

Engaging in commissioning - a practical resource pack for archives

This resource is intended to provide practical guidance for archive services with an interest in engaging in commissioning.

It aims to promote awareness in the archives sector of the commissioning process, the language and terminology, and to generate thinking around how archives might engage with other public services through commissioning, and so contribute to better outcomes for individuals and communities. The emphasis is on archives being commissioned by other areas of service – rather than being commissioners themselves.

The guidance draws extensively on the [Engaging in Commissioning](#) resources developed for the wider culture and sports sector by Local Government Association (LGA) working with partners, Sport England, Arts Council England, English Heritage and the Chief Cultural and Leisure Officers Association (CLOA).

The revisions to this original guidance are part of the Catalyst programme to support the UK archive sector, funded by the Heritage Lottery Fund and led The National Archives (TNA) Archives and Records Association (ARA), The Welsh Government (CyMAL: Museums Archives and Libraries Wales), Public Record Office of Northern Ireland, and Scottish Council on Archives

How to use this resource

This resource is aimed at a range of levels of experience – from those who know very little about commissioning to those who have some experience and want to develop this to the next level or in new service areas.

You can either click on the links below to navigate sequentially through the guidance or dip into an aspect that you would like to learn more about. For example you could begin by reading the overview and then undertake a self-assessment; this will give you an indication of which aspects of the step-by-step guidance will be most useful. Then dip into the lessons learned along the way.

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

The summary of content for each section will give you a sense of the material and help you decide where you want to focus first.

Overview

This component provides a simple introduction to the key concepts and includes a glossary of some of the common terminology.

Lessons learned

To help shape your thinking, this section draws on the lessons learned from the broader cultural sector's experience of engaging in commissioning to date.

Step-by-step

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

Sample mapping document

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

Self-assessment

This document will help you review your current position in terms of engaging with the commissioning process and help you identify what you need to do to better engage. It also indicates where in the resources you can find further information.

Overview

Introduction

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

Archives can contribute to better outcomes, but in the current environment there is an even greater need to be able to demonstrate evidence of that impact in very real terms, to demonstrate good value for money and every aspect of service excellence.

What is commissioning?

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

As a concept, commissioning is not new, but in the past it has tended to focus on money and staff, procurement and performance management in individual services. However, it has developed to encompass the totality of resources, many different ways of improving outcomes and the whole system of services and outcomes to be achieved. Detailed interpretations of commissioning vary but, broadly speaking, it involves four key activities that combine to achieve efficiency and maximise value:

- Understanding needs and desired outcomes – using up-to-date information about risk factors, needs and trends to gain a solid understanding what people need and want and where the priority areas are.
- Optimising resources – including money, assets, community and user resource. This could mean redesigning internal or external workforces to deliver a service or return for the end user; optimising public buildings in an area to collectively create best value for the community; or building community resilience or skills.
- Targeting – resources for citizens in need, services that are a priority and at the right stage to have maximum effect on outcomes.
- Choosing the right mechanism – to best achieve the desired outcomes. The choice of mechanisms range from more traditional approaches including procurement, service level agreements and performance management to a focus on pooling budgets, market management, partnership building, enhancing choice, harnessing voluntary and community resources and capacity, influencing partner spend and users decisions and behaviours.

Benefits of commissioning approach

Commissioning for a place can result in:

- the identification of new ways of delivering outcomes
- the elimination of duplication of services and effort between departments, organisations and agencies
- stronger and more varied partnerships
- improved and more coherent services and the avoidance of cost shunting between organisations

- joint assessment of need at individual and community level and greater consistency of eligibility (for example, between adult and social care and NHS provision)
- better engagement with citizens, providing opportunities for people to take more control over their lives and increasing social capital by supporting people to help each-other
- shared assets and premises
- shared workforces and integrated teams
- economies of scale and increased 'purchasing power'
- engagement of voluntary and community sector organisations, which brings an understanding, empowerment and credibility to public service.

Commissioning is not...

Procurement. Procurement is the process of acquiring goods, works or services from providers and managing them through a contract. A commissioning strategy may result in procurement, but could just as easily result in a policy change of an information campaign. There are many ways to deliver outcomes.

Privatisation or outsourcing. Commissioning does not start with a preconception that services should be provided by a particular sector or type of provider. Who delivers the outcome remains the choice of the council or the partner organisation based on the recommendations from the commissioning process.

Just about the bottom line. It is about finding the most efficient way to deliver services, but it is also about creating value – for example, reducing inequality and environmental degradation and improving well-being – by incorporating environmental, social and economic costs and benefits into decision making.

Councils' and councillors' role in commissioning

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

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

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

Glossary of common terms

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

Children & Young People's Plan - a single, strategic, overarching plan for all services for children and young people in the area, although no longer statutory in England some council areas have retained these overarching plans which cover all local authority services affecting children and young people and include Early years and child care; Education; Lifelong learning; Youth and play services; Leisure services; Health services for children and young people, including child and adolescent mental health.

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

Clinical Commissioning Groups – Clinical Commissioning Groups (CCGs) are groups of GPs that are responsible for designing local health services in England. They do this by commissioning or buying health and care services including:

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

CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, groups have, in addition to GPs, a least one registered nurse and a doctor who is a secondary care specialist. Every GP practice in England is part of a CCG.

- In Scotland, there is currently no GP commissioning, but the Scottish government is exploring options for introducing it.
- There are 17 primary care partnerships in Northern Ireland, which each have a GP clinical lead. The partnerships work with local commissioning groups, subcommittees of the Health and Social Care Board, to improve care locally.
- In Wales, sixty GP-led neighbourhood community networks feed views on service design back to their local health board. GPs look at improving care in areas such as care pathways, prescribing and referrals and suggest improvements.

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

Community Planning Partnerships (CPPs) In Scotland Community Planning is delivered by 32 CPPs, one for each local authority area. It is the responsibility of the local authority to initiate, facilitate and maintain Community Planning with core partners - Health Boards, the Enterprise Networks, Police, Fire and Regional Transport Partnerships. As well as the statutory partners a wide range of other organisations such as Jobcentre Plus, Further and Higher Education institutions and Scottish Natural Heritage are involved in CPPs, as are the third and private sectors.

Contract – A mutual agreement enforceable by law.

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

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

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

Director of Public Health (DPH) – Are appointed through councils and Public Health England (on the Secretary of State's behalf), acting jointly. The role of the director of public health is to champion health, promote healthier lifestyles. These statutory chief officers also contribute to the preparation of the Joint Strategic Needs Assessment (JSNA) and the annual Joint Health and Wellbeing Strategy (JHWS). There is a director of public health for each upper tier local authority, although one DPH may cover more than one council.

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

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

Health and Wellbeing Board (HWB) – A statutory committee at upper tier or unitary level in England that leads and advises on work to improve health and reduce health inequalities amongst the local population.

HWBs were created by the Health and Social Care Act 2012, and have been given the statutory responsibility of encouraging integrated working between health and social care commissioners, and of preparing a JSNA and a JHWS. Members include councillors, GPs, health and social care officers and representatives of patients and the public.

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

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

The Index of Multiple Deprivation - A government qualitative study of deprived areas in English local councils. The statistics cover seven aspects of deprivation: income, employment, health deprivation and Disability; education skills and training, barriers to housing and services, crime, living environment.

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

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

Joint Strategic Needs Assessment (JSNA) – The process and document(s) through which local authorities, the NHS, service-users and the community and voluntary sector in England research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs is the responsibility of Clinical Commissioning Groups (CCG) and councils through HWBs.

Joint Health and Wellbeing Strategy (JHWS) – Health and wellbeing boards in England are required to produce an annual JHWS for the local area, based on the needs identified by the JSNA. This document sets out the jointly agreed priorities upon which commissioning plans are based.

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

Local Commissioning Groups (LCGs) - In Northern Ireland there are 5 LCGs responsible for the commissioning of health and social care by addressing the care needs of their local population. They also have responsibility for assessing health and social care needs; planning health and social care to meet current and emerging needs; and securing the delivery of health and social care to meet assessed needs.

Local Service Boards (LSBs) In Wales LSBs are the vehicle through which leaders of local public and third sector organisations come together to take collective action to ensure public services are effective and citizen focussed. LSBs seek to provide leadership across public services, improve the quality of life and join-up service delivery for citizens in their areas; ensure an effective whole system response to the needs of citizens by pooling resources.

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

National Institute for Health and Clinical Excellence (NICE) – The body responsible for providing research, evidence and guidance on what medication, treatments and interventions should be available through the NHS and, in the case of public health, through local authorities.

Outcomes Framework – A framework that sets out the outcomes and corresponding indicators against which achievements can be measured.

Outcomes-focused approach – An approach based on focusing on the results rather than on the outputs of investing in a service or providing it in a certain way. Commissioners can be clearer about the real benefits

they are seeking by defining the outcomes being sought in terms of improved health and wellbeing. (See also **Health inequalities**).

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

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

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

Primary prevention – A program of activities directed at improving general well-being while also involving specific protection for selected diseases, such as immunisation against measles.

Primary care partnership - In Northern Ireland, a single health and social care board commissions all health and social care. Five local commissioning groups assess and deliver health and social care and GPs can get involved in commissioning through 'primary care partnerships'.

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

Proportionate universalism – There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health. Health inequalities result from social inequalities. Action on health inequalities requires action across all of the social determinants of health. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal but with a scale and intensity that is proportionate to the level of deprivation. We call this proportionate universalism.

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

Ring-fenced budgets (for public health) – Public health budgets allocated to English councils for their new role in public health. Although a limited number of services are mandatory, councils can use the ring-fenced budget widely to improve public health in their local area in line with local priorities. This may include using it jointly with other council budgets such as those for children's service, schools, housing, transport and environmental health.

Secondary prevention is a level of preventive medicine or activities which focus on early diagnosis, use of referral services, and rapid initiation of treatment to stop the progress of disease processes or a disability. Secondary prevention is also sometimes referred to as 're-ablement' and is used to help people who have experienced an 'episode', such as a fall, stroke or bereavement, to be rehabilitated and maintain independence.

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

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

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Lessons Learned

The 10 'lessons learned' are drawn from the Local Government (LG) Improvement and Development Commissioning Support Programme for Culture and Sport, which included research interviews and discussions with around 100 commissioners across different services; the experiences of 10 English councils who took part in a pilot project; feedback from training and development sessions with elected members, officers and organisations.

This work was undertaken during a period of significant change – in public policy, in budgets and in local structures. Those involved in learning about commissioning and understanding the perspectives and priorities of commissioners identified that they have been better able to manage transformational change, better placed to engage in strategic conversations and have a better profile the outcomes of their work as a result.

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

The 10 lessons are:

1. Engagement in commissioning starts from a sophisticated understanding of need.
2. Engagement in commissioning involves being a strategic player and creative partner – not just a provider.
3. Commissioning is all about better outcomes for communities and individuals – so there is a need to understand the outcomes that commissioners are striving for.
4. Engagement in commissioning is about developing relationships.
5. Engagement in commissioning will impact on how you plan, design and deliver your services, your priorities and focus and the nature of your business in terms of universal, targeted and personalised services.
6. Engagement in commissioning will require you to articulate your offer with clarity of outcomes and impact and demonstrate innovation.
7. Commissioners need evidence of effectiveness.
8. Commissioners are seeking value for money and reduced dependency on other services.
9. Commissioning poses challenges for archives from a communication, collaboration and capacity perspective.
10. Go for some 'quick wins' and pick up on other people's agendas whenever possible.

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

Understanding the detail is essential preparation for conversations with commissioners and for considering where you might make a contribution. So do take time to understand needs, drivers for change and likely impacts in your local area.

Populations are dynamic and so make sure your understanding is up to date. For example, if you are interested in engaging in commissioning for wellbeing then first seek to understand the local structures and framework documents.

If you work in England you might start by referring to:

- Joint Strategic Needs Assessment (JSNA). The directors of public health, directors of adult social care and directors of children's services have a statutory obligation to produce a JSNA through the

Local Government and Public Involvement in Health Act (2007). The JSNA is expected to influence the commissioning process across both health and social care and to underpin the development and implementation of strategic planning across local partnerships. These documents are refreshed and updated at least every three years.

- Joint Health and Wellbeing Strategy (JHWS). Health and wellbeing boards in England are required to produce an annual JHWS for the local area, based on the needs identified by the JSNA. This document sets out the jointly agreed priorities upon which commissioning plans are based.
- Commissioning Intentions. These documents are increasingly being produced by individual service areas such as Children & Young People and Adult Social Care, they are based on the needs identified in the JSNA and describe in more detail the priorities, principles and approach that a service will be taking to secure improved outcomes for individuals, communities and places.

You might also find out:

- Where your area ranks in the Index of Multiple Deprivation (IMD) and whether there has been any significant change over the last decade.
- The extent to which income deprivation is affecting children, identifying the number of children and young people living in poverty

If you are based in Scotland you could refer to:

- Documentation produced by your Community Planning Partnerships (CPPs) and the Single Outcome Agreements that exist between the Scottish Government and CPPs.

In Northern Ireland:

- The Local Commissioning Groups (LCGs) has responsibility for the commissioning health and social care to meet current and emerging needs and so refer to the findings of assessed needs.

In Wales:

- Local Service Boards (LSBs) are the vehicle through which leaders of local public and third sector organisations come together to take collective action to ensure public services are effective and citizen focussed. An integrated plan for each local authority area addresses statutory needs for community strategies, children and young people, health, social care and well being and crime and disorder. Guidance is available [here](#).

Increasingly, councils across the UK are balancing a needs approach based on relative inequalities and deficits, and are looking to draw on existing community assets and the strength of local networks.

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

Archives themselves can play a number of different roles:

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

It is important to distinguish which role you are playing on different occasions. One of the frustrations of commissioners express is when services 'rush' to be commissioned to do work rather than have the strategic conversations.

Also, take time to understand more about outcomes and the perspectives of commissioners in other services; this way you will be equipped for discussions and better able to articulate what the archive service could offer.

3. Commissioning is all about better outcomes for communities and individuals – so there is a need to understand the outcomes that commissioners are striving for

There are both national and local drivers in relation to defining outcomes. Some of these are outlined below but each area will have its' own definitions and priorities, dependent on needs. The role of national outcome frameworks is not to impose top down targets, but to provide the broad context within which local priorities are developed, so the national frameworks referred to in this section will be interpreted differently to reflect local need.

The transfer of public health from the NHS to local government and Public Health England (PHE) is one of the most significant extensions of local government powers and duties in a generation. It represents a unique opportunity to change the focus from treating sickness to actively promoting health and well-being.

There are five domains that are priority areas for local authorities to deliver against;

- Health protection – e.g. ensuring the public is protected from disease and illness through vaccination programmes.
- Health improvement - e.g. smoking cessation, reducing obesity levels, encouraging healthy activity, offering services that have been shown to improve mental health and wellbeing.
- Prevention of ill health - e.g. reducing the numbers of people living with preventable ill health.
- Healthy life expectancy – e.g. preventing people dying prematurely and reducing the life-expectancy gap between communities.
- Wider determinants of health and inequalities - This domain provides recognition that there are a great many factors that will determine whether someone is healthy or not, such as housing, education and employment. This is the domain that archives can make the greatest impact.

Furthermore, the Care Act 2014 brings care and support legislation into a single statute, placing overall wellbeing of individuals at the forefront of their care and support.

Overall wellbeing includes physical and mental health, and recognises the need for access to employment, education and social opportunities. It requires local authorities to provide comprehensive information about services and providers in localities, including services that help prevent individuals care needs from becoming more serious. It also requires local authorities to identify any carers or people in their area with needs that are not currently being met to enable the lacking services to be developed or provided.

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

Adult social care

- **Keeping people independent: Primary prevention** – Keeping people independent and well and out of the care system. Support for older and vulnerable people and an emphasis on those potentially at risk of needing care support.

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

Health

- **Reduced health inequality and improvement in health overall** – promoting healthy lifestyles and preventable ill health and reducing inequality across the social gradient of health.
- **Wellbeing** – social networks and capital, volunteering, addressing social determinants of health.

Children & Young People

- **Raised education attainment** – improved exam results
- **Raised aspirations, self-esteem and self-confidence** – in order to improve outcomes in relation to issue such as teenage pregnancy, drug and alcohol abuse, those at risk of offending, low attainment, low attendance and other issues where self-esteem and low social skills may be an underlying factor.
- **Reduced inequality in outcomes for children** – narrowing the gap and improving outcomes for children in need, such as looked after children or disabled children.
- **Better outcomes for families** – ‘Think family’ and develop approaches that can give sustainable solutions for children and address family problems more holistically.
- **Improved physical and mental health** – activity that offers cultural enrichment and provides a sense of mental wellbeing.

Once you have familiarised yourself with the language being used by commissioners consider how the services you currently offer or could offer in the future would contribute to improved outcomes.

For example archives are particularly strong on wellbeing (rather than illness prevention) and contribute towards all the aspects sought for children and young people. Areas of relative value that the archives could also contribute towards include:

- independence through skills development - improving literacy or numeracy by working with material in collections,
- helping vulnerable people – archives are perceived to be very safe places for people with mental conditions such as depression
- social isolation - through volunteering, which gets people out of the house and gives them a sense of purpose, providing essential social contact.

The other area archives could make a contribution towards is supporting the early stages of dementia.

4. Engaging in commissioning is about developing relationships

This is about a long-term investment in relationships and not about seeking transactions.

At least five sets of relationships are involved:

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

Relationships with commissioners

Commissioners are working with a host of challenges such as shrinking funding, growing need, new and complex payment structures, integrated commissioning models and changes in regulations. Within these constrained environments they may lack the confidence to innovate and pilot new approaches.

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

Relationships with other providers

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

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

Relationships with the wider cultural sector

There are many benefits of working with the wider cultural sector on this agenda, such as colleagues in libraries, museums, heritage, arts and community services. You can share information and workload, organise who might lead on behalf of the group with particular areas of service and develop some innovative and creative approaches to address issues, using your different areas of specialism.

In some areas, cultural organisations have developed formal consortia. This can be a complex process, but works in some places. Otherwise, informal collaboration and networking, or the larger service/organisation providing leadership and support to include smaller services/organisations are equally beneficial.

The Arts Council England ‘bridge’ organisations for children and young people’s services are key networking organisations and, to varying degrees, provide a ‘brokerage’ role between organisations and commissioners. You can find out more about the role of bridge organisations on the [Arts Council website](#).

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

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

Relationships with the wider voluntary sector

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

- capacity building for smaller organisations
- advice and support on the basics of organisational health
- mechanisms to appoint or elect representatives onto local governance structures
- information about opportunities on the market in terms of local commissioning and procurement.

Archive services are very experienced in managing volunteers and working with voluntary organisations should consider how these resources can contribute to the approach.

Relationships with communities and citizens

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

You will have a body of people who you work with, from tenants associations to heritage societies, and through this you will be able to bring their particular insights into the relationships with commissioners and others.

Continuously reviewing how your services can be accessed and how they can be more inclusive is part of ongoing improvement.

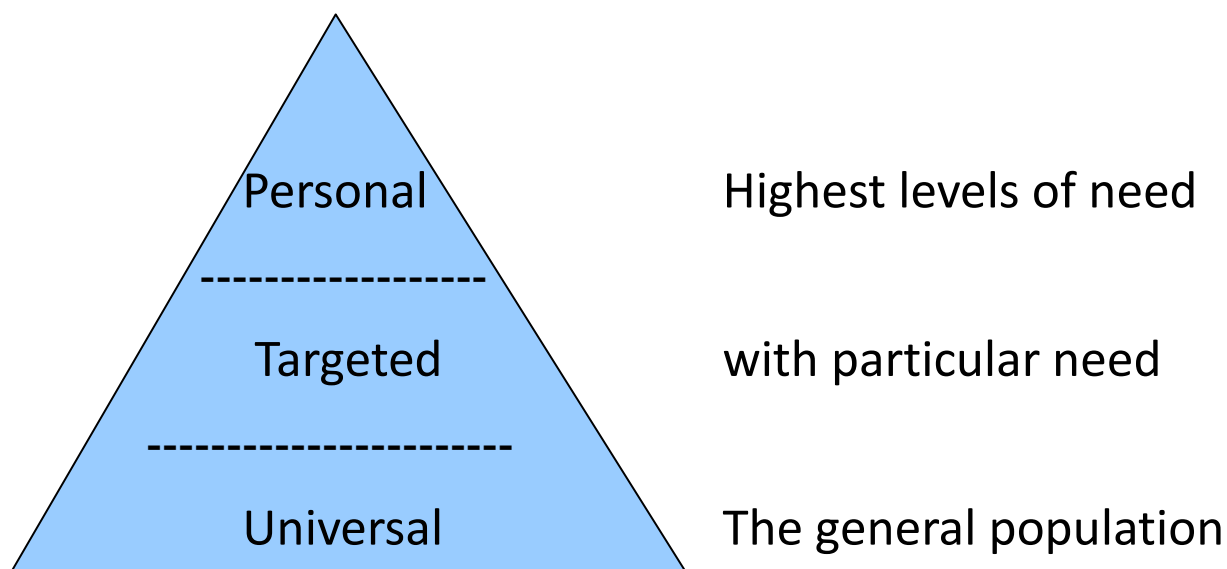
Archive services can bring community engagement, build social capital and involve thousands of volunteers, users and audiences, so valuing this wealth of contacts is something to nurture and to bring to the table as a key player and partner in the community.

The term ‘co-production’ in public services is now in common parlance; this is where the customer or client and professionals design the service together in a more equal relationship. Although you may not currently be using this term, it is something that archives do to shape the service locally in response to the needs of users, so think about how you describe your approach in relation to current social policy.

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

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

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



Universal services face the ongoing test of being accessible and inclusive to all. Having engaged with commissioners in services such as social care and health, you may be challenged to reflect on whether your services are, in fact, universal.

Targeted Services may focus on particular client groups or on geographical areas. The concept of targeting in a way which seeks to address inequalities in health and wellbeing outcomes has been further developed through the influential 'Marmot Review'. The review, entitled 'Fair society, healthy lives' concluded that "Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."

[Fair society, healthy lives – the Marmot Review](#) – on the Institute of Health Equity website.

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

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

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

You should also think about how engaging in commissioning relates to the [Archive Services Accreditation Standard](#), which requires successful applicants to have a clear Vision and Mission statement underpinned by forward planning and appropriate policies, plans and procedures for managing collections and identifying and meeting stakeholders needs.

6. Engagement in commissioning will require you to articulate your offer with clarity of outcomes and impact and demonstrate innovation

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

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

There is likely to be a general lack of awareness of exactly what archives contribute, the engagement strategy and reach into the community, the impact on outcomes for local people and how archives relate to other areas such as learning and education, planning, the corporate centre and community services.

You may find that pressures on budgets exacerbates the barriers – with archives being considered a 'consumer' of resources, along with other cultural services, rather than a 'contributor' to outcomes.

Communicating the archives offer

The challenges for archives include:

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

For more advice on how to better illustrate the contribution of archives in terms of outcomes to individuals, communities and places see: [A guide to measuring outcomes for archives](#)

Also refer to 'Step 5: Ways into the process' of the [Step-by-step document](#).

Risk averse or seeking innovation?

Commissioners are keepers of the public purse and need to spend wisely and be able to demonstrate value for money. But the increasing challenges and constraints mean that commissioners need to find new ways of doing things and innovation in addressing problems.

The call for innovation still needs back up of an evidence base and a clear approach to cost benefits. But don't be deterred for coming up with creative new ideas.

Engaging with commissioners may also require adopting specialist service standards, so try to clarify what these are early on in the process, so that you can forward plan any necessary changes and gain the relevant accreditation or award.

7. Commissioners need evidence of effectiveness

Use what's out there already. There is a range of evidence available about the impact archives support in delivering better outcomes for individuals and communities.

The following websites are good starting points with lots of research reports and links to other studies:

- [The National Archives](#)
- [Archives and Records Association](#)
- [The Welsh Government](#) (CyMAL: Museums Archives and Libraries Wales),
- [Public Record Office of Northern Ireland](#)
- [Scottish Council on Archives](#)

[CASE database](#) – includes over 12,000 studies on engagement in culture and sport, in an online, searchable database. There are a number of studies relevant to archives, so it's a gateway to a range of research and data on the value of archives and heritage to society.

Developing your own evidence base

The guide to [developing an outcomes framework for archives](#) will help you to build your own evidence base, based on local priorities.

The resource is intended to provide guidance for all types of archive services, not just those in local authorities, on how to create a local outcomes framework. Creating a framework will help you measure and evidence the difference archives make and its contribution to local priorities in areas such as health and well-being, stronger and safer communities, learning and education. It will also help you make the case for continued investment of public money, develop persuasive funding bids and engage with a wider range of stakeholders than you may currently work with.

Using measurement and evidence tools that commissioners use

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

For example, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is often used by scientists and psychologists to measure wellbeing. It is based around a self-assessment process that comprises of positively phrased statements such as 'I've been feeling optimistic about the future' and 'I've been interested in new things'. It's relatively simple to use and analyse to build your evidence base.

[Wellbeing self-assessment tool](#) – on the NHS Choices website

Other measurement tools used include the Outcomes Star. This is an interesting suite of tools used in supporting and measuring change in vulnerable individuals. It is used in social care in areas such as mental health and with homeless people and there are also Outcome Stars for families, alcohol, work and communities.

[Outcomes Star website](#)

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

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

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

So, for example, will commissioning an archives and mental health programme improve the mental health and wellbeing of clients and reduce their need for medication, GP visits and other mental health services?

Some financial equations

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

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

Cost benefit

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

Social value

Social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves. This is now recognised in Government guidance – the Green Book' – though the methodology is yet to be defined.

[HM Treasury 'Green Book'](#)

However, there is already a methodology and body of experience of Social Return on Investment (SROI). [Social Return on Investment Network website](#)

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

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

[Guide to commissioning for maximum value](#) – on the SROI Network website

The challenge moving forward is for archives to have a clear financial story, based on robust information and evidence, which demonstrates the business case for your activity in financial terms.

9. Commissioning poses challenges for archives from a communication, collaboration and capacity perspective

How the world of archives functions and is organised is likely to be as much a mystery to commissioners as their world is to you.

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

Communication

Generally, archive organisations describe themselves in terms of the services and activities they offer, as such their publicity and marketing is devised to illustrate these. Identifying outcomes and ways of working may be less evident.

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

Collaboration

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

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

Capacity

Engaging in commissioning may not be appropriate for all archive services. It requires the capacity to work flexibly, in new ways with new partners and often new user groups. You will be required to invest a significant amount of time up front with no guarantee of success. You may also find it difficult to gain information about opportunities or struggle to build relationships with commissioners.

So do consider your existing resources and identify any capacity building that would be needed to strengthen your the ability to offer the structures, systems, people and skills that will be required for engaging in commissioning.

This will include aspects of training, organisational and personal development, resource building, and a planned self-conscious approach to adapting to new ways of working. Additional support, training and sources of information is available from [The National Archives](#) and further support can be also be offered by the regional engagement officers.

10. Go for some 'quick wins' and pick up on other people's agendas whenever possible

Being a proactive partner

You do not need to be in a commissioning relationship to be able to contribute to better outcomes and can bring your skills, experience, resources and contacts to the party. Think about how archives can play a role in the design of effective public service.

Look to develop long term relationships with commissioners by seeking to bring 'added value' through your existing service offer, for example consider how you can link to and support existing wellbeing campaigns or learning initiatives. This will help to ensure archives are seen as strategic partners and not just providers of a service.

'Quick wins'

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

There is also the case to narrow in on 'quick wins' especially where there are existing relationships, joint projects and partnerships. Archives have an established track record of working with other council departments, delivering some key impacts, but to date these have tended to be funded through core budgets or grant funding. Below are some examples of existing best practice that could be drawn upon as inspiration for 'springboards' into commissioning.

Work with Young Offenders

The North Yorkshire Record Office worked with the HM Young Offenders Institution in Northallerton to educate young offenders about the lives of offenders in the past, with the goal of minimising their chances of re-offending. Using an original 1890's police charge book as the basis for the research a touring exhibition, re-enactment of a trial and a DVD of the overall project were created.

If you have similar material in your collections, think about how this could translate into commissioned work with the Youth Offending Team in your area.

Early Years & Archives

Berwick upon Tweed Record Office worked with Early Year providers (nursery and reception) to develop topics and resources based on archive materials to help children grasp the 'then and now' concept in an enjoyable and accessible way. The mainly visual resources were offered f.o.c to schools in a format that linked with their core curriculum work.

Could this approach contribute towards a good level of development for children in your local area during the Early Years Foundation Stage?

Wellbeing: older people

Gloucestershire Archives have a Heritage Lottery Funded project that celebrates the lives and memories of residents at Charter Court, a sheltered housing for the elderly.

What opportunities exist for you to work locally with commissioners of services for older people in care or Age UK?

Mental Health

Surrey Archives have used the records of Surrey's former mental hospitals, making them accessible to family historians and using them in oral history projects with former patients and staff.

Explore how using collections in this way may translate into commissioned activity by Health & well-being Boards.

If you haven't already looked at Step one of the [Step-by-step](#) components of this guidance you may now wish to think about the scope and who will be involved.

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Step by Step

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

The starting point will be different for different organisations – hence there is flexibility built into the layout of these resources. This component outlines six practical steps:

Step one: Make a plan

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

Step two: Understand commissioning

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

Step three: Understand who's who in commissioning

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

The step also confirms the role of elected Councillors.

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

No two areas are the same and needs of populations differ – so finding out what is driving things locally and how the policies and procedures, structures and systems, people and priorities work requires some research. This section suggests how, practically, to go about ‘mapping’ the local context and start the important work of building relationships in the process. A link to a ‘sample’ mapping document can be found on the Local Government Association website.

Step five: Ways into the process

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

Step six: Review and reflect

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

1. Step one: Make a plan

‘Plan successfully and plan for success’

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

The starting questions are:

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

The [self-assessment questions](#) can help you in the initial phases and then help with charting the journey.

Reviewing the situation

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

There is also the context of where your organisation is – in terms of overall objectives, sustainability, relationships and aspirations. So a stock-take is needed before you start.

Scope

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

Alternatively, you might want to look across a wider range of activity to learn more about the opportunities before perhaps narrowing down your involvement to particular area of business. In considering this, establishing a view on who should be involved is a key factor.

Who should be involved?

Larger services or independent organisations may have longstanding relationships with different service areas and may want to keep it that way. However, times have changed and this is not likely to be the best approach.

Working with other local authority colleagues if your service is located within a council, or working with other independent and voluntary sector cultural organisations is likely to make the process more manageable as you will be able to share out the work. Importantly, it will also make it more coherent for commissioners and mean that they are not bombarded by different services/agencies competing for their time and wanting the same information and conversations.

So we suggest the elements of this first step are:

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

Sample scope / aims and objectives

Aim

The overall aim of the programme is to generate better outcomes for adults, children and young people and communities in the local area through developing relationships with commissioners of services.

Objectives

1. To improve the contribution of archives to outcomes for adults, children and young people and the health of communities in the local area.
2. To enable increased alignment of archive services with the local strategic priorities.
3. To increase awareness of the commissioning process amongst archivists.
4. To identify current commissioning intentions in adult services, children and young people services, learning and education and health.
5. To establish the contacts, priorities and processes in different services and partnerships, and the barriers and opportunities for the archive service.
6. To support the building of relationships with commissioners and with other agencies to engage more effectively in commissioning.
7. To identify and address skills and capacity needs through provision of training, information and advice and facilitation. (Perhaps consider using an 'Action Learning' approach)
8. To focus on adults and wellbeing as a priority area, but also include other areas of community need as appropriate.
9. In the context of significant budget reductions, to ensure that the priorities and changes enable archives to have the maximum possible impact in communities
10. To evaluate the project progress against the stated objectives.

A project management approach

Setting out the plan with priorities, targets and milestones and allocating tasks and activities across the team will support momentum. It is also an extension of the forward planning approach required for the [Archive Services Accreditation Standard](#).

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

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

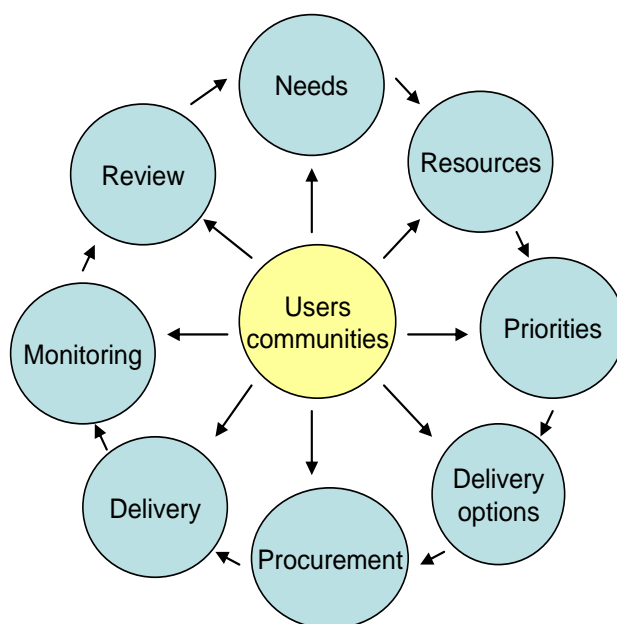
2. Step two: Understand commissioning process

'Familiarise yourself with the language and processes'

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

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

The commissioning process is generally described as a cycle:



What happens at each stage in this process?

<p>Users and communities</p>	<p>Users and communities must be at the centre of every part of the process. Councillors are best placed to understand the needs of communities and The Localism Act (2011) put greater powers into local government and communities. The provisions relating to councils include:</p> <ul style="list-style-type: none"> • Giving councils a general power of competence. • Giving residents the power to instigate local referendums on any local issue and the power to veto excessive council tax increases. • Providing new powers to help save local facilities and services threatened with closure, and giving voluntary and community groups the right to challenge local authorities over their services. <p>The Local Government and Public Involvement in Health Act (2007) sets out the requirements for contractual arrangements to be made for public involvement.</p>
<p>Needs assessment</p>	<p>Commissioning starts from a sophisticated understanding of needs. Key documents are:</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment – JSNA • Director of Public Health annual report • Children’s Needs Assessment – may have different names in different places • an understanding of your own participation data - the CASE Local Culture & Heritage Profile Tool is an easy way to get hold of a range of data that can be used in local cultural and heritage-related policy-making.
<p>Resources</p>	<p>Commissioners will assess all of the resources available to meet the needs. Increasingly this is being done on a public sector-wide basis of all partner resources through:</p> <ul style="list-style-type: none"> • mapping public sector assets • community budget or ‘whole place’ approaches.

<p>Priorities</p>	<p>Decisions regarding the priority outcomes are set through the governance structures.</p> <p>The Health and Wellbeing Board (HWB) is a key body and is a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.</p> <p>By involving democratically-elected representatives and patient representatives, and bringing them together with local commissioners across health, public health, and social care it is intended to significantly strengthen the democratic legitimacy of commissioning decisions, as well as providing a forum for challenge, discussion, and local involvement.</p>
<p>Delivery options</p>	<p>Commissioners will explore the options for meeting the priority outcomes.</p> <p>This will include activities such as:</p> <ul style="list-style-type: none"> • developing the business case • testing the market for different providers and approaches • developing the market and building capacity • exploring different ways of achieving the outcomes • planning the procurement process <p>Policy initiatives, including the National Audit Office’s ‘Successful commissioning’, aim to increase the involvement of civil society organisations in commissioning.</p>
<p>Procurement</p>	<p>Procurement is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers.</p> <p>Procurement will involve:</p> <ul style="list-style-type: none"> • writing the specification, based on the options appraisal • business case, clarifying the desired outcomes • inviting tenders • evaluating tenders • awarding the contract
<p>Delivery</p>	<p>Delivery of the service should continually engage users and communities and involve commissioners to work on the achievement of outcomes.</p> <p>The aim is not just to learn about successes, but to find solutions to difficult challenges and make the contract work for everyone, and particularly the service users.</p>
<p>Monitoring</p>	<p>Commissioners are encouraged to monitor what is important in relation to outcomes.</p> <p>There will be contract compliance and monitoring of key quality standards and performance measures, but lighter touch monitoring of outputs and a focus on the achievement of social outcomes is the higher priority.</p> <p>User and community involvement in monitoring is required.</p>
<p>Review</p>	<p>At appropriate points in the lifecycle, such as annually, commissioners will review the overall context and assess whether there are new needs or circumstances to be taken into account.</p> <p>The process of review will vary but is important to ensure that the resources are having an impact and whether there are any changes of any sort that might be necessary.</p>

3. Step three: Who's who in commissioning

'Understand the people involved'

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

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

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

Levels of commissioning

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

Locality-based commissioning is where all aspects of the commissioning process are devolved to a lower local level, including the devolution of budgets, decision making and delivery of outcomes. Individual schools in the independent sector or with Academy status, and in some cases school clusters, are locality-based commissioning bodies. Clinical commissioning groups (CCGs) take commissioning responsibility for populations of around 100,000, so the definition of 'local' is variable.

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

Key people

Structures, job titles, roles and functions vary from place to place – so the table below indicates the kinds of jobs and areas where there will be a commissioning function. However structures continue to change so you will need to ensure you investigate how these roles are sitting within your local context.

Service area	Indicative roles, titles or functions – examples
<p>Adult social care</p>	<p>Assistant director of commissioning or head of commissioning</p> <p>Usually there is a senior person who oversees commissioning for all services in adult social care. Below them in the structure there might be:</p> <ul style="list-style-type: none"> • learning difficulties commissioning manger • older person’s commissioning manager • disabled people’s commissioning manager • carers services commissioning manger • mental health commissioning manager. <p>In some authorities, these service leads may also have a geographical remit – pulling together care services in a locality.</p> <p>Other relevant functions to explore are:</p> <ul style="list-style-type: none"> • Primary prevention services – those parts of the service seeking to prevent or delay people from entering the system. • Secondary prevention or ‘Re-ablement services’ – supporting clients who may have had an episode, such as stroke, fall or bereavement, to return to independence. • Community services and community care – may include these preventative services and support for independent living, but also other activities to promote wellbeing, often in partnership with other health services. <p>In relation to personalisation, those involved in commissioning are:</p> <ul style="list-style-type: none"> • individuals with personal budgets receiving direct payments • support planners engaged by people with direct payments • social workers supporting people with personal budgets • brokerage teams who seek to open up and support the options and choices of services for those on personal budgets.
<p>Children and young people’s services</p>	<p>There may not be anyone with ‘commissioning’ in their job title. There could be, however:</p> <p>Assistant director, strategy, resources and commissioning or similar.</p> <p>Strategic commissioning functions will be attached to service heads or service managers for:</p> <ul style="list-style-type: none"> • early years/children’s centres • looked-after children • children with disabilities • childcare • youth services • school improvement • adult education • special educational needs (SEN) and pupil referral • family support • youth offending service <p>Many of these functions may also have an element of locality based commissioning, such as youth services, children’s centres and schools budgets, which are now almost entirely devolved so they commission services to their own</p>

	<p>ethos and priorities in line with the directions of their boards of governors. Commissioners in schools include:</p> <ul style="list-style-type: none"> • head teachers • heads of departments within schools • representative for a group of schools or school cluster for some services that schools choose to share <p>Personalisation, as described in relation to adult social care, generally only applies to children with disabilities and their families.</p> <p>If there is a children’s commissioner, their job is to be the voice of children and young people and to ensure their voices are heard throughout this process and any other. They do not tend to commission services.</p>
<p>Support functions</p>	<p>Corporately there may be a:</p> <p>Head of corporate commissioning, who may be able to set out the picture to guide local principles at a corporate level. Otherwise this function may sit with an assistant chief executive or director of resources, or not exist at all and be entirely devolved to departments.</p> <p>Needs assessment may be undertaken by a:</p> <ul style="list-style-type: none"> • Policy analyst in a policy or intelligence unit in the chief executive’s office. <p>Departmentally, you will also find:</p> <ul style="list-style-type: none"> • policy and performance managers • procurement managers • contract managers • equality officers <p>... who all have a role in the process.</p> <p>There may also be some of the following:</p> <ul style="list-style-type: none"> • market development officer • voluntary sector officer • community engagement officer
<p>Health</p>	<p>Health service reforms have led to considerable changes. Upper-tier and unitary councils in England are now responsible for public health and have established health and wellbeing boards.</p> <p>It is a statutory obligation to appoint a Director of Public Health and they are responsible for a range of public health functions including:</p> <ul style="list-style-type: none"> • weighing and measuring children • dental public health • fluoridation • medical inspection of school children • sexual health • seasonal mortality • accidental injury • drug, alcohol and tobacco misuse • obesity • NHS health check programme • health at work

	<ul style="list-style-type: none"> • reducing and preventing health defects • prevention and early intervention • children’s public health (five to 19-year-olds) • social exclusion • physical activity <p>If you work in England, The Public Health Outcomes Framework – 2013 to 2016 is a useful source to guide you in broad terms to those who will be commissioning to these outcomes. The framework provides the broad context within which HWBs develop local priorities.</p> <p>Archives can contribute to outcomes under Domain 1: Improving the wider determinants of health by planning provision that results in improvements in the wider factors affecting health and wellbeing and health inequalities.</p> <p>Clinical Commissioning Groups – Clinical Commissioning Groups (CCGs) are groups of GPs that are responsible for designing local health services in England. They do this by commissioning or buying health and care services including:</p> <ul style="list-style-type: none"> • elective hospital care • rehabilitation care • urgent and emergency care • most community health services • mental health and learning disability services. <p>CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities.</p> <p>Personalised health budgets are available in some areas, these are similar to those in social care, for people who have long term conditions which they want to manage at home. In England there are proposals to combine health budgets from the NHS with social care budgets; this will result in frail elderly, people with disabilities and those with serious mental health problems given joint pots by 2018.</p>
Scotland	Health Boards - in Scotland there are 14 regional NHS Boards, which are responsible for the protection and the improvement of their population’s health and for the delivery of frontline healthcare services.
Wales	Health Boards – there are 7 Health Boards covering Wales who are responsible for everything from planning, providing hospital care and community nursing to contracting GPs and arranging specialist treatment.
Northern Ireland	Local Commissioning Groups (LCGs) - In Northern Ireland there are 5 LCGs responsible for the commissioning of health and social care by addressing the care needs of their local population. They also have responsibility for assessing health and social care needs; planning health and social care to meet current and emerging needs; and securing the delivery of health and social care to meet assessed needs.
Other service areas	<p>Community safety</p> <ul style="list-style-type: none"> • drug and alcohol team manager • positive activities for young people officer • antisocial behaviour manager • hate crime and cohesion officer <p>Regeneration and economic development</p> <ul style="list-style-type: none"> • regeneration officers <p>Note: regeneration hasn’t traditionally used the commissioning process in exactly</p>

	the same way as outcomes are often set by external funders at a regional, national or international level and may have other processes prescribed.
Governance	<ul style="list-style-type: none"> • elected members/councillors – in both cabinet and scrutiny • community representatives • school governors • trustees • senior officers on partnership boards

Role of councillors

Councillors have a role to play in advocating and supporting the role of archives, as part of a broader cultural and civic contribution, within the commissioning processes.

Cabinet lead or scrutiny lead members can make the case for archives contribution to delivering strategic outcomes. They can build political relationships with their colleagues responsible for social care, children’s services and health. They can position archives as a contributor to these priorities, rather than a competitor for resources. They can become part of the strategic governance arrangements, making the decisions about needs, priorities and the allocation of resources. This will certainly be the case in terms of the new health and wellbeing arrangements.

They can also be key to building better relationships across the different providers in districts, brokering consortia and joint arrangements that make it easier for commissioners to utilise local providers including local heritage organisations.

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

‘See the world from a commissioner’s perspective’

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

- research
- the start of relationship building

Initial research

- Read the joint strategic needs assessment (JSNA). The council or health authority will supply this and it will be on the council’s website. This will give you the context in which commissioners are operating and the outcome areas needing attention in your communities. It gives you clues as to where archives might be able to contribute to making a difference to the outcomes for local people. It is updated at least every three years.
- Read the director of public health’s annual report. This will have some overlapping information to the JSNA but may also go into more depth on key priority health outcomes. Because of the wide remit of public health relating to the social determinants of health and the lifestyle issues, this report will be highly relevant to the archives sector and to the broader heritage partnership agenda.
- Read the children’s needs assessment. This may be incorporated into the above or may be part of a separate children’s plan, so just ensure you have the picture for children and young people’s needs too.

Setting up contacts

Seek to set up four initial interviews if possible, this will give you a broad overview of the potential opportunities for archives to engage with commissioning. Try to set up sessions with:

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

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

A framework for the interview questions

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

The emphasis is on understanding their perspective and not 'selling' what the archives can offer

This is a research and fact finding exercise. It is about beginning a relationship and not seeking a transaction. Be open to the fact that they may not see archives as especially relevant at this stage and may not know much about the potential. Keep this for later, but have a few good examples of your current contribution to outcomes available to use in the discussion!

Mapping the commissioning landscape

Introductions

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

Name:

Position:

Authority:

How long in post:

Key priorities of their role

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

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

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

Possible prompts:

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

Q3: What are your commissioning **procedures** – processes?

Possible prompts:

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

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

Explore personalisation and locality commissioning and what is done strategically.

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

Possible prompts:

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

Q6: Can you tell me about any **past or existing commissioning or projects** that have involved archive services? How did this come about?

Possible prompts:

- any practical examples
- note: you might draw a blank – don't be deterred!

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

Opportunities:

Barriers:

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

Q9: Similarly, any **advice to your colleagues** about involving archives in commissioning?

Q10: Would you be willing to work with us further when we have digested your information and advice?

For example: If, having considered their information, there is an outcome area where archives might contribute, agree how this might be taken forward . . .

Writing it up – what a mapping document might look like

A [Sample mapping document](#) can be found on the Local Government Association website. This document is an illustration of what a 'map of the commissioning landscape' might look like across the broader culture and sport landscape. It is drawn from mapping exercises undertaken in a number of areas and gives a flavour of the kind of information that can be gathered through the process, how commissioners describe their priorities, the opportunities for working with the broader culture and sport sector and barriers that may need to be overcome.

Your document will be a snapshot in time and there will undoubtedly be movement and change. It might be possible to include organisational charts with names of particular people against roles. Capturing the words and perspectives of commissioners from the interviews is especially valuable.

Using the mapping

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

- to review and consider the needs of the community you work in
- to learn about other services, their priorities, language, guiding documents and aspirations
- to do further research and reading to understand these dimensions
- to consider their perspective on you. What are the implications of their view on the opportunities and barriers for archives?

Assessing the potential of a commissioning opportunity

Engaging in commissioning may not be appropriate for all archive services; it involves the investment of a significant amount of time with no guarantee of success.

So before you continue further consider the following questions:

1. Can you align your service with the priorities expressed by commissioners?
2. Are there clear opportunities for you to develop solutions to meet the identified needs?
3. Do you have the resources to develop the opportunity without detracting from your core mission?
4. Can you express this as a clear business model, including unit costs of delivery?
5. Can you evidence your outcomes in the way that the commissioners will require?
6. Could you win a contract alone or would you need to find an appropriate partner? If you need a partner/s who would that be?
7. If you are successful in securing a contract or new project funding, do you have the capacity to deliver? If not, are the commissioners prepared to pay for additional resources or capacity building, training and development?
8. Is there buy in from your organisation and/or team?

If you answer 'Yes' to most of these questions, then it is likely to be worth further engaging with the commissioning process.

If you answer 'No' to most of the questions, then commissioning is unlikely to be the right approach for your service or organisation at this time.

Following up

The intention is that the initial contact will be a beginning. So regardless of whether you decide to pursue a specific opportunity, it's important to follow up the first meeting to illustrate that archives are strategic partners and you are interested in building relationships.

If a specific opportunity has arisen that you wish to pursue further, then the next step might be a session to explore joint working – a seminar type approach, especially if well planned and facilitated is worth the effort.

5. Step five: Ways in to the process

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

Traditionally the broader cultural sector has been seen by commissioners as co-funding partners or the deliverers of short term activity or projects. The challenge is to position yourself more strategically in the whole commissioning process.

There are lots of ways to engage and you may end up in different places in the process at different times.

There are three things to bear in mind:

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

desirable to share the work, the information gleaned and the possibilities.

Stage	Potential entry points
Users and communities	<p>Use existing community networks. Archives have a strong community base of groups, societies and volunteers from all walks of life. Knowing and listening to their ideas and aspirations and feeding these into the process up front is how good ideas and community-led solutions can develop and grow.</p> <p>This isn't new and in times of austerity may seem even more difficult, but bringing ideas forward is still vital.</p> <p>It is also good to listen to what existing forums are saying – the Youth Council, the Older People's Forum, the Carers Network, Neighbourhood Forums and others. What are the issues that are concerning these groups?</p>
Needs assessment	<p>Feed into the joint strategic needs assessment. Information from the Taking Part Survey, your own participation data - the CASE Local Culture & Heritage Profile Tool can be fed into the JSNA or Joint Health and Wellbeing strategy. Engage with the analysts and then in discussions about the assessment.</p>
Resources	<p>Feed in to exercises to map community resources or pilot community budgets. If you have a capital asset, ensure this is included in the mapping exercise. It may lead to discussions about sharing spaces which could save money, bring new income streams or develop new users of your services.</p> <p>Engaging in community budgets enables archives to be included as a player in developing solutions and improving outcomes.</p>
Priorities	<p>Develop a link into the governance structures. It will not be possible or realistic to be represented on all the key boards and decision making bodies. However, establishing a link into these bodies is important. For example, with the HWB, it may be through an elected member or a voluntary sector representative. Identifying a contact that has an awareness of what archives can offer and can feed in and feedback from time to time will keep you informed of the issues under discussion.</p> <p>Accessing voluntary sector networks and representatives through the Council for Voluntary Service (CVS) or equivalent is a potentially efficient route for organisations.</p> <p>Study the emerging strategies to identify the emerging priorities and where you might play a part.</p>
Delivery options	<p>Attend market development sessions, provider forums or capacity building opportunities. These may have different names in different places – but they are opportunities to engage with commissioners and with other providers and to know what's on the agenda. There may be opportunities for new collaborations and to contribute innovative solutions.</p>
Procurement	<p>Ensure you have the basic 'organisational health' in place to enter a procurement process. This will include your own governance structure, financial accountability, health and safety including safeguarding, equality and environmental policies and attaining the Archive Services Accreditation Standard will help ensure you are well prepared.</p> <p>Going into a tender process can be very time consuming so having the basics ready is essential so that the energy can go into addressing the service specification. Here you will also need evidence of how your service impacts on better outcomes for communities and represents value for money.</p>

Delivery	<p>If you are a chosen provider, build in ongoing mechanisms for involving users and communication with contract managers.</p> <p>If you are not the provider, there are still opportunities to engage with the organisation running the contract. Especially with large organisations and larger contracts there will be opportunities for subcontracted work and partnerships.</p>
Monitoring	<p>Ensure you are monitoring and evaluating your existing work so that you are building your own evidence base.</p> <p>Understand other systems for measuring outcomes. There are different systems of monitoring and measurement out there which might be of use and worth building in to what you do now to prepare for future relationships.</p>
Review	<p>Engage with exercises which refresh the strategic direction for the council and its partners. Keeping abreast of changing needs and emerging priorities and contributing to shared solutions remains important. It establishes or retains the positioning of archives in the strategic thinking.</p>

6. Step six: Review and reflect

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

A suggested aim for your programme was to generate better outcomes for adults, children and young people and communities in the local area through developing relationships with commissioners of services.

Assessing progress and measuring achievements may be difficult to quantify. The [self-assessment tool](#) can help you structure this.

Outcomes that you may consider indicate success include:

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

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

Assessing the business implications of this is essential to success. So during this review stage make sure you re-assess whether seeking to engage in commissioning remains appropriate for you.