



Children and Young People's Services Commissioning Strategy

2014 – 17



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Executive Summary

The purpose of this Commissioning Strategy is to inform commissioning of children and young people's services in Wrexham Council during 2014-17, in particular services which support vulnerable children and young people, those who face personal challenges and have additional needs.

The five anticipated outcomes for the strategy are:

1. To improve the efficiency, effectiveness and the consistency of the commissioning function both within Wrexham Council and when commissioning in collaboration with other departments and other organisations.
2. To adopt a more inclusive approach to commissioning, involving service users and service providers more effectively and on a more equal basis.
3. To improve review processes for commissioned services in terms of assessing the outcomes of the service and holding providers to account where necessary.
4. To adopt more of an asset based approach to commissioning, both in terms of service users and the communities in which they live.
5. To become more proactive in developing the local provider market to encourage healthy competition and to enable it to deliver more effective services to children, young people and their families.

This strategy makes a robust case for developing improved commissioning practice within Wrexham Council according to the following principles:

- i. **Efficiency and Effectiveness in the commissioning process**
 - Commissioning plans that are clearly strategically aligned to local plans and strategies
 - Developed by staff who are trained, qualified, experienced, knowledgeable and well supported
 - More strategic – regional, sub-regional, joint or inter-departmental where co-ordination is facilitated
 - Accountable, evidence-based and measurable in terms of the commissioning outcomes
 - Delivered in conjunction with effective market development, using market position statements

ii. **Co-production in approach to commissioning and delivery of commissioned services**

- Inclusive of all key stakeholders as equal partners in all parts of the process
- Asset-based approach, seeing service users as partners, not consumers
- Informed by a broad base of information on need, local assets, stakeholder views, provider insight etc.
- Outcomes focussed
- With a holistic approach to well-being

iii. **Commissioning of quality, value for money services**

- With defined standards of quality
- Outcomes focussed
- Citizen focussed
- Co-produced and asset based
- Good value for money

This strategy includes a comprehensive needs analysis and action plan. Following completion, a commissioning toolkit will be provided to enable commissioners to put the principles of this strategy into action. The action plan will focus upon the behaviour of different parties involved in the commissioning process and the support and training needed to achieve better commissioning.

Section One:

Introduction to the Strategy

Purpose of this Commissioning Strategy

The purpose of this Commissioning Strategy is to inform commissioning of children and young people's services by council officers in the Prevention and Social Care and Life Long Learning Departments during and 2014-17, in particular services which support vulnerable children and young people, those who face personal challenges and additional needs¹. It is not a commissioning plan for a specific fund but is designed to inform commissioning and decommissioning of all services using funds for which the departments have responsibility.

Budgets and Finance

The public funds available for this commissioning are:

- Core funding from Welsh Government
- Grant funding from Welsh Government
- Other grant funding

It is important to recognise that both core and grant funding provided by Welsh Government are subject to cuts year on year. When services are subject to cuts, equalities impact assessments should be carried out to ensure that people with protected and other key characteristics are not unduly affected.

Outcomes for this Commissioning Strategy

It is recognised that there are areas for development in the commissioning that takes place throughout children's services in Wrexham Council. In particular it is anticipated that this strategy will support commissioning staff to:

1. Adopt a more inclusive approach to commissioning, involving service users and service providers more effectively and on a more equal basis
2. Improve review processes for commissioned services in terms of assessing outcomes of the service and holding providers to account, including the North Wales Commissioning Hub (for respite, residential and foster placements)
3. Improve the efficiency, effectiveness and the consistency of the commissioning function both within Wrexham Council's Children and Young People's Services and when commissioning in collaboration with other departments and other organisations
4. Adopt more of an asset based approach to commissioning, both in terms of service users and the communities in which they live.

Review Arrangements

This strategy will be reviewed on an annual basis by commissioning officers² and assessed with regard to implementation and the achievement of its stated outcomes. As part of the review, the data sets will be updated.

Risk Assessment

A risk assessment will be created in order to ensure that risks to the successful implementation of this strategy have been considered and addressed. At the time of writing, the main risks are identified as:

The Commissioning Function

- Commissioning officers might not be competent to commission effectively
- Commissioning officers may not have enough support within and outside the department to carry out the commissioning function effectively
- Restructuring teams in the council might make the realisation of the commissioning process unclear for officers
- Commissioning decisions in one department of the council may impact upon the service users of other departments in ways that are not anticipated
- Council departments might commission in 'silos', thereby not realising potential economies of scale
- Without a commissioning lead officer in Wrexham Council, progress in some areas of commissioning may not be transferred to other areas and the council still risks inconsistency in its commissioning practice.

The Commissioning Process

- Sufficient information may not be available to make good commissioning decisions
- The right people may not be involved at the right stages to make good commissioning decisions
- Money might be cut from services which impact negatively on vulnerable people
- Services might duplicate what is already out there or might not make the most of local assets
- The world might have moved on so that commissioned services are no longer appropriate or what is needed
- The cost of coproducing commissioning plans may be prohibitive
- The commissioning strategy or commissioning plans might unwittingly disadvantage people with protected characteristics

However the risk assessment will be an ongoing organic process which will develop over the duration of the strategy.

An Equalities Impact Assessment for this strategy has been prepared and is included in Appendix 6. This identifies possible impact of the strategy on people with protected characteristics, people living in poverty, children and young people, carers and people who speak Welsh.

Strategy Development Process

This Wrexham Council Children and Young People's Services Commissioning Strategy has been developed through ongoing consultation and full involvement of a multi-stakeholder advisory group, including council officers, service managers and providers, service users and other members of the community³.

Links with Local Plans and Strategies

Whenever commissioning plans are developed, they should be clearly linked to the priorities within both the Local Service Board's Single Integrated Plan (Our Wrexham Plan) which has the three priorities, listed below. This strategy will contribute to achieving those outcomes in bold.

1. Making Wrexham a place where people can live independently and are healthy and active.

More people will:

- Eat 'five-a-day.'
- Make the most of immunisation and health-screening programmes.
- Feel good about themselves. And life in general.
- Exercise! Make use of leisure opportunities.
- Say their home meets their needs.
- Get the help they need to live in their own home.

Fewer people will:

- Drink over the recommended limits.
 - Be overweight or obese.
 - Smoke.
1. Making Wrexham a place with a strong, resilient and responsible economy (make money, but do the right thing).

More people will:

- Feel Wrexham town centre is a happening place. Modern. Full of energy.
- Have confidence in Wrexham County Borough. As a place to live, work, learn and visit.
- Visit here and spend money.
- Achieve their potential.
- Have a Certificate of Higher Education or equivalent.

There will be more:

- New businesses starting up or locating to Wrexham County Borough.
- Quality, long-term jobs.
- Households in Wrexham County Borough with sufficient income.
- Access to learning and well-paid jobs.
- High quality, affordable childcare.
- Access to Broadband and Wi-Fi.
- Graduates living and working here.
- Support to help businesses adapt to economic change.

There will be fewer:

- Empty buildings in the town centre.
 - People claiming out-of-work benefits.
 - Young people out of education, employment or training.
1. Making Wrexham a place that's safe and where everyone feels included.

More people will:

- Feel safe in Wrexham.
- Feel they belong in their neighbourhood and Wrexham County Borough.
- Be consulted and influence how local services are delivered.
- Use their right to vote.
- Volunteer.
- Feel Wrexham LSB listens to them.

There will be fewer:

- Crimes.
- Incidents of anti-social behaviour.
- Incidents of re-offending.
- Deliberate and accidental fires.
- People using drugs and alcohol.
- Road traffic collisions.
- People feeling isolated.

Commissioning Plans should also be clearly linked to the Council Plan which currently also has three priorities. This strategy will contribute to achieving those outcomes in bold.

1. Economy

- People want to live, work, learn, visit and invest here
- Businesses can locate and grow here
- People can prosper as individuals in their communities

2. People

- All children and young people have positive aspirations, learn and achieve their potential
- Children and young people are safeguarded
- People feel, and are, safe and secure
- All people are enabled to make healthy choices
- Welsh language and culture is promoted and supported

3. Place

- Homes that meet people's needs and aspirations
- An environmentally responsible place
- Communities with sustainable, attractive settlements, neighbourhoods, buildings and spaces
- Well connected communities

Section Two:

Introduction to Commissioning

Commissioning is “The process of specifying, securing and monitoring services to meet people’s needs at a strategic level”

Audit Commission, Making Ends Meet, October 2003

“The commissioning role is one in which the authority and its partners seek to secure the best outcomes for their local community by making use of all available resources”

IDeA website

“Commissioning is about enabling an effective dynamic with communities and individuals to understand their needs, their assets and their aspirations, in order to fund and guarantee effective, meaningful and efficient support”

Lambeth Living Well Collaborative

Good Commissioning

The definition of commissioning in the Welsh Government Commissioning Guidance “Fulfilled Lives, Supportive Communities” (2010) makes it clear what social care commissioning should aim to achieve⁴:

“Social care commissioning involves making decisions about what services are required to respond to the social care needs of children and young people in need ... in Wales. ...Commissioning encompasses both the planning and procurement of services.. . Commissioning should be underpinned by the core values of social care – promoting independence and personal development and enabling service users to keep control of their lives within the wider context of promoting social inclusion, sustainability and delivering value.”

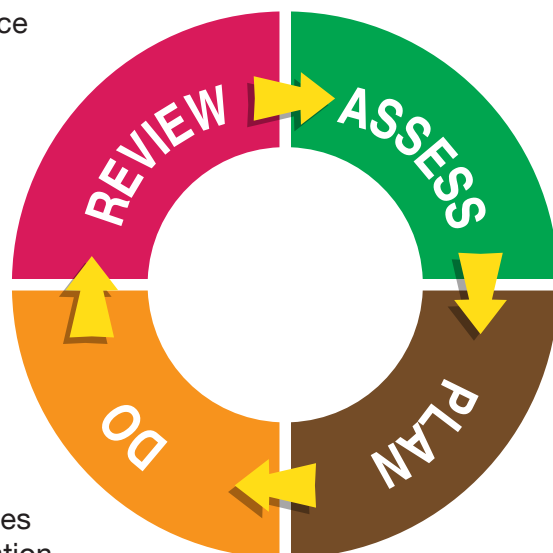
This strategy will consider each part of the commissioning process depicted in the diagram below and will seek to ensure that commissioning of children and young people’s services will not only be of a high standard, in accordance with the standards set in “Fulfilled Lives, Supportive Communities” (2010) but also will go further to embrace the new era of public service, in line with recent best practice guidance.

In an excellent resource produced by the New Economics Foundation, entitled 'Co-producing Commissioning', a number of practical steps are proposed to support better more effective commissioning in the future. It suggests some challenges with the way services have been commissioned in the past, including:

- Disconnections across the commissioning process, which fail to give a whole picture of assets, needs and change that has been supported by services.
- Data analysis is based on deficits and needs, leading to services targeting problems, as opposed to prevention.
- An understanding of need is based on national data, rather than local insight and data
- Encourages risk-averse behaviour due to anxiety about different delivery approaches, regulation anxiety, and timid legal advice on commissioning, thereby reducing opportunities for innovation and new forms of partnerships to emerge.
- Collaboration within the system is weak. A competition based model can prevent innovations from influencing the system more widely.
- Short term-ism and cost efficiencies which can reduce opportunities for developing approaches leading to longer term change.

The following diagram depicts the various functions involved in the commissioning process⁵.

- Managing contracts
- Monitoring performance
- Reviewing delivery



- Assessing local needs
- Benchmarking local needs
- Collating and analysing views of users
- Feeding in Government Targets / Directives
- Mapping existing Service provision

- Commissioning services
- Managing implementation
- Drafting contracts and SLA's
- Ensuring compliance

- Setting strategic vision
- Deciding priorities
- Design Services
- Shaping structure of supply

Note: This 'do' part is the procurement function

Nef recommends establishing a commissioning system which:

- is dynamic and iterative;
- recognises assets and builds on local resources;
- applies local insight and data;
- builds collaboration;
- opens up opportunities for innovation, and
- takes a longer term view.⁶

Bearing this in mind, there now follows a summary of key messages from recent good practice advice and guidance on the commissioning of health, social care and well being services which will act as a basis for establishing the following guiding principles.

Principles of Good Practice in Commissioning

Wrexham Council Children and Young People's Services will develop and embed the following principles into their commissioning practice:

- i. Efficiency and Effectiveness in the commissioning process
- ii. Co-production in approach to commissioning and delivery of services
- iii. Commissioning of quality, effective, value for money, sustainable services

i. Efficiency and Effectiveness in the Commissioning Process

Reducing public service budgets, and therefore leaner public sector teams bring the need for an examination of the efficiency of every aspect of public service, and commissioning is no exception. Wrexham Council has been accepted that there is room for improvement in the efficiency and the consistency of the commissioning function both within and across departments.

Commission Accomplished, a publication offering a set of "shared principles to guide commissioning relationships between public service organisations and bring greater consistency and cohesion to them"⁷ can help to inform this process. However in this time of austerity, at a time of increasing demand and a difficult financial climate, "Fulfilled Lives, Supportive Communities" (2010) fully recognises the challenges facing commissioners and acknowledges that "Difficult times mean that our efforts are likely to come under even greater scrutiny".

Commissioners⁸ have a duty to use public funding responsibly and be accountable for the outcomes achieved as a result. Commissioning plans should not only align with the wider priorities set by the Local Service Board and the Council, but should be informed by the people for whom services are designed and the communities in which they live.

“The public sector plays an important role in supporting people and communities to both cope with adversity and reach their full potential⁹. Local authorities and the NHS can help build local networks and provide resources that help to create a vibrant and creative community. In North Wales, we can ensure that services are “... *built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.*”¹⁰

Accountability for the outcomes achieved by commissioning plans relies upon establishing effective and proportionate monitoring arrangements and review procedures. Standard 11 from *Fulfilled Lives, Supportive Communities* states that “commissioning plans, procurement plans and the services they secure have been monitored and evaluated to ensure they deliver the intended outcomes, outputs and can demonstrate continuous improvement”¹¹. In order to achieve this, both commissioning plans and service specifications should be outcomes focussed, with all key stakeholders involved in the process of identifying the most important outcomes.

Fulfilled Lives, Supportive Communities can also support commissioners to assess the success of a commissioning plan by acting as a basis for an assessment framework. “The Framework’s commissioning standards set the benchmark against which the effectiveness of local authority commissioning will be measured. The standards centre on the development of evidence-based commissioning plans and their delivery through effective procurement.”¹²

In order to improve the efficiency and effectiveness of the commissioning function, commissioners need to be trained, knowledgeable, experienced and skilful. Standard 13 from *Fulfilled Lives, Supportive Communities*’ requires that ‘commissioners have been suitably trained, qualified, experienced and are available in sufficient numbers. In order to achieve this, progress needs to be made in developing good commissioners, as is recognised by *Sustainable Social Services for Wales*¹³. .. only changing the partnership arrangements will not be enough. The way in which commissioning, procurement and service delivery are organised must also change. The resources, the capacity and the breadth of expertise are not available to sustain the current arrangements”.

An increasing number of training courses on commissioning are now being delivered in Wales to support the development of skills. A set of guidance and resource documents to support the commissioning function are also listed in Appendix 1.

Commissioners also need not only accurate and timely information about children, young people and their families and the wider population in Wrexham but also appropriate support in the commissioning role from relevant departments in the council. At the time of writing these are Procurement and the Performance, Improvement and Partnerships departments. As a result of a number of restructures of teams, and some ongoing changes, the way in which this support is planned and provided needs to be clarified for the benefit of commissioners if efficiency is to be achieved.

Where efficiencies, improved quality and economies of scale can be realised through regional or sub-regional commissioning of services, this should also be considered. As *Sustainable Social Services for Wales* explains, Welsh Government sees “merit in the Commission’s proposal of the Local Health Board (LHB) footprint being a basis for cooperation” and expects “to see commissioning organised on a regional basis”. However, for effective and efficient regional or sub-regional commissioning to be realised, appropriate regional structures and support for needs mapping and consultation, decision making and planning need to be in place and sufficient time allowed for the commissioning process to be undertaken. Without these, regional commissioning can be time consuming, with often unclear or doubtful benefits.

Greater efficiency and a more strategic approach to commissioning can also be achieved through better integrated commissioning practice with other departments of the council and with other partners. In a paper to the Executive Board of the council on March 11, 2014¹⁴ on commissioning the third sector, Wrexham members agreed that “In the current financial climate the Council must maximise its use of available resources and deliver high quality services. This can be achieved through a strategic approach to commissioning which will also help to deliver Council Plan priorities.”

In order to enable better strategic commissioning to take place, Wrexham’s elected members agreed to:

1. A Strategic Commissioning Framework
2. Outcome Specific Commissioning Strategies
3. Commissioning Plans that are updated annually by each Council department
4. A Strategic Commissioning Group

This is a positive approach and one in which Wrexham Council Children and Young People’s Services’ commissioners need to be involved.

Furthermore, as Welsh Government explained in 2011 in Sustainable Social Services for Wales: “We expect more efficient and effective delivery through greater collaboration and integration of services. We will galvanise the strength that comes from social services being at the heart of local government, drawing on its community leadership duties and its wide range of services”.

Again, if commissioners are to engage in joint commissioning with other public bodies such as the police, health or probation, as with regional commissioning, appropriate structures and support need to be in place beforehand, and sufficient time allowed for the process to be carried out. In addition, all partners would need to agree to work within the guidance of this strategy before doing business. At this time of reducing budgets, there are significant challenges to achieving joint commissioning, despite a justifiably increased need for it, as a result of reducing capacity in commissioning teams and in changing partnership arrangements. Commissioners also need to be clear about the improved outcomes from commissioning jointly, as opposed to separately, and assessing the jointly funded services to confirm whether those improved outcomes have been achieved.

Lastly, commissioners have a responsibility to ensure effective market development. As Fulfilled Lives, Supportive Communities Standard 7 explains, “The local authority has ensured that its Financial and Contract Standing Orders allow social care commissioners to be efficient and effective in developing the local social care market”¹⁵. The Social Services and Well-being (Wales) Bill, Welsh Government, 2014 “requires the promotion by local authorities of social enterprises, co-operatives, user led services and the third sector in the provision in their areas of care and support and support for carers”¹⁶. Commission Accomplished encourages local authorities to support consortia within the third sector and between the third sector and public sectors and to “work in partnership to develop an understanding of the number size and capabilities of third sector providers and potential providers in the market”¹⁷. Sustainable Social Services for Wales explains “the Welsh Government articulates its view that national and local government must drive improvements in the market, rather than simply respond to the existing range of services.

Commissioners are encouraged to work in dialogue with providers to ensure that social care is delivered within a public service ethos”¹⁸.

The National Audit Office¹⁹ advises that commissioners should “use competition, where appropriate, to help you choose your provider”, that a strong competition from a vibrant market will generally deliver a value for money outcome’ and commissioners should consider ‘investing in the capacity of the provider base, particularly those working with hard-to-reach groups’.²⁰

The Wrexham Council Children and Young People’s Services recognise that there is some way to go before they can claim to be carrying out effective market development. This will form part of this strategy’s action plan, building on progress already being made in market development for anti-poverty services.

A tool to help with market development is the ‘Market Position Statement’ described as a ‘a key product to help with capturing and sharing market intelligence. In this, there is guidance for commissioners in the ‘Social Services Improvement Agency; Developing a Market Position Statement: A Commissioner’s Toolkit’, produced by the Institute of Public Care at Oxford Brookes University (IPC) and commissioned by the Social Services Improvement Agency.

The Welsh Local Government Implementation Plan for Sustainable Social Services includes a commitment to facilitate meaningful dialogue with commissioners and providers, to build a clear picture of current markets, and determine where these need to be reshaped to achieve the best outcomes for users and carers. There is no statutory requirement to develop market position statements in Wales. However, developing an accurate picture of need and markets is a key activity for effective commissioning and this toolkit offers support for commissioners in developing market position statements for the social care market.²¹

ii. Co-production in Approach to Commissioning and Delivery of Services Co-production

Since 2011 Welsh Government has been encouraging public services to adopt a co-produced (sometimes termed ‘asset based’) approach to commissioning and service delivery. To this end, a paper was published by IPC in 2011 entitled “Welsh Government Briefing Paper, November 2011: Co-Production: A way forward for citizen-centred commissioning in Wales”.

The paper is based on a review of literature and case studies from across England and Wales and is one of a series of papers on:

- Emerging Practice on Self directed support and Citizen Control
- Emerging Practice on Outcome - Based Services
- Emerging Practice on Co-Production
- Commissioning Function Design

This paper explains what co-production is and how it relates to commissioning.

“Co-production is a very wide-ranging term. . . . The term originates from the work of Edgar Cahn the American Civil Rights Lawyer and father of the Time Banking Movement. He states that it’s time we realised that all the specialized professional intervention cannot supply:²²

- An extended family
- A best friend
- An informal support group
- A peer group
- A network
- Ongoing help after the program ends

Public services, to be effective, rely on an underpinning operating system that consists of family, neighbourhood, community and civil society. Outcomes cannot be achieved by any one service or individual on their own. Indeed the only way of achieving positive outcomes is by co-producing them... The central idea in co-production is that people who use services are hidden resources, not drains on the system²³. They come with a range of skills and abilities and a social network that often provides informal support”²⁴.

“Co-production offers an effective way of combining the public resources allocated to services with the assets of those who are intended to benefit from them. It promises a new kind of public sector based on relationships rather than departmental structures”²⁵.

Nef, NESTA define co-production as “delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”²⁶

The WCVA leaflet from 2013 entitled ‘Putting People at the Centre’ reflects the same themes, from the viewpoint of the third sector:

We believe that there is an urgent need to transform public services in Wales by:

- Treating people and communities as assets and equals in design and delivery
- Building services around the person and community
- Unlocking potential resources of time, money and expertise to combine with state funding
- Using existing state resources to enable and maximise citizen and community action, capital and care

Change is needed now because:

- Money is running out
- Efficiencies alone will not be enough
- Demand for acute services is rising
- Preventative and community services are being cut
- Quality of life cannot be delivered by the state alone
- Community action and volunteering is not being capitalised
- Communities need to be resilient at the local neighbourhood level”²⁷

Co-producing Commissioning (nef) presents a convincing argument for adopting a co-produced approach to commissioning.

Co-production is a critical part of an effective commissioning system, as it can:

- improve well-being by building and supporting social networks;
- narrow health inequalities by promoting positive mental wellbeing and healthier lifestyles;
- rebuild traditions of ‘mutuality’ ;
- prevent dependency on public service provision, and lead to an overall reduction in demand for acute health services as community support is built around individuals in their community;
- transform services by introducing new resources by drawing on assets from within the community;
- promote effective patient and public involvement, choice and action.

An Asset Based Approach

An asset may be part of a solution to support for a service user, and always helps to improve the quality of life. Assets might be services, professional or voluntary, formal or informal, but could also be:

- skills, knowledge, personal qualities, resilience,
- places (parks, open spaces, play areas, rivers, farms, streets)
- facilities (cafes, community centres, shops, libraries, health centres, leisure centres, markets, youth centres)
- people (networks, professionals, family, friends, neighbours, community leaders, church leaders, other local workers (shop keepers, bus drivers, lollipop people), community activists, campaigners)
- Services provided – any others?
- Events – a fair, a competition, a family occasion, an outing

Wilkinson & Pickett explain the importance of assets: “Assets are more than individual or community skills and resilience. Social or material assets such as level of income, housing, and educational achievement also determine levels of wellbeing. Lack of social justice and the unequal distribution of material assets not only affects individual health and feelings of wellbeing but also is correlated with levels of crime, drugs, violence, and the lack of cohesion that affects the majority”²⁸.

Commission Accomplished also recommends, in relation to needs analysis that commissioners “take account of all the services that citizens use including those which may not be formally provided or commissioned by the public sector”.

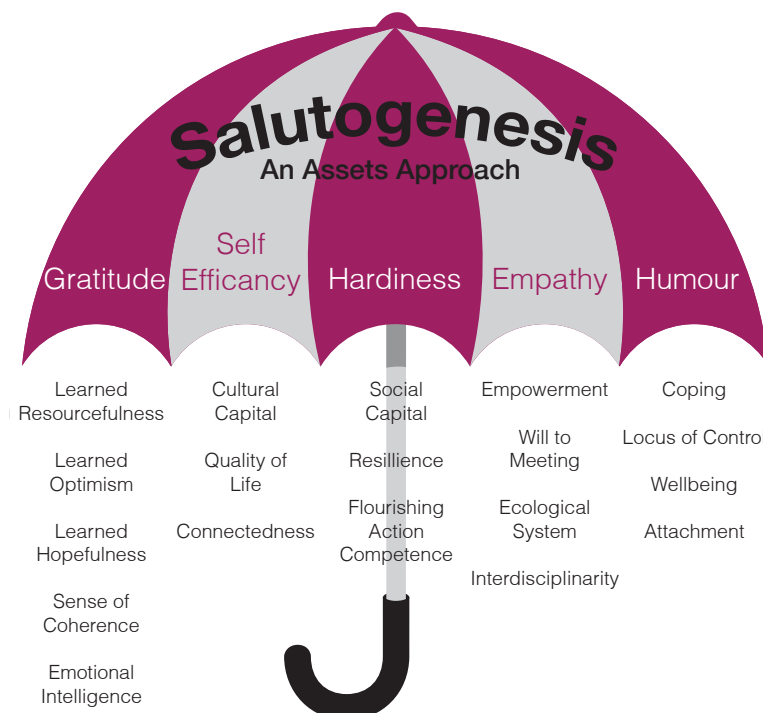
Betsi Cadwaldr University Health Board has recognised the need for an asset-based approach to providing health services, explaining that public services should:

- Start with the strengths and assets that individual adults have
- Work with individuals in partnership and reciprocity
- Assess the potential for service delivery, policies or interventions to enhance wellbeing
- Sustain the recent gains in neighbourhood conditions from regeneration and neighbourhood renewal activities²⁹

Jane Foot, in her paper entitled “*What makes us healthy? The asset approach in practice: evidence, action, evaluation*” argues that asset based approaches require a different relationship between commissioners and service users / their communities / TSOs, that they go far beyond supporting good health.

Jane Foot affirms the importance of these assets: “The research evidence for the positive impact of community and individual assets such as resilience, self determination, reciprocity, social networks and social support on health and wellbeing is well known and at least comparable to that of more familiar social determinants of health such as housing, income and the environment...The capacity and motivation to choose healthy behaviours is strongly influenced by mental wellbeing as well as by socio-economic factors”³⁰.

The following diagram depicts key assets that support quality of life.



Commissioners ignore assets at their peril. Awareness of assets will lead not only to less duplication in services and more appropriate citizen-focussed services, but will also reduce the probability of service commissioning actually removing, or diminishing the effectiveness of, current assets, which would then potentially increase need and dependence rather than reduce them.

The challenge for commissioners in what, for many, will be a new approach, is gaining and maintaining a full picture of assets for the population for whom services are being commissioned, and creating and supporting the structures (including service users, community members, TSOs, experts in the field) which can help inform how new public services can best optimise and add to the benefits offered by these assets.

Making Coproduction a Reality

However converting to co-produced commissioning will not necessarily be quick or easy. A culture change is needed in all parts of the commissioning cycle. Fulfilled Live Supportive Communities points out that ‘The type of partnership involved in co-productive commissioning is new for many local authorities and will need sustained and careful development to be successful’³¹.

Nef also note that “Applying co-production within commissioning requires a re-assessment of the share of power, risk, and ownership within the relationship between commissioners, providers and people using the service”. This is because “co-production challenges assumptions of users as the passive consumers rather than the active producers of care, supports collective rather than primarily one-to-one service relationships and recognises that support provision is an iterative and negotiated process, not a simple delivery chain”³².

This strategy considers ways in which co-production can be embedded in both commissioning and delivery of services. **Quality, value for money, sustainable services.**

The Wrexham Council Children and Young People’s Services seek to commission programmes and services that are of high quality, good value for money, outcome and citizen focussed and co-produced.

Quality

Wrexham Children and Young People’s Services are supported in securing quality services through the use of the standardised contract used by Wrexham Council and the council procurement framework which, for example, ensure that organisations employ trained, qualified staff who are safe to work with children, young people and families and that provider organisations are reliable and have a good track record.

The quality of services and the anticipated outcomes required by commissioners should be clear from the service specification. It should ensure a holistic service that promotes wellbeing and is preventative of escalating need. Service should have clear outcomes and should promote independence and empowerment.

For example, the definition of quality might, in addition to covering the need for services to be:

- Outcomes focussed
- Citizen focussed
- Co-produced and asset based

might also include the requirement to be:

- Evidence based
- Run by qualified, experienced staff
- Delivered through the medium of Welsh if required
- Appropriately risk assessed
- Sustainable
- Working in partnership with other providers and local communities

BCUHB suggest the following, as minimum standards of quality, asking ‘What can services do?’

- ‘First do no harm’: do not undermine people’s resilience
- Support ‘whole person approaches’ which address health and other needs in the context of people’s lives
- Work with individuals in partnership and reciprocity
- Encourage and enable self help
- Increase access to social networks through community empowerment interventions
- Provide support to ensure people have the financial and other resources to participate in society³³

Outcome Focussed

Programmes and services should be outcome focussed. Standard 3 from Fulfilled Lives, Supportive Communities states that it expects that “Commissioning plans have clearly specified the outcomes to be achieved for service users, and what services will best deliver those outcomes over time”³⁴.

The National Audit Office recommends that programmes are “really focused on outcomes, the impact on service users and communities that you are seeking to achieve, and not just on outputs, process or inputs. Not all outcomes will be obvious, direct or easily valued. You and/or providers may need to use evaluations and techniques such as Social Return on Investment (SROI) to establish the full impact of a programme and its worth”³⁵.

Commission Accomplished encourages the third sector also to “Understand how your services will help deliver commissioners’ outcomes” and to “provide evidence to demonstrate the added value you bring to service delivery by, for example, completing a Value Added Facts Questionnaire or undertaking a Social Return on Investment Analysis”³⁶.

Nef talks about outcomes in relation to the ‘insight function’; the service user view of the kind of life they want, what their needs are, how services can best support them and how best stakeholders might work together. “An outcomes framework is a key component of the insight function.

Developed from the asset mapping and needs assessment it should be a combination of:

- statutory and local success criteria,
- service specific and wider community outcomes (social, economic and environmental).

The outcomes framework:

- describes the desirable change people want to see resulting from the service;
- should contain both service specific and wider community outcomes to ensure integration with other services;
- Progress should be captured and reviewed against the outcomes described in the framework.

Expected outcomes, like quality, should be clear from the start. For example, Public Health and BCUHB state in their Annual Report that they expect their health care services to:

- Support self efficacy and health literacy skills
- Provide easy access to information and ‘social prescribing’
- Encourage and enable self help
- Increase access to social networks through community empowerment interventions

A similar approach should be adopted when specifying social care and well being services.

Citizen Focussed

Recent developments in the direction of social care and wellbeing services in Wales have increasingly promoted the notion of citizen directed services as one that ensures that services are proportionate, accessible, asset-based and meet need. As Fulfilled Lives, Supportive Communities explained in 2011 “guidelines and commitments outline a new direction for social care in Wales, and a strong and sustained emphasis on delivering ‘citizen-centred services’.

The key priorities include:

- Renewal rather than retrenchment: focusing on delivering sustainable social services and continuing to innovate.
- Ensuring that resources are used efficiently to make better use of capacity.
- Services better focused on meeting individuals needs, brought about by service users and carers having a much stronger voice and greater control.
- More efficient and effective delivery through collaboration and integration.
- Planning and delivery of services organised on a regional basis wherever practicable³⁷.

Standard 6 expects that “Directly provided and contracted social care services are citizen centred and meet all of the local authority’s service quality and human rights commitments”³⁸.

Commission Accomplished promotes “designing and delivering public services that are citizen-centred, needs-based and outcomes-led”.

Embedding a co-produced approach to service delivery will support the development of more citizen focussed services.

Co-produced and Asset Based

A comprehensive introduction to co-production has been provided in the section above. This strategy seeks not only to embed co-production into the commissioning function, but also to promote the commissioning of co-produced services.

Co-producing Commissioning (nef) clarifies how co-production (in commissioning or in service delivery) can lead to improved well being for those involved:

5 things we all need to maintain or grow our wellbeing – how these link to co-production:

- **Connect:** co-production explicitly seeks to develop new networks or sustain existing ones linking people, through common experience, shared interests or geographical proximity.
- **Be active:** Co-production becomes real when people do stuff (together), which frequently requires them to get out and about.
- **Take notice:** By building on peoples existing capabilities and treating people as assets co-production enables people to reflect on their experiences and put them to use.
- **Keep learning:** by building on peoples capabilities and encouraging people to take more control they are able to keep learning and challenging themselves.

Give: Treating people as assets and embedding shared responsibility and mutuality results in developing frequent practical opportunities for people to give – their time, skills, expertise”³⁹.

In the area of health care, it is recognised that different and better solutions can be found by working more collaboratively with patients. ‘Sometimes there are differences between what people and their health workers want. When people are well informed, they tend to choose different treatments, and often choose less invasive options. To really work with people in a co-productive way, health workers need to develop the skills to understand the ‘silent diagnosis’ of their patient’s preferences as well as the clinical diagnosis. For service providers, this means a transformation: a move from consultation to true participation and new relationships⁴⁰. The same can also be true for social care and wellbeing services.

Co-production has reciprocity at its heart and, as Jane Foot points out in *What makes us healthy* “reciprocity, supportive networks and other indicators of social capital promote and protect both individuals and communities from conditions that reduce their wellbeing”⁴¹.

As with commissioning, the move to adopting a more co-produced approach requires some changes in culture and practice and the developing of different kinds of relationships.

“Co-production challenges the usual relationship between professionals and service users. It requires the latter to be considered experts in their own circumstances and therefore capable of making decisions and having control as responsible citizens. At the same time, co-production also implies a change in the role of the professionals from fixers of problems to facilitators who find solutions by working with their clients”...⁴²

Nef explain that ‘creating the structural conditions for co-production to flourish... involves changing the shape of provision through signalling co-production as a desired approach to the provider market, setting the approach as an expected way of working, and outlining clear quality standards that providers and commissioners can use to judge the depth of co-production’⁴³.

Nef suggest a number of ways in which the ‘market development’ function could promote co-production, including capacity building, framework agreements, alliance contracting, supporting the development of new and innovative legal structures (joint ventures, consortia) and developing appropriate procurement documentation (service specifications, PQQs)⁴⁴.

Value for Money

The Wrexham Council Children and Young People’s Services seek to commission services that are value for money. This does not necessarily mean the cheapest service on offer. Standard 9 confirms this; “directly provided and contracted social care services offer value for money and are fit for purpose”⁴⁵ as is Wrexham Council, who affirms that we are “committed to ensuring value for money across all services by meeting the needs of local people in cost effective and efficient ways”⁴⁶.

The National Audit office defines Value for Money as:

- “Economy: minimizing the cost of resources used or required (inputs) – spending less;
- Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well; and
- Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely”

NAO advises that, to achieve this, commissioners should “take a long term view, where possible.... seek the optimal combination of whole life cost (the cost, from start to finish, of the delivery of the agreed volume of the service you require to the agreed quality and timescale) ...and control of costs (you and your provider ... small, unnecessary or excessive costs can quickly snowball... it is easier to control a cost before it has materialised than after it has occurred).

Expected value for money should also be clarified in the service specification.

Summary

What kind of commissioning will be undertaken by Wrexham Council Children and Young People’s Services in the future? Section One has outlined the basis upon which the guiding principles for this commissioning over the next 3 years will be founded.

iii. **Efficiency and Effectiveness in the commissioning process**

- Commissioning plans that are strategically aligned to local plans and strategies
- Developed by staff who are trained, qualified, experienced, knowledgeable and well supported
- More strategic – regional, sub-regional, joint or inter-departmental where co-ordination is facilitated
- Accountable, evidence-based and measurable in terms of the commissioning outcomes
- Delivered in conjunction with effective market development, using market position statements

iv. **Co-production in approach to commissioning and delivery of services**

- Inclusive of all key stakeholders as equal partners in all parts of the process
- Asset-based
- Informed by a broad base of information on need, assets, stakeholder views, provider insight etc.
- Outcomes focussed
- With a holistic approach to well-being

v. **Commissioning of quality, value for money services**

- Defined standards of quality
- Outcomes focussed
- Citizen focussed
- Co-produced and asset based
- Good value for money

The following sections will now consider the situation in Wrexham and how to apply these principles to future commissioning in the Children and Young People's Services.

Section Three:

Introduction to Wrexham

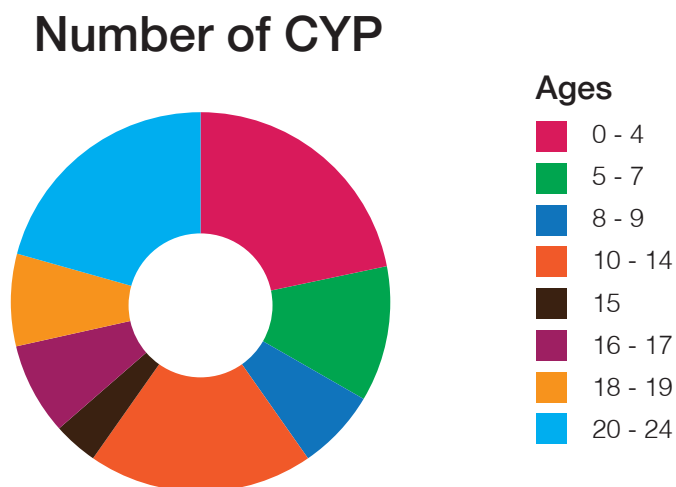
Wrexham is located inland to the north east corner of Wales. Bordered by Flintshire to the north west, Powys to the south, and the English counties of Shropshire & Cheshire to south and east. Wrexham is the principal town in the authority, with approximately half of the population living either within the town of Wrexham or its surrounding conurbation of urban villages⁴⁷.

Population

The permanent resident population of Wrexham is approximately 134,844. There is an almost even split between male (49.7%) and females (50.3%). There are 25,818 children and young people in Wrexham aged between 0-15, making up 19% of the total population. The wards with the highest proportion of children and young people aged 0-15 are Queensway, Plas Madoc and Wynnstay.

(Source: Census 2011)

In 2011, the age profile of Wrexham's children and young people was as follows:



(Source of data: Census 2011)

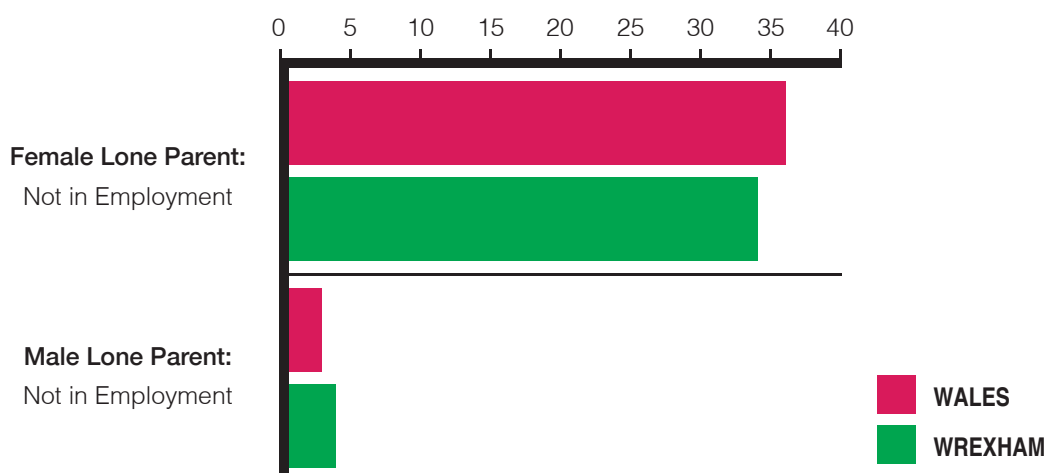
By 2026, the population of Wrexham is predicted to increase by 18% - the 2nd highest projected increase in Wales.

Households

The size of households is decreasing in Wrexham, as elsewhere, with the average household size from 2.54 persons in 1991 decreasing to 2.26 in 2010 and an increase in total number of households of 21% from 48,000 in 1991 to 58,200 in 2010.

No. of lone parent families with dependent children is 4,215 - The wards with the highest number of **lone parent households** were Queensway (248) and Wynnstay (173). 2,455 of these families were in employment with 1,706 not in employment. There is a much higher percentage of unemployed female lone parent households in Wrexham than unemployed male parent households, however it should be borne in mind that there are also a larger number of lone parent households headed up by women than by men.

(Source: Census 2011)



(Source of data: Census 2011)

Health

According to the 2011 Census:

- 70% of residents indicated that they were in very good or good health
- 21% of people reported that their day to day activities were limited by an ongoing health condition, compared to 23% across Wales
- In the 2011 Census, Wrexham had fewer people under 65 who claimed severe disability allowance than the average across all the Welsh authorities.
- 6 Lower Super Output Areas in Wrexham are in the 10% most deprived in Wales for Health
 - Gwersyllt West 1; Hermitage 2; Plas Madoc; Queensway 1; Queensway 2; Wynnstay

Nationality / language

- 4,197 (3.1%) of people living in Wrexham are from a non-white background, just under the Wales average of 4.3% - with 3.3% of the population being born in other EU countries and a further 2.6% being born in other countries

(Source: Census 2011)

Percentage of population in each ethnic group, 2011

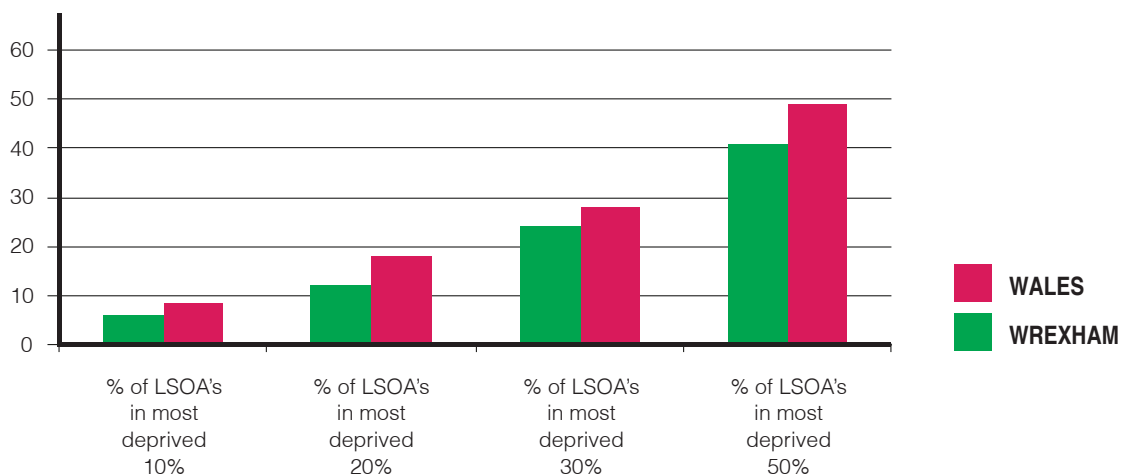
Areas	White	Asian	Mixed	Other	Black or Black British
Wrexham	96.89	1.72	0.75	0.18	0.46
Wales	95.59	2.29	1.03	0.50	0.60
Comparable authorities	97.29	1.24	0.73	0.29	0.25

Source: Office for National Statistics (ONS)

- After English, the next most spoken language in Wrexham is Polish, with Portuguese then Welsh next
- In 2011 12% of people in Wrexham (aged over 3) speak Welsh (down from 19% in 2008), with 9.2% stating they can speak, read and write Welsh; there is an increase in take up of Welsh medium reception class admissions

Deprivation

- Wrexham has slightly fewer LSOAs within the most deprived in Wales, compared to the Wales average:



(Source of data: WIMD)

Comparing Wrexham to the Rest of Wales.

When considering what the key indicators tell us about Wrexham's children and young people and their families, one way is to compare Wrexham to the Wales average. What follows is a summary of how Wrexham is performing on a selection of these indicators.

What does Wrexham do well at, compared to the rest of Wales?

Employment

Wrexham has higher economic activity among adults (79% as opposed to 75% for Wales) and lower unemployment among the economically active adults (6.5% as opposed to 7.9% for Wales) which is reflected amongst men (6.9% for Wrexham, 9% for Wales) and women (5.2% for Wrexham, 6.6% for Wales) (*NOMIS official labour market statistics, ONS*) In 2011 Wrexham had slightly lower 16-24 year olds unemployed and a significantly higher percentage of retired people remaining economically active. Wrexham has higher than average economic activity amongst men but lower amongst women.

(Source: census 2011)

Attendance in Schools

Lower absence in primary schools (Wrexham 5.4% of pupils absent, Wales 6.1%) and in secondary schools (Wrexham 7.1%, Wales 7.8%).

(Source: LSB Insight)

Achievement at Key Stage 2

In 2012/13, 85.4% of children at key Stage 2 (normally at 11) in Wrexham achieved their Core Subject indicator as opposed to the Wales average of 84.3%.

(Source: Life Long Learning Department)

Immunisations of 0 - 4s

The Wrexham rate, at 88.3% in 2012 has long been one of the highest in Wales (average 82.4% in 2012).

(Source: Health of Children and Young People in Wales, Public Health Observatory)

MMR and HPV Vaccine Uptake

The rate of take up in Wrexham by children under 16 of the two doses of MMR in 2012 was 90.9%, as opposed to the Wales average of 83.1%, with Betsi Cadwaladr University Health trust (in North Wales) achieving significantly higher take up than the rest of Wales. The rate of take up for HPV (Human papillomavirus immunisation) by Wrexham's 12-13 year old girls was also slightly above the Wales average.

(Source: Executive Director of Public Health Annual Report 2013, NHS Wales, BCUHB)

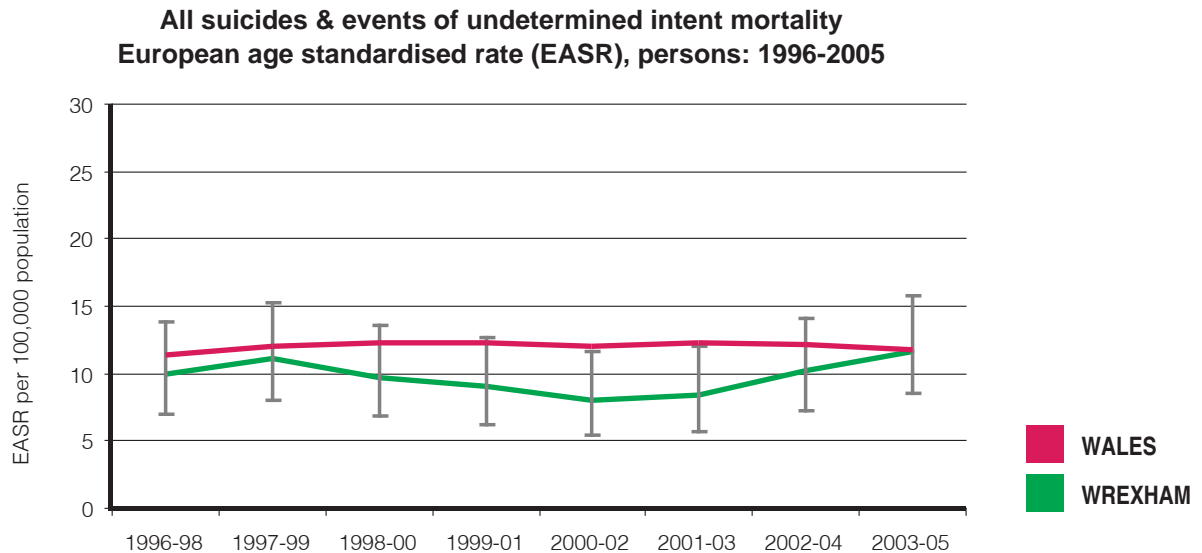
Adults With No Qualifications

10.5% of adult residents of working age in Wrexham had no qualifications as opposed to 11.4% in Wales. The wards with the highest percentage of residents with no qualifications were Wynnstay (48%); Queensway (45%); Cartrefle (48%)

(Source: census 2011)

Suicide Rates

Wrexham has maintained one of the lowest suicide rates in Wales for some time, although available comparative data is now quite old.



Source: ONS, StatsWales (WAG)

What does Wrexham do averagely at, compared to the rest of Wales?

Life expectancy

Wrexham is the same as for Wales, with females expected to live 82 years and males, 78 in 2012.

Obesity

Wrexham has the same average of people who are obese or overweight, at 58%

(Source: Executive Director of Public Health Annual Report 2013, NHS Wales, BCUHB)

Smoking Rates

Despite this decline of recent years, almost one in four adults in North Wales continue to smoke; prevalence rates range from 22% in Anglesey, Conwy and Flintshire to 26% in Wrexham

(Source: Profile of North Wales, 2010, NHS).

Mental Well Being

A self report survey in 2013 run by NHS Wales shows that people in Wrexham considered themselves to be on average as well mentally, as in the rest of Wales.

Dental Caries in 5 Year Olds

Wrexham 5 year olds in 2011 had on average 1.7 filled, decayed or missing teeth as opposed to the average of 1.6 in Wales.

(Source: Health of Children and Young People in Wales, 2013, Public Health Wales Observatory)

Number of Job Seekers

The number of Jobseekers Allowance claimants in February 2014 in Wrexham was 2,970, which is 3.5% of the population, the same as the Wales average. The wards in which the highest numbers of JSA claimants live are : : Plas Madoc (13.7%) Queensway (12.1%) and Wynnstay (9.3%)

(UK National Statistics)

What does Wrexham do badly at, compared to the rest of Wales?

Earnings

In 2003, 2008 and 2013 earnings in Wrexham were below the Welsh average. The average income for Wrexham men working full time in 2013 was £489, over £13 less than the Wales average and almost £60 less than the UK average. The average income for Wrexham women working full time in 2013 was £403, just under £20 less than the Wales average and almost £57 less than the UK average.

(Source: NOMIS, ONS annual survey of hours and earnings - workplace analysis)

Number of children living in workless households

In 2012 Wrexham had the third highest rate of children living in workless households amongst the Welsh local authorities. The rate rose since 2011 and rose since 2004. Wards with the highest number of children in out of work households were- Queensway, Wynnstay, Plas Madoc.

(WIMD 2011)

Low Birth Weight Babies

Babies born full term at under 2.5Kg – the figure for Wrexham has been lower than the Wales average for some years but is now slightly higher.

(Source: WIMD)

Foster Children Moving Placements

Wrexham's percentage of looked after children with 3+ placements in the year was the second highest in Wales in 2012-13.

(Source: Stats Wales)

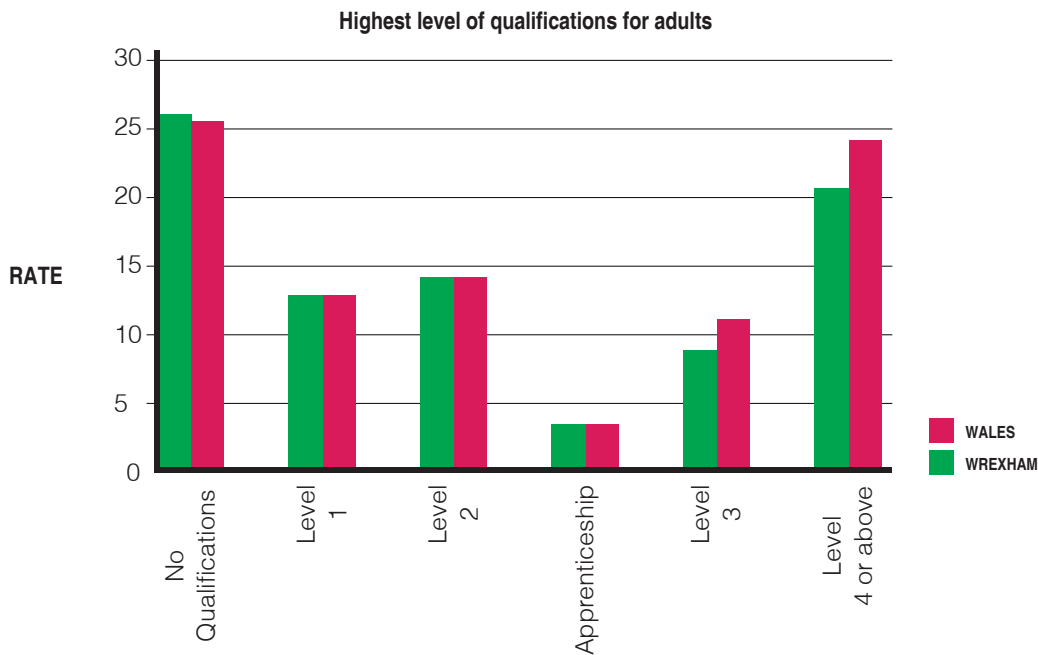
Low Birth Weight Babies



Higher Level Qualifications

The percentage of working age adults (16-64) with qualifications at NQF level 4+ (roughly A level) has risen since 2001 to 22.8% in 2011, but with the Wales average of 24.5%, Wrexham ranks in the lower half of the local authorities.

(Source: census 2011)



Exclusions from schools

Wrexham schools excluded more pupils than the Wales average. For exclusions of 5 days or fewer (rate per 1000 pupils) the Wrexham rate, although reducing, was 85.9 in 2012/3 as opposed to 56.5 for Wales, for exclusions of 6 days or more (rate per 1000 pupils), also reducing to 10.9 in 2012/3, but still higher than the Wales average at 4.

(Source: Life Long Learning Department)

Affordable Housing and Homelessness

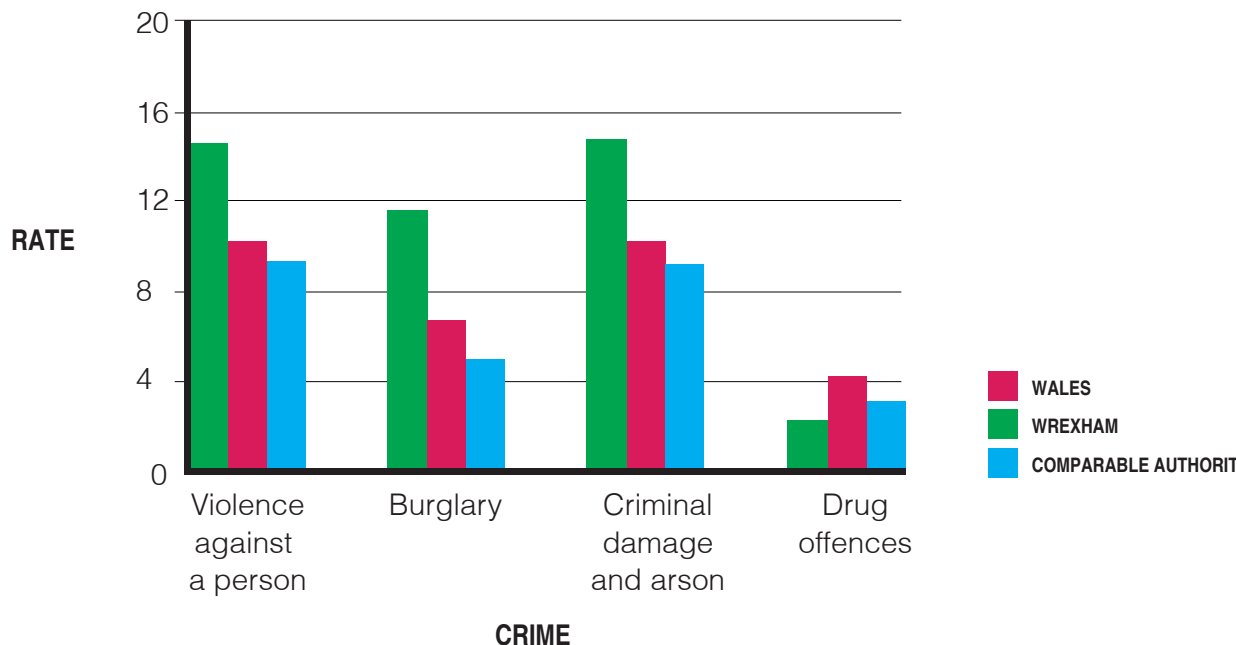
The rate of additional affordable housing provision in Wrexham decreased markedly in 2012-13, almost as low as the rate seen in 2008-09 and making Wrexham's rate the lowest of all the local authorities in Wales.

Between 2001-02 and 2007-08 the rate of homelessness acceptances in Wrexham remained below the Wales average. It rose sharply in 2011-12 before dropping in 2012-13 but remaining well above the Wales average and the sixth highest amongst the local authorities.

(Source: Stats Wales)

Crime - Wrexham has the third highest crime rate, over a quarter higher than the average for Wales. It is under two-thirds of the figure of ten years ago.

(Source: Stats Wales)



Source: Home Office

Key Stage 4 Results

48% of Wrexham year 11 leavers achieved GCSE level 2 inclusive of English / Welsh and Maths as opposed to the Wales average of 52%.

(Source: Life Long Learning Department)

Conclusion

Section Two has provided a brief overview of key indicators across a broad range of areas and how Wrexham compares to the rest of Wales in its most recent data. Section Three will now look in more detail specifically at the indicators and other information pertaining to the services commissioned by the Wrexham Council Children and Young People’s Services.

Section Four:

Priorities from the Needs Analysis (An Holist Approach)

In order to support this commissioning strategy a comprehensive needs analysis has been conducted across the areas of work for which Wrexham Council Children and Young People's Services commission services. As with all aspects of the strategy, this needs analysis has been conducted using an inclusive process with the data items included discussed and agreed by the multi-stakeholder advisory group prior to collation. The full data sets and analysis can be found in Appendix 2.

In addition, this data and analysis have been shared with service providers, managers and service users in two workshops to enable them to provide further information and give their views: context and background, ideas for improving services, identifying gaps, identifying assets, how things are likely to change in the next few years, any other issues. A summary of key points raised in the workshop has been included below, with a fuller account in Appendix 3.

Through consideration of the needs analysis and workshop feedback, priorities have been identified for the next year. These are listed below and should be read in conjunction with the full data analysis in Appendix 2.

Priorities for Children and Young People's Services (A Service Perspective)

Please note - numbers refer to the number of the data items in Appendix 2.

1. Safeguarding and Family Support Priorities

- | | |
|----|--|
| 2 | Total number of contacts to the (Prevention and Social Care (PSC)) department |
| 4 | Percentage of referrals that are re-referrals (to PSC) within 12 months comparison |
| 11 | Rate of re-registration (on child protection register) |
| 12 | Number of Looked After Children per 10,000 population from Wrexham |
| 13 | The number of children placed in care in each quarter. |
| 14 | The % of looked after children who have had three or more placements in one year |
| 15 | The number of placements in out of county care (ie. not Wrexham Council carers) |
| 16 | Number of foster carers (ie. Wrexham Council carers) |
| 19 | Number of children waiting to be placed for adoption |

2. Education and Training

- 1 The % of working age adults with their highest level of qualification
- 7 % of pupils achieving Key Stage 4 GCSE level 2 including English / Welsh first language & Maths
- 8 A comparison between achievements of pupils eligible for free school meals (FSM) and those pupils who are not eligible in Wrexham and in Wales in 2012 - Key stage 4
- 10 A comparison between % of half days missed in school between pupils eligible for free school meals FSM) and those pupils who are not eligible in Wrexham and in Wales – secondary
- 11 The rate per 1,000 pupils of exclusions of 5 days or fewer, from schools in Wrexham
- 12 The rate per 1,000 pupils of exclusions of 6 days or more, from schools in Wrexham
- 13 The % of young people leaving year 11 who are NEETs
- 14 The % of young people leaving year 12 who are NEETs
- 15 The % of young people leaving year 13 who are NEETs
- 16 % of Yr 11 pupils continuing in full time education in year 12
- 17 % of pupils leaving year 11 with no formal qualifications

3. Health Priorities

- 1 Adults who are overweight or obese
- 2 Adults - mental health (self report)
- 3 Adults - substance misuse
- 4 Adults - smoking
- 5 Cancer incidence
- 7 Life expectancy for males
- 9 Adults self report – rates of Life Satisfaction, Worthwhileness, Happiness, Anxiety
- 12 % of children who are up to date in immunisation schedule by age four,
- 13 Uptake of childhood immunisations, North Wales,
- 14 % of low birth weight babies (under 2500 grams)
- 15 % of boys who are overweight or obese, 2011

16	% of girls who are overweight or obese
17	% of children who are overweight or obese, 2011
20	% babies born preterm
21	% babies breastfed at birth
24	Infant mortality rate
25	The rate of childhood accidents

4. Housing & Homelessness Priorities

1	Number of households with dependent children accepted as eligible, unintentionally homeless and in priority need
2	Number of households with dependent children accepted as eligible, unintentionally homeless and in priority need
4	% of overcrowded households with children

5. Crime Priorities

7	Number of domestic abuse crimes and non-crimes
8	Number of reported serious sexual offences
9	Number of First Time Entrants (aged 10-17) to the criminal justice system
10	Number of young offenders as a % of the population
11	% of young people in Wrexham who re-offend

6. Disability Priorities

No priorities have been identified as yet for disabled children.

Income and Employment Priorities

1	Households with children, with under 60% average income for UK
6	% of children living in workless households
13/14	% of households headed up by an unemployed parent
18	% of 18 – 24 year olds claiming Job Seekers Allowance

Summary of Messages from the Commissioning Strategy Workshops

What will the world be like in 5 years' time?

This question was considered, with regard to different areas of children's and young people's services, in order to inform the future commissioning of services, bearing in mind the environment in which new services would be operating. Insightful feedback provided a well rounded and full picture of how our country and county might change as well as what is evolving and developing for families. It is recommended that this exercise be carried out whenever services are commissioned.

Assets

This was the first time, for many, that local assets had been considered and feedback, although useful, indicated that some further work needs to be done to gain a fuller picture. The importance of considering and working with local assets was a consistent message.

Service gaps and service re-design

Participants provided valuable insight into the current service provision and how well it serves our population. This was varied and emanated generally from extensive experience as a service provider or service user.

Commissioning Priorities

Feedback consistently reflected the need to involve service users and providers in all stages of the commissioning cycle, even if this would mean providing extra support for this to happen. There were also calls for better information to be sought, through improved methods, about the true impact of commissioned services.

Other consistent messages included:

- The need for commissioning staff to be well informed and to have a full understanding of the story behind the data
- Taking a co-produced approach where the views of each stakeholder – including service users – have equal status
- The need to focus broadly on well being and independence for service users
- The need for council departments to work more closely together to co-ordinate services better
- The need for greater transparency in the commissioning process
- The need to mitigate more effectively the impacts of service decommissioning⁴⁸ or service change on service users
- The need to understand and make the most of local assets

The full feedback from all of the workshop questions is provided in Appendix 3.

Conclusion

The service priorities (above) have been established to act as a guide for commissioning. However it is recognised that many of the data in the data sets will be out of date within a year or two, therefore an update will be conducted upon the annual review of the strategy and a comprehensive data analysis update will need to be completed each time services are commissioned.

It is vital when commissioning services, to be familiar not only with the data relating to relevant indicators and the service priorities, but also to hear the story behind the data, both about the past and the future, from those who will be affected by the services to be commissioned or decommissioned. The importance of understanding and maintaining local assets should not be underestimated.

The message is clear throughout this section that working closely with service users, those who they live with and who support them, service providers and data experts is essential if commissioners are to truly understand the full picture and to effectively co-produce their commissioning plans.

Section Five will identify ways in which these priorities, the needs analysis and the guiding principles for this strategy can be used to improve commissioning in the future in Wrexham Council Children and Young People's Services.

Section Five:

Next Steps in Developing Commissioning Practice

How are we going to make the changes necessary to commission in the future according to this strategy's principles?

Upon completion of this strategy an action plan will be developed which will outline the steps that will be needed in order to put these principles into practice. The implementation of this strategy depends upon two fundamental changes:

1. The behaviour and responsibilities of all stakeholders involved in commissioning
2. The support, resources and support structures made available for commissioning

It should be noted that, whereas it is appropriate for the council to provide some of the support listed below, this is not so in every case.

Behaviour and Responsibilities of all Stakeholders

Applying co-production within commissioning requires a change in both behaviour and responsibilities of stakeholders as a result of a re-assessment of the share of power, risk, and ownership within the relationship between commissioners, providers and people using the service. Some of the key areas in which changes will need to be made are identified below.

Commissioners⁴⁹:

Opening up the commissioning process

Ensure that people who use and provide services and the wider community are actively involved in shaping the strategic direction and decisions made throughout the process.

- Shift to sharing power between statutory bodies, people using services and communities.
- Moving from being 'risk averse' to 'risk aware' – through developing insight from monitoring information
- Use dynamic service specifications but don't over specify - so that providers can work with people using the service to develop and iterate support.
- Develop strong and open relationships with providers - developing confidence in how the provider understands and develops co-production in their day to day service provision, regular meetings.
- Provide intellectual leadership for co-production to thrive providers and people need commissioners to actively develop and promote co-production within their day to day activities.
- Talk to people who use the service - frequent spaces for open discussion with people will help commissioners build up their insight into commissioned services.

Creating the structural conditions for co-production to flourish.

Commissioners need to proactively work with their provider base and in their local areas to develop capacity for co-production over a period of time, as part of their market shaping activities.

This should involve:

- the use of Framework Agreements, for which the criteria for PQQ should include testing for willingness to apply a co-produced approach.
- the development of legal structures to enable alliance contracting, joint ventures and consortia
- close working with procurement teams to ensure that the procurement documents reflect the vision for a co-produced service, and that the outcomes expected are explicitly stated.

Service providers:

Service providers, in particular the third sector, have an important 'independent' role to play in the new co-produced commissioning and service delivery processes. They often have a unique insight into the lives of services users and their communities and into innovative solutions to difficulties.

Wrexham CBC's *Third Sector Commissioning Guidance* recommends that TSOs (*third sector organisations*) should be engaged throughout these (*commissioning*) processes:

- as strategic partners;
- as providers and potential providers;
- as a source of expert knowledge;
- and as advocates on behalf of certain user groups where appropriate.

The National Audit Office also recommends close work with third sector organisations in the needs analysis phase, in setting of key outcomes and in evaluating the success of the commissioning plan⁵⁰.

Nef advises that service providers, whether from the public, third or private sector, need to

- become more adaptive - to be able to adapt the support they provide in response to the skills and interests of the people they support
- think differently about non-monetary resources (i.e. buildings, universal services) and networks (churches, groups, peer support) which are available locally, and actively work with these resources to complement and strengthen the support they provide to users
- Co-design services with the people using them, from an early stage.
- Develop reciprocity by working with people to identify the ways they want to contribute to the service, maybe through supporting or buddying other service users, helping to run activities etc.
- Co-review and Co-assess by working with commissioners, people using the services and the wider community to understand the impact of their service. This will require shifting thinking of monitoring requirements as a burden, and using them as a base to generate insight⁵¹.

Service users, friends, family:

This new approach to commissioning brings the need for service users, their friends, family and often neighbours, to ensure firstly that they are doing everything they can to support their own well-being themselves. They need to become more 'active agents of their own health and well-being, thinking about how they might support others and recognising the value of their own experience'⁵².

A guide to asset based commissioning in health, for example, includes a section on 'what individuals can do' is (see below), an approach which is applicable to children's services also and mirrors the same approach taken by the Local Service Board in 'Our Wrexham Plan'.

People should:

- Take responsibility for their own health, and that of their family
- Keep active, eat well, drink alcohol responsibly and not smoke
- Work together with health and social care professionals; share in the decisions that affect their health
- Include the 'Five ways to wellbeing' in everyday life: Connect, Be Active, Take notice, Keep learning, Give
- Belong to a social network – be a part, not apart
- Seek advice on how they / their family can get enough financial and other resources to participate in society
- Find the best work that they can, paid or unpaid, that provides a meaningful role
- Look after and enjoy the environment around them, and help others to do so⁵³

Service users, their friends, family and community members will need to become more formally and more proactively involved in the design and delivery of additional support for service users.

This might involve undergoing training, attending consultation events or focus groups, working with other stakeholders in a reference group, sitting on panels to select providers or even becoming 'community researchers'⁵⁴ etc. This may also involve participating in service delivery as a volunteer.

Information, guidance and support may be needed for this to be achieved.

Support, Resources and Support Structures

Support will be needed for each group of stakeholders to fully engage successfully in this new approach to commissioning. There follow proposals as to what these structures might include.

For commissioners

Support

- A commissioning toolkit (to be produced following the completion of this strategy)
- Training, resources, information, guidance
- Sufficient time, administrative support
- Case studies of successful co-production in commissioning and delivery of services
- Clarification of how other departments will align to support the needs analysis and the commissioning function

Structures

- The inter-departmental commissioning development group
- Regional commissioning groups
- The North Wales Commissioning Hub
- Co-production networks

For service providers

Support

- Information on future service requirements
- Advice on frameworks, consortia working, training
- Support groups, workshops
- Commissioning frameworks

Structures

- Fora for providers covering particular areas of work
- Multi-stakeholder groups as part of the commissioning process
- Co-production networks

For service users, their friends, family and community members

Support (where appropriate)

- Information, workshops, training
- Questionnaires / surveys

Structures (where appropriate)

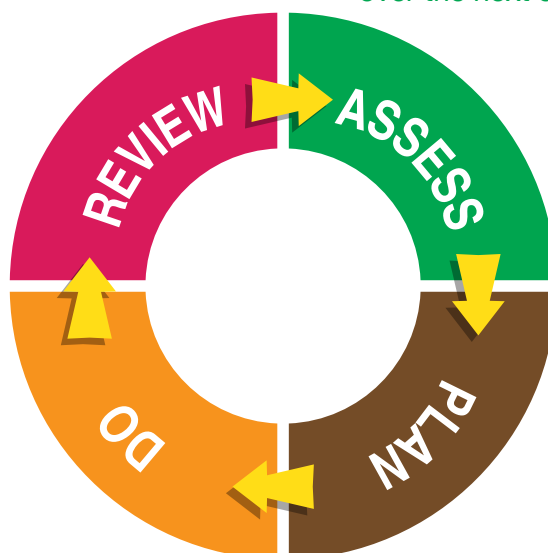
- Focus groups
- Reference groups
- Planning groups
- Consultation groups
- The Wrexham Timebank (to earn credits through engagement in commissioning processes)

Conclusion

Finally, and by way of a summary, the diagram introduced in Section One will now be re-considered, with suggestions as to how to apply the principles of this strategy.

- Managing contracts – maintaining an ongoing dialogue with service providers, efficient working between departments to achieve this, ensuring that those who receive monitoring reports are trained and experienced and can interpret them appropriately and accurately.
- Monitoring performance – robust systems for challenge if poor performance is identified, involving key stakeholders in performance reviews.
- Reviewing delivery – with all stakeholders of the service through different media and proactively seeking the views of more ‘seldom heard’ service users.

- Assessing local needs – a clear procedure as to how the different departments of the council will work together to achieve this, working with all stakeholder groups to achieve a full picture
- Benchmarking local needs against national data - and sharing this with all stakeholders so that the story behind the data can be heard.
- Collating and analysing views of users* – as part of an ongoing commitment, not just for the completion of Commissioning Plans
- Feeding in government targets/ directives.
- Mapping existing service provision** – talking to service users about how well they are working, and building up a picture of other local assets
- Assessing how the world is likely to change over the next 5 – 10 years



- Managing contracts – maintaining an ongoing dialogue with service providers, efficient working between departments to achieve this, ensuring that those who receive monitoring reports are trained and experienced and can interpret them appropriately and accurately.
- Monitoring performance – robust systems for challenge if poor performance is identified, involving key stakeholders in performance reviews.
- Reviewing delivery – with all stakeholders of the service through different media and proactively seeking the views of more ‘seldom heard’ service users.

- Commissioning services – acting as facilitators and involving stakeholders
- Managing implementation – drawing on the knowledge and experience of providers, service users and members of tier community to shape services that support local assets and which encourage empowerment and independence.
- Drafting contracts and SLAs – that are clear about taking a citizen focussed and asset based approach, the outcomes to be achieved and the quality expected.
- Ensuring compliance – keeping in regular contact with stakeholders to ensure compliance to the contract and the added value of the service

Footnotes, References and Appendices

1 A full list of the children, young people and parents covered by the relevant services for this strategy is included in Appendix 4

2 The use of the term 'commissioning officers' in this strategy covers all council officers whose work directly contributes to the commissioning process.

3 Please see Appendix 5 for details on this process.

4 See Appendix 7 for the 13 commissioning standards

5 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

6 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

7 Commission Accomplished: Public Sector Code of Practice for Commissioning Third Sector Services in Merthyr Tydfil and Rhondda Cynon Taf, 2011

8 The term 'commissioner' in this document refers to officers and ultimate decision makers involved in the commissioning of services using funds for which the Wrexham Council Children and Young People's Services are responsible.

9 Executive Director of Public Health, Annual Report 2013, BCUHB and Health Challenge Wales

10 Christie C (2011) Report on the Future Delivery of Public Services (Chapter 4: Services built around people and communities). <http://www.scotland.gov.uk/Publications/2011/06/27154527/6>

11 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

12 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

13 Sustainable Social Services for Wales: A Framework for Action, Welsh Government, 2011

14 Third and Faith Sector Commissioning Project – Update Report, LR/02/14, March 11 2014

15 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

16 Social Services and Well-being (Wales) Bill, Welsh Government, 2014

17 Commission Accomplished: Public Sector Code of Practice for Commissioning Third Sector Services in Merthyr Tydfil and Rhondda Cynon Taf, 2011

18 Sustainable Social Services for Wales: A Framework for Action, Welsh Government, 2011

19 The National Audit Office: Financial relationships with third sector organisations (a decision support tool for public bodies in England)

20 The National Audit Office: Financial relationships with third sector organisations (a decision support tool for public bodies in England)

21 Social Services Improvement Agency; Developing a Market Position Statement: A Commissioner's Toolkit

22 Cahn E (2005) Introducing the core economy and co-production, Washington, Essential Publications

23 Boyle D, Harris M. (2009) The Challenge of Co-production. How equal partnerships between professionals and the public are crucial to improving public services. London: NESTA

24 Welsh Government Briefing Paper, November 2011: Co-Production: A way forward for citizen-centred commissioning in Wales

25 Boyle D, Coote A, Sherwood C, Slay J. (2010) Right Here, Right Now. Taking co-production into the mainstream. London: NESTA

26 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

27 Putting People at the Centre, WCVA 2013

28 Wilkinson & Pickett 2009, The Spirit Level: Why Equality is Better for Everyone

29 Executive Director of Public Health, Annual Report 2013, BCUHB and Health Challenge Wales

30 What makes us healthy? The asset approach in practice: evidence, action, evaluation by Jane Foot

31 Welsh Government Briefing Paper, November 2011: Co-Production: A way forward for citizen-centred commissioning in Wales

32 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

33 Executive Director of Public Health, Annual Report 2013, BCU and Health Challenge Wales

34 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

35 The National Audit Office: Financial relationships with third sector organisations (a decision support tool for public bodies in England)

36 Commission Accomplished: Public Sector Code of Practice for Commissioning Third Sector Services in Merthyr Tydfil and Rhondda Cynon Taf, 2011

37 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

38 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

39 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

40 Executive Director of Public Health Annual Report 2013, NHS Wales, BCUHB

41 What makes us healthy? The asset approach in practice: evidence, action, evaluation by Jane Foot

42 The Health Foundation (2010) What is co-production? London: The Health Foundation

43 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

44 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

45 Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice, Welsh Government and NHS Wales, 2010

46 Third Sector Commissioning Guidance, Wrexham CBC

47 Stats Wales overview of data 2013

48 See Appendix 8 for Decommissioning Manchester – good practice guidance

49 Guidance from 'Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA'

50 The National Audit Office: Financial relationships with third sector organisations (a decision support tool for public bodies in England)

51 Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

52 See Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA

53 Executive Director of Public Health, Annual Report 2013, BCU and Health Challenge Wales

54 See Co-producing Commissioning: A resource produced by nef (new economics foundation) for NESTA Example (p 23):

Community researchers fulfil three main roles:

- Conduct research in the community on local needs and the Health and Wellbeing Centre to ensure that it is meeting the requirements of the local community
- Promote and raise awareness of the Health and Wellbeing Centre in the local area
- Recruit people to the timebank and peer mentoring scheme to build links between the Centre and the wider community.



Download Appendices

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