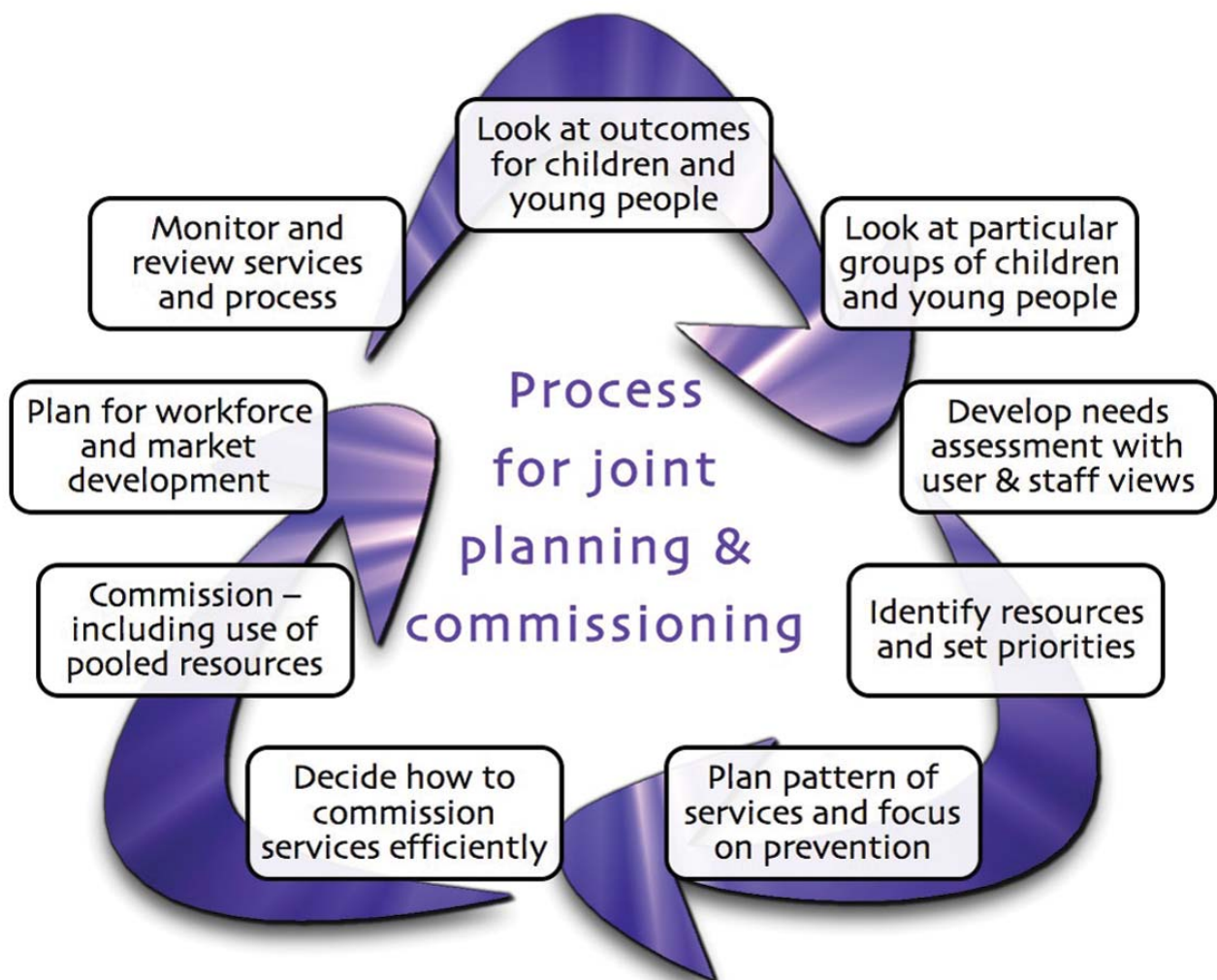


Joint planning and commissioning framework for children, young people and maternity services



Joint planning and commissioning is a tool for children's trusts – to build services around the needs of children and young people – and to deliver their outcomes most efficiently and effectively.

March 2006

Contents

Foreword	3
Introduction	4
The Process	6
1. Look at outcomes for children and young people	6
2. Look at particular groups of children and young people	8
3. Develop needs assessment with user and staff views	10
4. Identify resources and set priorities	12
5. Plan pattern of services and focus on prevention	14
6. Decide how to commission services efficiently	18
7. Commission – including use of pooled resources	24
8. Plan for workforce and market development	26
9. Monitor and review services and process	29
Annex	31
1. Helpful questions	31
2. Further information and contacts	33
3. Acknowledgements	34

Foreword



We are delighted to introduce this document which sets out a framework for children's trusts to use in planning and commissioning children's services, young people's services, and maternity services. It sets out clearly and simply the most important steps towards developing a comprehensive and integrated system of support for children, young people and their families.

The input of a wide range of people with real experience in delivering services successfully has made this a stronger tool and we are grateful for their assistance in developing it.

We strongly believe that commissioning services effectively is a vital step in achieving the best outcomes for all children and young people. We want to see a diverse range of provision, drawing on the expertise of a wide variety of providers and taking account of the views and concerns of the community.

This framework will be backed up by more detailed examples of good practice, as well as further advice and tools in the coming year, all of which we hope will aid children's trusts in their efforts to make a real difference for children, young people and families in their locality.

A handwritten signature in black ink that reads "Beverley Hughes". The signature is written in a cursive, flowing style.

Beverley Hughes
Minister for State for
Children and Families

A handwritten signature in black ink that reads "Liam Byrne". The signature is written in a cursive, flowing style.

Liam Byrne
Parliamentary Under Secretary
of State for Care Services

Introduction



The framework aims to help local planners and commissioners to design a unified system in each local area which will create a clear picture of what children and young people need, will make the best use of resources, and will join up services so they provide better outcomes than they can on their own.¹

The framework is designed for people working in all sectors of children, young people and maternity services including political leaders, senior management, planners, commissioners, providers, corporate procurement, finance, legal and other support staff, central and regional government officials. This paper sits alongside the DH joint commissioning framework for health and well-being, and the ODPM Best Value guidance.²

Effective joint planning and commissioning is at the heart of improving outcomes for children and young people through children's trusts. Every local area both plans and commissions children's services but current examples of the joint planning and commissioning process are often limited to specific services such as child and adolescent mental health services and youth offending teams. Thousands of staff in children's trusts plan and commission around £10bn of children, young people and maternity services each year.

Joint planning and commissioning is a key product and manifestation of children's trust strategic inter-agency governance arrangements. This in turn leads to and is supported by better integrated processes and integrated front line-delivery. Guidance for the duty to co-operate in the Children Act 2004 sets out an overview of joint planning and commissioning.

1 The latest guidance on joint planning and commissioning of children and young people's services is available from www.everychildmatters.gov.uk/strategy/planningandcommissioning

2 Joint commissioning framework for health and well-being will be available from summer 2006 at www.dh.gov.uk/ourhealthourcareoursay

The transition to joint planning and commissioning is a step change that requires clear leadership. Effective joint planning and commissioning necessitates new partnerships, redistribution of power towards the user, strategic understanding of how all outcomes in the local area are met, and a more commercially minded approach to procurement – all focused on the child and young person.

The process described in this framework will take some local areas 5 years to implement. To introduce the joint planning and commissioning framework a number of challenges will have to be solved, including: needs assessment; valuing and encouraging user participation; joining up the different levels of commissioning (e.g. individual, practice, local and regional levels); market management; and the shift to preventative services. The framework does not solve these challenges and therefore more support will be made available for children's trusts including tools, emerging practice and in-depth guidance. **Each children's trust will be different, so the framework described in this paper refers to an illustrative children's trust.**



The Process

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

1.1. The first step of any joint planning and commissioning process is to understand local needs. The children’s trust should start by pulling together the key data on children and young people’s health, development and well-being across the five outcome areas. This will create a profile of the local area and begin the process of identifying the current pattern of outcomes, determining priorities, and supporting all decisions made by the children’s trust.^{3,4}

1.2. Needs assessment has to be resourced at a level which will allow good quality data to be collected and a high quality analysis to be carried out, in order to underpin the planning and commissioning process and the design of the children’s trust. Data should be collected across the age range and be capable of being broken down by ethnicity, gender, sexual orientation, religion, learning difficulty, disability, looked after status, risk of criminality, geographical location, access to services, etc.⁵

West Sussex

The Children’s Trust commissioned MORI to look at met and unmet need in a qualitative research project. Rich data were acquired, particularly on what works well, and how the access to services feels from the child and parent’s perspective. West Sussex was recently a pilot authority for a Joint Area Review (JAR) and for this process undertook an extensive self-assessment. The final report describes children’s services as good against national comparators. This has given the authority a tri-partite view of how its services are provided. The needs analysis will be used to inform the reshaping of its provision as West Sussex becomes a Children’s Services Authority.

3 A Glossary of Terms is available on the *Every Child Matters* website www.everychildmatters.gov.uk

4 The *Every Child Matters* outcomes framework: www.everychildmatters.gov.uk/aims/outcomes

5 Link to Needs Assessment guidance www.everychildmatters.gov.uk/strategy/planningandcommissioning/needsassessment

1.3. Much of the data will already be held by children's trust partners, primarily the local authority (education, children's social services, youth services, benefits, leisure, housing), PCTs, NHS trusts, primary care practices, schools, district councils, the police, youth offending teams, Connexions services, and the local voluntary, community and private sectors. Additional data will come from various other sources including the Integrated Children's System; anonymised Common Assessment Framework forms; complaints systems; central government, including the Office for National Statistics and inspectorates; and other national organisations such as voluntary and private organisations. Information on emerging trends or difficult to measure outcomes may not exist and may therefore need to rely on proxy indicators.

Connexions Partnerships

The 47 Connexions Partnerships maintain up-to-date databases of every 13–19 year old for planning and monitoring purposes. The data can show the characteristics of young people e.g. young parents, ethnic origin, young offenders, exam attainment, progression to higher education, and numbers not in education, employment or training. The data is updated at every interaction between the young person with the service. Analysis can be made by postcode, and can show trends over time.

1.4. Once the data is collected and analysed, it provides a baseline of children and young people's well-being in the local area which can be used to assess current and future needs and plan for improved outcomes. The baseline can be used to make comparisons with children's trusts that have a similar demography and structure (statistical neighbours), and also within the local area to indicate community based priorities. Children's trusts will be able to publish trends from year to year, informing community expectations and improving local accountability.



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

2.1. Data on local needs should be analysed to draw conclusions, inform local priorities, and provide information required to build the children’s trust. The data will inform Local Area Agreement negotiations, strategic documents such as the Children and Young People’s Plan, macro commissioning decisions, service design, and individual packages of care (micro commissioning).

Portsmouth

Portsmouth has devised a report card system that provides information on outcomes for children and young people by collecting and analysing data on needs and trends at a city wide and neighbourhood level. The report card will provide sixty different progress measures for children and young people in Portsmouth. Each progress measure will have a graph associated with it showing a trend over time, a commentary about the story behind the trend, and what can be done to maintain or improve the situation.⁶

2.2. Assessment of data should look at groups of children, young people and parents-to-be to better understand local needs, covering universal as well as specialist needs, e.g. ethnicity, sexual orientation, deprivation, housing, children in need, refugee children, anti-social behaviour.

⁶ Portsmouth use Results Based Accountability to help to commission services and monitor improved outcomes. More information is available at www.raguide.org and in “Trying Hard is Not Enough” by Mark Friedman, ISBN 1412063973

2.3. It is particularly important to understand where children and young people live, learn and play – so that services can be made as accessible as possible. GIS (geographical information system) mapping can be used to show where needs are most prevalent across the local area.

South Tyneside

South Tyneside is developing an interactive, web-based data source using Geographical Information Systems (GIS) to present information at an area level in an accessible and informative way. Local and national statistics are combined with the data to map needs in the local area which is used by strategic planners in the local authority, South Tyneside PCT, and Northumberland Police. The data is also used by local residents and helps to widen knowledge about communities.

The system has been used to inform recent service developments such as Building Schools for the Future, Children's Centres and Extended Schools; it will be used for Local Area Agreements; and it has identified 3 new hotspot areas within wards which can now receive Neighbourhood Renewal Fund money.

2.4. Findings must be presented in a way that is easy to understand, not only by planners and commissioners, but by members of children's trust boards, professionals, the community, parents, children and young people.



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

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

Kent

All Kent Children and Young People's Consortia have stakeholder groups to widen representation and gather qualitative data on needs. Participation groups are being developed to feed into the commissioning process at all points.

3.2. The active participation of all local stakeholders will help to ensure that locally developed services are locally owned, as programmes such as Sure Start and the Children's Fund have shown. This will help increase service take-up (for instance by vulnerable families who are not accessing services), improve the quality of data, and ensure that costly mistakes are avoided.

3.3. If children's trusts are to be effective then children and young people should enjoy active participation at an increasing number of decision points. Different levels of engagement are appropriate at the different stages of joint planning and commissioning, e.g. needs assessment, writing the Children and Young People's Plan, service design, tendering, and monitoring services. Children's trusts may want to produce plans for engagement and make use of organisations with participation and advocacy skills.^{7, 8, 9, 10, 11, 12}

South Central Connexions

South Central Connexions involve young people in governance as board directors and observers, in planning and shaping the service, in all staff appointments (including the Chair and Chief Executive), in self assessment and in the observation of professional practice by Personal Advisers.

Some young people are self-selected and they in turn help to recruit others via 'street recruitment' and contact with voluntary groups. 10 young people's workers have been recruited who are themselves aged 17-23. Part of their remit is to increase the involvement of young people.

Some examples of the benefits of young people's participation include the influence they have over the appointment of staff, an assessment of the website, and a review of services which resulted in changes to the style, location and opening hours of Connexions Centres.

3.4. For effective engagement local people must have confidence in the information being gathered and be assured that its use is appropriate and not in breach of confidentiality. There will need to be a major local communications exercise in advance to explain how the process should support the development of better outcomes for children and young people. Participants should represent the diversity of the local community.

3.5. The community, parents, children and young people themselves should help to inform what data is collected, and how. Different groups may well have different views about this and these variations can be expected and accommodated.

7 Building a Culture of Participation report and handbook www.everychildmatters.gov.uk/participation/buildingaculture

8 See NYA website for Hear By Right standards framework www.nya.org.uk/hearbyright

9 See the Children's Society website for additional guidance to support participation www.the-childrens-society.org.uk

10 The Family Policy Alliance have produced a toolkit about how to involve parents. This is available from www.parentlineplus.org.uk

11 United Nations Convention on Rights of the Child: www.ohchr.org/english/law/crc.htm

12 'Ready Steady Change' is an excellent participation training pack by CRAE – available at www.crae.org.uk/cms/index.php?option=com_content&task=view&id=201&Itemid=145



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

4.1. All partners should be involved in writing the Children and Young People’s Plan. The plan will reflect the needs assessment and national and local priorities, including those in the Local Area Agreement. Key drivers for the local change programme are the *Every Child Matters* agenda, 10 Year Childcare Strategy and childcare legislation, Youth Matters, and the National Service Framework for Children, Young People and Maternity Services. The children’s trust will want to consider how the Children and Young People’s Plan will fit with other statutory plans (e.g. Community Strategy) and what other plans it may be necessary to develop (e.g. Market Development Strategy). Alignment of partners’ finance and planning cycles will help to join up planning across local areas.^{13, 14, 15}

4.2. It is essential that every member of the children’s workforce (statutory, private, voluntary, community) is able to trace their contribution to the improvements in outcomes for children and young people set out in the Children and Young People’s Plan.

4.3. All services and other mechanisms for delivering better outcomes for children and young people should be identified against the outcomes they contribute to. It is important that, before any services can be joint commissioned, a thorough analysis of what is currently commissioned by each partner is undertaken. It may also be difficult to disaggregate spending on children, young people and maternity services from adult services, but this will be a necessary step.

13 ‘Youth Matters’ is available at www.dfes.gov.uk/publications/youth

14 The ‘National Service Framework (NSF) for Children, Young People and Maternity Services’ is available from www.dh.gov.uk/childrensnf

15 See paragraph 2.75 of the white paper ‘Our health, our care, our say: a new direction for community services’ at www.dh.gov.uk/ourhealthourcareoursay

Tower Hamlets

Tower Hamlets Children's Trust Pathfinder undertook a baseline assessment of commissioning activity prior to developing a Commissioning Framework and Principles document. Local commissioners developed and agreed a template for recording existing commissioning activity and commissioning resource (i.e. staffing levels). The template was distributed to a range of agencies and commissioners including those in the Local Authority, Primary Care Trust, Sure Start, Drug Action Team and Children's Fund. The information was collected and analysed. It was used to clarify appropriate approaches to commissioning in the Borough. Subsequently the information has been transferred onto a commissioning database to ensure more effective sharing of information amongst commissioners and providers.

4.4. Plans for joint commissioning should be agreed by members of the children's trust board, including chief or senior officers of all key partner organisations, and political leaders of local authorities. Agreement will help with difficult decisions in the future.



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

5.1. Services (and other mechanisms for achieving outcomes) should be mapped to outcomes and also to resources. The mapping will show where there are correlations, overlaps and gaps. This is the backbone to the joint commissioning strategy and will show which services should be commissioned, commissioned differently, or decommissioned.¹⁶

5.2. Once the needs and priorities have been identified, the broad pattern of service has to be decided in order to achieve the priorities and outcomes set out in the Children and Young People’s Plan. Localities may choose to express their priorities in terms of groups of interdependent outcomes.

Brighton and Hove

Brighton and Hove have developed a process for redesigning any area of children and young people’s services. The process ensures that all key stakeholders and partners are involved in the redesign, and crucially it seeks to consult with a wide range of community groups and users, including those that are hard to engage. The process takes 9 months from concept to a completed design.

The process has so far been used to redesign several major areas of service, including services for children with disabilities, services for 0-5 year olds and services to support children’s mental and emotional health. As well as creating better designed services which are more efficient and effective, the process has empowered users, the community and professionals to shape services. There has been a culture change to focus on outcomes which moves decision making from director level to service user level.

¹⁶ The ‘National Child Health and Maternity Service Mapping Exercise’ profiles children’s health services in England to show current provision: www.childhealthmapping.org.uk

5.3. If demand has fallen or services are unable to demonstrate either their efficiency or effectiveness then the children's trust should work with the provider to understand the difficulties faced, develop an action plan to address the difficulties, and monitor performance closely. If the service continues to fail the children's trust will need to consider decommissioning the service.

5.4. All decommissioning decisions should be based on a clear rationale and informed by evidence and a risk assessment of different options, recognising that some users may be disadvantaged by those decisions. Decommissioning can have serious political consequences in any children's trust, and it is always wise to gain senior and political sign up at an early stage. The workforce will be affected, and possibly other local areas. Major service changes may require a specific consultation exercise, and all decommissioning decisions should be supported by plans for service transition.

5.5. Planning to achieve better outcomes will also require mapping of outcome inter-dependencies. To take one obvious example, reducing obesity relies on improved diets and more exercise. Better diet has other associated outcomes like better behaviour and resistance to disease. Exercise is a way of enjoying and achieving. Therefore attendance, achievement and freedom from bullying are all interrelated.

5.6. Health services use the concept of care pathways which puts the user at the centre of service delivery, traces the path of the user through multiple services, and aims to inform service redesign to meet individual user needs.

Shropshire

Services for children with disabilities are jointly commissioned in Shropshire County. The main provider is an integrated health and social care team which has adopted a Care Pathways approach to building integrated services. They are developing an integrated referral and assessment pathway to improve care in the provision of specialist equipment. It is also being used to develop the process for allocation of resources in multi-agency care packages.

Care Pathways is an effective tool which can be used to explore and redesign how services interact, from the perspective of the child, young person or family. This is particularly applicable where services are closely related, or there is an imperative for services to be almost seamless, e.g. child protection services and other services where gaps could have serious implications.

5.7. When assessing the range of services, it should be noted that in some areas of service provision, change can only be incremental because of the imperatives of providing existing services, for example services to looked after children. Other services might change more radically and quickly.

5.8. National and local research will provide additional evidence to support decision making and reduce the risk inherent in decisions about which types of new services to commission. Services should be designed to self-monitor efficiency and effectiveness in a way that stands up to external audit.

5.9. The local market development strategy impacts on this stage of the joint planning and commissioning cycle. It should secure sustainable and efficient children's services markets by increasing provider diversity (including a range of private, voluntary, community and social enterprise models), encouraging innovation, and improving the quality of provision. The market development strategy should take account of and contribute to the workforce strategy so that both help secure the planned service outcomes.

5.10. Children's trusts should develop early intervention and preventative services whilst retaining the ability to cope effectively with remedial work. At all stages of mapping outcomes and resources commissioners should consider whether increased investment in prevention and early intervention could reduce future costs and improve outcomes (including the reduction of costs and improved outcomes for adult services). Prevention will be part of an aim to reduce expensive 'crisis management' whilst improving the lives of children and young people who would otherwise reach the crisis intervention point. Earlier intervention can be developed for each tier of targeted services, as well as universal services, to pre-empt the escalation of needs.¹⁷

Bedfordshire

Bedfordshire is refocusing resources to earlier intervention and family support, where possible and appropriate. The children's services budget has been re-distributed to areas of identified need. Budget managers have been given clear guidance on appropriate spend and are required to report monthly.

Over a short period of time Bedfordshire has reduced the number of looked after children by commissioning family support services to enable children and young people to remain living at home safely (including supporting the extended family). Bedfordshire has challenged the 'rescuing' culture that staff had developed and the view that children and young people with challenging behaviour need expensive out of county placements to meet their needs.

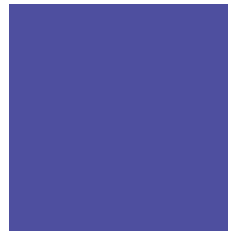
¹⁷ 'Support from the Start: Working with Young People and their Families to Reduce the Risks of Crime and Anti-social Behaviour' www.dfes.gov.uk/rsgateway/DB/RRP/u014243/index.shtml

5.11. Service mapping should also consider where it is appropriate to commission multi-agency provision, which models would fit best, and in what settings they can be most accessible for children, young people, parents and the community. Multi-agency working can be an effective way of delivering preventive and early intervention services. There are a number of ways of structuring multi-agency services, each of which have different implications for issues such as location and workforce planning.¹⁸

Essex

A preventative approach to commissioning is illustrated by the work of a Police Officer in the Braintree Pathfinder Children's Trust. This arrangement provides the opportunity to identify children and young people at an early stage who are at risk of offending and divert relevant services in a positive and constructive way at time of need. Working in a co-located multi-agency team gives the police access to all agencies and children's services to tailor responses to children, young people and their families. Delivering parenting support group work and using the skills within the team to work with the children and young people, effective interventions offer deterrence from offending and make communities safer.

¹⁸ Strategic guidance for commissioning managers will be available early 2006, describing different models of multi-agency working: www.everychildmatters.gov.uk/multiagencyworking

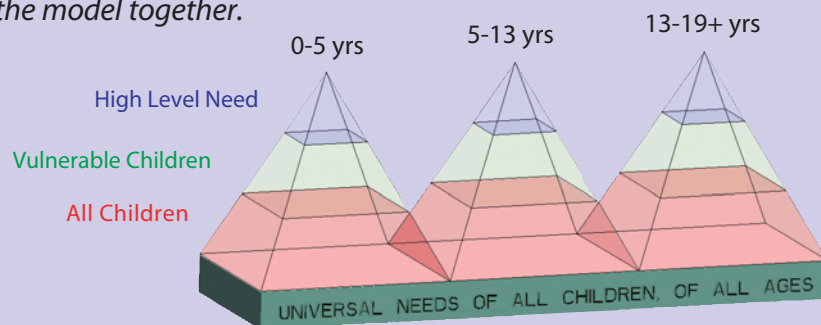


6. Decide together how best to deliver outcomes, including drawing in alternative providers to widen options and increase efficiency

6.1. A joint commissioning strategy is essential for effective joint commissioning in children’s trusts. The strategy should bring together all the elements of needs assessment, user participation, priorities, service mapping, resource identification, market development and management, workforce strategy, prevention and early intervention. The joint commissioning strategy should describe in detail how the Children and Young People’s Plan will be applied through the children’s trust commissioning function, and how that function will operate.

Nottinghamshire

Instead of commissioning services by sector, Nottinghamshire proposes to split their commissioning into 3 age groups. The diagram below is a conceptual model which shows how health, education, social care and other organisations form different faces of each pyramid and work together to joint commission services. Some services meet the universal needs of all children and young people, and these are commissioned across the age ranges and hold the model together.



Nottinghamshire 'Pointy Swiss Chocolate' joint commissioning model

6.2. It will be important for children’s trusts to have a single joint commissioning unit to implement the joint commissioning strategy. The unit may be made up of several teams across sectors (for example, health, education, social care, youth justice, housing, and the corporate procurement functions of district councils, the local authority, primary care trusts, etc). For example, children’s trust partners may decide that the commissioning arrangements for certain tier 4 services should not be changed – but the commissioning function for these tier 4 services should be linked up and coherent with the rest of the joint commissioning unit.

6.3. The joint commissioning unit will work with children’s services practitioners who plan and commission individual tailored packages of care (*micro commissioning*), sometimes from individual pooled budgets. Direct payments to young people or families are also possible. Individual budgets and direct payments are a method of increasing user choice, stimulating competition, and making services more responsive. Micro commissioning should be designed into the joint commissioning strategy; both professionals and direct payment recipients should receive support and strategic guidance from the joint commissioning unit.

Trafford

As part of a multi agency pilot scheme young people assessed as needing a service could be eligible for options funding. This is a sum of money which is attached to individual young people based on their assessed need. The Lead Professional / Single Case Manager will purchase services in consultation with the young person to meet their specified needs within an agreed budget. The purpose of options funding is not only to closely align budget management and service delivery but to encourage young people to be actively involved in making choices about how their assessed needs can best be met. Young people who receive options funding are likely to have greater choice, control and flexibility over the services that are provided to meet their assessed needs.

6.4. The joint commissioning unit should work to the children’s trust board. Different sectors currently bring different approaches to commissioning, different languages, and different cultures. The joint commissioning unit will need to bring together diverse sectors and be inclusive of different approaches. An effective unit will work best where it has adopted a common language and methods.¹⁹

¹⁹ A Glossary of Terms is available on the Every Child Matters website www.everychildmatters.gov.uk

Dorset, Poole, Bournemouth

Dorset, Poole and Bournemouth together with Regional Probation have an innovative service with the voluntary sector (NSPCC) which benefits the community, the future protection of children and young people, and helps to meet partners' safeguarding responsibilities.

The service is for the assessment and treatment of unconvicted sex offenders who are referred by social services and attend on a voluntary basis. A pilot programme has commenced to treat a group of 8 men living in the region (who are accessible to children on the child protection register and have been assessed as high risk).

This service has been triggered by the local authorities' needs assessments that highlighted a number of high risk men living in the community, who have no access to treatment, and who have previously caused the local authorities to carry out protective action and safeguarding interventions.

6.5. Corporate procurement teams, finance, legal and other support functions should be seen as part of the joint commissioning unit. Commissioners must ensure that approaches are compatible with EU and UK law, regulations and guidance. The EU Public Services Procurement Directive emphasises the importance of transparency and consistency in contracts, tender weightings, processes and awards. Commissioners may want to consider social and environmental outcomes when comparing contractors for the tendering process and in contracting.^{20, 21, 22}

6.6. Children's trusts should consider whether to co-operate across sub-regions or regions to manage the markets for particular services, develop specialist providers, make best use of scarce skills, or meet high cost and low incidence needs. Existing examples of this include standardising contracts and bidding processes across a region, using consortiums, combining purchasing power, and pooling commissioning and contracting skills to secure outcomes focused and 'strategic partnering' style contracts.

20 Commissioners should also comply with Directive 2004/18/EC as implemented in England, Wales and Northern Ireland by the Public Contracts Regulations 2006 (SI 2005/5). See www.opsi.gov.uk/si/si2006/uksi_20060005_en.pdf

21 EU Public Services Procurement Directive Statutory Instrument: www.ogc.gov.uk/index.asp?id=1000084

22 General guidance on procurement, including social and environmental issues is available from www.ogc.gov.uk/index.asp?id=1004561

Hereford, Worcester, Shropshire

Three local areas are working to jointly commission provision for 12 looked after young people with significant needs including emotional and behavioural problems. This replaces the original placement spot purchasing method. In each local area the numbers of young people with this level of need is small, so by combining purchasing power and pooling procurement skills the 3 local areas can improve contracts, reduce costs, and build better relationships with the providers. This will lead to improved outcomes for the 12 young people.

6.7. Another reason for children's trust commissioners to co-operate with their neighbours is that young people move readily across local boundaries. Services must be able to accommodate this. Many partners will also be established on regional or sub regional boundaries, for example Learning and Skills Councils, Strategic Health Authorities, the police, fire and rescue services, youth offending teams, probation, Connexions, and many voluntary organisations. GP surgery catchment areas will often straddle boundaries. Planning and commissioning arrangements will have to take account of these cross boundary issues by working with these partners and agreeing a solution.

Pan London

The Pan London contract is well established between the 33 London social service departments to improve the commissioning and purchasing of placements for looked after children. Additional work is being carried out to renew and strengthen a London wide commissioning strategy for children and young people living away from home and to locate this strategy within the Every Child Matters agenda. This will build on improving the quality of placements and more effective use of resources.

6.8. The following procurement approaches will be essential for children's trusts to ensure services are efficient and effective:

- Partnership building with all providers as part of the children's trust arrangements;
- As far as is practical (taking account of the nature and value of the contract) there should be competitive tendering between providers. Increasingly this will mean internally provided services will have to compete against external providers to ensure a range of provision, and the most efficient and effective delivery of outcomes;
- Understanding the full costs of services (internal and external) and ensuring that all tenders include full costs to ensure that services are sustainable in the long term;
- Different options should be assessed for their risk and race impact;

- Seed funding, standardised contracting, and capacity building to support smaller providers to compete, so as to maintain the markets' diversity, choice, innovation and sustainability;
- Contracts which are flexible, proportionate to the complexity of the task, and non-combative in nature;
- Long term contracts where this is appropriate (3 to 5 years – possibly with rolling extensions for a fixed period of time) so as to encourage providers to invest in services and innovate preventative solutions;
- Robust monitoring arrangements with provision for contract termination if services are failing to meet the needs of children, young people or parents-to-be;
- And contracts based increasingly on outcomes.²³

6.9. Different methods of procurement may be appropriate in different sectors. For instance, the health sector is adopting NHS standards and the national tariff for certain services to increase user choice, develop competition and improve value for money. The joint commissioning unit will have to work with a range of procurement techniques across sectors.²⁴

6.10. Children's trusts should consider all viable options for delivery. Smaller providers such as the voluntary and community sectors, small and medium enterprises, and social enterprise models can be well placed to deliver services that are competitive, responsive, efficient and effective. Children's trusts should follow the 'Compact' and 'Small Business Concordat' to help develop relations with range of market providers.^{25, 26, 27, 28}

23 Further procurement guidance and support will be available in 2006 at www.dfes.gov.uk/cpp

24 Further guidance on NHS Tariffs and Payment by Results is available from www.dh.gov.uk/paymentbyresults

25 More information on social enterprises can be found at www.sbs.gov.uk/socialenterprise

26 'Compact on Relations between Government and the Voluntary and Community Sector in England' is available from www.thecompact.org.uk

27 The 'Small Business Concordat: a good practice guide' is available from www.odpm.gov.uk/index.asp?id=1136698

28 Additional guidance on procurement and the voluntary sector will be available in Spring 2006 titled 'Improving financial relationships with the 3rd sector: guidance to funders and purchasers' from www.hm-treasury.gov.uk

Gloucestershire

Commissioned by Gloucestershire local authority, Community Foster Care uses a social enterprise model to provide a competitive local alternative to placing children and young people out of the area. Community Foster Care addresses the shortfall in carers, keeps fostered children and young people within their communities, and helps regenerate disadvantaged areas by training and employing local carers. In 5 years it has created over 100 foster care jobs within deprived areas of Gloucestershire, fostering over 300 children and young people, many with challenging behaviour. Community Foster Care is currently embarking on an ambitious social franchising programme to replicate its models across the UK.

6.11. Special attention should be paid to the commissioning relationship with colleges, schools, school trusts, and clusters of schools – to take account of the fact that services will be located in and/or provided by a school where this is most efficient and effective. Children’s trusts will need to work closely with schools as part of the *Every Child Matters* agenda, and offer all schools the benefits of partnership work within the children’s trust. Benefits can include sharing of the joint commissioning unit’s skills and experience, providing for block/call-off contracts, and supporting schools and clusters through procurement decisions to ensure that services are efficient, effective and strategically aligned. Clusters of schools may come together to commission services such as information, advice and guidance or targeted support. Schools may also want to commission children’s trusts directly. There will need to be processes to support these new roles.^{29, 30}

6.12. Schools, school clusters and primary care practices will commission children, young people and maternity services. Joint commissioning by all partners including practice based commissioners will be done through the children’s trust joint commissioning unit. Mechanisms such as the Children and Young People’s Plan and the Local Area Agreement will help to strategically align joint commissioning in a local area. Practice based commissioners can benefit from the strategic overview, skills, experience, and needs assessment information of children’s trusts. The joint commissioning unit should develop relationships and plan at which level services are best commissioned, e.g. national, regional, sub-regional, local, district, cluster, practice based, or at a professional micro commissioning level.^{31, 32}

29 The Schools White Paper (2005) is available at www.dfes.gov.uk/publications/schoolswhitepaper

30 See the prospectus ‘Extended schools: access to opportunities and services for all’ on www.teachernet.gov.uk/wholeschool/extendedschools

31 The white paper ‘Our health, our care, our say: a new direction for community services’ is available from www.dh.gov.uk/ourhealthourcareoursay (See paragraph 7.37)

32 Practice based commissioning guidance: www.dh.gov.uk/practicebasedcommissioning



7. Develop and extend joint commissioning from pooled budgets and pooled resources

7.1. It is expected that children, young people and maternity services will be increasingly commissioned from pooled resources including finances, capital and staff. It can take some time to reach this level of partnership development – a step by step approach may be the best way of managing the change, e.g. by aligning budgets as a low risk mechanism which can accelerate the formation of an effective pooled budget arrangement.³³

7.2. Pooling arrangements can be based on section 28a of the NHS Act 1977, section 31 of the Health Act 1999, or section 10 of the Children Act 2004. The Children Act 2004 is the most inclusive and flexible pooling power and is being increasingly used.^{34, 35, 36}

7.3. Local Area Agreements can bring together all local authority and some health budgets for children, young people and maternity services into a single pot. They make it easier for non-specific area based resources such as Neighbourhood Renewal Funding to add value to the work of the children's trust.

33 Website for children's services pooling guidance:

www.everychildmatters.gov.uk/strategy/planningandcommissioning/poolingbudgets

34 NHS Act 1977: www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4072792&chk=VLIz%2B4

35 Health Act 1999: www.opsi.gov.uk/acts/acts1999/19990008.htm

36 Children Act 2004: www.opsi.gov.uk/acts/acts2004/20040031.htm

Redbridge

The London Borough of Redbridge operate a £40M Section 31 Agreement covering services such as social work, health visiting, school nursing, speech and language therapy, child and adolescent mental health services, educational psychology and educational welfare services.

Pooling has smoothed the process of agreeing residential placements in particular and has made supporting parent and children's visits less complicated. There is more clarity about the resources available to each partner, and the respective priorities.

Partnership working has become easier as the pooled fund is seen as being available to the population of children and young people who receive a service from this part of the children's trust. Partners are concerned with whether the needs of the child meet general criteria for a service and are less concerned about whether their needs are primarily health, social care or education related.

7.4. An effective pooling agreement can help children's trust partners to strengthen relationships, bring together funding streams, and join up services:

- A legal agreement compels children's trust partners to understand the priorities and targets of its members, what resources are needed, the types of services, and what outcomes are being met;
- The children's trust can bring together different funding streams, so that providers and users do not need to apply separately for many different funds, and monitoring arrangements are less bureaucratic;
- And pooled resources ensure that the children's trust is focusing on meeting the needs of a child or young person, rather than discussing who should pay for what.



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

8.1. Children’s trusts will help shape both the workforce and the children’s services markets, so as to ensure the efficiency, effectiveness and long-term sustainability of services. It is essential that both short and long-term plans (e.g. 1, 3 and 10 year) are created to inform the whole joint planning and commissioning process.

Barnsley

Barnsley Children and Young People Strategic Partnership has been developing the right skill mix using qualified nurses and health care assistants for an improved focus on the holistic needs of the child.

The nurses, who remain employed by the PCT, receive professional supervision from within the PCT and their management supervision and leadership from a children’s social services manager. School nurses are being re-located with children’s social workers and health visitors in the community. Their skills have been enhanced and developed so that they are now increasingly involved in work around supporting children and young people in transition, children and young people with emotional and behavioural problems, child and adolescent mental health services, sexual health and teenage pregnancy strategies. Schools increasingly understand and value the service. Staff understand the contributions they are making and feel valued.

8.2. Following Best Value practice, children's trusts should map the local children's services markets and decide: if or when in-house services should be contracted out; how smaller providers will be supported (e.g. small and medium enterprises, voluntary sector, community sector, social enterprise models); to what extent the markets need to be strengthened in terms of the number, size and range of providers; how services can be more personalised; and how children, young people and families can have more choice about the services they access.^{37, 38}

Sandwell

Within Sandwell Children's Trust, the Children's Fund has developed a capacity-building model of commissioning with full engagement from the voluntary and community sectors. This model focuses on commissioning a provider that is best placed to meet the outcomes required. Issues that might restrict an organisation's ability to comply with funders' requirements are then dealt with as a capacity issue requiring support, rather than a reason to not commission the organisation. Through this approach, community and voluntary sector organisations have received organisational development support to enable them to position themselves in the provider market. This model of commissioning has now been developed further through a multi-agency working group (including voluntary sector representation).

8.3. As far as is practical, the children's trust should shape markets which are responsive to changing needs, and contestable, with easy access for new high quality providers and with low barriers to exit for the poorly performing. The markets should be encouraged and where appropriate supported in order to improve services and sustainability. Market representatives should be involved in children's trusts governance, and high level planning and commissioning decisions – this will help share expertise, increase partnership working and understanding, and make the markets more responsive and aligned to changing priorities in each children's trust. It will be necessary to set up appropriate *Chinese walls* (procedures to limit inappropriate communication between parties with a vested interest) to ensure that conflicts of interest are avoided where there is close and transparent partnership working between commissioners and internal or external providers.

37 ODPM Best Value and Performance Improvement Guidance: www.odpm.gov.uk/index.asp?id=1136097

38 'Working with Voluntary and Community Organisations to Deliver Change for Children and Young People' and 'Engaging the Voluntary and Community Sectors in Children's Trusts' are available from www.everychildmatters.gov.uk/strategy/voluntaryandcommunity

8.4. Sustainability planning for children’s services should include workforce planning such as human resources issues, pay comparisons across sectors, skills and training, geographical location, line management and professional management, accountability, and staff morale. Providers and commissioners can consider how to make best use of scarce skills in the children’s services workforce to ensure a balance between services, and the most efficient and effective delivery of outcomes. Workforce planning should cover statutory, voluntary, community and private staff.^{39,40}

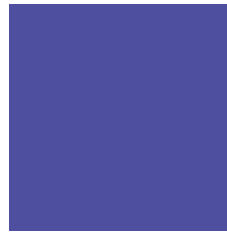
Calderdale

Calderdale early years team have been encouraging sustainable market development by improving market entry processes and business success rates in the borough. This approach to market development was driven by an assessment of the market needs which showed a limited supply of childminders, high drop out rates, and a need for diversity. A strategy was created to define a ‘tracked’ process for easy market entry, with high quality and sustainability outcomes. The tracked process was communicated directly to potential childminders as a simple and effective way to enter the market and operate a sustainable service. As a result there has been an increase in registered childminders from 218 to 243 in the last 6 months. Retention rates and initial indicators show around 97% of new childminders have sustained their businesses, and this has resulted in a more integrated and flexible delivery offer for the borough.

8.5. Plans should also be made to assess and develop the skills, experience and capability of planners and commissioners including: procurement, market analysis, service remodelling, financial management, legal awareness, negotiating, people skills, human resources awareness, participation, evaluation and data analysis, understanding of children, young people and maternity services, partnership working, project management, and leadership.

39 Guidance for local workforce planning is available from the Children’s Workforce Development Council at www.cwdcouncil.org.uk

40 Strategic guidance on multi-agency planning for commissioning managers will be available early 2006: www.everychildmatters.gov.uk/multiagencyworking



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

9.1. Internal and external processes such as self monitoring, Annual Performance Assessments and Joint Area Reviews will help build a picture of how each children's trust is delivering outcomes. Self monitoring processes should be designed into each service in such a way that the results will stand up to external audit. Results will be used to determine which services are working well, which teams are performing effectively and why, which contract and service level agreements work well, how well markets are being developed or are changing, whether the earlier needs assessment was accurate, and how well the Children and Young People's Plan is being implemented.

9.2. If services are either less efficient or less effective than alternative provision the children's trust should work with the provider to improve performance before considering decommissioning options. All providers should be accredited through national schemes where this is appropriate.

9.3. Inspectorates, Strategic Health Authorities and Government Offices will help to performance manage the joint planning and commissioning process; children's trust partners should also review and challenge the process. Monitoring and reviewing in children's trusts will be most effective if it is carried out in partnership with providers, parents, children and young people, and other key partners throughout the joint planning and commissioning cycle. Data collected feeds back round to the needs assessment process.

Hampshire

The Hampshire Care Action Team initiated a quality assurance system – the CAT Mark – which assesses services in terms of their ‘user-friendliness’ to young people. The Care Action Team is a support group run by and for young people in and leaving care in Hampshire. Young people are trained as assessors and they apply a set of criteria to organisations who apply for the award. Successful organisations receive the CAT Mark award which they may display. Examples include a further education college, a leaving care team, and a children’s home. The CAT Mark is owned by the Care Action Team and the project is supported by South Central Connexions and Hampshire County Council.

9.4. The joint commissioning unit will report progress to the children’s trust board. To improve accountability and community engagement the children’s trust should report back to the community on how well outcomes and local priorities are being met. All monitoring and performance management should refer back to children and young people’s outcomes.

Annex 1: Helpful questions

The following questions can be a helpful check list for designing a local joint planning and commissioning process.

Outcomes. Are all decisions based on a clear rationale to improve children and young people's outcomes? Do you understand the needs of different groups and communities in your local area? Do you know where children and young people live, learn and play? By looking at your needs assessment, do you understand what outcomes are being met, and how well? How do you compare to your statistical neighbours?

Participation. Are children, young people, families and the community genuinely participating in the joint planning and the joint commissioning of services? Are participants representative of the local community?

Relationships. Do you understand the different roles, cultures and priorities of your children's trust partners? Are you developing better relationships with providers (private, statutory, voluntary, community)? Are all provider sectors represented on the children's trust board? How are you ensuring that representatives properly reflect the sectors? Are there Chinese Walls at appropriate points in the planning and commissioning process?

Priorities. What are the children's trust priorities? What are the local political priorities? What are national priorities? Are these captured in the Children and Young People's Plan and shared between partners? Do the priorities reflect those of children, young people, their families and community? Are there mechanisms to show the community how well the children's trust is meeting priorities?

Planning. Is there a joint commissioning strategy to show how you will action the Children and Young People's Plan? Do you know how the workforce (private, statutory, voluntary, community) will be developed in the long-term? Similarly, do you know what you would like the local children's services markets to look like?

Service Mapping. What services are there in the local area, and how are these arranged? How much money is spent in the local area on children, young people and maternity services? How do services map to outcomes – where are the gaps and overlaps? Which services are delivering outcomes efficiently and effectively? Are different needs across geographical areas reflected in plans for extended services in schools?

Joint Commissioning Unit. Do you have a group of people for joint commissioning? Are corporate procurement, finance, legal and other support staff part of the joint commissioning unit? Does the joint commissioning unit exercise independence of decision making from internal and external providers? Does the unit cover the wide range of skills, experience and backgrounds required by the joint planning and commissioning cycle? E.g. procurement, market analysis, service remodelling, financial management, legal awareness, negotiating, people skills, human resources awareness, participation, evaluation and data analysis, understanding of children, young people and maternity services, partnership working, project management, and leadership.

Pooling. Do you have plans to align and / or pool budgets and resources for children, young people and maternity services?

Economies of Scale. Do you have plans to joint commission with other children's trusts across sub-regions or regions? Do you have plans to work more effectively with organisations across boundaries?

Contracting. Do you follow EU and domestic law in your procurement processes? Are contracts flexible, proportionate to the complexity of services, and non-combative? Are you encouraging sustainable markets and sustainable delivery of outcomes? Do you contract for outcomes? Are contracting processes consistent? Are you encouraging innovation?

Prevention. Is it possible to invest in early intervention and preventative services? Can you develop early intervention and prevention methods from Children's Fund and other initiatives/services? Are you considering how to invest in preventative services to tackle crime and anti-social behaviour? Do you know what balance you would like to reach between intervention and prevention?

Evaluation. Are you evaluating your joint planning and commissioning process? Is monitoring built into all services? How is monitoring and evaluation leading to improved efficiency or effectiveness in the delivery of outcomes? Are children, young people and their families participating in service monitoring? Are children and young people supported to participate in service monitoring?

Annex 2: Further information and contacts

This document may be updated or additional material added, please see www.everychildmatters.gov.uk/strategy/planningandcommissioning for the latest guidance on joint planning and commissioning of children, young people and maternity services.

Contact everychildmatters@dfes.gsi.gov.uk to get in touch with contributors to the framework, or to post suggestions.

Annex 3: Acknowledgements

This framework was written through a collaborative process by over 150 expert planners, commissioners and provides across children, young people and maternity services. Many thanks to all who contributed.



You can download this publication at
www.everychildmatters.gov.uk/planningandcommissioning

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PP/D16(6554)/0306/23

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