Joint commissioning bulletin

Applying an outcome based approach to commissioning

1. Introduction

1.1 Introduction to the Joint Commissioning Bulletin

The Council for Disabled Children regularly receives questions from SEND Regional Leads and delegates from the regional SEND workshops on a whole series of issues relating to the SEND reforms and joint commissioning. The joint commissioning bulletins are designed to share the learning from those discussions to a broader audience.

2. Initial considerations for joint commissioning

2.1 Legislative requirements

A local authority in England and its partner commissioning bodies must make joint commissioning arrangements for the education, health and care provision to be secured for children and young people for whom the authority is responsible who have special educational needs, and; children and young people in the authority's area who have a disability.

2.2 Options for implementation

A Section 75 Arrangement or Section 256 Agreement provides the legal powers to formalise joint commissioning arrangements, which can also include pooled budget arrangements. The *Options for Joint Commissioning: Beyond Barker* (King's Fund, 2015) provides an appraisal of joint commissioning options.

http://www.kingsfund.org.uk/publications/options-integrated-commissioning

Critical areas where joint working might be considered are:

- children's wheelchairs, and community equipment;
- residential placements, respite and Short Breaks;
- speech and language therapy;
- occupational therapy;
- independent brokering / advocacy;

NEL Commissioning Support Unit

Council for disabled children

- meeting the needs of children and young people in schools and colleges, including supporting medical conditions (for example, a child with a tracheostomy).

2.3 Key quality assurance considerations

The CCG will need an identified lead responsible for the joint arrangements, and capacity to ensure they can be managed, and this would include ensuring appropriate links can be made with other areas of commissioning, such as continuing care, early years provision, CAMHS and community nursing. Capacity is likely to be needed to support the following activities:

- liaising with the local authority to establish what constitutes educational, health and social care needs and provision;
- overseeing the process of Education Health and Care assessments and plans, signing-off where appropriate;
- trouble-shooting and supporting staff on individual cases;
- reporting to executive teams, and as part of assurance arrangements;
- monitoring of joint arrangements, including case load, outcomes and information flows;
- supporting decision making on individual funding, and disputes between commissioners;
- updating the Local Offer and other information sources;
- working with CCG leads on complaints handling;
- ensuring SEND is part of the CCG's strategic considerations;
- supporting performance management of contracts relevant to SEND.

Accountability will need to be supported by appropriate monitoring. At its most basic, this would provide assurance that statutory requirements were fulfilled and that the CCG was effective in managing the process for SEND. It is unlikely however that these could be considered separate from the wider performance metrics, and measures of the experiences and outcomes of children and young people and their families.

3. Commissioning for effective transformation

3.1 Foundational principles to commissioning for effective transformation

NHS commissioning cycle - Commissioning for effective transformation[1]

The commissioning cycle can be helpfully used to establish a common approach to commissioning between partners. The key difference between the commissioning cycle above and other commissioning cycles developed is the emphasis on the foundational principles to achieving effective service transformation. These include:

- Bold and brave clinical leadership
- Strong and effective participation and co-production

These two foundational principles are also at the heart of the SEND reforms and are in line with the Section 19 principles described in the SEND Code of Practice.

Discussions during the regional workshops have emphasised the need for strong and effective professional leadership at all levels within the system to deliver the transformational change that is required. Recognising that this cannot be delivered without enabling the co-production of children, young people and parent carers in identifying what needs to change and how this could be implemented.

1 NHS England (2014) Commissioning for effective service transformation: What we have learnt

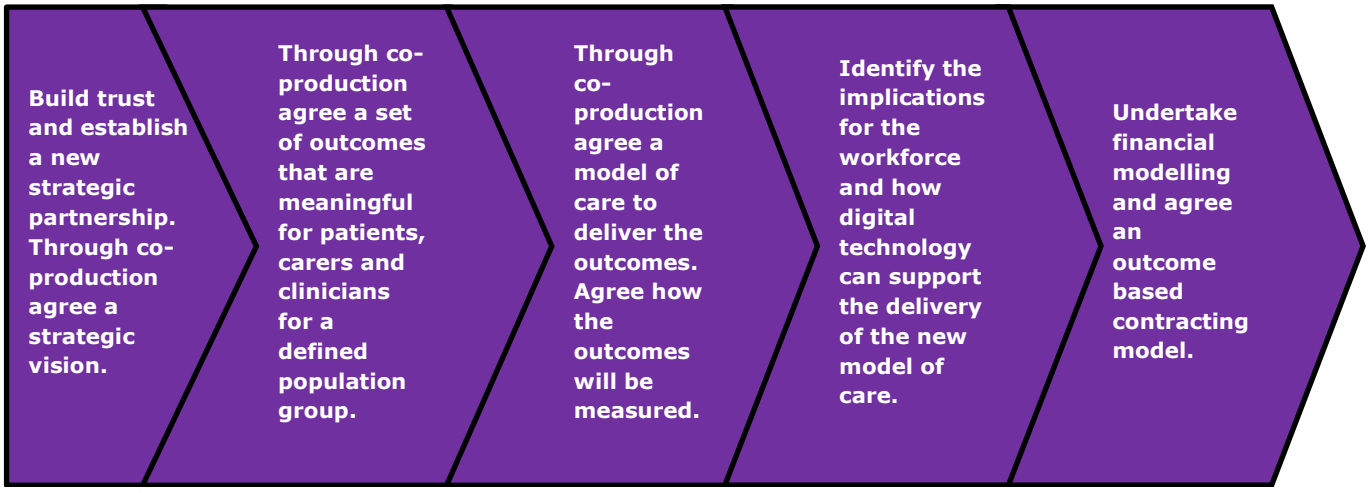
3.2 An outcome based approach to commissioning

An increasing number of CCGs and local authorities are adopting an outcome based approach to their joint commissioning arrangements, particularly when it comes to jointly commissioning therapy services, community mental health services or integrated pathways such as all age neuro-developmental pathways. Recent joint Ofsted/CQC local area inspections have also highlighted some of the good practice and headway made by local areas in adopting outcome based approaches to commissioning, of particular note is Brighton and Hove:

- Brighton and Hove local area puts the child or young person who has special educational needs and/or disabilities and their family at the centre of its vision to improve services. Consequently, children and young people who have special educational needs and/or disabilities achieve strong outcomes and their families are very well supported. Families benefit from services that work very cohesively together. This ensures that children's needs are usually identified early and that provision is effective in meeting those needs.
- Of particular strength is the local area's approach to joint commissioning, without the need for legal arrangements between the local authority and NHS services, known as Section 75 agreements. Services buy into leaders' strong vision to be family-centred. The effective working relationships between services are productive, so they ensure that identified needs in the local area are appropriately prioritised. Furthermore, strong working relationships ensure that safeguarding arrangements for children and young people who have special educational needs and/or disabilities are effective.

Further examples highlighted within the joint inspection outcome letters can be seen in **Appendix 1[2].**

Figure 2: A typical outcome based approach to commissioning described in five core stages



2 It's important to note that whilst the examples in Appendix 1 were highlighted as strengths within the joint inspection outcome letters, they do not necessarily reflect the entire report for each area, where provision, outcomes and quality of services has varied.

Stage 1: Agreeing a strategic vision

Starting with a series of co-production events to review and update any current strategic vision within a local SEND strategy. The process of undertaking a self-assessment of progress in implementing the SEND reforms can be used to review their current SEND strategies and the strategic vision that underpins them.

Stage 2: Identifying a set of core outcomes

Establishing a set of core outcomes that are meaningful to children, young people, parent carers and professionals is a central element and needs to be done *before* any strategic planning takes place to develop new models of care / integrated pathways. One of the reasons this is such a helpful approach is that research[3] identifies that parents, children and young people naturally identify outcomes that cross service boundaries; that relate to the whole child.

To support the co-production events it is recommended that a comprehensive needs assessment is undertaken to be able to describe the current situation. This includes any surveys undertaken by the local Parent Carer Forum, engagement sessions with children and young people and any video clips from interviewing parents and young people on their experience of the SEND reforms.

Stage 3: Identification of new models of care that go across traditional organisational boundaries and how the outcomes will be measured

The next stage is to use the outcomes that have been identified to inform further discussions and strategic planning on how they can be achieved through new models of care that go across traditional organisational boundaries. The evidence from areas where this has been done is that focussing on outcomes enables young people, parents, carers and professionals to think more creatively about how outcomes could be achieved. It also helps professionals to move beyond an existing service perspective to one that focusses on a broader whole system approach.

http://outcomesbasedhealthcare.com/OBH_Outcomes_Myths_2014.pdf

http://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/Report/TLAP_Developing_the_Power_Brochure_FINAL.pdf

https://www.england.nhs.uk/wp-content/uploads/2014/03/serv-trans-guide.pdf

3 Informing the NHS Outcomes Framework: what outcomes of NHS care should be measured for children with neurodisability?

Many areas have prioritised using this approach to consider how outcomes can be improved for children and young people with speech language and communication needs, neuro-developmental conditions or mental health and emotional wellbeing needs. However, further learning can be drawn from the government's Vanguard / New Models of Care programme. Even though the majority of the work has concentrated on transforming adult services, there are a lot of principles that can be drawn upon to support the SEND reforms. There has also been a shift from the traditional service based approach to commissioning to one that is place based. This has primarily focused on the new Sustainability and Transformation Plans and their associated Local Digital Roadmaps. Nearly all of the Sustainability and Transformation Plans involve population-based accountable care models of this kind[4]. This is something CCGs and local authorities may want to consider to support the implementation of the SEND reforms.

Identifying the indicators that will be used to measure the outcomes can be challenging. The indicators used to identify progress towards achieving the outcomes within an SEND strategy may well be different to those used to measure the impact of any new outcome based commissioning process. There are a growing number of providers who have developed tools for measuring outcomes which can be used to inform performance indicators in contracts or strategies.

Mental Health and Emotional Wellbeing

http://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf

http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

http://www.corc.uk.net/outcome-experience-measures/

SEND

http://www.in-control.org.uk/what-we-do/community-of-change/children-and-young-people/our-work/poet-personal-outcomes-evaluation-tool.aspx

Can be used for children and adults

http://www.outcomesstar.org.uk/

Person centred outcome measures

http://elcworks.co.uk/

AusTOMs-OT, AusTOMs-PT and AusTOM-SP can be used by occupational therapists, physiotherapists and and speech pathologists to measure functional outcomes. Free to download at https://austoms.com/about/ However, many of them require funding to purchase licences.

4 NHS England (2016) Integrated primary and acute care systems (PACS); Describing the care model and business model, NHS England

Local areas will find it helpful to establish a multi-agency dashboard that is able to bring a range of datasets together to describe the impact that the SEND reforms are having on 0-25 year olds with SEND and their families. This could include the following sources of data:

- Educational attainment data for children and young people requiring SEN Support or specialist interventions through an Education, Health and Care Plan
- Employment and training data
- Audits based on the *I Statements for children and young people with complex lives*[5]
- Quality outcome measures for children and young people who are looked after or who are in residential out of area placements
- Early Help and Healthy Child Programme data
- Safeguarding data relating to 0-25 year olds with SEND – (looked after children and children in need)
- Data from outcome based contracts and other health, education and social care provider datasets.

Stage 4: Understanding the impact that the new model of care will have on the workforce and how digital technology can support the delivery of the new model of care

Local areas have found a visual representation helpful in thinking about new models of care that go across traditional organisational boundaries:

Levels of intervention undertaken by allied health professionals

5 Think Local Act Personal & National Voices (2015) My life, my support, my choice

When considering the impact of the workforce on implementing a new model of care that goes across traditional organisational boundaries or a new integrated pathway, the following learning points need to be considered:

- Specialist practitioners such as educational psychologists, specialist teachers and therapists can play a key role in building capacity and capability within a wider workforce and should be regarded as a central part of any integrated pathway for promoting early identification of need and improving the resilience within families and settings.

- Providing the right information at the right time and in the right place can improve the effectiveness of early identification and prevention programmes and enable parent carers and professionals to co-deliver interventions that improve outcomes for children at home, in an educational setting and in the community.

- Identifying the core functions, skills, knowledge and competencies that are required to deliver an integrated pathway before assigning them to particular professionals is crucial. This enables commissioners and providers to review whether there are two groups of professionals undertaking similar functions, or whether there is a need to develop new roles such as generic assistant posts that can work across health, education and social care.

- Workforce planning will also be crucial to ensure that there is the right skill mix of staff available in a local area to deliver the new model of care / integrated pathway. This may require working collaboratively with existing providers, local universities and the new Local Workforce Action Boards that Health Education England is establishing to cover one or more sustainability and transformation partnership (STP) areas.

- Developing new integrated models of care across a 0-25 age range, where professionals are co-located can improve communication between professionals and deliver a more co-ordinated approach to meeting the needs of children, young people and their families.

- Trusted assessor models[6] such as those used in occupational therapy can improve the efficiency of the service and reduce the number of professionals a child and family have to deal with.

Whilst it is recognised that digital technology can play a key role in delivering new models of care or integrated pathways for 0-25 year olds with SEND and their families, very few children's commissioners have had any involvement in the design and development of their Local Digital Roadmap. The Local Digital Roadmap will be a key enabler to deliver the strategic priorities of the sustainability and transformation partnerships (STPs) and will be a route for local areas to receive funding from NHS Digital to support local initiatives to bring health and social care datasets together and promote personalisation through electronic patient held records. It is recommended that CCGs and local authorities review their Local Digital Roadmaps to ensure that local initiatives linked to delivering the SEND reforms can also benefit from some of the initiatives planned within the Local Digital Roadmap.

6 https://www.evidence.nhs.uk/Search?q=trusted+assessors and http://www.cot.co.uk/sites/default/files/publications/public/Competence-framework.pdf

There are good examples of local areas working collaboratively to pilot new cloud based platforms to promote personalisation and information sharing around the development and implementation of a child's Education Health and Care plan. Such as the work being done in West Sussex to pilot the Rix Foundation My Wiki: http://rixresearchandmedia.org/rix/home-media/

However, a very recent development is the agreement from NHS Digital to work with Council for Disabled Children, Department for Education and other key stakeholders to look at how the strategic priorities within *Healthy Children: Transforming Child Health Information* can be aligned with the SEND reforms. Starting with work to undertake the following amendments to the electronic red book that is currently being tested:

- Create a field to record whether a child has / suspected of having a special educational need or disability.
- Use the functional impairment codes within the national Children and Young People's Health Services Data Set to record a diagnosis.
- Create a field to enable a parent to upload an integrated plan such as an Early Help plan or Education Health and Care Plan.

Stage 5: Using alternative contracting models and developing capitated budgets

The final stage in the process is to consider using alternative contracting models such as alliance contracts or accountable lead provider / prime provider contracts. These alternative contracting models provide a governance mechanism for bringing multiple providers together to achieve a set of agreed outcomes and new model of care.

Local authorities and CCGs may want to consider how the learning from the government's New Models of Care programme could be applied to delivering the SEND reforms. Vanguard sites have tested out using alternative contracting models to deliver the following[7]:

- Virtual primary and acute care systems (PACS) where providers are bound together by an alliance agreement.
- Partially integrated PACS where a contract is let for the vast majority of health and social care services with a single budget.
- A fully integrated PACS where there is a single contract for all the local health and social care services, operating under a whole-population budget.

7 NHS England (2016) Integrated primary and acute care systems (PACS); Describing the care model and business model, NHS England

More information on this approach can be found in the box below:

Integrated primary and acute care systems (PACS) – Describing the care model and business model

https://www.england.nhs.uk/wp-content/uploads/2016/09/pacs-framework.pdf

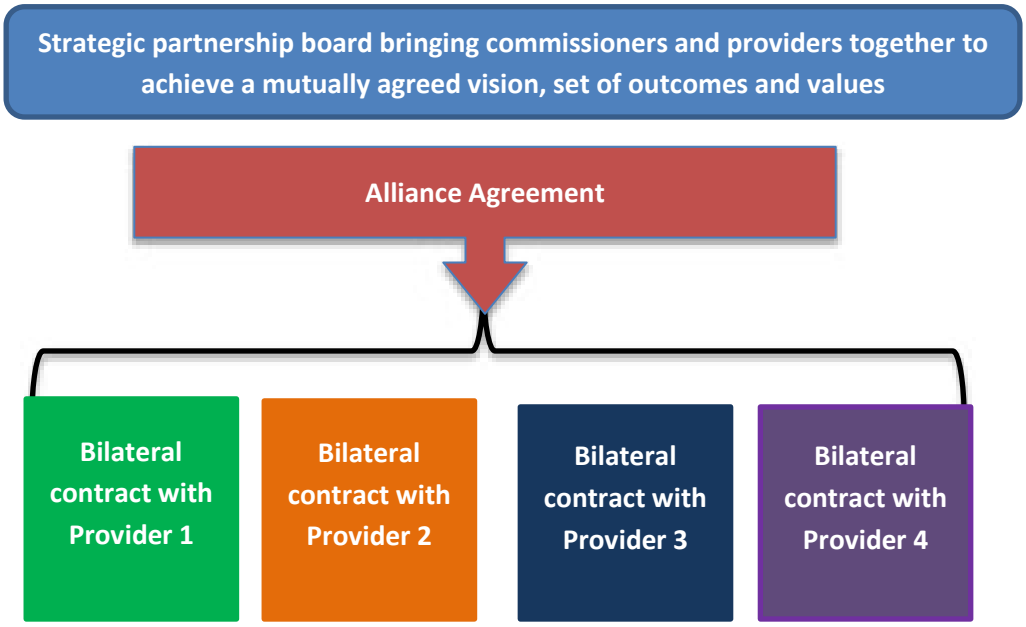
The multi-speciality community provider (MCP) emerging care model and contract framework

https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf[8]

However, there are also examples where CCGs and local authorities are considering using alternative contracting models to take forward key elements of their joint commissioning strategies.

The Alliance Agreement

Figure 4 shows the governance arrangements of an Alliance agreement



8 The MCP framework gives an outline of the intended new MCP commissioning contract. NHS England has published a draft version of this contract and supporting documents available here. An updated draft is due to be published early this year: https://www.england.nhs.uk/ourwork/new-care-models/van-guards/care-models/community-sites/

An Alliance Agreement brings providers together who already have an existing bi-lateral contract with a commissioner (e.g. CCG or local authority) to enter into a new partnership to work collaboratively on achieving a defined set of outcomes for a specified population group.

Significantly, an Alliance Agreement changes the relationship between the commissioner and provider to one that promotes collaboration to achieving an agreed set of outcomes and new model of care. Alliance Agreements often have a no dispute clause, to promote collaboration and eliminate use of the courts to resolve disputes. Alliance Agreements are built upon trust and a significant amount of time is required to develop strong relationships and partnership working prior to the Alliance Agreement starting.

Commissioners can also use an Alliance Agreement to incentivise providers to work collaboratively to achieve a set of outcomes. The Alliance Agreement would need to specify how the risk sharing arrangement would work and the implications for partnership should one of the providers fail to deliver their aspect of the agreement. Camden Council and CCGs have commissioned their children's services through an Alliance Agreement.

Accountable lead provider / Prime contractor

The accountable lead provider / prime contractor will be commissioned to deliver all or a significant element of a new model of care and a defined set of outcomes. The accountable lead provider / prime contractor may well have to subcontract elements of the pathway(s) to other providers. Instead of the risks of achieving the outcomes and new model of care sitting with a range of providers they remain with the accountable lead provider / prime contractor. This approach gives the accountable lead provider / prime contractor considerable flexibility in how the outcomes are achieved and the new model of care delivered; to ensure that a new integrated approach across traditional boundaries is achieved. This approach can also lead to benefits in terms of an integrated approach to workforce training and development, information governance and integrated IT systems.

Local areas need to be mindful that the development of alternative contracting models is still in its infancy within the NHS. The Department of Health recently commissioned the London School of Hygiene and Tropical Medicine's Policy Research Unit in Commissioning and the Healthcare System to undertake a literature review on alternative contracting models[9]. This can be found in the link overleaf:

9 Sanderson, M et al. (2016) Alliance contracting, prime contracting and outcome based contracting; what can the NHS learn from elsewhere? A literature review, PRUComm.

Alliance contracting, prime contracting and outcome based contracting; what can the NHS learn from elsewhere? A literature review

http://blogs.lshtm.ac.uk/prucomm/files/2016/10/New-contractual-models-literature-review-final-July-2016.pdf

Capitated budgets

The financial mapping needed to establish a capitated budget requires commissioners to be able to track children and young people across health, education and social care to understand the true cost of delivering a particular integrated pathway. Commissioners could then use a capitated budget to commission a new model of care. However, without a unique identifier that can be used across health, education and social care, this is proving to be extremely difficult to achieve.

Useful References

NHS England (2014) *Commissioning for effective service transformation: What we have learnt*
https://www.england.nhs.uk/wp-content/uploads/2014/03/serv-trans-guide.pdf

The Government's mandate to NHS England for 2017 – 2018
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601188/NHS_Mandate_2017-18_A.pdf

2017/18 NHS Standard Contract
https://www.england.nhs.uk/nhs-standard-contract/17-18/

Think Local Act Personal & National Voices (2015) *My life, my support, my choice*
http://www.nationalvoices.org.uk/sites/default/files/public/publications/my-life-my-support-my-choice.pdf

Pinney A. (2017) *Understanding the needs of disabled children with complex needs or life limiting conditions – What can we learn from national data?* Council for Disabled Children and The True Colours Trust
https://councilfordisabledchildren.org.uk/help-resources/resources/understanding-needs-disabled-children-complex-needs-or-life-limiting-conditions

NHS England (2016) *Healthy Children: Transforming Child Health Information*
https://www.england.nhs.uk/wp-content/uploads/2016/11/healthy-children-transforming-child-health-info.pdf

Please visit the CDC website to see our other Joint Commissioning Bulletins, focussing on:

- Identifying the responsible CCG commissioner to support local delivery of the SEND reforms
- Identifying the responsible CCG commissioners for the core functions of a speech and language therapist, occupational therapist and physiotherapist
- Applying an outcome based approach to commissioning
- Promoting personalisation and access to personal budgets

https://councilfordisabledchildren.org.uk/help-resources/resources/updated-joint-commissioning-bulletins

Appendix 1

Strengths in commissioning – as identified in the Ofsted/CQC joint inspection outcome letters

Established

Brighton and Hove – has a strong approach to joint commissioning; services buy into leaders' strong, family centred vision and working relationships between services are productive, ensuring needs are identified and appropriately prioritised.

Gloucestershire – there are effective joint commissioning arrangements to deliver improved services and outcomes; health professionals are regularly present in local strategic and operational panels alongside education and social care professionals, to influence and inform decision making.

Stoke-on-Trent – the local area has responsive commissioning arrangements in place. The Joint Strategic Needs Assessment (JSNA) has been revised to ensure current and emerging needs are communicated to the Health and Well-being Board; the new strategy is more focused on outcomes and directly linked to the SEND joint commissioning strategy. Public Health, the CCG and the local authority are all working together effectively to deliver this.

Herefordshire – it is clear that joint commissioning arrangements are in place but little detail is given. The joint commissioning team has recently been strengthened by the appointment of a joint commissioning lead and leaders have developed new care and commissioning pathways and arrangements to streamline appropriate access to services.

Developing

Bolton – arrangements are in place to pool budgets – a positive step towards improving the capacity to jointly commission services – but joint commissioning arrangements to anticipate and respond to significant changes in demand are not fully established.

Enfield – leaders and managers meet regularly, share information and jointly commission services. No further information about the extent or effectiveness of joint commissioning; some concerns about engagement of CCG – failure to appoint a DMO or DCO is hampering progress.

Hertfordshire – reference is made to joint commissioning of services and some particular examples are given; the strong leadership of

the two CCGs is cited for establishing a clear understanding of key priorities with partners across the local area. Joint commissioning is more advanced in some of the nine regional areas in the county responsible for delivering special provision locally than in others.

North Yorkshire – joint commissioning of support and services between education, health and social care is at an early stage of development and requires further improvement.

Plymouth – co-commissioning, co-location and pooled budget arrangements are contributing to a close-working, integrated multi-agency approach but it is not clear how the CCG is identifying areas for development and improvement.

Derbyshire – the report notes elements of effective joint commissioning (for example, S75 agreement in respect of services for children and young people who have 'high complex needs'). But progress is limited and there is no clear overall strategy or approach to date. The report does note 'a clear commitment from strategic leaders to ensure that the legacy of fragmented commissioning does not affect children and young people's access to services in the future'.

Hartlepool – jointly commissioned education, health and care services are effectively meeting the complex health needs of some individual children and young people. But there is no overall strategy or approach to joint commissioning.

About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium

About NEL Healthcare Consulting

NEL Healthcare Consulting is a consultancy by and for the NHS. As committed NHS professionals, we understand our clients' needs well and we share your mission of improving patient wellbeing, increasing access to safe and effective care, and demonstrating value for money.

Our clients range from CCGs, local authorities and STPs to NHS England, specialised commissioners, voluntary sector organisations, mental health trusts and providers. Our consultants are experts in delivering, supporting and advising complex programmes with different partners and stakeholders across multiple organisations.

Our consultants' expertise includes strategic service review and service reconfiguration planning and delivery, option appraisal, business case development, activity and capacity modelling, impact assessment, management of independent review panel processes and implementation planning and delivery.

July 2017

Council for Disabled Children is hosted by the National Children's Bureau. NCB is a registered charity no. 258825. Reg in England and Wales No. 952717