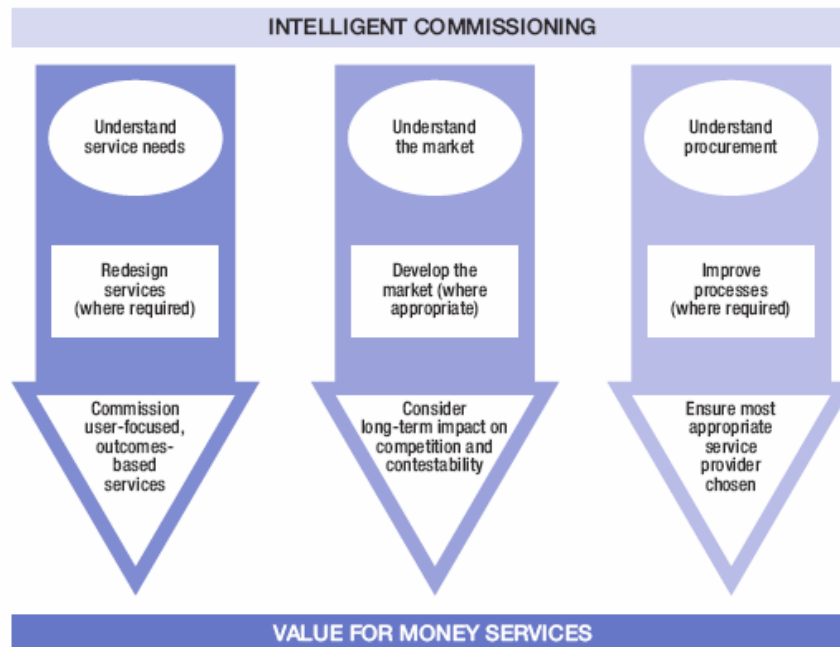
5. The Key Principles of Effective Joint Planning and Commissioning

The key principles that need to be followed when developing Joint Commissioning strategies are:

- The primary focus of commissioning activity is to meet the needs of the child, young person, and their family and to improve outcomes.
- The safeguarding of children must always be given the fullest consideration during the commissioning process, and should form the cornerstone of effective service planning
- Joint Commissioning should be based on a comprehensive mapping of existing services to identify gaps, avoid inefficiencies and duplication, and evaluate quality.
- The activities described in the joint planning and commissioning cycle should be followed sequentially.
- Where there are conflicting priorities, and limited resources, the processes applied should allow commissioners to assess and prioritise the use of resources where they will offer the greatest impact in creating better outcomes for children and young people.

- There should be ongoing and continued dialogue with stakeholders (users, carers and providers) to identify needs and inform the Joint Commissioning process in a transparent, open and fair manner.
- There should be an analysis of resources available from all service areas to commission services.
- Wherever possible and appropriate, resources of organisations should be pooled when jointly commissioning a service.
- The Joint Commissioning process should support and build the capacity of the local market using an appropriate mix of statutory, voluntary, community and private sectors, and by doing so support the aims of the Staffordshire Compact.
- Wherever decisions are made to commission or decommission services, the impact of those decisions on both young people and on other services to those young people should be given full consideration.
- In its simplest terms, we need to move on from merely effective commissioning (which in certain areas we already have) to truly intelligent commissioning.

An Intelligent Commissioning Approach

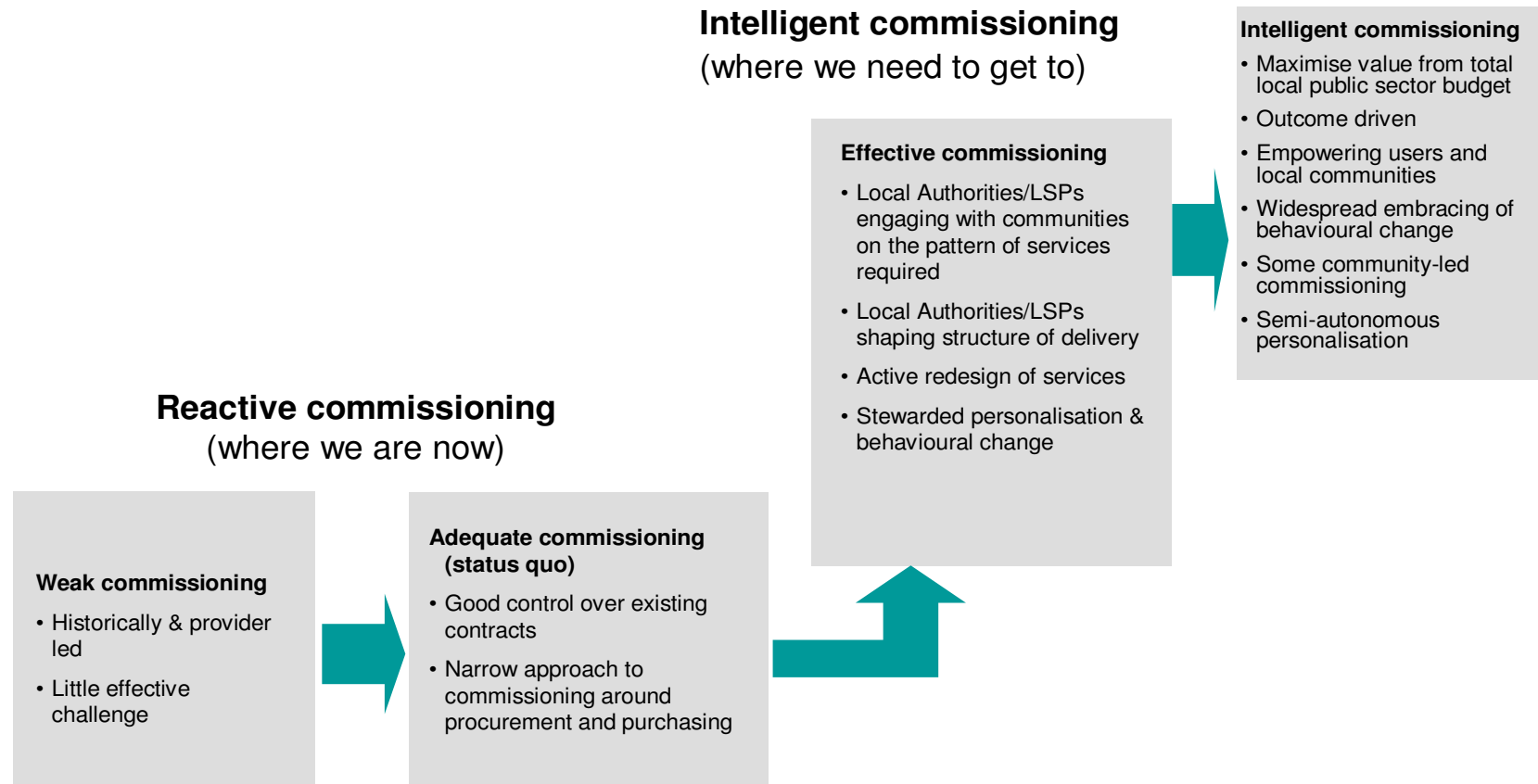


(taken from the Audit Commission Public Service National Report, July 2007)

The slide below, taken from a Communities & Local Government presentation prepared by Ian Keys on Intelligent Commissioning, details the journey necessary to achieve the desired approach.



The journey



The Table below (adapted from the Dept of Health: Commissioning Framework for Health & Wellbeing; July 2007) looks at a systems approach and helps simplify the required direction of travel from current practice to a future vision.

Current practice	Vision for the future
We should be moving from systems characterised by.....to ones where there is:
a focus on treating illness, ill health, and the social, emotional and educational effects of deprivation.	promotion of health, well-being and the achievement against the 5 ECM outcomes and where this is seen to be as important as commissioning for complex needs and higher threshold services
doing things to/for people.	a focus on enabling people to do things for themselves (especially by engaging parents in realising their role in their child achieving their full potential)
a focus on improving and reducing inequalities in access to services.	an increasing focus on promoting equality, giving all children and young people the chance to live a healthy and happy life
commissioning for volume and price	commissioning for quality, efficiency and value, where 'health and well-being' value is added at every possible point
reliance on historical information, struggling to tackle inequalities.	use of real-time data and analysis to identify groups of young people and/or areas that pronounced gaps in achievements compared to the rest (Narrowing the Gap)
costly, long term care and support solutions for young people with complex needs.	a greater focus on prevention, early intervention and support for self-care/management – this makes economic good sense. And, when support is needed, making it more convenient and closer to home
a limited range of providers in some markets.	a wider range of providers and provision that is more innovative, offering services better tailored to people's needs and building local social capital. The engagement of the local 3rd sector is key here.
weak management of transition points between services.	seamless transition, with services configured around a person's needs
Joint Commissioning mostly at local authority and PCT level.	Commissioning at practice (health) and individual level (e.g. as managed by social care and the C & LP's) as well as by local authority and PCT, using direct payments and individual budgets, wherever possible, to give people more control of their own care and support arrangements

limited joint strategic planning across Health, Local Authority and other preventative services and relatively little flexibility about shifting resources between services, (due in some cases to a lack of trust between partners or feelings of loss of control when pooling budgets).	shared strategic needs assessment informing decisions across health, social care and local government, and greater flexibility in shifting resources to where investment can have greatest impact on current and future outcomes for young people.
use of block contracts to...	payment linked to work done, based on outcomes.
focus on inputs and processes	focus on outputs and outcomes.
limited specialist knowledge of commissioning.	improving commissioning capability, with skilled and experienced commissioners at all levels.
minimal individual choice.	improvement in the commissioning and quality of many services that is driven by the choices that young people make , with full opportunity offered to marginalised or disadvantaged groups to ensure that they are able to exercise choice.
looking upwards: national targets and central initiatives predominate; local voice minimal, incentives unaligned with commissioning priorities.	an emphasis on looking outwards: engaging with people locally; focusing on addressing the needs of the local population; aligning incentives with commissioning priorities.

6. Objectives of Staffordshire Children's & Young People's Joint Commissioning Programme:

- To ensure that Joint Commissioning is underpinned by a robust and comprehensive joint planning process as outlined in the Joint Commissioning Framework.
- A written 3 – 4 year Joint Commissioning strategy to be developed for each 'sub set' of children and young people in the latter part of 2010, which will be refreshed regularly, based on the needs of the population concerned and knowledge of the market.
- The priorities set out in the Children and Young People's Plan (CYPP) refresh for 2010 are used as a direction for initial Joint Commissioning strategies. The Children's & Young People's Plan is to be re-written in late 2010 for the 2011-14 period, in order to bring it into line with Government Complete Spending Review (CSR) periods and in line with Local Area Agreement (LAA, or equivalent at that time) planning cycles.
- That an appropriate level of commissioning skill, expertise and capacity is available to carry out the Joint Commissioning function.
- Work on Joint Commissioning strategies should show clear links with other development agendas such as National Service Frameworks (NSF), Local Implementation Plans, LAA's, Children's Workforce Development Plan and World Class Commissioning Assurance systems.
- Arrangements will link the commissioning processes of the 8 District Children's Trust Boards and 50 Community and Learning Partnerships with the development of Joint Commissioning strategies for client groups. The framework should have clear links with (and influence the development of) the District Trust Commissioning Frameworks and the County 3rd sector commissioning standards and Compact codes of practice, which can be found at:
<http://www.staffordshirechildrenstrust.org.uk/Compact+Consultation.htm>
- To provide a framework for the development of commissioning strategies for different need populations.

7. How Will the Commissioning Framework Help to Meet Objectives?

- By developing a common understanding, language, and approach
- By supporting the development of commissioning skills and expertise

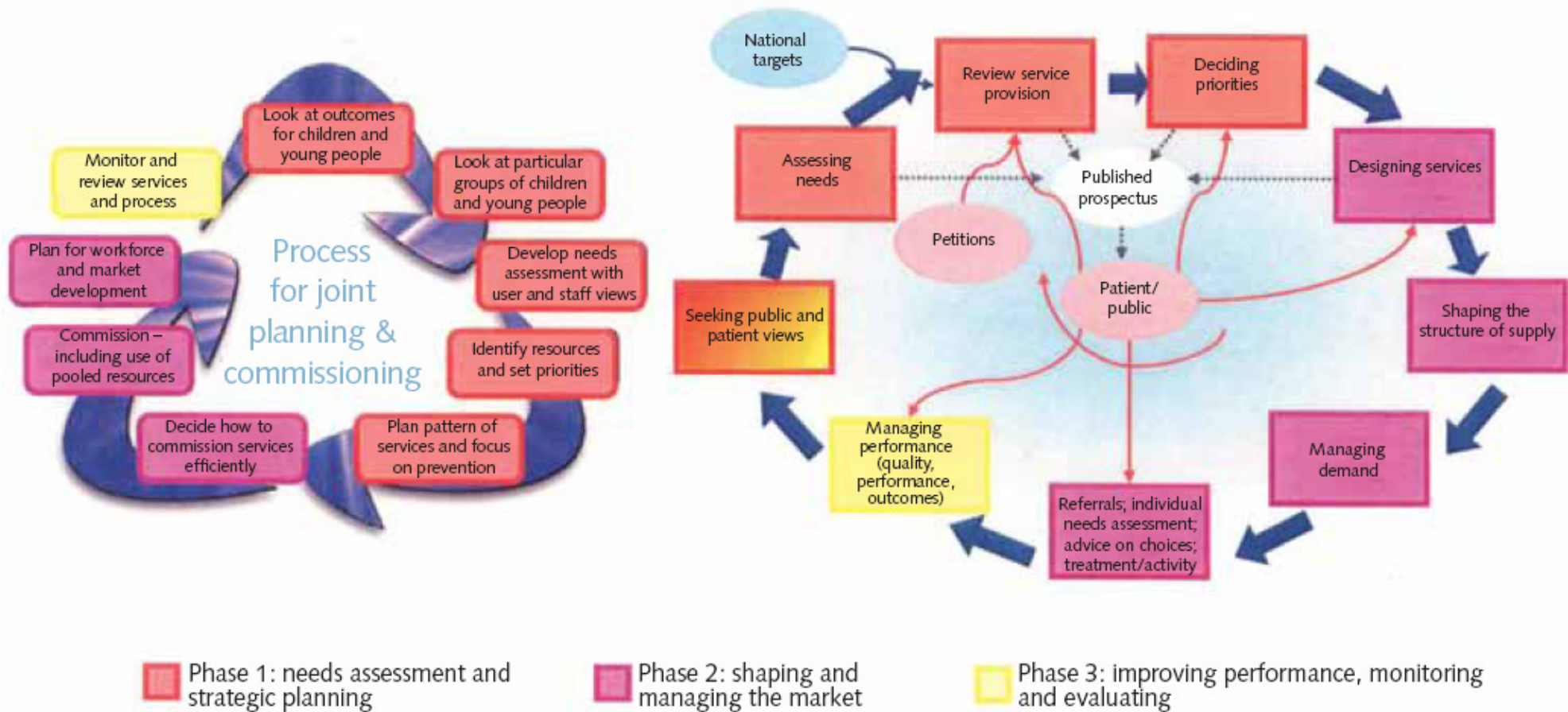
- 7.1 The involvement of young people in decision making in Staffordshire is already well started, and there will be a need to build on this to make sure that we are giving the opportunity of a voice to those who are seldom heard but frequently have the greatest need.
- 7.2 Joint Strategic Needs Assessment (JSNA) processes need changes in order to help shape service planning more effectively, in a way that pro-actively influences the improved Health and Wellbeing of Children rather than a reactive fashion when problems have already arisen. The Children's Trust Board as strategic commissioning decision-makers need to develop an improved shared understanding of the need for a joint vision and an integrated approach to improving services, and to providing equity for all young people across the County (and therefore Narrowing the Gap between the most disadvantaged young people and the rest).
- 7.3 Health and local authority commissioners can have a greater overall impact if they plan from a shared data set with common understanding of their local population's needs (i.e. an improved JSNA). Aggregated Common Assessment Framework (CAF) or Joint Assessment data can play a key part of developing the JSNA.
- 7.4 The adoption of a common approach (and understood definition of commissioning and where the process starts), a common language, the better utilisation of effective existing networks and systems (Young People's Participation Network, Staffordshire Procurement etc) to support high quality commissioning will both reduce risk and ensures consistent, well informed planning to an agreed structure.
- 7.5 Through effective needs led commissioning there should be an end to what at times has been a 'grant giving' culture and move towards an approach where the funding of services and projects is based on what we need, and not necessarily just what provision is currently out there.
- 7.6 Ensuring high-quality provision is a challenge. Past experience tells us that on occasions even where commissioners want to secure innovative services, they can find that providers are unwilling or unable to provide these services. By supporting

the development and application of the Staffordshire Compact and 3rd Sector Commissioning Standards, more can be done to develop the market, at local level in the 3rd and private sectors, so that potential new providers can become established and choice can be increased.

- 7.7 An appreciation of the interdependence of each of the 5 ECM Outcomes is essential for effective joint planning and commissioning. Commissioners can have a much greater impact on this outcome by working together with service providers, education providers (schools, special schools, colleges) and many other agencies.
- 7.8 The capability to commission well, particularly in terms of commissioning skills, is under-developed. This is partly historical, partly a function of being spread out over different organisations that do not always share skills and knowledge, and partly because competing immediate priorities (and the constraints in some cases of National Service Frameworks and binding statutory responsibilities of agencies restricting their own freedom to develop outside of these) can deter a long-term perspective. Commissioning needs to be more proactive, transformational and forward-looking, focusing on investing for prevention, and improving attainment against the 5 ECM Outcomes. The skills required to do this are relatively scarce and will require systematic support and development. There will be a need to look both internally and externally to share good practice and especially to the Commissioning Support Programme for Children's Trusts in order to help develop consistently high commissioning standards for Staffordshire. The use of the framework will be the first stage in this process.
- 7.9 The 9 Step Every Child Matters model from the 2006 paper: Joint Commissioning and Planning: A Framework for Children's & Maternity Services has been seen as the standard for children's & young people's commissioning over the last 3 years. However, the advent of the World Class Commissioning Programme across the NHS now provides a more sophisticated framework and assurance standards to work towards with regard to our commissioning practice.
- 7.10 Whilst the two diagrams (see figure1 on the following page) look a little different the 3 main phases of activity are common to both, and both are fully interchangeable. The 3 main phases of activity within the ongoing cycle are always the same and should be used in the following order:
- Establishing **Need & Planning** (how to meet it);
 - Delivering (shaping the market and managing services to meet the need on the ground); and
 - Monitoring **and evaluating** (is the activity improving outcomes for young people and families, how can we tell, and if we can't what do we need to do about it?)

The Joint Planning & Commissioning Cycle (Every Child Matters Framework 2006) aligned with the World Class Commissioning Framework (2008)

Figure 1: Joint commissioning and health commissioning cycles



- 7.11 Joint Commissioning Arrangements for children and young people under Children's Trusts are not currently subject to the same rigour of inspection as the NHS under the World Class Commissioning (WCC) Programme. It is important for all involved (at any stage) in the planning and commissioning cycle to have an awareness of WCC. You can find out more at: http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204
- 7.12 Any service jointly commissioned with input from our Primary Care Trust (PCT) partners (either financial investment or benefit in kind) that has an impact on improving the health of the local population **must** be commissioned in adherence with the 11 core standards of the assurance framework, and evidence collated to demonstrate this as per the World Class Commissioning Assurance System. Whilst partners in the NHS will lead on this collation process, all parties commissioning jointly to improve outcomes for children and young people must support this requirement and demonstrate and evidence that appropriate steps have been taken when assessing need, consulting with the local population, planning, delivering and evaluating services. You can find out more at: <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>
- 7.13 For many Joint Commissioning arrangements however, the full rigour of the World Class Commissioning requirements and the need to be able to fully evidence them will not apply. However, in anticipation of future audit requirements, an evidence base to support commissioning activity should be retained in line with the guidance within the self assessment tool (see separate companion document). Further evidence collected in line with the fuller requirements of WCC will show not only a more sophisticated approach but also a stronger evidence base for effective commissioning.

8. Phases of the Commissioning Cycle

8.1 The 9 step Every Child Matters model shown below incorporates a 3 phase approach that underpins both ECM and World Class Commissioning (see page 11). The key steps are:

Cycle Phase 1 - Assessing Needs and Strategic Planning

Part 1. Consider the current pattern and recent trends of outcomes for children and young people in your area, against national and relevant local comparators

The first step of any joint planning and commissioning process is to understand local needs. You should start by pulling together the key data on children and young people's health, development and well-being across the five outcome areas. At local level, the Community & Learning Partnership local data profiles will be very useful for this, whilst at County level the Joint Strategic Needs Assessment should be the vehicle to provide this information, though additional specialist data may well still need to be collected. This will create a profile of your local area and begin the process of identifying the current pattern of outcomes (or at the very least outputs from current service provision), determining priorities, and supporting all decisions made by the Children's Trust both centrally and by the District Trust Boards.

Trend data should be analysed showing directions of travel (and possible reasons for this) along with projections if at all possible, rather than time limited snapshots which can actually give a distorted or incomplete picture if used in isolation. Where possible Common Assessment Framework (CAF) data should be aggregated and also used to support the building of intelligence around the needs of the local population, and this is something that can be done at all levels of commissioning, from local to County.

Needs assessment has to be resourced at a level which will allow good quality data to be collected and a high quality analysis to be carried out, in order to underpin the planning and commissioning process and the design of the children's trust. Data should be collected across the age range and be capable of being broken down by ethnicity, gender, sexual orientation, religion, learning difficulty, disability, looked after status, risk of criminality, geographical location and access to services amongst others.

Part 2. Look within the overall picture at outcomes for particular groups of children, young people and parents-to-be (e.g. disabled, special educational needs, looked after children), as they may require a different approach to service provision or additional support.

Data on local needs should be analysed to draw conclusions, inform local priorities, and provide information required to build a picture of the impact of current services in meeting needs. The data should in time inform key strategic documents such as the Local Area Agreement (when this is refreshed in 2011), the Children and Young People's Plan, macro commissioning processes, service design, and individual packages of care (micro commissioning) in line with the emphasis on personalisation and choice currently being championed by the NHS following the 2008 Darzi Report.

Your findings should be presented in a way that is easy to understand, not only by planners and commissioners, but by members of the Children's trust boards, professionals, the community, parents, children and young people. Ongoing Involvement of the Staffordshire Shadow Children's Trust Boards (both County and District) should be a key part of the consultation process to ensure data is presented in a meaningful way.

Part 3. Use all this data and the views of children, young people and their families, local communities and front-line staff to develop an overall integrated needs assessment.

Quantitative data should be combined with qualitative information from children, young people, families, carers, the community, and professionals from all partner organisations – statutory, private, voluntary, community. It is important to get the real picture on the ground: the views of children, young people and their families will help to focus on outcomes; the views of professionals (such as specialist practitioners and clinicians) can help you as planners and commissioners to understand trends and causal relationships.

The active participation of all local stakeholders will help to ensure that locally developed services are locally owned. This will help increase service take-up (for instance by vulnerable families who are not accessing services), improve the quality of data, and ensure that costly mistakes are avoided. Involvement of the Staffordshire Children & Young People's Participation network and groups of service users or other vulnerable children is important here.

Part 4. Agree on the nature and scale of the local challenge; identify the resources available and set priorities for action.

Research has shown that the vast majority of areas regarded as beacon authorities for Commissioning do not yet have separate overarching commissioning strategies, instead the Children and Young People's Plan is utilised to determine commissioning priorities for the following year/period. The plan should reflect the needs identified in the Joint Strategic Needs Assessment and local priorities, including those in the Local Area Agreement. Key drivers for the local change programme are the *Every Child Matters* agenda, 10 Year Childcare Strategy and childcare legislation, Youth Matters, and the National Service Framework for Children, Young People and Maternity Services.

Every member of the children's workforce (statutory, private, voluntary, community) should be able to trace their contribution to the improvements in outcomes for children and young people set out in the Children and Young People's Plan, though this may take time to achieve, and is reliant on the plan being informed (and based on) effective analysis of need and current service provision from the start.

All services and other mechanisms for delivering better outcomes for children and young people should be identified against the outcomes they contribute to. It is important that, before any services can be (jointly) commissioned, a thorough analysis of what is already commissioned by each partner within (and as far as possible external to) the Joint Commissioning Unit (JCU) is undertaken. **Joint Commissioning should be considered as not only the activity which is undertaken by the JCU but by any partners planning & commissioning jointly together to improve outcomes for Children & Young People.** This will eliminate duplication of provision and ensure available monies are spent in a way which compliments existing provision and addresses current gaps. It may be difficult to disaggregate spending on children, young people and maternity services from adult services in certain cases (such as NHS block contracts), but this will be a necessary step for true Joint Commissioning.

Part 5. Plan the pattern of service most likely to secure priority outcomes, considering carefully the ways in which resources can be increasingly focussed on prevention and early intervention.

Services (and other mechanisms for achieving outcomes) should be mapped to outcomes and also to resources. The mapping will show where there are correlations, overlaps and gaps. This is the backbone to the Joint Commissioning strategy and will show which services should be commissioned, commissioned differently or decommissioned.

Part 5. (continued) Plan the pattern of service most likely to secure priority outcomes, considering carefully the ways in which resources can be increasingly focussed on prevention and early intervention.

Once the needs and priorities have been identified, the broad pattern of service has to be decided in order to achieve the priorities and outcomes set out in the Children and Young People's Plan and other local plans as appropriate to the area of provision. Localities may choose to express their problems in terms of groups of interdependent outcomes.

If demand has fallen or services are unable to demonstrate their efficiency or effectiveness then the commissioning lead (be it the JCU core staff or local commissioning structures) should work with the service provider to understand the difficulties faced, develop an action plan to address the difficulties, and monitor performance closely. If the service continues to fail the Commissioning authority will need to consider decommissioning the service.

All decommissioning decisions should be based on a clear rationale and informed by evidence and a risk assessment of different options, recognising that some users may be disadvantaged by those decisions.

Decommissioning can have serious political consequences and it is always wise to gain senior and political sign up at an early stage. The workforce will be affected and possibly other local areas & communities too. Major service changes may require a specific consultation exercise, and all decommissioning decisions should be supported by plans for service transition and with an eye to meeting the duty of care to vulnerable children & their families.

Planning to achieve better outcomes will also require mapping of outcome inter-dependencies. For example, reducing obesity relies on improved diets and more exercise. Better diet can have other associated outcomes like better behaviour and resistance to disease. Exercise is a way of enjoying and achieving. Attendance, achievement and freedom from bullying for example are all interrelated.

Health services use the concept of care pathways which puts the user at the centre of service delivery, traces the path of the user through multiple services, and aims to inform service redesign to meet individual user needs. Thought needs to be given to referral pathways not just into but out of specialist care (and other services) to try and meet needs via universal services.

Cycle Phase 2 - Shaping and Managing the Market

Part 6. Decide together how best to deliver outcomes including drawing in alternative providers to widen options and increase efficiency

The commissioning strategy (whether for a specialist work-stream or a locality strategy) should bring together all the elements of needs assessment, service-user participation, priorities, service mapping, resource identification, market development and management, workforce strategy, prevention and early intervention.

Smaller providers such as the 3rd Sector, small and medium enterprises, and social enterprise models can be well placed to deliver services that are competitive, responsive, efficient and effective. Commissioning authorities (whether Central, District or Micro) should also ensure wherever possible that their processes and strategies meet the requirements of the Staffordshire Compact and 3rd sector Commissioning Standards (see separate documents) and that they meet their obligations under the April 2009 mandate 'the duty to involve'. The National Indicator (NI)7 'Environment for a Thriving 3rd Sector' indicator is included in the 2008-2011 Staffordshire LAA and all partners, particularly those commissioning and District and Micro level should be aware that the local 3rd and private sectors offer real advantages with regard to meeting gaps in service, albeit the point should be emphasised that service planning should be commissioner lead and *not* dictated solely by current available provision.

Be aware also of relevant European Union (EU), Local Authority and NHS regulations with regard to tendering of services. In most cases whilst 'Part B' exemptions apply to many of the services that fall within the remit of children's commissioning (because they are concerned with the provision of services to promote public care), full tenders in accordance with EU regulations are required for contract values with a lifetime value of over £35,000. Advertising in Europe (via the Official Journal of the European Union; OJEU) won't in most cases be necessary, conversely though in many publishing notice of award of contract will be. To meet Compact standards a 90 day notice of intent to tender period for the 3rd sector should be observed, which may be challenging to observe with some smaller budgets. In any case, the process followed must above all be open, fair and transparent.

It is **ESSENTIAL** that you review the links on the County Councils procurement website before proceeding with tender or procurement activity in order to prevent breaching both the Local Authorities procurement rules (or equivalent for Health or District Commissioning), relevant EU rules and also to minimise any chance of a legal challenge to the result of any such activity, which is costly and time consuming to manage: the simple advice is this:

Check the rules for the sum of money you are commissioning, and refer to Procurement if there is any doubt about how to proceed. <http://www.staffordshire.gov.uk/business/procurement/procurerules/>

Part 7. Develop and extend Joint Commissioning from pooled budgets and pooled resources

It is expected by the Department for Children Schools & Families (DCSF) and Department of Health (DoH) that children, young people and maternity services will be increasingly commissioned from pooled resources including finances, capital and staff. It will take some time to reach this level of partnership development in Staffordshire as we will collectively need to build trust in the capacity and competence of the JCU to give contributing partners full confidence in entrusting us with their resources. A step by step approach will be the best way of managing the change in the interim – for example by aligning budgets as a low risk mechanism which can accelerate the formation of an effective pooled budget arrangement in the medium term.

Pooling arrangements are now predominantly based on section 75 of the NHS Act 2006, or section 10 (the 'duty to co-operate to improve wellbeing' which essentially forms the cornerstone of Children's Trust partnerships) of the Children's Act 2004. Of these the Children Act 2004 is potentially the most inclusive and flexible pooling power, and one which is currently being used to underpin the partnership functions of our Children's Trust. This work is targeted for completion by late summer 2010.

In seeking leverage to broker joint funding arrangements the Local Area Agreement (and targets therein for Staffordshire) should be seen as of key importance in gaining the support and co-operation of partners. Commissioned services should at all times be able to demonstrate how they are meeting the targets outlined in the Staffordshire LAA and by proxy those of the Staffordshire Children's & Young People's plan, of course including non-designated indicators and priorities for the latter that may not be included in the LAA. At all times consider local need first and foremost – there is an important point to be made here about hitting the target and missing the point.

The 2008-11 Local Area Agreement can be accessed via the following link:

<http://www.staffordshirepartnership.org.uk/NR/rdonlyres/98AF6CA3-F331-4D0C-87A7-81EAB201C2DE/81170/LAA1.pdf>

A variety of versions of the Staffordshire Children & Young People's plan (for different audiences) are available via the following link: <http://www.staffordshirechildrenstrust.org.uk/cypp/>

Part 8. Develop the local markets for providing integrated and other services, and produce and implement a local workforce strategy covering service and role re-design and the necessary ways of working to support delivery

Staffordshire Children's Trust has developed a workforce plan to establish minimum standards and competences across all children's services to ensure an appropriately qualified and experienced workforce exists to meet the range of needs of children & young people in Staffordshire. It should be acknowledged though that in addition to these generic skills, qualifications and competences that specific sector professional will need in addition specialist qualifications and additional experience to meet a range of more complex needs at Health Advisory Service (HAS) Tiers 2, 3 and 4 that cannot be met by Universal services alone. Witness the development of the CAF for example. It seems hard to remember now that the tool that is at the very heart of integrated working for vulnerable young people with complex needs did not exist just 5 years ago.

It should also be appreciated that over time, as needs in a community change, that workforce training and development will be necessary to keep the workforce up to date with current and new developments on policy and practice. The same is true of staff in commissioning and planning roles in what is now a rapidly advancing and developing discipline.

Cycle Phase 3 – Improving Performance Monitoring and evaluation

Part 9. Monitor and review to ensure services and the joint planning and commissioning process are working to deliver the goals set out for them.

Internal and external processes such as self monitoring, and Annual Performance Assessments (and successive arrangements such as the Comprehensive Area Assessment or 'CAA' from 2009 onwards) and will help build a picture of how we are delivering improved outcomes for young people.

Self monitoring processes should be designed into each service in such a way that the results will stand up to external audit. Results will be used to determine which services are working well, which teams are performing effectively and why, which contract and service level agreements work well, how well markets are being developed or are changing, whether the earlier needs assessment was accurate, and how well the Children and Young People's Plan is being implemented. We will produce evidence based guidance to support the development of outcome based performance monitoring in due course, with support from the Regional Commissioning Support programme.

9. Developing Joint Commissioning Strategies

9.1 The Self Assessment toolkit can be used as an aide memoir as to how the steps in the commissioning cycle can be applied when developing Joint Commissioning strategies for particular groups of children and young people, both at Macro (Countywide) and District & Micro (sub-district) level. It essentially provides a series of questions to ask your commissioning partnership, and will provide assurance throughout the commissioning cycle. A comprehensive commissioning strategy will usually comprise a combination of the following:

- A statement about the purpose and the commitments of the commissioning agencies in relation to meeting the needs of the relevant population.
- An analysis of relevant legislation, national guidance, research and good practice on services to meet the needs of the relevant population.
- An analysis of the needs of the relevant population, and how these are likely to change in future – ideally the strategy should aim to provide a vision and how this will be achieved for the next 5 years where possible.
- An analysis of current and potential services and resources, and the extent to which they are likely to meet future needs.
- A gap analysis showing the strengths and limitations of current services, the changes needed, and some detail about the types of services which will be commissioned, and the types which will not be commissioned in future.
- Plans to monitor and review the impact of the strategy upon the range and quality of services delivered, and upon the outcomes for the population to assess success of the strategy.
- The Key Lines of Enquiry (KLOE) guidance as to the evidence requirements needed to support the implementation of a strategy needs to be adhered to, and this feeds into the overall Comprehensive Area Assessment (CAA). You should make clear links to the County Procurement strategy & sustainable community strategy in your commissioning strategy, and the commissioning & procurement strategy should be regularly updated to reflect changing market conditions, and monitored accordingly. More guidance on KLOE can be found at: <http://www.audit-commission.gov.uk/localgov/audit/UoR/Pages/kloe.aspx>.

Avoid the temptation to over-elaborate your commissioning strategy, but do not under value its importance. In its simplest terms you must explain where you want to go for you target population, why (i.e. what needed), and how you are going to get there. Also remember that you strategy needs an action plan. A strategy without an action plan is not worth the paper it's written on. You will find further resources and information on this topic at the following URL:

<http://www.dhcarenetworks.org.uk/BetterCommissioning/Commissioning-book/Chapter5CommissioningStrategies/>

9.2 The following schematic may help when developing a Joint Commissioning Strategy

Strategic Objective	The Gap – Service Developments	Rationale	Commissioning Implications
<p>Describes the overall outcomes intended for the population. 7-8 maximum.</p> <p>Derived from the organisation purpose, legislation, national guidance.</p> <p>Ideally 5 year timescales</p>	<p>Specific service developments needed to meet strategic objectives.</p> <p>Based on hypotheses accepted on the basis of evidence collected.</p> <p>Which users/carers the service developments are for.</p> <p>Where the services are needed.</p> <p>2-3 year timescales.</p>	<p>Why the service developments are needed, based on guidance, research, needs, service and market analysis.</p> <p>Why existing arrangements will not meet user/ carers needs in the future.</p>	<p>Disinvestment, decommission or remodelling required?</p> <p>Contract renegotiation Required?</p> <p>Redistribution of resources required?</p> <p>Interim/transition costs</p> <p>How will you measure impact or success of the strategy in achieving the outcomes stipulated in your strategic objectives?</p>

Appendix A – Glossary of Terms

CAA	Comprehensive Area Assessment
C&LP	Community and Learning Partnership
CYPP	Children and Young Peoples Plan
C&LG	Communities and Local Government
CSR	Complete Spending Review
CAF	Common Assessment Framework
DoH	Department of Health
DCSF	Department of Children Schools and Families (previously DfES Department for Education & Skills)
ECM	Every Child Matters
EU	European Union
EIA	Equality Impact Assessment
GP	General Practitioner
HAS	Health Advisory Service
HR	Human Resources
JSNA	Joint Strategic Needs Assessment
JCU	Joint Commissioning Unit
LAA	Local Area Agreement
NHS	National Health Service
NtG	Narrowing the Gap
NSF	National Service Framework
OJEU	Official Journal of the European Union
PHSE	Personal, Health, Social Education
PCT	Primary Care Trust
PBC	Practice Based Commissioning
SEN	Special Educational Needs
SEAL	Social and Emotional Aspects of Learning
TUPE	Transfer of Undertaking (Protection of Employment) regulations.
URL	Uniform Resource Locator
WCC	World Class Commissioning
YOS	Youth Offending Service
YOT	Youth Offending Team
YJB	Youth Justice Board



Joint Commissioning Unit June 2010