CHILDREN AND YOUNG PEOPLE’S SERVICES IN THE EAST MIDLANDS

REGIONAL FRAMEWORK TO SUPPORT COMMISSIONING

This handbook is to be used in conjunction with the online resources at www.regionalcommissioning.co.uk

2007 edition
Corporate Directors of Children & Young People’s Services within the East Midlands established the rationale and process to develop a regional framework to support commissioning in early 2006.

The regional Centre of Excellence provided development funding as they, and the Improvement Partnership of Chief Executives they serve, recognise the cost benefits and service improvements that this framework can achieve.

Contact Julie Slatter at EMCE via www.emce.gov.uk

The East Midlands Regional Partnership has co-ordinated the development of this framework as they bring together partners to improve services and provision for children with additional needs or whose circumstances make them vulnerable. The Regional Partnership provides an example of cross-regional, multi-agency partnership working that can make a significant difference for children, young people and their families by promoting more effective commissioning in action.

Contact Pat Graham at em-rp via www.em-rp.org.uk

Peter Chilvers at the School Development Support Agency has led a project management team to create this framework, working closely with colleagues from government agencies and the Institute of Public Care.

Contact SDSA via www.sdsa.net

Contact IPC via http://ipc.brookes.ac.uk (no www)
This Regional Commissioning Framework is intended to provide support to those who work to improve services for children, young people and their families. It is provided for those who undertake the commissioning task and is also relevant to providers, service users and others who need to understand the commissioning process.

Children and young people’s service partners right across the East Midlands are fully committed to a commissioning process to improve outcomes. This handbook and website resources will help to develop effective commissioning practice. The framework has guidance status. However, all corporate directors and chief executives have ‘signed-up’ to the principles contained within it and will expect these to have a significant impact upon all commissioning decisions and activities.

The framework has been developed as a consequence of extensive regional collaboration, funded by the Centre of Excellence, co-ordinated by the Regional Partnership and benefiting from contributions from all partners. The SDSA has managed the development process, working closely with the Institute of Public Care.

The initial impact of this framework will be felt within all contributing partner organisations as it is extensively disseminated and implemented. Consequently, this framework will make a significant contribution to improved outcomes for our children and young people. The framework’s enduring impact will be sustained as it is developed over coming years by the Centre of Excellence and the Regional Partnership as a dynamic resource that responds to needs.

Statement of backing and endorsement

As corporate directors, chief executives and chairs of organisations that serve the children, young people and families of the East Midlands, we welcome the development of this regional framework to support commissioning.

We endorse the principles within the framework and will expect our organisations to apply these throughout our commissioning activities.

We welcome the support that the framework offers to promote more effective commissioning and recommend that colleagues use it to inform their joint planning and commissioning activities.

Did you know?

Early calculations indicate that the implementation of the principles and ideas within this framework could save millions of pounds across the East Midlands each year as well as improving outcomes for children, young people and families.

Web Resource A1

Executive backing
This framework is divided into two parts – this handbook and a website of resources. This handbook (2007) provides general information to support the commissioning process. It also refers to support materials that are available at [www.regionalcommissioning.co.uk](http://www.regionalcommissioning.co.uk) along with regular updates.

### Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Purpose of this framework</td>
</tr>
<tr>
<td>4</td>
<td>What is commissioning?</td>
</tr>
<tr>
<td>5</td>
<td>The value of commissioning</td>
</tr>
<tr>
<td>6</td>
<td>Partnerships and planning</td>
</tr>
<tr>
<td>7</td>
<td>Levels of commissioning, including joint commissioning</td>
</tr>
<tr>
<td>8</td>
<td>Commissioning Principles</td>
</tr>
<tr>
<td>9</td>
<td>The stages of commissioning</td>
</tr>
</tbody>
</table>

### Purpose of this framework

Are you a commissioner? This framework is designed to help you to be effective in your commissioning work. It does not tell you what to do – that will always be a local matter, but it does provide a framework of guidance, resources and support to help you through the joint planning and commissioning process. The framework also identifies ways in which a regional approach can make an impact in the lives of children, young people and their families.
This framework has been created by and for those who are involved with the commissioning of children’s services in the East Midlands, whether in health, social care, education or voluntary and community organisations. Its key purpose is to create a common approach to commissioning across agencies by providing principles, guidance and support for commissioning activity.

- It provides general strategic support for all aspects of commissioning.
- It provides specific support for joint commissioning to meet more complex needs that call for multi-agency or regional planning.

Commissioning should contribute to achieving strategic national and local aims. With this in mind, this framework complements local and national materials by providing a level of support for commissioning that:

- promotes more effective commissioning within organisations and partnerships across the East Midlands
- highlights existing and potential arrangements for regional collaboration at each stage of the commissioning cycle to improve services and outcomes.

The framework is divided into two parts:

**The Handbook**
The framework introduces key principles for commissioning that all regional partners have ‘signed up to’ and will apply in their work, see page 8. It then provides information and guidance about effective commissioning practice consistent with these principles. This can help partners to develop local commissioning strategies and achieve better value for money through improved efficiency and effectiveness. This will lead to better planning, more mainstreaming of specialist services, embed user participation within the process and support a preventative agenda, offering specific help for vulnerable children and young people.

**The Website**
The framework website is cross referenced to the handbook and provides resources and materials to directly support commissioning activity. Some of these materials have been developed by partners within the East Midlands region, others are included or signposted from elsewhere. Some of the items within the website outline specific regional arrangements that have been created already or identified to secure benefits for children and young people.

The website for this framework will be maintained and updated at [www.regionalcommissioning.co.uk](http://www.regionalcommissioning.co.uk) to provide easy access to a growing set of resources. The website also provides opportunities for colleagues to contribute to the development of this framework.

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**Did you know?**

Nottingham City Council has negotiated substantial savings with two local providers of 3-5%. This has been achieved by initiating cost and volume agreements that build in further discounts for additional placements.

**How to use the framework**

- Use the handbook to understand the expectations of commissioning agencies about the approach to commissioning in the East Midlands. Learn about the different stages of commissioning and related themes and access support for activity at each stage.
- Use the website to access specific materials that promote more effective commissioning.
The commissioning process emphasises:
- the cyclical nature of activity
- the strategic development of services
- the mix of public, private and voluntary sector providers

Most public service organisations such as the NHS and local authorities were originally set up to organise and deliver services in the public sector. However, there has been a fundamental change in their role and they now function in the context of a mixed economy of providers and their key role is in commissioning services, stipulating outcomes and providing public accountability. A key change for the future is the move from single agency commissioning to commissioning across organisations with common or overlapping client groups and interests.

**Joint commissioning** is the process whereby partners who have responsibility for specifying, securing and monitoring services work together to make joint decisions about the needs of their population, and how they should be met.

The commissioner’s role is to bring resources and strategic direction to the commissioning process. A commissioning strategy provides the statement of commitment about the way in which agencies intend to work with providers and purchase services to improve outcomes for children and young people.

Commissioning denotes a proactive strategic role in planning, designing and implementing the range of services required, rather than only purchasing from services currently available. **Procurement** and **contracting** are activities that focus on one specific part of the wider commissioning process – the selection, negotiation and agreement with the provider of the exact terms on which the service is to be supplied. Procurement usually refers to the process of provider sourcing and selection, and contracting to the establishment and negotiation of the contact documentation. **Decommissioning** is the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

The legislative and policy history of the transition towards commissioning can be traced back to 1998. Further details can be found on the website.
Commissioning, undertaken effectively, has the potential to help in the improvement of services because it places primary focus on the needs and aspirations of children, young people and their families, unclouded by other considerations. It also sets out a framework for deciding how best to deploy resources strategically and tactically in order to improve outcomes, making best use of the strengths, not only of the statutory, voluntary and private provider sectors but, increasingly, the families themselves. (Adapted from Making Ends Meet)

The potential impact of earlier intervention
A key aspect of the government agenda for commissioning children’s services is to focus on early intervention and prevention wherever possible, rather than leaving support until children and young people need acute or restorative services. Government cost modelling in social care illustrates how it is expected that greater investment in preventative services will lead to less demand for services to meet complex needs. The website contains a worked example to illustrate this model in action.

Some of the benefits of effective joint planning and commissioning are:
- Decisions are based on a clear evidence base for improving outcomes.
- More effective and better targeted services will be shaped by the needs of children, young people and their families.
- There is one strategic plan for children and young people’s services in the local area, the Children and Young People’s Plan.
- Planners and commissioners have a strategy to move resources as appropriate into preventative and early intervention services.
- Planners and commissioners make sure that outputs are sustainable in the longer term.
- Better value for money can be achieved through increased efficiency and effectiveness.
- Decisions are transparent, fair and made independently from providers.

Benefits within localities
Joint planning and commissioning can secure benefits at all levels, see p7, and on some occasions this may lead to regional commissioning. Within the East Midlands there are significant variations in the costs and efficiencies of services, the targeting of provision, overlaps and gaps between services, ‘postcode’ issues at boundaries and a number of market management issues that can prevent the best quality service reaching children and young people. Regional collaboration between partners provides an opportunity to begin to resolve some of these issues – many of these opportunities are threaded throughout this framework – some of which are already providing benefits through the sharing of learning and some regional commissioning activities.
Work on a commissioning strategy will not be undertaken in a vacuum and it is important to recognise previous commitments together with local and national strategic objectives that have already been agreed. It is important to plan how the commissioning strategy fits in with other plans for children and young people. A commissioning strategy will need to interpret organisational priorities and specify how those priorities will be delivered in practice, including how councils and PCTs will deploy their resources to meet priorities. It is important, therefore, to outline existing plans across organisations and how they relate to one another.

Local Strategic Partnerships
LSPs are cross-agency, umbrella partnerships that include all sectors of society, including public private, community and voluntary. The LSP works to improve the quality of life in a particular locality by coordinating the delivery of better local services. Local authorities are expected to take the lead in developing the LSP but they do not 'own' the partnership. Within the East Midlands all LSPs include a Children and Young People’s Strategic Partnership.

Local Area Agreements
LAAs are agreements between public service partners. From 2008, LAAs will be the only place where central government will agree targets with local authorities and their partners on outcomes delivered by local government on its own or in partnership with others. The agreements will include all improvement targets agreed with central government and outline how all resources in the area are used to effectively support this work. LAAs’s therefore include priorities and targets for children and young people. These are then developed within the CYPP.

Children and Young People's Plan
The CYPP is a strategic, overarching plan for services for children and young people, supporting more integrated and effective services to secure the outcomes for children and young people and should be the reference point for all children’s services.

Children’s Trust Arrangements
Children’s Trust arrangements bring together a variety of partners in an area to lead on the CYPP elements of the LAA. Trusts are underpinned by the statutory duty to cooperate to focus on improving outcomes for all children through:

- Integrated governance, strategy and accountability
- Joint commissioning and the pooling of resources
- Integrated processes such as information sharing and common assessment.
- Integrated frontline delivery; skilled teams of professionals working together.

Did you know?
Northamptonshire is using this commissioning framework to help develop a Family and Parenting Support Strategy, led by a multi-agency team. This will be used to inform the future development of tools and frameworks for joint commissioning across the county.
The rapidly-changing world of commissioning requires partnerships, organisations and managers to place responsibility for commissioning at the most appropriate level. However, every level of commissioning must remain grounded in what matters to the people using the services.

**Individual level** - Commissioning at this level may be done by the individual, a family carer, an independent broker, a service manager or a combination of these. This individual level is generally known as contracting and purchasing because the systemic, overarching stages of the commissioning process are still usually fulfilled by other agencies and partnerships. It is the government's intention that, at the individual level, service users and carers themselves should increasingly assume the lead role in commissioning services to meet their own individual needs and aspirations. The budget holding lead professional is an early example of this transition.

**Local level** - including practice-based commissioning and/or (networks of) schools. In geographical areas the aim of commissioning is generally to meet the particular requirements of the local population, whereas strategic commissioning takes place within a longer time frame, looking as much as 10 years ahead, preparing for major service changes and/or patterns of work. The locality level of commissioning requires a focus on the community dimension, which has tended to be lost over recent years, as commissioning has concentrated in ever more specialist areas.

**Strategic level** - At strategic levels, commissioners determine how to make the best use of available resources on the basis of extensive needs analysis and evaluating existing services, past performance and notable practice elsewhere. Joint commissioning between two or more partners may be strategically-led within Children’s Trust arrangements or co-ordinated through Strategic Health Authorities.

**Regional/sub-regional level** - The more specialist the service and the lower its volume, the higher the level at which it is most appropriately commissioned. Some complex and acute needs will therefore often be most effectively met when Children’s Trusts work together, maybe pooling top-sliced budgets. Regional arrangements within the East Midlands can therefore be very effective in creating the necessary forums to bring appropriate partners together. Regional Commissioning Units are likely to spearhead this policy development.

**Finding the most appropriate commissioning level**

Commissioning leaders and planners are required to select the most appropriate level of commissioning to achieve required outcomes. The website includes resources to support this decision-making process.
Commissioning is about achieving best outcomes and this is most effective when partners work to a common set of principles. All partners across the East Midlands region have adopted these principles in their commissioning activity. At the simplest level there is one over-arching principle.

The Commissioning Principle:

**Joint planning and commissioning is at the heart of improving outcomes for children and young people.**

There are then 10 further principles (below) that underpin this framework. They have been developed through regional meetings and built upon the strong record of success of collaboration across organisational boundaries. They have been developed and honed through wide discussion and debate.

The wide acceptance of the principles makes it easier to develop sub-regional and regional arrangements. They reinforce effective practice but do not compromise the detailed procedures or operating arrangements that exist at a local level. The following principles might therefore be a starting point for local authorities and PCTs to agree and adopt their own.

These principles require leadership, new partnerships, a redistribution of power towards children, young people and their families, strategic understanding and a more rigorous approach to securing provision.

**TEN PRINCIPLES FOR COMMISSIONING**

1. **Put the needs of children, young people and families first and ensure that they are engaged and consulted.**
2. **Provide leadership for commissioning at the highest level in the system.**
3. **Provide preventative services at the earliest appropriate moment.**
4. **Work in partnership to maximise effectiveness and reduce barriers to services.**
5. **Ensure that people have the right skills to undertake the work.**
6. **Look beyond the immediate circumstances of current service users and develop a long term view of their needs and the wider needs of communities.**
7. **Provide timely information to providers and work constructively with them.**
8. **Continuously evaluate current and developing services and ensure they represent best practice and have clear impact on outcomes.**
9. **Spend money wisely to secure effective and efficient services, decommissioning services where necessary.**
10. **Use open and transparent processes that build confident partnerships.**
The planning and commissioning cycle

This framework provides support for all aspects of commissioning, from the first stages of data collection and needs analysis, through the stages of planning services and engaging with the market, right through to reviewing the impact of decisions taken upon the lives of children, young people and their families. The framework is primarily aimed at a strategic level and will offer most support for joint commissioning at a regional or sub-regional level.

Most sectors and agencies involved in providing public services have developed guidance materials to explain the stages of commissioning. All are very similar and promote similar approaches. This framework is based upon the nine-stage model provided by central government within “Joint planning and commissioning framework for children, young people and maternity services” (March 2006).

This model is designed for people working in all sectors of children, young people and maternity services including political leaders, senior management, planners, commissioners, providers, corporate procurement, finance, legal and other support staff, central and regional government officials. It sits alongside the DH joint commissioning framework for health and well-being, and the ODPM Best Value guidance.

• The commissioning cycle is continuous – it should be repeated again and again.
• Each stage of the cycle is sequential and of equal importance.
• The commissioning process should be equitable, transparent and open to the influence of stakeholders.

Time, resources and skills needed

One cycle of the commissioning process can rarely be done in less than six months and a significant amount of time and energy is required to complete the process. It is a resource-intensive activity.

A commissioning approach is only worthwhile if the changes introduced are likely to make a significant and sustained contribution to better, more acceptable or cost-effective services.
What is involved at this stage?

DH & DfES guidance: “Consider the current pattern and recent trends of outcomes for children and young people in their area against national and relevant local comparators”

1. The first step is to understand local needs:
   - pull together key data across the five Every Child Matters outcomes to create a profile of the local area
   - identify the pattern of outcomes
   - determine priorities
   - use the data to support all decisions made by the Children’s Trust (CT)

2. Ensure good quality data is collected and analysed effectively
   - collect data across the age range
   - break data down by ethnicity, gender, sexual orientation, religion, leaning difficulty, disability, looked after status, risk of criminality, geographical location, access to services etc

3. A lot of data will already be held by Children’s Trust partners:
   - LA (education, social services, youth services, benefits, leisure, housing)
   - PCT; NHS Trusts; primary care practices, SHA, DH
   - Schools and libraries
   - District councils
   - Police; Youth Offending Teams
   - Connexions services
   - Local voluntary, community and private sectors.

4. Additional data sources include:
   - Integrated children’s systems; CAF; complaints systems; Office for National Statistics; Inspectorates; national voluntary and private organisations
   - Note that some data on emerging trends or difficult to measure outcomes may need to rely on proxy measures

5. The data provides a baseline of children and young people’s wellbeing in the local area and is then used to:
   - assess current and future needs
   - plan for improved outcomes
   - make comparisons with other Childrens Trusts – statistical neighbours
   - identify community based priorities
   - publish trends from year to year
   - improve local accountability

6. All partners should be involved in writing the CYPP:
   - the plan will reflect the needs assessment and national and local priorities, including the LAA;
   - the CYPP needs to fit with other statutory plans for example the Community Strategy and health improvement plans
   - aligning partners finance and planning cycles will help join up planning across local areas.

7. Every member of the childrens’ workforce should be able to trace their contribution to the improvement in outcomes as set out in the CYPP – this includes statutory, voluntary and community workforces.
All of the work at this stage should help you to create a CYPP which is clear about the overall needs of children, where services are meeting those needs and where they are not. It should also provide enough information to allow partners to be clear in the CYPP about their commissioning priorities, and in particular, which groups of children and young people are a priority for services improvement and change.

<table>
<thead>
<tr>
<th>COMMISSIONING PRINCIPLES IN ACTION AT STAGE 1</th>
<th>(See p8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Users’ needs first</td>
<td>Strategic leadership</td>
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**Benefits of Regional Collaboration at Stage 1**

- Sharing learning around processes
- Sharing data collection and analysis methods, including comparative analysis to support Annual Performance Assessment and self-assessment
- Cost calculator – regional collaborative development
- Children and young people’s needs are being put first every time consistently across the region by all partners.

**Tools and resources to support this stage**

- **Web Resource B1**: Developing a commissioning strategy
- **Web Resource B2**: CYPPs across the East Midlands
- **Web Resource B3**: Tools to support the CYPP process
- **Web Resource B4**: Data that are already being collected within your area
- **Web Resource B5**: Selecting priorities – data analysis – contextual background
- **Web Resource B6**: Generating and testing hypotheses
- **Web Resource B7**: Derby City framework for commissioning from 3rd sector
- **Web Resource B8**: 10 high impact changes
- **Web Resource B9**: The use of care pathways to improve outcomes

**Do you know?**

What processes do the local partnerships in your area go through to construct their hypotheses about children and young people and the services they require?
What is involved at this stage?

DH & DfES guidance: “Look within the overall picture at outcomes for specific children, young people, and parents (eg disabled, special educational needs, looked after children, sick children or those with mental health difficulties) as they require a differentiated approach to service provision or additional support. Consider the current pattern and recent trends of outcomes for children and young people in their area against national and relevant local comparators”

1. Data on local needs will:
   - inform LAA negotiations and CYPP priorities
   - inform commissioning decisions, service design and individual packages of care (micro commissioning)

2. Assessment of data on local groups will:
   - enable better understanding of local needs
   - cover universal as well as specialist needs eg ethnicity and diversity, sexual orientation, deprivation, housing, children in need, children in care, refugee children, anti-social behaviour. health needs.

3. Understand where children and young people live, learn and play:
   - so that services can be made as accessible as possible
   - use postcode mapping to show where needs are most prevalent across an area.

4. Review national guidance, research and best practice:
   - to understand what services might be required and what works best for the particular groups you are focusing upon.
   - consider how broader initiatives (eg health promotion) might provide opportunities to target on prevention and intervention.
   - understand how major local and national policy issues are likely to have an impact on service direction.

5. Present findings in an easy to understand way:
   - easily understood by Children’s Trust members, professionals, community, parents, children and young people

6. Project set-up:
   - to establish a clear project and communication plan right from the start
   - to outline the key activities to be undertaken and timetable to work to
   - specify the focus of the strategy and the roles and structures to undertake and support the commissioning activities.

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Some questions to ask?

What strategies and approaches have been developed elsewhere to meet the needs of this group?

Can we identify new trends, technologies or treatments likely to impact on patterns of need, demand and costs?

What are the outcomes that service users actually want?
Identifying the ‘particular groups’

Children’s Trusts develop their commissioning approach based on their analysis of the needs of different groups. Most commissioning frameworks have been developed upon a tiered model of levels of need and intervention adapted from Hardiker, Exton and Barker 1992. This provides a conceptual framework for matching the level of children’s need to the complexity of the interventions required to meet that need.

Joint commissioning strategies – which key groups?

As Children’s Trusts analyse outcomes data to identify particular groups of children and young people who require a differentiated approach to service provision or additional support, several key groupings commonly emerge.

In 2006 NFER’s research of 75 CYPPs identified eleven different groups identified when setting out joint commissioning strategies. The most frequent groupings were children with learning difficulties and disabilities, looked after children, substance abusers, vulnerable groups and teenage mothers.

Joint Commissioning strategies in the East Midlands

Joint commissioning strategies specifically to improve outcomes for particular groups of children and young people are developed through the Children’s Trust arrangements across the East Midlands. Generally speaking these involve partnerships roughly consistent with local authority boundaries.
STAGE 2 - LOOK AT PARTICULAR GROUPS

BENEFITS OF REGIONAL COLLABORATION AT STAGE 2

- Learning from emerging regional strategies for CAMHS, Looked after children protocols, maternity, Targeted Youth Support
- Reducing issues across geographical boundaries
- Regional approach to low-incidence population groups
- Sharing of regional data collected for national out of authority analysis.

Tools and resources to support this stage

Web Resource C4
Examples of research and national guidance reviews for specific groups of children and young people

Web Resource C5
Configuration of services – what works?

Web Resource C6
Example report card approach – from Results Based Accountability

Web Resource C7
CAMHS dataset and service review

Web Resource C8
Methodology around ‘softer’ data

Web Resource C9
Commissioning strategy planning template to establish potential barriers, key decision makers and next steps.

Web Resource C10
Example ‘project plan’ to help identify activities for each stage of the commissioning process and allocate appropriate timescales and resources against each.

Web Resource C11
Matrix for ‘evaluating organisations, commissioning activities and arrangements’ to help agencies identify their current strengths and weaknesses.

Web Resource C12
East Midlands Protocol for Looked After Children

Web Resource C13
Annual report of out-of-authority placement analysis

Did you know?
Nottinghamshire LA and their health partners are conducting a comprehensive review of ‘short breaks’ for children with disabilities to develop early prevention services and provide improved support for families.
What is involved at this stage?

DH & DfES guidance: “Use all this data and the views of the children, young people and their families, local communities and front line staff to develop an overall, integrated needs assessment.”

Data provides a starting point for needs analysis and frequently raises more questions than providing responses. The needs analysis stage provides the foundation for any commissioning strategy and provides an over-arching role to ensure the required range and capacity of services available and accessible to children, young people and their families, in order to achieve the five outcomes in the Every Child Matters programme.

1. **It is important to get the real picture on the ground:**
   - use the views of children, young people and their families to focus on outcomes
   - ask children, young people and families about their needs so that this drives the thinking
   - use the views of ‘experts’ within all services including the voluntary sector to help planners and commissioners understand trends and causal relationships
   - track the ongoing experience of children and young people, for example using care pathways, to compare the reality with their assessed need.

2. **Ensure active participation of all local stakeholders; in order to:**
   - ensure that locally developed services are locally owned
   - help increase service take-up (e.g., by vulnerable families who are not accessing services)
   - improve the quality of data
   - ensure that costly mistakes are avoided, build participation networks upon existing good practice

3. **Ensure active engagement of children and young people:**
   - at an increasing number of decision points
   - at different stages of joint planning and commissioning; e.g., needs assessment, writing the CYPP, service design, tendering and monitoring services
   - Children’s Trusts can produce a plan for CYP engagement and employ participation and advocacy skills.

4. **Ensure effective local communications**
   - in order to ensure the confidence of local people in the information gathered and in its use. This is a standard local authority function.

5. **The community, parents, children and young people themselves should help inform what data are collected and how.**
STAGE 3 – NEEDS ANALYSIS

Ensure that the needs analysis
- looks at overall needs of the client group, not just existing service users.
- considers future population and prevalence of need, to take account of likely trends and future changes in demand.
- complements census and prevalence information with information about the sub-population which actually uses services.
- ensures patterns of demand are compared over time to consider trends, and benchmarked to look for differences between geographical areas.
- ensures statistical data is complemented by more qualitative information about needs from users.

**COMMISSIONING PRINCIPLES IN ACTION AT STAGE 3**

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<tr>
<th>Users' needs first</th>
<th>Strategic leadership</th>
<th>Early Interventions</th>
<th>Partnership work</th>
<th>People with skills</th>
<th>Long-term view</th>
<th>Work with providers</th>
<th>Continuous evaluation</th>
<th>Spend wisely</th>
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**BENEFITS OF REGIONAL COLLABORATION AT STAGE 3**

- Shared learning of needs analysis tools and strategies
- Regional CYP engagement strategy support
- Identify opportunities for regional commissioning and contracting

**Tools and resources to support this stage**

**Web Resource D1**
Tools to support engagement and needs assessment

**Web Resource D2**
Data analysis tools evidencing cost effectiveness

**Web Resource D3**
Needs analysis tools from change management processes and targeted youth support toolkit

**Web Resource D4**
Guidance lists of data to inform needs analysis for commissioning services for children and young people.

**Web Resource D5**
Needs identification tools from school improvement and professional development activities

**Web Resource D6**
Needs Analysis Software (available late 2007) designed to help local authorities and PCTs explore how population and activity based data may help in determining future demand.

**Web Resource D7**
Methodology for undertaking a needs assessment and the role of different data types

Did you know?
PCTs use health equity audits (HEAs) to identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas. This provides priorities for action as the PCTs commission services.
What is involved at this stage?

DH & DfES guidance: “Agree on the nature and scale of the local challenge, identify the resources available and set priorities for action.”

1. Carry out an analysis of services provided currently for the population group you are focusing on, including, where appropriate, services provided by the local authority, NHS, voluntary, community and private sectors. This will be cross referenced to earlier needs assessments.

2. Carry out an analysis of other potential service providers to establish what range of skills and expertise might be available that is not currently being used.

3. All partners should be involved in writing the Children and Young People’s Plan:
   - the plan will reflect the needs assessment and national and local priorities, including the LAA;
   - the CYPP needs to fit with other statutory plans eg the Community Strategy
   - aligning partners finance and planning cycles will help join up planning across local areas.

4. Every member of the children’s workforce should be able to trace their contribution to the improvement in outcomes as set out in the CYPP:
   - this includes statutory, voluntary and community workforces

5. All services should be identified against the outcomes they contribute to:
   - analyse what is currently commissioned by each partner
   - disaggregate spending on C&YP and maternity services from adult services

6. Plans for joint commissioning should be agreed by CT members and senior officers of all key partner organisations and political leaders
   - agreement will help with difficult decisions in the future
   - provides opportunity for clear understanding to be established between different levels of local government, especially in two tier authorities

Some questions to ask
What services are currently available?
What geographical areas do they serve?
How many people access them?
What are the main sources of referral?
What is the geographical distribution of services relative to assessed need?
STAGE 4
Identify resources, set priorities

BENEFITS OF REGIONAL COLLABORATION AT STAGE 4

- Sub regional partnerships for targeted and specialist provision
- Capacity building across the region’s voluntary and community service sector
- Residential children’s homes regional protocol and monitoring work to assure quality.
- Sharing of skills and competencies
- Form D – a collaborative example of the engagement of children and young people and their experiences of services/outcomes.
- Regional protocol developed for independent fostering agencies – builds on special needs sharing of efficiencies and effectiveness.

Tools and resources to support this stage

- **Web Resource E1** Market analysis tools, including DfES Mapping the Market tool
- **Web Resource E2** Every Child Matters ‘Industry techniques and inspiration for commissioners’
- **Web Resource E3** Results Based Accountability quadrant tool
- **Web Resource E4** Spectrum for assessing existing services
- **Web Resource E5** Examples of consensus building activities
- **Web Resource E6** Risk assessment templates
- **Web Resource E7** Child Health Mapping support for the commissioning of services.

**Did you know?**
Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the course of the policy, programme or project lifecycle. Its purpose is to support better decision-making through understanding the risks inherent in a proposal and their likely impact.
What is involved at this stage?

1. Map current services against needs and the outcomes you are trying to achieve:
   - show where there are correlations, overlaps and gaps
   - show which services should be commissioned, commissioned differently, or decommissioned

2. Decide the broad pattern of service to achieve the outcomes set out in the CYPP:
   - localities may choose to express their priorities in terms of groups of inter-dependent outcomes

3. Put the user at the centre of service delivery
   - health services use the concept of care pathways to trace the path of the user through multiple services and aims to inform service redesign.

4. Use national and local research to support decision making
   - to reduce the risk in commissioning new services

5. Secure sustainable and efficient children’s services markets:
   - by increasing provider diversity – including a range of private, voluntary, community and social enterprise models;
   - by encouraging innovation

6. Consider commissioning multi-agency provision and integrated work arrangements
   - multi-agency working can be an effective way of delivering preventative and early intervention services.
   - consider issues of location and workforce planning

7. Analyse commissioning implications and appraise options

DH & DfES guidance: “Plan the pattern of service most likely to secure priority outcomes, considering carefully the ways in which resources can be increasingly focused on prevention and early intervention.”

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**Did you know?**

LIST - Leicester’s Integrated Service Trial is working with local people and staff to remodel provision for children, young people, parents, carers and families. It is based upon the re-focusing of services upon prevention and earlier intervention.
STAGE 5
Plan services - focus on prevention

BENEFITS OF REGIONAL COLLABORATION AT STAGE 5

- Development work underway in the region to more accurately determine the unit costs of care.
- Supporting earlier intervention and supporting prevention by working regionally, eg regional LAC protocol
- By increasing provider diversity and increasing the number of regional providers
- Supporting and engaging the voluntary and community sector.
- Regional networks of independent providers and commissioners to negotiate service improvements.

Tools and resources to support this stage

- **Web Resource F1**: Market gap analysis/audit tools
- **Web Resource F2**: ‘What if’s’ to show the impact/implications of different intervention pathways eg low/med/high tariff – what if we intervene differently?
- **Web Resource F3**: HM Treasury Green Book resources
- **Web Resource F4**: Invest to Save approach to joined-up service planning.
- **Web Resource F4**: Process mapping as a tool to identify care pathways, highlight bottle necks and improve flow

Did you know?

Partner authorities in Derbyshire have considerable expertise in adopting the Invest to Save approach. Used where budgets are already overstretched with the aim of creating sustainable improvements in the capacity to deliver public services in a more joined up manner.
What is involved at this stage?

DH & DfES guidance: “Decide together how best to deliver outcomes, including drawing in alternative providers to widen options and increase efficiency.”

1. Develop joint commissioning plans for specific populations to:
   - bring together the needs assessment, user participation, priorities, service mapping, resource identification, market development and management, workforce strategy, prevention and early intervention
   - describe how the CYPP will be delivered through the Children’s Trust arrangements and others’ commissioning functions
   - Micro-commissioning should be designed into the joint commissioning strategy;
   - both professionals and direct payment recipients should receive support and strategic guidance from a joint commissioning unit

2. Consider developing a single joint commissioning unit:
   - made up of several teams across sectors
   - involving corporate procurement functions where relevant
   - ensuring specialist services for acute needs are linked in coherently
   - The joint commissioning unit needs to bring together diverse sectors and be inclusive of different approaches, working to the CT Board, adopting a common language and methods
   - Corporate procurement teams, finance, legal and other support functions should be seen as part of the joint commissioning unit.
   - commissioners must ensure that approaches are compatible with EU and UK law, regulations and guidance

3. Consider where it makes sense to have combined strategies with neighbours and partners
   - co-operation across sub-regions can help manage the market, develop specialist providers, make best use of scarce skills and meet high cost/low incidence needs
   - young people move readily across local boundaries
   - GP surgery catchment areas often straddle boundaries.

4. Develop early intervention and preventative services:
   - To reduce expensive ‘crisis management’ and improve the lives of children and young people
   - For each tier of targeted services, as well as universal services to pre-empt the escalation of needs.

Did you know?
In Dec 2006 the Health Policy Forum identified four keys to more effective commissioning:
1. The identification of need and demand
2. Market shaping
3. Holding the market to account
4. Holding commissioners to account
5. Adopt robust procurement approaches to ensure efficient and effective services:
   - These include: partnership building with providers, competitive tendering, including full costs, using risk and race impact; support smaller providers; flexible long-term contracts; policies for breach of contract; robust monitoring arrangements; contracts based on outcomes.
   - Different methods of procurement may be appropriate in different sectors, e.g., NHS standards and national tariff.
   - If a service continues to fail, the children’s trust will need to consider decommissioning the service.
   - All decommissioning decisions should be supported by consultation and plans for service transition.

6. Follow the ‘Compact’ and ‘Small Business Concordat’ (see panel):
   - To help develop relations with a range of market providers including voluntary and community sectors, small and medium enterprises, and social enterprise models.
   - Special attention should be paid to the commissioning relationship with colleges, schools, school trusts, and clusters of schools.
   - Services will be located in and/or provided by a school or cluster of schools where this is most efficient and effective.

**The Compact** is the agreement between government and the voluntary and community sector in England to improve their relationship for mutual advantage.

**The Small Business Friendly Concordat** is a voluntary code of practice which sets out what small firms (including third sector suppliers) can expect when tendering for Local Authority contracts.

**BENEFITS OF REGIONAL COLLABORATION AT STAGE 6**
- Common approaches adopted by partner authorities to create greater consistency for providers.
- Co-operation across sub-regions to help manage the market, develop specialist providers, make best use of scarce skills and meet high cost – low incidence needs.
- Address the issues of ‘catchments’ that straddle boundaries, e.g., GP surgery areas, young people’s movements, school mobility.
- Cross regional procedures for monitoring the cost and quality of placements and challenging exceptional fee increases.

**COMMISSIONING PRINCIPLES IN ACTION AT STAGE 6** (See p8)

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Tools and resources to support this stage

- **Web Resource G1**: Strategy templates
- **Web Resource G2**: Procurement plans (including national procurement pack)
- **Web Resource G3**: Market management eg contract template
- **Web Resource G4**: EU procurement guidance
- **Web Resource G5**: Internal services change management
- **Web Resource G6**: Practice based commissioning guidance
- **Web Resource G7**: National contracts for in-patient care, children’s homes, day provision, home treatments and independent and non-maintained special schools
- **Web Resource G8**: Cross regional monitoring of cost and quality
- **Web Resource G9**: CSIP ‘better commissioning lens’
- **Web Resource G10**: Examples of commissioning that is working already eg Palliative Care
- **Web Resource G11**: Decision Tree for deciding internal vs external or single commissioning vs joint commissioning
- **Web Resource G12**: Illustrating the difference between jointly funded procurement and joint commissioning
- **Web Resource G13**: Safe commissioning eg vetting
- **Web Resource G14**: Spectrum for characteristics of commissioner/provider relationships (adversarial, constructive, passive)
- **Web Resource G15**: Good practice tendering checklist
- **Web Resource G16**: Service level agreements
- **Web Resource G17**: Service specification
- **Web Resource G18**: An outcome measure tool to gauge effectiveness

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**Did you know?**

There is a well established Children’s Palliative Care Commissioning Group that supports and promotes effective commissioning of palliative care for children and young people with life-limiting conditions.
What is involved at this stage?

DH & DfES guidance: “Develop and extend joint commissioning from pooled budgets and pooled resources.”

1. Consider, for each relevant population, whether pooled, aligned or integrated budgets will help to achieve the objectives of the commissioning strategy
   - for example align budgets to accelerate the development of pooled budgets
   - pooling arrangements can be based on section 28a of the NHS Act 1977, section 31 of the Health Act 1999 flexibilities, or section 10 of the Children Act 2004

2. Consider what arrangements currently exist for shared resources and how they might be better managed between agencies
   - Local Area Agreements bring together all LA and some health budgets
   - A single pot makes it easier for non-specific area based resources, such as Neighbourhood Renewal Funding to add value.
   - Link to financial strategy within the CYPP
   - Look to align planning and budgetary cycles

3. Make a clear statement in your commissioning strategy how you will manage budgets between commissioning agencies and, if appropriate develop a clear pooling agreement
   - to strengthen relationships, bring together funding streams and join up services.
   - pooled resources ensure that the children’s trust is focusing on meeting the needs of the child or young person, rather than discussing who should pay.

This stage of the commissioning process can become a catalyst for real change. The complex issues relating to fund-holding ‘power’, disjointed planning cycles and the inbuilt tension as to ‘who should pay’ are ones that, if resolved, can transform the ways in which decisions are made and services provided. Even then there will be practical issues to overcome relating to legal agreements, governance, accountability, recovery procedures for overspends, management and administrative systems and the need to challenge mindsets ‘on the ground’ as well as in the boardrooms.
STAGE 7 – POOLED RESOURCES

BENEFITS OF REGIONAL COLLABORATION AT STAGE 7

- Support the 2.5% efficiency gains to be made year on year.
- Provide additional opportunities for freedoms and flexibilities within LAAs.
- Information exchange between commissioners around emerging practice, success factors and issues relating to pooling of budgets.

Tools and resources to support this stage

- **Web Resource H1** Integration matrix
- **Web Resource H2** Integrated Care Network guidance on ‘virtual pooling’
- **Web Resource H3** Guidance on pooled and aligned budgets
- **Web Resource H4** Latest thinking on actual vs virtual pooling
- **Web Resource H5** Pooled budget toolkit

Did you know?
The Every Child Matters website contains useful examples of case studies. Recent examples include Section 31 Agreements and FAQs on pooling budgets and resources.

www.everychildmatters.gov.uk
What is involved at this stage

1. The Children’s Trust arrangements should create short and long term plans to shape the workforce and children’s service markets

2. Map the local children’s services markets and decide:
   - if in-house services should be contracted out
   - how smaller providers are supported
   - the extent to which the markets need to be strengthened and new providers introduced
   - how services can be more personalised
   - how children and young people can have more choice about services they access

3. Encourage and support markets in order to improve services and sustainability
   - involve market representatives in Children’s Trust governance and planning
   - create longer-term contracts to give providers greater security
   - to help share expertise and make the markets more responsive
   - avoid conflicts of interest in close and transparent partnership working

4. Sustainability planning should include workforce planning; including:
   - human resource issues, pay comparisons, skills and training, geographical location, line management and professional management, accountability and staff morale.
   - workforce planning should cover statutory, voluntary, community and private staff.
   - building in incentives through longer-term contracts
   - using accreditation (e.g. Royal Colleges, universities) to reflect competency

5. Assess and develop the skills, experience and capability of planners and commissioners; including:
   - Procurement, market analysis, service remodelling, financial management, incentives, legal awareness, negotiating, people skills, human resources awareness,
   - Participation, evaluation and data analysis, understanding of children, young people and maternity services, partnership working, integrated training placements, project management and leadership
   - Good practice in writing contracts, understanding the key principles to follow and the role of outcomes/inputs/outputs/processes.
Strategic approaches to workforce development planning

The Local Government Pay and Workforce Strategy (2004) provides a strategic context in which to review and plan workforce development. It provides priorities for consideration:

- Developing the organisation
- Developing leadership capacity
- Developing workforce skills and capacity
- Effective resourcing
- Effective pay and rewards

Further important elements of a strategic approach include:

- The impact of partnership arrangements on staff
- Effective consultation with staff groups and partner organisations

Tools and resources to support this stage

**Web Resources I1**
Tools around specification (procurement, contracting)
Example of service specification

**Web Resource I2**
CWDC workforce tools

**Web Resource I3**
Outcome based contracting

**Web Resource I4**
Third sector agreements

**Web Resource I5**
Long-term provider relationships

**BENEFITS OF REGIONAL COLLABORATION AT STAGE 8**

- Strong tradition of collaboration within the region in children’s services developments (Regional Learning Project) and workforce development (CPD Partnership)
- Sharing learning on children’s workforce development strategies
- Effective regional support for workforce development by organisations such as GO, RDA, SSC, CWDC
- EM Centre of Excellence provide cross-regional Supplier Spend analysis to create greater transparency.
- Developing the market capacity through cross-regional arrangements.

Did you know?

Nottingham City Council is investing in voluntary and community organisations to ‘grow’ the VCS market and go beyond just mapping the market to build the capacity of providers who will develop the services that are needed.
STAGE 8
Workforce and market development

**Web Resource 16**
Cost calculator tools

**Web Resource 17**
Guide to workforce planning

**Web Resource 18**
Exemplar care cost models from adult sector, for example high cost supported living (EMCE)

**Web Resource 19**
Commissioning options, including decommissioning

**Web Resource 110**
DH Best Practice – CSIP procurement guidance

**Web Resource 111**
Reconfiguring internal services

**Web Resource 112**
Developing a specification of outcome needs to better inform and engage suppliers – state expectations

**Web Resource 113**
Commissioning skills and knowledge audit questionnaire to identify key commissioning and purchasing skill gaps in the agency/service/team.

**Web Resource 114**
Model contracting clauses

**Web Resource 115**
Good practice in writing contracts

**Web Resource 116**
Supply management and development activities

**Web Resource 117**
HR guidance for PCTs

**Web Resource 118**
Building better relationships between commissioners and the third sector

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**Did you know?**

Nottinghamshire is undertaking an independent review of voluntary sector provision to scope activity, align with CYPP priorities, develop more robust funding infrastructure to support key agencies and commission services on a local basis.
What is involved at this stage

DH & DfES guidance: “Monitor and review to ensure services and the joint planning and commissioning process are working to deliver the goals set out for them.”

1. Use internal and external processes to demonstrate that integrated commissioning has improved outcomes through Children’s Trust arrangements, practice based commissioning, direct payments, etc; -
   - establish a clear data set between partners which will evaluate the progress and impact of commissioning strategies
   - use self monitoring, Annual Performance Assessments, Joint Area Reviews, SHA, LDPS and NHS targets.
   - develop transparent processes to share assessment results with all partners to inform their improvement planning
   - use results 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 CYPP is being implemented.

2. Work with less efficient or effective providers to improve performance;
   - before considering decommissioning options
   - all providers should be accredited through national schemes where this is appropriate.

3. Inspectorates, Strategic Health Authorities and Government Offices help to performance manage the joint planning and commissioning process;
   - Children’s Trust partners should also review and challenge the process. The data collected feeds back round to the needs assessment process.

Do you know?
How do you monitor and review your own work? Can you trace a link between the outcomes you achieve and the over-arching targets for children and young people?
STAGE 9 – MONITOR AND REVIEW

Tools and resources to support this stage

- **Web Resource J1**: Review template
- **Web Resource J2**: PCT maternity fitness for purpose checklist
- **Web Resource J3**: Methods of engaging stakeholders
- **Web Resource J4**: Impact evaluation tools
- **Web Resource J5**: Checklists for contact review
- **Web Resource J6**: Clear and real ‘benefits realisation’ tool

**BENEFITS OF REGIONAL COLLABORATION AT STAGE 9**

- Enhance working with regional providers
- Market development and capacity building
- Regional accreditation of providers/services

**STAGE 9**
Monitor and review

**Workforce and market development**

**Tools and resources**

- Review template
- PCT maternity fitness for purpose checklist
- Methods of engaging stakeholders
- Impact evaluation tools
- Checklists for contact review
- Clear and real ‘benefits realisation’ tool

**BENEFITS OF REGIONAL COLLABORATION AT STAGE 9**

- Enhance working with regional providers
- Market development and capacity building
- Regional accreditation of providers/services

**Monitor and review**

**STAGE 9**

**BENEFITS OF REGIONAL COLLABORATION AT STAGE 9**

- Enhance working with regional providers
- Market development and capacity building
- Regional accreditation of providers/services

**Tools and resources to support this stage**

- **Web Resource J1**: Review template
- **Web Resource J2**: PCT maternity fitness for purpose checklist
- **Web Resource J3**: Methods of engaging stakeholders
- **Web Resource J4**: Impact evaluation tools
- **Web Resource J5**: Checklists for contact review
- **Web Resource J6**: Clear and real ‘benefits realisation’ tool
The extent to which commissioned services improve outcomes for children, young people and families will depend largely upon the standard to which the commissioning stages are carried out.

- **National Occupational Standards** for Commissioning, Procurement and Contracting will be launched during 2007. National Standards are about standards of performance; they describe the knowledge, understanding, and skills required to perform a task and the **performance criteria** for the task.

The consultation for commissioning standards has been based on the following structure of one key purpose, four functions and ten roles:

The **key purpose** of commissioning, procurement and contracting is to “direct, shape and secure services, responses and projects to achieve strategic objectives and fulfil the organisation’s responsibilities to meet the needs of individuals, families and communities.”

The four **key commissioning functions** are defined as:
A: Engage individuals, families, colleagues and communities in working out and agreeing how strategic objectives and outcomes will be identified and achieved.
B: Design, develop and deliver sustainable strategies to achieve the organisational objectives and the identified outcomes for individuals, families and communities.
C: Ensure that all strategies for achieving objectives and outcomes will meet legal, ethical and regulatory requirements.
D: Establish a culture that promotes good practice within the organisation and in commissioned services.

The website contains self-evaluation resources to support needs identification against these standards and to inform training and development plans.

The quality of commissioned services is most commonly measured against **national minimum standards**. The Department of Health provides standards for best practice, used during inspection, for the following social care services:
- Residential family centres
- Fostering services
- Children’s homes
- Boarding schools
- Residential special schools

**Commissioning Structures**
Arrangements and structures for the joint commissioning of services for children and young people are changing rapidly and vary considerably between different trusts and partnerships. Examples of some of these structures are provided within the website for reference purposes.
The shifting focus of commissioning will require commissioners to develop a whole new range of skills:

- developing ways of identifying with children, young people, carers and other stakeholders the most pervasive obstacles people face in a given locality to achieving independence, choice, control and reaching their potential
- understanding how these obstacles interact with one another to compound disadvantage
- identifying and refining the most innovative and effective ways of overcoming or circumventing these obstacles
- generating capacity-building models at individual, family and neighbourhood levels
- improving models for complementing a person’s inner strengths and support networks with service interventions and responses
- enhancing models for protecting children and adults in vulnerable situations and managing risk without constraining opportunity
- forging new ways of engaging with other commissioning agencies and with the political process to make a reality of this more all-encompassing approach to commissioning
- establishing and using a variety of information systems to keep pace with fast-changing opportunities and options (from Making Ends Meet)

The framework website contains several resources to support the development of commissioning competencies:

- **Web Resource L1** Matrix of competency needs at each commissioning stage
- **Web Resource L2** Descriptors for those who undertake commissioning roles; including elected members, commissioning leaders and managers, individual commissioners, including parents/lead professionals.
- **Web Resource L3** Self evaluation materials for organisations
- **Web Resource L4** Indicators and criteria used within inspection and quality assurance.
- **Web Resource L5** Development of VCS coordination or political leadership development
- **Web Resource L6** Development of leadership in local communities and empowerment

**Did you know?**

CSIP - Care Services Improvement Partnership provides significant support for organisations as they develop their commissioning approach. These include an online eBook and Catalyst 2, a framework for strategic commissioning of older persons’ services.
The concepts and language of commissioning are relatively unfamiliar to many of the people who need to become involved.

**Introducing commissioning**

The website provides materials that introduce commissioning in everyday terms.

**Professional colleagues working with children and young people**

Colleagues from a mixture of professional backgrounds are increasingly working together through the joint/integrated processes of commissioning. Each brings a slightly different set of terms and expressions to describe what are often the same activities. The website provides an explanation of joint commissioning in children and young people’s services for some of these:
- GPs and health professionals
- Social care workers
- Schools

**Providers of commissioned services**

More effective practices are bringing an increasing number and growing range of providers of services into commissioning arrangements. These providers may be private companies, social enterprise, voluntary, community or independent organisations. The website provides an appropriate explanation of joint commissioning in children and young people’s services.

**Children, young people and families**

User participation and engagement is a key principle underpinning all recent developments in public service. Joint commissioning processes accordingly involve children, young people and their families at several of the stages. Furthermore, the continuing policy drive towards direct payments and individual-led commissioning will require more users to understand the process in detail. The website provides an introduction to commissioning in terms that can be understood by children and young people.
The website provides and signposts other glossaries of commissioning terms. Some of the current terminology is included here as an illustration.

**Joint (or collaborative) commissioning**: two or more agencies coordinating their strategies for using their resources.

**Decommissioning**: the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

**Purchasing or Procurement**: securing or buying services. In the wider local authority context, the term 'procurement' equates to strategic commissioning in social care, but usually refers to materials rather than services.

**Contracting**: the purchasing of services from providers through a legally binding agreement.

**Service Level Agreements**: written undertakings agreed between purchasing and providing agencies, usually for smaller volumes of service.

**Social Care Markets**: the collections of purchasers and providers of social care services in a given area or field of service and how they do business with one another. Social care markets vary considerably and commissioning has to take account of their varying stages of development. In order to maximise their influence on market development, commissioners need to invest significantly more in Supplier Relationship Management (SRM) – the term used to describe the pro-active engagement of purchasers with providers to manage and develop the necessary skills and services.

**Stakeholders**: all of the relevant parties including councillors, managers and staff of local authorities, other related commissioning bodies, such as Health, service providers in the statutory, private and voluntary sectors and, above all, service users and their carers and their associated advocacy organisations.

**Macro-commissioning**: the process of meeting needs at a strategic level for whole groups of service users and/or whole populations.

**Care Management**: the process of assessing individual needs and allocating resources in a care plan, against agreed priorities, and monitoring the achievement of the care plan objectives, otherwise known as micro-commissioning.

**Direct Payments or Individual Care Accounts (or Individual Budgets)**: the budgets allocated to individuals, according to agreed priorities, with which the individual is authorised to commission their own services to address their assessed needs. Support agencies currently assist Direct Payment recipients in the management of their allocated monies. This role could expand into a wider brokerage role with individual budgets.
There is a range of organisations and frameworks that exist or have been developed to support commissioning activity. These include:

**East Midlands Regional Partnership**
The Regional Partnership exists to improve services and provision for children with additional needs or whose circumstances make them vulnerable, including those who are looked after by the local authority. The Partnership works through a range of stakeholders from statutory agencies, voluntary and community sector and regional Government Office.

**East Midlands Centre of Excellence**
This regional body provides information, funding and support for public service organisations as they work towards improvements in effectiveness and efficiency.

**Care Services Improvement Partnership – CSIP**
See panel on p32

**Strategic Health Authority – NHS East Midlands**
NHS East Midlands provides strategic leadership to NHS organisations in the region. Their role is to ensure that local health systems operate effectively and efficiently and that national standards and priorities are met in order to improve services.

**Government Office East Midlands**
GOEM is hub of central government in the East Midlands, with ten government departments under one roof.

**Department for Education and Skills**
Provides advice and support to local authorities for commissioning strategies.

**Department of Health**
The DH website Policy and Guidance section contains guidance documents on commissioning arrangements in the NHS, including the commissioning a patient-led NHS change programme, practice-based commissioning and specialised services.

**The Commissioning eBook**
This is a growing source of online guidance and practice ideas for commissioners. It has established itself as a significant reference point in assisting and shaping thinking among not only social care, health and housing commissioners across England, but also independent sector service providers.

**Making Ends Meet**
This is an online resource for managing money in social care. One of the six modules supports commissioning. It is currently hosted and developed by I&DeA.

**National Primary and Care Trust**
This website has not been developed and updated since 2005, but still contains provides an introduction to the NHS approach to the development of practice-based commissioning as well as more general commissioning support.

**Commissioning News**
The Centre of Public Innovation, with the help of its partners, produces Commissioning News as part of the move to raise standards and knowledge around commissioning. It provides information and news for commissioners and providers working in drugs, health, social care and criminal justice services.