



## Future provision of the Child Development Centre

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### Summary

This report seeks to give an outline of the proposal to establish a new centre of excellence for the Child Development Centre. The report will set out the options that were proposed for the potential locations of the new centre and the options that were proposed for the service model.

### 1 Introduction

- 1.1 The Child Development Centre (CDC) was originally sited at Medway Maritime Hospital and was a multi-agency centre offering a range of services to children with disabilities and those with complex needs. Services to these children continue to be provided by Medway Foundation Trust, Medway Community Health Care and Medway Council and include Medical, Therapy, Nursing and Educational provision.
- 1.2 Medway Community Health Care employs 45 staff in its Children's Therapy Team and Medway Council and Medway Foundation Trust employ approximately 10 staff. There is a coordinated approach to service delivery to enable children and their families access to multi-disciplinary assessments and treatments.
- 1.3 The funding for this project has already been agreed by NHS Medway's Public Board in July 2009 and funded through NHS Medway's capital budget and is part of their long term Estates Strategy.
- 1.4 The Child Health Strategy (DCSF, DH, 2009) sets out the framework to ensure there are world class outcomes and services of the highest quality for children and young people. The principles that underpin users experiences of services will be addressed by ensuring we have:
  - Informed users
  - Healthy opportunities
  - Responsive Services
  - Targeted Support
- 1.5 The strategy outlines its commitments to strengthen support for children with additional health needs includes:
  - Funding for services for disabled children

- New approaches to service provision
- Individual care plans

1.6 Aiming High (DfES 2007) outlines funding available to offer additional support to these families through short breaks, community equipments and wheelchair services. The strategy sets out criteria for supporting disabled children that includes:

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

## 2 Background

2.1 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.

2.2 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

2.3 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.

2.4 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.

2.5 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.

## 3 Options

### 3.1 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.

### 3.2 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.

3.3 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.

## 4 Analysis

4.1 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.

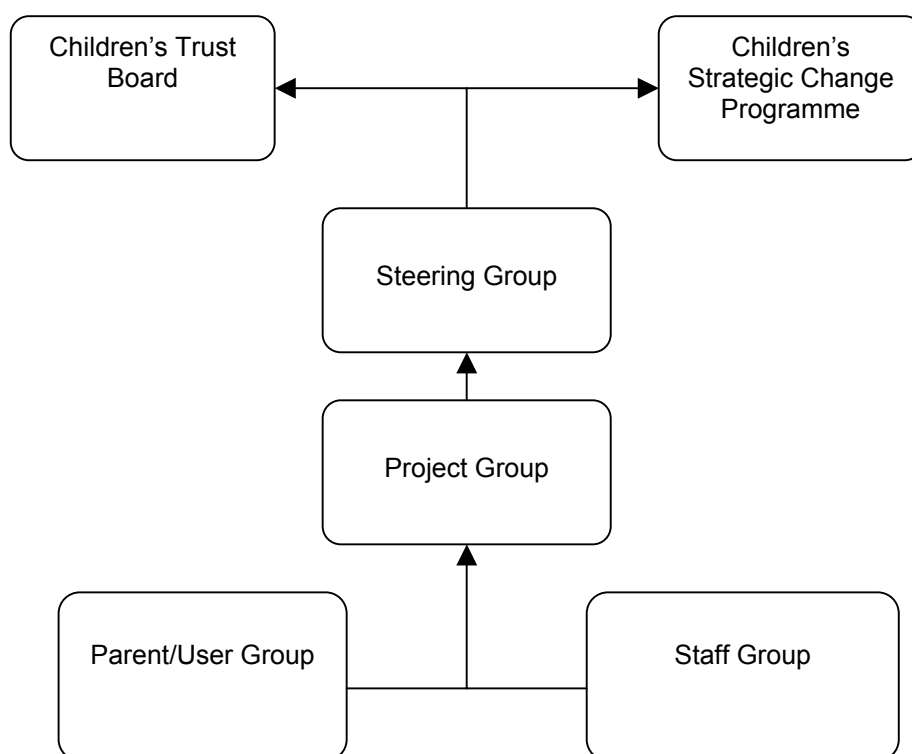
4.2 In addition to specialist staff, the physical environment is important. A range of specific rooms are required for play, sensory stimulation and assessment. These services cannot easily be delivered from generic clinical rooms. Space is needed for bulky specialist equipment and requires an element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

<p>design.</p> <p>4.3 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.</p> <p>4.4 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.</p> <p>4.5 Funding has been agreed for an Interim Project Manager to be employed to ensure the project is formally managed and can be taken forward within a reasonable timeframe.</p>
<p><b>5 Risk Management</b></p>

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>
1. Continued delivery of fragmented service.	Delivery of service in the interim may be prolonged as currently no timescales attached to new development. Over running of project means teams remain in HLC	Project Manager to determine full project plan with timescales. Service Manager to continue to monitor gaps in service.
2. Increasing costs due to complexity of build once project has started.	Currently there are no plans drawn up for the refurbishment of the build. Work will begin with staff and users via project group to develop this with the Architect.	Project Manager to develop plans and costings for building development to ensure they meet with the current budget.
3. Disruption to teams working from Canada house already.	Decanting some of the existing services due to reconfiguration of building.	Full project plan for staff re-location to be developed with timescales and alternative accommodation found.

**6 Consultation**

- 6.1 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.
- 6.2 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.
- 6.3 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.
- 6.4 There will be a clear formal reporting process that is outlined below:



**7 Financial and legal implications**

- 7.1 Work has been undertaken to establish the costs of this option. Best estimates are that the capital cost would be £1.1m, which has been agreed at the NHS Medway Public Board (July 2009).

**8 Conclusion and recommendations**

- 8.1 The committee is recommended to support the proposal to develop the new child development centre at Canada House, which will become a multi-agency centre of excellence.