

MEDWAY COUNCIL

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Health Overview and Scrutiny

Health Service development or variation - assessment form

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

A brief outline of the proposal with reasons for the change and timescales

Background Information

The scale of the emergency admissions required over the Christmas and New Year period last year overwhelmed the bed capacity of Medway Maritime Hospital and the decision had to be made to convert the Sanderson Child Development Centre to a ward for patients to provide additional potentially life-saving bed capacity at the hospital.

Temporary relocation facilities were found from a combination of rooms at a number of different sites across Medway, which were:

- Rochester Healthy Living Centre
- Rainham Healthy Living Centre
- Chaucer Unit, Medway Hospital

However, due to these rooms not being purpose designed for this very specialist type of service and the limited space available, a full range of services could not continue to be offered. This included the loss of some of the facilities that were offered from the centre such as an outside play area and drop-in area for parents.

This re-location was initiated as a temporary measure as it was clear that further work was needed and NHS Medway agreed that details for a more permanent service would be worked up by July 2009.

Since the relocation in mid January 2009 much work has been carried out to establish the right model of service. One of advantages of the move is that the advantages and disadvantages of different service models have been considered and tested. For instance provision of the service from three buildings has shown that improved access on a geographical basis is valuable. These considerations have been taken into account when developing the new service model.

Service Model

Three models of care have been looked at as set out below:

Option A - A centralised unit based on an acute hospital site. This option is similar to the old Sanderson Centre.

Option B - A community based service located entirely at NHS Medway's Healthy Living Centres.

Option C - A hub and spoke model based on a central location supported by services from Healthy Living Centres.

The Child Development Service deals with children with highly complex physical needs. It is not therefore a truly generic community service. In particular the service requires clinical adjacencies with other departments that are needed for multi-disciplinary input.

In addition to specialist staff, the physical environment is important. A range of specific rooms are required for play, sensory stimulation and assessment. These services cannot easily be delivered from generic clinical rooms. Space is needed for bulky specialist equipment and requires an element of bespoke design.

As a result it is now clear that a centre of excellence is needed as a hub. However other services would best be provided from other buildings geographically spread across Medway and would allow some of the services to be delivered closer to families' homes. The location of these 'spokes' should be in healthy living centres.

Service Location

Several options were identified for the service.

Option 1 Current configuration.

Hub at Rochester HLC and clinics at Rainham HLC and Chaucer Ward.

Option 2 Hub at, Lordswood HLC (including the gymnasium) and Lordswood Leisure Centre with clinics at Rochester HLC and Rainham HLC.

Option 3a Hub at Canada House, Gillingham.

Clinics at Rochester HLC and Rainham HLC.

Option 3b As above with integration with other children's services at Canada House.

Option 4 Hub at Land near Canterbury Street, Gillingham.

Clinics at Rochester HLC and Rainham HLC.

Option 5 Hub at Danecourt School, Gillingham.

Clinics at Rochester HLC and Rainham HLC.

Option 6 Use of the new centres currently being planned by the PCT.

These options were tabled for discussion at NHS Medway's Public Board in July 2009 resulting in the following decisions being agreed:

Proposed Service Model

The preferred service option is therefore **Option C**, a hub and spoke model based on a central location supported by services from Healthy Living Centres. This hub and spoke model allows the hub to act as the main resource centre and as a multi-agency assessment and therapy centre. Services would continue to be provided jointly by Medway Community Healthcare, Medway Council and Medway NHS Foundation Trust.

Proposed Service Location

The preferred location was agreed as **Option 3b** to develop a centre of excellence was a Hub at Canada House, with locality based clinics in Rochester HLC and Rainham HLC and potentially Lordswood HLC.

The current available areas within Canada House would need an extension to be built for separate access. At a meeting recently held with Kent and Medway NHS and Social Care Partnership Trust (KMPT) to discuss the scheme they suggested that a more holistic approach would be their preferred option ie to consider Canada House as a whole for the provision of the Child and Adolescent Mental Health Service (CAMHS) and CDC service. KMPT indicated that they would be prepared to share common areas, such as reception, meeting rooms etc and that if NHS Medway would allow them access to its training facilities this room in Canada House could also be utilised within the joint scheme.

Work has been undertaken to establish the costs of this option. Best estimates are that the capital cost would be £1.1m.

Extent of consultation

- (a) Have patients and the public been involved in planning and developing the proposal?
- (b) List the groups and stakeholders that have been consulted
- (c) Has there been engagement with the Medway LINK?
- (d) What has been the outcome of the consultation?
- (e) Weight given to patient, public and stakeholder views

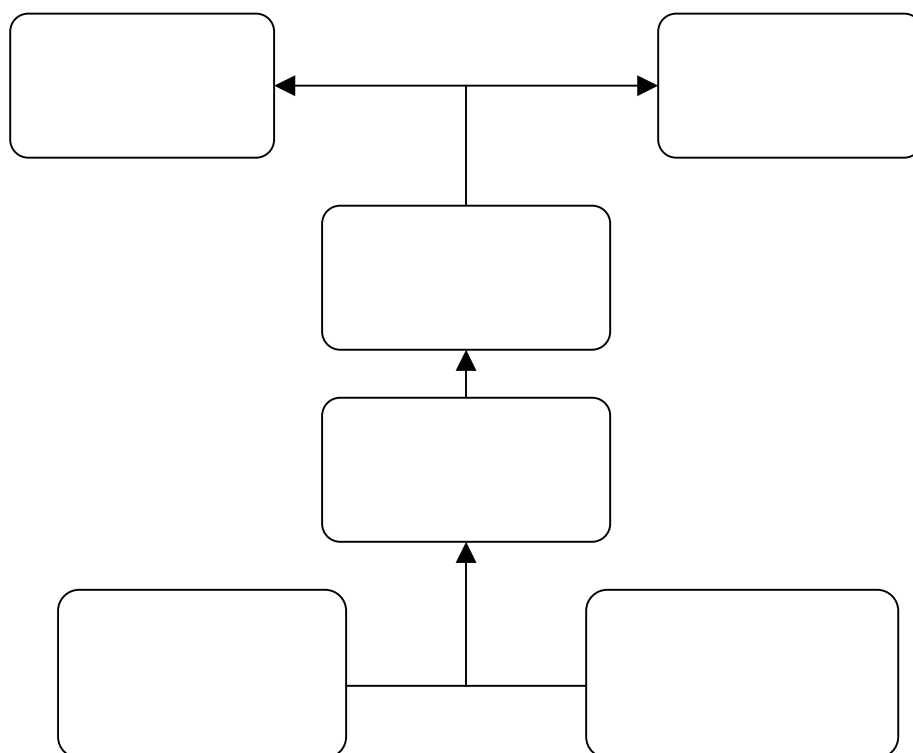
Consultation Strategy

In order to take this project forward there will be a steering group established which will oversee this project with membership from the executive team of each organisation (NHS Medway, Medway Council and Kent and Medway NHS and Social Care Partnership Trust). There will also be a project group established with membership from Service Managers from each organisation, formal representation from staff and users.

There will be a clear strategy for consultation in the form of specific user groups set up to enable discussions and decisions to be made regarding planning and developing the use of the building, operational service delivery and the model of care.

All parents of the children who use service will be sent an individual letter informing them of the decision to develop a new centre and letters will be sent to established user groups inviting them to be part of the user groups and formal representation on the project group.

There will be a clear formal reporting process that is outlined below:



Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

There are approximately 2000 children who utilise the services of the child development centre.

In developing the new model a number of requirements were identified for both the hub and the spokes. None of the services will be withdrawn but there will be an enhancement to the current configuration of services available to patients.

These are as follows:

Requirements of the Hub:

- Office Accommodation for all staff
 - Assessment Nursery
 - Sensory Room
 - Soft Play Area
- These would be located together and staffed by Medway Council.
- 1 large Multi-disciplinary Treatment Room.
 - Reception/Waiting Area

- Drop-in room/Meeting room for staff and families
- 2 -3 Medium sized generic clinical rooms
- 1 Large joint assessment room
- Weighing Area
- Plaster Room
- Large amount of storage
- Outside play area

Requirements of the Spokes:

- A number of multi-agency assessment rooms (including Paediatricians)
- Clinical rooms to deliver Uni-professional pathways (SLT, Physio, OT)
- Sensory Integration Room (Currently at Rainham and to remain due to costs to renovate room).

Access to the services will change as they are currently accessing the services from a number of sites and the proposed new model will enable the majority of services to be delivered from the Hub. However, some patients will still access services from the locality based clinics which may offer them easier access as they are geographically closer to home.

No services will be withdrawn.

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The Hub will be situated in Gillingham with Spokes in Lordswood, Rainham and Rochester. This will enable improved geographical access to services and offer a good spread across the localities.

Can you estimate the impact this will have on specific groups?

- (a) What will be the impact on children?
- (b) What will be the impact on people with disabilities?
- (c) What will be the impact on older people?
- (d) Has an equalities impact assessment been carried out of this proposal?

The development of the new centre will mean that a centre of excellence will be developed that is purpose built and complies with all DDA requirements and meets the needs of this particular group of children.

An equalities impact assessment has not been undertaken.

There will be no impact on any other groups.

Choice and commissioning

- (a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?
- (b) Have plans been made for “financial cushioning” if additional capacity is not taken up?
- (c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

This change will not result in an increased demand for the service but will create a much improved service in terms of quality provision and access.

The proposal is consistent with World Class Commissioning by developing services that are designed around the needs of children and young people and fits with NHS Medway Estates Strategy.

Clinical evidence

- (a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (b) Will any groups be less well off?
- (c) Will the proposal contribute to achievement of national and local priorities/targets?

The new centre will become a centre of excellence and will be able to offer much improved services in terms of facilities and access. This will enhance the excellence clinical care delivered by the staff and enable improved patient pathways to be delivered.

The proposal will contribute to national and local targets of improved access, improved services for children and reducing inequalities.

Joint Working

- (a) How will the proposed change contribute to joint working and improved pathways of care?

The proposed change will greatly enhance joint working as the Hub will become a centre of excellence where multi-disciplinary and multi-agency working will be one of the core principles. The new centre will be developed in partnership with all key organisations to enable improved patient pathways and increased collaborative working. This in turn will offer parents a more joined up service and reduce the need to attend frequent appointments.

Health inequalities

- (a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?
- (b) What health inequalities will this proposal address?
- (c) What modelling or needs assessment has been done to support this?
- (d) How does this proposal reflect priorities in the JSNA?

The development of the new centre will encompass the three priority areas outlined in Aiming High (DfES, 2007)

- Access and empowerment
- Responsive services and timely support
- Improving service quality and capacity

The proposal reflects the priorities outlined in the JSNA for vulnerable people and children and the burden of ill health and disability.

A needs assessment has not been undertaken to support this as it is outlined quite clearly in Aiming High where the inequalities lie for this group of patients.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

NHS Medway Board have prioritised capital funding for this project to enable a centre of excellence to be developed.

Transport implications will be considered as part of the consultation process.

Do you believe the outlined proposal is a substantial variation or development?

Yes, it is substantial due to a change in geographical location although it will enable an improved service to be delivered.

Is there any other information you feel the Committee should consider in making its decision?

No