

Oxfordshire Children & Young People's Trust: Framework for Joint Commissioning

May 2010

Introduction

The aim of this Framework for Joint Commissioning is:

- To shape the way resources are deployed strategically;
- To make better use of the 'total pot' on the basis of jointly agreed strategic priorities;
- To secure joined up pathways that avoid duplication and address gaps in services;
- To develop key strategic information that tells the Trust members about the effectiveness of the investment and its impact on the 'big picture';

All statutory partners of the Children and Young People's Trust Board should see this Framework for a Joint Commissioning Strategy as a key vehicle for delivering the challenging financial efficiencies required across the public sector over the next decade. There will be bold proposals for using legislation to develop pooled budgets – not just for the sake of it, but because we can demonstrate that doing so will bring better services for less money. Over the next three years difficult decisions will need to be made. In order to do all of this we require fundamental changes to the way in which commissioning works and this is outlined in here too.

This framework builds on the existing work of the Trust Board, including reports from the Joint Commissioning sub-group, sign-off of the commissioning self-assessment and the member workshops in November 2009 and again in February 2010. Importantly, the second Children and Young People's Plan was published in January 2010 giving the Trust Board a robust strategy from which to develop this framework.

Background

The policy context

There is strong national policy direction around children's services and over the past two years five policy documents have emerged as the most significant drivers for joint commissioning:

- Children's Trusts: Statutory guidance on co-operation arrangements, including the Children's Trust Board and the Children and Young People's Plan (2010)
- Your child, your schools, our future: building a 21st century schools system (2009)
- Working Together to Safeguard Children: (2010)
- Healthy Lives; Brighter Futures: The strategy for children and young people's health (2009)
- The Children's Plan: (2007)

Locally, the work programme of the Joint Commissioning Team and sub-group has been driven by the CYPP and the PCT Operating Plan (which is published annually and informed by the national NHS Operating Framework).

What do we mean by joint commissioning?

There has been much debate about what is meant by the terms 'commissioning' and 'joint commissioning' but there is now clear consensus nationally, supported by the Commissioning Support Programme, about what commissioning should mean.

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

(Commissioning Support Programme 2010)

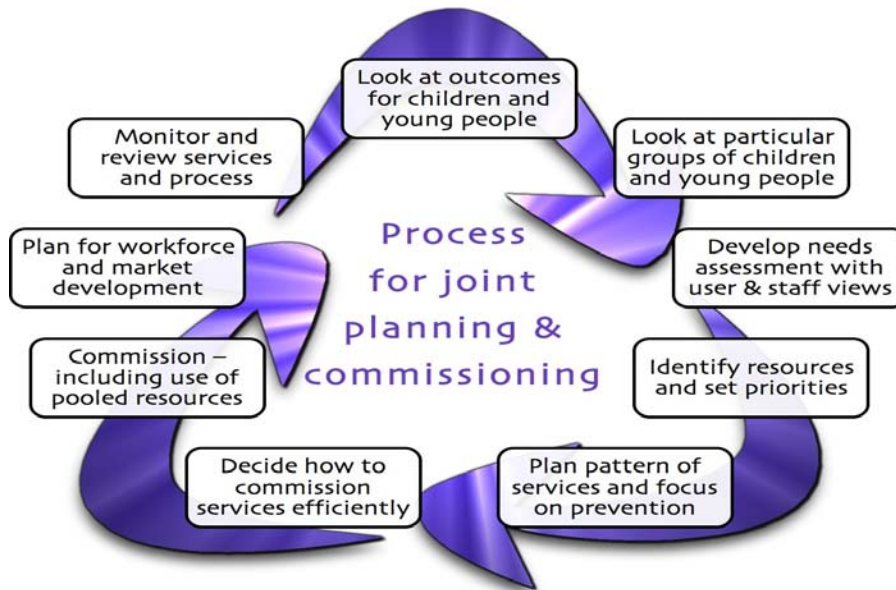
This is not just a question of producing a statement about what services are needed – it also means implementing a plan to develop those services, and actively reviewing progress in achieving the plan. Commissioning is not just about individual service contracts or agreements with a particular provider – it is concerned with the strategic development of services to meet the identified needs of a particular population. Finally, it is concerned not just with the effectiveness and efficiency of services secured from agencies outside the public sector – it also concerned with ensuring that we get the best from services provided, for example, by local authorities, the voluntary sector and NHS Trusts.

There is currently a plethora of 'commissioning cycles' and last year, the Commissioning Support Programme brought these into one simple cycle as reproduced overleaf:



The DfES (2007) produced a description of the activities involved in developing and implementing a joint commissioning strategy to meet the aims of a Children and Young People's Plan in the Joint Planning and Commissioning Framework (2006). This has been

helpful and it currently forms the basis for our approach to developing and implementing commissioning strategies in the Oxfordshire Children and Young People's Trust:



The different levels of commissioning

There are several different 'levels of commissioning' and there is often a very well rehearsed reason for using one level or another. In Oxfordshire, the main levels of commissioning that the Joint Commissioning Team and partners have worked with to date include:

- Regional or sub-regional: usually applied for high cost and low volume services where commissioning with other counties brings economies of scale in terms of risk management. For example, specialist residential placements.
- Strategic (or countywide) because it relates to a whole service or care pathway, commissioned by Children's Trust partners. For example CAMHS services.
- Individual: where one or more partner agency agrees to an individualised 'package of care' to meet the exceptional needs of an individual child/family. This most often relates to treatment or placements in other counties and is usually because the needs of that child/family cannot be met in county. This is an area of significant and increasing cost pressures to both the Council and PCT.

There is an opportunity now to develop our approach to more local commissioning through schools and primary care.

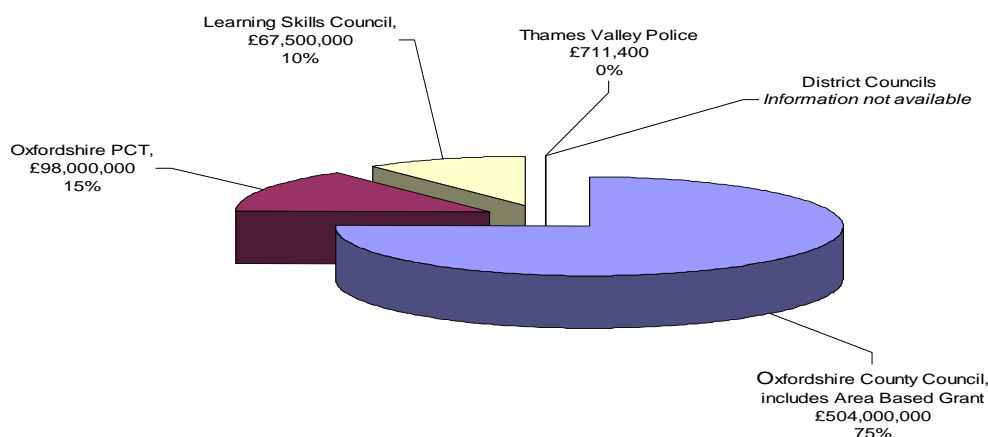
Needs analysis

Effective commissioning is always underpinned by robust analysis of need. In Oxfordshire we have used the Joint Strategic Needs Assessment (JSNA) to inform the commissioning process. Last year, a comprehensive needs analysis was produced to support the production of the second CYPP. This has brought together a range of information including views from external inspection, the Ofsted profile of Oxfordshire, the JSNA, the thoughts and comments of local children, young people and their parents, existing research and surveys as well as performance data from the Trust Board. The key messages for commissioning from our Needs Analysis are outlined in Appendix 1.

Resources

To date the majority of the commissioning plans have been delivered either by redesigning services within existing resources, or by targeting new investment (often central government or area based grants). In 2008, the Trust Board agreed that investment would be targeted in areas of greatest deprivation geographically. The agreed areas are Oxford City, Banbury and South Abingdon. Given the rural nature of Oxfordshire it was also agreed that rural deprivation would need to be addressed. A snapshot of resources currently spent on services for children, young people and families in Oxfordshire is provided below. We estimate that there is a total annual public sector spend of approximately £677m, including £321m that goes directly to local authority schools.

The majority of the 'spend' on these services is with the Council and the PCT. It is much more difficult for other partners to extrapolate spend on children and young people from general spend.



Where are we now?

Setting the scene

There has been a Children and Young People's Trust in Oxfordshire since 2006 and the Trust Board operates as one of the six 'thematic partnerships' underpinning the Sustainable Communities Strategy (Oxfordshire 2030) and the Local Strategic Partnership (The Oxfordshire Partnership). The new Statutory Guidance on co-operation arrangements now establishes the Trust as a statutory board, responsible for publishing and delivering the Children and Young People's Plan (CYPP). The Trust's second CYPP lays out the key priorities for the Trust over the next three years:

- Keeping children and young people safe.
- Raising achievement for all children and young people.
- Narrowing the gap for our most disadvantaged and vulnerable groups.

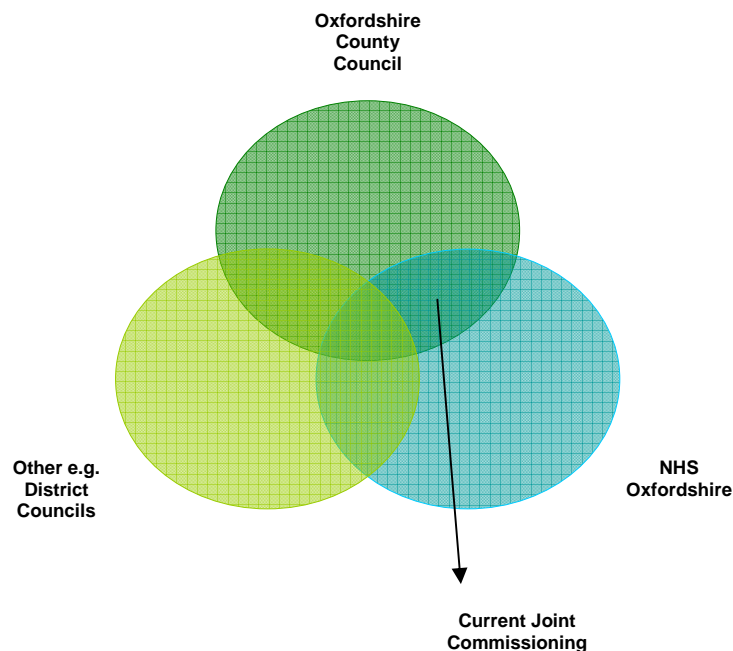
At the same time as the Trust was established, a small Joint Commissioning Team was appointed including commissioning managers from the Council and from the PCT. A jointly appointed Strategic Lead/ Head of Joint Commissioning manages this function, reporting to OCC and PCT senior management. Over the past few years the team (together with partners) has delivered a programme of work for the Trust Board including:

- Improved outcomes for children and young people with risky behaviours (self-harm, substance misuse, sexual behaviour)
- Strengthened support for effective parenting (including 'Think Family')
- Improved outcomes and experience for children with disabilities (including therapies, Childcare, Short Breaks and Palliative Care)
- Improving support for children with mental health needs through early intervention and speedy access to specialist services
- Improving outcomes for vulnerable mothers through redesign of maternity and early years provision
- Improving health, social and educational outcomes for sick children by providing more capacity in community services
- Reducing the gap in outcomes for children by systematically rolling out the Healthy Child Programme across Oxfordshire.

For the past four years we have used a joint approach to commissioning between the local authority and the PCT in Oxfordshire wherever it is in the interests of children, young people and families to do so.

Ways of working

An increasing proportion of commissioning is happening 'jointly' involving in particular the PCT, Council and District Councils as illustrated.



However, at present, joint commissioning activity is being undertaken without a clear legal and financial framework afforded by the legislative provision of the Children Act 2004 (section 10) and the NHS Act 1999 (section 75) but by taking a case-by-case, pragmatic approach to working within the financial, legal and governance constraints that exist. Typically these interim solutions have included:

- Agreeing and signing off partnering agreements
- Achieving commitment to aligning budgets
- Agreeing joint procurement processes
- Agreeing a common set of contract terms and conditions
- Agreeing a co-ordinated approach to performance and contract management.

The work programme of the team (and other commissioners) is driven through the Joint Commissioning sub-group of the Trust Board, formally established in May 2008. The PCT Director of Redesign chairs the sub-group and it has a small membership drawn from commissioning managers, public health, the Head of Service (Commissioning, Performance and Quality Assurance) and wider Strategic Leads attend for specific agenda items.. The sub-group reports to the Trust Board and has led the commissioning self-assessment process, signed off by the Trust Board in September.

Messages from the self-assessment process

The Commissioning Support Programme self-assessment process carried out last summer provided a useful audit of where members of the Trust Board currently see the role of the Trust in joint commissioning. The following messages came across:

- Many respondents felt that the Trust's understanding of needs had dramatically improved over the past year, and this came across as a real strength.
- Several respondents talked about the need to ensure that the Board takes a more strategic view, with members taking a corporate, rather than organisational perspective. Some felt that more clarity is needed about why they are on the Board and what their role is.
- Several respondents talked about the need for the Board to become more forward looking in order to ensure that commissioning decisions will meet future needs rather than just reflecting historical performance.
- There were differing views on whether the Trust should take responsibility for commissioning services that fall to a single organisation, or just those where there are partnership requirements.
- Several people talked about current confusion about roles as providers / commissioners and felt that resolving this was important to enable progress to be made.
- There were different views about the future commissioning role of Area Trust Boards, and whether commissioning decisions should always be taken at the county rather than area level.

This analysis has clearly informed the direction of travel in this document.

Commissioning principles

Trust Board members agreed a set of principles, following discussion at the Commissioning Workshop in November. These are:

- Our commissioning plans will implement the priorities of Oxfordshire's Children and Young People's Plan (CYPP).
- We will act fairly and transparently to promote equality of opportunity where we commission or decommission services. We expect that our commissioning process drives cost effective and affordable provision, in line with efficiency plans across the public sector.
- We will expect arrangements to drive up the quality of services, in line with best practice and emerging national guidance. This will include safeguarding all children and young people and providing care closer to home where possible.
- Children and young people will be at the centre of our commissioning and decommissioning plans and we will engage with children, young people and families as equal partners.
- We will build and maintain good long-term relationships and partnerships with service providers, schools and settings, investing in a culture of trust and mutual respect.
- We will manage and monitor contracts, service level agreements and service plans effectively and proportionally according to the level of risk they present.
- We will use this information to inform the Trust about the effectiveness of their investments or disinvestments and the impact on the big picture.

Where do we want to get to?

We want to get to a position where:

- Strong commissioning drives the implementation of our priorities in the CYPP in order to achieve better outcomes for children, young people and families including achievement of our performance targets
- There are clear links between other children's services plans, such as parenting, family support plans and childcare sufficiency assessments and the contribution they make to the improvements identified in the CYPP so that we have a single consistent strategy for commissioning
- There is a whole-system approach to joint commissioning where everyone across the Children's Trust understands what commissioning is and their role in a commissioning system.
- There is senior level support for the commissioning process to enable commitment to the commissioning framework and supporting activities across the whole system
- A range of commissioning approaches is used, as appropriate, with a clear aim to develop more effective integrated commissioning including pooling budgets and sharing other resources and, where necessary, decommissioning services.
- Commissioning focuses on outcome based specifications that promote the use of evidence based practice.

- There is involvement of children, young people and parents in our commissioning strategies.
- There is good governance of commissioning including clear and transparent direction, resourcing, accountability and delegation. This should cover the role of the Children's Trust Board in leading commissioning across children's services and the roles and responsibilities of different partners
- Commissioning draws on a wide range of skills, competencies, experience and capacities from across the Children's Trust including: engaging and drawing on the experience of partners and local leaders; collaborating with providers; mapping resources; specifying and measuring outcomes; assessing needs; prioritising investment.; shaping and managing markets and promoting improvement and innovation.

How are we going to get there?

A work programme for the next three years is proposed in order to ensure that while the changes are taking place, teams are still in a position to deliver the commissioning priorities from the CYPP. This work programme is drawn from the CYPP Delivery Plan outlined in Appendix 2.

In the meantime the following changes are proposed. Support for this change programme will be sought from the CSP and the summary of this change plan (appendix 3) will become our Strategic Change Plan for the CSP.

1. Building capacity for strategic commissioning

It is proposed that a separate Children's Trust Unit is established to bring together the key functions of commissioning, strategy, preparation and review of the CYPP, performance management and workforce development. This will need to be effectively resourced through the Children's Trust. A senior post (joint) is proposed to drive the work of the Unit through the Executive Board of the Trust. Further work will be needed to co-ordinate the work of existing commissioning personnel across partner organisations, identify any additional commissioning capacity required and to identify and make provision for training and development needs.

2. Skills and competencies

There will be a programme of work agreed with the CSP to provide for every senior manager with commissioning responsibility to complete a four day Commissioning Development Programme. The aim is to ensure that all commissioners are working to the same processes and procedures in order to ensure efficient and effective commissioning outcomes.

3. Legal and Financial Framework

Pooling budgets between different organisations offers the opportunity to shape local services to deliver agreed outcomes and also to deliver efficiencies by reducing duplication and increasing integrated team working at the frontline. Section 10 of the Children Act 2004 gives the power for local authorities and their relevant statutory partners to pool budgets and share other resources (such as premises), between themselves and other statutory partners. This could include District Councils, the Police and the PCT. Section 75 of the NHS Act 200 allows the local authority and PCT to pool budgets and delegate functions (such as lead commissioning) to each other.

There was discussion at the Trust Board last year about pooled budgets and there was support in principle for work on this to begin. This work would need to be progressed using support from the national Commissioning Support Programme over the next year. It is proposed that CAMHS is the first area to be explored.

This work on Section 10 or Section 75 will also need to align with the work programme called 'Creating a Healthy Oxfordshire' (CAHO) that aims to drive system wide efficiencies through the development of strong joint commissioning.

4. Governance

The commissioning framework is covered by the overall governance arrangements of the Children's Trust. Currently commissioning decisions about the provision of services for children and families are made by individual partner organisations or, where there is joint commissioning, through the Joint Commissioning sub-group of the Children's Trust Board. In order to meet the needs of the Children's Trust commissioning strategy the following proposals are made to strengthen the arrangements:

- Develop a memorandum of understanding to set out the shared purpose of the Children's Trust and how it relates to other partnerships and partner organisations for example Local Strategic Partnership, local authority cabinet, and Schools Forum.
- Revise terms of reference of the Executive Board to include oversight of commissioning strategy.
- Revise terms of reference of Joint Commissioning subgroup to include resources to promote and enable commissioning across the Children's Trust and widen membership to include relevant partners and ensure all relevant commissioning proposals are submitted to the subgroup for decision.
- Align reporting arrangements of other groups making commissioning decisions eg 14-19 Strategic Commissioning Group and the Schools Forum to ensure relevant commissioning proposals are reported and agreed through the Joint Commissioning subgroup
- Ensure ATBs are clear about role of Children's Trust in leading commissioning strategy and revise role of Area Trust Boards to focus on co-ordinating integrated services
- Establish a Children's Trust Unit, one of whose roles is delivery of the commissioning function of the Children's Trust

Further work is needed to develop a clear governance structure. The commissioning framework is a dynamic document that will be reviewed and added to as joint and pooled funding arrangements develop.

5. Locality commissioning

While the Children and Young People's Trust Board develops the framework for the joint commissioning strategy, there is a unique opportunity to look at how the expertise may be used to support schools in developing their commissioning role. In the future, Oxfordshire schools may work together to form 'commissioning hubs' and, depending on capacity and local buy – in, may be in an ideal position to integrate their work as part of the strategy. This will be particularly important in terms of the school improvement role where good commissioning of outcome based school improvement from schools could also support outcome based joint commissioning across the priorities of the CYPP.

There are 87 GP practices in Oxfordshire, all aligned to one of six Practice Based Consortium (PBC). Over the past three years these commissioning consortium have focused on the key priority of using their influence to manage demand for acute health services. Demand for hospital services (across all age groups) continues to exceed the contracted activity and presents a significant cost pressure (in terms of overperformance) to the health economy. However, there are opportunities for individual consortia to be part of a wider locality commissioning approach (perhaps including schools as commissioners) to address the issues that affect children and young people in a local area. Examples of this type of joined up commissioning includes, early intervention services and managing chronic diseases (such as diabetes).

Further work on the lines of accountability for locality commissioning arrangements is required as this approach develops.

6. Involvement and communications

There is a need to strengthen and embed the current structures for involving young people and parents at all levels in the Children's Trust. This includes the 'Sounding Boards' and the Youth Parliament.

In addition a lead Communications Officer should be identified to develop and agree a 'Communications and Involvement Plan' that ensures all stakeholders (both commissioners and providers) have an opportunity to input to the ongoing iterations of the framework. This will also ensure that everyone understands what we mean by commissioning and what we expect it to achieve.

Next steps

This draft framework builds on the outcomes of the two workshops held recently for the Children's Trust Board and on discussion with partners. It provides a further stage in the process of developing a strategic framework within which partners agree to commission services together which will enable the Trust to fulfil its leadership role.

More work needs to be done to help partners to fully understand the role of the Children's Trust and its partners in commissioning to drive improvements in outcomes for children, young people and families. We also need to engage with local partners and leaders from communities, schools, hospitals and other locally based agencies as well as children, young people and their families.

We propose to do this through a series of meetings, bilateral discussions and focus groups to build and develop the framework and strategy through an interactive process to ensure everyone is on board with the way forward.

Summary of the Key Issues from Needs Analysis

The Oxfordshire Context:

- The county average is good but there are **marked differences across the county**. West Oxfordshire, Vale and South Oxfordshire score in the top ten per cent of all districts nationally while Cherwell occupies a middle-ranking position and Oxford City is in the bottom third of districts.
- There are **ten small areas** roughly within the bottom ten per cent of all areas in England with **high child poverty**. Nine of these are in Oxford City: Barton and Sandhills OO5A, Cowley Marsh O13B, Northfield Brook O18C, St Mary's O11F, Rose Hill and Iffley O16E, Churchill O10C, St Clement's O11A. Blackbird Leys O18A and Northfield Brook O18B. One is in Banbury: Banbury Grimsbury and Castle OO4B.
- **Rural deprivation** is masked due to the relatively small population numbers. According to the Department for Work and Pensions 2007 statistics, 11.3% of children in Oxfordshire are living in poverty (2007). There are two rural wards with a child poverty rate above the Oxfordshire average.
- **Inequalities** can be identified in terms of location, ethnicity, income and gender, which are then repeated in other aspects of children's lives.
- The **ethnic breakdown of the population** is changing. The number of Other White increased by 36.9% from 2001 to 2007. This is reflected in the school populations, with a substantial increase in the number of Polish pupils. All other ethnic groups have also increased over this period, with several groups doubling or more than doubling in size (Asian or Asian British: Indian and also Other Asian; Black or Black British: African).

Be Healthy:

- The health of people in Oxfordshire is generally better than England and regional averages. Children's health is better than the England average. However, more than 13,025 children are living in poverty and we know from data on deprivation that there are **significant inequalities within Oxfordshire by location, gender, income and ethnicity which impact on health**.
- **Under-18 conceptions** have increased across the county and Oxfordshire is not on course for the target trajectory to reduce conceptions by 45% by 2010. There are particular concentrations in Banbury and Oxford City.
- Evidence indicates that **teenage parents** are more likely to want to leave school as soon as possible and that approximately 80% of them are likely not to be in employment, education and training.
- **By the time that children reach Year 6, 15.4% of them have been measured as obese**. (Figures for 2008-09). This compares to just 7% of children in reception measured in the same year.

- **Immunisation rates** need to be maintained and the Director of Public Health has highlighted the need to check the immunisation history of people moving into the area and offering them immunisation to fill any gaps.

Stay Safe:

- Most of the 600 children who have had **common assessments** completed are white British, the majority age group is 5 to 11 and more are boys. A large proportion have a disability.
- The Young Carers Strategy 2008-13, estimates that there are 11,000 young carers in Oxfordshire. 750-800 **young carers** are connected to services within the county. The majority are between eight and 15 years old. There are no specialist services for under eights and over 15s.
- In Oxfordshire, there were 1411 **admissions to hospital for injury** in 2008-09, equivalent to 106.5 per 10,000 population aged under-18.
- A number of themes have emerged from Serious Case Reviews which highlight the need for improvements in **multi-agency working** in particular in the review and management of cases of neglect.
- Serious case review analysis has introduced evidence that identifies **domestic abuse, substance misuse and mental health** as the 'toxic three' associated with death or serious injury to children.
- Our progress measures show that we need to continue to improve our performance when assessing and reviewing the needs of children within our care:
- The volume and **timeliness of initial assessments** undertaken by social workers fell between 2007-08 and 2008 -09, from 74.7% to 60.8%.
- The **timeliness of the reviews** of children and young people looked after by the council has improved over the last three years from 81.3% to 89.7% in 2008-09. Whilst on a par with similar authorities (88%) it is below the national average (90%) as recorded in 2007-08.

Enjoy and Achieve:

- For all key stages, Oxfordshire performs in line or above the national averages but towards the lower end of the statistical neighbours groups.
- In **Key Stage 1** Oxfordshire was below all statistical neighbours in all areas of reading, writing and maths. There is a marked gender split particularly in writing where girls outperform boys by 13%.
- In **Key Stage 2** results are towards the lower half of the statistical neighbours group, particularly in English where Oxfordshire ranks 9th. This is reflected in minority groups such as Asian and Black ethnic groups and also those young people in receipt of free school meals.

- The percentage of students at **Key Stage 4** who achieve five or more A*-C GCSEs is improving gradually, but Oxfordshire does not perform well enough against similar authorities. In summer 2008, Oxfordshire achieved 50.5% compared to the average of its statistical neighbours (53.7%). It was second to last out of the group of 11 statistical neighbours.
- Between 2004 and 2009, the performance of **looked after children at Key Stage 4** has been below target and below national average with only 8% achieving five GCSEs A*-C grades including English and maths in 2009.
- Overall children from Black or Asian backgrounds and White Romany / Irish Travellers perform less well than the overall cohort at all key stages and less well than the national averages for those groups.
- Analysis of performance through from Early Years Foundation Stage Profile to Key Stage 4 shows that those **gaps, which exist at Foundation Stage in attainment between more vulnerable groups and the rest still exist at Key Stage 4** and in many cases the gap is wider.
- 91 **schools** were **inspected by Ofsted** during 2008/09. 12% of schools were rated as outstanding 59% of these schools were rated 'Good or better'. 4% schools were rated as inadequate.

Make a Positive Contribution:

- Evidence from the Childwise Survey would suggest that bullying is an issue which affects all young people. Minority groups in Oxfordshire are particularly affected. Girls are twice as likely to have been the target of cyber bullying than boys. Young people have told us that they have less confidence in the options to deal with it as they get older and progress into secondary school.
- Evidence from the Childwise Survey shows that **disabled children are highly vulnerable to bullying** and are socially isolated; findings from the Childwise survey suggest that they are four times less likely than their peers to go out or go to see friends.
- Over the last 12 months there has been a gradual increase in **custodial sentences** within Oxfordshire rising from an average of 4.3% for the year 2008-09 to 8.1% by June 2009.
- **Hot-spots of youth crime Hot-spots of youth** crime have been identified as Barton in the Central area, Didcot in the Southern area and Ruscote and Bretch Hill in the Northern area.
- **Young people with special educational needs** account for 20% of the secondary roll yet they account for 80% of young people **permanently excluded**. Many of these young people have Behaviour, Emotional and Social Difficulties (BESD).

Achieve Economic Well-being:

- The percentage of young people achieving **Level 2 and Level 3 qualifications** is not in line with similar council areas. In 2007-08, 75% of young people aged 19 achieved Level 2 in Oxfordshire, compared to the highest performing Buckinghamshire (81%). In 2007-

08, 54% of young people aged 19 achieved Level 2 in Oxfordshire, compared to the highest performing Buckinghamshire (64%).

- The **gap in attainment of Level 3 at age 19** between those young people who were in receipt of free school meals at age 15 and those who were not, is greater than that in similar councils and the national figure. The 2007-08 figure for Oxfordshire is 31.7 percentage points, which is not as good as statistical neighbours (31 percentage points) and does not meet the target of 29 percentage points.
- There is an increasing percentage of young people **not in education, employment or training**. By June 2009, the county figure had increased to 6.7%. Banbury, Oxford and Oxford South East have the highest rates. Vulnerable groups most affected are teenage parents, young offenders and care leavers – less than 35% of all these groups are in employment, education or training.
- Evidence from the Childwise Survey shows that some groups of young people do not feel that they have the right amount of **time and support at school to discuss what they want to achieve** e.g. teenage parents, who have specific vulnerabilities and needs.

Proposed commissioning work programme from the CYPP Delivery Plan

1. Reduce avoidable hospital admissions for children and young people, including increasing safety in the home and on the roads and reducing incidents of self-harm.
2. Increase the life chances of children and young people entering care by ensuring they are safe, supported, healthy and well-educated
3. Increase number of local placements through implementing the commissioning strategy.
4. Reduce harmful risk taking and behaviour, including substance misuse and sexual risk.
5. Provide improved and more joined up inter-agency responses to children and young people whose distress causes them to pose a high level of risk of harm to themselves or to others.
6. Develop the commissioning role for school improvement.
7. Ensure that children and young people with mental health needs are adequately and promptly supported. This will include looking at future options for Targetted Mental Health in Schools pilots (TAMHS).
8. Implement the raising of the age of participation in learning to 17 by 2013 through the successful transfer of responsibility for 16-19 year olds from the Learning and Skills Council to Oxfordshire County Council by 1 April 2010
 - Develop and apply the new 16-19 Commissioning Framework to develop innovative provision to closely match the needs of young people.
9. Implement the Oxfordshire Play Strategy Action Plan 2009/11 and Positive Activities Programme which aim to extend high quality inclusive play and leisure opportunities to all children and young people, but particularly targeting those with least access to those opportunities.
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 - Implement the Oxfordshire Play Strategy Action Plan 2009/11 and Positive Activities Programme which aim to extend high quality inclusive play and leisure opportunities to all children and young people, but particularly targeting those with least access to those opportunities.
11. Make sure that children and young people are engaged in full time education programmes that have been tailored to meet their personal needs and ensure that those

who are not in education, employment or training gain the skills, knowledge and interests to support their progress to employment and training.

- Commission additional post-16 levels 1 and 2 provision, particularly in rural areas.

12. Re-Commission drug and alcohol treatment services to provide an integrated pathway for all young people.
13. Review therapy services for children and young people and develop models of service delivery which enhance integration and maximise available resources.
14. Reduce the level of poor health and other inequalities by working with local communities and targeting our resources more effectively on those that need them most, particularly in our areas of greatest deprivation – Banbury / SE Oxford / Abingdon / Berinsfield and rural deprivation whilst continuing to provide high quality universal services.
 - Systematically rolling out the Healthy Child Programme across all agencies for all Oxfordshire children, from birth to 18 years.
 - Prevent ill health later in life by increasing rates of breast feeding and immunisation, reducing exposure to smoking and reducing levels of obesity.
15. Develop an integrated commissioning approach to delivering 'Think Family' across services for children and adults.
16. Continue to commission the range of provision for teenage parents that supports their return to education, employment and training.
17. Develop commissioning arrangements for the Family Nurse Partnership pilot in Oxford City (subject to evaluation).
18. Promoting improved outcomes for vulnerable women antenatally and postnatally including use of the Common Assessment Framework for all young mothers aged under 18 years.
19. Developing the business cases for the expansion of community children's nursing services in order to reduce admissions to hospital for children with acute and long-term conditions.

Strategic Change Plan

Planned change	Actions	Responsibility
<p>1. Building capacity for strategic commissioning across the Trust partners.</p>	<ul style="list-style-type: none"> • Explore with partners options for a Children's Trust Unit. • Review current roles and responsibilities. 	<p>Associate Director for Change Management (CYPF). Director for Children, Young People and Families.</p>
<p>2. Develop the skills and competencies of all those who have commissioning responsibility.</p>	<ul style="list-style-type: none"> • Agree Commissioning Development Programme with Commissioning Support Programme. 	<p>Joint Commissioning sub-group/Executive Board of the Trust.</p>
<p>3. Develop the legal and financial framework to support effective joint commissioning.</p>	<ul style="list-style-type: none"> • Develop proposals for Pooled Budgets • First option around CAMHS. • Link to Creating a Healthy Oxfordshire Programme Board. 	<p>Joint Commissioning sub-group/Executive Board of the Trust.</p>
<p>4. Strengthen the governance arrangements of the Children's Trust.</p>	<ul style="list-style-type: none"> • Revised arrangements for the Executive Board and sub-group structure to be agreed. • Role of Area Trust Boards to be revised to focus on integrated frontline delivery. • Work to align other commissioning group's accountability. • Develop a Memorandum of Understanding between the Trust Board and other partnerships. 	<p>Associate Director of Change Management (CYPF) and Trust Board.</p>
<p>5. Locality Commissioning.</p>	<ul style="list-style-type: none"> • Agree geographical areas to pilot school commissioning hubs. • Explore governance models using CSP. 	<p>Joint Commissioning sub-group/Executive Board</p>

<p>6. Involvement and Communications.</p>	<ul style="list-style-type: none"> • Agree a communications plan. • Involve the Young People's Sounding Boards and Youth Parliament in the future development. 	<p>Joint Commissioning sub-group/Executive Board</p>
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