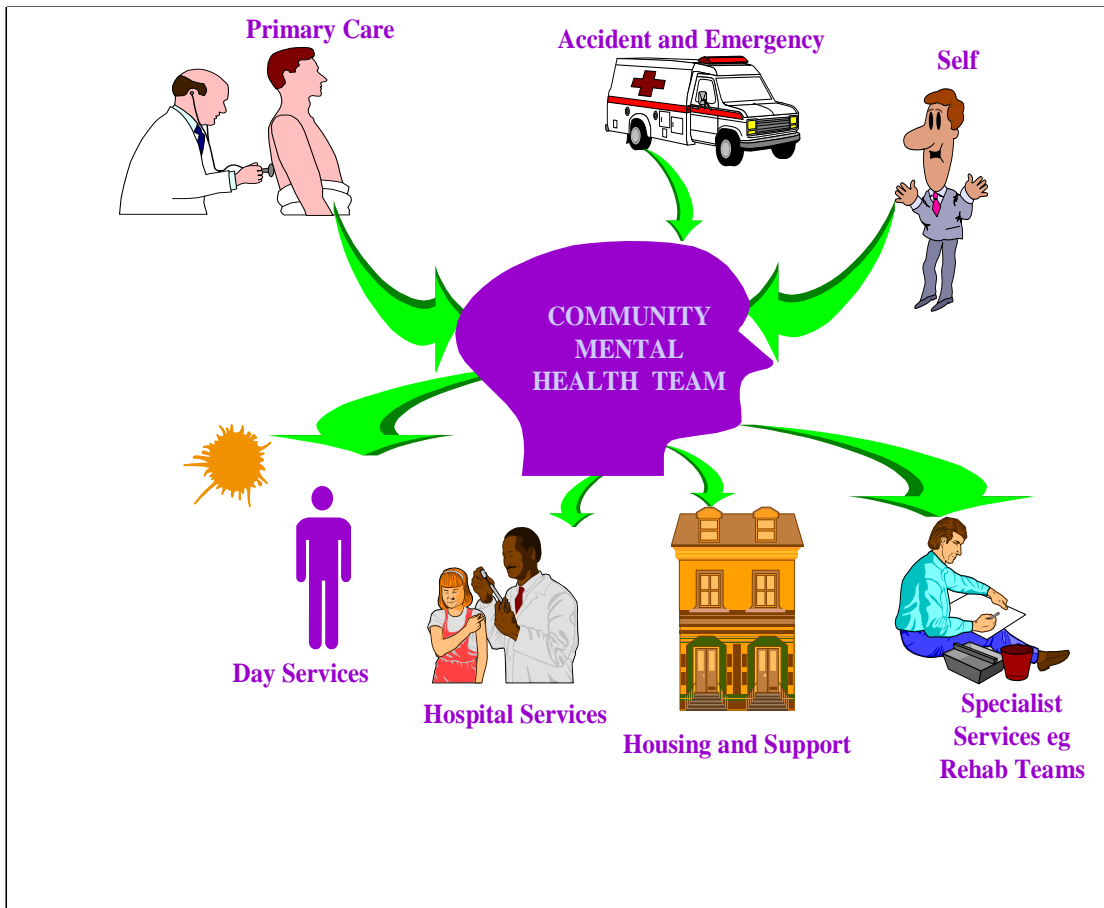


Executive Summary

1. Introduction

The Cambridgeshire and Peterborough Mental Health Partnership NHS Trust, and its predecessor organisations, has been successfully reshaping the provision of its Mental Health Care services to improve the services provided to mental health users and to reflect the service specifications of national and local strategies. The service flows and integral components of the service are reflected in the following model:



Within the Peterborough locality of the Trust, as part of this reshaping of services, a number of community developments have taken place over the past few years which have strengthened the community infrastructure in the locality, including the development of Assertive Outreach teams, the beacon award winning Mental Health Assessment Team, the extended hours service in Rehabilitation and a supported accommodation project which opened in November 2002. These developments mean the service can now offer 7 day per week community services to the mental health service user base.

The key remaining phase of this reshaping initiative in the locality has involved a detailed review of Adult and Older People's Psychiatric In-patient Services. The review identified the need to redevelop the in-patient services in Peterborough to meet the standards in the National Service Frameworks and replace the fragmented, conditionally poor and inappropriate accommodation currently being used.

The current in-patient service provision in Peterborough is wholly inadequate to meet the needs of the mental health service user in the 21st Century. It is spread across three sites, Edith Cavell

Hospital (ECH), Peterborough District Hospital (PDH) and the Gloucester Centre. The Adult Mental Health facilities at ECH and PDH are completely unsuitable environments to provide mental health services, as they were originally intended for non-mental health client groups and have resultant problems associated with poor design for observation, inability to facilitate single sex accommodation and critical shortage of facilities to operate true therapeutic activity.

The very fact that the sites are 3 miles apart means that medical cover out of hours is stretched beyond acceptable levels.

In July 1999 the NHS Executive approved a Strategic Outline Case (SOC), presented by the North West Anglia Healthcare NHS Trust (a predecessor organisation to the current Trust), for a £14 million capital project to relocate all Adult and Older People's Psychiatric In-patient Services within Peterborough in a new facility on the Edith Cavell Hospital site.

The Cambridgeshire and Peterborough Mental Health Partnership NHS Trust has prepared this Outline Business Case (OBC) as the next stage in the approval process. The project aims to create a framework of in-patient services which, together with the community and social services, will:

- Meet the diverse and complex needs of those with a mental illness;
- Respect the needs, rights and dignity of the individual;
- Be safe, effective, accessible and supportive;
- Meet the National Service Frameworks (NSF) and NHS Plan; and
- Pave the way for service developments based on best practice

The Trust identified a number of Clinical Principles to be adopted within the scheme and therefore this OBC:

- Dynamic Cultural Change, *not just moving current practice to a different site!*
- Common clinical philosophy
- Socially Inclusive
- Community Focussed
- Care needs / Safety needs focussed rather than age
- Skills sharing across traditional clinical divides

Since approval for the SOC was received, the project has expanded to include the provision of 10 acute in-patient beds for adults with learning disabilities who exhibit extreme challenging behaviour. This will facilitate access by the person with a learning disability to the full range of mental health facilities in a socially inclusive, non-discriminatory way. Again the previously mentioned issue of distance between Gloucester Centre and other sites would be overcome by locating this learning disability facility within the scheme.

This now means that the service package covered by this OBC is as follows:

- **Adult Acute**
 - ◇ In-Patient Mental Health Services
- **Older People's Mental Health**
 - ◇ In-Patient Services
 - ◇ Out-patient Services
 - ◇ Community Services Base
 - ◇ Service Management

- **Adult Learning Disabilities**
 - ◊ Challenging Behaviour / Dual Diagnosis
- **Various Support Services**

2. Objectives of Scheme

The modernisation and development proposals for mental health services, outlined in this OBC, are based on the following objectives:

Clinical Effectiveness	Promote good practice and improve health outcomes for people with mental health needs and learning disabilities by delivering safe, effective services, founded on evidence-based standards.
Flexibility	Increase informed choice for patients and their carers by providing a range of therapeutic and support interventions with flexible levels of care and support to cater for changing needs.
Service Users	Improve the quality of life for people with mental health needs and learning disabilities by providing appropriate environments of care which reduce stigma, promote social inclusion and are conducive to good mental and physical health.
Accessibility	To support the Community Mental Health Services by providing readily accessible and appropriate in-patient and out-patient services.
Staffing	To provide a working environment which aids the recruitment and retention of staff, and affords staff every opportunity to use and develop their skills for the benefit of patients, providing opportunities for all disciplines to interact at formal and informal levels.

3. Summary of the Short-Listed Options

A long list of ten options was reduced, through an initial assessment process, to six for the SOC. These six, through a further assessment process, have been reduced to three. A DO NOTHING 'option' has been utilised to establish a base line for the option appraisal exercise.

The short-listed options for the SOC and OBC are:

SOC OPTIONS	OBC OPTIONS	DESCRIPTION
Option 1 Minimal statutory upgrade Option 1a Redesign & extend existing facilities	Option I	Do minimum , the minimum required to meet the core clinical and statutory requirements, while remaining sustainable. This involves the expansion and upgrading of the existing facilities.
Option 2	Option II	Fenland Wing and New Build , a mixed development

<p>Fenland Wing two floors and Small New Build</p> <p>Option 2a</p> <p>Fenland Wing ground floor and New Build</p> <p>Option 2b</p> <p>Fenland Wing ground floor & New Build</p>		<p>on the PDH West site, with Fenland Wing re-modelled and expanded to accommodate Adult and Older People's Services and The Gables expanded to accommodate Learning Disability Services.</p>
<p>Option 3</p> <p>New Build Green Field site</p>	<p>Option III</p>	<p>New Build ECH, an entirely new development on the Edith Cavell Hospital site, providing a fully integrated facility for all three clinical services with direct access to a complex range of supporting resources.</p>

4. Capital and Revenue Costs

The capital and revenue costs for each option have been assessed using the current cost base (2002/03) and MIPS 360 FP. These costs are :

Option	Capital Cost (£m)	Change in Revenue Cost (£m)	Total Revenue Cost (£m)
I Do minimum	£ 18.2 m	£ 2.0 m	£ 7.4 m
II Fenland Wing & New Build	£ 17.8 m	£ 1.5 m	£ 6.9 m
III New Build ECH	£ 23.8 m	£ 1.8 m	£ 7.2 m

The financial appraisal has identified the cost impact of the options on the Trust's cost base. The local commissioners have agreed the preferred option is affordable within the expected level of growth in funds available to the Primary Care Trusts.

5. Non-Financial, Economic, Financial and Facilities Appraisal

Non-financial, economic, and financial appraisals have been conducted on the three options using current guidance and methodology. The summary results of these are in Table 3:

Option	Benefit Score (Max 100)	Change in Cost Base (£m)	Benefit to Cost Ratio (Higher =better)	NPC at 6% (£M)
I Do minimum	10.4	£ 2.0 m	0.52	103.2
II Fenland Wing & New Build	26.7	£ 1.5 m	1.75	102.3
III New Build ECH	88.2	£ 1.8 m	4.78	104.6

The non-financial benefit appraisal of the short-listed options clearly indicates the preferred option is the New Build at ECH. In comparing the financial appraisal with the benefits appraisal the New Build option provides, by far, the most favourable outcome. The economic appraisal indicates option 2 as the most economic, although the variation in the appraisal over 60 years is insignificant.

An analysis and appraisal of the three options within the OBC against a number of the national facilities guidance appropriate to mental health facilities is detailed in the following table:

Option	Estate Statutes	Guidance Segregation	Guidance Ext.	Guidance Locations	Guidance Clinical	Guidance Environ – mental	Ground Floor	Single Location MH	Single Location MH & Acute
<u>Option 1</u>	✓	✓	X	X	40%	30%	X	X	X
<u>Option 2</u>	✓	✓	30%	60%	90%	90% will reduce if PDH is re- Sited in 2006	X	75%	Will not meet guidance if PDH is re- sited in 2006
<u>Option 3</u>	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ = Full Compliance
X = Non compliance

This analysis again comes out strongly in favour of the New Build – ECH option.

6. The Preferred Option

The preferred option is option 3, New Build on the ECH site. This is the preferred option due to:

- Meets all the project objectives;

- Fully complies with national and local strategies and the Local Delivery Plan;
- Has the highest benefit score on all four measures;
- Provides the highest benefit to cost ratio;
- Is affordable to the local health economy;
- Offers the most attractive profile to a potential PFI partner

7. Commissioner Support

The development work which supports this OBC has been undertaken in a fully inclusive way with service users and carers, Trust staff, PCT's, and other local agencies being fully involved in the service planning.

The commissioning Primary Care Trusts and the StHA have agreed the assumptions which underpin this OBC and given their support to the project. The Primary Care Trusts have agreed to provide the additional funding to ensure the Trust can successfully deliver the project. Local GPs and the Trust's senior clinical staff also support the development.

8. Project Execution

The Trust anticipates the Full Business Case (FBC) and PFI procurement process will take 18 months to complete, based on taking advantage of the standardised documentation and the early experience from schemes using the standard contract and procurement documentation. The construction time is estimated at 24 months. Assuming the OBC is approved by April 2003 the Trust expects the new facility to be operational by March 2007.

There have been significant changes in the local health economy since the SOC agreement for this scheme was secured. The Trust has recognised the efficiencies of taking this development forward as part of the Greater Peterborough Health Investment Plan, and the management structure supporting this project, and utilised to finalise this OBC, will continue in place to meet the requirements of the PFI procurement process and the development of the Full Business Case. The Trust is committed to completing the project in the shortest time possible utilising staff and advisors with suitable private finance experience to ensure this is achieved.