

ESTABLISHING A JOINT APPROACH TO COMMISSIONING ACROSS THE CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP 2013 - 2016

Introduction

Commissioning is a process for ensuring that services are designed around improving outcomes, making the best use of resources and meeting increasing budget pressures. The challenge is to ensure that processes are efficient, effective, equitable and sustainable and, where this is not the case, facilitate change.

This framework sets out the way in which the component members of the Bracknell Forest Children and Young People's (C&YP) Partnership have agreed to work together to ensure that joint planning and commissioning are central to ensuring good outcomes for all children, young people and their families living and growing up in Bracknell Forest. The document applies to single agency, integrated and joint commissioning and is a step towards achieving the vision of joined up strategic commissioning led by the Partnership. Work will be reviewed and amended regularly in line with national and local developments.

Policy and context

National and local developments

A robust approach to commissioning services is a key way of ensuring that services meet local needs. This is where the importance of having clear outcomes-focused services, which offer genuine value for money, will play an ever greater role. Integrated and joint commissioning are recognised as enabling partners to work together more effectively in service delivery.

Local authorities, Primary Care Trusts and other partners have been commissioning services as individual agencies for many years. Joint planning and commissioning came to a greater prominence with the introduction of the original C&YP Trust and the first C&YP Plan in 2005. Statutory Guidance on Children's Trusts published in November 2008 stated that commissioning was a strategic responsibility of Trusts. The first Joint Commissioning Framework was published in July 2009. Although the statutory need for Trusts has gone the view of the successor body, the C&YP Partnership, is that integrated and joint commissioning continues to be a strategic aim of the partners.

Since the Coalition Government came into power in 2010 the emphasis has moved from a central prescription of service delivery to greater local determination, based on local needs and priorities. This has provided new opportunities for all partners working with children and young people, including a greater role for voluntary and charitable sector organisations.

The Council and partners are at different stages in developing their approach to commissioning. The approach in health services is developing with the establishment of the new Bracknell and Ascot CCG, the transfer of public health to local authorities and the establishment of the NHS Commissioning Board (NHSCB). Commissioning is based on a comprehensive needs assessment which is updated annually¹ and is based on the Joint Strategic Needs Assessment. Further details of needs are included in 'Creating Opportunities - A joint strategic plan for children and young people in Bracknell Forest'² and the NHS Bracknell and Ascot Clinical Commissioning Group (CCG) Draft Commissioning Plan³.

Individual agencies have been commissioning services for many years. However budgets available to the Council and partners have reduced since 2010 as a result of reductions in Government funding and grants. Further reductions are likely in the short and medium-term. Budgets will also be subject to challenges as a result of the pressure from competing priorities, accountabilities, timescales and processes. Partly driven by the need to achieve better value for money in service delivery, work is developing in two areas. Firstly towards integrated and joint commissioning, focusing on driving improvements for children, young people and their families through new partnerships, a sharper focus on the needs of the end user and a strategic understanding of how all outcomes for children and families can be met locally. Secondly better value may be possible through a more commercially-minded approach to procurement.

Schools are being invited to become academies with more direct accountability for school budgets and decision making (commissioning). All schools can buy services from other providers, so services need to be of the highest standard in order to 'compete'. If a significant number of schools in Bracknell Forest become academies then there will need to be changes to local authority services that support schools.

Children and Young People's (C&YP) Partnership

The C&YP Partnership ('the Partnership') is a group that represents all the agencies and organisations who provide support to children, young people and families in Bracknell Forest. These include for example, the Council, Health Service organisations, the Police and Voluntary and Community sector organisations.

The aim of the Partnership is to:

...."enable all children, young people and families to lead healthy and fulfilled lives, to play an active role within their community and realise their aspirations and potential through the well-coordinated provision of support and services".

Vision for C&YP

The Partnership's ambition for all C&YP in the Borough is to provide opportunities for them to maximise their potential and strive for excellence. We want our C&YP to do well in school, have high aspirations, to be happy and healthy and to grow up to become well adjusted adults, able to play an active and confident role within the community.

The C&YP's Plan 2011-2014 sets out a range of priorities to improve outcomes for children, young people and families with a framework of how organisations can work together to deliver change.

¹ <http://www.bracknell-forest.gov.uk/children-and-young-peoples-needs-analysis.pdf>

² <http://www.bracknell-forest.gov.uk/bracknellforestchildrenandyoungpeoplespartnership>

³ The draft plan as submitted for authorisation was taken to the Health and Wellbeing Board in October with the draft plan for 2013/14 due to be taken to the Board in February 2013.

Outcome Priorities

The plan identifies four priorities for all those working with children and young people in Bracknell Forest ('outcome priorities'). These relate to education, health, safeguarding and helping vulnerable groups as follows:

- OP1 Raise levels of attainment and pupil progress across all phases of learning for all pupils
- OP2 Improve physical and emotional health and wellbeing from conception to birth and throughout life
- OP3 Safeguard and protect C&YP
- OP4 Improve outcomes for all C&YP, especially the more vulnerable groups

Underpinning Priorities

In addition six 'underpinning' priorities (UP) have been identified which will ensure the successful delivery of the outcomes in the plan. These are important as they cut across all partner activity and help to consider some of the issues that impact on life chances and positive outcomes for children, young people and families.

- UP5 Embed prevention and early intervention into the routine delivery of all services to children, young people and families
- UP6 Support C&YP through key transitions in their lives
- UP7 Close the gap between children from low income backgrounds and their peers
- UP8 Strengthen parents and families through effective family support and engagement
- UP9 Support C&YP to become active citizens within their communities
- UP10 Ensure good quality service provision through effective commissioning

Governance

The C&YP Partnership has formally adopted a Governance Framework which describes the responsibilities of the C&YP Partnership Board in relation to joint commissioning and pooled budget arrangements.

There are links with the work of the CCG, Health and Wellbeing Board, Local Safeguarding Children Board (LSCB) other partnerships. The responsibilities and priorities of these groups are summarised in Annex 1.

To steer this work on commissioning a new Sub-Group of the CYP Partnership Board is to be established. Terms of Reference are shown in Annex 2.

What is Joint Planning and Commissioning?

Definitions

Joint planning and commissioning are key products of the CYP Partnership's strategic governance arrangements. It is the process in which at least two partners act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into services. Effective joint planning and commissioning will together lead to better integrated processes and integrated front-line delivery, and improved outcomes

for C&YP. Commissioning has to define what is needed and how those needs are best met before consideration can be given as to what services need to be purchased.

The definition of commissioning⁴ that the Partnership has adopted is:

'Commissioning is the strategic process of assessing needs, and making best use of available resources to meet identified needs. It involves the determination of priorities and services, allocating resources, monitoring and evaluating outcomes and impact for children, young people and families.'

The Partnership has also adopted three underpinning principles for effective commissioning to ensure quality and provide value for money services. They are to:

- Understand the needs of children, young people and families and where required, redesign services. Commission user-focused, outcomes-based services.
- Understand the range of providers able to provide services most suited to children, young people and families, in Bracknell Forest, regionally and nationally, in the statutory, voluntary and community, and private and independent sectors. Where it is appropriate, or where there are gaps, work with providers to enhance their services bearing in mind the long-term impact on competition and contestability.
- Understand procurement and where required, improve and align processes among partners. Ensure the most appropriate service provider(s) is (are) chosen.

Moving forward

Our broad approach will develop over the next three years. The change that is intended to come about can be illustrated by the statements below:

Current practice	Vision for the future
<i>We should be moving from systems characterised by.....</i>	<i>.....to ones where there is</i>
A focus on treating illness, ill health, and the social, emotional and educational effects of deprivation.	Promotion of health, well-being and the achievement against key outcomes for children, young people and families. This will be seen to be as important as commissioning for complex needs and higher threshold services.
Doing things to/for people.	A focus on enabling people to do things for themselves using local community assets.
A focus on improving and reducing inequalities in access to services.	An increasing focus on promoting equality, giving all children and young people the chance to live a healthy and happy life.
Commissioning for volume and price.	Commissioning for quality, efficiency and value.

⁴ Note that commissioning is different to:

- Procurement - the process of purchasing goods or services from (usually external) providers and managing these through to the end of the contract. When procurement is undertaken it must be in line with the Council's Contract Standing Orders or the similar standing orders of other partners.
- Contracting - negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment and monitoring.

Reliance on historical information and broad trends.	Use of up-to-date data and analysis to identify groups of young people and/or areas with pronounced gaps in achievements compared to the rest ('narrowing the gap').
Costly, long-term care and support solutions for young people with complex needs.	A greater focus on prevention, early intervention and support for self care. And, when support is needed, making it more convenient and closer to home.
A limited range of providers in some markets.	A wider range of providers and provision that is more innovative, offering services better tailored to people's needs and building local social capital. The engagement of the local voluntary and community sector is key in this respect.
Weak management of transition points between services.	Seamless transition, with services configured around a person's needs.
Commissioning mostly at local authority and CCG level.	Local area commissioning and by using direct payments and individual budgets, wherever possible, to give people more control of their own care and support arrangements.
Limited joint strategic planning across Health, Local Authority and other preventative services and relatively little flexibility about shifting resources between services.	Shared strategic needs assessment informing decisions across health, social care and local government, and greater flexibility in shifting resources to where investment can have greatest impact on current and future outcomes for young people.
A focus on inputs and processes	A focus on outputs and outcomes.
Limited specialist knowledge of commissioning	Improving commissioning capability, with skilled and experienced commissioners at all levels.
Minimal individual choice	Improvement in the commissioning and quality of many services that is driven by the choices that young people make, with full opportunity offered to marginalised or disadvantaged groups to ensure that they are able to exercise choice.
Looking upwards: national targets and central initiatives predominate; local voice minimal, incentives unaligned with commissioning priorities.	An emphasis on looking outwards: engaging with people locally; focusing on addressing the needs of the local population; aligning incentives with commissioning priorities.

Commissioning principles

The following principles will underpin any work on commissioning undertaken by the C&YP Partnership.

- All decisions will be based on a clear rationale for improving impacts for children, young people and their families, and consider how best to remove barriers to equality of access and opportunity.
- We will expect all agencies and partners to contribute to the implementation of the C&YP Plan and to take responsibility for commissioning appropriately, responsibly and taking into account best practice.
- Innovation will be nurtured to support an impetus to continually improve our approach to commissioning and the services for children, young people and families through local and efficient care and clinical pathways.

- We will aim to develop a learning organisational approach between partners to manage improvements in services and budgets successfully.
- The safeguarding of our children and young people and promoting their welfare must always be given the fullest consideration during the commissioning process, and should form the cornerstone of effective service planning.
- Children, young people, their carers, families and communities will have their views taken into account when designing new services and be involved in the review and decision making processes for existing services.
- Commissioners will ensure that services are co-ordinated and add value between and across agencies and partners, and will regularly share information, data and combined expertise in an atmosphere of mutual trust and respect.
- We will have a consistent emphasis on evidencing impact through monitoring, review and evaluation. This will ensure the development of evidence based and innovative services and create a more level playing field which helps us compare and maximise value for money.
- Our commissioning processes, including the decommissioning of existing services, will be open, transparent, ethical, impartial, timely and undertaken within the requirements and expectations of the C&YP Governance Framework.
- The process of implementing changes in our commissioned service arrangements, including both commissioning and decommissioning, will be managed so as to not impact adversely on children, young people and families and to support users through to provision by a new provider.
- Commissioning decisions will take account of the need to improve quality, ensure sustainability, build capacity, support the local economy and involve voluntary sector and other community partners where appropriate.
- Commissioned services will operate on an 'earliest possible intervention' basis, meeting needs at the lowest level of intervention and/or working to move service users down the levels of intervention as soon as they are able.
- We will commission to narrow the gap to reduce inequality of opportunities and to improve outcomes for children and young people who are socially and economically disadvantaged.

Commissioning approach

Levels of commissioning

Commissioning is undertaken on a number of levels:

Individual commissioning – specifying and obtaining services to meet the needs of an individual and/or young person.

Operational and Local commissioning – specifying and obtaining a range of services to meet the needs of a population of C&YP (in a specific area or group of children) and describing how services will be organised to meet those needs. Examples would include a multi-agency team operating in one part of the Borough, commissioning by school clusters or designated groups such as prevention and early intervention projects etc.

Strategic commissioning - the key means by which the C&YP Partnership partners come together to make a reality of the duty to co-operate and drive cultural change. This includes whole service commissioning, for example for 14 – 19 education or for disabled children.

Regional commissioning – when the Council and one or more other local authorities commission services together, such as regional collaboration for specialist services. An example would be the provision of emotional health and wellbeing services.

The commissioning cycle

Typical features of our commissioning cycles are described in Annex 3.

Involving children and young people

Engagement with children, young people and families is central to delivering this commissioning framework. We shall strive to take the views of all users into account, and in particular those affected by changes, at all stages of the process e.g. in the review of existing services, when making decisions and when designing new services. Full opportunity will be offered to marginalised or disadvantaged groups to ensure that they are able to exercise choice.

Market analysis and shaping the market

It is an aim to have a wider range of providers and provision that is more innovative and offering services better tailored to people's needs. The engagement of the local voluntary sector, other community partners, private and independent providers is key in this respect. Partners and possible partners will be expected to agree to the principles outlined above. Where appropriate, existing networks will be used and there will be an ongoing engagement so that partners and possible partners are involved at all stages, and will know what opportunities are likely to be forthcoming. In all circumstances, actual procurement has to happen in accordance with public sector rules.

Leadership

Achieving the expectations in this framework will require the commitment of the key partnerships coupled with clear leadership and an open-ness to new ways of doing things. The role of the Partnership Board is to seek to have services provided in the most effective, efficient and economic way – to identify emerging areas, establish priorities, advise on gaps, reduce overlaps and evaluate provision.

The broad areas where developments are possible in the medium to long-term are:

- As a result of the Health and Social Care Act which gives responsibility for health services for children aged 0-5 to Public Health England and for those aged 5-19 to local authorities
- Addressing poverty, including work as a result of benefit changes
- Early Intervention and preventative services, including family focus work, reducing unnecessary A&E attendances and hospital admissions.
- Universal and targeted services for young people
- As a result of changes in special educational needs legislation and best practice
- Mental Health

- Focusing on priority health-related areas including obesity, smoking, sexual health and teenage pregnancy services.
- As a result of changes in Adult Social Care provision and budgets.

Procurement

Whilst commissioning processes will determine the appropriate shape of service provision, actual services will be procured according to the contract regulations or standing orders of the lead organisation. Responsibilities may be delegated under section 75 agreements.

Developing commissioning strategies

A Commissioning Strategy for a specific service is a structured approach that:

- Analyses current provision, local data and local needs in the light of the national legislation, guidance, context and local issues.
- Describes the overall outcomes intended for C&YP.
- Describes the desired, future service provision needed to achieve the outcomes.
- Explains why existing arrangements will not meet C&YP needs in the future.
- Provides the rationale why the service developments are needed, based on guidance, research, needs, service and market analysis.
- Describes how this can be achieved through procurement and/or in-house provision in the light of resources and the state of the local market.
- Establishes arrangements for achieving actions, monitoring and achieving continued input from users. Provision is monitored to ensure progress with the strategy.

Priorities for commissioning strategy development and other work priorities

<i>Priority</i>	<i>Possible lead partner</i>
OP1 Raise levels of attainment and pupil progress across all phases of learning for all pupils.	
OP2 Improve physical and emotional health and wellbeing from conception to birth and throughout life.	
<ul style="list-style-type: none"> • Mental Health • Sexual health and teenage pregnancy services (with NHSCB and B&A CCG). 	B&A CCG / BFC ⁵ BF Council
OP3 Safeguard and protect C&YP.	
<ul style="list-style-type: none"> • Looked after Children (with NHSCB, which leads on safeguarding in the NHS, and B&A CCG) 	BF Council

⁵ The NHSCB is responsible for CAMHS tier 4, B&ACCG for tier 3 and BFBC for tier 2 and 1 services.

- Work around children missing from home, sexual exploitation and domestic abuse (with LSCB and Community Safety Partnership). BF Council

OP4 Improve outcomes for all C&YP, especially the more vulnerable groups.

- Universal and targeted services for young people (with NHSCB, in terms of health visiting) BF Council
- Special educational needs (with B&A CCG in relation to assessment, diagnosis and therapy treatment of pre-school age children) BF Council

Underpinning Priorities

UP5 Embed prevention and early intervention into the routine delivery of all services to children, young people and families.

- Early Intervention and preventative services (with NHSCB, in terms of Family Nurse Partnership) BF Council

UP6 Support C&YP through key transitions in their lives

UP7 Close the gap between children from low income backgrounds and their peers

UP8 Strengthen parents and families through effective family support and engagement

UP9 Support C&YP to become active citizens within their communities

UP10 Ensure good quality service provision through effective commissioning

Budgets and resources

There will be future opportunities for strategic commissioning with partners, in particular health, on priority areas of greatest need which will require an understanding and overview of how resources are deployed across the Partnership. It will be critical that all funding sources are identified and used, and that funding is used intelligently between partners, aligned with priorities.

Cost benefit of interventions

Further work can be expected on the use of cost benefit and return on investment models, for example those that identify the costs of negative outcomes. Cost benefit work will include an evaluation of the impacts on wider services of making within service changes.

Aligned and pooled budgets

Pooled budgets can be described as a formal agreement where partners all agree to make differing levels of contribution towards a shared plan. There are two main ways of achieving pooled budgets.

In making arrangements under Section 10 of the Childcare Act 2004, a 'children's services authority', the Council, must have regard to the importance of parents and other persons caring for children in improving the well-being of children. Relevant partners must work with the Council in making the arrangements. Generally partners retain

responsibility for their own resources and agree to align these to achieve agreed priorities.

Section 75 of the National Health Service Act 2006 allows the pooling of funds between health bodies and health-related local authority services. It further allows for functions that can be delegated and resources and management structures to be integrated. A Section 75 partnership agreement has been agreed between the Council and the NHS for the purposes of delivering joint health and social care services in Bracknell Forest. This Agreement commits partners to a set of principles and working arrangements that ensure effective delivery, management and governance. This will be appended with service specific schedules which will amongst other things, reflect the exact nature of the service, its deliverables, perceived impact and performance measures. It is expected that this agreement will be continued under CCG commissioning arrangements. Schedules currently relate to adult social care but could included schedules relating to C&YP's services.

Other resources

All partners can identify what connections can be made between different commissioning arrangements and different outcomes and how solutions can be, as far as possible, integrated and resources pooled to deliver them. Resources can extend beyond finances, to include knowledge, skills, time, data, information and physical assets.

Annex 1

Responsibilities and priorities of Partnerships and Boards linked with work of the C&YP Partnership

The **Bracknell Forest Partnership** is a partnership of private, public, voluntary and community sector organisations in Bracknell Forest. It has a single purpose: to improve quality of life for local people. The **Sustainable Communities Strategy 2008-2014** sets out a wide range of social, environmental and economic factors that people think are important to make their lives better. The priorities significant to children, young people and families are:

- Opportunities for Everyone
- Nurturing the Next Generation
- Supporting the Older Generation
- People who need additional support
- Engaged and empowered communities
- Enjoying life
- Being and Feeling Safer
- Sustaining a Vibrant Economy.

The **Health and Wellbeing Board** is the vehicle for bringing together health and social care agencies to deliver improvements in health outcomes and reduce health inequalities for their local population. They give oversight and strategic leadership across organisations and systems and will operate within clear frameworks for accountability. It is a partnership of people who work in social care for adults, children, young people and families, people who work in different parts of the health service and people who represent patients and people who use health and social care services.

Boards are subject to a Duty to integrate, requiring them to improve the health outcomes and reduce health inequalities of the local population by connecting common priorities for health improvement, develop integrated solutions between members of the Board and collectively pool resources to deliver them. This must be directed by:

- The production of a joint strategic needs assessment (JSNA)
- The development of a joint health and wellbeing strategy (JHWS)
- Securing the necessary information from members of the Board for the delivery of statutory functions above
- Ensuring the alignment of CCG commissioning plans against the JHWS
- The use of Section 75 agreements to pool resources.

The principles underpinning the joint **Health and Wellbeing Strategy 2013 - 2016** (JHWS) are:

- People should be supported to take responsibility for their own health and wellbeing as much as possible.
- Everybody should have equal access to treatment or services.
- Organisations should work together to make the best use of all the resources they have.
- The support and services that people get should be of the best possible quality, and should keep them safe from harm that can be avoided.

Priorities in the Strategy are a reflection of the type of intervention – long-term management and support, diagnosis and treatment, and prevention and healthy lifestyles – and the identified JSNA priorities.

Joint Strategic Needs Assessments (JSNA) are a statutory requirement designed to support strategic planning and ensure closer partnership working between Health and Local Authorities. They include information about the health of people in Bracknell Forest, what kind of things should be provided locally to help to improve people's health and if there are trends in health needs. They are reviewed annually. The priority health needs from the JSNA are:

- Early Intervention for children and families in need
- Mental health to include CAMHS, depression and dementia
- Health checks
- Housing
- Reducing domestic abuse, sexual abuse and violent crime
- Re-commission a holistic sexual health and teenage pregnancy service
- Alcohol
- Smoking cessation
- Stroke prevention
- Ageing population with an impact on long-term conditions

The vision of the **NHS Bracknell and Ascot Clinical Commissioning Group (CCG)** is 'To commission local outcome-based, cost-effective services for the health benefit of our population now and in the future'. The Group's draft commissioning themes based on the Health and Wellbeing Strategy are:

- Staying healthy
- Preventing crisis; providing support
- Improving access to services
- Joint commissioning.

The **NHS Commissioning Board** has five improvement areas corresponding to the five domains of the NHS Outcomes Framework:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill-health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

The Board's commissioning responsibilities in relation to children, young people and families includes the commissioning of health visiting (until 2015), Family Nurse Partnership work (until 2015), vaccinations and immunisations for all school aged children 5-18 years.

Specific **Public health** functions will be a responsibility of Bracknell Forest Council from 1 April 2013:

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme

- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

The **Local Safeguarding Children Board (LSCB)** is a statutory board established under Section 11 of the Children Act 2004. It has responsibility for working together to oversee the safety and well-being of children and young people in Bracknell Forest. It is made up of representatives from a broad range of services that work with children and young people, or with their parents/carers (in statutory, voluntary, community and independent settings). These partners include the council (Children's and Adults Services), Thames Valley Police, probation, health services, schools, voluntary and community services, Broadmoor Hospital and many more.

Commissioning Strategies from Adult Social Care, Health and Housing state a range of priorities to meet the social care needs of vulnerable adults. The principles that are common to all the strategies are:

- Personalised support/self directed support
- Family carers may need support.
- People should have the information and support to stay as independent as possible for as long as possible in their own homes.
- Good healthcare should be available for everybody and should respond to particular needs and difficulties.
- People may need support with the things that help their wellbeing, not just their health or support with personal care. Information and support to be part of the community, have a suitable home, and get or keep a job are very important.
- All organisations need to work together to make sure that people get the right support at the right time.
- Other people should never harm people, or unnecessarily put them in a position where they may be at risk of harm or abuse.

The Bracknell Forest **Community Safety Partnership** has responsibility for planning and delivering strategic solutions that will continue to ensure that Bracknell Forest remains one of the safest places to live and work in Berkshire. The **Community Safety Partnership Plan 2011 – 2014** has eleven priorities in three areas: Reducing crime, Reducing anti-social behaviour, and Reducing fear of crime and anti-social behaviour.

The **Local Economic Development Strategy** is a plan that says what local organisations are going to do so that Bracknell Forest carries on being a place where businesses want to be based, and also says what training needs to be provided so that people can get good jobs in those businesses.

Annex 2

Terms of Reference: C&YP Commissioning Working Group

Name of Group	Commissioning Working Group
Status of Group	This group has been established as a sub-group of the Children and Young People's Partnership, and will report as required on progress to the Partnership Board.
Lead Manager	Graham Symonds, Commissioning, Services to Schools and Youth Service Lead
Membership of Group	<p>Core membership:</p> <p>Graham Symonds, Commissioning, Services to Schools and Youth Service Lead, BFC Sandra Davies, Head of Performance and Governance, BFC Emma Malpass, Contracts and Procurement Officer, BFC</p> <p>Representative of Adult Social Care, BFC</p> <p>Representatives of the CCG/ NHSCB/ Central Support Unit/ Public health commissioning (to be appointed)</p> <p>Representative of Bracknell Forest Voluntary Action (BFVA) (to be appointed)</p> <p>Other members will meet with or be co-opted on to the Group depending on the priorities current at the time.</p> <p><i>NB Will include when appropriate:</i> <i>Sheila McKeand, Head of Service, Looked After Children</i> <i>Steve Lambert, Learning, Development and Commissioning Manager, Learning and Achievement</i> <i>Karen Frost, Prevention and Early Intervention Manager</i> <i>Sonia Johnson, Head of Service, Specialist Support</i> <i>Other service heads as indicated by priorities</i></p>
Aim / Purpose of Group	To embed a robust, high quality commissioning approach in the work of the Partnership to provide better outcomes for children, young people and families.
Objectives of group.	<ol style="list-style-type: none"> 1. To support partners in commissioning, encourage learning and work towards a consistency of approach. 2. To be aware of, and advise on, function based and project work. 3. To maintain an overview of emerging and priority areas, co-ordinate work and be aware of gaps and duplication in provision. 4. To work towards the consistent use of methods to evidence and evaluate impact and evaluate the cost benefit of interventions.

	<p>5. To share best practice in engagement with children, young people and families.</p> <p>6. To support work towards a wide range of local providers with appropriate skills and capacity.</p> <p>7. To raise awareness, and seek to develop skills and competencies in staff.</p> <p>8. To support the LSCB regarding safeguarding standards and compliance.</p> <p>9. To be informed of and share local, regional and national innovations, developments and best practice.</p> <p>10. To evaluate the processes of implementing changes in our commissioned service arrangements, including both commissioning and decommissioning, to ensure that they are open, transparent, ethical, impartial, timely and undertaken within the requirements and expectations of the C&YP Governance Framework.</p> <p>11. Where not specifically identified above, to ensure that the Partnership's commissioning principles are upheld.</p> <p>NB For the avoidance of doubt, work in the following areas is outside the scope of the Group:</p> <ul style="list-style-type: none"> • Procurement of property-related build and services
Relationship of this group to other groups / meetings	The Group will inform commissioning practice of the Children and Young People's Partnership Board and the Health and Well-Being Board.
Decision Making Powers	This Group will make recommendations to the C&YP Partnership Board with regards to commissioning activity and future priority setting.
Resources.	<ul style="list-style-type: none"> • Staff time • Venue and refreshments
Frequency of Meetings	Quarterly
Admin arrangements.	To be confirmed
Date ToR agreed	May 2013
Date to be reviewed.	May 2014

Annex 3

The commissioning cycle

Features of the commissioning cycle

- Commissioning is a cycle – steps are repeated on an ongoing basis so that service provision is continually refined and the best outcomes are achieved.
- Commissioning priorities will be driven by the need to improve quality of service.
- At all stages we will engage with children, young people, their carers, families and communities for example to identify needs, take their views into account when designing new services and be involved in the review of services.
- We will clearly and consistently communicate changes in pathways, services and responsibilities (if our practitioners cannot keep pace with these changes, we cannot expect that children and families will).



The basic stages in the commissioning process can be summarised as:

- **Understand – where to focus for greatest impact.** Needs assessment is the basis for deciding local priorities and actions that will help to improve outcomes for children, young people and families, this includes gathering relevant data, effective engagement and consultation and effective analysis of the information.

This stage means:

- 1) Understanding, analysing and prioritising needs, clearly and precisely, from the JSNA and other sources.
- 2) Knowing what our local population and place looks like.
- 3) Ensuring we have the right structures in place for work to progress and decisions to be taken.
- 4) Assessing and ensuring the right level of staffing, skills and expertise.
- 5) Being aware of appropriate policies, strategies and plans.

- 6) Mapping provision in the same general area as your service: What services already exist? Is there duplication? Where are the gaps?
 - 7) Establishing clearly defined, measurable outcomes and making sure you do not vary from these.
 - 8) Knowing what stakeholders think.
 - 9) Achieving a clear understanding of what is being provided, for what purpose.
- **Plan – to be practical and in enough detail.** Once needs and priorities have been identified, plan sustainable services to deliver the outcomes.

This stage means:

- 1) Knowing what services are needed and why, commissioning both separately and jointly as appropriate.
 - 2) Being more specific about outcomes and the future direction of services.
 - 3) If appropriate, developing a commissioning strategy to make an explicit link between evidence and service planning.
 - 4) Preparing an evaluation of all the options, a clear service specification and an assessment of practicality, risks, gaps and barriers.
 - 5) Seeking opportunities to commission jointly, rather than spending money on duplicate processes and management structures.
 - 6) Seeking savings primarily from service re-design and integrated services – not by procurement process.
 - 7) Achieving a clear and agreed mandate to move forward.
 - 8) Planning the steps to succeed.
- **Do – it in the right way.** Securing service delivery involves consideration of how services will be provided including managing the provider market, deciding the mix between in-house and other providers such as the third sector.

This stage means:

- 1) Implementing your strategy and plan.
- 2) Securing investment in all forms.
- 3) Looking for contestability in service provision as it can encourage innovation, service improvement and efficient use of resources.
- 4) Ensuring provision by one or more of the following alternatives:
 - Procuring a service, and contracting to get it in place.
 - Providing in-house.
 - Working in partnership to influence others to achieve what we want. (normally when we are not the budget holder).
- 5) Managing performance to ensure outcomes are achieved.
- 6) If necessary, decommissioning of existing services in a fair and open manner.
- 7) Developing the 'local market' – all the providers and consumers of goods and services for children and young people.

- **Review – so it delivers and gets continuously better.** Performance management of commissioned services is essential and should measure the impact of services on outcomes and taking any action where necessary – examples include through inspection, self evaluation, performance management, and user feedback.

This stage means:

- 1) Assessing if the 'do' stage is delivering the 'plan'.
- 2) Ensuring envisaged goals and improved outcomes are being achieved.
- 3) Assessing efficiency and effectiveness; performance and quality.
- 4) Assessing if value for money is being achieved.
- 5) Assessing if your processes and monitoring arrangements are effective.
- 6) Ensuring sustainability and continuous improvement.