



Department
of Health

HBN 03-02: Supplement A – Facilities for child and adolescent mental health services (CAMHS) case studies



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This document is available from our website at www.gov.uk/government/collections/health-building-notes-core-elements

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Scope of this guidance

This guidance covers the design of Child and Adolescent Mental Health Services (CAMHS) accommodation for children and young people aged up to 18 years. It provides full descriptions of rooms that are specific to CAMHS and are not contained in other HBNs¹, particularly HBN 03-01².

HBN 03-01 is the overarching document for all mental health in-patient accommodation detailing rooms common to all services regardless of specialty. HBN 03-02 identifies areas where the requirements for CAMHS differ from those in an adult acute environment. The purpose of this document is to inform the planning and design of facilities for CAMHS but particularly for Tier 4 (in-patient services), to offer best practice guidance and to support the delivery of care in appropriate surroundings to assist in meeting the national and local service objectives.

The ten case studies provided in this supplement to the main document are a sample of recent and current schemes that may offer inspiration and an indication of “what good looks like” at the time of publication. Of the ten, two are not yet built (one offers an example of service user stakeholder engagement). The eight that are built and in use were visited by the authoring team.

1 <https://www.gov.uk/government/collections/health-building-notes-core-elements>
Department of Health - Health Building Notes

2 <https://www.gov.uk/government/publications/best-practice-design-and-planning-adult-acute-mental-health-units>
Department of Health - HBN 03-01 'Adult mental health units: planning and design'

Ancora House



Functional content

Ancora House is a Tier 4 CAMHS unit for young people aged from 13 to 18 years of age.

There are 26 commissioned beds and four uncommissioned beds.

Education department – Ancora School (Cheshire West & Chester Education Department).

Administrative and consultant offices. Gymnasium and external space.

Owner/operator organisation

Cheshire and Wirral Partnership (CWP) NHS Foundation Trust

Address

Ancora House, The Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ

The Ancora House project team won “Project of the Year” and “Service User Engagement” awards at the Design in Mental Health awards 2017.

Background and context

CAMHS provision was previously provided across two sites at Pine Lodge, Liverpool Road and Maple Ward at Bowmere Hospital. Pine Lodge was considered functionally unsuitable and Maple Ward was deemed inappropriate, due to the location within an adult acute in-patient unit.

Place, proximities and capacity

Ancora House is located on the Countess of Chester Health Park, close to Bowmere Hospital, which provides adult mental health services. It backs onto the Countess of Chester Country Park, giving a rural aspect to the rear of the facility.

Consultation

Extensive consultation was undertaken with the young people, starting with innovative design workshops to capture the views, aspirations and needs of the young people and ward staff. The person-centred approach to the process ensured that no decision was made without conferring and agreement reached with the young people – throughout all stages, the project benefitted from a very successful model of co-production.





Design and procurement

The procurement was managed by Villicare, a joint venture company formed between CWP and Ryhurst, healthcare estate specialist.

Project architect: Gilling Dod Architects

Construction: Eric Wright Construction

Interior designers: Boex

Brief description of the project

A booklet produced by CWP detailing the journey undertaken from the start of the project to completion, *The collaborative journey of Ancora House*, is available at <http://www.cwp.nhs.uk/media/2766/villicare-ancora-house-brochure.pdf>.

The name chosen by the young people, Ancora, is Latin for hope, refuge and support and this theme is continued throughout the unit.

The in-patient accommodation is located in two wards. Coral is a 14-bed acute assessment ward. Indigo is a 12-bed ward for pre-planned admissions. Two bedrooms can swing between wards to change either ward to 12 or 14 beds. There are also four beds which are presently uncommissioned.

The wards are subdivided into two smaller areas, each with day spaces, a central nursing station and a safe care suite.

Other accommodation includes communal spaces for activities of daily living (ADL), exercise, multi-faith, visiting areas and an education centre (which is co-located with administration on the first floor).

In addition to the main courtyard, there are seven separate outdoor spaces of varying sizes. A large outdoor therapy space offers a multi-use games area, a horticultural space and a run for chickens and rabbits. Outdoor exercise equipment is available for use in some of the courtyards.



Operational outcomes

The Education Centre has been graded by Ofsted as “Outstanding”.

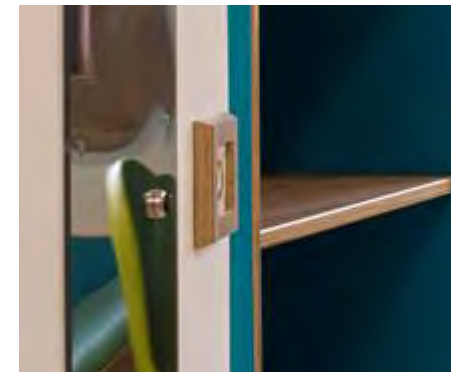
The new unit has not yet been inspected by the Care Quality Commission (CQC). CWP is noted as “Good” across all mental health domains and “Outstanding” for care.

What works and what does not work?

The limited space available for the building has been used in a very effective and efficient way. The building flows in such a way that it complements the site, takes best advantage of views out, offers interesting spaces and provides good visibility throughout. The footprint and shape of the building has also allowed for a mixture of bedroom sizes.

Reception contains a comfortable seating area and a delightful space for young visitors. Moving into the entrance to the ward areas, a calm and relaxing space two storeys high is accessed with flooring designed by the young people and artwork in the form of swallows flying above. In addition to the swallows appearing on walls throughout the building, small transfers of animals and birds are placed in some areas around door frames. The idea, developed by young people, is to offer a distraction to people who may be distressed, in the form of a hunt for the transfers located throughout the building.

Two rooms of particular note are the Sanctuary and the Den. The Sanctuary is a small room with an unusual but effective shape that offers a space for quiet contemplation, prayer or just a sanctuary from the hustle and bustle of the ward. The Den is furnished with comfortable chairs that are easy to move. The room has a projector and screen and is used for film nights. It can be used for many different activities – including, with the use of mobile equipment, a sensory room/Snoezelen³.



3 See <http://www.snoezelen.info>

Having only been occupied for a few months, as yet there are no areas identified where the building doesn't work.

At the time of visiting, it was clear that the acoustics in some areas require some work.

There are a few considerations that should be taken into account for future projects. These include early involvement of:

- The IT department to ensure the best use of technology and that Wi-Fi safeguarding filters are considered and agreed at an early stage;
- Engineering specialists to ensure that if underfloor heating is to be specified that carpets can also be fitted.

More furniture is required than first thought. Furniture has been moved around by the young people to various areas and the purchase of some more will enable other areas to be utilised without having to keep moving chairs from A to B.

Qualitative testimonials

“As a young person who has experienced the need for in-patient care, I can see how much better Ancora House meets the needs of those young people with mental health issues. In my opinion having a positive environment to recover in is crucial and can ease the difficulty of being away from home at such a challenging time in your life.”

“Ancora House is a product of the efforts put in by young people through participation in developing services and CWP welcomes ongoing feedback from young people, families and their carers.”

“Ancora House is a credit to the commitment of everyone involved in the project, but in particular to the Trust for its courage in daring to be different, and to the young people who have been so enthusiastic in helping and guiding us. This shows the real success that we can achieve when we engage, collaborate and innovate.”

Metrics

Dates

Business case: March 2014.

On site: April 2015.

Occupied: September 2016.

Gross area

3500 m².

Construction cost

Net construction cost: £10.5 million.

Gross construction cost: £14.4 million.

Dudhope Young People's In-patient Unit (YPU)



Functional content

A 12-bed psychiatric facility for 12- to 18-year-olds.

Owner/operator organisation

NHS Tayside

Address

17 Dudhope Terrace, Dundee DD3 6HH

Background and context

The new-build open assessment and treatment facility became operational in April 2015, replacing an adjacent six-bed unit on the top floor of a Victorian mansion, which was unfit for purpose. The site is CAMHS-only. As the facility is for a number of NHS Scotland Boards, a site appraisal was carried out in a number of regions. NHS Tayside was the preferred location. Two site development options were investigated: refurbishment and extension of the existing Victorian building, or a new-build solution.

Place, proximities and capacity

The service covers the north of Scotland including Tayside, Grampian, Highland, Shetland and Orkney NHS Boards (not the Western Isles). Usually there are one or two patients each year from the islands. The in-patient numbers generally follow the population spread of each area.

Planned services linkages and consultation

The service covers a very broad demographic in terms of a mix of urban areas and remote and rural populations. Original proposals were for a 16-bed unit, which was reduced to 12 with additional funding given to community stepped care. The family flat was deemed extremely important to serve families who live remotely, and it is well used. The unit provides in-patient care for the health boards, which provide outpatient services.

Design and procurement

Project architect: Gauldie Wright & Partners Architects Ltd.

Main contractor: BAM Construction Scotland Ltd.

Procurement: Design and build procured through hub East Central Scotland Limited (hubco)⁴. A project construction budget was set at Outline Business Case (OBC) stage. Specifications were altered during the design and build detailed design stage. Dart Valley anti-ligature sanitaryware was changed to Armitage Shanks; Britplas windows were specified solely for in-patient areas (with uPVC elsewhere, as there is no clinical need for Britplas windows in non-patient areas).

Regarding the design, it was agreed from an early stage that it was not appropriate to use best practice guidance for adult mental health facilities. To understand lessons learnt, the team undertook a number of precedent study visits to other units, including Ferndene in Northumberland and a CAMHS facility in Glasgow. Risk assessments for the specification of anti-ligature fittings were balanced against a

⁴ In February 2012 hub East Central Scotland Limited (hubco) was set up as a procurement vehicle to support, develop and deliver well designed, affordable, sustainable and functional community facilities that enable effective service delivery throughout the East Central Territory.

heavy value-engineering process. Much effort was made to move away from a clinical appearance.

Stakeholder involvement was key and included the young people, who were involved in furniture roadshows and the courtyard design. The client user group was a key group, active throughout the design process.

Brief description of the project

The building is split-level as the site is steeply sloping. It is two storeys high at the front, with a single-storey residential wing to the rear, cut into the hillside, tying in with the first floor of the two-storey block.

Reception, office/administration, gym and education areas are at ground floor, with the main residential and therapy areas for patients at first floor level. The three-sided residential wing forms a secure external courtyard for patient relaxation and recreation. The facility is a registered exam centre.

Operational outcomes

Quality Network for In-patient CAMHS (QNIC): not yet reviewed.

Mental Welfare Commission for Scotland and Education Department reports are available online.

Scottish Recovery Indicator (SRI 2) undertaken.

Gateway Review undertaken.

Average length of stay is approximately 90 days for the more rural population and approximately 60 in Tayside; in the previous accommodation, length of stay was around 120 days.

What works and what does not work?

The original brief was for two classrooms; however, it was agreed that one classroom and an adjoining small resource room would be adequate. The ground-floor breakout space is well-used for education, particularly for 16- to 18-year-old patients learning life skills etc. There are 2.8 whole-time equivalent (WTE) teachers who work in the facility and also provide outreach programmes with Dundee City Council. There is an ADL kitchen and a gym (with natural light, which all agreed add to a good internal environment).

The family flat is well-used. The original brief was for two bedrooms but this was reduced to one plus a sofa bed in the living area. The flat is also used for those patients who have a pass out from the ward and for encouraging independent living skills before leaving the unit.

The location of the main duty room is adjacent to the main entrance but does not offer a direct line of sight, as the original requirement was for this room not to have internal glazed screens. The users now feel having direct sight of the door would be beneficial. (During our visit, the architect advised that this could be easily addressed with the introduction of an internal vision panel similar to the one in the duty room in the acute wing.)

An internal courtyard is well-designed, looks inviting and is well-used.

The residential wing is three-sided (triangular), with the front wing originally designed as a four-bed acute area. In practice, this is not being used clinically (as the staff had envisaged at design stage). Staff

restrict access around the triangular loop – designed to offer free access – due to risks associated with a fire exit in the link corridor.

Swipe-card access for doors in certain areas has been problematic and has been replaced where required with keys.

The move from a six-bed service to a 12-bed service has meant having to change some operational procedures. Support and training was provided for staff to help manage this.

The therapy area (with therapy room and art room) is well-used and is situated so that patients have free and safe access to use these rooms at any time. A third therapy room is being converted to a multi-faith/sensory room for use as a quiet space. (There is an opinion that sensory needs could be catered for differently in the unit, due to the changing nature of the patient population; work is being undertaken to facilitate this.)

There is no seclusion or intensive nursing – seclusion has been phased out in Scotland for young people (and is now rarely used for adults). (There are no adolescent intensive or secure psychiatric care units in Scotland.)

The strategy for use of mobile phones focuses on using technology safely and follows Mental Welfare Commission recommendations⁵. Patients have access to mobile phones.

Wi-Fi is available throughout – NHS Wi-Fi with a secondary Virgin network for the young people, which is controlled from the nurses'

station and turned off overnight. (Potential issues were caused by adjacent Dundee University Wi-Fi reaching the unit and patients potentially gaining access to unrestricted sites.)

CCTV is provided in all patient corridors and staff areas, is not generally monitored and is only used when incidents arise.

There are group rooms with adjoining screening/viewing rooms, linked to CCTV.

The visitor area opens on to the main entrance area; the coffee machine there is well-used.

Eight bedrooms overlook the courtyard; there have not been any issues relating to this.

En-suite doors are reduced-height (with a gap to the top of approximately 300 mm).

The living/dining open plan space could have been bigger to accommodate all 12 patients at once with some breathing space. During our visit, it was discussed whether this might have worked better if closed off as individual rooms (although there are other smaller lounges which patients can use elsewhere).

The treatment room is in a good location in relation to the dining area (regarding eating disorders patients) and the bedroom areas.

5 See http://www.mwscot.org.uk/media/241012/decisions_about_technology.pdf

Qualitative testimonials

An NHS Tayside Benefits Realisation Report provides further details.

A post-project evaluation (PPE) is currently being undertaken by NHS Tayside Property Department, Main Contractor and Architects, which should be available Spring 2017.

Metrics

Dates

Consultation began in 2007.

GWP started design development in early 2012.

Hub process began mid-2013.

Start on site: January 2014.

Start of operation: April 2015.

Gross area

2100 m².

Construction cost

Design and build only: £6.36 million (ex-VAT).

Total capital cost: £7.23 million (ex-VAT).

FitzRoy House



Functional content

110-bed medium secure CAMHS in 10 single-sex wards. Support facilities including:

- education
- therapy centre
- administrative space
- facilities management.

Owner/operator organisation

St Andrew's Healthcare

Address

FitzRoy House, St Andrew's Healthcare, Cliftonville Road, Northampton NN1 5DG

Background and context

The new facility expands and consolidates services that were previously provided within Lowther (medium secure services for adolescent mental health) and Malcolm Arnold House (medium secure services for adolescents with learning disabilities).

Place, proximities and capacity

The St Andrew's Hospital site is located on the south-east periphery of Northampton. The site is over 135 acres in total and provides mental healthcare services for children and young people, men, women and older adults. Fitzroy House, while located within this site, is accessed without the need to enter the main site.



Planned services linkages and consultation

The charity operates adult and forensic services on the site. St Andrew's College is operated by St Andrew's as an independent sector provider. The college has a specialist treatment and education of autistic and related communication children (TEACCH) learning environment.

Design and procurement

Project architect: P+HS Architects

Design and build contractor: Galliford Try

Brief description of the project

FitzRoy House was visited in a near complete state prior to commissioning. The two-storey facility will provide for young people with challenging behaviours in a single building.

The design incorporates features to meet forensic security standards. In-patient accommodation is organised into 10 bedroom units to accommodate gender and acuity groups.

This unit is large by European standards and includes:

- Therapy amenities including a café, light workshop, horticulture, sensory integration and animal care courtyards, art rooms, music rooms and activities for daily living kitchens.
- Courtyards and outdoor areas, accessible to our young patients at all stages of their recovery.
- Bulk central kitchen.
- Fully-integrated sports and recreation facilities.



The main focus of our visit was the education department, which is a well-equipped, modern, state-of-the-art facility. The school operates throughout the year and does not have school holidays. The children and young people have individualised timetables.

The facility offers a mixture of accommodation with specialist teaching areas for maths, English, ICT, art and science.

A specialist science laboratory, consisting of a small room between two laboratory areas, enables young people to observe what is happening and instruct the teacher on how to complete experiments. This facility allows students to complete the requirement for nine practical science experiments for GCSE.

The school also includes a specialist TEEACH room.

Some facilities, such as the large activity hall and gymnasium, are shared with the therapy department.

Operational outcomes

None available yet.

What works and what does not work?

The standardisation of ward layouts.

As the unit was not open at the time of the visit, it was not possible to identify other areas working well or not.

Qualitative testimonials

Service director for St Andrew's CAMHS Pathway:

“FitzRoy also brings staff and patients together. We were previously spread across two buildings, but now we can build an even stronger community to help transform the lives of our patients. FitzRoy House is setting a new benchmark for residential mental healthcare.”

Metrics

Dates

Design commenced: 2013.

Construction started on site: 2015.

Facility opened: January 2017.

Gross area

18,000 m².

Construction cost

£46 million.

Junction 17



Functional content

Junction 17 is a specialist adolescent mental health service for young people aged 13- to 18-years-old who require assessment and treatment for a range of complex mental health problems. It contains 20 bedrooms (and at the time of our visit was about to open a further eight beds in the Griffin ward extension) with facilities for: visiting; therapy; activities; administration and support; and access to the on-site school Cloughside College.

Owner/operator organisation

Greater Manchester Mental Health NHS Foundation Trust

Address

Junction 17, Greater Manchester Mental Health NHS Foundation Trust, Bury New Road, Prestwich, Manchester M25 3BL

Background and context

Junction 17 opened in 2013, replacing the McGuinness unit. Griffin is a new-build extension linked to Junction 17 via a bedroom corridor and a glazed entrance corridor and will extend the bed numbers by eight; it has been designed to low secure standards and may be used as an intensive care area.





Place, proximities and capacity

Junction 17 is located on the mental health care site just off Junction 17 of the M60 north of Manchester city centre. The unit is in a quiet area towards the back of the large mental health site. Despite close proximity to the motorway, there was little traffic noise.

Planned services linkages and consultation

Extensive consultation with staff, young people and other stakeholders during the design process.

A digital artist is working with occupational therapists (OT) and young people to develop art themes/ artworks.

Young people also decided on the name for the unit and the individual accommodation areas: “Junction 17” was chosen not just because of the location but also because 17 years of age was felt by many to be a junction in their lives. The ward units are named after mythical creatures.

Design and procurement

Project architect: Gilling Dod Architects

Procurement: P21 and P21+

Principal Supply Chain Partner (PSCP): Integrated Health Projects (IHP)



Brief description of the project

Junction 17 was opened in 2013 and consists of two units: Pegasus with five beds and Phoenix with 15 beds.

A new-build extension, Griffin, was also visited. This was in the last stages of completion and not yet occupied. It is linked to Junction 17 via a curved glazed corridor.

Shared accommodation includes: two suites for visitors; therapy space; art room; ADL kitchen; activity areas (inside and out); laundry; kitchen facilities; staff support accommodation. A gymnasium (offering basketball and badminton among other activities).

The on-site school is co-located and accessed easily from the ward.

Accessible courtyards are available from the ward areas and one courtyard contains the ward rabbit. There is also a school dog.

Operational outcomes

A PPE in 2014 showed that outcomes from both health and education perspectives had been improved:

- a reduction in adverse incidents, including safeguarding incidents;
- the bright open feel of Junction 17 had improved the therapeutic milieu;
- length of stays are reduced;
- the educational environment had improved and had reduced the number of young people disengaging from lessons.

What works and what does not work?

The improvement in security – with better visibility – has proved to be very beneficial. Staff no longer have to manage the environment in the way they had previously.

The improved environment has also resulted in less physical damage: the young people are more inclined to look after their environment and less likely to destroy it.

The extension to the unit has allowed the Trust to take some lessons learnt from the original design and improve the environment still further.

Name plates outside the doors for the occupants to personalise their rooms were removed after a number were prised off.

Vision panels with integral frosted bands on the glass to allow vision into the rooms have been incorporated into the new bedroom doors. There are pictures on the outside of the frosted bands. These are also being fitted into doors elsewhere in Junction 17 where presently Velcro curtaining is used for privacy.

A media wall has been fitted into the seclusion room in Griffin.

Qualitative testimonials

Young person: “I think Junction 17 is a modern building suited for the ages of 13- to 18-year-olds. I love the great environment, which has made me feel safe and comfortable throughout my stay. It’s fantastic to have your own personal space as well as communal areas to spend time with the staff and other young people on the unit. The college attached is great, giving structure to the day – in a bright and welcoming design. My favourite area is the gardens; I love having the opportunity of relaxing outside in a safe and therapeutic space.”



Parent: “I was very nervous about my daughter coming into a mental health unit. I imagined it to be a horrible Victorian asylum building. I am happy to say the modern, bright place is lovely and welcoming.”

Staff: “Since moving to the new building, the layout and design have helped us to nurse and care for the young people in a safe and nurturing environment. The young people also have access to two internal courtyards which provides invaluable time out and relaxation when the young people may be working towards therapeutic leave.”

Metrics

Dates

Junction 17

Business case approval: October 2009.

PSCP appointed: July 2010.

Guaranteed maximum price (GMP) approval: November 2011.

Start on site: March 2012.

Completion: May 2013.

Commissioned: June 2013.

Griffin extension

Business case approval: February 2015.

PSCP appointed: April 2015.

GMP approval: October 2015.

Start on site: January 2016.

Completion: December 2016.

Commissioned: January 2017.

Gross area

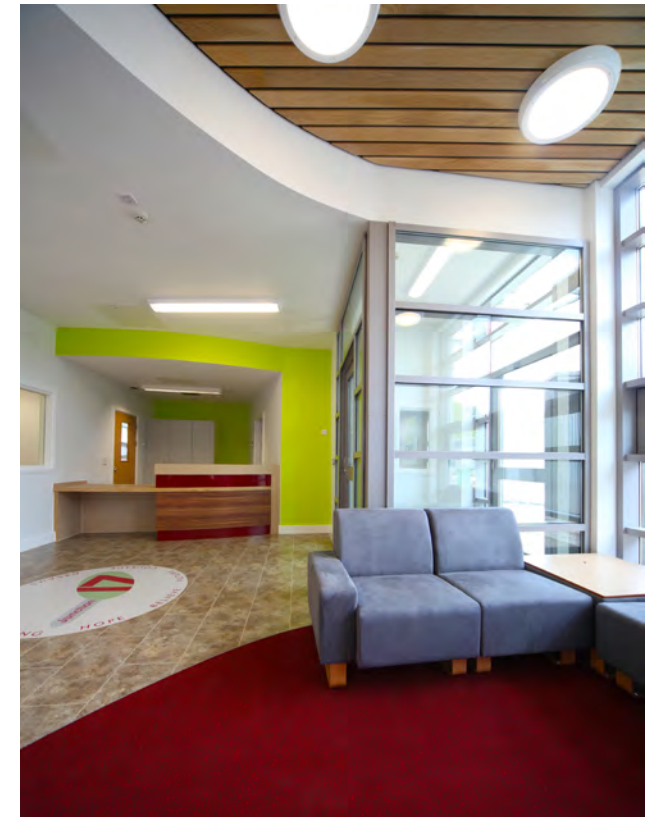
Junction 17: 2412 m².

Griffin extension: 610 m².

Construction cost

Junction 17 (2013): £9.6 million.

Griffin extension: £3.3 million.



Mignot House



Functional content

Mignot House, part of the Oberlands project.

Owner/operator organisation

States of Guernsey Health, Social Care and Community Safety

Address

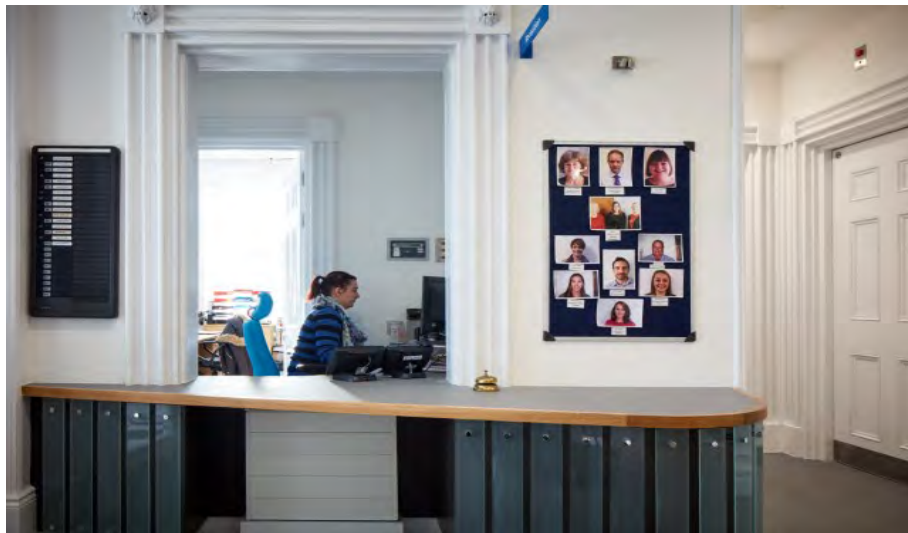
Mignot House, Princess Elizabeth Hospital,
Rue Mignot, St Andrews, Guernsey
GY6 8TW (Channel Islands)

Background and context

Mental health services were in several health buildings across the island, with in-patient care delivered from an old building.

The Oberlands centre relocated all mental health services under one roof, located alongside the Princess Elizabeth Hospital and including the refurbishment of Mignot House, which dates from the 1800s, for CAMHS services.





Place, proximities and capacity

Guernsey has a population of approximately 63,000 located on an island of approximately 24 square miles. The CAMHS cover the Bailiwick of Guernsey and include the smaller islands of Alderney, Sark and Herm – increasing the population served by the service to approximately 66,000.

Planned services linkages and consultation

Linked to the adult mental health services located in the adjacent Oberlands Centre and alongside non-mental health services on the site.

Consultation was undertaken with the States of Guernsey's former Health and Social Services Department, healthcare staff and with the children and young people.

Design and procurement

Project architect: IBI Group

Construction: Harbour View Construction Ltd (HVC Ltd)

Procurement: Traditional construction appointed on a JCT Standard Building Contract 2005.



Brief description of the project

The refurbishment of a Georgian villa, retaining the architectural features of the original building and integrating into the surrounding site and new-build mental health unit in a sympathetic manner.

Co-locating the CAMHS outpatient services within Mignot House and bringing all mental health services to the same site allows good coordination of services and assists with transition from CAMHS to adult services if required.

Operational outcomes

Changes in service delivery over five years ago saved over £1 million a year.

The creation of a dedicated outreach team has resulted in very few in-patient episodes. In 2008–2010 the average number of bed days used off-island was 1508. In 2016, there were just 85 bed days used off-island.

The outreach team provides a bespoke service which can range from weekly contact to three or four times a day. This intensive daily contact allows children and young people to be cared for in the community and has dramatically reduced admissions.

There have never been any dedicated CAMHS in-patient beds in Guernsey. CAMHS utilise beds on the paediatric ward if necessary and have daily contact; the beds on the paediatric ward can also be used for emergency in-patient care if required. For young people aged over 17, in an emergency, an area on the adult ward can be partitioned to allow admission there. The average length of stay is 24 to 48 hours. Off-island care for more complex, long-term care has been cut from

approximately 20 admissions a year to one or two, though at the time of visiting, the last off-island admission was over 12 months ago.

The location of Mignot House has enabled better communication between CAMHS and adult care teams and improved outcomes.

What works and what does not work?

Mignot House is an imposing yet welcoming building. Internally, the integration of the modern extension to the old building is unnoticeable.

The overall impression of the building is of a high-quality refurbishment that has enhanced the building, creating light and airy accommodation – which can only help to put visitors at ease.

Entry is in to the reception area which is spacious and tidy. The ground floor contains: a waiting area; sanitary facilities; meeting room; office/consulting rooms. Initially, it was intended that the office/consulting rooms would be bookable rooms – but they have now been personalised and have become consulting rooms for named people. The first floor contains: consulting rooms; multi-place office accommodation; a family therapy suite with viewing room containing recording equipment and an interview room.

The rooms benefit from high ceilings and full-length windows, allowing plenty of light in (and in some, there is no requirement for the lights to be on). The waiting area is deep plan and could perhaps have benefitted from a window.

One comment we heard from a few people was that the interior decor was “too white” and in one of the larger offices this – along with the lighting – is causing the occupants some discomfort. For other areas of the building, there are plans being evolved to involve local young

people in art projects to give some colour in the corridors and reduce the effect of the white paint.

At the time of the visit, there appeared to be some problems with the heating, which in turn highlighted that in some of the office/consulting rooms it can be necessary to have the window open to cool the room (but this then can cause problems with a low hum from the plant room being audible).

The personalisation of the office/consulting rooms throughout the building creates a domestic, more normal feel to the rooms. The inclusion of different rugs and a range of coloured clocks and clock faces added to the ethos of the building – helping to create the calming, intimate and therapeutic environment seen throughout.

The high quality of the refurbishment is visible in every aspect of the building. The care and thought which have been put into the individual consulting rooms to take them from a blank space to a space offering safety, peace and some tranquillity for vulnerable children and young people is very evident.

Qualitative testimonials

Young person: “Mignot House makes me feel more valued as a person.”

Metrics

Dates

OBC: February 2011.

FBC: December 2011.

Start of Operation: December 2015.

Gross area

Mignot House plus extension: 590 m².

Construction cost

Approximately £1.2 million (approximately £860,000, based on a location factor uplift from mainland UK to the Channel Islands).

Royal Hospital for Sick Children (RHSC) and Department of Clinical Neurosciences (DCN) reprovision project



Functional content

CAMHS day unit for children and young people and a 12-bed in-patient unit for young people 12- to 18-years old.

Owner/operator organisation

NHS Lothian

Address

Royal Infirmary of Edinburgh (RIE), Little France Crescent, Old Dalkeith Road, EH16 4SA. Building under construction at the time of publication.

Background and context

The award-winning CAMHS has been operating in Edinburgh over three decades and will move from the Royal Edinburgh Hospital in Morningside. The new unit at the RIE will be a standalone wing, part of the RHSC and DCN. It will replace the existing 12-bed CAMHS unit in Lothian that was built around 17 years ago and is used for adolescents with severe mental health problems.

The CAMHS In-patient Unit (IPU) serves the south-east of Scotland (Borders, Fife and Lothian health boards). These beds are used by the south-east of Scotland health boards and by other out-of-region health boards on an emergency basis (where a bed is unavailable in the host region).

Place, proximities and capacity

The IPU is open 365 days a year and is a specialist unit providing intervention and support for children, young people and their families for mental health problems that are not responding to out-patient or day care treatment.

Planned services linkages and consultation

The IPU service is part of the pathway through treatment to recovery for a minority of seriously-ill patients referred to CAMHS. It forms a part of an interconnected CAMHS network comprising generic multi-disciplinary teams, specialist teams, day programmes and intensive community treatment services.

The Tier 4 CAMHS Day Service is co-located with the IPU. Due to the location of the unit within the acute hospital site, there are opportunities for linkages into other acute clinical services. There are links to the Royal Edinburgh Hospital (adult mental health hospital) located three miles away.

Design and procurement

Initial ideas for the project commenced in 2005, with a reference design developed in 2012 as part of the tendering process. A final Clinical Output-based Specification was produced in September 2014, which formed the basis for the brief.

Multiplex is the main construction company and HLM Architects, Glasgow, lead on design. HLM undertook interior design workshops with CAMHS staff and patients, which resulted in chosen themes for the building.

Brief description of the project

There will be five distinct services within the new facility for Tier 4 CAMHS Service:

- 12-bed in-patient unit;
- children's day service (primary age);
- adolescent day programme (for adolescents up to their 18th birthday);
- early psychosis support service (some young people may be aged up to 22);
- intensive treatment service (ITS).

Classrooms are provided as part of the whole hospital development, for shared access by CAMHS patients, within the acute part of the development but separate from all clinical areas.

Operational outcomes

A Benefits Realisation process will be undertaken for the overall project 12 months after completion.

What works and what does not work?

The Clinical Output-based Specification was developed with the existing users, taking lessons learned and through visits to existing

CAMHS units. There was an aim to create a homely environment as far as practicable.

A specification for anti-ligature and anti-barricade works to bathrooms, toilets, shower rooms and rooms made safer for patients was compiled by the clinical and estates team and used during the design and specification process.

In the new in-patient unit, anti-ligature measures have been designed-in – to ensure safety. In addition, the furniture and fittings have been selected to take account of the needs patient group.

All bedrooms are singles with en-suites. There is one larger accessible room with a larger en-suite.

During the design process, a change to the brief was requested, to include a safe time out/seclusion room (not originally planned) as part of the provision of the intensive nursing support area. It is anticipated this will be used for patients who require a calm, safe area.

The whole hospital will have 100% Wi-Fi capability. Access for individuals within the CAMHS service will be provided based on prior risk assessment.

Metrics

Dates

OBC: November 2012.

FBC: August 2014.

FBC Addendum: April 2015.

The new hospital is due to open in February 2018.

Gross area

New 12-bed CAMHS in-patient ward: 404 m².

Construction cost

Work to develop the new £150 million building which will house the RHSC, DCN and CAMHS started at Little France in February 2015.

Project webpage: www.nhsllothian.scot.nhs.uk/proudhistoriesnewchapters

West Lane Hospital



Functional content

42 bedrooms for adolescents with mental illness:

- 16 eating disorders beds;
- 14 assessment and treatment beds;
- 12 low secure beds.

Indoor sports facilities; recreation gardens and courtyards; education area; administration and support facilities.

Owner/operator organisation

Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust

Address

West Lane Hospital, Acklam Rd, Middlesbrough TS5 4EE

Background and context

In 2000, CAMHS first moved onto the site, which had previously housed NHS administration facilities and infectious diseases and neuro-rehabilitation wards in typical 1930s healthcare buildings.

Between 2013 and 2016, seven phases of construction work have resulted in: one new-build, low secure ward; two refurbished wards (one with an extension); a new-build outpatient facility and refurbished accommodation for community mental health team administration staff.

Place, proximities and capacity

The West Lane site is the base for most of TEWV's in-patient CAMHS services as well as national and regional specialist services for eating disorders and low secure services.

Design and procurement

Framework Agreement: Sir Robert McAlpine with DKS Architects.

Project Manager: Turner & Townsend.

Brief description of the project

West Lane Hospital provides 42 beds in several buildings, all of which are linked to each other via the centrally-located new-build The Glades out-patient unit and education centre.

A three-year programme of development has resulted in fit-for-purpose accommodation.

Ward sizes are between 12 and 16 beds.

The maximum height of development is two storeys, with all patient accommodation at ground floor level.

The education facility within The Glades building at West Lane is commissioned by the local authority and run by the River Tees Multi-Academy Trust. The facility is a registered exam centre and young people may take GCSEs during their stay.

Operational outcomes

QNIC-accredited.

West Lane Hospital has not yet been rated by the CQC; however, during inspection, it was found to meet all applicable standards.

What works and what does not work?

Treatment room (9.6 m²) and clinic room (15 m²) are interlocking and well-used. (This design is being used as the Trust standard layout for these rooms.)

Dedicated nurse handover room near main entrance is very useful and well-used.

Full production kitchen with two chefs and two catering assistants is very successful. Agreed necessary for the eating disorders ward but also seen as a positive for other wards, using high-quality seasonal ingredients.

Bold air-brushed artwork scheme across all units by “Airbrush Earl” is successful and is appealing to the young people. Very bright and engaging, with imagery linked to the space in which it is situated. The young people within the service worked with the artist to develop the interior design for the “Diner”.



Manifestation to full height glazing is constantly being picked off and causes health and safety and maintenance issues. Need to consider etching, or manifestation being fitted on inside panes of double-glazed units.

Acoustic ceilings and acoustic-backed vinyl flooring work well. Within The Glades, carpet/carpet tiles would have been preferable within corridors to improve acoustics.

Break glass points are always being interfered with – consider better solutions for these.

In the Westwood Centre, staff lockers are located remotely from the staff rest room (at the opposite end of the building), which causes difficulties for staff during breaks.

The plan of Westwood is a cruciform layout: two swing bedrooms are provided, with two doors into the bedrooms nearest to the centre of the plan. Staff feel that they work well (although it was noted that they are remote from the other bedroom fingers when in one of the swing positions).

Mobile phone use is risk-managed and works successfully. No camera phones are allowed on ward. There is a communal telephone for patients who are unable to access personal mobile phones.

Wi-Fi is available throughout the building. There was a hard-wired data connection in each bedroom, however these have been plated over and Wi-Fi is now used.

Two bedrooms have small private lounges adjacent. These offer intensive nursing and less stimulation for patients who may not cope well when sharing lounge space.



Access to en-suites can be risk-managed when required.

The de-escalation room also has a small outdoor space which is agreed useful for this patient group, providing private and safe access outside, when needed.

All bedroom areas have a patient night lounge.

Corridor doors into the central area are not recessed or located against a wall, which causes the backs to be broken often – resulting in maintenance issues.

A central multi-faith room is accessed easily from all three wards. It is used for religious services and “mindfulness” groups.

Underfloor heating agreed as the preferred option, although the refurbished wards have radiators with contour casings which offer individual control and are deemed useful.

Response route between wards is difficult, due to the different door access controls on different wards. It is noted that installation of one system on campus sites may aid staff transfer between units.

Qualitative testimonials

Chris Davis, head of children and young people's services:
“We provide a wide range of care and services to children and young people, some of whom are with us for many weeks or months. The impressive, modern design and facilities we now have at West Lane Hospital make it a comfortable, safe and engaging environment for the young people during their stay with us and we can already see a real difference and long-term benefits.”

Metrics

Dates

OBC approval: 27 September 2011

FBC approval: 4 July 2012

Phase 1, Westwood Centre, new-build, low secure service: 20 March 2014

Phase 2, Newberry, refurbishment/extension, assessment and treatment service: 19 January 2015

Phase 3, The Glades, new-build, out-patients and education centre: 14 March 2016

Phase 4, Evergreen Centre, refurbishment, eating disorders services

Phase 4a: 14 August 2015

Phase 4b: 16 November 2015

Phase 5, car park: 18 December 2015

Phase 6, landscaping: 10 June 2016

Phase 7, Rosewood Centre, Block C, refurbishment for CMHT base: 16 February 2015

Gross area

5718.5 m².

Construction cost

£13.8 million.

Woodland Retreat



Functional content

Woodland Retreat is a large outdoor therapeutic space used by two wards:

- Hope Unit – 12-bed intensive assessment and treatment unit opened in 2008;
- Horizon Unit – 10-bed rehabilitation of young people with complex and enduring mental health needs, opened in 2010.

Owner/operator organisation

Pennine Care NHS Foundation Trust

Address

Horizon Unit, Fairfield General Hospital,
Rochdale Old Road, Bury BL9 7TD

Background and context

A piece of wooded wasteland which offered good views of the surrounding countryside but was on a steep slope and unused was transformed into a useful, therapeutic environment offering plenty of flexible space. The design had to be eco-friendly and be appropriate to the surroundings.





Place, proximities and capacity

Located in a quiet area of the Fairfield's General Hospital site and to the rear of Pennine House. The Woodland Retreat has an uninterrupted vista across the adjacent fishing ponds and countryside.

Planned services linkages and consultation

Several forums and workshops were held with the children and young people and their carers/families, which resulted in a detailed brief and a mood board being created which was used by the designers.

Clear requirements were outlined and these included a terrace area looking out to the horizon with the view also visible from within the structure.

Design and procurement

JCT Design and Build contract.

Joint funding with The King's Fund – "Enhancing the Healing Environment" initiative and Pennine Care NHS Foundation Trust.

Blue Forest Tree House Design and Construction

Brief description of the project

This large outdoor space is used for time off-ward in a safe, therapeutic environment. It is used for many activities including social, educational and therapeutic. Family visiting can also take place here. A small kitchen area is included where a breakfast club is held. Menus are chosen during community meetings and patients plan and prepare breakfast together.

Richard Walker, Director of Capital Investment & Estate Services at Pennine Care NHS Foundation Trust:

“With the match-funding and collaboration we got from The King’s Fund Enhancing the Healing Environment programme, there was a source of funds and expertise to tap into for the development of the Woodland Retreat. External match-funding helps a Trust to create a different identity. If you were on the High St, it’s what you would want to do. At board-level it becomes easier to say ‘yes’ and to make a difference. We’re proud of what we’ve achieved and our children and young people use the freedom the facility offers to develop personal responsibility.

I call it the shed in the wood. By making good use of external space, the Retreat brings the outside in. It’s a bit of art – but usable. There used to be Percent for Art scheme and I’m all for that sort of approach to creating a healing environment. It helps our children and young people have something of home. Schemes with a little bit extra in them, for them to value, put them in a better position for care (and future life, hopefully), where they understand that the public service values them. We have made them feel different, worth something – not just trapped in a basic hospital ward. We are putting a lot of effort into helping you get better – hopefully you will put a lot of effort in, too.”

Operational outcomes

Since the opening of the Woodland Retreat there has been:

- 10-day reduction in length of stay;
- 65% reduction in incidents of violence and aggression;
- 8.5% reduction in self-harming;
- improved staff retention with leavers reducing by 5%.

A post-project evaluation was undertaken in 2012.

What works and what does not work?

This stunning development, created on a piece of unused wasteland in 2010 offers a truly beneficial healing environment.

The Woodland Retreat is a unique outdoor tree house-style facility, with a decked area, barbeque and an allotment/planting area.

Entering the area via the Horizon Centre, the immediate feel is of peace and tranquillity. Despite being sited on a busy general hospital site and close to a main road, all that could be heard were the birds singing.

A sloping walkway meanders through a wooded area where there is an area for barbecues and another for planting. On reaching the terrace at the end of the walkway there is outside seating and a spectacular view across the countryside.

The tree house is a timber-built, round building on stilts with a sedum roof. It consists of an open plan area with seating, tables and a comfortable large swinging seat suspended from one of the timber beams. There is an eco-friendly WC and a small kitchen area.



Two or three times a year a ground company come into the area to prune trees and shrubs and to clear undergrowth where required. The only problem within the grounds is the sedum roof. Because there are trees around the building saplings have rooted on the roof and need to be removed.

When developing the design, many discussions were held over the fence. It was agreed that the fence would be wooden and as difficult to climb as was possible. It is possible to scale the fence but children and young people are risk-assessed before being allowed out into this space. The fact that they are allowed out and that the fence could be climbed gives them a feeling of personal responsibility which assists with empowerment and recovery. In the years that the Woodland Retreat has been operational, there have been no incidents with the fence.

It is not difficult to see why this retreat has had a positive impact on clinical outcomes and why it was awarded Best External Environment by the Building Better Healthcare Awards in 2013.

Qualitative testimonials

Local councillor for planning committee: “This is one of the most innovative schemes seen by this committee in a long time.”

Following a prom held at the Woodland Retreat: “It’s been brilliant. We made a lot of the decorations ourselves and helped with the planning. It’s a really good idea to do it and we’ve all helped out planning it for a couple of months. When we tried our dresses on the teachers were crying because they were so happy for us.”

Building Better Healthcare Awards 2013 winner. Citation:

“This is an inspirational project that has transformed an area of wasted space outside a children and adolescent mental health secure unit into a space for education, reflection and therapeutic engagement.

We were particularly impressed with the imagination shown by the Trust in recognising how a very challenging, sloping site could be redesigned to provide such a stunning, interesting and engaging space for the young people.”

Metrics

Dates

Commenced: 2010.

Completed: 2011.

Gross area

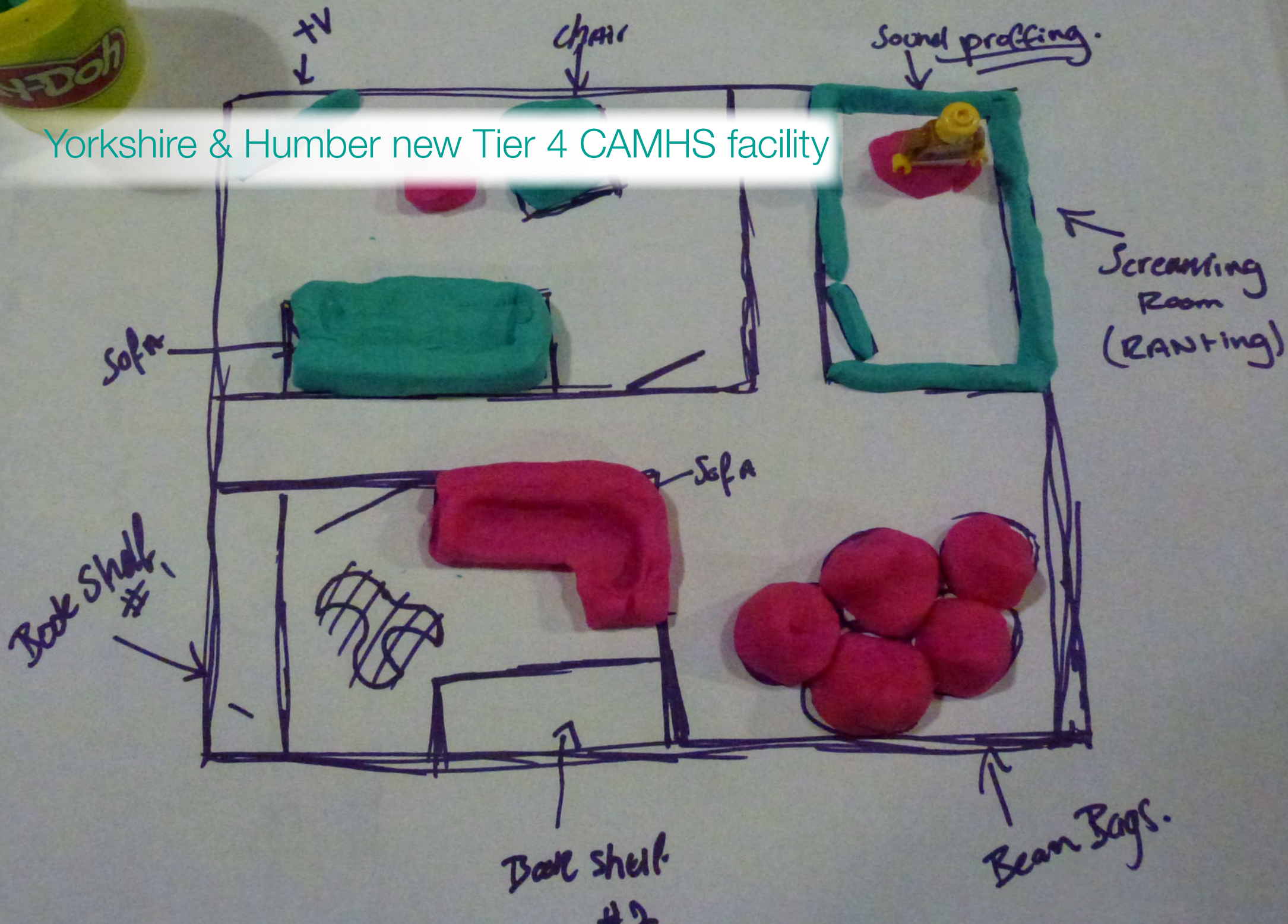
40 m².

In addition to the building, the external space has been increased significantly.

Construction cost

£178,000. (Funding: £100,000 – The King’s Fund; £78,000 – Pennine Care NHS Foundation Trust.)

Yorkshire & Humber new Tier 4 CAMHS facility



Owner/operator organisation

NHS England is planning a new in-patient mental health service for young people in Yorkshire & Humber. This service will ensure that young people and their families who need this type of care can access provision much closer to home. Commissioners want service users and their families to feel as confident and comfortable as possible when using the new service.

Stakeholder engagement activities

- What does a fantastic in-patient CAMHS service look and feel like for children and young people, parents/carers and partner organisations?

For this project, community engagement activities have been designed to obtain the views of young people, carers and parents from the local community. The insights gained will be used by commissioners to help shape the project – specifically regarding considerations such as: location; design; admission process and information needed for the new Tier 4 service.

- **Location**

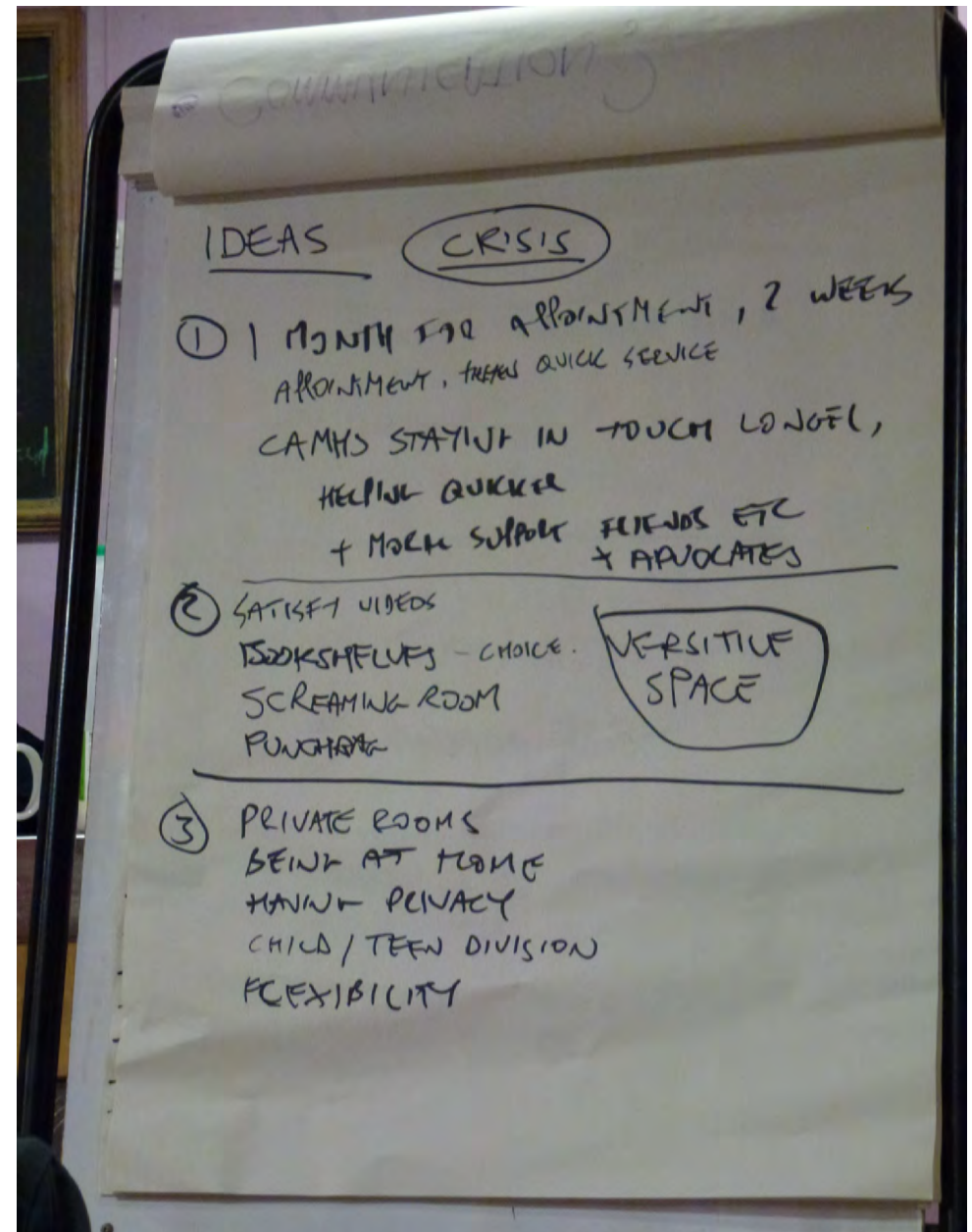
What is a reasonable travel time to access this kind of service; what are the other key considerations for young people and families regarding location and access to the service?

- **Information needed**

Before admission, what information would be helpful for young people and their families and carers?

- **Admission process**

How can the admission process work best for young people and their families (and what activities would support this)?



- **Design**

How should the service look and feel? Looking at the journey through the care pathway and the connectivity between the service and the wider local system, how can the best-possible outcomes for young people be achieved?

Community engagement events at The Warren, Hull, February 2017

Young people were invited to attend evening events at The Warren youth project in Hull. The choice of location for the engagement activities played a part in the success of the events – The Warren is a lively centre for young people, staffed by people who are clearly committed to improving the lives of those who use the centre. This empathetic environment – informal, creative and accessible – helped to enable free expression of ideas and opinions from those involved in the engagement exercise. The majority of participants were young people; a small number of parents and carers in attendance provided for a holistic view of service user needs. People involved in the commissioning of the project attended as observers.

The nature of the project was explained at the beginning of the sessions by the facilitators, who were specialists commissioned to provide the engagement events and a follow-up report. The importance of the views of young people, their families and carers was explained. The structure of the sessions was outlined at the outset, and each activity introduced as a step in a process that would be demystified by the end of the sessions.

The sessions provided a great depth and variety of views and ideas in a short space of time, which were captured using handouts designed specifically for each stage of the events. Groups generated fictional characters – personas representing typical people who might access the service – to aid safe discussion of the issues. They were then

asked to consider the problems/challenges the personas might face, and how a good CAMHS in-patient service could help to improve outcomes. The contribution from each group was shared through “show and tell” to the rest of the participants at each stage.

Those who attended both events were just as enthusiastic as those attending for the first time on the second night. The attendees volunteered contributions that were highly informative – rich in detail and analysis, deeply thought-through and evidence-based. The insight as to what is wanted, what hasn’t worked well in the past, and what good future provision might look like will be particularly valuable for commissioners.

A simple buffet was provided. The young people were given vouchers at the end of the sessions as rewards for their attendance and contributions and it was conveyed to them that their ideas and views were important and would shape the project as it is developed further.

Project timeline

Prior information notice: June 2016.

Document 1a & initial assessment and outline submission for potential bidders: December 2016.

Initial assessment and outline submissions: January 2017.

Stage two full proposal assessment issues to bidders: February 2017.

Full proposal assessment and bids: March 2017.

Preferred bidder(s) announcement, 10-day standstill period: May 2017.

Contract start: no later than 12 months.

Ferndene Children and Young People's Centre



Functional content

Forty bedrooms for children and young people aged 4- to 18-years old with mental illness, autism and learning disabilities. Activities and recreation centre (including sports, school and therapy accommodation) and staff administration facilities.

Owner/operator organisation

Northumberland, Tyne and Wear (NTW) NHS Foundation Trust

Address

Ferndene, Prudhoe, Northumberland
NE42 5NT

Background and context

Ferndene was conceived following the identification of a national shortage of appropriate low risk mental health in-patient care facilities for young people with challenging behaviours. The Trust undertook to combine a number of its existing dispersed young people's services; so at the time of opening it was the first in the country to integrate CAMHS and learning disabilities on the same site.



Place, proximities and capacity

Due to the sensitive nature of the new service and the number of stakeholders involved, it took over two years to agree a site capable of supporting the Trust's aspirations. There was much debate over the appropriateness of

each location, in particular the merit of a city centre versus a rural site. Forty beds are split across four separate but conjoined wards, ranging from six to 14 beds each. The four wards are distinct in the service they offer their own patient group.



Planned services linkages and consultation

NTW NHS Foundation Trust's geographical area covers 2200 square miles. The Trust had a strong aspiration for the resulting building and service to be a benchmark for future mental healthcare environments and

to be recognised nationally as the leader in young people's care. The development allows separation of each group in individual residential buildings while the services offered in the Activities and Recreation Centre and shared external areas foster integration between the different groups, as and when appropriate.

Design and procurement

Architects were Medical Architecture, with Laing O'Rourke as Principal Supply Chain Partner under NEC3 NHS ProCure21 contract. Regarding the design, the team (including NTW clinical and estates personnel) visited recent CAMHS facilities and took lessons learnt from other Trust projects, particularly in terms of anti-ligature design.

It was agreed from an early stage that the environment should be appropriate to the needs of the young people and move away from a clinical appearance.

The art strategy was developed during weekly education and art sessions directly with the young people, while monthly forums allowed them to voluntarily come together as a group to discuss their ideas and keep informed regarding the design and build process. This group forum was a successful precursor to the integrated arrangement to follow, encouraging young people from different wards to spend time with one another, and influenced the design of the internal environment.

Brief description of the project

Forty beds are accommodated across four single-storey wards, all of similar design but accommodating differing bed numbers and some internal rooms specific for each patient group. The wards are physically linked externally but not interconnected. The two-storey Activities and Recreation Centre sits across from the entrance to each ward, separated by an outdoor pedestrian area "The Street". Shielded from the outside world by the activity centre and overlooked by the staff areas at first floor, "The Street" creates a safe and private outdoor space for patients to move between buildings, encouraging a sense of community that divides "home" from "school" and allows the users a sense of structure to their day. The Activities and Recreation Centre accommodates a large three-court sports hall, youth club, therapy rooms and classrooms. Staff offices are on the first floor, allowing all of the accommodation at ground-floor level to be accessed by the young people.



Operational outcomes

Outstanding CQC report.

Outstanding Ofsted report for the school facility.

What works and what does not work?

Ferndene was designed with the involvement of service-users, their carers and children and young people from the local community.

Developing the design with detailed input from the young people has resulted in a building that responds directly to their needs. It cleverly avoids characteristics of a traditional mental health building whilst providing a safe, therapeutic and rehabilitative environment.

Involvement (from a very early stage of development) of Artstop Studios and a poet allowed seamless integration of the art strategy into the interior design and wayfinding strategy for the buildings, which continues to be very successful.

A one-court sports hall was originally planned for the scheme. This more than doubled in size in response to user consultation, to provide a large multi-purpose facility. This has been one of the measurable successes of the scheme to date, as it is not only used by the young people for sport and recreation on a daily basis but by the local community and school groups, alongside some of the young people, every week.



The facility makes the most of the extensive landscape of the mature site, benefiting the patient group enormously in terms of the generous outdoor space it provides for recreation and socialising. Each unit can spill out from day space into at least two private, secure courtyards, secured by the building's perimeter. To the south of each unit is a dedicated fenced garden and the remainder of the site is an open meadow, bounded by existing mature woodland, for supervised play.

Qualitative testimonials

“We are so pleased with Ferndene, it doesn't feel like a hospital and is a wonderful place to work. Fellow staff and young people have literally drawn gasps when visiting and that confirms how well it was designed and conceived. Thank you, thank you, thank you!”

Eddy Wilkinson, Education Activities Coordinator at Ferndene

Metrics

Dates

OBC, FBC, Start of operation: The project was in development from 2005. The scheme gained planning permission in Summer 2009, with construction commencing in October 2009 with the start of operation in Summer 2011.

Gross area

5347 m².

Construction cost

£27 million.