

This document sets out the vision, principles and standards for commissioning activities undertaken by the Nottinghamshire Children's Integrated Commissioning Hub, in association with Nottinghamshire's clinical commissioning groups, Nottinghamshire County Council and NHS England regional teams.

Commissioning Framework

Nottinghamshire Children's
Integrated Commissioning Hub

September 2015



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May 2014	1.0	n/a	Geoff Hamilton
August 2014	1.1	P.13 Governance diagram and text amended	Geoff Hamilton
October 2014	1.2	P.13 Governance diagram amended	Geoff Hamilton
September 2015	2.0	General refresh including: updated data & map (pages 6-7), governance diagram (page 13), web links (pages 24-25) and responsibilities in Appendix A (page 26)	Geoff Hamilton

1. Introduction

This framework is designed to enable a shared understanding of the commissioning of health and wellbeing services for Nottinghamshire children, young people and families. It aims to establish key principles and a consistent approach to promote fair, open and transparent commissioning practice. It is written for commissioners, providers and other stakeholders linked to the Nottinghamshire Children's Integrated Commissioning Hub (ICH).

The framework supports improved outcomes by focusing on the needs of local children and families, driving improvements in services to ensure that those needs are met through high quality care. In line with the *Everyone Counts*¹ agenda and the Nottinghamshire Children's Trust's Participation Strategy², a central theme is the involvement of service users/patients and stakeholders at every stage of the commissioning cycle, including children and young people themselves. Against the current backdrop of increasingly limited resources, the framework also provides a more focused approach to maximising value for money.

Children, young people and families are at the centre of our work. We are also committed to working in partnership with clinicians and providers in a relationship based on trust and mutual support, to ensure safe, high quality and efficient services and to promote innovation in the development of those services. Through integrated, outcomes-focused commissioning, we aim to improve the health and wellbeing of those who need it most.

Integrated Commissioning in Children's Services

Children's health and wellbeing is most acutely influenced at the local level – in their homes, at school or in their neighbourhoods. It is also where they are most likely to come into contact with services and support mechanisms designed to improve their lives. Universal and targeted services have a better chance of preventing problems from occurring in children's lives if they are supported by commissioning decisions that are made with longer-term improvements to children's outcomes and wider social benefits in mind. These outcomes can only be achieved if agencies work together to design and deliver integrated services around the needs of children and young people.

Children's health services are complex and inter-related, requiring effective working across health, social care and education services. The Health & Social Care Act 2012³ increased the number of organisations responsible for commissioning health services for children (see Appendix A). In order to ensure effective commissioning across these organisations and avoid the risk of fragmentation of service provision, an integrated commissioning function for Nottinghamshire, the ICH, was set up in 2013.

The ICH is a single point of coordination for integrated commissioning relating to children's health and wellbeing. Established to reduce duplication, enable whole system planning, provide clear accountability and promote effective engagement, we operate on behalf of Nottinghamshire's clinical commissioning groups (CCGs) and Nottinghamshire County Council, including Public Health services. We have also worked alongside NHS England regional teams in planning for the transition of the Health Visiting Service and the Family Nurse Partnership Programme to the County Council in

¹ <http://www.england.nhs.uk/tag/everyone-counts/>

² <http://www.nottinghamshire.gov.uk/caring/childrenstrust/>

³ <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

October 2015. We are hosted in Nottinghamshire County Council's Children, Families and Cultural Services Department. The ICH manages the full commissioning process, including:

- Undertaking needs assessments
- Reviewing services
- Seeking service user/patient views
- Deciding priorities
- Designing services
- Planning capacity
- Shaping structure of supply
- Managing performance.

The scope of services with which the ICH is involved includes maternity services, Public Health services for 0-19's, child and adolescent mental health services (Tiers 2 & 3), health services for looked after children, community services for children with disabilities and/or special educational needs, elements of community paediatrics, teenage pregnancy, substance use services for young people, health services for young offenders in the community, health visiting and the Family Nurse Partnership.

In terms of measuring our achievement, we are guided in principle by the Children & Young People's Health Outcomes Forum 'key success factors' for commissioning. These are detailed in Appendix B.

Definitions

Managing the market to ensure the right mix and pattern of services to meet statutory guidance and local objectives within the resources available is the ultimate aim of commissioning. Our definition of commissioning is adopted from the Commissioning Support Programme⁴:

Commissioning is the process for deciding how to use the total resource (be they money, people or buildings) available for children, young people and their families in order to meet identified needs and improve outcomes in the most efficient, effective, equitable and sustainable way.

For the purpose of this framework, we define children and young people as:

- Every child and young person aged 0-19
- Young people leaving local authority care aged up to 21 (or 25 if they are in full-time education)
- Young people with special educational needs and/or disabilities up to 25.

As the ICH is involved in commissioning both Public Health and clinical services, the words 'service user' and 'patient' are used interchangeably in this document. Further definitions of terms that we use can be found in the glossary (Section 9).

⁴ <http://www.commissioningsupport.org.uk/>

2. Vision and Principles

Our Vision

The ICH vision reflects and augments the ambition of the Nottinghamshire Children's Trust:

We want Nottinghamshire to be a place where children are safe, healthy and happy, where everyone enjoys a good quality of life and where everyone can achieve their potential. Through integrated commissioning, we will work together with children, young people and their families and use a whole systems approach to improve the planning and commissioning of services for children, young people and their families.

Our Principles

Children, young people and their families are at the centre of our work. Supporting their interests and welfare is paramount. The following principles guide our approach to commissioning:

- Keeping children and young people **safe** through effective safeguarding practice⁵.
- Ensuring children, young people and families **participate** meaningfully at all stages of the commissioning cycle.
- Working within a framework of **fair, open** and **transparent** processes.
- Making **evidence-based** decisions about the commissioning and decommissioning of services.
- Improving **outcomes** for children, young people and their families.
- Focusing on **early intervention** and **prevention** to reduce high cost services in the future.
- Promoting **equality**⁶ (including equality of access to services) in relation to age, disability, gender/gender reassignment, race, religion or belief and sexual orientation.
- Delivering **efficiencies** and **quality** through robust risk, contract and performance management.
- Achieving **value for money** by securing effective services which meet local needs and deliver improved outcomes.

Effective commissioning and procurement requires a good understanding of what the market can offer. We analyse and research supply markets to ensure we have a solid understanding of capability and capacity issues and we strive to maintain dialogue with potential providers. Intelligent commissioning also involves working with the market to help shape the market, so that it is best able to meet the needs of service users. Sometimes this means helping markets to 'tune in' to specific and diverse needs that are not so apparent.

We want to ensure that our relationship with providers is mutually productive and that goals are shared. In order to give greater opportunity for providers to arrange their services in flexible and innovative ways, we will focus more on outcomes than on the traditional approach of specifying

⁵ We are committed to the arrangements for safeguarding and promoting the welfare of children and young people through the Nottinghamshire Safeguarding Children Board (<http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/>).

⁶ We work in accordance with the Equality Act 2010, which consolidates protection against discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It also put in place a new public sector equality duty, which gives public authorities a legal responsibility to provide this protection and make decisions which are fair and transparent, including the allocation of public money.

inputs and outputs – in other words, the good that a service accomplishes (*what it achieves*), rather than how a service operates (*what it does*). This distinction is important, because measuring ‘success’ on the basis of outputs alone can be misleading – it is entirely possible for agencies to deliver services that meet a wide range of process targets such as timeliness, attendance and staff recruitment levels, yet fail to succeed in improving outcomes for vulnerable and other children.

We are committed to the Public Services (Social Value) Act 2012, which directs public services to have regard to economic, social and environmental wellbeing in connection with its contracts. This means that we are now required to consider, prior to undertaking the procurement process, how any services procured might improve the economic, social and environmental wellbeing in the local area. Furthermore, we must consider how we can secure such improvements as part of the process.

A successful mixed economy of service requires a thriving third sector. Throughout our work, we have regard to the Nottinghamshire Compact⁷, which is the agreement between Nottinghamshire County Council and the voluntary and community sector, describing how they work together to improve local communities.

It is also our aspiration to bring the benefits of the Living Wage to our indirect employees and we encourage organisations to pay the Living Wage where it is possible. The Living Wage is defined as pay for work that should bring dignity and pay enough to provide families with the essentials of life. Nottinghamshire County Council has made a commitment to pay its lowest paid workers the Living Wage, which equates to £7.85 per hour⁸.

In some instances existing services will need to be decommissioned in order to achieve the right outcomes for children, young people and families. This will enable investment in new services in accordance with County Council, Children’s Trust and CCG priorities. When this takes place, we will actively engage with the provider and service users/patients as early as possible to understand the impact of such a decision and to consider options for reshaping services (see Section 7 – Commissioning Standards).

⁷ <http://www.nottinghamshire.gov.uk/thecouncil/democracy/partnerships/voluntary-sector/working-together/>

⁸ As at September 2015

3. Local Context

Organisational Structures

As a result of the implementation of the Health & Social Care Act 2012, six CCGs have been established across the county and the responsibility for Public Health has transferred to the County Council. Two NHS England regional teams have been set up across the county's borders and a countywide Healthwatch has also been created. Overall local political leadership is provided by the Nottinghamshire Health & Wellbeing Board, led by the County Council, which establishes joint priorities and endorses commitments for action.

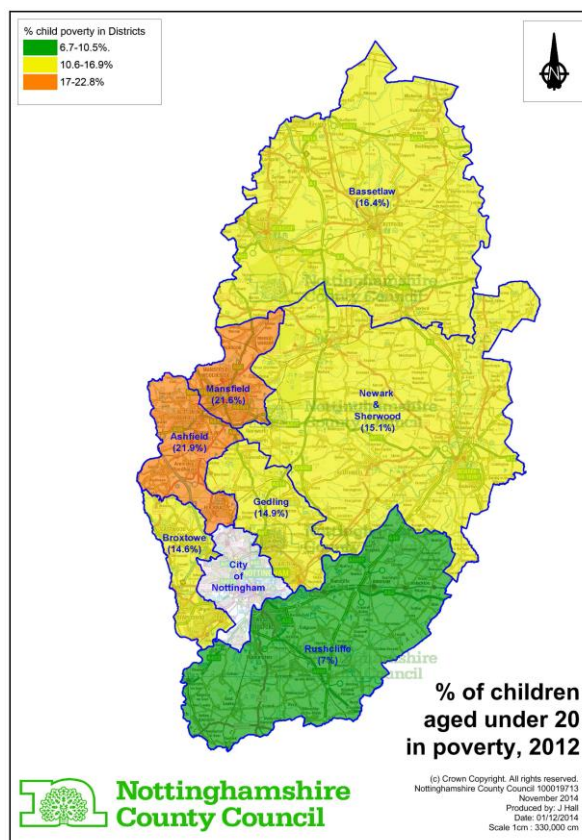
While children's trusts are no longer a statutory requirement, engagement from stakeholders has ensured the continued existence of our local partnership, the Nottinghamshire Children's Trust. This provides the strategic direction for the commissioning of children's services in the county and comprises a number of agencies working together through a shared vision and values. These are set out in the Children, Young People and Families Plan⁹, the priorities in which link directly to the county's Health and Wellbeing Strategy.

Demography and Economy

At a time of reductions in government funding and rising demand for services, there are challenges ahead in ensuring sustainable, high quality provision. We currently have around 181,000 children and young people aged 0-19 in the county, a figure which is set to increase by 6.6% over the next twenty years. The largest growth is expected to take place in the 5-9 population, which is estimated to rise by 15.0% by 2031, whilst the 15-19 population looks likely to increase over the same period by only 0.5%.

Most recent data¹⁰ indicates that approximately 7.2% of the Nottinghamshire 0-19 population is from a black and minority ethnic background. Around one in six pupils have a special educational need and it is estimated that between 5,000 and 12,000 children and young people aged 0-19 have a disability.

Levels of affluence and deprivation in the county vary considerably. Child poverty among the 0-19 population stood at 16.1% on average in 2012, below the national average of 18.6%, with the highest levels in the north and west of the county. In total, there are 50 wards that are above the national average and these are spread across each district. The links between deprivation and poor



⁹ <http://www.nottinghamshire.gov.uk/caring/childrenstrust/>

¹⁰ <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Summaries-and-overviews/The-people-of-Nottinghamshire.aspx>

health outcomes are well-documented and are evidenced in Nottinghamshire by a stark difference in life expectancy (9.0 years lower for men and 7.6 years lower for women in the most deprived areas compared to the least deprived).

Other health inequalities include obesity, teenage pregnancy, alcohol misuse and smoking prevalence. For example¹¹, while the number of women smoking in pregnancy across Nottinghamshire is significantly higher than the national average, performance varies considerably across the county, generally relating to deprivation. The county's percentage of term babies with a low birth weight is in line with the percentage nationally, but levels are much higher in the more deprived areas of the county, and there is a clear correlation between smoking at time of delivery and low birth weight.

While teenage pregnancy has declined in recent years locally, rates in the districts of Ashfield, Bassetlaw, Mansfield and Newark & Sherwood are higher than the national average, whereas rates in Broxtowe, Gedling and Rushcliffe are lower. Overall, Nottinghamshire levels of chlamydia detection in the 15-24 age range are also lower than the national average, but rates in Ashfield, Broxtowe, Gedling and Mansfield are higher. In addition, the rate of under 15's admitted to hospital due to unintentional and deliberate injuries is lower than the national average - the conurbation areas of Broxtowe, Gedling and Rushcliffe have the lowest levels.

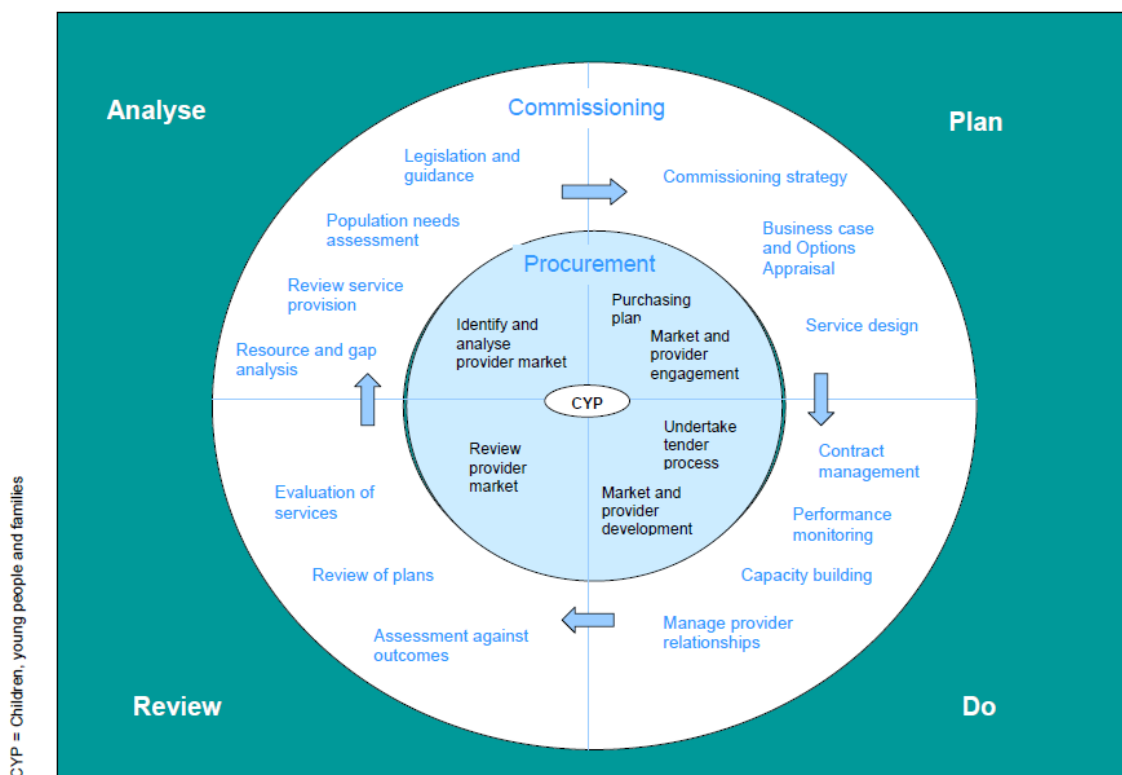
A comprehensive profile of Nottinghamshire and its population is available in the Joint Strategic Needs Assessment: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Summaries-and-overviews/The-people-of-Nottinghamshire.aspx>.

¹¹ Data in the following two paragraphs is taken from the PHE Health Profiles 2015 (www.healthprofiles.info) and the PHE Health Outcomes Framework data tool (<http://www.phoutcomes.info/>).

4. Commissioning Cycle

Our approach to integrated commissioning provides a consistent framework for all ICH commissioning activity. Commissioning is an on-going process, not a one-off event. We follow the established four stage cyclical process – analyse, plan, do and review. These stages are inter-dependent, with each stage building on the previous one, and each requiring on-going engagement with key stakeholders, including children, young people and families. The local framework that we have developed is shown in the diagram below and builds on examples from NHS and County Council approaches to commissioning. The exact approach taken to procurement will vary according to who the lead commissioner is and the corresponding procurement specialists involved.

Children’s Integrated Commissioning Hub Model



Analyse

Effective commissioning requires robust information. Assessing needs is a crucial step in the commissioning process, for unless we understand needs, our design and delivery of services are unlikely to achieve the outcomes required. Analysis of local intelligence and performance information builds a picture of current and future needs, which are set against the mapping and evaluation of service provision. Understanding levels of spend and patterns of demand over time is also vital in making a decision about what service should be delivered in the future.

During this stage, we seek to identify vulnerable groups, analyse policy drivers, research best practice, investigate legal duties and assess resilience/risk factors. Transparency and publication of this information is important to enable our stakeholders to understand how decisions are being

made. In addition, impact assessment activities are built in at this point and during the following stage to explore the potential consequences of commissioning decisions.

Using the principles of a category management approach, procurement specialists may undertake market analysis, produce sourcing strategies and engage in supplier relationship management so that new ideas from the supply markets can be proactively considered, potentially triggering a new tendering event. They may engage at the project conception stage to identify the supply market, its cost structures and participants, and look at similar themed projects in other areas to understand the capability of the market and the opportunities and risks present.

Plan

Once the nature and scale of the local challenge has been agreed, we can set priorities and identify resources such as finance, workforce and facilities. This planning stage involves working with stakeholders to decide how to address the identified needs effectively, efficiently, equitably and in a sustainable way, using evidence of what works. Where service provision already exists, it is important to review and challenge this to ensure continued value for money. Consideration is also given to any changes in the policy framework or market that may open up new opportunities. We can then plan the pattern of services most likely to secure outcomes and involve providers to contribute their expertise. Our commissioning recommendations are therefore based on evidence, focus on outcomes and consider impact elsewhere. In addition, we seek to identify cross-cutting issues and follow procurement requirements as appropriate.

Procurement specialists may also facilitate initial dialogue with the supply market through soft market testing. The purpose of soft market testing is to identify the current capability of the market to deliver the proposed activity and to ensure that the lessons of provider experiences with others are captured and learnt from. Soft market testing also starts to expand the network of commissioners who are working on similar projects.

Do

This stage is about implementing planned services and activities once the method of delivery has been agreed. There are four key steps: drawing up effective service specifications¹²; awarding contracts; managing and reviewing contracts to ensure quality; and reporting on progress to stakeholders. Our investment decisions to secure the delivery of the desired service need to make the most of the resources available and we aim to work in partnership with providers to achieve on-going service improvement. To a certain extent, the success of the 'do' stage is dependent on the effectiveness of the other elements of the cycle.

In addition, workshops may be run with providers to test thinking around any aspect of the service or procurement process, including contract and relationship management, delivery options, financial modelling and incentivisation. Once the specification and evaluation have been finalised, procurement specialists lead on the operational aspects of the tender process.

¹² In order to secure robust services, it is vital to create realistic and achievable service specifications, which detail the elements of the service to be provided and the outcomes required. In shaping service specifications, we aim to involve relevant stakeholders, listen to the widest range of suggestions about solutions and learn from good practice. We remain open to changing our service specifications as a result of consultation and feedback.

The formal competitive stage of the procurement process is subject to specific and detailed requirements and timescales governed by European Union directives, national statute and local (CCG/County Council) financial regulations. However, the type of contract used with successful bidders will vary according to the service being commissioned and who the lead commissioner is. Standard NHS or County Council contracts may be used, or a tailored version of any of these. The contracts will set out the role and obligations of both the provider and the commissioner organisations, as well as the basis of payment.

Review

Reviewing the performance and impact of services on agreed outcomes is essential in assessing whether commissioning arrangements have worked properly and that lessons are learned if necessary. Evaluation of quantitative and qualitative performance information, including feedback from service users/patients, enables us to understand the extent to which the service has met its objectives so we can improve its design and operation to best meet future needs. We hold providers to account for the provision of timely and accurate data and support them in doing this, to enable us to review services effectively.

It is also important at this stage to identify implications for future commissioning activity, including reviewing the supplier market to understand developments, opportunities, risks and threats. This may involve exploring potential innovation provided by existing suppliers and determining the rate and nature of new entrants to the market.

The cyclical nature of commissioning means that as we strive to better meet the needs of children and young people and improve their life chances, we sometimes have to change the way in which we deliver services. Some commissioned services may no longer meet our current or future priorities, or deliver the outcomes that we wish to achieve, while others may not offer value for money or deliver to contract specifications. In such circumstances, services will need to be decommissioned and monies dis-invested.

5. Engagement with Children, Young People and Families

Good commissioning has the voice of service users and patients at its heart. They know what works well for them and their communities and, importantly, how it can be improved. In line with Article 12 of the United Nations Convention on the Rights of the Child, the Children Act 1989 and revised statutory guidance, we aim to actively involve children, young people and families, as well as other key stakeholders such as practitioners, during each stage of the commissioning cycle so that they become co-designers, developers, producers and evaluators of the positive outcomes which we want to achieve. Hart's Ladder of Participation (overleaf) is a useful way of identifying how actively children, young people and families are being involved.

Involving children, young people and families in commissioning and service design, as well as providing feedback to services, can help us identify gaps, improve services and evaluate change. In so doing, we aim to consider the diversity of the population we are responsible for – not simply cultural and ethnic diversity, but all of the factors which may influence the risk of developing poor health and wellbeing outcomes. We especially want to listen to those whose voices are not easily heard, so that their views can be included in our decision-making processes.

The ways in which engagement can improve the quality and effectiveness of commissioning include:

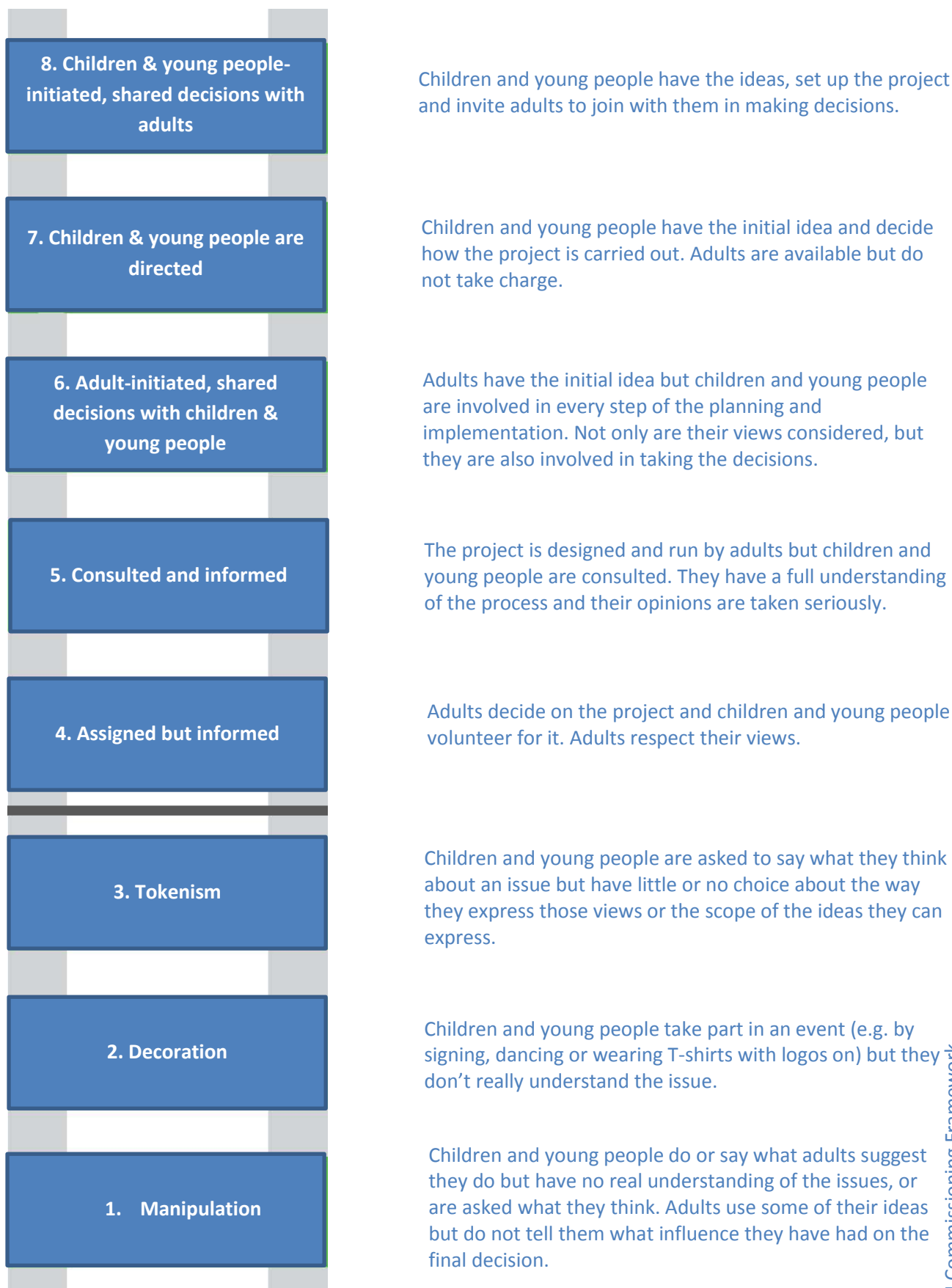
- Informing our needs assessment activity
- Helping us to build up knowledge of local markets and choice
- Providing insight into the uptake, accessibility and satisfaction levels of services
- Feeding into our quality assurance and performance management processes.

It is imperative that our monitoring arrangements incorporate mechanisms for gathering the views of the people who use or benefit from our commissioned services. We ask providers to ensure that perception data based on outcomes is collected and used effectively. This includes learning from complaints and compliments and we encourage providers to make reference to *Common Principles for a Child Friendly Complaints Process* published by the Office of the Children's Commissioner's (Appendix C).

Our work is guided by the Children's Trust Participation Strategy and we also liaise closely with Healthwatch Nottinghamshire. Examples of participation activities that we undertake with children, young people and families include interviews, focus groups, surveys, mystery shopper exercises and engagement with formal structures such as the County Council's Young People's Board. Children, young people and families may also be involved with tasks such as drawing up service specifications, assessing tenders, recruiting staff or running events. We always endeavour to feed back to those involved to inform them of decisions that have been made based on their input.

The process of participation clearly helps to achieve better outcomes, but also has less obvious benefits, such as raising the skills and confidence of the children and young people involved, building a shared understanding with communities, bringing a fresh perspective and new ideas about services, and developing a positive image of children and young people as citizens.

Hart's Ladder of Participation



Source: Hart, R (1992) 'Children's Participation: from Tokenism to Citizenship', UNICEF

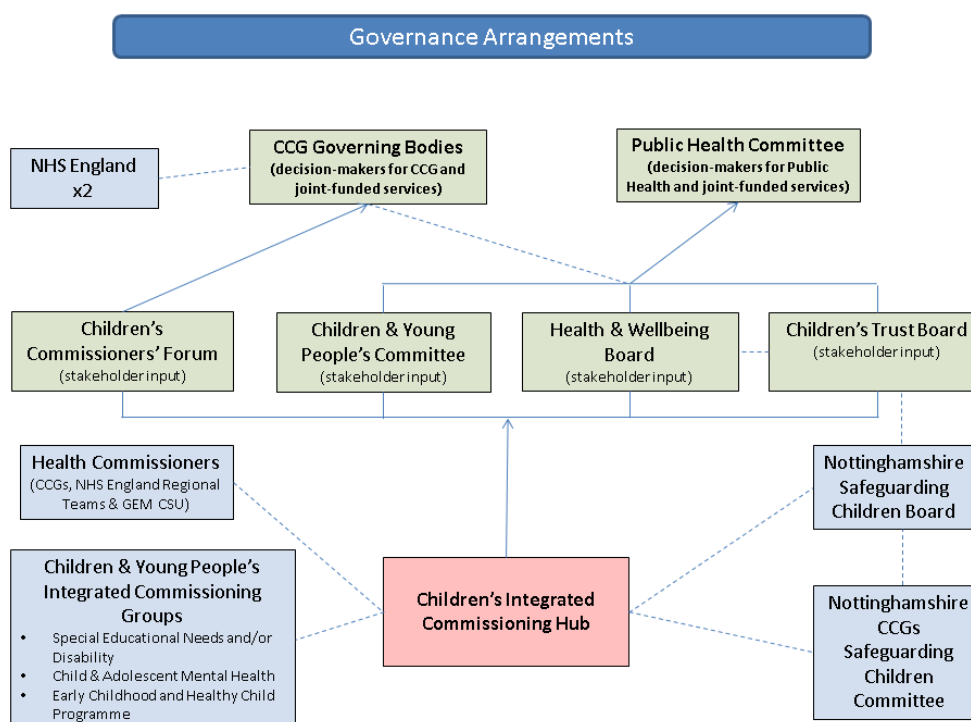
6. Governance

Organisational Governance

The ICH is accountable to Nottinghamshire County Council's Public Health Committee or CCG governing bodies, depending upon the service being commissioned. This is detailed in the diagram below. A Children's Commissioners' Forum acts as a conduit to bring all commissioners of children's services together. We report to the County Council's Children & Young People's Committee, the Children's Trust and the Health & Wellbeing Board as required and are also linked to the work of three children and young people's integrated commissioning groups.

We operate on behalf of Nottinghamshire's CCGs, regional NHS England area teams¹³ and Nottinghamshire County Council. Our key objectives are to:

- Provide a whole system approach to planning and commissioning of children's health services
- Develop clear processes for engaging with children and families to inform commissioning
- Use findings from the Joint Strategic Needs Assessment and other in depth needs assessments to inform commissioning decisions
- Maximise the quality of services for children and their families
- Focus on improving health outcomes
- Reduce silo working and duplication
- Embed approaches to prevention
- Ensure services provide value, make best use of available resources and deliver quality, innovation, productivity and prevention (QIPP) principles.



¹³ NHS England North and NHS England Midlands & East of England [GEM CSU = Greater East Midlands Commissioning Support Unit]

We lead on all aspects of commissioning in relation to some services (the complete commissioning cycle), while for others, current lead commissioners oversee the process and we support specific elements (see Appendix A). ICH operations therefore cover four commissioning models:

1. **Integrated** – working closely with partners, the ICH is responsible for leading the whole commissioning cycle.
2. **Co-ordinated** – the ICH co-ordinates elements of the commissioning cycle, such as needs assessments or development of service specifications, in liaison with lead commissioners.
3. **Joint** – the ICH works jointly with lead commissioners, agreeing shared priorities and resource allocation together.
4. **National/regional** – in relation to specialised services commissioned by NHS England regional teams, the ICH role is to represent local commissioners as appropriate.

Strong, effective communication is essential in ensuring that commissioners and providers understand each other properly. Our Communication Plan¹⁴ outlines how all stakeholders will be kept informed of information specific to ICH activities. It aims to ensure that communications are clear, inclusive and accurate, and that cohesive, joined-up working is promoted.

Clinical Governance (Quality and Patient Safety)

Clinical governance is an umbrella term that covers activities that help monitor, sustain and improve high standards of service user/patient care. The NHS reforms launched the principles of clinical governance in the 1990s (Department of Health, 1997; Department of Health, Social Services and Public Safety 2001). These principles apply equally to the private sector.

Health care organisations have a duty to the communities they serve for maintaining the quality and safety of care. Whatever structures, systems and processes an organisation puts in place, it must be able to show evidence that standards are upheld. All providers of health and social care are also required by law to be registered with the Care Quality Commission and to demonstrate compliance with the outcomes described in the *Essential standards of quality and safety*¹⁵. Elements of clinical governance include education and training, clinical audits, clinical effectiveness, patient safety, research and development, openness and risk management.

Health care organisations commissioned by the ICH will be required to show a commitment to quality of care, including safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. Clinical governance in relation to the delivery of care to service users/patients and their carers is essential and assurance that this is robust will be monitored via appropriate CCG processes.

Information Governance

Information governance is an approach to the way all organisational information is handled, in particular the personal and sensitive information of service users/patients and staff. It allows

¹⁴ Available upon request

¹⁵ <http://www.cqc.org.uk/content/essential-standards-quality-and-safety>

organisations and individuals to ensure that personal information is dealt with legally, securely and effectively, in order to deliver the best possible care.

The legal framework governing the use of personal confidential data in health care is complex. It includes the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000, the NHS Act 2006 and the Health and Social Care Act 2012. The law allows personal data to be shared between those offering care directly to service users/patients, but it protects confidentiality when data about them is used for other purposes.

These 'secondary uses' of data are essential in providing safe, efficient and equitable health services. Generally speaking, people using data for secondary purposes must only use data that does not identify individuals, unless they have the consent of the service user/patient themselves.

The Health and Social Care Act 2012 has changed the levels of access to data for different commissioning organisations, causing a number of significant challenges. In response, NHS England has established a task force to ensure that secondary users of data have access to the data that they need. The solutions and guidance developed by the task force are posted here:

<http://www.england.nhs.uk/ourwork/tsd/data-info/ig/>

Both the ICH and providers are required to work within the legal information governance framework and will be steered by the guidance offered by the NHS England task force.

7. Commissioning Standards

The ICH aims to work in a spirit of openness and collaboration with all providers. It is therefore important to have an agreed set of core standards which underpin our relationships to ensure confidence, consistency and equity. These set out our commitment for how we will operate as a commissioner of services and our general requirements of the providers of those services.

Key Standards

The most important responsibility for all agencies involved in health and social care provision is to ensure high quality, effective services that enable children and young people to reach positive outcomes and keep them **safe from harm**. All agencies involved in the provision of health and social care services in partnership with the ICH will also be required to:

- Comply with **statute** and **regulation**, including keeping abreast of new policy and legislation.
- Show a commitment to **equality** of opportunity, such as narrowing the gap between those that are doing well and those left behind, and meeting the needs of **diverse** communities with different cultures and expectations.
- **Involve** children, young people and families in their work and offer service users/patients opportunities to make informed choices about the services they receive.
- Demonstrate high standards of corporate governance, including proper **accountability** for public funds.
- Communicate in a **transparent** way and work **collaboratively** to improve outcomes.
- **Continuously improve** and **innovate** to ensure more efficient and effective services.
- Manage **risk** effectively to minimise the chances of adverse incidents, complaints and avoidable financial loss, and to provide assurance in relation to health and safety.
- Engage with relevant **integrated processes** (such as the County Council's Pathway to Provision¹⁶) to ensure local multi-agency support is effective.

Additional Standards

It is also expected that the ICH and providers will abide by the standards in the table overleaf, working together as appropriate.

¹⁶ <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/>

Additional standards for the Children’s Integrated Commissioning Hub and its providers

	The ICH will:	Providers will:
Analyse	Ensure the robust analysis of met and unmet need, policy drivers, service provision, best practice, legal duties/risks, market trends and innovations	Ensure services are equipped with data which highlights the needs of a target group or population
		Share data with the ICH to enable the development of needs assessments which will inform commissioning priorities
Plan	Base commissioning decisions and service specifications on sound evidence	Work with the ICH to develop a service that will effectively achieve the desired outcomes
	Produce clear service specifications and define the outcomes to be achieved	Agree targets with the ICH to establish a shared understanding of good performance
	Ensure equality of opportunity for providers	Ensure the planned service is sustainable, with business continuity processes in place
	Undertake equality impact assessments	
	Consult on commissioning plans	
Do	Ensure services are fit for purpose and offer value for money – and engender a ‘can-do’ attitude	Provide the service as set out in the service specification to achieve prescribed outcomes
		Work with the ICH to optimise the impact of funding on outcomes for service users/patients
		Aim to reduce costs where possible
		Have robust clinical governance in place (where appropriate)
		Demonstrate adequate minimum standards for their workforces
		Operate a clear complaints process and share complaints with the ICH when requested
	Monitor and evaluate performance to ensure continuous improvement and the achievement of desired outcomes	Work with the ICH to explore ways to improve quality, enhance performance and comply with demands of inspectorates
	Report progress to stakeholders	Raise issues in a timely manner
	Monitor workforce development approaches	Ensure appropriate workforce development opportunities are in place
	Arrange meetings as required and provide a clear record of actions	Commit to an appropriate member of staff attending meetings
Review	Evaluate achievement of prescribed outcomes and value for money	Provide performance data according to the service specification within the timescales and format agreed with the ICH
	Make decisions about the future of the service and/or de-commissioning	

Cost Effectiveness and Continuous Improvement

The ICH aims to develop commercially sound relationships with providers that create mutually advantageous, flexible and long-term relations based on evidenced value for money (VfM), continuous improvement and financial savings. VfM has long been defined as the relationship between economy, efficiency and effectiveness. The National Audit Office uses these three criteria to assess the VfM of government spending i.e. the optimal use of resources to achieve the intended outcomes:

- **Economy:** minimising the cost of resources used or required (inputs) – *spending less*
- **Efficiency:** the relationship between the output from goods or services and the resources to produce them – *spending well*
- **Effectiveness:** the relationship between the intended and actual results of public spending (outcomes) – *spending wisely*.

As our commissioning seeks to use all resources in the most efficient and effective way to achieve the best outcomes for children, young people and families, VfM is a key consideration in delivering the right commissioning decision. VfM aims to strike the right balance in optimising costs and benefits, while sustaining high quality and successful outcomes. Our challenge in analysing costs and outcomes information about services is always: *is there a better way that we could use the available resource to achieve better outcomes?*

It may take several years before the health benefits of some interventions start to have an impact, although the costs may need to be incurred ‘up front’. Such interventions may be cost effective or cost saving over the medium to long term, but may not be deemed to provide VfM in the short term. Another factor to be weighed up is what priority should be given to health inequalities – interventions targeted at disadvantaged groups may be less cost effective but still meet VfM criteria. In these respects, we aim to strike a balance in our overall analysis and ensure that all relevant benefits (health, non-health and wider community) are taken into account.

In addition to VfM, our focus on outcomes means we must not lose sight of the importance of continuous improvement and innovation. Through regular review meetings, we work with providers to understand the impact of current service design, analyse what works and redesign what needs to change. In doing this, we strive to eliminate waste and create sustainability, while ensuring that the redesign improves the ‘customer journey’ and adds value.

We also take a systems-wide approach to minimise the impact that changes in one agency or part of the system can have on demand and delivery in another. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to better meet the needs of children, young people and families, and achieve wider system efficiencies.

Decommissioning

We strive to work collaboratively with providers and engage effectively to support one another, overcome pressures and find solutions together. However, driving change through innovation can be as much about stopping doing something as it is starting or developing something else. This may involve decommissioning existing services to reinvest in a different, better approach and means

confronting fundamental questions about the 'right' way to deliver what children, young people and families need. It might also involve opening up the market to new providers from different sectors.

It is good practice to review commissioned services regularly to ensure they are appropriate, effective and delivering VfM. A review of commissioned services should be undertaken before the expiry of a contract to determine whether it is appropriate to continue to commission the service. There will also be occasions where a service review might result in decommissioning due to factors such as developments in treatment, changes in care pathways, insufficient demand to warrant the current volume of service, the service no longer being a priority or fitting with strategic objectives, or the service being unaffordable as currently configured. Key questions for a service review would include:

- Is the service still required?
- How effective is the current service provision?
- Does the current delivery model provide VfM?
- Have alternative service delivery models been identified?

As the work of the ICH progresses, we are applying new rigour to future investment and identifying criteria for ceasing contracts with providers where they do not deliver quality outcomes, VfM or continuous improvement. We understand that this is a two-way process - providers may decide to end their relationship with us if they are unhappy with our approach. In rare circumstances, we may be required to terminate a contract with immediate effect (for example, following a catastrophic breach in quality standards).

The decommissioning process follows the same stages as the main commissioning cycle – analyse, plan, do, review – see diagram below. When making a decision to decommission, the ICH follows appropriate procedures and best practice (Appendix D). Whole-systems consideration is given to the impact of the existing service ceasing and associated risks, any legal requirements and the views of the relevant integrated commissioning group, governing bodies and boards/committees (see Section 6 – Governance).

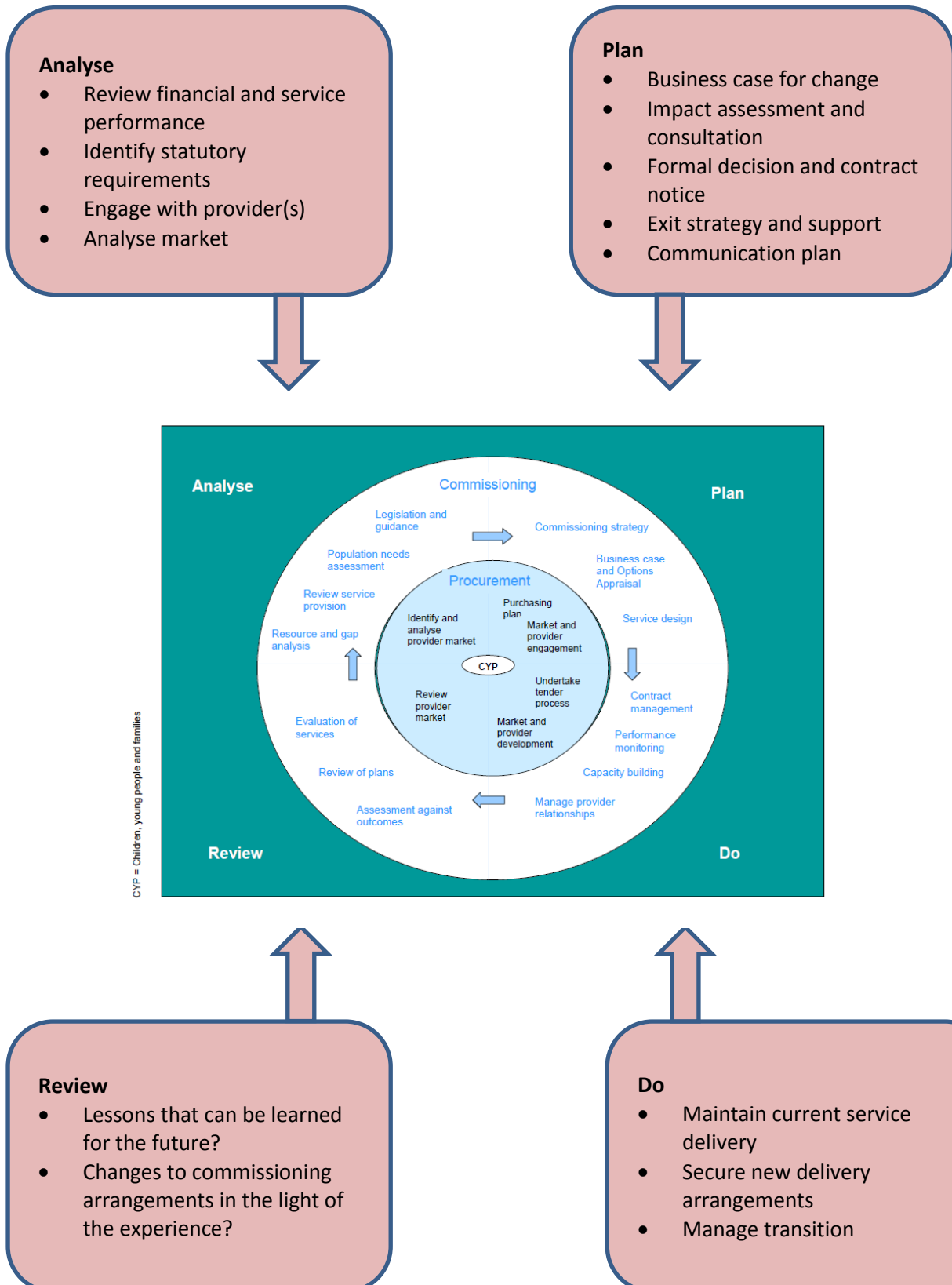
Our key principles when decommissioning are:

- Transparency and fairness of process
- Welfare of service users/patients and staff
- Ensuring overall VfM
- Ensuring transparent stakeholder engagement
- Managing risk to ensure a smooth transition
- Sound change management and communication
- Understanding ramifications for current providers.

The ICH also adheres to any contractual requirements, such as the need to provide notice to terminate a contract or any penalties due should the contract be terminated earlier. (In some cases CCGs are required to provide notice that a contract will not continue beyond the termination date, otherwise it will be assumed that the contract will run-on beyond that date.) We follow procedures contained within CCG or County Council Standing Financial Instructions (depending on which organisation is the lead commissioner) and comply with European Union Procurement Regulations in re-tendering services or procuring new services.

We draw up clear and fully resourced project plans incorporating milestones that fit with stakeholder decision making structures, undertake risk, quality and equality impact assessments and put in place robust transitional arrangements to minimise the impact on service users/patients. At the end, we evaluate the process and share learning.

Children’s Integrated Commissioning Hub Decommissioning Model



CYP = Children, young people and families

8. Monitoring and Evaluation

Robust monitoring and evaluation are essential in ensuring that commissioned services remain accountable, efficient and effective. Performance management provides the support and challenge which leads to service improvement and, ultimately, outcomes for children, young people and families that are better than they otherwise would have been. Showcasing best practice, evidencing what works and managing under-performance are central to the role of the ICH. Our approach to performance management is underpinned by three basic principles:

- **Collaboration** – working in partnership with providers to manage performance
- **Honesty** – celebrating success and being frank about what needs to improve
- **Transparency** – reporting performance appropriately and being open to scrutiny

Outcomes (the ‘real-life’ impacts) are notoriously difficult to measure, so there is often a tendency to monitor contracts using input (resources needed) and output (amount of service undertaken) indicators to reassure commissioners that the service is performing. However, in line with NHS and Public Health Outcomes Frameworks as well as County Council practice, we strive to maintain a clear focus on outcomes to ensure that the services we commission are meeting identified needs and *making a difference* to the lives of local children, young people and families.

We work closely with providers to develop realistic data collection and performance reporting processes. This is aligned to the development of service specifications and is proportionate to the size of the contract and the level of risk. We seek to minimise the reporting burden on providers and, where appropriate, make use of providers’ own monitoring and evaluation procedures, rather than imposing extra ones. We use ‘SMART’ performance indicators and targets (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound) that provide us with the information we need to ascertain if the service is successful. Intrinsic to this is the consideration of specific quality measures (e.g. complaints and incidents), as well as more general feedback from service users/patients.

Our contracts include a structured cycle of quality assurance and performance review, through which we monitor the overall progress of each service and the delivery of specific performance targets. We conduct regular review meetings (usually quarterly), working with providers to identify and rectify poor performance¹⁷ at an early stage, and performance information from service reviews is also used to inform future commissioning and decommissioning plans. Other information that may be requested from providers includes:

- Evidence of how safeguarding has been embedded into service delivery
- Evidence of how activity has helped to close the gap in terms of outcomes for the most disadvantaged groups
- Case studies that evidence improved outcomes
- Barriers to delivery.

Providers are also asked, where appropriate, to be prepared for inspections by regulators such as Ofsted and the Care Quality Commission and mindful of input from the ICH as (or on behalf of) the lead commissioner.

¹⁷ We also look at over-performance, where this might mean that targets are incorrectly set, resources are over-committed or there has been a variation in demand.

9. Glossary

Our definition of terms used in this document:

- **Care Quality Commission** – the Care Quality Commission (CQC) is the independent health and social care regulator for England.
- **Category Management** – an approach which groups together products and services that have similar supply chain characteristics. These groups undergo regular commercial reviews to determine their growth, structure, profitability, trends and future opportunities as a means of identifying ways to strategically manage or re-engineer the supply markets.
- **Commissioning** – the process for deciding how to use the total resource (be they money, people or buildings) available for children, young people and their families in order to meet identified needs and improve outcomes in the most efficient, effective, equitable and sustainable way.
- **Compact** – the agreement that sets out shared principles and guidelines for effective partnership working between government and the voluntary & community sector.
- **Consultation** – the process by which individuals are asked their opinions.
- **Contract** – a legally binding agreement between the commissioner and provider, which specifies the services to be provided and what the provider is to be paid. It includes provisions setting out the legal obligations which are accepted by each of the parties in order to fulfil the purposes of the contract.
- **Contract Management** – the ongoing management of contracts entered into with suppliers for the provision of works, goods or services, including ensuring compliance with terms and conditions and managing performance through the lifetime of the contract.
- **Decommissioning** – removing the contract from a provider who is not delivering an adequate or appropriate service; or whose service does not meet the outcomes required.
- **Engagement** - the process by which individuals can proactively influence decision-making and bring about change.
- **Financial Modelling** – the task of building a representation (a model) of a real world financial situation, often used to test for different likely outcomes.
- **Governance** – the system of decision-making and expectations for roles and responsibilities that surrounds and holds together the strategic commissioning process.
- **Healthwatch Nottinghamshire** – an independent organisation that gathers and represents the views of local people about the health and social care services they receive.
- **Incentivisation** – a way of providing a bonus to a supplier for performing above a specified standard.
- **Inputs** – the resources needed to deliver the outputs.
- **Integrated Commissioning** – commissioning undertaken by, or on behalf of, more than one agency to provide the services needed by local communities.
- **Joint Strategic Needs Assessment** – an intelligence resource that identifies the health and wellbeing needs of the local population.
- **Market** – the range of organisations that can provide the services locally.
- **Nottinghamshire Children’s Trust Board** – a partnership group whose membership includes CCGs, NHS England and the County Council (Public Health and the Children, Families &

Cultural Services Department). It provides overall strategic oversight and direction in relation to the commissioning of children's services.

- **Nottinghamshire Children's Commissioners' Forum** – a conduit which brings all commissioners of children's services together to ensure commissioning intentions, updates, issues, learning and successes are shared in a central place.
- **Nottinghamshire Health & Wellbeing Board** – a statutory board that brings together the NHS, Public Health, adult social care and children's services, including elected representatives and Healthwatch Nottinghamshire, to plan how best to meet the needs of the local population and tackle local inequalities in health.
- **Nottinghamshire Young People's Board** – a constituted group of young people, aged 11 to 19 years, including several representatives from each of the seven district-based Scrutiny, Advisory and Development Boards and the various countywide youth forums.
- **Outcomes** – the 'real life' impact, changes and improvements that happen as a result of the service; they address the question "are we doing any good?"
- **Outputs** – the amount of services undertaken/produced in a given time; they address the question "what are we doing?"
- **Performance Indicator** – something that can be measured to show whether the desired outcome has been achieved.
- **Performance Management** – taking action in response to actual performance to make outcomes for children, young people and families better than they would otherwise have been.
- **Procurement** – the whole process of acquisition from third parties, covering goods, services and construction projects.
- **Providers** – organisations that deliver public services.
- **Risk** – the threat of a negative occurrence that may be avoided through pre-emptive action.
- **Service Specification** – the formal, detailed description of the required service and desired outcomes.
- **Soft Market Testing** – a way of testing ideas with providers before starting a formal procurement process.
- **Sourcing Strategies** – published documents that set out the intention for purchasing or modifying a particular category of services or goods.
- **Supplier Relationship Management** – capturing and maximising the value from relationships with key suppliers by solving problems together or delivering new opportunities for mutual benefit.
- **Supply Market** – the group of suppliers who may be able to provide particular services.
- **Tender Process** – a process of buying goods or services that compares the offer from different suppliers in terms of cost and quality.
- **Value for Money** – the relationship between economy, efficiency and effectiveness
- **Voluntary & Community Sector** – a broad term that describes organisations including charities, voluntary organisations (with paid staff, volunteers or a mix of both), community organisations, social enterprises and faith organisations.

10. Useful Links

National

Child and Maternal Health Observatory

<http://www.chimat.org.uk/>

Department for Education

<https://www.gov.uk/government/organisations/department-for-education>

Department of Health

<https://www.gov.uk/government/organisations/department-of-health>

NHS England

<http://www.england.nhs.uk/>

NHS Everyone Counts Planning Framework (2014/15 to 2018/19)

<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

NHS Outcomes Framework

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

Office of the Children’s Commissioner

<http://www.childrenscommissioner.gov.uk/>

Public Health England

<https://www.gov.uk/government/organisations/public-health-england>

Public Health Outcomes Framework

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Regional

East Midlands Public Health Observatory

<http://www.empho.org.uk/>

NHS England – Midlands and East Regional Team

<http://www.england.nhs.uk/mids-east/>

NHS England – North Regional Team

<http://www.england.nhs.uk/north/>

Clinical Commissioning Groups

Bassetlaw CCG

<http://www.bassetlawccg.nhs.uk/>

Mansfield and Ashfield CCG

<http://www.mansfieldandashfieldccg.nhs.uk/>

Newark and Sherwood CCG

<http://www.newarkandsherwood.nhs.uk/>

Nottingham City CCG

<http://www.nottinghamcity.nhs.uk/>

Nottingham North and East CCG

<http://www.nottinghamnortheastccg.nhs.uk/>

Nottingham West CCG

<http://www.nottinghamwestccg.nhs.uk/>

Rushcliffe CCG

<http://www.rushcliffeccg.nhs.uk/>

Local Authority/Other

Children's Integrated Commissioning Hub

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/childrenscommissioning/>

Healthwatch Nottinghamshire

<http://www.healthwatchnottinghamshire.co.uk/>

Nottinghamshire Children's Trust

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/>

Nottinghamshire County Council

<http://www.nottinghamshire.gov.uk/>

Nottinghamshire Health & Wellbeing Board (including the Health & Wellbeing Strategy)

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/>

Nottinghamshire Joint Strategic Needs Assessment

<http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Summaries-and-overviews/The-people-of-Nottinghamshire.aspx>

Nottinghamshire Safeguarding Children Board

<http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/>

Public Health Nottinghamshire

<http://www.nottinghamshire.gov.uk/caring/yourhealth/>

Appendix A – Children’s Health Commissioning Responsibilities in Nottinghamshire

The following table provides a **basic overview** of the organisations involved in the commissioning of children’s health services in Nottinghamshire that are within the scope of the ICH. Further details of the individual services that are included under each policy area are available upon request.

Policy Area	Lead Commissioner(s)	Role of Children’s Integrated Commissioning Hub (ICH)
Child & Adolescent Mental Health Services (Tiers 2 & 3)	CCGs	Associate commissioner
Child & Adolescent Mental Health Services (Tier 4)	NHS England	Working in partnership with NHS England
Continuing Care (Personal Health Budgets)	CCGs	Associate commissioner
Disability and Special Educational Needs (Community Services)	CCGs	Associate commissioner
Health Needs of Looked After Children	CCGs	Associate commissioner
Health Services for Young Offenders in the Community	CCGs	Associate commissioner
Maternity Services	CCGs	Associate commissioner
Oral Health Promotion & Fluoridation	NCC - Public Health	Lead commissioner on behalf of Public Health
Paediatric Services	CCGs and NHS Regional Area Teams	Associate commissioner for elements of acute and community paediatrics
Public Health Services (ages 0-5): <ul style="list-style-type: none"> Breast-feeding Paid Peer Support Service (Pilot) Healthy Start Health Visiting & Family Nurse Partnership 	<ul style="list-style-type: none"> CCGs NCC - Public Health NCC - Public Health (from October 2015) 	<ul style="list-style-type: none"> Lead commissioner on behalf of CCGs Lead commissioner on behalf of Public Health Lead commissioner on behalf of Public Health (from October 2015)
Public Health Services (ages 5-19) (School Nursing & Healthy Schools)	NCC - Public Health	Lead commissioner on behalf of Public Health
Substance Use Services for Young People	NCC - Children, Families & Cultural Services Department	Working in partnership on Public Health element
Teenage Pregnancy	NCC - Public Health	Lead commissioner on behalf of Public Health

Key

CCGs = Clinical Commissioning Groups
NCC = Nottinghamshire County Council

Appendix B - Key Success Factors in Commissioning for Children, Young People and Families

Key Success Factors¹⁸

- Commissioning is informed by active **engagement with children, young people and families** using methods appropriate for them.
- Commissioning is planned and **coordinated across the whole spectrum of a child's health needs**, with key transitions from maternity and into adult services, and with related services meeting their wider needs including education and children's services.
- Commissioning plans are achieved through effective engagement with **health and wellbeing boards** and clear alignment with local joint strategic needs assessments and joint health and wellbeing strategies that clearly set out the needs of children and young people.
- There is **clear accountability** within all commissioning organisations for commissioning child health services.
- Commissioners have effective access to appropriate **clinical expertise** on children, including from providers.
- Commissioning plans take a **service user/patient centred perspective** and consider the needs of the family and the context in which the children and young people live, including the need to support them in education.
- Commissioners ensure that care is delivered in **age appropriate settings** using standards like *You're Welcome*.
- There is clarity on the totality of **funding** available to meet local children and young people's needs across all relevant commissioners.
- Commissioners understand the whole **life course** and the impact of health and wellbeing in childhood, particularly maternity and the early years, on health in adult life and on health inequalities.
- The needs of particularly **vulnerable or at risk groups** of children and young people are fully considered.

¹⁸ Taken from: *Commissioning in the new NHS for children, young people and their families* (Children & Young People's Health Outcomes Forum)

Appendix C - Common Principles for a Child Friendly Complaints Process¹⁹

These principles were developed by the **Office of the Children's Commissioner** based on the views, experiences and voices of children and young people, as well as discussions with professionals who have a responsibility for complaints:

- All organisations working with children and young people should value and respect them, and develop positive and trusting relationships.
- All complaints from children and young people should be seen as positive, valuable service user feedback and considered from a safeguarding perspective.
- Children and young people should be involved in the development and implementation of the complaints process they may wish to use.
- All children and young people should have access to information about complaints processes. This should be provided in a variety of formats, including online, and should be age appropriate and take into account any additional needs that a young person may have.
- All children and young people should be able to make complaints in a variety of ways.
- Written responses to complaints should be timely and where possible discussed with the young person. The young person should always be given an opportunity to provide feedback.
- Staff should be well trained and have access to training in listening to, and dealing with, complaints from children and young people.
- Children who need support to make a complaint should have access to an independent advocate.

¹⁹ Taken from: *Child Friendly Complaints Processes in Health Services: Principles, Pledges and Progress* (Office of the Children's Commissioner, September 2013)

Appendix D - Matters to Consider When Making Decommissioning Decisions²⁰

- **Providers may be destabilised by a sudden change in contracted services and may be unable to adjust their costs to compensate for lost revenue**
 - Have up to date information on the provider to do your own assessment of costs
 - Start the conversation with the provider to allow them time to adjust
 - Have an alternative provider available before decommissioning a service due to cost
 - Be aware that it may have an impact on other services provided by this provider
- **Providers will need to manage reduction in staff levels**
 - Be prepared by carrying out an independent assessment of the staff numbers directly involved in delivering the service
 - Start the conversation early to allow staff to retrain or move to different areas
 - Consider whether Transfer of Undertakings (Protection of Employment) Regulations (TUPE) will apply
 - Ensure staff are properly briefed to avoid future Human Resources problems
- **Public reaction at the loss of services**
 - Consult early and properly
 - Ensure you have clinical engagement and support for the proposal
 - Make clear the benefits and increased focus on service user/patient needs
 - Support the proposal with examples from other services or other PCTs
 - Make it clear how the services will be integrated into the care package
- **Risk to continuity of care during the transition**
 - Uncertainty could impact on performance and result in a lack of investment in the lead up to de-commissioning
 - Develop a clear transition plan and limit impact of changes on service users/patients, public and workforce
 - Identify resources to manage the transition
 - Ensure records and knowledge are transferred efficiently between providers and service user/patient confidentiality is properly addressed
 - Ensure timescales are realistic
 - Service users/patients should be properly briefed on changes and transferred effectively

²⁰ Taken from: extracts from de-commissioning guidance contained on NHS Commissioning Support for London website

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Contact Details

Post: Children's Integrated Commissioning Hub, Children, Families & Cultural Services Department, Nottinghamshire County Council, County Hall, West Bridgford, Nottingham, NG2 7QP

Telephone: 0115 9772676

Email: childrens.commissioning@nottscc.gov.uk

Website: <http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/childrenscommissioning/>