Report of Public Consultation on Proposed Changes to Child and Adolescent Mental Health Services (CAMHS) and Perinatal Mental Health Services

September 2015
1. Introduction

As part of the *One Door Many Pathways* strategy, the Trust has been engaging with children, young people and families around our business case proposals to significantly improve Child and Adolescent Mental Health Services (CAMHS) and Perinatal Mental Health Services.

Engagement began in Summer 2014 and is ongoing. Two detailed Engagement Reports, which included the approach taken and findings so far, were presented to the Trust Board in September 2014 and April 2015. These two Engagement Reports have supported the development and shaping of plans, keeping young people’s and mothers’ voices at the heart of the planning process.

A formal public consultation has recently been completed seeking the views of stakeholders and the wider public on the proposals for the future of CAMHS and Perinatal Mental Health Services. The consultation also provided a ‘check and balance’ of the proposals that had emerged from the previous year’s engagement.

The conversations continued with the same patients and more (current and discharged) were invited to have their say, along with their families.

The public consultation lasted for three months, from 10 June 2015 to 7 September 2015. The Trust engaged with stakeholders who use our services, representatives from key stakeholders and partner agencies and residents who are neighbours to the proposed development site.

Staff working in the services and across the Trust have also been involved throughout the engagement and consultation.

We offered a range of options in which people could have their say; including public consultation events, online surveys, social media and a live Twitter chat.

This report details the engagement and consultation process and provides an overview of the feedback received as well as the main themes and issues that we will consider moving forward.

We would like to thank everyone who took the time to participate during this important process and as agreed, will continue to keep all stakeholders updated on future steps and progress.
2. Engagement with Children, Young People and Families

Early conversations started in Summer 2014. These meetings had no fixed agenda and used open questions led very much by children, young people and families. Broad topics were covered such as: stigma, education in schools, access to services, repeating your story (multiple assessments) and a lack of adequate facilities for those young people in crisis – both in the community and inpatient settings.

We heard clearly from an early stage that outdoor space and a ‘homely’ environment were priority areas in terms of creating caring and therapeutic inpatient and community settings. These were reflected in the first report to the Trust Board in September 2014.

The second Engagement Report (March 2015) began drawing conclusions from these early conversations. We disseminated all of the information back to the young people, children and families who had taken part, ensuring that we were interpreting their views correctly, whilst also maintaining positive relationships so that future conversations could take place.

The proposal for location, design and function of the proposed new site was in keeping with what we were hearing from young people, children, perinatal mothers and families.

In total 74 people have been interviewed to date, with each interview lasting between one and two hours. In total 22 engagement meetings have taken place to date.

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<th>Breakdown of numbers interviewed</th>
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<td><strong>CAMHS Young People</strong></td>
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3. Developing the design for the Full Business Case

The findings of the early engagement work were shared with the architects who then developed building plans catering for both patient voice and clinical need. Joint sessions with architects have recently taken place with children, young people and families where these early draft plans have been shared. The feedback from these has been positive, confirming what we have heard throughout the engagement process and ensuring that the designs are service user and carer focused.

“I like the idea where you can sit in the corridor to use the phone. Like that idea to use phone privately.”

The Low Stim Room –
“Very uncomfortable if near bedrooms at night – it’s upsetting as you can hear what is happening.”
“Feels like containment.”

“Thorneywood feels like hospital I would prefer it not to feel like a hospital. It would be nice to have a hotel vibe.”

If the Full Business Case is approved by the Trust Board of Directors, engagement and co-design will continue. And if the build goes ahead, it is planned that young people and mothers will sign parts of the building such as steel frames, so that their involvement is literally embedded into the building. This will also provide a sense of ownership for those people for years to come.

As plans progress, we will be looking more specifically at furnishing, decoration, room function, fencing and window security. We will also be considering the names of the rooms and the site and continuing to engage with service users and their families.
4. Public Consultation: 10 June 2015 - 7 September 2015

A formal consultation was undertaken in recognition that the proposals, if approved, would mean a change of location for the CAMHS Inpatient Unit and the Perinatal Mother and Baby Unit.

The consultation process was underpinned by transparency, as we wanted to be as open as possible about where we had influence and that the voices we heard had real meaning and value. We were keen to ensure we undertook this public consultation before the Full Business Case was presented so that any decisions made were based on the needs and views of the patients, their families, and other stakeholders.

Stakeholder analysis

A stakeholder analysis was undertaken to ensure all key stakeholders were identified and informed of the proposals and were given the opportunity to have their say. The list of stakeholders is attached at Annex A.

Opportunities for people to: ‘Have Your Say’

To ensure there were a number of ways for people to have their say we:

- Created a web page on the Trust website giving information about the proposal and how we had worked with children, young people and families throughout its development. The site was updated regularly and included minutes from consultation meetings and a ‘frequently asked questions’ briefing note.

- Created an online survey for people to complete and share their views on the proposals and received 94 responses.

- Sent letters to nearly 1500 young people who currently use the CAMHS outpatient service or who have recently been on the Adolescent Unit.

- Sent letters to nearly 300 women who have been patients on the Mother and Baby Unit or who use the Perinatal Outpatient Services in Nottingham.

- Sent letters to approximately 80 residents neighbouring the proposed new site and we were subsequently invited to a local residents’ meeting.

- Published articles in the Trust's monthly Positive magazine which goes to staff and over 8000 members and is published on the Trust website.
• Published news of the proposed plans in the Trust’s Local Services monthly newsletter.

• Wrote directly to key stakeholder partners, such as: NHSE Commissioners; CCGs; Local Authorities; local acute and mental health Trusts; local MPs; local Councillors (for the relevant ward of the new site, and the ward adjacent to it).

• Contacted third sector organisations and support groups such as the Carers’ Federation, Base 51 and Open House.

• Sent a press release to the local and regional media.

• Held two public meetings in Nottingham, one during the school holidays and the other in term time.

• Created a hashtag, #ithinkCYPeri for people to share their thoughts and comments on the proposals on Twitter. We also hosted a live Twitter chat - the first of its kind in the Trust!

• Met with some local MPs and with City and County Portfolio Holders for Children & Young People.

• Posted updates on the Trust's Facebook, Twitter and Patient Opinion accounts.

• Attended the Joint City and County Health Scrutiny Committee in July to share details of the proposal, provide assurance on our engagement and consultation process and to seek their comments.

• Shared early plans and drawings at the Trust’s Annual General Meeting and Annual Members’ Meeting for staff and the public to study and give their views.

• Informed the Managed Clinical Network in the East Midlands, which includes Perinatal Mental Health.

• Asked Community Midwifery Services and Obstetrics to give their views.

• Completed an Equality Impact Assessment.
5. Responses to the consultation

We received responses from:

- NHSE Commissioners
- Nottinghamshire Integrated Commissioning Hub on behalf of Nottinghamshire CCGs
- East Midlands Strategic Clinical Network
- Healthwatch
- Nottinghamshire County Council
- Local Councillor for Sherwood
- Nottinghamshire Police
- Derbyshire Healthcare NHS Foundation Trust
- Joint City and County Health Scrutiny Committee

In addition, we received 94 responses to the online survey. A summary of the survey responses is at Annex B.

6. What we heard....

One of the aims of the public consultation was to check whether it elicited the same support as the early engagement work with patients and carers. We felt it was imperative to ensure that views that were presented alongside the Full Business Case were truly representational of our service users and stakeholders.

The feedback was overwhelmingly positive. The responses undoubtedly support the need for more beds, the need for purpose built facilities and for a therapeutic environment, which is recovery focused. Trees and garden space were repeatedly cited as a crucial element in people’s recovery.

What we heard ... from our online survey

94 responses were received from the online survey. 85% of respondents said they were supportive of the proposal. The 14 people (15%) who answered ‘no’ gave reasons relating to the proposed new location and to the co-location of CAMHS and perinatal services.

“This is a no brainer and way overdue.”

“This proposal can only lead to better outcomes in the future.”

“I like Thorneywood where it is.”
“I do not think perinatal services should be co-located with CAMHS.”

“The PICU is necessary so that children and families that are already experiencing the most distress do not have to suffer by being miles from home.”

“Very supportive of this proposal due to beautiful location.”

“Updated and more modern facilities ...”

“It is fantastic to join the perinatal and CAMHS on one site.”

When asked whether they had any concerns at all and how we might address them, respondents spoke about the co-location of perinatal and CAMHS services, and the move of perinatal services away from obstetrics. They sought clarity about staffing levels and about future plans for community services outside of the City and South County. They also raised issues about ensuring the new site will be accessible and have sufficient car parking.

“I am uncertain about the appropriateness of taking (perinatal services) towards the child and adolescent services. Links with adult services, plus midwifery and health visiting are essential.”

“If the hub is in the city - what about everywhere else?”

“I am concerned that too few additional staff will be employed to maximise the potential use of a new facility such as this.”

“How accessible is the facility to families across a wide area?”

When asked what we should consider if we move services to the Cedars site, respondents gave a range of answers and suggestions, with the most common themes being car parking and accessibility; maintaining the characteristics of the new site; and involving service users in the design.

“Therapeutic environment focusing on recovery and building stronger families”.

“Utilise outdoor space to the maximum”.

“Mothers need to be able to travel to (neonatal intensive care) easily if their baby is an inpatient.”

“Preservation of the site as a conservation area”

“Buses and parking”
“Making it accessible to all service users, service user involvement in the design,

What we heard... from our staff

A range of staff from CAMHS and Perinatal Services have been involved in developing the proposals, from early scoping to the more recent detailed design stage. In Perinatal Services, one or two members of staff have expressed concern about co-location with CAMHS.

Staff are passionate about the proposals and excited about the potential outlined in the Full Business Case.

“I think the advantages of developing a "hub" for Children's and Families Services and Perinatal psychiatry outweigh the disadvantages of not being co-located with Adult Mental Health services and Obstetric Services. In addition there would be great potential for innovations between Perinatal Psychiatry and CAMHS, whilst women receive treatment from Perinatal Psychiatry (mother infant/family work) and following discharge.”

What we heard... from the East Midlands Strategic Clinical Network

The Clinical Network gave a detailed response (see Annex C), which welcomed the advantages of the proposed location but sought assurance on issues relating to:

- Working relationship with maternity services
- Child health and paediatric cover
- Staffing on the mother and baby unit.

The network offered to work with the Trust to resolve any potential difficulties.

“We welcome the advantages that the new proposed location will bring, a purpose built unit which will better meet the needs of new mothers and their infants and an improved environment including safe and private outside space.”

(The East Midlands Strategic Clinical Network)

What we heard... from our commissioners

We discussed the proposal with local commissioners in the Nottinghamshire Integrated Commissioning Hub and with NHS England specialised commissioners.

Commissioners are broadly supportive and welcome the investment the Trust is proposing. The development will help tackle their priority of reducing the number of children and young people requiring inpatient care needing to travel out of the local area.
Commissioners sought clarification in relation to:

**CAMHS**
- Sustainability in terms of future funding
- Availability of an expanding workforce
- Continued focus on community delivery models, accessible in the right place at the right time for young people and their families / carers
- The configuration and mix of additional CAMHS inpatient beds.

**Perinatal services**
- Commissioners broadly supported the move of the Perinatal Mother and Baby Unit to the proposed campus, but noted the need for clear clinical protocols to be established and agreed with maternity services.

**What we heard... from local residents and Councillors**

Residents neighbouring the proposed site gave feedback by completing the online survey, phoning up, and attending the public consultation events. Providing residents with a clear outline of the proposal meant that they fully understood the service provided. Residents were interested and receptive.

As anticipated some issues were raised by local residents - these related to parking, smoking, noise and the conservation of the trees. However, many were supportive of proposals.

“I’m a mother myself and I’m delighted that the site is being developed and the services you are planning for these people”.  
Resident

“I personally am very supportive of your plans and welcome the additional focus on mental health provision.”  
Local Councillor for Sherwood

**What we heard... from the Joint City and County Health Scrutiny Committee**

The Committee received a presentation from the Trust at the Committee on 14 July 2015. At the meeting, the Chair of Healthwatch Nottingham welcomed the proposals as the current facilities are considered antiquated.

The Committee gave its ‘full support’ for the proposals and determined that the proposals be considered as a development of services rather than a substantial variation.
7. The Trust response to what we heard

What we heard ... main concerns

The proposals received overwhelming support from patients, carers, commissioners and other stakeholders and the wider public throughout the public consultation and the engagement that we have carried out.

However, we recognise that some concerns have been raised and our response to the main issues is summarised below:

Issues relating to the transfer of Perinatal Services from the QMC site

- Working relationship with Maternity Services

  We will work with the East Midlands Strategic Network and Nottingham University Hospitals NHS Trust to establish formal written arrangements in order for newly delivered mothers to have the same level of maternity and obstetric care that they had previously. A joint agreement will also be established about a reasonable response time for both medical and midwifery assistance and the transfer of patients.

- Child Health and Paediatric Cover

  We will work with the East Midlands Strategic Network and Nottingham University Hospitals NHS Trust to establish a formal written arrangement for ensuring the physical health and emergency care of the babies on the Mother and Baby Unit.

This proposal, bringing CAMHS and Perinatal Services together has a clear clinical purpose and benefit: it enables us to offer more comprehensive packages of care to young people and families. It will allow staff to have dialogue together and develop clinical skills and training opportunities which will enable a wider range of psychological interventions to be offered. It will ensure mental health services are delivered in an accessible way that are family focused and will work to minimise stigma.

Issues relating to staffing

We will ensure that all inpatient areas in the new development meet national quality standards, as a minimum.
Issues relating to community services

It was apparent from some responses that we have not been clear enough about the future location for community services. We need to be clear there is no intention to ‘centralise’ provision of community services at the new site and that community clinics will continue to be provided from a wide range of locations.

“Just wanted to confirm that community perinatal will still have clinics in Bassetlaw and across North Notts?”

Issues relating to the site

We noted concerns of residents about potential disturbance and the need to adhere to conservation regulations. The Trust is committed to being a ‘good neighbour’ to local residents and we take that responsibility seriously. We will work closely with neighbours before and during construction and once the site is operational.

In addition, many respondents commented about the need to ensure adequate parking. This has been taken into consideration and will be reviewed as part of the application process for planning consent.

What we heard ... main support

As already stated, there was very strong support for the proposal overall. The key areas of support that arose during the consultation and engagement process are summarised below.

The need for more beds

There was a huge amount of support for the proposals to increase the number of CAMHS beds. For families who have experienced their loved one being moved out of area this was particularly clear.

“I particularly support the creation of new CAMHS beds.”

“It is desperately needed”

That trees and green space are a fundamental part of recovery

The new build will provide a specialist and more therapeutic environment for the Mother and Baby Unit and CAMHS Services. In all of the many conversations we have had with service users to date, a green environment has been repeatedly cited as being an extremely important facet of the recovery process.
“Current services are adequate but a unit with gardens and other 'homely' facilities I believe with be cathartic and help recovery.”

“I am supportive of the proposal, having been an inpatient on M&BU, it is quite bleak at QMC and far from outside.”

That the proposal will support families and carers

Many carers have contributed through the engagement and consultation process and alongside the patients they have voiced the need for an environment that supports families to visit with discreet or confidential areas.

“It’s not rocket science, but you need to be able to get a drink whilst you are in a waiting area and feel welcome, and if you are going to develop beautiful areas such as gardens, you need to ensure it is designed in a way that patients can access it whilst on observations or have the staff available to allow patients to use it and enjoy it.”

We need a unit with more beds and better facilities.

“Hopefully this would contribute to a speedier admission and recovery and prevent children being placed further afield, as this impacts on the whole family unit in turn potentially triggering bad health in them.”

We heard that the proposals will help more families access the support they need.

“Anything that improves provision for children and young adults in mental health services should be supported. It is so difficult for children and young people with invisible disability and mental health problems to get the help they need without delays.”

“Services all in one purpose-built place can only be better for the patients / families that use those services.”
8. Conclusion

“Sounds brilliant, we could have done with it a long time ago.”

As part of the One Door Many Pathways Strategy, Nottinghamshire Healthcare has developed exciting and ambitious proposals to significantly improve CAMHS and Perinatal Mental Health Services.

As outlined in this report, the response to these proposals is overwhelmingly supportive and positive. The engagement and consultation work has allowed service users, carers, families, staff, stakeholders and the public to take the time to consider the proposals and have the opportunity to share their views and be listened to.

What we heard is really encouraging and supports the early conversations of the engagement work. The comments we received ranged from passionate to practical.

There is strong support for the proposal to increase the number and type of CAMHS inpatient beds.

“I think it's clear and well known that mental health services and CAMHS are in a state of crisis, this proposal can only lead to better outcomes in the future. I would be interested in the views of those who do disagree and why. Take a positive outlook, and a can do approach to get the ball rolling.”

Preserving the environment of the new site is important and this was endorsed through the consultation.

“Very supportive of this proposal due to the beautiful location.”

We recognise that some concerns have been expressed concerning the co-location of perinatal services and CAMHS. But conversely, some respondents particularly welcomed that aspect. We are committed to ensuring the appropriate protocols and agreements are put in place between perinatal services, maternity services and paediatrics.

We are confident that by proceeding with the proposals we will help not just the patients, but their carers and family members too.

We are very grateful to all of the patients, carers, residents and other stakeholders who have taken the time to contribute their views, from which this report has been possible.
Stakeholder Analysis

- Current and former patients and families
- The Trust’s staff – working in the relevant services and wider
- NHSE Commissioners
- Local CCGs
- County CYP Integrated Commissioning Hub
- Joint Health Scrutiny Committee – Nottingham and Nottinghamshire
- Healthwatch - Nottingham and Nottinghamshire
- Nottingham City Council
- Nottinghamshire County Council
- Local MPs
- Council CYP Portfolio Holders
- Local Councillors for proposed new site (Foster Drive, off Mansfield Road) and adjacent area
- City Education Department
- County Education Department
- Nottingham Hospital and Home Education Learning Centre
- Local residents for the proposed new site
- City Planning Authority
- The Trust’s Members and Governors
- Community of Interest for Children and Young People
- Local acute providers - NUH, SFHT, and Doncaster & Bassetlaw
- Relevant 3rd sector providers and organisations
- Other East Midlands Mental Health Trusts
- National and Regional Clinical Networks
- Police
- Deanery and nurse training bodies
- General public
Summary of the online survey results

What we heard ... from our online survey

94 responses were received from the online survey.

The online survey consisted of the following questions and follow-up questions.

1a. Are you supportive of the proposal overall?
   1b. Is there any part that you are particularly supportive of?

2a. Do you have any concerns about the proposal overall?
   2b. Is there any part that you are particularly concerned about?
   2c. How could we address any concerns you have?

3. If the services move to the Cedars site, what would you want us to consider?
4. How would you like us to communicate with you in the future about this proposal?

Question 1a: Are you supportive of the proposal overall?

85% of respondents said they were supportive of the proposal. The 14 people (15%) who answered ‘no’ gave reasons relating to the proposed new location and to the co-location of CAMHS and perinatal services.
“This is a no brainer and way overdue as both the original wards are not fit for purpose.”

“It would be extremenly difficult to get to Mansfield Road”.

“It has been a long time coming, we need a purpose built adolescent unit that is therapeutic and meets the needs of the young people and their families. The CAMHS staff offer a great service but this could be greatly improved and better outcomes achieved through this new proposal. Very exciting times.”

“I like Thorneywood where it is.”

“I do not think perinatal services should be co-located with CAMHS.”

“It’s a beautiful setting, close to Sherwood shops, tea rooms etc - this has got to be of more benefit to our children and young adults and supporting families it can only help on a sometimes long road to recovery.”

“It is clear and well known that mental health services and CAMHS are in a state of crisis, this proposal can only lead to better outcomes in the future.”

**Question 2b: Is there any part that you are particularly supportive of?**

58 respondents commented on which parts they were particularly supportive of, mostly relating to the increase in beds and local provision, improved integration, the new location and purpose-built accommodation. Some welcomed the co-location of CAMHS and perinatal services.

“The PICU is necessary so that children and families that are already experiencing the most distress do not have to suffer by being miles from home.”

“All services under one roof.”

“Very supportive of this proposal due to beautiful location.”

“Relocating Mother and Baby Unity out of QMC.”

“Updated and more modern facilities ...”

“It is fantastic to join the perinatal and CAMHS on one site.”

“Increase in beds. Inclusion of PICU and perinatal services.”

“Away from hospital so that mums can feel this is a bit more like real life.”
Question 2a: Do you have any concerns about the proposal overall?
Question 2b: Is there any part of that you are particularly concerned about?
Question 2c: How could we address any concerns you have?

34 (37%) respondents indicated they had some concerns. Where people gave details, the reasons for concerns varied widely, but in the main the reasons related to:

- The co-location of perinatal and CAMHS services, and the move of perinatal services away from obstetrics (6 respondents)
- Ensuring the new development has adequate staffing levels (4 respondents)
- Requiring more clarity about future bases for community services for localities outside of the City and South County (4 respondents)
- Issues for residents - parking, traffic etc (3 respondents)
- Accessibility of the proposed site, including car parking (4 respondents)
- Costs (2 respondents).
- No Section 136 Suite (2 respondents).

“I am uncertain about the appropriateness of taking (perinatal services) towards the child and adolescent services. Links with adult services, plus midwifery and health visiting are essential. What are the assurances regarding these links?”

“The lengthy process it is likely to take before anything changes.”

“There should be a one stop service for CAMHS with paediatrics and social services rather than a fragmented service at present. How will this address that issue?”

“There is no 136 in the new service plans.”

“Consider alternatives to considerable capital spending.”

“If the hub is in the city - what about everywhere else?”

“I am concerned that too few additional staff will be employed to maximise the potential use of a new facility such as this.”

“We should create two separate CAMHS units, general and eating disorders.”

“Will it be large enough to cope with increases in the future?”

“How accessible is the facility to families across a wide area?”
Question 3: What should we consider if we move to the Cedars site?

Respondents gave a range of answers and suggestions, with the most common themes being car parking and accessibility; maintaining the characteristics of the new site; and involving service users in the design.

“Service user views. Therapeutic environment focusing on recovery and building stronger families”.

“Maintaining the greenery / wildlife.”

“Utilise outdoor space to the maximum”.

“Bigger rooms, particularly a bigger medical room where they do weighing and stuff.”

“Mothers need to be able to travel to (neonatal intensive care) easily if their baby is an inpatient.”

“Preservation of the site as a conservation area”

“Transport”

“Keep all CAMHS users updated, giving all users the news of all change.”

“Buses and parking”

“Transition arrangements for current service users. Anxiety will be high”

“Making it accessible to all service users, service user involvement in the design.”

“Adequate car parking”.

“It being child friendly.”

“An area where mums can take their babies into the fresh air for walks and other facilities which are used as home.”

“Have an 'open' evening or something like that so people can go and look around prior to their first appointment so that they know what to expect.”

“Visionary and practical planning of facilities, space and staffing.”

“Integrate with the local community.”
Response from East Midlands Strategic Clinical Network

This response is on behalf of the East Midlands Strategic Clinical Network (NHS England) both the Mental Health, Dementia & Neurological Conditions Network and the Maternity and Children’s Network. It represents the views of experts by experience (patients), perinatal mental health clinicians, midwives and obstetricians, health visitors and relevant commissioners from across the East Midlands.

The Nottinghamshire Mother and Baby Unit together with the mother and baby unit in Derby provide inpatient mother and baby services for their respective catchment areas and are also regional and national facilities. The care of their patients requires close working relationships with Maternity Services. They need to adhere to quality standards set by the Royal College of Psychiatrists CCQI and accreditation is a requirement for commissioning.

For all these reasons we feel that the views of the Strategic Clinical Network are important and this response is based on consultation with key stakeholders.

We understand the need to relocate the mother and baby unit from its current premises at the Queen’s Medical Centre. We understand that the main reason for this is that if the mother and baby unit were to remain at the Queen’s Medical Centre it would not be supported by the continuing presence of Adult Mental Health Services.

We welcome the advantages that the new proposed location will bring, a purpose built unit which will better meet the needs of new mothers and their infants and an improved environment including safe and private outside space.

However, we have a number of concerns that we would wish the Nottinghamshire Healthcare NHS Foundation Trust to address before the relocation had our complete support.

• Working relationship with Maternity Services
At the moment, the mother and baby unit at the Queen’s Medical Centre is very near the maternity unit which allows for easy access for both routine and emergency midwifery and obstetric care. All mother and baby units must be able to admit women in late pregnancy. The current location allows for women to be admitted in late pregnancy and to be transferred to the maternity unit in the early stages of labour. It also allows for women to be transferred back to the maternity unit hours after delivery. Patients from elsewhere can have their maternity care transferred to the QMC. Maternity care following delivery is provided by midwives and obstetricians from the QMC.

At the new location, the nearest maternity services are at the City Hospital. In order for newly delivered mothers to have the same level of maternity and obstetric care that they had previously, there will need to be a formal arrangement with the Maternity Services from the University Hospitals of Nottingham and a joint agreement about a reasonable response time for both medical and midwifery assistance and the transfer of patients. This may also require an agreement with the East Midlands Ambulance Service.

• Child health and paediatric cover
At the moment the location on the Queen’s Medical Centre site means that in the event of a sick or concerning baby, there is access to paediatrics and in an emergency, paediatric A&E. There is no Paediatric A&E at the City Hospital.

Again, there will need to be a formal arrangement for ensuring the physical health and emergency care of the babies on the mother and baby unit.

It should be remembered that many of the patients on a mother and baby unit will be from other areas in the East Midlands and indeed from the rest of England. Therefore, relying upon the patient’s “usual” community midwifery, general practitioner and health visitor is not possible.

- **Staffing on the mother and baby unit**
  Mother and baby units must be able to admit emergencies including patients detained under the Mental Health Act 24 hours a day, 7 days a week. Most of the patients are severely ill when they are admitted.

There will be a need for robust out of hours medical cover for the unit.

The nursing establishment on the mother and baby unit will need to be sufficient to cover most eventualities. This will mean between 2 to 3 qualified members of staff on duty during the extended daytime period and 1 + 1 Healthcare Assistant at night and 1 nursery nurse on duty at all times (not used as a HCA). It should be acknowledged that there will be a need, in exceptional cases of high acuity, for extra nursing staff. These should be staff who are familiar with the mother and baby unit and who have the requisite knowledge and skills.

It is of concern that there is a potential for the CAMHS unit to require extra assistance more frequently than the mother and baby unit and therefore for the nursing staff of the mother and baby staff to be required more frequently than vice a versa to assist the CAMHS unit.

Care will need to be exercised to ensure that the need for patients on both highly specialised units to be cared for by staff with specialist knowledge and skills is not compromised or diluted by the apparent cost effectiveness of cross-cover.

The Strategic Clinical Network both Mental health and Maternity networks are happy to work with the provider and commissioners in resolving some of these potential difficulties.