

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 17 March 2016

Subject: Designated Doctor Interim assurance report

Responsible Officer: Javina Sehgal, Chief Operating Officer, Harrow Clinical Commissioning Group

Public: Yes

Wards affected: All

Enclosures: Harrow Designated Doctor interim plan on a Page

Section 1 – Summary and Recommendations

This report

Recommendations:

The Board is requested to: Review and acknowledge the report

Section 2 – Report

2.1 Background

The Designated Nurse and Doctor for Safeguarding Children are both statutory posts that are commissioned within Harrow Clinical Commissioning Group (CCG)

The Designated Doctor (DD) retired at the end of December 2015. Once the CCG was aware of this resignation, the CCG began planning for the recruitment of the Designated Doctor role. It provided an opportunity to review and realign the role to enhance and maximise local provision.

The post has two main strands:

1. Safeguarding Children
2. Designated Paediatrician for Unexpected Child Death.

The current post undertakes responsibility for both the Designated Doctor for Safeguarding Children and the role of Unexpected Child Death to provide the population of Harrow with the statutory requirements of the safeguarding team. Following the review of the post it was agreed with Harrow Public Health that this arrangement would continue.

The Designated Nurse and Doctor are clinical experts and strategic leaders for safeguarding children and provide the required senior clinical and strategic oversight and assurance to the CCG regarding the effectiveness of local safeguarding arrangements. This includes support and challenge to both commissioners and providers to continually meet national requirements and to continually improve the outcomes for children and young people across the health economy.

The Designated Professionals work collaboratively with health and social care providers and other statutory agencies so that children and young people are safeguarded in Harrow.

2.2 Recruitment

Harrow CCG has been unsuccessful in the recruitment of the Designated Doctor role, despite system wide engagement and an extended recruitment process.

There is currently a national challenge to the appointment of this role. NHS England has reported a national 30% vacancy rate and acknowledges the future challenges to recruitment as the current workforce retires. It is acknowledged that there is not a generation of Paediatricians who want to undertake safeguarding roles.

This has required the CCG to seek safe alternative provision in order to meet the current statutory requirements of the organisation. The national guidance requires the organisation to identify and have in post a Designated Professional with the appropriate and relevant senior clinical expertise to attend and represent the organisation at key meetings.

2.3 Interim Arrangements:

As an interim arrangement Harrow CCG has identified the experienced Designated Nurse for Safeguarding Children as the Designated Professional for Harrow CCG.

In order to support high quality outcomes a robust support system has been established. This includes:

- Professional clinical peer support through a formal process (monthly) with the Designated Doctor from Great Ormond Street Hospital (GOSH) who holds an honorary contract with Harrow CCG, and who will attend LSCB Case Review meetings as requested
- Cover for annual leave will be provided from the Brent Designated Doctor
- Individual supervision from the Quality and Governance Director (Nurse) and Designated Professional peer support across the Brent, Harrow and Hillingdon Federation of CCG's.
- On-going Senior CCG management support to evaluate capacity and risk and provide immediate remedial support as required.
- Additional administration support for the Designated Professional. This will be reviewed to ensure the required support is sufficient and will include the option to acquire further clinical support if needed.

Child protection medicals continue to be undertaken by London North West Hospital Trust (LNWHT) where there is considerable senior paediatric expertise available. The Designated Doctor for Brent continues to provide medical support as required.

Harrow CCG has formalised an interim plan and has shared this plan with colleagues and stakeholders across Harrow. The plan is monitored every two weeks and any changes are circulated to all parties.

Harrow CCG has communicated the interim plan regarding the DD role to NHS England, who fully support the plan and commended the robust approach. NHS England recognises the national shortage to recruit to the role of DD. NHSE and Harrow CCG has agreed to formally review the plan in six months.

2.4 Designated Professional

The Safeguarding children work plan is being delivered as business as usual by the Designated Nurse. Attendance and commitment to the LSCB will continue, as the filled post of the Designated Nurse takes full time responsibility for the safeguarding of children and young people in Harrow and undertakes many aspects of the role of Designated Professional independently of the DD.

The CCG has looked strategically at the areas usually covered by the Designated Doctor and is confident that the responsibilities are covered by the interim plan. The CCG in discussion with the Designated Professional will continue to identify the areas of work where the contribution of a Designated Doctor is paramount and it will receive this support from the Designated

Doctor at GOSH. To date the gap of a DD has not resulted in any loss of service activity, the CCG continues to monitor this.

2.5 CDOP

The Designated Professional is currently providing cover for any unexpected deaths. The Child Death Overview Panel is held quarterly and the next meeting is in March. It is chaired by Public Health and the Designated Professional presents the clinical cases. All activities usually undertaken by the Designated Doctor will be undertaken by the Designated Professional, requirements for specialist medical input will be provided by the DD from GOSH. CDOP continues to be informed of any child deaths. The preparation and organisation of CDOP is undertaken by the CDOP Co-ordinator. Once alerted to an expected/unexpected death the CDOP Co-ordinator manages the administrative process, with clinical support from the Designated Professional.

Rapid Response service continues in accordance with the LSCB Rapid Response Policy. The service is undertaken by the Designated Professional who has both the expertise and training to deliver. There are two Rapid Response cases that continue to be managed.

2.6 Children Looked After Service (CLA)

The performance of the newly commissioned CLA service has consistently achieved 100% against statutory reporting targets, with very positive reporting of patient and professional experience, and implementation of a robust health outcomes matrix that is currently working towards target achievements.

The service currently has a vacancy for the Designated Doctor for CLA however they have an interim plan in place with support from the DD from Hillingdon. In January 2016 the GP with a specialist interest (GPwSI) resigned and is due to leave the service in March 2016. CNWL successfully recruited to this post on the 28th January 2016 and a tightly managed handover is in place. CNWL has also been forced to consider new options and it is hoped that the newly recruited GPwSI will be developed to take up the designated post. There are excellent examples of this working practice which has been very successful in Ealing CCG.

Financial Implications/Comments

No specific financial contribution is required of the Health & Wellbeing Board.

Legal Implications/Comments

None

Risk Management Implications

| Risk | Mitigation | Plan | RAG Current |
|--|--|--|----------------|
| <p>No appointed Designated Doctor for Harrow from 25th December-permanent appointment. Lack of capacity for CCG to meet its statutory duties for safeguarding children</p> | <p>Source an interim Designated Doctor while recruitment is on-going</p> | <ul style="list-style-type: none"> • Explore opportunity to contract additional support from inner NW CCG's • Follow up with Hertfordshire CCG whether they can offer interim support • Contacted Harrow's Clinical lead for community child health (paediatrician) • Approach outer NWL CCG's, contacted DD in: Barnet , Hounslow, Enfield, Camden, Hackney & City London, Haringey, Islington, Kingston, Milton Keynes, Richmond • Send JD & advert to external colleagues for circulation for | |
| <p>Safeguarding team's capacity is reduced</p> | <p>The Designated Nurse in Harrow is very experienced and is able to advise all clinicians including doctors where there are child protection concerns. The Brent & Hillingdon Designated Doctors have agreed to give telephone support/advice to the Designated Nurse as appropriate.</p> | <ul style="list-style-type: none"> • Access medical support as appropriate from colleagues in Brent and Hillingdon • The Named Doctor at NPH is a Consultant Paediatrician and able to make decisions according to her role. The Named Doctor also accesses support from the Designated Doctor for Brent so there is support in place. • The Named Doctor has contacted the Designated Nurse for support and robust advice is given. • Designated Professionals always discuss cases together when needed and this practice continues with colleagues across BHH | |
| <p>Rapid Response service</p> | <p>The Designated Nurse in Harrow is trained in Rapid Response and has had considerable experience of case management. The</p> | <ul style="list-style-type: none"> • Rapid Response does not have to be carried out by a Designated Doctor as it is operational. The Designated Nurse will provide cover until the new person is recruited to and joint cover will continue. | |

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| | Designated Nurse is committed to establishing a robust Rapid Response service and has been heavily involved with the review of the current procedures. | | |
| No designated Paediatrician for CDOP and its function | The CDOP function is extremely well supported by the CDOP Co-ordinator who manages the child death process and gathers information for the CDOP meetings. The CDOP newsletters are also completed by the Co-ordinator. | <ul style="list-style-type: none"> • CDOP meetings are held 4 times a year. Next one is due in Spring 2016 • Public Health Consultant will continue to chair the meetings. Presentations will be carried out by Public Health Consultant/Designated Nurse as appropriate • Designated Nurse has a supportive relationship with the Co-ordinator and meets regularly so post is not isolated | |

Equalities implications

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Not required.

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact: Dr Genevieve Small, Clinical Lead Harrow CCG
Sue Whiting, Assistant Chief Operating Officer Harrow CCG