The Benchmarking Journey

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CCG Commissioning Compliance Tool

- Commissioned by NHS England North (2016-2017)
- Supported by Lisa Cooper, Deputy Director Quality & Safeguarding (NHS England North)& Sue Gunson, Regional Designated Nurse Safeguarding Children NHS England (North)
- LAC Steering Group headed by Helen Hipkiss.
- Funded 2 Designated LAC Nurses to benchmark with LAC professionals - 68 CCGs

- Not a league table.

Why did we need to do this?

- Recent revision of statutory guidance & the intercollegiate framework provided an opportunity to review commissioner/provider arrangements
- Discussions with designated health professionals (LAC) at regional & national forums highlighted differences in roles, remits, reporting mechanisms & accountability
- Identified need to clarify & standardise CCG commissioning function through a peer review benchmarking approach
- Post RCN survey & RCN Position Statement.

- Evidence of conflict of interest in some areas due to the positioning of the designated lead health professionals.

What are conflicts of interest?

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur

What would we get out of it?

- If we can get every CCG compliant with the statutory guidance & Intercollegiate framework recommendations, this will assure a standardised commissioning platform that is responsive to this complex agenda.
- This in turn will ensure we have the; **Right people** in the **Right place** at the **Right time** leading on this agenda & getting it **Right for children**

The Designated Professional LAC role

- Vital source of advice & support to CCG's, LA's & NHSE
- Influencing, scrutiny & challenge across the health economy, locally, regionally & nationally
- Accountability & Assurance document states *that CCGs need to demonstrate that Designated professionals are embedded in the clinical decision making structure and have the authority to work with local health economies to influence thinking and practice.*
- Assist service planning
- Advise CCG's in fulfilling their responsibilities for LAC – monitoring of contracts, SLA's & commissioned services
- Strategic role separate from any responsibilities for individual children

continued

- Strategic overview of the service
- Advise commissioning bodies on training needs & delivery of training for all health staff
- Health Needs Analysis of local LAC population
- Member of CPP, H&W Board & LSCB
- Has the authority to carry out all the above duties on behalf of the employing body & be supported in doing so by the organisation

What we learnt along the way

- Passion, commitment & sense of humour.
- Complexities.
- Time commitment needed – 68 CCGs
- Logistics.
- Good practice.
- Wrexham is in Wales!!

LAC Benchmarking Tool and Process

- **Dual aims of the Benchmarking Tool and Peer Review Workshop**
- **Premise is 'Right People, Right Place, Right Time, Right Outcomes for Children'...but also requires Right Practice**
- **Methodology lends consistency, ensures fairness:**
  - Designated Professionals LAC receive Tool scorecard for each CCG
  - Some pre-complete
  - Bring Tool scorecard to Peer Review Workshop
    - 2 Project Leads introduce the process
    - Initial Discussion about '3 Challenges' and '3 Proud Things'
    - Each Scorecard Completed and Moderated
  - Scorecard then edited, circulated back to Professionals for agreement
  - Agreed scorecards sent to Chief Nurse / Lead Commissioner in each CCG

CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services.

'Right People, Right Place, Right Time, Right Outcomes.'

	STANDARD	KLOE	RAG[1]	EVIDENCE	ACTIONS REQUIRED	DEADLINE DATE
Key Area 1	COMMISSIONING ARRANGEMENTS					
1	a) CCGs should employ or have in place a contractual agreement to secure the expertise of Designated Professionals i.e. Designated Nurse looked after children & Designated Doctor looked after children. (Irrespective of number of LAC in the area)	W				
	b) The Designated Nurse LAC should be 1 WTE per 70,000 population of children as per Intercollegiate Standards (March 2015)	W				
	c) The Designated Doctor LAC should be 2 PA's per 400 LAC as per Intercollegiate Document (March 2015)	W				
	d) The designated role should be strategic, having the authority and autonomy to act in order to embed	W				

[1]G (GREEN)=This is part of our commissioning practice and arrangements and is evidenced through contractual arrangements and service specification
A (AMBER)= There is partial compliance with this standard.
R (RED)= Non-compliance with this standard

	clinical decision making to influence local thinking and practice and provide advice in complex cases.					
	e) The designated role should be separate from any responsibilities for individual looked after children.	E,W				
	f) Designated health professionals should have job description and personal specifications in line with the intercollegiate framework document.	W				
	g) The Designated and Named professional are distinct roles and as such should ideally be separate post holders to avoid potential conflict of interest.	W				
	h) A Designated Nurse and Doctor for looked after children are members of their regional NHS England Designated Professional Safeguarding Network	W				
2	CCG's must ensure they have a commissioner in post with responsibility for looked after children.	W,R				
3	The CCG lead commissioner for looked after children meets on a quarterly (minimum) basis with designated professionals looked after children.	W,R				

11	**The Named Nurse is responsible for the delivery of the operational level of service;** • **Ensuring that high standards of care are achieved and maintained** • **Demonstrating effective performance management and leadership skills.**	C,E,W				
Key Area 2	**COMMISSIONING PRACTICE.**	**KLOE**	**RAG[2]**	**EVIDENCE**	**ACTIONS REQUIRED**	**DEADLINE DATE**
1	**There is an up to date looked after children health service specification to ensure that appropriate arrangements and resources are in place to meet the physical and mental health needs of looked after children.**	E,R				
2	**In accordance with NHS England guidance '*Who Pays? Determining responsibility for payments to providers*' CCGs and local authorities should have agreed mechanisms in place when making placement decisions and for resolving any funding disputes that may arise.**	R				
3	**On receipt of notification from the LA that a child has become looked after or moved placement, the CCG can give assurance that a**	R,E				

[2]G (GREEN)=This is part of our commissioning practice and arrangements and is evidenced through contractual arrangements and service specification
A (AMBER)= There is partial compliance with this standard.
R (RED)= Non-compliance with this standard

	order to influence service design and delivery.					
Key Area 3	**COMMISSIONING CAMHS.**	KLOE	RAG[3]	EVIDENCE	ACTIONS REQUIRED	DEADLINE DATE
1	**CCG's should ensure that CAMHS and other therapeutic services provide targeted and dedicated support to looked after children according to need.**	S,E,R				
2	**CCG's should ensure that when commissioning CAMHS there is a contractual agreement that looked after children will be prioritised and never refused a service on the grounds of their placement being short term or unplanned.**	S, E, R				
3	**There is evidence that the CCGs use the SDQ data to inform the Joint Health and Wellbeing Strategy.**	W,R				
4	**CCGs can give assurance that the SDQ informs the review health assessment.**	W,S				
5	**CCG's should ensure that there is a mechanism in place to monitor the effectiveness of CAMHS to provide timely interventions for identified mental health need.**	R,E,S				

CQC Key Lines of Enquiry (KLOE)

[3]G (GREEN)=This is part of our commissioning practice and arrangements and is evidenced through contractual arrangements and service specification
A (AMBER)= There is partial compliance with this standard.
R (RED)= Non-compliance with this standard

W – Well led R – Responsive S - Safe

E – Effective C – Caring

References

1. DoH/DfE. (2015). *Promoting the Health and Well-Being of Looked After Children. Statutory guidance for local authorities, clinical commissioning groups & NHS England.* London: DfE/DoH.
2. NHS England (2015). *Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework.* London: NHS England.
3. RCPCH, RCGP & RCN (2015). *Looked After Children: Knowledge, Skills and Competences of health care staff. Intercollegiate Role Framework.* London: RCPCH.
4. HM Government (2015). *Working Togethether to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* London: HM Government (2015).

Themes and Trends

no	STANDARD	Reasons / 'Evidence'
3.3	There is evidence that the CCGs use the SDQ data to inform the JH&W Strategy.	SDQs collected by the LA, in many cases not shared with the CCG. Either no evidence they inform JH&WS, or not known.
2.8	The Health Needs Analysis in turn informs the annual report and commissioning agenda by collating trends and themes for the JSNA.	HNA data tends to feed into Annual Report but in many cases does not go on to inform commissioning agenda or JSNA
1.8b	The provider executive lead meets regularly with the Designated Nurse LAC	Meetings either unscheduled or discontinued/ad hoc due to Chief/Lead Exec's workload. In some cases DN LAC meets operational not exec leads. Where DN LAC is a split role, the regular meeting is also split eg. between Safeguarding and LAC
2.7	The Designated Nurse LAC will ensure that health assessment data informs the health needs analysis of the LAC population.	Health assessment data is collated, however, currently not analysed to inform HNA or individual data not aggregated for HNA/service design.
1.10	There is 1.0 WTE Named Nurse for looked after children in post per provider organisation(s), with a maximum caseload of 50 LAC.	Some have no Named Nurse, others a split role (LAC/Safeguarding); some Named Nurses have over 50 caseload

Themes and Trends

no	STANDARD	Reason/Evidence
1c	The Designated Doctor LAC should be 2 PA's per 400 LAC (excluding IHA activity) as per Intercollegiate Document (March 2015)	In some cases, no DD. Where DD is in post, often is under quota – eg. only has 1 PA for strategic role
1.3	The CCG lead commissioner for looked after children meets on a quarterly (minimum) basis with designated professionals looked after children.	In some cases, there is no DD. In others, meetings either unscheduled or discontinued/ad hoc due to Lead Commissioner or DD's workload.
1.11	The Named Nurse is responsible for the delivery of the operational level of service;	Some have no Named Nurse, in other cases not the operational lead. Others a split role (LAC/Safeguarding); some Named Nurses have over 50 caseload
3.4	CCGs can give assurance that the SDQ informs the review health assessment.	SDQs collected by the LA, in many cases not shared with the CCG. Either no evidence they inform review health assessment, or not known.
1.6	The Designated looked after children professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance.	Designated Professionals LAC are not involved in whole commissioning cycle (eg. QA only)

Workshop Narrative Analysis Overview

- 12 ‘Peer Review’ Workshops convened (each a half day)
- 2 project lead DN LAC facilitated (interviewer; recorder)
- 52 participating Designated Professionals LAC

  (3 out of 68 CCGs not represented, and not ‘peer reviewed’)
- Rich evidence – sense of ‘it all coming out at once’
- The professional is personal
- Responses clustered into 5 themes

  Governance; Roles; Data; Capacity; Professionals’ Voices

Themes and Trends from the Narrative Workshops

1. **Governance**

- **Diverse – everywhere different**
- **Complex**
- **plus Funding Complexities layered on top**

  "One of our main challenges at the minute is the tariff charging. I'll say no more but I'll twitch!"

Themes and Trends from the Narrative Workshops

- **2. Roles**
- **Clarity of role is critical (but lacking, even for some DN/DD)**
- **Lack of parity esteem for LAC (eg. vs Safeguarding)**
- **Potential conflicts of interest (esp. if hosted in provider)**
- **In split roles (eg. Safeguarding with LAC), LAC come second**

Themes and Trends from the Narrative Workshops

- **3. Data**

- **Data sharing a common challenge**
- **Debate over the value of the data collected**
- **Potential to build shared sets of Indicators (and positive relations)**

Themes and Trends from the Narrative Workshops

- **4. Capacity**
- **At system level, shortage of specialist capacity for LAC**
- **Toughest for those in split roles**
- **Against a background of decreasing resources, increasing needs**

Top 5 Priorities for NHSE North

1. Leadership

- Separate Designated LAC Nurse role within CCG – adequate capacity
- Dedicated strategic time for Designated LAC Doctors - adequate capacity
- Job descriptions for ALL roles in line with Intercollegiate Role Framework (2015)

Top 5 Priorities

2. Leadership

- Regional Designated Nurse LAC (NHSE)
- Peer support network

3. Commissioning.

- Standard core template for service specifications.

Top 5 Priorities

4. Performance Monitoring.

- Standardised Core KPI's
- Childrens outcome focussed

5. Education / CPD

- Develop Masters level module for LAC Health professionals.

What has happened since….

- Leadership training funded by NHSE North.
- NSPCC supervision training funded by NHSE North
- Midlands – piloting the electronic SAT tool and have incorporated the LAC standards.
- Some areas have made significant changes to Designated roles and Named nurse roles.
- NHSE LAC subgroup have taken on some of the priorities.

Review of the benchmarking 2018

- NHSE North updated benchmarking March 2018
  significant decreased in Red ratings

- Key themes still exist but much reduced
  Regional data collection
  JSNA
  Lack of Named Doctor

- Forward planning and contributing to the Work Plan for NHSE North Region LAC Sub group

Any questions?

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