

19<sup>th</sup> December 2023

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Dear Rob,

### **Clinical Senate Feedback on the Proposals for Cambridge Children's Hospital**

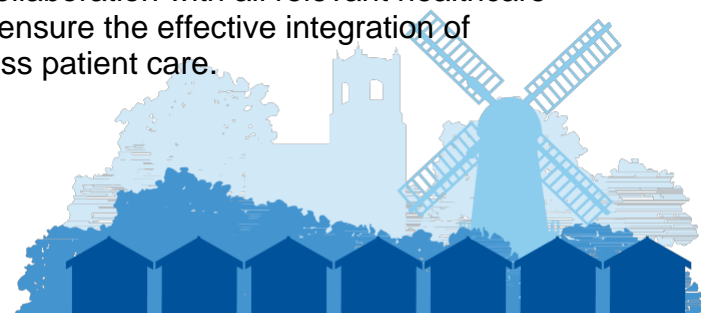
Although the proposals for a specialist Children's Hospital in Cambridge (CCH) do not constitute a "significant" variation in service provision from an NHS England assurance point of view, the East of England Clinical Senate Council appreciated the opportunity to review these and provide some independent informal advice.

Thank you to you and your team for responding so clearly and comprehensively to the areas for further exploration which emerged from a discussion of the CCH Regional Benefits paper on 27<sup>th</sup> November 2023 and for joining the Council Meeting on 5<sup>th</sup> December to give a presentation and answer questions.

I am pleased to advise that the Senate Council was impressed with the proposed integrated model of care to co-locate children's physical health and the Child and Adolescent Mental Health services in one place and create a much-needed Paediatric Centre of Excellence in the East of England.

However, as the proposals progress towards regional and national approval, Council suggests that it may be worth considering the following areas:

1. Ensure the proposals fully articulate which physical and mental health conditions will benefit from the integrated model.
2. Ensure the proposals appropriately address mitigation of the risks of treating children with severe mental health problems in this environment.
3. Prioritise meaningful engagement and collaboration with all relevant healthcare providers across the East of England to ensure the effective integration of services and the achievement of seamless patient care.



4. Ensure the proposals clearly articulate how CCH will be supported by well-developed networks and outreach services across the East of England, the access points for specialized services and how the proposals will help to reduce variations in the quality of care currently provided.
5. Ensure the proposals have sufficient office accommodation for Clinicians to be able to give virtual advice to colleagues, patients, and their families across the East of England.
6. Ensure an effective workforce plan is in place which outlines how to make the East of England an attractive place for Paediatric Clinicians to work in, whilst mitigating the risk of Clinicians moving to work in Cambridge from other hospitals in the East of England.
7. Ensure the proposals address the risk of patients being treated at CCH when they could be equally well treated for a particular condition by their local District General Hospital.
8. Council emphasised the importance of CCH supporting local District General Hospitals to provide high quality care whilst ensuring that the confidence of their local populations in that care is not diminished.
9. Council stressed the importance of considering a broader perspective by actively engaging and involving patients, parents, carers, voluntary and support organisations to create a comprehensive and sustainable healthcare solution for children in the East of England. This should include education and support for families.
10. Ensure there is mitigation in place should there be a delay in securing full funding for the capital cost of this project, including consideration of rising building costs and the sustainability of future funding.
11. Future-proofing the building's design wherever possible to ensure it is adaptable and can respond to potential changes in patient need and specialist service demands in the future.
12. Ensure there are robust plans in place to adjust the number of beds and optimise capacity according to clinical need in the future e.g. sufficient Paediatric Intensive Care Unit beds.
13. Ensure the proposals include a comprehensive examination of health inequalities beyond geographical disparities, for example by completing a health equity audit. This should examine and address inequalities of access, experience and outcomes for a range of different population groups including inclusion health groups, those with protected characteristics and socioeconomic disparities, as well as geographical variation.



14. Ensure the proposals address the difficulty of some patients and their families travelling to Cambridge especially from some rural / poorer areas in the East of England.
15. Ensure there are robust plans in place to support the transition of 16-18 year olds to adult services, especially for services such as eating disorders.

The Senate Council enjoyed the discussion on 5<sup>th</sup> December and hopes that the above comments, especially when combined with the queries raised at the 27<sup>th</sup> of November meeting, will be helpful in further developing this important regional project. However, if you have any questions or require clarification of any of the points raised, please do not hesitate to contact us.

The Senate Council wishes you every success with this new integrated model of care which will benefit children and their families across the East of England. However, if our support would be useful at any stage of your continuing journey towards delivery and implementation, please do not hesitate to contact us as we are always very pleased to offer an independent perspective.

Yours sincerely,



**Dr Sunil Gupta**  
**East of England Clinical Senate Vice Chair**

cc Malcolm McFrederick, Cambridge Children's Hospital Programme Director  
Chris McNicholas, Deputy Project Director for CCH  
Isobel Heyman, Consultant Child & Adolescent Psychiatrist, Clinical Co-Lead for CCH  
Vicky Amiss-Smith, Lead Nurse for Cambridge Children's Project  
Laura Cook, Deputy Head of Strategic Change, NHSE, East of England

