Health Assessments for Looked After Children

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Context

PbR team in DH has become the Pricing Team in NHSE
Responsible for developing
• Developing existing currencies (units of purchase)
• New areas for developing currencies

MONITOR is responsible for
• Calculating tariffs
• Ensuring financial stability
So – what has happened so far?

• In April 2013, currencies (but not tariffs) for health assessments for looked after children placed out of area were mandated for use.

• What does this mean?
  • The currency ‘defines’ the unit of purchase. It provides the standards for what must be done and by whom.

• Why was it imposed for children placed out of area only?
  • We were told this was where the biggest problems lay.
Usually, with children placed in area

- There are clear arrangements with providers
- Communication channels are clear
- Assessments are timely

Out of area

- Difficult to identify providers
- Delays to agreeing what must be done
- Inconsistent standards
How does it help?

• It sets out clear, mandatory standards for what must be done by whom, by when

How was it developed?

• Two SHA leads (Chris Etheridge, Trish Dabrowski) took responsibility together with professional lead at Department of Health
• Considerable consultation

• Costing exercise – average cost across 10 areas
So why am I here today?

Currencies/Payment systems are designed for the NHS by the NHS

We need to continue to ensure that they are fit for purpose

• They incentivise good innovative practice
• They make clinical sense

• Are the current standards right?
• Does it make sense for them to apply to children placed out of area only?

• Are there any other areas where similar currencies would help promote consistency, improve quality?