

## 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.	

<p>Service outcomes and quality standards for universal, targeted and specialist services are in place in provider contracts</p>	
<p>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.</p>	
<p>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.</p>	
<p>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</p>	
<p>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</p>	
<p>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>	
<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>	