

**CAMBRIDGE CHILDREN'S HOSPITAL: ENGAGEMENT PLAN FOR CAMHS SERVICES**

*To:* **Health Committee**

*Meeting Date:* **19<sup>th</sup> March 2020**

*From:* **Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England and NHS Improvement**

**Andrea Grosbois, Head of Communications and Engagement, Cambridgeshire and Peterborough NHS Foundation Trust.**

*Purpose:* To consider whether the engagement and involvement plans and processes in respect of services to be transferred from the Ida Darwin site in Fulbourn to the Cambridge Biomedical Campus as part of the proposed Cambridge Children's Hospital, are appropriate, and that a formal public consultation in addition is not required.

The services in question are regional and national therefore meaningful formal consultation will be challenging. The services are also very specialised, with most of the population never encountering inpatient CAMHS. We propose a targeted engagement programme, primarily aimed at those affected by the changes.

*Recommendation:* To agree with the assessment at section 2.5 that a targeted and meaningful engagement programme is preferable to a formal consultation exercise.

<b><i>Officer contact:</i></b>	
Name:	Jessamy Kinghorn
Post:	Head of Partnerships and Engagement, NHS England and NHS Improvement
Email:	Jessamy.Kinghorn1@nhs.net
Tel:	

## **1. BACKGROUND**

- 1.1 In December 2018, the Government announced that it would invest up to £100 million of capital over five years to build a children's hospital in Cambridge for the East of England region.

This allocation was part of a process in which Cambridgeshire and Peterborough as a system attracted over £140 million. The allocation to this health and care system was one of the highest awarded nationally.

- 1.2 The vision for the hospital, Cambridge Children's, is to integrate mental and physical health care so that children, young people and their families (CYPF) experience complete and seamless care according to their individual needs.

It will be co-located with research and developed and delivered through a joint proposal between the University of Cambridge (UoC), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridge University Hospitals NHS Foundation Trust (CUH), together with staff, CYPF and the public.

Cambridge Children's aspires to be more than a hospital, seeking a visionary approach to healthcare for young people, treating the whole child, not just the illness or conditions, using all the talent available across the region and underpinned by world-leading research.

- 1.3 Since presenting to the committee in March 2019, work has been done to develop the plans further. As part of this CYPF and staff have been engaged to capture their ideas and better understand their needs and how they can be met.

## **2. MAIN ISSUES**

- 2.1 The project is now at the point of progressing to the design and Outline Business Case.

The project team is looking at building in two phases. This is because the three children's mental health wards – Croft, Phoenix and the Darwin – currently based on the Ida Darwin hospital site, need to move by November 2023 following the sale of the site to Homes England.

CUH are also required to undertake significant remedial building works following a national directive around fire safety. As part of this, some of their paediatric services will require to be 'decanted' to allow this work to take place.

To address both of these challenges, the team is developing a plan to build the Cambridge Children's Hospital in two phases, with an early build on the Cambridge Biomedical Campus completed by the end of 2023.

The advantages of this are:

- The services don't have to move twice – for instance, first to a temporary build before moving to the fully completed children's hospital in 2025. Moving can be traumatic for young people with significant mental health illness who struggle with change.

- The exciting process of integrating mental and physical health care can begin, bringing the services under one roof for the benefit of CYPF.
- Waiting until 2025 and the full build, would incur costs of a transitional build that could compromise the affordability of Cambridge Children's.

## 2.2 Engagement to date

Meaningful collaboration, co-production and engagement with CYPF, voluntary sector, stakeholders and the general public is vital at each phase of the new hospital development.

A consultant architect was brought in to work closely with our CYPF on the mental health wards to understand what's important to them. The workshops were highly creative and generated lots of ideas about how they would want to use the space, what they currently like about their wards and what they would change. The sessions were focussed around key points in the young people's day and how their environment at each of those points can aid recovery and improve their experience, as pictured below. Further sessions are planned to develop these ideas in more detail, which will form the architectural brief.



*(Images from architectural workshop on the mental health children's units)*



*('The art of the possible' – Imagining a new children's hospital. Inspiration for a new hospital as imagined by young people on our mental health wards together with Murphy Philipps Architects)*

Other key engagement has included:

- Launch of a dedicated Cambridge Children's website, newsletter and involvement request form to start to build a database of interested parties.

- A wide range of listening events and focus groups for CYPF and local people have taken place, including a 'family fun' day in Peterborough supported by third sector organisation, Family Voice, to engage CYPF with additional needs from outside Cambridgeshire.
- Engagement with young people at CUH via their young supporters group called 'ACTIVE' which meets several times a year with support from staff to help focus on adding value to areas and services used by children and young people across CUH.
- We had a Cambridge Children's stand at CUH's award-winning Fab Change Day for staff and patients from children's services to come and celebrate the work being done across the services.
- Members of the public were invited to give feedback on Cambridge Children's plans at the NIHR PPI event, which took place at the Cancer Research Centre.
- In September 2019 we unveiled our plans for Cambridge Children's at the annual Chariots of Fire race in Cambridge, with around 60 members of CUH staff amongst the 2,000 runners raising money for Addenbrooke's Charitable Trust.
- Engagement with the young carers group run by the Involvement Lead at Cambridgeshire Community Services to capture feedback from CYPF in the community.
- Several engagement sessions were held with patients on our mental health wards and their families/carers to capture their views. This engagement included focus groups, questionnaires and interviews.
- A Children and Family Service Engagement Collaborative Group has been set up by CPFT to bring together professionals and involvement experts from across health, social care and the third sector to co-ordinate engagement, providing additional channels and opportunities for involvement on Cambridge Children's.
- Number of media articles in the local and national press to help raise public awareness of the Children's Hospital, including a special in-depth feature on BBC Look East with interviews from all three partners.
- Interviews with previous patients from CPFT and CUH to understand their journey, what worked well for them in the current hospital environment and what would have made a difference to their care and experience.
- Working closely with the Head of Patient and Parent Involvement for young people and families at CPFT to ensure that feedback they receive through their pre-existing channels of engagement such as 'have your say groups,' are shared and heard within the project.





*(Images taken from the Family Fun Day in Peterborough)*



*(Chariots of Fire race participants supporting Cambridge Children's)*

## 2.3 **Feedback from CYPF**

Feedback from CYPF from mental health services was that they had concerns about being part of a bigger hospital, stigma and privacy but could see the benefits of integrating with physical health and the University of Cambridge. This feedback has fed into the initial design conversations and we are working with CYPF and staff to ensure their ideas and suggestions are included in the design brief.

For example, the concept for the hospital is to have a 'single front door' for everyone regardless of whether they are staff, researchers, families, physical or mental health patients, to try to break some of the stigma and silos. Young people were supportive of the idea of integration and helping to reduce stigma, however, were concerned about privacy if they were distressed or agitated. So, an additional entrance to the side of the building has been included in the design brief for young people who require additional privacy.

There were other concerns raised around parking for staff and visitors, which is being looked at as part of the wider Cambridge Biomedical Campus. It was however, acknowledged that public transport links there are better than in Fulbourn.

Other key priorities identified so far by CYPF for what they would want, include:

- Safety
- Homely, non-clinical feel
- Privacy and dignity
- Peaceful, low sensory
- Green space
- Facilities for families

There has been ongoing engagement with staff and union representatives to hear their suggestions and ideas for the hospital whilst capturing any concerns to ensure they are addressed. Weekly meetings relating to the development of Cambridge Children's include staff from all three organisations – CPFT, CUH and the UoC.

To date, two half-day workshops have focussed specifically on the model of integrated care, bringing together CPFT and CUH staff to start to develop this concept and what it might look like in practice. Further events are planned. As with the building design, co-creating the clinical model with CYPF is seen as central to the project and ongoing input from CYPF will be accessed via the mechanisms outlined below under 2.4 e.g. the CYPF Network.

Some examples of broader engagement include:

- Briefings with partners across the whole Cambridge Biomedical campus from industry and academia.
- Two half-day meetings brokered by Cambridgeshire County Council with representation from various stakeholders including Cambridgeshire Community Services, Public Health England, Peterborough County Council, Cambridgeshire & Peterborough STP, Cambridgeshire & Peterborough CCG, PCN leads, etc.
- CUH have led on a number of meetings with regional stakeholders, socialising the concept of integrated physical and mental health care. CPFT are currently engaged in work with consortium partners across the region in relation to the establishment of a Provider Collaborative. For CAMHS services this is being led by Hertfordshire Partnership University NHS Foundation Trust.
- The CPFT and CUH co-chairs of the Cambridge Children's Joint Delivery Board have started a process of introductory meetings with local Councillors.
- The CPFT and CUH Council of Governors receive regular updates on the progress of the project and have been involved from the start in discussions. Further updates for CPFT Governors are scheduled for April, July, September, December 2020.
- The NHS England Head of Partnerships and Engagement met with the East of England Scrutiny Officers' Network in March 2019 to engage regional scrutiny colleagues. A further visit is planned for April 2020.
- Visits from Boris Johnson, Matt Hancock and Keir Starmer, who were briefed on Cambridge Children's. Further visits with MPs are planned

In addition to the above, the programme has started a process of identifying and learning from national and international best practice. The team has established close links with the Anna Freud Centre in London, which successfully completed a new build at Kings Cross in 2019 and have contact with centres of excellence such as Great Ormond Street, Toronto Sick Kids and Melbourne Children's Hospital. We have also established a collaboration with Copenhagen's Rigshospitalet which is being supported by the Lego Foundation to develop a new children's hospital.

## **2.4 Next steps**

The existing engagement strategy is being updated in collaboration with CYPF and staff, which will set out how we meaningfully collaborate and engage on the two phases of the hospital build.

The engagement approach proposed for this project will go beyond engagement, ensuring CYPF and the public are continually involved in co-producing plans for the hospital.

There will be three key areas of focus for ensuring meaningful co-production and engagement:

### **1) Establishment of a Children, Young People and Families Network**

We want to provide CYPF with a range of different ways they can formally collaborate with us. This will ensure that we hear the voices and views of those who may not be able to attend events in person. We will create a matrix of opportunities including, attending design workshops with the architect, supporting the various project workstreams, taking part in surveys, reviewing content for the website etc. We have already developed an involvement form on our Cambridge Children's website and are asking people to register their interest at events, to start to develop a database of interested parties, which will provide the foundations for our network.

The young people suggested providing an incentive for their involvement, so once they have taken part in a specific number of separate engagement activities, we will provide them with a certificate they can include on their CVs and a reward, for example an Amazon gift voucher. We will target existing and past patients from CPFT and CUH to join the network, as well as patients from other Trust's across the eastern region who may wish to be involved.

We are also looking to employ a peer support worker (an ex-service user with lived experience employed to support others with their recovery) to lead on some of the engagement with young people including developing the network. CPFT already employs a number of these 'experts by experience' to support young people's engagement in service design and development.

### **2) Programme of engagement activity**

A children's collaborative forum has been set up locally together with involvement leads from the third sector, health and social care organisations, education sector and Healthwatch. This provides us with an opportunity to co-ordinate involvement across the county and engage with a wider audience via the involvement leads on the children's hospital. We will also link with existing regional forums, such as the East of England's Children and Young People's Mental Health Participation Forum, to ensure we get feedback from a broad range of perspectives.

We will run additional bespoke workshops as well as attending existing events, such as the Science Festival, to engage CYPF, key stakeholders and the public at various key milestones in the project. Various surveys will be used to capture wider views across the region for those unable to attend events.

### **3) Governance**

For the engagement to be meaningful it's important that co-production is further embedded throughout the governance of the project. We want to formalise that by ensuring a named champion is on each workstream and it is a standing item on agendas. To increase the project group's understanding of how co-production works we will host a co-production workshop to provide practical guidance and ensure it's at the forefront of decision making.

These three areas of focus for engagement will be in addition to existing planned engagement activities and will complement the engagement programme with staff to co-develop the designs and clinical model.

## 2.5 **Commissioning view of approach to patient and public engagement**

NHS England is the lead commissioner for Cambridge Children's and has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. The Midlands and East regional Specialised Commissioning Team requires any potential service change to be made subject to an assessment against this standard to ensure that appropriate engagement takes place.

At the previous discussion with the Health Scrutiny Committee in March 2019, members were satisfied with the conclusion that a continuous cycle of engagement, rather than a formal public consultation, was a proportionate and appropriate approach to take for the development of the new Children's Hospital.

As the programme is now proposing a phased approach to the development, with the CAMHS services moving in Phase 1, the Head of Partnerships and Engagement for NHS England and NHS Improvement has reviewed the assessment.

The services in question are not 'walk-in' or 'elective' services. They are not chosen by the CYPF. CYP are referred to CAMHS services by health professionals and assessed by a consultant prior to being accepted for admission to determine if they are appropriate for the Cambridge and Peterborough services. The services are regional and national and therefore CYP can be admitted from anywhere in the country.

Whilst every effort is made to keep young people as close to home as possible, in the first eight months of 2019/20, 43% of children and young people are from outside the Cambridgeshire and Peterborough area.

In the first eight months of 2019/20, there has been an average of just under 30 patients in the affected services at any one time. The average length of stay for these patients is months, not weeks, and as such the total number of unique patients in the services in any one year is relatively low.

- Darwin ward, an acute inpatient ward, including crisis beds, has an average length of stay of 4.5 months, with some patients staying considerably longer.
- Phoenix ward, an eating disorder ward, with an average length of stay of approximately 4-6 months.
- The Croft, a specialist acute service for under 13s, with an average length of stay of 12 weeks.

It is noted that the CAMH services will have to move off the current site by 2023, and that there can be no consultation on whether to move, as there is no other option. It had previously been determined that formal consultation was not required, on the basis that the comprehensive and targeted engagement plan proposed met the duty to involve patients and the public in the planning and commissioning of services.

Given all these factors, it is felt that a formal public consultation on the earlier phasing of the move would not add value to the continuous cycle of engagement already underway,



described earlier in this report. The targeted engagement programme, primarily aimed at those affected by the changes, is considered to be a proportionate response that will achieve a more meaningful outcome.

However, it was noted that this should be tested with the Health Scrutiny Committee.

It was also recommended that a further assessment be carried out with regard to the involvement of patients and the public in the development of the new integrated healthcare models, when public consultation may be more meaningful.

The project team has committed to continue regularly consulting the Health Committee throughout the project.

As part of the Outline Business Case submission we will be asked about our engagement. We are seeking approval from the Health Scrutiny Committee with this assessment. In particular that the outlined engagement proposals above are preferable to a formal consultation exercise which would limit involvement and also be limited in the extent to which it secures inclusion from CYPF who will be using these services, given how small they are in comparison to the size of the region's population.