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# Securing better health for children and young people through world class commissioning

A guide to support delivery of *Healthy lives, brighter futures: The strategy for children and young people's health*



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## 1 | Securing world class health for children and young people

All children and young people have the right to be in the best possible health. We know that good health in childhood will enable children and young people to achieve their full potential across all the Every Child Matters<sup>1</sup> outcomes. We also know that improving health outcomes in the short and medium terms can have significant benefits for society both now and in the future.

This document supports commissioners to play their central role in securing improved outcomes for children, young people and their families. It accompanies *Healthy lives, brighter futures* and describes what world class commissioning for the improvement of health outcomes for children, young people and their families looks like.

Commissioners from across the public sector, including primary care trusts and local authorities, can have a significant impact on the health outcomes of children, young people and their families. Together, their role is to ensure that resources are used most effectively to achieve the best health outcomes possible. Health services and health professionals have a key role to play in ensuring that children and young people achieve all these outcomes.

*Healthy lives, brighter futures: The strategy for children and young people's health*, published alongside this document, sets out aims for children and young people's health and wellbeing, to be achieved through:

- world-class health outcomes
- services of the highest quality
- excellent experiences in using services
- minimising health inequalities.

It is the next phase in the Government's strategy to improve child health, building on the following:

- **Every Child Matters: Change for Children:**<sup>2</sup> Published in 2004 by the Department for Education and Skills, and building on 2003's *Every child matters*,<sup>3</sup> *Every Child Matters:*

*Change for Children* set out the Government's key aims for all children and young people against the five outcomes that children and young people told us were important, which included being healthy. *Every Child Matters: Change for Children* recognised the vital importance of health and wellbeing to positive outcomes in childhood and adulthood.

- **National Service Framework for Children, Young People and Maternity Services:**<sup>4</sup> This National Service Framework, published in 2004, is a 10-year programme that was developed with extensive engagement from healthcare practitioners, parents, children and young people and other agencies including local government. It put in place the first national standards for children's health and social care, and remains the most comprehensive policy guidance that underpins focused improvements in children and young people's health and wellbeing.
- **The Children's Plan:**<sup>5</sup> Published in 2007, *The Children's Plan* set out the actions needed to ensure that by 2020 England is the best place in the world for children and young people to grow up. The plan included the commitment to secure the wellbeing and health of children and young people, and acknowledged that more needs to be done. These commitments were reiterated in *The Children's Plan One Year On: a progress report* (December 2008).<sup>6</sup>
- **High Quality Care for All: NHS Next Stage Review:**<sup>7</sup> The review placed the securing of high-quality and personalised care for all, including children and young people, at the heart of the NHS. In the strategic health authority (SHA) visions, it challenged professionals to take the lead on localised, patient-centred and clinically driven services. Two of the eight SHA Next Stage Review pathways are maternity and newborn care and children's services, which will help to secure high-quality children's and maternity services across all regions.

<sup>1</sup> [www.everychildmatters.gov.uk/aims](http://www.everychildmatters.gov.uk/aims)

<sup>2</sup> [www.everychildmatters.gov.uk/publications/](http://www.everychildmatters.gov.uk/publications/)

<sup>3</sup> [www.everychildmatters.gov.uk/publications/](http://www.everychildmatters.gov.uk/publications/)

<sup>4</sup> [www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH\\_4089111](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH_4089111)

<sup>5</sup> [www.dcsf.gov.uk/publications/childrensplan/](http://www.dcsf.gov.uk/publications/childrensplan/)

<sup>6</sup> [www.dcsf.gov.uk/oneyearon/](http://www.dcsf.gov.uk/oneyearon/)

<sup>7</sup> [www.dh.gov.uk/en/publicationsandstatistics/publicationspolicyandguidance/DH\\_085825](http://www.dh.gov.uk/en/publicationsandstatistics/publicationspolicyandguidance/DH_085825)

## 1.1 Commissioning to improve health outcomes for children, young people and their families

*Healthy lives, brighter futures* makes clear that stronger commissioning for children, young people and their families is key to achieving improved health outcomes, and this message was echoed in its stakeholder engagement work on Children's Trusts and in the Bercow<sup>8</sup> and CAMHS (child and adolescent mental health services) reviews.<sup>9</sup> The increasing focus on personalised services requires commissioners to redouble their efforts **together** to ensure that this policy is applied appropriately to services for children and young people and to secure better health outcomes.

**World class commissioning**<sup>10</sup> seeks to transform the way in which services are commissioned by health bodies. World class commissioning will help commissioners of health services to deliver a more strategic and long-term approach, with a clear focus on improving outcomes. The commissioning competencies are set out in Section 3. As well as the competencies, world class commissioning includes an assurance system to drive up performance and development.

**The joint planning and commissioning framework for children, young people and maternity services**<sup>11</sup> was developed with children's services commissioners from health, local government, schools and youth justice. This framework is fully compatible with world class commissioning, and both are essential to the future development of children's services.

## 1.2 Who this guide is for

This document is for anyone who is involved in the commissioning for better health outcomes for children, young people and their families, including all members of Children's Trusts. It emphasises the need for children's commissioners to work with their counterparts in adult health to ensure that the needs of families are met (e.g. to recognise and meet the needs of children whose parents are users of mental health services) and to ensure robust planning for the transition to adulthood. It is particularly designed for commissioners (including practice-based commissioners and schools) to work **together** to secure better health outcomes for children, young people and their families.

This document is designed for those who lead on all forms of commissioning from that which informs strategic plans (eg. The PCT Strategy Plan and the Children and Young People's Plan) through to case-by-case commissioning.

If you are part of the commissioning process, then this document will help you to develop as a world class commissioner, ensuring that children, young people and their families have the best possible chances of good health.

## 1.3 What this guide covers

This document brings together information from across the health and children's services sectors. It:

- Establishes who is involved in the commissioning process for children's health (Section 2).
- Outlines the world class commissioning competencies in the context of improving health outcomes for children, young people and their families (Section 3).

<sup>8</sup> [www.dcsf.gov.uk/bercowreviews/docs/7771-DCSF-BERCOW.PDF](http://www.dcsf.gov.uk/bercowreviews/docs/7771-DCSF-BERCOW.PDF)

<sup>9</sup> [www.dcsf.gov.uk/CAMHSreview](http://www.dcsf.gov.uk/CAMHSreview)

<sup>10</sup> [www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm)

<sup>11</sup> [www.everychildmatters.gov.uk/strategy/planningandcommissioning/](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/)

- Aligns the 2006 nine-step joint planning and commissioning cycle with the more recent health commissioning cycle for children's services (Section 4).
- Describes the support available to Children's Trusts through the Commissioning Support Programme as they develop and improve their joint approaches to strategic commissioning (Section 5).
- Highlights how we expect commissioners to work together through the phases of commissioning (Sections 4.1–4.3).

Where appropriate this guide also shows how the commissioning process fits with other processes locally. It makes specific reference to how the commissioning process is a central part of the planning and resource allocation that occurs in the development and review of the local CYPP.

#### 1.4 Support for commissioners

Some of the information in this guide, for example on Children's Trusts or on world class commissioning, has been published previously. The Department for Children, Schools and Families and the Department of Health recognise the need to bring this together in one place.

This guide is one component of a package of support to enable commissioners to deliver the vision of *Healthy lives, brighter futures* and the agenda of *The Children's Plan*. To enable more effective commissioning, the Government will:

- Promote joint leadership and strengthen local accountability arrangements for children's health: the Government has already introduced legislation to put Children's Trust Boards on a statutory footing, and transform the Children

And Young People's Plan from a local authority plan into one owned by the Children's Trust's Board.

- **Develop a Commissioning Support Programme that is sector led and which supports all Children's Trusts to transform commissioning** for children and young people by providing practical support and guidance to overcome local commissioning challenges. The Programme will provide a community of practice to facilitate the sharing of good practice, exchange of resources and dissemination of approaches to problem solving between Children's Trusts. The Programme will also offer bespoke support, coaching and training and tailored workshops for commissioners from across children's services.
- **Provide specific guidance on key services** such as maternity and the Healthy Child Programme.
- **Develop minimum child health datasets and models for the planners and commissioners of services**, for example to improve the abilities of local authorities and primary care trusts to understand the complex relationship between child health spend and children's health outcomes.
- **Strengthen the child health workforce** – current work will help regions to assess whether there are sufficient health visitor numbers, and through work on GP training being led by the Royal College of General Practitioners.
- **Further promote the voice of children and young people** through commitments to ensuring that children's and young people's views are given prominence in future assessments of healthcare organisations.
- **Ensure robust arrangements are in place to promote and ensure the quality of health services.**

The Commissioning Support Programme for Children's Trusts partners welcomes your views on how to build on this guide. Please contact us on [info@commissioningsupport.org.uk](mailto:info@commissioningsupport.org.uk)

## 2 | Who is involved in commissioning for better health for children, young people and their families?

Effective commissioning for better children's health outcomes involves a wide range of partners at strategic and operational levels. At all levels, commissioners need to take account of and appropriately prioritise the following:

- **Clinical need:** Balancing the need for universal health promotion, preventative measures, healthcare for acute health needs and specialist support for children with complex health needs.
- **Wider risk factors:** Safeguarding children and targeting support at vulnerable groups who often suffer disproportionately poorer health outcomes, such as children in care.

The specific mix of partners and the nature of their involvement will be determined locally. However, at a minimum, those involved should include the following:

- **Senior staff, including – but not exclusively from – the primary care trust and the local authority:** Senior leadership should ensure that the investment decisions and strategies of their own organisations support the shared priority of better children's health outcomes. At a minimum, this should include the director of children's services and other local authority leaders, senior management from the primary care trust and the director of public health and his or her senior team. Together, these individuals are at the core of the systems delivering health outcomes for children, young people and their families.
- **Technical experts:** Those with relevant expertise across the commissioning cycle, including needs assessment; engagement of children, young people and their families (particularly those who are hardest to engage); procurement/contracting; legal, information and evidence expertise; and performance management and improvement. Increasingly, these commissioners will operate in joint commissioning units within each Children's Trust.
- **Wider partners:** In addition to the primary care trust and the local authority, input from the wider Children's Trust partnership, e.g. crime prevention, and from local third and private sector partners is crucial.
- **Professionals, clinicians and specialist staff:** Commissioning also benefits from the expertise of front-line practitioners. These include (but are not limited to) health service providers (e.g. paediatricians in acute care and the community, school nurses and health visitors), education providers (e.g. staff in schools, further education colleges and pupil referral units), wider children's services (e.g. staff in Children's Centres and youth workers) and primary care providers including GPs. When involving front-line practitioners, it is important to recognise that some have a dual role in achieving health outcomes for children, young people and their families. For example, GPs are both commissioners, via practice-based commissioning, and service providers.
- **Oversight and scrutiny leads:** The Local Strategic Partnership, primary care trust and local authority have oversight and scrutiny structures that review strategic direction and ensure that resources are being used effectively. They may not have detailed involvement in the commissioning process, but they can provide a useful layer of scrutiny and review. These partners may include the lead member for children's services, the local authority health scrutiny committee, the SHA and the non-executive members of the primary care trust board.

## 2.1 Children, young people and their families

While professionals, service specialists and leaders are key, it is crucial that all children, young people and their families are fully engaged in commissioning processes. This engagement should move beyond consultation to meaningful roles in priority-setting, monitoring and service design. The world class commissioning competencies (Section 3) promote the use of creative approaches to ensure that, where possible, vulnerable children, young people and families are included and that the voices of all children and young people are heard (as well as the voices of their parents and carers).

## 2.2 Children's Trusts

Ensuring and maintaining the commitment of the full range of partners in improving health outcomes for children, young people and their families can be a challenging task. Children's Trusts provide a robust mechanism to secure improved outcomes locally, through ensuring that partners fulfil their roles.

Children's Trusts are a formal partnership of local organisations working together to improve outcomes for children and young people – including health. One of the Children's Trusts' roles is to agree a local commissioning strategy that determines the full range of commissioning activities across partners, including joint commissioning, and ensures commissioning capacity and capability.

Following the recent consultation, the Government has introduced legislation to:

- Strengthen the governance arrangements of Children's Trusts by placing their boards on a statutory footing, without disrupting pre-existing structures that have the potential to, or already do, work effectively.
- Extend the ownership of the CYPP to include the whole partnership by placing the duty to develop, publish and monitor it on the Children's Trust Board as a whole, including primary care trusts as well as the local authority.
- Include front-line providers of education, including schools, as statutory 'relevant partners', covered by the duty to co-operate with Children's Trusts. This will reflect the role of the '21st-century school', acting as a hub for a wider range of children's services within the local community.



Commissioning for better children's health requires the involvement of a range of partners, who have their own priorities and sometimes different views on what success looks like. *Healthy lives, brighter futures* provides a common vision for all and the children's trust provides the vehicle through which this vision can be achieved locally.

## 3 | World class commissioning for children, young people and their families

The world class commissioning programme aims to raise ambitions for a new approach to commissioning, which is about delivering better health and wellbeing for all. By focusing on children and young people's health and wellbeing outcomes, Children's Trust partners will be contributing to improved outcomes for the whole population in the future. Children and young people have a better chance of achieving their potential in adulthood if their health is as good as it can be.

The world class commissioning competencies are the knowledge, skills, behaviours and characteristics that underpin effective commissioning from strategic through to individual decisions. When put into practice, world class commissioners can transform people's health and wellbeing, reduce inequalities and promote inclusion.

Building on the existing articulation of the competencies, this section expresses some of the skills and behaviours necessary for world class commissioning for health outcomes for children, young people and their families. While by no means exhaustive, it is a starting point for those working in this area to review and improve their own skills and competence.

### 3.1 The competencies<sup>12</sup>

The 11 world class commissioning competencies represent detailed work done with NHS commissioners, but are relevant to all partners contributing to commissioning for health outcomes for children, young people and their families. They are set out below, with a summary table provided in the Appendix for easy reference.

#### 1. **Locally lead the NHS**

Children's Trust partners work with the NHS locally so that the organisation is recognised as a respected, high-profile body that drives comprehensive and proactive responses to children's health needs across the complete pathway – from prevention through to acute services. Current and potential providers from across the public, third and private sectors want to do business with the Children's Trust partners. The Children's Trust partners secure the engagement and confidence of the local community and reassurance that they will use resources wisely and make sound decisions for all local children and families.

#### 2. **Work with community partners**

Children's Trust partners develop relationships with strategic and operational bodies (e.g. the Local Strategic Partnership, the Crime and Disorder Reduction Partnership and the Local Safeguarding Children Board), engaging them in ways that increase efficiency and effectiveness. These relationships extend beyond the public sector and its traditional partners to include businesses and other local services that have the delivery and achievement of local outcomes as core to their business. The Children's Trust makes particular efforts to engage with core service providers, including schools and primary care practices, to commission care pathways that will deliver measurable health outcomes.

#### 3. **Engage with public and patients**

Children's Trust partners engage with children, young people and their families to prioritise outcomes and shape delivery. Children, young people and families are not just listened to, but

<sup>12</sup> [www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioningcompetencies](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioningcompetencies)

are fully engaged with the design and delivery of services, in order to secure improved outcomes. Creative and innovative approaches are being used to ensure that children and young people with multiple and complex needs, and vulnerable families are at the heart of this engagement. The engagement is a two-way street, in which the process itself is seeking to raise individual and community aspirations for improved health outcomes and develop a shared vision for achieving them.

#### 4. Collaborate with clinicians

Children's Trust partners actively seek and value the expertise of local clinicians and other professionals, including professionals working with children, young people and their families in health, education, social care and wider services. Where necessary they seek independent expertise from outside the local area. Experts and professionals engage with commissioners and are confident that their input shapes decisions at every level. This process promotes sharing of knowledge and expertise across boundaries, and contributes to the development of networks locally and more widely. It also enables everyone to think radically about the way needs are addressed and ensures that the best evidence is used to commission the most appropriate care pathways.

#### 5. Manage knowledge and assess needs

Children's Trust partners possess and manage knowledge and information about the needs of their population, including all children, young people and families, and can prioritise effectively to gain optimum improvements and address

health inequalities.<sup>13</sup> They understand the full range of expectations and service needs of children and young people. They also understand current service provision, and pay particular attention to those who are least able to influence and who are seldom heard. Children's Trust partners value qualitative and quantitative information, and bring the two together for a more nuanced understanding of their local circumstances. They gather information from a wide range of sources across sectors, including public health, current and potential providers of services and the Local Safeguarding Children Board, and share this information in a meaningful and transparent way with their partners, with children and with families. This information forms the foundation of the joint strategic needs assessment (JSNA), and is at the heart of local strategic planning and prioritisation.

#### 6. Prioritise investment

Children's Trust partners invest across a wide range of opportunities to address the full spectrum of needs. In doing so, they balance prevention with intervention as well as balancing improving health outcomes with efficiencies and sustainability. Children's Trust partners work hard to generate and grow resources from other local partners and more widely. Partners are transparent about their respective arrangements for prioritising, planning and investing. They ensure that investments can be linked back to improvement in health outcomes for children, young people and their families. Increasingly, Children's Trust partners understand the links between investment and outcomes.

<sup>13</sup> [www.dh.gov.uk/en/Publichealth/Healthinequalities/Healthinequalitiesguidancepublications](http://www.dh.gov.uk/en/Publichealth/Healthinequalities/Healthinequalitiesguidancepublications)

**7. Stimulate the market**

Children's Trust partners work with those in the third sector, other local authorities and regional partners to build a robust, flexible and diverse market. Market management is based on robust information and intelligence, which is used to make assessments of current service provision and future requirements. Children's Trust partners identify gaps and explore ways of responding to unmet needs, such as increasing contestability, lowering barriers to market entry and exit and developing the sustainability of services and third sector capacity. They work with providers to develop services in the light of new evidence and in response to gaps between services and needs. This may include training and capacity building rather than new services, as well as decommissioning where appropriate.

**8. Promote improvement and innovation**

As part of their contracting and procuring process, Children's Trust partners specify the outcomes and improvements that they expect from providers and they ensure that the whole pathway for the child is provided for. They are constantly seeking examples of emerging world class programmes, approaches and services. Children's Trust partners support innovation and share emerging and good practice, for example improving the engagement of children, young people and families. They make investment decisions that enable innovation and improvement – particularly encouraging prevention and innovation to improve outcomes for vulnerable children and young people.

**9. Secure procurement skills**

Children's Trust partners develop their procurement and contracting skills within the Children's Trust partnership, or contract together for support where necessary, in order to ensure that they have the contracting, negotiating and legal skills, as well as the capacity, to develop and manage market shaping, and driving and managing outcomes-based contracts. Children's Trust partners continually assess and seek to improve their capacity and capability, and they invest in developing this to a high level. They focus on developing the skills to shape and manage outcomes-based contracts between the commissioning organisations and service providers. Where skills need to be contracted from outside, Children's Trust partners secure these at the best possible value and ensure skills transfer to in-house resources. The new national occupational standards for commissioning, procurement and contracting for the social care and children and young people's workforces have been developed by the Children's Workforce Development Council and Skills for Care to help professionalise commissioning and support the transition to world class commissioning.<sup>14</sup>

**10. Manage the local health system**

Children's Trust partners develop and champion a shared vision and strategy for the current and future pattern of services and experiences for children, young people and their families. Based on this, they nurture a common understanding of the efforts and investment needed to achieve this vision and have the buy-in and support of

<sup>14</sup> [www.cwdcouncil.org.uk/nos/commissioning](http://www.cwdcouncil.org.uk/nos/commissioning)

the community and wider partners to make this happen. They are working closely with providers to manage change and improve outcomes and efficiency. They are facilitating networks and sharing good practice within and across sectors. They have a robust understanding of what is best delivered locally and which services are most effectively commissioned or provided regionally or even nationally.

#### 11. Make sound financial investments

Children's Trust partners tie investments to progress against agreed local children's health priorities as well as national ambitions. Children's Trust partners ensure transparency in the deployment of resources, including clear information to children, young people and families. They are confident that the financial operations of the Children's Trust and its partners are effective and are understood by all partners.



These competencies are applicable across the full range of commissioning activities. The detail provided above is illustrative of what effective commissioning for children's health outcomes looks like. For further details on the world class commissioning competencies, please visit:

[www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning)

## 4 | The commissioning process

The world class commissioning competencies set out the behaviours needed for world class commissioning. There is still a need for a process to support commissioners in securing improved health outcomes for children, young people and their families.

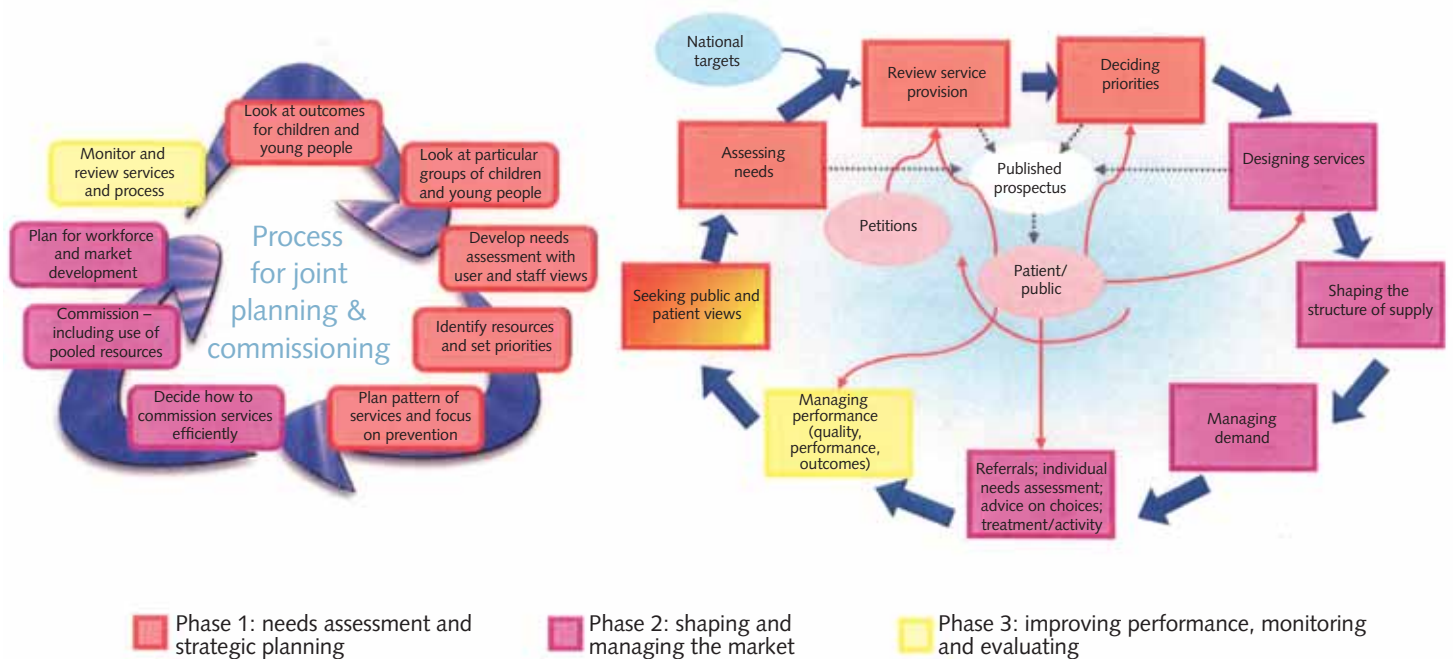
Commissioning is a cyclical process that happens strategically across a population as well as individually for a particular young person or family. This process has already been articulated in guidance from the Department of Health and the Department for Children, Schools and Families.<sup>15</sup> The cycles set out in earlier guidance, referred to either as the 'health' cycle or the 'joint' cycle, may look different, but essentially they set out three similar stages for the commissioning process. This section aligns these two existing cycles

to show that both take commissioners through three common 'phases' of activity, as shown in Figure 1.

Each phase describes the set of activities that typically make up that phase of the cycle, as well as expectations for joint working. Figure 1 shows the alignment, and each phase is discussed in detail below.

Each stage shows the relevant world class commissioning competencies and a description of joint working, for example in some cases there is an expectation that the phase will be done fully in partnership. In others, there is a need to ensure that the extent of partnership working is appropriate to the activities.

**Figure 1: Joint commissioning and health commissioning cycles**



<sup>15</sup> [www.everychildmatters.gov.uk/strategy/planningandcommissioning/](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/) Joint planning and commissioning framework for children, young people and maternity services (Department for Education and Skills and Department of Health).

[www.regionalcommissioning.co.uk/resources/#sec130](http://www.regionalcommissioning.co.uk/resources/#sec130) an example of a more detailed framework based on the one above.

## 4.1 Phase 1: needs assessment and strategic planning

World class commissioning competencies	
✓ <b>Locally lead the NHS</b>	Stimulate the market
✓ <b>Work with community partners</b>	Promote improvement and innovation
✓ <b>Engage with the public and patients</b>	Secure procurement skills
✓ <b>Collaborate with clinicians</b>	✓ <b>Manage the local health system</b>
✓ <b>Manage knowledge and assess needs</b>	Make sound financial investments
✓ <b>Prioritise investment</b>	

World class commissioning starts with a robust assessment of the current outcomes and the underlying current and emerging needs of the local population. It should begin with the Joint Strategic Needs Assessment (JSNA) which, in turn, informs the Children and Young People's Plan (CYPP).

The JSNA should also inform broader strategic planning by the primary care trust and the local authority and may also be supplemented by more detailed data and assessment, for example from Local Safeguarding Children Board or Child Death Overview Panels to support commissioning decisions.

As the recent guidance on CYPPs makes clear<sup>16</sup> Children's Trust partners will need to understand existing provision (supported by children's service mapping)<sup>17</sup> and assess it against the ideal array of services, skills and capabilities that the JSNA identifies as necessary to ensure that comprehensive care pathways are available for all children. This comparison will highlight areas for development and change, which are then translated into priorities and plans for the future use of resources and investment.

The JSNA should address both the healthcare and the health promotion needs of the local population and should pay particular attention to those small groups of children who have significant needs. Throughout this needs assessment and planning phase, commissioners should pay attention to vulnerable children and families who may or may not be accessing services and who historically have poor health outcomes. This might include looked-after children, children in custody, children with issues of instability (e.g. travellers and asylum-seeking children) and children living in deprived areas.

### Joining up

Children's Trust partners should be actively engaged and should participate in needs assessment and strategic planning. At a minimum, the local authority and the primary care trust have a duty to produce the JSNA together. Children, young people and families – particularly those least likely to access services or resources – should be meaningfully engaged in this process.

<sup>16</sup> [www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp)

<sup>17</sup> [www.childrensmapping.org.uk](http://www.childrensmapping.org.uk)

This phase is about producing both the **JSNA** and input to the children and young people's plan. Assessments should be evidence based and include meaningful engagement with children and their families as well as professionals and clinicians. They require collaboration and joint working between all partners in commissioning.

This phase should also take account of local priorities including the primary care trust's commissioning strategy, the Sustainable Community Strategy and Local Area Agreements and in turn should inform these wider strategic plans.

More detail on the JSNA can be found at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081097](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097)

Guidance on children and young people's plan can be found at [www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp/](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp/)

Guidance on strategic planning for primary care trusts can be found at [www.wccassurance.dh.gov.uk/Pages/Public/home\\_pctplans.aspx](http://www.wccassurance.dh.gov.uk/Pages/Public/home_pctplans.aspx) (registration required).

## 4.2 Phase 2: shaping and managing the market

World class commissioning competencies	
✓ <b>Locally lead the NHS</b>	✓ <b>Stimulate the market</b>
✓ <b>Work with community partners</b>	✓ <b>Promote improvement and innovation</b>
✓ <b>Engage with the public and patients</b>	✓ <b>Secure procurement skills</b>
✓ <b>Collaborate with clinicians</b>	✓ <b>Manage the local health system</b>
Manage knowledge and assess needs	✓ <b>Make sound financial investments</b>
✓ <b>Prioritise investment</b>	

Phase 2 is about working with partners to encourage current and potential providers to respond flexibly and creatively to the needs identified in the JSNA. Children's Trust partners should actively encourage a strong provider market based on a diverse pool of suppliers from all sectors, and encourage entry by new participants and growth from underdeveloped sources of supply – including social enterprises and the third sector. This phase will also involve putting the plan developed in Phase 1 into action, using resources from the range of partners. This phase will bring together experts from many disciplines, including finance, procurement and legal to develop service specifications and contracting arrangements that are outcomes-based and represent good value for money. In many cases this is about contracting and procuring, but in other cases it may be about investment in training, provision of services to support innovation and development and decommissioning provision that no longer contributes to priorities or is no longer based on best evidence.

Key activities that are identified within this phase should be captured in the relevant strategic plans of partners. This includes, but is not limited to, the CYPP and the priorities and key actions agreed therein.

NHS national standard contracts should be used where the lead procurement agency is the primary care trust.

### Joining up

Joining up in this phase needs to be driven by the most effective and efficient approach to sustainable market shaping in a particular area. The biggest question is: who should do the market shaping (i.e. contracting and procuring particular services)?

In most cases, services and investment will happen at the local level, but in some cases this might happen sub-regionally, regionally or nationally. In general, the more specialised and the lower the volume of the service, the 'higher' the level at which it is most appropriately commissioned. In all cases, however, the market-shaping activities should be based firmly on the JSNA and agreed joint commissioning strategies.

For example, a number of specialised acute paediatric services are commissioned under the NHS national and specialised commissioning arrangements.<sup>18</sup>

Children's Trusts will wish to be aware of the need for these services within their population and to develop links to ensure that children using these services have

<sup>18</sup> [www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Commissioningspecialisedservices/NationalLevelSpecialisedCommissioningAgents](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Commissioningspecialisedservices/NationalLevelSpecialisedCommissioningAgents)

the full range of their requirements met, for example education. The number and type of providers required to meet the needs for specialist children's health services will be determined by the need for those services to be high quality, safe and sustainable.<sup>19</sup> General and specialist health organisations must work together to provide networks of care that ensure equitable access to high-quality specialist care when needed but also provide as much care as possible at, or close to, patient's homes.

In relation to continuing care needs, there will be times when Children's Trust partners need to shape the market on a case-by-case basis. For example, when a child has a severe physical disability and the family needs a comprehensive care package that brings together a range of different services from different sectors (e.g. health, social care, education and housing), market shaping is practised on an individual basis.

### Joining up on investment

This decision on the level of collaboration around specific investments will impact on, and in some cases be shaped by, the financial arrangements and funding flows within each individual organisation. In cases of single organisations shaping the market, resources will (in almost all cases) come from that individual organisation.

In cases of co-operative investment, or indeed 'joint' commissioning, resources may come from a number of different organisations. There are different methods, from aligning budgets (i.e. partners agree to direct their individual funding streams at the same market) through to pooled budgets (i.e. one pot of resources to which partners have contributed) or aligning non-financial resources (e.g. staff). Guidance and tools are available to support Children's Trusts to pool funding.<sup>20</sup>

For specific groups of children needing a placement outside of the primary care trust area the *Who Pays? Establishing the Responsible Commissioner* guidance<sup>21</sup> helps by, for the most part, bringing into alignment the funding responsibilities of the primary care trust with those of the local authority.



This phase is about putting into action the strategic plans for investment. Many partners will have their own strategic plans where the relevant actions around shaping and managing the market should be embedded. The CYPP is the key plan where the priority actions in this area should be captured and signed up to by partners. Responsibility for market shaping and market management should fall to the most appropriate organisation or group of organisations as determined by the market in question.

<sup>19</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_088068](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088068)

A recent publication looking at the service interdependencies when commissioning specialised paediatric services.

<sup>20</sup> [www.everychildmatters.gov.uk/strategy/planningandcommissioning/jointfunding](http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/jointfunding)

<sup>21</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078466](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078466)

### 4.3 Phase 3: improving performance, monitoring and evaluating

World class commissioning competencies	
✓ Locally lead the NHS	Stimulate the market
✓ Work with community partners	Promote improvement and innovation
✓ Engage with the public and patients	Secure procurement skills
✓ Collaborate with clinicians	✓ Manage the local health system
✓ Manage knowledge and assess needs	Make sound financial investments
✓ Prioritise investment	

This phase involves regular monitoring of performance and intervening early when performance suggests that improvements to outcomes may suffer. This includes assessing delivery against particular standards and outcomes, reviewing agreed use of resources (e.g. staff development) and reviewing whether resources are being used as effectively as possible against priorities. Findings and decisions from this phase should inform and be part of the annual planning cycles and reviews of partner agencies, particularly the review of the CYPP by the Children's Trust.

#### Joining up

Joining up in this phase will be determined by the market-shaping and contracting process in Phase 2. Detailed and ongoing performance management and service improvement should be led by the same partner or group of partners that led on market management. What is important is that the totality

of the performance management and improvement activities covers the full range of services and needs identified in the needs assessment. At regular intervals (e.g. quarterly, half-yearly, annually) contract leads should report on performance to Children's Trust partners, and the partners should use this information to inform further assessment and planning.

It is important that children, young people and their families are involved in ongoing performance monitoring, improvement and evaluation. Children's Trust partners should make particular efforts to seek the views of hard-to-reach children, young people and families to understand and respond to specific barriers. These views form an important part of the relevant assurance and regulatory processes,<sup>22</sup> including Comprehensive Area Assessments<sup>23</sup> and the world class commissioning assurance process.<sup>24</sup>

Ongoing performance management and improvement should be led by the partner that leads on the investment in a particular service. However, on a regular basis, partners should jointly review all performance to ensure that services are meeting the needs and plans of children's trust partners. Changes arising from performance management should inform wider reviews and assessment of progress, including the annual review of the CYPP.

<sup>22</sup> This includes Ofsted and the Healthcare Commission currently, and will include the Care Quality Commission from April 2009 when it succeeds the Healthcare Commission.

<sup>23</sup> [www.audit-commission.gov.uk/caa](http://www.audit-commission.gov.uk/caa)

<sup>24</sup> [www.wccassurance.dh.gov.uk/Pages/Public/home\\_commas.aspx](http://www.wccassurance.dh.gov.uk/Pages/Public/home_commas.aspx)

## 5 | Next steps

This guide is one component of a programme of support for commissioners to improve child health outcomes, and outcomes more generally in order to make England the best place for children and young people to grow up.

The Department for Children, Schools and Families, in partnership with Department of Health, is making significant support available through a joint Commissioning Support Programme for Children's Trusts. The Programme builds on the principles of world class commissioning and aims to transform the commissioning of all services for children, young people and families by Children's Trust partners. The Programme is expected to be the primary source of support for commissioning better health outcomes for children, young people and their families. Designed in consultation with commissioners in primary care trusts and local authorities, the Support Programme will work closely with regional partners – Strategic Health Authorities, Government Offices and Regional Improvement and Efficiency Partnerships – to ensure that the support offered can be accessed by those bodies and aligned with other support as appropriate.

The Programme will make use of the many examples of good practice and expertise which already exist, in order to support commissioners to meet their local delivery challenges for children's health – as well as for the whole range of outcomes for children and young people. The Programme will provide structured self analysis and planning support to Children's Trusts to enable them to identify the opportunities and challenges around the strategic commissioning of children's services. This process will allow Trusts to shape the bespoke support they receive from the Programme and inform regional and national activities. Activities including peer coaching and training and workshops for commissioners, will be available to help to solve specific local commissioning challenges.

Each Children's Trust has been asked to nominate a commissioning champion (at a senior level within the PCT or local authority) who will serve as the key contact with the Programme.

A commissioning community of practice, including an online presence developed with commissioners, will facilitate networking and resource exchange. The Programme will also explore specific themes of interest to commissioners through facilitated special interest groups.

Other work is already in hand to develop the joint commissioning approach, including:

- A programme of pathfinders to develop models of best practice in joint commissioning for universal, targeted and specialist services for children with speech, language and communication needs, as recommended by the Bercow review.
- Work to improve the commissioning and provision of equipment for disabled children.
- Guidance on children and young people's services to support the implementation of the NHS national standard contract for community services.<sup>25</sup>

This commitment to support commissioners is shared by the Department of Health and the Department for Children, Schools and Families.

We welcome your input into all of these programmes. We also welcome examples of good practice and/or tools that you have developed locally that support success at each phase of commissioning and which ensure that resources are used effectively and efficiently to deliver outcomes, so that we can share them more widely with other commissioners.

Please contact us on  
[info@commissioningsupport.org.uk](mailto:info@commissioningsupport.org.uk)

<sup>25</sup> [www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH\\_085048](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH_085048)

## Appendix | World class commissioning competencies for children's health outcomes

Below is a table summarising the information provided in Section 3 about the 11 world class commissioning competencies in the context of children's health. The table sets out each competency, high-level summary and which phase of commissioning the competency applies to most directly. While it is true that commissioners should have regard to the full range of competencies throughout, it is worth noting that some have particular relevance in specific phases.

For reference, the three phases are:

**1: Needs assessment and strategic planning**

**2: Shaping and managing the market**

**3: Improving performance, monitoring and evaluating**

Competency	Fit with child health	Phase(s)
1. Locally lead the NHS	All partners involved in commissioning for child health work together through the Children's Trust to lead a comprehensive health service locally	1, 2, 3
2. Work with community partners	All commissioning partners develop relationships with strategic and operational bodies outside of the public sector and beyond traditional partners	1, 2, 3
3. Engage with the public and patients	All commissioning partners fully engage with children young people and their families using creative approaches to reach vulnerable young people	1, 2, 3
4. Collaborate with clinicians	All commissioning partners actively seek and use the input of professionals, clinicians and experts throughout the commissioning process	1, 2, 3
5. Manage knowledge and assess needs	All commissioning partners seek knowledge and information across the full range of expectations and service needs	1, 3
6. Prioritise investment	All commissioning partners invest across the full range of needs, balancing outcomes with efficiencies and sustainability	1, 2
7. Stimulate the market	All commissioning partners work with others, including those in the third sector, other local authorities and regional partners to build a robust and diverse market	2
8. Promote improvement and innovation	All commissioning partners use their contracting and investment decisions to agree outcomes, which are used to measure improvement. They are also investing in innovative ideas and testing new approaches	2
9. Secure procurement skills	All commissioning partners develop their own internal procurement skills or bring in support to ensure that they have the necessary contracting, negotiating legal skills and capacity	2
10. Manage the local health system	All commissioning partners have a shared vision and strategy for current and future priorities and pattern of services	1, 2, 3
11. Make sound financial investments	All commissioning partners tie investments to progress against agreed local children's health priorities as well as national ambitions	2



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