

# CASE STUDY: Commissioner Led Peer Review Project

The government launched The Health Visitor Implementation Plan (HVIP) to strengthen the role of health visitors between 2011 and 2015.

The HVIP aimed to:

- increase the numbers of Health Visitors
- improve Education and Training for Health Visitors
- re-energise the existing workforce by support and communication
- involve service users to ensure they understand what the service can offer

The Department of Health awarded funding to NHS Northwest to develop and implement a Commissioner Led Peer Review (CLPR) of the HVIP. The CLPR aimed to develop a North of England (NoE) wide pool of knowledge, with the completion of a gap analysis, to assure delivery of Health Visiting services as set out in the HVIP. The CLPR ran from October 2012 to March 2013. Approval of the project was given by the Department of Health in August 2012, with the project team of two appointed by NHS North West in September 2012. The team was hosted at NHS Bolton, but has worked across the North West during the life of the project.

In order to look at all of the elements which determine successful delivery of the HVIP an electronic tool was developed which captures information

in a question format, on a secure, accessible, convenient and fast electronic system. Outcomes from the information input then determine action plans.

The tool encourages dialogue between commissioners and service providers by outlining areas for consideration, ensuring a smooth and seamless transition to the NHS Commissioning Board.

The tool is easily accessible by commissioners and looks in detail at:

- how the workforce aligns to the new service offer required in the HVIP
- how fully the new service is being offered
- how that will change over time
- how learning from other areas is being utilised in service development
- transition arrangements for 2013 and 2015

It therefore determines progress and success in the delivery of the HVIP.

## Key Outcomes

At the end of the project the following results were achieved:

- an electronic tool was produced which has increased engagement across the

region, in particular within the Pan Lancashire Cluster. Commissioners and providers used the tool together to determine the current status of service delivery across a range of providers. The tool was instrumental in the unpicking of three currently separate service specifications and the modelling of a new single specification for the Pan Lancashire Cluster.

- working through the questions in the tool provided greater insight into workforce recruitment and retention, highlighting those areas causing concern for providers.
- a detailed description of priority areas for commissioning post-April 2013 was available via the tool. This enabled commissioners to identify and record those areas where further work will be needed in future, and provided another means of securing knowledge, especially when handover plans were not finalised.
- the tool offers a means of supporting the transition of



commissioning in 2015, as it provides a unique opportunity to capture current and future information about the revitalised service offer and quality of service delivery, enabling commissioners to be in a strong position for the transition to local authorities in 2015.

## Background

### Health Visitor Implementation Plan

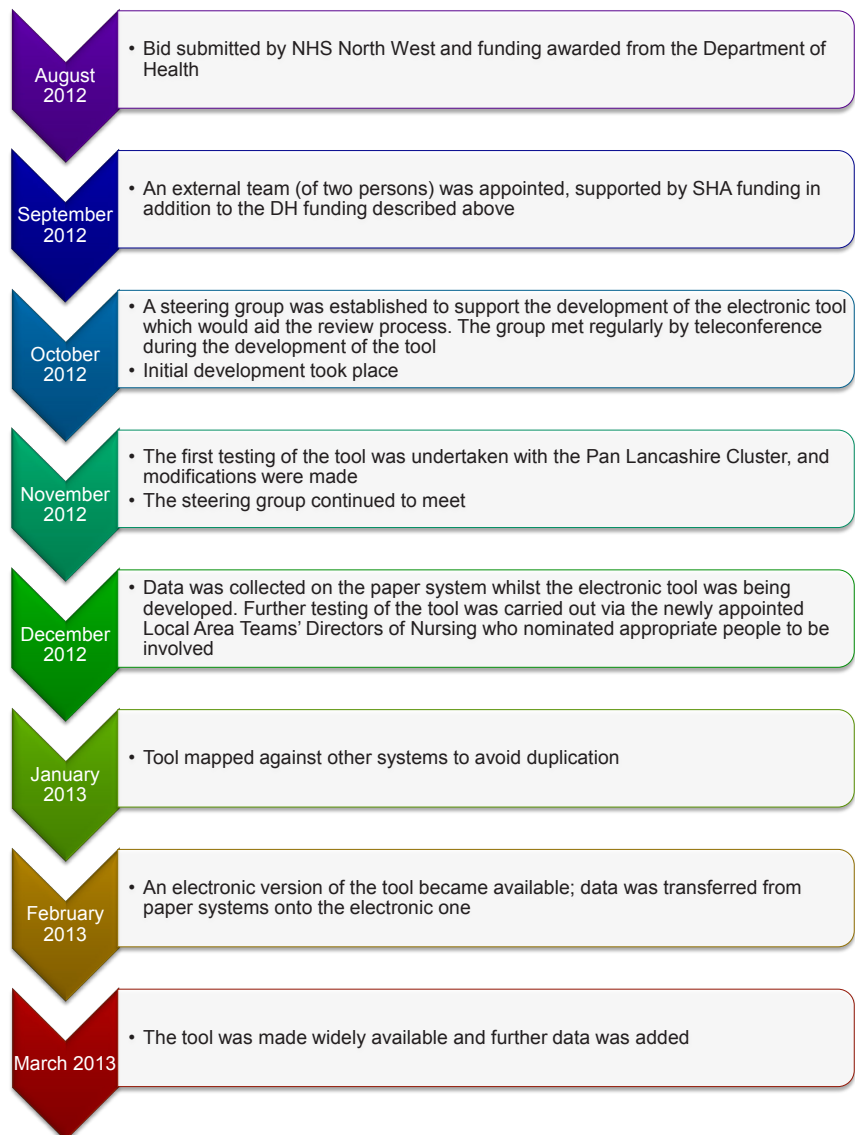
The Health Visitor Implementation Plan (HVIP) sets out clear targets which need to be achieved from 2011 to 2015. The Commissioning of HV services is to move to the NHS Commissioning Board from April 2013, and then move again to Local Authorities from April 2015. Senior managers in the NW Strategic Health Authority, and Health Visitor Leads recognised that this dual transition would present significant challenges to the successful delivery of the HVIP. Therefore the CLPR tool was developed to identify gaps in; processes, service delivery, and ability to provide assurance to commissioners, thus creating a collaborative business plan to meet the needs of NHS England in the immediate future, and meet the needs of local authorities towards 2015. Completion of the CLPR tool will provide information which will support successful transitions to new organisations.

## Key Aims

This project aimed to:

- develop peer review infrastructure and tools
- develop and deliver a local and regional improvement support network
- determine the changes expected from an expanded HV workforce
- gain detailed knowledge of status, progress and pace of change
- identify prospective milestones and actual progress towards the delivery of the revitalised HV service offers

## Key Stages of Setup



## How it Works

There is an electronic tool which can be accessed at <http://clpr.this.nhs.uk>. This tool looks at a range of questions which commissioners can ask each other, and themselves, regarding their levels of assurance about the health visiting services they commission.

The tool looks in detail at the following areas and helps to define an action plan to ensure readiness for a smooth transition to the NCB and then again to Local Authorities in 2015.

## Workforce and alignment to the service offer – explores

- The impact of TCS
- Geographical challenges
- The opportunities to look at the mechanisms in place to hold providers to account around the delivery and quality of delivery of the new service offer
- Data quality and assured planning for Health Visitors
- Recruitment and retention of the workforce

## The Service Offer Matrix – looks in detail at the revitalised service offer

- The service offer domain/elements
- Designed to RAG rate the current activity, the following 12 months

and 3 years enabling plans to enhance service delivery

- It looks at the HV & GP support and communication to deliver the Immunisation and Vaccination programme
- It considers the impact on families

### Early Implementer Sites & Learning

- Looks at shared learning, how and who?
- How this learning informs HV Commissioning?

### Transition Arrangements – this section explores

- Commissioner contracting & procurement
- Financial plans – the flow of funds and accessibility post-transition
- Partnership working – phased approach, capture of historical information and legacy
- The support mechanisms in place to aid transition

### Resources

The project team of two was funded by the DH and NHS North West, as was the development of the tool. Costs were kept to a minimum as the accommodation was provided by NHS Bolton.

### Key Challenges

#### Timeframes

The length of time available for research, testing and development was very challenging. This meant that efficient communication was vital. Meetings were held by teleconference and e-mails were linked to wide distribution networks.

#### Engagement

The participation of relevant staff was difficult, given the organisational changes which were in progress and the competing demands on staff time. It was therefore necessary to issue an increased number of invitations in order to engage alternative people, and then be able to respond to their availability in a flexible and timely fashion.

### Ownership

Securing commitment to the process was difficult as so many people moved posts. The detailed information collected by the CLPR tool was therefore not linked directly to a person or post, but to a Local Area Team. This means that those areas which have been in a position to supply data within the prescribed timescale now have it for use in the future as people move into their substantive posts.

### IT Development

Development of the tool was needed at a time of enormous competing demands on NHS IT services, when the priorities were being determined by other NHS organisations. This resulted in the original specification being simplified in order to meet the timeframes.

### Technology

The lack of infrastructure available within some organisations meant that Skype could not be utilised as planned. Teleconferencing and face-to-face meetings had to be substituted for this.

### Key Learning

Future developments will need to be linked to the timescales for the movement of commissioning services across and between organisations. During organisational change the need for the tool was clearly evident however the system capacity to shape and use the tool was impaired by staff turnover.

LESSON LEARNT – TO BUILD IN GREATER SLIPPAGE TIME TO ACCOMMODATE SYSTEM CHANGE

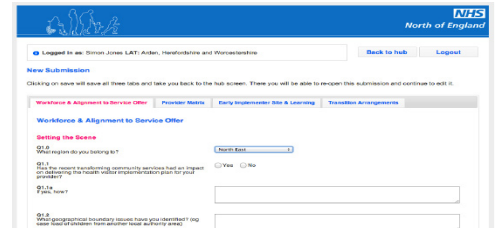
### Sustainability

- a small number of participants are currently using the data to shape and prioritise their planning
- the extended roll-out and use of the tool is ensuring delivery of the revitalised service offers
- this is not a mandatory tool but is an aid and supportive guide at this stage of development
- further development of the process

to support providers is now to be established

### Next Steps

The web-based electronic tool was handed to both the Department of Health and the National Commissioning Board on 28th March 2013. Supporting papers have been supplied for an enhanced reporting platform should the NCB wish to further commission and utilise the tool to its full potential.



In its current form the tool is able to be accessed by NHS commissioners in the North of England, but it has the capabilities for a national roll out with minimal system support.

### Further Information

The following resources are available as an appendix to this case study:

- Appendix 1 – The electronic tool
- Appendix 2 – The Captivate Tutorial available within the above tool
- Appendix 3 – Screen shots of the tool
- Appendix 4 – A printed example of an outcome report from the matrix i.e. RAG rating

Health Visiting North West Webpage: [www.healthvisitingnorthwest.org.uk](http://www.healthvisitingnorthwest.org.uk)

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