

Cultural Commissioning in Health and Social Care for Children and Young People in Oxfordshire



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1. INTRODUCTION AND BACKGROUND

1.1. Purpose and scope of the report

This report was commissioned by the Oxfordshire Youth Arts Network (OYAN) to provide information for its members, and arts and cultural organisations in Oxfordshire, wishing to engage in public service commissioning for health, education and social care.

It sets out how to get commissioning ready and how to identify commissioning opportunities in Oxfordshire.

This report does not include commissioning in schools, as this is being covered by other projects within OYAN. The report does refer to the Education and Early Intervention Service provided by Oxfordshire County Council.

The current OYAN Directory 2015 supports this report, by showcasing the work of Oxfordshire's creative organisations for commissioners, and reveals the potential for cultural commissioning in Oxfordshire.

1.2. Overview of health and social care commissioning

Nationally the delivery of public services is undergoing significant change, and within health and social care, commissioned services are replacing those previously provided in-house. Public sector commissioning aims to ensure that the services required by people with a specific need or in a particular area are available and designed to suit them.

Oxfordshire County Council (the County Council) is now predominately a commissioning organisation for public health and social care services for older people, but less so for children's and young people's services. It does this in partnership with Oxfordshire Clinical Commissioning Group (OCCG).

Within the County Council around 99% of its services for older people are provided by organisations who have been commissioned through a competitive tendering process or a specific grant. Children's services lag behind adult services in terms of external commissioning, conversely 5-10% of children's and young peoples' services are provided by external organisations, meaning 90-95% are provided in-house. However, the direction of travel is to commission more services for children and young people.

Over the past few years, there has been a steady development of jointly commissioned services through a system of pooled budgets which operate under Section 75 of the NHS Health and Social Care Act (2001); they now have a combined annual value of over £30m. There is not currently a Section 75 pooled budget for children's services, although nearly £7m of specialist and targeted Child and Adolescent Mental Health Services are part of the Section 75 Mental Health pooled budget.

This is a major change in the way the County Council and OCCG design and deliver services, and has changed its relationships with some commercial, community and voluntary sector organisations from partners to ‘providers’.

Commissioners are working with a host of challenges: shrinking funds, rising need, new and complex payment structures, integrated commissioning models, and changes in regulation. Commissioners are therefore operating within constrained environments— sometimes lacking the freedom or confidence to innovate and pilot new approaches. However, commissioners who have seen the value of arts and cultural activities can be enthusiastic champions and they are aware they need a healthy market place in order to achieve the requirements of the locality agenda, to get best value for money and to deliver the required patient and person-centred care.

1.3. Overview of cultural commissioning

Nationally, evidence indicates that arts and cultural activities can offer a strong—and in some cases specific—contributions to achieving social outcomes. Arts and cultural organisations—voluntary, charities, social enterprises, for-profit organisations—play a valuable role in addressing social challenges and delivering public services. Arts and cultural organisations contribute to the delivery and design of effective services ranging from the care of older people to preventing crime.

The Arts Council England (ACE) recognises this opportunity and challenge, and the Cultural Commissioning Programme (CCP) launched in 2014 aims to help arts and cultural organisations prepare for commissioning. The findings and resources from this project are used throughout this report. Ten Key steps in section 2 are - based on the ACE CPP and feedback from the OYAN meetings.

Our mapping identified three focus areas—older people, mental health and well-being, and place-based commissioning—where significant opportunities for arts and cultural commissioning exist.” (Arts Council England, Cultural Commissioning Programme)

The key messages are that:

- Arts and cultural organisations can be involved in delivering health and social care services if they explain their work in a way, which resonates with commissioners.
- Arts and cultural providers need to be seen as credible, effective organisations who understand the area in which they are hoping to work.
- Arts and cultural organisations need to explain how their activity improves outcomes, and to highlight the need for interventions to be of high quality if they are to achieve required outcomes.
- Commissioners can play their role by making processes and opportunities as transparent and accessible as possible.

In Oxfordshire arts and cultural organisations have a strong record of accomplishment delivering across a range of social outcomes as illustrated in the case studies in section 4. They have the advantage of being flexible and adaptable, well-networked and employing

highly skilled practitioners who have experience of offering 1-2-1 and small group support to children and young people.

However, currently only two OYAN members are ‘approved providers’ with the County Council (Ark-T and OYAP) and although some are aware of the tendering opportunities, only one member (Bookfeast) has experience of going through the County Council’s tendering process. OYAN members have said they find identifying commissioning opportunities an onerous process and knowing who to speak to a further challenge. Arts practitioners often work alone or for small organisations with less than five people and are often invisible to commissioners. Arts practitioners or ‘providers’ need support to be commissioning-ready, they need to understand who they are dealing with and why, and who holds the purse strings.

2. GETTING COMMISSIONING READY

2.1. Step One: Decide if it is right for you

Commissioning may not suit every organisation, so be wary of becoming involved if you believe pursuing a commissioning process will derail your mission or be too cumbersome for your organisational capacity.

Assessing the potential of commissioning

A recent research report from the CPP, *Opportunities for Alignment*, June 2014, suggests organisations ask themselves the questions below and says,

“Public sector commissioning is not appropriate for the whole arts and cultural sector. Engaging in commissioning can benefit the organisations involved but may also require compromise. While flexibility and working in partnership can help providers to secure commissioned work, lack of information about opportunities and poor relationships with commissioners may frustrate efforts. Significant investment of time is required, with no guarantee of success.”

Source: *Opportunities For Alignment Arts and cultural organisations and public sector commissioning*, Sally Bagwell, David Bull, Iona Joy and Marina Svistak June 2014.

Read the [executive summary \(PDF, 110KB\)](#) or download the full report, [Opportunities for Alignment – Arts and cultural organisations and public sector commissioning \(PDF, 2MB\)](#)

Table 1: Questions to consider

Capacity	Mission
<ul style="list-style-type: none">•Do you have the resources to pursue the opportunity without detracting from your mission?•If successful, do you have the capacity to deliver the service?	<ul style="list-style-type: none">•Do you need public funding to deliver your mission?•Is your mission aligned with the priorities of commissioners?•Is there buy-in within the organisation (board

•Do you have a clear business model, including unit costs of delivery?	members and staff)?
The opportunity <ul style="list-style-type: none"> •Are there opportunities for you to solve commissioner problems? •Do you have access to commissioners to tell them about your service? Do you know the right people? •Are commissioners prepared to pay a fair price on fair terms for your service? 	Chances of success <ul style="list-style-type: none"> •Can you win the contract alone, or would you need to find a partner? •If so, do you know who would be the most appropriate partner for your needs? •What type of tender (e.g., how competitive) do you have the capacity to win? •Can you evidence your outcomes in the way that commissioners expect?
Yes to most questions?	Some adaptation may be necessary, but worth engaging with commissioning
No to most questions?	Commissioning unlikely to be the right approach for you

2.2. Step Two: Register on South East Business Portal

Commissioners expect providers to use the websites Source Oxfordshire and South East Business Portal, to identify opportunities in Oxfordshire. Opportunities for grants, tenders and approved providers are advertised on the South East Business Portal (having originated from the relevant commissioning strategy or business plan). They send regular mailings once you are registered.

<https://www.businessportal.southeastiep.gov.uk/>

2.3. Step Three: Becoming an approved provider

Get on the 'approved providers list', as advertised on the South East Business Portal.

Currently the approved provider list only exists publically for Home Care Providers – via the South East Portal. There is a list for 'school improvement providers ' held by the County Council Schools Team. Current and recent opportunities advertised on the Portal are below.

'Alternative education providers' – opportunity to become an approved provider- this was advertised in 2014 and the list is closed and being finalised in early 2015. It will be made available to Schools during 2015 who may wish to choose a provider themselves – it will not go through the full statutory contracting process via the County Council – but via Schools and will include e.g. OYAP and TRAX.

'Vulnerable learners list'– this was advertised on the Portal in early 2015 as an opportunity to become an approved provider. It will also be made available to schools wish to choose a provider themselves.

Short breaks - this contract will be advertised in March 2015 – and is open to all – not just approved providers. This will be the full statutory process. Link to current short breaks statement which includes providers is below.

<https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreducati onandfamilies/informationforparents/disabledchildren/shortbreaksstatement.pdf>

2.4. Step Four: Identifying commissioning opportunities

Finding opportunities not advertised on the South East Business Portal, i.e. those under £25k and those in the pipeline or under development, is complex. They are harder to know about because there is no one source of information produced by the County Council or the OCCG specifically for arts and cultural organisations. In addition, the commissioning and provision of services changes and develops year on year - and the commissioning plans are under constant review.

This puts the onus on cultural and arts organisations to horizon scan. If you believe a service could be better designed or provided by your organisation you can proactively approach commissioners and service managers when they are early on in the commissioning cycle and forming their commissioning intentions.

Knowing who commissions and who provides a service is a good start but can be hard as the County Council does both and there are major changes in education and public health. Table 2 explains this in more detail. Key documents are commissioning strategies and business plans, plus market position statements for the County Council and the OCCG.

For example, the Market Development Statement for Home Support Services for Children provided by Children's Services (January 2014).

“On average we purchase approximately 200 hours per week of home support Children's Services with this increasing to 400 hours a week during school holidays. We are aware that this is an area that remains under developed and there is a clear market opportunity here for home support providers who can deliver services to children with an increasingly complex range of needs....We want to hear from providers about the services they can offer “

In the case of jointly commissioned health and social care, strategies there will be a requirement to go through a process of public consultation. It takes months to put the strategies in place.

Documents such as 'market development statements' and 'business plans', may also contain 'commissioning intentions' which interlink with the commissioning strategies. They may be available to the public and providers but they are not required to go through exactly the same processes as commissioning strategies. However, more commissioning strategies for children and young people's services will emerge over time.

2.5. Step Five: Work with other providers

Building and maintaining working relationships with current and past providers for example by giving arts organisations and individual practitioners the benefit of understanding how successful service providers (e.g. for older people and Short Breaks) in the voluntary and commercial sector, gain contracts through grants and tenders (e.g. Yellow Submarine, Age UK, Dimensions, Autism Oxford). Arts organisations may be able to find ways of working with these providers to help them extend their services.

2.6. Step Six: Tendering – provide evidence

Commissioners must ensure that your service is legal and safe, so will want to know a range of things including;

- how your project meets the outcomes in the commissioning strategy- with evidence
- unit costs are, e.g. costs per child
- what the outcomes for the child will be
- staff are trained and DBS checked

However, the hardest part for many arts and cultural organisation is being able to provide evidence of the outcomes they can achieve to demonstrate the impact they will have. Many of the evidence challenges organisations face are not unique to the arts and cultural sector.

The Arts Council advise,

“When tendering be bold in articulating the value of your work and use the strengths of arts and cultural approaches—that they are emotionally and intellectually engaging—to help commissioners see the value of the work”

Providing commissioners with evidence of how your work helps meet the outcomes commissioners seek is vital. Use published research where you can which provides evidence that a type of intervention has an impact on a social outcome (especially over the longer term). Plus, your own evidence from service/project evaluations for example, which demonstrates progress and achievement of outcomes.

Measuring the social value and impact that activities deliver is crucial, as commissioners have to justify their investments and demonstrate that the money spent gets results. A major step towards helping organisations and institutions demonstrate their social, economic and environmental impact has taken place with the launch of a new guide to Social Return on Investment (SROI), backed by the Cabinet Office.

http://www.bond.org.uk/data/files/Cabinet_office_A_guide_to_Social_Return_on_Investment.pdf

2.7. Step seven: Collaborate with others

To complement what you can offer, including organisations outside the arts and cultural sector, find partners. Partnerships can be hugely valuable but are time consuming to establish and maintain. Collaborating with each other for joint bids for tenders over £25k gives a better chance of success. Artsworld is currently offering to support this process in certain circumstances through additional funding. <http://www.artsworld.org.uk/>

2.8. Step eight: Influence and co-production

Forming relationships with commissioners means you can get involved with the commissioning process at an early stage, and help to design services i.e. ‘co-production’. Understanding the constraints—for example, budgets and legal obligations—under which commissioners operate will make meetings more productive.

Influencing the design and delivery of new services (co-production) is also possible through established routes, such as the via the Oxfordshire Partnership Boards for Autism, Learning Disabilities and Physical Disability and Mental Health, Healthwatch Oxfordshire and public consultations on commissioning strategies.

2.9. Step Nine: Network

Attend key annual events organised for services users and provider organisations. Commissioners do provide networking, visibility and advertising opportunities, e.g. Oxfordshire Carers Forum (commissioned by the County Council but provided by Oxfordshire Carers Forum), Heresay! and County Council provider conferences. These are constantly under review.

2.10. Step Ten: Advertise

Use current advertising opportunities, of which a key one is the Oxfordshire Support Finder, on the Council's website for care providers to post their details.

<http://supportfinder.oxfordshire.gov.uk/kb5/oxfordshire/asch/home.page>

The Family Information Directory

<https://www.oxfordshire.gov.uk/cms/content/oxfordshire-family-information-service-oxonfis>

The expectation is that providers maintain their information. Advertising in specialist health care, education and social care websites and newsletters are good ways of advertising services, and developing bespoke online resources for commissioners showing how creative practitioners support commissioning intentions

3. THE COMMISSIONING STRATEGIES & INTENTIONS FOR CHILDREN AND YOUNG PEOPLE IN OXFORDSHIRE

3.1. Understanding commissioning strategies

Step Four above in 2.4. recommends identifying commissioning opportunities. This is complex process, partly because the information is not all in one place. To help arts and cultural organisations find a way in, Table 2 provides a quick guide by summarising the key commissioning documents developed by the County Council and OCCG for children and young people in health, public health social care and education (not schools) in Oxfordshire. It is a good starting point when trying to understand the high-level objectives and constraints of the commissioners in these areas.

The Table has three columns.

Column 1 - Target Service Users & Name of Strategy

This column explains the target 'service users' plus the name of the strategy intended to support them. Overarching strategies are the Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 and Oxfordshire Children and Young People's Plan 2015-2018 these set

out the direction of travel in health and social care work in the County, and give an overview of where opportunities might or might not lie in the future. Both plans are set out in detail in Appendix 1 & 2. Some areas have separate commissioning strategies because they are required to, e.g. Autism or because it makes business sense to do so.

Column 2- High-level objectives in the strategy

This column sets out what the strategies high-level objectives are for each strategy and is a good a way of knowing where the work of an arts and cultural organisation fits into the overall commissioning picture.

Column 3: Full details of the strategy can be found here

Each document is publically available and a link to the full document is given. They contain very detailed commissioning intentions which are an essential read as part of a tendering process or preparing for a bid.

3.2. Table 2- Summary of key commissioning documents

Target service users & Name of Strategy	High level objectives in the Strategy	Full details of the Strategy can be found here
<p>All ages - social care and health</p> <p>Oxfordshire Joint Health and Wellbeing Strategy, 2012-2016</p>	<p>Children’s Trust</p> <p>Priority 1: All children have a healthy start in life and stay healthy into adulthood</p> <p>Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups</p> <p>Priority 3: Keeping all children and young people safe</p> <p>Priority 4: Raising achievement for all children and young people</p> <p>Joint Management Groups</p> <p>Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential</p> <p>Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support</p> <p>Priority 7: Working together to improve quality and value for money in the Health and Social Care System</p> <p>Health Improvement</p> <p>Priority 8: Preventing early death and improving quality of life in later years</p> <p>Priority 9: Preventing chronic disease through tackling obesity</p> <p>Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness</p> <p>Priority 11: Preventing infectious disease through immunisation</p>	<p>https://www.oxfordshire.gov.uk/cms/sites/default/files/ folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointwbstrategy.pdf</p>

<p>Children and young people – health, education and social care</p>	<p>4 priorities</p> <ol style="list-style-type: none"> 1. healthy start in life and stay health into adult hood 2. narrowing the gap for the most disadvantaged and vulnerable groups 3. keeping all children and young people safe 4. raising achievement for all children and young people 	<p>Appendix 1 for more details</p> <p>https://consultations.oxfordshire.gov.uk/consult.ti/CYPplan_Adults/consultationHome</p>
<p>Oxfordshire Children and Young People’s Plan, 2015-2018</p> <p>All ages - health care services</p>	<p>5 major transformational programmes are:</p> <ol style="list-style-type: none"> i. Primary care ii. Urgent care iii. Planned care iv. Mental health v. Medicines management 	<p>This is a consultation draft</p> <p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2014/04/OCCG-5-2014-2019-strategy-and-2014-2016-plan.pdf</p>
<p>Oxfordshire CCG strategy for 2014/15-2018/19 and implementation plan for 2014/15-2015/16</p>	<p>Objectives</p>	<p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2013/03/Oxfordshire-CCG-Commissioning-Contracting-Intentions-Issued-30-09-14.pdf</p>
<p>Health care services – all ages</p> <p>Oxfordshire Clinical Commissioning Group Commissioning and Contracting intentions, 2015-16</p>	<ol style="list-style-type: none"> 1. Be financially sustainable. 2. Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale 3. Provide preventative care and tackle health inequalities for urban and rural patients and carers. 4. Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs. 5. Enable people to live well at home and to avoid admission to hospital when this is in their best interests. 6. Be providing health and social care that is rated amongst the best in the country. 	<p>Appendix 2 for more details</p> <p>Children's Commissioning Strategy 2013/14 – 2015/16 (.doc format, 826KB)</p>
<p>Children and young people - health, and social care</p> <p>Oxfordshire Children and Young People’s Joint Commissioning Strategy, 2013-2016</p>	<p>6 themes</p> <p>Theme 1 Promoting, Protecting and Improving Health</p> <p>Theme 2 Maternity and Hospital Services</p> <p>Theme 3 Early Intervention</p> <p>Theme 4 Child and Adolescent Mental Health</p> <p>Theme 5 Special Educational Needs and Disability</p> <p>Theme 6 Safeguarding and Looked After Children</p>	<p>Oxfordshire Autism Joint Commissioning Strategy: 2013 – 2017 (.doc format, 518KB)</p>
<p>Autism – all ages including carers</p> <p>Oxfordshire Autism Joint Commissioning Strategy, 2013-2017</p>	<p>5 strategic objectives</p> <ol style="list-style-type: none"> 1. Diagnosis and information 2. Support for children and families: 3. Fulfilling lives: 4. Training and awareness: 5. Sustainable approach: 	<p>The Big Plan - Making a Difference for Adults with Learning Disabilities (.doc format, 849KB)</p>
<p>Learning Disabilities - adults</p> <p>The Big Plan for adults with learning disabilities, 2012-2015</p>	<p>7 themes</p> <ol style="list-style-type: none"> 1. Choice and control 2. Support families to live together 3. Support to live independently 4. Better health 5. Active lives 6. Safe from harm 	<p>NB new one out to consultation</p>

<p>Physical Disability - all ages with focus on adults Physical Disability</p>	<p>7. Best use of resources</p> <p>4 outcomes</p> <ol style="list-style-type: none"> 1. A better experience of care 2. Prevention and independence 3. A better deal for carers 4. A model of care that works 	<p>A Joint Physical Disability Strategy for Oxfordshire: 2012 - 2015 (.doc format, 521KB)</p>
<p>Public health – all ages</p> <p>Director of public health annual report – 7 June 2014</p>	<p>4 key services</p> <ol style="list-style-type: none"> 1. The best start in life 2. Improving equality of life for all 3. Reducing inequalities in health 4. Infectious and communicable diseases <p>Priorities informed by the Joint Health and Well-Being Strategy for Oxfordshire. Include promoting the uptake of cancer screening programmes, immunisation, NHS Health Checks; breast-feeding; supporting people to quit smoking and halting the increase in childhood obesity.</p>	<p>Public Health Business Strategy 2014 - 2018 (pdf format, 1MB)</p> <p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2013/03/Partner-14.65-Director-of-Public-Health-Annual-Report.pdf</p>
<p>Education & early intervention- children and young people</p> <p>A Strategy for Change Improving Educational Outcomes in Oxfordshire</p>	<p>The key elements of the strategy are:</p> <ol style="list-style-type: none"> 1) Keeping children safe from harm and especially those at risk of exploitation 2) Establishing the right balance of universal and targeted services to be able to manage demand for services 3) Embedding the most effective way to provide early help to children, young people and families 4) Supporting schools, academies, early years settings and other agencies to continue to raise achievement 5) Ensuring good access to the right support at the right time 6) Encouraging a positive experience of the transition from childhood to adulthood 7) Developing a balance of services provided by public, private and voluntary sector organisations 	<p>Children, Education & Families Business Strategy: 2012/13 - 2014/15 (.pdf format, 84KB)</p>
<p>Health for children and young people</p>	<p>Health providers (Oxford Health, OUH FT) also have a range of business strategies, for their services) which may be relevant.</p>	<p>See organisation websites</p>

4.CASE STUDIES FROM OYAN MEMBERS

The case studies from OYAN members illustrate significant elements of good practice when it comes to providing evidence to commissioners of their ability to provide a service. They were funded by grants of under £25k, i.e. not won through the competitive tendering process. There are no current examples of a contract of this value for OYAN members.

The projects deliver to the target audiences identified in the commissioning strategies in Table 2 and were delivered in partnership with schools or the early intervention hubs. They clearly profile the target audience, how the outcomes were measured and the outcomes for each of the individuals involved can be tracked, and in the case of Tale Trail, these have been internally measured against national criteria. All projects have been externally evaluated and provided coherent evaluation reports to funders after the event.

a. CASE STUDY 1: Oxfordshire Youth Arts Partnership



Kick Arts was commissioned and funded by Oxfordshire County Council, and took place between September 2012 and April 2013. It was independently evaluated in October 2013.

Kick Arts is a dynamic, innovative flexi school model that was developed in partnership with the Banbury Early Intervention Hub, aimed at young people struggling in mainstream education and had additional needs, and at risk of exclusion, or not achieving their full potential.

The programme actively sought to provide learning opportunities to help each young person to find the learning style that best suits their interest, and to unlock and build upon their passions. In so doing the participants would also work towards the achievement of the Arts Award qualification at QCF levels 1 and 2. Participants were encouraged to lead their own learning journey, in order to improve their confidence and self-esteem. The programme was designed to offer a flexible, phased approach to inspire, motivate and reintegrate disengaged learners into education.

Kick Arts Impact on Young people: – measured and/or objectively observed:

- Consistently good/perfect attendance 8/8
- Willingness to experiment/try new things 8/8
- Learned specific new skills 8/8
- Identified key interests which will continue to be developed 7/8
- Improved engagement with others/group 7/8
- Developed willingness to assist others/be helpful 6/8
- Re-engaged with mainstream education 7/8
- Identified clear pathway beyond Kick Arts 5/8

Arts Awards

Each young person who stuck with the programme ended up with a full Arts Award Portfolio – to quote Lead Artist Lizzy McBain:

‘The portfolios were full and thorough, on the most part, which I think was something of a surprise to the YP, but showed how much work and exploration we were able to cover in six months – all of it relevant to the Arts Award.’

- 15 Arts Awards advisers were trained by OYAP Trust from the Early Intervention Hub, referring schools and project artists
- 4 Bronze Arts Award, level 1 QCF
- 1 Silver Award, level 2 QCF, (2 further Silver Awards to be completed)
- 8 AQA Participating in the Arts

The following areas were identified as key objectives against which to measure success.

1. Reduced persistent absence and exclusion from school, improved attendance and attainment.

The record shows that this programme engaged young people where previously they had failed to engage. It also enabled them to attain things that were previously Kick Arts is an OYAP Trust project – This document is confidential and not to be reproduced without express permission of the project partners clearly considered to be beyond their reach. The feedback from both the HUB and schools indicates this very strongly.

“One child was at risk of exclusion and had not experienced success anywhere and this was his first taste of achieving something really good. For one other child who had been off school for a year with depression the programme came at a pivotal time and got her out of the house working on something she was passionate about and socialising again. She secured a place at college due to this.” Quote from Rachel Cosgrove - Warriner School:

2. Increased partnership between schools and community-based specialist workers.

Kick Arts demonstrated exactly how this type of partnership could be established and developed over time. Feedback from the Early Intervention Team, The OYAP team and school staff within the main body of the report describes how this manifested itself. It wasn't perfect, and the complexity of the relationships made communication difficult at times, however working together in this way created some wonderful and unexpected outcomes for the young people involved – some transformational, others more subtle and incremental. The evidence of this is clearly documented.

3. Motivation and inspiration to achieve, improved confidence and self-esteem, new skills for young people.

“For eight out of ten young people the transformation was remarkable and the intended outcomes in terms of their re-engagement with lifelong learning were achieved. Whilst re-engaging with mainstream learning was a challenge for some young people in the group due to complex health needs, the desire to learn and the engagement with the learning process was evident. Each student produced some beautiful work and achieved a sense of pride.”

b. Case Study 2: BookFeast - Lunchbox



About Bookfeast

Bookfeast is dedicated to developing the habit of reading, in order to nourish minds and fire imaginations. Bookfeast's work with Primary Schools is all about making reading fun, and encouraging children to enjoy reading and to read more. The programme was independently evaluated. The programme's main objectives are:

- for participating children to read more and to read regularly;
- to explore a range of books beyond their comfort zone; and
- to develop confidence in articulating their response to books.

The Lunchbox schools

Following a pilot in 5 primary schools in 2009/10 and a successful first year running book clubs in 12 Oxfordshire schools in 2011/12, Bookfeast worked with 20 schools in 2012/13 to run Lunchbox clubs for year 5 and 6 pupils. This is about 6% of Oxfordshire's primary schools. Eighteen of these schools reported on their book clubs: Dr South's, Dry Sandford, Edward Field, Enstone, Eynsham, Garsington, Larkrise, North Kidlington, Orchard Fields, Pegasus, Rose Hill, St Barnabas, St Christopher's, St Ebbe's, St Edmund's, St Michael's Marston, St Michael's Steventon, and Windmill. Teachers provided data about the participating students. They were asked for the following information:

1. How many pupils participated in Lunchbox at your school each term?
2. How many of the participating pupils speak English as an Additional Language (EAL)?
3. How many of the participating pupils are eligible for Free School Meals?
4. How many of the participants are on track to achieve Level 4 or above in Reading at Key Stage 2?
 - Has Lunchbox encouraged wider interest in books and reading in your school?
 - What do you feel the impact of Lunchbox has been?
 - How important do you think it has been to have a bookclub at your school?

Teachers and Club Leaders also provided anecdotal information about the impact of the book clubs on the participating children and on the school.

Because of the high demand for the book clubs all of the participating schools except one offered the book club to a new group each term. The book clubs typically covered seven lunch-time sessions and two books per term. The short length of time that pupils engaged with Lunchbox may have affected the extent to which we could expect to see significant changes in reading habits.

Participants

The characteristics of the participating students varied widely, often reflecting the different catchments of each school. In rural areas, Lunchbox participants were predominantly white British with few if any participants eligible for free School Meals and all participants expected to achieve level 4 in reading. Participants at some city schools had higher proportions of students with English as an additional language or eligible for Free School Meals, and fewer students expected to achieve level 4 in reading. The statistics for individual schools are too small to report averages, so the table below shows aggregated information across all of the schools for which we have this information about the Lunchbox participants with county and national statistics for comparison.

The participants were over-represented by children with English as an additional language compared to the county and national average and by those eligible for Free School Meals (a measure of deprivation). 13% of Lunchbox children spoke English as an additional language compared with 7% across Oxfordshire and 8% nationally. 18% of Lunchbox participants were eligible for Free School Meals which is broadly comparable to the national average of 18% across the UK but far higher than the county average of 11%.

The participants were fairly representative in terms of reading results. 90% of Lunchbox participants were likely to achieve level 4 in reading according to their teachers, compared to 88% across Oxfordshire and 87% nationally.

Key findings were:

- Around 540 children in twenty Oxfordshire schools participated in Lunchbox in the 2012/13 school year. We have reports on the impacts on participants for 354 of these children.
- Almost all of the participating pupils for whom we have information reported that they enjoyed Lunchbox (97%)
- Most of the children would have liked to continue in a book club (84.4%). There was so much demand that all except one of the schools offered the book club to a different group each school term.
- The school that retained the same group for three terms did this because of the enthusiasm of the pupils for the book club rather than having no further demand.
- The children's responses show that they felt the book clubs had a positive impact on their reading. Sixty per cent (60.2%) of the participants said they read more, half (50.1%) said that they now read more regularly, and seventy per cent (70.6%) said that they now read a wider variety of books.
- Some schools clearly had participants who already feel confident in their reading and talking about books. Others had participants who did not read and did not find reading easy. Comments by Club Leaders showed examples of confidence building in the book clubs over the term.

There were wider impacts in all of the schools from Lunchbox pupils talking about their activities with other pupils and sharing books. Some schools saw greater impacts on the rest of the school by setting up a Lunchbox noticeboard and having school assemblies at which Lunchbox pupils presented their work.

c. Case Study 3: Pegasus Theatre: Tale Trail



Pegasus

Tale Trail

Tale Trail is part of **Learning Through Stories** – a two year partnership between Artsworld, Pegasus Theatre, Experience Oxfordshire, Oxford City Council and The Story Museum. Our aim is to work with schools using drama, story and creativity to aid and develop literacy skills with pupils in Oxford city schools.

Pegasus Theatre is working with 6 Primary (Yr 3 -6) and 2 Secondary schools (Yr7-8), using the arts to improve literacy, to address OFSTED's SMSC (Spiritual, Moral, Social and Cultural) agenda by enabling young people to embrace and understand cultural diversity.

Year One: World Stories, Cultural History & Performance.

The project started in November 2013 and ran for 11 weeks, culminating in a performance at Pegasus Theatre in February 2014. 14 artists worked with the 8 schools delivering in Drama, Dance, Music, & Circus.

Outcomes – Year One

- Developing the ability to understand and develop narrative
- To be confident about experimenting with language in terms of improvising and devising
- Being asked to learn a script gave them the incentive to want to try and learn to read or to develop their reading ability, but in a safer setting, as they already had an understanding of the literature they were being asked to learn because they have been part of the creative process to develop the ideas contained within it
- To encourage family learning when it comes to the children learning lines which again helped to develop each child's literacy by being supported at home
- We chose world stories that were part of each school's literacy library, this supported teachers in their literacy and SMSC objectives
- Overall the project created a desire to read and therefore helped to improve the children's literacy skills

Primary

East Oxford Primary ~ Yr 3
John Henry Newman Academy ~ Yr 4
Our Lady's Catholic Primary ~ Yr 4
Sandhills Community Primary ~ Yr 3
St. John Fisher's Catholic Primary ~ Yr 3

Wood Farm Primary ~ Yr 3,
St Francis Primary ~ Yr 3

Secondary

Cheney School ~ Yr 7
Oxford Academy ~ Yr 7

Year One School's Literacy Stats Summary after pupils worked on the Tale Trail project

Schools gathered their own data measuring at the start and end of 11 weeks.

There was at least **80%** improvement in literacy across the schools due to the impact of the project beyond normal curriculum achievements. Most pupils recorded at least **one level of improvement**, **31% of the group achieving an improvement of two levels or more.**

Lynda Phillips (Teacher – John Henry Newman)

Lots of our children are under confident. In particular, the main character didn't want to take part, but having done the project it has totally changed him. He has also really improved in his literacy. I have one P level pupil, who after this project you can't tell she was at that low level. She is now trying harder with her reading and writing.

Emma Hunter Lacey (Teacher – Sandhills)

The two main characters in the production were both under confident at the beginning of the project. They are both have EAL. The main boy finds reading difficult, and the main girl is very shy. By the end of the project they were both confident, could follow instructions and had overcome their reading demons. The lead girl made 2 sub levels progress in reading from doing this project, that is the equivalent of one year's improvement in a term.

Stats in detail - showing the literacy improvements in the 8 schools.

John Henry Newman Academy

Writing

2 sub-levels progress – 9 Pupils

1 sub-level progress – 14 Pupils

0 sub-levels progress – 1 Pupil

Reading

2 sub-levels progress -1 Pupil

1 sub-level progress – 14 Pupils

0 sub-levels progress – 9 Pupils

Wood Farm Primary

Literacy

3 sub levels progress – 1 Pupil

2 sub-levels progress -3 Pupils

1 sub-level progress – 6 Pupils

0 sub-levels progress – 2 Pupils

East Oxford Primary

Literacy

2 sub-levels progress -3 Pupils

1 ½ sub-levels progress - 5 Pupils

1 sub-level progress – 9 Pupils

½ sub-levels progress - 5 Pupils

0 sub-levels progress – 2 Pupils

St. John Fisher's Primary

Literacy

1 sub-level progress – 8 Pupils

½ sub-levels progress -6 Pupils

0 sub-levels progress – 16 Pupils

12 of these pupils are on pupil premium.

Sandhills Primary

Reading

2 sub-levels progress - 15 Pupils

1 sub-level progress - 8 Pupils

0 sub-level progress - 3 Pupils

Writing

2 sub-levels progress - 18 Pupils

1 sub-level progress - 8 Pupils

Cheney

English

5 sub-levels progress - 1 Pupil

4 sub-level progress – 2 Pupils

3 sub-levels progress - 1 Pupil

2 sub-level progress – 11 Pupils

1 sub-level progress – 10 pupils

0 sub-levels progress – 6 Pupils

Oxford Academy

On average the pupils went up by

0.3 in Reading

0.7 in Writing

Our Lady's Primary

Literacy

2 sub-levels progress - 1 Pupil

1 sub-level progress – 11 Pupils

½ sub-level progress – 10 pupils

0 sub-levels progress – 6 Pupils

Family feedback

Out of 97 parents who filled out an evaluation:

• **51 were visiting the theatre for the first time.**

• 56 felt that their child had gained performance skills.

• 33 felt that their child had gained literacy skills

• 70 felt that their child had gained confidence

Year Two ~ Creative Writing, Illustration and Performance

Started October 2014 and ended January 2015- stats are being compiled.

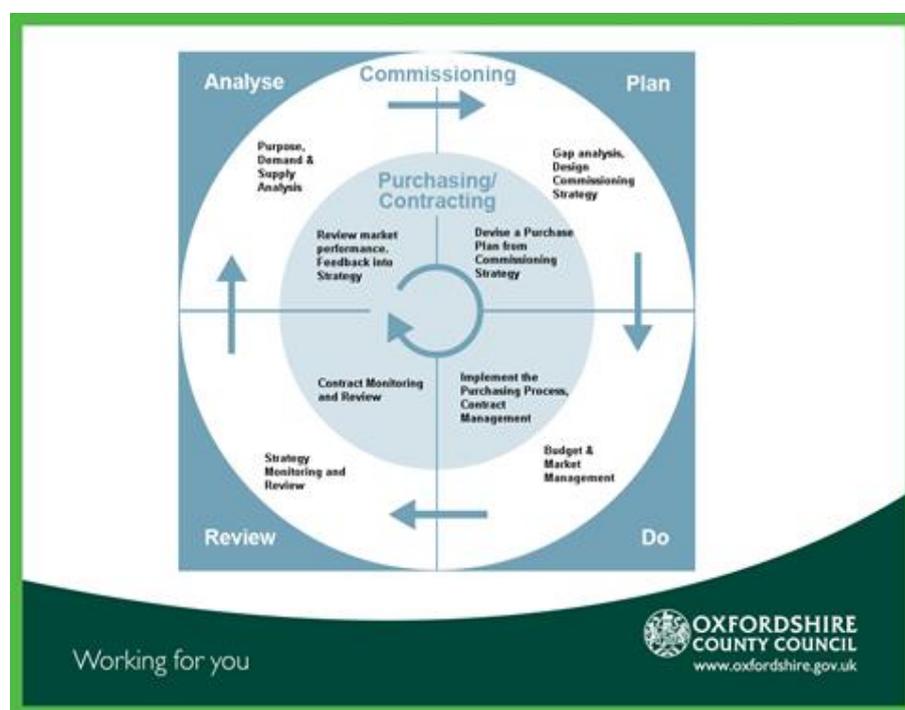
5. ALL ABOUT COMMISSIONING

5.1. Definition of commissioning

The process or activity of 'commissioning' is familiar to arts and cultural organisations. However, in the context of local government and certainly within Oxfordshire County Council it refers to the process set out in Diagram 1.

Commissioned services for health, social care and education meet an evidenced need. The need is evidenced through existing data and experience, and then formed into a commissioning intention in consultation, as far as possible with a range of stakeholders, and then set out in a commissioning strategy. Some strategies will go through a process of public consultation before being signed off and entering the next stage of 'purchasing/contracting'

Diagram 1 - The commissioning cycle



The procurement process

The term 'commissioning' is often confused with 'procurement', i.e. purchasing/contracting services. Although the two are closely related, they are not the same and are managed by separate teams of specialist professionals. Procurement is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers. Procurement will involve:

- writing the specification, based on the options appraisal
- business case, and particularly the desired outcomes
- inviting tenders
- evaluating tenders
- awarding the contract.

Grant or contract?

Broadly, services worth £25K+ must go through a competitive tendering process and will have contract issued and have a contract manager to oversee and manage it once awarded. Stringent statutory regulations apply to the procurement processes, and opportunities to tender are advertised on the South East Business Portal.

Services worth less than £25k go through a different process and the money is paid in the form of a grant, these are less easy for arts and cultural organisations to find out about, but are currently the most commonly used by them.

5.2. The role of commissioners in Oxfordshire

Having established what commissioning and procurement is, the next step is the complex area of who commissions and who provides.

There have been enormous changes in health and social care over the last five years nationally and locally in terms of who provides a service and who commissions a service. A good example being that public health services are now provided by local authorities, not health authorities and that schools as academies can act independently of the local education authority and commission some of their own services.

The change was driven in part by the Health & Social Care Act 2012, and there is a legal requirement for health and social care to be commissioned jointly and for the public to be involved in the process – hence the birth of the statutory health and wellbeing partnership board and statutory role of Healthwatch (see below).

Some health and public health services are commissioned nationally and some locally. Plus some providers are also able to commission services too and vice versa. The key commissioners in health and social care in Oxfordshire are the County Council and the OCCG. Commissioning managers in both organisations work together in some areas to jointly commission services, e.g. commissioning strategies for autism, physical disability, children and young people.

Their providers include the County Council who still provide many services in-house to children and young people, plus Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Trust who between them provides services to thousands of people. They include service managers, and staff who deliver services for children and young people (e.g. doctors, nurses, social workers, early intervention hub managers and workers). Some provider service managers will have the power to contract out small parts of their commissioned work.

Providers in health and social care, also come from the independent and voluntary sector both nationally and locally, though to a much lesser degree.

Joint Health and Wellbeing Board

The Health and Wellbeing Board is a partnership between local government, the NHS and the people of Oxfordshire, OCCG. It includes local GPs, councillors, Healthwatch Oxfordshire, and senior local government officers and members of the public. The Board provides strategic leadership for health and wellbeing across the county and is responsible for the development of Oxfordshire's Joint Health and Wellbeing Strategy, 2012-16.

[Oxfordshire's Joint Health & Wellbeing Strategy 2012 - 2016 \(.pdf format, 346KB\)](#)

There are 11 priorities and 1-4 are for children and young people:

1. ensuring all children have a healthy start in life and stay healthy into adulthood
2. narrowing the gap for our most disadvantaged and vulnerable groups
3. keeping all children and young people safe
4. raising achievement for all children and young people

Oxfordshire Clinical Commissioning Group (OCCG)

In April 2013 responsibility for commissioning hospital and community services (but not primary care services) was transferred to new Clinical Commissioning Groups - led by GPs and other senior clinicians, and supported by experienced general managers. The OCCG is responsible for commissioning countywide hospital and community health care services for Oxfordshire, including children's health services, and it has established six Locality Commissioning Groups in Oxfordshire which cover the County, to advise OCCG and to commission services in their local areas.

Most services for children and young people are contracted for on a block contract basis using a standard NHS contract. Most of the high-cost, low volume commissioning of individual placements for children is in the private or voluntary sector. More and more Councils including Oxfordshire are developing consortium arrangements to reduce costs and manage risk across these placements.

5.3. Oxfordshire County Council - Public Health and Children Education and Families

Public Health and Children Education and Families Directorates within Oxfordshire County Council, commission and provide a majority of education, social care and public health services to children and young people in Oxfordshire. Their services have changed dramatically over the last five years but more change is coming which may provide commission opportunities for arts and cultural organisations.

The services of other health providers for children and young people e.g., Oxford Health NHS Foundation Trust, and Oxford University Hospitals NHS Trust and primary care providers e.g. GPs have not been detailed as they offer very few commissioning opportunities at present.

Public Health in Oxfordshire

In 2013 public health responsibilities transferred to the County Council, a small directorate secures its services through commissioning. Its priorities are informed by the Joint Health and Well-Being strategy for Oxfordshire. In 2015, Public Health will take on responsibility for commissioning Health Visiting services. The current contracts through which services are commissioned, are predominantly parts of bigger NHS contracts across a variety of providers and secured over different timescales.

Public Health is currently funded through a ring-fenced grant from central government. Through 2014/15 contracts will be renegotiated. New applications to join this Approved Provider List will only be considered when they open the list to new entrants. Opportunities will be advertised on the South East Business Portal.

Public Health Responsibilities cover

- Sexual Health Services
- NHS Health Check programme
- Local Authority role in health protection
- Public health advice
- National Child Measurement Programme
- Obesity
- Physical Activity
- Drug Misuse
- Alcohol Misuse
- Stop smoking services and tobacco control
- Public health services for children 5-19 (including School Health Nursing)

Wider work including: -

- Wider Determinants of health
- Mental well being
- Oral health
- Nutrition Initiatives
- Accidental injury prevention
- Behavioural and lifestyle campaigns
- Health at Work
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

Oxfordshire County Council, Children, Education and Families (CEF)

The County Council remains a significant provider of children's services. The commissioning strategy which supports most but not all of this work is the Oxfordshire Children and Young People's Commissioning Strategy, 2013- 2016 see Appendix 2.

The four main statutory duties for CEF are,

- Safeguarding,
- Vulnerable children and young people,
- Educational provision,
- Educational excellence

The main services provided by CEF, with local partners, or through external contracts, are given here they are Education & Early Intervention and Children's Social Care.

Education & Early Intervention

Addition and Special Educational Needs

SEN support services SENSS
Identification and assessment
Early Years SEN Inclusion Teachers

Early Intervention Service 0-19 years

EI Hubs 7
Children's centres – 44
Youth and engagement
Thriving Families

Schools organisation and planning

Early years sufficiency and access
Schools organisation and planning conversion
to Academies and Free schools
Schools admissions and transport

Children's Social Care

Corporate Parenting

Commissioning and monitoring placements
Children's homes
Homeless young people
Fostering and adoption preventative services
and therapeutic services (residential,
fostering, family/kinship care & supported
housing)

Social Care

Referral and assessment
Family Support
Looked after children leaving care
Placements
Asylum

Education

Schools improvement
Schools and Learning
Foundation Learning Service
Virtual School
Young carers
Outdoor Education Centres
County Music service
Adult learning
Family Information Service

Safeguarding

Oxfordshire safeguarding Children's Board
MASH Child sexual exploitation
Kingfisher team

Services for disabled children

- Emergency care
- Relief to Carer Service
- Home Care Services
- Family Short Break Care
- Overnight Care at Short Break Centre
- open access and targeted support services
for disabled children including Short breaks

Appendix 1

Oxfordshire Children and Young People's Plan, 2015 - 2018

Priority One: Ensuring children have a healthy start in life and stay healthy into adulthood

Areas of focus:

1) Mental Health, including:

- The mental health of pregnant and new mothers
- Self-harm
- Suicide
- Wellbeing, confidence, and body image

2) Drug and Alcohol misuse (including smoking), including:

- Education and prevention
- Treatments for young people and parents

We are also going to monitor other work that is already happening in the county, including:

- Promoting breastfeeding
- Halting the increase in childhood obesity
- Preventing disease through immunisation

Priority Two: Narrowing the gap for our most disadvantaged and vulnerable groups

Areas of focus:

1) Looking at services in deprived areas, especially in Oxford and Banbury

2) Looked After Children, including:

- Children and young people in care homes
- Care Leavers

3) Young carers

4) Disabled children

We are also going to monitor work that is already happening in the county for other vulnerable groups, including:

- Homeless households
- Households in temporary accommodation
- Young offenders

Priority Three: Keeping children and young people safe

Areas of focus

1) Domestic Abuse, including:

- abuse within teenage relationships

2) Neglect

3) The work of the Multi-Agency Safeguarding Hub

4) Female Genital Mutilation

5) Risky behaviours and adolescents

6) Child Sexual Exploitation

Priority Four: Raising achievement for all children and young people

We are going to monitor work that is already happening in the county, including:

- 1) Early Years, including:
 - Outcomes for children aged 5
 - The quality of childcare settings
- 2) Levels of attainment and quality across all primary and secondary schools
- 3) Closing the attainment gap, looking at:
 - Children and young people eligible for Free School Meals
 - Special schools
 - Children and young people with Special Educational Needs
- 4) Better information, advice and guidance to improve employability skills in young people
- 5) Increasing the number of young people entering training in Science, Technology, Engineering and Manufacturing topics
- 6) Increasing the number of apprenticeships for young people

Appendix 2**Oxfordshire Children and Young People’s Commissioning Strategy, 2013-2016**

Commissioning intention	What will we do to achieve this?
Promoting and protecting health	
Promoting health	Prepare for re-tendering of 0 – 5s services (Health Visiting) by the Local Authority in 2015 by joint working with the National Commissioning Board Local Area Team. Increase the number of babies who are exclusively breastfed by commissioning breastfeeding support in the 6-8 weeks of life, targeted on areas of deprivation. Commission smoking cessation services in order to reduce smoking in pregnant women. Review and re-tender the School Health Nursing Service so that the new service is in place by April 2014.
Improving health	Ensure evidence based, structured programmes are commissioned to reduce childhood obesity by April 2015. Re-tender the services for brief interventions in alcohol misuse and young people's substance misuse services by September 2014.
Lifestyle and behaviours	Review the Risky Behaviours multi-agency training programme with a view to re-tendering from 2014.
Re-commission maternity services using an outcome based commissioning approach (Working with provider to redesign and if required re-commission policy by	Work with Clinical Commissioning Group to implement Outcome Based Contracts in maternity services

2014).	
Complete redesign of the paediatric urgent care pathway and evaluate impact of changes	<p>Work with providers to complete redesign of pathway for children in hospital.</p> <p>Monitor activity and costing from Trust activity data in order to inform commissioning plans from 2014 / 2015. Identify options for strengthening alternatives to admission for children working with Oxford Health and Primary Care.</p> <p>Agree a pathway, specification and tariff for specialist palliative care wherever it is provided.</p> <p>Propose activity and tariff for implementation from April 2014.</p>
Commissioning intention Early intervention	What will we do to achieve this?
Best possible outcomes (and value for money) for children and young people	<p>Re-commission early attachment and therapeutic intervention services by April 2014.</p> <p>Review and evaluate evidence based programmes currently commissioned to support targeted early interventions, to inform future outcomes based commissioning.</p> <p>Implement the outcomes of the County Councils review of the Children's Centres and re-tendering of existing contracts by 2015.</p>
Optimal configuration of high quality early intervention services	<p>Review the provision of information and advice services to children, young people and families.</p> <p>Look at options to re-tender Child Bereavement Services in schools by March 2015.</p>
Commissioning intention Child and Adolescent Mental Health	What will we do to achieve this?
Improve transitions from children's to adult mental health services	Finalise commissioning of a new service operationalise by September 2013 and evaluated by April 2014.
Better outcomes for children with Autism	Co-ordinate the review of the Autistic Spectrum Diagnostic pathway for 5-18 year olds across all relevant providers including schools.
Improve existing mental health services for children and young people	<p>Re-commission (Primary) Child and Adolescent Mental Health Service (PCAMHS/CAMHS) against overall strategy direction and in preparation for end of Oxford Health NHS Trust contract (2014/15).</p> <p>Roll out of Performance By Results for CAMHS (2014/15).</p>
Improve targeted support for children and young people at particular risk of developing mental health problems	Commission effective support for young carers.

Developing residential and educational provision that is closer to home	Look at options for new cross regional arrangements with neighbouring authorities, in order to increase availability and cost effectiveness of residential SEN placements for Looked After Children.
Commissioning intention Special Education Needs and Disability	What will we do to achieve this?
Ensuring children and young people have an opportunity to access a range of activities that support their learning and development, and that parents and carers providing high intensity support for their children benefit from respite provision	Commission Short Breaks services involving children, young people and their parents and providers; re-commission so new services in place from April 2014.
Improving the quality of services that are commissioned out	Develop strategy for commissioning around individual child placement for children with SEN and Disability in partnership with the NHS.
Ensure children are supported across their range of clinical needs in special schools	Review and re-commission the Children's Specialist Nursing Service; under a Section 76 Agreement and strengthen the partnership in view of Special Educational Needs and Disability (SEND) reforms in the Children and Families Bill by April 2015.
Develop the Children's Communities Therapies Service	Re-commission the service for 2015.
Improve pathways into work for disabled young people / young adults.	Commission an increased range of local post 16 education, training and employment options for young people with SEN and dis
Commissioning intention Safeguarding and Looked After Children	What will we do to achieve this?
Prepare for implementation of new SEN legislation in 2014	Work with providers to increase personal budgets for children with SEN and disabilities. Work with providers to ensure delivery of high quality 'core offer' of provision. Ensure existing providers are able to deliver the integrated Education, Health and Social Care Plan by 2015.
Strengthen prevention of child sexual exploitation (CSE)	Commission new initiatives and projects such as awareness raising and education to build resilience and resistance amongst children and young people, parents and carers, communities and professionals.
Increase local residential provision for the needs of LAC and victims of CSE to prevent them having to travel and live away from their	Evaluate options for residential provision in county including the use of the Council's land and premises.

communities (where possible and appropriate)	
Increase the supply of good quality cost-effective fostering and residential provision for LAC	Continue to work in cross regional collaboration to procure high quality and value for money placements in neighbouring authorities.
Review need and re-commission the young people's Supported Housing Pathway	Re-commission the Young People's Supported Housing Pathway by April 2015.
Contract management and procurement of existing external contracts	Re-tender the Birth and Adoption Records Counselling contract

Appendix 3 Commissioning contacts for Oxfordshire

<p>Oxfordshire County Council</p> <p><u>JointCommissioning@oxfordshire.gov.uk</u></p>	<p>Oxfordshire County Council</p> <p>New Road</p> <p>Oxford</p> <p>OX1 1ND</p>
Jonathan McWilliam Director of Public Health	Public Health
Don Nash, Procurement Manager Don.nash@oxfordshire.gov.uk	Social & Community Services Joint Commissioning
<p>Sarah Breton, Lead Commissioner Children and Young People <u>Sarah.breton@Oxfordshire.gov.uk</u></p> <p>Pat Gibson, Commissioner <u>Pat.gibson@Oxfordshire.gov.uk</u></p> <p>Karen.Kuehne, Commissioner <u>Karen.Kuehne@oxfordshire.gov.uk</u></p>	<p>Social & Community Services</p> <p>Commissioning and Contracting Team</p> <p>Social & Community Services (Children and Young People)</p>
Lara Fromings, Commissioner <u>Lara.Fromings@Oxfordshire.gov.uk</u>	Social & Community Services Commissioning and Contracting Team (Learning Disabilities)
Lisa Gregory, Public Engagement Manager Lisa. Gregory @Oxfordshire.gov.uk	Social & Community Services Joint Commissioning
Val Wilson, Policy and Strategy Manager Val.wilson@oxfordshire.gov.uk	Joint Commissioning Social & Community Services
<p>Lucy Butler, Deputy Director , CEF Lucy.butler@oxfordshire.gov.uk</p> <p>Kay Willis, Disability Services Development Manager <u>kay.willis@oxfordshire.gov.uk</u></p> <p>Sarah Ainsworth, Disabled Children’s Manager sarah.ainsworth@oxfordshire.gov.uk</p>	Children Education and Families
<p>Joe McManners, Clinical Chair, OCCG</p> <p>Ian Bottomley, Programme Manager Mental Health and Jointly Commissioned Services</p> <p>Juliet Long, Senior Commissioner</p> <p>Beccy Clacy, Senior Commissioning Manager, Joint Commissioning Manager Mental Health</p>	<p>Oxfordshire Clinical Commissioning Group</p> <p>Jubilee House</p> <p>5510 John Smith Drive</p> <p>Oxford Business Park South</p> <p>OX4 2LH</p>

<p>Sonja Janeva, Senior Commissioning Manager, Joint Commissioning</p>	
<p>Pauline Scully, Service Director Children and Young People's Directorate: Pauline.scully@oxfordhealth.nhs.uk</p>	<p>Oxford Health (Provider but may commission) Oxford HEALTH NHS Foundation Trust Trust Headquarters Warneford Hospital Warneford Lane Headington Oxford OX3 7JX</p>
<p>Healthwatch Oxfordshire Rachel Coney Chief Executive hello@healthwatchoxfordshire.co.uk</p>	<p>Healthwatch Oxfordshire Suite 2 Whichford House John Smith Drive Oxford Business Park South Oxford OX4 2JY</p>

Appendix 4 Local resources to support providers

Oxfordshire County Council

The County Council gives information about commissioning opportunities via websites www.oxfordshire.gov.uk

Source Oxfordshire

An Oxfordshire County Council supported website with details about commissioning and procurement in Oxfordshire how it works and who to contact and events to support providers, e.g. the annual provider conference.

www.sourceoxfordshire.org.uk

The South East Business Portal

A website which advertises both contract and grant opportunities for a number of counties and can be accessed via Source Oxfordshire – it can be searched by County Council and District Council areas in Oxfordshire.

<https://www.businessportal.southeastiep.gov.uk/>

Oxfordshire Support Finder

A website for the public and providers, advertising **adult** social care and related services in Oxfordshire. Providers can register their health and wellbeing services for free. Over 400 organisations already advertise on Support Finder.

www.oxfordshire.gov.uk/supportfinder/addentry

Oxfordshire Family Information Services OFIS

Provides free information and support for children, young people and families and professionals in Oxfordshire e.g. finding and paying for childcare, play and leisure for children, young people and families, working parents' (maternity and paternity) rights and options, help for families with disabled children, family and parenting support.

<https://www.oxfordshire.gov.uk/cms/content/oxfordshire-family-information-service-oxonfis>

Appendix 5

National resources and links

Arts Council Cultural Commissioning Programme is a [three-year Arts Council England funded programme](#) which runs to June 2016, to help the arts and cultural sector (arts organisations, museums, libraries) to develop skills and capacity to engage in cultural commissioning.

NCVO is delivering the CPP and its the website has useful resources.

<http://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme/resources>

Case studies

Case studies showing how arts and cultural programmes are impacting on the social outcomes commissioners are looking for.

[Working together to engage in commissioning – Create Gloucestershire \(272KB, PDF\)](#)

[Learning from commissioner priorities – Telford and Wrekin Music Education Hub \(547KB, PDF\)](#)

[National Museums Liverpool – Reflecting national priorities in healthcare \(516KB, PDF\)](#)

[Heywood, Middleton & Rochdale Clinical Commissioning Group \(CCG\) and Cartwheel Arts - Why a Clinical Commissioning Group is funding innovation to build resilient communities \(376KB, PDF\)](#)

[Creativity Works - Arts and co-production for better mental health outcomes \(589KB, PDF\)](#)

Engaging in commissioning: A practical resource pack for the culture and sport sector, Local government association

<http://www.local.gov.uk/documents/10180/11393/Engaging+in+commissioning+-+A+practical+resource+pack+for+the+culture+and+sport+sector/aad4c320-b428-4be1-aad1-26abd7431a78>

National organisations

These sites signpost to sources of evidence on the impact of arts and culture and provide specialist advice, support and networking opportunities.

[National Alliance for Arts, Health and Wellbeing](#). This site brings together a wide range of resources including: arts in health in practice, practical advice and guidance, research papers. Site's research library contains links to a number of documents from the UK and internally, and links to organisations and academic departments specialising in arts and health.

[National Alliance for Arts in Criminal Justice](#). National body for promoting arts in the Criminal Justice System. Made up of artists, arts and criminal justice system groups and individuals, it provides members with a voice to influence policy, a forum to exchange views and a stand on which to raise the profile of

arts in the Criminal Justice System. Includes a specialist evidence library.

[Cultural Learning Alliance](#). The alliance works to ensure children and young people have access to culture. Website's evidence section lists key research into the impact of cultural learning.

General policy useful links

[Health and Wellbeing Boards priorities across England - Local Government Association \(LGA\)](#). Health and wellbeing boards bring together leaders from clinical commissioning, local authorities and the voluntary sector to work together to improve the health and wellbeing of their local population. Use this map to check out the priorities, strategy and membership of the boards in your area.

