



## Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP  
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Ladies and Gentlemen,

A meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 18th September, 2018** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Helen Briggs  
**Chief Executive**

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### **A G E N D A**

#### **10) ANY URGENT BUSINESS**

To receive any other items of urgent business which have been previously notified to the person presiding.

#### **CAMHS INPATIENT UNIT – BUSINESS CASE SUMMARY**

(Pages 3 - 12)

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**RUTLAND HEALTH AND WELLBEING BOARD**

18 SEPTEMBER 2018

**BUSINESS CASE SUMMARY FOR CAMHS INPATIENT UNIT**

Report of the Project Director, CAMHS

|                                |  |   |
|--------------------------------|--|---|
| Exempt Information             | No   |   |
| Cabinet Member(s) Responsible: | Cllr Alan Walters, Cabinet Member for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety |   |
| Contact Officer(s):            | David Bell, Project Manager<br>CAMHS   | Email: <a href="mailto:david.bell@leicspart.nhs.uk">david.bell@leicspart.nhs.uk</a> |

**DECISION RECOMMENDATIONS**

1. That the Rutland Health & Well-being Board supports the permanent relocation and expansion of the local CAMHS inpatient unit because of the benefits it will bring to children and parents in Rutland.

**1 PURPOSE OF THE REPORT**

To provide the background for the Board’s support for LPT’s proposal.

**2 BACKGROUND AND MAIN CONSIDERATIONS**

The existing unit was moved on a temporary basis to Coalville in 2015 (further from Rutland) and at 10-beds is too small such that 41% of children have to be placed out of area.

**3 CONSULTATION**

- 3.1 High levels of patient/parent engagement in 2014/15 regarding finding a permanent solution and patients have also been engaged recently regarding the unit’s design.
- 3.2 The Leicester and Leicestershire health overview and scrutiny committees have both declared that a permanent move of 4 miles to the Glenfield Hospital site does not constitute a substantial variation in service. As such, public consultation is not required.

## **4 ALTERNATIVE OPTIONS**

- 4.1 A full site option appraisal is included in the summary. The Glenfield Hospital site options (2 of) are the only ones which meet the national service specification for this service

## **5 FINANCIAL IMPLICATIONS**

- 5.1 Without local support, the Trust may not be able to secure the £8.0 million capital provisionally allocated by the Department of Health.

## **6 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 6.1 All legal obligations on LPT will be met by the scheme.

## **7 EQUALITY IMPACT ASSESSMENT**

- 7.1 This has been assessed using the Trust's Due Regard Screening Tool and this confirms that the scheme will not have a material impact on patients based on their protected characteristics as laid out in The Equality Act.

## **8 HEALTH AND WELLBEING IMPLICATIONS**

- 8.1 The proposal enables more children to be treated locally, with the associated positive impact on their and their family's health and well-being.

## **9 ORGANISATIONAL IMPLICATIONS**

- 9.1 Environmental implications – The new unit will have a BREEAM rating of excellent.
- 9.2 Human Resource implications – The temporary unit has to be overstaffed because of its isolated position in Coalville. The expanded unit will be operated with the same number of staff.
- 9.3 Procurement Implications – LPT has a construction partner in place and are ready to start the build.

## **10 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

Having a purpose built and centrally located inpatient unit locally will rectify an unsustainable temporary position and propel the service to upper quartile standards by March 2021.

## **11 BACKGROUND PAPERS**

11.1 There are no additional background papers to the report.

## **12 APPENDICES**

12.1 Appendix A: CAMHS Inpatient Unit – Business Case Summary (for Rutland County Council).

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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# CAMHS Inpatient Unit

## Business Case Summary (for Rutland County Council)

*This paper is a summary of the full business case (FBC) to be presented to the LPT Trust Board on 27 September 2018. The FBC then has to be approved by NHS Improvement and the Department of Health before the capital grant is released.*

### 1. Background

In 2015, the Trust had to relocate its 10 bed child and adolescent mental health (CAMHS) inpatient facility on a temporary basis, from the old Towers Hospital site in Leicester to Coalville Community Hospital some 15 miles away (and further away from Rutland). Patients, carers, stakeholders and staff felt that this temporary arrangement was inadequate and inappropriate from the outset and finding a permanent central relocation has been one of the actions within the Leicester, Leicestershire & Rutland STP.

Last year (2017/18), some 41% of young people were being placed outside of the area to inappropriate locations far from the family home, mainly eating disorder needs, because their local unit does not have sufficient scope or capacity to contain demand locally. These placements included children from Rutland.

The Trust provides a CAMHS crisis service and a CAMHS community service across Leicester, Leicestershire and Rutland. These services ensure that children are only admitted as an inpatient if it is absolutely necessary to do so, and that children are discharged as soon as possible if admitted.

This service is commissioned by NHS England Specialised Commissioning and not by local CCGs.

### 2. Objectives

The expansion and permanent central relocation of the local CAMHS inpatient unit will mean that sufficient care is provided locally to:-

- Meet the relevant deliverables of the Five Year Forward View for Mental Health.
- Combine care as per the new NHS England service specification for CAMHS and eating disorders.
- Adhere to NICE standards for eating disorders.
- Adhere to the inpatient service standards of the Royal College of Psychiatry Quality Network for Inpatient CAMHS (QNIC).
- Deliver financial balance (the isolated unit in Coalville has much higher costs)
- Reduce whole system costs for out of area placements.

### 3. Sites

The original location of the unit was in the city at the Towers Hospital. The temporary location is in the market town of Coalville in the north west of Leicestershire (much further from Rutland). The proposed location is back in the city on the Glenfield Hospital site:-

| Location  | Site   | Distance From Original | Distance From Oakham |
|-----------|--|------------------------|----------------------|
| Original  | Towers Hospital, Leicester                   |                        | 18 miles             |
| Temporary | Coalville Community Hospital, Leicestershire | 15 miles               | 34 miles             |
| Proposed  | Glenfield Hospital, Leicester                | 4 miles                | 22 miles             |

### 4. Timescales

The project objective is to relocate and expand the CAMHS inpatient service to purpose built and centrally located 15-bed accommodation by March 2020 and eliminate out of area placements thereafter by March 2021.

### 5. Investment

The investment objective is to invest £8.000 million of capital funding to secure significant improvements in access and service.

| Funding/Spend           | 2017/18  | 2018/19  | 2019/20  | Total    |
|-------------------------|----------|----------|----------|----------|
| LPT Capital Expenditure | -£0.129m | -£1.500m | -£6.371m | -£8.000m |
| DoH Capital Grant       |          | £1.629m  | £6.371m  | £8.000m  |
| Balance                 | -£0.129m | +£0.129m | £0.000m  | £0.000m  |

### 6. Patient Numbers

The health service needs supported by the scheme are general CAMHS and eating disorder inpatient services for young people 13-17 years from Leicester, Leicestershire and Rutland (and further afield if required).

| Full Business Case                | 2015/16 Actual | 2016/17 Actual | 2017/18 Actual |
|-----------------------------------|----------------|----------------|----------------|
| LLR Children Admitted Locally     | 64             | 59             | 51             |
| LLR Children Admitted Out-Of-Area | 45             | 52             | 35             |
| Total LLR Children Admitted       | 109            | 111            | 86             |
| Total Bed Days                    | 7,390          | 8,075          | 5,106          |
| ALOS                              | 68 days        | 73 days        | 55 days        |
| % Out of Area Placements          | 41%            | 47%            | 41%            |

### 7. Patient/Parent Engagement

There has been extensive engagement with patients and parents in determining the future nature and location of the CAMHS inpatient services.

This engagement was originally launched in 2014/15 ahead of the temporary relocation to Coalville Community Hospital in March 2015. A wide variety of opinion was sought from service users, staff, other professionals and other stakeholders who felt that the unit should be:-

- A clean and modern environment.
- Centrally located to reduce travel distances and times.
- Centrally located for easier public transport
- Have sufficient space for therapy and education
- Close to acute inpatient paediatric facilities (in Leicester City)
- Located close to on-call cover.
- Central for community staff (eg CPNs, social workers) to visit the unit to prepare for discharge.
- In a fit for purpose environment.
- In the city to attract a diverse workforce.
- A homely environment.
- A permanent solution.
- A development that allows for more CAMHS beds locally.

Since then, patients and parents have recently been involved in the design and operation of a new unit.

## **8. Strategy & Policy Context**

The national Five Year Forward View for Mental Health states that inappropriate placements to inpatient beds for children and young people will be eliminated, including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments) by March 2021.

The NHS England service specification for CAMHS inpatient services has recently been updated to include eating disorders, such that the majority of young people with this condition are in the future to be treated in general CAMHS units and not in specialist eating disorder units.

## **9. Patient Choice**

The NHS England commissioning arrangements are such that patients/parents can choose where they are admitted provided the hospital has capacity at that acute moment in time. However from the patient engagement undertaken, the majority of patients want care locally and with acceptable travel distances/times.

Presently some 41% of LLR children 13-17 years are placed out-of-area at their acute moment of need, mainly because there is insufficient capacity locally. Hence there is a real lack of patient/parent choice at present.

Some of these out-of-area placements are because the temporary CAMHS inpatient unit at Coalville has gender based dormitories. If these are full, the patient cannot be accommodated in the other gender dormitory if it has empty beds. The new unit will have single en-suite rooms meaning that gender will no longer be an issue for admissions and preventing inappropriate out-of-area placements.

The scheme provides for an expanded unit which will be able to accommodate more children locally and prevent inappropriate out of area placements. The majority of LLR children requiring an acute CAMHS admission will have been in contact with the LLR community CAMHS services. As such, it is expected that the majority of patient/parent choice will be toward the LLR inpatient unit in order to

maintain the continuity of care on both admission and subsequent discharge. However, a LLR patient/parent may choose an out of area placement because Nottingham or Northampton may be closer to their home than Leicester. A parent who works for Leicestershire Partnership NHS Trust may ask that their child is treated at another unit.

The scheme will therefore significantly increase patient choice for care closer to home and still maintain a choice to be treated elsewhere.

## **10. Benefits Criteria**

The benefits expected for the scheme are:-

- Improved clinical outcomes
- Improved patient experience
- Delivery of the QNIC standards
- Financial sustainability of the service and the Trust
- Improved accessibility for families across LLR
- Strengthened CAMHS pathways
- Co-location with acute mental health services
- Relocation in the short to medium term
- Increase in public confidence in the service

## **11. Equality & Diversity**

In relation to equality and diversity impact, this has been assessed using the Trust's Due Regard Screening Tool and this confirms that the scheme will not have a material impact on patients based on their protected characteristics as laid out in The Equality Act.

## **12. NHS Reconfiguration Tests**

The scheme satisfies the four key tests for service configuration as set out in the NHS England guidance Planning, Assuring and Delivering Service Change for Patients (Revised March 2018):-

- Public & Patient Engagement – Patients want care closer to home and an inpatient service centrally located within the area will provide this.
- Patient Choice – The scheme increases patient/parent choice to be treated locally.
- Evidence Base – Expansion of the unit to include eating disorder services aligns with the evidence base in the national service specification, which shows that almost a quarter of acute admissions for adolescents are for eating disorders and that general CAMHS units and specialist eating disorder units achieve similar outcomes.
- Commissioner Support – The principles of the scheme fit with commissioning policies and priorities to eliminate inappropriate out of area placements and to amalgamate inpatient general CAMHS and eating disorder services.

There is no reduction of beds in the scheme and as such the *Stevens Test* does not need to be applied.

Both the Leicester and Leicestershire health overview and scrutiny committees have written to confirm that a 4 mile relocation of the unit does not constitute a substantial variation in service and as such, public consultation is not required.

## **13. Site Options Appraisal**

In recent years, the Trust has looked at a wide ranging variety of public/private options to secure a permanent relocation of the CAMHS inpatient unit, including:-

- Coalville Community Hospital (Do Nothing)
- Coalville Community Hospital (Refurbishment)
- Glenfield Hospital Site (Refurbishment of Adult Wards)
- Stewart House Site (Enderby)
- Glenfield Hospital Site (New Build)
- Leicester Royal Infirmary (Children's Hospital)
- Leicester General Hospital (Neville Centre)
- New Site (NHS Purchase)
- New Site (with Private Provider)

Four of the options were shortlisted and ranked using the benefits criteria:-

- Glenfield Hospital Site (New Build) – Score 27
- Glenfield Site (Refurbishment of an Adult Ward) – Score 21
- Stewart House Site (Enderby) – Score 19
- Coalville Community Hospital (Refurbishment) – Score 12

A critical factor is section 2.22.1 of the national service specification, which requires that inpatient general adolescent service should not be an isolated or stand-alone facility and must be located with other mental health services so that there is a critical mass of staff to ensure adequate response team resource.

The only option that meets this requirement with an acute response team resource is co-location with the Trust's acute adult mental health services on the Glenfield Hospital site.

#### **14. Summary**

The FBC pertains to the relocation of an existing 10-bed general CAMHS inpatient unit and expansion to a 15-bed unit to accommodate inpatient eating disorder services for young people 13-17 years of age. The case for change and investment has been made across six dimensions:-

- **Strategic Case** – The scheme fits with the national strategy for all-age mental health services and the revised service specification for CAMHS and eating disorder inpatient services. It has the support of the patients, parents, staff, the commissioner, the STP, health and well-being boards and health overview and scrutiny committees. It demonstrates that there is sufficient demand for the unit to ensure that local children can be treated locally.
- **Economic Case** – The scheme has been developed from a long list of options and has the highest benefits realisation score. The scheme delivers both qualitative and financial benefits, making significant improvements in patient choice and will result in revenue savings.
- **Commercial Case** –The scheme can be realised quickly through the Trust's existing estates partner Interserve Construction Limited and has a guaranteed maximum price valid to the end of November 2018. The scheme meets most national standards with a small list of variations (derogations).

- **Financial Case** – The scheme cost is affordable with the £8.0 million public dividend capital provisionally allocated to it by the Department of Health. Costs elements have been market tested and the value for money (VFM) has been proven. No property or land sales or purchases are needed for the scheme, so there will be no delays in implementation.
- **Management Case** – The scheme can be delivered by the Trust and its partner Interserve Construction Limited by March 2020. A project team has been established, which has the capacity and capability to manage the project. Cost and other advisors are in place and ready to start. The governance arrangements for the project are also in place.
- **Clinical Case** – The Trust has the clinical capability and capacity to deliver an integrated CAMHS and eating disorder inpatient service. It has extensive experience of providing the regional adult eating disorder inpatient service and can utilise this to develop an integrated service for children.

## **15. Recommendation**

That the Rutland Health & Well-being Board and the Rutland Health Overview & Scrutiny Committee support the proposal because of the benefits it will bring to children and parents in Rutland.

*September 2018*

*David Bell, Project Director (CAMHS)*