

**Framework for Joint
Commissioning for Children
and Young People's Services
in Urbanham**

Example Template

March 2008

Urbanham Children's Joint Commissioning Framework

1 INTRODUCTION

The government places great emphasis on the importance of developing high quality, integrated services across the public, private and voluntary sectors to best meet the needs of children, young people and their families. Government agencies have emphasised the importance of joint commissioning by local authorities and health services in achieving this in recent publications including:

- The Children Act (DfES, 2005).
- Every Child Matters – Change for Children (DfES, 2005).
- The Joint Planning and Commissioning Framework (DfES, 2006)
- Our Health, Our Care, Our Say (White Paper, DH 2006)
- Health Reform in England: Update and Commissioning Framework (DH, 2006)
- Think Smart, Think Voluntary Sector (Office Govt Commerce, 2004)
- The National Service Framework for Children, Young People and Maternity Services (DH 2004)
- Commissioning Framework for Health and Wellbeing (DH, 2007)

In Urbanham, the development of an effective joint approach to commissioning is seen as an important part of our children's trust arrangements, and crucial to the implementation of our Children and Young People's Plan and our response to the Every Child Matters agenda.

This document provides guidance to managers who are working to develop and implement joint commissioning strategies for children in Urbanham. It describes what we mean by commissioning, how we expect strategies to be developed and implemented, and how joint commissioning links with many of the other important planning and development activities taking place in the county. The document also describes the particular groups of children and young people for whom we are concentrating our commissioning efforts on in 2007-08.

This document has been produced for the Urbanham Children and Young People's Partnership by Urbanham County Council's Joint Commissioning Team with the advice of children's services representatives and the Institute of Public Care at Oxford Brookes University. We hope that it is clear and useful, and we welcome comments. Contact details are at the end of the document.

2 URBANHAM CHILDREN AND YOUNG PEOPLE'S SERVICES VALUES

Urbanham is committed to developing and implementing services which are child centred and family focussed so that we are confident we are meeting all of the needs of all of our children, young people and families. Our vision is to be a place where every child and young person receives the help they need to:

- enjoy good physical and mental health;
- be protected from harm and neglect and grow up to look after themselves;
- achieve educational success and enjoyment, have good opportunities for play and leisure and develop self-confidence and life skills for a creative and positive adulthood;
- make a positive contribution to the community and society; and

- live free from poverty, achieve their potential and make the most of their lives.

We believe that every child and young person has the right to:

- be brought up safely in their own family;
- receive full-time, high quality education appropriate to their needs; and
- be supported in a healthy lifestyle and to health care that is accessible and appropriate to their need.

Urbanham will achieve the above vision by:

- Listening to, hearing, respecting and responding to children, young people's and families' views.
- Working with children, young people's and families as equal partners, for example:- involving children and families in the development of services; involving children and families in decisions and meetings that are about them; and fitting services around children, young people and families rather than expecting them to fit in with us.
- Identifying and solving problems early on -from an early age and when problems are first noticed.
- Respecting the ability of families to make good appropriate decisions for their children and strengthening support for them to meet their children's needs for example asking families for their solutions, and enabling them to find them, and providing practical help to meet families needs.
- Strengthening support for schools and settings so that they can provide full-time, high quality education and learning for all their children and young people, for example:- all agencies working together to help schools and settings meet their children's needs; ensuring schools and settings fulfil their responsibilities through appropriate use of resources; advocating on behalf of children and young people when they do not; and enabling young people to access a range of positive activities and opportunities, especially those who are vulnerable or who have particular needs.
- All of us working with children and families, taking individual as well as collective responsibility to find solutions, for example: not just referring on to others to solve problems; carrying on being involved for as long as needed; and the right support at the right time and for the right length of time.
- All of us working together with others, through increased trust and confidence, to own and solve problems jointly, for example:- working as part of a team around the child and family; taking the role of lead professional when appropriate; valuing other professionals and not criticising or blaming them; using common language and common assessment arrangements.
- Working together to meet the needs of the whole child and family by not just focussing on one problem in isolation, thinking about all the children in the family, and thinking about the needs of parents and the wider family.
- Giving children and young people better information about the support that is available, including involving children, young people and families in how we improve our information, and making sure the information covers the full range of needs.
- Addressing inequalities and valuing diversity by targeting our resources and services on those in greatest need, and meeting all of the need of all our children and young people.

3 WHAT IS JOINT COMMISSIONING?

Commissioning is a very commonly heard word in the public sector, and it tends to be used to mean a wide range of different activities. We think it is important to be clear about what we mean by the term, and so have adopted the following definition:

"Commissioning is the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local department or by the local authority, other public agencies or by the private or voluntary sectors."

(Making Ends Meet, Audit Commission, 2003)

So for us, commissioning is essentially a tool to help local authorities and primary care trusts ensure that they are spending public money efficiently and effectively. This is not just a question of producing a statement about what services are needed – it also means implementing a plan to develop those services, and actively reviewing progress in achieving the plan. Commissioning is not just about individual service contracts or agreements with a particular provider – it is concerned with the strategic development of services to meet the identified needs of a particular population. Finally, it is concerned not just with the effectiveness and efficiency of services secured from agencies outside the public sector – it is also concerned with ensuring that we get the best from services provided, for example, by local authorities and NHS Trusts.

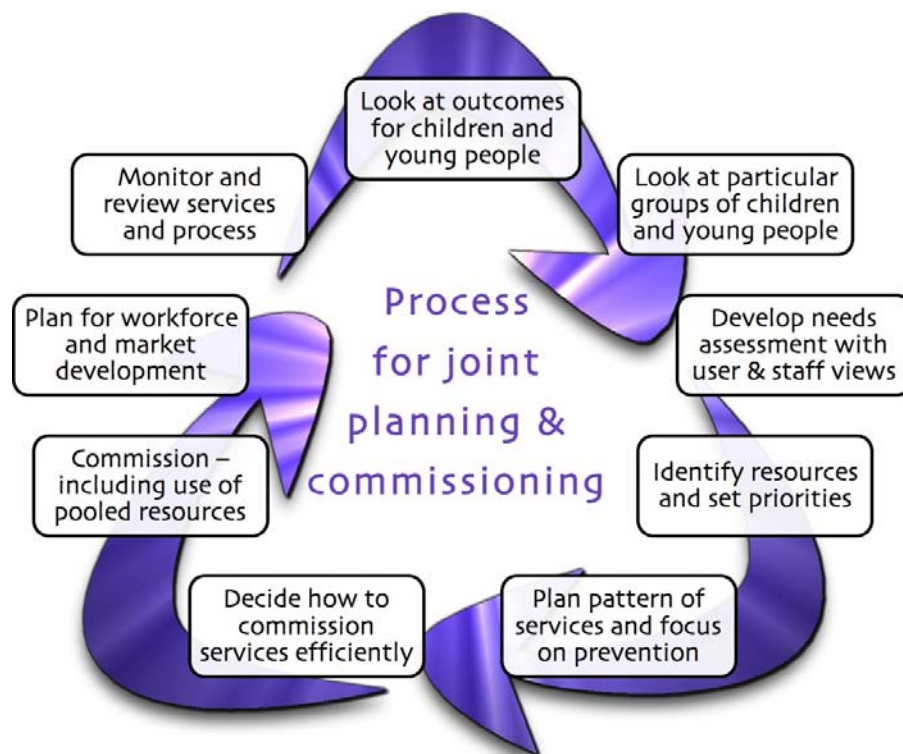
The focus of this framework is joint commissioning, which is a particular aspect of the commissioning agenda which we define as:

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

Institute of Public Care, 2005

We want to use a joint approach to commissioning between the local authority and the PCT in Urbanham wherever it is in the interests of children, young people and families to do so. All the key agencies working for children, young people and families in Urbanham have contributed to the Children and Young People's Plan (CYPP), which describes our overall aims for the development of future services. Our work on joint commissioning is intended to help to implement those aims, by ensuring that we effectively specify, secure and monitor services for particular priority groups within the overall aims of the CYPP.

The DfES have produced a description of the activities involved in developing and implementing a commissioning strategy to meet the aims of a Children and Young People's Plan in the Joint Planning and Commissioning Framework (2006). We think this outline is helpful, and have adopted it as the basis for our approach to developing and implementing commissioning strategies in Urbanham:



A description of the activities involved in each of these stages is explored in more detail in sections 5 and 6 of this document.

4 OUR APPROACH TO JOINT COMMISSIONING IN URBANHAM

We think that it is important to be clear about how we expect joint commissioning to be undertaken in Urbanham. We want joint commissioning to be a constructive activity which helps to foster good, long-term relationships between services. We also want it to help ensure that our patients, service users and other children, young people and families in Urbanham have an opportunity to influence services. We want to be fair and constructive in our approach. We have therefore adopted the following principles to guide those working to develop and implement joint commissioning strategies:

- Our joint commissioning strategies will implement the priorities of Urbanham's Children and Young People's Plan (CYPP).
- We will promote equality of opportunity by commissioning, specifying and securing services which meet the diverse needs of children, young people and families in Urbanham.
- We will prioritise investment in preventive services, asking families for their solutions, and strengthening support to them to meet their needs.
- We will engage with children, young people and their families as equal partners in all our joint commissioning activities.
- We will build and maintain good long-term relationships and partnerships with service providers, schools and settings, investing in a culture of trust and mutual respect.
- The arrangements we use to develop and implement joint commissioning strategies will be as open and transparent as possible.
- We will use common language and plain English.
- We will ensure that there is an appropriate level of skills, expertise and capacity available to develop and implement joint commissioning strategies.

- We will ensure our procurement and contracting arrangements are compatible with EU and UK law, regulations and guidance, that they adhere to Council Procurement Code of Practice and to NHS commissioning regulations.
- Our contracts, service level agreements and service plans will be based on the priorities identified in each joint commissioning strategy.
- We will manage and monitor contracts, service level agreements and service plans effectively and regularly.
- We will use the outcomes of monitoring and review to help set priorities and inform future plans and joint commissioning priorities.
- The Joint Commissioning Core Team will co-ordinate joint commissioning activities.
- The Children and Young People's Board will scrutinise joint commissioning activities and ensure that they do meet the aims of the CYPP.

These principles are important to us, and we expect those working on the joint commissioning of services for children, young people and families to use them as the basis of their work.

5 WHO DOES WHAT IN JOINT PLANNING AND COMMISSIONING IN URBANHAM?

There are 3 key responsibilities for joint commissioning in Urbanham:

The Urbanham Children and Young People's Board

The Urbanham Children and Young People's Board is part of the Urbanham Children's Trust arrangements and has the lead responsibility for identifying a small number of joint commissioning priorities, and scrutinising progress on these priorities. They will be informed by the Urbanham Strategic partnership, the Children and Young People's Partnership and the Children and Young People's Leads.

The Joint Commissioning Core Team

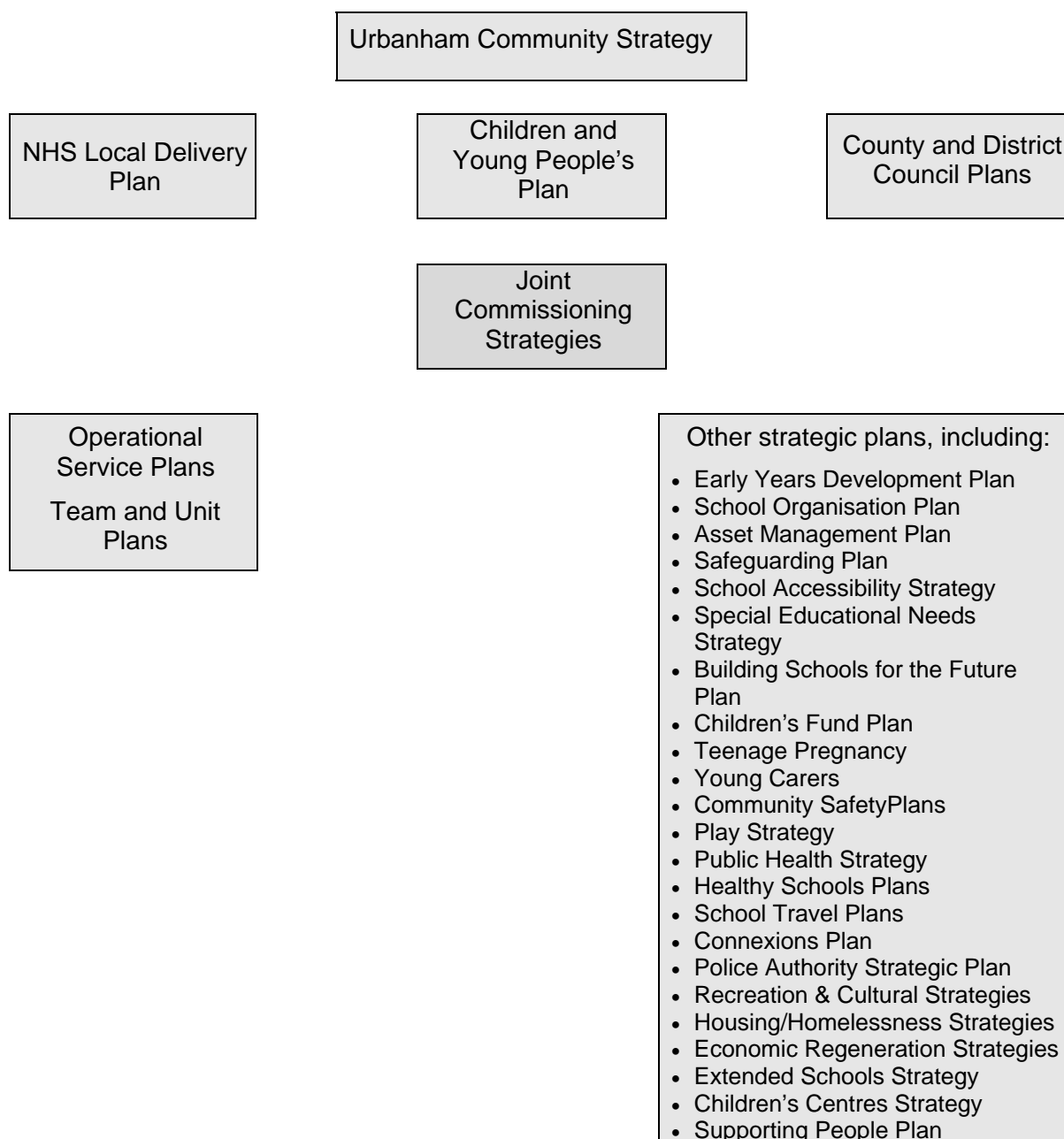
The Joint Commissioning Core Team is also part of the Urbanham Children's Trust arrangements, and comprises staff with specialist commissioning skills and experience from the local authority and NHS. The role of the team is to co-ordinate and support the development and implementation of joint commissioning strategies, and to assure the quality of work undertaken by joint commissioning project teams on behalf of the Board.

Joint Commissioning Project Teams

Joint Commissioning Project Teams are constituted where necessary by the Board to undertake particular projects to develop or deliver joint commissioning strategies in priority areas. Project Teams are advised and supported by the Core Team and they report to the Board. They are made up of the people with the necessary skills and experience to complete the project, and have a fixed life and clear project plan.

6 HOW DO OUR JOINT COMMISSIONING STRATEGIES FIT WITH OTHER PLANS?

The diagram below illustrates some key relevant plans and how they relate to each other and the development of joint commissioning strategies:



7 WHAT WE EXPECT A JOINT COMMISSIONING STRATEGY TO LOOK LIKE

Our joint commissioning strategies will drive service development for a particular group of children or young people. They need to complement the aims identified in the Children and Young People's Plan, with details about:

- How best to meet identified needs. This will be based on sound needs analysis and with the full involvement of children and young people.
- How best to allocate and utilise collective resources to secure those services from statutory and non statutory sources.
- What agreements, contracts and monitoring arrangements need to be put in place to ensure effective service delivery.¹

¹ Statutory Guidance on interagency co-operation to improve well-being of children, DfES 2005, page 19

Essentially they must address how local authority and PCT resources will be spent, what service changes are planned, and how these are likely to affect the outcomes for children and young people in the borough. We therefore think that there should be consistency about the way in which strategies are produced, and that this should be based on the DfES Joint Planning and Commissioning Framework introduced above. We expect commissioning strategy documents to contain the following:

- A statement about how the strategy has been developed, and who has been involved
- An overview of how the strategy addresses the outcomes and intended aims of the Children and Young People's Plan, and other commitments such as the National Service Framework, for the relevant group of children and young people.
- An overview of national guidance and research relevant to the specific group of children and young people being considered in the strategy.
- An assessment of the health, education, social care and other needs of the relevant population of children in Urbanham, taking into account user and staff views.
- An analysis of the extent and effectiveness of current resources, and potential service improvements.
- An analysis of gaps and overlaps in services, and priorities for where services need to be redeveloped, reduced or increased.
- A plan for the pattern of services in the future, including where resources will be targeted.
- A statement about arrangements for future procurement, contracting and market management.
- A plan for workforce development and how it will be addressed.
- A statement about how the strategy will be monitored and reviewed

A detailed template, offered as an example of good practice for project teams working on a strategy, is included in the toolkit at [appendix 1](#).

8 HOW WE EXPECT JOINT COMMISSIONING STRATEGIES TO BE DEVELOPED

To complete a project to deliver a strategy as described in the section above will require careful planning and allocation of resources. It may also be the case that some previous work has already been done, and rather than repeating this, the team simply needs to get access to it. The project team needs to be clear about the task it is taking on, and we would therefore expect it to address the 'project scoping' questions included in the toolkit at [appendix 2](#).

Once these questions have been addressed, a clearly specified project plan to ensure that all of the information required is collected and analysed in a systematic way, and that all relevant stakeholders have an opportunity to contribute in a timely fashion can be developed. In the toolkit at [appendix 3](#) we have included, for an example of a series of project stages and activities which might be involved in the development of a strategy, and which would ensure that the different elements of the DfES Joint Planning and Commissioning Framework are addressed.

Once the preparation activities against project stage 1 have been completed, the project team will need to carry out or organise the investigation of: national guidance and best practice; population needs analysis and demand forecasting; current and

future services and costs. **Appendix 4 in the toolkit** illustrates the type of analysis activities required at this stage and their implications for a commissioning strategy.

Research, Legislation and National Guidance

National research studies and best practice guidance on services can provide ideas about new ways of working. Later confusion and disagreement can also be avoided by ensuring that there are clear statements about key relevant legislation and national guidance pertaining to the commissioning agencies' abilities to act for the population – for example what services each is legally entitled to commission or provide, how they are allowed to be contracted, or what national targets are set for service delivery. The product from this stage should be an accurate analysis of joint and individual agency's responsibilities for people with learning disability. It should neither be a list of recent local and national publications nor vast tracts of national legislation or guidance cut and pasted together. **Appendix 5 in the toolkit** gives examples of the types of questions the analysis in this area should attempt to answer.

Understanding Local Needs and Demand

A foundation of every joint commissioning strategy is an understanding of the current and future health, housing and social care needs of the local population. A robust needs analysis is based on a balance of national and local data and looks at the overall needs of people with learning disabilities, not just existing service users, as well as likely future changes in demand. It provides commissioning agencies with a range of information that can feed into and inform the planning stage of the commissioning cycle. For example, needs analysis can:

- help estimate the current and future needs of a population;
- indicate the geographical distribution of need;
- identify those people who are at greatest risk of needing community services;
- help identify the gap between met and unmet need.

Evidence from a needs analysis can indicate where resources might best be focused and where services might be located. **Appendix 6 in the toolkit** lists key questions which partner organisations might need to address in a comprehensive needs analysis.

Investigating Current and Future Provision

To complement needs analysis, attention also needs to focus on understanding what is currently available, and what might be available in the future to meet these needs. It is at this stage where a commissioning strategy really starts to differentiate itself from other strategies, and where detailed, good quality information about service activity and impact is crucial. The analysis needs ultimately to allow the commissioners to make key judgements such as:

- Whether services are well aligned with the needs of the population.
- Whether the quality of services is good enough.
- Whether services present good value for money.
- Whether there are significant risks of service failure or deterioration.

Appendix 7 in the toolkit illustrates the type of information required which will help answer some key questions and allow these judgements to be made.

Identifying whether and where services exist in relation to local need is a crucial aspect of effective joint commissioning, not least to identify where needs are currently unmet (service gaps). It is likely that these services are provided by a great variety of

agencies and projects. The mapping of services should include services provided not only by the NHS and other statutory agencies, such as social services and education, but also those provided by the voluntary and private sector.

9 OUR JOINT COMMISSIONING STRATEGY PRIORITIES FOR 2007-08

The Urbanham Children and Young People's Plan 2006-09 has identified the following priorities for improving outcomes for children and young people, which have been agreed across the agencies in Urbanham:

- To improve health outcomes for children and young people, with a particular focus on:- promoting healthy and active lifestyles for all children, but particularly those who are vulnerable; improving the co-ordination, availability and accessibility of child and adolescent mental health services; reducing teenage conceptions; - reducing the use of harmful drugs and alcohol and developing drug treatment services.
- To increase the number of children and young people accessing sport, play, leisure, youth, out of school, community, cultural and arts activities, with a particular focus on those who are vulnerable.
- To improve educational achievement and enjoyment at all key stages, with a particular focus on: the needs of young children so that action is taken to promote educational success and enjoyment from the earliest stage; ensuring that all schools are successful in helping pupils to make progress in line with their potential; ensuring that all pupils leave school with the qualifications, including vocational qualification, that they need for further education, employment or training.
- To improve support to schools and communities in promoting positive behaviour and emotional health and wellbeing, thereby reducing the incidence of behaviour difficulties, bullying and youth offending.
- To improve the early, practical support for vulnerable families to prevent abuse, neglect and family breakdown and ensure a consistent and adequate response to child protection referrals across the county.
- To improve life chances of children looked after, particularly through improved educational achievement, reduced involvement in offending and strengthening support to meet their needs in-county.
- To improve services for disabled children and young people and their families, so that more children and young people's needs can be met in-county.

In July 2006, the Children and Young People's Board agreed 7 commissioning priority areas requiring service review and redesign in order to improve the above outcomes for children and young people. These are areas that involve the provision of services in more than one agency or have significant implications for the provision of services in more than one agency:

- Child and Adolescent Mental Health Services
- Substance misuse treatment services
- Teenage pregnancy
- Integrated services for 13-19 year olds
- Integrated Family Support Services and support to children and young people already in the Looked After system
- Respite care services for children and young people with disabilities
- Continuing care needs of disabled children and young people with the most complex needs

- Services for children and young people with learning disabilities and extreme challenging behaviour

The Children and Young People's Plan is now being revised for 2007, and the Children and Young People's Board will review these joint commissioning priorities and identify a small number of major joint commissioning priorities for 2007-08 which will be included in the final version of this framework. The recommendation of the team which developed this framework is that they should be limited to no more than 2 major areas of service development requiring significant investment and service change over the next year – perhaps focusing on:

- Children with challenging behaviour
- Families needing early intervention and preventative services

10 CONTACT DETAILS

This framework has been developed by The Joint Commissioning Core team for the Children and Young People's Board. Comments and suggestions for improvement are welcome

31 March 2008

Toolkit

Appendix 1: Commissioning Strategy Template

The following is an example from the Institute of Public Care of what the contents of a commissioning strategy document should look like:

1. Summary

This can either be produced as a separate, short document, or as an 'executive summary' at the front of the strategy. This section normally gives a summary of the overall strategy and the agreed approach over the given time period, including the investment/disinvestment to be made over that period.

2. Introduction

The introduction states the purpose of the strategy and shared values and vision. It provides a brief picture of the service area under consideration, identifies the priorities and the outcomes that the strategy is trying to achieve. It may also contain a definition of commissioning. There should be a brief description of how the strategy was developed i.e. the process or methodology undertaken, and how it links with other key planning documents such as the Children and Young People's Plan.

3. National and Local Guidance and Research

This section should contain an overview of the care group concerned and major policy issues both locally and nationally. It should include a brief outline of the main messages from research, national guidance and good practice that have informed the strategy. The key drivers for change should be highlighted and it is particularly important that any 'must dos' from legislation, national guidance or local commitments are clearly stated.

The key themes and messages in this section can be used to provide a framework for the local needs assessment in section and the market analysis in section 5.

4. Needs Assessment

The purpose of the needs assessment is to determine the size and nature of service user needs to be addressed by the strategy, and it should contain:

- Demographic Analysis - showing the size and prevalence of need in relation to the geographical location. This may cut across issues concerning social care, public health, education, housing etc. It may identify known changes amongst relevant populations; new characteristics of the population that may present problems that need addressing by one or more of the commissioning agencies; vulnerable populations that are not in contact with commissioning or provider agencies where it would be beneficial to the agency and/or the service user for services to be provided; populations where the provision of a service is required.
- Findings from local research or consultation with whole populations, patients, tenants, service users/carers.

It is not necessary for a strategy to provide a full need assessment and analysis as this is usually contained in separate document(s). References can be made to supporting information, the strategy, however, should provide at least a resume of needs as part of a rationale as to the care group we should be focussing on. The critical judgement is what needs to be included to help readers understand the strategy and its objectives. It is particularly important to give an overall assessment of needs of the care group concerned and the implication of this data.

5. Service Review

This section has a number of components, which build to present a picture of existing services and their use as well as a wider picture of the market and an assessment of current gaps in service availability or performance.

- **A map of services** - including the full range of services being provided, showing where services are located and the type of organisation providing them. The nature and depth of the map will depend on the rationale you are developing and the issues you need to highlight.
- **Service quantity** – is there known under or over supply of services. This section may include information on referral and assessment mechanisms, take-up of services, occupancy/vacancy levels, effectiveness/outcomes of services and waiting times
- **Service performance** – whether services are meeting needs fully or partially. To be gained from; inspection reports, performance indicators, service user and carer views relating to the relevance and quality of care through the analysis of complaints and information derived from user/carers forums and feedback from the contract monitoring process.
- **Contracting** - the contractual arrangements in place and any strengths/weaknesses in the arrangements.
- **Finance and funding** - a picture of the financial resources available now and potentially over the period of the strategy. Some strategies include a survey of costs and charges and show comparisons with neighbouring or equivalent authorities.
- **The market** - what are the current and future trends in provision? The analysis could also include an assessment of staffing issues and, if appropriate, land or house prices and their impact on the market, as well as an assessment of the robustness and capacity of the independent and voluntary sector. This section may also include known plans of service providers. and the range of consultation that has taken place.

Overall, the section should identify known oversupply, shortfall or pressure points in provision, now or in the future, and areas of poor performance.

6. Gap Analysis and the Design of Future Provision

This section is the hub of the strategy. It spells out the shape of future services and the strategic priorities necessary to achieving them within the timeframe of the strategy and appraises the options available, including risks. Proposals should be seen to emerge from the information and analyses of the preceding sections, therefore, the *evidenced* route by which shifts in provision will be made must identify the rationale for year-on-year priorities for change. This may include identifying service provision which will continue, any new services from new money, decommissioning services and major or small incremental shifts in provision as well as shifts in the balance of internal and external provision. The section should include a set of key commissioning objectives and the rationale behind them.

7. Procurement and Market Management Plans

This section is concerned with how the planned service changes will be implemented in practice. It should include a detailed procurement plan which specifies how funds will be distributed in the foreseeable future. It should also include a plan for how the market will be managed, including any planned changes to contracting arrangements.

8. Monitoring Arrangements

This section has two purposes. One, to make clear how both the strategy and services/contracts will be monitored in the future to determine whether the strategy is shaping services in the way intended. Two, to guide the development of monitoring of services in the future. In terms of the latter, it may be appropriate to include an assessment of the effectiveness of current monitoring and performance management arrangements, if changes to the systems are necessary. It is important to recognise that monitoring and the collection and analysis of data has a cost consequence for both commissioners and providers and this should be carefully considered in designing new systems.

9. Appendices

These may include:

- The full needs and market analysis.
- Results of consultation exercises.
- All key social care and health performance indicators, and other important indicators appropriate to the care group,
- A glossary of terms used in the strategy.
- Key research and guidance documents.
- Action plan

Appendix 2: Project Scoping Questions

The following is an example from the Institute of Public Care of the 'project scoping' questions which would need to be addressed by the project team in order to be clear about the task it is taking on:

<i>Whose strategy is it, and what type of document will it be? e.g. A short statement of strategic intent or a detailed analysis and plan?</i>
<i>Who are the audiences for the written strategy?</i>
<i>What are the boundaries of the population or definition to be used? e.g. geographical area, age range.</i>
<i>What are the services to be included? e.g health, education, social care, housing, justice.</i>
<i>What is the timeframe of the strategy? e.g. 5 years</i>
<i>When does the strategy need to be completed by?</i>
<i>What existing partnerships or forums are there for multi-agency planning/ commissioning?</i>
<i>Is there an agreed definition or understanding of commissioning between the partner agencies?</i>
<i>Are there any agreed or published outcomes, values and priorities of the partner agencies?</i>
<i>What research/best practice and guidance/legislation do you know about, and what further analysis will be needed?</i>
<i>What population/demographic data is currently available and/or what else is needed? What arrangements need put in place to produce a population needs analysis?</i>
<i>What relevant and recent consultations or feedback exist? What further activities are needed?</i>
<i>How will you inform and involve stakeholders in the design and development of services? Do you have a communications plan?</i>
<i>What existing service mapping data is available and/or what arrangements need put in place to produce an analysis of the level, costs and effectiveness of the existing service provision?</i>
<i>How will you review the quality of current service provision?</i>
<i>How will you review current workforce capacity and identify future needs?</i>
<i>How will you identify and test major gaps in service provision, quality and potential improvements with providers, service users and other stakeholders?</i>
<i>Who will lead the development of the strategy?</i>
<i>Who will gather the data needed?</i>
<i>Who will steer the strategy? Who needs to be included in the reference group(s)?</i>
<i>Who will write the strategy document?</i>
<i>Who will need to agree the strategy?</i>
<i>How will the strategy be monitored and reviewed?</i>

Appendix 3: Example Commissioning Strategy Project Plan

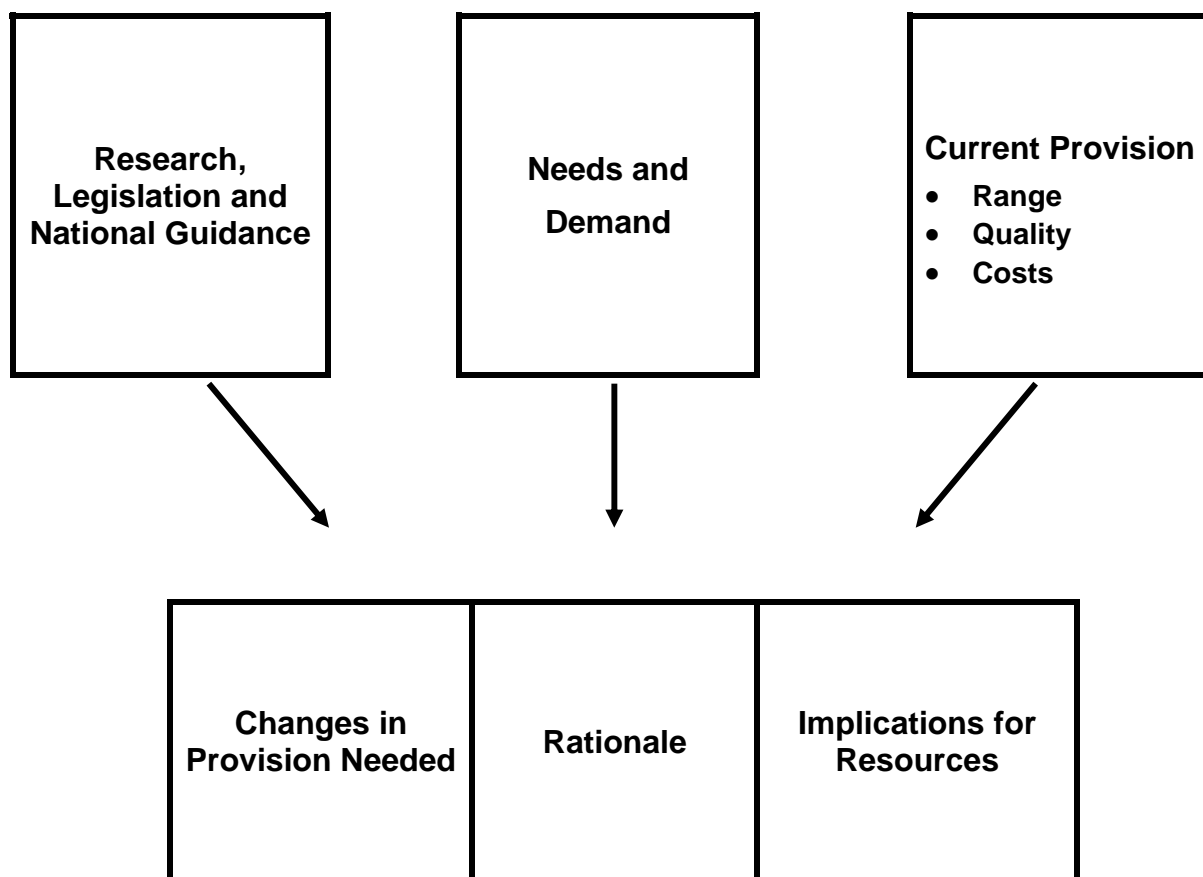
The following is an example from the Institute of Public Care of what an outline project plan for the development of a commissioning strategy should include:

Project Stage	Activity	Example outputs
1. Project set-up	<i>Purpose and priorities, people and framework</i>	<i>Shared vision and agreed priorities. A project team and a reference group identified. Agreed framework and process/ methods.</i>
	<i>Project specification, resources and briefing paper</i>	<i>Key issues to be addressed in the strategy. A project plan and necessary resources. A project briefing paper sent to all stakeholders describing the project purpose, boundaries and timescales.</i>
2. Analysis of Need	<i>Research and best practice</i>	<i>Review of relevant literature, research and national guidance on service configuration and outcomes. Document summarising key findings.</i>
	<i>Population analysis</i>	<i>Prevalence rates and risk factors applied to population data to produce an outline population needs analysis. Analysis of local qualitative information including user and staff views.</i>
	<i>Service activity and performance analysis</i>	<i>Analysis of information from service providers, both in-house and external. Information from consultation with service users/carers, service mapping activities or audit work.</i>
	<i>Reference group meetings</i>	<i>Events with providers, service users, carers and the wider public to share initial findings.</i>
3. Current Provision and Resources	<i>Service and market mapping</i>	<i>Breakdown of services available and where they are based. Regional or national benchmarking comparisons. Analysis of potential alternative providers.</i>
	<i>Commissioning and contract commitments</i>	<i>Breakdown of expenditure across all purchasers of service for the client group. Analysis of the areas of activity upon which resources are currently focused, unit costs, contract risks, market strengths and weaknesses.</i>
	<i>Resource analysis</i>	<i>Budgets available, projected over the next 3 years - what is tied up in contract</i>

Project Stage	Activity	Example outputs
		<p>commitments, for how long.</p> <p>Any other sources of income that might be available during the period.</p>
4. Service Quality	The quality of existing services	<p>Previous consultation or care and contract management information</p> <p>Additional analysis through: illustrative case studies; stakeholder focus groups; interviews; small sample surveys.</p>
5. Strategic Directions and Plans	Draft findings	<p>Analysis of current provision against needs, research, guidance and best practice.</p> <p>3-5 year strategic directions for service commissioning and possibly 1-year purchasing plans.</p>
	Analysis testing	<p>The conclusions from the analysis tested with stakeholders through questionnaire and written feedback, individual interviews or facilitated seminars.</p>
	Final documents	<p>The commissioning strategy.</p> <p>An implementation timetable.</p>
6. Procurement, Service and Market Management Plans	Implementation arrangements	<p>A procurement plan specifying how the strategy will effect changes in the allocation of resources and in the contracting of services over the next period.</p> <p>A market management plan specifying the approach that will be taken to managing contracts, SLAs and grants</p> <p>A plan specifying the implications of the commissioning strategy for changes to internal CSA and PCT service plans.</p>
7. Monitoring and Review of Commissioning Strategies	Reviews of purchasing plans	<p>Review meetings with commissioning leads to analyse progress against commissioning objectives, consider changes in the environment, and agree any changes to objective or action plans or resources.</p> <p>An agreed format to analyse information from providers and commissioners including outputs and processes, standards, user feedback and service activity performance data.</p> <p>This activity to be integrated into existing planning and performance review arrangements.</p>

Appendix 4: Needs and Supply Analysis

Once you have completed the preparation activities and agreed the arrangements to be used in developing the commissioning strategy, you will need to undertake a number of important analysis activities. The diagram below illustrates these activities and their implications for a commissioning strategy:



Appendix 5: Messages from research, legislation and national guidance

It is important to have an overview of the major policy issues, both locally and nationally, which are likely to influence the direction of services for children and young people. Your commissioning strategy should include a brief outline of the main messages from research, national guidance and good practice, and highlight the key drivers for change. It is particularly important that any 'must dos' from legislation, national guidance or local commitments are clearly stated.

The following questions should be addressed at this stage of your analysis:

1. What is known about 'what works' in commissioning or providing services for the client group from:
 - National guidance and best practice?
 - International research?
 - Local best practice?
2. What strategies, approaches, or specific services have been developed in other parts of England or Wales to meet the needs of the client group?
3. What examples of best practice sites and case studies are available?
4. What are the key national drivers and commissioning priorities affecting services over the next 3-5 years?
5. What are the key local plans and aspirations for services over the next 3-5 years?
6. Can we identify new trends, technologies or treatments likely to impact on patterns of need, demand and costs?
7. What are the outcomes that patients/service users, involved relatives and carers actually want?

Appendix 6: Understanding Local Needs and Demand

Evidence and needs should be brought together very early in the commissioning process. A comprehensive needs analysis should be based on a balance of national and local data in order to ensure that the analysis:

- looks at the overall needs of the client group, not just existing service users;
- considers future population and prevalence of need, to take account of likely trends and future changes in demand;
- complements census and prevalence information with information about the sub-population which actually uses services;
- ensures patterns of demand are compared over time to consider trends, and benchmarked to see if there are differences between geographical areas;
- ensures statistical data is complemented by more qualitative information about needs from user or population surveys, interviews, focus groups or reviews of existing research to explore how service users might describe their needs.

The following types of data should form the basis of a needs analysis for commissioning services for children and young people:

1. Demographic and socio-economic data such as:
 - Current and projected population data/general population and CYP population broken down by:
 - Age range
 - Gender
 - Ethnicity
 - Local demographic intelligence
2. Prevalence data such as:
 - Physical disability
 - Child and Adolescent Mental Health
 - Limiting long-term illness
 - Domestic violence
 - Substance misuse
3. Other risk factor data such as:
 - Deprivation
 - Homelessness
 - Unemployment
 - Single parent households
 - Family breakdown
 - Parents with physical or mental health problems
4. Service user data such as:
 - Referral data
 - Stakeholder views, in particular in relation to unmet need
 - Waiting list data

- Service take-up data broken down by age, gender, CYP and family needs and characteristics.

Appendix 7: Investigating Current and Future Provision

Having established a clearly defined idea of the characteristics of your target population and the issues and problems your strategy will address, the next stage is to map existing services against identified need. This will include an assessment of provider capacity to meet needs as well as their capability, judged by quality, cost and impact of their work.

Information about the capacity and capability of providers is important in planning and commissioning, as it may influence decisions about the redirection of service effort, the development of new types of approach to service delivery and/or the encouragement of new providers or provider alliances to deliver particular services.

In order to allow judgements to be made about current and future provision, information is required which will answer the following key questions:

1. What services are currently available?
 - What geographical areas do they serve?
 - How many people access them?
 - What are the main sources of referral?
 - What is the geographical distribution of services relative to assessed need?
2. At what cost?
 - What are the costs of services provided?
 - What are the overall budgets, actual spend, and predicted spend on services?
 - How do similar services for similar client groups compare?
 - What funding opportunities are there for this client group that may be explored locally?
3. What outcomes data/quality indicators are available?
 - What has been the impact of existing services on service users?
 - Is there evidence of positive outcomes?
 - What is the child/family perspective about the quality of services including how accessible and acceptable they are, whether they meet needs?
 - What are the perspectives of other stakeholders about the quality of services?
 - What other information is there about the quality of services
 - Is there evidence of participation of service users within the planning and delivery of services?
4. What activity rates are available?
 - Occupancy rates?
 - Vacancy rates?
 - Waiting list length and times?
5. What is the current balance between sectors?
 - What is provided in the public, private and voluntary sectors?
 - What are the sources and levels of funding across areas of provisions?
 - Who are the major suppliers?

6. What is the potential for future provision?
 - What are current providers' future plans?
 - What are they interested in, or could be persuaded, to provide and at what price?
 - What other potential providers are there who could meet local needs and, in particular, fill in gaps in service provision?
 - What services do they provide?
 - What do we know about the quality of those services?