

Cambridge Children's Hospital – Project And Engagement Update

To: Health Scrutiny Committee Meeting

Meeting Date: 19 November 2020

From: Cambridge Children's Hospital communications and engagement leads at CUH and CPFT

Electoral division(s): All

Purpose: The purpose of this report is to formally brief the Committee about developments with regard to the proposed new Children's Hospital in Cambridge and seek feedback from the committee about the approach to engagement, ensuring patients, families and the public are involved in co-developing the plans.

Recommendation: The Health Committee is asked to NOTE the report and FEED BACK its view on the approach to engagement outlined in section 2.

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1. Background

- 1.1 In December 2018, the Government announced that it would invest up to £100 million of capital 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 Cambridge Children's Hospital will deliver a whole new approach to healthcare for children and young people across the east of England and beyond.

Our ambition is to treat the whole child, making no distinction between their mental and physical health. We will look at the whole picture, understanding the person not just the patient and what's important to them.

This is a joint project between Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and the University of Cambridge (UoC), together with children, young people and their families (CYPF), and partners across the region.

Cambridge Children's aspires to be more than a hospital, bringing together the talent and expertise from across the region and underpinned by world-leading research.

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

Despite the challenges of Covid-19 - which temporarily redeployed many team members onto a front-line response, caring for patients with coronavirus - we are now making fast progress with the project.

- 1.4 In April this year, we passed a critical milestone – approval of the Strategic Outline Case (SOC) by the Department for Health and Social Care (DHSC).

The SOC allows provision for 37 CAMHS beds, six operating theatres, 13 Paediatric Intensive Care beds and parent rooms, 71 inpatient beds (including beds for 16 to 19-year olds) and 28-day case beds. Approval of the SOC allows us to access early draw-down funding set aside by the Government so we can progress the project further.

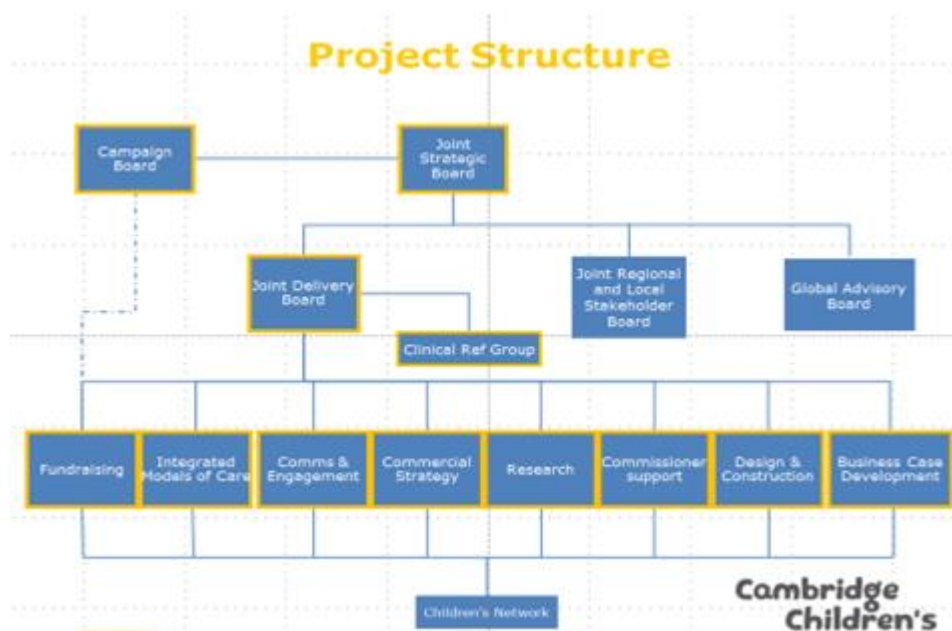
This paper seeks to update you on our progress since the approval of the SOC and highlight the next critical milestones of the project as we work towards submitting our Outline Business Case in the summer of 2021.

2. Main issues

Where are we now?

- 2.1 Establishment of the Cambridge Children's team

The diagram below shows the structure we have put in place to support the Cambridge Children’s Hospital Project.



The boxes with a yellow border show the teams that are already in place. There are eight workstreams which feed into monthly Joint Delivery Board meetings.

The Joint Strategic Board, led by Roland Sinker, CEO of CUH, is the final decision-making body.

To support the project further a Joint Regional Stakeholder Board and Global Advisory Board will be appointed over the coming year.

The Children’s Network, the Clinical Reference Group and the Campaign Board are discussed in more detail below.

2.2 Progress towards our fundraising target

To deliver a children’s hospital for the East of England – currently the only region without one - we need to match the £100 million of public funding committed by DHSC with around £100 million in philanthropic support.

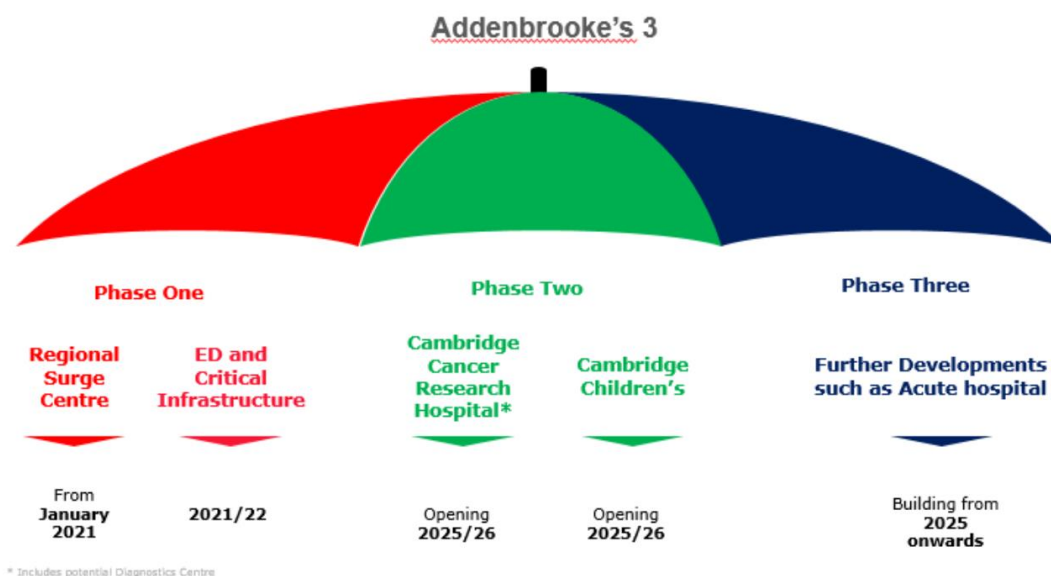
In order to do this, we established a Campaign Board to drive this work forwards, led by CUDAR (Cambridge University Development and Alumni Relations), Addenbrooke’s Charitable Trust (ACT) and the CPFT hospital charity, Head to Toe.

A series of major gifts are being sought before launching the public fundraising phase. We expect to make an announcement regarding fundraising in the New Year.

2.3 Wider NHS context

Addenbrooke's 3 Modernisation Programme

In July 2020, the CUH Board approved the creation of an 'Addenbrooke's 3' modernisation programme to manage a number of significant schemes that are being developed simultaneously. Cambridge Children's sits below this umbrella as demonstrated below.



More detail on this model will be provided at the next Health and Scrutiny Committee meeting in December 2020.

Sale of Ida Darwin site

The three children's mental health wards – Croft, Phoenix and the Darwin - are currently based on the Ida Darwin site in Fulbourn. The Health Committee has been made aware previously of the need for these services to move by 2023 following the sale of the site to Homes England.

An extension has been agreed with Homes England to allow more time for the Children's Hospital to be built.

2.4 Working with children, young people and their families

Developing a shared vision for the children's hospital and involving patients, families, carers, the third sector, regional partners and the general public, is pivotal to the success of this project.

Significant engagement has already taken place to ensure the views of CYPF are central to the project, which has been a key focus from day 1 (see Appendix 1: Engagement to date).

Engagement has included the use of existing forums and system-wide networks, such as Family Voice in Peterborough and the Young Carers Group run by Cambridgeshire Community Services. There has also been significant engagement with patients and families on CPFT's children's wards to seek their views about what is important to them and the design of the new children's hospital.

The key themes identified from the engagement with these groups will be used as a platform for the Children's Network to expand upon and inform the next stages of the Cambridge Children's hospital development.

2.4.1 Future engagement plans:

Co-production with CYPF of our new hospital and the services provided remains fundamental to our vision, to ensure we deliver outcomes that truly meet the needs of the region's youngest citizens.

We will undertake co-production and engagement via two approaches:

- a) Cambridge Children's Network
- b) Commissioning existing patient groups and networks across the region to carry out engagement and consultation on our behalf.

2.4.2 Cambridge Children's Network

November 2020 sees the launch of Cambridge Children's Network, which will continue the work to engage CYPF in a range of creative ways to formally input into the Cambridge Children's hospital project.

See Appendix 2: Cambridge Children's Network strategy paper.

One of the first tasks of the Children's Network has been to assist in choosing the successful Design Team. Through a process of four facilitated creative Zoom workshops, eight young people came up with "The People Test" which they carried out with the three final design teams hoping to be appointed. (During the Committee meeting on 19th November we will play a short 90 second video giving a taster of The People Test preparations).

Feedback from the young people on whether they felt the three design teams were keen and able to work with them has been fed into the final selection stage.

2.4.3 Use of existing networks

Patient, family and public involvement already plays a central role in the work of both Cambridge University Hospitals (CUH) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

Both CPFT and CUH run existing forums for engaging CYPF - ACTIVE at CUH and Patient Participation Forums and carer groups at CPFT.

There are also a wide range of CYPF forums run by NHS, local authority and third sector partners, many of whom we work with as part of the Coproduction Collaborative – a forum to share learnings and co-ordinate involvement opportunities across the wider system. Through this we are building links with organisations such as; VoiceAbility and Speak Out Council, representing young people with special educational needs and learning disabilities; the Lantern Initiative supporting young people in the Muslim community in Peterborough; and others to ensure we are hearing representative voices.

Our plans for engagement go beyond consultation, ensuring that children and their families are embedded within the project and actively involved in developing plans for the hospital.

2.4.4 Involvement in governance

To ensure meaningful involvement we will embed CYPF representatives through the governance of the project. We want to formalise that by placing named champions in workstreams, and ensuring CYPF engagement is a standing item on agendas.

Ensuring all project group members working on Cambridge Children's Hospital have a clear and shared understanding of the value of involvement, is key to the success of this project. A dedicated workshop for project members, with involvement from patients and carers, is set up for 13 November to help them identify how they want to work with CYPF over the coming years to ensure genuine involvement.

A key outcome of this project will be learning how to co-produce so that it remains a core part of service delivery and development after the build is complete.

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 Committee in March 2019,

members were satisfied with the conclusion that a continuous cycle of engagement, rather than a formal public consultation, was a more meaningful, 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 progress with the engagement plan, and the assessment of the approach to take.

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 (pre Covid-19), there was 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.

- There are 14 beds on Darwin ward, an acute inpatient ward, with an average length of stay of approximately 6-7 months, with some patients staying as long as 18 months.
- There are 12 beds on Phoenix ward, an eating disorder ward, with an average length of stay of approximately 4-6 months.
- There are 8 beds in The Croft, a specialist acute service for under 13s, with an average length of stay of 12 weeks.

In addition to consideration of the numbers of CYP using the CAMHS services from across the region and country, their length of stay and ease of access for visiting family, it is noted that the CAMHS services will have to move off the current site by 2023. It is also noted that in order to gain the benefits of integrated mental and physical healthcare, co-location of acute and CAMHS services is required. There is therefore only one option under consideration; integration into a single children's hospital in Cambridge. It had previously been determined that formal consultation was not appropriate, on the basis that targeted involvement of CYP with experience of CAMHS services, and their families, would provide more meaningful input into the plans than a generic public consultation. The comprehensive and targeted engagement plan proposed would be an appropriate response to fulfilling the duty to involve patients and the public in the planning and commissioning of services.

The involvement of Children and Young People in selecting the architects, with the architects' ability to listen to CYP and incorporate their views, being central criteria to their selection, their involvement in development of integrated healthcare models, and in the governance of the whole programme, and the building of links with community partners have been key developments since the approval of the Strategic Outline Case, and provide a strong base to continue meaningful involvement of CYPF.

In particular, this approach would ensure that engagement resources were directed towards those who understood, and had experienced the services, and those who may be affected by changes to the services, rather than diluted across a large regional, and even national population, the majority of whom would have little knowledge of CAMHS inpatient services.

However, it was noted that this should be tested with the Health 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. It may then be appropriate to undertake public consultation on the new models of integrated care. This will be kept under review.

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 Committee with this assessment. In particular that the Committee remains satisfied that our engagement proposals, outlined above, are preferable to a formal consultation exercise for the reasons given.

2.6 Staff engagement

Engagement with staff at CUH and CPFT is ongoing, and varies from regular updates at all staff briefings, to detailed working groups bringing together staff from paediatric services in both organisations.

An "Integrated Models of Care" workstream involving clinicians from CPFT and CUH is devoted to re-imagining how delivering care for the Whole Child without separation of mental and physical health care might look and feel like. This is an entirely novel and ground-breaking piece of joint work.

Once the design team has been appointed in early December we will be kicking off a fast and intense period of staff engagement across all three organisations to gather input into the early design. Representation will be invited from every discipline and specialism within paediatric and support services.

2.7 Clinical Reference Group

A new virtual reference group has been established so that clinical and operational staff from across the region can meet on a bimonthly basis to help build a shared vision for the new hospital.

This group brings together key paediatric leads from acute and community healthcare trusts across the East of England, along with commissioning representatives.

One important function of the group will be to share information about the various recent government investments in paediatric services across the region. It will be essential that we align all our plans in the best interests of our patients and make well-informed decisions about new pathways and models of care across the East of England, leveraging public funding to have maximum impact.

2.8 Car parking and travel

The new Cambridge Children's Hospital will be based on the biomedical campus, which has a number of good public transport links. This will make the services easier for people to get to using public transport, in comparison to Fulbourn, where the mental health wards are currently based.

Feedback from CPFT staff has included some concerns around car parking. This is something we will continue to explore with them and the design team as the project progresses.

2.9 Net zero carbon

We know that environmental impact is a top priority for young people, as well as for many staff and citizens of the region.

The NHS now requires all new builds to be net zero carbon. This is also an objective set out by the CUH Board and University of Cambridge.

We are in the process of agreeing an environmental and sustainability plan for all the new buildings as part of the Addenbrooke's 3 modernisation plan. This is likely to include electrically powered buildings, and ambitious BREEAM targets, amongst other measures.

2.10 Outline Business Case (OBC)

Our intention remains to progress this project at an ambitious pace, opening in 2025. We will submit the OBC in summer 2021, followed by the Full Business Case in spring 2023 with a view to starting construction in summer 2023.

We recognise what an ambitious target this is, but the need to provide improved services for the children, young people and their families of the region is paramount.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in sections 1 and 2.

3.2 Thriving places for people to live

The report above sets out the implications for this priority in sections 1 and 2.

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in sections 1 and 2.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

See wording under 2.9 above.