Proposed Business Case for Significant Change

Child Development Service

Child and Youth Community Health Services

Children's Health Queensland Hospital and Health Service

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For more information contact:

Child Development Service, Child and Youth Community Health Services, Queensland Children's Hospital, PO Box 5492, West End 410, phone 3310 7737.

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1. Purpose of Business Case

This document provides an overview of the business case for the proposed realignment of the Child Development Service (CDS), Child and Youth Community Health Service (CYCHS), Children's Health Queensland Hospital and Health Service (CHQ HHS) workforce and service locations. This change will allow CDS to be optimally configured and responsive to population health needs, changing service demand in the community setting, and no longer be based on historical locations, configurations and models of service delivery.

It is intended to support consultation in relation to the proposed changes and invites feedback from affected employees and relevant unions related to the proposed changes. Employees potentially affected by the proposed change include Allied Health Professionals, Medical Officers, Nurses and Administration Officers.

The CDS, CYCHS, CHQ HHS is proposing change in accordance with government policy and relevant industrial obligations.

CHQ HHS is committed to maximum employment security for permanent employees.

2. Background

CHQ's commitment to children and young people is to offer the best: safe, expert, accessible child and family-centred care. Long waiting times had been impacting children and families requiring access to the CDS over a long period of time. Failing to meet this organisational commitment is a key driver for this proposed change.

In 2017, the Executive Director of Clinical Service, CHQ HHS sponsored the undertaking of a project to understand the challenges contributing to CDS clinical long waits. Three solutions to address the findings of that investigation were outlined. This proposed business case seeks to address the third solution - optimisation of existing resources to create a 'like for like' service offering across the CDS geographical catchment area and meet the needs of children, young people and families.

The Executive sponsored project clearly identified that current CDS location and resourcing does not align with population demand and family needs. The proposed change will not only improve the care journey for families and children accessing CDS, it will ensure that families are provided with the right service in the right location, by the right clinician. Children and families are at the heart of this proposed change.

Analysis of current CDS workforce and population data was completed in 2018 and informed several options aligning population and family needs outlined in this proposed business case.

Detailed options for developing a new CDS workforce and service location structure in addition to a revised governance model are described below. These aim to support better alignment of services on the frontline which in turn will better support families and optimise organisational effectiveness and efficiency. It also realises CHQ's commitment to children and young people: to offer the best: safe, expert, accessible child and family-centred care.

3. Reason for change

The current CDS workforce structure and service locations are based on historical service demand and staffing allocations. The structure has limited CDS's ability to be responsive to a changing environment including the introduction of a new model of service delivery, new digital systems and shifting population needs.

The 2017 project's diagnostic report illuminated several limitations and challenges of the current state. These include:

- inconsistency and variability of clinical services delivered across service sites resulting in unequal service across catchments
- the requirement for families to be “transferred” between sites to compensate for resource limitations, in turn causing additional workloads and delays for families
- families with complex needs from areas of high vulnerability are required to travel the most distance to access the services they need.

The 2017 project solution design report clearly outlined agreement from the CDS workforce and other stakeholders that the optimisation of existing resources requires the realignment and/ or reconfiguration of positions to create a ‘like for like’ service offering across the CDS geographical catchment area.

There was recognition from a service efficiency perspective that a standardised compliment of professions across all sites eliminates the need for complex triage classification and streaming processes and reduces transfers between sites and associated delays for families.

As outlined in the Strategic Plan 2016-2020, CHQ’s performance objective is to deliver sustainable, high value health services driven by continuous improvement, creativity and innovation. CYCHS has a commitment to drive the vision of achieving “One Team, Many Services” for our families and workforce - ensuring we maximise workforce and service delivery efficiency. The proposed business case for change strives to achieve these objectives.

Three options are outlined with the third being the recommended option.

Option 3 (recommended option) will place CDS in an optimal position to be responsive to recent system changes, manage inequities in employee workloads and create a streamlined, timely specialist CDS for children, young people and families.

Option 3 (recommended option) provides workforce and location structures to optimally configure service delivery that provides consistent, equitable, high-standard and streamlined services for families that are timely and close to home. The Option 3 structure also aims to better support CDS clinicians to provide specialist child development services as articulated in the revised service model of care (2017) (iCare solution 2).

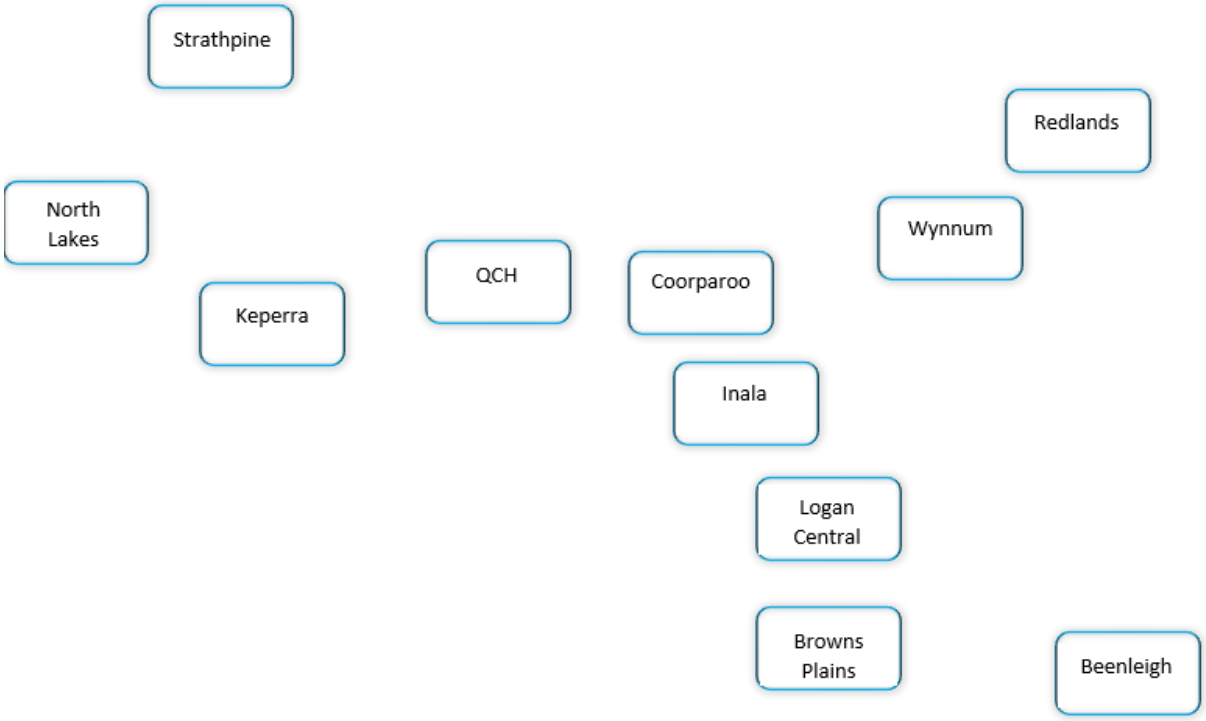
4. Options

Option 1 – No change

What	• Keep current site and workforce locations • Continuation of ‘hub’ and ‘spoke’ model • Continuation of current workforce organisational structure
Benefits	• No enhanced service delivery for children, young people and families • No impact on CDS long waits • No additional benefits for staff
Implications	• Inefficient allocation of staff resources to meet family needs • CDS would not be able to align with locality based demand nor meet population health needs • CDS would not be able to optimise or align workforce to have a complete compliment of staff at each site (i.e. not able to establish a ‘like for like’ service at each site) • CDS would not be able to be flexible and responsive to the changing needs of the population • Unable to achieve consistency in clinical coordination functions across all areas of the service to support children, young people and families accessing CDS • Continued service inconsistencies, inequity and inefficiencies for families • Continued travel burden and increased waiting times for families caused by inter-site transfers and handovers

	• Inability to realise key organisational commitments and strategic priorities such as delivering safe, expert, accessible services for children and young people closer to home • Continued clinical risk associated with perpetuating the hub and spoke model; with spoke sites isolated not have a full complement of the professional team • Inability to meet community needs of areas of projected high growth and potential vulnerability (such as Yarrabilba) • Inability to eliminate the need for a complicated and complex triage classification and streaming process • No changes in location of work for staff
Risks	• Continued failure to meet organisational commitment of provision of safe, expert, accessible child and family-centred care for children and young people • Inability to impact on health equity for children and young people by not being able to provide the full range of services to areas of highest disadvantage • Families with the highest level of disadvantage (as identified in the SEIFA data) continuing to have greatest travel burden (i.e. Caboolture, Logan and Inala) • Inability to positively impact on CDS clinical long waits • Failure to address findings of iCare project • Reputation of CHQ's CDS • Continued potential misalignment of CDS Director role in organisation • Continued unequal workload balance for team leaders

Site Configuration for Option 1 – no change



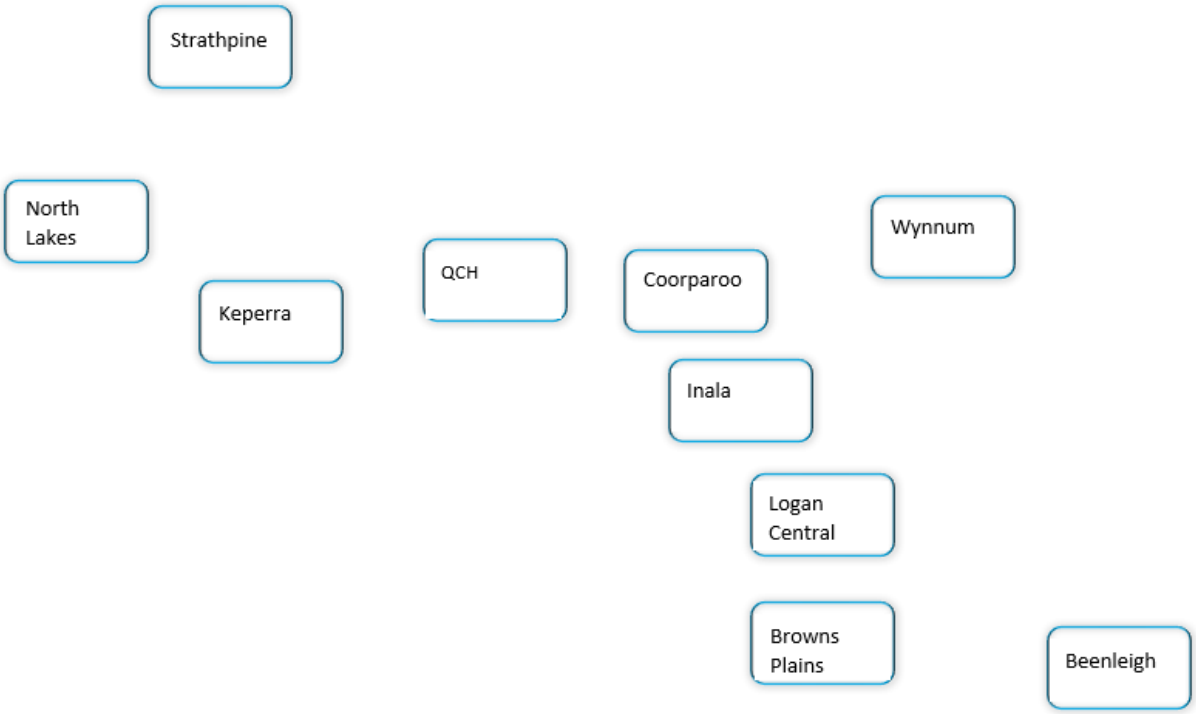
Option 2 – Reconfiguring workforce to create a 'like for like' service with minimal change to current service sites

What	Workforce: • Review of Team Leader role and FTE allocation to sites to restore workload balance and promote optimal workflow

	• Reconfiguration of workforce across existing locations to create access to a full range of services at each location • Review of distribution of HP levels across sites to ensure adequate distribution of clinical leadership • Upon allied health position vacancy review of whole of service discipline and HP level need will be undertaken. Consideration of realignment of service discipline composition and HP level to restore balance and promote optimal workflow across sites • Over time, consideration of realignment/ additional CN positions to support MOs in care coordination using a delegation model • Change to current organisation structure • Change of operational and clinical line manager responsibilities for some staff • Change of operational and clinical line manager for some staff Service locations: • All sites to remain in situ except for Wynnum and Redlands which will merge into one site (Wynnum)
Benefits	• Minimal benefits for children, young people and families accessing CDS • Families will have access to the full range of services at each site • Minimal disruption to existing families • Ability to eliminate the need for a complicated and complex triage classification and streaming process • Equitable distribution of Team Leaders across sites and restoration of equitable Team Leader workload • Equitable distribution of disciplines and clinical leadership across sites • Permanent provision of medical, social work and psychology services at sites that previously have not had them • Opportunity for future nursing care coordination support for indicated families in community sites • Less disruption to some staff (however medical officers and some allied health will still be affected to create equity across all sites) • Opportunity for developing clinicians to improve transdisciplinary skill set
Implications	• Reconfiguration of workforce across sites locations to create access to a full range of services at each location • Minimal FTE across many sites – unsatisfactory service provision likely due to large discrepancies of FTE across disciplines • Minimal ability to impact on health equity for children and young people due to sub-optimal workforce configuration • Continued service inconsistencies, inequity and inefficiencies for impacting children, young people and families accessing CDS • Continued inability for CDS to be flexible and responsive to the changing needs of the communities served • Inability to align with locality based demand • Inability to meet and/ or respond to current population health needs • Inability to satellite to areas of high and/or emerging need (i.e. Yarrabilba, Caboolture or Deception Bay), due to the workforce having to be distributed across too many sites (i.e. not have enough FTE to support provision of satellite services) • Inability to respond to current population health and referral data demonstrating the unwarranted continuation of services being delivered from the current site at Keperra. This model would retain the Keperra site • Inability to provide greater geographical service reach • Small geographical consolidation achievement in Bayside area through merging current Redlands and Wynnum sites • Potential disruption to existing families receiving services at Redlands • Unable to achieve consistency in clinical coordination functions across all areas of the service to support children, young people and families accessing CDS • Potential changes to Team Leader role and work location • Potential change to staff work locations, line manager and/ or clinical supervisors to create service-wide discipline representation and clinical leadership equity • Potential changes to HP workforce composition (upon availability of vacancies)

	• Potential travel and/ or lifestyle impacts on workforce in relation to redistribution of staff
Risks	• Continued failure to meet organisational commitment of provision of safe, expert, accessible child and family-centred care for children and young people • Continued inability to impact on health equity for children and young people by not being able to provide optimal workforce configuration and range of services to areas of highest disadvantage (i.e. having too many sites and therefore not enough workforce capacity at each site to provide satellite services to locations such as Yarrabilba, Deception Bay and Caboolture) • Reduced potential to impact upon current and avoid future CDS long waits • Failure to fully realise iCare project recommendations • Reputation of CHQ's CDS • Lean distribution of CDS FTE across so many sites creates significant challenge in CDS's ability to respond flexibly according to the changing community, referral and population needs without compromising the 'like for like' model across the service • Industrial and cultural risks

Site Configuration for Option 2 – reconfiguring workforce to create a 'like for like' service with minimal change the current service sites



Option 3 – Reconfiguring workforce and service sites to meet population need (Recommended)

What	Workforce: • Review of Team Leader role and FTE allocation to sites to restore workload balance and promote optimal workflow • Reconfiguration of workforce to create access to a full range of services at each location • Review of distribution of HP levels across sites to ensure adequate distribution of clinical leadership

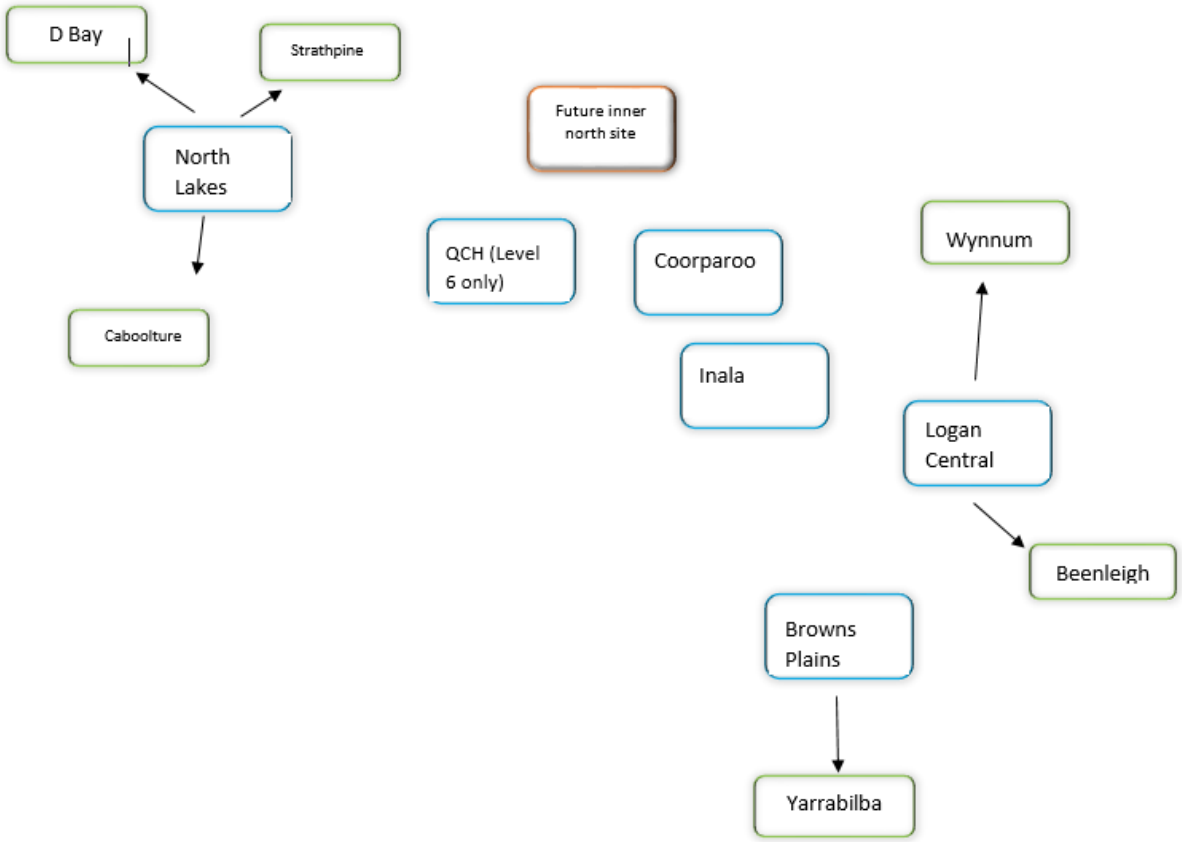
	• Upon allied health position vacancy, a review of whole of service discipline and HP level will be undertaken to restore balance and promote optimal workflow across sites
	• Over time, consideration of realignment/ additional CN positions to support MOs in care coordination using a delegation model
	• Change of operational and clinical line manager responsibilities for some staff
	• Change of operational and clinical line manager for some staff
	Service locations:
	• Create six 'like for like' service areas with optimal workforce configuration
	• Proposed service areas:
	  ○ Northlakes – also providing satellite services to Deception Bay, Strathpine and Caboolture areas
	  ○ Coorparoo (Note: Future consideration of location review to inner north)
	  ○ Queensland Children's Hospital (QCH) – including specialist clinics
	  ○ Inala
	  ○ Browns Plains – also providing satellite services to Yarrabilba area
	  ○ Logan Central – also providing satellite services to Wynnum and Beenleigh/Eagleby areas
	• Service locations for the six service areas will utilise current CDS accommodation and are predominately based on population data around areas of highest disadvantage and highest number of children with developmental vulnerabilities across two or more domains

Benefits	• Ability to meet organisational commitment of provision of safe, expert, accessible child and family-centred care for children and young people
	• Implementation of a flexible workforce model and service delivery approach which ensures families can access the right services, at the right location and in the right time
	• Alignment of CDS service areas and workforce allocation with family and community needs
	• Elimination of inter-site transfers/handovers and adverse associated family and service impacts
	• Reduced travel for families, particularly those most vulnerable (Logan and Caboolture regions)
	• Improved integration of care for families across the care continuum
	• Improved consistency and equity in service access across CDS
	• Achieves optimal configuration of CDS workforce with volume of resourcing at high population/high vulnerability areas adjusted to scale
	• Provision of full service range at each site
	• Increased capacity of the service to flex up or down across sites to respond to bottlenecks and changing demands
	• Provision of greater geographical service reach
	• Elimination of complicated and complex triage classification and streaming process
	• Equitable distribution of Team Leaders across sites and restoration of equitable Team Leader workload
	• Equitable distribution of disciplines and clinical leadership across sites
	• Permanent provision of medical, social work and psychology services at sites that previously have not had them
	• Opportunity for future nursing care coordination support for indicated families in community sites
	• Opportunity for developing clinicians to improve transdisciplinary skill set
	• Alignment with CHQ's strategic priorities including:
	  • Promoting wellbeing and health equity
	  • Improving service design and integration
	  • Evolving service models
	  • Delivering services closer to home

Implications	• Potential changes to Team Leader role and work site • Change of work locations, line manager and/ or clinical supervisors for some staff

	• Travel and lifestyle impacts on workforce in relation to redistribution of staff • Potential changes to HP workforce composition upon availability of vacancies • Keperra, Strathpine, Wynnum and Redlands are the sites which are most impacted by this option • Some initial disruption to existing families receiving services at these locations. Please note that Strathpine and Wynnum will remain satellite services so existing families at these locations can still receive services at these locations.
Risks	• Industrial and cultural risks

Site Configuration for Option 3 - Reconfiguring workforce and service site locations to meet population need (Recommended)



Note: confirmation and adjustment of satellite service sites will be data informed and negotiated as appropriate.

Fewer sites with the access to full complement of staff and range of services at each site. Capacity to provide satellite services to other areas of high vulnerability and increase the geographical reach of CDS.

5. Recommendation

It is recommended that Option three is progressed for the following reasons:

- it fully achieves the benefits realisation for the CDS;
- it creates a 'like for like' service;
- it provides CDS with the ability to flexibly meet population health needs and service demands as they change; and
- allows an equitable staff distribution and access to a full range of services across the CDS geographical catchment.

Option 3 aligns sites and workforce to meet population need and service demands by reducing the number of sites from ten to six. The six sites would be:

- Northlakes – also providing satellite services to Deception Bay, Strathpine and Caboolture areas
- Coorparoo (Note: Future consideration of location review to inner north)
- Queensland Children's Hospital (QCH) – including specialist clinics
- Inala
- Browns Plains – also providing satellite services to Yarrabilba area
- Logan Central – also providing satellite services to Wynnum and Beenleigh/Eagleby areas.

6. Next Steps

The following steps will be followed:

Date	Activity
12 February	Meet with CDS staff to present Business Case for Change
Prior to 12 Feb	Meet with relevant unions to present Business Case for Change
12 February	Provide Business Case for Change to relevant Unions
12 February	Consultation period for feedback on Business Case opens
13 Feb – 5 March	Site visits for CDS
5 March	Consultation period for feedback on Business Case closes
March	Feedback on the proposed change will be considered.

If Option 1 is pursued then no further steps will be undertaken.

If Option 2 or 3 is pursued than the following is proposed:

- Consultation on proposed implementation plan
- Implementation and transition of the proposed structure commencing July 2019 with completion by December 2019.

7. Supporting employees through change

We appreciate this may be a difficult time for affected employees. The following support activities are offered to support staff:

- Encouragement to contact the Employee Assistance Service (EAS) on **1800 604 640**.
  This confidential service can be accessed through self-referral to LifeWorks by Morneau Shepell, the external EAP service provider. Services are available 24 hours a day, seven days a week, and 365 days a year, at no cost. Counselling services are available face to face or by telephone. Additional information available at: http://qheps.health.qld.gov.au/eap
- Availability of Organisational Unit management to support staff

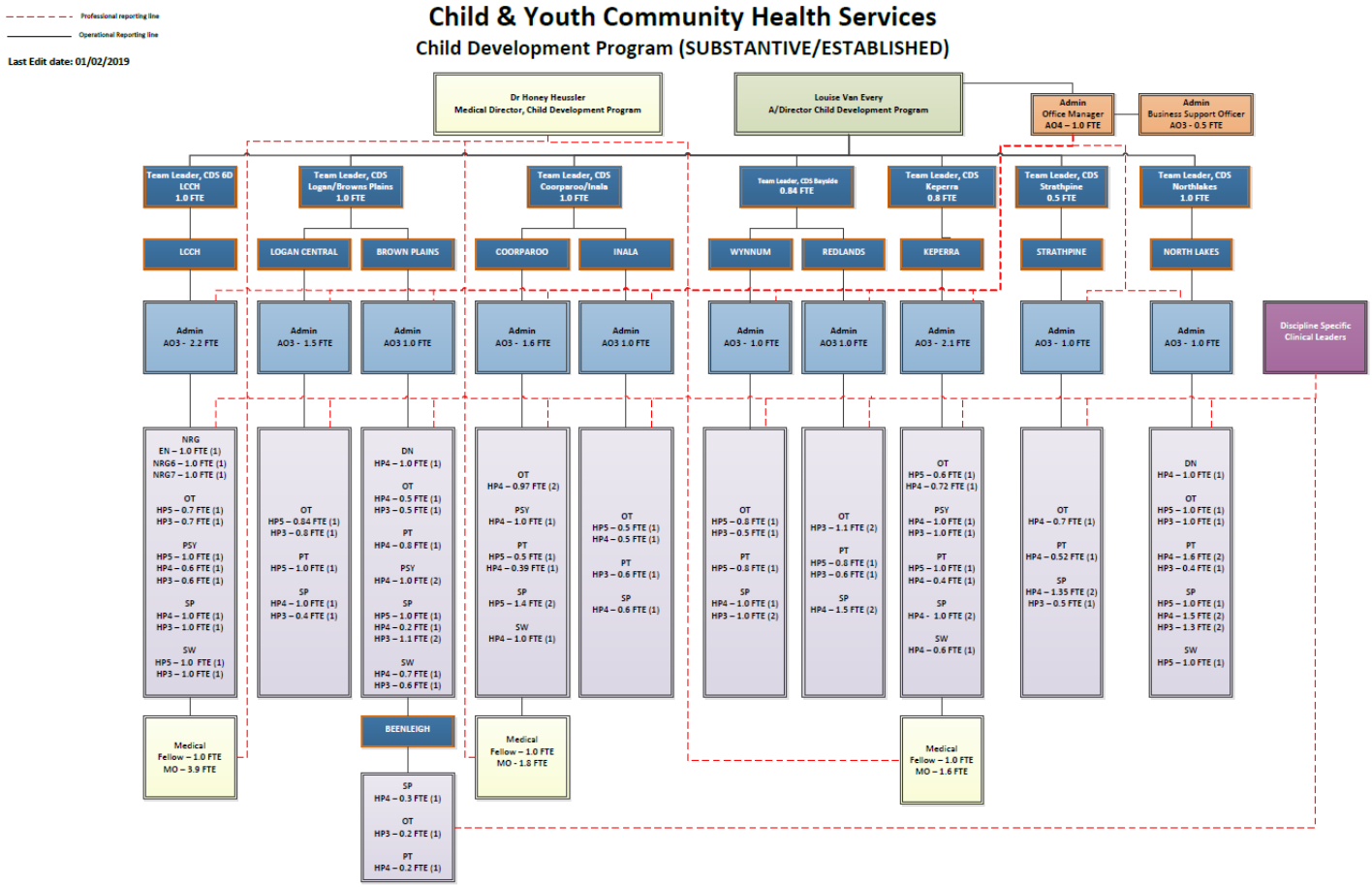
8. Feedback contacts

Stakeholders are invited to provide feedback regarding the business case by COB 5 March 2019.
Feedback may be provided by email, phone or face to face:

- Claire Benham 0437 887 411 (CDS WALR Project Lead)
- Louise Van Every 3310 7737 (CDS Director)
- Email: CDP_WALR@health.qld.gov.au

Attachment 1: Current Organisational Structure

Please note that this reflects substantive establishment



Attachment 2: Proposed Organisational Structure

Please note that the proposed organisational structure is conceptual now and will change according to which Option progresses.

Once the Option to proceed is confirmed a review of Role Descriptions, Position Titles and Position IDs will be undertaken.

Operational and professional reporting lines will also be confirmed.