

Community Based Paediatric and Child Health Services Redesign Information Paper

For Children's and Communities Overview and Scrutiny Panel January 2013

This information paper outlines the background behind the decision to embark on service redesign, the purpose and objectives and the proposed outcomes and aims to give the reader a good understanding so that they are able to have an input.

Background

An independent clinical services review by Dr Adrian Brooke (independent paediatrician) concluded that services were currently failing to meet the needs of children in the area. One of the three areas for concern was the lack of specialist services embedded in community pathways. As a result a decision was made to work in conjunction with Doncaster Bassetlaw Hospitals Foundation Trust (DBHFT) to redesign and develop an effective community based paediatric child health service. A general overview is that the service(s) will provide appropriate paediatric assessment, diagnosis and management of children and young people within the service boundary.

Objectives

- To work as part of a broad integrated children's services network to provide high quality specialist child centred care across Doncaster & Bassetlaw;
- To provide Medical case management of those children
- To improve equity and accessibility of service to the most vulnerable and hard to reach children;
- Provide appropriate support to increase the knowledge and skills of staff in other services that are responsible for providing health, social care and education to vulnerable children;
- Designated paediatric leadership for child health, children with disability, child protection, children in care and special needs education;
- To fulfil the designated doctor roles for Child Protection and Looked after Children, and other statutory responsibility as outlined by commissioners.
- To work with Commissioners to ensure high quality, effective and value for money services are delivered

Expected Outcomes

- The Service will aim to meet the relevant overarching outcomes identified locally in Doncaster Children's Plan & Nottinghamshire's Children's Plan .
- The service will meet the recommendations of External Review of DBHFT paediatric services provided at Doncaster Royal Infirmary & Bassetlaw Hospital, Dr A Brooks Report (2011): NB neuro-disability and long term conditions.
- The service will aim to meet the relevant outcomes identified in the Children and Young People's Health outcomes Strategy.
- Vulnerable children and young people to be assessed in a timely fashion;
- Early diagnosis and intervention is optimised therefore reducing late/more intense treatment of conditions;

- The emotional and behavioural needs of children are supported;
- Co-ordination and dissemination of information relating to specific children is facilitated by appropriate attendance at multidisciplinary and multi-agency team meetings;
- Ensure clear processes by the provision of designated doctors for child protection, CICA and education services;
- Integrated working with other services to provide an holistic care approach to vulnerable children is facilitated by appropriate attendance at planning meetings;
- Reduce hospital admissions/secondary care – social model of health
- Reduce health inequalities and improve access and service for deprived areas;
- All training delivered is evaluated and of high quality.

Progress to Date

We have made substantial progress over the past few months, these include:

1. Designated Doctor Roles – for the first time in a long time we have a full complement of Designated Doctors filling the Safeguarding, LAC and Sudden Unexpected Infant Death roles.
2. Development of service specification – the overarching service specification (v15) is almost complete and has been shared with all major partners, with their views included as appropriate.
3. Development of steering group – We are now at a point where we need to underpin this work with more robust governance arrangements, therefore we are in the process of pulling a group together and draft TOR have been shared. This group will feed into DCCG Delivery & performance Group and hold oversee the development and implementation phases.
4. Pre-engagement plan – This has been agreed and work is now starting.
5. Development/ redesign of some specifications – Underpinning this service are a series of pathways and enablers that need to have individual service specifications, these include; ADHD, ASD and Adoption & Fostering Medicals. Some services are further developed than others and as such need less work (SARC & Section 47 Medicals), however for others such as ASD there has been a significant amount of pathway redesign work completed.
6. Unpicking the Children's block contract (DBHFT) – Working closely with contracts and DBHFT we are starting to better understand and unpick each element of the block contract, to a point where we are now allot clearer on current resource allocation. This will enable us to lift and shift resources as appropriate.
7. Clarity on work plan – There is a clear agreed work plan.

8. New on call rota at DBHFT – Provides 24/7 cover which is allot more efficient and safer

Next Steps

Next steps are as follows:

1. Outpatient audit – A 3 day audit of outpatient data is scheduled for the end of Feb, this will help us understand activity and why there are such high numbers of outpatient visits with no actual procedure.
2. Block contract – Continue to unpick the block contract
3. Pathway redesign – Complete the ASD redesign and submit a business case for funding. Complete all the other service specifications as appropriate. The aim is to end with each pathway have a specific service specification, allocated activity and finance.
4. Implementation of pre-engagement plan – As per the plan, including ½ day stakeholder event and a series of public consultation events.
5. Close working with communications team regarding pre-engagement and good news stories
6. Implementation of work plan
7. Development of measurable outcomes
8. Proposed Outcomes

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January 2013