

# Engaging in commissioning

A practical resource pack for the culture and sport sector



# Contents

Overview	3
Step by step	6
Sample mapping document	
Lessons learned	
Self-assessment	

Overview

Self-assessment

Sample mapping document

Lessons learned

Step-by-step

# Introduction

Public services are changing because the public want services to be affordable, give better value for money and put people in charge of the services they use. Furthermore, the models by which public services have been delivered for the last 50 years are no longer affordable.

Culture and sport has an excellent track record in contributing to better outcomes, but in the current environment there is an even greater need to be able to demonstrate evidence of that impact in very real terms, to demonstrate good value for money and every aspect of service excellence.

This resource pack, which has been jointly produced by the Local Government Association (LGA), Sport England, Arts Council England (ACE) and the Chief Culture and Leisure Officers Association (cCLOA) and outlines how engaging in commissioning, the culture and sport sector can meet these challenges.

## What is commissioning?

Commissioning is increasingly a central part of the approach to redesigning services because it offers a means of joining-up resources to focus on improving outcomes for citizens in the most efficient and effective way both now and into the future.

As a concept, commissioning is not new, but in the past it has tended to focus on money and staff, procurement and performance management in individual services. However, it has developed to encompass the totality of resources, many different ways of improving outcomes and the whole system of services and outcomes to be achieved.

Detailed interpretations of commissioning vary but, broadly speaking, it involves four key activities that combine to achieve efficiency and maximise value:

- Understanding needs and desired outcomes – that requires up-to-date information about risk factors, needs, trends to gain a solid understanding what people need and want and where the priority areas are.
- Optimising resources – including money, community and user resource, assets. This could mean redesigning internal or external workforce to deliver a service or return for the end user; optimising public buildings in an area to collectively create best value for the community; or building community resilience or skills.
- Targeting – resources at those citizens in need, services that are a priority and at the right stage to have maximum effect on outcomes.

- Choosing the right mechanism – to best achieve the desired outcomes. The choice of mechanisms range from more traditional approaches including procurement, service level agreements, performance management to a focus on pooling budgets, market management, partnership building, enhancing choice, harnessing voluntary and community resources and capacity, influencing partner spend and users decisions and behaviours.
- engagement of voluntary and community sector organisations, which brings an understanding, empowerment and credibility to public service.

## Commissioning is not...

## Benefits of commissioning approach

Commissioning for a place can result in:

- the identification of new ways of delivering outcomes
- the elimination of duplication of services and effort between agencies
- stronger and more varied partnerships
- improved and more coherent services and the avoidance of cost shunting between organisations
- joint assessment of need at individual and community level and greater consistency of eligibility (for example, between adult and social care and NHS provision)
- better engagement with citizens, providing opportunities for people to take more control over their lives and increasing social capital by supporting people to help each-other
- shared assets and premises
- shared workforces and integrated teams
- economies of scale and increased 'purchasing power'

- **Procurement.** Procurement is the process of acquiring goods, works or services from providers and managing them through a contract. A commissioning strategy may result in procurement, but could just as easily result in a policy change of an information campaign. There are many ways to deliver outcomes.
- **Privatisation or outsourcing.** Commissioning does not start with a preconception that services should be provided by a particular sector or type of provider. Who delivers the outcome remains the choice of the council or the partner organisation based on the recommendations from the commissioning process.
- **Just about the bottom line.** It is about finding the most efficient way to deliver services, but it is also about creating value – for example, reducing inequality and environmental degradation and improving well-being – by incorporating environmental, social and economic costs and benefits into decision making.

## Councils' and councillors' role in commissioning

Changing culture and systems requires strong political and officer leadership to create an environment conducive to change both within an organisation and with the networks of agencies, services and citizens to interconnect issues, harness resources and adapt to changing environments, economics and politics.

Councillors' democratic mandate, accountability and knowledge of their place and residents mean they are uniquely placed to provide the political leadership required to focus on community wide strategic outcomes and ensuring fair representation of different interests.

This accountability and closeness to communities mean councils supported by effective officer leadership can lead an informed public debate about choices and decisions to be made.



# 1. The aim of this pack

**This resource pack aims to help culture and sport organisations engage with other public services through commissioning, bring culture and sport to many more people and so contribute to better outcomes for individuals and communities.**

It builds on the previous publication 'Understanding commissioning'<sup>1</sup> which aimed to promote awareness in the culture and sport sector of the commissioning process, the language and terminology, and to generate thinking around how organisations might need to change and adapt to engage in this environment.

It also builds on practical experiences of working with councils and organisations who have been seeking to build relationships and develop their own skills and knowledge to contribute more effectively to better social outcomes.

The emphasis is about culture and sport being commissioned by other areas of service – rather than being commissioners themselves.

It is intended as a practical resource and aims to distil things that have worked for people in the last couple of years, lessons learned and some tips and advice.

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<sup>1</sup> [Understanding Commissioning: a practical guide for the culture, tourism and sport sector](#)

## 2. Who is it for?

In broad terms, the pack is for the culture and sport sector.

Specifically it will be of most use to:

- council culture and sports teams
- culture and sport partnerships and networks
- individual culture or sport organisations
- cabinet portfolio-holders for culture and sport.

Aspects of the pack will be of value to single organisations, but generally the pack is based on experience drawn from councils and organisations acting together.

The pack is also seeking to address a range of levels of experience – from those who know very little about commissioning to those who have some experience and want to develop this to the next level or in new service areas.



# 3. How to use the pack

You can use the pack in any order.

You may find it interesting to read through the lessons learned or the mapping document to get a flavour of the material and then move to the step-by-step. Or you could begin with a self assessment and then start on the step-by-step and use the lessons learned along the way.

It will depend on who you are, your experience to date, what you are eager to know and how you want to organise yourself and your organisation or team.

The components have been separated so that there is flexibility to your needs and the material is available in digestible elements to use when it helps you most.

An initial brief scan across all the components will give you a sense of the material and where you want to focus first.

# 4. How the pack is organised

There are five components to the pack. Each component is a separate document.

## **Overview**

This component is a simple introduction to the pack and how to use it. This is where you are now!

## **Lessons learned**

Based on extensive research and development, with both commissioners and culture and sport organisations, this component distils some lessons learned and includes a number of short case studies to illustrate what this means in practice.

## **Step-by-step**

Engaging in commissioning requires some thinking and planning. This component suggests a framework for this and includes lots of practical information on who commissioners are and where you might find them, how to find out how commissioning is working in your area and different ways and entry points to get engaged.

## **Sample mapping document**

This document is an illustration of what a 'map of the commissioning landscape' might look like. It is drawn from mapping exercises undertaken in a number of areas and gives a flavour of the kind of information that can be gathered through the process, how commissioners describe their priorities, the opportunities for working with culture and sport and barriers that may need to be overcome.

## **Self-assessment**

There are three sets of self-assessment guides, aimed at different audiences: elected members, and their relationship managers and regional improvement leads, service managers in local authorities and individual organisations. These guides frame the questions that will help to assess where you are and the actions you need to take to move forward. They are linked to other parts of the pack.

## **Other information and guidance available**

In addition to the resource pack additional guidance and advice is available on the LGA website. This includes:

[Understanding commissioning: a practical guide for the culture, tourism and sport sector](#)

[Building capacity in culture and sport civil society organisations](#)

[A guide to developing a local outcomes framework for culture and sport](#)

[Keep it REAL: Responsive, Efficient, Accountable Local services, LGA 2011](#)

# Glossary of common terms

**Children's trusts** – Children's trusts are organisational arrangements which bring together strategic planners from relevant sectors to identify where children and young people need outcomes to be improved in a local area and to plan services accordingly. Although the statutory guidance has been withdrawn and the requirement to produce the children and young people's plan revoked, many councils have chosen to retain them.

**Civil society** – Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.

**Clinical Commissioning Groups** - Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing local health services in England. They will do this by commissioning or buying health and care services including:

- elective hospital care
- rehabilitation care
- urgent and emergency care
- most community health services
- mental health and learning disability services.

Clinical Commissioning Groups will work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups will have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist. Groups will have boundaries that will not normally cross those of local authorities. Clinical Commissioning Groups will be responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices will have to belong to a Clinical Commissioning Group.

**Commissioning** – This is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means.

**Contract** – A mutual agreement enforceable by law

**Contracting** – The process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment and monitoring.

**Decommissioning** – The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

**Direct payments** – Are budgets paid directly to social care users to meet their needs. They are a form of personal budgets, giving service users direct control of the money allocated to them for care.

**Director of Public Health (DPH)** – Are appointed through councils and Public Health England (on the Secretary of State's behalf), acting jointly, directors of public health will bring leadership and direction to local collaborative discussions about the best use of the local ring-fenced public health budget. There will be a director of public health for each upper tier local authority, although one DPH may cover more than one council.

**e-Procurement** – Conducting procurement via electronic means i.e. internet, intranet, or electronic data interchange (EDI).

**European Union (EU) procurement directives** – The EU procurement directives set out the law on public sector procurement. Along with the EU treaty principles, and relevant case law from the European Court of Justice, their purpose is to open up the public procurement market and to ensure the free movement of goods and services within the EU.

**Health and Wellbeing Board (HWB)** – A statutory committee of a council which will lead and advise on work to improve health and reduce health inequalities among the local population. It will have a performance monitoring role in relation to NHS clinical commissioning groups, public health and social care. Members will include councillors, GPs, health and social care officers and representatives of patients and the public. Shadow Boards should have been established by Spring 2012, with full statutory Boards coming into existence by April 2013.

**Health inequalities** – Are differences in health (and increasingly, in definitions, the wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable (See also Marmot review of health inequalities).

**Health Needs Assessment (HNA)** – Are a method for reviewing the health issues facing a population, leading to a set of agreed priorities and the allocation of resources to improve health and tackle inequalities. In the future Joint Strategic Needs Assessments (JSNAs) should also encompass the kind of issues currently included in HNAs.

**Health Overview and Scrutiny Committee (HOSC)** – Are often known as health scrutiny committees, HOSCs were committees of local authorities with statutory powers to monitor and scrutinise local healthcare and health improvement and make recommendations. Under the Act, these powers are transferred to the council itself which may delegate them to a HOSC or other committee.

**Joint commissioning** – The process in which two or more organisations act together to coordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.

**Joint purchasing** – Two or more agencies coordinating the actual buying of services, generally within the context of joint commissioning

**Joint Strategic Needs Assessment (JSNA)**

– The process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs will be the responsibility of Clinical Commissioning Groups (CCG) and councils through HWBs.

**Joint health and wellbeing strategy (JHWS)**

– health and wellbeing boards are required to produce a JHWS for the local area, based on the needs identified by the JSNA.

**Lead commissioning** – One agency taking on the functions of commissioning which have been delegated to them by partner commissioning agencies under written agreement. Partners must decide what functions will be delegated to the lead commissioner and what money to pool to finance the services commissioned.

**Local Strategic Partnership (LSP)** – Cross agency, umbrella partnerships, including the public, private, and community and voluntary sectors. The LSP remit is aimed at working together to improve the quality of life in a particular locality.

**Marmot review of health inequalities** – A review of the causes and the ‘causes of the causes’ (ie the social and economic determinants) of health inequalities in England, carried out by Professor Sir Michael Marmot in 2010. It was commissioned by the previous Government and its findings were endorsed by the present Coalition Government. It identifies a number of key areas for action to reduce health inequalities.”. The review, ‘Fair Society, Healthy Lives’, is an invaluable resource to assist with developing priorities for health and wellbeing. (See also Proportionate Universalism)

**National Institute for Health and Clinical Excellence (NICE)**

– The body responsible for providing research, evidence and guidance on what medication, treatments and interventions should be available through the NHS and, in the case of public health, through local authorities.

**Outcomes Framework** – A national framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There are currently three outcomes frameworks – for the NHS, for adult social care and for public health.

**Outcomes-focused approach** – An approach based on focusing on the results rather than on the outputs of investing in a service or providing it in a certain way. Commissioners can be clearer about the real benefits they are seeking by defining the outcomes being sought in terms of improved health and wellbeing. (See also ‘Health inequalities’).

**Personalised budgets** - Are an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can have some combination of the two.

**Personalisation** – The principle behind the current transformation of adult social care services, and also related to health services; refers to the process of providing individualised, flexible care that is intended to promote the independence of those who need care.

**Pooled budgets** – A mechanism for commissioning partners to bring money together in a separate fund, to pay for agreed services.

**Primary prevention** - A program of activities directed at improving general well-being while also involving specific protection for selected diseases, such as immunisation against measles. Secondary prevention is a level of preventive medicine or activities which focus on early diagnosis, use of referral services, and rapid initiation of treatment to stop the progress of disease processes or a disability. Secondary prevention is also sometimes referred to as 'reablement' and is used to help people who have experienced an 'episode' such as a fall, stroke or bereavement, to be rehabilitated and maintain independence.

**Procurement** – The process of identifying and selecting a provider, and may involve, for example, competitive tendering and stimulating the market.

**Proportionate universalism** - There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health. Health inequalities result from social inequalities. Action on health inequalities requires action across all of the social determinants of health. 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 deprivation. We call this proportionate universalism.

**Providers** – Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non statutory sectors.

**Ring-fenced budgets (for public health)** – Public health budgets that will be allocated to councils from April 2013 for their new role in public health. The DH will set out the purpose of the funding but not exactly how the money should be spent, although a limited number of services will be mandatory. Councils will be able to use the ring-fenced budget widely to improve public health in their local area in line with local priorities. This may include using it jointly with other council budgets such as those for children's service, schools, housing, transport and environmental health.

**Transformational change** – Is change that is not merely an extension or improvement over the past. It involves discontinuity, a shift in assumptions and a willingness to work with complexity. Transformational change requires a shift in mindset, behaviour and ways of working together. It must be led by the organisation's leaders with a focus on leadership, mission, strategy, culture and values.

**Wellbeing** – Used by the World Health Organisation (1946) in its definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". More recently the concept was described as "feeling good and functioning well" (New Economics Foundation, 2008). Creating wellbeing (of which good physical health is a component) requires the mobilisation of the widest assets to ensure community cohesion, safety and so on.

Further health related terms can be found in the LGA publication *Get in on the Act Health and Social Care Act 2012*  
[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=81914af4-5de6-4ccb-93e2-3764523dd8b0&groupId=10171](http://www.local.gov.uk/c/document_library/get_file?uuid=81914af4-5de6-4ccb-93e2-3764523dd8b0&groupId=10171)

Overview

Self-assessment

Sample mapping document

Lessons learned

Step-by-step

# Introduction

This resource pack, which has been jointly produced by the Local Government Association (LGA), Sport England, Arts Council England (ACE) and the Chief Culture and Leisure Officers Association (cCLOA).

## **Engaging in commissioning is a business decision and requires an organised approach**

The starting point will be different for different organisations – hence there is flexibility built into the design of the pack, your learning and action. This component of the pack outlines six practical steps:

### **Step one: Make a plan**

Some preparatory thinking on where you are now, how you are going to approach this and who will be involved is vital. A project management approach and collaboration with others is strongly advisable.

### **Step two: Understand commissioning**

This is a very brief overview of the process and context – and current up-to-date sources and weblinks to key documents.

### **Step three: Understand who's who in commissioning**

One of the first questions people often ask is “but who are commissioners”? This step summarises the people who are involved in commissioning and their roles. It outlines the different levels of commissioning – strategic, locality and personalised. The step also confirms the central role of elected members.

### **Step four: Find out how things work in your area: ‘Map the commissioning landscape’**

No two areas are the same and needs of populations differ – so finding out what is driving things locally and how the policies and procedures, structures and systems, people and priorities work requires some research. This section suggests how, practically, to go about ‘mapping’ the local context and start the important work of building relationships in the process. A ‘sample’ mapping document is included as a separate element of this pack.

### **Step five: Ways into the process**

There are different roles for culture and sport – both as a strategic player and as a provider of services. Engagement in commissioning should be a proactive process and not simply reacting at the procurement stage. This section suggests potential entry points.

### **Step six: Review and reflect**

These steps and the relationships developed will open up many possibilities. Assessing progress and planning the next stage will enable you to continue to be proactive.



# 1. Step one: Make a plan

## ‘Plan successfully and plan for success’

Commissioning is about a long-term investment in relationships. This is a long journey, requires an investment of time and will impact on your organisation and staff in different ways. So, as always, some upfront thinking, planning and getting organised is needed.

The starting questions are:

- Where are we now?
- What is the scope of what we want to do?
- Who should be involved?
- How shall we go about it?

The self-assessment questions in the pack can help you in the initial phases of this and then help with charting the journey.

## Reviewing the situation

There will already be a context to the way you have been working. This could be through grant aid or project funding – either as a grant making body or a receiver of grants, or you could have long standing relationships with public health, for example, but a vacuum in other service areas. You may know a fair bit about commissioning, but the goalposts, structures and people involved may have moved. Or you may be just starting out.

There is also the context of your where your organisation is – in terms of overall objectives, sustainability, relationships and aspirations.

A stock-take is needed before you start.

## Scope

This pack opens up the potential to explore engagement in commissioning in a number or service areas, particularly adult social care, health and public health and children and young people’s services. It may be that you want to narrow this down from the outset and just focus on one of these areas of business or even narrower again, such as mental health or older people. That is fine and reasonable. Focusing on one area and building relationships and understanding their language, outcomes, measurement tools and quality standards could be absolutely appropriate for your organisation.

Alternatively, you might want to look across a wider range of activity to learn more about the opportunities before perhaps narrowing down your involvement to particular area of business.

In considering this, establishing a view on who should be involved is a key factor.

## Who should be involved?

An organisation could go it alone. Larger organisations may have longstanding relationships with different service areas and may want to keep it that way. However, times have changed and this is not likely to be the best approach.

The Local Government Association (LGA)'s Culture and Sport Commissioning Support programme worked with local authority-led teams, which also involved independent and voluntary sector organisations and with input from the Arts Council England (ACE) and Sport England regional staff. This worked as it made the process more manageable by sharing out the work and 'journeying together'.

Very importantly, it made it more coherent for commissioners and meant they weren't being bombarded by different agencies competing for their time and wanting the same information and conversations.

## So we suggest the elements of this first step are:

- review the current situation and context as far as you understand it
- agree the scope of your 'Engaging in commissioning' project
- set up a project team to work on this.

### Sample scope/aims and objectives

#### Aim

The overall aim of the programme is to generate better outcomes for adults, children and young people and communities in the local area through developing relationships between culture and sport organisations and commissioners of services for adults, health, children and young people and between culture and sport and other providers.

#### Objectives

1. To improve the contribution of sport and culture to outcomes for adults, children and young people and the health of communities in the local area.
2. To enable increased alignment of cultural services with the local partnership strategic priorities.
3. To increase awareness of the commissioning process in culture and sport.

4. To identify current commissioning in adult services, children and young people and health, the contacts, priorities and processes in different services and partnerships, and the barriers and opportunities for the culture and sport sector.
5. To support the building of relationships with commissioners and with other agencies to engage more effectively in commissioning.
6. To identify and address skills and capacity needs through provision of training, information, advice and facilitation, through an 'Action Learning' approach.
7. To focus on adults and health as a priority area, but also include other areas of community need as appropriate.
8. In the context of significant budget reductions, to ensure that the priorities and changes enable culture and sport to have the maximum possible impact in.

## A project management approach

Setting out the plan with priorities, targets and milestones and allocating tasks and activities across the team will support momentum. Setting up initial interviews and then follow up meetings with commissioners may involve long lead-in times, so planning dates when key people can be involved may sound obvious, but is at the heart of beginning to make the relationships work and presenting your team as an efficient partner.

It will also establish the work as part of your business plan and generate opportunities to discuss the approach and the implications with your board of trustees, management and staff.



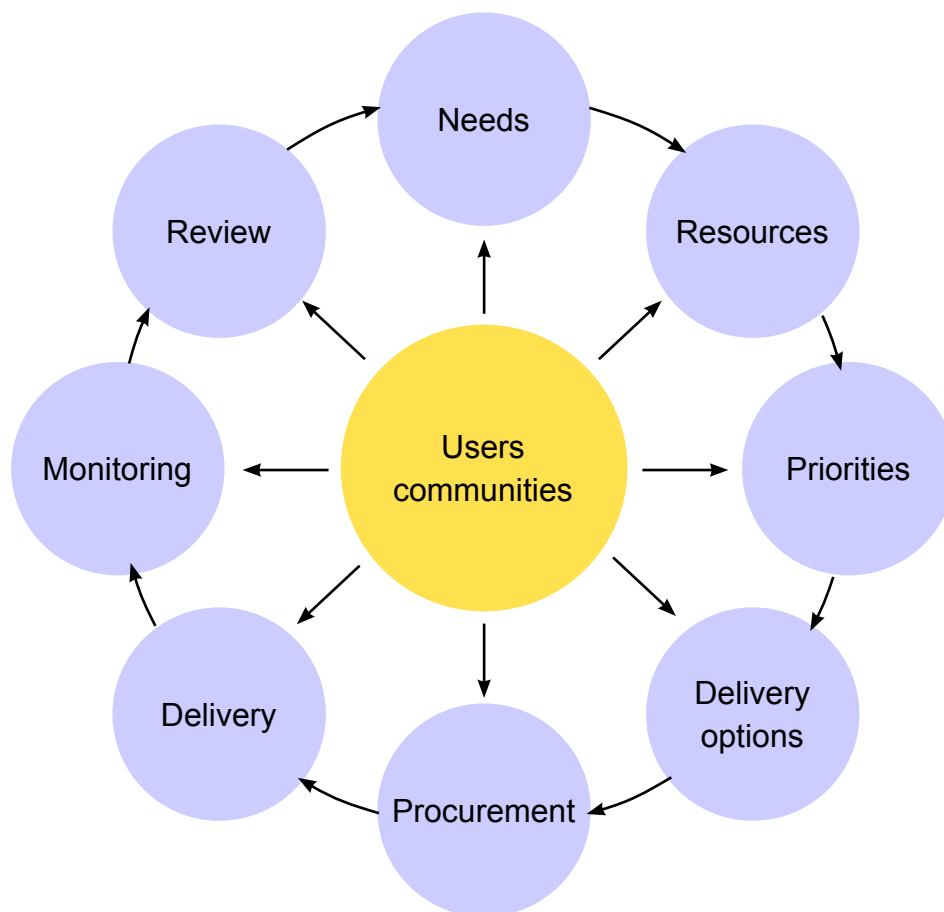
## 2. Step two: Understand commissioning process

### ‘Familiarise yourself with the language and processes’

Commissioning is a process involving assessment of needs, identifying the priority outcomes to meet needs, allocating resources and procuring a provider to achieve the outcomes.

The involvement of users and communities is central to the whole process.

The commissioning process is generally described as a cycle:



## What happens at each stage in this process?

<p><b>Users and communities</b></p>	<p><b>Users and communities must be at the centre of every part of the process</b></p> <p><b>Sector-led improvement</b></p> <p><b>Councillors are best placed to understand the needs of communities and The Localism Act (2011)</b> also puts greater powers into local government and communities and its provisions are being phased in. The provisions relating to councils include: Giving councils a general power of competence.</p> <ul style="list-style-type: none"> <li>• Giving residents the power to instigate local referendums on any local issue and the power to veto excessive council tax increases.</li> <li>• Providing new powers to help save local facilities and services threatened with closure, and giving voluntary and community groups the right to challenge local authorities over their services.</li> </ul> <p><b>The Local Government and Public Involvement in Health Act 2007<sup>2</sup></b> sets out the requirements for contractual arrangements to be made for public involvement.</p>
<p><b>Needs assessment</b></p>	<p><b>Commissioning starts from a sophisticated understanding of needs.</b></p> <p>Key documents are:</p> <ul style="list-style-type: none"> <li>• joint strategic needs assessment – JSNA<sup>3</sup></li> <li>• director of public health annual report</li> <li>• children’s needs assessment – may have different names in different places</li> <li>• an understanding of your own culture and sport participation data</li> <li>• <u>Local sport profile tool – on the Sport England website</u></li> </ul>
<p><b>Resources</b></p>	<p><b>Commissioners will assess all of the resources available to meet the needs.</b> Increasingly this is being done on a public sector-wide basis of all partner resources through:</p> <ul style="list-style-type: none"> <li>• mapping public sector assets<sup>4</sup></li> <li>• community budget or ‘whole place’ approaches<sup>5</sup>.</li> </ul>

2 [www.legislation.gov.uk/ukpga/2007/28/contents](http://www.legislation.gov.uk/ukpga/2007/28/contents)

3 [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081097](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097)

4 [www.communities.gov.uk/localgovernment/decentralisation/capitalassets/](http://www.communities.gov.uk/localgovernment/decentralisation/capitalassets/)

5 [www.communities.gov.uk/localgovernment/decentralisation/communitybudgets/](http://www.communities.gov.uk/localgovernment/decentralisation/communitybudgets/)

<p><b>Priorities</b></p>	<p><b>Decisions regarding the priority outcomes are set through the governance structures.</b></p> <p>The health and wellbeing board (HWB) is a key body and will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.</p> <p>By involving democratically elected representatives and patient representatives, and bringing them together with local commissioners across health, public health, and social care it is intended to significantly strengthen the democratic legitimacy of commissioning decisions, as well as providing a forum for challenge, discussion, and the involvement of local people.</p>
<p><b>Delivery options</b></p>	<p><b>Commissioners will explore the options for meeting the priority outcomes.</b></p> <p>This will include activities such as:</p> <ul style="list-style-type: none"> <li>• developing the business case</li> <li>• testing the market for different providers and approaches</li> <li>• developing the market and building capacity</li> <li>• exploring different ways of achieving the outcomes</li> <li>• planning the procurement process.</li> </ul> <p>Policy initiatives, including the National Audit Office’s ‘Successful commissioning’, aim to increase the involvement of civil society organisations in commissioning.</p>
<p><b>Procurement</b></p>	<p><b>Procurement is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers.</b> Procurement will involve:</p> <ul style="list-style-type: none"> <li>• writing the specification, based on the options appraisal and business case, and particularly the desired outcomes</li> <li>• inviting tenders</li> <li>• evaluating tenders</li> <li>• awarding the contract.</li> </ul>

<p><b>Delivery</b></p>	<p><b>Delivery of the service should continually engage users and communities and involve commissioners to work on the achievement of outcomes.</b></p> <p>The aim is not just to learn about successes but to find solutions to difficult challenges and make the contract work for everyone, and particularly the service users.</p>
<p><b>Monitoring</b></p>	<p><b>Commissioners are encouraged to monitor what is important in relation to outcomes.</b></p> <p>There will be contract compliance and monitoring of key quality standards and performance measures, but lighter touch monitoring of outputs and a focus on the achievement of social outcomes is the higher priority.</p> <p>User and community involvement in monitoring is required.</p>
<p><b>Review</b></p>	<p><b>At appropriate points in the lifecycle, such as annually, commissioners will review the overall context and assess whether there are new needs or circumstances to be taken into account.</b></p> <p>The process of review will vary but is important to ensure that the resources are having an impact and whether there are any changes of any sort that might be necessary.</p>

# 3. Step three: Who's who in commissioning

## 'Understand the people involved'

Many people are involved in commissioning and most will not have the word commissioner in their job title. Indeed, there may be those who are called commissioning officers who are in reality contract managers – so the picture can be difficult. As councils downsize and restructure, commissioning roles are changing and are being rationalised. It is important to track the changes taking place.

In setting out who's involved, there are several factors to take into account:

- Commissioning occurs at a number of levels – strategic, locality and personalised.
- There are those who are responsible for service outcomes and delivery as well as a range of support functions.
- Governance functions will include elected representative and usually partnership arrangements.

## Levels of commissioning

**Strategic commissioning** takes place predominantly at the upper tier council area (unitaries and counties) as they have responsibilities for adult social care, health and wellbeing and children and young people's services. The JSNA is the responsibility of upper tier authorities and their Health partners.

For district councils responsible for providing sport and leisure, parks and some arts and play activities engaging with these process operated at a county level has traditionally not been easy. The new arrangements on public health should however create new opportunities for joint working.

**Locality-based commissioning** is where all aspects of the commissioning process are devolved to a lower local level, including the devolution of budgets, decision making and delivery of outcomes. Individual schools, and in some cases school clusters, are locality-based commissioning bodies. The clinical commissioning groups (CCGs) in current health reform plans are planned for populations of around 100,000, so the definition of 'local' is variable.



Some areas have local delivery of services through neighbourhood management or area based approaches. These are not, strictly speaking, locality commissioning as the budgets are centrally held. But there may be neighbourhood or locality based groups who are providers of services locally, have been through a strategic commissioning process.

**Individual level commissioning** is known as personalisation. This is a radical new approach to social care commissioning based on the needs and choices of the individual. It is sometimes known as ‘self-directed support’ and also as ‘micro-commissioning’. In some cases the individual’s personal budget is managed by their social worker and in other cases is it made as a ‘direct payment’ for the individual to manage for themselves.

## Key people

Structures, job titles, roles and functions vary from place to place – so the table below indicates the kinds of jobs and areas where there will be a commissioning function. However structures are changing considerably so you will need to ensure you investigate how these roles are sitting in new structures.



Service area	Indicative roles, titles or functions – examples
<b>Adult social care</b>	<p>Assistant director of commissioning or head of commissioning</p> <p>Usually there is a senior person who oversees commissioning for all services in adult social care. Below them in the structure there might be:</p> <ul style="list-style-type: none"> <li>• learning difficulties commissioning manger</li> <li>• older person’s commissioning manager</li> <li>• disabled people’s commissioning manager</li> <li>• carers services commissioning manger</li> <li>• mental health commissioning manager.</li> </ul> <p>In some authorities, these service leads may also have a geographical remit also – pulling together care services in a locality.</p> <p>Other relevant functions to explore are:</p> <ul style="list-style-type: none"> <li>• <b>Primary prevention services</b> – those parts of the service seeking to prevent or delay people from entering the system.</li> <li>• <b>Secondary prevention or ‘Re-ablement services’</b> – supporting clients who may have had an episode, such as stroke, fall or bereavement, to return to independence.</li> <li>• <b>Community services and community care</b> – may include these preventative services and support for independent living but also other activities to promote health and wellbeing, often in partnership with other health services.</li> </ul> <p>In relation to <b>personalisation</b>, those involved in commissioning are:</p> <ul style="list-style-type: none"> <li>• <b>individuals with personal budgets</b> receiving direct payments</li> <li>• <b>support planners</b> engaged by people with direct payments</li> <li>• <b>social workers</b> supporting people with personal budgets</li> <li>• <b>brokerage teams</b> who seek to open up and support the options and choices of services for those on personal budgets.</li> </ul>

Service area	Indicative roles, titles or functions – examples
<p><b>Children and young people's services</b></p>	<p>Typically there may not be anyone with 'commissioning' in their job title. There could be, however: <b>Assistant director, strategy, resources and commissioning</b> or similar.</p> <p>Strategic commissioning functions will be attached to service heads or service managers for:</p> <ul style="list-style-type: none"> <li>• early years/children's centres</li> <li>• looked-after children</li> <li>• children with disabilities</li> <li>• childcare</li> <li>• youth services</li> <li>• school improvement</li> <li>• adult education</li> <li>• special educational needs (SEN) and pupil referral</li> <li>• family support</li> <li>• youth offending service.</li> </ul> <p>However, many of these functions may also have an element of locality based commissioning, such as youth services, children's centres and schools budgets are now almost entirely devolved so they commission services to their own ethos and priorities in line with the directions of their boards of governors. Commissioners in schools include:</p> <ul style="list-style-type: none"> <li>• head teachers</li> <li>• heads of departments within schools</li> <li>• representative for a group of schools or school cluster for some services that schools choose to share.</li> </ul> <p><b>Personalisation</b>, as described in relation to adult social care, generally only applies to children with disabilities and their families. If there is a <b>children's commissioner</b>, their job is to be the voice of children and young people and to ensure their voices are heard throughout this process and any other. They do not commission services.</p>

Service area	Indicative roles, titles or functions – examples
<b>Health</b>	<p>Health service reforms are leading to considerable changes. Upper-tier and unitary councils will assume responsibility for public health from April 2013 and many have established shadow health and wellbeing boards.</p> <p>Currently the <b>primary care trust (PCT)</b> will generally be the principal strategic commissioner in the area and it is planned that their functions will be devolved to <b>clinical commissioning groups</b>.</p> <p>From April 2013, moving to councils will be the post of <b>director of public health</b> as well as the following public health functions:</p> <ul style="list-style-type: none"> <li>• physical activity</li> <li>• weighing and measuring children</li> <li>• dental public health</li> <li>• fluoridation</li> <li>• medical inspection of school children</li> <li>• sexual health</li> <li>• seasonal mortality</li> <li>• accidental injury</li> <li>• drug, alcohol and tobacco misuse</li> <li>• obesity</li> <li>• NHS health check programme</li> <li>• health at work</li> <li>• reducing and preventing health defects</li> <li>• prevention and early intervention</li> <li>• children’s public health (five to 19-year-olds)</li> <li>• social exclusion.</li> </ul>

Service area	Indicative roles, titles or functions – examples
	<p>The new '<b>Outcomes framework for Public Health</b>'<sup>6</sup> – January 2012 is a useful source to guide you in broad terms to those who will be commissioning to these outcomes. Sport and culture contribute to these outcomes and to a number of the indicators within the framework. The framework will provide the broad context within which HWBs develop local priorities.</p> <p><b>Personalised health budgets</b> are being piloted and are similar to those in social care, for people who have long term conditions which they want to manage at home. The pilots are currently being evaluated for roll-out<sup>7</sup>.</p>
<p><b>Support functions</b></p>	<p><b>Corporately</b> there may be a:</p> <p><b>Head of corporate commissioning</b>, who may be able to set out the picture guiding local principles at a corporate level. Otherwise this function may sit with an <b>assistant chief executive</b> or <b>director of resources</b>, or not exist at all and be entirely devolved to departments.</p> <p>Needs assessment may be undertaken by a:</p> <ul style="list-style-type: none"> <li>• <b>Policy analyst</b> in a policy or intelligence unit in the chief executive's office.</li> </ul> <p>Departmentally, you will also find:</p> <ul style="list-style-type: none"> <li>• policy and performance managers</li> <li>• procurement managers</li> <li>• contract managers</li> <li>• equality officers</li> </ul> <p>... who all have a role in the process.</p> <p>There may also be some of the following:</p> <ul style="list-style-type: none"> <li>• market development officer</li> <li>• voluntary sector officer</li> <li>• community engagement officer</li> </ul>
<p><b>Governance</b></p>	<ul style="list-style-type: none"> <li>• elected members/councillors – in both cabinet and scrutiny</li> <li>• community representatives</li> <li>• school governors</li> <li>• senior officers on partnership boards.</li> </ul>

6 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

7 [www.personalhealthbudgets.dh.gov.uk/About/](http://www.personalhealthbudgets.dh.gov.uk/About/)

Service area	Indicative roles, titles or functions – examples
<b>Other services</b>	<p><b>Community safety</b></p> <ul style="list-style-type: none"> <li>• drug and alcohol team manager</li> <li>• positive activities for young people officer</li> <li>• antisocial behaviour manager</li> <li>• hate crime and cohesion officer.</li> </ul> <p><b>Regeneration and economic development</b></p> <ul style="list-style-type: none"> <li>• regeneration officers.</li> </ul> <p>Note: regeneration hasn't traditionally used the commissioning process in exactly the same way as outcomes are often set by external funders at a regional, national or international level and may have other processes prescribed.</p>

## Role of councillors

Councillors have a key role to play in advocating and securing the role of culture and sport in commissioning processes.

Cabinet lead or scrutiny lead members can make the case for culture and sports' contribution to delivering strategic outcomes. They can build political relationships with their colleagues responsible for health and social care and children's services, advocating the contribution that culture and sport can make. They can position culture and sport as a contributor to these priorities, rather than a competitor in an argument over resourcing. They can become part of the strategic governance arrangements, making the decisions about needs, priorities and the allocation of resources.

This will certainly be the case in terms of the new health and wellbeing arrangements. They can ask that culture and sport providers are viewed as potential suppliers in the procurement process. They can also encourage culture and sport providers to engage with the commissioning process.

In two-tier areas, whilst this might be more difficult, elected members can be the key to building better links and relationships with county council colleagues and opening doors to the commissioning processes going on at the county/top-tier level. But they can also be key to building better relationships across the different providers in Districts, brokering consortia and joint arrangements which make it easier for commissioners to utilise local providers including local culture and sport groups, clubs and organisations.

# 4. Step four: Find out how things work in your area: ‘Map the commissioning landscape’

## ‘See the world from a commissioner’s perspective’.

This is the key step in starting to engage and involves:

- research
- the start of relationship building.

## Initial research

- **Read the joint strategic needs assessment (JSNA).** The council or health authority will supply this and it will be on the council’s website. This will give you the context in which commissioners are operating and the outcome areas needing attention in your communities. It gives you clues as to where culture and sport might be able to contribute to making a difference to the outcomes for local people. It is updated at least every three years and due to the current health changes may (at the time of writing June 2012) be revisited.
- **Read the director of public health’s annual report.** This will have some overlapping information to the JSNA but may also go into more depth on key priority health outcomes. Because of the wide remit of public health relating to the social determinants of health and the lifestyle issues, this report will be highly relevant to the culture and sport sector and to the broader partnership agenda.

- **Read the children’s needs assessment.** This may be incorporated into the above or may be part of a separate children’s plan. The scenery is changing on this one – so just ensure you have the picture for children and young people’s needs too.

## Setting up contacts

### Seek four initial interviews

Set up sessions with:

- a corporate officer with an overview on the commissioning process
- a lead officer in adult social care
- a lead officer in children and young people’s services
- a lead officer in public health.

The purpose of the session is to find out more about their priorities and key outcomes, how they operate and whether culture and sport can make a contribution to achieving their outcomes.

### A framework for the interview questions

This is a guide to the conversation, not a definitive list of questions and depends on your current relationships. Allow the conversation to open up in the early stages to encourage commissioners to talk. Always ask for an explanation where you don’t understand the jargon or acronym.

## The emphasis is on understanding their perspective and not 'selling' culture and sport

This is a research and fact finding exercise. It is about beginning a relationship and not seeking a transaction.

Be open to the fact that they may not see culture and sport as especially relevant at this stage and may not know much about the potential. Keep this for later, but have a few good examples of your current contribution to outcomes available to use in the discussion!

## Mapping the commissioning landscape

### Introductions

Background to why you are here – **Explain:** Seeking to understand **their** perspective and approach, how they do business and the opportunities for culture and sport organisations to make a better contribution to what they are trying to do and some of the current barriers which are getting in the way of this happening.

Name:

Position:

Authority:

How long in post:

### Key priorities of their role:

Q1. In general terms, what are the main **priority outcomes and key challenges** in the area and for the services you provide? (very broad opener)

Follow-up question: Do you use any particular models or tools for measuring outcomes or collecting evidence of impact?

Q2: When commissioning services, what are the key **principles** of how you approach commissioning any underlying key themes or issues

### Possible prompts:

- guiding documents – national/local
- community/user involvement – any user forums?
- any views on options around providers for example, in-house, social enterprise, private sector, voluntary sector, consortia.



Q3: What are your commissioning procedures – processes?

**Possible prompts:**

- any written procedures to take away?
- try to cover needs assessment and outcomes but let them use their words and language
- governance structures – any details of membership or terms of reference?
- management structures – any organisational charts?
- other mechanics – how do they involve provider organisations.

Q4: Levels of commissioning: Individual, locality, strategic?

**Explore** personalisation and locality commissioning and what is done strategically.

Q5: Do you work with the **Voluntary Sector** and how?

**Possible prompts:**

- any provider forums or capacity building activity?
- what are some of the main voluntary sector service providers at the moment?

Q6: Can you tell me about any **past or existing commissioning** that has involved culture and sport services? How did this come about?

**Possible prompts:**

- any practical examples
- note: don't spend too long on this one – you might just gather a list of historic projects – but it may flush out some things they thought were good and valued.

Q7: What are the **opportunities and barriers of engaging culture and sport organisations** in service delivery and commissioning?

Opportunities:

Barriers:

Q8: If you could give one message or piece of **advice to culture and sport service organisations** trying to better engage in the commissioning of services, what would that be?

Q9: Similarly, any **advice to your colleagues** about involving culture and sport sector organisations in commissioning?

Q 10: Would you be willing to work with us further when we have digested your information and advice?

**For example:** If, having considered their information, there is an outcome area where culture and sport might work seek with them to address this . . .

## Writing it up – what a mapping document might look like

A sample mapping document is included as an element of the Resource Pack.

The document will be a snapshot in time and there will undoubtedly be movement and change.

It might be possible to include organisational charts with names of particular people against roles.

Capturing the words and perspectives of commissioners from the interviews is especially valuable.

## Using the mapping

This is a valuable document. Use it in discussion with your team or group:

- to review and consider the needs of the community you work in
- to learn about other services, their priorities, language, guiding documents and aspirations
- to do further research and reading to understand these dimensions

To consider their perspective on you. What are the implications of their view on the opportunities and barriers for culture and sport?.

## Following up

The intention is that the initial contact will be a beginning.

Follow up the first meeting with a session to explore joint working – a seminar type approach, especially if well planned and facilitated is well worth the effort. Some ideas of learning outcomes and programmes for such sessions can be found on the LGA website<sup>8</sup>.

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<sup>8</sup> Strategic Commissioning Evaluation Report Part 2: Detailed reports from projects

# 5. Step five: Ways in to the process

‘There are many routes in and they need a proactive approach early in the commissioning cycle’

Traditionally culture and sport have been seen by commissioners as co-funding partners or the deliverers of short term activity or projects. The challenge is to position culture and sport more strategically in the whole commissioning process. There are lots of ways to engage and you may end up in different places in the process at different times.

There are three things to bear in mind:

- **Proactive, not reactive.** To engage means a proactive approach. Waiting for tenders and reacting at the procurement stage is generally too late and very difficult. Engaging in the process early and building relationships and understanding is the key.
- **Finding and sustaining the ways in may be time consuming, so a shared approach can help.** With a plethora of networks, forums and contacts to develop and maintain, a cooperative approach is desirable to share the work, the information gleaned and the possibilities.
- **Strategic player or provider?** There will be times where your role could be in contributing to strategic conversations and development of ideas and approaches to local challenges. Your experience and ideas as a creative partner are valuable here. On other occasions you will be in discussions as a potential provider of services. Both are possible, but the important thing is to be able to distinguish between the two and be clear of the respective roles played on different occasions.

Stage	Potential entry points
<b>Users and communities</b>	<p><b>Use existing community networks.</b> Culture and sport have a massive community base of groups, societies, volunteers and members from all walks of life. Knowing and listening to their ideas and aspirations and feeding these into the process up front is how good ideas and community-led solutions can develop and grow. This isn't new and in times of austerity may seem even more difficult, but bringing ideas forward is still vital.</p> <p>It is also good to listen to what <b>existing forums</b> are saying – the Youth Council, the Older People's Forum, the Carers Network, Neighbourhood Forums and others. What are the issues that are concerning these groups?</p>
<b>Needs</b>	<p><b>Feed into the joint strategic needs assessment.</b> Information from the Active People Survey, Local sport profile and mini-sport profiles (<a href="http://www.sportengland.org/research.aspx">www.sportengland.org/research.aspx</a>) which include maps of modelled data for physical activity and obesity can be fed into the JSNA or Joint Health and Wellbeing strategy. Engage with the analysts and then in discussions about the assessment.</p> <p>Arts organisations have skills that can help to articulate 'quiet voices' or express needs of excluded communities to add to the qualitative assessment.</p> <p>Sports organisations may be working with groups of people who do not engage through other processes and can be a gateway for consultation and communication with them.</p>
<b>Resources</b>	<p><b>Feed in to exercises to map community resources or pilot community budgets.</b> If you have a capital asset, ensure this is included in the mapping exercise. It may lead to discussions about sharing spaces which could save money, bring new income streams or develop new users of your services.</p> <p>Engaging in community budgets enables culture and sport to be included as a player in developing solutions and improving outcomes.</p>

<p><b>Priorities</b></p>	<p><b>Develop a link in to the governance structures.</b> It will not be possible or realistic to be represented on all the key boards and decision making bodies. However, establishing a link in to these bodies is important. For example, with the HWB, it may be through an elected member or a voluntary sector representative. Identifying a contact that has an awareness of the culture and sport agenda and can feed in and feedback from time to time will keep you informed of the issues under discussion.</p> <p>Accessing voluntary sector networks and representatives through the Council for Voluntary Service (CVS) or equivalent is a potentially efficient route for organisations.</p> <p><b>Study the emerging strategies</b> to identify the emerging priorities and where you might play a part.</p>
<p><b>Delivery options</b></p>	<p><b>Attend market development sessions, provider forums or capacity building opportunities.</b> These may have different names in different places – but they are opportunities to engage with commissioners and with other providers and to know what’s on the agenda. There may be opportunities for new collaborations and to contribute innovative solutions.</p>
<p><b>Procurement</b></p>	<p><b>Ensure you have the basic ‘organisational health’ in place to enter a procurement process.</b> This will include your own governance structure, financial accountability, health and safety including safeguarding, equality and environmental policies and if there is an appropriate ‘kitemark’ or quality standard for your business then this will help.</p> <p>Going into a tender process can be very time consuming so having the basics ready is essential so that the energy can go into addressing the service specification. Here you will also need evidence of how your service impacts on better outcomes for communities and represents value for money.</p>
<p><b>Delivery</b></p>	<p><b>If you are the provider, build in ongoing mechanisms for involving users and communication with contract managers.</b></p> <p><b>If you are not the provider, there are still opportunities to engage with the organisation running the contract.</b> Especially with large organisations and larger contracts there will be opportunities for subcontracted work and partnerships.</p>

<p><b>Monitoring</b></p>	<p><b>Ensure you are monitoring and evaluating your existing work so that you are building your own evidence base.</b></p> <p><b>Understand other systems for measuring outcomes.</b> There are different systems of monitoring and measurement out there which might be of use and worth building in to what you do now to prepare for future relationships.</p> <p><b>The arts can be used to help users evaluate non-arts service.</b> For example, Care Homes have used arts as a mechanism to help residents evaluate services.</p>
<p><b>Review</b></p>	<p><b>Engage with exercises which refresh the strategic direction for the council and its partners.</b> Keeping abreast of changing needs and emerging priorities and contributing to shared solutions remains important. It establishes or retains the positioning culture and sport in the strategic thinking.</p>

# 6. Step six: Review and reflect

## ‘How are we doing and do we need to reassess our goals?’

A suggested aim for your programme was to generate better outcomes for adults, children and young people and communities in ‘My Place’ through developing relationships between culture and sport organisations and commissioners of services for adults, health, children and young people and between culture and sport and other providers.

Assessing progress and measuring achievements may be difficult to quantify. The self- assessment tool in this resource pack can help you structure this.

Outcomes for people who participated in the Commissioning Support programme included:

- winning contracts in competition with other providers
- commissioning more culture and sport services through the voluntary sector
- increasing profile at a strategic level and being a much more active corporate player
- joint work and projects
- exploration of new ways of delivering services, such as day care
- transforming existing services to meet needs of particular groups or individuals
- neighbourhood working and integrated services at a local level.

So it is not all about transactions or winning contracts. Engaging in commissioning requires a much wider approach. It will open up many more opportunities.

Assessing the business implications of this is essential to success.

Overview

Self-assessment

Sample mapping document

Lessons learned

Step-by-step



# Introduction

This resource pack has been jointly produced by the Local Government Association (LGA), Sport England, Arts Council England (ACE) and the Chief Culture and Leisure Officers Association (cCLOA).

This document represents what a commissioning map could look like. It has been constructed for a fictitious locality called 'My Place', but the information is real taken from the pilot mapping done with councils in 2009/10. The purpose of the mapping is to help you understand better the commissioning landscape in your area – and particularly to identify local needs, current commissioning structures, systems, processes, priorities and procedures.

The information can be compiled from locally-published reports particularly the joint strategic needs assessment (JSNA), strategic policy documents and commissioning strategies along with one-to-one interviews with key officers from respective services. You will find some potential interview questions in the step-by-step guide.

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.

When we did the mapping we found that 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 always constraints of resources, pressures on time and the challenges of geography but a genuinely we found 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 culture and sport services is to develop a robust evidence base to demonstrate impact on outcomes, including the dependency on other services.

The mapping included viewpoints from commissioners of services which are subjective but were offered in the spirit of collaboration and the pursuit of better outcomes for the local people. These included views on opportunities, barriers as they saw them and advice they would offer culture and sport providers if relationships were to be established.

For completeness, we would advise you to add a further section on the culture and sport needs in the area using the significant data now readily available about each local community provided through [Sport England: Active People survey](#) and [Arts Council England: Active People survey](#)

This will allow you to align your priorities with those of commissioners. Use this document along with the step-by-step guide to help you construct a local commissioning map for your area.

# 1. 'My Place': the facts

## Population

'My Place' has a population of 335,049, according to ONS Mid-2008 population estimates. It is a relatively elderly population with 67,000 (20.0 per cent) being aged over 65 and 30,900 (9.2 per cent) being aged over 75.

The number of pensioners is rising quicker than the number of young people.

The BAME population represents 3.9 per cent of the total population which has nearly doubled since 2001.

There are 84,861 households in my place and of these:

- 33 per cent are single person households
- 27 per cent are pensioners
- 28 per cent of children are under the age of 16.

The latest projections around population levels indicate a population increase greater than previously expected. This is due to trends in higher fertility, life expectancy and migration, all of which are subject to future uncertainty.

There is a projected increase in numbers of older people, due to improved life expectancy, which is in line with long-term trends. From the 2006 base, the projected 60 plus age group increases by 15 per cent to 2011, by 26 per cent to 2016 and by 39 per cent to 2021. The projected increase in the 85 plus age group is greatest proportionately.

The projected increase in the younger population is a result of the recent increase in births and in the number of people of childbearing age.

## Income and employment

The area is characterised by challenges in levels of skills and qualifications, low wages and worklessness. About a third of people of working age in 'My Place' don't work, and 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 'My Place' 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 Index of Multiple Deprivation (IMD) ranking for 'My Place' is eleventh out of 354.

Four per cent of adults with learning difficulties were in employment.

Seventy per cent of care leavers were in employment, education or training.

Thirty-eight per cent of children in 'My Place' are classified as living in child poverty. Sixty-six per cent of children live in low income families.

## Health and wellbeing

Modifiable life style factors are a major cause of health inequalities and variation in demand for health and social care within 'My Place'.

Prevalence of obesity in school reception year has increased marginally from 9.9 per cent to 10.2 per cent, while the prevalence of obesity in Year 6 has decreased from 17.6 per cent to 16.7 per cent.

Prevalence of adult obesity is 19.2 per cent for men and 19.1 per cent for women. Level of obesity is related to deprivation with higher prevalence in the most deprived 20 per cent 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 per cent of men in the least deprived areas stating that they feel they take enough exercise, while this was true of only 36.9 per cent in the most deprived areas.

Overall, 24 per cent 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.

Key mental health risk factors include social deprivation, unemployment, children from poor households, drug and alcohol problems. The mental health profile shows there were 2,800 claimants of incapacity benefits due to mental health conditions in 2006.

Lifestyle factors and preventable ill-health are key health determinants. Smoking prevalence in my place compared to England average) for men is 34 per cent (22 per cent) and women 30 per cent (20 per cent).

Comparisons with the England average are especially pronounced in 18 to 19-year-olds.

Projections suggest number of dementia patients will rise by 78 per cent by 2025 within the area.

Prevalence and impact of long-term health conditions projected to increase significantly over next 10 years. 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.

An examination of child wellbeing at small geographic areas found that extreme variation exists across 'My Place':

- The estimated level of healthy eating adults is 21 per cent, compared to the England average of 26 per cent. The level in 'My Place' has risen from 18 per cent in 2006.
- Binge drinking is estimated at 26 per cent, compared to 18 per cent nationally.
- Most people do not know the Governments recommended weekly and monthly alcohol intakes.
- Rates of teenage conception in my place are well above the average for England.
- Sexual health in 'My Place' is poorer than nationally.

According to the 2001 census, the number of 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 per cent of the city's population are carers.

## Education and young people

Only 38 per cent of children in 'My Place' schools achieved 5+ GCSEs with English and Maths compared to 49.9 per cent in England as a whole. 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.

While educational attainment is improving, the proportion of young people achieving 5+ A\*-C GCSE grades is 51.5 per cent which is lower than the national average of 58 per cent.

'My Place' has an improvement target to increase young people's participation in positive activities from the baseline of 76.3 per cent in 2007/9 to 79.0 per cent by 2010/11.

Some 13 per cent of the resident working age population of 'My Place' have no qualifications (year ending 2007). The earliest comparable data available is for year ending December 2005 for which the figure was 12 per cent.

Sixty-seven per cent of the working age population have obtained National Vocational Qualification (NVQ) Level 2 or above, and 46 per cent have achieved NVQ Level 3 or above.

In January 2009, the three-month average of 16 to 18-year-olds not in education, employment or training (NEET) was nine per cent. This proportion was only marginally higher than the comparable 2008 figure of 8.8 per cent. In addition:

- 58,515 full-time students are in higher education.
- Eighteen per cent of adults in 'My Place' take part in sport and active recreation

(3 x 30 minutes a week) compared to the national average of 21.8 per cent.

- Fifty per cent of adults do no sport or active recreation at all.
- Seventy-three per cent of adult residents want to start playing sport or do a bit more.
- Six per cent of adult residents are regular sports volunteers, compared to the national average of 7.3 per cent.
- Twenty per cent are members of sports clubs, compared to 23.3 per cent nationally.

The most popular sports for adults are: gymnastics, swimming, football, cycling and athletics.

### **There are five key themes that have emerged from the JSNA**

- Significant demographic changes in the local population will take place and there is a need to plan for future large scale changes.
- There are more people with complex needs who require access to greater levels of services.
- Better outcomes will come from supporting the population to make informed choices about their health and well being and enabling people to make informed choices about the care and support options that are right for them.
- Tackling worklessness and improving skills and attainment are key to addressing deprivation in 'My Place'.
- More needs to be done to address inequalities.

**Remember to add your analysis of local culture and sport needs using all available data and information particularly about local levels of participation.**

# 2. The corporate structure and processes for commissioning in ‘My Place’

## Strategic priorities

The strategic priorities for ‘My Place’ are:

- 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.

The priority outcomes to be improved are:

- health inequalities
- low skills and educational attainment
- impact of reductions in public sector on jobs
- young people and access to employment.

## The corporate structure for commissioning

The current local strategic partnership (LSP) will shortly become the public service board (PSB) integrating many of the previous commissioning structures and recognising that in the future some commissioning functions will be devolved to GPs, schools and neighbourhoods.

The LSP/PSB has a commissioning advisory board responsible for:

1. 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 strategic plans, through partner business plans and medium-term financial strategies.
2. Supporting the development, implementation and performance monitoring of plans.
3. Identifying further opportunities for joint working/collaboration within ‘My Place’ to deliver improved public services. Areas of focus include procurement, research and consultation, assets and buildings, back office efficiencies and joint working on specific priorities.
4. Making recommendations on the targeting of resources to address changing needs.

Membership of the board is the council, fire and rescue service, police service, police authority, probation, Jobcentre Plus and NHS.

Reporting to the advisory board are five commissioning hubs dealing with:

## Health and wellbeing

- Long-term conditions including older people
- Mental health and learning disability
- Staying healthy/public health
- Joint children and CAMHS.

## Children's trusts

- Safeguarding Board
- Seven locality children and young people partnerships
- Drugs and Alcohol Action Team young people
- Pre-birth to 11 years
- Young people 11 to 19
- Youth offending.

## Community safety and criminal justice

- Locality crime and disorder reduction partnerships.

## Environment

- Waste and cleaner greener
- Climate change
- Natural and historic environment
- Flood risk.

## Local enterprise partnership (LEP)

- Transport
- Employment/skills
- Business and enterprise
- Housing, planning and infrastructure
- Rural.

The Health and Wellbeing Board will increasingly seek to align health and adult social care.

These boards make the commissioning decisions aligned to political decision making and statutory responsibilities.

Supporting and guiding the process of commissioning are the following policies and procedures:

- A Procurement Policy and Procurement Strategy defining the rules of procurement.
- A procedure for **Options Appraisal**, 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.
- A policy on **Aligned Budgets** including jointly-funded posts, services and integrated arrangements up to pooled budgets.
- The arrangements relating to the **Voluntary and Community Sector** involvement including their role in client consultation, market development and capacity building.

In the process of mapping the structures and processes the following were identified:

## Opportunities

- An opportunity to address each board to demonstrate to commissioners what culture and sport can do to help them achieve their outcomes.
- A desire for culture and sport to contribute to the next refresh of the JSNA and include culture and sport needs in the analysis.
- An opportunity to Influence the commissioning strategies of boards where our contribution had been recognised.

## Barriers

- The current culture and sport provider structures are seen as fragmented and commissioners are unclear as to how to access our services and communicate with us.
- Culture and sport is not represented politically or by senior managers at the commissioning boards.
- Commissioners do not understand the scope of culture and sport and the contribution it could make to outcomes.

## Commissioners' advice to culture and sport providers

- Be very clear about the offer you can make to key outcomes or areas of need before you come to the boards.
- Be ready to demonstrate a track record of achievement to date.
- Identify evidence showing that culture and sport can contribute to what the council is trying to achieve.
- Demonstrate you can deliver commercially on their priorities and that investment in culture and sport will save them costs in the long run.



# 3. Adult social care

## Governance

- Shadow health and wellbeing board.

## Priorities

- Informed by the JSNA and joint health and wellbeing strategy.

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

There is a systematic process for rolling out **personalisation**, locality by locality. There are 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 per cent of current service users on personalised budgets by the end of this financial year. Twenty to 30 per cent 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.

## Process

The service uses the Department of Health based commissioning process for health and social care. Ninety-five per cent 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 currently being reviewed. Commissioning happens through the management structure – strategic development managers and performance managers – and there are no separate commissioning officers.

## Levels

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 current primary care trust (PCT) boundaries and a roll out of Neighbourhood Care Teams. These may change shortly to reflect new GP consortia. Budgets are held centrally. Practice based commissioning is in its infancy and the PCT still hold the budgets but this will change rapidly with the current health reforms. Personalisation is being rolled out with the intention that the individual assessments will be aggregated up to inform strategic commissioning, alongside the JSNA.

## Community and voluntary sector

A voluntary 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 the Council for Voluntary Service.

The report 'Promoting independence – First annual update' 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.

## Opportunities for culture and sport to contribute

These include:

- breaks for carers
- 'Passport to leisure' for carers
- mobile health projects with sports development
- working with populations of around 100,000 through the GP consortia
- getting good information and advice to clients at the first point of contact
- using a model of re-ablement – and steps towards using mainstream services
- people with learning difficulties

- mental Health and older people – understanding the huge steps and barriers they face
- exploring how libraries can have a community offer and provide better information
- libraries and the skills agenda
- increasing the use of leisure centres by people with learning difficulties.

There is an issue here that we provide the support and the leisure centre provides the facility – this needs to change if it is to be a truly universal offer. Additionally, there are lots of people who may have vulnerabilities but who are self-funders so there is a need to consider charging policies including:

- 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
- developing 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.

## Barriers

These include awareness of the needs of people who are not 'mainstream' including:

- communication – not everyone can read, or has a house and front door
- timing of sessions and getting to places
- social barriers and 'stigma' for example, Salvation Army hostel users.
- having sufficient funds

- understanding the complexity of vulnerability and high levels of need.

## Commissioners' advice to culture and sport providers

- Let's think outside the boxes – together – and build and raise awareness of opportunities for everybody in an equitable way.
- Understand what commissioning is, the JSNA and the particular needs of the clients and think how you can tailor 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
- Keep in touch with adult social care.

As the demography changes, the citizens who want a culture and sport offer will be different. Gear up for the future, for a different, aging demographic and for an increasing number of people with complex needs.

We need to keep people more active, more socially connected, more involved as active citizens. We must also target those who are least likely to be engaged or most likely to lose their independence – those who are poorer, have no access to transport, lonely and disconnected through bereavement or being out of work.

## 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. Possible collaborations include:

- 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 and benefits for individuals:

- Training for both sets of staff on person-centred approaches
- Working with individuals may require a cultural shift and open mindedness. Are you willing and prepared? Does the service need remodelling?
- Working with other providers. 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.

Culture and sport needs to clarify, define and evidence its offer to meet the changing demography and needs of the population and ensure its universal offer can reach the least likely to be engaged and the more vulnerable members of the community.

# 4. Health including public health

## Governance

- Shadow Health and Wellbeing Board.

## Priorities

The priorities are set out in the current Joint Health and Wellbeing Strategy which will be refreshed by the shadow board shortly based on a revised JSNA and the new national health outcomes framework.

### **The 10 themes in the current strategy 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:

- obesity
- smoking
- alcohol
- health inequalities.

Prevention is the key focus, 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

They currently use the NHS Commissioning cycle. This is informed by the JSNA, the Citizen's Panel, and partnership input and 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 currently commissioned at a strategic level. At a local level there are six practice-based commissioning consortia with 'indicative budgets'. There are 43 different possible interventions. More consortia will be formed as the new health reform changes take shape and more commissioning functions will be devolved to them.

There are no direct payments or health personalised budgets as yet but the national pilot will be evaluated and this might develop in the future.

## Community and voluntary 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, and the Red Cross.

There is a market development manager who is encouraging collaboration and consortia building among the smaller organisations. They organised a voluntary sector conference last year to look at priorities.

## Opportunities for culture and sport to contribute

- Bariatric (weight loss) 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 council both facing a challenging financial environment, there are opportunities for further integration and engagement
- Huge opportunities across a broad range of physical activity, mental health, libraries, tackling social isolation, prevention
- Tap into adult education
- More opportunities for arts, dance and music with both young people and older people
- Groundwork green gym initiative
- Dance champions in schools, community outreach and community interfaces.

## Barriers

- Breaking down organisational barriers
- Silo working – not being joined up, management structures, ‘traditional’ ways of working
- Needing 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’
- No new money
- Our lack of awareness of what’s possible
- Capacity to deliver and performance management.

## Commissioners’ advice to culture and sport providers

- Demonstrate that investment would improve 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.
- 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.

- Can public health and culture and sport explore new ideas and ways of doing things differently which will increase our impact?.
- Understand the local areas.
- Understand the needs of a particular client group.
- Understand the strategic services.

## Summary and implications

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

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

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

The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport.

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 wellbeing.

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 commissioners and other service providers.

# 5. Children's services

## Governance

Children's Trust Board. Reporting to this is a Joint Planning and Executive Group which is the main vehicle for commissioning. Depending on how many schools become academies these arrangements may change going forward.

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 six priority areas for improvement are:

- 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 the area so economies of scale and priorities are difficult.

There is priority to achieve better outcomes for looked-after children and some ambitious targets.

The Children and Young People's Plan sets out the 12 priority areas for children and young people. 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

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 Department of Health commissioning approaches.

Children's involvement is guided through the Children's Participation team. There is a Youth Cabinet and Youth Member of Parliament 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 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.

There is 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 an 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 voluntary sector organisations and this is a difficult area in the current climate.

## Opportunities for culture and sport to contribute

- Obesity
- Disabilities
- Emotional health and wellbeing
- Bullying and safety
- Positive activities
- NEETs
- Early Intervention and prevention – not just reactive
- Sport and leisure passes for looked-after children and foster carers
- Play strategy.

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 and include:

- drama activity with looked-after children around confidence building
- teenage pregnancy and positive parenting
- articulating voices
- improving play areas
- work with disabled children on short breaks
- building confidence and self-esteem through becoming good at an activity or just enjoying it.

## Barriers

- Communication could be improved. It's not yet fully effective or followed up
- Evidence of impact on outcomes – a shared problem.

## Commissioners' advice to culture and sport providers

- We need to improve communication. We need to listen to what culture and sport can do, be alive to the opportunities and to maximise these opportunities.
- 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.
- 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.
- Schools are increasingly in control so there is the need to convince them
- 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 re-invent the wheel.
- Sometimes it seems that cultural organisations work in silos and pockets.

## 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 current schools' culture and sport offer to explore the mechanisms for doing this in the future as more schools potentially move to being academies.

There is a need for an evidence based and co-ordinated offer across the agenda and particularly for schools.



# 6. Summary of implications

## Corporate

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

## 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 'My Place' and thinking about where culture and sport can make a contribution and other people to form relationships with.

## Adult social care

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.

Culture and sport needs to clarify, define and evidence its offer to meet the changing demography and needs of the population and ensure its universal offer can reach the least likely to be engaged and the more vulnerable members of the community.

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

## Health including public health

This area of service is well advanced in its approach to commissioning. The opportunities to engage and contribute to better outcomes in health particularly public health are significant. Understanding the JSNA, development of public health and wellbeing strategies, neighbourhood and particular client groups are key. The public health agenda, and in particular the challenges relating to lifestyle issues, offer huge opportunities for culture and sport. The main challenge for culture and sport services is to have a robust approach to outcome measurement and a strong evidence base of successful interventions.

## Children's services

Enormous structural change is happening rapidly. This will have implications as to how culture and sport organisations relate to education in the future and will challenge relationship building at a school level. There is clearly a message about building on the current schools' culture and sport offer to explore the mechanisms for doing this in the future as more schools potentially move to being academies. There is a need for an evidence-based and coordinated offer across the agenda and particularly for schools.

Overview

Self-assessment

Sample mapping document

Lessons learned

Step-by-step

# Introduction

This resource pack, which has been jointly produced by the Local Government Association (LGA), Sport England, Arts Council England (ACE) and the Chief Culture and Leisure Officers Association (cCLOA).

The 10 'lessons learned' are drawn from a number of sources:

- Research interviews and discussions with around 100 commissioners of services from around the country and across different services.
- Development work through the Local Government (LG) Improvement and Development Commissioning Support Programme for Culture and Sport, with 10 councils and several other pilot areas, during 2010/2011.
- Follow up interviews with these councils nine months after the programme to gather their experiences and advice to others.
- Training and development sessions with elected members, officers and culture and sport organisations.

This has been a period of significant change – in public policy, in budgets and in local structures.

Generally, in reflecting on the many changes that have been experienced, those involved in learning about commissioning and understanding the perspectives and priorities of commissioners have all identified that they have been better able to manage transformational change, better placed to engage in strategic conversations and have a better profile in the council as a result.

**So, these lessons are for reflection and discussion as part of the process of engaging in commissioning and aim to help your thinking, planning and action.**

The 10 lessons are:

1. Engagement in commissioning starts from a sophisticated understanding of need.
2. Engagement in commissioning involves being a strategic player and creative partner – not just a provider.
3. Commissioning is all about better outcomes for communities and individuals – so there is a need to understand the outcomes that commissioners are striving for.
4. Engagement in commissioning is about developing relationships.
5. Engagement in commissioning will impact on how you plan, design and deliver your services, your priorities and focus and the nature of your business in terms of universal, targeted and personalised services.

6. Engagement in commissioning will require us to articulate our offer with clarity of outcomes and impact and demonstrate innovation.
7. Commissioners need evidence of effectiveness.
8. Commissioners are seeking value for money and reduced dependency on other services.
9. Commissioning poses challenges to how the culture and sport sector organises itself, develops capacity and communicates.
10. Go for some 'best bets' and pick up on other people's agendas whenever possible.

These are expanded in this component of the resource pack.



# 1. Engagement in commissioning starts from a sophisticated understanding of need

## Joint Strategic Needs Assessment (JSNA)

The duty of directors of public health, directors of adult social care and directors of children's services to produce a JSNA is enshrined in the Local Government and Public Involvement in Health Act (2007).

The Department of Health defines the JSNA as 'the means by which Primary Care Trust (PCT) and local authorities will describe the future health, care and wellbeing needs of local populations and the strategic direction of service delivery to meet these needs'. The JSNA is expected to influence the commissioning process across both health and social care and to underpin the development and implementation of strategic planning across local partnerships.

### Department of Health public health and social care web pages

They are refreshed and updated at least every three years. New guidance and further explanation of 'The JSNA and joint health and wellbeing strategies: commissioning for populations'<sup>9</sup> and up-to-date developments can be found on the DoH website.

The NHS and local government have made progress on the development of JSNA since they were introduced. However, their effectiveness in addressing the health and wellbeing requirements of communities was limited without a powerful local mechanism to oversee real change and tackle inequalities.

The new requirement for health and wellbeing boards to lead enhanced JSNAs and joint health and wellbeing strategies (JHWS) will help areas take up opportunities to bring the major commissioners of public services for local people to a single table. Increasingly, councils are balancing a needs approach based on relative inequalities and deficits, with an approach based on community assets and the strength of local networks.

<sup>9</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131733.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131733.pdf)

## Understanding needs, drivers for change and likely impacts

Populations are dynamic. Understanding must be up to date.

For example:

- Luton is ranked at 87th most deprived (of 354) in England in the Index of Multiple Deprivation (IMD). This compares with 101st in 2004 and represents a significant change.
- On the Income Deprivation Affecting Children Index, Luton has 16 areas among the 10 per cent most deprived in England and for the Income Deprivation Affecting Older People Index, 44 areas are in the worst 10 per cent in England. More than 10,000 children and young people in Luton are living in poverty.
- 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 24th largest change in England. However, the overall pattern of deprivation remains largely unchanged ie the gap has not closed within the borough and the pattern of inequalities has stayed as it was previously.

Understanding the detail is essential preparation for conversations with commissioners and for considering where you might make a contribution.

## 2. Engagement in commissioning involves being a strategic player and creative partner – not just a provider

Culture and sport can play different roles:

- A strategic partner, contributing to discussions about the challenges and opportunities in the local area and being a creative player in problem solving and setting the direction.
- A provider of services, and a contributor to broader outcomes for individuals and communities through effective use of existing resources, working in partnership and being commissioned.
- A commissioner of culture and sport through procurement, work with independent organisations and grants.

It is important to distinguish which role you are playing on different occasions.

One of the frustrations of commissioners express is when culture and sport organisations are ‘rushing’ to be commissioned to do work rather than have the strategic conversations.

One of the very important benefits for culture and sport in the local authorities who participated in the Commissioning Support Programme was that, having understood more about outcomes and the perspectives of commissioners in other services, they felt more equipped for those discussions and better able to articulate what culture and sport could offer.

“There are issues that the council’s sport and cultural services are 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.”

**Director of Public Health (before the programme started)**

‘We engage much more at a strategic level now. For example, we are on the Mental Health Steering Group and involved in the pilot for Community Budgets. We are now more engaged in the Neighbourhood Strategy as an important player.’

**Manchester Cultural Strategy team**



# 3. Commissioning is all about better outcomes for communities and individuals

So there is a need to understand the outcomes that commissioners are striving for.

There are both national and local drivers in relation to defining outcomes. Some of these are outlined below but each area will have its' own definitions and priorities, dependent on needs. With the welcome move away from top down targets, the role of national outcome frameworks is to provide the broad context within which local priorities are developed, so the national frameworks referred to in this section will be interpreted differently to reflect local need.

**The health and social care outcomes are brought together in the DoH Health Outcomes Framework<sup>10</sup> which has five domains:**

- Domain 1: preventing people from dying prematurely.
- Domain 2: enhancing quality of life for people with long-term conditions.
- Domain 3: helping people recover from episodes of ill-health or following injury.
- Domain 4: ensuring that people have a positive experience of care.
- Domain 5: treating and caring for people in a safe environment; and protecting them from avoidable harm.

Within this context, some of the language of outcomes may be expressed as:

## Adult social care

- **Keeping people independent: Primary prevention** – Keeping people independent and well and out of the care system. Support for older and vulnerable people and an emphasis on those potentially at risk of needing care support.
- **Regaining independence: Secondary prevention** – reablement of people who have experienced an episode which has temporarily affected their independence – such as through a stroke, fall, spell in hospital, bereavement. Re-establishing independence through activities, social contacts, physiotherapy, aids in the home.
- **Improvements in terms of all aspects of health and wellbeing: Personalisation** – self-directed support via individual plans and personal budgets to enable people to make their own choices for care and daily living.

<sup>10</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131723.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf)

## Health

- **Reduced health inequality and improvement in health overall** – promoting healthy lifestyles and preventable ill health and reducing inequality across the social gradient of health. There is a new outcomes framework for Public Health<sup>11</sup>
- **Wellbeing** – social networks and capital, volunteering, addressing social determinants of health.

## Children and Young People

- **Raised educational attainment** – improved exam results.
- **Raised aspirations, self-esteem and self-confidence** – in order to improve outcomes in relation to issues such as teenage pregnancy, drug and alcohol abuse, low attainment, low attendance, obesity and other issues where self-esteem and low social skills may be an underlying factor.
- **Reduced inequality in outcomes for children:** Narrowing the gap and improving outcomes for children in need, such as Looked After Children or disabled children.
- **Better outcomes for families:** ‘Think family’ and develop approaches that can give sustainable solutions for children and address family problems more holistically.
- : sport and physical activity, cultural enrichment and mental wellbeing.

“The Live Well programme was my last chance. I’d tried and tried everything. As a result of the support and motivation from the staff at the leisure centre and the six month programme of healthy eating and exercise, my diabetes is under control, my blood pressure is under control, my weight loss is steady and my fitness is improving. My BMI is down from 48.4 to 44 and weight down from 145kg to 132kg. If I can do it anyone can”.

**Gary, aged 45, on the East Riding Council’s Live Well programme commissioned by the PCT**

“The project has given me a huge chance to make something out of myself and I have the chance to make a difference in the community of the North East Lincolnshire area.” “I thought people like me just don’t get a chance like this. I have no GCSEs and I have been in a lot of trouble with the law which I am ashamed of ... I am in the best job I could have hoped for.”

**Former prolific offenders, now Apprentice Community Sports Coaches, North East Lincolnshire – engaged on Sport Lincs programme led by sports and arts development with the police, youth service and Grimsby Town FC and focused mainly on football and street dance. Youth offending and ASB have reduced by significant levels especially in former ‘hotspots’ and young people have recorded improved behaviour and life chances through accreditation and volunteering.**

<sup>11</sup> <http://www.dh.gov.uk/health/2012/01/public-health-outcomes/>

# 4. Engaging in commissioning is about developing relationships

This is about a long-term investment in relationships and not about seeking transactions. At least five sets of relationships are involved:

- relationships with commissioners
- relationships with other providers
- relationships with the culture and sport sector
- relationships with the voluntary sector
- relationships with communities and citizens.

## Relationships with commissioners

The emphasis initially is in understanding and responding to their agendas. At some point they will begin to ask more questions about your services and how the two can work together. Many people in culture and sport have remarked that listening and learning about the agenda and language of others has helped significantly in articulating their own offer in terms that are understandable to commissioners.

## Relationships with other providers

There are many other providers out there – organisations and companies who are being contracted to deliver services. Some of the larger providers will also be commissioners or sub-contractors.

Being involved in provider forums or making contact through the Council of Voluntary Service or directly with organisations is a good way of sharing your expertise in culture and sport with their expertise with particular client groups or specialist services.

## Relationships with the culture and sport sector

There are many benefits of working with the wider culture and sport sector on this agenda. You can share information and workload, organise which organisations might lead on behalf of the group with particular areas of service and develop some innovative and creative approaches to address issues, using your different areas of specialism. In some areas, culture and sport have sought to develop formal consortia. This can be a complex process but works in some places. Otherwise, informal collaboration and networking, or some of the larger organisations providing leadership and support to include smaller organisations are equally beneficial.

County Sport Partnerships<sup>12</sup> and the new Arts Council ‘bridge’ organisations for children and young people’s services<sup>13</sup> are key networking organisations and, to varying degrees, provide a ‘brokerage’ role between organisations and commissioners.

<sup>12</sup> [www.sportengland.org/support\\_advice/county\\_sports\\_partnerships.aspx](http://www.sportengland.org/support_advice/county_sports_partnerships.aspx)

<sup>13</sup> [www.artscouncil.org.uk/what-we-do/our-priorities-2011-15/children-and-young-people/bridge-organisations/](http://www.artscouncil.org.uk/what-we-do/our-priorities-2011-15/children-and-young-people/bridge-organisations/)

More councils are exploring alternative provider models including the development of culture and sports trusts in areas where they have not previously existed and also through reducing direct service provision and increased voluntary sector provision.

Importantly through good collaboration within the sector, you can provide a coherent approach to commissioners and be seen to be focusing on better outcomes rather than competing for scarce resources.

“The biggest learning curve has been about how we can be a better commissioner through increased engagement with the culture and sport voluntary sector. We are now contracting out more than we ever did with some fantastic results in terms of participation and outcomes and with some brilliant partners. The money is being spent more effectively and is building the capacity and volunteer base in local organisations and communities. It has been given a high profile due to our elected mayor’s focus on ‘widening horizons for all’ programme and the combined efforts are really starting to have a very positive impact on outcomes for local people.”

**Head of Culture and Sport, North Tyneside**

## Relationships with the wider voluntary sector

Voluntary sector umbrella organisations generally have roles in relation to commissioning which include:

- capacity building for smaller organisations
- advice and support on the basics of organisational health

- mechanisms to appoint or elect representatives onto local governance structures
- information about opportunities on the market in terms of local commissioning and procurement.

Culture and sport organisations should tap into these resources and contribute to them.

## Relationships with communities and citizens

Listening to and working with existing users and being mindful of the non-users of your current services is also part of commissioning.

You will have a body of people who you work with and through this be able to bring their particular insights into the relationships with commissioners and others. Continuously reviewing how your services can be accessed and how they can be more inclusive is part of ongoing improvement.

Culture and sport bring huge grass roots engagement, build social capital and involve thousands of volunteers, participants and audiences, so valuing this huge foundation of contacts is something to nurture and to bring to the table as a key player and partner in the community.

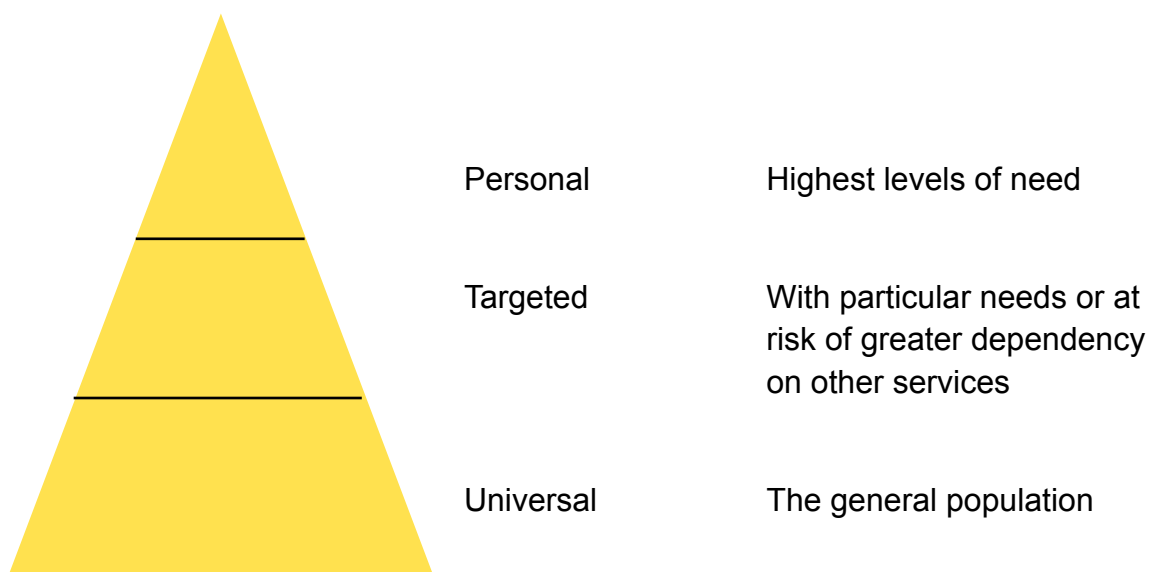
There is also current talk of ‘co-production’ in public services, where the customer or client and professionals design the service together in a more equal relationship. This is something that culture and sport has a great deal of experience in – though it may not have been described in these terms – so reminding yourself of what you do well in current social policy terms is a bonus.

# 5. Engagement in commissioning

Engagement in commissioning will impact on how you plan, design and deliver your services, your priorities and focus and the nature of your business in terms of universal, targeted and personalised services

It is most unlikely that, as a result of the analysis and engagement with commissioners, things will stay the same.

Engaging in commissioning will impact on how you plan and deliver your services, where you see your priorities and focus and how business is organised on a daily basis. Commissioning can challenge the whole approach to service design. One way of thinking about this is to consider where your organisation is, or would like to be, in relation to universal, targeted and personalised services.



**Universal services** face the ongoing test of being accessible and inclusive to all. Having engaged with commissioners in services such as social care and health, many in culture and sport have been challenged to address whether their services are, in fact, universal.

“During discussions with Director for Planning and Commissioning of Children and Young People’s Services, we covered the fact that more than 35 per cent of children in the city live in child poverty. So we engaged in the Child Poverty Commission and will use this vehicle to address afresh the access and opportunities for children of poorer families in our services. This is not new to us, but the challenges and changes in the demography of the city require constant attention and we are very committed to play a role in the work of this Commission and the development of the child poverty strategy”.

**Acting Director of Culture and Sport,  
Leicester**

“Following our engagement with adult social care, we identified a group of disabled people who have been expert mystery shoppers and they have given us very positive feedback as well as practical suggestions for service improvement. We’ve also engaged a special school in the design of a new gallery and a primary school in the design of an activity centre. These help to build relationships and improve our services and our staff are all very positive about this.”

**Head of Cultural Services, North  
Lincolnshire**

**Targeted Services** may focus on particular client groups or on geographical areas. The concept of targeting in a way which seeks to address inequalities in health and wellbeing outcomes has been further developed through the influential ‘Marmot Review’<sup>14</sup>. The review, entitled ‘Fair Society, Healthy lives’ concluded 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.”

Manchester Cultural Strategy and Renaissance North West, following a seminar with the Head of Adult Social Care Commissioning, became involved in the Ardwick pilot of interagency neighbourhood working. The aim was to embed cultural activity into the new way of working and the focus was on addressing worklessness, mental health and wellbeing. Several of the city’s cultural organisations in or close to Ardwick were involved. The pilot recorded both challenges and many successes and located culture firmly in the model for taking neighbourhood working further. Indeed, the Cultural Strategy team is now located within the newly formed Neighbourhood and Community Services part of the council, which is focused on addressing the huge challenges of the city’s neighbourhoods.

Engagement in neighbourhood working has been one important response from culture and sport.

<sup>14</sup> [www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report)

**Personalisation** has challenged many services to explore how they work with those on personal budgets and meet their needs. A number of approaches to working with people on personal budgets are emerging:

- building relationships with Brokerage teams in adult social care
- building relationships with Support Planners (individuals who work directly with those on personal budgets)
- providing taster sessions – for those on personal budgets, their supporters and social workers
- developing ways for people to pool their personal budgets to share in a joint activity
- alternatives to day care using a combination of personal budgets and social care budgets
- leaflets with activities and costs – for those on personal budgets and self-funders.

Changes in how other services operate also present new opportunities. For example the move away from day centres for people with learning difficulties or physical disabilities and older people have prompted some services to provide a new range of daytime activities that might engage those who have previously used daycentres but also for others.

**Fosse Arts in Leicester** has regular and systematic relationships with the Brokerage Team in Adult Social Care to ensure the offer is right and that people are aware.

**North Lincolnshire arts and heritage service** has presented their offer and prices in a leaflet which has been developed in consultation with adult social care. This has been promoted in day centres and through contacts with social care staff, who have also provided additional awareness training for the front-of-house staff.

“Luton Culture has put together a pilot programme to test the concept of providing activities for clients currently in receipt of day care. We have restricted the venues to those that are able to provide the most practical facilities for clients with disabilities, and those which are also appealing places to come and spend time. Not all activities will be suitable for all current day care clients, but we hope that the range will have broad appeal. These activities will also be open to those on personal budgets and the general public where appropriate; in this way we can encourage integration, better social outcomes and establish sustainability for the programme going forward. As well as charging individuals using their personal budgets or individuals as self funders, the council’s adult social care will continue to provide transport and additional personal support where it is needed.”

**Director, Luton Culture**

# 6. Engagement in commissioning

Engagement in commissioning will require us to articulate our offer with clarity of outcomes and impact and demonstrate innovation.

**Commissioners may be indifferent to your services and consider them marginal.**

Culture and sport are not likely to be uppermost in the minds of commissioners in social care, health or young people's services. Even those who have experienced some good work professionally in the past or who are enthusiastic participants personally in cultural or sporting activities may not see the relevance to what they are doing in commissioning for better outcomes.

Reviewing what some commissioners said about culture and sport before they engaged in a dialogue, their comments range from:

**'elitist', 'peripheral', 'just for the young and fit', to 'lack of awareness of people who are not mainstream', 'they don't understand the complexity of high levels of need', and 'how do they contribute to outcomes?'**

There may be some knowledge of 'activities', but there is a general lack of awareness of exactly what culture and sport contributes, the strategy, the impact on outcomes for local people and how the sector is organised.

Pressures on budgets may exacerbate the barriers – with culture and sport being considered a 'consumer' of resources rather than a 'contributer' to outcomes.

## Communicating the culture and sport offer

After dialogue, commissioners can be excited and energised by the opportunities.

The challenges for culture and sport here include:

- articulating the offer in terms of outcomes and not just activities
- articulating the offer in a coherent way so that commissioners see a range of opportunities, skills and options and not a confusion of fragmented services
- articulating the offer for those with personal budgets
- articulating the offer for schools
- communicating the health and wellbeing benefits and cost benefits.

See also: Step 5: Ways into the process of the Step-by-step document.



## Adopting service standards for other services

Engaging with commissioners may require adopting specialist service standards.

“Following the seminar, we have continued our relationship with Public Health. We are working with Health Trainers to develop a programme for people who self refer for support in such things as becoming more integrated into the community, participating in different activities and other lifestyle issues. For this we need NHS Ethics approval and an assessment of the accessibility of our services for health referred clients. It also involves us training the Health Trainers in our venues and services.

“We are backing this up with a formal evaluation programme and collection of evidence. This is helping us become embedded in public health as part of the transfer to the local authority”.

**Renaissance North West/Manchester Cultural Strategy**

## Risk averse or seeking innovation?

Commissioners are keepers of the public purse and need to spend wisely and be able to demonstrate value for money.

But the increasing challenges and constraints mean that commissioners are genuinely seeking new ways of doing things and innovation in addressing problems. The call for innovation still needs back up of an evidence base and a clear approach to cost benefits. But don't be deterred for coming up with creative new ideas.

# 7. Commissioners need evidence of effectiveness

## Use what's out there already

There is a range of evidence available about the impact of culture and sport in delivering better outcomes for individuals and communities.

The Arts Council of England and Sport England websites are good starting points with lots of research reports and links to other studies.

[Arts Council of England](#)

[Sport England 'Community sport: In it for the long run'](#)

The Culture and Sport Evidence Programme (CASE)<sup>15</sup> also provides a gateway to a range of research and data on the value of culture and sport to society.

<sup>15</sup> [www.culture.gov.uk/what\\_we\\_do/research\\_and\\_statistics/5698.aspx](http://www.culture.gov.uk/what_we_do/research_and_statistics/5698.aspx)

## Developing your own evidence base

The LGA local outcomes framework is a tool for helping you to build your own evidence base, based on local priorities. This web resource provides guidance for councils and their partners on how to create a local outcomes framework for culture and sport.

This will help you measure and evidence the difference your service makes and its contribution to local priorities in areas such as children and young people, older people, the economy, the environment and health and wellbeing. It will also help you make the case for continued investment of public money.

[LGA Guide to creating a local outcomes framework for culture and sport](#)

Within the framework there are links to sources of evidence currently available and the framework will enable you to develop your own evidence base.

The newly-revised Department of Health (DoH) Health Outcomes Framework<sup>16</sup> 2012/13 updates the earlier framework in the context of greater alignment and integration of adult social care.

<sup>16</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131723.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf)

## Using measurement and evidence tools that commissioners use

Commissioners may have their own measurement tools or products which they are familiar with and use routinely so it may be necessary to introduce these into your organisation.

For example, the Manchester Health Trainer programme, cited above, uses the WEMWBS tool<sup>17</sup>. WEMWBS is the Warwick-Edinburgh Mental Wellbeing Scale and is often used by scientists and psychologists to measure wellbeing. It is based around a self assessment process and is relatively simple to use and analyse to build your evidence base.

Other measurement tools used include the Outcomes Star<sup>18</sup> is an interesting suite of tools used in supporting and measuring change in vulnerable individuals. It is used in social care in areas such as mental health and with homeless people and there are also Outcome Stars for Families, Alcohol, Work and Communities.

Finding out what tools commissioners use is part of the 'mapping' process and will enable you to research how to use these measures to demonstrate evidence of impact. They are generally helpful and not as daunting as you might initially think.

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<sup>17</sup> [www.nhs.uk/tools/pages/wellbeing-self-assessment.aspx](http://www.nhs.uk/tools/pages/wellbeing-self-assessment.aspx)

<sup>18</sup> [www.outcomesstar.org.uk/](http://www.outcomesstar.org.uk/)

# 8. Commissioners are seeking value for money and reduced dependency on other services

**Not only are commissioners looking for evidence of impact on outcomes, they are also seeking evidence of reduced dependency on other services and short and longer term cost benefits.**

So, for example, if they invest in a physical activities programme with a particular client group, will this reduce the dependency on medication, GP visits or other health interventions? Will commissioning an arts and mental health programme improve the mental health and wellbeing of clients and also reduce their need for other mental health services?

## Some financial equations

### Value for money

Commissioners need to ensure value for money and you need to be able to demonstrate that. This will include being clear about:

- how you cost services
- how the cost of your services compares with others
- added value such as capital and human assets, other funding and income streams, and relationships which generate added value.

### Cost benefit

Cost-Benefit Analysis attempts to measure all costs and benefits of an intervention in monetary terms, (for example, putting a monetary value on improved health outcomes as well as actual costs of treatments), in order to provide the 'present value' of all costs and benefits, which are then expressed as a ratio. Ratio values greater than one indicate that the monetary value of the benefits of the intervention outweigh the costs of setting it up and running it; but commissioners may want to achieve particular benefit to cost ratios before agreeing to invest, for example, a return of £2 for every £1 spent.

### Social value

Social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves. This is now recognised in Government guidance – the Green Book<sup>19</sup> – though the methodology is yet to be defined. However there is already a methodology and body of experience of Social Return on Investment (SROI)<sup>20</sup>.

<sup>19</sup> [www.hm-treasury.gov.uk/data\\_greenbook\\_index.htm](http://www.hm-treasury.gov.uk/data_greenbook_index.htm)

<sup>20</sup> [www.thesroinetwork.org/](http://www.thesroinetwork.org/)

SROI seeks to identify all of the benefits to individuals and communities and measure the value of the social, economic and environmental outcomes created by an activity or an organisation. It focuses on measuring the 'what matters' and is important to users of the services and expressing these in monetary terms.

The Local Government Association (LGA)'s National Programme for Voluntary Sector Commissioning has produced a 'Guide to commissioning for maximum value'<sup>21</sup> for people involved in all stages of the commissioning process to encourage a wider approach to assessing and measuring and accounting for value.

The challenge for culture and sport is to be able to have a clear financial story, based on robust information and evidence, which demonstrates the business case for your activity in financial terms.

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<sup>21</sup> [www.thesroinetwork.org/publications/doc\\_details/224-guide-to-commissioning-for-maximum-value](http://www.thesroinetwork.org/publications/doc_details/224-guide-to-commissioning-for-maximum-value)

# 9. Commissioning poses challenges to how the culture and sport sector organises itself, develops capacity and communicates

**How the world of culture and sport is organised is likely to be as much a mystery to commissioners as their world is to you.**

So, as well as mapping the commissioning landscape, being able to present a clear picture and narrative of the culture and sport landscape is equally important.

## Communication

Generally, culture and sport organisations describe themselves in terms of activities and their publicity and marketing is linked to a programme of events or pursuits. Identifying outcomes and ways of working may be less evident.

Getting together as a sector to develop an honest self assessment of the culture and sport offer might open up new opportunities to clarify strengths and diversity, identify gaps and duplication and the potential to bring co-ordination and progression into the opportunities for individuals and communities. Developing a 'culture and sport narrative' will help making the offer more coherent to the sector itself and to commissioners seeking to work with it.

## Collaboration

Building on this, many groups have moved to greater collaborations – to share the workload, to diversify the offer, to work together in new ways relevant to the new challenges. This includes working with other organisations outside culture and sport.

In some areas, there has been a move to building formal consortia – new organisations set up to operate within the commissioning context. This takes a lot of time and human resource. It may be a potential route to explore, but informal good informal collaboration can be equally effective and flexible to emerging opportunities.

## Capacity building

Capacity building is 'development work that strengthens the ability of community organisations and groups to build their structures, systems, people and skills so that they are better able to meet their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises. It includes aspects of training, organisational and personal development and resource building, organised and planned in a self-conscious manner, reflecting the principles of empowerment and equality.'<sup>22</sup>

<sup>22</sup> 'Assessing community strengths: A practical handbook for planning capacity-building initiatives'. Skinner and Wilson. Community Development Foundation 2002

Local Councils of Voluntary Service play a key role in this and culture and sport organisations need to use their services and engage in their networks. Councils and health authorities have routes in to the voluntary sector through the umbrella organisations and will use them to communicate opportunities and for representation. Additional support, training and sources of information is available from the national bodies in culture and sport, through their regional offices.

**The leadership role of local authority culture and sport services is key here and there is a potential role for larger organisations working with smaller ones to develop commissioning relationships, deliver services and supporting their involvement in commissioning.**



# 10. Go for some ‘best bets’ and pick up on other people’s agendas whenever possible

## Being a proactive partner

We do not need to be in a commissioning relationship to be able to contribute to better outcomes and can bring our skills, experience, resources and contacts to the party.

“During the seminar session on children and young people’s services we had a discussion with the person from public health who indicated an issue about lower levels of breastfeeding in some parts of our communities. We suggested straight away that we could ensure that all our facilities were breastfeeding and baby-friendly, would brief and support staff and would display posters and leaflets. We did a pilot in museums and rolled out in sports, libraries and community centres. We did training sessions with frontline staff.

“We need to be prepared to give in developing these long term relationships and not see all of this in terms of transactions. We have found that the value of culture and sport in quality of life and wellbeing is valued and understood and this features positively in the challenges of budget reductions and service redesign.”

**Acting Director of Culture and Sport,  
Leicester**

In short, commissioning is a two-way relationship.

## ‘Best bets’

Taking a comprehensive approach, as outlined in the pack, opens up the potential opportunities and possibilities at a strategic level. It is a pertinent approach when there are major transformations underway in public service and allows for creative thinking and new ways of doing business.

There is also the case to narrow in on ‘best bets’ especially where we have some existing relationships, joint projects and partnerships.



“There is now an increased focus on commissioning shared across all the service teams it is now being viewed particularly within sport as ‘the day job’. Some of the early work done with GPs is now being evaluated to demonstrate evidence of impact for new initiatives in place and in the pipeline. The original programme of health related work with GPs which generated £250,000 a year for two years is now heading into a third year.

“A six-month secondment from the health sector is now helping culture and sport define their contribution to the refreshed JSNA and develop the work on public health and work with GPs. Further hard cash is now coming into the service from a proposed healthy weight programme, a healthy heart programme (£100,000 per annum), a cardio rehabilitation scheme (£30,000 per annum) and an offer for GPs on depression and emotional well being.

“Most progress has been made in health relationships and culture and sport is strategically represented on the strategy steering group of the new shadow health board.”

**Divisional Director of Culture and Sport, Barking and Dagenham**

Narrowing down, building relationships and developing an evidence base in a specific area has clear benefits and then could lead, potentially, to subsequent broadening out.

It depends who you are, your local circumstances and the story so far.

This takes us back to Step one of the Step-by-step component of the of this Resource pack – deciding the scope and who will be involved.

Overview

Self-assessment

Sample mapping document

Lessons learned

Step-by-step

# Introduction

This resource pack has been jointly produced by the Local Government Association (LGA), Sport England, Arts Council England (ACE) and the Chief Culture and Leisure Officers Association (cCLOA).

This document includes three separate self-assessment exercises for those interested in improving their engagement in commissioning.

The first is aimed at culture and sport service managers to assist them review their current position in terms of engaging with commissioning. In some cases it could also be used as the basis of a peer supported review or used in conjunction with relationship managers from Sport England and Arts Council England.

The second is aimed at civil society provider's, for example, sports clubs, community groups, voluntary organisations, arts and cultural groups also to assist them review their current position in terms of engaging with commissioning. Equally, it could also be used as the basis of a peer supported review or in conjunction with relationship managers from Sport England and Arts Council England.

Finally, the third is aimed at councillors responsible for culture and sport to enable them to review the position of services they are responsible for in their council and help make the case for culture and sports contribution to wider outcomes and needs.

The document follows the stages in the step-by-step guide to engaging with commissioning and provides key questions, links to advice and guidance in the resource pack and elsewhere and space for you to record your answers and actions. It also enables you to identify where you may need further help and support.

## Engaging with commissioning: A self-assessment exercise for culture and sport service managers

This document will allow you to review your current position in terms of engaging with the commissioning processes taking place in your council and help you identify what you need to do to engage better and identify any help and support you might need.

Steps	Question	Advice available in the Resource Pack	Actions.
<p><b>Step 1. Make a plan.</b></p> <p>Some preparatory thinking on where you are now, how you are going to approach this and who will be involved is vital. A project management approach and collaboration with others is strongly advisable.</p>	<ul style="list-style-type: none"> <li>• Is the service actively engaged in commissioning?</li> <li>• Are culture and sport services currently engaged with health, adult social care and children's services to help address local needs and contribute towards improving local outcomes?</li> </ul>	<p>See:</p> <p><b>Step 1 of the step-by-step guide. Make a plan:</b></p> <ul style="list-style-type: none"> <li>• Review the current situation and context</li> <li>• Agree a scope for a 'engaging with commissioning' project</li> <li>• Set up a project team.</li> </ul> <p>See also:</p> <p><b>Lessons learned 3:</b> All about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.</p>	<p>We currently...</p> <p>We would like to...</p> <p>To do this we need to involve...</p> <p>We need help and support to...</p>
<ul style="list-style-type: none"> <li>• If there is currently engagement is it based on working in partnership and sharing funding; is it about short term limited contracts to provide activity for, example, spot purchasing, or is the service engaged strategically in the whole commissioning process?</li> </ul>	<p>See also:</p> <p><b>Lessons learned 2:</b> Engage as a strategic player and creative partner – not just as a provider.</p>	<p>The current relationships take the form of...</p>	

Engaging with commissioning: A self-assessment exercise for culture and sport service managers			
<p><b>Step 2: Understand the commissioning process</b></p> <p>The starting point involves understanding the commissioning process including understanding the language.</p>	<ul style="list-style-type: none"> <li>• Is there evidence that service managers and key elected members understand the commissioning process enough to engage with it?</li> <li>• What support and training might be needed to enable them to better engage strategically with commissioning?</li> </ul>	<p>See: Step 2 of the step-by-step guide: Understand the commissioning process.</p> <p>See also: <u>Understanding Commissioning: a practical guide for the culture and sport sector.</u></p>	<p>The support and training required is...</p> <p>This can be provided by...</p>
<p><b>Step 3: Understand who's who in commissioning</b></p> <p>The next step is to identify the commissioners. This step involves identifying people who are involved in commissioning and their roles. It also involves identifying the different levels of commissioning – strategic, locality and personalised going on in your area and how the processes of commissioning happen.</p>	<ul style="list-style-type: none"> <li>• Do service managers know who is responsible for commissioning in health, adult social care and children's services in their area?</li> <li>• Are they aware of the commissioning processes taking place strategically round health and well being, adult social care and children's services, and locally round specific communities or themes and what is happening locally in terms of personalisation?</li> <li>• Are cabinet leads for culture and sport actively engaged in the governance arrangements relating to commissioning in other service areas and make the case for culture and sport in these forums? Or have they identified another councillor who can support their case?</li> </ul>	<p>See: <b>Step 3 of the step-by-step guide: Who's who in commissioning.</b></p>	<p>To identify the commissioning processes going on in the area we need to...</p> <p>To identify the people responsible for them we need to...</p>

Engaging with commissioning: A self-assessment exercise for culture and sport service managers			
<p><b>Step 4: Find out how things work in your area: 'Map the commissioning landscape'</b></p> <p>No two areas are the same and needs of populations differ – so finding out what is driving things locally and how the policies and procedures, structures and systems, people and priorities work requires some research.</p>	<ul style="list-style-type: none"> <li>• Have you mapped the local commissioning landscape?</li> <li>• Are you aware of the local priority needs and the key strategic outcomes that commissioners are trying to meet?</li> <li>• Have you considered how your services could contribute to them?</li> <li>• Have you used this mapping process to build relationships with the commissioners?</li> </ul>	<p>See: <b>Step 4 in the step-by-step guide: Mapping the landscape.</b></p> <p>See also example of a <b>commissioning map for 'My Place'</b>, a working example of mapping local commissioning opportunities.</p> <p><b>Lessons learned 1:</b> Engagement in commissioning starts from a sophisticated understanding of need.</p> <p><b>Lessons learned 3:</b> It's all about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.</p>	<p>A commissioning map of area can be produced by...</p> <p>We could potentially use this to focus on the following needs and outcomes...</p> <p>We need to communicate with the following commissioners...</p>

Engaging with commissioning: A self-assessment exercise for culture and sport service managers		
<p><b>Step 5: Ways into the process</b></p> <p>There are different ways for culture and sport to get better engaged both as a strategic player and as a provider of services. Engagement in commissioning should be a proactive process and not simply waiting to react at the procurement stage. There are a variety of potential entry points but the key is to build effective relationships with commissioners.</p>	<ul style="list-style-type: none"> <li>• Are you represented politically or managerially on the key partnership boards that oversee the commissioning process, including the new HWB?</li> <li>• Did you contribute to joint strategic needs assessments (JSNA) or Joint Health and Wellbeing Strategy (JHWS) and prioritisation of outcomes?</li> <li>• Did you contribute data about culture and sport needs and priorities?</li> <li>• Did you engage in looking at the different options for delivering the outcomes and advocate for the role culture and sport providers could play?</li> <li>• Have service managers built effective relationships with the key commissioners?</li> </ul>	<p>See:  <b>Step 5 in the step-by-step guide: ways into the process.</b>            See also <b>Lessons learned 4: Engaging in commissioning is about developing relationships.</b></p> <p>In the future we could engage more strategically in the commissioning process by...</p>

## Engaging with commissioning: A self-assessment exercise for culture and sport service managers

The aim of this engagement is to generate better outcomes through developing long term contracted relationships between culture and sport organisations and commissioners of services for adults, health, children and young people and between culture and sport and other providers. This requires providers to be able to design services to achieve the required outcomes and evidence the contribution they could make.

- Have relationships with commissioners created opportunities for services to be procured; if so, on what basis?
- Have service managers identified and presented the evidence for the contribution they could make to local outcomes?
- Have they collated data and information on current projects addressing similar needs?
- Have they accessed national evidence relevant to local priorities?
- Can they evidence the impact they are making already on people's lives and communities which can help them make a case for being commissioned?

See:

**Lessons learned 5:** Service design – universal, targeted, personalised.

**Lessons learned 6:** Articulating our offer with clarity of outcomes and impact. Commissioners are looking for innovation.

**Lesson learned 7:** Evidence – collect it and use it

**Lessons learned 8:** Understand the cost benefit ratios – to demonstrate value for money and reduced dependency on other services.

See also:

[A guide to developing a local outcomes framework for culture and sport.](#)

To evidence the impact we have made and demonstrate value for money we need to...



### Engaging with commissioning: A self-assessment exercise for culture and sport service managers

To do this culture and sport providers need to be 'fit for purpose' to be commissioned.

- Have service managers and partner providers ensured they are fit for purpose organisations to be contracted?
- Have they considered how they would get the capacity and skills to deliver contracts?
- Do local provider organisations including trusts, contractors, clubs, cultural bodies, voluntary organisations and individual artists work together and collaborate to provide what commissioners need?
- Have they investigated using broker organisations like County Sports Partnerships (CSP's) and the Arts Council Bridge organisations to create more efficient links between providers and commissioners?
- Have they considered how they would measure and evaluate their performance in terms of delivering contracts and achieving impact?

See:  
Lessons learned 9: How the sector organises itself, develops in capacity and communicates in the commissioning context.  
See also:  
Building capacity in culture and sport civil society organisations.

We could work with other providers and build the capacity necessary to deliver contracts by...  
We could broker easier relationships with commissioners by...  
We will measure our performance and impact by...

**Engaging with commissioning: A self-assessment exercise for culture and sport service managers**

<p><b>Step 6: Review and reflect (On a regular basis)</b></p> <p>Assessing progress and measuring achievements may be difficult to quantify.</p> <p>It is not just about transactions or winning contracts. Engaging in commissioning requires a much wider approach. It will open up many more opportunities.</p> <p>Assessing the business implications of this is essential to success.</p>	<ul style="list-style-type: none"> <li>• Is there evidence of things changing as a result of engaging with commissioning? For example:             <ul style="list-style-type: none"> <li>• Winning contracts in competition with other providers.</li> <li>• Commissioning more culture and sport services through the voluntary sector.</li> <li>• Increasing profile at a strategic level and being a much more active corporate player.</li> <li>• Joint work and projects.</li> <li>• Exploration of new ways of delivering services.</li> <li>• Transforming existing services to meet needs of particular groups or individuals.</li> <li>• Neighbourhood working and integrated services at a local level.</li> </ul> </li> </ul>	<p>See: Lessons learned 10: Go for some best bets and pick up on other people's agendas whenever possible.</p>	<p>The progress we have made includes...</p>
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**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

This document will allow you to review your current position in terms of engaging with the commissioning processes taking place in your area and help you identify what you need to do to engage better and identify any help and support you might need.

Steps	Question	Advice available in the Resource Pack	Current position and agreed actions.
<p><b>Step 1. Make a Plan.</b></p> <p>Some preparatory thinking on where you are now, how you are going to approach this and who will be involved is vital. A project management approach and collaboration with others is strongly advisable.</p>	<ul style="list-style-type: none"> <li>• Is your organisation actively engaged in commissioning?</li> <li>• Is your organisation currently engaged with health, adult social care and children’s services to help address local needs and contribute towards improving local outcomes?</li> </ul>	<p>See:  <b>Step 1 of the Step-by-step guide: Make a plan:</b></p> <ul style="list-style-type: none"> <li>• review the current situation and context</li> <li>• agree a scope for a “engaging with commissioning” project</li> <li>• set up a project team.</li> </ul> <p>See also:  <b>Lessons learned 3:</b> All about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.</p>	<p>We currently...</p> <p>We would like to...</p> <p>To do this we need to involve...</p> <p>We need help and support to...</p>

**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

	<ul style="list-style-type: none"> <li>If you are currently engaged is it based on working in partnership and sharing funding; is it about short-term limited contracts to provide activity, for example, spot purchasing, or is the service engaged strategically in the whole commissioning process?</li> </ul>	<p>See also:</p> <p><b>Lessons learned 2: Engage as a strategic player and creative partner – not just as a provider.</b></p>	<p>Our current contracted relationships include...</p>
<p><b>Step 2: Understand the commissioning process</b></p> <p>The starting point involves understanding the commissioning process including understanding the language.</p>	<ul style="list-style-type: none"> <li>If you want to become better engaged in local commissioning processes are you able and prepared to invest time and capacity into becoming more involved?</li> <li>Do you, your management committee and your staff understand the commissioning process well enough to engage with it? What support and training might you need to develop the required capacity and competence to do so?</li> </ul>	<p>See:</p> <p><b>Step 2 of the step-by-step guide: Understand the commissioning process.</b></p> <p>See also:</p> <p><u>Understanding Commissioning: a practical guide for the culture and sport sector.</u></p>	<p>The support and training we require is...</p> <p>This could be provided by...</p>

**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

<p><b>Step 3: Understand who's who in commissioning</b></p> <p>The next step is to identify the commissioners. This step involves identifying people who are involved in commissioning and their roles. It also involves identifying the different levels of commissioning – strategic, locality and personalised going on in your area and how the processes of commissioning happen.</p>	<ul style="list-style-type: none"> <li>• Do you know who is responsible for commissioning in health, adult social care and children's services in your area?</li> <li>• Are you aware of the commissioning processes taking place strategically round health and well being, adult social care and children's services, and locally round specific communities or themes and what is happening locally in terms of personalisation?</li> </ul>	<p>See: <b>Step 3 of the step-by-step guide; Who's who in commissioning.</b></p>	<p>To identify the people responsible for commissioning we need to...</p> <p>To identify the main commissioning processes going on in the area we need to...</p>
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**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

**Step 4: Find out how things work in your area: ‘Map the commissioning landscape’**

No two areas are the same and needs of populations differ – so finding out what is driving things locally and how the policies and procedures, structures and systems, people and priorities work requires some research.

- Have you mapped the local commissioning landscape?
- Are you aware of the local priority needs and the key strategic outcomes that commissioners are trying to meet?
- Have you considered how your organisation could contribute to them?
- Have you attempted to build relationships with the commissioners?

See:  
**Step 4 in the step-by-step guide: Mapping the landscape.**

See also:  
**Example of a commissioning map for ‘My Place’, a working example of mapping local commissioning opportunities.**

**Lessons learned 1:** Engagement in commissioning starts from a sophisticated understanding of need.

**Lessons learned 3:** It’s all about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.

I could access information about the commissioning landscape by...  
 To identify what needs and outcomes my organisation could focus on we will...

**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

**Step 5: Ways into the process**

There are different ways for your organisation to get better engaged as a provider of services. Engagement in commissioning should be a proactive process and not simply waiting to react at the procurement stage. There are a variety of ways your organisation could engage with the process but the key is to build effective relationships with commissioners.

- Do you know who represents culture and sport on the key partnership boards that oversee the commissioning process including the new Health and Wellbeing Board or do you have someone who can represent your interests?
- Have you contributed information about culture and sport needs and priorities?
- Are you involved in looking at the different options for delivering the outcomes and able to advocate for the role your organisation could play?
- Have you tried to build effective relationships with commissioners or other providers?

See:  
**Step 5 in the step-by-step guide: Ways into the process.**  
 See also:  
**Lessons learned 4: Engaging in commissioning is about developing relationships.**

In the future we can engage better in the commissioning process by...

**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

<p>The aim of this engagement is to generate better outcomes through developing long term contracted relationships between your organisation and commissioners of services for Adults, Health, Children and Young People and between culture and sport and other providers. This requires you to be able to design services to achieve the required outcomes and evidence the contribution they could make.</p>	<ul style="list-style-type: none"> <li>• Have these relationships created opportunities for your services to be procured; if so on what basis?</li> <li>• Are you able to identify and present the evidence for the contribution your organisation could make to local outcomes?</li> <li>• Do you collated data and information on current projects addressing similar needs?</li> <li>• Are you aware of national evidence supporting the contribution your organisation can make to local priorities?</li> <li>• Can you evidence the impact your organisation is making already on people's lives and communities which can help you make a case for being commissioned</li> </ul>	<p>See:  <b>Lessons learned 5:</b> Service design – universal, targeted, personalised  <b>Lessons learned 6:</b> Articulating our offer with clarity of outcomes and impact. Commissioners are looking for innovation.  <b>Lesson learned 7:</b> Evidence – collect it and use it  <b>Lessons learned 8:</b> Understand the cost benefit ratios – to demonstrate value for money and reduced dependency on other services.          See also:  <u>A guide to developing a local outcomes framework for culture and sport.</u></p>	<p>In order to evidence the impact we can make and demonstrate value for money we need to...</p>
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## Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups

To do this your organisation needs to be 'fit for purpose' to be commissioned.

- Have you the right legal and financial governance structure to operate as a business and be contracted?
- Have you suitable accreditation systems in terms of health and safety, child protection and working with vulnerable adults?
- Have you considered how you will maintain the capacity and skills needed to deliver contracts?
- Do you work together with similar organisations and collaborate to provide what commissioners need?
- Have you investigated using broker organisations like County Sports Partnerships (CSP's) and the Arts Council Bridge organisations to create more efficient links between providers and commissioners?
- Have you considered how you would measure and evaluate their performance in terms of delivering contracts and achieving impact?

See:  
**Lessons learned 9:** How the sector organises itself, develops capacity and communicates in the commissioning context.

See also:  
Building capacity in culture and sport civil society organisations

We need to change our governance arrangements in terms of...

We need to achieve accreditation in terms of...

We could work with other providers and build the capacity necessary to deliver contracts by...

We can measure our future performance and impact by...

**Engaging with commissioning: A self assessment exercise for sports clubs, community groups, voluntary organisations, arts and cultural groups**

<p><b>Step 6: Review and reflect (on a regular basis)</b></p> <p>Assessing progress and measuring achievements may be difficult to quantify.</p> <p>It is not just about transactions or winning contracts. Engaging in commissioning requires a much wider approach. It will open up many more opportunities.</p> <p>Assessing the business implications of this is essential to success.</p>	<ul style="list-style-type: none"> <li>• Is there evidence of things changing as a result of engaging with commissioning? For example:             <ul style="list-style-type: none"> <li>• Winning contracts in competition with other providers.</li> <li>• Joint work and projects.</li> <li>• Exploration of new ways of delivering services.</li> <li>• Transforming existing services to meet needs of particular groups or individuals.</li> <li>• Neighbourhood working and integrated services at a local level.</li> </ul> </li> </ul>	<p>See:  <b>Lessons learned 10:</b> Go for some 'best bets' and pick up on other people's agendas whenever possible.</p>	<p>The progress we have made includes...</p>
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**Engaging with commissioning: A self-assessment exercise for councillors responsible for culture and sport services**

This document will allow you to review how well culture and sports services are engaging with the commissioning processes taking place in your council, help you identify what they need to do to engage better and identify any help and support you might need.

Steps	Question	Advice available in the Resource Pack	Current position and agreed actions.
<p><b>Step 1. Make a plan.</b></p> <p>Some preparatory thinking on where you are now, how you are going to approach this and who will be involved is vital. A project management approach and collaboration with others is strongly advisable.</p>	<ul style="list-style-type: none"> <li>• Are the culture and sport services for which you are responsible being contracted by health, adult social care and children’s services to help them address local needs and contribute towards improving local outcomes?</li> <li>• If they are involved, is this just as partners or are they being contracted and paid to deliver services and activities as part of short-term or longer-term contracts?</li> <li>• If they are not currently engaged in commissioning what could you do to encourage and support them with your political colleagues responsible for commissioning elsewhere in the council?</li> </ul>	<p>See:  <b>Step 1 of the step-by-step guide: Make a plan:</b></p> <ul style="list-style-type: none"> <li>• review the current situation and context</li> <li>• agree a scope for a “engaging with commissioning” project</li> <li>• set up a project team.</li> </ul> <p>See also:  <b>Lessons learned 2:</b> Engage as a strategic player and creative partner – not just as a provider. <b>Lessons learned 3:</b> All about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.</p>	<p>We currently...</p> <p>I would like them to...</p> <p>To do this I need to involve...</p> <p>I need help and support to...</p>

<b>Engaging with commissioning: A self-assessment exercise for councillors responsible for culture and sport services</b>			
<p><b>Step 2: Understand the commissioning process</b></p> <p>The starting point involves understanding the commissioning process including understanding the language.</p>	<ul style="list-style-type: none"> <li>• Do you understand the commissioning process enough to engage with it?</li> <li>• If you are a district councillor are you aware of and involved in the commissioning carried out by the county council that your services could contribute to?</li> <li>• What support might you need to get involved in the commissioning processes going on in your council?</li> </ul>	<p>See:  <b>Step 2 of the step-by-step guide: Understand the commissioning process.</b></p> <p>See also:            Understanding Commissioning: a practical guide for the culture and sport sector.</p>	<p>In order to understand this and engage better I need to...</p>
<p><b>Step 3: Understand who's who in commissioning</b></p> <p>The next step is to identify the commissioners. This step involves identifying people who are involved in commissioning and their roles. It also involves identifying the different levels of commissioning – strategic, locality and personalised going on in your area and how the processes of commissioning happen.</p>	<ul style="list-style-type: none"> <li>• Are you aware of and involved in the commissioning processes taking place strategically round health and well being, adult social care and children's services, and locally round specific communities or themes and what is happening locally in terms of personalisation?</li> </ul>	<p>See:  <b>Step 3 of the step-by-step guide: Who's who in commissioning.</b></p>	<p>In order to make the case for culture and sports role in other</p>

**Engaging with commissioning: A self-assessment exercise for councillors responsible for culture and sport services**

**Step 4: Find out how things work in your area: 'Map the commissioning landscape'**

No two areas are the same and needs of populations differ – so finding out what is driving things locally and how the policies and procedures, structures and systems, people and priorities work requires some research.

- Have your officers mapped the local commissioning opportunities and understand where culture and sport services could contribute to better outcomes for health, adult social care and children's services?.

See:  
**Step 4 in the step-by-step guide; Mapping the landscape.**  
 See also example of a **commissioning map for 'My Place'**, a working example of mapping local commissioning opportunities.  
**Lessons learned 1:**  
 Engagement in commissioning starts from a sophisticated understanding of need.  
**Lessons learned 3:** It's all about better outcomes for communities and individuals – understand the outcomes that commissioners are striving for.

In order to understand the contribution culture and sport could make I need to...

Engaging with commissioning: A self-assessment exercise for councillors responsible for culture and sport services		
<p><b>Step 5: Ways into the process</b></p> <p>There are different ways for culture and sport to get better engaged both as a strategic player and as a provider of services. There are a variety of potential entry points but the key is to build effective relationships with commissioners.</p>	<ul style="list-style-type: none"> <li>• Are you engaged in the strategic commissioning processes going on in your council?</li> <li>• Are you on key partnership boards including the new health boards?</li> <li>• Have you built relationships with political colleagues responsible for commissioning in health, social care and children's services?</li> <li>• Are you able to advocate effectively for the role culture and sport could play to support these services if commissioned to do so?</li> </ul>	<p>See:  <b>Step 5 in the step-by-step guide: Ways into the process.</b></p> <p>See also:  <b>Lessons learned 4: Engaging in commissioning</b> is about developing relationships.</p>
<p><b>Step 6: Review and reflect (on a regular basis)</b></p> <p>Assessing progress and measuring achievements may be difficult to quantify. It is not just about transactions or winning contracts. Engaging in commissioning requires a much wider approach. It will open up many more opportunities. Assessing the business implications of this is essential to success.</p>	<p>Is there evidence of things changing as a result of engaging with commissioning? For example:</p> <ul style="list-style-type: none"> <li>• winning contracts in competition with other providers</li> <li>• increasing profile at a strategic level and being a much more active corporate player</li> <li>• joint work and projects</li> <li>• exploration of new ways of delivering services</li> <li>• transforming existing services to meet needs of particular groups or individuals</li> <li>• neighbourhood working and integrated services at a local level.</li> </ul>	<p>See:  <b>Lessons learned 10: Go for some best bets and pick up on other people's agendas whenever possible.</b></p>



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We consider requests on an individual basis.