

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

**Report of the Executive Director
of Corporate Services**

Commissioning Strategy

1. Purpose of Report

- 1.1 Commissioning is an approach used to deliver the aims and objectives of the Corporate Plan and Community Strategy. As a 'Customer focused' organisation its aim is to ensure that citizens have access to appropriate and cost effective interventions / services / opportunities that will meet needs and aspirations of individuals, families and communities. This commissioning strategy sets out the strategic aims, principles and ways of commissioning that the Council will undertake in the next 3 years.

Strategic Commissioning is the process of specifying, securing and monitoring services at a strategic level, to meet people's needs. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission 2003).

It is clear that due to the challenges facing Barnsley around public sector cuts and wider reform, the current health and social care system is neither fit for purpose or sustainable. The previous approach to cutting services at the fringes will not manage the financial challenge facing Barnsley or deliver the best possible outcomes with residents and their communities in the 21st Century.

It is however acknowledged that this will require a change in relationship with residents and communities, one which sees a shift from passive recipient of services to active agent. This would be facilitated by a move away from an overly professionalised model to a community and citizenship model, where all of the community have a role to play and are encouraged to do so.

It requires a truly 'whole system' change, as small single agency approaches have historically had relatively little impact. Integrating Commissioning Functions throughout BMBC and NHS Barnsley CCG will strengthen the ability to deliver 'whole system' change. Effectively integrating commissioning is one of the key objectives of the Commissioning review. This draft Commissioning Strategy informs the commissioning review to provide clarity on the direction of travel.

The strategy will set out how the Council will work with all its partners and stakeholders to shape and develop services and the care market over the next

3 years. It will enable providers from the statutory, independent and third sectors to maintain and develop a range of services which are flexible to meet current and future needs.

This strategy provides the cornerstone of our commissioning programme into the future.

2. Recommendations

2.1 Cabinet supports the Objectives of the Commissioning Strategy.

3. Introduction

3.1 Barnsley Council spends around £200million per year in commissioning and delivering services and it is the Council's responsibility to use this money in the best possible way to achieve its objectives, especially given the challenges arising from the current financial environment. Getting commissioning right, therefore, is important in order to ensure that the right services are delivered to the people that need them most.

In order to meet the challenges going forward, the acting DPH in partnership with the of Head of Performance and Partnerships is leading a review of Commissioning. This commissioning strategy sets out the strategic aims, principles and ways of commissioning that the Council will undertake in the next 3 years

In order to ensure true integration of BMBC and partners commissioning functions, departments have worked together to develop a draft Commissioning Strategy for 2013 -2015, to inform the current review.

It is recognised in order to finalise the Commissioning Strategy the outcome of the Commissioning review is required.

Commissioning Review objectives :

- Complete the work being led by the acting DPH in partnership with the Head of Performance and Partnerships (SJ) on a review of strategic intelligence functions across the Council to include the needs assessments undertaken by BMBC and its partners, and examine how they could collectively be undertaken more efficiently. This will include determining what our 'statutory minimum' is in terms of these assessments.
- Determine how current commissioning (and de-commissioning) practice fits with best practice.
- Review and recommend how commissioning functions can be delivered in the future.

It is recommended the Commissioning Strategy remains draft subject to the outcome of the Commissioning Review.

4. Consideration of Alternative Approaches

- 4.1 Implementation of the Commissioning strategy prior to the commissioning review. Limited cohesive knowledge of current commissioning methods, resources required and clear understanding of the opportunities for integration may result in continued 'silo' working and /or duplication.

5. Proposal and Justification

- 5.1 The Commissioning Strategy has been developed in consultation with full council engagement, subject to consultation and contribution from each directorate.

The Commissioning Strategy establishes a clear direction for the future commissioning intentions of the council to ensure delivery of services to meet the key Corporate Objectives.

A clear understanding of structure and capacity required to implement transformational change to deliver integrated commissioning is required prior to completion of the Commissioning Strategy.

6. Implications for local people / service users

- 6.1 Achieve best outcomes for the people of Barnsley
- 6.2 Support individuals, families and communities to take a leading role in designing and delivering their own solutions / services.
- 6.3 Develop a mixed economy of service providers, marked by fair competition and a commitment to partnerships.
- 6.4 Commission services which promote adult, children, young people and family wellbeing and enable achievement of potential

7. Financial Implications

- 7.1 There are no direct financial implications associated with this report. Financial implications for the commissioning review will be considered as part of the review process and subsequently reported as part of the proposals and recommendations coming out of that work.

8. Employee Implications

- 8.1 The Commissioning Strategy will need to be considered as part of the commissioning review, whilst there are no direct employee implications, it will

need to be considered and can contribute to more efficient use of resources

9. **Consultations** [List who has been consulted, and incorporate their comments into the relevant sections of the report]

- a) Chief Executive
- b) Assistant Chief Executive (Human Resources)
- c) Executive Director, Finance, Property and Information Services
- d) Borough Secretary
- e) Trade Unions
- f) Adults & Communities Directorate Management Team
- g) Adults & Communities, Risk Management
- h) Adults & Communities, Equalities & Diversity
- i) *SWYPFT – please insert or delete as appropriate*
- j) *Other Directorates, Childrens, DEC, Public Health*

Note: The following headings may be included in sequence, if there is considerable relevant detail to include (i.e. a list of headings with the comment “none” is not generally required). Otherwise, any information relevant to these issues may be incorporated in the above sections, with appropriate references:

10. **Community Strategy and the Council’s Performance Management Framework**

10.1 This strategy supports delivery of the Community Strategy and Councils Performance Management Framework.

11. **Tackling health inequalities**

11.1 This strategy maximises the opportunities available to tackle health inequalities.

12. **Climate Change & Sustainable Energy Act 2006**

12.1 n/a

13. **Risk Management Issues**

13.1 1268 DMT Failure of Partnership working to deliver necessary outcomes

13.2 1367 DMT Failure to ensure appropriate commissioning and/or use of resources

13.4 2179 Implementation of personalisation across all service providers

13.5 2562 Lack of accurate and up to date data and intelligence to understand changing needs of population

13.6 2564 Resistance to change/preservation of the status quo / culture Public,

service users and carers, elected members, providers and partner commissioners prefer "known" services to risk of change

13.7 2566 Maintaining effective relationships with key stakeholders

13.8 Risk that not approving strategy (subject to commissioning review) may mean that

- access to services are not improved
- jobs and opportunities are not created in the public sector
- future demands of citizens are not able to be met
- services won't fit needs
- any dependency culture remains/increases
- gaps in provision remain

14. Health & Safety Issues

14.1 The project will take account of appropriate health and safety guidelines in its operation. There are no specific implications.

15. Compatibility with the European Convention on Human Rights

15.1 The strategy and its outcomes are fully compatible with the European Convention on Human Rights.

16. Promoting Equality & Diversity and Social Inclusion

16.1 Proposals must demonstrate a commitment to, and explain the specific measures to be taken to support the councils stated commitment to ensure services and workforce reflect the diversity of the city:

- meeting all legislative requirements including the Disability Discrimination Act 1995 as amended by the Disability Discrimination Act 2005 and the Equality Act 2010
- Local authority equality and diversity policies

17. Reduction of Crime & Disorder

17.1 N/A

18. Conservation of Biodiversity

18.1 N/A

19. Glossary

19.1 H&SC - Health and Social Care
CCG - Clinical Commissioning Group

ASC - Adult Social Care
UIA - Universal Information and Advice
H&WBS - Health and Wellbeing Strategy
JSNA - Joint Strategic Needs Assessment
Barnsley Healthwatch - local consumer champion for health and social care
SWYPFT - South West Yorkshire Partnership Foundation Trust
PHB - Personal Health Budget
LIS - local Integrated Services

20. List of Appendices

20.1 Draft Commissioning Strategy

21. Background Papers

Details of background papers **MUST** be included, together with contact details for who holds any background papers and where they can be inspected

Office Contact

Tel. No:

Date:



MARK WOOD

1 July 2013

Financial Implications /
Consultation
*(To be signed by senior Financial Services officer
where no financial implications)*



COMMISSIONING STRATEGY

“Commissioning for well-being, health and prosperity”

2013 - 2016

Date effective from: 21.6.13

Version no: 8

1

DOCUMENT SUMMARY SHEET

Document title*:	Barnsley Commissioning Strategy
Document reference number*:	
Version number:	3 (14.5.13)
Member of the Executive Team Responsible*:	Martin Farran
Document author*:	Tabitha Arulampalam Amendments Jennie Pearce
Members of procedural document development group: (Note: please list titles not names of individuals)	
People (please use titles) / committees or groups consulted:	Circulated to all members of SMT for input
Approved by:	
Date approved:	
Date effective from:	
Review date:	
Frequency of review:	
Responsible for the review:	

DOCUMENT AMENDMENT SHEET

Version	Amendment	Reason
4	Jennie Pearce	Updates from SMT
5	Jennie Pearce	Childrens Young People and Families
6	Jennie Pearce	Comments from Michelle Kaye, Martin Farran
7	Jacqui Bradley	Comments from Sally Woffenden, Wendy Lowder and DEC
8	Jennie Pearce	Sharon Stoltz, Public Health

BARNSELY COMMISSIONING STRATEGY FOR INDIVIDUALS, FAMILIES AND COMMUNITIES

1. INTRODUCTION

1.1 The Place and Communities

Barnsley is an area both of diversity and challenge with a population of approximately 225,000 people spread over an area of 127 square miles. Although relative prosperity is displayed in some wards and others continue to improve, there are many areas of severe deprivation, with some wards being amongst the most deprived in England. The 1980s saw the decline and eventual disappearance of the coal industry and related areas of engineering and manufacturing with the consequential rise of unemployment, ill health, social deprivation, loss of community identity and support networks. More recently new small industries have grown up, the economy has diversified and considerable new housing development has taken place in the east, west and centre of the Borough. The Council with its partners has been in the forefront of championing these developments and attracting inward investment to the Borough, most notably the creation of new and vibrant secondary schools, support to small businesses and creating personalised services. Over the last two years the challenge to Barnsley as a thriving Borough has escalated as a result of the economic downturn faced by the country. Identifying joint priorities and solutions provides a strong platform to continue to meet this challenge going forward.

1.2 Partners and Leadership

The council works with the Local Strategic Partnership (One Barnsley) to pro actively manage the emerging challenges that face the Borough. There is a Community Strategy that focuses on "a history of strong partnership working in Barnsley. It also builds on the progress that has already been made towards achieving the long-term vision for the Borough as "a successful, uniquely distinctive 21st century market town that offers prosperity and a high quality of life for all"

The corporate Plan describes the Council's aims and objectives in its leadership role within the Borough. Economic development, thriving communities, educational attainment and health and wellbeing are seen as key to the future of Barnsley. The council recognises that challenges can only be managed in partnerships with other agencies and citizens of Barnsley and is committed to working in partnership to deliver the priorities of the Community Strategy.

1.3 The role of Commissioning

Commissioning is an approach used to deliver the aims and objectives of the Corporate Plan and Community Strategy. As a 'Customer focused' organisation its aim is to ensure that citizens have access to appropriate and cost effective interventions / services / opportunities that will meet needs and aspirations of individuals, families and communities. This commissioning strategy sets out the strategic aims, principles and ways of commissioning that the Council will undertake in the next 3 years.

This strategy provides the cornerstone of our commissioning programme into the future in supporting the corporate objectives of the Council, in particular, creating the right environment to support community wellbeing.

2. COMMISSIONING PROCURMENT AND CONTRACT MANAGEMENT

For the purposes of this Strategy it is important that all Council Members and Officers are clear about these definitions so that activity can be structured in the most effective way and people can be held to account for discharging these functions on behalf of the Council

2.1 Commissioning

The Audit Commission defines commissioning as –

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

The commissioning role is one in which a Local Council and its partners seek to secure the best outcomes for their local community by making use of all available resources. Successful commissioning means delivering the right outcomes at the right cost.

Commissioning functions broadly at three levels:

a) Strategic Commissioning

Effectively these are over-arching commissioning intentions for populations. An example might be services that are identified to address the mental health needs of the local population, that people with mental health problems are to be supported wherever possible to live independent lives in their own home ensuring a clear pathway of services and interventions, inclusive of a wide choice of services to enable people to maintain their independence at home. Supported by the market development strategy to ensure there is sufficient choice in the community for people to access home support. Further examples can be found in the way services are commissioned to respond to need identified across the whole borough, such as through Stronger Families initiatives, housing strategy, skills agenda etc. or relating to place via Area Councils/Ward Alliances rather than individuals.

b) Operational Commissioning

Identifying the best method of securing best value services. Inclusive of reviewing, redesigning and developing pathways, service specifications and establishing the best contracting method to ensure delivery of the high quality cost effective services

This refers to the gathering of a set of similar needs/requirements into contracts or Service Level Agreements for services. An example might be framework contract, that provides greater choice and flexibility for individualised care. Alternatively it could be a block contract arrangement, for example for drug and alcohol treatment services, where it is identified the best value and quality can be achieved by purchasing services on behalf of all service users, although there is choice within the system as to which interventions are accessed from several providers. It can also refer to contracting arrangements that are set out to support people who may want to purchase their own services with an individual budget. Commissioning at this level may also include where a service is designed to respond to the needs of a particular locality, as opposed to services designed to meet needs identified across the whole borough.

c) Individual Commissioning

This can be the brokerage of an individual service tailored to a particular need, often historically 'spot purchased', sometimes from a framework contract. Commissioning at this level will set in place specific arrangements for individuals or small groups or people who require particular services generally beyond the arrangements provided through universal services. An example might be a tailored care package for a young person with special health care needs. Sometimes this is referred to as 'micro commissioning'.

2.2 Procurement

"Procurement is the whole process of acquisition from third parties and covers goods, services and construction projects. This process spans the whole life from the initial concept and definition of business needs through to the end of the useful life of an asset or end of service contract"- Peter Gershon. Procurement forms part of the commissioning cycle and describes the way the Council purchases the services / goods it needs to achieve commissioning aims and objectives. This incorporates technical processes bound by law and regulation.

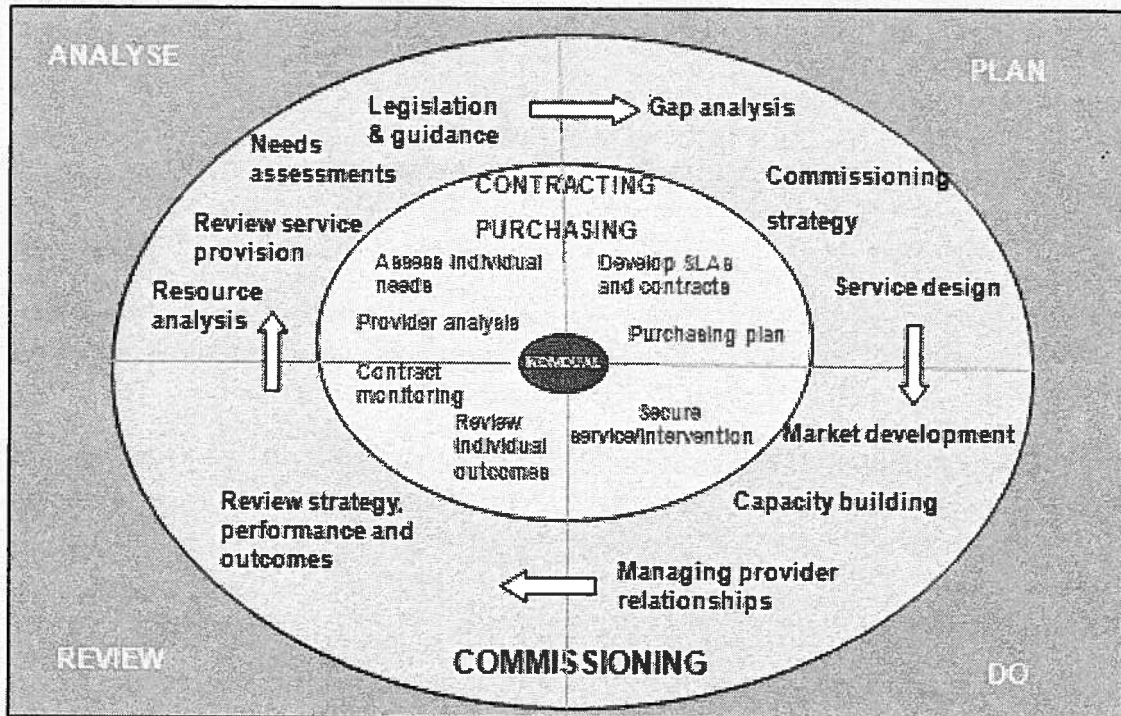
2.3 Contract management

Contract management is the ongoing management of contracts entered into with suppliers or partners for the provision of works, goods or services. Contract management includes negotiating the terms and conditions in contracts and ensuring compliance with the terms and conditions, monitoring these through the life time of the contract. Quality assurance measures and delivery of outcomes form a fundamental part of contract setting and monitoring.

2.4 The commissioning cycle

Effective commissioning is a continuous process from the identification of need to meeting those needs

CYCLE OF COMMISSIONING



The commissioning cycle has various component parts to it and is summarised below:

1. ***Assessing needs, reviewing provision & deciding priorities:***
Assessing the needs of our population, gaining an understanding of its' expectations and wishes; mapping these against an evaluation of current service provision, including an assessment of the structure of supply and deciding with service users local priorities for developing and transforming services. In Barnsley the current Joint Strategic Needs Assessment and other needs assessments will be used for this purpose. Engagement with service users and families as well as providers will form part of any needs assessment process.
2. ***Designing services:***
In partnership with others (particularly service users and providers), specifying the range, nature and quality of services to be provided along different pathways, drawing on evidence of cost-effectiveness and best practice; enabling provider innovation; and reflecting expected capacity requirements. Designing services and support mechanisms that are able to respond to self directed care.
3. ***Developing the market and shaping the structure of supply***
Engaging providers throughout the commissioning cycle. Stimulating provider interest, agreeing appropriate procurement routes to ensure maximum opportunity is provided to develop the market.

The aims being:

(a) to create service user choice and drive up quality by promoting the best service for the best price, where this is not possible maximising contestability for supply.

(b) to ensure services are joined-up for service users along pathways, through providers working in partnership with each other.

c) to support personalisation and individual budget processes so that individuals are able to become their own commissioners.

4. *Managing supply and demand for services:*

Managing within cash-limited allocation of resources, and working with providers and service users in arriving at creative solutions to meet rising demands.

5. *Performance-managing outputs and outcomes:*

To ensure contract requirements are met e.g. on national targets, quality and equity of access; taking systematic account of service user feedback to change service provision. Ensure that services are commissioned for quality and outcome measures together with agreed outputs and these form the performance management system.

6. *Co-commissioning:*

Co-commissioning in partnership with other organisations to meet common strategic goals. For example working with other Local Authorities to jointly commission services where most appropriate.

3. NATIONAL AND LOCAL DRIVERS FOR COMMISSIONING

The key local drivers for commissioning are the health and wellbeing of the population of Barnsley and the provision of good quality universal and targeted services that meet the needs of people and delivery the statutory obligations of the Council . The national drivers are the efficiency agenda and the change in the role of local government that has been signalled by recent central government policy.

3.1 The efficiency agenda

Barnsley Council spends around £200million per year in commissioning and delivering services and it is the Council's responsibility to use this money in the best possible way to achieve its objectives, especially given the challenges arising from the current financial environment. Getting commissioning right, therefore, is important in order to ensure that the right services are delivered to the people that need them most.

We are required to demonstrate full accountability and compliance with all relevant legislation and ensure the use of best practice whilst at the same time obtaining excellent value for money. Value for money is defined by the Office of Government Commerce as –

‘ the optimum combination of whole life costs and quality to meet the end user requirement’

This is usually demonstrated in the form of outcomes, and as such is the focus/approach of Barnsley Council’s Commissioning Strategy’.

3.2 Corporate plan

The vision of the Corporate Plan is to :-

Enabling the improved wellbeing of individuals, families, communities and businesses in a healthy, safe and more prosperous Borough.”

Out of this vision flow 3 priorities as follows:-

Growing the Economy

A long term plan to grow the economy for the Borough in order to support the creation of business opportunities, jobs and growth for the area. To work with and support the private sector and create better conditions to help safeguard existing jobs and businesses and stimulate additional growth.

Improving People’s Potential and Achievement

Ensuring that children, young people and adults have the right skills and qualifications to be better placed to access the employment and other opportunities available, whether in Barnsley or elsewhere. Improving physical, mental and emotional wellbeing of all people so that they are able to thrive and achieve their potential.

Changing the Relationship between the Council and the Community

Building a different relationship with the many different communities across the Borough, with the Council taking a more enabling role with others taking greater responsibility for delivering services in a different way, or doing more for themselves. Look to involve local people in the design and delivery of services, challenge others to make services more responsive to different areas, or provide support for more people to do more for themselves..

4. THE COMMISSIONING STRATEGY - VISION AND PRINCIPLES

4.1 Vision

The aim of the Commissioning Strategy is to realise the vision of the Corporate Strategy and achieve its three aims. Therefore the Vision of the Commissioning Strategy is to –

1. Achieve best outcomes for the people of Barnsley
2. Support individuals, families and communities to take a leading role in designing and delivering their own solutions / services.
3. Develop a mixed economy of service providers, marked by fair competition and a commitment to partnerships.
4. Commission services which promote adult, children, young people and family wellbeing and enable achievement of potential

Thus contributing to the three priorities of the Corporate Plan

4.2 Principles

The Principles of this Commissioning Strategy are as follows –

- Commissioning is a whole system process that incorporates *needs assessment, gap analysis, service planning, contracting, and performance management*, market development specification and service design, procurement, quality assurance , user involvement etc.

Commissioning will support preventative and early intervention services, supporting communities and continuing to develop the 3rd sector.

- Commissioning activity will be outcome based
- Customers, service users and carers will be central in the planning, design, monitoring and evaluation of services.
- Commissioning will take place at the most appropriate level (services will be personalised wherever possible)
- Commissioning activity will incorporate risk analysis and management of risk, in relation to service user safety as well as finance and reputation.
- Commissioning will be based on good information about gaps, needs and existing assets. Pathways for care and will be transparent , seeking wherever possible to prioritise the need to address inequality, particularly in relation to improving outcomes for the most disadvantaged

4.3 The Councils Commitment

In order to meet the principles of commissioning the Council is committed to the following approaches.

- Transparency about the financial and legislative frameworks in which services are to be provided
- Commissioning decisions will strive to create equitable services across the borough aiming to reduce health inequalities.
- Commissioning will support market development and promote a mixed economy of commissioned services.
- Commissioning will build the capacity of local third sector and small businesses to ensure they have equal opportunity to participate in the commissioning process.
- Commissioning will promote investment in the local community through all stages of the commissioning process, particularly in relation to the developing Area Councils

- Moving resources to preventative and early intervention services and interventions to support the Council's role in promoting self reliant individuals and communities. This will be balanced by the Council's obligations to ensure people are safe and protected against harm.
- Joint work with the NHS and other local and regional commissioners to secure the best outcomes and value for money for the residents of the Borough

5. COMMISSIONING PRIORITIES

Commissioning priorities are drawn from departmental commissioning plans utilising the following overarching concepts:

- Clear information, support and advice to enable self care and local community support
- Increased levels of self assessment and self directed care
- Stronger community cohesion and local asset building
- Use of assistive technology
- Emphasis on prevention and innovation
- Developing of stronger volunteering opportunities to facilitate local involvement and stronger community foundations.
- Responding to outcomes identified by users and carers
- A flexible approach to meeting the needs and preferences of users and carers
- The promotion of social inclusion
- A partnership approach from commissioners and providers

and from the Directorates include:-

Adults and Communities:

- An increase in personalised services and individual commissioning
- Reducing inequalities in access to support and positive outcomes for vulnerable adults in the Borough.
- An increase in neighbourhood commissioning
- A reduction in health inequalities in worst performing wards.
- A vibrant health and social care market that people can choose services from
- A mixed economy of services with pro active market development strategies
- An increase in service user and carer designed and delivered services.
- Quality services provided in the most cost effective way
- Increase employment and skills opportunities
- Support residents through welfare reforms ensuring financial, economic wellbeing of vulnerable people

Children Young People and Families

- Safeguarding Children
- An increase in integrated working to achieve high quality care and service pathways from childhood to adulthood
- Narrowing the gap in educational attainment
- Supporting employability of young people
- Addressing child and family poverty and family wellbeing
- Narrowing the gap of health inequalities of children and families

Public Health

- Help people to live longer and more healthy lives by reducing preventable deaths and the burden of ill-health associated with smoking, obesity, poor diet, lack of exercise, poor mental health and alcohol
- Reduce the burden of disease and disability across the life course by focusing on prevention and earlier intervention including dementia, drug dependency, sexual health and mental health
- Protect the public from infectious diseases and environmental hazards by ensuring robust emergency resilience and health protection systems are in place
- Support families to give children and young people the best start in life with a key focus on 5 to 19 child public health services, including school nursing until 2015 and including pregnancy to 5 years from 2015 onwards
- Improve health in the workplace by encouraging employers to support their staff to lead healthier lives

Development Environment and Culture

- A vibrant Town Centre with a strong and vibrant retail and leisure
- The provision of quality employment sites, appropriate housing mix and fully integrated transport infra structure
- Economic renewal of Goldthorpe and wider Dearne areas.
- The provision of business, enterprise and employment programs
- Increase skills of current and future workforce
- Further develop key cultural assets and events.

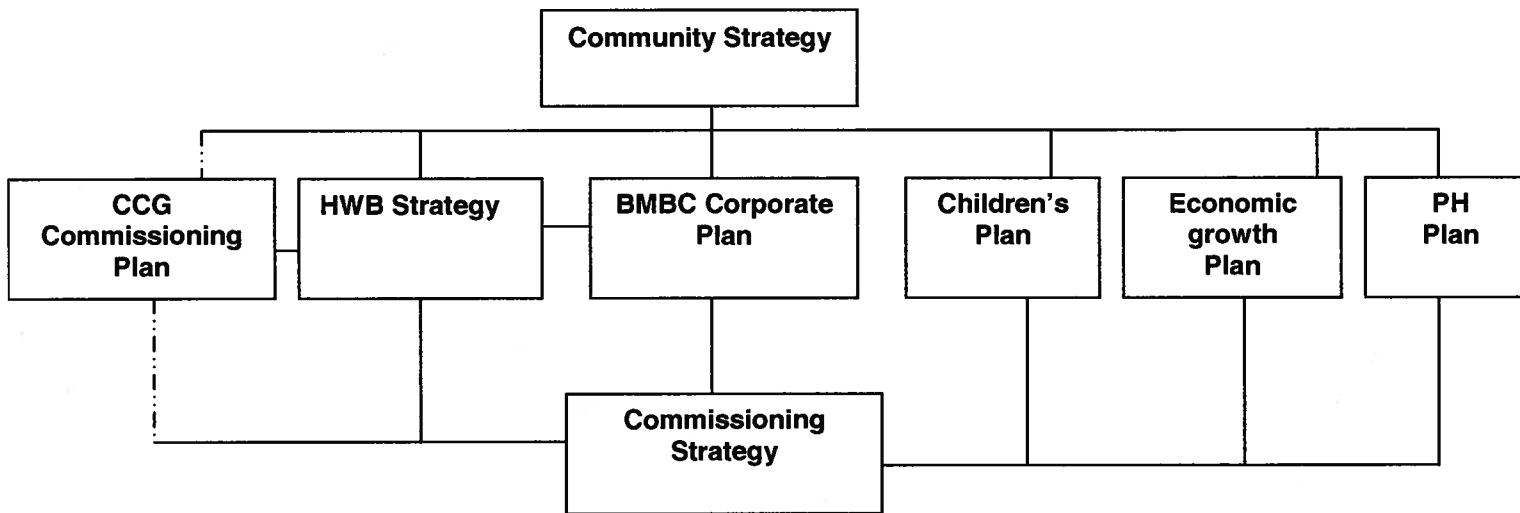
and particularly for

Area Councils

- Grow Community capacity by commissioning local services and volunteering.
- A stronger focus on commissioning the services and interventions that will achieve better health and wellbeing, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.
- Reduction in health inequalities in worst performing wards.
- An increase in community, designed and delivered services
- Promote the economic, environmental and social wellbeing of local communities

6. THE STRATEGIC CONTEXT

The Commissioning strategy supports the successful delivery of a number of different corporate strategies and objectives and can be seen as follows-



Alignment to other public sector commissioning strategies and plans will need to be considered along with the Council's Strategy, in the next stage of development, notably the Commissioning Plan of Barnsley CCG (see appendix 1).

The Commissioning Strategy sets the direction of travel and links to the following strategies;

The Procurement strategy

The Joint strategic Needs Assessment

Adults and Communities Directorate Service Delivery Plan

The Joint Strategic Intelligence Assessment

Community / Neighbourhood plans

7. DELIVERING THE STRATEGY

In order to deliver the commissioning strategy the Council recognises that certain conditions need to be in place. Key conditions are:-

a) a commitment across the Council to a commissioning approach based on the vision and principles outlined in this strategy

b) an alignment of commissioning plans across directorates that will collaboratively achieve corporate and directorate objectives

c) the development of a common commissioning approach across all front facing directorates (PH, A&C, CYPF, DEC) with the NHS

d) a plan to review current service delivery methods with a commitment to re design / de commission services and commission new types of support mechanisms / services in order to achieve the objectives of the corporate plan. See appendix 2

e) a clarity about role and responsibilities and skill mix needed to undertake the functions of commissioning, contract management and procurement (as outlined in section 2).

8. COMMISSIONING INTENTIONS 13/14

8.1 Adults and communities:

The overall intention of adults and community directorate is to support people where they live, to improve their quality of life and increase wellbeing measures and to support the development of resilient and confident communities where individuals and families can thrive and achieve their aspirations.

It is clear that due to the challenges facing Barnsley around public sector cuts and wider reform, the current health and social care system is neither fit for purpose or sustainable. The previous approach to cutting services at the fringes will not manage the financial challenge facing Barnsley or deliver the best possible outcomes with residents and their communities in the 21st Century.

To address this challenge, there is a need to embrace whole systems transformation and Adults & Communities have initiated a new approach known locally as 'Inverting the Triangle'. This will see a step change and strategic shift from the current approach to a greater focus on prevention and early intervention, enabling residents to support themselves and their families, within their communities, rather than being drawn into the formal system. This will allow the limited resources available to be focussed on those with the greatest need and would build on the successes of personalisation and self directed support.

It is however acknowledged that this will require a change in relationship with residents and communities, one which sees a shift from passive recipient of services to active agent. This would be facilitated by a move away from an overly professionalised model to a community and citizenship model, where all of the community have a role to play and are encouraged to do so.

It requires a truly 'whole system' change, as small single agency approaches have historically had relatively little impact.

As described above a key commissioning intention is to balance funding across high end care and prevention and early intervention. Priorities service areas for 2013/14 are listed below:

8.1.1 Neighbourhood commissioning

Supporting the development of area councils by providing commissioning intelligence at Area Council level so informed commissioning will be able to take place locally.

8.1.2 Older and vulnerable people

Redesign and reconfigure day services for older people.
Complete the intermediate tier review and implement new model of service
Complete the dementia review and implement new service model.
Review all 3rd sector contracts and ensure they become responsive to the new approach that the directorate is taking in implementing the 'Inverted triangle'.
Complete the commissioning of domiciliary care services.
Look at future needs of older and vulnerable people and agree an onward commissioning plan.

8.1.3 Mental health

Review and re design IAPT services
Complete the commissioning of accommodation pathways
Complete the commissioning of day opportunities
Review needs of complex care
Complete commissioning plan for eating disorder service
Review key services within SWYPFT in relation to gaps and emerging needs
Work on integration between primary and secondary care services/pathways

8.1.4 Disabilities

Complete Phase 1 of the learning disability high cost project
Begin phase 2 of the project.
Review the new services commissioned for Autistic Spectrum Disorder and ensure they are meeting requirements.
Complete the Vision strategy and commissioning plan.
Cost improvement plan for the Equipment and Adaptation services
LD day opportunities service roll out
Review of HIV service as part of the public health review of sexual health services
Market development for early intervention and prevention services

8.1.5 Drug and Alcohol service

Review the alcohol strategy and produce a 2014-2017 strategy
Review the drug treatment services and agree a commissioning plan for 2014/16
Embed recovery and outcome focussed approach to service delivery

8.1.6 Supported Housing and Local Welfare Assistance

Review the LWA scheme and make adjustments as required.
Strategically review supported housing services to ensure they are meeting need, achieving outcomes and represent value for money
Deliver major KLOE savings in SP services Refocus resources on prevention, early intervention, developing skills and employability and personalised service models

8.1.7 Engagement

Contract manage the delivery and development of local Health-watch.
Refresh the Carers Strategy and ensure it incorporates the white paper requirements
Consider alignment with the wider community engagement strategy

8.1.8 Contract review and Market Development and Procurement priorities

Advocacy services
Health and Social Care Innovations project
Travel services

Moving contracts from block in to framework and other flexible contracts
Care Home project – ensuring sustainable high quality homes in the borough
Identify 'right to provide' opportunities through engagement and consultation with the wider workforce

8.1.9 Community Budgets

The role of a community budget holder is a commissioning and enabling role. The Area Councils and Ward Alliances will in their own right follow a commissioning cycle - seeking to understand local needs through strong evidence and community participation, recognising what's working or not working in terms of service delivery and utilising the resources available to seek improvements and better outcomes with local people. By involving local people either as Community Researchers or through co-producing new service designs and innovative approaches to behaviour change, it is anticipated that better outcomes can be achieved.

Critical to this approach is

- the availability of intelligence at an area level to enable evidence based decisions on priorities and procurements.
- an engagement cycle with citizens at the core
- Procurement that embeds Social Value
- Support to enable new business start ups and enterprise
- Harnessing local assets - people's skills and time
- an integrated, whole public service and independent / voluntary sector approach to intractable problems like unemployment

8.3 Commissioning Intentions for BMBC Development, Environment & Culture

8.3.1 Adhoc Evidence Base

The Service may commission specialist advice on an adhoc basis in order to provide evidence base information supporting policy & strategy development

8.3.2 Procurement of Economic and Commercial consultancy

Supporting the development and growth of the local business base underpinning delivery of the economic strategy.

Current contract procured through OJEU and in place until 2015.

8.3.3 Berneslai Homes HRA

Management of ALMO contract and HRA

8.3.4 Barnsley Premier Leisure

Management of the BPL contract

8.3.5 Waste PFI

Procurement and management of the Joint Waste PFI.

Procurement of framework is now completed

8.4 Commissioning intentions for BMBC Children, Young People and Families

Delivery of services for CYPF requires the co-operation of a wide range of external partners and services across the council. The overall commissioning intention of children, young people and families services is to ensure the best possible outcomes through continuous improvement in the commissioning, quality, value for money and delivery of services to children, young people and families.

The key driver is to ensure an appropriate balance of investment across the continuum of need (universal services, early support, early intervention and targeted specialist support and interventions) with the intention that minor vulnerabilities requiring early support do not develop into poor outcomes for children and major costly interventions.

The aims, priorities and outcomes set out in the CYPT Prospectus June 2012 - June 2013 are:

<p>The aims are:-</p> <ul style="list-style-type: none">• 'Every child in a good school'• 'Success in learning and work'• 'Strong Families, Strong Barnsley'	<p>The key priorities are:-</p> <ul style="list-style-type: none">• Safeguarding,• Educational attainment, - narrowing the gap,• Employability,• Child and family poverty and family wellbeing,• Health inequalities - narrowing the gap,• CYPF Futures - meeting efficiency requirements.	<p>The outcomes we seek are:</p> <ul style="list-style-type: none">• Being healthy• Staying safe• Enjoying and achieving• Being an active citizen• Earning a good living'.
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The CYPT wishes to ensure that every child receives the right support, at the right time, in the right place, delivered through the right model at the right cost to achieve the right outcomes for the child. A strong commitment to equalities and narrowing the gap locally and nationally runs throughout the work. It is not expected that the overall aims, priorities and outcomes will change for the next 2 - 3 years.

At the next level the specific commissioning intentions of the directorate for CYPF are as follows:-

- To review and make fit for purpose commissioning governance arrangements with the CCG and other partners in the context of the CYPT, Section 75 lead commissioner agreement, the CYPT and HWBB.
- To develop, review and revise key strategic and programme plans including:-
 - Children and Young People's Prospectus
 - 'Strong Families, Strong Barnsley'
 - 'One Path One Door'
- To complete the development and commissioning of a family focused, strengths based continuum of assessment which will be implemented across BMBC services and relevant partners.
- To complete the commissioning and implementation of the Strong Families Teams across Barnsley in partnership as a key part of the 'Troubled families' and early help offer

- To commission an effective school improvement service to meet the requirements of the Ofsted 'Handbook for the inspection of local authority arrangements for supporting school improvement' (May 2013).
- To review and revise specific business/service plans for BMBC provision with a view to commissioning for outcomes, achieving efficiencies, effectiveness, quality and value for money for:-
 - Adoption and Fostering Services
 - Frontline Social Care Services (Focus on the Frontline Strategy)
 - Residential care
 - Moorland Plastics.
- To commission Integrated Youth Support Services with focus on improving capacity within the provider base and diversification of the market leading to less direct delivery. There will be an increased emphasis on outcome based delivery and commissioning or brokerage from an increased range and style of providers. Direct delivery by BMBC will be significantly reduced and savings achieved. The offer will include :-
 - Youth Hubs - to deliver open access services in each Area Council
 - Targeted youth support services
 - Reparation/mediation
 - Victim awareness
 - Referral order panels
 - Bail and remand.
- Commission individual placements for post 16 learning for vulnerable groups.
- To review the commissioning strategy for children's centres (internal and external providers) to secure continued efficiency whilst achieving quality and value for money including:-
 - Governor led children's centres
 - Third Sector children's centres
 - BMBC children's centres.
- To ensure that therapeutic services are fit for purpose, effectively specified and performance managed with priority given to:-
 - Speech and Language Therapy,
 - Occupational Therapy,
 - Child and Adolescent Mental Health
 - Short breaks learning disability nursing services.
- To commission external high quality, cost effective fostering and residential provision to ensure sufficiency of placements where local provision cannot meet demand.
- To lead cross the partnership the approvals process to secure joint funding for individual complex care packages.
- To work with adult services to secure strength based approaches to planning and delivery of services for vulnerable individuals throughout the child and young person's journey into adulthood.

- To ensure that external providers are providing quality and value for money with priority given to:-
 - HealthWatch for children and young people
 - Young Carers,
 - Young People's Substance Misuse Services,
 - Harmful Sexualised Behaviour,
 - Short breaks for Disabled Children,
 - Independent Visitors,
 - Family Group Conferencing.
 - Child Protection Advocacy.
- To commission high quality training and workforce development on a single and multi-agency basis to continuously improve service delivery.

8.5 Commissioning Intentions 13/14 for Public Health

The public health directorate is charged with improving and protecting the health of the population in Barnsley and reducing health inequalities. We will only achieve this by working across the Council with other services and with a wide range of external partners.. The directorate has a key relationship with Public Health England in the local implementation of national public health priorities, with NHS England South Yorkshire and Bassetlaw area team on the public health functions that fall under their area of responsibility and with the Barnsley Clinical Commissioning Group (CCG) through an agreed Memorandum of Understanding for the provision of clinical public health input into the commissioning of health services for the people of Barnsley.

Public health functions transferred from the NHS to the Council on the 1st April 2013 and so 2013/2014 is a transition year in which existing public health commissioned services and contracts will be reviewed for effectiveness in delivering improved health and wellbeing outcomes and whether delivering value for money. The key aim is to make improving health everybody's business

Our specific commissioning intentions for 2013/14 are to:

- Support people to live healthier lives by implementing the NHS Health Check programme to eligible groups.
- Accelerate efforts to promote tobacco control and reduce the prevalence of smoking with a key focus on pregnant women and young people
- Develop a programme of activities to encourage people to become more physically active
- Review the commissioned Healthy Lifestyle services and develop a proposal for a new integrated model of service provision from 2014 onwards
- Work with partners to review alcohol services to inform future commissioning intentions with a specific focus on prevention and harm reduction
- Work with partners to review drug treatment services with a focus on improving recovery rates from drug dependency
- Develop a programme of work to increase access to good quality and healthy food in disadvantaged communities and improve meal planning and cooking skills

- Improve sexual health and reduce the burden of sexually transmitted infections by improving the co-ordination, effectiveness and impact of commissioned sexual health services
- Support the work in developing a Suicide Prevention Strategy and action plan
- Develop a Health Protection Assurance Framework to assure the arrangements for the management of infection prevention and control, prevention of spread of communicable disease, uptake of immunisation programmes and screening including cancer screening
- Review and redesign the current 5 to 19 child public health services including school nursing and the National Child Measurement Programme
- Continue to engage with and influence the commissioning of pregnancy to 5 child public health services by NHS England ahead of the transfer of these responsibilities to the Council in 2015. This includes breastfeeding, Healthy Start, health visiting and the Family Nurse Partnership programme
- Provide strategic public health advice and support to the Stronger Families and Troubled Families programme and to the evaluative framework for these programmes
- Improve the dental health of children and families through commissioning and effective delivery of a local oral health promotion service
- Develop a workplace health programme
- Develop a public health work plan to support the commissioning intentions of the Barnsley CCG

In addition to the above a key focus will be to influence and support existing Council services to develop new ways of working focused on prevention and earlier intervention to improve health and wellbeing outcomes over the three year period of the Commissioning Strategy and beyond.

APPENDIX 1- Drivers for commissioning

Localism and Open Public Services

The White Paper on Open Public Services launched in July 2011 has five main objectives:

- Choice – Increasing choice giving people direct control over services they use and enshrining a ‘right to choose’ into law;
- Decentralisation – Power over services to be held more locally. Community budgets to be introduced more extensively;
- Diversity – Opening public services to new providers in voluntary, public and private sectors;
- Fairness – Measures include a new ‘people premium’ to help more disadvantaged children into the best schools and community organisers to work in the areas that most need them; and
- Accountability – ‘Payment by Results’ becoming a stronger and more established lever in achieving better accountability.

Through the development of more effective commissioning the Council can rise to these challenges set by the Government. This will take the form of closer work with the 3rd sector to support their capabilities, remove barriers to competition so that the

best providers get the chance to provide cost effective services for the council, assess the level of social capital the providers can deliver, rigorous review of contracts with mechanisms for de commissioning services and ensuring outcomes are achieved.

Social Value Act

The Act's purpose is to require public authorities to have regard to 'economic, social and environmental well-being in connection with public services contracts. Councils are now required to consider how services the procure might improve the economic, social and environmental wellbeing of the area it is responsible for.

Localism Act

Provides for the community to have the right to challenge and may provide greater opportunities for the voluntary and community sectors to provide services.

External inspection - Ofsted

Overall the Ofsted inspection regime which includes those for schools, the local authority arrangements for supporting school improvement and Safeguarding and Looked after Children services, has a strong focus on evidencing the quality of services and their impact on the lives of children, young people and their families.

Inspection includes the extent to which local needs are understood and shared across the Children and Young People's Trust and resources are targeted to bring about improved outcomes for children, young people and families.

Health and Social Care Act

The Health and Social Care Act places responsibility for commissioning for local people at a local level with increased emphasis on partnership working, citizens at the heart of commissioning decisions, open and transparent decision making, service user/ patient and public involvement in their own care and personalisation of services. Councils together with their NHS partners have been given the leadership role to improve the health and wellbeing of the local population. Commissioning is the tool by which this will be achieved.

Health and Wellbeing Strategy

The Visions of the HWB Strategy is as follows-

"Barnsley residents, throughout the Borough, lead healthy, safe and fulfilling lives, able to identify, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles."

To achieve the vision for Barnsley, a series of outcomes have been developed for the residents and communities of the Borough, these are:-

- Every child has the best start in life, able to fulfil their potential, achieve their ambitions and play their fullest role in society, thereby breaking the link between early disadvantage and poor outcomes throughout life;
- Health inequalities within the Borough are reduced so that all residents have the best possible quality of life, with the gap against the national average reducing;
- Older people achieve healthy, independent living – adding years to life and life to years;
- Residents have greater choice and control over their health and wellbeing, able to manage their own needs and direct their own support.

CCG commissioning plan

The first national Mandate 2013 – 2015 for the NHS was published on 13 November 2012 from the Department of Health (DH), setting out the ambitions for the health service for the next two years.

The Mandate is structured around five key areas:

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Barnsley CCG Vision for Barnsley residents

- Putting people first in all that is done
- Commissioning sustainable and high quality health care

Desired Outcomes

- Reduced <75 mortality in Cardiovascular disease and Cancer
- Improved 1 year and 5 year cancer survival rates
- Reduced emergency admissions
- Reduced emergency readmissions within 30 days of discharge from hospital
- Improved patient experience
- Proportion of deaths in usual home
- Reduced incidence of avoidable harm in hospitals

- Financial Balance
- Better quality of life for those with long term conditions
- Reduced inequalities

APPENDIX 2 – What good commissioning looks like

An organisation that does commissioning well will have these features

- Understands and challenges needs and priorities
- Challenges existing, and reviews alternative, service delivery models;
- Decommissions services where appropriate
- Focuses on outcomes
- Influences and has greater impact on the market - encouraging diversity of providers, building capacity and sustainability in the third sector and small businesses
- Uses its purchasing power to promote the public sector equality duty;
- Commissions in partnership
- Promotes sustainable and responsible procurement.

Tools to get there – question to be asked

Challenging existing, and reviewing alternative, service delivery models	Decommissioning	Commissioning for outcomes
Does the current service deliver the required outcomes?	Is the service still required?	Where is the council now? Where does it need to be?
Does the current service model deliver value for money?	How effective is the current service provision?	How will contract or provision be designed to meet future changes in need?
What is the Council's policy on usage and how consistently is it applied?	Does the current delivery model provide value for money?	How can specifications be designed to enable the council to secure service improvements and efficiencies?
Is there scope to collaborate with others?	Have alternative service delivery models been identified?	How can outcomes be measured and contract performance managed?
How effective is current service provision and market?		
Does the market offer competition, choice and diversity?		
Should the primary relationship with the provider be with the council or with individuals with Personal Budgets and self funders exercising choice and control?		

APPENDIX 3 - Example of Supporting People Commissioning

Supporting People commissions housing support services for a range of vulnerable people who either live in the community or in more specialist supported housing schemes. The aim of the services are to promote maximum independence through person centred approach and reduce the need for more costly interventions and reliance on statutory services.

Commissioning Services

Services are reviewed on a rolling programme which consists of a four stage process:

1. Assessment of strategic relevance and demand - this is an assessment of where the service fits in terms of the Directorate and Corporate objectives and outcomes and includes an assessment of the demand and need for the service.
2. Review of quality and performance - this involves an assessment of performance and outcomes data, through analysis of the quarterly data that is submitted by the providers and a review of quality using the Quality Assessment Framework (QAF), which locally in Barnsley is now the Quality Improvement Framework (QIF). This also involves consultation with stakeholders and service users and carers.
3. Analysis of Value for Money - this is an assessment of all the funding a service receives to determine whether it delivers VFM, and includes the use of benchmarking, budget, performance and outcomes data.
4. Recommendations- this could include an action plan to improve the current service, service remodelling/ reconfiguration to better meet strategic objectives and individual outcomes or decommissioning. This will include the procurement of new or remodelled services.

All commissioned services are based on solid evidence of needs and the ongoing review and monitoring through the PI returns and outcomes data enables us to change services to meet need and ensure cost effectiveness. We work actively across other services to ensure an holistic approach to meeting outcomes is achieved. This is evidenced through our jointly commissioned substance misuse service with the DAAT and the care leavers services jointly commissioned with Children's Services. In order to support the personalisation agenda we are looking at how to change the way we commission to ensure that service users are offered maximum choice and control and have recently undertaken a piece of work with the mental health commissioner to move away from

block contracts to an individual budget model of provision. This work is now been rolled out into learning disabilities services.

APPENDIX 4 - DEC Commissioning Priorities and named leads June 2013

Service	Commissioning Activity	Point of Contact
Development Service	Adhoc Evidence Base – The Service may commission specialist advice on an adhoc basis in order to provide evidence base information supporting policy & strategy development.	Paul Clifford
Development Service	Procurement of Economic and Commercial consultancy supporting the development and growth of the local business base underpinning delivery of the economic strategy. Current contract procured through OJEU and in place until 2015.	Andrew Ainsworth
Development Service	Berneslai Homes HRA – Management of ALMO contract and HRA.	Ian Prescott
Culture & Regulation	Barnsley Premier Leisure – Management of the BPL contract	Anthony Devonport
Environment Services	Waste PFI – Procurement and management of the Joint Waste PFI. Procurement of framework is now completed.	Matt Bell

