

**THE TREVOR PRICE PARTNERSHIP
LIMITED**

**Detailed Planning Application for a Hospital for
the Provision of Children and Adolescent Mental
Health Services**

BACKGROUND REPORT

**SHORTWOOD BUSINESS PARK, BARNSELEY,
SOUTH YORKSHIRE**

September 2011

Prepared by:
The Trevor Price Partnership Limited (“TTPP”)
The Hayloft, Longbarn Village, Alcester Heath,
Alcester, Warwickshire, B49 5JJ

CONTENTS:

- 1. The Proposed Service**
- 2. Political Context and Market Background**
- 3. Child and Adolescent Mental Health Service (CAMHS)**
- 4. Serving Local and National Need**
- 5. Current Market Dynamics**
- 6. TTPP and Service Provision**
- 7. Bringing Benefit to the Local Area**
- 8. Local Employment Opportunities**

1. THE PROPOSED SERVICE

The proposal is to provide generic acute mental health units for young people with conditions such as Depression, Bipolar Disorder, Psychosis, Eating Disorders, Complex PTSD / Severe Self-harm and complex neurodevelopmental presentations including ADHD (Attention Deficit Hyperactivity Disorder) and ASC (Autism Spectrum Condition). No specialist Eating Disorder provision or secure mental health units for young people exists at all at present in either the East Midlands or Yorkshire and Humber. The specific and specialist ASC service would be the first in the country, to our knowledge. It is also planned to provide specialist services for young people with significant Learning Disabilities (LD) and Mental Illness, as these services are currently only provided nationally in Newcastle and Birmingham.

No existing service nationally, either in the NHS or independent sector, offers the range of inpatient child mental health facilities proposed in this development within one campus. Research and innovation will form a key role within the centre. Academic and university links already exist and will be developed to ensure that the centre develops a reputation for ground-breaking research and innovation as well as excellent practice. As such, the range of expertise within this one site will be unparalleled in the UK and this will be a truly national centre of expertise in developmental mental health.

2. POLITICAL CONTEXT AND MARKET BACKGROUND

In setting the context for this proposal, it is important to consider the current political environment in regard to future mental health provision. The current government, through the proposed Health and Social Care Bill, is expressing greater enthusiasm than ever before for the involvement of the Independent and Voluntary sectors in NHS provision under the banner of 'Any Willing / Qualified Provider'. Our understanding is that in the future, commissioning will be driven by cost-effective, quality-focused and outcome-based care.

In the past, NHS services have somewhat 'rested on their laurels' in regard to outcome measurement and quality improvement as they took their continuing existence for granted. Conversely, some independent sector organisations have recognised the importance of providing the 'customer' with the best quality at the best price – and providing evidence of good outcomes.

This places such ISP organisations in a strong position to engage in the new commissioning processes and to win business from existing providers.

The Company takes the measurement, analysis and reporting of outcomes seriously and has developed systems to support this process.

The Company has an ongoing research interest in outcome measurement in inpatient CAMHS and using outcome data in clinical practice and is presenting a paper on this issue at the Royal College of Psychiatrists conference in Cambridge in September 2011 as well as preparing this work for publication. Such research is appealing to commissioners as they are drawn to supporting services that take outcomes seriously.

3. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

CAMHS services are usually described in a Tiered structure. Tier 1 includes services provided by GPs and Health Visitors in primary care. Tier 2 refers to lone specialist practitioners, for example, Educational Psychologists and Child

Guidance Social Workers. Tier 3 provides community based specialist multidisciplinary CAMHS teams including a Consultant Psychiatrist.

Tier 4 services are regionally based inpatient and specialist outpatient CAMHS services that are usually only accessible by referral from a Tier 3 CAMHS team. As such, they only manage the most severe and complex of cases with risks to self or others that cannot be safely managed in the community, or where the complexity is such that an inpatient assessment is necessary.

Common mental health conditions that require Tier 4 CAMHS services include:

- Adolescent Onset Psychosis
- Severe Mood and Anxiety Disorders
- Eating Disorders
- Neurodevelopmental Disorders including
- Autistic Spectrum Conditions
- Emergent Personality Disorders, complex PTSD and severe self-harm

Complexity and risk determines the level of Tier 4 care required by a patient ranging from constant observation in a secure ward for the most unwell to day care services for therapeutic support beyond that able to be offered in the community.

4. SERVING LOCAL AND NATIONAL NEED

The Royal College of Psychiatrists (RCP), based on Kurtz et al. (1996) have recommended that there should be between 24 to 40 CAMHS beds per million of the population. In his 2006 report, *'Pushed into the Shadows'*, the Children's Commissioner Prof Sir Al Aynsley Green recommended that "action must be taken by the Department of Health, mental health trusts and Primary Care Trusts (PCTs) to ensure that the Royal College of Psychiatrist's recommendations (that around 24 to 40 beds are required per one million total population at a bed occupancy rate of 85%) are met consistently and geographical inequalities addressed. Tier 4 units include both acute care provision (to be able to respond to the need for emergency admissions of young people who are acutely disturbed or high risk) and medium to long term planned patient care".

Using these figures and the Department of Health statistics on current population per region, the total current and required number of beds per area is calculated in Figure 1 below.

Figure 1 – Stipulated Inpatient CAMHS Provision compared with Actual Provision

Region	No. Beds Based on 24-40 per Million	Actual Current Bed Numbers
East Midlands	82 to 136	36
North East	58 to 97	76
North Wales	16 to 27	15
North West	164 to 273	160
West Midlands	128 to 212	105

Yorkshire and The Humber	153 to 214	39
---	-------------------	-----------

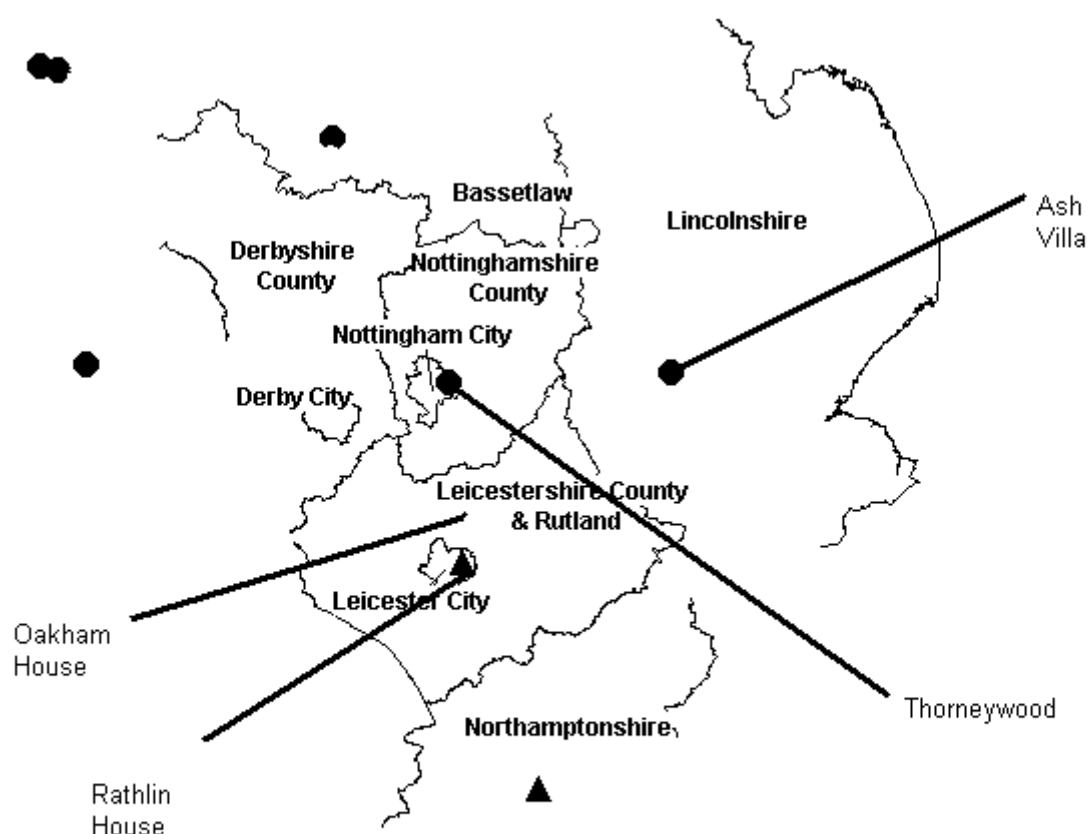
This starkly demonstrates that the East Midlands and Yorkshire/Humber regions are the two regions where bed numbers remain significantly below the required level. As a result, many young people have to travel out of region to access services in other areas causing additional stress and hardship. Moreover, existing NHS facilities within these regions are often unfit for purpose and will require significant capital spends if they are to be appropriately replaced. There are currently no independent sector providers offering inpatient CAMHS in these regions, therefore overspill from NHS general units or patients with needs for higher levels of security or specialism require to be treated in neighbouring regions – often the West Midlands or the North West. The actual number and location of existing beds in the Yorkshire and Humber and East Midlands regions is shown in Figures 2 and 3 below.

Figure 2 - CAMHS Inpatient Provision in Yorkshire and The Humber



Name of Unit	NHS/ISP	Location	Number of Beds	Types of Bed
Lime Trees	NHS	York	12	Acute & PICU
Little Woodhouse Hall	NHS	Leeds	8	Open acute
Oakwood Centre	NHS	Sheffield	13	Acute
West End Clinic	NHS	Hull	6	Acute, 5 day per week opening
Total			39	

Figure 3 - CAMHS Inpatient Provision in East Midlands

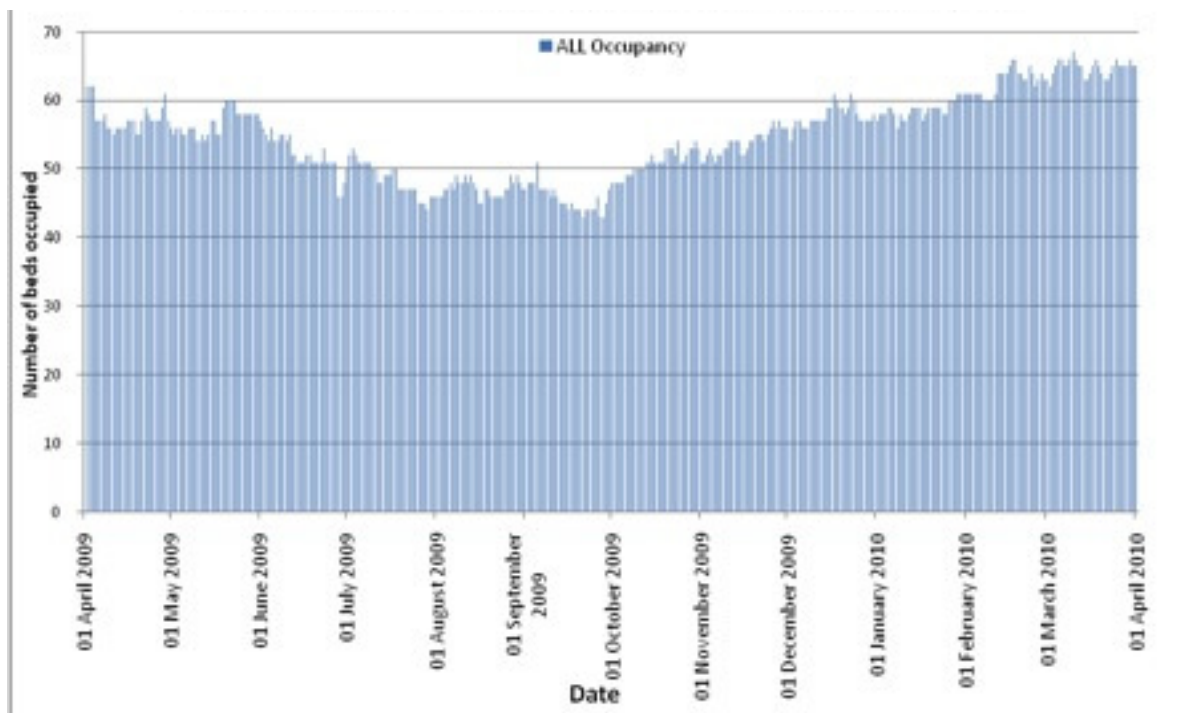


Name of Unit	Location	NHS/ISP	Number of Beds	Types of Beds
Ash Villa	Lincolnshire	NHS	12	Open Acute
Thorneywood Adolescent Unit	Nottingham	NHS	12 plus 2 PICU	Open Acute
Oakham House	Leicester	NHS	12	Acute and 4 eating disorders beds
Rathlin House	Leicester	NHS	2	LD
Total			36 + 2 LD	

5. CURRENT MARKET DYNAMICS

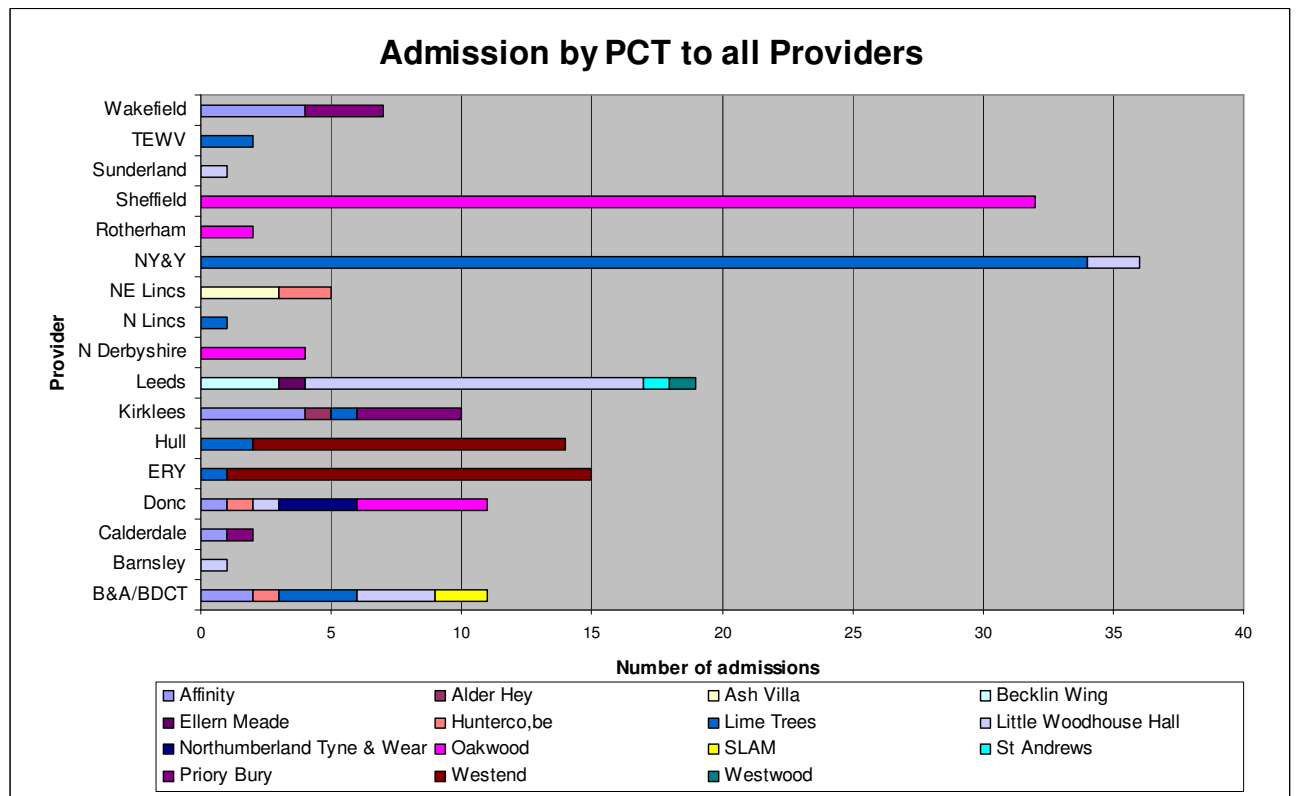
At the current time, Yorkshire and Humber are using an average of 55 inpatient beds at any one time for inpatient CAMHS admissions as shown in Figure 4 below. For considerable periods they are using over 60 beds (maximum 67 in 10/11).

Figure 4 – CAMHS Bed Occupancy for Yorkshire & Humber 2009-10



Given that they only have 39 beds available to them at any one time within the region, they are using between 16 and 28 adolescent inpatient beds outside of the region at any one time, predominantly provided by the Independent sector. Most of these admissions have been to Cheadle Royal Hospital (Affinity), but in 2010-11 several other ISPs were used including Ellern Mede (a specialist Eating Disorder unit in West Midlands), Huntercombe (an ISP providing secure CAMHS in Stafford and Maidenhead) and Priory Hospital in Bury. The profile of inpatient units providing for Yorkshire and Humber inpatient admissions in 2009-10 is shown in Figure 5 below.

Figure 5 – Profile of Inpatient CAMHS admissions in Yorkshire and Humber 2009/10



Recently, a Strategy Group based out of the Specialist Commissioning Team for Yorkshire and Humber has developed a Tier 4 CAMHS strategy for the region. In concluding their strategy document, which was dated September 2010, they identified several key gaps within their regional provision that they would wish to see filled. Across the piece, they emphasise that their key driver is to bring inpatients back within the region, whilst openly expressing a willingness to work with a diversity of providers including within the independent sector. In Figure 6 below, an extract of this document is shown, which clearly identifies Eating Disorder services, secure PICU services and Learning Disability services as the three areas which they would wish to see expanding within the region.

**Figure 6 – Extract from Yorkshire and Humber CAMHS Tier 4
Service Strategy 2011-14**

The Strategy Group together with the Clinical and Provider Management Reference Groups have acknowledged that there is a need to address all the issues identified above to ensure the provision of service is cohesive, equitable and delivered as closely to home wherever possible. In achieving this, the following gaps have been identified from discussions with the providers and clinicians in the current services, the data findings above, and the patient and service user feedback.

1. There is nowhere in the region that deals with the very intensive, acute needs of patients with **eating disorders**. Parents and carers frequently express dissatisfaction that there is no dedicated, expert unit for eating disorders, as the needs of these patients are very distinct from other mental health conditions. Local T4 units struggle to cater for the physical needs of patients with this condition.
2. The most common presenting condition for out of area admission is **psychotic behaviour** (23%). This is linked to the fact that there is no Psychiatric Intensive Care Unit (PICU) commissioned within Yorkshire and Humber, which provides specific mental health care within a secure, safe environment. Local units receiving psychosis patients often have to reduce overall bed capacity in order to cater for their needs.
3. Patients with mental health conditions who also have **learning difficulties** are not served well in the region. These patients are difficult to quantify as they are frequently cared for in residential homes or respite care. However their needs are particularly distinct and acute, and there is a lack of dedicated CAMHS provision in Yorkshire and Humber. This needs to be addressed in future commissioning of service models.
4. Tier 4 services across the localities within Yorkshire and Humber are the product of varying **Tier 3** services locally, making it difficult to really compare and understand the true demand for Tier 4 services across the region. Any future commissioning of Tier 4 services must take this into account, and investment in Tier 3 services must not be overlooked.
5. CAMHS Tier 4 **workforce** should be reviewed in relation to age/knowledge and competency to deliver a modern Tier 4 service.

Published September 2010

6. TTPP AND SERVICE PROVISION

TTPP has a track record in the provision of excellent services for children and adolescents with mental illness and or autism, and has pioneered a Pathway approach known as a Lifelong Support Programme providing continuity of approach as individuals develop their capacity for independence.

The executive team within the Company has unrivalled experience in both the public and private sector across the wide spectrum of services to be provided within the Hospital.

The company is committed to training and best practice policies and will be immediately looking to attain the highest standards for supporting staff and new recruits, including the attainment of best practice policies relating to Investors in People etc.

7. BRINGING BENEFIT TO THE LOCAL AREA

A key consideration in selecting Shortwood Business Park for this specialist service was also the immediate availability of:

- Local amenities for visitors to the site (e.g. accommodation, shops, restaurants, etc.)
- Good transport links, enabling local, national and international access to the site.
- Accessibility for local employed staff.
- Availability of local services to support the site once operational, e.g. locally sourced produce for catering, local trades' people to support ongoing maintenance and so on.

8. LOCAL EMPLOYMENT OPPORTUNITIES

The site will employ over 350 staff, and it is anticipated that over 100 of these will be new roles for non specialist healthcare staff.

The Company is seen to be a good employer. In addition to offering good rates of pay and staff benefits, it offers an exceptional programme of professional and personal development which supports staff as they develop and progress through the organisation.