

North Yorkshire County Council

Scrutiny of Health Committee

5 September 2014

Mental Health Developments in the area of North Yorkshire covered by Tees Esk & Wear Valleys NHS Foundation Trust and the Leeds and York Partnership NHS Foundation Trust**Purpose of Report**

1. To provide background information on the national and local position regarding Mental Health Services.
2. To give Elected Members an opportunity to comment on a range of developments in mental health services taking place across North Yorkshire, with the exception of in the Craven area.*

* *Arrangements are being made for the Committee to follow up developments in mental health services in the Craven area.*

National Context

3. At a national level, '*No Health Without Mental Health*' (DH, 2010) set out clearly how important our mental health is to us as individuals and to our social and economic success as a nation. It introduces the concept of 'Parity of Esteem', stressing that mental health needs to be given equal priority with physical health. '*Closing the gap: priorities for essential change in mental health*' (DH, 2014) builds on this early thinking by introducing 25 areas of mental health care that local organisations can focus on to deliver tangible change.
4. The 25 areas are set within six objectives:
 - More people will have good mental health
 - More people with mental health problems will recover
 - More people with mental health problems will have good physical health
 - More people will have a positive experience of care and support
 - Fewer people will suffer avoidable harm
 - Fewer people will experience stigma and discrimination.

Parity of Esteem

5. Launching '*Closing the gap*', the Deputy Prime Minister expressed concern that mental health services may have taken more than their fair share of the impact of the economic downturn. Attitudes to mental health are changing but stigma and ignorance still exist and it may sometimes have appeared easier to target mental health provision for cost savings than other more high-profile services. '*Everyone Counts*', NHS England's planning guidance for 2014 to 2019, calls

on Clinical Commissioning Groups (CCGs) to set out in their 5 year strategies how they will achieve parity of esteem. It is also evident that relatively small investment in mental health services can lead to significant savings elsewhere, such as reduced length of acute hospital stay or reduced burden on the criminal justice system.

Mental Health Crisis Care Concordat

6. The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the [Crisis Care Concordat](#). It focuses on four main areas:
 - [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
 - [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
 - [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
 - [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.
7. Although the Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. North Yorkshire agencies are looking at how to implement this locally.

Integration

8. All evidence shows that improving mental health requires both health and social care input. Factors relating to social inclusion, accommodation and employment are as important as physical and psychological health in recovery from mental health problems.
9. There are three key arguments in favour of an integrated approach:
 - Continuity of care: Reducing the likelihood of people's needs being lost because of exclusion criteria in fragmented services and increasing the quality of care coordination;
 - Comprehensive service provision: Recognising that the social and illness factors in people's mental health cannot be separated and ensuring that all needs are addressed;
 - Cost reduction: In terms of management savings, reduced duplication and efficient division of labour.

10. Ultimately the integration agenda needs to go across sectors, finding appropriate ways to join up police, acute healthcare and community healthcare to achieve successful outcomes.

North Yorkshire Context

Health and Wellbeing Strategy and Better Care Fund

11. The North Yorkshire Joint Health and Wellbeing Strategy identifies the emotional health and wellbeing of all age groups as a key area of focus between 2013 and 2018.
12. In addition to this, the Health and Wellbeing Board has agreed three priorities within the Better Care Fund (BCF) Plan submitted in April 2014 for Mental Health:
 - Improve health, self-help and independence for North Yorkshire people by:
 - Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
 - Invest in Primary Care and Community Services, including
 - Investing in core community health services to increase capacity,
 - Developing mental health in-reach services to support people in acute care and in community settings,
 - Investing in dementia services,
 - Create a sustainable system
 - Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
 - Investing in support to carers,
 - Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.
13. All North Yorkshire CCGs have identified mental health as a priority in their Strategic and Operational Plans and it is recognised that improving responses to mental health problems will have benefits across the health and care system, as well as other partners, for example, the Police.
14. Across North Yorkshire, NYCC works closely with 3 Trusts which provide mental health, learning disabilities and substance misuse services:
 - Bradford District Care Trust - Craven,
 - Tees, Esk and Wear Valleys Mental Health Foundation Trust - Hambleton and Richmondshire, Scarborough, Whitby, Ryedale and Harrogate areas,
 - Leeds and York Partnership NHS Foundation Trust (LYPFT) - Tadcaster, Selby/Easingwold areas.

(It should be noted that up until 1 July 2014 the Leeds Partnership Trust also provided Improving access to Psychological Therapy (IAPT) services and Specialist Eating Disorder Services across all of the County. IAPT services are now aligned with each of the 3 trusts above.)

15. Work is underway to develop a single Mental Health and Wellbeing Strategy for North Yorkshire that will include public health, health care and social care. This strategy will shape the response of organisations to ensure North Yorkshire builds effective and sustainable mental health services.
16. Just as there is a need to translate national strategy into what works for North Yorkshire and York, local variation within the county needs to be understood and addressed. Recognising the complexity of the North Yorkshire care system, improving the quality of mental health services should reflect the needs of local communities – a ‘one size fits all approach’ will not do. Services should be designed to keep people at home or, where care elsewhere is necessary, to return them home as soon as possible.

Yorkshire & the Humber Strategic Clinical Networks

17. As the care system seeks to change and improve, Strategic Clinical Networks are there to help with the development process. They are already demonstrating some key areas of progress, which include:
 - CCG GP Mental Health Leadership Programme
 - commissioning effective quality Improving Access to Psychological Therapies (IAPT) services
 - organised the first regional IAPT provider’s network meeting
 - supporting the ‘Yorkshire and the Humber Mental Health Collaborative’ to understand the implications of the ‘Crisis Care Concordat’

Key Issues for North Yorkshire

18. There are common issues across the County and there is a need to work out the extent to which there are common solutions. The key issues include:
 - IAPT: Making sure there is sufficient investment and capacity within the IAPT programme that supports a more diverse approach to psychological therapies access at all tiers of service. Current arrangements for the provision of this service for the northern parts of North Yorkshire will transfer from Leeds and York Partnership NHS Foundation Trust to Tees Esk, and Wear Valleys Foundation Trust in July. The part of the IAPT service that is provided to the Craven area will transfer to Bradford District Care Trust later this year.
 - Dementia: The Joint North Yorkshire and York Dementia Strategy 2011-2013 is currently being refreshed. This will ensure a continued focus on managing the challenges created by increased demand while commissioning a high quality range of services for people living with dementia and their carers. Early interventions have been shown to be cost effective and the newly commissioned Dementia Support Services in North Yorkshire have a key role to play in supporting people post-diagnosis.

- Diversity of provision: There are some excellent examples of initiatives led by the non-statutory sector in North Yorkshire and York but there is also a significant opportunity to expand involvement of voluntary sector and independent sector groups and organisations.
- Acute/Psychiatric Liaison: Work is underway to develop liaison psychiatry services across the county. The Prevalence of co-morbid mental health problems among patients in general and acute hospitals is extremely high, particularly among older people, where the Royal College of Psychiatrists estimate 60% of people over 65 in acute hospital have mental health as well as physical health problems. This leads to significantly longer stays in hospital for this group and poorer health outcomes.
- Transitions: Young people moving at age 18 from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services can experience a number of problems. Early Intervention in Psychosis services have bridged this gap for some but commissioners are exploring further development of an early intervention approach. North Yorkshire Children and Young People's Services have developed an Emotional Health and Wellbeing Strategy under the direction of the Children's Trust and the CAMHS Partnership Group. The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health and sits in the context of the government's Mental Health Strategy (No Health without Mental Health) as described earlier.
- Specific populations: Armed forces veterans and the families and dependents of the armed forces have specific needs. There is a changing pattern of ethnic origin across North Yorkshire and York. All services need to ensure that people with learning disabilities and physical disabilities have access to services which meet their needs.
- Physical Health: There is clear evidence that having a mental health problem compromises physical health. In North Yorkshire, people identified with a mental health problem are nearly four times more likely to die before they reach the age of 75 than those without. Suicide accounts for around 6% of these deaths, with the biggest cause being circulatory disease at 22%. Twice the number of people with mental health problems are smokers, compared to the general population.
- Estate: There are significant challenges in terms of physical fabric of the buildings and facilities across the County and CCGs and Trusts are taking action to improve these settings.
- Response in crisis: Two clinically-based Section 136 places of safety have recently opened, one in York and one in Scarborough. Progress to meet the needs of populations around Harrogate and Northallerton is also being made. The *Mental Health Crisis Care Concordat* presents an opportunity to embed the principle of all partners working together to meet the best interests of vulnerable people in crisis.

Specific Service Developments Currently Taking Place in North Yorkshire

DISCOVER! – A New Mental Health Strategy for York

19. As part of its *DISCOVER!* initiative the Vale of York CCG has held a series of engagement events during the summer months with the objective to transform and modernise mental health services. Key commitment has been to ensure that the community has a role in helping to shape decisions about local healthcare, and have a role in determining the range of services that should be provided in the community setting and in primary care.
20. The outcome from the events will help to shape the CCGs future service specification and commissioning decisions and for mental health services. The CCG will be launching a procurement process during the autumn period with a view to awarding a contract by 1 April 2015 and the contract taking effect from 1 October 2015.
21. Janet Probert, Director, Partnership Commissioning Unit (the unit which commissions mental health services on behalf of 4 CCGs covering most of North Yorkshire) will be attending the meeting to provide more information and to respond to Members' questions and comments.

Bootham Park Hospital and Lime Trees Unit, York

22. Confirming comments that the CCG has received recently from service users, a recent Care Quality Commission (CQC) report highlighted concerns about the physical state of Bootham Park Hospital. In addition, the Lime Trees Unit, which delivers child and adolescent mental health services (CAMHS) commissioned by NHS England was found to be not meeting standards for access, privacy and dignity and single sex accommodation. Bootham Park Hospital was built in 1774 and it has served the people of York well for 240 years but the time has come for a new approach. The services at Bootham Park and Lime Trees are currently provided by the LYPFT.
23. The CQC identified a number of issues that needed to be resolved to make the premises safe for inpatient care. In the case of Bootham Park Hospital the fact that it is a Grade 1 listed building meant there were restrictions to any improvements that can be made to the fabric of the building. English Heritage and York City Council planners have since agreed to more changes which will allow the Bootham Park Hospital to be refurbished to provide safer inpatient care.
24. Under an interim plan agreed at the CCG's Governing Body meeting on Thursday 7 August 2014 measures include refurbishing and changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 (older people's ward) to Cherry Tree House in York. Further work has just been undertaken with staff on the Electro-Convulsive Therapy (ECT) suite to identify the most appropriate solution and the Trust has agreed that it should remain at Bootham Park Hospital. These plans will improve the environment for service users who access these services.
25. Specialist mental health services inpatient services (Tier 4) for children and young people, commissioned by NHS England, will move from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and

will improve care for more children and young people in inpatient facilities close to their homes and families. A more detailed paper on this aspect of the changes is attached as ENCLOSURE 1.

26. Developments at Bootham Hospital and at the Lime Trees Unit are occurring at the same time as the *DISCOVER* initiative referred to above. There is now an opportunity for the Vale of York CCG to define the best possible model of care and to design a state of the art hospital facility.
27. The CCG hopes to announce the site of the new hospital in approximately six months. The interim plans will provide solutions for three years when it is expected that a new purpose-built mental health hospital will open its doors to patients.

Leeds and York Partnership NHS Foundation Trust (LYPT) - Review of Cognitive Impairment and Dementia Services

28. The LYPFT is reviewing its Cognitive Impairment and Dementia Services in York and North Yorkshire.
29. The review will examine the needs of all people with cognitive impairment and/or dementia who receive community services, memory services and inpatient services. "The aim for the project is to develop a clear mental health pathway for people with cognitive impairment/dementia, providing a service which is 'better, simpler and more efficient' and reflects the Trust's goals and values."
30. The review will cover services currently provided at Worsley Court a community unit for the elderly in Selby.
31. Lynn Parkinson, Deputy Chief Operating Officer from the LYPFT will be attending the meeting to provide more information and to respond to Members' questions and comments in respect of the developments at Bootham Park Hospital and the review of Cognitive Impairment and Dementia Services.

Hambleton, Whitby & Richmondshire CCG, Scarborough & Ryedale CCG and Harrogate and Rural District CCG Areas

32. Mental health services across these CCG areas are provided by the Tess, Esk and Wear Valleys NHS Foundation Trust. There are no imminent plans for the retendering of these services by the CCGs.
33. Adele Coulthard, Director of Operations, North Yorkshire at the Trust will be attending to brief the Committee on a number of service developments.

Child and Adolescent Mental Health Services (CAMHS)

34. The North Yorkshire Children's Trust is committed to supporting and promoting the good emotional and mental health of children living in North Yorkshire. A new Emotional and Mental Health Strategy 2014-17 has recently been developed. Most children in North Yorkshire will grow up with a strong sense of identity, self-esteem and resilience, and will not require any form of intervention around their emotional and mental health. This new strategy recognises the importance of strengthening protective factors which promote childhood resilience across a child's physical and emotional attributes, family life and the

environment in which the child lives. However, the strategy also acknowledges that the impact of poor mental health or lack of self-esteem can be destructive to young lives and hinder a child's ability to fulfil their potential.

35. The national 'no health without mental health' Strategy² identifies that 1 in 10 children between the age of 5-16 years old has a mental health problem and many continue to have problems into adulthood, and that half of those with lifetime mental health problems first experience symptoms by the age of 14. Tackling mental health issues in early life and building on protective factors is, therefore, important to help children move on to positive and fulfilled lives.
36. The strategy recognises that many agencies contribute both directly and indirectly to the emotional and mental wellbeing of children in North Yorkshire, including schools, early help services, social care services, the voluntary and community sector and a range of health professionals including GPs, primary mental health workers, psychiatric nurses and Child and Adolescent Mental Health Services (CAMHS) clinicians.
37. The strategy describes work in North Yorkshire to ensure that services are co-ordinated, integrated, deliver quality outcomes and value the voice of the child and family. In order to deliver against the outcomes identified in the government's Mental Health Strategy and the vision which the Children's Trust has set itself, eight local actions have been agreed:
 1. To promote emotional wellbeing and resilience in all children
 2. To provide a clear and transparent view of the services available to promote positive mental and emotional wellbeing in North Yorkshire
 3. To increase understanding amongst children and professionals of emotional and mental ill-health in order to reduce discrimination and stigma
 4. To ensure earlier identification of children exhibiting emotional problems so that they are able to access help and support in a timely way
 5. To develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to services and the timeliness of response
 6. To ensure services put children, families and carers at the centre of their care and ensure they are involved in the planning, design and evaluation of services
 7. To, where possible, ensure services will be evidence informed and that they deliver quality outcomes
 8. To understand the current and expected future demand for these services, so as to inform future commissioning decisions around priority needs and vulnerable groups
38. Together, these local actions are cross cutting and will deliver against more than one outcome area. Delivery of the actions is underpinned by some shared principles: -
 - The role of services is to ensure that the life chances of children and young people, especially those who are disadvantaged, are maximised.

- Parents have primary responsibility for, and are the main influence on, their children.
 - Families are central to defining and addressing the problems that they face and they are key partners in the process.
 - Children's needs are best met when addressed in the context of the whole family
 - Intervening early prevents longer term, more costly and more damaging problems later.
39. The emotional and mental health of children and young people also features heavily in the new Children and Young People's Plan "Young and Yorkshire" due for public launch on the 20 September 2014.

Government Task Force

40. Norman Lamb, Minister of State for Care and Support, has recently stated publically that child mental health services are "not fit for purpose and are stuck in the dark ages".
41. Services currently are commissioning from councils, schools, clinical commissioning groups and NHS England. He said it was unacceptable that some children with severe mental health problems were still being cared for on adult wards, and some being transferred to centres miles from their homes.
42. A government task force has been launched in a bid to make improvements.
43. The new task force, which will be co-chaired by officials from NHS England and the Department of Health, will look at how best to improve the organisation of services, and how they are commissioned. It will also focus on the use of charity and voluntary groups, as well as ways to make it easier for young people to get help online. A key aim will be to get young people involved in developing the new service. Among its tasks will be to look at overhauling the way CAMHS is commissioned, to ensure young people are offered the most appropriate care, whether in the community or in hospital.
44. It is anticipated that the Task Force will report early in 2015.

Recommendations

45. That Members note and offer comment to:
- a) the Vale of York CCG on its "Discover" initiative and on the CCG's plans to transform and modernise mental health services, including the role that the community has in shaping the future services.
 - b) the Leeds and York Partnership NHS Foundation Trust on:
 - developments at Bootham Park Hospital - including the relocation of Ward 6 (older people's ward) to Cherry House in York.
 - the relocation of CAMHS in-patient services from Limes Trees to Mill lodge in York.

- its review of Cognitive Impairment and Dementia Services.

c) the TEWVFT on developments taking place in the services it provides.

46. That Members note that a further report on the outcome from the Government Task Force looking at CAMHS and how that work can be taken forward locally will be prepared for the Committee in the New Year.
47. That Members note a report covering developments in mental health services in the Craven area of North Yorkshire will be submitted to the Committee at the earliest opportunity.

Report From:

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Background Documents: None

Relocation of Child and Adolescent Mental Health Tier 4 Inpatient Services in York

1. Introduction

Child and adolescent mental health services (CAMHS) cover a wide range of services for young people up to the age of 18. About one in 10 young people will have emotional or behavioural problems at some time in their lives.

CAMHS is split into four tiers:

- The first three tiers are delivered in the community and provide a wide variety of assessment and support for mild to moderate mental health conditions. These range from common problems of childhood such as sleeping difficulties or feeding problems up to assessment of development or behavioural problems, autism, hyperactivity, eating disorders, depression and early onset psychosis. Services in Tiers 1 to 3 are commissioned by clinical commissioning groups.
- Tier 4 services consist of specialised day and inpatient units, where children and adolescents with more severe mental health problems can be assessed and treated. Tier 4 services are commissioned directly by NHS England specialist commissioners.

2. CAMHS provision in York and Selby

Tier 4 CAMHS is provided to young people up to the age of 18 in the York and Selby area by Leeds and York Partnerships NHS Foundation Trust (LYPFT).

The service is known as Lime Trees and is based in a building of the same name, which is located in the Clifton area of York. The building is owned by NHS Property Services. Whilst most service users are supported by the outpatient (community) team, which provides a range of assessment and treatment interventions including one-to-one, group and family therapy, some young people with severe conditions require more intensive assessment, care and support in an inpatient service.

Lime Trees provides mixed gender inpatient accommodation for up to nine service users. The majority of inpatients are female, which is in line with national trends. The most common conditions experienced by inpatients are anorexia nervosa (28% of cases) and self-harming behaviour (26%).

At present, demand for inpatient CAMHS beds for York and Selby is variable but at any one time there can be up to 14 service users who need an inpatient admission.

At Lime Trees only nine beds are currently available (with the unit having closed two of its beds at the request of NHS England due to the serious constraints of the physical environment of the unit). When demand is high, service users are admitted to other specialist units in other parts of the country and in some cases there is a waiting list for places.

In Yorkshire and Humber, up to 40% of patients are admitted to Tier 4 services outside of the region due to high demand for existing specialist services in the region. The closure of the two beds at Lime Trees will inevitably add more pressure on this.

3. Challenges of the current environment

The physical environment of the current Lime Trees inpatient building is not fit for purpose, and creates a number of challenges to the delivery of safe and effective care to children and adolescents requiring 24-hour care. LYPFT has, for some time, been working with NHS Property Services to find alternative premises for inpatient CAMHS at Lime Trees. The challenges of the physical environment were then highlighted in a recent (February 2014) Care Quality Commission (CQC) inspection report relating to the service, and have also required NHS England specialist commissioners to issue an agreed derogation against national standards for Tier 4 CAMHS services.

The latest CQC inspection report highlighted that generally the care received by service users at Lime Trees is good. They found the service to be fully compliant in meeting standards for:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Staffing (providing skilled staff and the appropriate staffing levels).

The CQC highlighted some very positive feedback in their report. They said:

- Staff were interacting with patients in a positive, respectful and caring manner
- There was documented evidence which demonstrated that patients were provided with written and verbal information about their rights
- Each patient had a comprehensive risk assessment in place which included exploitation, vulnerability, nutrition, social isolation, self-harm, aggression and violence
- Patients they spoke with told them they thought they were cared for well by staff and felt safe on the ward.

However, as a result of the challenges posed by the clinical environment, Lime Trees was only partially compliant against two required standards in the CQC inspection:

- People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
- The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16).

An inspection of inpatient facilities found a number of potential ligature (hanging) points in bedrooms and bathrooms, and the CQC noted that the ward did not have risk assessments in place to manage the ligature risks identified. In addition, the bedrooms were found to present a risk in enabling service users to barricade themselves into rooms, and there were concerns relating to adequate ventilation. These were identified as serious concerns that needed prompt resolution.

The CQC concluded that the building is not compliant with the Disability Discrimination Act (DDA) because the corridors and some rooms are not accessible for wheelchair users.

A number of issues relating to the provision of separate services for male and female service users also meant that the inpatient service was not compliant with the Department of Health Single Sex Accommodation (SSA) requirements, and the environmental layout may compromise the privacy and dignity of patients. The accommodation is such that the number of male inpatients is therefore limited to two at any one time.

A number of these concerns are equally reflected in the feedback given by both service users and families/carers as part of the annual Quality Network Peer Review process. Last year, the comments raised included concerns relating to the size and layout of the bedrooms, a lack of adequate visiting space, a lack of bathrooms, poor ventilation, and a general sense of the whole unit feeling very small and cramped.

Although a number of short-term actions have been taken to reduce the risks identified, it is fully agreed by LYPFT and NHS England specialist commissioners that the current unit cannot remain open due to the environmental challenges and an inability to ever fully comply with national standards and other legal requirements (such as the DDA).

4. Proposed solution

LYPFT has worked closely with NHS England specialist commissioners and NHS Property Services to identify optimum solutions for enabling Lime Trees to meet CQC standards and deliver high quality, safe inpatient care in line with national guidelines. Due to the urgency of the need to relocate the service, a current property was identified that could be adapted to meet the required standards, and this was proposed as a temporary interim solution.

LYPFT, NHS England specialist commissioners and NHS Property Services have therefore planned to relocate inpatient services to an alternative NHS building in the Huntingdon area of York. The Mill Lodge building is currently unoccupied, although was previously designated as a 20 bedded inpatient unit for older adults. Outpatient services will remain at Lime Trees.

Subject to refurbishment, the Mill Lodge building will provide suitable accommodation for young inpatients and will enable the service to:

- Increase bed capacity, which would reduce the number of local young people receiving their inpatient care out of the York area
- Develop a high dependency area as part of the inpatient service, which would enable the unit to care for more acutely ill young people
- Minimise ligature risk and make bedrooms, bathrooms and other facilities safer
- Make the inpatient wards single sex and improve dignity by introducing washing facilities in all the bedrooms and separate facilities for male and female patients
- Ensure that the service is wheelchair user-friendly and compliant with the DDA
- Provide more relaxation space and space for family visits, which is not currently available at the Lime Trees building
- Increase space at the Lime Trees building for outpatients and other community services.

Mill Lodge has previously received capital investment from the former North Yorkshire and York PCT and is therefore of a high internal and external standard already. By utilising this existing inpatient space, LYPFT will be able to reduce costs and make the best use of resources whilst ensuring a prompt transition to the new premises.

Based upon the work that has been undertaken to date to develop plans for Mill Lodge, NHS England specialist commissioners have given their support to a business case to proceed with refurbishment of the building; and we expect (a different part of) NHS England to give approval to the capital funding for the refurbishment shortly. A specification for the refurbished building – based upon the identified needs of the service user group and the national standards related to Tier 4 CAMHS units – has been developed, and is currently going to tender.

NHS England specialist commissioners have been clear that failure to implement an urgent resolution to the relocation of the service would inevitably result in a closure of the service; and a loss of a local Tier 4 CAMHS service to the young people of York and North Yorkshire.

5. Service user involvement

LYPFT and NHS England have been working closely with service users, families and staff to ensure that their views have assisted in – and continue to inform - the development of these proposals. Some current inpatients were involved in a site visit to the proposed new premises. During the visit the young people were very positive about the potential and in particular commented on the space throughout the unit, both internally and externally. They liked the fact that there would be better visiting space and more 'chilling out' areas. They wanted the lounge to remain as one room but liked the different zones in the room – a sense of being together but having some space apart. The young people advised on furniture choices and wanted a combination of sofas and chairs in the lounge, citing how challenging it feels in the current unit when everyone has to 'squash into the sofas' in the lounge.

In addition, a session was held with the York Youth Council, asking them to comment on the requirements they would want from an inpatient service. The general feedback included:

- Homely feel with a place to lock personal belongings
- Own bedroom and own bathroom
- Community area and opportunities to watch TV, read books, play games and listen to music
- Warm colours
- A safe place
- A gardening area to grow vegetables
- Stationery to keep a diary
- Good food (and possibly a tuck shop)

The feedback is being used to shape the plans for developing the Mill Lodge site; and young people and their families/carers will be invited back to further inform the next stage of the development, including the choice of colours used in the unit and the general look and feel of the decor.

6. Next steps

Assuming that the current specification for refurbishment is successfully tendered and the timescales anticipated within the work programme are achieved, the intention is for the Tier 4 CAMHS inpatient services to relocate to Mill Lodge by early November 2014. This will provide an interim solution to the environmental needs of the service. It is anticipated that the refurbishment project will cost around £1m inclusive of fees, contingency and VAT.

It was originally proposed that NHS Property Services might provide a new entirely fit-for-purpose development on the Lime Trees site at an estimated cost

of around £3m. However, due to both the urgency of the need to relocate the service and a planned national procurement exercise by NHS England for the provision of Tier 4 CAMHS this was not a viable solution in the short term. It is anticipated that this will need to be explored further, in particular depending upon the outcome of the national procurement process for Tier 4 CAMHS provision across Yorkshire and Humber.