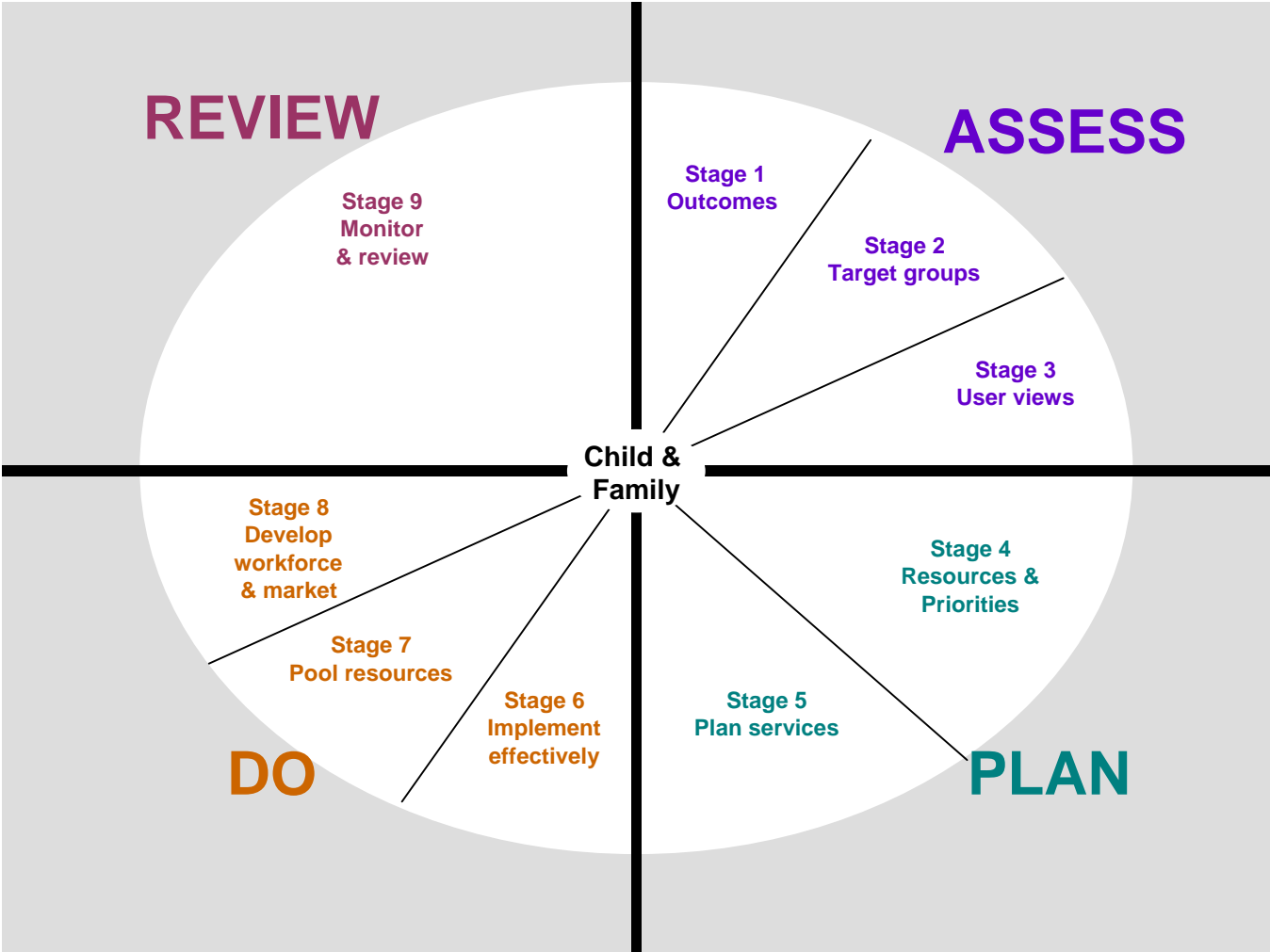


THE COMMISSIONER'S HANDBOOK

**A framework for the planning and commissioning
of services for children and young people**

June 2008

SUNDERLAND MODEL OF OUTCOMES BASED PLANNING AND COMMISSIONING



CONTENTS PAGE

This handbook provides general information to support the commissioning process. It explains the process and the stages within it. It also refers to supplementary materials that are available at www.sunderlandchildrenstrust.org.uk. The supplementary materials offer useful tools that will support commissioning groups and partnerships at each stage of the process.

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FOREWORD

Sunderland Children's Trust is fully committed to outcomes based planning and commissioning.

This Planning and Commissioning Framework is intended to provide support to those who work to improve services for children, young people and their families. It is relevant to those that are involved in and need to understand the planning and commissioning process.

This handbook will help to develop effective practice. The framework has guidance status. The Children's Trust Strategic Partnership has '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 derives from the East Midlands Regional Commissioning Framework, which is promoted and recommended by the DCSF as a model framework for commissioning services for children and young people.

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 Children's Trust Strategic Partnership, as a dynamic resource that responds to needs.

Statement of backing and endorsement

Children's Trust Strategic Partnership:

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.

Appendix 1 holds membership details of the Children's Trust Strategic Partnership.

INTRODUCTION

Purpose of this framework

This framework is designed to help you – a commissioner - to be effective in your commissioning work. It provides a framework of guidance, resources and support to help you through the planning and commissioning process and identifies ways in which you can make an impact in the lives of children, young people and their families. This framework is for those who are involved with the commissioning of children's services in Sunderland, whether in health, social care, education or voluntary and community organisations. Its key purpose is to create a common approach to planning and commissioning across agencies by providing principles, guidance and support for commissioning activity.

Planning and 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 Sunderland.

The framework derives from the East Midlands regional commissioning framework. Work is underway to explore the potential for a North East regional framework.

The framework is divided into two parts:

The Handbook (this document)

This framework introduces key principles for planning and commissioning that all partners have 'signed up to' that will apply in their work. It provides information and guidance about effective practice consistent with these principles. This can help partners to develop local 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

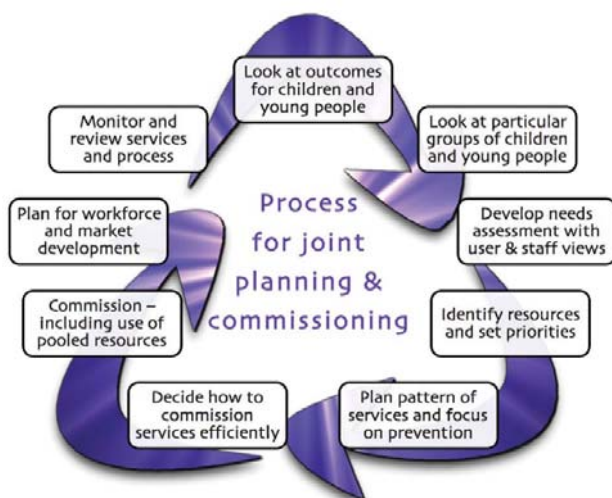
A website is being developed to hold information about Sunderland Children's Trust Commissioning Framework. The website will hold copies of all the tools and resources that are identified within this handbook. The website will be maintained and updated at www.sunderlandchildrenstrust.org.uk. The website will be developed to offer colleagues the opportunity to contribute to the framework's development.

IMPROVING SERVICES ... IMPROVING OUTCOMES

WHAT IS PLANNING AND COMMISSIONING?

Planning and commissioning is an ongoing, cyclical process that enables good quality, value-for-money services to be developed and procured in order to improve outcomes for children and young people.

The Department for Children, Schools and Families (DCSF) developed a planning and commissioning process in 2006 and Sunderland Children's Trust agreed to adopt it in the same year.



The process follows 9 stages, from assessing need; identifying resources; planning how to use those resources; arranging service delivery; monitoring quality and reviewing services; and re-assessing need.

The process of planning and commissioning is an **integrated** activity when two or more agencies coordinate their plans and strategies for using their resources to achieve agreed outcomes.

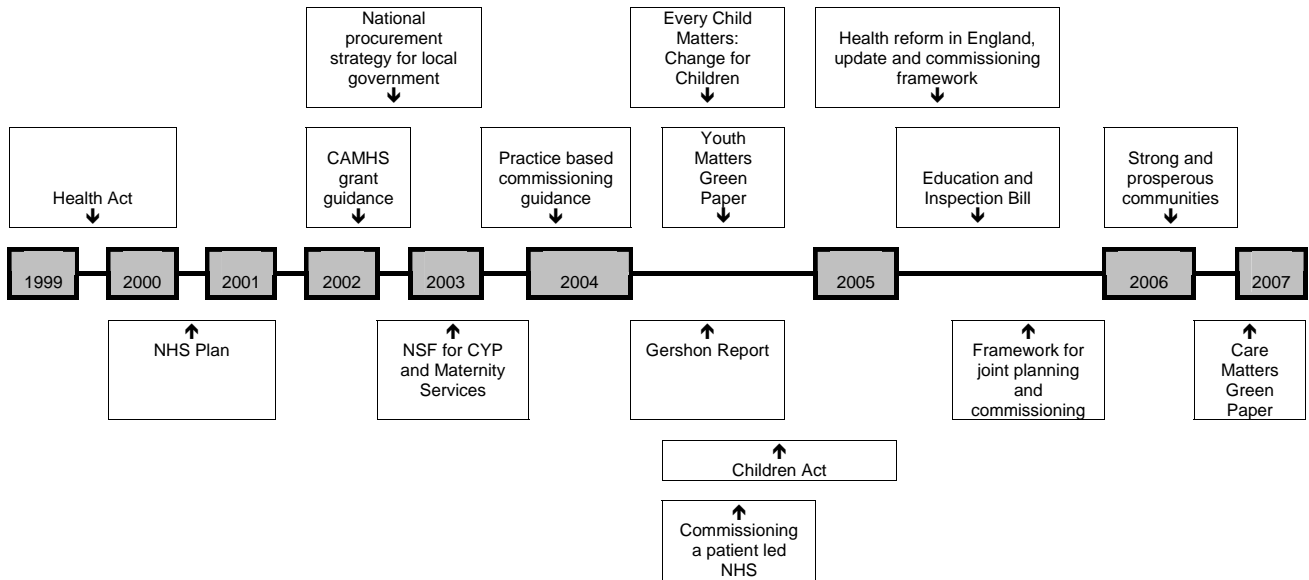
In a nutshell

...Planning and commissioning is about deciding **what** service is needed, **which** organisation should deliver the service and **how** it should be delivered, with the aim of delivering a **value-for-money** service, which meets agreed **outcomes**. Commissioning is **not a grant** for organisations to continue with their existing activities. Commissioning is a **quality assurance** process for the provision of **specific** services or activities.

IMPROVING SERVICES ... IMPROVING OUTCOMES

NATIONAL CONTEXT AND TIMELINE

The legislative and policy history of the transition towards commissioning can be traced back to 1999.



A description of the national guidance documents/legislation above can be found in Appendix 2.

IMPROVING SERVICES ... IMPROVING OUTCOMES

PRINCIPLES OF PLANNING AND COMMISSIONING

Planning and commissioning is at the heart of **improving outcomes** for children and young people. Our ten key principles are:

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
3. Provide **preventative services** as early as possible
4. Work in **partnership** to maximise effectiveness and reduce barriers to services
5. Ensure people have the **right skills** to undertake the work throughout the cycle
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 that they represent best practice and have clear **impact on outcomes**
9. **Spend money wisely** to secure effective services, including remodelling and decommissioning where necessary
10. Use **open and transparent** processes that build confidential partnerships

In following the planning and commissioning process and adopting the principles we will achieve:

- **Improved outcomes for children and young people**
- More efficient and effective use of planning, resourcing and commissioning services
- All stakeholders having an understanding of planning and commissioning and are involved in the process
- Shared and pooled resources
- Confident and motivated practitioners
- Value for money

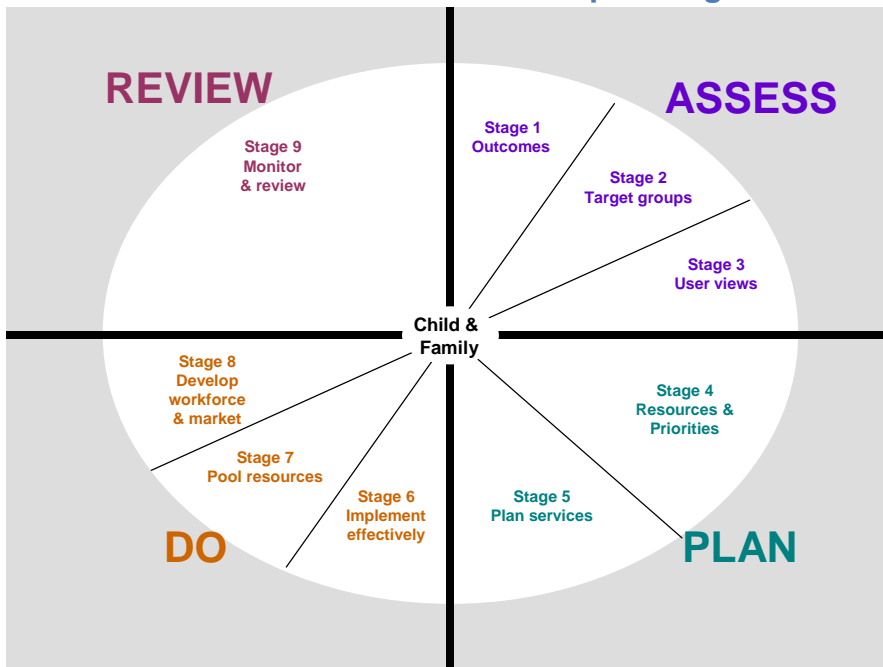
IMPROVING SERVICES ... IMPROVING OUTCOMES

OUTCOMES BASED PLANNING AND COMMISSIONING IN SUNDERLAND

The DCSF, Department of Health (DH) and Communities and Local Government (CLG) have all individually developed tools around planning and commissioning. While their tools are all slightly different there are four key activities that are alike and they are now incorporating these four key activities into their models. These four activities are to Assess, Plan, Do and Review.

As Sunderland Children's Trust agreed to adopt the 9-stage DCSF model, it decided to develop a Sunderland model that incorporates the four key activities.

Sunderland's model: outcomes based planning and commissioning



Central to planning and commissioning is supporting children and families, and improving outcomes.

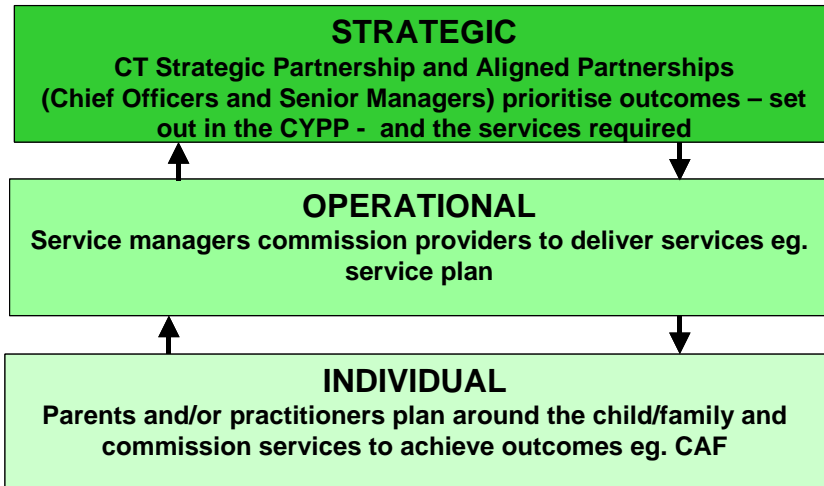
The model above follows the four key activities and nine stages:

Assess	-	Stages 1 - 3
Plan	-	Stages 4 - 5
Do	-	Stages 6 - 8
Review	-	Stage 9

IMPROVING SERVICES ... IMPROVING OUTCOMES

LEVELS OF PLANNING AND COMMISSIONING

There are three levels of planning and commissioning. At each level the planning and commissioning process should be followed.



Case example: Bullying

Individual level:

A child is being bullied at school. The school supports the child, using the resources/support services it is aware of.

A child at a youth club is being bullied near their home. The youth club plans to support the child, using the resources/support services it is aware of.

A child goes to a specific service for counselling. The child tells their counsellor they are being bullied and receives support from this service.

Operational level:

Children's Services collate information as part of their needs assessment, from schools and youth groups.

STPCT receives information as part of their needs assessment from the counselling service.

Both services pass information on to the Children's Trust

Strategic level:

The Children's Trust completes its needs assessment. As well as from CS and TPCT, the Trust receives information about surveys completed by Community and Cultural Services (CCS) and from the voluntary and community sector (VCS) that identify bullying. The Children's Trust identifies bullying as a priority.

No individual service – or working group – has a detailed overarching picture of bullying for the city – other than that collected through the Children's Trust needs assessment.

There are no services that solely focus on bullying.

There is no obvious aligned partnership that can take this forward. Therefore the Children's Trust acts as the driver, and ensures arrangements are in place to progress work around the priority.

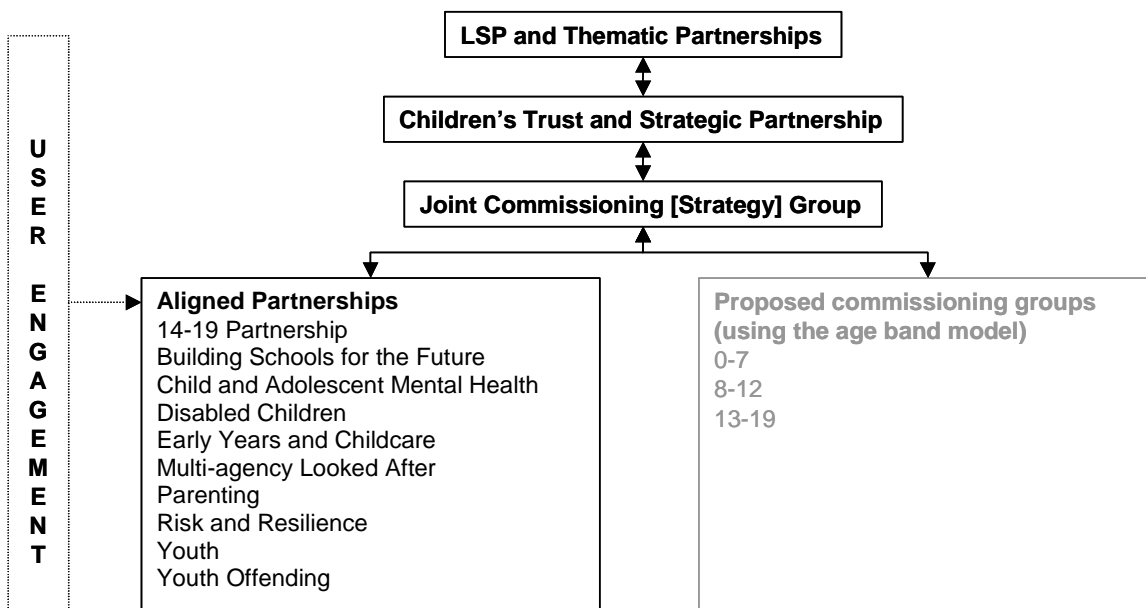
IMPROVING SERVICES ... IMPROVING OUTCOMES

STRATEGIC LEVEL PLANNING AND COMMISSIONING IN SUNDERLAND

The diagram below sets out strategic level planning and commissioning governance arrangements.

There is an expectation that all Aligned Partnerships will follow the planning and commissioning process.

A proposed model of commissioning has been proposed – age band modelling. Commissioners should consider how they can move towards planning and commissioning using age band modelling. Guidance to support commissioners is available throughout this handbook.



IMPROVING SERVICES ... IMPROVING OUTCOMES

TIMELINE

	Continuous REVIEW	ASSESS	PLAN	DO	Formal REVIEW
Apr		Assessment of need			
May					
Jun		Commissioning strategy			
Jul					
Aug					
Sept					
Oct					
Nov					
Dec		Contracts and formal agreements			
Jan					Evaluation
Feb					
Mar					

A Joint Commissioning Project Board is responsible for planning and commissioning developments in Sunderland, and is contributing to regional and national developments. Appendix 3 sets out the membership of this Board.

Please go to the website www.sunderlandchildrenstrust.org.uk to find out

- What achievements have been made so far
- What is happening and what future actions have been set


IMPROVING SERVICES ... IMPROVING OUTCOMES

THE JOINT COMMISSIONING UNIT

The Joint Commissioning Project Board is considering a business case to establish a unit to support planning and commissioning activity. When a decision has been reached, this section of the document will contain further information.

If you have any queries or would like to discuss this handbook, seek advice or find out more please contact the Performance, Improvement and Policy Team. The Team can be contacted by:

 childrens.services.info@sunderland.gov.uk

 0191 566 1847

IMPROVING SERVICES ... IMPROVING OUTCOMES

PLANNING AND COMMISSIONING FRAMEWORK

The remainder of this document runs through each activity and stage of the planning and commissioning process. For each activity, the handbook offers suggestions as to what you, as a commissioner, can do to complete the activity.

The handbook identifies tools and resources - that are being developed - that you will be able to use to help you complete the activity.

A workforce development programme is being developed that will offer advice, guidance and support at each of the four activities. The training will reinforce use of the handbook and the tools and resources within it.

Workforce development programme

Level 1 training - Communications Strategy – awareness raising

- Providing an overview of planning and commissioning activity
- By utilising existing communication methods
- For all practitioners and professionals have access to information

Level 2 training - knowledge

- Providing more detailed information of the planning and commissioning framework
- Running through the Handbook
- Spending time discussing each of the activities
- For individuals that manage the planning and commissioning process and are involved in the activities and stages

Level 3 training courses - knowledge and skills

- Four specific training courses to cover the four key activities of Assess, Plan, Do, Review
- Each course will teach attendees how to use tools to assist them complete each stage
- For individuals that are involved in the activities and stages identified in the framework

Level 4 training - technical skills

- To provide an overview of the Children's Trust's planning and commissioning framework
- For teams of staff that support technical areas of planning and commissioning eg. Finance, HR, Legal, Contracting, Market Development, Workforce Development



ACTIVITY ONE: ASSESS

Activity One comprises the first three stages of the planning and commissioning process. Activity One focuses on completing an assessment of need. This period of activity takes place during April – June.

The DH and DfES Guidance provides guidance against each of these stages.

Stage 1: Look at outcomes: ‘Consider the current pattern and recent trends of outcomes for children and young people in their area against national and relevant local comparators’

Stage 2: Focus on particular groups: ‘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’

Stage 3: Needs analysis: ‘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’

What is involved in this activity?

1. Identify the outcomes that you want to work towards and improve

2. Identify the data that contributes towards those outcomes. Collect, monitor and analyse data

Identify

- Ask partners – statutory, voluntary and community - what information they have that can contribute. This may relate to their customers use of the service, as well as compliments and complaints
- Identify relevant performance indicators
- Use data that is easily accessible and available nationally eg. Office for National Statistics

Collect and monitor

- Collect data so that it can be broken down by age, ethnicity, gender, religion, geography
- You may want to collect data so that it can be broken down further by sexual orientation, learning difficulty, disability, looked after status, risk of criminality

Analyse

- Analyse data using the age model adopted by the Children's Trust [0-7, 8-12, 13+]
- Analyse the data to determine whether there are any specific vulnerable groups
- Compare data with other Children's Trusts and statistical neighbours
- Use the data to identify trends and historical patterns, current needs and forecast future needs

3. Ask the views of children, young people and families

- Find out what service users and the general public think their needs are and what types of services they would like to access – in order to improve outcomes
- Use existing networks to enable participation
- Consider whether a Communications Strategy/Consultation Strategy would assist you

4. Ask the views of professionals and practitioners

- Ask the experts – those people working directly with children, young people and families
- Use practitioner networks to gain advice and participation

5. Review national guidance, research and best practice

- To ensure you are aware of local and national policy and how this will impact on your assessment of need

6. Complete your analysis

- Relate your analysis to outcomes
- Consider all of the data you have identified, collected, monitored and analysed
- Consider the views of children, young people and families
- Consider the review of national guidance, research and best practice
- Consider your evaluation of current service providers and how well they have impacted on improving outcomes [Stage 9]
- Identify any areas that need further, more in-depth analysis

7. Inform others about your analysis

- Advise the Children's Trust on your assessment of need
- Convey key messages to your customers – in an easy to understand way - about the outcomes of your assessment of need

What are the outcomes of this activity

- Better understanding of specific and overarching needs in Sunderland
- Better understanding of the use of services – who is using them and when
- Understanding of the impact of national and local policy issues
- Better understanding of the needs that are being met and those that are not
- Identification of vulnerable groups in Sunderland ie. CLA, BME
- Better understanding of how existing services have improved outcomes for ALL children, young people and families
- The holistic needs assessment is owned by ALL children, young people and families, and ALL professionals and practitioners

What tools and resources are there to support you

Tools:

- Coordinating and completing an assessment of need – Needs analysis toolkit [D]
- Consultation Guidance [D]
- Participation and engagement of children, young people and families Guidance [D]
- Communications Guidance [D]
- Turning the Curve [A]

Resources:

- Joint Strategic Needs Assessment [D]
- Quality Assurance Framework (Youth Development Group / Children's Services) [D]
- Area profile – North, South, East, West, Washington & Coalfields [D]

[A: Available]

[D: in Development]

Who can support you to complete this activity

You should identify individuals from within your organisation that can support you to complete tasks within this activity.

The Joint Commissioning Project Board is considering a business case to establish formal support for planning and commissioning activity. When a decision has been reached, this activity will be updated accordingly.



ACTIVITY TWO: PLAN

Activity Two comprises stages 4 and 5 of the planning and commissioning process. Activity Two focuses on setting priorities and planning. This period of activity takes place during July - September.

The DH and DfES Guidance provides guidance against each of these stages.

Stage 4: Identify resources, set priorities: ‘Agree on the nature and scale of the local challenge, identify the resources available and set priorities for action’

Stage 5: Plan services – focus on prevention: ‘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’

What is involved in this activity?

1. Analyse existing services and potential service providers

- Map services against outcomes, needs and resources attached to each service - Include those delivered by all providers (including statutory, voluntary and community sectors)
- Analyse service information to identify correlations, overlaps and gaps in service provision

2. Set priorities

- Use the findings of your assessment of need – including national and local priorities and drivers
- As the Children’s Trust has adopted an age model [0-7, 8-12, 13+] it makes sense to incorporate priorities with the age bands
- Use the findings of service analysis (point 1 above)

3. Identify resources

- Identify resources available
- Identify external resources that could be utilised eg. external funding

4. Agree planning and commissioning recommendations

- Make recommendations about service delivery
- Consider procurement/contractual requirements for service delivery
- All recommendations must be based on improving outcomes
- All recommendations must be evidence based
- Recommendations should be linked to the age band model [0-7, 8-12, 13+] and other appropriate and relevant models you have used eg. geography
- Consider the impact of the recommendations and where else they will impact – what other outcomes and needs will be affected by the recommendations

5. Identify potential cross cutting issues

- Contact relevant Aligned Partnerships and other commissioners where there may be cross cutting issues
- Work with other commissioners to determine whether an issue/priority can be progressed jointly
- Set out arrangements for progressing jointly

6. Produce a draft Commissioning Strategy

- Identify the outcomes you want to achieve
- Provide an outline of your assessment of need
- Identify your priorities – linked to outcomes
- Identify the resources available
- State your recommendations and their impact
- If any shared cross cutting issues/priorities have been identified, state
 - Who the shared issue is with
 - What the shared issue is
 - How you have agreed to progress this

7. Forward the draft Commissioning Strategy to the Children's Trust Strategic Partnership

- The Children's Trust Strategic Partnership will discuss the Strategy
- Cross cutting issues and opportunities for joint working will be identified

8. Share information with stakeholders

- Share your Commissioning Strategy or an Executive Summary/recommendations with key stakeholders
- This may include existing providers and potential providers
- Whatever information is shared, it must be done in a way that is appropriate for the audience

What are the outcomes of this activity

- An understanding of the local market – providers, supply and demand, gaps
- Clear set of priorities to work towards
- Understanding of resources available
- Comprehensive Commissioning Strategy

What tools and resources are there to support you

Tools:

- Market analysis Toolkit – to help you map services [D]
- Preparing a Commissioning Strategy – Guidance and template [D]

[A: Available]

[D: in Development]

Resources:

-

Who can support you to complete this activity

You should identify individuals from within your organisation that can support you to complete tasks within this activity.

The Joint Commissioning Project Board is considering a business case to establish formal support for planning and commissioning activity. When a decision has been reached, this activity will be updated accordingly.



ACTIVITY THREE: DO

Activity Three comprises stages 6, 7 and 8 of the planning and commissioning process. Activity Three focuses on ensuring appropriate services are in place. This period of activity takes place from September to March.

Note: timescales suggested are flexible. It is anticipated that this activity will take place at all times of the year.

The DH and DfES Guidance provides guidance against each of these stages.

Stage 6: Commission effectively: ‘Decide together how best to deliver outcomes, including drawing in alternative providers to widen options and increase efficiency’

Stage 7: Pooled resources: ‘Develop and extend joint commissioning from pooled budgets and pooled resources’

Stage 8: Workforce and market development: ‘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’

What is involved in this activity?

1. **Use the Commissioning Strategy as a basis for discussion [prepared during Activity Two]**
2. **Draw up Service Specifications that set out the services you want in place**
3. **Carry out market analysis of services for children and young people**
 - Build on previous mapping exercise completed in Activity Two (which maps existing services and potential service providers)
 - Map out skills base within existing and potential service providers
4. **Discuss and agree the funds and other resources that are available**
 - Identify funds that are available and discuss options around aligning and pooling budgets and collaborative contracting/procurement if appropriate
 - Identify options for sharing staff / building space etc
 - Consider current examples where resources are shared

- 5. Determine how best to proceed to ensure the right services are in place. There are three key options to consider:**
- You should follow the appropriate procurement process designed to support your chosen option to either
 - Design a new service
 - Redesign an existing service
 - Decommission an existing service, having assessed the impact of terminating the contract
- 6. Agree which agencies will/not deliver services**
- Be open and transparent in your decision making
 - Share appropriate information with stakeholders in a way that is appropriate for the audience
- 7. Ensure formal arrangements in place with services**
- You must be clear what you expect from a service and set this out in the formal arrangement eg. outcome based contract/SLA where appropriate
 - The Quality Assurance Framework will support you to ensure that formal arrangements are monitored [Activity Four]
- 8. Support and encourage market development**
- Build on your market analysis by considering how you can help support the local market
 - To enable providers to improve their skills and develop
 - To encourage customers to use services
 - The Children's Trust Strategic Partnership is responsible for overseeing sustainability planning. Forward your market analysis to the Children's Trust, which will inform the development of market and workforce development plans.

What are the outcomes of this activity

- Understanding of the local market and workforce skills
- Transparent and clear processes in place to procure services
- Transparent and clear use of resources
- Formal arrangements in place with services

What tools and resources are there to support you

Tools:

- Template and Model Service Specification [A]
- Market development toolkit / Market Analysis Guidance [D]
- Guidance: Redesigning a service [D]

Resources:

- Overview of procurement and contracting (inc. principles, types, what to consider re monitoring) [D]
- The Council Constitution / Procurement Procedure Rules
- Overview of Pooling Arrangements ie. Health Act flexibilities [D]
- Procurement Service Support [D]
- Children's Services Workforce Development Strategy [D]
- Quality Assurance Framework [D]

[A: Available]

[D: in Development]

Who can support you to complete this activity

You should identify individuals from within your organisation that can support you to complete tasks within this activity.

The Joint Commissioning Project Board is considering a business case to establish formal support for planning and commissioning activity. When a decision has been reached, this activity will be updated accordingly.



ACTIVITY FOUR: REVIEW

Activity Four comprises stage 9 of the planning and commissioning process. Activity Four focuses on monitoring and reviewing services that are in place, and the processes that are used within the whole planning and commissioning process. Monitoring activity takes place throughout the year. Formal evaluation takes place from December to March.

The DH and DfES Guidance provides guidance against the stage.

Stage 9: Monitor and review: ‘Monitor and review to ensure services and the joint planning and commissioning process are working to deliver the goals set out for them’

What is involved in this activity?

Monitoring and reviewing services

1. Monitor the performance of a service

- Use the formal arrangement (eg. SLA (internal only), contract) to monitor performance criteria set ie. Data around use of the service, who is using the service, what outcomes are being achieved. Identify an officer with responsibilities for monitoring service performance against outcomes

2. Work with less efficient or effective providers to improve performance and outcomes

- Identify those services that are not meeting or are finding it difficult to meet targets set
- Work with services to help discover reasons why they are having difficulties meeting targets
- Support services to overcome these difficulties, to improve performance and outcomes

3. Complete a formal review of services

- In December begin the formal review of services
- The Quality Assurance Framework will support you in the formal review process and tools that can be used within it

Monitoring and reviewing the planning and commissioning process

1. Commissioners self-assess their use of the process

- Commissioners will have the opportunity to self-assess their use of the planning and commissioning process and identify areas of the process that perform well/not so well
- Commissioners should aim to improve their performance at these areas of the process in the following cycle
- Commissioners should forward their findings to the Children’s Trust

2. The Children's Trust will evaluate the process

- Feedback will be sought from those using the process – commissioners and service providers
- Outcomes data will be used to determine the impact of commissioning strategies
- Self-assessment eg APA
- Findings from the review will be circulated within the Children's Trust and recommendations will be made to improve the process

3. The Children's Trust will pilot an updated and improved process

- Recommendations from the pilot will be made and the whole process updated accordingly.

What are the outcomes of this activity

- Good quality services in place
- Improvement in positive outcomes
- Strong skills within services
- Minimum standards achieved within all services
- Efficient and effective planning and commissioning process in place
- Relevant stakeholders involved in evaluating the process based on their experiences

What tools and resources are there to support you

Tools:

Monitoring and reviewing services

- Quality Assurance Framework [D]
- HBR / VPA [A/D]

Monitoring and reviewing the planning and commissioning process

- Commissioners self-assessment tool [D]
- Planning and commissioning process review [D]

Resources:

Monitoring and reviewing services

- Procurement Support Service [D]

Monitoring and reviewing the planning and commissioning process

-

[A: Available]

[D: in Development]

Who can support you to complete this activity

You should identify individuals from within your organisation that can support you to complete tasks within this activity.

The Joint Commissioning Project Board is considering a business case to establish formal support for planning and commissioning activity. When a decision has been reached, this activity will be updated accordingly.

APPENDICES

APPENDIX 1

Children's Trust Strategic Partnership

Membership

Name	Title
Dr Helen Paterson	Director of Children's Services
Keith Moore	Deputy Director of Children's Services
Mick McCracken	Head of Safeguarding, Children's Services
Lynda Brown	Head of Standards, Children's Services
Judith Hay	Head of Positive Contribution & Economic Wellbeing, Children's Services
Paul Campbell	Head of Resources, Children's Services
Norma Hardy	Head of Policy, Planning and Preparation for Inspection
Janette Sherratt	Health Improvement Lead, Children's Services
Ray Reay	Chief Executive, Connexions
Nonnie Crawford	Director of Public Health, Sunderland Locality
Carol Harries	Divisional Director of Family Care, City Hospitals
Sally Collingwood	Primary Headteacher
Richard Wilkinson	Secondary Headteacher
Steve Barna	Development Manager, Sunderland Voluntary Sector Youth Forum
Jeff McCartney	Assistant Chief Officer, Northumbria Probation Service
John Lingwood	DCI, Northumbria Police
Liz Orr	Learning Skills Council
Angela O'Donoghue	Principal, City of Sunderland College
Pat Havord	Head of Corporate Planning, Sunderland Housing Group
Julie Gray	Head of Community Services, Sunderland City Council
Marian McGuinness	Children's Services Manager, Barnardos
Jane Hedley	Senior Solicitor, Sunderland City Council
Joy Akehurst	Assistant Director of Provider Development NHS South of Tyne and Wear
Bruce Dickie	Director of Children, Young People and Specialist Services

APPENDIX 2

National context and impact of recent policy

The Health Act

1999

The legislative basis for new ways of working in partnership came from the Health Act 1999 – Section 31.

The flexibilities relax some of the statutory dues and obligations of NHS and LA organisations that had been perceived to create barriers to closer collaborative working – flexibilities became operational in April 2002, and their introduction have allowed NHS & LA organisations to:

Pool budgets - each partner contributing agreed funds to a single pot spent on agreed projects for designated services

Introduce lead commissioning - partners agree to delegate commissioning to one lead organisation

Develop integrated provision - partners join together staff, resources, management structures etc to integrate service provision from managerial level to front-line enabling the design of services around need rather than organisational boundaries with one of the results being the elimination gaps or duplication of provision.

1,2 or all 3 of the flexibilities can be used simultaneously.

The NHS Plan

2000

Pushed forward the performance agenda. One of the criticisms the plan was designed to address was “lack of clear incentives and levers to improve performance - for the first time there will be a system of inspection and accountability for all parts of the NHS” - new money to reward good performance.

The ‘Planning and Priorities Framework 2003-2006’ came out of the NHS Plan and sets specific targets for partners involved in providing services to specific client groups. Identified service priorities across health and social care. Examples for children’s services are:

Over-arching (e.g. more choice, safety, better info systems, reduced waiting lists)

Specific (e.g. reduced under 18 teenage pregnancy rates, improved education and training outcomes for care leavers, reduce infant mortality, implement NSF)

To a certain extent have been overtaken by ECM agenda.

National Procurement Strategy for Local Government

2003

Sir Ian Byatt’s review of local government procurement in 2001 which noted that local authorities lacked enough people of the right skills to implement a programme of radical improvement in their procurement function.

Working with departments to promulgate successful examples of enhanced supply sector management and encourage use of shared procurement models such as framework contracts or regional purchasing consortia;

Encouraging departments further to enhance procurement expertise;

Working with departments with policy leads for particular sectors – for example the Department of Health (DH) in relation to social care to facilitate savings in partnership with

the wider public sector;

The establishment of change agents to help address issues such as fragmentation of the demand side, lack of a market overview including availability of overall market data, and little strategic supply chain management.

The Office of the Deputy Prime Minister (ODPM) sets out a target in the National Procurement Strategy for Local Government that by 2006 it want to see local governments: **‘Delivering significantly better quality public services that meet the needs of all local citizens through sustainable partnerships they have forged with a range of public, private, social enterprise and voluntary sector organisations’**

The Gershon Report

2004

This review focused on the governments’ objective to release major resources from activities which can be undertaken more efficiently into front line services that meet the public’s highest priorities.

The Treasury 2004 Spending Review includes an agreed target for the Department of Health that aims to achieve a total annual efficiency gain of around £6.5 billion by 2007-08, of which over half will be cashable, release resources for front-line activities. As part of its review it concluded that in general significant scope exists for delivering procurement savings in particular through:

Better supply side management: seeking to communicate and manage likely aggregate public sector demand in a strategic way with the supply sector, thereby enabling the supply side better to anticipate and plan for shifts in public sector demand; and

Further professionalisation of the procurement function within the public sector through either use of shared procurement models, or the enhancement of procurement skills.

DH : Health Reform in England, Update and Commissioning Framework

2006

Next stage of reforms:

More choice and a stronger voice for patients and service users who will be able, in consultation with their clinicians, to choose the highest quality of care appropriate for their needs.

Practices and PCTs as commissioners using their knowledge of local communities and extensive public and patient involvement to get the best value within available resources. Commissioners working to improve the health of their population, reduce health inequalities, guarantee choice and secure the best possible services. An NHS that works in partnership with local authorities and other local services to deliver improvements and to promote equality, inclusion and respect.

More freedom for providers to innovate and improve services in response to the needs and decisions of patients, GPs and commissioners. Further expansion of NHS Foundation Trusts; a continuing role for PCT direct provision; more opportunities for voluntary sector, social enterprise and private sector providers where they can help deliver better services with better value for money.

Clinicians and other staff leading change, with greater freedom and support to focus on the

quality of patient care, with new roles emerging to respond more swiftly to patient need, new treatment methods and technological change.

Effective management of the system, backed by regulation that assures national core standards and focuses intervention on services most in need.

A financial framework, including tariffs, that incentivises improvements in patient care, supports the development of care integrated around patient need (especially long-term care needs), and promotes financial responsibility and best value within allocated

Commissioning a Patient-Led NHS

2005

Focuses on how the Department of Health will develop commissioning throughout the whole NHS system, with some changes in function for primary care trusts and strategic health authorities.

In future both will concentrate on three main areas:
promoting health improvement and reducing inequalities
securing safe and high quality services for their population
emergency planning

This will require:

- better engagement with local clinicians in the design of services;
- faster, universal roll-out of Practice Based Commissioning;
- developing PCTs to support Practice Based Commissioning, and take on the responsibility for performance management through contracts with all providers, including those in the independent sector;
- reviewing the functions of SHAs to support commissioning and contract management.

As a general principle reconfigured PCTs will have a clear relationship with local authority social services boundaries. This does not need to mean a rigid 1:1 coterminosity – big Local Authorities might have more than one PCT whereas a number of small Unitary Authorities might fit into one PCT.

Implications are:

Improvements in commissioning, the determination to make progress on working with Local Authorities on **Choosing Health**, and the commitment to make £250 million of savings in overhead costs, which requires NHS organisations to change and develop.

Most PCTs currently provide services. As PCTs focus on promoting health and commissioning services, arrangements should be made to secure services from a range of providers – rather than just through direct provision by the PCT. This will bring a degree of contestability to community-based services, with a greater variety of service offerings and responsiveness to patient needs.

The National Service Framework for CYP and Maternity Services

2004

Sets standards for the way in which services to CYP should be delivered in the future (10 year plan). Should have a strong influence on the way in which services are organised and delivered over the next few years – teeth? Examples include: key working for CWDIs and improved coordination / access to specific services for high risk groups.

The Green Paper on Youth

2005

Heralds change in the way Information, Advice and Guidance (IAG) services should be commissioned and delivered in the future – commissioning responsibility to move from Connexions to LAs.

Clarification of local authority duty to secure positive activities for all young people and some high risk groups in particular (through commissioning and provision). There will be national standards for activities, e.g. access to 2 hours + per week sporting activities, opportunities to volunteer.

Capital funding of £40 million over 2 years from April 2006 enabling LAs and partners to develop new approaches to youth services. Focus on deprived areas.

Piloting of opportunity cards for all YP giving discounts on a range of activities and an 'opportunity fund' in each LA (Young people can decide how it's spent).

The Education and Inspections Bill

2006 February

Trust schools

The Bill will empower schools by devolving as much decision-making to them as possible, while giving local authorities an enhanced strategic role as the champion of pupils and parents.

All schools will be able to become Trust schools by forming links with external partners who will be able, should the school choose, to appoint the majority of the Governing Body.

Local authorities will take on a new strategic role, with duties to promote choice, diversity, high standards and, for the first time, the fulfillment of every child's educational potential.

They will respond to parental concerns about the quality of local schools – and, in doing so, they will have new powers to intervene earlier where performance is poor. As the commissioner of school places, local authorities will be able to propose expansions to all categories of school, set the terms for school competitions and take all decisions relating to school organisation.

Also tighter admissions – ban interviewing, strengthen code, duty to provide free transport for disadvantaged

The CAMHS Grant Guidance

2003 (-2006)

Highlighted gaps in existing provision, particularly at lower tiers. Required a 'comprehensive service' based on the best available evidence about what works and increases (10% per year) in capacity. Has spawned a new breed of primary care services. Other major influence on commissioning = often the way in which areas have explored joint commissioning (budgets held by LAs – who are required to work with all relevant partners to develop services).

The Framework for Joint Planning and Commissioning

2006

DfES guidance to local authorities and PCTs and others on how to undertake planning and commissioning of children's services.

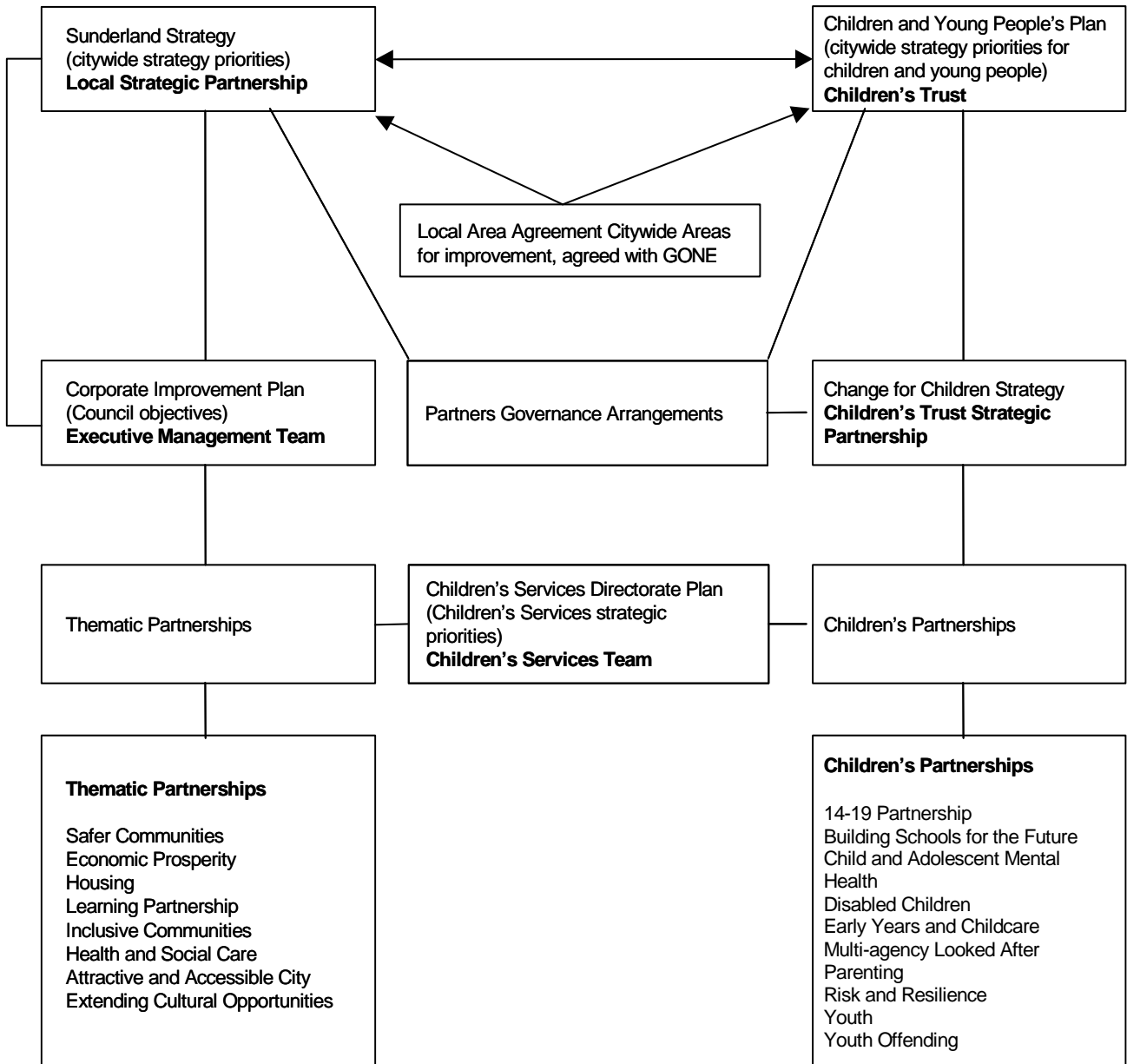
Outlines a model involving 9 steps and includes case studies and examples.

Emphasis on encouraging the development of prevention and early intervention services.

High level. A starting point for more detailed development.

APPENDIX 3

Children's Trust Governance Arrangements



APPENDIX 4

Joint Commissioning Board Membership

Name	Agency
Steve Barna	Voluntary Youth Sector Forum
Tony Davey	Children's Services
Leanne Fairbairn	Children's Services
Judith Hay	Children's Services
Phil Hayden	Children's Services
Vivienne Metcalfe	Community and Cultural Services
Sheila Kennedy	Health, Housing and Adult Services
Mick McCracken	Children's Services
John Markall	Children's Services
Keith Moore [Chair]	Children's Services
Pauline Piddington	LSC
Ray Reay	Children's Services
Janette Sherratt	STPCT / Children's Services

APPENDIX 5

Glossary of terms used in planning and commissioning

Term	Definition
Accountability	Overall management of day-to-day services' - continuous duty to report and inform all stakeholders as relevant
Assessment	The collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.
Best Value	The legal requirement of all local authorities to make sure that they deliver value for money across their services.
Block contract	A contract which guarantees a given volume of business with the service provider
Business Intelligence	Information and analysis from a range of sources
Capacity building	Activities that aim to increase the ability of the charity and voluntary sector to provide services or take action, mainly relating to the training and development of staff in both campaign and hands-on work, and related jobs such as financial management and information technology. Sometimes related to building the infrastructure of the sector through umbrella bodies and networking groups.
Care Trusts	A type of NHS body, which combines NHS healthcare services and certain, delegated functions from local authorities, including personal social services.
Clinical Governance	A national framework through which NHS bodies are accountable for continuously improving the quality and clinical effectiveness of the services they provide
Commissioning	The whole process of assessing need (collective and individual), identifying resources available, planning how to use the resources, arranging service delivery (which could be through direct provision or contracting with other bodies), monitoring of quality and the reviewing of the service and assessment of need.
Consortium	An arrangement to optimise buying power and make best use of commissioning skills by aggregating the purchasing requirements of more than one public sector organisation.
Customer satisfaction	How individuals relate to service delivery and their perspective of the way the service has been delivered and whether it met their expectations
Contestability	The process of ensuring that there is a viable market of alternative providers by reducing barriers to market entry and encouraging competition.
Contract	Legally binding agreement that details service requirements and terms and conditions, including required outcomes
Decommissioning	The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives
Direct Payments or Individual Care Accounts (or	The budgets allocated to individuals, according to agreed priorities, with which the individual is authorised to commission their own services to <u>meet</u> their assessed needs

Term	Definition
individual Budgets)	
Efficient	The minimum use of resources necessary at the right time to achieve projected outcomes
Evidence based	What works/does not work to achieve outcomes
Framework	A guide that provides support and structure around what you want to do
Full-cost recovery	Recovering or funding the full costs of a project or service. In addition to the costs directly associated with the project, such as staff and equipment, projects will also draw on the rest of the organisation. For example, adequate finance, human resources, management, and IT systems, are also integral components of any project or service.
Golden thread	The concept of a 'Golden Thread' is useful to explain how all plans and strategies are connected and how teams and individuals impact on the priorities for improving outcomes for children and young people. The 'Golden Thread' links corporate and community objectives, through to the individual needs of children and young people.
Good practice	Where work delivered has been recognised by using a range of indicators (eg consultation, etc) as being of a consistent high standard
Governance	The process of holding people to account
Improved Outcome	A planned improvement in the condition of well being for ...
Independent Sector	An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations
Integrated Commissioning	Two or more agencies co-ordinating their strategies for using their resources to achieve agreed outcomes
Joint Commissioning	Two or more agencies pooling their resources to implement a common strategy for providing services.
Joint purchasing	Two or more agencies co-ordinating the actual buying of services, generally within the context of joint-commissioning
Local Area Agreement	A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP).
Local Strategic Partnerships (LSPs)	Bring together the different parts of the public sector with the private business, community and voluntary sectors in order to work together more effectively. They are expected to prepare and implement the community strategy and develop targets where there is to be a public service agreement. It is not a statutory requirement to have a Local Strategic Partnership but most Local Authorities (94%) are establishing or planning to establish one. In the 88 Local Authority areas eligible for the Neighbourhood Renewal Fund it is a condition of funding that a Partnership is developed. One of the roles of the Partnership will be to develop and deliver a local neighbourhood renewal strategy. Local Strategic Partnerships should rationalise and simplify other Local Partnerships arrangements and work with neighbourhood based partnerships.

Term	Definition
Mainstreaming	'The process of transferring policy, good practice or activity from area-based initiatives or special programmes into the core of mainstream service provision.' Source: The Revision of Area Based Initiatives by the Regional Co-ordination Unit
Model	A representation or illustration. A model should be the best fit of its type. For this purpose, the model is used to depict the situation around an area of work.
Needs assessment	A process that involved the identification and analysis of needs (and using the results to inform and influence).
Neighbourhood renewal	'...is about reversing the spiral of decline. It is about working from the grassroots to deliver economic prosperity and jobs, safer communities, good education, decent housing, physical environment as well as fostering a new sense of community amongst residents.'
Outcome	A condition of well-being for children, adults and communities.
Outcome indicator	A measure that helps quantify the achievement of an outcome.
Output	Measure of the quantity or amount of effort, how much service was delivered.
Partnering	A relationship between purchasers and providers of goods and services throughout the supply chain, which is designed to maximise the effectiveness of each participant's resources.
Partnerships	Structures that exist to deliver programmes. They bring together a number of formal organisations, for example statutory authorities, private companies and voluntary organisations. It has been unusual for community sector groups and organisations to be represented, although there are now attempts to include community interests.
Performance measure	A measure of how well a service or service system is working from identified and agreed baselines, achieving outcomes.
Plan (Action Plan)	The actions that need to be taken to get where you want to be. The plan should relate directly to strategy.
Primary Care Trust (PCT)	'Evolved from primary care groups, PCTs are free-standing statutory bodies that provide primary and community services and commission secondary (hospital) care on behalf of their local population. By April 2004, all PCG's are expected to be PCTs, which will commission 75% of the NHS budget.'
Process	The set of fixed steps taken to do something.
Procurement	The process of acquiring goods, works and services, covering both acquisition from third parties and from in-house providers.
Providers	Any person, group of people or organisation supplying goods, works and services. Providers may be in statutory and non-statutory sectors.
Purchaser	A budget-holder who contracts to buy a service from a provider.
Quality and Outcomes Framework (QOF)	Part of the contract PCT's have with GP's. It is negotiated nationally and rewards best practice and improving quality.
Quality Process	Where a set of established standards can be monitored and evaluated by service users and commissioners.
Regeneration	'The process of upgrading an area through social, economic and

Term	Definition
	infrastructure investment and improvement.'
Responsibility	Overall `responsibility' /control management.
Service Level agreement	Written undertaking agreed between purchasing and providing agencies.
Service Specification	Sets out the detail of the service to be provided, with identified targets and outcomes.
Social capital	The idea of trust and cooperation that can be measured within communities. This is increasingly seen as being of fundamental importance to social inclusion and regeneration programmes.
Social Care markets	The collections of purchasers and providers of social care services in a specific area or field of service and how they do business with one another.
Social enterprise	'Usually, but not always, non-profit-distributing enterprises but they take many institutional forms, including voluntary, co-operative, mutual or companies limited by guarantee. They seek high levels of accountability to their stakeholders. Social enterprises are increasingly recognised as part of a crucial third sector, distinguishing them from the public and private sectors.'
Social exclusion	'The Government has defined social exclusion as "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown." This is a deliberately flexible definition and the problems listed are only examples...The most important characteristic of social exclusion is that these problems are linked and mutually reinforcing, and can combine to create a complex and fast moving vicious cycle...The term includes poverty and low income, but is broader and addresses some of the wider causes and consequences of poverty.
Social justice	Enabling people to claim their human rights, meet their needs, and have greater control over the decision-making processes which affect their lives.
Spot purchasing	A method of purchasing services for individuals to achieve the most flexible responses to an individual's needs.
Stakeholders	All 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.
Standards	Requirements of essential criteria.
Statutory authority	An organisation that is required by law to provide public services and receives central or local government funding, for example health authorities and local authorities.
Strategy	A document that shows you where you want to be.
Targets	A desired level of achievement for an indicator or performance measure.
Tariff	A set price for each type of procedure carried out in the NHS.
Tender	A formal offer to provide services as a response to a specification, usually for a stated price or in accordance with a schedule of stated

Term	Definition
	prices.
Tendering process	To invite formal offers to provide services; to evaluate offers and to select provider.
Third sector	Generic collective name for charity, voluntary, community, non-government and campaigning organisations.
Universal services	Services provided for the whole community, including education and health, housing, leisure facilities and transport.
User involvement	Actively engage all users in the planning, development and evaluation of services.
Value for money	Achieving the best possible outcome with the resources available (not just money).

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