

The Leadership Academy

Children's Health

8th & 9th October 2009

Park Plaza Hotel, Leeds

Participants Handbook

In partnership with



Welcome to the Leadership Academy residential seminar on **Children's Health**.

The Academy is a partnership venture between the Virtual Staff College and the Association of Directors of Children's Services. The 2009 series of seminars have been made possible through a grant from the National College as part of its extended remit to develop leadership provision for serving Directors of Children's Services and those close to stepping up to that role. This remit is being developed and delivered in partnership with ADCS and the Children's Workforce Development Council.

The Academy aims to provide local authority second and third tier officers and their equivalents working in the delivery of local authority/locality children's services, with the opportunity to meet, share practice and reflect on the challenges and solutions currently facing them. Through this interaction it is hoped to establish a personal support network which will, over time, provide opportunities for Assistant Directors and their equivalents in the wider children's services workforce to meet regularly, exchange practice and grow professionally as they aspire to become future Directors of Children's Services.

The Academy is not a conventional conference, seminar or professional development programme. Rather, it aims to bring together a small group of colleagues in order to exchange practice and, through facilitated working sessions and experiential "swap shops", reflect upon and seek solutions to the challenges currently facing them.

The Academy seminars are characterised by all participants coming prepared to contribute as well as listen and, through this collaborative practice, enhance and extend the collective intelligence of our community. This process will be augmented by both formal and interactive contributions from Directors of Children's Services and leading practitioners from the various sector services for children, young people and families and other agencies engaged in working with children and young people. Through this blended learning approach it is hoped to provide a pedagogic balance between best professional practice and new learning challenges.

In the case of this seminar in the Academy programme this balance will be achieved through a number of invited contributions from colleagues currently directly engaged in developing children's services together with timetabled "swap shop" sessions which will provide opportunities for case study presentations aimed at promoting the exchange of current issues and practice. The outcomes of these discussions will be recorded and made available to all members of the Academy and the wider children's service workforce network.

Furthermore, the participants at this particular event will be invited to contribute to the early thinking and planning of the Aspirant Directors of Children's Services Leadership Programme and, through this contribution, influence and shape the development of both this important leadership initiative led by The National College and the future Leadership Academy programme.

This notebook is intended to serve as a diary of the seminar and to provide you with some reference materials which we hope will stimulate your thinking and promote reflection. It is our aim that you will develop insights and attitudes that will make you even more appreciated in your organisation as a highly valued and effective colleague.

We aim to achieve this by increasing your thinking skills, sharpening your recognition of the qualities required for leadership at any level, enhancing your inter-personal skills, exploring how to draw the best out of other people, strengthening your strategic planning abilities and deepening your understanding of the influences currently impacting on your organisation and yourself.

We are confident that the Academy will provide a unique opportunity for senior colleagues to work together in developing their personal and professional skills in future leadership. In particular, it will enable participants to reflect on their own thinking and practices in partnership

with a group of interested colleagues who are facing similar challenges and, through this process, provide the stimulus for focused personal reflection and service development.

Finally, we hope that as a result of this reflection your resilience and confidence will grow and you may choose to approach the challenges which face you positively and that this seminar will support your personal and professional evolution as a future service leader.

Programme

Day 1 – October 8th

12:00 *Registration and coffee*

12:30 Introduction/aims of the programme

1:00 *Lunch*

1:45 **Session 1 - Setting the scene/policy context**

How did we arrive at this point?

DCS response: *Alison Michalska, DCS, East Riding Council*

2:45 **Session 2 - Developing effective partnership arrangements: governance, protocols and delivery**

Sue Wald, Swindon Borough Council

LA swapshop

4:00 *Break*

4:15 **Session 3 - Including health services within children's centres and extended services**

LA swapshop

5:30 **Plenary discussion**

Action points for future practice

7:00 *Dinner*

Day 2 – October 9th

9:15 **Session 4 - Joint commissioning: challenges for management and leadership**

LA case study of practice

Rita Silvester. City of Derby Council

10:30 *Break*

11:00 **Session 5 - Data management and exchange**

LA swapshop

12:30 *Lunch*

1:15 **Session 6 - The Aspirant DCS Leadership Programme**

Plenary discussion

Next steps

3:15 *Close and tea*

Think piece: Children's Health

Health issues are a major challenge for many Local Authorities and Children's Trusts, reflecting wider problems arising from 21st Century social factors and lifestyles. It is not uncommon for Children's Plans to have a focus on priorities such as:

- Teenage pregnancy
- Childhood obesity
- CAMHS
- Substance (including alcohol) misuse; and, increasingly,
- Oral health.

A major concern is that many of these issues have not only failed to improve, they are actually getting worse, despite increased awareness and attempts to address them. How can this trend be reversed? The answer lies in increased partnership working between health providers and other agencies, more effective intervention programmes and a more focussed approach from all involved in children's lives, whether in schools, LAs, Children's Trusts or the Third Sector. At the same time it cannot be denied that parenting is also crucial to any improvements.

For all those reasons it is important to view the new Health Strategy and revised arrangements for Children's Trusts as part of a continuous approach to improving outcomes for children, young people and families. To do otherwise would be to reinforce the silo mentality which Laming (2009) attempted to overcome. As Laming's report stated, "The single most important change in the future must be the drawing of a clear line of accountability, from top to bottom, without doubt or ambiguity about who is responsible at every level for the well-being of vulnerable children." Where health is concerned this vulnerability extends wider than the vital and more focussed approach to safeguarding.

"Healthy lives, brighter futures – The strategy for children and young people's health". (Department for Children Schools and Families, Department of Health, February 2009.) sets out a long-term strategy to improve health outcomes for all children and young people. It builds on the standards and recommendations previously set out in the National Service Framework for Children, Young People and Maternity Services (2004) and the Every Child Matters (2005) programme for improving outcomes for children. It also builds on the NHS Next Stage Review (2008). It has not been produced in isolation. The strategy describes how Children's Trusts, local authorities, primary care trusts and those working across children's health services can work in partnership to build the quality of support for families at key stages in their lives.

The stated ambition is to achieve:

- world-class health outcomes,
- services of the highest quality,
- excellent experiences in using services and
- minimising health inequalities

- all set out across three life stages: early years and pregnancy; school-age children; and young people – as well as the additional support for children and young people in need of acute or ongoing healthcare.

For early years and pregnancy, improvement plans include:

- Extension of the health visitor workforce to deliver the Healthy Child Programme
- Development of a new Antenatal and Preparation for Parenthood Programme

- Expansion of the successful Family Nurse Partnership Programme
- A strengthened role for Sure Start Children's Centres

The strategy complements "Maternity Matters: Choice, Access and Continuity of Care in a Safe Service" (DoH, 2007) which provides a framework for providing safe, high quality maternity care for all women. There will be £4 million investment to promote Baby Friendly Initiative in areas with lowest rates of breast-feeding.

For School – age children services will be made available to support healthy lives, for example through:

- An improved Healthy Child Programme, which will set out what services will be available to all parents in all areas.
- Schools' role in promoting pupils' health, strengthening the National Healthy Schools programme
- A world-class system of physical education and sport.

Services for young people should be offered in a way and with a focus that speaks to young people's particular needs, for example:

- accessible sexual health advice (increased investment of around £27 million a year from 2008-09) and
- integrated youth support services providing information, advice, healthy opportunities and support.
- Further improvements include making health services young people-friendly, increasing physical activity and targeting support for vulnerable young people. Tackling obesity, drugs and alcohol misuse and smoking are amongst the priorities.

Services for children with acute or additional health needs

Funding will be available for palliative care and end of life services, short breaks, community equipment and wheelchair services for disabled children and young people, £340 million over 3 years from 2008-09 in addition to £340 million revenue already announced.

Children with complex health needs will have an individual care plan by 2010.

Standards have previously been set on anaesthetic and other services available to children in hospitals who are critically sick or injured. Managed clinical networks have been advocated particularly for neonatal services

The CAMHS Review (November 2008) highlighted that change is needed to support the delivery of integrated, child and family-focused mental health and psychological well-being services that are organised around children and young people's needs.

How will all this be delivered? The strategy talks about "Making it happen: system-level transformation", with specific improvements needed in:

- Effective local leadership and joint working
- Working together to safeguard children
- Building on the strength and expertise of GPs
- Stronger joint commissioning for children's health
- Effective use of data to support commissioning and delivery
- A workforce with the right skills and capacity to deliver for children's health outcomes
- Drivers for improved quality including a stronger emphasis on children and young people's voices.

Those seven priorities have all been at the forefront of integration of services and of partnership working since the introduction of the Every Child Matters agenda and the formation of Children's Services and Children's Trusts. In those early days (five years ago) the general process was of a move towards **integrating** services rather than operating as **integrated** services. Children's Trusts were created to address the fragmentation of responsibilities for children's services by strengthening accountabilities and developing a local strategy in every area for improving children's lives by delivering better services, including their health and wellbeing. To ensure that all partners are working together the DCSF published revised guidance on 18 November 2008 to help Children's Trusts deliver a step change in improving the outcomes of children and young people. In their introduction they say,

"This is a huge job, and it needs an effective Children's Trust partnership. That's why **The Children's Plan: Building brighter futures** commits the Government to strengthening Children's Trusts so that they can deliver real, measurable improvements for all children and young people in every local area. All Children's Trusts, by 2010, are expected to have, consistent high quality arrangements to identify all children who need additional help and to intervene early to support them."

The revised guidance reflects the experience of developing Children's Trusts, and the development of new policies and programmes to support the drive for better outcomes. In particular, it stresses the importance of robust and effective partnership arrangements under the section 10 'duty to cooperate' in implementing the vision of the Children's Plan.

Strengthening the role of Children's Trusts is a key part of the Children's Plan. This means Children's Trusts will be expected to:

- deliver measurable improvements for all children and young people
- have in place, by 2010, consistent, high-quality arrangements to provide identification and early intervention for all children and young people who need additional help.

To achieve this, the DCSF will monitor the difference that Children's Trusts are making and examine whether Children's Trust arrangements need to be strengthened to improve outcomes, including by further legislation.

It is clear that the Health Strategy is a key component of the Children's Plan and of the operation of Children's Trusts. As Directors of Children's Services and central and local government focus ever more closely on safeguarding as their key challenge, there is a crucial role for Trusts in ensuring all five outcomes are addressed effectively, including health as a major priority. The health strategy and the new Children's Trust arrangements provide a powerful incentive for better partnership working. At workforce level this should lead to a reconsideration of old loyalties – do we work for "health" or "the LA" or "school" – or do we in fact work for the Children's Trust? If so what are the funding arrangements which support that and what are the workforce development issues? Also if that is the case, what are the implications for locality working?

As more and more Trusts focus on area or locality based approaches, the children's workforce will increasingly become para professional and old job demarcations will disappear, leading to better outcomes for all children and young people. The challenge is how we get there, against a background of reduced funding coming into the public sector, possibly for years to come. The solution is in working differently, driving down costs while improving effectiveness and making a real difference to young people's lives.



What should be included in a Commissioning Framework

Paper by the Commissioning Support Programme

September 2009

1 What should be included in a commissioning framework?

1.1 Introduction

1.1.1 The HM Government Joint Planning and Commissioning framework for Children, Young People and Maternity Services (March 2006) clearly states that

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

1.1.2 This document aims to help Children's Trusts develop a commissioning framework which meets the needs of joint working locally. Whilst there is no legal requirement to produce any documentation beyond the Children and Young People's Plan (CYPP) many areas have found it useful to put in place a commissioning framework for the partners alongside their CYPP which provides greater clarity of the way in which resources will be used to improve outcomes for children, young people and their families.

1.1.3 It is designed for people working in all sectors of children, young people and maternity services including political leaders, senior management, planners, commissioners, service users /providers, corporate procurement, finance, legal and other support staff. It sits alongside the DCSF Children and Young People's Plan Guidance 2009 and the Statutory Guidance on Children's Trusts 2008.

1.2 Why have a commissioning framework?

1.2.1 By commissioning we mean the approach that commissioners take to agree together the needs, design and arranging to meet outcomes for children and young people and the priorities set out in the Children's Trust Children and Young Peoples' Plan. This will involve a variety of technical approaches including aligned spend, joint budgets and pooled funds, often one partner will lead for the others on procurement.

1.2.2 A commissioning framework document should set out the following: shared vision for the children's trust on common principles when commissioning; a common language to help all partners to understand the commissioning process. Establishing this common language and understanding of commissioning by all partners is a feature of many successful children's trusts.

1.2.3 The commissioning framework should set out the 'ground rules' and incorporate common principles and the steps required to decide how best to deploy resources. The objective is to make best use of resources in the statutory, third and private sectors to ensure outcomes for children and young people.

1.2.4 The local approach to commissioning for children's services, as identified in the framework, will be shaped largely by national policy and guidance, local capacity and skill sets.

1.2.5 For example, DCSF 'Children's Trusts: Statutory guidance on inter-agency cooperation to improve well-being of children, young people and their families' (2008), the HM Government 'Joint Planning and Commissioning Framework for Children, Young People and Maternity Services' (2006) and the DH 'The National Service Framework for Children, Young People and

Maternity Services' (2006), consistently identify a number of key themes, which may be incorporated into local frameworks. These include:

- a focus on outcomes;
- prevention and early intervention;
- joint working and responsibility;
- citizen-centred services; and
- an important role for the third sector.

1.2.6 There is national recognition that the Children's Trust role is increasingly that of the strategic commissioner. Better commissioning can substantially improve the efficiency of services. Effective commissioning is key to improving better outcomes, building services around customer needs, and achieving better value for money. A commissioning framework will ensure commonality of purpose and it will have a significant impact on all commissioning decisions and activities. It will help to reduce duplication and will facilitate a better use of available resources. It will underpin and promote more effective commissioning within organisations and partnerships. A commissioning framework will identify locally agreed existing and planned arrangements to support and inform a commissioning plan, leading to improvements in services and outcomes.

2 Setting out a commissioning framework

2.1 Introduction

2.1.1 A commissioning framework is intended to provide support to those who undertake the commissioning task and as a partnership, an agreed way of working which is also relevant to providers, services users and others who need to understand the commissioning process. Additionally, it is a good way to hold commissioners to account. It would be helpful to include sections on the following:

2.2 Children's Trust Vision and Values

2.2.1 A commissioning framework should set out the shared vision for commissioning in the local area. It should identify the extent of the commitment across the Trust, from, joint approaches to procurement, to using commissioning and its cycle of activity as the mainstream tool for improving outcomes. The commissioning vision should also set out future ambitions, such as the plans for establishing pooled funding arrangements presented later in this document in example two. These should be commensurate with those expressed in the Children and Young People's Plan.

2.2.2 Alongside the vision it is important that the Children's Trust has a clear set of values by which it will achieve the vision.

Case study one: Setting Vision and Values

Barnsley

Commissioning Values:

- Centred on the needs of the child or young person
- Family-oriented
- Outcome-focused, high quality and evidence-based
- Technology aware
- Equitable, non-discriminatory and inclusive
- Integrated in design and delivery
- Empowering
- Community enhancing
- Focused on prevention
- Working in partnership

2.3 The involvement of partners

2.3.1 It is important to clarify in the framework which partners are involved in commissioning and their joint commitment through this common process. The aim is for all partners to adopt a similar

approach, ensuring commissioning is effective. From the outset it is desirable to offer opportunities for joint funding (i.e. pooled budgets).

2.4 What is Commissioning?

2.4.1 There are many definitions and approaches to commissioning, for some partners the term has not been used, for others it is a well-established approach. The framework should seek to establish a partnership approach to promote more effective commissioning and thereby opportunities for collaboration at each stage of the commissioning cycle. Any definition should facilitate making best use of resources (not just money) and make reference to solutions that include more than just 'services' as a means to achieving improved outcomes for children, young people and their families e.g.

Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

3 What a commissioning model might look like

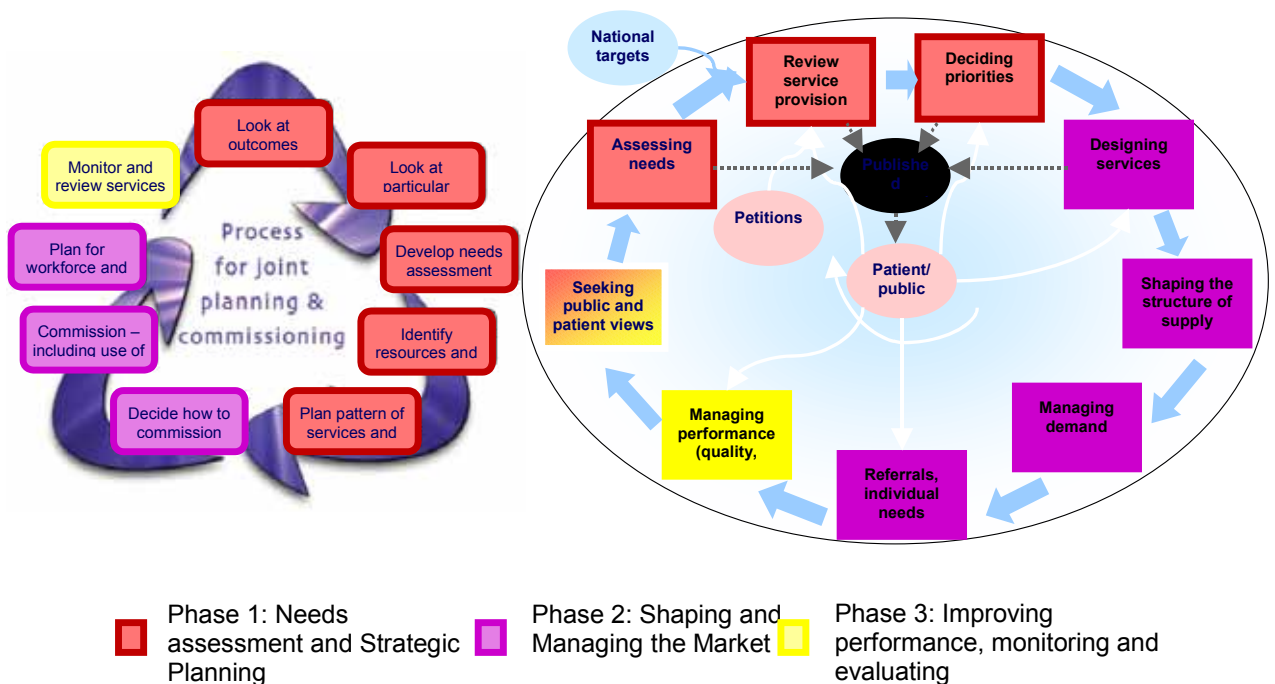
3.1.1 Successful commissioning follows a clear process that has been agreed by all partners. One of the main purposes of the joint commissioning framework is to ensure that all partners follow the same commissioning process. This is crucial to their commitment, ensures consistency and affords the opportunity to focus resources to earlier intervention where possible. A further benefit of an agreed common cycle across the local area is that commissioners can develop transferable skills and move from one service to another in order to tackle the priority commissioning activities.

3.1.2 The framework should set out a common process for commissioning across the local area for all children's services commissioners to follow. The model that has been adopted should be described, and a diagrammatic version is useful for communication purposes. The importance of the cyclical nature of commissioning should be made clear and the relationship of the cycle to improving outcomes: commissioning is a tool, or a means to an end, and the end to be achieved is improving outcomes for children, young people and their families.

3.1.3 The commissioning model might be one already available, such as HM Government's Joint Planning and Commissioning Framework for Children, Young People and Maternity Services, 2006, shown below. It might equally be a cycle that has been developed locally but either way it will follow a generic cycle such as i) understand, ii) plan, iii) do, iv) review or 1) needs assessment and strategic planning, 2) shaping and managing the market, 3) Improving performance, monitoring and evaluating, with each stage being informed by the previous one.

3.1.4 Commissioning is a cyclical process to secure the right services in the right place at the right time. Figure one shows how three phases of commissioning align the commissioning cycle above with the world class commissioning competencies.

Figure one



Example One: Identifying Resources and Setting Priorities

Identify Resources and Set Priorities

The framework should set the direction and bring greater collective influence to the way partnership resources are used. It should agree an approach for improving the way all resources are used, identifying how current resources are committed and how they will be deployed in the future. This should demonstrate a move away from targeted and specialist services, with high costs, towards prevention and early intervention activity.

It is important for all activity in the commissioning cycle to remain focused on outcomes for children and young people. Priorities should emerge in a natural process by moving through the stages of the commissioning cycle above.

Following from the needs assessment process, the Children's Trust commissioning group will be able to jointly identify the commissioning priorities for the local children, young people and their families. The process will have identified current trends and outcomes, and the existing and future needs of the community. The commissioning framework should demonstrate how the process of shared priority setting includes the alignment of information and targets identified within:

- Joint Strategic Needs Assessment
- Local Area Agreement
- Sustainable Communities Strategy
- CYPP
- All other statutory and local policies and targets for partner organizations.

3.1.5 North East Lincolnshire have developed a local commissioning cycle and provide a detailed explanation of what is involved at each stage in their Joint Commissioning Framework. Case study two below shows how one stage is presented.

Case study two: Planning pattern of services

Plan pattern of services and focus on prevention

North East Lincolnshire

Plan and shape of services establish commissioning intentions

Following on from [the previous stages], and together with evidence from local and national research, plans will be identified to develop a pattern of services most likely to secure priority outcomes, and commissioning intentions will be identified to support this.

The desired pattern of services will need to include the development of early intervention and prevention services whilst retaining the ability to cope effectively with remedial work.

Commissioning intentions should be strategically aligned through the Children and Young People's Plan and LAA and agreed by members of the Children's Trust Board, including Chief Officers of all key partner organisations and political leaders of the Council.

Example two: Creating Joint Funding Opportunities

Joint funding opportunities

The 2008 'Children's Trusts: statutory guidance on inter-agency cooperation' requires that local authorities and PCTs should adopt an agreed process for joint funding (including the pooling of budgets). Pooled budgets should be used 'wherever possible' and the guidance suggests them as a foundation for joint commissioning, and service integration. Further information on how to establish pooling agreements can be found at: <http://www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/planningandcommissioning/jointfunding/jointfund/>

It would be helpful to include reference to any aligned budgets and existing or planned pooled budgets in this section – identifying the relevant joint funding/partnership agreements where applicable. The framework should set out a sustainable policy on the pooling or alignment of budgets. It should identify how the Trust will monitor the effectiveness of jointly funded initiatives at executive and operational levels.

4 Levels of commissioning

4.1.1 Depending on local circumstances and agreement, there may be many different levels at which commissioning will operate, and the range should ensure the most efficient, effective and sustainable model for improving outcomes. There are a number of levels commonly identified:

- National
- Regional
- sub-regional
- Children's Trust local area or strategic
- locality or practice
- individual

4.1.2 The Joint Commissioning Framework should set these out, and describe how commissioning will operate at each level. It should also describe the relationships between the levels, and the process for determining the level at which particular services will be commissioned. There should be a clear rationale for why one particular level is most appropriate for commissioning in a particular service area or user group. For example, it might be that the core focus of locality working is universal and targeted services (Tiers 1 and 2), in which case there will need to be strong and clearly defined links to the upper levels. There may then be Trust wide commissioning at Tiers 3 and 4, with some regional commissioning of specialist low incidence Tier 4 services, perhaps within a regional consortium arrangement.

5 Commissioning Principles

- 5.1.1 In order to ensure that the agreed definition and model for the Children's Trust is embedded within the operational rollout of commissioning, the setting of overarching principles that guide the work of commissioners is fundamental to success in this area.
- 5.1.2 Principles should convey clarity, transparency and quality and provide the basis on which healthy dialogue and challenge can exist amongst commissioners and providers within a local area. Principles will embody the prevailing culture and be responsive and support other changes the Children's Trust are introducing e.g. service user participation. Principles should not be confused with service standards. These will vary across service areas and have often been generated through evidence based practice e.g. NICE guidelines, statutory standards for foster care. Commissioners will be able to reference standards in service specifications.
- 5.1.3 Principles should take as their starting point:
- The HM Government Joint Planning and Commissioning Framework for children, young people and maternity services (March 2006) and ensure that principles embody and support the changes in commissioning practice required by the framework.
 - The Children's Plan – Building Brighter Futures
 - Healthy lives, brighter futures – The strategy for children and young people's health (2009)
 - Securing better health for children and young people through world-class commissioning – A document to support delivery of Healthy lives, brighter futures.
 - The Children and Young People's Plan for the Children's Trust which through consultation should embody principles agreed by partners, staff, children and young people and their families. Commissioners have a key role in the implementation of the commitments set out in the Children and Young People's Plan.
- 5.1.4 A case study example of Commissioning principles is given below.

Case study three: East Midlands Regional Commissioning Framework

East Midlands Regional Commissioning Framework principles

1. Put the needs of children, young people and families first and ensure that they are engaged and consulted.
2. Provide leadership for commissioning at the highest level in the system
3. Provide preventative services at the earliest appropriate moment.
4. Work in partnership to maximise effectiveness and reduce barriers to services.
5. Ensure that people have the right skills to undertake the work.
6. Look beyond the immediate circumstances of current service users and develop a long-term view of their needs and the wider needs of communities.
7. Provide timely information to providers and work constructively with them.
8. Continuously evaluate current and developing services and ensure they represent best practice and have clear impact on outcomes.
9. Spend money wisely to secure effective and efficient services, decommissioning services where necessary.
10. Use open and transparent processes that build confident partnerships.

5.1.5 Principles will change over time. Many of the above example principles are attempts to signal to commissioners and providers the expectations on future working relationships. As these relationships develop and mature other principles will come to the fore.

5.1.6 Without common principles across the range of commissioners, the cohesiveness in service planning and resource allocation will be limited to pockets of good practice. This in turn will limit the ability to improve outcomes efficiently and effectively.

6 Governance in a commissioning framework

6.1.1 It is essential that the commissioning framework sets out the governance arrangements for the Children’s Trust and its commissioning function. In this regard, the Commissioning Support Programmes’ Self Analysis and Planning tool, can help Children’s Trusts assess their performance and plan improvements, including Governance. The ‘Are we there yet?’ (Audit Commission 2008) self-assessment tool for local government and Children’s Trust Boards’ is also provides a useful tool in helping Children’s Trusts establish effective governance and accountability arrangements.

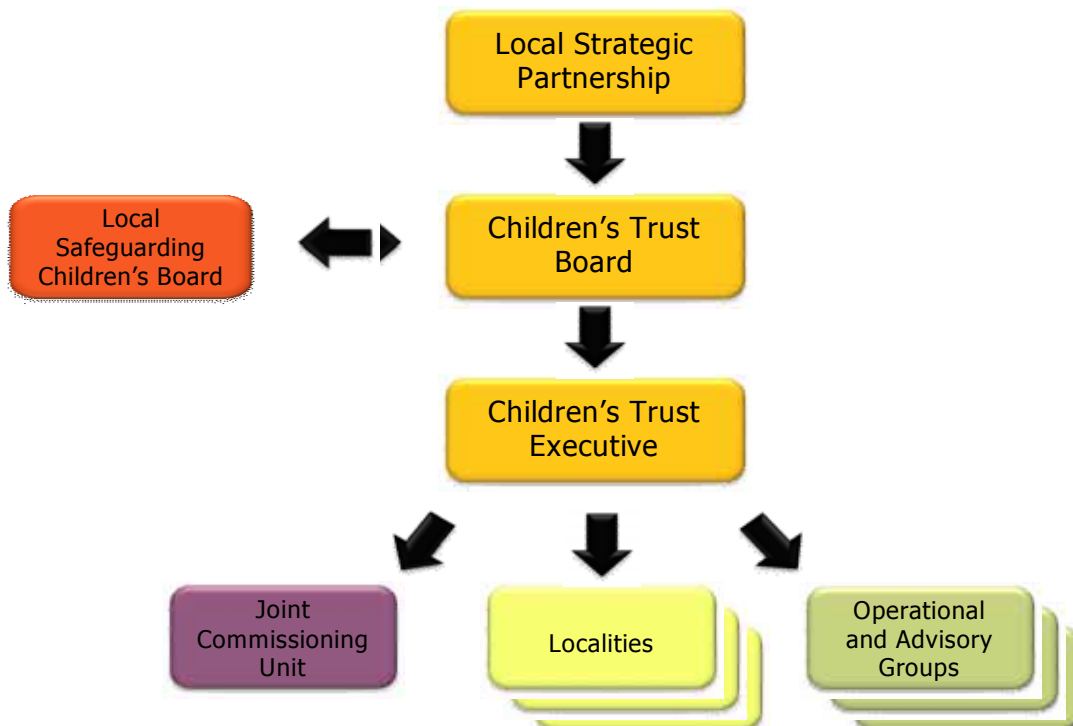
6.1.2 Strong, clear governance is critical to the success of all Children’s Trusts:

“a strong integrated governing board or structure representing all key delivery partners at senior level, determined to drive whole-system change through clear leadership and effective local change programmes ... this will require sophisticated leadership of a high order to secure a genuinely joint outcome-focused vision, full engagement of all key partners, and clear lines of accountability”.

(‘Children’s Trusts: statutory guidance on inter-agency co-operation to improve well-being of children, young people and their families’ 2008)

6.1.3 Figure two sets out a skeleton structure in Children’s Trusts, although please note, every area will have a different structure.

Figure two



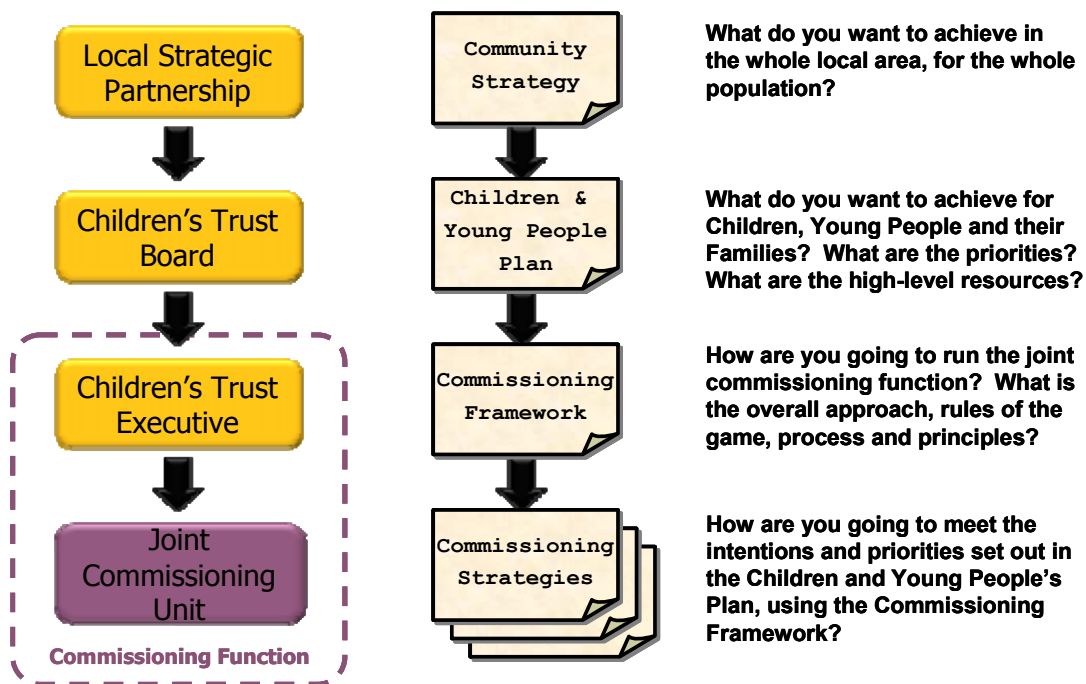
6.1.4 It is important to consider how integrated governance supports the integrated strategy associated with the planning and commissioning process. The following diagram demonstrates how the commissioning framework contributes to the overarching commissioning strategy for

the Children's Trust. Individual outcome based commissioning strategies e.g CAMHS, teenage pregnancy, parenting would then sit underneath the CYPP and operate according to the agreed arrangements set out in the commissioning framework. The CYPP must include a statement of how the use of the local authority's and Children's Trust partners resources will contribute to the improvement of outcomes. Detailed financial information should be available as part of the overarching commissioning strategy to enable partners to make effective commissioning decisions.

7 Alignment of Governance, Planning and Commissioning

7.1.1 **Figure three** shows an alignment of strategic governance, planning and commissioning. It is an example of how a Children’s Trust might organise governance arrangements in order to deliver effective commissioning across partners through the CYPP, a commissioning framework and associated commissioning strategies or plans.

Figure three



7.1.2 The commissioning of services for children would also include the commissioning and sometimes de-commissioning of schools. Schools play a vital part in the provision universal services and are themselves commissioners of services. The Local Authority is required to consider a competition every time a new school is commissioned (except if it is to be an academy). The scale and lack of competency available in schools to commission schools is often used as a reason for not including schools. However, the processes of good commissioning apply equally to schools.

7.1.3 The Government’s recent Schools White Paper *21st Century Schools: A World Class Education for Every Child* makes clear that the commissioning of schools is an important part in the consideration of a Children’s Trust overall provision. A good commissioning approach to planning pupil places ensures an effective overview and enables sound planning for the future.

8 Procurement

8.1.1 Procurement will be an essential element in many commissioning areas. The Commissioning Framework should set out how the Children's Trust partners will ensure that procurement activities will be appropriately addressed.

8.1.2 It is possible that the partners will be at differing levels of procurement development and have differing levels of resources available to undertake procurement activities. The Trust should seek to avoid developing its own processes and procedures as this is time consuming and resource intensive, and instead try to set out in the Commissioning Framework how the resources of the partners could be used effectively to achieve the necessary outcomes.

8.1.3 The level of detail will depend on the extent to which this information may have been covered in other documentation but likely areas to include in the Framework are:

- A clear statement on the need for commissioners to access procurement skills (if they do not have them themselves), firstly, when undertaking tendering and contracting for a specific requirement and, secondly, where strategic procurement planning and actions will improve value for money
- How to identify which partner will take the lead in any procurement exercise, and which partner's procurement procedures would apply
- How to ensure that contracts will be managed to ensure outcomes and ongoing value for money are achieved
- The code of ethical behaviour that will apply
- The principles around involving users in the process
- Any policies on Small and Medium Sized Enterprises (SMEs) and third sector organizations that the Children's Trust may wish to adopt
- Any policies on sustainability that the Children's Trust may wish to adopt.

9 Arrangements for the participation of service users

9.1.1 The drive for children and young people to be involved in decision-making processes is global, stemming from Article 12 of the United Nations Convention on the Rights of the Child (1989), which states:

'State parties shall assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'

(<http://www.unicef.org/crc/>)

9.1.2 The Framework principles may allude to involving children and young people but it will be helpful to identify the infrastructure: the systems, strategies, procedures, structures and resources that the commissioning organisation is to use to involve young people in decision-making about the services they may use. The commitment to the participation of service users should be an integral part of any commissioning framework.

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