The role of children and young people’s nurses in commissioning and planning services

RCN guidance for nurses who manage and lead children’s services
Acknowledgements

Representatives from across the UK have been involved in updating and supplying best practice examples for this revised publication (originally published in 2004). The RCN would particularly like to thank Lin-Graham-Ray, Nurse Consultant/Designated Nurse for Looked after Children in Hammersmith and Fulham, and Michelle Johnson, Assistant Director Children’s Nursing and Paediatrics, Whittington Health NHS Trust for leading the revision of the publication in conjunction with the following:

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Diane Mulholland, Senior Nurse Manager for Acute Paediatric Services, Aneurin Bevan Health Board
Geraldine McSweeney, Child Protection Nurse Adviser, Belfast Health and Social Care Trust
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The RCN Children’s and Young Peoples Professional Issues Forum

The forum supports all nurses working with children in a supervisory, managerial or leadership capacity, and is particularly aimed at children’s nurses. If you would like to make contact with a member of the forum steering committee you can contact the RCN Adviser in Children’s and Young People’s Nursing: fiona.smith@rcn.org.uk

This publication is due for review in August 2016. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

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The role of children and young people’s nurses in commissioning and planning of services

RCN guidance for nurses who manage and lead children’s services

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Introduction

This publication is designed to support all nurses, but is particularly targeted at practitioners who lead and manage the commissioning of children’s and young people’s services. As children’s nurses, it is our professional duty to monitor the quality of services provided for children and their families, and to influence improvements to services.

The guidance is also relevant to partners from social care and the voluntary sector, who work with children and young people. At a time when health and social care is becoming more integrated the guidance is a way of increasing professional understanding between allied professionals.

Whether you work directly with children and young people or with adults whose lives impact on children, your experience and expertise is invaluable in terms of the future health landscape and health care for future generations.

This is not comprehensive guidance, and the commissioning and service-planning landscape is constantly changing and evolving. Also, different commissioning processes and arrangements exist across the four UK nations. So, we have made broad-ranging recommendations and used appropriate best practice examples that reflect this. We hope that this will support nurses to understand the commissioning processes and encourage professional advocacy.

The RCN encourages commissioners to involve nursing professionals in all areas of health service development. This document will provide information and support to help nurses influence the development of effective, efficient and appropriate high quality services for their area.
Commissioning in context

The Department of Health stated in its consultation on specialised services (2013): “Commissioning is the means by which we secure the best value for local citizens and taxpayers i.e. the best possible health and wellbeing outcomes, and health and social care provision, within the resources available. It is an on-going process that applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the independent sector.”

What is commissioning?

There are many definitions of commissioning, but all set out to develop high quality and value-for-money NHS services. Commissioning or planning service provision includes: assessing the needs of a population; analysing gaps; setting priorities and developing commissioning strategies; influencing the market to secure the best services; and monitoring and evaluating outcomes. In other words, it involves buying in services from a range of health service providers to meet the health needs of local people, and monitoring how well services are being delivered. This includes: dentists; community pharmacists; NHS and private hospitals; and voluntary sector organisations.

Commissioning applies to all services whether they are provided by the local authority, NHS, other public agencies or by the independent sector.

Why is it important?

Commissioning has been undertaken in the NHS for many years but has been relatively unsophisticated in its approach. The acceleration of commissioning with strong clinical engagement from primary care, together with incentives introduced by health reforms, have provided the opportunity for more effective commissioning to benefit patients and tax payers alike.

What are the benefits?

Over time more effective commissioning will improve quality effectiveness, efficiency of services and better patient access to a comprehensive range of services. High quality care and value for money will benefit providers and patients.

What are the future challenges and opportunities for commissioning?

The commissioning role has become increasingly challenging. The NHS faces rising expectations from the public, the demographic challenge of an ageing population and a revolution in medical technology. There is a 24-hour culture where services need to fit demand.

There are more health care providers such as NHS trusts, NHS foundation trusts (NHS boards in Scotland), independent and third sector providers. This choice means that more can be achieved, but there are finite resources. There is still a need to ensure value for money is delivered for the tax payer.

Providers of health services need to make a radical change in the way they work and perform to deliver this challenging agenda. World class commissioning is a statement of intent to raise ambitions for a new form of commissioning to “add life to years and years to life” (DFE, 2003).
Children and young people’s health commissioning priorities

Children and young people referred to in this document are between 0 to 19–years-of-age. When commissioning services, you will need to recognise the different stages of childhood and adolescence (RCPCH, 2003), as well as the specific needs of particular groups of children such as: minority ethnic; asylum seekers; those living in poverty; looked after children; those in the youth justice system, specialist residential or mental health settings; children with disabilities and complex health care needs.

The publication of the Children and young people outcomes framework (DH, 2012a) and the Government’s response (DH, 2013) reported that health outcomes for children and young people are lower when compared to other countries across Europe. For many this is linked with failures in care. There have been improvements in the reduction in the number of young people smoking and teenage pregnancies. However, it is important to note that more children and young people die during childhood in this country than in other northern and western European countries. This alone is a strong reason to do things differently to bring about improvements in the care of children and young people.

The report says that the outcomes for children and young people can be improved if the wider health system addresses inequality. There is strong evidence that infant mortality, obesity, childhood accidents and teenage pregnancy all affect more children and young people from disadvantaged backgrounds. Children who have a disability, who are looked after, or are in the criminal justice system face even poorer health outcomes. It is not just their health that is affected – it is their social and economic potential.

Children, young people and their families often fail to get their voices heard and to be involved in decisions about their own health services. They are best placed to know what needs to be done to improve the services they use and so their voices must be heard throughout the health system and especially in any commissioning process. Nevertheless, children’s health care is a small part of the provision for the whole population. Children enjoy relatively good health, particularly compared with the increasing demands of an ageing population and the medical advances that allow people with chronic illness to live longer lives.

The services children use

Children need the full range of health care services but, because of their unique physical and psychological makeup, have requirements that are not always understood or recognised by practitioners outside paediatric practice. Professionals, who work with children all the time, particularly nurses, are ideally placed to educate others and share the expertise that is not as commonplace among those working in adult services as we might expect.

The range of services children and young people require includes:

• preventive and early intervention child health – health promotion including child health surveillance, immunisation, school health, health visiting, child development, and services for children with disabilities and complex health care needs
• social care – health care support in the education sector: children looked after by the local authority such as those in care, those being adopted and those with child protection issues (RCPCH, 2003); and in criminal justice and youth offending services
• acute health care – planned and unplanned medical and surgical hospital admissions, children attending accident and emergency departments, adolescent services, maternity/neonatal services, specialist acute services including paediatric oncology, cardiology and neurosurgery, and child and adolescent mental health services (Scottish Executive, 2001a). Increasingly, acute health care for children is being delivered in community settings and at home.
• specialist health care – inpatient mental health services and secure treatment settings.
Why should nurses influence commissioning?

There is a very clear national drive for nurses and other clinical staff to support and influence commissioning and planning clinical services. The Health and Social Care Act (DH, 2012b) clearly states that clinical commissioning groups in England, which will make decisions about health services, must be led by clinicians. The Act says this will be doctors, nurses and allied health professionals because they are best placed to understand the health needs of their local communities and populations, and the quality of local services. The collaboration between clinicians and commissioners is central to drive local improvements in provider organisations (NHS trusts, private and voluntary sector) and services, and crucially to improve outcomes for children and their families. Clinical staff are also centrally placed to co-ordinate and integrate care for patients across different services and importantly to challenge poor quality care.

Compassion and dignity, as well as wider issues of quality and safety, should be central to the role of the organisations that commission and plan services. The NHS Commissioning Board (2012) has described clinical commissioning as based on clinical added value (NHS Commissioning Board, 2012). It has highlighted that clinical commissioning requires a multidisciplinary approach across health and social care. Nurses are ideally placed to influence and lead clinical engagement and commissioning because they work across all aspects of the health system. The board has said that new commissioning arrangements design their management and leadership requirements so that they capture and work with the wide range of the available clinical and professional expertise. Nurses and other clinicians must work with commissioners to ensure that they can support improvements in care pathways and outcomes.

Clinical commissioning arrangements across the NHS clearly recognise the value that experienced senior nurse leaders and other health care professionals can contribute to the quality and improvement of patient care and services. The expertise that senior nurses brought to previous NHS organisations has been invaluable and the latest clinical commissioning organisations want to enhance this. The NHS Commissioning Board has acknowledged that nursing represents the largest professional workforce, and that senior nurse leaders in every part of the commissioning landscape should match the senior leadership in provider organisations. There is already a great deal of local evidence that commissioners are working jointly with senior nurses to design and co-create patient care pathways (NHS England, 2012).

Clinical commissioners need to recognise when the quality and safety of care is in question. Nurses working with commissioners, whether through clinical engagement or as part of commissioning organisations, have a duty of candour (Francis Report, 2013) to scrutinise and raise awareness where the care is failing patients and families.

Senior nurses in a commissioning organisation must have the specific qualities required for their roles to demonstrate leadership in the health system. They have an important part to play in challenging and scrutinising quality of care. This should be in a supportive environment but with clear expectations of holding organisations to account for the care provided.

The Health and Social Care Act 2012 has defined the membership of clinical commissioning groups (CCG) and made a commitment that the governing board for each organisation includes at least one registered nurse. The role of the nurse is to give the governing body an understanding of nursing and of specialist care. Nurses are appointed on the basis of their professional expertise and knowledge together with the additional perspectives that they bring to the governance of the CCG. They have an additional responsibility to ensure that the CCG has systems in place to involve a range of health care professionals in decision-making (Health and Social Care Act, 2012).

Nurses working in provider organisations should find out about their local commissioning organisations and who the senior nurse is, and what arrangements are in place for the commissioning of children’s services. There are some clear areas where children’s nurses can support and engage with clinical commissioners. They bring expertise around scrutiny of safe skill mix and workforce, harm-free care and scrutiny of care and dignity standards.
There are some key roles that nurses should use to influence and lead clinical commissioning. Nurses should:

• work with communities, families and individuals in assessing need and designing services to meet this need
• contribute to the development of service specifications and service level agreements across programmes of care and across the range of services commissioned
• ensure that services commissioned are based on the best evidence of effectiveness and efficiency available
• monitor and evaluate services as a key component of the role they play in commissioning (DHSSPS, 2000).

Advocating on behalf of children

Children’s nurses are in a unique position to influence commissioning. Nurses combine clinical expertise, an ethos of child-centred and family-centred care together with an understanding of their local health economy or clinical specialty. Importantly, they are also able to advocate on behalf of children and young people.

The amendment to the Children’s Act in 2004 led to the Government appointment of Children’s Commissioners for the four UK nations whose role is to advocate for children at national and local policy level.

In the last 10 to 15 years children and young people’s services have received greater attention, regrettably, often as a result of distressing and significant events. These have often led to public and independent inquiries and reports, including the Kennedy inquiry into children’s cardiac surgery in Bristol (Kennedy et al, 2001), the Laming inquiry into the care given to Victoria Climbie (Laming, 2003), and the Carlile inquiry (Carlile, 2002) into safeguarding children in Wales.

The development of a Children’s national service framework (England,) and the Every child matters policy (DFE, 2003) significantly raised the profile of children’s health services. A notable example is the publication of hospital standards for children’s health services. This led to a complete shift in the environments where children were seen and the physical separation of children from where adults are treated such as in accident and emergency departments. Children’s nurses have also strengthened their voice in determining safe nursing levels and competences and skills in caring for children (RCN, 2013).

The Francis Report (2013) into Mid Staffordshire Hospital requires every nurse to review care and to ensure that high quality, safe and compassionate care is provided. Children’s nurses have a duty of candour to raise concerns where they see that the care for children and young people is not safe.
Commissioning and service planning across the UK

Commissioning services in Wales

In Wales, trusts and local health boards feed into three regional offices with a children's lead identified in each geographical area. The National Service Framework for Children, Young People and Maternity Services in Wales (Children’s NSF) was published by the Welsh Assembly Government in 2004.

In Wales, specialised services are commissioned through the Welsh Health Specialised Services Committee (WHSCC). This is an executive agency of the Welsh Assembly Government that is responsible for providing:

- a strengthened specialist health services commissioning body that commissions tertiary and other highly specialised services throughout Wales. WHSCC does not commission services that can be commissioned by local health boards
- advice to NHS Wales on the commissioning of specialised secondary and regional services
- dedicated guidance, support and facilitation in relation to commissioning acute services
- arms-length independent advice and guidance on difficult issues relating to specialist services.

The Children and Young People’s Plan (CYP plan) is an important part of the reforms supported by the Children Act 2004. This means that local areas have to produce a single, overarching plan for all services affecting children and young people. Plans are published by each of the 22 local authority-led CYP partnerships in Wales stating how they will co-operate to improve outcomes, and setting out the strategic priorities, actions, partner responsibilities and resources that will be needed to achieve them.

The CYP plan is the key local statement of planning intent by service providers in each local authority area. It reflects both national and locally determined priorities, and all other plans must refer to it in their priorities for improving the wellbeing of children and young people.

This three-year strategic plan is based on shared service provision mapping, identification of need and jointly agreed priorities and actions to drive co-operation across statutory and voluntary providers. It is the basis for shared funding, joint provision commissioning, and for children and young people's workforce planning.

Best practice examples


Commissioning services in Northern Ireland

The Northern Ireland Executive's (NINE) Programme for Government 2011 to 2015 makes 82 commitments. The key commitment is to reconfigure, reform and modernise the delivery of health and social care services. It also sets out how to improve the quality of patient care in the Transforming your care (HSCB, 2011) report.

Health and social care are provided as an integrated service, and a number of organisations work together to plan, deliver and monitor the care across Northern Ireland.

Health and Social Care Board for Northern Ireland

The Health and Social Care Board (HSCB) is responsible for commissioning services, resource and performance management, and service improvement. It identifies and meets the needs of the Northern Ireland population through five local commissioning groups (LCGs), which cover the same geographical areas as the five health and social care trusts.
The HSCB report *Transforming your care* proposes significant and major changes across health and social care. It focuses on reshaping the structure and delivery of services to make best use of available resources to ensure that services are safe, resilient and sustainable into the future. This report has specific proposals for child health that influence how children’s services are commissioned:

- further development of childhood screening programmes
- promotion of partnership working on children’s health and wellbeing matters with other government sectors
- close working between hospital and community paediatricians through integrated care partnerships
- review of inpatient paediatric care that includes palliative and end-of-life care
- establishment of formal partnerships outside the jurisdiction for specialist paediatric services.

**Public Health Agency**

The Public Health Agency (PHA) was set up in 2009 following major reform of health structures in Northern Ireland. The agency works in partnership with local government, partners and other sectors to improve health, wellbeing, health protection and to reduce health inequalities. It also provides professional input to the commissioning process. PHA is jointly responsible with the HSCB for the development of a fully integrated commissioning plan for health and social care.

**Regulation and Quality Improvement Authority**

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. The authority encourages continuous improvement in the quality of these services through a programme of inspections and reviews. Recommendations from inspections influence the service commissioning for children.

**Best practice example**

**Northern Ireland New Entrant Service**

Belfast Health and Social Care Trust in collaboration with the Public Health Agency and the Health and Social Care Board have established the evidence-based Northern Ireland New Entrant Nurse-led Service (NINES).

NINES aims to provide access to care that specifically addresses the health and social wellbeing needs of new immigrants, asylum seekers, refugees, and patients unable to register for GP services.

NINES aims to:

- offer a holistic service to meet the health and wellbeing needs of new immigrants
- increase the uptake of vaccinations
- improve the interface between primary and secondary care
- improve communication with A&E departments
- plan the transition of clients to mainstream primary care services.
Commissioning services in Scotland

Getting it right for every child (2013) is at the heart of the Scottish Government’s approach to services for children and young people. The approach is about improving outcomes for children and making sure that all agencies respond appropriately to needs and risks. It provides mechanisms for identifying and planning how children and young people are helped. It also seeks to improve services and measure the impact that they have on a child’s wellbeing expressed through eight wellbeing indicators illustrated in the Wellbeing wheel (see below).

**The Wellbeing wheel**

Getting it right directly supports work to achieve many of the agreed national outcomes. For example, to ensure that our children have the best start in life and that public services are high quality, continually improving and responsive to people's needs.

The outcome-focused approach is designed to maximise the benefits for Scotland’s children. Getting it right for every child provides the building blocks for making positive change in children’s services. It demonstrates how systems can be adapted and streamlined to deliver a variety of policies such as: the Early years framework; Child protection; Equally well; Achieving our potential; More choices, more chances; and other relevant policies. It supports the delivery of improved outcomes for children and young people from

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A guide to getting it right (Scottish Government, 2013). Reproduced with permission.
the highest strategic decision-making to the smallest practical actions.

*Getting it right for every child* requires a positive shift in culture, systems and practice from the managers and practitioners who work in frontline services for children, young people and families. By working together in an integrated and consistent way significant benefits are expected for children and young people. The evaluation of the Highland Pathfinder pilot has provided good evidence of how getting it right can turn aspirations for children into good practice. However, it will always be necessary to take local structures and solutions into account to ensure local needs are met.

Partnerships and strategies affecting the communities in which children and young people receive services must be streamlined and rationalised through appropriate commissioning, in particular where service provision includes community and voluntary sectors. Children and families experience services as having different objectives, which are sometimes in conflict. From an organisational perspective, changes made in one agency can significantly impact on other agencies and the scope and standard of services provided. Commissioners of children and young people’s services should consider the following when commissioning integrated health and social services:

- joint social work/housing departments
- joint education/social work department
- multi-departmental/strategic departments
- children’s services departments
- joint political structures.

By April 2015 community planning partners should ensure that local arrangements for joint commissioning are developed across relevant partner agencies and service areas to support the delivery of agreed outcomes, and that these take account of the needs of people with learning disabilities.

**Best practice examples**

Decisions to commission children’s services in Scotland are based on the impact on the health and wellbeing of the child or young person. The *Getting it right for every child* practice model is inherent in all decisions about the provision of health and social services made on behalf of children and young people.

**The Children and Young People’s Health Support Group**

The Children and Young People’s Health Support Group works with health boards, regional planning groups and the Scottish Government to ensure that NHS Scotland adequately reflects the needs of children and young people’s health.

Appropriate service commissioning is achieved by:

- development of an educational framework in association with NHS Education for Scotland to ensure a child health workforce fit for the delivery of children and young people’s care in the 21st century
- delivery of measurable improvements in the provision of health care, health improvement and health outcomes for children and young people
- promotion of mechanisms for children, young people and their families and partner agencies to participate in the planning and development of services
- development of an action framework for children and young people’s health.

The Children and Young People’s Health Support Group is the parent body for the National Steering Group for Specialist Children’s Services. It is responsible for:

- specific specialist services
- general surgery for children and young people
- age-appropriate care
- high dependency care in collaboration with National Services Division
- *National delivery plan for specialist children’s services*
- developing a community child health service for the 21st century.
Commissioning services in England

The 2012 Health and Social Care Act introduced some changes in the commissioning of health care for children and young people in England. While commissioning responsibility for most services remains with NHS England, some services are now commissioned by local authorities when public health practitioners were transferred to local authorities in April 2013.

NHS England:

• clinical commissioning groups (CCGs) commission care for local populations, which includes hospital, community, and child and adolescent mental health services (CAMHS)
• area teams host the specialised commissioning teams and also directly commission primary care and public health services such as health visiting
• national specialised commissioning group commissions low volume, high cost care such as organ transplantation.

Local authorities:

• commission public health services such as the Healthy child programme and immunisation programmes.

Best practice examples

Central London Community Healthcare Trust

Central London Healthcare Trust works across four London boroughs: Barnet; Hammersmith and Fulham; Kensington and Chelsea; and Westminster. Teams are still locally based and support local arrangements and performance briefs. The four boroughs have bespoke commissioning as well as common service delivery arrangements. Inspections in the last year revealed excellent feedback with good and outstanding ratings.

Looked After Children Nursing Service

The boroughs’ Looked After Children Nursing Service delivers all health assessments to the four to 24-year-old age range, regardless of where they are placed in the country. They review health care plans at six-monthly intervals, and where indicated repeat the assessment.

Each child/young person is allocated a looked after children (LAC) nurse, who assumes the role of lead health professional. Each nurse has approximately 100 patients to assess, plan and evaluate health care for. Each nurse also works intensively with 15 to 20 looked after children and young people throughout the year.

The LAC service has a strong interest in developing and shaping practice based on patient’s needs and wishes. It has a core group of expert patients and focus groups that have developed best practice and patient stories.

This is an award winning team that is involved in many strands of national dissemination of best practice and policy delivery.

The LAC team aspires to provide:

• an all encompassing nurse-led LAC service
• specialist LAC health and wellbeing support from point-of-entry to care to post-leaving care access
• evidence-based best practice founded and supported by patient feedback, stories and testimony and rigorous service improvement.
6

Issues to consider

Children and young people’s nurses, practising at all levels, require the following knowledge and skills identified in the NHS Scotland (2012) *Pillars of practice*.

**Four pillars of practice**
2. Facilitation of learning.
3. Leadership.
4. Evidence, research and development.
[www.careerframework.nes.scot.nhs.uk](http://www.careerframework.nes.scot.nhs.uk)

Children and young people’s nurses are able to influence service planners and commissioners whatever their experience and level of practice. But, they are more likely to have greater influence in the process when they have developed the four pillars of practice to advanced and consultant levels.

However, every nurse has the ability to influence the commissioning process directly or indirectly through their employing organisations and professional peers.

When you are working to influence the commissioning process, there are some important challenges in the changing delivery of health care and new directions from stakeholder bodies, and importantly patient representatives. You need to consider how to manage these and build them into the planning process.

**Challenges to care delivery**

**Changes in knowledge and delivery**

- The implementation of the *Children and young people’s outcome framework*.
- Increasing commissioning of social enterprises and private care providers.
- The impact of the General Medical Services Contract that is likely to drive new approaches to the assessment and treatment of patients, including children and out-of-hours services.
- Impact of any changes to emergency or acute service provision.

- The boundaries between specialist children’s and young people’s services in hospital and in the community are increasingly irrelevant. The move to a more integrated model of health and social care means social care is the lead commissioner of specialist health and social care packages.
- Care for children with long-term conditions or a neuro-disability is now mostly delivered at home or at school. Hospitalisation for urgent unplanned or planned care is needed only for acute episodes (RCPCH, 2001; National Assembly for Wales, 2001).
- The increasing survival rates for children and young people with long-term conditions and complex health care needs as a result of new medical interventions.
- Recognition that much of adult disease has its root cause in childhood.
- The continuing use of government targets for health care, such as for immunisation.
- An increase in disease prevalence and secondary health conditions.

**Integration of services**

- A significant proportion of children attending accident and emergency departments have psychological and mental health issues. It is essential that there is a close relationship with CAMHS, and an enhanced emergency service is developed (RCPCH, 1999; 2001).
- Child development centres should be managed as part of a complete children and young people’s service under combined management (RCPCH, 2001).

**Service profile and public attitudes**

- Paediatrics and children’s services, as a specialty, still have a relatively low public profile because they appear not to contribute to reducing waiting lists or trolley waits, for example. Problems created by the chronic shortage of children’s nurses and specialist allied health professionals are also seen as relatively insignificant compared to the impact of ongoing changes in doctors’ training and working hours. This could affect funding allocation decisions.
- There is growing public interest, heightened awareness and increasing expectations of service provision in health and health care systems. This is as a result of media coverage of high profile tragedies and public inquiries, together with the portrayal of health-related issues in broadcast and online media.
How to influence commissioning

Commissioning cycle

Commissioning public services is about public sector agencies working with purchasers, providers and, most of all communities, to identify and understand their needs so that services can be designed to meet those needs.

This is done by working in a structured and planned process known as the commissioning cycle. This is continuous to ensure that services are improved and developed against past experience and current community need. Resources will always be an issue, but the commissioning process provides an opportunity for voluntary community and social enterprise sector (VCSE) organisations to participate in the commissioning cycle.

Service commissioners decide how best to provide services and the process needed to make this happen.

A good best practice example is the commissioning cycle adopted by Bristol City Council's *Enabling commissioning framework*, which is shown in the diagram on page 16. It is an ongoing cycle with four stages, rather than a one-off activity:

- analyse
- plan
- do
- review.

General principles for children’s care

There are many general principles about caring for children and young people that should be applied to all situations where they receive care, and can help in service planning (RCN, 2014). These include:

- children should be cared for by appropriately trained and experienced staff in a suitable environment (DH, 1991; RCN, 2014)
- at the very least, two registered children's nurses should be available on duty 24-hours–a-day in all children's wards and departments (DH, 1991; RCN, 2014)
- there should be a senior children’s nurse available for advice 24-hours-a-day
- children should not be nursed in adult environments (DH, 2003 a; RCN, 2014).
- children and their families should be actively encouraged to participate in decisions about their own care (DH, 2003 a and b; RCN, 2014)
- children should not be admitted to hospital unless absolutely necessary. If admitted it should be as a day case where possible (DH, 1991; RCN, 2014)
- children need different kinds of support while in hospital, which should be provided by a full multi-disciplinary team including psycho-social, play and family support (DH, 1991; RCN, 2014)
- children and young people in hospital should be provided with education during their stay (DH, 1991; RCN, 2014).

Increasing public involvement means we must engage children, young people, parents and carers in service provision commissioning, and work with consumer representative organisations such as Healthwatch (DH, 2003 a and b). The Government Green Paper *Every child matters* (DFE, 2003) listed five outcomes described as essential to the wellbeing of children and young people:

1 being healthy
2 staying safe
3 enjoying and achieving
4 making a positive contribution
5 economic wellbeing.

All these impact on health provision in its broadest sense and the principles remain true today even if government interpretation changes.

1 being healthy
2 staying safe
3 enjoying and achieving
4 making a positive contribution
5 economic wellbeing.

All these impact on health provision in its broadest sense and the principles remain true today even if government interpretation changes.
Children’s nurses need to influence the commissioning and planning of children’s services at organisation, local and national level.

It is important to remember that the children’s nurse is likely to be the professional who has most contact with the child and family receiving health care. They are ideally placed to have specialist knowledge and patient experience-based feedback to inform future planning and commissioning.

It is important to have:
- data about service delivery and patient outcomes
- quantitative data about the service you provide
- qualitative data as reported by patients who use the service.
- an understanding of local equality or diversity factors, particularly how vulnerable or marginalised groups can access main health services and primary care.
Making yourself visible

To maximise your influence you must make yourself visible throughout your organisation – not just in children’s services. You should also maintain a high profile in your local clinical commissioning group or equivalent, working as part of a multidisciplinary team. It is important to identify the local children’s and safeguarding children lead nurses.

When new services are being planned, the earlier you are involved in the process, the more you can influence the final shape of the commissioned service. You need to be aware of national and local priorities for service development, including the relevant national guidance of best practice or similar. You also need to be aware of local authority/council mechanisms and priorities to see where you can engage and influence them.

Influencing at organisation level

Every organisation should have a senior children’s nurse as an equal partner with the service manager and a lead paediatrician in the management of children’s services. To fulfil that role you will need to be proactive and get involved in:

• all decisions made about the service
• the business planning process and bids for service development
• ensuring that safe and appropriate care is provided for all children across the organisation, no matter where they are cared for. This includes an advocacy role, as well as providing a professional resource to advise on all areas where children are seen and cared for
• ensuring that your organisation’s clinical governance structure takes notice of the needs of children, and that the lead for children’s services is routinely involved in day-to-day children’s care and aware of all children accessing service provision across the organisation.

Every organisation should also have a children’s champion at executive board level. It is essential that this champion understands local services and can lobby effectively on behalf of children and young people, particularly in the annual budget and business planning process that influences commissioning. You must keep the children’s champion fully informed about services provided, highlighting any deficiencies or difficulties.

Influencing at local level

You will need to identify the local commissioner of children’s services and raise their awareness and understanding of local provision for children and young people. This is particularly important because of the development of unified NHS/local authority budgets that will increasingly influence service commissioning. This means, for example, that school nurses will have a growing role working with head teachers and governors to provide health services specifically for children with additional needs in the education sector. Developments in criminal justice mean that some commissioning, such as mental health services for children and young people, will need to be undertaken in conjunction with police and probation officers. Increasingly the commissioning role for children’s services will sit with local authorities as well as NHS commissioning organisations.

Raising your profile at national level

Attendance at national professional events will enhance your knowledge, give a national perspective and increase your credibility. Make every effort to interact nationally, if you want to increase your effectiveness locally. Ensure that any good practice you develop is published not only in the nursing press but also in national and local media.

Working with other agencies

To influence services effectively, you should work in collaboration with all local health-related partner organisations.
Frequently asked questions

These questions cover the key areas that you will need to know about.

• **What is the most effective way to influence commissioning?** To be recognised as the senior children’s nurse who is able to affect the way services are delivered. It is important that you are seen as effective in implementing change and that you are authoritative about children’s services. You will need to be knowledgeable about the recommendations from major current reports (see the reading list in the Appendix) and the direction from key figures, such as the children’s commissioners in each of the four UK countries.

• **What evidence is there about appropriate commissioning of services for children and young people?** The Appendix lists various sources of information.

• **How do I compare the level of service offered by my organisation with other providers?** You need to benchmark against national standards and principles for caring for children, young people and their families. You then need to produce reports highlighting what is, and what isn’t working well about the service your organisation provides.

• **Who do I approach in order to influence commissioning?** Your local lead commissioner and, if you manage specialist services, the person who leads that for your trust/board/organisation. You will need to identify the key stakeholders. Although commissioning processes may vary in different areas there will be one or two people who will take the lead for children’s services. Make sure that they are aware of you and your interest. Funding will come to your hospital or service from a variety of sources, but again it is likely to be handled by one or two people. Identify them and make sure that they are aware of your role.

• **When is the best time to influence commissioning?** The right time is when your organisation is involved in budgetary negotiations for the new financial year. This is normally around November/December for the financial year that begins the following April. But you can be just as influential at other times.

• **What should I do if I feel I am being ignored?** Use the questions in Maximising your influence (see box) to try to identify the cause of your difficulty, and where you can build influence.

Maximising your influence

**Think about:**

- have you got the appropriate knowledge and skills to influence the commissioning process and to prepare the service proposal?
- do you need to co-opt others to assist?
- is now the right time to make your approach?
- who are your allies?
- who is likely to oppose your position? Identify your key:
  - stakeholders
  - purchasers
  - providers
- are you providing a solution to a difficult problem?
- are you providing an innovative way of working to improve the services for children?

**Gaining support**

- Are you approaching the right person?
- Is there a person with responsibility for children’s services in your trust/board?
- Who is the lead commissioner for children services within the local clinical commissioning group/primary care organisation (or equivalent)?
- Are there any local pressure groups that support your position?
- Are you working with partners (social services, education, probationary service, and housing) to extend the effectiveness of your service?

**Gathering evidence**

- Are there any local guidance documents that support your position?
- Are there any relevant national or local edicts stating what must be provided for children?
- Have you got all the information that you need?

**Presenting evidence**

- Be prepared to present your case to the executive team in your trust/board.
- Know the facts.
- Write a business plan/project proposal.
- Make the case.
- Identify the benefits of your recommendation.
- Include an assessment of risk and the implications for health, safety and quality of services if it is not taken forward.
- Link with the trust/board clinical governance strategy.
- Provide a cost analysis for your initiative.
- Identify how you would see the project going forward.
- Keep it brief and to the point.
Conclusion

It is the responsibility of every nurse to ensure that patients receive a good level of care. It is the responsibility of every senior children’s nurse to ensure that they know what a good level of care is for children, and to ensure that all children receive it. You need a clear understanding of recommended good practices so you can understand what is or isn’t acceptable.

If you feel that children are not receiving the right level of care, you must bring this to the attention of your organisation’s managers. The RCN fully supports its members in raising appropriate concerns about the care of children and young people, and the protection of children’s rights as individuals. If you have come across such problems, you can seek specific advice by contacting RCN Direct on 0845 772 6100.

It is also for you to take the initiative to shape future care to truly meet the needs of your young patients – and that means increasing your influence with key stakeholders and making your voice heard with colleagues at local, regional and national level.
References


Department of Health (1999a) Making a difference, London: National Archives. webarchive.nationalarchives.gov.uk


Appendix:  
Sources of further information and reading

Websites

England and UK-wide resources

www.nice.org.uk National Institute for Clinical Excellence  
www.library.nhs.uk National Electronic Library for Health – an excellent site for many reports  
www.rcn.org.uk the Royal College of Nursing website provides the latest information on all aspects related to nursing and has numerous publications available to download for free  
www.gov.uk/government/publications useful for all government publications

Northern Ireland

www.dhsspsni.gov.uk Department of Health, Social Services and Public Safety, Northern Ireland

Scotland

www.show.scot.nhs.uk Scottish Health on the Web (SHOW), useful for Scottish Government publications and information  
www.scotland.gov.uk/Publications/2013/06/1123/6  
www.sehd.scot.nhs.uk/cyphsg/chcomms.htm  
www.scotland.gov.uk/Publications/2006/08/31120554/0  
www.scotland.gov.uk/Topics/Education/DoranReview/StrategicCommissioning  
www.rcgp.org.uk/commissioning  
www.mnic.nes.scot.nhs.uk/media/53667/career_framework_ccn_final.pdf  
www.sign.ac.uk  

Wales

www.wales.gov.uk Welsh Assembly Government  
www.wales.nhs.uk/nsf drafts of standards for the National Service Framework for Wales  
www.wales.nhs.uk/cyphss provides information on children’s specialist services in Wales and the development of Managed Clinical Networks that will be commissioned by Health Commission Wales  
www.childcomwales.org.uk The Children’s Commissioner for Wales website, for those aged 18 or under living in Wales  
www.funkydragon.org Funky Dragon is a peer-led organisation which aims to make sure that the views of children and young people are heard and supports decision making at national level.

Recommended reading


House of Commons Health Select Committee (1997b) Hospital services for children and young people, session 1996-7, fifth report, minutes of evidence, London.
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

August 2014
First published in 2004