



## **Strategic Commissioning Evaluation Report**

### **Part 3 Examples of commissioning landscape mapping.**

**Final**

**March 2011**

## **Contents**

<b>1. Better outcomes for people in the East Riding.</b>	<b>3.</b>
<b>2. Better outcomes for people in Leicester.</b>	<b>22.</b>
<b>3. From understanding to active engagement: Developing Commissioning Relationships across Renaissance North West.</b>	<b>42.</b>
<b>4. Better Outcomes for people in Luton.</b>	<b>62.</b>
<b>5. Better outcomes for people in Hull, North Lincolnshire &amp; NE Lincolnshire.</b>	<b>77.</b>
<b>6. Better outcomes for people in North Tyneside.</b>	<b>111</b>

# **1. Better outcomes for people in the East Riding:**

## **Developing commissioning relationships in Cultural Services**

**The Commissioning Landscape in East Riding:  
Initial findings and implications**

**May 2010**

## **Contents**

1. Introduction
2. Context – some facts about East Riding
3. East Riding approach – corporate
4. Adult Social Care
5. Health and Public Health
6. Children’s Services
7. Housing, public protection and Local Action Teams
8. Partnerships and Third Sector
9. Summary of implications

## 1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in East Riding – and particularly to identify current commissioning structures, systems, processes, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers.

The information gathered is intended to help the Culture and Sport team understand what is happening and think about their approach to engagement in commissioning.

There was a very strong culture of openness to joint working and finding new, better and more cost effective ways of doing things. People were keen to work more closely with cultural services. There are constraints of resources, pressures on time and the challenges of geography but a clear commitment to building closer relationships.

There is an intuitive understanding of the benefits of culture and sport to better outcomes, and these are understood more in relation to physical activity. The challenge for cultural services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of East Riding.

## 2. Context – some facts about East Riding

Some facts about East Riding which impact on strategic commissioning:

- East Riding is the second largest non-metropolitan district in England, at 2416km<sup>2</sup>
- East Riding has a population of 335,049 according to ONS Mid-2008 Population Estimates. It is a relatively elderly population with 67,000 (20.0%) being aged over 65 and 30,900 (9.2%) being aged over 75.
- 85% of respondents to the Place Survey stated that they were either very or fairly satisfied with East Riding as a place to live. This varies from 95% in Market Weighton & Pocklington to 75% in Goole & Howdenshire.
- Two out of three residents (68%) feel they belong to their neighbourhood; this is higher than the national average (59%).

- Above average levels of household income but with substantial differences within East Riding
- Significant variation exists across the East Riding in the percentage of people of working age claiming a key benefit. This ranges from 2% to 39%. Highest levels of benefit claims were reported in Bridlington South & Goole South.
- Level of crime (61%), Health Services (49%) and Cleaner streets (46%) considered to be most important factors in making East Riding the good place to live
- Activities for teenagers (52%), Road & pavement repairs (43%) and level of traffic congestion (31%) considered to be most in need of improvement
- Modifiable life style factors are a major cause of health inequalities and variation in demand for health and social care within the East Riding
- Prevalence of obesity in school reception year has increased marginally from 9.9% to 10.2%, whilst the prevalence of obesity in year 6 has decreased from 17.6% to 16.7%
- Prevalence of adult obesity within the East Riding is 19.2% for men and 19.1% for women.
- Level of obesity is related to deprivation with higher prevalence in the most deprived 20% of areas. This variation by level of deprivation is greater for women.
- The 2009 lifestyle survey evidenced a link between physical activity and deprivation with 45.9% of men in the least deprived areas stating that they feel they take enough exercise, whilst this was true of only 36.9% in the most deprived areas.
- Overall 24% of people reported that they had experienced feeling “down, depressed or hopeless” or having little interest or pleasure in doing things at some time. This proportion varied by gender and deprivation status.
- Projections suggest number of dementia patients will rise by 78% by 2025 within the East Riding
- prevalence and impact of long term health conditions projected to increase significantly over next ten years
- An examination of Child Wellbeing at small geographic areas found that extreme variation exists across the East Riding. Bridlington South has the worst Child Health Wellbeing (within 10% lowest well being group in

- 4% of adults with learning difficulties were in employment.
- 70% of care leavers were in employment, education or training.
- East Riding has a dedicated LAA improvement target to increase young people's participation in positive activities from the baseline of 76.3% in 2007/9 to 79.0% by 2010/11
- The shared ambition of the Local Strategic Partnership is for an East Riding where
  - children and young people have a brighter future
  - older people enjoy a healthy independent life
  - communities are thriving, prosperous and safe
  - regeneration transforms deprived areas and reduces health and other inequalities
  - we value and care for the diverse character of the area

### 3. East Riding approach – corporate

East Riding has a Green Flag in the Comprehensive Area Assessment (for exceptional performance or innovation that others can learn from), for **pooling resources to target local priorities**. This relates to the **Resource Advisory Group** of the Local Strategic Partnership.

Whilst the group does not specifically refer to commissioning, its' terms of reference mean it is the key corporate body guiding the process of allocation resources to meet needs and priorities. As this is excellent practice, it is worth recording the remit of the group.

The Resource Advisory Group Terms of Reference are:

Reporting to the LSP Board in respect of:

1. Working towards aligning, and where appropriate pooling, relevant budget streams through joint planning and resource allocation for the better achievement and the shared ambition and priorities in the Sustainable Communities Plan, through partner Business Plans and Medium Term Financial Strategies;
2. Proposing an annual resource report identifying aligned funding and any funding to be pooled in order to deliver LAA outcomes and priorities;
3. Supporting the development, implementation and performance Monitoring of the Local Area Agreement (LAA) for the East Riding, particularly providing a focus on resources and resource management;

4. Identifying further opportunities for joint working/collaboration within the East Riding to deliver improved public services (area of focus could include procurement, research and consultation, assets and buildings, back office efficiencies and joint working on specific priorities);
5. Making recommendations on the targeting of resources to address any under performance in the LAA

Membership of the group is the Council, Fire and Rescue Service, Police Service, Police Authority, Probation, Jobcentre Plus and NHS.

The group has led joint reviews of the Youth Offending Service and Drugs Treatment, in a 'Total Place' type of approach, with positive results – as recognised in the Green Flag.

Within this context, **commissioning is led at a service level**, using the prescribed processes of the appropriate national government department. These are underpinned by the LSP and Resource Allocation Group principles and agreements.

These include a shared approach to a **four-point strategy**, originally developed by Adult Services around best value principles, which underpins the development and delivery of services and focuses on the need to:

- Focus on mandatory requirements for what services must be provided or purchased
- Purchase externally where this enables savings to be made
- Invest in excellent in-house provision where this remains the most viable or appropriate option; and
- Allow for strategic investment in cost effective preventative services

There is a corporate **Procurement Policy and Procurement Strategy**, (July 2007), which refers to the broader definition of commissioning operating in adult social care.

There is also a document on **Options Appraisal** (May 2008), which sets out a process for reviewing services through considering the case for change, determining the strength of the market, suitable delivery options and which would give value for money.

**Commissioning is strategic.** There is collaboration and cooperation in delivering services in localities – but not through devolved budgets. There is, however, some practice based commissioning in the PCT and this will increase over time. There is a commitment to Personalisation, though this may not always equate to Direct Payments.



East Riding has **aligned budgets**. There are a number of jointly funded posts and integrated arrangements, but not pooled budgets at present.

The Council has established a Special Projects Officer for the **Third Sector**. This is an area that is underdeveloped and the council wants to encourage and develop this sector.

**Culture and sport** is now seen as a priority in the Sustainable Communities Plan and the Council's Business Plan. There has been significant capital investment in leisure. Arts and museums tend to be run 'on a shoestring' but produce some good work. **There will be opportunities in developing the Total Place approach for culture and sport to play an increased role in bringing benefits to the community. Engagement with the Third Sector is considered important in this regard, including working with clubs, parish councils, small play areas and parks.**

**There are also opportunities for culture and sport to engage with offenders, young people and on the health agenda, especially in deprived areas where there are lifestyle issues affecting residents' health.**

#### **4. Adult Social Care**

**Governance:** Health and Social Care Executive and through to Healthier Communities and Older People Action Group.

**Priorities:** Informed by the **Joint Strategic Needs Assessment (JSNA)** – Key document.

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of East Riding, thinking about where culture can make a contribution and other people to form relationships with.**

There is an emphasis on **prevention, reducing inequality and promoting independent living.**

The **outcomes defined in 'Our Health, Our Care, Our Say'** are the key priorities on which the service is judged.

There is a systematic process for rolling out **Personalisation**, locality by locality. There is a total of 6,000 people in receipt of publically funded care, of whom half are residential and half home care, plus self-funders. Personalised assessments are undertaken and the aim is to have 33% of current service users on personalised budgets by the end of this financial year. 20-30% of people are opting for direct payments, the others for a 'virtual budget' or managed account. The aim is also to reduce the number of people in residential care and promote independence.

Different areas require different solutions and the individual needs are aggregated up to inform solutions and commissioning. Prevention is crucial as problems due to the aging population are due to multiply. There is a need for early intervention, information, advice and advocacy for both self-funders and publically-funded residents.

**Process:** The service uses the World Class Commissioning process for health and social care. 95% of care services are delivered externally and are evaluated on national minimum standards of quality and on VFM.

There is a **Commissioning Resource Plan for Adults** (January 2008) – currently being reviewed. Commissioning happens through the management structure – Strategic Development Managers and Performance managers - and there are no separate commissioning officers.

**Levels:** The continuum of commissioning applies to the service to different degrees.

There is regional collaboration through the Association of Adult Service Directors and various regional grouping for key client groups below this. There is a regional contract for 'Lifeline Services'. At a locality level there is alignment with the PCT boundaries and a roll out of Neighbourhood Care Teams. Budgets are held centrally. Practice Based Commissioning is in its infancy and the PCT still hold the budgets.

Personalisation is being rolled out and the intention is that the individual assessments will be aggregated up to inform strategic commissioning, alongside the JSNA.

**Third Sector:** A Third Sector Team of three is being developed to build capacity and better coordination with the sector and to take an overview of commissioning as a whole for the service. (This is additional to the officer engaged corporately). A lot of good things are happening, but often in isolation and to different standards.

There are a range of services delivered by organisations such as the Red Cross, Alzheimer's Society, Age Concern and ERVAS.

The report '**Promoting Independence First Annual Update**' (January 2010) provides some good descriptions and case studies of service users illustrating different approaches to achieve the outcome of promoting independence. Some collaboration with culture and sport is included in this.

**It would be worthwhile for Cultural Services to consider this report and explore how culture and sport organisations can build on this and work with other third sector providers.**

One inspirational example of working with the third sector is through the Transformation Board. The Parent-carer representative is from a tiny organisation for parents of those with profound disabilities called FIND.

Support was given for the development of a business plan and some seed funding for a centre offering day time opportunities for people with profound disabilities. The centre, run by FIND 2, is funded through personal budgets.

### **Opportunities for Culture and Sport to contribute**

Work underway includes:

- Breaks for Carers through access to South Shore caravans owned by leisure – very positive feedback from carers
- Refurbishment of a cottage (leisure owned) in the grounds of Sowerby Hall – led by Carers Advisory Group - ready soon!
- Passport to Leisure for Carers
- Mobile health project with sports development

Further opportunities:

- Working with the aging population to keep them independent and have a high quality of life – social and physical aspects
- Information through libraries
- Leisure and the prevention agenda, health inequality, healthy living, exercise on prescription
- How people want to spend their personal budgets
- Mental health and personal budgets – buying a bicycle, walking kit
- Getting people with learning difficulties into employment
- Need to develop the skills of working with individuals/sharing information on this – things work because of personalisation and wouldn't it be good if we could do this better

### **Their advice:**

- 'Let's set aside a morning to strengthen links and explore the opportunities'

### **Summary and implications**

This area of service is well advanced in its approach to commissioning. The opportunities to engage and contribute to better outcomes for Adults are significant.

Understanding the JSNA, building links with other providers in the third sector and increased involvement in personalisation are key.

**There is an opportunity to develop this relationship and discussions with Adult Services in a future session of this programme.**

## 5. Health including Public Health

**Governance:** Health and Social Care Executive and through to Healthier Communities and Older People Action Group.

Health is also well integrated in to the LSP partnerships including the Crime and Disorder Reduction Partnership and related joint commissioning group for Substance Misuse; the Children's Trust and the 'be healthy' strand; Healthier Communities Group.

**Priorities:** The priorities set out in the Joint Health Strategy. This has a 'cradle to grave' approach.

<http://www.erypct.nhs.uk/templates/Page.aspx?id=4675#improve>

The Health Strategy gives details of the healthcare vision for the future and sets out a 'cradle to grave' strategy showing the plan to provide healthcare from birth through to end of life. These are based on local health needs, experience of providing health care in East Riding of Yorkshire, and feedback from patients and the public.

**The ten areas are:**

- Life expectancy
- Health inequalities
- Staying healthy
- Maternity and the newborn
- Children's services
- Long term conditions
- Planned care
- Urgent care
- Mental health
- End of life care

In terms of Public Health, the priorities are set out in the Director of Public Health's Annual Report:

<http://www.lsp.eastriding.gov.uk/ccm/navigation/category.jsp?categoryID=21438>

- Obesity
- Smoking
- Alcohol
- Health inequalities

The PCT also uses the acronym QIPP – which stands for Quality, Innovation, Productivity and Prevention.

Prevention is key, but there are concerns that the resources needed for demand led high cost services at the acute end could threaten the resources

for prevention. This might result from needing to make short term savings but would lead to increased problems in the long term.

**Process:** Use the NHS World Class Commissioning cycle. This is informed by the JSNA, the Citizen's Panel, partnership input, market analysis

The process is seeking the maximum impact for resources – the biggest improvement in outcomes and quality of life. This includes moving care into the community, avoiding admissions and improving services at home. Interventions need to demonstrate that not only are they delivering better outcomes but also that they are reducing dependency on other services.

**Levels:** There is a regional specialist commissioning group for high cost low volume services including specialist mental health and out of borough placements.

Most services are commissioned at a strategic level.

Locality: there are 6 practice based commissioning consortia with 'indicative budgets'. There are 43 different possible interventions. It is taking off slowly but it is the direction the CE of the PCT is keen to promote over time.

There are no direct payments or health personalised budgets.

Budgets are aligned with other partners. There are many examples of joint commissioning and panels undertaking excellent work.

**Third Sector:** There are some good relationships with umbrella organisations and special interest groups and regular meetings. They are represented on boards, involved in the needs assessment, planning and consultation. Many of the providers are local branches of national organisations, such as Mind, Relate, Red Cross.

There is a Market Development Manager who is encouraging collaboration and consortia building amongst the smaller organisations. They organised a Voluntary sector conference last year to look at priorities.

### **Opportunities for culture and sport to contribute**

- Bariatric programme – agreement to proceed imminent
- Dementia services and their carers – there is a huge amount that can be done physically and through engagement and entertainment. Good care providers do this in their environments. Getting more people into libraries and more mentally stimulating activity can contribute to dementia delay
- Sport and arts – small investments could produce really good outcomes for carers and cared for.
- Something a bit innovative and different would be good
- Target physical activity on children for long term benefits

- Demonstrate effectiveness of culture and sport on mental health and for people with learning difficulties
- Ensure existing offer is reaching out to everyone
- A proactive approach on prevention
- Playing in to the wider partnership and making an impact in the right places tactically
- With the PCT and Local Authority both facing a challenging financial environment, there are opportunities for further integration and engagement

**Their advice:**

- Demonstrate that investment would generate outcomes. There is a need for robust evidence to quantify impact and reduce demands on other services
- Understand the levers and roots of problems
- Identify the hard stuff that other organisations can see the benefits of in terms of clear outcomes and savings

**Summary and implications**

There are many opportunities for collaboration and an openness to exploring these.

**The main challenge for cultural services is to have a robust approach to outcome measurement and a strong evidence base of successful interventions.**

**6. Children's Services**

**Governance:** Children's Trust

**Priorities:** Improving outcomes for children based around the 'Every Child Matters' framework of 'Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution; Achieve Economic Well-being'.

The Children and Young People's Plan is currently being refreshed and updated. There are quite a number of references and implications for culture and sport in the current Plan.

Cultural Services is involved in the process of refreshing the Plan and how it will be involved delivery against specific outcomes.

Within the LAA are six priority areas for improvement:

- Vulnerable children and young people are identified and supported in their development
- Children and young people are safe from harm

- Children and young people have access to a range of activities and support to help them to prepare for adult life
- Children and young people are healthy and happy
- Children and young people lead active lives and enjoy their free time
- Educational attainment and early years provision are improved

Narrowing the gap for 14-19s is challenging as the deprived are spread across villages and so economies of scale and priorities are difficult.

There is priority to achieve better outcomes for Looked After Children and some ambitious targets. East Riding is a net importer of Looked After Children. In addition to foster carers there are two in-house children's homes and five privately provided homes, of which only two have East Riding Young People in them. This poses some challenges for Mental Health Services and in relation to attainment.

**Process:** The service describes itself as 'not mature in commissioning' and is keen to develop 'smarter working' across services around narrowing the gap, NEETs and outcomes.

In this context, there is a concern that culture, leisure and play services could be better linked in to what schools are doing so that there could be greater clarity of respective roles and so that the opportunities to make a difference are maximised.

**There is a need for further exploration of the relationship between culture and sport and schools to achieve smarter working towards better outcomes.**

Budgets are aligned with partners.

**Levels:** There is a regional commissioning forum which has agreed protocols for out of borough placements and some joint working around safeguarding.

There is cooperation and working together on a locality basis for such issues as managing exclusions through 'short-stay schools'.

In social care and family support there are individual packages and personalisation, but other than for parents of disabled children, no direct payments.

**Third Sector:** Children's Services have strong relationships with third sector organisations. They are represented on the Children's Trust and Safeguarding Board. There is strong and visible leadership from Detti Tyler from the CVS.

Children's Services also has a mixed economy of providers and these include Homestart, Huckleberry's (for children with disabilities), Barnardo's, NSPCC and Action for Children.

There are 640 children's voluntary groups in the borough, including church based, youth and sporting organisations. Events for the sector have included a recent day conference on safeguarding which involved 110 participants from small organisations.

### **Opportunities for culture and sport to contribute**

Already in place

- Sport and leisure passes for Looked After Children and foster carers
- Play strategy

Further opportunities

- BSF framework, Cultural Stream chaired by Head of Culture and Information and this is seen as a powerful and potentially very influential role
- The Tell Us Survey highlighted the need for safe play and meeting spaces and safety from bullying. Play workers in parks, safe spaces for 12+ and older age ranges to hang out and innovative and imaginative spaces for young people are high priorities for children and young people themselves.
- Drama activity with Looked After Children around confidence building (Currently looking to work with Hull Truck Theatre – is there an East Riding organisation who could deliver this?)
- Teenage pregnancy and positive parenting

### **Their advice**

- Increase awareness of narrowing the gap, teenage pregnancy and poverty – and those with no clear leisure pursuits, so that these are in the forefront of the mind when designing services. What innovation can we have? Let's think differently.
- We need to create some space to look at different ways of working for both our teams

### **Summary and implications**

**There is an opportunity to develop this relationship and discussions with Children's Services in a future session of this programme.**



## 7. Housing, Public Protection and Local Action Teams

**Governance:** Safer and Stronger Communities Action Group and Sustainable Communities and Transport Action Group.

**Priorities:** Management of 11,000 homes; private sector housing regulation; youth offending, ASB, Substance misuse; Environmental Health and Trading Standards.

The Local Action Teams provide a voice for local people and public and third sector partners to join together their ambitions. The six Local Action Teams are each chaired by a councillor and comprise senior officers from the council, police, fire, third sector and community representatives including a young person. They each have an officer support the teams and they have a community engagement and development function.

Key documents are the Crime Reduction Plan and the Housing Needs Assessment.

**Process:** Housing is in house as that is what residents wanted and there is high satisfaction.

There is some commissioning in the community safety function including activities for young people (NI 111) and substance misuse.

**Levels:** Local collaboration and coordination, alignment of boundaries and budgets between the partners. There is a co-ordinating group for Goole which comprises heads of service working together as a team to address problems. They draw from their own resources rather than any devolved budget for the area and this is how East Riding manages its resources effectively.

**Third Sector:** Local Action Teams have close connections with the Third Sector and support capacity building.

### **Opportunities for culture and sport to contribute:**

Already in place:

- Play pathfinder fund
- Strong links with sport and active recreation
- Cultural partnership pulls people together

Other opportunities

- ASB and diversionary activities
- Intergenerational activities
- Adventure play in natural environments
- Links to be made between open space held by Housing, Asset Strategy, Play, Leisure, Sport

- Reaching the most deprived and ensuring that the whole community can benefit from existing facilities

## **Summary and implications**

**There are opportunities to explore collaborations in relation to community safety and diversionary activity, further reinforcement of the need for safe space and play for young people and the need to consider all the open spaces in a coordinated way.**

## **8. Partnerships and Third Sector**

This information is gleaned from a number of interviews.

### **The LSP and the Cultural Partnership**

People describe the LSP as 'strong' and 'mature' with excellent relationships between the key partners. There is a clear shared understanding of needs, priorities, strategies and principles as well as a track record of joint working and aligning budgets.

The issue raised by senior officers who work with the LSP was that there was a danger of the individual partnerships becoming isolated and too specialist and perhaps developing different silos. So they are keen to keep a cross-cutting nature to the issues.

This was not specific to any one partnership but to take the Cultural Partnership as an example, this is valued as an excellent way of bringing people together and delivering some good work. However, the question was raised as to how the cultural partnership could contribute to other LAA targets.

In the context of this programme, observation of one meeting of the Cultural Partnership demonstrated that there was a strong recognition of the instrumental benefits of culture and sport to wider objectives. For example, a presentation on Heritage Open Days stressed the impact on cohesion and the opportunity for people of different backgrounds to come together in different venues, and also the importance of volunteering and civic pride. The East Riding Cycling Tourism Project had made strong links with local businesses and rural enterprise and the discussion in the partnership encouraged using the initiative to involve local people in 'riding their way to health'. Other items referred to health inequalities, mental health, civic pride, positive activities for young people, work with schools and customer service.

**The contribution of the Cultural Partnership to key outcomes might be further enhanced by inviting people from key services such as health or older people to join the partnership on a regular or occasional basis, to work through some key needs and desired outcomes and use these needs and outcomes as the starting point for the discussion.** The partnership has the creativity and a network of different facilities and

opportunities to consider innovative and collaborative approaches to making a contribution to better outcomes.

So, whilst the partnership is already aware of the instrumental value of culture and sport to other strategic outcomes, the discussion was held between culture and sport providers themselves. Including other service providers and starting from their agenda could produce potentially even greater impact and will build understanding, relationships and opportunities to contribute to better outcomes for the people of East Riding.

**Participation by Culture and Sport in the other key partnerships is also important as the earlier sections indicate. This is already happening to some degree and will need some further examination and consideration of where best to allocate time and energy.** This programme should assist with that process.

Meanwhile the LSP and partnership officers are thinking around how they maintain and develop the cross-cutting nature of the way they work. Commissioning was seen as a possible vehicle alongside the development of Total Place.

### **Third Sector**

There is a Voluntary and Community Sector Steering Group chaired by the Chief Executive of ERVAS. This Group is becoming more effective in developing their role in relation to commissioning and as equal partners in the LSP. It is made up of the umbrella organisations and also officers from the council, police and health.

The level of spend with the sector is £20 million, and this includes through commissioning.

There are over a thousand registered charities in East Riding and more than three times that number unregistered. ERVAC works mainly with the smaller ones. They run the East Riding Club Accreditation Scheme (ERCAS) Level 1 for sports clubs. This covers constitutions, basic policies and insurance. The council does Level 2 in-house. Groups are required to have this accreditation to use council facilities. There are a large number of sports groups on the ERVAS database and a few small theatre groups. Castaway Goole Ltd is a small organisation working with disabled people and the arts on a very limited budget from Children in Need.

Whilst working relationships, representation and collaboration is good, work with the third sector is an area where the council and its partners want to strengthen coordination and capacity. There is a new officer corporately and a small team being developed in adult services.

**The question for cultural services will be to assess how these initiatives can support local culture and sport organisations and also how working**

**with other organisations could contribute to better outcomes for particular client groups through culture and sport.**

### **Outcomes Based Accountability**

The Council is using Outcome Based Accountability (OBA) as a tool to make decisions on how to address outcomes. There are a number of people with expertise in this (Julie Gibson) and it is becoming embedded.

**This programme could use this tool as a means of exploring outcome areas and the way that culture and sport could contribute.**

## **9. Summary of implications**

### **9.1 Corporate overview**

There will be opportunities in developing the Total Place approach for culture and sport to play an increased role in bringing benefits to the community. Engagement with the Third Sector is considered important in this regard, including working with clubs, parish councils, small play areas and parks.

There are also opportunities for culture and sport to engage with offenders, young people and on the health agenda, especially in deprived areas where there are lifestyle issues affecting residents' health.

### **9.2 Joint Strategic Needs Assessment**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of East Riding, thinking about where culture can make a contribution and other people to form relationships with.

### **9.3 Adult Services**

It would be worthwhile for Cultural Services to consider 'Promoting Independence: first annual update report' and explore how culture and sport organisations can build on this and work with other third sector providers.

### **9.4 Adult Services**

There is an opportunity to develop this relationship and discussions with Adult Services in a future session of this programme.

### **9.5 Health and Public Health**

The main challenge for cultural services is to have a robust approach to outcome measurement and a strong evidence base of successful interventions.

## **9.6 Children's Services**

There is a need for further exploration of the relationship between culture and sport and schools to achieve smarter working towards better outcomes.

## **9.7 Children's Services**

There is an opportunity to develop this relationship and discussions with Children's Services in a future session of this programme.

## **9.8 Housing, public protection and Local Action Teams**

There are opportunities to explore collaborations in relation to community safety and diversionary activity, provision of safe space and play for young people and the need to consider all the open spaces in a coordinated way.

## **9.9 Cultural Partnership**

The contribution of the Cultural Partnership to key outcomes might be further enhanced by inviting people from key services such as health or older people to join the partnership on a regular or occasional basis, to work through some key needs and desired outcomes and use these needs and outcomes as the starting point for the discussion.

## **9.10 LSP**

Participation by Culture and Sport in the other key partnerships is also important. This is already happening to some degree and will need some further examination and consideration of where best to allocate time and energy.

## **9.11 Third sector**

The question for cultural services will be to assess how corporate initiatives with the third sector can support local culture and sport organisations and also how working with other organisations could contribute to better outcomes for particular client groups through culture and sport.

## **9.12 Outcomes Based Accountability**

This programme could use this OBA as a means of exploring outcome areas and the way that culture and sport could contribute.

## **2. Better outcomes for people in Leicester:**

### **Developing commissioning relationships in Cultural Services**

#### **The Commissioning Landscape in Leicester: Initial findings and implications**

**September 2010**

#### **Contents**

1. Introduction
2. Context – some facts about Leicester
3. Leicester approach – corporate
4. Adult Social Care
5. Public Health
6. Economic regeneration
7. Children and Young People
8. Summary of implications

## 1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in Leicester – to identify current commissioning structures, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers.

The information gathered is intended to help the Culture and Sport team understand what is happening and think about their approach to engagement in commissioning.

It is a description of some general themes and directions. There is a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing.

There was a very strong culture of openness to joint working and finding new, better and more cost effective ways of doing things. People were keen to work more closely with culture and sport services. There are constraints of resources, pressures on time and the challenges of change but a clear commitment to building closer relationships.

There is an intuitive understanding of the benefits of culture and sport to better outcomes, and these are understood more in relation to physical activity. The challenge for cultural services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of Leicester.

## 2. Some facts about Leicester

- Leicester has a population of 292,600 (2007 mid year estimate). It is believed by Leicester City Council and others, that this figure represents a significant 'population undercount'.
- The population as a whole is expected to grow by over 20% to 2031.
- Leicester is likely to remain a 'young' city overall, however the older population of Leicester is also growing, although at a slower rate than in England and in Leicestershire County.

- Some time after 2011, Leicester is likely to become the first English city with a majority population (up to 60%) made up of those from an ethnic minority background.
- There are also relatively high numbers of 'new arrivals' into the City, including those from parts of Africa, the Middle East, and Eastern Europe. The city is home to nearly 1,000 registered asylum seekers and refugees many of who are single young men. It is estimated locally that there may be up to 5,000 failed 'hidden migrants', living in the city. It is estimated that since 2005 significant numbers of economic migrants from the new European Union states now live in the city. Numbers may be between 3,000 and 5,000; most are from Poland.
- Leicester is ranked as the 20th most deprived local authority in the country (2007 IMD). Nearly half of Leicester's population live in areas classified as the fifth (20%) most deprived in the country. Areas of the city fall within the most deprived 5% of all areas in England. They are mostly in the centre and west of the city. The map of poverty and deprivation across the city does not directly correspond to the map of ethnicity; relative poverty (and relative affluence) are seen across all ethnic groups.
- The employment rate for Leicester is low at 67.5% compared to 74.3% nationally. People with an ethnic minority background are more likely to be unemployed than white people. Within the ethnic minority population – Indian people are more likely to be employed; Black, Pakistani and Bangladeshi people are more likely to be unemployed. A study of women in employment in Leicester showed that the employment rate for women in Leicester is low, at 54% compared to 64% in England as a whole.
- The Life expectancy gap between Leicester and England has doubled in the last 10 years.
- Amongst other determinants, lifestyle factors are a key cause of ill-health and health inequalities
- Across Leicester approximately 23% (50,000) of adults smoke.
- Adult obesity levels rose from 13.2% in 1993 to 24.9% in 2006 for men and 16.4% to 25.2% for women. In Leicester, around 58,000 (27%) adults are obese. There is a correlation between high levels of obesity and areas of high deprivation.
- Linked to obesity is the low level of physical activity. Leicester is within the bottom 25% for participation in sport with only 18% of adults achieving 30 minutes of moderate activity at least 3 days a week.



- Prevalence of childhood obesity has increased in recent years. The prevalence in boys, while still below that of girls, has shown a recent sharp increase. The East Midlands public Health Observatory estimates that around 23% of boys and 30% of girls aged 2-15 are obese or overweight. Obesity pre-disposes children to a wide variety of health, psychological and social problems including stigma and bullying, social exclusion, low self esteem and depression and type II diabetes
- It is estimated that around 17% of the population of Leicester abuse alcohol. Around 33,000 are hazardous drinkers, 11,000 harmful drinkers and about 3,500 dependent on alcohol. Leicester is significantly worse than the average for England with regard to alcohol-related recorded crimes, violent crimes and sexual offences. In addition, just under half of all violent offences in Leicester are committed under the influence of alcohol.
- According to the 2001 census, the number of Leicester carers aged over 18 years responsible for giving at least one hour of care per week was 25,473, of whom 4,069 were aged 65 or above. Adding in 1,128 young carers this means that about 9.5% of the city's population are carers.
- 38% of children in Leicester are classified as living in child poverty. 66% of children live in low income families.
- 21.6 per cent of the school age population have special educational needs, of which 3.6 per cent are statemented. Connexions report that 8.9 per cent of 16-19 year-olds have learning difficulties and/or disabilities. Of the total school population 43.5 per cent of pupils have English as an additional language.
- One Leicester's ambition is to create a city of confidence, prosperity and beauty.

### 3. Leicester approach – corporate

Leicester has developed a corporate approach to commissioning.

'This **corporate commissioning framework** is intended for use across all delivery areas of the Council and it will support the commissioning of all activities that address 'One Leicester' priorities and enable us to be 'One Excellent Council'. It is based on the values of openness and transparency and the principles of delivering measurable outcomes and securing best value for money, without compromising on quality. The principles of the framework should be applied across all levels of commissioning, strategic, operational, regional and individual.

The framework is based on the four stages of the commissioning cycle, **analyse, plan, do** and **review**. The framework is ultimately a change management tool, it can be applied to challenge existing provision, identify gaps in or over provision and be a useful catalyst in re-directing resources from reactive provision, to prevention and early intervention. The framework will provide a mechanism that will enable us to deliver transformational change through the strategic allocation of resources to priorities, which deliver measureable outcomes for the people of Leicester.

It is recognised that some areas have already adopted their own specialist commissioning frameworks or strategies and whilst they all adhere to the same basic principles, they are specifically focused on one particular service area or groups of people. **The purpose of this corporate framework is not to duplicate or replace these specialist frameworks but to compliment them** by providing an over-arching outline and generic framework within which all Council strategies can be delivered, and against which services can be mapped, prioritised, planned, delivered and reviewed.

The framework is supported by an implementation plan, which is owned, managed and driven by the **Strategic Commissioning Project Board**. It is also supported by a 'How to Guide' which is a practical toolkit for commissioners to support them undertake the various activities across all four stages of the commissioning cycle.

There are also **Commissioning Statements** for each theme of the community strategy. These set the priority outcomes.

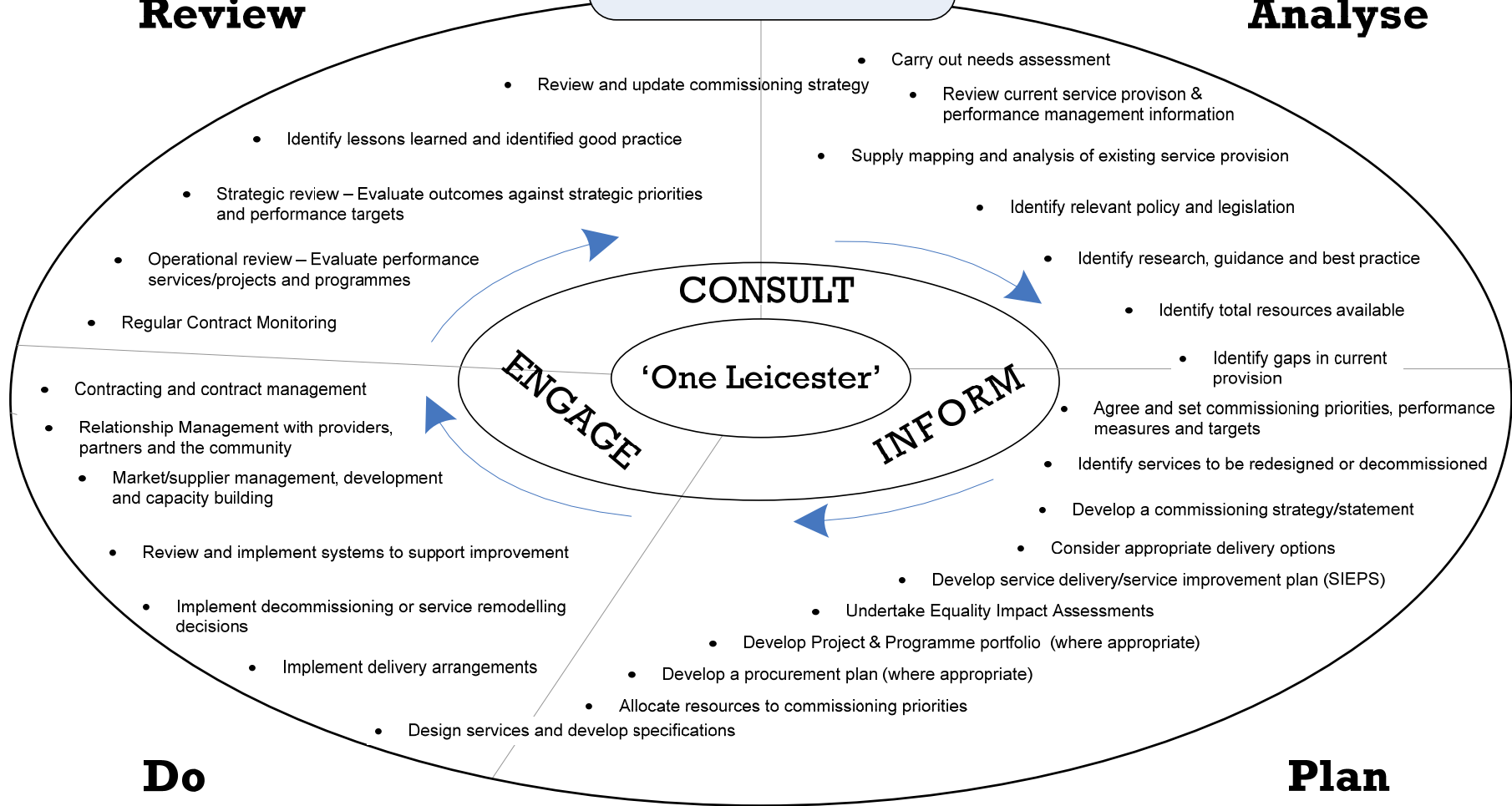
There are also a number of important **documents underpinning** the commissioning approach in Leicester, including

- Working Together Standards and Principles
- Embedding neighbourhood working and community cohesion along with equalities within the commissioning cycle
- Embedding sustainability within the commissioning cycle

# Commissioning

## Review

## Analyse



## Levels of Commissioning

Leicester's approach recognises the regional/sub-regional, strategic, service or local, and individual levels of commissioning.

Most commissioning is strategic. Neighbourhood working is a big priority for members so locality based commissioning is being explored.

There are some examples of pooled budgets and joint commissioning. The prevailing direction is towards aligned budgets.

## Embedding the approach

A great deal of work has been done to develop the corporate approach to commissioning and to develop tools to support this. A further **eLearning tool** will be ready by October. There has also been corporate activity on **outcomes** and there will be workshops on this during September and October.

The challenge is to raise awareness and understanding of the process and roles and responsibilities. There is an empathy that 'the focus on budgets may have meant that people have lost their way'.

There is a **Commissioning Network** to share good practice.

There is also an initiative about to start to look at 'Cost Benefit Analysis' and 'whole life costs'. **There could be some opportunities for Culture and Sport to engage with this.**

## Priority outcomes

These are as described in the community strategy but the big headlines are:

- Health inequalities
- Low skills and educational attainment
- Impact of cuts in public sector on jobs
- Young people and access to employment

## Community and Voluntary Sector

An event held in March aimed 'to explore how the VCS can be involved, engaged and consulted across the whole of the City Council's new commissioning framework cycle, and to explore the development of a VCS commissioning forum 50 organisations took part, including small and large organisations. A summary has been produced and an action plan is being developed. It was thought that culture and sport organisations were not particularly involved.

Voluntary Action Leicester has a role in capacity building in the sector in relation to commissioning.

Generally it is felt that there is a **need for a plan for greater provider engagement and market development**. There is a need to encourage innovation and engage with suppliers to develop pilots and new ideas – and avoid the ‘same old same old’ situation.

This would include developing a mixed economy, including grants.

## **Opportunities and barriers for culture and sport**

### **Opportunities:**

- Influence the Commissioning Statements at a strategic level. Service Improvement and Efficiency Plans is the way that operational areas respond to these, so contribute through this mechanism also. ‘Read across’ the commissioning statements.
- Contribute to the Needs Assessment – the JSNA – and put culture and sport into this
- Demonstrate to commissioners what culture and sport can do – the cause and effect

### **Barriers:**

- The structures we’ve got can be a barrier – there are too many places to go and the mechanisms need refining
- Culture and sport is not always visible and can be seen as separate – can they get to the right places?
- Commissioners don’t always understand the scope of culture and sport and the contribution to outcomes

### **Their advice:**

- Demonstrate how culture and sport can help people achieve outcomes. Use the commissioner network and ‘articulate what you’re about. Come along to the Project Board and give some case studies.

## **4. Adult Social Care**

**Governance:** Health and Well- Being Board

**Priorities:** Informed by the **Joint Strategic Needs Assessment (JSNA)** – Key document.

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Leicester, thinking about where culture can make a contribution and other people to form relationships with.**

In this context, some of the priorities and needs for the service, include:

- Moving to personalisation. Leicester was one of 13 national pilots. There are 8,500 people who will be on personalised budgets of whom 1,000 are on Direct Payments
- Balancing joint commissioning with health, de-commissioning to give a personal budget and developing the market
- Transformation programme
- 30% budget reductions and a new financial strategy
- Prevention and early intervention is the key to enabling independence
- Increase in older people
- Social Care needs of BME population
- High prevalence of Learning Difficulties
- Highest number of people with Mental Health needs in residential care in the UK – need to join up more with housing and develop the Healthy Homes programme, leading to reduced levels of care and better outcomes

**Process:** The service uses the World Class Commissioning process for health and social care.

The JSNA underpins the process.

All staff have been assessed against the competencies.

There are user group panels. Supporting People is one of the most advanced in its maturity and also Learning Difficulties and Carers.

**Levels:** Most commissioning is strategic. The service is looking at the locality model and this will be necessary in terms of the new GP consortia.

There are some pooled budgets, in learning difficulties and community equipment and some joint commissioning, in mental health.

## **Voluntary and Community Sector**

There is very active engagement with the VCS.

- There is a contract with VAL for capacity building.

- With personalisation there will be a move away from big contracts and changing service delivery
- They hold provider events, look at social enterprise models and consortia building to change services
- In house services, such as day care, are expensive and the VCS can deliver better services, especially to BME communities and we are keen for them to do this
- There are two link officers seconded from the voluntary sector into the 'Brokerage Team' for personalisation to identify opportunities for individuals.

**Is this something that Culture and Sport could consider also?**

### **Opportunities for culture and sport:**

There is already good engagement from Libraries in the Health and Well-being Statement of Priorities and similarly from Sport in the Health and Well-being Partnership. This is valued.

### **Opportunities:**

- The preventive agenda
- Re-ablement – helping people to readjust after an 'incident' so that they can remain independent
- Using the facilities in localities (libraries, leisure centres, activity centres) to build social capital and develop local self-help groups
- Develop ways of working that engage with people on personal budgets

There has been a great example of a local resident who is a wheelchair user who has been supported able to access the leisure centre for archery using his personal budget, rather than going to a daycentre. This has not only changed his life but it is cheaper.

- Employment opportunities for people with a learning difficulty. There are 1200 people with a learning disability in the city - 36 are employed in Adult Services.

### **Barriers:**

- Money

**Their advice:**

- Engage on the personalisation agenda
- Look at how you can develop the services to meet the needs of the vulnerable and prevent people going into long term care – through mild exercise, social activities and have the right programmes available. People will have money through personal budgets and there are also those who are self-funders.

## 5. Public Health

**Governance:** The Health and Well-Being Board, chaired by the Director of Public Health, is to be underpinned in the near future by a Commissioning Executive.

The new White paper gives Local Authorities more responsibility for health. It puts local authorities in the position of being part of the developmental discussions and not just responding via Scrutiny.

The Priority Board for well-being and health, the internal city council mechanism, is a mechanism for influence and bringing people together and joining up agendas. For example, the group engaged in a 'good conversation' where not only were the health benefits of free swimming supported but these were underlined by other behaviour and well-being benefits highlighted by headteachers, resulting in support for continuation of funding for this until the end of the summer.

**The changes also open up the opportunities to bring in and increase the contribution of other services such as culture and sport.**

### Priority Outcomes

The key public health challenges and priority outcomes are:

- Reducing health inequalities
- Reducing 'all age all cause' mortality, particularly in relation to cancer, cardiovascular disease and strokes
- Tackling underlying lifestyle issues of diet, physical activity, obesity, smoking and the management of health, particularly in deprived communities



Leicester's **Comprehensive Area Assessment** in 2009 placed a **red flag** against Leicester partnership's progress relating to improving life expectancy and reducing health inequalities. The area assessment report noted that the health of people in Leicester is generally worse than many other parts of the country and highlighted the range of health inequalities within Leicester. The report particularly noted that improvements in life expectancy in Leicester are not keeping up with most of the rest of the country and that there are big differences in life expectancy within Leicester, with people from more deprived areas of the city dying six years younger than those in more affluent areas.

The Leicester Partnership **Health Inequalities Improvement Plan** November 2009 – March 2011 is a single summary document recording key actions in order to manage the progress against them across the partnership. The plan includes ten action points in relation to sport and physical activity and one in relation to health information and promotion through libraries.

The theme of the **Annual Report of the Director of Public Health and Health Improvement 2008/09** is mental health in Leicester. This report sets out in detail the impact of mental health on physical health and the wider social impacts on well-being.

**In this regard, the culture aspects of the service might consider their specific contribution and actions in relation to mental health and well-being.**

## **Process**

The NHS world class commissioning model is used.

The JSNA is being refreshed to focus even more clearly on the drivers of health inequality.

As part of prioritising prevention and addressing lifestyle issues there is a risk stratification process including the checking and screening of individuals over 55 and the introduction of individual care plans.

## **Levels of commissioning**

Public Health operates with relatively small budgets and commissions strategically.

Future developments could involve more locality/neighbourhood based commissioning.

There are a number of pooled budgets in health and social care, but generally Public Health is about aligning budgets.

### **Voluntary and Community Sector**

They have a role at all levels. The sector, including faith organisations, is represented in the governance structures. They are also commissioned as providers by both the local authority and the NHS.

There are some good individual examples of work with and in the sector but a lot more could be done to develop a more coherent approach. We could and should do more, in particular in relation to community empowerment and participation. The **Wanless Report (2004)** stressed the importance of engaging people in living healthier lives – there is insufficient coherence to the approach to this in Leicester and **an opportunity to build an ‘empowerment approach’ into local social well-being.**

There are opportunities through neighbourhood working to develop a partnership empowerment approach. There are current structures in the council, police and NHS, but these are not especially empowering.

We could also do more to develop ‘**commissioning for resilience**’ – to help people to cope more in their daily lives and develop their own emotional resilience. This would include confidence and self-esteem in both young and older people and strengthening individuals and communities,

### **Opportunities and Barriers for Culture and Sport**

There is a good understanding of the bigger picture and good contributions. This can be built upon.

#### **Opportunities**

- To think more broadly at the Well-being Board about the contribution of culture and sport services
- To build on some of the ideas above about empowerment for social well-being and commissioning for resilience

#### **Barriers**

- Money
- Risks in the next two years of focusing on the obvious and the narrow rather than the broader picture and the long term issues

#### **Their advice**

- Continue to ensure that the contribution to outcomes is clearly articulated
- Ensure that culture and sport is well embedded in the partnerships. Sports is strong in health – there needs to be a stronger presence of the broader range of contributions, especially arts, libraries and museums or their contribution can be lost.

## 6. Economic regeneration

**Governance:** The MAA Leadership Board (City/County), underpinned by and Executive Group and Strategy and Performance Groups. Culture and sport are not represented in this governance structure.

In the Council, the Priority Board for Skills and Enterprise has representatives from across the council, including culture and sport.

### **Priorities:**

There are three sets of indicators relating to the priority outcomes:

- Employment and worklessness
- Skills
- Business support

There is a disproportionate concentration of worklessness in some parts on the city and this has become more pronounced in the last 10 years. Generally, there is a low skilled workforce and also lots of people working in jobs that don't use the skills they have. So, there is a need to create some different types of businesses that create higher waged jobs.

The current cut in public sector jobs will add to the challenge. In addition to the potential loss of around 6,000 jobs from public sector direct employment, 34% of other jobs are public sector reliant.

Leicester has not been generating jobs in the private sector. The nature of the private sector here is small businesses with low wages – there are few larger, higher value employers. Likewise, the local economy doesn't generate jobs for graduates.

Whilst there have been a number of successful initiatives and programmes, reducing worklessness in the most disadvantage communities remains a challenge. The 8 Multi-Access Centres (MACs) in those communities are seeking to address this.

### **Process:**

Generally, programmes such as Working Neighbourhoods Fund and ERDF funding is not commissioned but is based around a call for certain types of projects and activities to address needs and outcomes as defined in relation to the funding criteria.

Linked to the **Economic Assessment** and **MAA**, a more robust commissioning strategy and framework is being developed with other partners. This is currently being consulted upon and agreed actions will be determined by the end of September.

With abolition of EMDA and the development of the new Local Enterprise Partnerships there will be opportunities to add more private sector input and to 'align' budgets.

### **Community and Voluntary Sector**

The sector is a key delivery partner.

The Future Jobs Fund was aimed at the public and third sector and there was an open invitation to bid to create job opportunities. A lot of third sector agencies came forward for jobs which were care related, childcare, sports coaches (Emerald Centre, Harborough Leisure Trust).

They are also involved in the delivery of the skills agenda through the Working Neighbourhoods Fund and in the MACs through agencies such as Braunstone 'Be Inspired'.

There was also a tendering process for packages of support services for training, employer brokerage, information, guidance and support and local consortia of 4-5 organisations were developed to deliver these areas such as Highfields and St Matthews.

There is scope for more capacity building in relation to the new government work programme and neighbourhood level initiatives.

### **Opportunities and barriers for culture and sport**

Collaboration is mainly in relation to physical regeneration and developments such as the Cultural Quarter, Phoenix Square and developments in relation to the creative industries.

### **Opportunities**

- Jobs – sport, leisure and health are areas where there has been a growth in jobs and there are potential jobs for young people and those from disadvantaged communities.

- Use culture and sport to develop skills for work
- The Comedy Festival has been great in positioning Leicester and encouraging people to come to the city and spend their money. Other festivals such as Summer Sundae make a great contribution. Overall the cultural offer is significant to the attractiveness of Leicester. The Tigers are also a massive asset.
- The tourism and hospitality industries have grown as a result and there are opportunities to support people into this
- Creative and design graduates need places to work. The Depot has been successful and there is a need for more space to make work such as jewellery, ceramics, fashion

### **Barriers**

- Asian audiences have not yet engaged in Curve and the Peepul Centre has neither a city or community facility focus so has been problematic. This can give an impression of a legacy of lack of value for money in major projects.

### **Their advice**

- **Is there an opportunity to develop the skills infrastructure of the sector, for example apprenticeship frameworks and collaboration with local colleges, and stimulate jobs growth and skills development?**

## **7. Children and Young People**

**Governance:** Children's Trust Board. Below this is a Joint Commissioning Group and then four Operational Groups based around the Every Child Matters outcomes (two are combined).

### **Outcomes:**

Key priority outcome areas for children and young people in Leicester are:

- Raising educational standards – this has been a good story for Leicester, from being issued with an Improvement Notice to 'moving faster than the national average'. It remains a key focus as educational attainment impacts on other outcomes and is key for skills and breaking out of poverty.

- Addressing Child Poverty – 38% of children in Leicester are living in poverty.
- Closing the well-being gap, especially around health outcomes including obesity and dental health. Progress on teenage pregnancy has been good.
- Safeguarding – and caring for the city’s Looked After Children.

**Process:**

Commissioning activity and processes are reflected in the **Annual Commissioning Statement**.

The (former) DCFS model is used and the corporate model.

User involvement is developing. There is an active Youth Council and some project based engagement but the Children’s Trust Board recognise the need to involve children and young people more in governance and commissioning.

**Levels:**

Commissioning happens at all levels, from sub-regional to strategic, locality and individual. For example, disability and special needs provision is developing a sub-regional approach.

At a locality level, there are 8 geographical integrated service areas with local co-ordination. Budgets are not devolved but are locally influenced. Currently 0-12 and 13-15 – early prevention and youth services – are being reviewed in this context.

Generally budgets are aligned rather than pooled, though there has been some innovative work from schools where they have pooled budgets from the Dedicated Schools Grant for reading initiatives, such as ‘Whatever it takes’.

**Community and Voluntary Sector**

There is representation on the Children’s Trust Board through the Chief Executive of VAL and one observer, on the Joint Commissioning Group and there will be representation on the thematic groups.

For the Area Based Grants, budget at £12m before reductions, there are over 100 providers, the majority of which are community and voluntary sector, from small to large organisations. VAL were involved in the review of ABG.

There is less involvement in mainstream funding. There is a Traded Services post to stimulate market development but this is currently vacant.

### **Opportunities and challenges for culture and sport**

Already in place are strong links with libraries on reading initiatives and a lot of sporting activity.

#### **Opportunities:**

- Health and well-being agenda – there are huge inequalities and challenges in relation to dental health, obesity, low birth weights, smoking, substance abuse and opportunities to work together on these, not just with sport but across other services
- There are fantastic cultural assets including New Walk Museum, the Space Centre, Curve, DMH, the new Digital Media Centre and the waterway is a great resource. The opportunity is to make these relevant in a city with high child poverty and to the diverse population.
- Utilise the skills of the BME population
- Greater collaboration and sharing of data
- More on basic skills to support the curriculum and more in relation to the heritage of Leicester

#### **Barriers:**

- Socio-economic demographics
- Barriers of city centre venues for many who don't leave their neighbourhoods

#### **Their advice:**

- Truly think about what the market is in Leicester. Segment using Experian type models and target.

## **8. Summary of implications**

### **8.1 Corporate**

There are opportunities to engage further with the Commissioning Statements, Commissioning Network and the new cost-benefit analysis/whole life costs processes.

### **8.2 Joint Strategic Needs Assessment**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Leicester, thinking about where culture can make a contribution and other people to form relationships with.

### **8.3 Adult Services**

Personalisation poses new challenges and opportunities to make significant and life-changing impact on outcomes. Adult Services have two secondees from the voluntary sector in their Brokerage team. This could be something culture and sport could explore alongside other mechanisms for engaging on the personalisation agenda.

### **8.4 Adult Services**

There are opportunities for wider engagement in prevention, re-ablement and with employment opportunities for adults with learning difficulties.

### **8.5 Public Health**

The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport. The forthcoming changes through the White Paper present an additional catalyst for innovation and new relationships in shaping the future.

There are particular opportunities to widen and deepen the cultural offer in relation to mental health and to empowering people in terms of building their own contribution to well-being.

### **8.6 Economic regeneration**

There is an opportunity to develop the skills infrastructure of the sector, for example apprenticeship frameworks and collaboration with local colleges, to stimulate jobs growth and skills development.

### **8.7 Children and Young People**

There are huge opportunities especially across the health and well-being agenda.

The challenge is to make Leicester's cultural assets truly accessible and relevant to the socio-economic profile of the city. Greater segmentation and targeting is recommended and data sharing with Children and Young People's services.



# **3. From understanding to active engagement:**

## **Developing Commissioning Relationships across Renaissance North West**

### **The Commissioning Landscape in Manchester: Initial findings and implications**

**March 2010**

#### **Contents**

1. Introduction
2. Context – some facts about Manchester
3. Manchester’s approach – strategic
4. Adult Social Care
5. Education
6. Public Health
7. Children’s Services
8. Adult Education
9. Third Sector
10. Summary of implications

## 1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in Manchester – and particularly to identify current commissioning structures, systems, processes, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers. Not all interviewees were available so it is a partial picture. There is a specific deficit in relation to the regeneration and neighbourhoods area in particular. Nonetheless, there is a lot to consider and think about to inform the journey planning for the year ahead. We can add to this picture along the journey.

The scene is changing quite rapidly in some key service areas. There are no up-to-date structure diagrams for governance or staffing and there is a great deal of change underway.

Though a moving picture, the direction of travel is clear and based around key national policies and guiding documents. These are highlighted in each section.

There is a strong move towards greater co-ordination of commissioning based on embedding the Manchester model and so far this has developed around discussions on process within the Strategic Commissioning Group. The Group will now be moving to focusing on content and services and this is a good time for cultural services to engage in that strategic group.

The information gathered is intended to help the Renaissance North West team understand what is happening and think about their approach to engagement in commissioning.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of Manchester.

## 2. Context

Some facts about Manchester which impact on strategic commissioning:

- sixth largest local authority in England (2004 estimates)
- 2008 mid year population estimate is 464,200 and is growing
- 76.9% white, 9.2% Asian, 4.9% Black, 3.2% Mixed, 2.5% Chinese, 3.2% Other. Growing numbers from EU accession states and Black Africans

- 73.5% of residents say that 'people of different backgrounds get along with each other' (NI 1) compared to the national average of 76.4% and down from 77% locally in 2006/7
- 58,515 full time students in higher education
- Largest economic centre outside London – 'a regional powerhouse of sustainable economic growth offering opportunity and a better quality of life for all'
- The second most visited city in England
- Has experienced very significant growth in recent decades and is a hub of business, investment, education and community activity
- 4<sup>th</sup> most deprived area in England (IMD 2007)

Note: the 'top' ten are: Hackney, Newham, Tower Hamlets, Manchester, Liverpool, Islington, Easington, Knowsley, Lambeth, Sandwell

- 30 super output areas in the 1% most deprived in England and 135 (52.1%) in the 10% most deprived
- Economically inactive 32.8% (England 21.1%) of which Male 26.8% (16.5%) and Female 39.6% (26.1%)
- 306,700 jobs in the city – 95,242 are city residents
- Manchester has the highest workplace wage and the lowest resident wage of the 'core cities'
- 35.9% children living in workless households (England 16.4%)
- A baby boy born in Manchester today has a shorter life expectancy than one born in any other part of England; while a newborn girl has the fourth lowest life expectancy nationally
- Only 38% of children in Manchester schools achieved 5+ GCSEs with English and Maths compared to 49.9% in England as a whole
- 21.9% of year 6 primary children are obese
- Under 18 conceptions are well above the national average

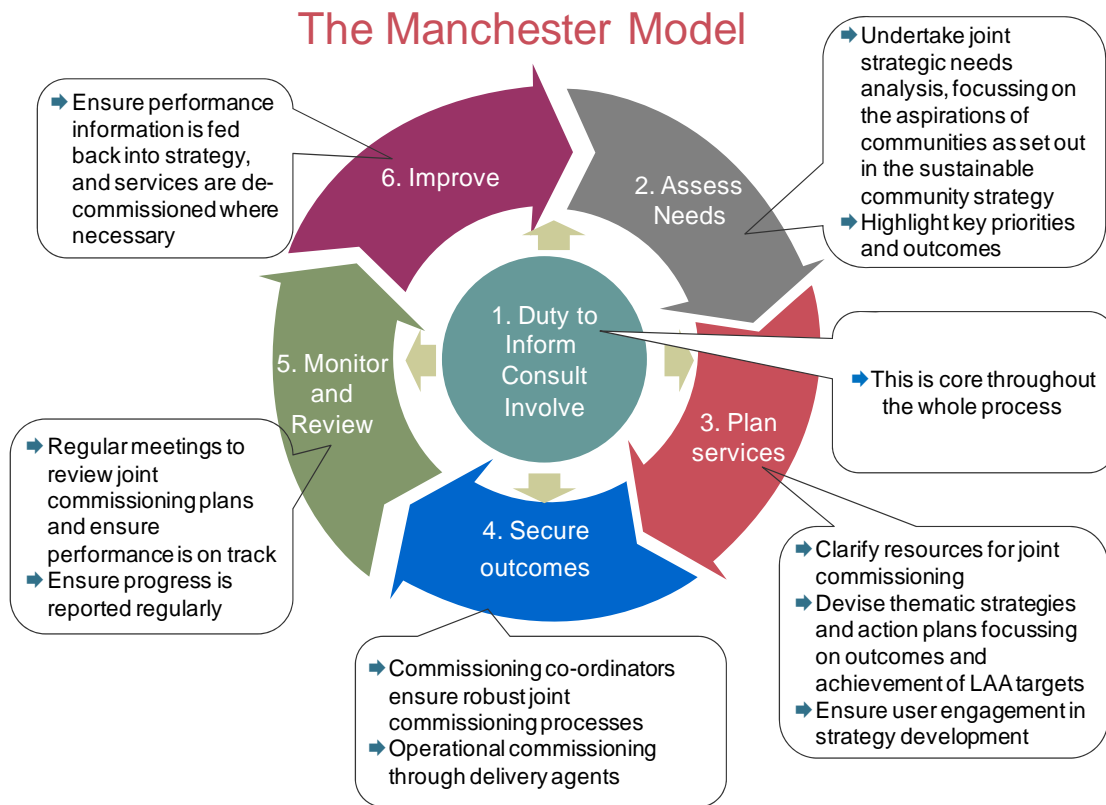
- 19.9% of Manchester people have no qualifications compared with 15.3% in GM, 14.7% in the NW and 12.3% in England
- 17.4% of businesses report skills gaps compared with 15.3% in England
- 73% of residents are happy with their lives overall
- 62% Manchester residents are satisfied with museums and galleries, 34% are neither satisfied or dissatisfied and 4% dissatisfied
- In the Place survey 2008, the areas where residents wanted most improvement were: the level of crime (51.4%), activities for teenagers (41.1%), clean streets (39.1%). The areas where residents wanted least improvement were cultural facilities (8.6%), education provision (8%) and race relations (6.5%)
- The spend of Manchester City Council in 2007/08 was 1,522,258,000 (1.5 billion) gross and 382,039,000 (382 million) net. The greatest gross expenditure was in Children's and Education Services followed by Housing. Greatest net expenditure was in Children's, secondly in Education, Culture, Environment and Planning and, thirdly in Adult Social care.
- 'A tale of two cities'

### **3. Manchester's approach to commissioning – strategic level**

Manchester has decided to develop one model that brings together the Department of Health and Department of Children Schools and Families models.

It has done this in order to improve consistency across public sector bodies and to help the City Council in particular to improve the Use of Resources performance, for which better commissioning is a key lever.

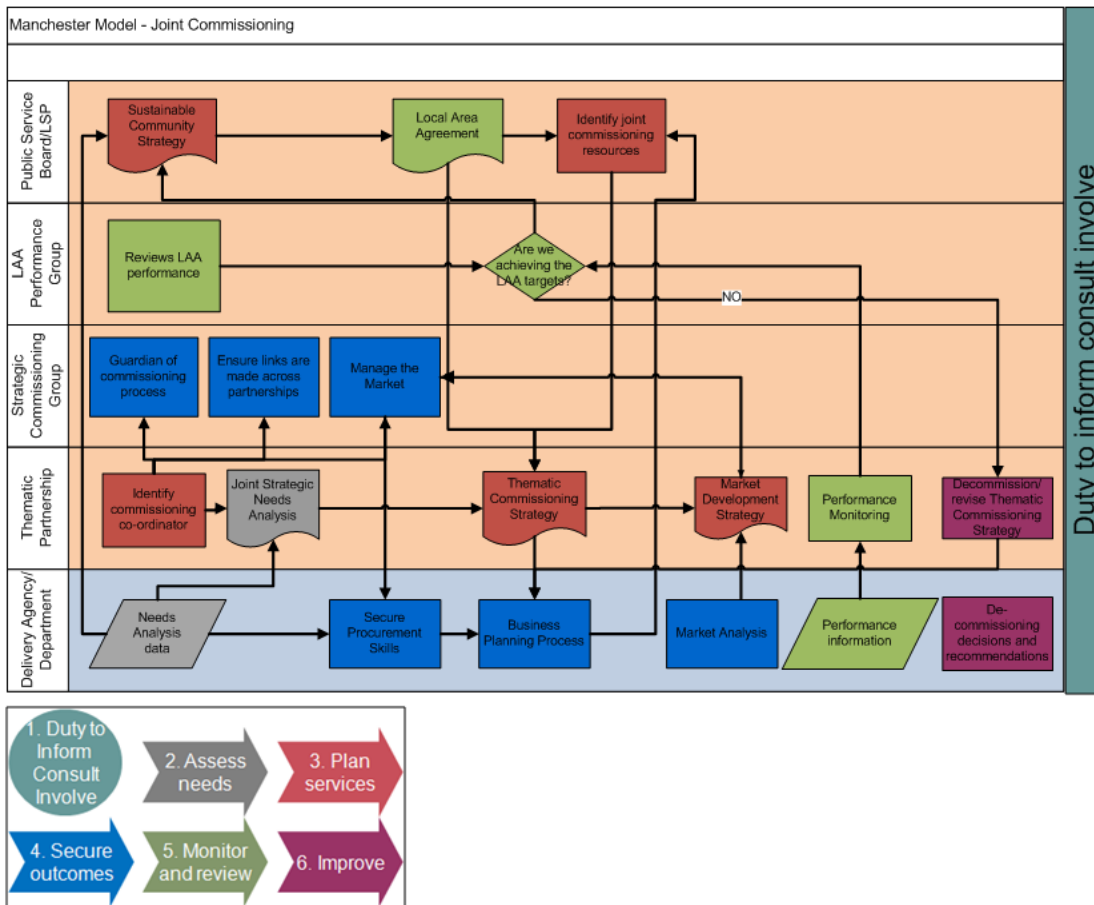
#### **The Manchester Model**



What is particularly interesting is the way this process is translated into roles and indicates where the different activities should happen.

The first four swim lanes demonstrate strategic commissioning activities, and the final lane shows the related operational activities. The diagram relates back to the cycle shown above.

The activities in this diagram are also coloured coded according to the Manchester Model in order to demonstrate where the different parts of the process are happening and who is responsible.



This is helpful as it indicates who is responsible for different parts of the process.

Having agreed the Manchester Model, the task is now to embed it across the Council.

**The Strategic Commissioning Group** has been leading on this. So far it has been looking at process, but it will be moving on to 'content' in terms of identifying shared priorities focused on core services and neighbourhoods.

The aspiration is to identify the levels of commissioning in terms of:

- City
- Neighbourhood
- Family
- Individual

As yet there is not a shared view on the services to commissioned at a locality level.

The Strategic Commissioning Group grew up around Children's and Adult Services. There is no-one from the Economic Development Board, which includes the remit for culture, on the Strategic Commissioning Group.

**This is now a good time for culture to join the group and contribute to the development of commissioning at a strategic level.**

#### **4. Adult Social Care**

**Thematic Partnership:** Adults, Wellbeing and Health Board

**Priorities:** Informed by the Joint Strategic Needs Assessment – Key document.

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Manchester, thinking about where culture can make a contribution and other people to form relationships with.**

There is an emphasis on prevention and investment in well-being.

**Process:** The commissioning process is well known and understood in the service. There is a clear process of assessing needs, identifying resources, reviewing supply and value for money, gap analysis, identifying partners and aligning priorities, commissioning strategies, specifications and consultation throughout with providers and customers.

The department is currently restructuring its staffing around the commissioning approach. This means that there will be specific teams to look at such issues as needs and supplier management. The managers of service areas - Supporting People, Mental Health, Learning Difficulties, Physical Disabilities, Prevention and Early Intervention – will also each have a geographic responsibility.

**Levels:** The Adult Social Care teams are breaking the JSNA down to locality level.

Manchester is also a leader in Personalisation with over 5,000 people on direct payments (possibly the most in the country). They are developing a shopping on line for care services and other types of services, which could include educational, leisure and cultural services.

**Approach:** ‘Commissioning is an art not a science. It requires innovation and flexibility. You need to take some risks. Users are involved throughout the process. There is a menu of options. Within this you can still have some consistency and clarity of process.’

Example of Whitebeck Court – a ‘vertical village’ for older people developed in partnership with Health, ALMO, SP, users, builders – 92 bed plus café and day centre in a conversion of a derelict block.

### **Third Sector:**

- Work with MACC – Manchester Alliance for Community Care – to develop the market.
- currently out to tender for legal and social welfare advice and encouraging consortia bids.
- Developing guidance for the third sector with MACC, Health and Supplier Management on how to work together better
- Third sector has been used to grants and finding it hard to be part of the process

### **Opportunities for Culture to contribute: ‘Lots’**

- o Health impact
- o Creating opportunities for people with disabilities
- o Understanding individual needs
- o Confidence building
- o Opportunities to do new things
- o Mental health and well-being

### **Their advice:**

- o **Understand the local areas**
- o **Understand the needs of a particular client group**
- o Understand the strategic services
- o Be imaginative
- o Provide evidence to help make decisions

### **Summary and implications**

This area of service is well advanced in its approach to commissioning. The opportunities to engage and contribute to better outcomes for Adults are significant.

Understanding the JSNA, neighbourhood and particular client groups are key.

**There is an opportunity for the core group to focus on where they feel they can make a contribution and think about opening conversations with adult services commissioners and other service providers.**

## **5. Education**

**Thematic Partnership:** Children’s Board (to be Children’s Trust)



**Priorities:** Informed by the white paper: 'Your child, your schools, our future'. This is the key document guiding the work and the council is moving to achieve the arrangements ahead of the 2011 targets.

Improving educational outcomes for children and young people in Manchester is the main priority. There are wide disparities in educational outcomes. 'This is a vibrant city but most residents can't access the jobs, and don't have the aspiration or achievement. The city centre has raced ahead of the population'.

Attendance is an issue (CAA red flag).

There are improving outcomes in early years as a result of energy and focus on this as a building block for a generational shift in attainment.

Manchester has had a '21<sup>st</sup> century schools Learning Transformation Programme'. Phase 1 is complete and Phase 2 is 'absolute reform' and will involve schools commissioning services within the next 2 years.

**Process:** Consumer led and child at the centre. Use corporate procedures. There is a 'Framework of Schools Improvement Services' which includes the Needs Assessment and Commissioning Framework'. (*Awaiting copy*).

**Levels:** The strategy is to move to a locality based commissioning model based on 20 -25 school clusters (170 schools in total) within 2 years.

The clusters would involve schools working in partnership as cooperatives or trust and providing peer support. The governance structure would involve local people, ward members, businesses, community leaders. The aim is to build local leadership. Clusters could be all primary or include primary and secondary.

All resources would be devolved to the clusters with the council retaining two small units responsible for strategy overall and Quality Assurance for what is happening at the local level. The devolution – or 'subsidiarity', pushing decision making to the local level – would mean 'outcomes based accountability' from the clusters through a 'Report Card' to the Children's Board.

**Approach:** 'Service led, not producer led'. Parents and children have a say in how things are managed.

**Third sector:** There are six district Leadership Teams each with representation from health, school improvement, schools and the third sector, which include, for example, Barnardo's, NSPCC, Housing Associations.

**Opportunities for culture to contribute:** At present there is a provider – user split with culture. There is a strategic manager for sport and culture within the school improvement team. Their job is to commission services to their strategy

for schools in the city. In the new arrangements, the schools will commission their own services.

There are a range of approved providers who have been QA vetted across various aspects of school improvement, including local organisations and those outside Manchester. They include organisations who contribute to the capital developments including designing arts and performance spaces, playgrounds and mathematics themed outdoor spaces. The organisations range in size from the Specialist Schools Adventure Trust, Pierson Education and Manchester Met University to Learning to Move at the smaller end.

The list is refreshed on a six-monthly basis. There is an opportunity to widen the net.

**There is an opportunity to explore further the Approved Provider system, what it might entail and offer for cultural organisations.**

**Their advice:**

- Work with schools – they lead and drive and that is where the children, need and money is
- Schools are doing phenomenal things in terms of a diverse cultural offer. Cultural organisations should build on what's there and move it on. Look less at 'how can we invent a programme to bring culture to the city or how can we invent another project or piece of work' but rather 'how can we capitalise on this and make it even better'. 'Don't invent another wheel'.
- The city centre is a resource and we look to the big organisations, such as the Halle to support the programme
- Manchester Arts Education collaboration is a schools led consortium
- Sometimes it seems that cultural organisations work in silos and pockets.
- We have won a national music award, yet we are still seen as an outlier of the cultural strategy.

### **Summary and implications**

Enormous structural change is happening rapidly. This will have implications as to how cultural organisations relate to education in the future and challenge relationship building at a school level.

**There is clearly a message about building on the schools' cultural offer and this is another area for the core group to focus on and to explore the mechanisms for doing this in the future. The cultural Entitlement pilot is one way to explore this.**

## 6. Public Health

**Thematic partnership:** Adults well-being and Health Board

**Priorities:** Defined in the Joint Strategic Needs Assessment. 'Our Health, Our care, our say' is the key national guidance document. Major issues of health inequalities as reflected in the LAA. Life expectancy is almost the worst in the country, the contribution of alcohol to the mortality gap is rising, the city won't hit its' targets on teenage pregnancy, obesity is rising, smoking is at 32% of the adult population and 50% in the most deprived areas.

The major current challenge is financial. The NHS has to save £20 million from its budget , mainly in the next financial year so this is the preoccupation.

**Process:** Have attempted to use the Manchester model. In reality, commissioning occurs in many different ways in different environments. There is now an Investment Strategy Group for Adults, Health and well-being which attempts to align resources to the delivery plan. This is specifically for the Working Neighbourhoods Fund and has input from lead commissioners.

'We need to keep the process simple. In the past we developed strategies and the people who wrote them didn't have control of resources. Commissioning brings the two together and involves users. Management structures need to change to reflect this'.

We don't pool budgets. We are increasingly recognising that joint commissioning doesn't mean 50-50 funding. We can do joint commissioning even if it is funded by one partner.

**Levels:** The PCT has three Practice based commissioning hubs. We are planning to do locality based JSNAs. There is personalisation in Adult Services and this will be piloted in health.

We're not yet joined up with regard to locality based work.

**Approach:** Our approach is collaborative. For example, in relation to healthy food, our key aim was to grow the provider market of community based food activity. Small grants can be valuable – they draw out latent interest. Originally we had a list of 20 people from the statutory sector involved, now we have 300 people from the community sector on our mailing list. We identified priority areas and invited people to come and tell us how to spend the money and how we could all work together.

**Third Sector:** Lot of third sector representation at all levels: at the board level, various strategy groups and for specific programmes, such as 'Feeding

Manchester' where there are big gatherings of community organisations. Work with MACC who are bringing out a third sector guide to commissioning.

**Opportunities for culture to contribute:** There have been some small scale arts and health projects in the past, none at the moment. Work closely with Manchester Leisure on various fitness programmes and with the major clubs and events around tobacco control. Sport is engaged in various structures. Libraries are dynamic and there are health points in libraries and health literacy is a future area of work.

Future opportunities include:

- Mental well-being, being in a positive place, belonging, identity, enjoying and relaxing
- 'social prescribing' for people with anxiety and depression, prescribing engagement via mental health teams (Want to pilot this but no resources at present)
- Health literacy
- Scope to engage in different festivals

The financial situation is a barrier at present.

**Their advice:**

- Stick with it. It's going to be frustrating for a few years as health won't be lifting its head much. But keep talking and get in on some of the strategies
- Demonstrate outcomes and build credibility. Think about how what you're doing is impacting on services. For example, does it make a difference to individual's depression and anxiety and reduce their use of mental health services.
- Have a stronger voice together

Note: There is an NHS Commissioning Strategic Plan for Manchester 2009 - 2014 with detailed strategic direction.

[http://www.manchester.nhs.uk/document\\_uploads/Commissioning/NHS%20Manchester%20Commissioning%20Plan%20111108\\_7bcd6.pdf](http://www.manchester.nhs.uk/document_uploads/Commissioning/NHS%20Manchester%20Commissioning%20Plan%20111108_7bcd6.pdf)

### **Summary and implications**

Whilst the budget is clearly an issue, there is an openness to engage and build relationships over time. Health inequality is a key area for Manchester.

**The core group may wish to explore those areas of health and public health where they can make an impact and undertake research and develop relationships for the future.**

## 7. Children's Services

**Thematic Partnership:** Children's Board

**Priorities:** Based on the Children's Needs Assessment in the Children and Young People's Plan (plan currently being reviewed). Looked after children and LAA indicators

**Process:** The governance and management structures are currently subject to change through a major change PRINCE2 project. This is work in progress.

There is a Children's Partnership Commissioning Team which currently implements the commissioning process. The main areas have been through the process recently are parenting, family support and youth services.

The Parenting Commissioner determined the protocols and standards. In this instance, providers were required to have Webster-Stratton Level 2 accreditation. There is a city wide approach, delivered locally, and there were 13 contracts involved in the delivery.

**Levels:** City-wide strategy, local delivery. The Youth commissioning was based on priority wards.

**Approach:** Decisions of the Board are passed to the team for implementation. There are high quality standards relating to health and safety, equal opportunities, insurance, safeguarding, and there is a lack of providers meeting these standards. They seek accredited outcomes where possible.

Aiming Higher for children with disabilities may be out to tender next. Short breaks is on the Commissioning Support Programme website nationally. CHEST is the central e-tendering system.

**Third Sector:** There is a Commissioning Task Group that meets monthly, has a work programme and involves the third sector through the MACC. The department funds 2-3 posts in MACC to support third sector capacity building. There are good, active partnerships.

### **Opportunities for culture:**

' We did work with culture in the past but this has dissipated. It is difficult to get them involved. We have funded sports and drama activities projects as part of the parenting strategy, including building self-esteem in teenage parents. We fund sports development and other activities for young people leading to accredited outcomes such as Duke of Edinburgh or NVQ level 1. Museums haven't been involved in recent rounds.

- Will depend on Board's priorities in the new Plan
- Accredited outcomes in relation to parenting of youth service
- Multicultural activity

### **Their Advice:**

- Understand outcomes and demonstrate from evidence base
- Not about funding what they already do – not a 'dash for cash'
- Contribute to our accredited outcomes
- Work with other organisations in consortia

### **Summary and implications**

Level and scale of change is significant.

**There is a need to consider representation on the Children's Trust and study the new Children and Young People's Plan when produced.**

### **Adult Education**

**Thematic Partnership:** Wider Learning Partnership – feeding into the Economic Development Board.

**Priorities:** Seeking to engage those least likely to have engaged in educational provision. Deliver informal learning to support community cohesion and well-being as well as routes to formal and accredited learning. Focus on 19+. Key strategic driver is 'The Learning Revolution' from the Department of Business, Innovation and Skills.

**Process:** Most services are currently delivered directly through the employment of full and part-time tutors. The current annual budget is £8m.

Smaller amounts, such as the Working Neighbourhood Fund, are commissioned through the Employment Board for the five neighbourhoods, as the Neighbourhood Learning Strand, and funding is devolved the third sector.

Note: For skills into employment, commissioning is through a sub-group of the Greater Manchester Economic Development Board, which has representatives of Manchester City Council, the Commission for the new economy, JobcentrePlus, LSC.

**Levels:** There are 14 locality based teams and over 100 venues delivering adult education. The idea is to have a cultural regeneration officer in each of the five neighbourhoods. Each neighbourhood has a strategic regeneration framework and action plans. These are based on local needs assessments.

**Approach:** The Wider Learning Partnership has been set up to look at how informal learning partners spend resources. It includes the third sector, libraries, museums, Valuing People, WEA. It is mapping provision and looking at resources across the board. It meets once per term. There are possibilities through a Total Place approach.

There is a strong focus on addressing worklessness.

ESOL is an area of huge unmet need. A consortium of voluntary sector providers is part of addressing this,

AE is free for people earning under £15,000, and is otherwise charged for, with the exception of maths and English.

**Third Sector:** Involved in partnership structures and as providers

**Opportunities for culture:** No specific work currently underway or in the previous couple of years.

- Neighbourhoods – need overcome the perception that the work is focused in the city – a lot of work needs to be done in neighbourhoods
- Cultural regeneration posts
- Proud of Manchester campaign
- New academies with a community remit
- As with all services, articulate what they are doing around worklessness, Family, 0-5, neighbourhoods, well-being and health.

### **Their Advice**

- Think neighbourhoods

### **Summary and implications**

MLA is a founding signatory of The Learning Challenge pledge and has had a Challenge Fund over the past 12 months.

Currently Adult Education is delivered directly and there is limited commissioning activity. However, **it could be worth exploring the current adult education programme to determine which strands could potentially be delivered through cultural organisations in the future.**

**More generally there is a need to consider the contribution of culture to activity at the neighbourhood level.**

## 9. Third Sector

There are two main umbrella organisations:

### **Community Network for Manchester (cn4m)**

Community Network for Manchester is a collection of voluntary and community groups organised through networks, that exists to find new ways of enabling people to fully participate in Manchester's economic, social and cultural life.

They exist to:

- provide a clear, open and accountable structure that enables voluntary and community groups to participate in ways that are appropriate to them
- lead on the provision of information and communication between the Third Sector and the Manchester Partnership.
- create and increase the opportunities for voluntary and community groups to participate in decision making and influence service delivery.
- develop links between voluntary and community groups and promote collaborative working that supports a thriving and sustainable Third Sector in Manchester.
- give policy and development support to voluntary and community groups in Manchester.

They do this by:

- [Strategic Engagement](#)
- [Strengthening the Third Sector](#)
- [Information and Communication](#)
- [Support in Building Capacity](#)
- [Inclusion and Diversity](#)

The Cultural Partnership is no longer aligned directly with cn4m. In part this is due to the resource constraints of cn4m. They have high regard for the cultural partnership, its' foresight, commitment and focus. They consider cn4m can have little influence on its' work programme.

### **Manchester Alliance for Community Care (MACC)**

MACC was formed in 1981 as alliance of voluntary and community sector organisations seeking to challenge inequalities in health and social care. Since that time, it has evolved to become a specialist development agency which works with voluntary and community sector organisations.

Broadly MACC's work includes



- promoting understanding of inequalities in health, social care and wellbeing and the role of the voluntary and community sector in addressing them
- bringing together and communicating the views of those involved in voluntary and community sector organisations encouraging and enabling participation by the voluntary and community sectors in the planning and decision making structures which shape the health and social care economy in Manchester
- working with local organisations to develop new ways of meeting people's needs, challenging them to design and deliver services which address the rights, needs and wishes of individuals rather than the ability of organisations to deliver them
- building the capacity of local voluntary and community groups to identify unmet needs and to work to meet this need, through building up the skills base of the individuals inside these organisations.
- encouraging statutory agencies to learn from and make use of the experience of the local voluntary sector, challenging the assumptions the sectors often make about each other
- helping to create opportunities for collaborative work between agencies and sectors which involves the users of services and their carers.

MACC are represented at the Strategic Commissioning Group. They see this as at an early stage and local authority focused at the moment.

Generally, both organisations have good participation across the partnerships, though ability to influence is challenging.

However they do have broad networks with other client groups in particular and these may be important networks for future collaborations.

**There is an opportunity to explore further relationships with other providers through third sector networks.**

**There is also the need to explore whether cultural organisations are adequately networked and how they are communicating and operating in relation to both representation and delivery.**

## **10. Summary of implications**

### **10.1 Strategic Commissioning Group**

This is now a good time for culture to join the group and contribute to the development of commissioning at a strategic level.

## **10.2 Joint Strategic Needs Assessment**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Manchester, thinking about where culture can make a contribution and other people to form relationships with.

## **10.3 Adult Services**

There is an opportunity for the core group to focus on where they feel they can make a contribution and think about opening conversations with adult services commissioners and other service providers.

## **10.4 Education**

There is an opportunity to explore further the Approved Provider system, what it might entail and offer for cultural organisations.

## **10.5 Education**

There is clearly a message about building on the schools' cultural offer and this is another area for the core group to focus on and to explore the mechanisms for doing this in the future. The cultural Entitlement pilot is one way to explore this.

## **10.6 Public health**

The core group may wish to explore those areas of health and public health where they can make an impact and undertake research and develop relationships for the future.

## **10.7 Children's Services**

There is a need to consider representation on the Children's Trust and study the new Children and Young People's Plan when produced.

## **10.8 Adult Education**

It could be worth exploring the current adult education programme to determine which strands could potentially be delivered through cultural organisations in the future.

## **10.9 Neighbourhoods**

More generally there is a need to consider the contribution of culture to activity at the neighbourhood level.

### **10.10 Third Sector**

There is an opportunity to explore further relationships with other providers through third sector networks.

### **10.11 Third Sector**

There is also the need to explore whether cultural organisations are adequately networked and how they are communicating and operating in relation to both representation and delivery.

## **4. Better outcomes for people in Luton:**

### **Developing commissioning relationships in Cultural Services**

#### **The Commissioning Landscape in Luton: Initial findings and implications**

**September 2010**

#### **Contents**

1. Introduction
2. Context – some facts about Luton
3. Luton approach – corporate
4. Adult Social Care
5. Public Health
6. Children and Young People
7. Summary of implications

## **1. Introduction**

The purpose of this paper is to seek to understand the commissioning landscape in Luton – to identify current commissioning structures, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers.

The information gathered is intended to help the Culture and Sport team understand what is happening and think about their approach to engagement in commissioning.

It is a description of some general themes and directions. There is a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing.

There was a very strong culture of openness to joint working and finding new, better and more cost effective ways of doing things. People were keen to work more closely with culture and sport services. There are constraints of resources, pressures on time and the challenges of change but a clear commitment to building closer relationships.

There is an intuitive understanding of the benefits of culture and sport to better outcomes, and these are understood more in relation to physical activity. The challenge for cultural services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of Luton.

## **2. Some facts about Luton**

- The population of Luton was estimated to be 188,000 in 2007. This ONS figure is considered to be an underestimate by about 15,000 by Luton Borough Council, with the greatest influencing factor in this being considered to be migration.
- The population is forecast to grow by 15% between 2006 and 2031. The increase in the number of households is predicted to be around 5,200 between 2006 and 2021.
- Luton has a high number of children aged under 5. There will be a continuing rise in the older age groups.

- 35% of Luton's population is from BME communities and this proportion is forecast to increase. Some wards have over 50% BME population and 56% of the school age population is BME.
- Luton is ranked at 87<sup>th</sup> most deprived (of 354) in England in the Index of Multiple Deprivation (IMD). This compares with 101<sup>st</sup> in 2004 and represents a significant change.
- On the Income Deprivation Affecting Children Index, Luton has 16 areas amongst the 10% most deprived in England and for the Income Deprivation Affecting Older People Index, 44 areas are in the worst 10% in England. Over 10,000 children and young people in Luton are living in poverty.
- 11.6% of households in Luton are overcrowded, which is double the East of England average (5.2%) and above the England and Wales figure of 7.0%. It is estimated that 32% of private sector stock does not meet decent homes standard. The lack of good quality housing that people can afford and overcrowding impacts on the lives of the people of Luton. This contributes to levels of poverty, disadvantage and poor health. Luton is building low numbers of affordable homes. Housing has been a long standing problem in Luton. The waiting list for housing is growing. Limited numbers of affordable homes, social housing not being re-let quickly and a high number of empty private sector empty properties mean that people are not getting the homes they need. Residents in Luton are more likely to live in overcrowded conditions than in similar areas and too many people are homeless.
- Luton has a working age employment rate of 66.4% compared to an East of England rate of 77.3 and England and Wales figure of 73.8%.
- The number of people in the borough who are receiving Jobseekers Allowance has been rising steadily since 2007 and remains higher than the national and regional average.
- 7.3% of young people aged 16-18 years were NEET in 2008/09
- Whilst educational attainment is improving, the proportion of young people achieving 5+ A\*-C GCSE grades is 51.5 which is lower than the national average of 58%.
- Men and women living in Luton have lower life expectancy than the East of England and the national average. For example, a boy born in Luton can be expected to die three and a half years earlier than a boy born in St

- Childhood obesity rates are higher in Luton than the national average.
- Adult obesity is also high (26.7%) and increasing.
- Smoking is a major contributor to mortality in Luton
- Cardiovascular disease and strokes are the main causes of preventable death. Their progress is determined by modifiable risk factors such as smoking, physical inactivity, high blood pressure, raised cholesterol levels and obesity.
- Sexual health in Luton is poorer than nationally.
- There are an increasing number of children from south Asian communities with complex health needs and significant levels of disability in Luton
- Key Mental Health risk factors include social deprivation, unemployment, children from poor households, drug and alcohol problems. Luton's mental health profile shows there were 2800 claimants of incapacity benefits due to mental health conditions in 2006.
- Depression amongst people over 65 is set to increase by 32% between 2006 and 2025, though this is lower than the national trend of 40%. In addition the numbers aged 65+ living alone is set to rise by significant amounts with predicted increase in loneliness and other factors such as economic poverty, fuel poverty and poor house maintenance.
- The vision for Luton is that 'People will be proud of Luton – a lively, hopeful, can-do town'
- Underlying principles of the Sustainable Communities Strategy are: Equality, Cohesion and Inclusion

### **3. Luton approach – corporate**

#### **3.1. Commissioning Summary**

**Commissioning is led at a service level**, using the prescribed processes of the appropriate national government department.

**Commissioning is strategic.** There are various regional collaborations and cooperation in delivering services in localities – but not through devolved or pooled budgets other than small area based grants.

There are good relationships and arrangements with the **Voluntary and Community Sector** but there are opportunities to strengthen this. There is a recognition that a greater corporate and partnership approach to working with and developing the sector is needed.

### **3.2 High level outcomes – summary**

Luton's community strategy is led through the Luton Forum – the Local Strategic partnership.

The Luton Forum's vision is that 'People will be proud of Luton, a lively, hopeful, can-do town'. Four themed areas are identified to deliver this vision:

- Children and young people
- Environment and economic development
- Health and well-being
- Stronger and safer communities.

The particular challenges facing the borough include:

- Health inequalities and health challenges
- Inequality and child poverty
- Growing and more diverse population
- Housing supply

### **3.3 The opportunities for culture and sport**

**There are opportunities across all the strategic priority areas of the community Strategy and some specific objectives in relation to improving leisure and cultural opportunities for all and better access. The challenge is to ensure that culture and sport is well represented in corporate and partnership governance.**

## **4. Adult Social Care**



**Governance:** Health and Well- Being Board reporting to the Luton Forum.

**Priorities:** Informed by the **Joint Strategic Needs Assessment (JSNA)** –

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Luton, thinking about where culture can make a contribution and other people to form relationships with.**

In this context, some of the priorities and needs for the service, include:

- Promoting harmony and community cohesion and improving the town's reputation
- Supporting vulnerable people, including the increasing number of people with learning difficulties
- Improving housing and the supply of affordable housing
- Reducing health inequalities
- Addressing lifestyle issues such as obesity, especially in the most deprived wards
- Increase adult participation in activity and sport
- Develop joint commissioning with the PCT, and a wider commissioning review
- Being financially sound and efficient
- High quality service to the public

**Process:** The service uses the World Class Commissioning process for health and social care.

The JSNA underpins the process and has recently been refreshed.

There are user group panels and provider panels. There is recognition of the need to widen the provider base.

A new joint post with the PCT, Head of Vulnerable Adults, is to progress joint commissioning in this area.

**Levels:** Most commissioning is strategic. There is some regional commissioning in relation to Home Care and Residential Care. There are small budgets allocated to area committees. Personalisation is being rolled out. The pilot began in July 2010 and will eventually cover all 4,000 clients, with a target of 30% on direct payments.

**Personalisation poses new challenges and opportunities to make significant and life-changing impact on outcomes.**

### **Voluntary and Community Sector**

There is no corporate resource to work with the voluntary and community sector – this is done through departments. Capacity is mixed.

There are a lot of third sector providers in relation to Supporting People, with around 60 SLAs/contracts in place. These are being looked at in terms of their delivery against outcomes, value for money and quality assurance. There is scope to improve and develop work in this area, in the context of challenging resources.

### **Opportunities for culture and sport:**

There is already good collaboration with Active Luton, for example Chair based activities for elderly people and activities aimed at 50+, and with Cultural Services, for example, Books on Prescription and projects at the Stockwood Discovery Centre and Wardown Park Museum.

### **Opportunities:**

- **The prevention agenda – and preventing people from coming into social care services**
- **More cost effective approaches**
- **Links with health**
- **What's on offer to people out of work?**
- **Healthy Places, Healthy lives initiative to address lifestyle issues for the most deprived**

### **Barriers:**

- Financial

### **Their advice:**

- They're doing a good job already. They need to make sure they're out there networking with others to develop links and make the broadest possible contribution to the complex agendas.

## 5. Public Health

**Governance:** The Health and Well-Being Board, chaired by the Director of Adult Social Services, is underpinned by a Management Team, Commissioning Group and special multi-agency groups for specific topics.

The new White paper gives Local Authorities more responsibility for health. It puts local authorities in the position of being part of the developmental discussions and not just responding via Scrutiny. Luton is keen to move on this as soon as possible and whilst there are still some unknown factors, there are many opportunities. The Director of Public health sits on the management team of the Local Authority.

**The changes open up the opportunities to bring in and increase the contribution of other services including culture and sport.**

### Priority Outcomes

The key public health challenges and priority outcomes are:

- Reducing health inequalities
- Reducing 'all age all cause' mortality, particularly in relation to cancer, cardiovascular disease and strokes
- Tackling underlying lifestyle issues of diet, physical activity, obesity, smoking and the management of health, particularly in deprived communities
- Luton has higher than national rates of infant mortality, perinatal mortality, stillbirths and babies born with a low birth weight. This indicates poor maternal health and increases the risk of health complications for children in later life. There are also more children being born with disabilities as a result of consanguinity (first cousin marriage), predominantly, but not entirely, in the BME communities.

The theme of the **Annual Report of the Director of Public Health 2008/09** is 'Tackling Health Inequalities and Commissioning for Equality'. It synthesises the information on health inequalities and recommends concerted action to tackle them.

## Process

The NHS world class commissioning model is used with an emphasis on the analysis of needs and evidence.

User engagement varies. It could be stronger, more routine and more consistent.

There was good user involvement in the JSNA. There were two stakeholder events, one for staff and one for community organisations. They stressed the importance of mental health. There has been some good engagement in specific procurement exercises. The LINKS patient engagement panel is involved in the prioritisation of investment and disinvestment.

## Levels of commissioning

Public Health commissions strategically but with some emphasis on particular areas.

Quit Smoking, weight management and sexual health are directly commissioned. There is input to other commissioning processes such as maternity services. Future developments could involve more locality/neighbourhood based commissioning with GP consortia.

There are some pooled budgets in drug and alcohol services, but generally Public Health has about joint commissioning.

There is a '**Health Modeller**' who is looking at the cost benefit analysis of prevention and short and long term benefits. (NICE and the Health Observatory also have some research).

## Voluntary and Community Sector

There are numerous third sector providers including larger organisations such as Brook, the Weight management Centre and Sustrans (to increase cycling and walking) and smaller organisations such as those providing outreach and support for people with HIV.

The Luton Assembly is the network for community representation on the LSP/Luton Forum.

There are some events for the sector, outlining priorities and building capacity, but these are one-offs rather than a systematic or sustained programme. This is an area for development.

## Opportunities and Barriers for Culture and Sport

There are strong links with Active Luton and increasing engagement with the Cultural Trust. Both are keen to work together with us. They make an effort with 'hard to reach'. They are making a big difference in the town.

### **Opportunities**

- Public Health getting closer to the LA team and in commissioning sport and leisure
- Being trained as 'stop smoking advisors'
- Healthy Places, Healthy Lives
- Expand exercise on prescription
- Opportunities for 'social prescribing'
- Tap into adult education
- More opportunities for arts, dance and music with both young people and older people

### **Barriers**

- Our lack of awareness of what's possible especially in the broader context
- Capacity to deliver and performance management
- NI8

### **Their advice**

- **Can Public Health and Culture and Sport explore new ideas and ways of doing things differently which will increase our impact?**

## 6. Children and Young People

**Governance:** Children's Trust Board. Below this is a Joint Planning and Executive Group which is the main vehicle for commissioning.

**Management:** There is a Children's Joint Commissioning Team which is co-located. Roles and structures are clearly set out in a description of the team.

### **Priorities:**

The Children and Young People's Plan sets out the twelve priority areas for children and young people in Luton. These are:

1. Halt the rise in childhood obesity and then seek to reduce it and increase the rates of participation in PE, sports and play
2. Improve outcomes for children and young people with disabilities
3. Reduce infant mortality
4. Reduce the under 18s conception rate
5. Improve the emotional health and wellbeing of children and young People
6. Reduce bullying and help children and young people stay safe
7. Improve the stability of placements for children in care
8. Improve outcomes for vulnerable children and young people using a targeted and integrated approach
9. Improve educational attainment
10. Increase the number of children and young people engaged in positive Activities
11. Reduce offending and re-offending by young people aged 10-17 years
12. Reduce the number of young people aged 16-18 who are Not in Education, Employment or Training (NEET).

### **Process:**

Luton's Children's Services have engaged with the national Commissioning Support Programme and their development has been guided by this. They

adopted the principles of this programme and restructured the Children's Trust accordingly.

They use the former DCSF 'triangle' and the world class commissioning approaches.

Children's involvement is guided through the Children's Participation Team. There is a Youth Cabinet and Youth MP and they also advise partners about being involved in the process. Stakeholder engagement outlined in the Children and Young People's Plan is doing well. Feedback to children and young people is an area for improvement.

### **Levels:**

There is some regional commissioning for CAMHS.

There are five joint neighbourhood teams with integrated services from social care, youth service, Connexions. Health visitors are aligned to these. This is work in progress. There are some needs analysis at neighbourhood level and in time there will be neighbourhood commissioning plans. Head teachers are interested in the neighbourhood demographics and commissioning through schools.

Luton is developing a network of Children's Centres. They also have Family Workers (about 100 of these) in all schools. Family Workers are managed by the head teachers and are similar to Parent Support Advisors elsewhere. They are well embedded and mainstreamed and provide a great infrastructure to support children and families.

Overall the services are working towards alignment of budgets. There are some pooled budgets for children's respite care and short breaks.

### **Community and Voluntary Sector**

They are involved in governance, on the Children's Trust and sub-committees. There is a diversity of small groups and not many large ones, so they struggle to engage and to have the capacity to engage.

Providers include the Learning Alliance, the National Association of Toy Libraries and National Childminding Association and there are a lot of external organisations involved in play provision and extended services. There is a tendency to use the same organisations a lot and it could be more open. Children's Services have tried to procure an organisation to support third sector organisations and this is a difficult area in the current climate.

## **Opportunities and challenges for culture and sport**

There is already involvement in the Children's Trust, strategic engagement and activities through libraries, extended services and play. There are SLAs in place. Both trusts are well respected

### **Opportunities:**

- Obesity
- Disabilities
- Emotional health and wellbeing
- Bullying and safety
- Positive activities
- NEETs
- Early Intervention and prevention – not just reactive

### **Barriers:**

- Communication could be improved. It's not yet fully effective or followed up.

### **Their advice:**

- We need to improve communication. We need to listen to what they can do, be alive to the opportunities and to maximise these opportunities.
- **There are opportunities for culture and sport to contribute to the key 12 outcome priorities. There is a need to improve communication to enhance this contribution, building on existing work and becoming increasingly more effective together.**

## **7. Summary of implications**

### **7.1 Corporate**

There are opportunities across all the strategic priority areas of the community Strategy and some specific objectives in relation to improving leisure and cultural



opportunities for all and better access. The challenge is to ensure that culture and sport is well represented in corporate and partnership governance.

## **7.2 Joint Strategic Needs Assessment**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Luton, thinking about where culture can make a contribution and other people to form relationships with.

## **7.3 Adult Services**

Personalisation poses new challenges and opportunities to make significant and life-changing impact on outcomes.

## **7.4 Adult Services**

There are opportunities for wider engagement in prevention, links with health, opportunities for those out of work and to look at cost effective approaches.

## **7.5 Public Health**

The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport. The forthcoming changes through the White Paper present an additional catalyst for innovation and new relationships in shaping the future.

The post of 'Health Modeller' might be a very useful contact in terms of identifying short and long term benefits of participation in sport and cultural activities.

Can Public Health and Culture and Sport explore new ideas and ways of doing things differently which will increase our impact?

## **7.6 Children and Young People**

There are opportunities for culture and sport to contribute to the key 12 outcome priorities. There is a need to improve communication to enhance this contribution, building on existing work and becoming increasingly more effective together.

# **5. Better outcomes for people in Hull, North Lincolnshire and North East Lincolnshire :**

## **Developing commissioning relationships in Cultural Services**

**The Commissioning Landscape in Hull/Nlincs/NELincs:  
Initial findings and implications**

**September 2010**

### **Contents**

1. Introduction
2. Context – some facts about the sub-region
3. Corporate approaches
4. Adult Social Care
5. Health and Public Health
6. Children and Young People
7. Summary of implications

## 1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in Hull, North Lincolnshire and North East Lincolnshire – to identify current commissioning structures, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers.

The information gathered is intended to help the Culture and Sport teams understand what is happening and think about their approach to engagement in commissioning.

It is a description of some general themes and directions. There is a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing.

There was a very strong culture of openness to joint working and finding new, better and more cost effective ways of doing things. People were keen to work more closely with culture and sport services. There are constraints of resources, pressures on time and the challenges of change but a clear commitment to building closer relationships across the three authorities.

There is an intuitive understanding of the benefits of culture and sport to better outcomes, and these are understood more in relation to physical activity. The challenge for cultural services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of the sub-region.

## 2. Context – some facts about the sub-region

- The population of the three authorities is:

Hull	- 260,000
North Lincs	- 166,000
NE Lincs	- 160,000

- BME populations are:

Hull	- 22,800 (8.9%)
North Lincs	- 6,640 (2.5%)
NE Lincs	- 5,400 (3.5%)

- In all three areas, population projections forecast a fall in the younger age group and an increase in the older age groups.

- The IMD ranking for the three authorities (out of 354) is:

Hull	-	11 <sup>th</sup>
North Lincs	-	132 <sup>nd</sup>
NE Lincs	-	49 <sup>th</sup>

- All three areas are characterised by challenges in levels of skills and qualifications, low wages and worklessness.
- About a third of people of working age in Hull don't work. 14,650 people in Hull receive government benefits because they are not well enough to work and 13,100 people receive Job Seekers Allowance because they are looking but cannot find a job. About 1,500 of these have been unemployed for a year or more. The number of people looking for work and on benefits has grown because of the recession and this increase has been bigger in Hull than in most other places. The number of people receiving incapacity benefit is higher than the national average and has stayed the same in recent years even though it has been gradually dropping in other places.
- The proportion of people of working age in North Lincolnshire on out of work benefits (Job Seeker's Allowance, Incapacity Benefit, Employment Support Allowance and Lone Parent Benefit) declined sharply over the course of 2007 and remained steady through 2008. More recently there has been a slight increase, as a result of the large increase in JSA claimants. This stood at 11.9% at the beginning of 2009. In some neighbourhoods this was at 27.33%. NEETs stood at 8.9% in May 2009 and were on the rise.
- 20.3% of the North East Lincolnshire population were economically inactive in March 2007. In March 2007 unemployment in North East Lincolnshire stood at 6.6% (4,800 people) compared to 5.5% in the Yorkshire and Humber region and 5.3% in Great Britain
- Health indicators and health inequalities are significant challenges for all three authorities:

Life expectancy is below the England average (in brackets):

Hull	-	Male 74.8 (77.7)	Female 79.1 (81.8)
North Lincs	-	Male 71.1 (77.7)	Female 81.1 (81.8)
NE Lincs	-	Male 75.3 (77.7)	Female 80.8 (81.8)

Whilst there have been improvements in life expectancy in recent years, what is particularly significant is the gap between the most and least deprived areas. So, for example, the difference in life expectancy in Hull between the most deprived 10% and the least deprived 10% was 11.7 years for men and 7.2 years for women.

- Lifestyle factors and preventable ill health are key health determinants.

Smoking prevalence in Hull (compared to England average) for men is 34% (22%) and women 30% (20%). Comparisons with the England average are especially pronounced in 18-19 year olds.

Smoking is the leading cause of preventable ill health and premature mortality in North Lincolnshire and contributes most to inequalities in early deaths, both here and elsewhere in the country. We estimate that about 165 men and 100 women die from smoking related diseases in North Lincolnshire each year, with more than 2000 people being treated in hospital for smoking related illnesses.

The population of North East Lincolnshire has a smoking prevalence of 31%. In North East Lincolnshire, 40% of deaths in people aged 35 and over are results of causes associated with smoking.

- Hull has a childhood obesity rate at reception level in 2008/9 of 11%, down from 14% over the previous two years. Obesity levels 1 year six are double those of reception year. For adults, 23% of women are obese and 33% overweight, and 18% of obese males with 49% overweight.

Levels of obesity and physical inactivity are higher in North Lincolnshire than the national average. Obesity is the second biggest preventable cause of ill health and death after smoking. Data suggest that rates of obesity and relative inactivity are highest amongst men and women in the lowest income group, with the gap being particularly pronounced for women.

55.4% of adults in North East Lincolnshire are currently inactive i.e. doing zero days moderate intensity activity.

### **3. Corporate approaches**

In general terms, the three Councils operate strategic commissioning through their departmental structures and to differing degrees through their partnerships.

The level of alignment of budgets across partners to address the challenging needs and outcome appears to vary, depending on the strength and maturity of the partnerships – the LSP and its thematic groups. Positive engagement with

health is a key factor – not least as this is the area of particular challenges and where two of the authorities have red flags.

In terms of aligning budgets, neighbouring East Riding has a Green Flag in the Comprehensive Area Assessment (for exceptional performance that others can learn from), for pooling resources to target local priorities. **There could be some merit in exploring how this works in East Riding to learn from their practice.**

**North East Lincolnshire** has operated with three commissioning frameworks:

- Children’s Trust Commissioning Framework
- Strengthening Economic wellbeing in North East Lincolnshire Framework
- Supporting People Framework for Commissioning and Procurement Framework.

They have currently conducted an analysis of the similarities and differences between the frameworks and their relative strengths and weaknesses. The analysis was designed to recommend ways of improving consistency and provide a strong, uniform commissioning framework that is consistent to be used effectively by all commissioners. The recommendation is to adopt the Children’s Trust model, with added refinements from the best aspects of the other two frameworks. The analysis will be out for consultation until late September. They are also planning to prepare a glossary of definitions and generic impact assessment processes.

**North Lincolnshire’s** Cabinet adopted the ‘Better Value Together’ Plan which outlines its’ approach to value for money including strategic commissioning and procurement. The Council is adopting the Audit Commission’s ‘Intelligent Commissioning’ approach - Audit Commission, Hearts and Minds 2007

<http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/WorkingeffectivelyvoluntarysectorfinalproofREP.pdf>

There is also a Corporate Procurement Strategy and a procurement alliance which has been in place since 2006 – PANNEL – Procurement Alliance for North and North-East Lincolnshire. The two councils also have a joint Compact Code of Good Practice – ‘Working Together, Better Together’.

**Hull’s** Local Strategic Partnership, One Hull, has wide and active engagement. This has benefitted from additional funding through the Working Neighbourhoods Fund (and previously NRF). The Health Partnership is currently being revised and relaunched.

The thematic partnerships for ‘Learning’, ‘Earning’, ‘Safe’ and ‘Health and well-being’ guide the outcomes framework. The are specific commissioning documents for different services and client groups, such as Older People, People

with Learning Difficulties and a comprehensive Commissioning Strategy for the PCT.

### **Levels of Commissioning**

**Hull** has Area Partnerships which receive WNF through the Partnership Boards.

**NE Lincs** is developing a neighbourhood approach and **North Lincs** is reviewing its locality approach. None are commissioning locally through devolved budgets.

There are some sub-regional collaborations and personalisation is being rolled out in all three authorities, particularly within adult services.

### **Community and Voluntary Sector**

The sector is well represented across the LSPs. There is investment in capacity building to develop the provider market. There is scope to develop the sector's role as providers and North Lincolnshire have highlighted this.

### **Opportunities for Culture and Sport**

#### **Opportunities**

- To contribute across many outcome areas including health, employment, diversion from crime, raising aspirations, well-being and quality of life

#### **Barriers**

- Image – highbrow? Frivolous?
- Clearly demonstrating fit against outcomes
- Accessibility and affordability
- Representation across the LSP

#### **Their advice**

- Demonstrate you can deliver on the hard nosed agenda
- Be part of the strategic commissioning cycle – not just a provider

## **4. Adult Social Care**

**Governance:** There is a **Health and Well-being Board** in both Hull and North East Lincolnshire – North Lincolnshire currently has a Well-being and Health Improvement Partnership, which is to become a Health and Well-being Board in the future. Commissioning structures underpin these.

**Priorities:** Informed by the **Joint Strategic Needs Assessment (JSNA)** for each area – Key documents.

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Hull, North Lincolnshire and North East Lincolnshire, thinking about where culture can make a contribution and other people to form relationships with.**

Again in broad terms, the headline outcomes in ‘Our Health, Our Care Our Say’ are the starting point and are the key priority outcomes on which the service is judged.

- Improved Health and Well-being
- Increased choice and control
- Making a positive contribution
- Economic well-being
- Maintaining personal dignity and respect
- Improved quality of life
- Freedom from discrimination and harassment

North Lincolnshire uses a similar set of outcomes but they are described as:

- Healthy
- Respect
- Independent
- Involved
- In control
- Confidence in the future
- Safe

Independence, choice and well-being are key underlying themes underpinning these outcomes.

**Process:** The World Class Commissioning model underpins the process. Hull also use the ‘Intelligent Commissioning’ approach which they believe gives greater nuancing around personalisation.

Community and User engagement is a priority.

NE Lincolnshire uses the Mandelow Matix to manage stakeholder involvement.

Hull is seeking to strengthen user involvement I with some groups such as older people.



North Lincolnshire has developed an innovative system, 'In the Pink' to survey their customers and how they rate the services against outcomes, and particularly what *life* is like for them. Responses can be aggregated against providers to assess their performance against standards and outcomes.

**There may be opportunities for culture and sport to engage with adult services' user forums to increase their depth and breadth of engagement.**

## **Levels**

Personalisation is a key programme in councils which can dramatically improve the quality of life for individuals. In a proportion of cases this will be through Direct Payments, in others it will be through managed accounts.

There is a degree of locality based work through Practice Based Commissioning in NE Lincolnshire, area and neighbourhood social care teams in Hull and social work teams in North Lincolnshire.

There are pooled budgets in Mental Health and Learning Difficulties and some joint commissioning for Older People. There is a desire in all these services to improve budget alignment.

## **Community and Voluntary sector**

In NE Lincolnshire, one-third of the providers are from the third sector. They are involved in Equality Impact Assessments to design out inequalities, building cultural sensitivities and embrace diversity.

Hull has a spectrum of providers including Age Concern, MIND, Mencap, North Bank Forum and smaller local groups. There is a corporate capacity building team and events to support capacity building.

North Lincolnshire has a mixed picture in terms of the provider network. The Red Cross provides the Home from Hospital Service, the Alzheimer's Society is growing and dementia is growing, Fresh Start is a prevention service run by Voluntary Action North Lincs. The council is currently procuring advocacy services and is aiming for a main provider and smaller groups in collaboration. Capacity building is led within the regeneration team

**Engaging with existing providers of commissioned services presents opportunities to work with groups who have already been identified as priorities for intervention or prevention and identify potential culture and sport contributions to better outcomes.**

## **Opportunities and barriers for culture and sport**

Hull has already had some excellent work with arts and people with dementia in care homes; sports development and Mencap and the Humber Trust; alternative respite in the school holidays, evenings and weekends; and joint work with children's commissioning in relation to the East Park cycling scheme for children with profound disabilities and their carers.

North Lincolnshire adult services have funded a post in leisure to help people with learning difficulties access services and improve disability awareness amongst staff.

## **Opportunities**

- Opportunities to impact on health – in relation to admissions to hospital, fitness, balance – not an image that services and facilities are for the young and fit
- **Personalisation brings huge opportunities – and benefits for individuals**
  - **Training for both sets of staff on person centred approaches**
  - **Recognise the feedback from 'In the Pink' which highlights loneliness, isolation, restrictions of disability and look at ways of responding**
  - **Working with individuals may require a cultural shift and open mindedness. Are you willing and prepared? Does the service need remodelling?**
- Work with other providers – many are wonderful. Take services to them, give them a taste
- Help people on low incomes be more aware of opportunities and help them access these without feeling they are different (view from a user)
- Help look at alternatives to day support services

## **Barriers**

- Awareness of people's needs who are not 'mainstream'
  - Communication – not everyone can read, or has a house and front door
  - Timings of sessions and getting to places
  - Social barriers and 'stigma' eg Salvation Army hostel users

## **Their advice**

- Let's think outside the boxes – together – and build and raise awareness of opportunities for everybody in an equitable way

## 5. Health and Public Health

**Governance:** There is a **Health and Well-being Board** in both Hull and North East Lincolnshire – North Lincolnshire currently has a Well-being and Health Improvement Partnership, which is to become a Health and Well-being Board in the future.

Commissioning structures underpin these.

### **Priorities:**

In addition to the JSNA, the **Annual Report of the Director of Public Health** in each authority is a key document.

The key health challenges and priority outcomes are very similar in each authority:

- Reducing health inequalities
- Reducing 'all age all cause' mortality, particularly in relation to cancer, cardiovascular disease and strokes
- Tackling underlying lifestyle issues of diet, physical activity, obesity, smoking and the management of health, particularly in deprived communities

North Lincolnshire and North East Lincolnshire's **Comprehensive Area Assessment** in 2009 placed a **red flag** against the partnership's progress relating to health outcomes and inequalities. Hull also faces huge health challenges with outcomes all outcomes below the national average and registering 4<sup>th</sup> highest in the Health domain of the IMD.

Across all three authorities, improvement in health outcomes is a critical challenge. This requires a concerted effort from all partners in getting 'upstream' in relation to these issues.

**The Marmot Review – 'Fair society: Healthy lives'** provides an agenda for change. Marmot stressed that 'Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism'.

### **Process:**

NHS World Class Commissioning is the guiding process. This is supplemented by the QIPP model of effectiveness and efficiency – Quality, Innovation, Productivity and Prevention. Each PCT has a **Commissioning Strategy**.

The new White paper gives Local Authorities more responsibility for health. It puts local authorities in the position of being part of the developmental discussions and not just responding via Scrutiny. Processes will involve greater collaboration with GP consortia.

**The changes also open up the opportunities to bring in and increase the contribution of other services including culture and sport.**

Community and User involvement and social marketing/segmenting is considered to be well-developed in Hull and North East Lincolnshire. Hull has a strong membership model with thousands of citizens signed up and community ambassadors and patient panels. North East Lincolnshire's ACCORD is community engagement on a large scale with elected member engagement and community meetings. Nonetheless it is challenging to reach the people that it is most needed to reach and test ideas. North Lincolnshire's model is developing – there are five citizen's partnerships, some still chaired by officers, and some good practice with opportunities to build on this.

**These engagement mechanisms present opportunities for culture and sport to meet with citizens from different communities and with varying needs to explore how culture and sport might help deliver on better outcomes for those individuals and communities.**

## **Levels**

Commissioning is mainly strategic.

Practice Based Commissioning has been limited.

In North East Lincolnshire the focus of commissioning has been through the Care Trust Plus. Commissioning for Adults is with the CTP and commissioning for Children and Young People is to be transferred to the local authority.

Generally, the trend is to align budgets.

## **Voluntary and Community Sector**

Hull's sector is fairly vibrant. In terms of providers, the big players dominate – Goodwin, Age UK, Carers organisation. North Bank Forum is funded for capacity building.

North Lincolnshire has representation through VANL but the sector is relatively small so capacity is small.

North East Lincolnshire has limited providers in the Public Health sphere, but there are active organisations in the disability field and health trainers through ASGARD. VANEL supports sector capacity building.

All three identified a need to build the involvement of the sector in the public health agenda.

### **Opportunities and Barriers for Culture and Sport**

Current contacts are primarily through sport and physical activity

#### **Opportunities:**

- To integrate the work of public health and culture and sport more effectively
  - Set priorities and broad structures and then let people go off and do it
  - 'make every contact count' – use every avenue and opportunity to promote health messages and make people aware of opportunities
  - We need to be properly united to be effective
  - It needs some risk taking and buy in
- Huge opportunities across a broad range of physical activity, mental health, libraries, tackling social isolation, prevention
- **The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport. The forthcoming changes through the White Paper present an additional catalyst for innovation and new relationships in shaping the future.**

**There are particular opportunities to widen and deepen the sport and cultural offer in relation to mental health and to empowering people in terms of building their own contribution to well-being.**

#### **Barriers:**

- Silo working – not being joined up, management structures, 'traditional' ways of working
- Problems of the commissioner-provider split

#### **Their Advice**

- Let's get our act together corporately, be innovative and think outside the box

## 6. Children and Young People

**Governance:** Children's Trusts are in place in all three authorities, being relatively new in North Lincolnshire.

The Children and Young People's Plan is the key document with the needs assessment and priority outcomes.

### Priorities

The **Every Child Matters Outcomes**, Enjoying and Achieving, Staying Safe, Being Healthy, Making a positive contribution and Achieving Economic well-being are the headline outcome areas.

Within this, reducing health inequalities is key. The **Marmot Review – 'Fair society: Healthy lives'**, recommendations for achieving 'the best start in life' provide a framework for this.

The other major themes are: raising aspirations, sustaining improvement and attainment and developing skills for the future.

Hull stresses the need to avoid working from a 'deficit' model and promotes supporting families and building stronger communities.

**Process:** The (former) Department for Children, Schools and Family commissioning cycle is generally applied.

Children and Young People's participation is built in. Hull has a Voice and Influence Team to support young people's engagement across the commissioning cycle and a very active Youth Parliament of around 150-200 young people. This includes interviewing staff, challenging VFM and service delivery and procurement decision making panels. North East Lincolnshire has a Citizen's Panel of Young People and themed groups around age ranges and particular groups of young people. There is a strategic Participation Officer and engagement with parents to garner their views. North Lincolnshire's new (draft) Children and Young People's Plan includes a strategic objective and action plan to increase engagement.

### Levels:

Commissioning is strategic with local collaboration and co-ordination. Schools are increasingly working in partnership.

Budgets are generally seeking to be aligned. In North East Lincolnshire there will be a pooled budget (Section 75 agreement) for Children's Services, to be led by the local authority (mirroring the arrangement with Adults which is led by the Care Trust Plus).

### **Community and Voluntary sector**

Hull has a 'rich and resilient' voluntary and community sector, central to their activity at governance, strategic, operational and community level and essential to the social capital of the city. As well as the larger providers, such as Barnardo's (for disability and child protection), NSPCC (for Looked After Children and emotional well-being), NCH (for young carers), there are lots of services provided by small local organisations including churches and youth projects. There is a contract with North Bank Forum for capacity building and a voluntary sector team. The VCS works with the youth parliament and the children and young people themselves like working with the local voluntary and community organisations.

Both North Lincolnshire and North East Lincolnshire have identified the need to review their arrangements with the voluntary and community sector and that there is work to be done on capacity building.

### **Opportunities and barriers for culture and sport**

Some collaborations exist – **there is scope for a great deal more**

#### **Opportunities**

- Articulating voices
- Provide evidence of what works
- Mental health is as important as physical health
- Work more with schools – primary, secondary and pre-school - and with families on health inequalities
- Target activities more in deprived areas and work with young carers
- Diversify the types of activities – something different to get those in deprived areas engaged
- Improving play areas (NE Lincolnshire TellUs survey said they were the 3<sup>rd</sup> worst in England)

#### **Barriers**

- Evidence of impact on outcomes – a shared problem

### **Their advice**

- Need to open up the conversations and not be afraid to 'go for it'. 'Come and talk' and help make a difference and be open to sharing information and to change.

## **7. Summary of implications**

### **8.1 Corporate**

There could be some merit in exploring how aligning budgets works in East Riding, who have a green flag in this, to learn from their practice.

### **8.2 Joint Strategic Needs Assessment**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of Hull, North Lincolnshire and North East Lincolnshire, thinking about where culture can make a contribution and other people to form relationships with.

### **8.3 Adult Services**

There may be opportunities for culture and sport to engage with adult services' user forums to increase their depth and breadth of engagement.

### **8.4 Adult Services**

Engaging with existing providers of commissioned services presents opportunities to work with groups who have already been identified as priorities for intervention or prevention and identify potential culture and sport contributions to better outcomes.

### **8.5 Adult services**

Personalisation brings huge opportunities – and benefits for individuals

- Training for both sets of staff on person centred approaches
- Recognise the feedback from 'In the Pink' which highlights loneliness, isolation, restrictions of disability and look at ways of responding



- Working with individuals may require a cultural shift and open mindedness. Are you willing and prepared? Does the service need remodelling?

## **8.6 Health and Public Health**

The engagement mechanisms in health present opportunities for culture and sport to meet with citizens from different communities and with varying needs to explore how culture and sport might help deliver on better outcomes for those individuals and communities.

## **8.7 Health and Public Health**

The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport. The forthcoming changes through the White Paper present an additional catalyst for innovation and new relationships in shaping the future.

There are particular opportunities to widen and deepen the sport and cultural offer in relation to mental health and to empowering people in terms of building their own contribution to well-being.

## **8.8 Children and Young People**

There are huge opportunities especially across the health and well-being agenda.

The challenge is to diversify the offer and make it relevant to the most disadvantaged and focus on making an impact on the key outcome area.

## **6. Better outcomes for people in North Tyneside:**

### **Developing commissioning relationships in Cultural Services**

#### **The Commissioning Landscape in North Tyneside: Initial findings and implications**

**September 2010**

#### **Contents**

1. Introduction
2. Context – some facts about North Tyneside
3. North Tyneside approach – corporate
4. Adult Social Care
5. Health
6. Public Health
7. Summary of implications

## 1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in North Tyneside – to identify current commissioning structures, priorities and procedures.

The information has been compiled through one-to-one interviews with key officers.

The information gathered is intended to help the Culture and Sport team understand what is happening and think about their approach to engagement in commissioning.

It is a description of some general themes and directions. There is a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing.

There was a very strong culture of openness to joint working and finding new, better and more cost effective ways of doing things. People were keen to work more closely with cultural services. There are constraints of resources, pressures on time and the challenges of change but a clear commitment to building closer relationships.

There is an intuitive understanding of the benefits of culture and sport to better outcomes, and these are understood more in relation to physical activity. The challenge for cultural services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The information includes viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the people of North Tyneside.

## 2. Context – some facts about North Tyneside

Some facts about North Tyneside which impact on strategic commissioning:

- The population of North Tyneside is 195,961 a rise of 2.1% since 2001
- The number of pensioners is rising quicker than the number of young people
- The BME population of North Tyneside represents 3.9% of the total population which has nearly doubled since 2001

- If current trends continue, the population of the borough will continue to rise. The current projection is 225,500 by 2031
- There are 84,861 households in the borough and of these:  
33% are single person households  
27% are pensioners  
28% have children under the age of 16
- Three quarters (77%) of residents feel people of different backgrounds get on well together
- Three fifths (60%) feel they belong to their neighbourhood
- Life expectancy for women in North Tyneside is 80.9 years (compared to the national average of 81.5 years) and for men it is 76.7 years (compared to 77.3 year nationally)
- There are greater differences within certain parts of the borough
- In North Tyneside, an estimated 29% of adults smoke compared to the English average of 24%
- Smoking remains the greatest contributor to premature death in North Tyneside.
- Obesity is the second most common cause of preventable death and impacts significantly on quality of life
- 20% of adults are considered obese
- 9% of children starting school in North Tyneside are considered obese
- The estimated level of healthy eating adults is 21%, compared to the England average of 26%. The level in North Tyneside has risen from 18% in 2006
- Binge drinking is estimated at 26%, compared to 18% nationally

- Most people do not know the governments recommended weekly and monthly alcohol intakes
- Rates of teenage conception in North Tyneside are well above the average for England
- Some 13% of the resident working age population of North Tyneside have no qualifications (year ending 2007). The earliest comparable data available is for year ending December 2005 for which the figure was 12%.
- 67% of the working age population have obtained NVQ Level 2 or above, and 46% have achieved NVQ Level 3 or above
- In January 2009 the 3 month average of 16-18 year olds not in education, employment or training was 9%. This proportion was only marginally higher than the comparable 2008 figure of 8.8%
- The number of people of working age in the borough is 121,200 of which three quarters (74%) are in employment
- There are 5,817 people (including 4,413 men, and 1,404 women) claiming Job Seekers Allowance
- In the past year, the number of claimants has risen by 58% although over much of the period 2001-2008, the number of claimants had fallen
- In 2009, for the first time since the Indices of Multiple Deprivation (IMD) were introduced in the 1990s, North Tyneside does not rank in the 'Top 50' on any district measure. In terms of ranking 'less deprived', North Tyneside experienced the 24<sup>th</sup> largest change in England. However, the overall pattern of deprivation remains largely unchanged ie the gap has not closed within the borough

### **3. North Tyneside approach – corporate**

#### **3.1. Commissioning Summary**

**Commissioning is led at a service level**, using the prescribed processes of the appropriate national government department.

**Commissioning is strategic.** There are various regional collaborations and cooperation in delivering services in localities – but not through devolved or pooled budgets other than small area based grants. There is some practice based commissioning in the PCT based on indicative budgets. Personalisation is being developed in Adult Services, including Direct Payments.

There are good relationships and arrangements with the **Voluntary and Community Sector** but there are opportunities to strengthen this. There is a recognition that a greater corporate and partnership approach to working with and developing the sector.

### **3.2 High level outcomes – summary**

North Tyneside has recently refreshed its' community strategy in the light of achievements over the past three years, current challenges and residents' views.

The headline priorities are:

- Regeneration
  - Economic development
  - Education and skills
  - Regeneration
  - Planning
  - Transport
  - Tourism
  
- Quality of Life
  - Health and wellbeing
  - Crime and anti-social behaviour
  - Stronger and safer communities
  - Safeguarding
  - Older people
  - Environment and climate change
  
- Best start in life
  - Child poverty
  - Skills and employment
  - Health
  - Safeguarding
  
- Sense of place
  - Culture
  - Sport
  - Arts
  - Heritage

- Housing
- Participation
- Public realm

The particular challenges facing the borough include:

- Health inequalities and health challenges
- Inequality and child poverty
- Aging and more diverse population

### **3.3 The opportunities and barriers for culture and sport**

#### **Opportunities:**

- A great deal of enthusiasm to move this agenda forward
- 'Widening Horizons for All' has sport and culture at the heart and is high profile

#### **Barriers:**

- Need to look more widely at the types of activities that could be done
- A large number of leisure centres – needs a robust options appraisal on delivery mechanisms and needs
- Integrate and join up more with regeneration
- Marketing to visitors
- Need for better links and joint working with health
- Learn from what works elsewhere

#### **Their advice:**

- Be very clear about the offer
- Demonstrate a track record
- Show what culture and sport does contribute to what the council is trying to achieve

**Culture and sport is potentially well placed in the council's priorities and in relation to the Community Strategy. There is a suggestion that the range of activity could be broadened and particularly that the link with priority outcomes needs demonstrating. In part, improved links with health and regeneration are avenues to develop this.**

## 4. Adult Social Care

**Governance:** Health and Well-Being Board and the Executive Commissioning Board below this. These are currently being reviewed

**Priorities:** Informed by the **Joint Strategic Needs Assessment (JSNA)** – Key document.

**The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of North Tyneside, thinking about where culture can make a contribution and other people to form relationships with.**

The key themes are:

- Early intervention
- Carers
- Long term conditions
- Substance misuse
- Tobacco control
- Obesity
- Mental health
- Sexual health and pregnancy
- Safeguarding children
- Housing
- Preventing ill-health and promoting well-being
- Raising expectations (for quality services)
- New models of care and support (personalisation)

**Priority outcomes:** these are defined in 'Our Health, Our Care, Our Say' and are the key priority outcomes on which the service is judged.

- Improved Health and Well-being
- Increased choice and control
- Making a positive contribution
- Economic well-being
- Maintaining personal dignity and respect
- Improved quality of life
- Freedom from discrimination and harassment

**Process:** The service uses the World Class Commissioning process for health and social care.

The JSNA underpins the process.



There is a Joint Commissioning Framework for Learning Difficulties, Supporting People, Mental Health, Physical Disabilities, Older People.

A Commissioning Board meets monthly.

There is an Engagement Group and user forums to drive and influence community input to the process.

### **Levels:**

There is **sub-regional** collaboration through the PCT North of Tyne Group which has a functional commissioning structure. This covers a large area so there are opportunities in the White Paper in relation to commissioning through GP consortia.

Commissioning is mainly **strategic**.

In relation to **personalisation**, 900 people are currently on a personal budget, with 350 of these on direct payments.

One of the challenges of personalisation is how to create more of a market and a better offer for individuals.

### **Community and Voluntary Sector:**

There are good arrangements in place in relation to representation in the governance structure, quarterly forums for discussion and community and voluntary sector providers in such areas as day care and domiciliary care.

There is still a need to strengthen the sector, to help them understand personalisation and to look at opportunities to explore doing things differently through smaller grants.

### **Opportunities for Culture and Sport to contribute**

Some joint work over recent months has been underway to help culture and sport understand key areas better. This has included the 'Leisure Choices' scheme and using hydrotherapy sessions to redirect clients to mainstream services. There are some initiatives around prevention.

### **Opportunities:**

- Working with populations of around 100,000 through the GP consortia

- How we get good information and advice to clients at the first point of contact
- How we work with culture and sport to ensure they have the skills to meet needs
- Looking at the barriers of discrimination
- Using a model of re-ablement – and steps towards using mainstream services
- Learning difficulties – look at the map of independent living in North Tyneside and reach into that
- Mental Health and Older People – understanding the map and understanding the huge steps and barriers they face - and going to them to understand where they are at

#### **Barriers:**

- Having sufficient funds to do this
- Understanding the complexity of vulnerability and high levels of need

#### **Their advice:**

- Understand what commissioning is, the JSNA and the particular needs of the clients and think how you can tailor make your services to respond
- Invest time in looking at how current services can be more aligned to respond to marginalised groups
- Evidence and outcomes are vital – especially for GPs

#### **Summary and implications**

This area of service is well advanced in its approach to commissioning. The opportunities to engage and contribute to better outcomes for Adults are significant.

Understanding the JSNA, building links with other providers in the third sector and increased involvement in personalisation are key.

**There is an opportunity to develop this relationship and discussions with Adult Services in a future session of this programme. There are many opportunities to follow up in relation to personalisation, reablement, and the map in relation to particular disadvantaged groups. Building relationships with staff in Adult Services has started but can be intensified.**

## **5. Health**

**Governance:** Health and Well-Being Board and Executive Commissioning Group below this.

**Priorities:** The NHS North of Tyne Strategic Plan 2010 – 2014 sets out the vision, strategic objectives, strategic goals and Initiatives for the next four years. There is a one page summary at:

<http://www.northoftyne.nhs.uk/publications/publications-files/Strategy%20Map%20A3.pdf>

The three strategic objectives are:

- Improve prevention and wellbeing in order to minimise the reliance on healthcare
- Improve health outcomes through early detection and intervention
- Improve the delivery of high quality care in the most appropriate setting and reduce the reliance on hospital care

**Process:** Use the NHS World Class Commissioning cycle although this terminology may be dropped. This is informed by the JSNA and patient involvement.

The process is seeking the maximum impact for resources – the biggest improvement in outcomes and quality of life. This includes moving care into the community, avoiding admissions and improving services at home. Interventions need to demonstrate that not only are they delivering better outcomes but also that they are reducing dependency on other services.

The QIPP model – Quality, Innovation, Productivity and Prevention – is a key NHS programme working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements.

In North Tyneside this involves reviewing pathways rather than commissioning new ones (at the moment) and looking for efficiencies through these reviews.

Patient involvement is important and there is a strong communications and engagement team reaching many groups such as BME and hard of hearing, but there is scope to expand this at the provider level.

**Levels:** There are numerous regionally commissioned services, such as Prison Health Care, Mental Health amongst others.

Most services are commissioned at a strategic level.

Locality: there has been Practice Based commissioning based on indicative (as opposed to devolved) budgets.

There are no direct payments or health personalised budgets.

Budgets are aligned with other partners. There are examples of joint commissioning but limited pooled budgets.

**Third Sector:** There have been a number of contracts over the past ten years and some grants. All current grant and contracts are being reviewed to look at whether they are delivering effectively and efficiently (in collaboration with Adult Services). All in future will be on DoH community contracts.

It is considered a vibrant sector, especially in Newcastle, and there is some pulling together to work as consortia.

### **Opportunities for culture and sport to contribute**

Current initiatives have included the Carnegie Healthy Weight programme and a small programme through Ruth Evans, a GP in Wallsend, which used Practice Based Commissioning to get people involved in art and craft.

### **Other opportunities:**

- Whole range around physical and mental health
- Groundwork green gym initiative

### **Barriers:**

- Breaking down organisational barriers
- Need strong evidence base and models for measuring outcomes
- Getting something up and running whilst the old system is still running
- Convincing patients to get involved – the culture is that they feel they need a ‘specialist’

### **Their advice:**

- It’s a two way thing. We must understand needs. We need to hear from culture and sport about what they think the needs are too so that we can get this right.
- Keep pushing ideas. Be innovative. Be resilient.

### **Summary and implications**

There are many opportunities for collaboration and an openness to exploring these.

**The main challenge for cultural services in relation to health is to have a robust approach to outcome measurement and a strong evidence base of successful interventions.**

## **6. Public Health**

**Governance:** Health and Well-Being Board and Executive Commissioning Group below this.

**Priorities:** The Director of Public Health's Annual Report is a key document. It can be found at:

[http://www.northynteside.gov.uk/pls/portal/NTC\\_PSCM.PSCM\\_Web.download?p\\_ID=514292](http://www.northynteside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=514292)

In summary, the priorities in the borough are:

- Prevention – particularly in relation to cancer, cardiovascular disease and respiratory conditions
- Health inequalities
- Key lifestyle issues, smoking, alcohol, diet, physical activity, mental health and well-being

Health inequalities have widened and are not on track for both males and females.

Smoking prevalence has reduced but has not shifted in routine and manual professions.

Teenage conception has reduced but is not on target.

Obesity – the borough is making some headway. Childhood obesity is beginning to plateau. Targeting through the Carnegie Programme and the holistic approach is one approach.

In the older population there are particular challenges in relation to cancer.

**Process:** Public Health works with the commissioning arm of the PCT and seeks to influence that. The Director has a key role in the JSNA and chairs the project board for this. The JSNA is currently being refreshed and will be more accessible on the website.

Currently the World Class Commissioning model is used and there is uncertainty how this will translate to the GP consortia.

In the future there will be new roles in relation to Health Improvement and Health Inequality which require further clarification.

In terms of patient involvement, the public were not consulted as part of the first JSNA but this is being built in to the refresh through the LINK Patient Involvement Group and there is a community engagement plan for the JSNA.

**Levels:** Public Health is engaged in some joint commissioning with Community Health. There is also some spot purchasing with SLAs for projects in the Local Authority.

**Third sector:** The work is piecemeal and needs an overview to pull together and avoid duplication.

### **Opportunities for culture and sport to contribute**

All current contracts are coming to a natural end and these are being looked at to look at their value.

For example, the Carnegie Programme is proving difficult to assess in terms of clarity of outcomes. Reliance is on the National Childhood Measuring System and also the Residents' Survey.

### **Opportunities:**

- To recognise they have the capacity and infrastructure to deliver on this agenda
- To develop the breadth of offer – beyond physical activity
- The 'Widening Horizons' agenda driven from the Mayor's office – but there is still a need to demonstrate tangible outcomes and the business case. There is a 'Core cities' initiative on cost benefit – particularly in relation to obesity and healthy weight
- Music, choirs
- Drama – scenarios and health messages

### **Barriers:**

- There are issues that the council is both a commissioner and provider so this may mean there is a lack of independence. Sometimes they are trying to 'sell' their services rather than addressing strategic objectives and this is confusing.
- Public Health is not always backed up by the structures and resources in the PCT – it can be piecemeal and not integrated
- Care pathways should look more broadly
- The need for a robust evidence base
- We have not been brave enough to decommission services and start from scratch

- We could be smarter and more innovative in cultural activities, including dance and theatre
- Opportunities to address mental health and diversionary activities in relation to alcohol could be developed

### **Their advice**

- Know the Public Health perspective and try and articulate your offer using that knowledge.
- Be clear about whether you are a strategist or provider.

**A fresh look at the Public Health agenda and some creative and innovative thinking about maximising the impact on outcomes would be timely in terms of the new White Paper.**

**There are opportunities to learn from good practice elsewhere which can be explored by the team and through the Commissioning Support Programme.**

## **7. Summary of implications**

### **7.1 Corporate**

Culture and sport is potentially well placed in the council's priorities and in relation to the Community Strategy. There is a suggestion that the range of activity could be broadened and particularly that the link with priority outcomes needs demonstrating. In part, improved links with health and regeneration are avenues to develop this.

### **7.2 Adult Services**

The JSNA is a key document and identifies what commissioners need to consider in addressing needs. It is a crucial source document to learn about needs and desired outcomes for the people of North Tyneside, thinking about where culture can make a contribution and other people to form relationships with.

There is an opportunity to develop this relationship and discussions with Adult Services in a future session of this programme. There are many opportunities to follow up in relation to personalisation, reablement, and the map in relation to particular disadvantaged groups. Building relationships with staff in Adult Services has started but can be intensified.

### **7.3 Health**

The main challenge for cultural services in relation to health is to have a robust approach to outcome measurement and a strong evidence base of successful interventions.

### **7.4 Public Health**

A fresh look at the Public Health agenda and some creative and innovative thinking about maximising the impact on outcomes would be timely in terms of the new White Paper.

There are opportunities to learn from good practice elsewhere which can be explored by the team and through the Commissioning Support Programme.