

# Joint commissioning of children's services across local authorities and primary care trusts



## An Overview

### Introduction

Major service reviews have demonstrated that gaps exist in the provision of joined-up healthcare and related services for children, young people and families. As professional organisations whose members work across both public health and children's services, we want to ensure that those strategies, such as *Every Child Matters* and *The Children's Plan*, protect and improve the health of children and young people in practice, and uphold the *UN Convention on the Rights of the Child*.

The public health white paper, *Choosing Health*, committed government to implementing public health strategies to reduce levels of obesity, underage smoking and drinking, and teenage pregnancy, and to improving health outcomes through integrated service provision that prioritises the health and social care needs of children and young people.

Central to this is the effective commissioning of local services. *Joint strategic needs assessments* (see Box 1) – if effectively and efficiently carried out – should ensure a joined up approach to service commissioning and provision. The aim of this statement is to set out the principles of effective commissioning of appropriate services for children, young people and families.

### Commissioning at the local level

Local authorities and primary care trusts (PCTs), working in partnership, are responsible for carrying out a joint strategic needs assessment (JSNA), using high quality local and national data on patterns of health and the burden of disease. The commissioning of services should flow from this needs assessment and it is important that it should fit within the context of, and inform, the plans set out in the Local Area Agreement, the *Children and Young People's Plan*, and the PCT's commissioning strategy plan and annual operating plan.

There is a presumption that key services will be integrated across the sectors, with integrated governance and management, a shared philosophy and common objectives, and, where appropriate, pooled budgets, all of which will operate under the aegis of the local Children's Trust (see Fig 1: The Commissioning Cycle).

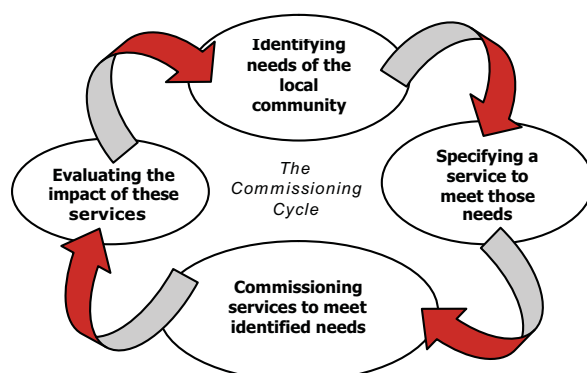


Fig 1: The Commissioning Cycle'

#### Box 1

##### Local mechanisms for commissioning

**Joint Strategic Needs Assessment (JSNA)** – jointly sponsored by the Director of Public Health, the Director of Adult Social Services and the Director of Children's Services, to identify the health and social care needs of the local area. JSNAs inform the setting of priorities, including commissioning priorities, and targets by Local Area Agreements.

**Local Area Agreement (LAA)** – the overarching plan of the Local Strategic Partnership, bringing together the council, the PCT and other statutory, voluntary sector, business and community partners. LAAs set the priorities (selected from national indicators) for the area, allowing for greater flexibility and local decision-making.

**Local Children's Trusts** – aim to improve outcomes for children and young people by bringing together all relevant services in a local area by identifying local priorities and feeding these into LAAs (via local strategic partnerships).

**Children and Young People's Plan (CYPP)** – the specific plan for children, young people and families, it sets the strategic context and direction for achieving targets. The CYPP informs the LAA and vice-versa. It is the responsibility of the director of children's services to ensure that the commissioning of children's services through the plan includes the protection and improvement of the health of children and young people in practice, and that children are at the forefront of local NHS and local government agendas.

## ▶ Principles for successful joint commissioning

- Services should be commissioned with due respect for the philosophy of the *UN Convention on the Rights of the Child*, and on **principles of equity**.
- Successful joint commissioning requires **secure inter-agency governance arrangements** to be in place, and an agreement over the scope of the service areas to be addressed in the joint commissioning process. The local **Children's Trust** (see Box 1) should be the vehicle for this.
- The **organisational accountability arrangements** should place the joint commissioning function at **an appropriately senior level** within the PCT and the local authority, ideally as a joint appointment.
- Commissioning should be based on a **whole system approach**, which takes a holistic view of children and young people, and families' wellbeing, and which pools budgets where appropriate to commission and provide services.
- There needs to be effective and appropriately resourced **specialist public health input** to the commissioning process, driven by the JSNA (see Box 1). One mechanism for this could be the appointment of a jointly funded consultant in public health to oversee this work.
- A clearly agreed **commissioning framework** is needed, where local partners understand the process of reviewing, designing and improving services. The commissioning process should ensure that **expert practitioners and clinicians** from provider organisations, as well as other stakeholders, are able to work alongside commissioners to identify needs and inform service design and improvement.
- The JSNA should be informed by **accurate and relevant data of high quality**. Indicators used should build on those used in the National Indicator Set, be well constructed and follow good scientific practice.
- **Information sharing protocols** should be developed between agencies to allow for the sharing of certain detailed health information which would not normally be placed in the public domain, in order to inform the JSNA.
- There needs to be meaningful public involvement and sophisticated tools to assess local need. Local areas should agree a **Statement of Good Practice** on ways of ensuring that the views of local children, young people and their families are ascertained as part of the JSNA process.
- The commissioning process should be based on children's and families' all round needs, in biological, social and psychological terms, and should be **driven by an understanding of how these factors impact on health and wellbeing at various points in the lifecourse**, so that commissioners can invest wisely in services at different ages and transition points.
- The commissioning process needs to ensure all elements of any child, young person and family pathway through services are in place and working well to achieve the desired outcomes. Key measures along the pathway should be used to drive a **culture of continuous improvement and learning**.
- As resources become scarce, it is important not to weaken universal services in favour of a solely targeted approach to service commissioning for vulnerable groups. **Strong evidence-based universal services are a necessary foundation for more targeted services**.

## ▶ The policy context is set out in the following documents:

- Commissioning Framework for Health and Wellbeing
- Guidance of Joint Strategic Needs Assessment
- Improving the quality and outcomes for services to children and young people through effective commissioning: a self-assessment tool for commissioners
- National Service Framework for Children's and Maternity Services
- NHS Operating Framework  
All available from: [www.dh.gov.uk](http://www.dh.gov.uk)
- Every Child Matters  
Available from: [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)
- The Children's Plan, Building Brighter Futures  
Available from: [www.dfes.gov.uk](http://www.dfes.gov.uk)

## ▶ Useful websites:

**UNICEF**  
[www.unicef.org](http://www.unicef.org)

**Local Government Association**  
[www.lga.gov.uk](http://www.lga.gov.uk)

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