



## Commissioning Strategy 2022-2025

Integrated Commissioning, Contracts and Quality Team

# COMMISSIONING BETTER OUTCOMES FOR CALDERDALE RESIDENTS

A commissioning strategy for Calderdale Council





INNOVATIVE  
STRENGTHS AND ASSETS BASED

INCLUSIVE  
FLEXIBLE  
WELL LED

EQUALITY AND DIVERSITY

PERSON CENTRED

VALUE FOR MONEY  
COMMERCIAL MIND

OUTCOME FOCUSED

WHOLE SYSTEM APPROACH  
EVIDENCE BASED

BUILD RESILIENCE

CO-PRODUCED

FEELING SAFE

VOICE AND INFLUENCE

ETHICAL CARE

WELL BEING

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

This document sets out Calderdale Council’s Adult and Wellbeing Service’s approach to commissioning to achieve better outcomes for Calderdale residents. It also sets out our commissioning intentions as part of our Commissioning and Procurement Plan, aligned with our Health and Wellbeing (HWB) Strategy (2022-2027) and our commissioning process and principles.

This document is not intended to be a comprehensive guide to commissioning. It aims to be an easy read, high-level summary which provides readers with an overview of our vision of commissioning, our commissioning process and forward plan. Further information can be accessed on the Calderdale Council intranet.

As an adults and children’s Commissioning Team we have sought to strengthen and ensure a more consistent approach to our commissioning practice, with a focus on improving outcomes for our most vulnerable adults and children and young people and the population of Calderdale.

“This is our approach to achieving better outcomes for Calderdale residents”.  
A glossary of terms (Appendix 1) is included to help you with some technical language often used in commissioning.



Background

The Integrated Commissioning, Contracts and Quality Team (ICCQT) sits within the Adult Services and Wellbeing Directorate of the Council established in September 2018, and was restructured as an integrated Adults and Children’s Service in January 2021.

The ICCQT is responsible for Commissioning Adults & Wellbeing and some Children & Young People’s Services.

The ICCQT commissions £59 million of adults’ services and £16 million of children’s Services and has a Commissioning and Procurement Plan, governed by a multi-disciplinary Commissioning Governance Board (CGB).

The impacts of the Covid-19 Pandemic on residents, services, workforce and market sustainability have brought challenges for the Directorate and for Commissioners. As a result, there are a significant number of procurements being undertaken during 2022/23.

The ICCQ Team works closely with services and partners across Adults and Children’s Services and with other commissioners within the Council, in particular Adults’ Social Care, Education and Inclusion, Public Health, Housing and outside the Council, with the newly established Calderdale Cares Partnership, West Yorkshire Integrated Commissioning Board (WYICB) formerly known as the Clinical Commissioning Group (CCG).

Our integrated commissioning activities as a Directorate are being developed through the developing Integrated Care Partnership and system leadership approach.

A Vision for Calderdale 2024

2024 is an important year for Calderdale. It’s the year that marks our 50th anniversary and will be a time to celebrate and reflect on what’s been achieved over the last half century. The themes of our Vision 2024 are Kindness & Resilience, Enterprising & Talented and Distinctiveness.

*“We want you to be able to live your largest life possible recognising your individual aspirations, building on your strengths, your social networks and to feel connected to your communities”*



## A VISION FOR CALDERDALE 2024

## KINDNESS & RESILIENCE



## ENTERPRISING & TALENTED

## DISTINCTIVE



### Market Position Statement

Our Market Position Statement (MPS) outlines support and care services for adults and their carers. The new MPS (revised November 2022) gives clarity about the sort of services that people in Calderdale now need and plays a key role in implementing our vision for outstanding support for people that meets their outcomes. The full MPS can be found here: [Market Position Statement](#) | Calderdale Council

Calderdale has a mix of both rural and urban communities, made up of 17 wards. Over three quarters of the population live in urban areas. Over four fifths of Calderdale is rural (ONS Census 2011). The wards and towns of Calderdale have been grouped together in to five Calderdale Cares localities which support an integrated model of health, care and wellbeing for the Calderdale population.

### Calderdale Cares - Our Five Localities

To help people be supported in their local communities and be independent, we will use:

- a place-based;
- or asset-based approach to commissioning.

This is known as Calderdale Cares. It brings together:

- local people;
- GPs;
- community medical services;
- mental health services;
- voluntary sector services;
- community organisations;
- and social care services in each locality, to form a partnership model.

Five Localities:

- Lower Valley
- Calder & Ryburn
- Central Halifax
- Upper Valley
- North

Each locality has its own priorities for health and community support that are important to that area. These vary according to the demographic profile of each locality and how well-developed existing community networks are.

Each locality has a large number of people aged 65 and over. This ranges from 16% to 23% of the area's population. Due to this, there is a high demand for services.

Placed-based commissioning does have its limitations in Calderdale, due to:

- the size of the population;
- remote nature of some of the localities.

In order to deliver support like specialised dementia or short break services, some services are arranged at the council-wide level.



## Calderdale Population

In Calderdale, the population size has increased by 1.4%, from around 203,800 in 2011 to 206,600 in 2021. Reasons for the increase include natural change due to people living longer and international migration. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.

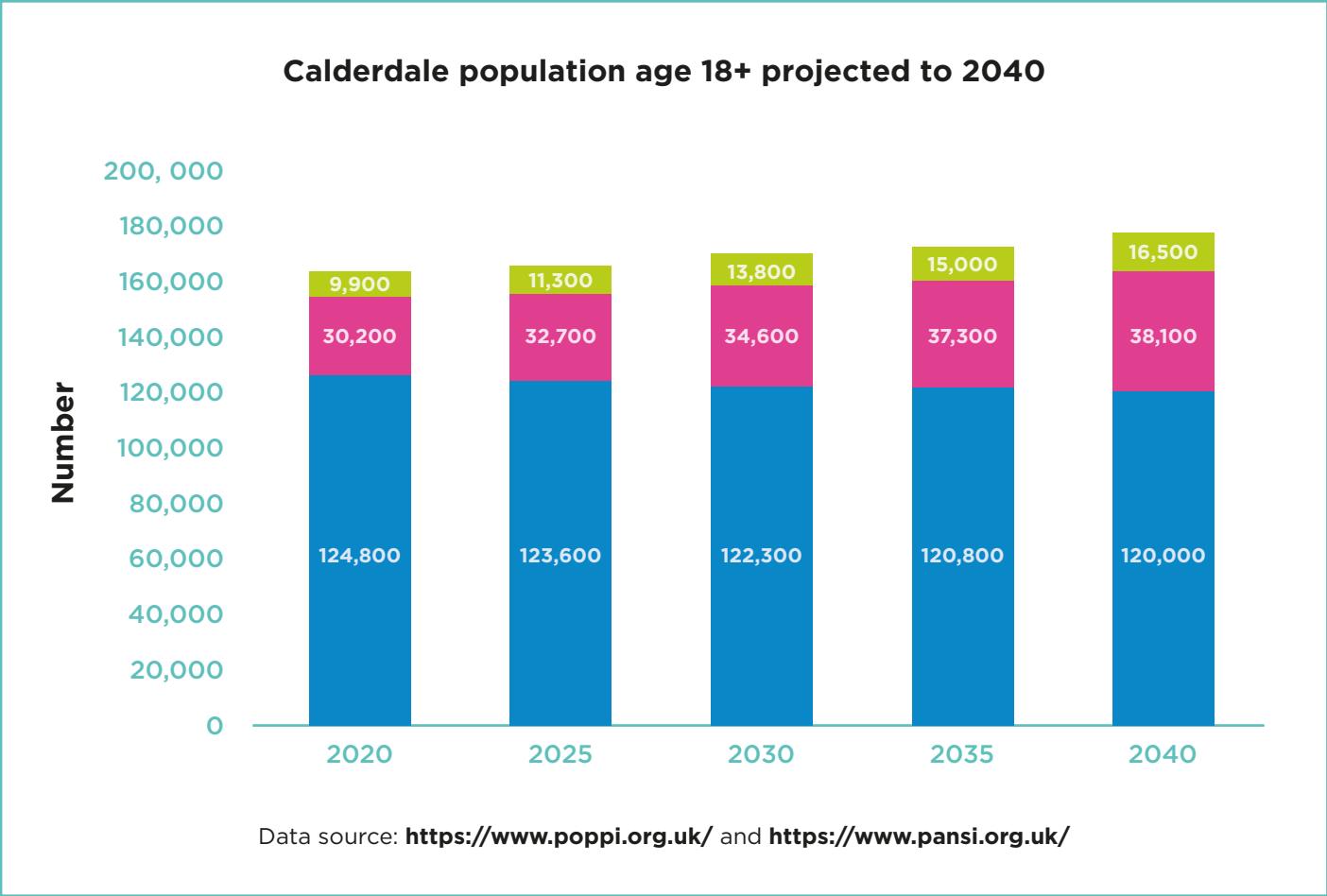
The population aged 0 to 19 fell 2.2% during the same period. The most significant falls were in age groups 0 to 4 (12.4%) and 15 to 19 (8.1%).

Overall, there has been an increase of 21.0% in people aged 65 years and over, a decrease of 3.1% in people aged 15 to 64 years, and a decrease of 0.1% in children aged under 15 years

Projections show that there will be 16,500 people aged 80 and over by 2040, in Calderdale. This significant growth emphasises the:

- need to change the way in which we support people;
- importance of developing preventative services to support people to remain well and independent for as long as possible.

For further information below is a link to: **How the population changed in Calderdale, Census 2021 - ONS**



According to the national Census 2011 12% of the population made up of Black, Asian and minority ethnic groups (Calderdale JSNA, 2016). The latest published annual school census for 2022 records 25% of pupils with Black, Asian or Minority ethnicity, of which the majority (15%) have Pakistani ethnicity. There is a small migrant Eastern European community. (DFE 2022).

There are 87 primary schools (including two special), with 19,723 pupils on roll. 35 (40%) of the 87 primary schools are now academies. Calderdale also has 16 secondary schools (including one special), serving 16,913 pupils. 13 (81%) of secondary schools are now academies (Calderdale School Census, January 2022).

Main areas of deprivation are in Halifax West Central and North & East Halifax, with particularly high levels of deprivation in Park (Halifax West Central), Ovenden and Illingworth and Mixenden (North & East Halifax) wards. There are also smaller pockets of deprivation across the borough, including parts of Brighouse, Elland and Todmorden.

Within Calderdale 24.1 % of children and young people (0 to 15) live in low-income families which is higher than 22.5% for England (DWP and HMRC 2020/21).



## Our View of Commissioning

We support an integrated approach to understanding our residents and communities. This means using the insight we have about our communities to ask questions about what and how we should be commissioning to best meet their needs. This involves challenging ourselves about how well we know our communities and asking ourselves whether we are using our resources in the most effective ways.

Our approach uses interdependencies between residents, communities, organisations and service providers and involves changes in the way we think and work and how we relate to our partners, providers and communities.

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

Good commissioning is:

- **Person-centred and outcomes-focused**
- **Inclusive**
- **Well led**
- **Promotes a diverse and sustainable market**

Our residents and communities have changed, as have their needs and how they want to engage with public services and get support. We believe it is important to keep our approach flexible so that it can work at all levels - strategic or operational; covering the whole borough or a locality; meeting the needs of different communities or groups of people, a family or an individual.

The challenges to public funding mean it is more important than ever to transform how public services are delivered. We are also aware of current pressures on the provider market and challenges relating to the Fair Cost of Care. We have a commitment to Ethical Care and supporting the best possible funding uplifts to support the provider market. We are looking at our approaches to commissioning in a financially challenging climate, with a greater focus on commissioning for outcomes rather than commissioning services.

To achieve more positive outcomes for our communities we need to have an excellent understanding of what is important to them. By giving people with lived experience the opportunity to tell us about their experiences and what's important to them, we can ensure services are responsive to local people.

We recognise that we cannot achieve improved outcomes on our own and as such need to use the expertise of potential providers, develop market management, and choose to decommission or to disinvest if this will bring better outcomes. There are interdependencies that require us to work closely with partners (in particular Health), providers, other public and third sector organisations, private businesses and direct with our communities.

By jointly commissioning services and co-designing with stakeholders and people who use our services we can find greater efficiencies and achieve higher levels of productivity. However, we must remain focused on improving quality of life as well as efficient delivery.

We know social isolation and loneliness can have a big impact on older people. Some of the services that we commission are preventative, to help people remain living independently at home wherever possible and prevent people from coming into hospital and specialist care and support services. So we want to ensure that we are adopting a strength-based approach to our commissioning as well as exploiting our assets, to provide greater wellbeing benefits to communities and residents. For example, by our use of capital and commissioned services to integrate health, housing and care for people aged 55 and over through schemes like Railway Bridge View in Brighouse, a flagship Extra Care scheme.

Commissioning provides opportunities to shift the balance of power. It means we can redefine the relationships between public services, residents and communities and improve lives. In some cases money is allocated by a local authority to people who use services to be spent on services to meet their care needs, for example through Personal Budgets and Direct Payments. They enable people who use services to have more choice and control over the services they receive, tailoring their care to their personal circumstances and the outcomes they want to achieve.

### Personal Budgets

Personal budgets in social care are sums of money allocated by a local authority to people who use services to be spent on services to meet their care needs. They can be managed on behalf of users by the authority, or a third party, or given to users as direct payments: money to spend themselves.

For children and young people with Education Health and Care (EHC) plans the option of a personal budget is offered to a child's parent(s) or a young person (over 16 years) to meet their extra needs. It can be used to buy education, health and/or care services as set out in the EHC plan. A social care personal budget could also be used to buy short breaks for a young person.

### Direct Payments

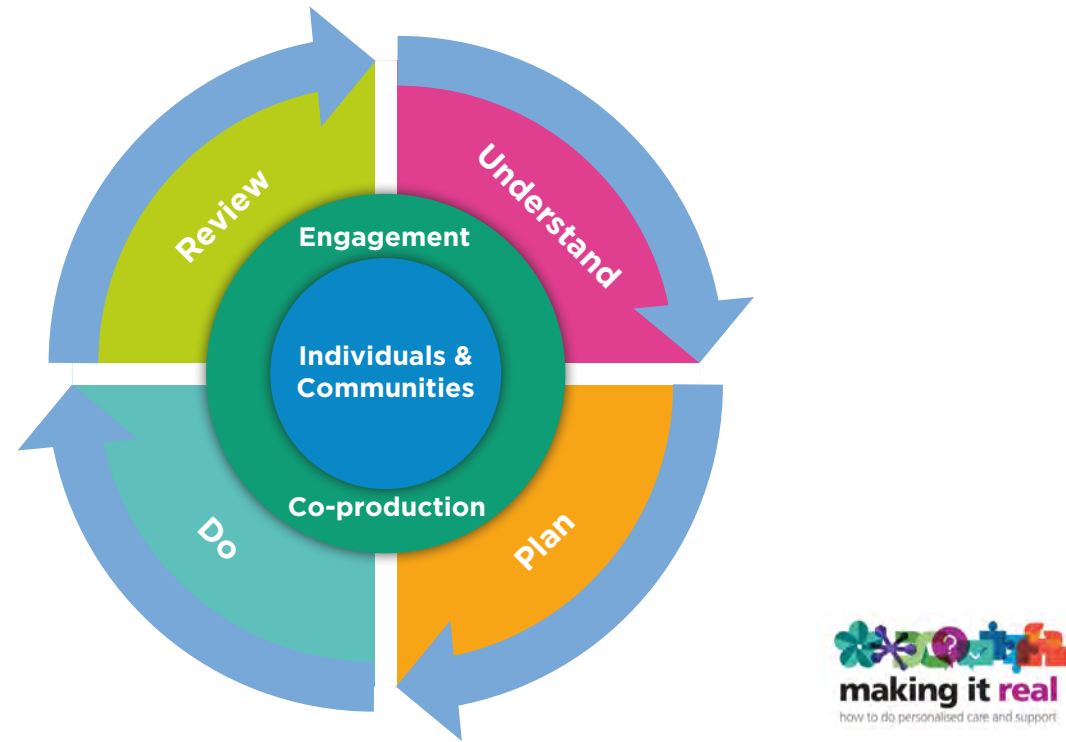
Direct payments are money from a local authority towards meeting the cost of care and support. The money is paid at regular intervals (usually every 4 weeks) into a bank or building society account that is separate from an individual's private money, or into the account of another person or organisation that the council has agreed can support individuals to manage the direct payment. Calderdale has adopted the pre-paid card method of payment.



## Our Commissioning Model and Stages

The broad actions we will undertake to achieve better outcomes:

### Our Commissioning Model



Commissioning is much wider than procurement processes and contracts. The majority of time should be spent on agreeing the purpose for commissioning, developing options with a wide range of stakeholders, and developing the specification. This will be informed by an understanding of the market and procurement best practice and legislation, but not constrained by them.

### Stage 1. Understand

The 'understand or analyse' stage of the commissioning cycle is used to ensure the right outcome is being commissioned. It involves taking a step back and asking what we are commissioning, what outcomes are we trying to achieve, what gaps need filling and what future demand we are trying to meet. In answering these questions we will work together to shape thinking and facilitate the conversations that need to happen to make sure commissioners feel confident that they have understood what and how we need to commission services to make a difference to our priority outcomes.

Asking questions through our Service Referral Request Form (Appendix 2) should result in some follow-up work and information gathering. Here we should test assumptions and ask further questions before focussing on the issues which will have the most positive impact on outcomes, identify local needs, resources and priorities and agree what the desired end product should be.

Evidence is key at the understand stage. Our Joint Strategic Needs Assessment (JSNA) and Market Position Statement (MPS) provides a wealth of information on the people and places of Calderdale and commissioners will draw upon evidence-based intelligence and data on the needs of their communities. We will also use a range of sources, including community engagement, surveys, consultations, data management systems and analysis of social trends. Commissioning leads, council officers and Members also provide a key link into this process by engaging communities and identifying local issues and understanding how these activities will relate to local priorities and individual community groups.

### Joint Strategic Needs Assessment (JSNA)

In order to commission effective services we need to understand the demographics, demand and use of services across Calderdale. A key enabler for this aspect is our Joint Strategic Needs Assessment and our e-Health survey completed by young people in Calderdale. Both are rich sources of information which assist our understanding of local issues and demands.

Further information about the population of Calderdale, Older People, Children and Young People and Health can be found here:

<https://www.calderdale.gov.uk/v2/residents/health-and-social-care/joint-strategic-needs-assessment-jsna>

### Stage 2. Plan

There should be a clear sense of the scope of the commissioning plan and the questions that need to be addressed through the process including different ways of addressing the needs identified through the needs assessment above.

There will also be a clear sense of which outcomes we are working towards achieving, how can they be addressed effectively, efficiently, equitably and in a sustainable way and how these will be supported by our commissioning principles.

We will need to continue to find or create ways to engage and involve key stakeholders to co-produce solutions. Working within the resources available, options could involve supporting voluntary community led service delivery, creating, developing and influencing markets or redesigning to achieve the best balance of cost, health, social economic and environmental benefits. This could also mean that an existing service is decommissioned as it no longer meets the priorities, or where a provider has consistently underperformed.

By involving key stakeholders in the design stage, including current and potential service users, staff and providers, we can be confident that we are commissioning in a way that will make the most impact. Stakeholder and service user engagement is an important part of our commissioning process and engagement plans are required for all new commissioning projects and Project Initiation Documents (PIDs).

Undertaking an Equality Impact Assessment (EIA) at this stage will help ensure that we 'Give Due Regard to Equality' in our commissioning process in line with the Equality Act 2010. Through consistency of approach and understanding of the impact of the



commissioning plan on current and future service users, minority groups, the EIA process supports effective decision making and highlights accountability as well as helping to minimise any negative impact on existing users of the local community. Further information regarding the Public Sector Equality Duty can be found here: <https://www.gov.uk/government/publications/public-sector-equality-duty>.

Activity at this stage should also take account of:

- **The commissioning intentions of other organisations, including Health (Calderdale Cares Partnership), Public Health and Housing;**
- **The distinctiveness of particular groups or local areas (e.g. LGBTQ+ or ethnically diverse communities) access to services and the evidence base;**
- **The policy context of the commissioning work and the need to future proof the final solution through including scope for innovation and flexibility,**

**Stage 3. Do**

The ‘do’ or ‘implement’ stage is about making investment decisions based on the appropriate action identified in the ‘plan’ stage to secure delivery of the desired service or services. Having now developed the commissioning plan, this stage will need to take account of where we are now and what activity is needed to achieve detailed outcomes. This could involve short term actions, as well as medium to long term plans such as developing the market. Commissioning is much wider than a single organisation and there will typically be a ‘mixed economy’ involved in the delivery of outcomes and ensuring that the delivery mechanism supports the local community.

At this stage, if we are procuring a service then the type and length of contract will need to be decided alongside service specifications, as part of our Commissioning Governance Board process (CGB).

Securing adequate funding, at a time when Council and partner budgets are significantly stretched is important when considering commissioning process and the scope of services being commissioned. As part of our commissioning process we will often look to commission jointly with others, using an integrated approach to achieve the best outcomes.

Our commissioning approach considers quality and value for money as well as broader issues such as social value, climate change, cultural awareness and Calderdale’s Vision 2024. We also need to be fair and transparent in our approach to tender evaluation panels and encourage a range of sectors to become involved in our commissioning process, including young people where appropriate.

**Stage 4. Review**

Effective performance management, appropriate to the commissioning plan, is essential at this stage in order to ensure that outcomes are being improved as a result of our commissioning. Customer experience and feedback should be a key part of these performance measures as well as assessing whether outcomes in the specification have been achieved. Performance and evaluation measures will have been developed and agreed at the point of commissioning, ideally in conjunction with providers and users to make sure we are measuring what matters.

At this stage it is also appropriate to consider how we will measure the return on our investment, both qualitative and quantitative. We will also need to ensure that we take note of any lessons learnt and use them in all future commissioning. Through effective monitoring of service delivery against expected outcomes commissioners will be able to effectively decide if activities are meeting the outcome, review the process and, if appropriate, make recommendations which will lead to improved outcomes.

The review should feed into the next phase of commissioning as it is a key source of information for the ‘understand’ and ‘plan’ phases.





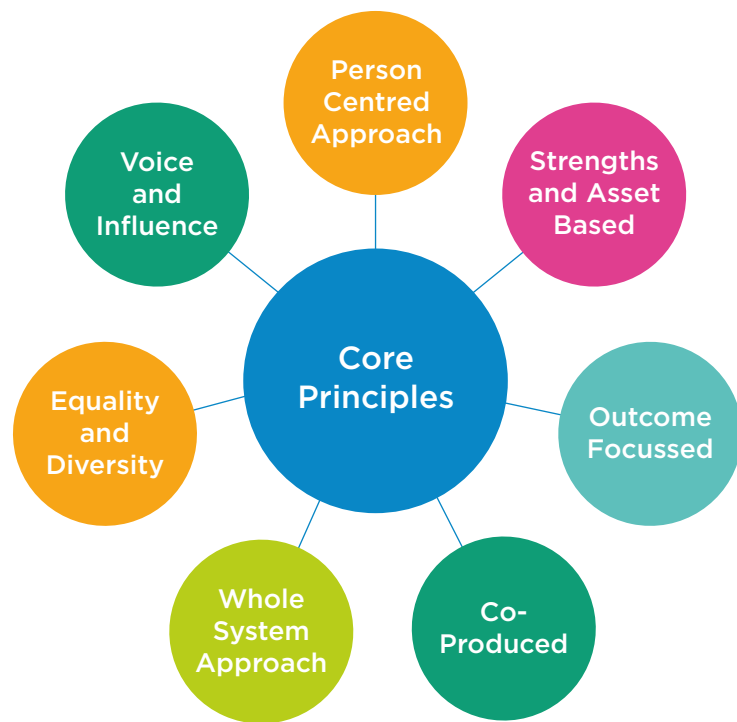
# Commissioning Principles

Our ICCQT commissioning principles are aligned with the Council’s values and behaviours and follow the ‘Think Local, Act Personal’ (TLAP) – Making it Real (MIR) model, a tool for continuous improvement, rooted in co-production and using I and We statements.

Calderdale values and behaviours:

- We care
- We create
- We invest
- We improve

They are also focused on 7 key areas of importance for our commissioning:



## Our core commissioning principles are:

### We Will:

- Use ‘Think Local and Act Personal’ (TLAP) principles to support people in their own communities, increase independence, wellbeing and build resilience
- Be inclusive, flexible and aim to have fair and accessible care
- Look at the whole system to understand the complexity of the environment, to secure lasting change
- Ensure services are person centred, strengths and asset based and co-produced with people with lived experience
- Have a well led and ethical approach to commissioning services

- Be commercially minded, maximise innovation and social value to develop services that are sustainable and value for money
- Use an evidence based and outcomes focused commissioning approach
- Work collaboratively with partners and jointly commission services as part of an integrated care and support approach

## Engagement and Co-production

Commissioners will actively seek to involve service users at each commissioning stage so that they become co-designers and co-producers of the positive outcomes which commissioning strives to achieve. Building on the TLAP principle that “those who use a service are best placed to help design it”. Engagement Plans and engagement and co-production with people with lived experience are embedded within the commissioning process.

## What do we mean by co-production?

“A way of working, where everybody works together on an equal basis to create a service or come to a decision which works for them all.

It is built on the principle that those who use a service are best placed to help design it”

(National Co-production Advisory Group)





## Young Commissioners



Quote from the Young Commissioners:

***“We are a group of enthusiastic young people who can help make decisions regarding opportunities for young people throughout Calderdale. We care about making services better and making sure they are right for the people who use them. We provide a young person’s perspective and can offer a lived experience”***

Young Commissioners can help with all aspects of engagement and coproduction including:

- Designing and scrutinising surveys. Making suggestions for improvements to ensure they are easy to read and understand.
- Liaising with stakeholders and other groups of young people.
- Visiting services and speaking to users
- Helping to develop project documents and outcomes for service specifications.
- Being involved in the evaluation of tenders

Our volunteer Young Commissioners work alongside the Integrated Commissioning, Contracts and Quality Team, to provide a voice for young people in Calderdale and assist in the commissioning and delivery of services. The age range of our Young Commissioners is 14 years+. Some of our Young Commissioners have lived experience of SEND (Special Educational Needs and Disabilities) or are Young Carers.

Main duties and responsibilities include:

- Attending regular online Teams meetings which are held on either a fortnightly or monthly basis depending on workstreams. Meetings to usually last for 1-2 hours.
- Taking an active part in meetings, having a voice and providing opinions as well as sharing ideas and being involved in tender evaluation and decision-making process for commissioned services.
- Working as part of a team, working closely with other young people and collaborating with groups and agencies.
- Representing the council and follow the council’s core values and behaviours
- Assisting with project work, co-production and having an input into improving the delivery of services through occasional visits with commissioners.

Young Commissioners undertake voluntary work on behalf of the Council with thank you payment for work completed.

Commitment to the delivery of quality services for children and young people is a key factor in recruitment and in return the young people can demonstrate their experience and skills to help with opportunities for continuing education and future employment.

Examples of work undertaken or planned by Young Commissioners during the past year includes:

- Developed a Role Profile for the Young Commissioner role.
- Worked on an advertising poster and leaflet for Young Commissioners which was then distributed at community hubs such as youth clubs and the Orange Box.
- Were part of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning individuals) evaluation process. Devised 2 questions and formed a Lived Experience Panel for evaluating these as part of the tender evaluation.
- Worked on developing an Equality Impact Assessment for the Open Access Youth provision – Identified potential barriers for all the equality strands and identified ways these barriers could be overcome by service providers.
- Practiced using a coaching wheel to identify personal strengths and areas for development
- Created a presentation to advertise the group to the wider commissioning/ICCQT – Including personal profiles

Planned for January 2023 onwards:

- To look into the effectiveness of the digital offer of the C&K careers service by providing a young person’s perspective on the usefulness and efficiency of information and advice provided via the website, My Directions Portal and social media platforms. To make any suggestions on improvements.
- Working with Children’s and Adults Commissioners to seek feedback from providers and service users to improve the quality of services and help improve individual outcomes.



# What are we here to deliver?

## Wellbeing Strategy

**Wellbeing Strategy, Calderdale 2022-2027, Living a Larger Life** ‘Our vision for Calderdale in 2027 is to be a place where we can realise our potential whoever we are, whether our voice has been heard or unheard in the past. A place where talent and enterprise can thrive. A place defined by our innate kindness and resilience, how people care for each other, are able to recover from setbacks, are full of hope. Calderdale will stand out, be known, and be distinctive. A great place to visit, but most importantly, a place to live a larger life’.

‘The wellbeing of our children and young people is vital if they are to be active participants in society, their communities and their families. Hope and aspiration helps children and young people growing up in Calderdale to have a good childhood, and positive life chances, with less involvement in risky behaviours’.

Our Wellbeing Strategy sets out our ambition to achieve our aim of enabling everyone to live a larger life. We need to support good health and wellbeing throughout the course of our lives, so we have one priority goal for each life stage. Each of the life stages below has an associated partnership board brought together through the Health and Wellbeing board:

**Starting Well.** Babies, very young children aged 0-5 and expectant families.

**THE GOAL:** Children are ready for school

**Developing Well.** Childhood and young adulthood (ages 6-25).

**THE GOAL:** Every 15 year old has hope and aspiration

**Living & Working Well.** Working age adults (age 25+)

**THE GOAL:** Working age people have good emotional health and wellbeing and fewer suicides

**Ageing Well.** With a focus on older people, aged 50 and over.

**THE GOAL:** Older people have strong social networks and live in vibrant communities

## Strategic Commissioning Priorities for Adults and Children

The ICCQT commissions, procures and quality assures a wide breadth of adults and children’s services ranging from Care Homes, Domiciliary Care, Supported Living, Extra Care Schemes, Domestic Abuse, Housing Related Support, Children’s Centres, LGBTQ+, Alternative Provision (for permanently excluded pupils) and Children Looked After Placements. Commissioning supports the delivery of the above key adults and children’s strategic priorities and more recently the developing Start for Life Family Hubs programme.

Some commissioning functions also take place outside of the ICCQT for example commissioning of SEND placements for children and young people with an EHCP (Education, Health and Care Plan) and commissioning of Alternative Provision by individual schools and Academies.

## Family Hubs Start for Life programme



Calderdale is one of 75 Local Authority areas chosen to express interest in this national programme (based on indices of deprivation). We have been successful in our application to receive funding to deliver our Family Hubs Start for Life programme transformation and delivery plan from December 2022.

Family Hubs are a clear, simple point of access for local help and support to families during the 1,001 critical days (for developing lifelong emotional and physical health), from conception to age two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND). They are a way of delivering the Supporting Families vision of an effective early help system, building on family strengths. They provide a single access point to a range of services for families – a ‘front door’ to universal and early help services and involve co-location of services and professionals. Where needed, hubs will ensure seamless access to a whole family lead practitioner.

Children’s Centres will be at the heart of Family Hubs programme developments. We already have examples of staff across agencies working together, for example, where Children’s Centres host staff from other services to deliver early years work however, they are not yet co-located or integrated. Our starting point therefore is of a basic family hub model.

The Starting Well Strength and Needs Assessment for Calderdale, published in March 2022, shows that the proportion of children living in low-income families has increased across all parts during the last ten years but has been most pronounced in the more deprived areas of the borough, the wards of Park, Warley, Ovenden, Illingworth and Mixenden. The full assessment can be found here: [https://search3.openobjects.com/mediamanager/calderdale/fsd/files/sw\\_sna\\_2022\\_final.pdf](https://search3.openobjects.com/mediamanager/calderdale/fsd/files/sw_sna_2022_final.pdf). This will be used to plan the local strategy for the early years in Calderdale including the Family Hubs.

The agreed governance arrangements for the Family Hubs programme rests with the Starting Well Board and there is a clear link to the Developing Well Board with its strategic oversight in respect of the 5-19 age group.



Ageing Well Alliance

The Ageing Well Alliance has been set up to improve the outcomes for people aged 50 and over in their local communities. An Ageing Well Alliance Board has been established co-chaired by the Director for Adult Services and Wellbeing Calderdale Council and Chief Executive Age UK Calderdale and Kirklees. The Ageing Well Alliance Board is accountable to the Health and Wellbeing Board in achieving the goal: “older people have strong social networks and live in vibrant communities”, set out in the Wellbeing Strategy.

Calderdale made positive steps in October 2021 by signing the Healthy Ageing Consensus statement which commits us to five key principles:

- **Putting prevention first and ensuring timely access to services and support**
- **Removing barriers and creating more opportunities for older adults to contribute to society**
- **Ensuring good homes and communities to help people remain healthy, active and independent in later life**
- **Narrowing inequalities in healthy ageing**
- **Challenging ageist and negative language, culture and practices**

The Alliance has completed some enquiries with older people, communities and professionals across Calderdale to understand what Calderdale we want to age in. An action plan is being developed at 3 months, 6 months and 12 months for each one of the following themes:

- **Accessibility to places, buildings, services, and assets**
- **Things to do**
- **Safety and Belonging**
- **Getting About**
- **Age Friendly Housing**

Calderdale Housing Strategy 2021-2026

Housing plays a major role in the Vision 2024 for Calderdale by helping to create “a place to live a larger life.” The Calderdale Housing Strategy 2021- 2026 sets out priorities and has an action plan for the next five years, based on a range of local, regional and national priorities: <https://calderdale.moderngov.co.uk/documents/s1144/Housing%20Strategy%20Cabinet%2041021.pdf>

By focusing on the four themes of quality of place, quality of homes, quality of life and working together, the Housing Strategy will contribute to the Council’s priorities of reducing inequalities, tackling the climate emergency and supporting the local economy through sustainable towns. It will also support the borough’s inclusive economic recovery from COVID-19.

As commissioners we work closely with housing colleagues to provide Supported Living and Extra Care schemes with on-site care and support.

Supported living continues to play a key role in supporting adults with learning disabilities to live independently. Several recent new housing developments have

provided capacity for young adults to move into supported living for the first time and to enable older adults to move from old housing stock to housing developments which better meets their longer term needs. The supported living approved provider list is being retendered in 2023 to ensure continued quality support is provided in all supported living properties across Calderdale.

Our recently launched Extra Care scheme in Brighouse (Railway Bridge View) provides 65 purpose-built apartments, including 5 shared ownership apartments and has 24 hours on site care and support. The scheme is designed to meet the needs of people with dementia, ensuring that they are safe and living in attractive environments to help maintain independence and community participation.

Other Extra Care schemes in Calderdale include:

Scheme	Occupancy	Care Provider	Locality
Clement Court	36 Flats (Currently being refurbished one by one)	Inhouse care 7am - 7pm	Central
Willow Court	52 Flats	Commissioned care and support 24/7	Lower Valley
Ingroyd	30 one & two bedroom apartments	Independent - provide own care package	Central

Other Extra Care projects include:

- **The rebuilding of Mytholm Meadows at Hebden Bridge**
- **Projects pending in North Halifax**

Joint Commissioning

ICCQT work closely with health partners (Calderdale Cares Partnership) and have commissioned and procured several joint contracts over the last few years. These include:

- **All age Domiciliary Care Services Approved Provider List**
- **All age Outreach, Day and Night Sitting Approved Provider List**
- **Community based Day Opportunities Approved Provider List**
- **Care Home Contracts - Older People, Younger Adults Learning Disability and Physical Disability and Mental Health**
- **Supported Living services**

These services have been jointly commissioned and share the service specification.

This approach provides consistency for providers and for people who use services. Providers only have to apply for one tender and have consistent requirements under the service specification. People who access services have consistent care provision regardless of who is funding their care and support.

The Commissioning Team have led on all of the above procurements in partnership with Calderdale Cares Partnership (WYICB) formerly CCG. This involves collaborative working with health colleagues and ensuring contracts and service specification meet the legal and governance requirements of both organisations. The Local Authority (LA) are also



the lead organisation for organising and managing tender evaluations.

The new Care Home Contract in place from October 2022 has involved a multi-disciplinary Joint Commissioning Workstream and Strategic Programme Board with representatives of the LA and Calderdale Cares Partnership (WYICB). We currently contract with approximately 185 care homes and so commissioners have briefed social work teams and providers on the key contract changes to ensure practice reflects the new contractual requirements. Engagement with service users, their families and care home staff has helped to inform the new service specifications.

The Council and Calderdale Cares Partnership pay for their own placements into the homes, however where this is split funding for a placement the Council takes the lead and recharges Calderdale Cares Partnership. This is the same arrangement for Homecare (Domiciliary Care) and Outreach / Sitting Service.

**BCF jointly funded services:**

The Better Care Fund (BCF) policy framework for 2022 to 2023 aims to better join up health, social care and housing for older people and those with complex needs and disabilities to live at home longer. The BCF requires local authorities (including social care and housing) and NHS (National Health Service) to pool budgets and will continue to build on initiatives developed during the pandemic, strengthening the integration of commissioning and delivery of services and providing person-centred care, to enable people to stay well, safe and independent at home and get the care they need.

Many of the current BCF jointly funded schemes are commissioned and monitored by the LA. Examples include Dementia Service, Carers Services, Short Breaks (for people with learning disabilities), Stroke Service, Assistive Technology and Transitional Beds.

**Other jointly funded services:**

An Autism Hub has been funded by the LA for a number of years, providing weekly peer support sessions for Autistic adults who have little or no formal support. It is now opened up to adults with other neurodivergent conditions such as ADHD and tendered as a Neurodivergent Hub on a 3 year contract from 1 August 2023. The service is jointly funded by the LA and Calderdale Cares Partnership.

Calderdale Self Advocacy Network (CSAN) – The role of CSAN is to act as a focal point for people with a learning disability to speak with one voice on a range of issues from health to leisure to transport and be a resource for voluntary and statutory services to consult with. The provider role is to facilitate that process and advise and support the self-advocates if necessary. The LA and the Calderdale Cares Partnership both fund this service.

Support for Parents and Carers of Children and Young People with SEND (0-25 years) – both the LA and Calderdale Cares Partnership currently fund delivery of this service, which includes Family Voice Calderdale (the Parent Carer Forum).

Parents against Child Exploitation (PACE) - This service provides support for parents and carers of children subject to child exploitation. Service outcomes include reducing the risk to children and young people, improvements in parents’ ability to cope, and

helping to bring perpetrators to justice. The service is funded by the LA, Calderdale Cares Partnership, and Ministry of Justice (via the West Yorkshire Combined Authority).

Domestic Abuse - This Service is currently funded by the LA, Public Health, the Community Safety Partnership, Together Housing and the West Yorkshire Combined Authority. The new contract from 1st July 2023 will be jointly funded by the LA, the Community Safety Partnership and Together Housing. It is likely additional funding will be added (once allocated) from the West Yorkshire Combined Authority.

LGBTQ+ - The service provides safe and positive places for LGBTQ+ young people, who live in Calderdale, to talk about their sexual orientation or gender identity, and support young LGBTQ+ people to achieve positive outcomes, commencing 1st April 2023. The service consists of two elements - a groupwork service (13-19 age range) funded by the LA, and one to one support (11-21 age range) funded by the Calderdale Cares Partnership.

Speech and Language Therapy – the LA and Health jointly fund this service which is part of the Calderdale Cares Partnership (WYICB) therapies block contract. Calderdale Cares Partnership are the lead commissioner.

The LA and Calderdale Cares Partnership also jointly fund Child and Adolescent Mental Health Services (CAMHS) provision overseen through the Open Minds Partnership such as Northpoint for the Open Minds: getting advice & signposting service.





## Commissioning Priorities 2022 - 2025

Our commissioning priorities set out in our Commissioning and Procurement Plan align to the Wellbeing Strategy four priority goals.

Some of the services below such as Domestic Abuse, Housing Related Support and Supported Living cut across several priority goals and life stages but have been placed in only one HWB priority area for ease.

In addition to the services below the commissioning team also continues to work on and oversee other commissioning projects across adults and children's services, including smaller IT related contracts.

### Starting Well

	Service	Type
1	Children's Centres	CYP

### Developing Well

	Service	Type
1	Educational Psychology	CYP
2	LGBTQ+	CYP
3	Children Looked After Residential Beds (block contract)	CYP
4	Parent Liaison Service	Adults/CYP
5	'You Can Say' Platform	CYP
6	Electronic Personal Education Plan	CYP
7	Multi-Systemic Therapy	CYP
8	16- 25 years Leaving Care & Vulnerable Young People Accommodation & Support	CYP
9	Neurodivergent Hub & Neurodivergent Employment Service	CYP
10	Youth Provision (Open Access)	CYP
11	Brain in Hand	CYP
12	Alternative Provision Framework	CYP
13	EHC Mediation & Dispute Resolution	CYP
14	Speech & Language Therapy	CYP

### Living and Working Well

	Service	Type
1	Lead the Way	Adults
2	Design, Supply and Installation of Stair Lifts (Accessible Homes)	All Age
3	Supply, Installation of Fixed Ceiling Track Hoists	All Age

	Service	Type
4	Housing Related Support (Adults Service and Young People's Service)	Adults
5	Domestic Abuse	Adults/CYP
6	Supported Living 3 properties in Todmorden	Adults
7	Supported Living APL (incorporating Supported Accommodation)	Adults
8	Pre-paid Cards	Adults
9	Supported Living (Out-of-Area contracts)	Adults
10	Short Breaks, Emergency & Short-stay Accommodation (Westgarth)	Adults
11	Care Home Contracts / Specification Review: Younger Adults in-authority	Adults
12	Care Home Contracts / Specification Review: Younger Adults out-of-area	Adults
13	Servicing Community Equipment (Loans Stores)	Adults
14	Calderdale Self-advocacy Network	Adults
15	Digital Partner for Telecare & Telehealth Equipment	All Age
16	Outreach Service and Day & Night Sitting Service APLs	All Age
17	Support for Parents and Carers of Children and Young People with SEND	Adults
18	Accessible Homes - Through Floor (ceiling) Lifts	All Age
19	Accessible Homes - Servicing & Repair of Lifting Equipment	All Age
20	Carers Services (including MH Carers Service)	Adults
21	Deprivation of Liberty /Liberty Protection Safeguards Assessments	Adults
22	Community Based Day Opportunities Service for All Eligible Adults- Approved Provider List	Adults

### Ageing Well

	Service	Type
1	Care Home Contracts / Specification Review: Older people in-authority	Adults
2	Public Funerals	All Age
3	All Age Domiciliary Care Approved Provider List	All Age
4	Care Home Contracts / Specification Review: Older people out-of-area	Adults
5	Transitional Support Service in a Residential and/or Nursing Care Setting	Adults
6	Community Care Alarms & Responder Service	Adults
7	Mobility Service	Adults
8	Core Information and Advice (OP) & Befriending Service	Adults
9	Rapid Homecare	Adults
10	Calderdale Urgent Homecare Support Service (CUHSS)	Adults
11	Railway Bridge View Extra Care - care and support	Adults
12	Willow Court Extra Care- care and support	Adults
13	Older People's Prevention & Support Service (homelessness)	Adults
14	Weekend Daytime Support Service	Adults



## Governance

Governance is the process by which decisions can be made, and sets out the expectations for various roles and responsibilities involved in the commissioning process. It makes clear the basis on which decisions can be made when decisions should be made and who can make them. Good governance also allows for scrutiny of decisions made.

### Democratic Leadership

The Council is led by its elected members. Decisions about outcomes and how they can best be met will be made by Cabinet, with the involvement of other members at critical points. All-member events can be used to consider big issues and smaller short-life groups can work up detail and help develop plans (at a local level if required). Members on Select Committees will scrutinise plans openly as they emerge and challenge delivery and performance.

Elected Members have a key role to play at a local level in building relations with communities and local partners as well as with local residents and service users when designing or promoting local solutions and allocating local funds and grants. At the strategic level Cabinet Members sit on the Boards at which collective performance and outcomes are monitored. Members also sit on the Partnership Boards we establish with larger delivery partners to develop new ways of working together and to oversee delivery performance.

### Decision making

Cabinet Members take the bigger decisions within their area of responsibility and focus on how outcomes are best achieved and funded and when to pursue alternative solutions. Commissioning decisions and performance management is delegated to senior officers. Individual Cabinet Members will also direct those senior officers who are responsible for the services provided in house and so provide a valuable link between commissioning and delivery.

### Assurance

A scrutiny committee of Members is responsible for checking the effectiveness of commissioning arrangements. Individual Adults and Children's scrutiny committees hold senior officers and leadership to account on the performance of contracts when looking at whether specified outcomes are being delivered.

### Commissioning Governance Process

The ICCQT and Council spends a significant amount of public money and therefore strong and robust processes are in place to monitor how this is done. We have a duty as a public body to ensure we operate within the law, we are transparent and open,

the decisions we make can stand up to scrutiny and that the council provides value for money. Good governance is needed to ensure key decisions and working practices are legal, reflect best practice and maintain an appropriate level of control across the Council.

It is also critical that the Council effectively manages risks which could impact on service delivery, the Council's reputation and financial and legal exposure.

### Commissioning Governance Board (CGB)

The Commissioning Governance Board is a multi-disciplinary group which oversee commissioning and procurement activities for Adults and Children's services. The group is chaired by the Assistant Director Commissioning and Partnerships and membership includes: ICCQT Procurement, Commissioners and Quality team members, Corporate Procurement, Finance and Legal and Calderdale Cares Partnership (WYICB). The purpose of the Commissioning Governance Board (CGB) is to ensure the quality of integrated commissioning across Adults' and Children's Services by:

- **Acting as a Gateway Panel for commissioned services when services are being commissioned or re-commissioned;**
- **Consider where there is potential opportunity to jointly commission services with other partners as part of an Integrated Care System (ICS);**
- **Providing shared oversight of commissioning and procurement, particularly for high risk or high profile services;**
- **Consider any de-commissioning of services and the wider impact of de-commissioning on the Council and partner agencies.**

The CGB is a decision-making body which makes decisions on new commissioning projects/proposals, re-commissioning of services and decommissioning of services. The group also received advice regarding the procurement process and any legal implications to ensure the Council is compliant with its Contract Procedure Rules and the Public Contract Regulations.

The CGB also oversees identified project risks and reviews actions being taken to mitigate any risks to the Council, its partners and service users.

Decisions to waive procurement requirements or extend contracts sits outside the remit of the CGB and receive the appropriate approvals before the relevant action can be taken.

### The Commissioning and Procurement Plan

The report presents the Adult Services and Wellbeing and Children and Young People's Service 5-year Commissioning and Procurement Activity Plan. It outlines current commissioning and procurement activity and seeks approval of any necessary extensions to contracts. This enables procurement planning to be implemented and undertake the appropriate activities to ensure continuity of service provision and improve outcomes for individuals. The report is presented to Cabinet on an annual basis.

The Diagram below shows how a commissioning project achieves CGB approval and how the commissioning and procurement process gateways are overseen by the CGB.



Where there are considerations for joint commissioning with health, recommendations from the CGB are taken through the Calderdale Cares Partnership Governance Arrangements (Appendix 3).

Service Request

For all new requests for commissioning and procurement work a Service Request Form should be completed, to provide essential information for commissioners such as brief project outline, priority, budget envelope and expected timescale. This information allows commissioners and procurement and contracts managers to assess the priority of the work requested and to build this into the commissioning and procurement plan, if agreed.

For services that have already been commissioned the re-commissioning process is part of the commission cycle (review stage), with a procurement timeline working towards the current contract end date. The governance flow diagram below is the same with a verbal service request to re-commission. Evidence of the performance of the commissioned service will have been gathered and reviewed through regular contract monitoring meetings with the provider/s.

Contract and quality monitoring

Contract monitoring is undertaken by commissioners (with partners and service representatives as appropriate) for all commissioned services overseen by the team, from the start of the contract and throughout the contract's lifecycle. This is usually on a quarterly basis with the provider/s but may be more frequently for new contracts awarded and where performance concerns arise. Relationships with providers are important and so there is also elements of relationship management, market development and problem solving.

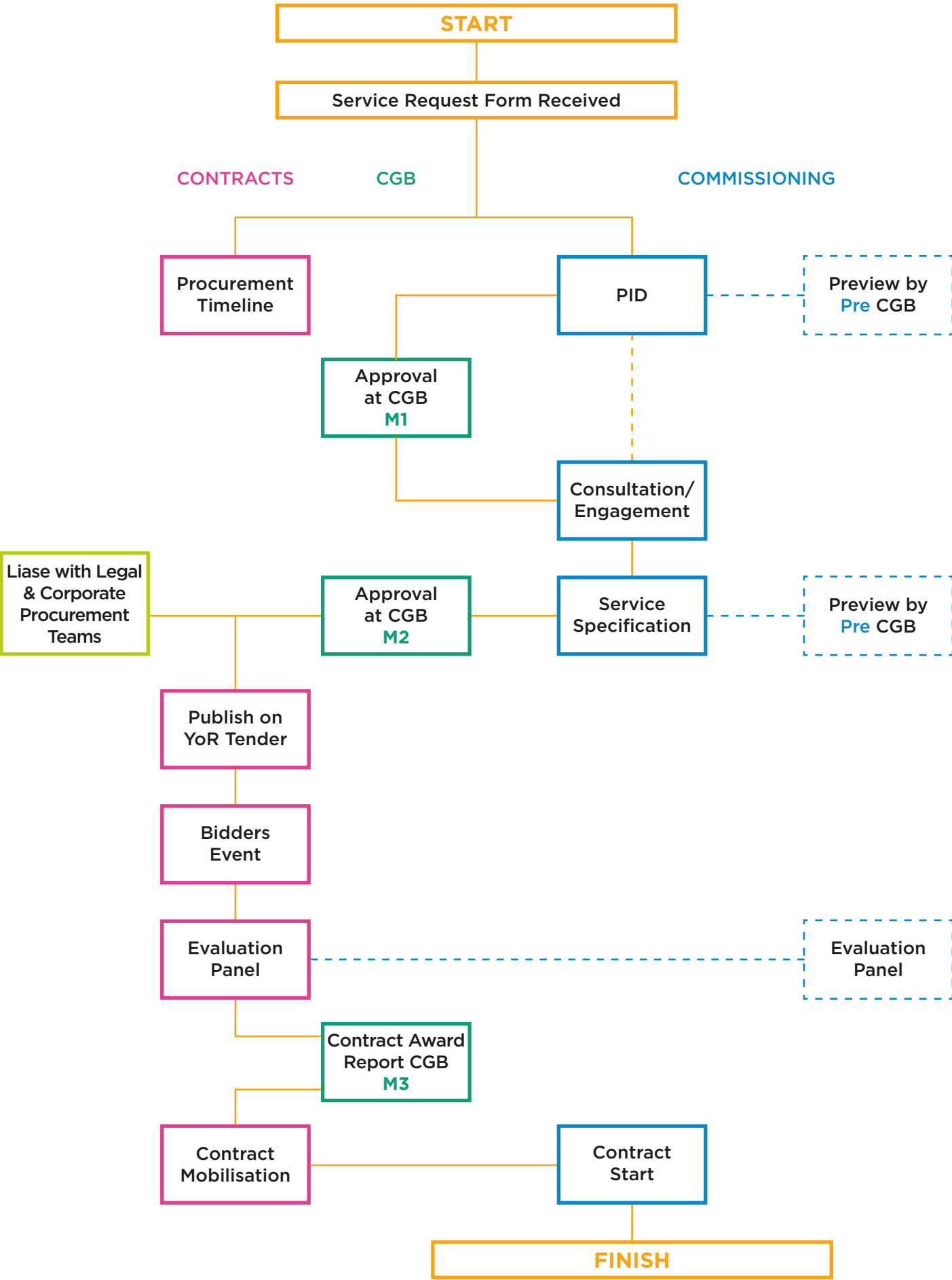
Quality monitoring is also undertaken by the Quality team via the Integrated Quality Assurance Framework (IQAF) for Adult Care Providers (see Quality Assurance section).

Service delivery is monitored against the required outcomes in the service specification and the quality of the service being delivered reviewed through case study examples, provider and service user feedback (including face to face focus groups, surveys and involvement of Young Commissioners).

Contract monitoring is also used to identify risks to service delivery and enable them to be mitigated early, as well as ensuring legally agreed contractual obligations are being met. Evidence from contract and quality monitoring is intended to improve the quality of services and inform decisions regarding the re-commissioning or de-commissioning of services.

Services commissioned by other council teams which are not overseen by the ICCQ Commissioning Team (Appendix 4) are expected to have contract and quality monitoring arrangements within the team.

Commissioning and Contracts Governance Process





## Quality Assurance

The Quality team are responsible for the implementation of the Integrated Quality Assurance Framework (IQAF) for all Adult Care Providers\* commissioned by Calderdale Council. The team use a range of dynamic monitoring systems and processes bringing together multidisciplinary information about providers into an overarching risk assessment which informs the level of quality assurance required.

Quality Assurance (QA) Monitoring visits are fundamental to the implementation of the IQAF and are undertaken by both Local Authority and Calderdale Cares Partnership Quality Officers (jointly where appropriate) within an ethos of collaboration and partnership working. Quality Officers engage with providers as a ‘critical friend’ and offer both challenge and support to improve areas for development and further embed areas of good practice. Visits focus on the QA Standards and Measures, using the PAMMS (Provider Assessment and Market Management Solution) question sets, according to the individual circumstances of the Provider, their multi-disciplinary risk rating and actions agreed in the Provider Quality Monitoring meetings. Service User experience is fundamental to the quality assessment undertaken.

Where appropriate the LA and Calderdale Cares Partnership Quality Officers will work in partnership to support the provider to develop a shared Quality Assurance action plan to address any gaps identified during a visit and this will form the basis of any follow up visits.

\*Adult Care Providers refers to the following: Nursing and Residential Care Homes for Older People and Adults with Learning Disabilities; Domiciliary Care; Supported Living; Supported Accommodation; Extra Care; Outreach; Day and Night Sitting; Community Based Day Opportunities. NB Some providers offer an all-age service.

### Provider Assessment and Market Management Solution

Key to the implementation of the IQAF is the implementation of PAMMS as an interactive online software system which facilitates the online co-production of quality assurance action plans enabling the assessing and tracking of improvements in services. The Landscape module of PAMMS enables Local Authorities to utilise regional market oversight and benchmarking, providing real time market insights and analysis. PAMMS is being put in place across the Yorkshire and Humber region. In Calderdale we are working towards a phased implementation:

- **Phase 1- 1st August 2022 to 31st March 2023 – undertaking QA visits and testing the new system and approach with key stakeholders and providers.**
- **Phase 2- 1st April 2023- Full implementation of online PAMMS Quality Assurance system and Provider returns.**

## Multi-Disciplinary Support Team

A new Multi-Disciplinary Support Team (MDST) has been introduced in 2022 for one year to enhance the support available for the provider market following the devastating impact of the COVID -19 pandemic. Whilst resources are available within the Integrated Commissioning, Contracts and Quality Team, Safeguarding, and Calderdale Cares Partnership Operations and Quality teams the provision of intensive quality support to a care home reduces the capacity to undertake routine and preventative work. In addition, the level of existing available resources is insufficient to achieve the level of improvement required at pace. It is envisaged that the MDST will provide intensive support to identified high risk providers focussing on agreed areas for improvement over a fixed period of time.





The external placements team was established in March 2021, the team was developed to ensure that external placements for Children Looked After (CLA) are sourced consistently looking for the best available placement considering the young person’s needs, urgency, and cost. The team commissions placements with providers of semi-independent 16+, residential placements and independent fostering agency placements, through a regional collaborative, The White Rose Framework.

The team also manage weekly placement panels and 6-weekly complex case panels with multi-agency input and follow up to bring consistency to placements processes and provide scrutiny around the costs of core and additional support requests.

The ambition of the Placements Team is to;

- **introduce a more strategic approach to market management**
- **Develop more local provision through block contracts**
- **Strengthen relationships with current providers**
- **Achieve best value**
- **Improved scrutiny of contractual obligations of providers - transportation, notice periods and accuracy of invoices and placement costs.**
- **Work more closely with the Calderdale Cares Partnership Continuing Health Care Team to develop a formula for joint funded placements**
- **Introduce improved rigour to quality management**
- **To develop a quality framework**

As demands for placements continue to grow finding and sourcing placements is becoming more difficult. The availability and choice of placements is decreasing whilst the costs are increasing.

The placements team has created an improved rigour and consistency to placement finding, standardised requests to providers and improved oversight of all external placements. This is beneficial to young people, providers, and social work teams. They have also evidenced financial savings through more robust oversight of the commissioning process and by ensuring young people 18+ are accessing housing benefit.



Effective, well led commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery and also provides a route to deliver radical change. This strategy sets out our approach to commissioning the best outcomes for our residents and communities whilst making the most effective use of the available resources. In Calderdale, our commitment is reflected in the commissioning model we have adopted, how we are structured and the investment being made into embedding the commissioning principles outlined in this strategy.

Success in commissioning is dependent on good partnerships across social care and other LA services, health, housing and voluntary and community sector (VCS). Effective community engagement and co-production, using evidence, local knowledge, skills and resources to best effect is necessary to make an impact, avoid duplication of activity and to generate better outcomes.

This requires colleagues at all levels across the health and social care system working together and believing that a better understanding of residents, communities and localities will ensure the right support and services are commissioned to improve lives and to enable adults, children and young people of Calderdale “to live their largest life possible”.





## Appendix 1 Glossary of Terms

<b>Bidders Events</b>	Use of Bidder Events (jointly delivered by commissioning and procurement and contracts officers) prior to the formal evaluation of bids provide an opportunity to raise awareness of upcoming opportunities for the market and to clarify questions about the procurement process. All tenders will have Bidders Event.
<b>Climate Change</b>	Calderdale Council is committed to playing a broader community leadership role in relation to climate change. We are developing local plans to provide strategic direction on climate change at the local level. We are all committed to achieving key performance indicators on climate change through Local Area Agreements. Commercial activity, domestic housing and transport make the greatest contribution to carbon emissions in West Yorkshire therefore, we are working with local businesses and communities to support them to make the changes necessary to reduce emissions.
<b>Co-design</b>	The Council working with our residents and communities and using combined knowledge and expertise to design services and inform commissioning plans.
<b>Commissioner</b>	Title used to describe the person or group who is accountable for public service outcomes.
<b>Commissioning</b>	Commissioning is the Local Authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the Authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.
<b>Contract management</b>	This is an important part of the commissioning process, following the contract start. The Lead Commissioner will meet regularly (often quarterly but may be more frequent at the start of a new contract) with the provider commissioned to deliver the service and will review service delivery, performance and outcomes with the provider. This will continue throughout the duration of the contract and will inform the review stage of the commissioning cycle and future commissioning intentions. Any concerns about the quality of the service delivery from either the commissioner, service representative or provider can be raised at these meetings. Where there are performance concerns arising commissioners will work with providers to try to resolve issues and ensure outcomes for service users are being met.
<b>Contract mobilisation</b>	Once the successful bidder has been identified by the evaluation panel and the contract has been awarded at CGB, work can commence by commissioners with the provider to mobilise the service in readiness for the new contract start date.
<b>Co-production</b>	Delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.
<b>Cultural Awareness</b>	Sensitivity in our commissioning process to the similarities and differences that exists between different cultures and the use of this sensitivity in effective communication with members of other cultural groups.
<b>Decommissioning</b>	Decommissioning is stopping provision of a service or a significant part of a service in order to bring about an improvement.
<b>Equality Impact Assessment</b>	The Equality Duty has three aims. It requires public bodies to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; advance equality of opportunity between people who share a protected characteristic and people who do not share it; and foster good relations between people who share a protected characteristic and people who do not share it. Undertaking Equality Impact Assessments will help to consider these aims, within a framework.

<b>Evaluation Panel</b>	Evaluation panels evaluate the bids from providers that meet the specified criteria. Questions relating to the specification are used as part of the evaluation process and are scored by the panel. Panel members include representatives from the contracts team, commissioning team, quality team, partner and service stakeholder representatives and young people.
<b>Insight</b>	The sourcing and collating of evidence of residents, service user and stakeholder needs, wants aspirations and experience to provide intelligence to inform commissioning.
<b>Joint Strategic Needs Assessment (JSNA)</b>	The (JSNA) is a tool which provides information regarding the health needs of Calderdale's population. Its main purpose is to paint the 'big picture' in terms of current/future health and well-being needs. This is to inform the priorities in the health and well-being strategy.
<b>LGBTQ+</b>	An acronym used to describe lesbian, gay, bisexual, transgender, queer or questioning persons or the community.
<b>Market Development</b>	Working with current service providers or attracting new providers to expand or develop new services to meet growing demands and unmet needs.
<b>Market Position Statement (MPS)</b>	The Market Position Statement (MPS) is a document that sets out the care and support services available for adults in Calderdale and their carers. It describes the demographic profile of the area, future demand and challenges. It outlines services we want to provide in the future; support that is available; opportunities for and expectations of current and potential providers.
<b>Outcomes</b>	The result of our changes on residents, communities and wider society. Outcomes are what we want to achieve as a result of our actions.
<b>Procurement</b>	Process of acquiring goods, works or services from (usually) external providers or suppliers, and managing these through to the end of the contract.
<b>Project Initiation Document (PID)</b>	If the new service request is agreed and for any recommissioning of services a PID is completed and taken to the CGB for approval. This is the start of the formal commissioning and procurement process and provides a high level overview of the commissioning intentions.
<b>Service Request Form</b>	For all new requests for commissioning and procurement support a Service Request Form is completed setting out the reasons, priority and budget for the requested commissioning and procurement work.
<b>Service Specification</b>	The specification sets out the details of the service being commissioned and procured and expected delivery outcomes. The commissioning process cannot commence without approval from the multi-disciplinary CGB. Successful providers will be measured against the service specification requirements as part of the legal contract.
<b>Social Value</b>	Using procurement and commissioning as an enabler, social value is about looking at ways that our spend can deliver additional environmental, economic, or social benefits by how and where the funding is spent. Social value is a key part of our Inclusive Economy Strategy promoting an inclusive economy through sustainable procurement, encouraging all sectors to work co-operatively towards shared goals.
<b>Starting Well - Strength and Needs Assessment - Calderdale</b>	Research carried out, to understand the current assets/strengths and the needs/ gaps in Calderdale from prospective parents, women and their partners, during and after pregnancy and for children aged 0-5 years and their parent/carers; to explore and understand the impact and likely future impact of Covid-19 on the wellbeing of children aged 0-5 years (including their physical and emotional development) and their parents/carers and the recovery response required. Dated March 2022.
<b>Vision</b>	An aspirational description of what an organisation would like to achieve or accomplish in the mid- or long-term future. It is intended to serve as a guide for choosing current courses of action. It should have a compelling aspect that serves to inspire, motivate and engage.
<b>Vision 2024</b>	As part of our Calderdale Council vision we are focusing on three priorities as below: • Grow the economy • Reduce inequalities • Build a sustainable future
<b>Young Carer</b>	Someone aged 25 and under who carers for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.



Appendix 2 Service Request Form

Service request for ICCQ Commissioning and Procurement support

Request made by:

Title:

Service Area:

Date of request:

\*Please complete all sections below with as much detail as possible and return to **ICCQT@calderdale.gov.uk**

Question	Response
<b>1. What support or advice are you requesting?</b> Commissioning Support/Advice Procurement Support/Advice Or both?	
<b>2. The Service / Project</b> Please provide a brief description of the services / project.	
<b>3. Previous contact with ICCQT</b> Please advise whether an officer of the ICCQ Team have worked on this project in the past and the outcome of the previous project.	Name:  Outcome:
<b>4. Supporting Documents</b> Are there any documents / reports to give further information about this service / project – please embed them in the right hand box (maximum 3 attachments)	
<b>5. Has this request been agreed as a priority by your SLT/DLT?</b> Please state date agreed and reason for priority.	SLT/DLT date:  Priority reason:

<b>6. What is the timescale for commencing/ completing this request?</b>  (please note that ICCQT work to a Procurement Programme & your project may not be started immediately and can take up to 18 months to complete).	
<b>7. Is there an existing contract or SLA?</b>  Please say which and expiry date If yes please say who is the current service/contract/SLA lead within your team.	
<b>8. What is the impact (on the team/service users) if your request is not approved or we are unable to meet your timescales?</b>	
<b>9. What is the annual budget for this request and who is the budget holder?</b>  Please state the type of budget (base, grant, high needs block etc) and budget position: a) approved b) pending approval c) not yet requested approval d) recurrent/non-recurrent.	Annual budget:  Budget holder:  Service area:  Type of budget:  Budget position:
<b>Any other information which might help inform a decision?</b>	

Next steps:

- The application will now be assessed against the remit of the ICCQ Team's work and one of the below responses will be notified:
- (a) **yes, ICCQT will build the service / project into our commissioning and procurement pipeline when possible (this may not be by the preferred date stated in the above form)**
  - (b) **No, this work is outside the remit of the ICCQT and therefore redirect to the relevant team (state.....)**
  - (c) **further deliberation is required before a decision can be made (escalate to SLT)**
  - (d) **consultation is needed with Corporate Procurement**

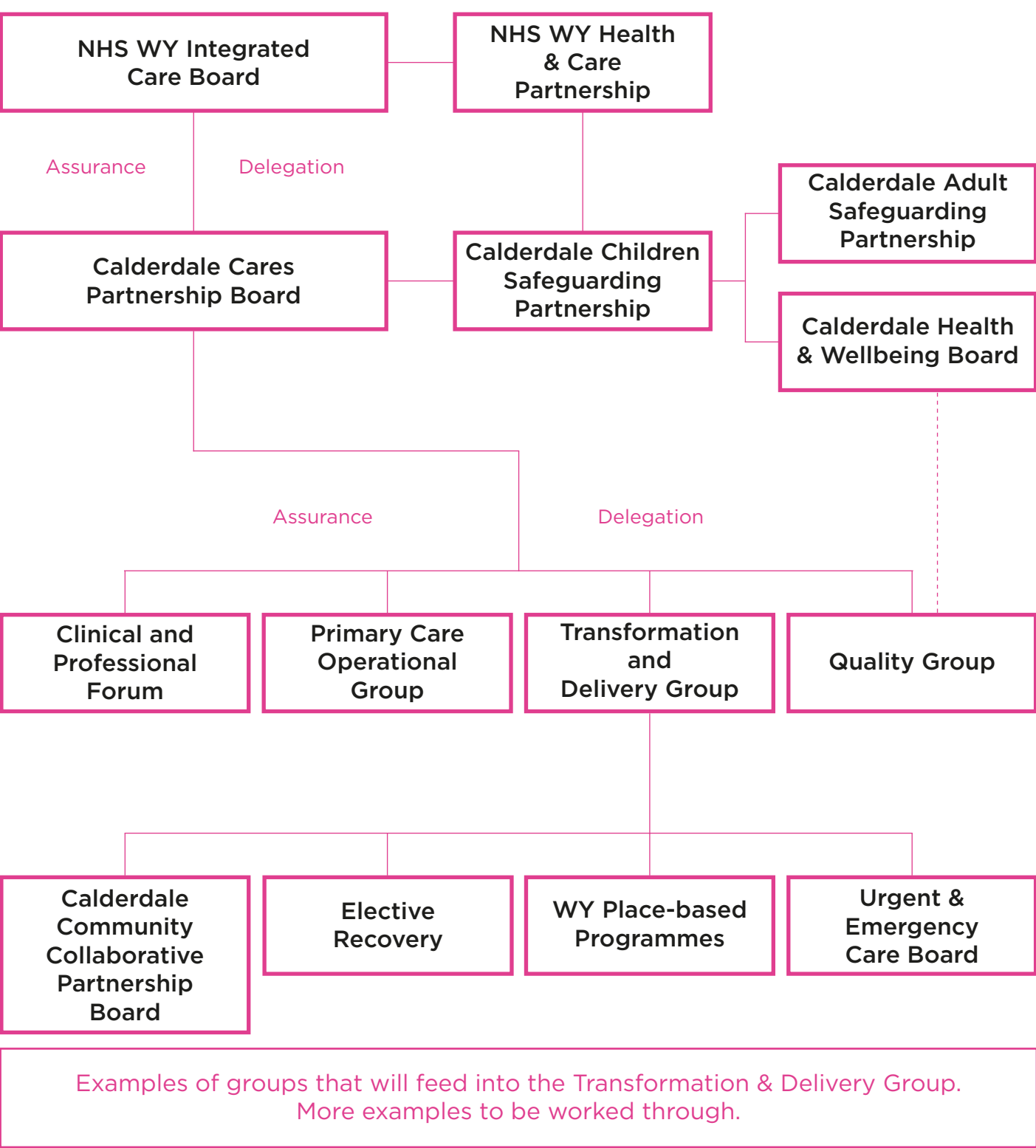
\*N.B Incomplete forms may be returned for further information

DECISION:

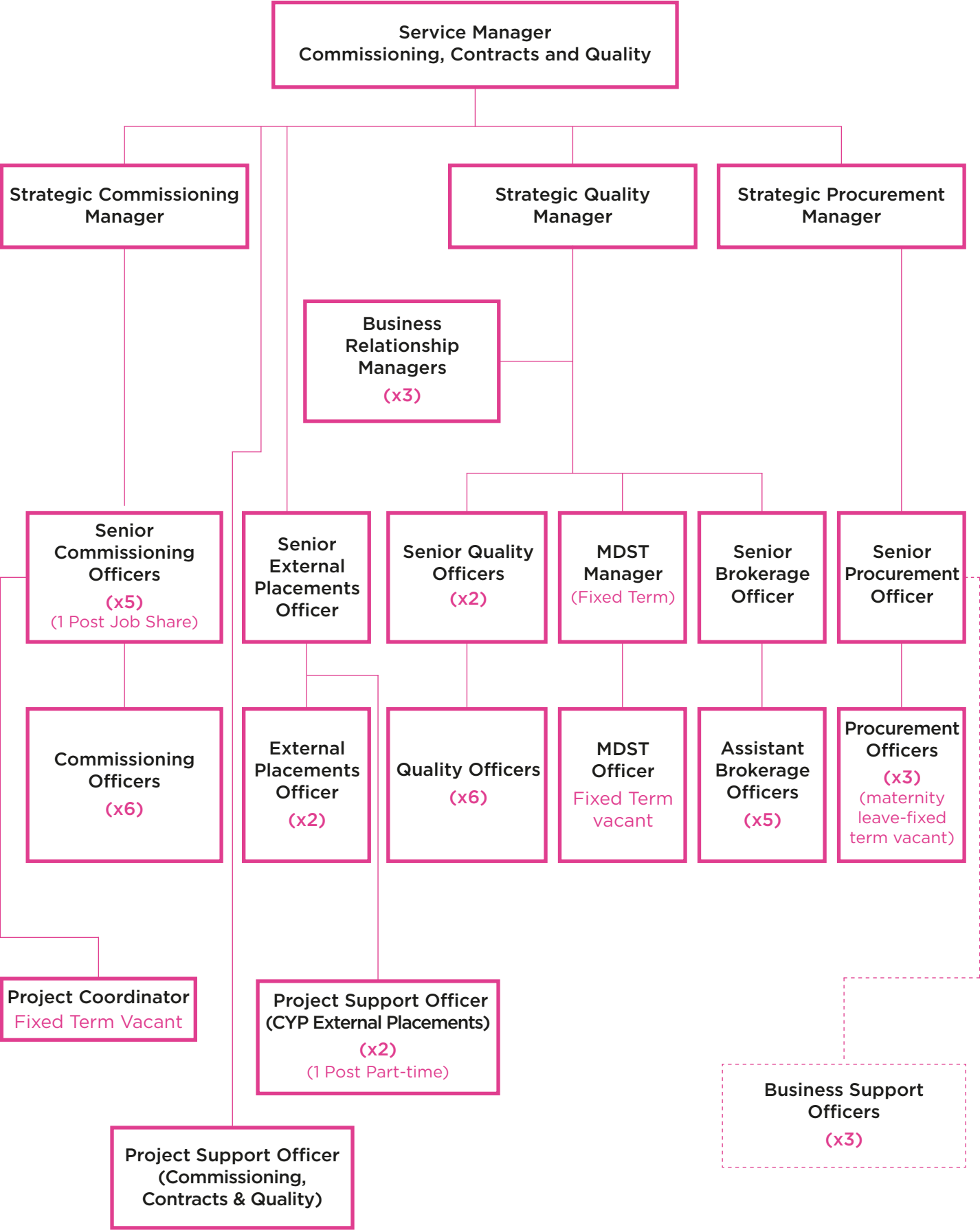
BY (ICCQ panel/SLT):

ALLOCATED TO (where agreed):  
• **Commissioning Officer:**  
• **Procurement Officer:**

Stage:	Date/Decision:
Date Received:	
Date Passed to Senior Officers for a decision:	
Decision made:	
Date Decision notified to originator:	
Date Decision escalated for further deliberation: (if applicable)	
Escalated Decision:	
Date Escalated decision notified to originator: (if applicable)	







INNOVATIVE  
STRENGTHS AND ASSETS BASED  
INCLUSIVE  
EQUALITY AND DIVERSITY  
FLEXIBLE  
PERSON CENTRED  
WELL LED  
VALUE FOR MONEY  
COMMERCIALLY MINDED  
OUTCOME FOCUSED  
WHOLE SYSTEM APPROACH  
BUILD RESILIENCE  
EVIDENCE BASED  
CO-PRODUCED  
FEELING SAFE  
VOICE AND INFLUENCE  
ETHICAL CARE  
WELL BEING



