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Commissioning Child Health and Wellbeing Services: information and guidance framework

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Preface

This document is designed as a framework document that can be tailored to include information specific to local Clinical Commissioning Groups (CCG) that will help those groups in the complex task of commissioning the right mix of services. It incorporates some core as well as CCG specific content and is underpinned by the following definition of commissioning:

“The process that health commissioners and local authorities use to secure the best care at the best value for individuals and the local population. It involves translating their aspirations and needs into services that:

- deliver the best possible health and well-being outcomes, including promoting equality;
- provide the best possible health and social care provisions; and
- achieve this with the best use of available resources(DH2010)”¹

It recognises and accepts the recommendation from the NHS Future Forum report² that:

“Better integration of commissioning across health and social care should be the ambition for all areas”

Professor Steve Field Chairman

Acknowledgements

This guidance has been prepared by Primary Care Trust and Local Authority commissioners of services for children, young people, maternity and child and adolescent mental health services with the NHS East of England, supported by Enable East.

It has drawn on the unpublished Children’s Services Commissioning Guidance for GP’s produced by Dr Vimal Tiwari for the Royal College of General Practitioners and the NHS East Midlands Children and Young People Services Commissioning Pack.

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Section 1 Core content and guidance:

1. Introduction

1.1 Purpose of the guide

This guide aims to provide Clinical Commissioning Groups with an introduction to commissioning services for children and young people, offering information to promote awareness of this complex and important area while taking account of recent changes in legislation, policy and organisation.

It will pay particular attention to:

- The multi agency nature of children and young people's commissioning and delivery, the drive to develop ever more integrated services across health, social care and education and the standards of the National Service Framework for Children, Young People and Maternity³
- The value of robust Joint Strategic Needs Assessment⁴ to support outcomes focussed commissioning
- Factors which set children and young people's commissioning processes apart from adult services commissioning
- Current challenges in service delivery,
- Some evidence that underpins the interventions and services that improve outcomes for children and young people

1.2 Key principles of service commissioning

- Services commissioned will meet needs identified through joint needs assessment in conjunction with community/user consultation
- Services will be commissioned to be delivered at the safest environment closest to home, and if possible within the community
- Commissioners will ensure that children, young people and families are involved in service planning and development, consultation, service delivery and performance monitoring
- Commissioners will take account of statutory responsibilities
- Services commissioned will support identified outcomes, national policy and locally agreed priorities for children's services (local priorities while reflecting a range of partners' priorities may be led by other agencies e.g. local authorities, but will require health input)
- Services will reflect the policy direction towards early intervention, prevention, integrated provision and commissioning
- All services will be performance managed against outcome measures.
- All commissioners will work in partnership with providers, other commissioners, children and their families to continually improve outcomes.
- Commissioning will enable users to have choice in services available to them

1.3 Context for the guide

“The provision of integrated services around the needs of patients occurs when the right values and behaviours are allowed to prevail and there is a will to do something different. We need to move beyond arguing for integration to making it happen”

Professor Steve Field NHS Future Forum

Government policy, good practice and common sense has emphasised the importance of commissioning children’s services on a multi agency, integrated basis. Children’s commissioners within PCT’s have worked increasingly closely with commissioners and planners in social care and education and partners in the independent and voluntary sector in order to deliver services to children and young people that address their holistic needs. At PCT, county and unitary authority levels, structures have been developed to enable a more strategic approach to identifying needs and priorities for action. These needs and priorities take into account the very particular legal, policy and outcomes frameworks that underpin the delivery of services to children and young people.

2. Information to support commissioning

2.1 Joint Strategic Needs Assessment (JSNA)

All GP practices will have a population of children and young people who require universal, targeted and specialist services (see section 2.2 below for an outline of those services and related commissioning arrangements). Different demographic makeup, affluence and relative poverty will have a very significant impact on the nature of that population. Ensuring that the commissioning of services takes into account variations in needs across populations has been and will continue to be a key challenge for health and social care commissioners. Commissioners have been assisted in this challenge with the advent of increasingly sophisticated needs analysis and performance information. The Public Health led Joint Strategic Needs Assessment JSNA has provided strategic commissioners with a clearer picture of locality need, deprivation and disadvantage which in turn has helped to drive strategy and target resources appropriately. The current JSNA covering X CCG is attached in section 2, along with agreed commissioning priorities for children and young people’s services.

2.2 Universal, targeted and specialist Services and associated commissioning arrangements

In paragraph 2.1 the 3 broad levels of services were alluded to. The following paragraphs add some additional detail to those headings and also provide information on the different commissioning arrangements that may best fit the different levels of service. The graphic attached as appendix 1, produced by the Norfolk health and social care commissioners elaborates the universal, targeted, specialist framework in the 4 section triangle. The base section describes universal services, moving up through gradations of targeted services to the highly specialist services in the apex. It helpfully incorporates NHS and local authority service elements and could provide a useful tool for other areas as it captures the very important sense of flow up and down the service levels as well as describing the complex mix of services that are in place to meet needs.

(i) **Universal services** are designed to meet the sorts of needs that all children and young people have; they include screening, preventative and treatment health services provided by GPs, midwives, and health visitors, educational provision such as early years, Sure Start children's centres and mainstream schools.

(ii) **Targeted services** provide support aimed at particular groups of children, but often accessed from within universal (or mainstream) services. Examples include obesity management, some special needs educational support, Tiers 1 and 2 CAMHS, parenting support, secondary health care.

(iii) **Specialist services** are provided specifically for children and young people with specialist, acute, complex or very high level needs who would otherwise be at great risk of poor outcomes. They will often be provided alongside universal services but could, in some exceptional circumstances, be a replacement for universal services. Specialist services might for example include: continuing care services for children with complex needs and life-limiting conditions where care might be provided collaboratively by primary care, community nursing teams, secondary care, social care and education, Tier 3 and 4 services for children and young people with serious mental health by CAMHS, and children and young people subject to court orders by the youth offending service (YOS). Within healthcare services tertiary care and complex specialist services would be included. 35 services have identified as being most effectively commissioned by regional specialist commissioning groups for children and young people these include Tier 4 CAMHS, Neonatal intensive care (NICU) Paediatric intensive care (PICU) and Children's Cancer Services. However, input is still required from local commissioners in regard to how and what is commissioned within these services to ensure effective linkage into local provision for these children e.g. primary care, community nursing support, therapy services, equipment services.

The aim is always to support children and young people with targeted or specialist services as required for appropriate periods of time, then where possible to return to meeting their needs within universal provision. The interplay between commissioning of hospital care, community and preventative services is vital. Hospital care accounts for significantly greater financial outlay and currently we are seeing a year on year rise of admissions of children into hospital. (for greater detail see *Fundamentals of Commissioning of Health Services for Children – Kate Andrews*)⁵. If appropriate preventative and community services are not commissioned this can easily increase demand for acute services and increase cost to a prohibitive degree. The Department of Health Disease Management Information Tools (DMIT)⁶ can assist localities in developing care pathways and identify good practice by the commissioning of different providers. The potential for joint commissioning for preventative and community services provides an opportunity to enhance the overall children's services budget and reduce admissions.

The service levels described above help to determine whether a service is commissioned at locality, strategic or specialist level, which will be shaped by forthcoming legislation. Possible configurations may be:

Locality

GP Consortia, District/Borough Authorities, Children's Centres, Schools, Third Sector

Strategic

Groups of GP Consortia, Local Authority, Schools clusters, Commissioning Board

Specialist

NHS Commissioning Board, Specialist Commissioning Groups, Local Authority, Youth Justice Teams - High cost, low volume, regional and national commissioning

Joint Commissioning Approaches

This may be appropriate in circumstances where Agencies are already working closely together to develop and negotiate tailored care plans to improve outcomes e.g.

- **Complex Cases:** continuing care and complex cases requiring multi-agency panels and detailed case by case negotiation in regard to issues such as equipment and wheelchairs, care provision, placement in and out of area.
- **Youth Offending:** health commissioners have a statutory duty to provide funding/services to youth offending teams
- **Children in Secure Settings:** e.g. youth offending, Tier 4 CAMHS, inappropriate sexualised behaviour.

2.3 Commissioning issues and CCG level information profiles

In recent years PCT children's commissioners have developed strategic plans that have resulted in resources being targeted at key action areas such as the delivery of:

- The Healthy Child programme⁷
- Family Nurse Partnership⁸
- Maternity Matters objectives and requirements⁹
- Timely access to therapies; speech, physiotherapy and occupational therapy¹⁰
- Safeguarding requirements¹¹
- Health and mental health care of looked after children¹²
- Paediatric palliative care services¹³
- Teenage pregnancy and sexual health programmes¹⁴
- Screening programmes¹⁵
- Obesity strategies¹⁶
- Tier 1-4 Child and adolescent mental health programmes¹⁷
- Early support to children with palliative care, complex health care needs and disabilities¹⁸
- Effective arrangements for jointly funded packages of care for children with complex needs¹⁹

The above list gives some indication of the breadth of the children and young people's commissioning portfolio. What is self evident is that most of the programmes, services or activities referred to above have historically been commissioned at PCT level, often in partnership with the local authority. For a Clinical Commissioning Group or lead commissioner arrangement to commission services that deliver the best possible outcomes, a sound information base will be required that provides clear profiles of population needs, of services that are currently commissioned on a single or joint agency basis and a profile of

the current commissioning budget, where possible, disaggregated to Clinical Commissioning Group level (see section 2). In addition, CCG's will benefit from a profile of the mix of partnership processes that have been or are in place to effect the delivery of the Children's Health Strategy and Children's Plan²⁰. A directory of strategic leads and accountable service managers and the current children and young people's commissioning strategy is also attached in section 2.

In the next section the guidance will focus on aspects of the uniqueness of children and young people's commissioning.

(Levels of commissioning. Diverse nature of communities. PH info.)

3. What is different about commissioning children and young people's services?

3.1 NHS Outcomes Framework 2011/12²¹

The NHS Outcomes Framework comprises 5 domains, 10 overarching indicators, 31 improvement areas and 51 indicators. The domains cover adults and children and include:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health following injury
- Ensuring that people have positive experiences of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

A key principle of the Framework is the need to promote equality and reduce inequalities in health outcomes. A prime example of this principle in action is the need to address infant mortality, where stark differences remain between the richest and poorest social groups (Equality and Human Rights Commission 2010)²². The Framework defines areas for particular attention in respect of children and young people and families within each domain:

- Improving on unplanned admissions for children and young people with asthma, diabetes and epilepsy
- Reducing deaths in babies and young children
- Reducing the incidence of harm to children in acute settings due to failure to monitor
- Improving women's experience of maternity services

These domains, objectives and improvement areas help to define the context and priorities for commissioning and give a strategic impetus for work on the hugely complex task of addressing health inequalities and shifting the emphasis from acute to community services.

3.2 Risk, vulnerability, early intervention and holistic care

Children have a right to enjoy the best possible health and the same quality of healthcare as adults but significant differences in their experiences has resulted in children's health being an increasing priority for the government over the last ten years. Children who have been described as "children in need" or with "additional needs", such as children and young people with disabilities, with mental health problems, children and young people in the care of the local authority due to family breakdown or safeguarding issues have been focused on. Health, social care and education services have been performance managed in respect of the quality and robustness of services for such vulnerable children.

Evidence clearly demonstrates that addressing poverty, deprivation, nutrition and health issues during pregnancy and in the early years profoundly influences life course and contributes considerably to reducing health inequalities and improving health outcomes in later life (Marmot 2010²³, Kennedy 2010²⁴, Allen 2011²⁵)

3.3 General Practice and access to wider children's services

General Practitioners offer holistic life-long care which takes into account the physical, psychological and social needs of patients and their families in the context of the wider community. General Practitioners are in a unique position as the first point of contact for most patients seeking health care to identify, for example, vulnerable mothers, both pre-conception and in early pregnancy, and to promote opportunities for improving ante-natal health, encourage breastfeeding, and facilitate early intervention to improve outcomes for such patients and their families. Facilitating that early intervention requires clear pathways of care and access to the network of multi-agency/multi-disciplinary services, both statutory, independent or voluntary sector, that will provide the appropriate response. This could include services such as health visiting, paediatric community nursing, Early Support Team for children with complex needs, Home Start, etc

Children living in poverty, in mobile families and from isolated or minority groups are known to have poorer health outcomes. Such families are less likely to be registered with a GP, or to access other mainstream health services due to lack of awareness, language difficulties or cultural preferences, and robust health promotion and education measures will be required to empower minority communities to engage in appropriate health-seeking activities.

3.4 Children and young people's commissioning, statute and guidance

Some aspects of the commissioning of Children and Young People (CYP) services are no different from that of adults, and whilst the specific needs of CYP will require services to be delivered with specific skills, approaches, equipment and environments appropriate to their needs (NSF for Children, Young People & maternity services, standard 7, 2004) we recognise that some children's services may be included in block contracts along with adult services e.g. for diagnostic provision and secondary care.

It is also important to remember that the legislation and respective responsibilities of the NHS, social care and other services differ between children's and adult services. There are also a number of other characteristics that add levels of complexity and require a significantly different approach.

Issues which may impact on children and young people's commissioning include the following:

- Statutory Responsibilities
 - Safeguarding: Section 11, The Children Act 2004 places a duty on all agencies to safeguard and promote the welfare of children and young people, and this must be embedded in the governance systems of all children's services commissioning (*Working Together 2010*)
<https://www.education.gov.uk/publications/standard/publicationdetail/page/1/DCSF-00305-2010>
 - Children who suffer disability and long term or chronic conditions. There is a substantial body of legislation defining health and social care duties, including Children Act 1989 and 2004, Carers and Disabled Children Act 2000, Health and Social Care Act 2001

- The NHS has a duty of co-operation with Local Authorities and many care pathways are intertwined with Social Care and Education provision e.g. looked after children, children and young people with complex health care needs, children with emotional and behavioural difficulties, children and young people with long term conditions
- Promoting the health and wellbeing of looked after children – revised statutory guidance, November 2009 identifies the statutory responsibilities of organisations in relation to the health and wellbeing of this particularly vulnerable group
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_108501
- Local Authorities have a statutory responsibility for provision of education to all children up the age of 16
- Health and local authority commissioners must be increasingly mindful of children and young people's rights as enshrined in:
 - a) UN convention on Rights of the Child <http://www.unicef.org/crc/>, Human Rights Act(1998) <http://www.legislation.gov.uk/ukpga/1998/42/contents>, Children's Acts 1989, 2004, 2010
 - b) Fraser guidelines/Gillick competence for young people (see also *GMC 0-18*) http://www.gmc-k.org/guidance/ethical_guidance/children_guidance_index.asp

3.5 Brief outline of safeguarding duties

It is essential that all organisations and practitioners working to safeguard children and young people understand fully their responsibilities and duties set out in primary legislation and associated regulations and guidance.

Local Safeguarding Children Boards (LSCB) are the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

All organisations commissioning or providing health care should ensure there is a focus on the needs of children and that safeguarding is an integral part of their governance systems. Organisations should also ensure that through the commissioning and procurement of services responsibilities in section 11 of the children's act 2004 are fully met.

Clinical Commissioning Groups will have overall responsibility for:

- Strategic Leadership
- Organisational and workforce development
- Ensuring local systems operate effectively and deliver improved performance
- Adherence to section 11, Children's act 2004 guidance

Clinical Commissioning Groups will be statutory partners of the LSCB and will need to identify a senior member of staff who will be their representative on the LSCB who can speak for the organisation with authority, commit their organisation on policy and practice matters and hold their organisation to account. Each member organisation is expected to provide a financial contribution and the amount should be agreed locally.

Clinical Commissioning Groups as commissioners should have designated doctors and nurses for safeguarding and looked after children (see statutory guidance references) to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across their area. Across large areas a team approach can enhance the levels of support, the Group may choose to pool budgets/joint fund roles.

In the next section some of the key current challenges in child health are described. They highlight the interdependence of health and local authority responses to address those challenges.

4. Current Challenges

Although the health and well being of children in the UK is improving and perinatal mortality is falling (CEMACH2009)²⁶, demand for services has increased as with adult services. There are some specific issues for children and young people:

- Multi factorial causation in relation to a number of children and young people issues such as child poverty (UNICEF 2007)²⁷ and deprivation associated with conditions such as rising rates of obesity (DH 2008)²⁸ with associated conditions such as early onset Type 2 diabetes mellitus, abuse and neglect, offending, poorer outcomes for chronic long-term conditions such as asthma, epilepsy and mental health issues especially at the time of transition to adult services etc(DSF and DH2008)²⁹.
- A national increase in unscheduled attendances for health care for minor ailments at Walk-in Centres, A&E Departments and GP out of hours (DH 2011)³⁰; such ailments can often be managed more efficiently, with better outcomes for the child, and at lower cost, in a Primary care setting.
- Increase in inappropriate hospital admissions for children and young people with long term conditions (DH 2008)³¹ which could be prevented by following simple guidelines for diseases such as asthma, diabetes mellitus and epilepsy.
- A rise in the number of children and young people living with assisted technology and/or with life-limiting conditions and complex needs, who now happily have increased life expectancy and improved quality of life due to advances in treatment and support. These children may survive to an age where they require transfer into adult services often with very expensive individual tailored packages of care. Transition presents its own challenges in terms of good organisation, timeliness and accountability for clinical need and funding for care and equipment.
- Young people (aged 16-24 years old) are most at risk of being diagnosed with a sexually transmitted infection, accounting for 65% of all Chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genitourinary medicine clinics across the UK in 2007. (HPA2008)³²
- The Munro Review (2011)³³ recommends a new duty on local services to coordinate early help for troubled families to prevent lesser problems escalating to cause neglect or abuse, and reinforces the need to synergise health, education and social care reforms and to think holistically about strategic priorities and interdisciplinary working.
- Following a number of high profile child abuse cases there has been an increased number of children being placed in Local Authority care. All of these children require health care and in some cases specialist mental health assessment and services.

- Teenage conception: The UK has one of the highest rates of teenage pregnancy of the developed countries. Teenage parents are much more likely than their peers to live in poverty and suffer poor emotional and physical health and well-being. Rates of infant mortality are 60% higher in children born to teenage mothers (DH 2007)³⁴.
- Funding: A number of children require joint packages of care to address complex health and mental care needs, funding from a range of agencies may need to be utilised to fund the packages e.g. children's continuing care may require tripartite funding, health, education and social care (DH2010)³⁵; Some children and young people are placed out of area and this presents additional challenges in terms of accessing specialist services in the new locality. There are specific guidelines on the responsible commissioner³⁶ that need to be adhered to and it is important that these children and young people are considered as part of the localities JSNA and subsequent commissioning
- Medical Workforce issues: There are ongoing difficulties in maintenance of specialist expertise in regard to children in line with Royal College of Paediatrics and Child Health and NICE guidance – reduction in acute paediatric beds, changes in pattern of acute paediatric care, decrease in overnight stays, increased care closer to home, Paediatric training issues, critical mass, patient flow, EWTD(RCPCH2011)³⁷, and a decrease in the percentage of GPs with post-graduate Child Health training and expertise(RCGP2010)³⁸.
- An increasing number of different agencies and organisations can now commission health services for CYP e.g. Local Authorities, schools including special schools, Children's Centres, the Judicial System and Youth Justice Teams. It is particularly important that partners have a detailed understanding of each other's cultures, languages, approaches, processes, and targets so that they might work collaboratively to assess needs, plan jointly, and review efficacy of expenditure to reduce overlap and duplication while driving up standards. This will be done in part by building on the partnership arrangements that have been established over many years.

5. Key policy drivers for children and young people's commissioning

5.1 Commissioning children and young people's services; evidence, guidance and good practice; addressing key life stages, needs and services

In Section 4 there is a schedule of some key policy and guidance on children and young people's services as it impacts upon children and young people's commissioning and the need to ensure that the 0-19 population receive comprehensive services that meet the requirements of that policy and guidance. It refers to some core programmes such as the Healthy Child Programme, Maternity Matters, safeguarding and transitions. These programmes and guidance inform commissioners in the construction of commissioning plans and the expectations and requirements for the providers charged with delivering universal, targeted and specialist services to meet assessed needs.

6. Financial issues

6.1 Financial management and service planning: clarifying the total budget available

As a prerequisite for effective commissioning CCG's will benefit from a clear picture of the financial resources available for commissioning children and young people's services (section 2). This will include the resources committed to the key health care providers; primary care, community children's health care services, maternity services, child and adolescent mental health services, acute care, independent sector providers. Some resources are held within grants and ring fenced funds from central and local government as well as the core NHS funding. Individual special needs and continuing care funding packages, including some jointly funded packages can also represent a substantial resource commitment. Clarifying the CCG population, the total resources available, the balance of resources across the main providers and need groups and the relative proportion of funds allocated to children and young people's services will provide a valuable starting point for the CCG as it begins to match needs and resources. As the Health and Wellbeing Boards develop and forge a strategic overview, comparisons across CCG's will be possible. This should generate important debate on resource allocations across the territories within the purview of the Board

6.2 Service demand, resource availability and partnership funding flexibilities

Public services are all under severe pressure, with demanding levels of efficiency saving requirements in health, education and social care alongside increasing demand for all services. A relatively small number of health and local government services have exploited the potential for smarter commissioning and more streamlined service arrangements (the Commissioning Support Programme is a valuable source of information on such developments). Pooling or aligning budgets can result in more integrated care pathways with fewer points of negotiation or onward referral. The schedule in section 2 of this guidance describes the current state of play in the CCG.

The list below³⁹ outlines some of the indicative costs for health and social care services:

Family information from helpline	£33.86 per family
Family information, digital	£1.95 per family
Parenting support/course	£900-1000 per family
Family Nurse Partnership	£3k per family
Family Intervention Project	£8-20k per family
Foster care	£25k per child
Treatment foster care	£70k per child
Children's residential care	£125k per child

Secure accommodation	£134k per child
Sure Start Children's centres	£300 per 0-5 year old

6.3 Independent and voluntary sector services

The independent and voluntary sector provides care and services for children and young people with significant needs e.g. palliative care, complex needs and disabilities through children's hospices, Aiming High⁴⁰ short term care services , Home Start⁴¹ family support services provides care for vulnerable families, drug and alcohol services are delivered by a mix of statutory and voluntary sector services. These services represent a crucial element of the network of health and social care services for children, young people and families and potentially good value for money. Section 2 provides a register of key voluntary and independent children's services that operate in the CCG boundary. Engagement with these partners is an important element in developing the CCG commissioning strategy.

7. Local Structures

A structure map of Partnership arrangements for children and young people's, maternity and mental health services with lead agency and contact details of the accountable manager/clinician is in section 2 schedule of Key Information.

8. Inspection and performance

Clinical Commissioning Groups will have a central role in scrutiny and performance management as they will be accountable for the performance and service delivery of a range of contracts and service providers and will themselves have to report to several bodies such as Care Quality Commission (<http://www.cqc.org.uk/>),⁴² Monitor (<http://www.monitor-nhsft.gov.uk/>)⁴³ and an additional body for children and young people's services-OFSTED(<http://www.ofsted.gov.uk/>)⁴⁴ in conjunction with CQC.

9. Engagement with stakeholders

Commissioning should be outcomes focused; outcomes should be framed in terms of the impact of services or interventions on the health and wellbeing of the child or young person and the difference that is made to their lives. Part of the process of determining preferred outcomes is the process of engaging with children and young people and their parents or carers to ascertain what these stakeholders would include as key outcomes.

Engagement should include children of all ages, young people and parents or carers. Specialist expertise may be required to effectively engage young children and engagement may need to be activity based. Many local authorities have systems in place to engage effectively with children and young people and families and working in partnership can make good sense at a number of levels. It can limit the number of occasions that these stakeholders are asked to contribute. It can be more cost effective and can help strengthen efforts to deliver integrated and joined up services. In addition Health Watch will have a specific role in regard to engaging children and their parents to ensure their views are fed into local commissioning.

Stakeholder engagement can be organised around particular need groups; children with complex needs, looked after children, mental health service users, children and young people with long term conditions, maternity services etc. There may well be existing consultative or support structures in place that can be positively exploited to contribute to service design or performance monitoring. Collaboration between GP consortia and partners to build strong and sustainable stakeholder processes is likely to be the most efficient and effective way to deliver reliable and robust engagement .

10. Additional Information

For further information on commissioning children and young people's services, the reader is recommended to visit the Commissioning Support Programme website www.commissioningsupport.org.uk⁴⁵ which contains some excellent resources to support the practice and delivery of good commissioning.

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Section 2. Schedule of key information; tailored to specific CCG

This schedule acts as a companion document to the forgoing guidance and is intended to provide some useful information to help the consortia to get to grips with local needs, local partners and partnership processes, budgetary and service information. It is intended to provide a tailored profile of information. Much will already be known by consortia members, but it is hoped that the profile will offer a shortcut to key information that will assist it in developing its own commissioning strategy for services to children and young people.

It is recommended that the schedule includes:

<i>CCG name</i>				
Item	Available		Population Covered	Location of the item Information
	Yes	No		
Most up to date Joint Strategic Needs Assessment				
Current PCT commissioning strategy and priorities for children and young people				
Profile of commissioned services and accountable service managers				
Commissioning budgets <ul style="list-style-type: none"> - core NHS, primary care, acute, community - grant budgets NHS - grant budgets local authority - special needs/continuing care budgets - other 				

List/structure map of Partnership arrangements for children and young people's, maternity and mental health services with lead agency and contact details of the accountable manager/clinician				
Description and scope of formal joint commissioning arrangements, describing the pooled or aligned budgets, the lead commissioner and the legal framework that underpins the arrangement				
List of key Children's voluntary services, independent sector children's services				
Details of the Local Safeguarding Children's Board membership and contact details				
Details of the local health of looked after children board membership with contact details				

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Section 3. Table of progress on 13 key action areas (paragraph 2.3 refers)

Action area	Progress in Implementation	Action Outstanding	Constraints on Progress
The Healthy Child programme			
Family Nurse Partnership			
Maternity Matters objectives and requirements			
Timely access to therapies; speech, physiotherapy and occupational therapy			
Safeguarding requirements			
Health and mental health care of looked after children			
Paediatric palliative care services			
Teenage pregnancy and sexual health programmes			
Screening programmes			

Obesity strategies			
Tier 1-4 Child and adolescent mental health programmes			
Early support to children with palliative care, complex health care needs and disabilities			
Effective arrangements for jointly funded packages of care for children with complex needs			

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Section 4. Schedule of key policy and guidance on children and young people's services and services that are commissioned to meet different levels of need and complexity, including highly specialist services.

Commissioning Children's Services to improve outcomes within the Framework of the RCGP Child Health Strategy and known evidence:

a) A Good Start in Life: Pre-conception and ante-natal care, opportunities for very early intervention by identifying mothers with health and social issues and complex needs (Marmot2010, Allen 2011, NICE 2010, **Maternity Matters, Healthy Child Programme**)

b) Supporting Parenting from minus 9 months: pre-conception, ante-and post-natal care, working with Social Care and Education to intervene early to identify vulnerable mothers, ensure improved maternal nutrition, breast feeding encouragement and support, maintenance of emotional health and well being including work with domestic abuse victims, reduction in smoking, drug and alcohol abuse, integrated consistent parenting support (NICE2008, Marmot2010, Kennedy2010)

c) Early Years Preventative work 0-5: Healthy Child Programme, including immunisations and screening, on-going parenting support and health education, early intervention (NICE2006)

<http://newbornphysical.screening.nhs.uk/professionals>.

d) Child and Youth Friendly Services based on 'You're Welcome' principles

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586.

e) 5-19 Services: screening, preventative, early intervention to maintain emotional health and well being, adolescent sexual health and contraception

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115027.

f) Care of Children with long-term and chronic conditions:

Introduction and maintenance of disease registers for children with

- evidence of regular monitoring and follow-up
- maintenance of height and weight charts with early identification of failure to thrive
- timely follow-up of missed out-patient appointments (CEMACH2006)
- close liaison with other involved agencies such as community nursing, social care, special therapies, education. (NSF2004 Standard 10)

g) Transitional Care: start transition planning at age 13, early GP and Community care involvement, GP access to and participation in Care Plans and Budget planning (DOH2006)

h) Safeguarding seen as overarching all aspects of children's commissioning but with special attention to:

- training for all staff in contact with children as recommended by ICGs (RCPCH2010)
- evidence of working organisational Safeguarding children protocol and

- procedures(CQC2009)
- organisational planning to include ways of identifying children failing to attend scheduled appointments, excess unscheduled attendances, excess accidental injuries, risk factors in home such as parental(e.g. drug and alcohol abuse, DV, mental health issues, offending,) and other social and environmental risk(CEMACH2006, CQC2009)

i) Specialist Safeguarding services

j) Looked After Children services

k) Child Death Overview services

(i), (j) and (k) are all statutory service requirements set out in *Working Together to Safeguard Children 2006*, underpinned by the *Children Act 2004*. These services are subject to regular inspections by regulatory bodies.

l) Managing Sick and Injured Children:

- Appropriate general practice training and policies;
- Prevention of unscheduled attendances and hospital admission including use of relevant NICE Guidelines,
- Use of websites such as ‘Spotting the Sick Child’ <https://spottingthesickchild.com/>.
- GP follow-up of unscheduled attendances and failed scheduled appointments(CEMACH2006,CQC 2009)
- Appropriate referral to Community services including Community Nursing Teams, Therapies.
- Scheduled Secondary Care including Diagnostic Services, Specialist Telephone Advice, Ambulatory Paediatric Care including Children’s Assessment Units
- Unscheduled Secondary Emergency Care for injury and severe acute illness

m) Small Volume Specialist Units and Tertiary Care e.g. Cardiology, Complex Congenital Diseases and Syndromes, Complex Neonatal conditions, Complex Respiratory diseases, Nephrology, Oncology, Chronic Pain, Complex skeletal problems, Intensive Care

n) Disability and ongoing long-term and chronic Complex Needs: Appropriate joint training, collaboration and shared care arrangements with social, community, secondary care, education, voluntary sector.

o) Palliative and End of Life Care: this has a strong overlap with (n) the needs are often similar and ‘palliation’ in children may be long-term.

p) Emotional and Mental Health:

- Arrangements for Tiers 1 and 2 CAMHs similar to those in Adult Mental Health with standardised assessment procedures and outcome measurements, and professional accountability.
- Improved local access to Levels 3 and 4 with attention to standardised assessments, outcomes, standards of placements, professional accountability.

- Provision for Levels 3, and Level 4 Intensive Care Services as near to the YP's home and community as possible.
- Strengthened shared-care arrangements, prescribing protocols and care planning for long term conditions such as Autism, Asperger's syndrome, ADHD, conduct disorder. (see Better Mental Health Outcomes for Children and Young People: A Resource Directory for Commissioners www.chimat.org.uk/camhs/commissioning)

q) Medicines and Prescribing

- Primary and Secondary Care Prescribing Formularies and Protocols for children and young people
- Evidence of regular monitoring of repeat prescriptions issues to CYP
- Evidence of use of Children's BNF with age-appropriate and disease appropriate prescribing

r) NHS at home: Children's Community Nursing Services,

To ensure that the needs of an ill and disabled children are met, four groups of children and young people have been identified as needing services:

- children with acute and short-term conditions
- children with long-term conditions
- children with disabilities and complex conditions, including those requiring continuing care and neonates; and
- children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care

Community children's nursing (CNN) services are the bedrock of the pathways of these children's care. The review aims to help both children's commissioners and providers of children's services improve services

Section 5. CCG Self Assessment Checklist for children, young people, maternity and CAMHS commissioning

This checklist is intended to be used as a tool for Clinical Commissioning Groups. It is framed in the form of a key question “Is the CCG confident that....?” and adds a series of specific commissioning and service delivery related questions. In broad terms these have previously been answered by PCT children’s commissioners as annual /tri annual commissioning plans were developed or responses to single and joint agency annual inspections and assessments were prepared. It is hoped that this check list will be of value as CCG’s get to grips with their myriad commissioning responsibilities and start to get to know the unknown.

Is the CCG confident that:	Evidence
It has suitable clinical leadership arrangements in place to enable it to deliver world class performance on the children’s commissioning portfolio	
It has a strategic needs assessment for the CCG consortia population and is aware of the size of the 0-19 population, numbers of children with long term conditions, children in need and in need of safeguarding, children with mental health problems, children who are looked after by the Local Authority (children in care), children with severe and complex needs and conditions	
There are robust universal services in place that adhere to accepted evidence and guidance e.g. NICE guidance, Maternity Matters, The Healthy Child Programme, Sure Start Children’s Centres	
Services and care pathways are in place for children with additional or special needs e.g. Early Support Programme, paediatric therapies, equipment and wheelchair services, child and adolescent mental health services (CAMHS), substance misuse services, sexual health services, obesity services	

Services and care planning arrangements are in place for children with severe and complex needs, including single/multi agency panels, comprehensive CAMHS, paediatric palliative care, care pathways	
It has safeguarding arrangements in place, in line with Local Safeguarding Board requirements and it has agreed protocols of understanding with other consortia on designated and named nurse and doctor arrangements.	
Service outcomes and quality standards for universal, targeted and specialist services are in place in provider contracts	
There are care pathways in place for children with long term conditions, mental health needs, palliative care, complex needs and disabilities and the right balance of primary, community and acute services are in places to limit the need for hospital care.	
There is sufficient capacity in provider services to meet needs and targets and deliver health outcomes and that the services provided match the financial resources that are committed.	
Those responsible for the children's portfolio are working closely with colleagues in the local authority to ensure that care pathways are integrated and as streamlined as possible	
Have considered or put in place appropriate commissioning and funding structures for best value, making use of partnership flexibilities and opportunities for pooling or aligning budgets with the local authority	
The appropriate cross-CCG arrangements are in place, including lead commissioner, for maximum efficiency and practicality in commissioning, contracting	

and contract monitoring and service redesign	
<p>There is a set of outcomes that is routinely reported to the board or governance sub-committee that provides a ready reckoner of CCG performance on children's needs and acts as an alert to the board on service gaps, pressures and the potential or need for service redesign.</p> <p><i>NB. These "confidence questions" could also form the basis of a modular CPD programme which could be offered to CCG's from across the region, or be set up on a sub-regional or county/unitary authority basis to help enable peer learning and if possible engage with local authority commissioning leads.</i></p>	

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