

Outcomes Driving Commissioning

**'Supporting Commissioners
to Deliver Better Outcomes
for Children and
Young People'**

**A NW Good
Practice Toolkit**

May 2005

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Section 1 Introduction

'Why and how this toolkit will help commissioners to ensure outcomes drive commissioning'

1. Purpose of this toolkit

- 1.1 This toolkit has been designed to engage workers at various levels in agencies in a new approach to the commissioning of services for children and young people in delivering the Every Child Matters 5 outcomes. The fundamental idea of this approach is to ensure that, through the assessment processes by frontline workers, children and young people's needs and desired outcomes are identified and that these 'drive' the development of appropriate services.

2. What do we mean by commissioning?

- 2.1 The term commissioning can mean different things to different people, so for the purpose of using this toolkit, the following definitions should be used:

Commissioning Strategy

The strategic activity of assessing needs, resources and current services and developing a strategy to make the best use of available resources, increasingly the strategy will be developed and implemented through a multi agency approach.

Commissioning of Services

The operational activity to design new services and reshape existing services to meet identified needs at both a macro/population level or at a micro/individual level and deliver cost effective services. Increasingly, agencies will commission services together on a multi agency basis through lead or joint commissioning arrangements.

Purchasing

The operational activity, set within the context of commissioning, of applying resources to buy services in order to meet needs - either at a macro/population level or at a micro/individual level and embracing internal and external provision.

3. Why is a toolkit required?

- 3.1 To help develop a multi agency or single agency commissioning strategy and commission services for children and young people that will deliver better outcomes we must have an improved understanding of their needs and how to meet them. We also need to develop a new range of flexible interventions and services that are

both outcome focused and provide value for money. To achieve this requires a new approach which will shift the focus onto child centred outcomes and will challenge the current limited basis upon which needs are met.

- 3.2 Traditionally, strategic commissioning has largely been about supporting and sustaining existing services, mapping their usage and forecasting future needs based on what we do now. As a result, current services have tended to be the driver of how a child's needs are assessed, that is frontline workers assess for a service that already exists i.e.

The assessment of a child is undertaken
and his/her needs are expressed as he/she
'needs a play group place' or 'a foster home'
rather than arranging appropriate
services around the child to meet their
needs and deliver the desired outcomes

- 3.3 As a result the desired outcomes for a child and their specific needs are not sufficiently prominent in the assessment process. Frontline workers are constrained by the knowledge that they have limited service options available to them and thus there is no incentive to express needs differently. Indeed, frontline workers and other professionals have not been encouraged to express needs in a new way. This toolkit will help to address this shortcoming.
- 3.4 Whilst recognising that the current range of services meet the needs of a significant proportion of children and young people their success in achieving good outcomes and providing value for money is not routinely evaluated and audited. This is particularly the case for internal services and research demonstrates that for some children, especially those looked after, the outcomes from existing services are very poor. The Every Child Matters Outcomes Framework provides the opportunity to focus on outcomes and will help reinforce the linkage between good performing services and good outcomes.

4. How will a toolkit help?

- 4.1 This good practice guidance provides tools that have been developed to assist commissioners to change the basis on which services and interventions are designed and commissioned. Over time this will help to transform services from being 'service led' to become 'child centred and outcome led'. This will be achieved by putting at the forefront a robust and analytical process that will help to identify the individual needs and desired outcomes for children and young people. This will provide the key information needed to drive forward

improvements in commissioning both for an individual and groups of children. Section 3 describes how this information can be collated and built into the strategic commissioning cycle and process to challenge current thinking.

- 4.2 Of course things will not change overnight but this approach will assist in identifying, over a 3 to 5 years timescale, how a commissioning strategy and commissioned services can be transformed to become truly outcome focused and child centred.
- 4.3 However, to commence this approach, frontline workers will have to rephrase the way in which they describe the results of assessments to better identify and record individual needs and desired outcomes. To simplify this, the toolkit is based on the assessment framework and will therefore be suitable for those undertaking the common assessment framework and other linked specialist assessment processes - refer to a range of assessments pages 12-16. It can be used in a single agency or multi-agency arrangements.
- 4.4 They key steps to strategic commissioning are:
 - ◆ Defining strategic objectives - taking a 3-5 years view of the changes needed to shape improved outcomes for children.
 - ◆ Developing a multi agency vision for whole system to deliver Every Child Matters.
 - ◆ Developing service designs and packages that will meet the commissioning objectives based on robust 'make or buy' option appraisals.
 - ◆ Taking opportunities to influence the approaches and delivery of existing services to achieve better outcomes.
- 4.5 Achieving the 'right' service designs and packages will require a real challenge to ensure that no service, whether internal or purchased, is allowed to continue to be used unless it is demonstrably meeting individual outcomes. The enhanced expression of individual needs and achievement of desired outcomes must be the key measures against which services are routinely and critically evaluated.
- 4.6 Currently, the knowledge of how successful services are in meeting needs and improving outcomes for children and young people is held by frontline workers. However, in order that this knowledge is collated to produce the evidence needed to drive commissioning these frontline workers need to be explicit in their assessments and analysis of how best to meet key needs to improve outcomes. Frontline workers must be clear in describing where resources are not currently available or where their current design and delivery is inadequate. Their thinking should not be constrained by current services. Rather, they should be encouraged to demonstrate where there are shortfalls and gaps in services that may need to be

refocused, or more services commissioned, or where new services need to be designed and commissioned.

- 4.7 This will include all services and will therefore have implications for all partner agencies. All agencies will need to work together to ensure that the limited resources available are used effectively to promote good outcomes and help children and young people to achieve their full potential.

5. The new process

- 5.1 The processes of identifying needs and outcomes, assessing the risks for all options, including non-intervention/minimal intervention and the critical analysis of the effectiveness of the services to be employed will lead agencies over time to build a new set of information. This information will provide the evidence which will underpin and improve their ability to plan more effective and on a whole system basis to identify where changes are required including investment in new services and how this can be achieved. This will require a range of approaches from slight adjustments within existing services to major resource shifts from existing to new services, a process that will require a 3-5 year timeframe to complete.
- 5.2 This is likely to stimulate the design of substantially different interventions and packages of services in keeping with the challenge of Every Child Matters. This should provide a key driver for turning the theory of the opportunities of Every Child Matters into a reality of better outcomes. Without this shift in focus to the desired outcomes and needs of a child the opportunities presented by Every Child Matters may be lost. Getting a better understanding of the needs of children also provides the opportunity for all agencies to get a better appreciation of how earlier interventions might have helped to prevent children and young people from becoming looked after by Children's Service Authority. This approach can be used therefore to challenge and influence all partner commissioners to commission differently on a lead or multi agency basis.
- 5.3 To successfully implement this approach organisations will need to ensure that all relevant personnel from frontline workers to those collating data and designing and commissioning services are embracing this approach.

Section 2 Defining Outcomes

The Toolkit

This toolkit is for practitioners to use at the individual child level. The goal is to create both an individual plan for a child and family that explicitly lays out how separate and critical outcomes are to be achieved and provide data and evidence that will drive the commissioning agenda.

The emphasis of the tool is on desired outcomes being the driver of the process and it attempts to make explicit the often implicit stages of analysis that happen in frontline workers' work that lead to the best care plans because they deliver the best outcomes. This tool explicitly identifies the range of possible needs for a child, the desired outcomes for that child and the options and associated risks in achieving those outcomes

The Process Framework

The needs of the child will be identified within the domains as described in Framework for the Assessment of Children and their Families*. Each domain will have its own indexed set of possible needs. The process is illustrated in the flow chart: Needs, Outcomes & Options (page 10) and in examples on pages 12 to 16. Please read the following text in conjunction with these:

- 1. Identification of specific need(s)**
Each specific need of the child under the domains appropriate for the assessment will be identified and separately recorded as required organisationally and additionally recorded on the analysis format, as shown in the examples.
- 2. Desired Outcomes**
The outcomes to be achieved for the child in meeting the identified need(s) will be described here.
- 3. Deficits and Opportunities of Family Situation and Environment**
This is based on the assessment processes used in considering 'Parenting Capacity and Family & Environmental Factors' using the Assessment Framework or equivalent.
- 4. Options to Achieve Outcomes**
A full range of all the possible support and interventions should be recorded which must always include a 'non intervention' option. The options must describe specific activities or interventions.

A demonstration of the possible options are provided in the modelled examples. The following must be remembered:

A 'specific resource' is not an option at this stage. Once the tool has been completed and the favoured options are agreed the question of whether or not the child needs to receive a specific intervention and why this might improve likely outcomes can be addressed. However this must identify specific reasons in favour of a specific option over other options, with attendant risks and must include a timescale.

A 'placement' of any type is not an option at this stage. Once the tool has been completed and the favoured options are agreed the question of whether or not the child needs to live away from the family home, and why this might improve likely outcomes can be addressed. However this must identify specific reasons in favour of the placement over other options, with attendant risks and must include a timescale.

*Framework for the Assessment of Children in Need and their Families DH 2000

5. Risk Assessment of Each Option

Each separate option must have a risk assessment and must include non/minimum intervention option.

6. Preferred Options

This section should record the preferred options in the light of the risk assessments made. It invites a critical challenge seeking evidence that the risks of doing little or nothing are significantly greater than doing something. For examples see modelled analyses on pages 12-16.

7. Existing Methods of Meeting these Options that may be Effective

This requires the identification of existing services (from the resource directory) and interventions that are currently available that may actually be capable of delivering the preferred options. Where existing methods are not deemed effective or readily available these will be recorded in part 9.

8. Assessment of Existing Methods and Likely Effectiveness in Meeting the Outcomes

This section should record how each method is rated as follows:

1 =	Highly likely to be effective
2 =	Likely to be effective
3 =	May be effective
4 =	Unlikely to be effective
5 =	Very unlikely to be effective

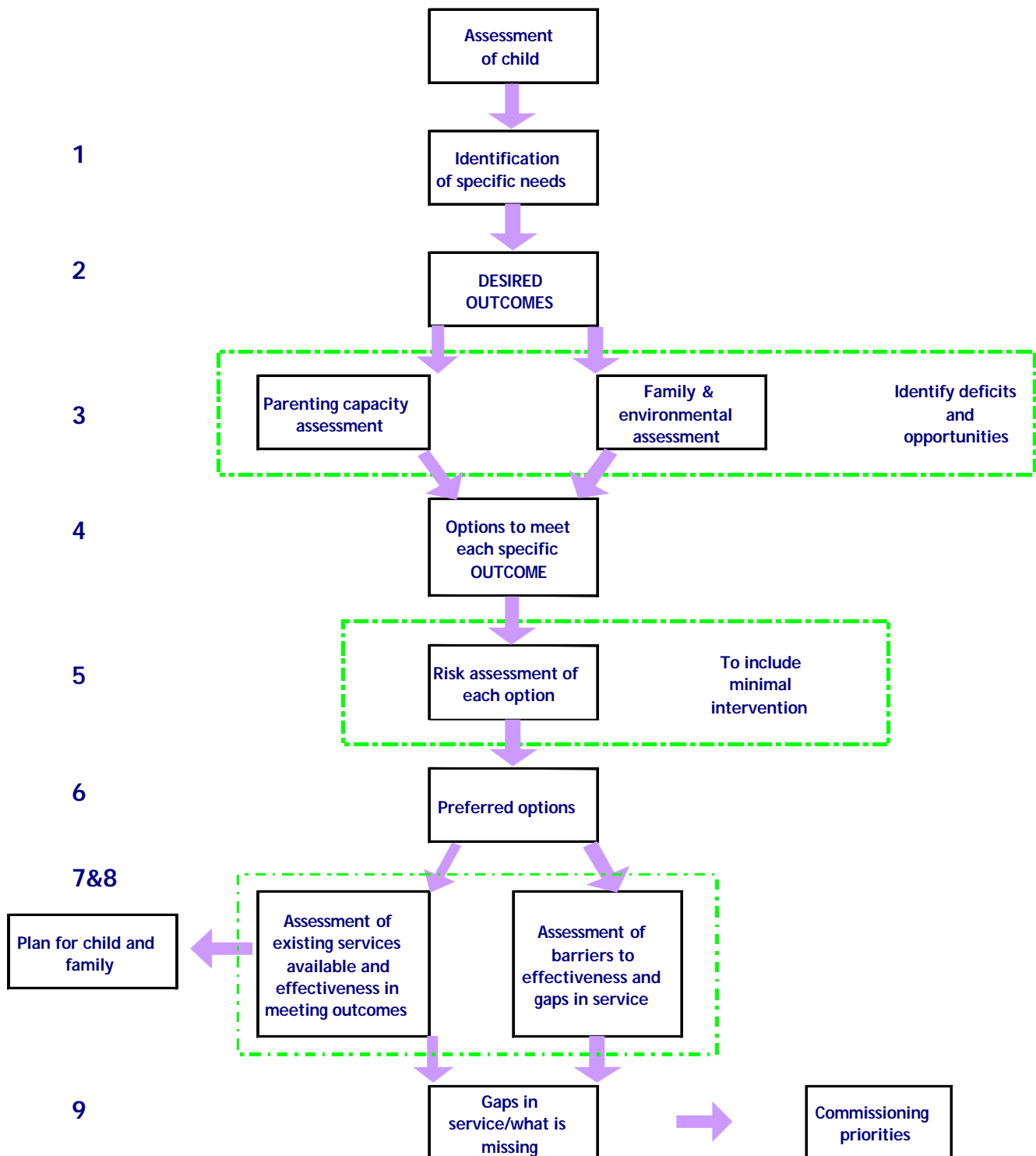
This critical analysis will then provide a clearer understanding about what are the limitations of existing methods and therefore what 'gaps' in service and 'barriers to effective service' exist and how commissioning may need to address these.

9. Gaps in Service/What is Missing? (Commissioning Implications)

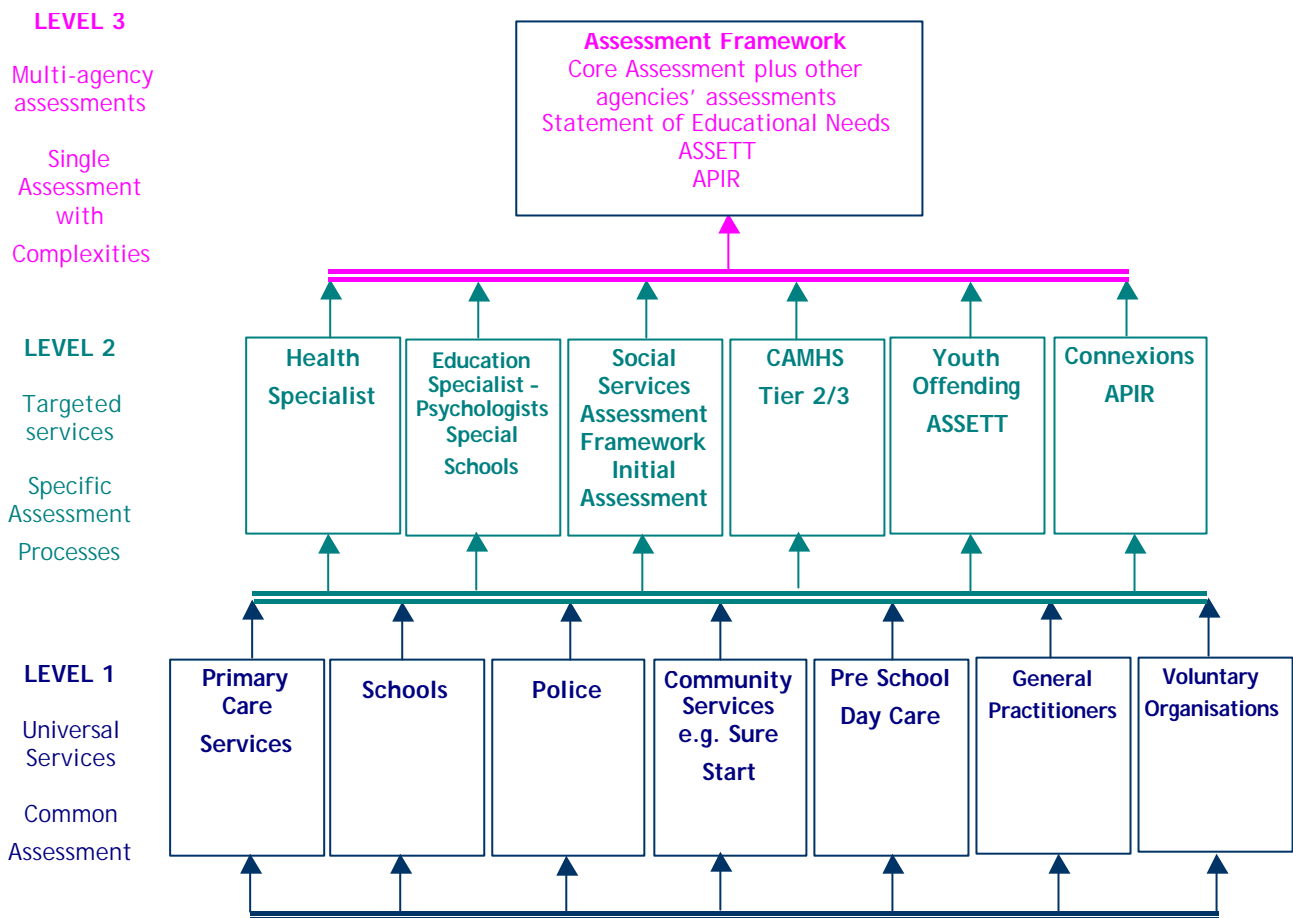
This section should record the gaps and barriers to achieving outcomes and what support or interventions would need to be available to fill or address them. This may mean describing something new that doesn't exist, or may mean describing why what currently exists doesn't quite work and needs to be changed. This may mean commenting that there is not enough of a particular service and how much more would be required to meet the needs of the child.

Process

Flow Chart
Needs, Outcomes and Options



Illustrative range of Assessments



Framework: illustrative example i

This example is of a 6 year old child who has physical disabilities and whose single parent is struggling to care for the child but wants the child to receive main stream schooling

1 Need Not Currently Being Met	Is not being educated
2 Desired Outcomes	To achieve educationally and achieve independence in adulthood
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	<p>Deficits</p> <p>Mother is unable to offer fulltime care whilst child not receiving fulltime education</p> <p>Mother is unsure of range of support available</p> <p>No extended family</p> <p>Opportunities</p> <p>Mother is very committed to her child and is willing to receive any assistance and advice</p>
4 Options to Achieve Outcomes	<ol style="list-style-type: none"> 1. Meeting of child's educational needs on fulltime basis 2. A support programme for both mother and child 3. Alternative educational and care
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	<p>Non / Minimal intervention</p> <p>May impact on Mother's ability to care for her adequately</p> <p>Child will not achieve educationally</p> <p>a Education</p> <p>Without, child will not achieve academically etc and mother may be prosecuted - both would have impact on care of child and question whether mother could continue to care for her child</p> <p>b Support</p> <p>Without support mother may not be able to continue to adequately care for child</p>
6 Preferred Option(s)	a and b
7 Existing Methods of Meeting these Needs Consult resource directory	<p>a Negotiation with local mainstream school and other agencies [health, voluntary sector] meeting needs</p> <p>b Explore with school, social care services, voluntary sector about support / activities for child [outside of school] and respite for mother</p>
8 Assessment of Likely Effectiveness at Meeting Outcomes (Rated 1 -5, where 1= highly effective)	<p>a = 2</p> <p>b = 4</p>
9 Gaps In Service And Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications?	<p>All schools having an inclusive policy with appropriate 'in-school' support.</p> <p>Co-ordination of support services for families and children - care co-ordination approach</p>


Framework: illustrative example ii

This is an example of young parents with a very active 2 year old child, complications in 7 months of pregnancy, father has to work long hours to bring home an income to meet household needs.

1 Need Not Currently Being Met	2 year old not receiving adequate supervision during the day and early evening
2 Desired Outcomes	To be safe and supervised appropriately Pregnancy is completed with minimum concern
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	Deficits Physically mother limited in her ability to supervise the child Father away from home for long hours No immediate family or friends to assist Opportunities Mother willing to accept assistance Father willing to accept assistance
4 Options to Achieve Outcomes	a Programme of supervision for child that allows mother to minimise concern about pregnancy b Reimburse father's wages during period of being full time at home c Arrange child to be cared for by family [not close by]
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	Non / Minimal intervention Child's pattern of behaviour will continue to deteriorate and become difficult to manage especially when new child in family Serious concern for pregnancy and mother's health a Supervision for child Child is very attached to mother, continuing demand on mother if not part of comprehensive package b Role of father Reluctant to have extended leave as feels will be detrimental ie loose job c Alternative care Given attachment to mother, may impact on way child relates to new sibling. No close existing relationship with extended family
(6) Preferred Option(s)	a
(7) Existing Methods Of Meeting These Needs Consult resource directory	Local day care [child minder or nursery] with family support in escorting and supervision of child at home and homecare.
(8) Assessment of Likely Effectiveness at Meeting Outcomes (Rated 1 -5, where 1= highly effective)	a = 4
9 Gaps in Service and Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications?	Flexible family support service that can meet the family's daily time table i.e.: be available from 7.30 [father leaves home], take child to day care, collect child and remain supervising child until 7.30 pm [father arrives home]

Framework: illustrative example iii

The following example is based on an 11 year old girl whose mother is not currently providing a good enough standard of parenting due largely to drug abusive lifestyle

1 Needs Not Currently Being Met	Long-term stable relationship with an adult - (permanent, consistent, caring adult)
2 Desired Outcomes	To build resilience and develop ability to form strong and effective relationships in adulthood
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	Deficits No father involved Opportunities Willing mother but has severe drug problems of own which may always prevent fulfilling this role unless addressed May be other adults in extended family/friends who could fulfil role
4 Options To Achieve Outcomes	a A programme of intervention that addresses both mothers drug management problems in order to attain effective adult functioning and builds her ability to provide this role to 11 year old daughter b Explore who could either fulfil this role solely or jointly with mother c Permanent consistent caring alternative parent
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	Non / Minimal intervention - Continued damage will be significant in so much as mother and child may be separated, possibly permanently.) a Work with mother Even with intensive intervention mother may be unable to fulfil needs - however child is very attached and would suffer massive loss without mother b Find other adults and build relationships No risks and in any situation would add to resilience c Remove from mother and attain a permanent consistent alternative Such alternatives are extremely difficult to find and would cause huge loss to child which would be damaging
6 Preferred Option(s)	a and b
7 Existing Methods of Meeting these Needs Consult resource directory	a Drug action team contact to explore ability to meet needs b Explore possibility of other family members being registered foster parents or support through S.17 funding
(8) Assessment of Existing Methods and Likely Effectiveness at Meeting Outcomes (Rated 1 -5, where 1= highly effective)	a = 4  b = 3
9 Gaps in Service and Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications?	A specialist drugs and holistic support intervention that can focus on the child's needs and the adults' ability to meet those needs in a way that will achieve the desired outcome. An allocated worker to find other adults who can provide and explore the achievability of this and support process of achieving

Framework: illustrative example iv

The following example is based on an 11 year old boy, one of 6 siblings; all others are younger than he is. Parents appear not to be able to control his behaviour - becoming out of control and placing himself at risk.

1 Needs Not Currently Being Met	To be safe [safeguarded] so not at risk of exploitation by older people i.e.: drug abuse, sexual exploitation & offending
2 Desired Outcomes	To be safe from exploitation. To have a home life that means he does not want to take these risks
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	Deficits Parents are not imposing sufficient parental controls Parents are not providing sufficient stimulation and care to meet the child's needs - all energies are devoted to younger five siblings No extended family or support network Opportunities
4 Options to Achieve Outcomes	a Develop the child's ability to protect himself b Develop the parent's capacity to parent all their children effectively c Provide child with an alternative safe environment
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	Non/ Minimal intervention - ... a Work with the child If child's behaviour is not controlled in a short period of time will remain at risk whilst this is addressed b Work with parents on parenting skills Would require significant commitment by both parents to address their parenting styles and abilities c Remove from family Parents do not appreciate a need to change on their part & potentially other siblings would require similar alternative care at even younger ages An alternative care provision may not offer an environment that encourages the child to change their risky behaviour An alternative care provision may not offer an environment that can exercise the appropriate parental control
6 Preferred Option(s)	a and b
7 Existing Methods of Meeting these Needs Consult resource directory	a Social work / youth worker - counselling b1 Parenting training package including crèche facilities and / or direct work with individual siblings b2 Respite provision for parents during the training package period e.g. to have an evening out together but nothing available
(8) Assessment of Existing Methods and Likely Effectiveness at Meeting Outcomes (Rated 1 -5, where 1= highly effective)	a = 2 b1 = 2 b2 = 3
(9) Gaps in Service and Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications?	a Current level of provision of this type are inadequate (e.g. would require 2/3 sessions per week over 3 months) b1&b2 Current level of provision of this comprehensive form of intervention is missing i.e.: training packages & respite care through family support service

Framework: illustrative example v

The following example is based on a 7 year old boy, who has been abused by his parents.

1 Needs Not Currently Being Met	Stop the abuse To be 'repaired' physically & emotionally
2 Desired Outcomes	No further abuse To be emotionally & physically healthy
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	Deficits Parental denial of responsibility for the abuse Extended family unwillingness to accept abuse occurred Opportunities
4 Options To Achieve Outcomes	a Work with parents on accepting abuse & willingness to change b Work with extended family on how abuse occurs & prevention c Place the child with safe alternative permanent carers d Physically - medical intervention e Emotional therapeutic intervention either directly or indirectly
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	Non / Minimal intervention - ... a Work with the parents Level of denial is such as unwilling to change b Work with extended family Unlikely to meaningfully reconsider- believe in innocence of parents c Remove from family Finding permanent alternative carers who could address the consequences of the protracted abuse, especially given that the boy is 7 years of age d Medical intervention No risks e Emotional therapeutic intervention If not adequately addressed the probability is that as adult will abuse others & / or need psychiatric services
6 Preferred Option(s)	c and d and e
7 Existing Methods Of Meeting These Needs Consult resource directory	c Alternative are likely to be available but not guaranteeing permanence & /or environment to 'repair' emotionally d NHS service for physical needs e NHS should offer services re emotional needs but likely to be woefully inadequate
8 Assessment Of Existing Methods and Likely Effectiveness At Meeting Outcomes (Rated 1 -5, where 1= highly effective)	c = 4 d = 1 e = 5
9 Gaps in Service and Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications.	c Seek & support families who can be trained & skilled in caring for emotionally abused children & commit themselves to permanence d & e Well resourced evidenced based service for support to abused children [physically & emotional] e.g.: range of professionals [psychologists, counsellors, social workers] who can offer sufficient individual sessions per child & sufficient support & educating sessions for carers.

Framework: Blank Form

1 Need Not Currently Being Met	
2 Desired Outcomes	
3 Deficits and Opportunities of Family Situation and Environment. (As assessed under Parenting Capacity and Family and Environmental Factors)	
4 Options to Achieve Outcomes	
5 Risk Assessment of Each and Every Option Including doing nothing Including doing very little	
6 Preferred Option(s)	
7 Existing Methods of Meeting these Needs Consult resource directory	
8 Assessment of Likely Effectiveness at Meeting Outcomes (Rated 1 - 5, where 1= highly effective)	
9 Gaps in Service and Barriers to Service Effectiveness. i.e. What is missing? What are the commissioning implications?	

Section 3 Commissioning Framework

1. Introduction

- 1.1 Commissioning must have at its core a strategy to deliver improved outcomes for children and this will increasingly be achieved through multi agency working. A framework is required that maps out and links the contributions that will be made by partners in the children's trust arrangements to deliver this objective.
- 1.2 This will require a "top down" and "bottom up" approach that will translate the high level visions and strategies into detailed actions and also recognise the local developments and actions required to identify needs and gaps in services and reflect these in the business and service plans of operational units.

2. Developing the Framework

- 2.1 A robust framework is required that will support the development of this multi agency strategy and recognises that agencies will have different priorities and will move at different speeds in their development of the multi agency approach.
- 2.2 It should be recognised that the development of a multi agency Commissioning Strategy will take 3 - 5 years to reach a point where it approaches a finished article and impacts on outcomes for children. Opportunities must however be identified to develop and implement early improvements and changes where possible.
- 2.3 The key elements of the strategy will include:
 - Vision
 - Needs and Priorities
 - Resources
 - Change Agenda
 - Action plan



- 2.4 The development of this framework is an iterative process where developments in one area will inform the development in others but will build over time into a cohesive strategic and operational plan that translates the national and local vision into identified actions to meet the change agenda. The typical content of each can be found on pages 23 to 29.

Definitions

The following definitions should be used to inform the development of the Commissioning Strategy:

Commissioning Strategy

The strategic activity of assessing needs, resources and current services and developing a strategy to make the best use of available resources

Commissioning of Services

The operational activity to design new services and reshape existing services to meet identified needs at both a macro /population level or at a micro / individual level and deliver cost effective services. Increasingly, agencies will commission services together on a multi agency basis through lead or joint commissioning arrangements.

Purchasing

The operational activity, set within the context of commissioning, of applying resources to buy services in order to meet needs - either at a macro /population level or at a micro / individual level and embracing internal and external provision.

- 2.5 The Children Act 2004 places a responsibility on Children's Service Authorities to co-operate with partners and others to improve the well being of children. This will increasingly lead to a greater emphasis on joint responsibility for service provision through joint commissioning of services and there is a wide range of powers available to achieve this including the pooling of budgets.

3. Identifying Needs, Filling the Gaps

- 3.1 Key to the improvement of outcomes is the identification of needs, particularly those that are currently unmet which lead to gaps in services. These unmet needs and services must be prioritised and compared with current services to identify where and how changes need to be made over time by commissioning services differently. The first stage is to develop a comprehensive and evidence based analysis of needs and the first section of this document describes a model for identifying these needs at an individual child and family

level. This section describes an approach to aggregating these needs and developing commissioning priorities through:

- Aggregating gaps in services
- Describing and specifying services required to deliver better outcomes
- Evaluating options for cost effective service delivery through a single agency, multi agency or community wide commissioning
- Implementing the required changes through the commissioning of new services, re-commissioning and eventual de-commissioning of some existing services. This will be achieved through a transparent contracting and/or service reconfiguration process

This is outlined in the flow chart on page 21.

4. Outcomes, key targets and commissioning priorities.

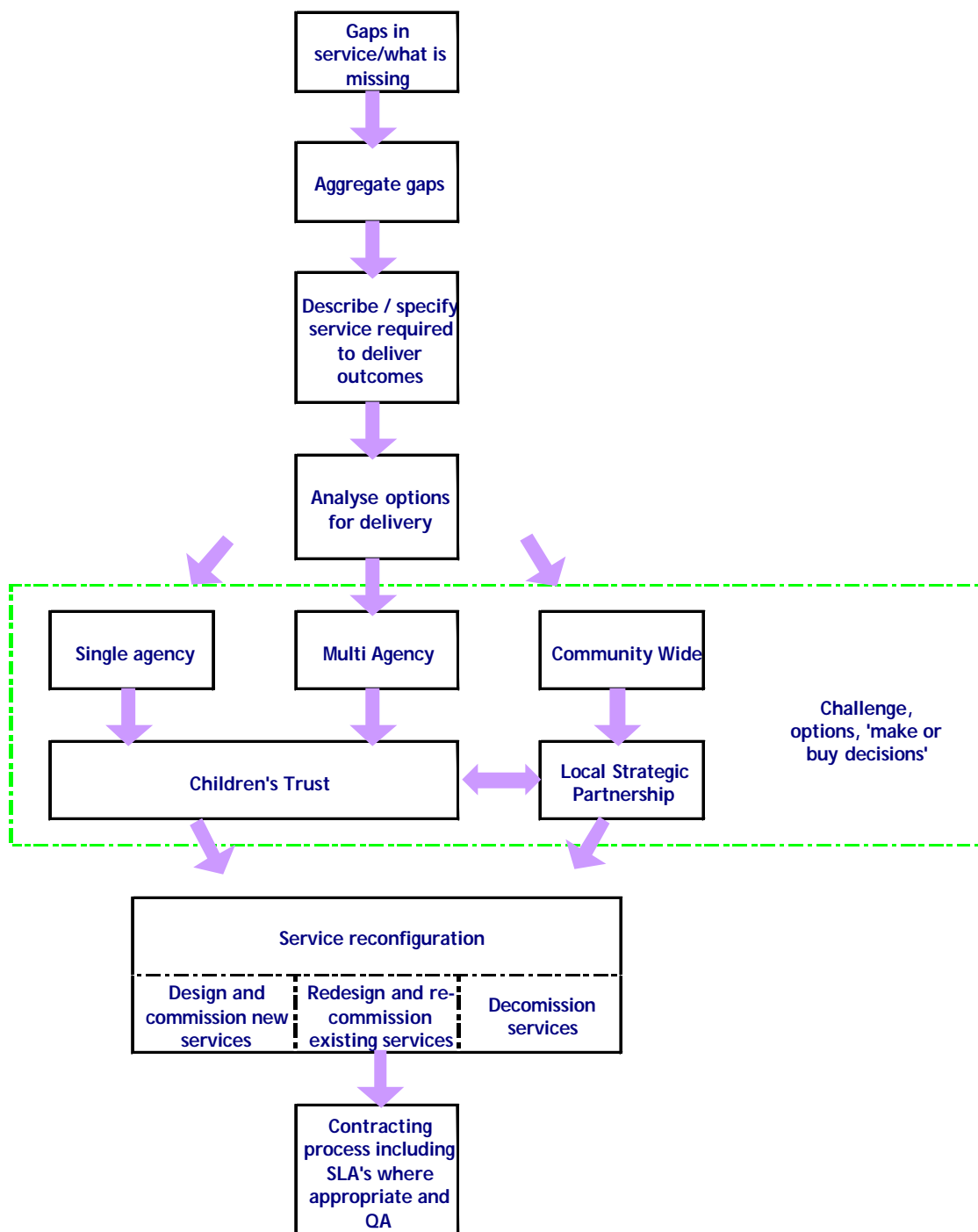
- 4.1 DfES has produced an Outcomes Framework which links the 5 Every Child Matters outcomes to the key National Targets and Indicators and the Inspection Criteria which will be used by inspectors to evaluate the contribution that services are making to improving outcomes.
- 4.2 Commissioning priorities need to recognise the contribution that they will make to achieving improvements in the main outcomes and the underpinning key performance targets. The developing multi agency approach will improve understanding of how the commissioning actions required should be implemented either on single agency basis, or multi agency through the children's trust arrangements and others will require a community wide approach (through National Initiatives e.g. Child Poverty and/or the Local Strategic Partnership e.g. crime reduction strategies).
- 4.3 Over time the evolving body of evidence on needs and what achieves improved outcomes will help to challenge existing performance targets to focus on effective achievement of outcomes rather than outputs and processes - refer to the flow chart commissioning process on page 21.

Flow Chart
Commissioning Process

Needs and
Priorities

Resources/
Change
Agenda

Action Plan



Commissioning Strategy Framework

Vision

A concise description of the future aims of the service and include context as to where the service has come from as well as where it is going. This is required to provide the evidence that underpins the strategy to ensure that it is realistic and achievable and should focus on the aims of partnership to deliver better outcomes. Key statements to be included here are:

Area	Examples	Evidence /score
National Context	<ul style="list-style-type: none"> ▪ A concise description of the national drivers e.g. ECM, Change for Children, the Children Act, NSF etc ▪ Overview/comparison of current performance against key performance targets i.e. star rating, identifying good and improving performance and the areas where further improvement is required e.g. reducing reliance on placements especially out of authority placements. ▪ Outline of strategic objectives for 3 years. ▪ How the national guidance is influencing local organisations and services 	
Local Context	<ul style="list-style-type: none"> ▪ How services are currently organised and delivered what are the key drivers for change and how these are likely to change/be influenced as the Children's Trust is developed. ▪ What partnership working means locally (Strategic Partnerships and Joint working arrangements) and how key decisions (policies) on the direction of services and investment in them are taken at a strategic level and operational ▪ Vision for partnership working i.e. full Trust status with pooled budgets or a collaborative approach with joined up working where it works supported by the practical use of e.g. Health Act flexibilities. ▪ Relationships (formal and otherwise), roles and responsibilities, governance ▪ How the partnership will develop and plans (CYPP) for multi agency delivery of services, what are the difficult issues, how will these be addressed. ▪ Who is responsible for key elements of the service and how they will implement and be accountable for the success of the strategic targets and translate them into operational actions on behalf of all the partners. ▪ How children, families and others are consulted about their views and suggestions and how these are reflected in developing both the strategic direction and how they influence service development and promote child centred outcomes rather than service priorities. ▪ Safeguarding arrangements ▪ Workforce development priorities 	

Needs and Priorities

A concise overview of the current view of needs however evidenced (demographic and performance data) but also describe how successful outcomes are being evaluated to help improve the assessment and evaluation of needs of children. Over time this will be influenced by the results of using the toolkit to produce an accurate and holistic measure of needs of all children to identify what is required in preventative and support services to prevent or reduce reliance on expensive long term residential placements and improve support to LAC.

Area	Examples	Evidence / score
Needs	<ul style="list-style-type: none"> ▪ Brief overview of demographic data and analysis and what this indicates in terms of broad priorities, trends and implications, e.g. CLA, CWD, BME compared with national / regional trends. Brief headlines only with detail in appendices or reference to separate publications if necessary. ▪ How the needs of all children are measured and how these are analysed to identify what works and what doesn't in terms of improving outcomes i.e. how to get a better understanding of what delivers good outcomes. ▪ How it is planned to move from single agency assessment (macro and micro) of needs to a more holistic multi agency basis and how this will influence the design and delivery of care. ▪ What information is available and importantly what is not available, where are the gaps and what is being done to address them, what is required by the planning and commissioning process. ▪ How is information about needs being shared and used by all agencies to continually review, understand and improve outcomes for individuals, where are protocols required ▪ How is it planned to fill the gaps in information and analysis 	
Priorities	<ul style="list-style-type: none"> ▪ What does current performance tell us about priorities and what is currently being done to improve it in terms of 5 ECM outcomes, key areas e.g. stability, achievement, quality, cost benefit against targets ▪ Action on key drivers e.g. of reducing CLA, focus on holistic assessments and practice, increasing adoption and fostering, reducing expensive out of authority placements, creating services in or close to the authority ▪ What needs to be provided locally and where - pockets of deprivation, poor performance etc, what can be done collaboratively with neighbours ▪ What is being done to direct resources to the priority areas for all CIN and to develop appropriate services to meet them on a multi agency basis ▪ What is the process to reflect priorities in service/business plans and how is progress monitored ▪ How are the changes in services monitored to ensure that outcomes are improving and meeting priorities and how is evidence fed back into the strategy and any required changes reflected through changed priorities. ▪ How are changes shared and endorsed through consultation ▪ How is evidence about outcomes and performance being collected to drive improvements for different groups of children. 	

Resources

Mapping of the resources that are currently available in each agency and how they are currently deployed. Comparison to be made with the emerging evidence of needs to identify areas of duplication and overlap and most importantly the areas where there are gaps in service including locality basis where appropriate. This analysis requires an evaluation of in-house and external services to provide a rigorous, open and transparent comparison between them to allow investment decisions to be taken on the basis of value for money/cost effective solutions based on accurate evidence.

Area	Examples	Evidence /score
In-house & External	<ul style="list-style-type: none"> ▪ What is the scope and availability of in house and external resources and how are these currently directed to achieving the agreed priorities and meeting needs. ▪ What do we know about targeting resources to meet specific locality needs (high deprivation/ hot spots) i.e. is there fair and equitable access to services ▪ How effective are organisations at identifying good outcomes and what delivers them ▪ How do in-house services compare with external and partner organisations in quality, achievement of better outcomes and cost (properly costed services). ▪ How does external provision measure up to national and regional indicators and comparators ▪ What does the evidence from Best Value Reviews and Inspections tell us about the state of these services ▪ What is the expected level of outputs (& outcomes) from these services against actual achievement ▪ Understanding of why and how services are commissioned - agree new methods and the difficult decisions e.g. funding of services, joint or collaborative commissioning, identifying pressure points and possible areas of conflict and how these will be resolved. ▪ What do we know about the availability of services to meet needs ▪ How effectively is capacity used and reviewed ▪ 	
Quality	<ul style="list-style-type: none"> ▪ What is known about the quality of the services provided and importantly what needs to be done to improve quality (In house as well as external) ▪ Better specification of existing and new services to address outcomes and those that are not effective 	
Coverage	<ul style="list-style-type: none"> ▪ How do services measure up in meeting the emerging priority needs ▪ Where are the gaps and deficits, i.e. Too much? Too little? Where do things need to be done differently? Where should services be decommissioned? Where do new services need to be designed? 	

Continued...

Contracting Arrangements	<ul style="list-style-type: none"> ▪ Addressing both in-house and external services to assess in broad terms how purchased services are performing. ▪ What is being done to either bring them up to standard or decommission them and re-commission elsewhere or design new services. ▪ How well is the market is being managed, what relationships exist with providers and how are they being encouraged to develop new services to meet needs. ▪ How are in house services tested to ensure that they are addressing the priorities, improving outcomes and providing Value for Money. Drawing on experience of BV reviews and what these and other PI's say about getting value for money ▪ Development of local market with partners and neighbouring agencies where relevant and appropriate ▪ How is contract development linked to operational decisions, i.e. assessed needs and desired outcomes driving the contracting strategy 	
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Change Agenda

Drawing together the evidence on needs and priorities and the resources available and deployed and look at what needs to change and the options for developing the change. Annual themes - monitoring - feedback - Longer term strategies.

Area	Examples	Evidence /score
Options	<ul style="list-style-type: none"> ▪ How will options be developed to address priorities and the impact of changes in the way services are organised ▪ Reorganising services to meet priority outcomes, how can the focus on prevention and support be achieved whilst maintaining and improving current LAC ▪ How is it planned to refocus all services on outcomes rather than outputs. ▪ Local geographical priorities (ward analysis?) and options for meeting needs holistically extended schools, children's centres, sure start, etc ▪ How changes can be implemented and the implications of : <ul style="list-style-type: none"> ○ De-commissioning and ○ Commissioning new/different services ○ The timeframe for this and targets for improving outcomes and performance e.g. reduction in numbers of children in Residential Care, increases in adoptions, fostering, numbers supported at home with parents/kinships, impact of preventative services on CIN/CLA. ▪ Initially the key option to be examined will probably need to be the reduction in Out of Authority placements given the national and regional focus on this. <ul style="list-style-type: none"> ○ Design of new services , make or buy decisions ○ How to refocus all partners on better, cost effective outcomes ○ How will difficult decisions about who provides and who pays be taken ○ Creating a culture of developing flexible and creativity solutions 	
Finance	<ul style="list-style-type: none"> ▪ Development of a medium term financial plan as a financial context for planning services - reflecting growth and efficiency savings over say a 3 year period ▪ How much is spent where by all partners, what level of resources can be released by more efficient working and where will it be invested. ▪ What investment decisions are required by whom ▪ What powers will be used e.g. S31 flexibilities or collaborative commissioning by agreement 	

Continued...

<p>Contracts</p>	<ul style="list-style-type: none"> ▪ Development of a medium term contracting strategy to: <ul style="list-style-type: none"> ○ Make in-house and external comparisons more transparent ○ Improve quality and cost efficiency through the development of common specifications focussed on outcomes and quality assurance ○ Send clear signals to providers as to direction of travel and purchasing intentions i.e. will develop preferred providers, will enter into partnership with selected providers, role of vol. sector in developing and providing new services. ▪ Improve market position through long term relationships with providers ▪ Collaborative working, e.g. AGMA, Adoption consortia, collaborative contracting for support/preventative services ▪ What agreements are needed to secure services 	
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Action Plan

Creates and embeds the link between the strategic objectives, commissioning priorities and the operational plans that will be produced by operational teams within partner organisations. Each action included here must be allocated to a named individual who is responsible for ensuring that it is actioned and that all actions are monitored and feedback provided.

Area	Examples	Evidence /score
Smart Actions	<ul style="list-style-type: none">▪ Development of a detailed action plan for each service that translates the Strategy into actions for each service that can be easily translated into their own Business/Service plans.▪ Must be specific with actions and measurable targets e.g. for workforce recruitment, recruitment & retention, reducing numbers of LAC, improvements in adoption, fostering support and preventative services▪ All actions must be SMART, Specific, Measurable, Achievable, Resourced, Timely	
Review and feedback	<ul style="list-style-type: none">▪ What is the process for monitoring and evaluating successful outcomes and what helped to achieve them.▪ How the actions will be monitored during the year at a strategic and operational level and how annual targets will be agreed and monitored.▪ How each service will consult on these actions and monitor their effectiveness in improving outcomes and providing feedback into the planning process	

Glossary

Frontline workers - we have used this term generically, to mean any workers who have face to face contact and a professional relationship with vulnerable children and families and is responsible for undertaking or contributing assessments ie: GPs, Teachers, Nursery Nurses, Social Workers, Health Visitors, Midwives

Assessments - this is an ongoing and is not a 'one-off' process

Authors' Statement

In the spirit of collaboration to assist agencies achieve better outcomes for children and addressing Government's drive to improve commissioning, we have developed and produced this toolkit which we hope will enable agencies to deliver their agenda for change.

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