



Royal College of  
Paediatrics and  
Child Health

## **British Association for Community Child Health**

## **Royal College of Paediatrics and Child Health**

### Statement for Commissioners in light of *Transforming Community Services*

#### **Background**

Our aim is to promote the provision of high-quality, safe and sustainable services that improve the experience and outcomes of children and their families. These services should be child focussed, family friendly, evidence based and delivered in an effective, efficient and equitable manner. To achieve this we believe that services should be commissioned, delivered and regulated based on pathways designed around individual “journeys”, be delivered by competent and sustainable teams, all committed to continuous quality improvement. These pathways should be grouped into networks, spanning primary, secondary and tertiary care, and, particularly for long-term conditions, involving education and social care. The intention is to ensure all the parts are in place and working well together to ensure the best experience and outcomes for children and their families.

There is a fundamental concern amongst our members that the commissioners of services, whether PCT, children's trust or specialist commissioners, do not fully understand the roles, responsibilities and working of community children's teams. Such work covers a range of statutory and non-statutory responsibilities, encompassing prevention, assessment and therapeutic interventions, frequently delivered in multi-agency teams that span many institutional and professional boundaries. One reason that this "misunderstanding" exists is that the services we provide not only address the child's condition, but also the impact on everyday living of the condition and the consequences for the family. Typically, we provide services for children with learning difficulties, developmental and long term healthcare needs some of whom also need safeguarding. We work with children with mental health conditions and neurodevelopmental disorders including autistic spectrum disorders. In addition, those of us with public health training become involved with public health interventions including immunisations, injury prevention and Child Death Overview Panels.

We are often engaged with children and families who are vulnerable, in care or involved with the criminal justice system. Many of these children have been profoundly affected by their social and physical environments and may present with

psychosomatic or behavioural problems linked to poor parenting, educational failure, bullying or poverty.

Current systems, which measure activity rather than experience or outcomes, potentially disadvantage services working with families rather than clinical conditions. As such, measuring activity merely by the number of children we encounter is not productive. In addition, the significant amounts of time spent working with colleagues across health, social care and education is not always appropriately recognised or resourced by commissioners despite the fact that many of these duties are statutory, and all of them fall under the general statutory duty "to co-operate".

*Transforming Community Services* (TCS) seeks to separate commissioning and provider functions and to improve the delivery of community-based services. In order to achieve this, management structures that improve working relationships, facilitate the implementation of evidence based provision, improve and support the competence of practitioners and ensure the right support services are in place, are all needed. This is likely to be achieved through greater integration of management structures based on networks of provision.

Evidence indicates that the successful redesign of health provision only occurs when there is significant clinical and user input in the process of reconfiguration and when the unintended consequences of redesign are recognised and actively managed. The NHS Operating Framework, High Quality Care for All, and the QIPP Programme all stress the importance of continuous quality improvement as the driver for better services in the future. The NHS Operating Framework has also proposed that any change in service must result in improved patient experience and outcomes, improved work life balance for staff, improved training opportunities, and improved effectiveness, efficiency and equity. Commissioners therefore need to commission improvement as part of the service delivery contract they have with their community child health providers.

More recently, in its revisions to the NHS operating framework and in the White Paper, *Equity and Excellence*, the new government has reiterated a commitment to the principles of TCS. However, they have also indicated that, though not ideal, short-term measures to achieve the separation of commissioner and provider functions may be necessary before "sustainable medium-term arrangements are identified and secured." In addition, they have stated that whatever the nature of the final proposals, they must strengthen "the delivery of public health services and health services for children."

Hence, in light of *Transforming Community Services*, and in order for children to continue to be served effectively by community child health teams, we recommend that the following issues must be addressed by Commissioners as they implement their plans for the provision of children's community services:

## Transforming Community Services reprovion checklist

### Key Questions for Commissioners

	Issue	Questions
1	Develop mechanisms to ensure that all their provider* services are aware of and implement the best available evidence.	Do the commissioners have a central mechanism to distribute relevant national guidance to all their providers, and do they provide sufficient resource to implement such guidance? How do the commissioners ensure that the services they commission are evidenced-based, and in line with national guidance?
2	As part of the commissioning process ensure that providers regularly audit their own practice.	Do the commissioners contractually oblige their providers to audit practice?
3	Enable providers to innovate and conduct research into the most effective forms of healthcare.	What is there in the commissioning arrangement that encourages appropriate innovation?
4	Encourage providers to develop best practice care pathways and to disseminate these widely.	Do providers articulate care pathways, and do they disseminate them?
5	Refuse to commission any service that involves sole practitioners.	Are any professionals working without peer review and support?
6	Ensure that processes for assessing and responding to children (and families) with complex health, education and social care needs are not compromised.	Are the commissioners confident that links between community children's services and partner agencies (e.g. education and social services) have not been weakened as a result of new provider models?
7	Commission a joined-up approach to continuous quality improvement (including safety issues) across all of their provider services.	Do the commissioners have a single clinical governance strategy that covers all of their providers?

8	<p>Ensure that any re-organisation of services does not weaken established local processes for safeguarding children.</p>	<p>Do the commissioners ensure that providers of community children's services have robust processes for safeguarding children?</p>
9	<p>Regularly utilise PREMs and PROMs in order to assess the services they commission. In particular, they should immediately develop, on a whole area basis, specific metrics:</p> <ul style="list-style-type: none"> <li>• to assess the extent to which services are integrated following the changes instituted under TCS</li> <li>• to assess whether inequity of outcomes has improved following the changes instituted under TCS</li> </ul> <p>Such metrics should be deployed both before and after the current planned changes.</p>	<p>Across the whole area, do patients report that their experience of integrated services has improved?</p> <p>Across the whole area, is their evidence that inequity in outcomes has decreased?</p>
10	<p>Have contingency in plans in place should any of their core provider services fail.</p>	<p>Can the commissioners demonstrate that they have robust contingency plans in place?</p>
11	<p>Ensure that the changes they enact will provide a sustainable workforce in the long term. In particular:</p> <ul style="list-style-type: none"> <li>• each provider organisation must have appropriate procedures in place for their paediatric staff which cover all the requirements of relicensing and revalidation, namely appraisal, CPD and identification of a Responsible Officer.</li> <li>• the requirements of trainee medical staff must be adequately considered such that not only is an adequate service provided to children and their families, but that adequate training is available in the community paediatric setting for trainee doctors.</li> </ul>	<p>Can the commissioners demonstrate that robust arrangements for revalidation are in place for all their providers?</p> <p>Do trainee doctors report adequate provision of training in community paediatrics across the whole area?</p>

\*Throughout this checklist, 'providers' refers to providers of community children's services.