Haringey NHS
Teaching Primary Care NHS Trust

CHILDREN'S SERVICES SUMMARY OF RESPONSES TO DISCUSSION PAPER AND NEXT STEPS

1. Introduction

This paper sets out revised proposals for making financial savings following publication of the discussion paper on Children's Services and a period of consultation with stakeholders and staff.

2. Outcome of Consultation

There were 19 written responses and some additional verbal responses, all of which are presented in the attached document.

In general, services provided to children by the TPCT were very highly regarded and it was made clear that any decrease in services to children, especially those with disabilities, would be very difficult to accept.

There were a variety of views regarding the proposed model of service delivery for the Specialist Child Health Service & Child Development Team in Option 1, with general support for the principle of better integrated working with paediatrics at NMH, and staff in Children's Centres and schools, and also support for a collocated Child Development Team. A range of practical issues were also highlighted, the most significant being the ability to secure appropriate space both at NMH and within the community for the SCHS/CDT within such a short time scale.

The proposed loss of School Nursing, Health Visiting and Therapy posts within both Options 1 and 2 was either not addressed by respondents or was deemed an unacceptable reduction in services to vulnerable children.

The responses demonstrated some confusion between what is provided in terms of therapy & dietetic services by the TPCT's Schools Service, in particular to the Special Schools, and what the Specialist Child Health Service provides. Whilst there is inevitably some overlap between the two services, it is worth noting here that they are separately managed and separately provided.

3. Revised Proposals to Meet Savings Target

The TPCT believes that the model outlined in Option 1 of the discussion paper is generally the right direction of travel for the Specialist Child Health Service and Child Development Team (CDT). However, because of logistical difficulties in, for example, securing appropriate accommodation for both medical staff and other members of the Child Development Team and the subsequent financial implications, we propose to maintain a collocated multi-disciplinary Child Development Team at the CDC, St Ann's Hospital, moving towards the development of a multi-agency team for children with additional needs. We also recognise that the proposed changes need to be undertaken over a longer period of time and planned in partnership with parents and

LBH Children's Services. During this interim period, there will be ongoing work with the Specialist Child Health Service/CDT to review the team's structure and function and locations for service delivery.

Maintaining a collocated CDT means that some of the savings identified in Option 1 cannot be realised. This will result in a greater impact on other clinical services provided to children as described in the second part of Options 1 & Option 2, which would be unacceptable.

As a result, the savings target for Children's Services has been reduced by £100k making the target £350k

We therefore propose the following reductions in service:

3.1 SPECIALIST CHILD HEALTH SERVICE

- Reduce Consultant Paediatrician by .80wte (vacant) £80k
- Delete .68 Speech & Language Therapist (vacant) £25k
- Delete 1.50 Secretarial/Reception staff (2.00 vacant) £35k
- Delete .60 Clinic Assistant (vacant) £10k
- Delete .40 Clinical Coordinator £20k

Sub-total £170k

Implications for Service Delivery

(1) Consultant Paediatrician

This post will be reduced by .80 allowing .20 to buy back some of the services currently provided.

- **TB Service & TB Lead:** the TB service will be bought back by the TPCT and will continue to be provided by the current consultant, providing continuity of strategic planning and service for this client group.
  Cost approx £15k (1.50 Programmed Activities)

- **Named Doctor, Child Protection:** there is no requirement to have two separate posts to undertake these duties and in some neighbouring PCTs, e.g. Islington, one member of staff undertakes the role. A Designated Doctor can undertake the Named Doctor role, but this will have workload implications, which will need to be discussed and agreed, by the TPCT and GOSH.

- **Down Syndrome Clinic:** this would need to be reallocated to the remaining medical staff at either Associate Specialist or SpR level and again will need to be agreed by TPCT and GOSH.

- **Special Advisory Clinic:** Can be reallocated to existing staff.

- **The Vale School (Phys. Dis.):** due to the complex nature of these children's health needs this work would need to be reallocated to the remaining consultant staff at least for the foreseeable future.

- **Population Health/Child Health Surveillance:** this role could be undertaken by increasing the number of sessions provided by the Professional Development Nurse for Child & Family Health or other specialist nurse, or public health specialist with appropriate experience. This could be funded through the remaining savings from the reduction in the Consultant Paediatrician post. The Lead Consultant Community Paediatrician at GOSH would provide clinical support for this role.

- **Immunisation Coordination & Specialist Advice:** Support for the TPCT's Immunisation & Vaccination committee would be available from the Lead Community Paediatrician at GOSH. In addition the Consultant would provide clinical support to the Special Immunisation Clinic. The role of Immunisation Coordinator could be provided by the public health directorate or a senior nurse with appropriate clinical support from GOSH.

(2) Speech & Language Therapist

This post has been kept vacant for some time in order to reduce spend. Children on this caseload are currently being managed by either the SLT within the Child Development Team or within the Early Years team. Waiting times for SLT services in both these services are under 13 weeks.

(3) Secretarial and Reception

Currently, the consultant medical team have 1.00 wte secretary each. In addition there is another general secretary for the medical team, a receptionist and the Administrative Manager. We propose to delete the secretarial post attached to the vacant consultant post and reduce the reception post by .50 wte. We will not recruit to the reception post and will manage this within the remaining admin resource, but will reinvest the remaining .50 wte of the reception post plus £5k from the reduction in consultant posts to purchase D-scribe, a digital typing service.

(4) Clinic Assistant

This was new post created from the reconfiguration of vacant sessions in a number of posts and has never been recruited to.

(5) Clinical Coordinator

The Child Development Team currently has two therapy staff sharing the role of coordinator (.40 wte each) for the therapy team within the CDT. Additional input to the service from the Service Manager has reduced the need for this function to be undertaken by two staff. A reduction of .40 wte will have minimal impact on service delivery.

3.2 EARLY YEARS & COMMUNITY SERVICES

- Delete 1.00 Health Visitor Clinical Coordinator £44k

Sub-total £44k

Implications for Service Delivery

(1) Health Visitor Clinical Coordinator
The Health Visiting Service has recently been remodelled and is now preparing to deliver a revised Child Health Promotion Programme and additional targeted services for the most vulnerable young children and their families. The current structure includes 3 Clinical Coordinator posts, these posts will be reprofiled following the redistribution of the service into 6 teams, 2 within each of the 3 Children's Network areas.

3.3 SCHOOLS SERVICES

- Delete 1.50 School Nurses (1.00 currently vacant, further vacancy anticipated within 6 months)
- Delete 1.00 Occupational Therapist (vacant) £44k

Sub-total £104k

Implications for Service Delivery

(1) School Nursing

Reduced staffing levels will lead to a need to increase targeting of school nursing services to the most vulnerable children and young people as well as clear prioritisation of broader public health priorities for the service.

(2) Occupational Therapy
The current establishment is 4.60 wte Occupational Therapists and there will be no substantive post holders in place by May 2006. Recruitment processes to a number of the current vacancies are currently underway; additionally locum staff are being sought to provide cover in the interim period. Given historical problems with recruiting and retaining staff within this service, as well as a need to be clearer about service priorities and caseload management it is timely to review the service and consider options for providing this service in a different way. The TPCT is currently working together with Hackney PCT OT service to undertake a full review of the service and develop an appropriate model of service delivery.

3.4 MANAGEMENT

Provisional agreement has been reached with Haringey Council Children's services to reconfigure this post into a Joint Commissioning development manager post.

Full year effect reduced management costs relating to this arrangement will be c. £25k.

3.5 NON PAY

A further £7k will be identified through non pay budgets.

3.6 **TOTAL SAVINGS £350,000**

4.0 NEXT STEPS / IMPLEMENTATION

- Formal consultation with staff affected by the changes as per agreed processes.
- Finalise proposals to address reduction in medical staffing in discussion with key stakeholders.
- Undertake review of paediatric OT services and recruit to vacant posts.

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