1. PURPOSE OF REPORT

1.1 To advise the HWBB of strategic intentions in relation to joint commissioning for children as outlined in a Joint Commissioning Strategy for Children 2013-2015.

2. RECOMMENDATIONS

2.1 HWBB supports the Joint Commissioning Strategy for Children’s Services 2013-2015 setting out the strategic direction for the development of joint commissioning arrangements for children and young people.

2.2 HWBB support implementation of the action plans and in particular the work up of an options appraisal for a joint commissioning unit – which would come back to the HWBB for consideration in the Autumn.

3. BACKGROUND

3.1 The Health and Well Being Board and Rochdale Children and Young People’s Partnership have identified the development of joint commissioning arrangements between HMRCGG and Rochdale Metropolitan Borough Council (RMBC) as a local strategic priority. This Strategy sets out how the CCG and RMBC intend to develop joint commissioning arrangements as a means of supporting and enabling the delivery of strategic intentions and plans to improve outcomes and life chances for children, young people and their families.

3.2 Summary of Strategy

Section 1 Introduction: defines the principles that both organisations will work to, to ensure a truly collaborative, transparent and whole systems approach. In addition a range of commissioning terminology and a joint commissioning cycle is defined to support the development of a common understanding.

Section 2 National and Local Drivers: describes key policy/legislation and local priorities that underpin and drive joint commissioning developments within children’s services.
Section 3 Developing Joint Commissioning Arrangements: describes a continuum of joint commissioning from 'silo commissioning' to a 'one organisation' model, and signals the intention to develop a single joint commissioning unit (JCU) in the Borough that commissions all services for children and young people. The aims of the unit are described. The unit will ensure synergy and join up across the whole commissioning system for children’s services. A two year action plan describes two work programmes – developing the joint commissioning infrastructure/arrangements, and improving commissioning arrangements for service/outcome specific areas. The Strategy signals the intention to establish pooled budget arrangements. Governance arrangements for Children’s Joint Commissioning are described, through the Health and Well Being Board.

Section 4 Improving Commissioning for Priority Outcome Areas: identifies three priority service/outcome areas of focus - child sexual exploitation, children with disabilities and early help and describes our intentions in relation to each area. It identifies that we will use this work to ‘test out’ and learn from various elements of joint commissioning to help shape and inform the development of the joint commissioning unit.

Sections 5 and 6: outlines how our plans in relation to communications and engagement, and identifies the need for workforce development to ensure that the joint commissioning workforce has the right skill set, knowledge and expertise to deliver evidence based and high quality commissioning.

Alternatives considered
None considered at this stage

Consultation proposed/undertaken
The strategy has been developed in consultation with the following:
- Director of Children’s Services
- RMBCC Children’s Services SLT
- Acting Director Public Health
- Joint Commissioning Steering Group
- HMRCGG Clinical Commissioning Group
- GP Clinical Lead for Children and Maternity

The Strategy has been approved by the following bodies:
- HMRCGG Governing Body (17 May 2013)
- Rochdale Children and Young People’s Partnership (23 May 2013)

Consultation/engagement with a range of stakeholders will be a fundamental element of the next stage and will inform the development of further proposals.

4. FINANCIAL IMPLICATIONS

4.1 At this stage, progression of this workstream is supported through existing resources. However, the development of a joint commissioning unit may require additional investment, or alternative use of existing resources particularly to support start up. This will be fully worked up as proposals/options appraisal for the Joint Commissioning Unit are developed.

5. LEGAL IMPLICATIONS

5.1 At this stage there are no immediate implications. Implications for both the Local Authority and Clinical Commissioning Group will be included in a work up of proposals. It should be noted that the Children and Families Bill is proposing a statutory duty on health and local authorities to jointly commission services for children with disabilities (from September 2014 subject to parliamentary process).

6. PERSONNEL IMPLICATIONS
6.1 Ultimately the development of a joint commissioning unit will impact on roles and responsibilities of personnel from within the local authority and health economy. This will be fully detailed at the proposal/options appraisal stage

7. CORPORATE PRIORITIES

The development of joint commissioning arrangements is an identified strategic priority for the HWBB. Joint Commissioning will be a cross-cutting enabler, supporting progress against all HWBB priorities within the HWBB Strategy:

- Children & Young People – Best start in life
- Early Intervention/Prevention
- Tackling Health Inequalities
- Wellbeing
- Lifestyles

In addition the development of joint commissioning arrangements for children is a strategic priority for both the local authority and clinical commissioning group. Joint commissioning arrangements are identified as a priority enabler in the Borough’s Early Help Strategy, and with the Special Educational Needs and Disability Pathfinder Programme.

8. RISK ASSESSMENT IMPLICATIONS

8.1 All the issues raised and the recommendation(s) in this report involve risk considerations as set out below:

- Robust partnership and joint commissioning arrangements are key themes in statutory guidance and forthcoming legislation in relation to a number of children’s services/outcomes, and the lack of joint commissioning was referenced in the Ofsted Inspection November 2012, and so is to be considered in the context of the Borough’s Improvement Notice. Risk to both organisations in this respect is mitigated by the establishment of a joint commissioning post for children, development of joint commissioning strategy and implementation of the associated work programme.

9. EQUALITIES IMPACTS

9.1 Workforce Equality Impacts Assessment

There are no (significant) workforce equality issues arising from this report.

9.2 Equality/Community Impact Assessments

There are no (significant) equality/community issues arising from this report.

There are no background papers to this report
## Version Control

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<th>Comments</th>
<th>Date</th>
<th>Author</th>
</tr>
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<td>0.1</td>
<td>Initial working draft for consultation</td>
<td>19.04.13</td>
<td>Karen Kenton</td>
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<tr>
<td>0.2</td>
<td>Incorporating comments from DCS, DPH, CCGHoC, Children’s Senior Leadership Team, Joint Commissioning Steering Group, Clinical Commissioning Committee, GP Clinical Lead Children</td>
<td>08.05.13</td>
<td>Karen Kenton</td>
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<tr>
<td>0.3</td>
<td>Formatting and logo</td>
<td>10.05.13</td>
<td>Selina McLean</td>
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FORWARD

It is a time of great opportunity in children’s services, to allow us to find new and innovative ways of working together to enable children, young people and their families to improve their outcomes.

Joint commissioning is recognised by the Health and Well-Being Board and the Children and Young People’s Partnership as a key mechanism through which to drive integrated working, improvement in quality and performance and more importantly, improved outcomes and life changes for local children and young people. It will enable us to implement a systematic and whole system approach, meeting the needs of children, young people and their families as identified in the children’s joint strategic needs assessment.

This Joint Commissioning Strategy sets out the agreed joint approach for commissioning services for children and young people between Rochdale Metropolitan Borough Council and Heywood, Middleton and Rochdale Clinical Commissioning Group. It is intended to inform partners, stakeholder and communities about children’s commissioning, and to set out our intentions for 2013-2015.

Most importantly it will describe the mechanisms by which we will develop joint commissioning as a means of delivering the strategic vision of the Children and Young People’s Partnership:

“To enable all children and young people to achieve their full potential”

We are committed to working together to challenge the status quo, champion innovation and to break down the barriers to change, to ensure that effective joint working and joint commissioning result in a positive transformation of outcomes for children, young people and families.

Donna Martin Lead Member for Children, Schools and Families, Chair Children & Young People’s Partnership

Chris Duffy Chair Heywood, Middleton and Rochdale Clinical Commissioning Group

Jim Taylor Chief Executive Rochdale Metropolitan Borough Council
1.0 INTRODUCTION

1.1 Purpose of Strategy
This strategy will set out how we intend to use joint commissioning to ensure that children, young people and their families are enabled to improve their outcomes and life chances. It will support the delivery of priorities within Rochdale Borough Health and Well-Being Strategy and in the Children and Young People’s Plan.

The strategy will cover a two year period from 2013-2015, and will have two areas of focus. These will include how we intend to develop a joint commissioning function and secondly, how we will improve the commissioning of services in targeted service/outcome areas.

1.2 Principles
We have agreed a set of principles that underpin this strategy and joint commissioning developments:

1. We will undertake all planning and decision making activity as part of the commissioning process, working with other commissioners and stakeholders in the local area to take a whole family/whole systems approach.
2. We will work together in partnership with children, young people, families and local communities, at all stages of the commissioning cycle, to enable them to identify, manage and seek out help to meet their own needs.
3. We will work in partnership with all stakeholders to remove barriers and duplication, and to make the best use of the available resources, and to build on strengths and social capital.
4. We will consult with and respond to all relevant stakeholders as part of the commissioning process and ensure that decisions are based on a robust needs assessment and evidence base.
5. We will undertake processes to prioritise our efforts and resources at strategic, operational and family levels, to reduce inequalities and to ensure that those with the highest needs and those most likely to develop highest needs are effectively supported.
6. We will ensure that all commissioning processes, including tendering and procurement, are transparent and in line with good practice and legal requirements.
7. We will rigorously monitor, evaluate and review what we do, to ensure positive impact upon outcomes and value for money is achieved and to learn more effectively about what does and does not work.
8. We will use feedback from children, young people, families and partners to encourage innovation in the commissioning process and to achieve best practice.
9. We will ensure that our commissioning decisions are justifiable and stand up to scrutiny. We will take tough decisions to stop doing things, or to do things differently if we are not achieving value for money or enabling an improvement in outcomes.
10. We recognise the importance of the early years (pregnancy to age 5) for a child’s development and future life chances and will work together in partnership with those families who are most in need at this stage of life.
1.3 What is Commissioning?

It is important that all partners and stakeholders have a shared understanding of the terminology in relation to the commissioning process. The following table sets out our definitions of key commissioning terminology.

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Commissioning</td>
<td>The means by which we secure the best value for children, young people and their families. It is the process of translating aspiration and need, by specifying and procuring services which deliver the best possible outcomes, reduce inequalities, ensure high quality service provision, and make the most effective use of available resources.</td>
</tr>
<tr>
<td>Outcomes Based Commissioning</td>
<td>This is commissioning focused not on activity and process, but on the results to be achieved. There is less emphasis on inputs and activity (e.g. how many workshops, hours of counselling etc. were carried out) and more focus on results and outcomes (e.g. reduced offending, better levels of health, improved school attainment). Outcomes may be identified through the use of proxy indicators (e.g. reductions in number of court appearances, less referrals to acute hospital services).</td>
</tr>
<tr>
<td>Population Level Commissioning</td>
<td>This is commissioning for whole population outcomes e.g. to reduce health inequalities for children and young people.</td>
</tr>
<tr>
<td>Targeted Level Commissioning</td>
<td>Commissioning that is targeted at a specific group or outcome area, examples could be services for children with disabilities, provisions for children in need, teenage parents etc.</td>
</tr>
<tr>
<td>Individual Level Commissioning</td>
<td>Packages of support for individual child/family, as part of a team around the family approach.</td>
</tr>
<tr>
<td>Commissioning Cycle</td>
<td>This describes the cyclical nature of the whole commissioning process. Rochdale’s model is described in more detail below.</td>
</tr>
<tr>
<td>Needs assessment</td>
<td>The process for understanding the needs of the local population, resources and priorities. This can be at a whole population level e.g. Rochdale Borough Joint Strategic Needs Assessment, or can be targeted, for example the needs of children and young people. Needs assessments inform the setting of priorities and commissioning plans.</td>
</tr>
<tr>
<td>Specification</td>
<td>A document that is developed by commissioners to describe the outcomes, service delivery model, performance indicators and monitoring arrangements for services.</td>
</tr>
<tr>
<td>Procurement</td>
<td>The process by which services providers are identified and selected. This usually involves seeking expressions of interests, tenders etc. and encompasses the principle of open competition. Procurement is subject to stringent legal requirements.</td>
</tr>
<tr>
<td>Contract</td>
<td>A formal written agreement between the commissioner and the service provider</td>
</tr>
<tr>
<td>Contract Management</td>
<td>Managing commissioner and provider relationships and managing provider performance</td>
</tr>
</tbody>
</table>

1.4 Rochdale Children’s Services Commissioning Cycle

We are adopting a four stage approach to commissioning which makes up our commissioning cycle.

Stage 1: Joint Understanding of Needs

Gaining an understanding of needs, resources and priorities, what has a positive impact on outcomes and what children, young people and families think about local services. We also need to understand national and local priorities, policy and drivers which will inform our decision making, and to understand what the total available resource is. At a strategic level this information is collated in the Borough’s Joint Strategic
Needs Assessment. We may also improve our understanding of need at a targeted level, for example in relation to children with disabilities, or at a locality area.

Stage 2: Joint Planning
In this stage we are concerned about ‘where we want to be?’ and ‘how will we get there?’ At a strategic level the Health and Well-Being Board have published a Health and Well Being Strategy, and the Children and Young People’s Partnership is refreshing the Children and Young People’s Plan. In addition we may need to plan at a targeted level (an example of which would be developing a commissioning strategy for looked after children), or at an individual level (e.g. a team around the family plan).

Stage 3: Joint Delivery
Implementing and delivering the actions/priorities that we have agreed at the planning stage. This will involve one of the following options: continue existing service provision/support, redesign existing services, decommission existing services, and procure new or alternative provision.

Stage 4: Joint Review
This stage is focused on ensuring that our plans and the services that we commission are delivering the intended outcomes. It will include robust processes for the performance management of commissioned services, and robust accountability of all partners on the delivery of outcomes. We will develop a Children and Young People’s Outcome Framework against which we will measure performance.

Fig 1: Commissioning Cycle
2.0 NATIONAL AND LOCAL DRIVERS
In this section we briefly outline the key, recent policy/legislative changes and local drivers that are most relevant to our planning in relation to children’s commissioning.

2.1 National Policy and Legislation

Health & Social Care Act 2012: this has seen a transformation in the way that health services are commissioned. Clinical Commissioning Groups have replaced Primary Care Trusts from 1 April 2013, and public health responsibilities have transferred to local authorities. Health and Well Being Boards have been established, with a requirement for them to develop joint health and well-being strategies and joint commissioning arrangements to support delivery of local priorities. The health reforms have resulted in fragmentation of commissioning in relation to children, with commissioning responsibilities being split across CCGs, National Commissioning Board, Public Health and Local Authorities.

Children & Families Bill 2013: takes forward the Coalition Government’s commitments to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Bill will reform the systems for adoption, looked after children, family justice and special educational needs (SEND). The SEND reforms include improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together and to jointly commission services.

Everyone Counts: Planning for Patients 2013/14: outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS, where improvement is driven by clinical commissioners. The guidance is published alongside financial allocations to clinical commissioning groups and is accompanied by other documents intended to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution. CCG’s are expected to develop their local priorities through their input into the Joint Health and Well Being Strategy.

Improving Children and Young People’s Health Outcomes 2013: has been compiled by the Department of Health with the Department of Education and a variety of health economy organisations, in response to the Children and Young People’s Health Outcomes Forum Report. This outcomes framework sits alongside the NHS Outcomes Framework and the Public Health Outcomes Framework, and together they provide assurance, accountability and provide a focus for improvement. Joint working and commissioning are identified as a key vehicle to a joint approach to improving child health outcomes, particularly for vulnerable children and their families.

The School and Early Years Finance Regulations 2013-2014. The regulations give effect to the changes announced in 2012 regarding the Schools Funding Settlement. The introduction of the pupil premium has increased schools commissioning responsibilities. The premium can be used to commission additional support to improve the educational outcomes of children from disadvantaged backgrounds.

Working together to safeguard children A guide to inter-agency working to safeguard and promote the welfare of children 2013: sets out how organisations and individuals should work together to safeguard and promote the welfare of children. This includes a requirements for local agencies to work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services; and for local authorities and partners to have a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.
2.2 Local Drivers

Greater Manchester Public Service Reform: The Greater Manchester and Rochdale approach to public sector reform focuses on the following five themes: early years, stronger families, health and social care, transforming justice and worklessness and skills. Of particular relevance to this strategy is the development of an integrated GM service delivery model for the early years that provides a whole system pathway of support for very young children, to ensure they are ready for school, and the troubled families work programme that requires a whole system pathway reform to ensure that families receive early support, to avoid escalation of need.

Health and Well Being Strategy 2012-2015: Rochdale Health and Well Being Board (HWBB) has published its' Health and Well Being Strategy which includes key messages from the Joint Strategic Needs Assessment (JSNA). Children and Young People and Prevention and Early Intervention are identified as two of the five top priorities within the Borough. In addition the strategy articulates the strategic intention to deliver a programme of Joint Commissioning in key areas to make best use of resources and enable more effective joined up services – children’s services are identified as one of the areas of focus.

JSNA Baseline Assessment of Need- Vulnerable Children in Rochdale 2013: This health needs assessment provides a systematic review of the issues facing the vulnerable children population. It sets out, using a life course approach, the evidence related to the vulnerable children population including the trigger points for vulnerability.. The health needs assessment will support the Children and Young People’s Partnership in agreeing priorities and strategic plans which improve the outcomes and address inequalities for vulnerable children within Rochdale. The priority areas for action identified include early years, outcomes for children living in poverty, obesity and overweight, drugs, alcohol and tobacco, and outcomes for looked after children.

Children and Young People’s Plan 2011-2014: identifies five key priorities-
• Narrowing the Gap
• Improving Readiness for School
• Enabling Young People to Make Positive Lifestyle Choices
• Skills Improvement
• Workforce Development and Integrated Practice

Early Help Strategy 2013-2016: sets out how all partners will work together to plan, commission and deliver a range of provision to support children, young people and their families at the earliest opportunity. This means providing low level services at the right time to meet family’s needs and to keep them in control of resolving their issues and problems. The strategy recognises that good joint commissioning between key partners is a fundamental means of driving whole system change, and ensuring optimal and effective use of the available resource. It sets out the intention to commission pathways of care/support to ensure that families receive the right help, in the right place and at the right time.

Clinical Commissioning Group Integrated Commissioning Plan 2012-15: sets out the Clinical Commissioning Groups intentions to improve health, reduce health inequalities and improve the quality of life for people living in the Borough of Rochdale. Key to delivering the CCG’s intentions is the development of joint commissioning with the local authority through the Health and Well Being Board, as well as joint arrangements with neighbouring CCG’s through the North East Sector CCG’s commissioning board. The CCG has identified a range of work programmes focusing on reducing health inequalities and improving health outcomes for children.
**SEND Pathfinder:** Rochdale is one of the national pathfinders who are testing out the reforms in relation to provision for children and young people with disabilities/special educational needs. We are required to develop and test a single education, health care assessment and plan, personal budgets, a local offer of services and joint commissioning arrangements.

**Rochdale Improvement Notice and Single Improvement Plan (SIP) 2013:** the local authority were served with an improvement notice from the Department for Education in April 2013. The improvement notice sets targets and measures in relation to those areas of the local authorities work which need the most focussed and urgent attention. Those of particular relevance to this strategy, include strengthening strategic planning and governance across partners, and ensuring consistent, effective and co-ordinated early help services. The SIP describes the actions that the local authority and its partners will take to meet the requirements of the improvement notice.

**Child Sexual Exploitation:** During 2012 Rochdale received national media coverage in relation to a high profile court case and subsequent conviction of 9 individuals for child sexual exploitation. A multi-agency steering group is overseeing and co-ordinating local actions to ensure that vulnerable young people are safe, this includes strengthening our commissioning arrangements for the child sexual exploitation (Sunrise) team.
3.0 DEVELOPING JOINT COMMISSIONING ARRANGEMENTS

3.1 Joint Commissioning Continuum

There is a strong commitment at a strategic level across the Rochdale Borough to develop joint commissioning arrangements. From 1st April 2013 RMBC and HMRCCG have jointly funded an associate director post to lead the development of joint commissioning arrangements for children’s services.

There is currently no explicit guidance on how best to structure joint commissioning arrangements. This is clearly reflected by the fact that at present a range of commissioning models and structures are currently in use across the country. Within these structures a variety of processes and arrangements for integrating budgets, management structures, data/information, etc. are used. These vary depending upon the context of the local area with much depending on local and individual partner organisational factors and local ‘appetite’ for organisational change.

Figure 2 illustrates the progression from ‘silo commissioning’ to a ‘one organisation’ model. All the points on the continuum have benefits and drawbacks, and it is unlikely that any single model can provide the ideal solution to all circumstances. We recognise that locally we have varying levels of joint commissioning but overall we are currently generally at the level of aligning plans.
Organisations responsible for commissioning services are merged with one CEO. As of yet no evidence that this has improved outcomes in the few localities where it has been adopted. Involve major organisational change.

Dedicated commissioning unit commissions all services, including schools and hospitals. Resources are pooled, with single management of the commissioning team, clear commissioner/provider split and shared risk.

Commissioners work within a co-located commissioning unit either as single or joint appointments, with responsibility for all commissioning of services for defined or targeted areas; resources pooled for these areas

May support more innovative approaches to service provision. Risk to resources is shared through a voluntary arrangement governed by a service level agreement or formally through pooling of budgets.

Virtual Joint Commissioning Unit with aligned budgets

Commissioners align resources retaining responsibility/ownership of risk. Can lead to more effective/efficient services with focus on shared outcomes, but may not support innovation/productivity. Focus on services with established collaboration

Virtual Joint Commissioning Group

Commissioners meet to align plans/strategies, but not resources. Can lead to more effective service via improved coordination & alignment of goals. May not lead to efficiency gains required to drive up quality within existing or reducing resources.

Dependent on willingness of individual partners to engage with the process; without a shared understanding of the role and function of commissioning in driving up standards and ensuring efficiency it is unlikely that significant gains/improvements will be achieved.

Silo commissioning and information exchange

Even for specialist services, silo commissioning with/without information exchange is unlikely to deliver the levels of effectiveness and efficiency required. Can lead to significant poor integration of frontline service delivery, service gaps and/or duplication and fragmentation and confusing systems.

Level of Integration: structures, finances, plans & strategies, people, data & information

Barrier: financial sovereignty, politics, culture, control, trust
3.2 Rochdale’s Joint Commissioning Unit

Recognising that joint planning and commissioning are pivotal to improving outcomes, we intend to travel significantly along the commissioning continuum and establish a dedicated joint commissioning unit which commissions all services for children and young people. This will impose the discipline of the commissioning cycle to all planning and decision making processes in relation to children’s services. It will ultimately require structural change across both organisations.

The aims of the unit will be to:

- Develop a Children’s Joint Commissioning Framework which will formalise partnership agreements in relation to joint commissioning processes and arrangements – this will include financial agreements and governance arrangements.
- Lead the development of commissioning strategies to deliver local priorities, including the Children and Young People's Plan, and targeted strategies (e.g. early help, children with disabilities, emotional health and well-being).
- To develop pooled budget arrangements to optimise the effective use of the available resources, aiming to eliminate duplication and ensure best value.
- To develop an integrated children’s outcome based performance framework against which we will measure performance.
- To develop an integrated information and data analysis system to ensure we have robust intelligence on which to base our commissioning plans.
- To develop a service review process that will enable us to systematically review the performance of service providers to inform future commissioning decisions.
- To support development and delivery of efficiency and investment plans across the local authority and clinical commissioning group.
- Provide expertise and advice to partners/local boards in relation to children’s services and commissioning and to develop a best practice evidence base.
- Ensure synergy across the whole commissioning system for children’s services, working with commissioning partners including the National Commissioning Board (including Greater Manchester Local Area team), Public Health, Greater Manchester Commissioning Support Unit, and Greater Manchester CCGs and LocalAuthorities to integrate local and regional planning.

3.3 Two Year Plan

We have set ourselves an ambitious target of two years in which to deliver the transformational change we want to see in commissioning arrangements. The initial focus will be on developing joint commissioning arrangements between the local authority and clinical commissioning group. However we recognise that there is significant potential to extend this, and in particular to work with schools to understand their potential role and contribution to joint commissioning arrangements.

We will adopt a programme/project management approach to support the delivery of joint commissioning arrangements. As well as providing transparent project plans this will ensure a robust approach to performance management, governance and risk management across partners.

We have agreed the following high level objectives, upon which we will develop detailed project plans to support and monitor delivery of the joint commissioning work programme.
Year 1: 1 April 2013-31 March 2014

<table>
<thead>
<tr>
<th>Objective</th>
<th>Deliverables</th>
<th>By When</th>
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</thead>
<tbody>
<tr>
<td>Develop Plans for Joint Commissioning Resource and Infrastructure</td>
<td>Map of available commissioning resource across health and local authority</td>
<td>June 2013</td>
</tr>
<tr>
<td></td>
<td>Endorsed proposals and implementation plan for a Joint Commissioning Unit</td>
<td>September 2013</td>
</tr>
<tr>
<td>Develop Joint Commissioning Framework</td>
<td>Agreed Framework detailing supporting processes, agreements and governance</td>
<td>July 2013</td>
</tr>
<tr>
<td></td>
<td>A range of documentation to support commissioning cycle processes (eg specification templates, service review processes)</td>
<td>July 2013</td>
</tr>
<tr>
<td></td>
<td>Agreed performance monitoring arrangements</td>
<td>July 2013</td>
</tr>
<tr>
<td>Strengthen commissioning arrangements for existing services/priority developments</td>
<td>Outcomes based service specifications</td>
<td>March 2014</td>
</tr>
<tr>
<td></td>
<td>Commissioning Plan and strategies</td>
<td>March 2014</td>
</tr>
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</table>

Year 2: 1 April 2014 – 31 March 2015

Our planning for year 2 will be influenced by the actions we deliver and the outcomes we achieve in year one. It will therefore be subject to development and refinement early in 2014.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Deliverables</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>To establish fully operational Joint Commissioning Unit</td>
<td>Skill mixed team commissioning all services for children and young people</td>
<td>March 2015</td>
</tr>
<tr>
<td>To agree the contribution of schools to joint commissioning arrangements</td>
<td>Agreement and arrangements in place to include schools in joint commissioning arrangements.</td>
<td>September 2014</td>
</tr>
<tr>
<td>Develop and implement priority commissioning plans</td>
<td>To be developed during year 1</td>
<td>March 2015</td>
</tr>
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3.4 Pooled Budgets

Joint commissioning requires an understanding and overview of how resources are deployed across joint commissioning partners. This includes how budgets are aligned with priorities enabling the effectiveness of strategies and programmes to be monitored.

Pooled budgets can be described as a formal agreement where partners agree to make differing levels of contribution towards a shared plan. Related expenditure draws down against their respective budgets to meet the costs involved in delivering agreed plans and priorities. Each partner’s share of the transactions has to be incorporated into their own financial planning/accounts. Often discussions about joint commissioning focus on financial resources specifically the creation of pooled budgets, and evidence suggests that this can become a barrier to joint working. However we recognise that pooled budgets are essential to delivering our joint commissioning unit ambition.
A number of arrangements within current legislation exist that can be utilised to establish pooled budgets:

- Section 10 Children Act 2004
- Section 75 National Health Service Act 2006
- Section 76 National Health Service Act 2006
- Section 256 National Health Service Act 2006

Pooled budget agreements can be complex. We will work with relevant colleagues from both organisations to ensure that robust arrangements, including risk management and governance are in place and consistent with operating procedures.

3.5 Governance

We recognise that developing joint agreements across organisations can be complex and challenging, and that many issues such as financial sovereignty, politics, culture and control are potential barriers to the achievement of our joint commissioning ambitions. We have established robust governance arrangements that firmly enable assurance, monitoring and agreement through our established partnership structures. This is outlined in figure 3 below. In addition the development of a Joint Commissioning Framework will provide the vehicle through which we describe and agree how we will work together to jointly commission services.

Fig 3 Joint Commissioning Governance Structure
4.0 IMPROVING COMMISSIONING FOR PRIORITY OUTCOME AREAS

We will take a whole system, strategic approach to ensure synergy and integration of developments using our commissioning cycle to ensure that we apply a consistent and systematic approach to all decision making processes in relation to service developments, efficiency programmes and investment plans.

Transforming the way that we currently commission services is a complex task, and will not be achieved overnight. In addition different outcome/service areas will require different approaches and we acknowledge that ‘one size’ will not fit all. We are looking at transformational change in the way that services are currently delivered and recognise that we will need to take a timely, incremental approach. We have identified three priority areas where we want to provide initial focus to use joint commissioning as an enabler for improving outcomes for children and young people, and to enable us to ‘test out’ and learn from various elements of joint commissioning that we will use to shape and inform the development of the joint commissioning unit.

4.1 Child Sexual Exploitation

We intend to strengthen our commissioning arrangements for Rochdale’s multi-agency Sunrise Team. This will include the development of a commissioning specification, performance monitoring/review process and formalisation of contractual arrangements. A robust service review process will inform future commissioning intentions and plans in relation to this service.

4.2 Children with Disabilities

Joint commissioning arrangements are a key element of the SEND agenda, and are seen as a key enabler to the system transformation that is required to improve outcomes for children with disabilities and their families. We intend to develop joint commissioning plans for a borough wide integrated service for children with disabilities. We will develop an outcome based service specification and plans for securing service provision – this could either be re-designing existing provision or completing a tender and procurement process. In addition, the Children with Disabilities Partnership has identified the need to develop a commissioning strategy for children and young people with autistic spectrum disorders – we will ensure that the needs of this specific group of vulnerable children are considered within wider strategic planning. We will work in partnership with all stakeholders, including families through our pathfinder programme to ensure a truly collaborative approach to service design and innovation that is based on the needs of families.

4.3 Early Help

Our Early Help Strategy clearly sets out an asset based, whole system service delivery model, describing four levels of early help offer from building community capacity right through to specialist and statutory intervention, building on a progressive universalism approach. We will develop integrated pathways of support and will commission along these pathways. We will be ensuring that integrated processes such as the Common Assessment Framework and Lead Professional roles are embedded in service delivery. We will develop commissioning plans for a multi-agency early help hub, defining the specification and the processes we will take to procure this. Alongside this we will develop/amend specifications and contractual arrangements for existing services to ensure that their contribution to early help is clearly set out, and performance monitoring and service review processes are in place. We will ensure that we commission evidence based interventions, which are proven to improve outcomes. To this end we will be working with the National Commissioning Board (through the Greater Manchester Area Team) to develop the Family Nurse Partnership (FNP) in Rochdale, as part of the national FNP extension programme.
5.0 COMMUNICATIONS AND ENGAGEMENT
We will develop a communications plan to ensure that the approach and priorities outlined in this strategy are communicated effectively to all stakeholders. We will work with local authority and health services communications and engagement teams to utilise existing structures, groups and forums. This will require a mixture of:

- creative use of technology, media and locality events to engage with children, families and local communities
- information and engagement sessions for stakeholders across the Children and Young People’s Partnership
- the development of commissioner and provider forums, ensuring inclusion of the community and voluntary sector as well as statutory services

6.0 TRAINING AND DEVELOPMENT

6.1 Knowledge, Skills and Competencies
The development of a joint, outcomes based commissioning approach requires the development of new skills and ways of working. As part of the work to support the development of the joint commissioning unit we will develop a framework of core knowledge, skills and competencies for those staff working as part of the joint commissioning arrangements. Amongst the essential skill set will be programme/project management skills, data analysis, strategic planning, specification development and performance management.

6.2 Training and Development
An audit of workforce skills against the joint commissioning competency framework will provide the basis for the development of a workforce development plan. We will work closely with organisational development leads with the local authority and clinical commissioning group to ensure that training needs in relation to joint commissioning are integrated into wider workforce plans.

We recognise that some skills are already requirements for staff working within both organisations. We will need to ensure that training builds on these elements of existing requirements and continues to identify clearly gaps in skills and knowledge. We will need to invest in training to ensure that all commissioning staff receives the right level of training and information required to effectively deliver commissioning cycle processes.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Chair – Councillor Donna Martin</td>
<td>Portfolio Holder Rochdale MBC</td>
</tr>
<tr>
<td>Gladys Rhodes White</td>
<td>Interim Director of Children’s Services – RMBC</td>
</tr>
<tr>
<td>Cath Knowles</td>
<td>Assistant Director - Children’s Social Care RMBC</td>
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<tr>
<td>Sandra Bowness</td>
<td>Assistant Director - Early Help, Prevention and Partnerships RMBC</td>
</tr>
<tr>
<td>Laura Beesley</td>
<td>Sure Start Team Leader RMBC</td>
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<tr>
<td>Bernadine O’Sullivan</td>
<td>Director of Public Health or Representative</td>
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<tr>
<td>Karen Kenton</td>
<td>Associate Director Joint Commissioning - Children &amp; Young People HMRCCG/RMBC</td>
</tr>
<tr>
<td>Annette Anderson</td>
<td>Superintendent Greater Manchester Police (Rochdale Division)</td>
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<tr>
<td>Steve Murphy</td>
<td>Director, - Positive Steps</td>
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<tr>
<td>Councillor Pat Sullivan</td>
<td>Conservative Opposition Portfolio Holder for Children, Schools and Families</td>
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<tr>
<td>Kathy Thomas</td>
<td>Voluntary and Community Sector Representative</td>
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<tr>
<td>Stuart Pidgeon</td>
<td>Rochdale Pioneer Trust</td>
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<tr>
<td>Derek O’Toole</td>
<td>Rochdale Association of Primary Headteachers</td>
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<tr>
<td>Katie Charlton</td>
<td>Rochdale Association of Primary Headteachers</td>
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<tr>
<td>Jean O’Neil</td>
<td>Most likely Managing Director, Link4Life</td>
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<tr>
<td>tbc</td>
<td>Managing Director, Link4Life</td>
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<tr>
<td>Andrew Toft</td>
<td>Director of Operations, Rochdale Boroughwide Housing</td>
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<tr>
<td>tbc</td>
<td>Head of Service Vulnerable Adults RMBC</td>
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<tr>
<td>John Saxby</td>
<td>Pennine Acute Hospitals Trust</td>
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<td>Mary Chadwick</td>
<td>Pennine Care NHS Foundation Trust</td>
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<td>Jan Reynolds</td>
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<td>Keith Walker</td>
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<td>Dil Jauffur</td>
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