

CHAPTER 3 - PROJECT OBJECTIVES AND SCOPE

3.1 Introduction

This chapter of the OBC details the objectives for the project, the benefits it will bring to the people of Peterborough and North Cambridgeshire and the constraints that must be met. The scope of the clinical services covered by the project and the outputs required from them are also covered.

3.2 Project Objectives

The project objectives have been derived from the Local Delivery Plans and the Trust's Strategic Direction. These have been tested to ensure they are Specific, Measurable, Achievable, Realistic and Time-based (SMART).

The objectives are:

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.
Quality Of Care	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.

3.3 Service Gains and Benefits

The benefits criteria and service gains used to assess the proposed service developments contained in this OBC are listed below:

Criteria	Key Elements
<p>1. Clinical Quality and Safety</p> <p>Care will be provided in a setting that meets the clinical needs of the patient</p>	<p>A. Patients are provided with safe clinical care that is of a high quality and appropriate to the patients needs.</p> <p>B. The support services are of a high quality.</p> <p>C. Services can be managed in an effective and efficient manner</p> <p>D. There is ready access to clinical support services</p> <p>E. Staff have the ability to control activity and access within the unit</p>

Criteria	Key Elements
<p>2. Patient Environment</p> <p>Care will be provided in a setting that meets the social and personal needs of the patient</p>	<p>A. Care will be provided in a high quality therapeutic environment that is warm, dry, domestic in scale and non-institutional</p> <p>B. Patients will have access to private space away from the ward environment and other patients</p> <p>C. Patients will feel secure and safe and free from the risk of harm by others.</p> <p>D. Patients will have access to varied occupational leisure and support facilities</p> <p>E. Patients can choose whether to associate with persons of the opposite gender.</p> <p>F. There are facilities for visitor to meet with patients in public and private.</p>
<p>3. Flexibility</p> <p>The services will be capable of developing inline with changes in case-mix, service provision and clinical developments.</p>	<p>A. The capacity of the service can be changed</p> <p>B. The facility can accommodate changes in patient mix</p> <p>C. New services can be introduced</p> <p>D. New technology can be introduced</p> <p>E. The accommodation can be easily re-modelled to accommodate changes in service requirements.</p>
<p>4. Staff</p> <p>To provide every opportunity for staff to use and develop their skills.</p>	<p>A. The provision of integrated training resources and space.</p> <p>B. Opportunities for formal and informal interaction between disciplines.</p> <p>C. Provision of facilities that allow staff to utilise fully their skills for the benefit of patients.</p> <p>D. Support for the recruitment and retention of staff.</p>

3.4 The Case for Change

The existing health estate is a significant obstruction to the provision of high quality, effective and efficient In-patient Mental Health services in the Peterborough locality.

The operational difficulties caused by the current estate configuration and condition have been covered in Chapter 2, Section 2.8. The benefits of new facilities in the provision of in-patient services also include:

- The new, evidence based, service models could not be implemented fully in the current facilities and will improve clinical effectiveness, reduce untoward incidents and eliminate the need to transfer patients between services for other than clinical reasons.
- The services and facility will provide the degree of flexibility required to meet changes in demand, case mix and models of care. There will also be better integration with other service providers including Social Services.
- The quality of care will increase as care is provided in a therapeutic setting that is appropriate to the patients needs and is based on the requirements of the NSF's.
- Clinical, patient and staff safety will increase with the elimination of out-dated and inappropriate buildings and the provision of adequate space for in-patient care as required under Mental Health National Guidance.
- Patient's social and personal needs will be fully met in an environment that respects their dignity, privacy and security,
- Services will be more accessible to patients, carers and visitors.

These benefits cannot be fully delivered from within the current facilities. The fragmented nature of the services and the poor quality of the facilities are a constraint to achieving the national performance targets and Patient Environment standards.

The Trust is continuing to invest in the existing facilities and will make essential improvements. However, the NHS Executive has agreed the Trust will not be able to meet fully the standards for gender separation within the In-patient facilities in this locality until the developments outlined in this project become operational.

3.5 Constraints

The development of the facility has taken into account the following operational constraints and mandatory requirements:

- All In-patient accommodation should be in single rooms with en-suite facilities.
- All In-patient areas should have ready access to private external space.
- All In-patient areas should be located on the ground floor.

3.6 Scope of Clinical Services

The clinical services covered by the project are:

- Adult acute In-patient psychiatry, excluding long-term rehabilitation services, high security provision in accordance with health service guidelines and persons under 16.
- Older People's In-patient, and Out-patient psychiatry, excluding persons over 65 who are predominately physically ill.
- In-patient and Out-patient learning disabilities, excluding high security provision.

3.7 Output Specifications

The Service Planning Teams have produced clinical output specifications for the services to be provided in the new facility. These specifications have been drafted in accordance with the NHS Executive PFI Guidance and Treasury guidance on specification writing. Copies of the clinical output specifications are contained in Appendix C.

3.7.1 Clinical Output Specifications

The Service Strategy for Mental Health Services for the Trust recognises the inter-dependant nature of services and the need to invest in both Health and Social Services community infrastructure. This changes the traditional role of hospital services, which will provide in patient services to only the most dependent and clinically necessary cases. The Sainsbury Centre report on acute psychiatric care advised, "Higher community investment does not remove the need for hospital services. It does however reduce the frequency that patients use them and it does minimise their length of in-patient stay".

The role of in-patient services can be summarised as follows:

- Support community services in managing the most difficult patients.
- Managing patients care when community alternatives have failed.
- Minimising the impact of the acute phase of an illness on a patient and their family.
- Optimising the use of local in-patient provision to support community based alternatives to admission.

- Utilising local hospital services may enable patients to maintain their local community contacts.
- Utilising local hospital services enables access to specialist tertiary providers serving a far wider population.

3.7.2 Service Standards

At the centre of the health strategy for Mental Health Services is the development of a whole health system. This involves the dual task of improving the quality of acute care, while developing community and social services. Within these two tasks there are a number of common themes:

- The improvement of the nation's health and the reduction of inequality.
- Putting the patients' needs at the centre of the service.
- Ensuring faster and more equitable access.
- The integration of NHS and Social Services through partnership working.
- Basing services on best practice and ensuring they are clinically safe, effective and efficient.
- Ensuring services are responsive and flexible to changes in demand.
- Locally the Health Authority, Social Services, Primary Care Trusts and NHS Trusts have worked together to formulate development plans to meet the National Health Strategy and NSF. They also take into account the evidence produced by the professional and advisory bodies.

The services are expected to meet the following functions and needs :

- **Access** - Access by ambulance, car and public transport for patients, carers and visitors.
- **Safety** - Protection from self-harm and free of the threat of harm and actual harm by others.
- **Privacy, dignity and respect** - Respect for the individuals right to privacy and dignity free from disturbance from unwelcome visitors.
- **Shelter** - Accommodation in warm, dry, comfortable and homely surroundings.
- **Nutrition** - The provision of a range of foods and meal choices that meet individual nutritional and cultural requirements.
- **Symptom relief and medication** - Treatment and medication required to alleviate their medical condition.
- **Information and explanation** - For patients and carers to understand the nature of their illness and make informed choices.
- **Religious, cultural and ethnic needs** - The acknowledgement of patients' religious, cultural and ethnic needs and facilitating acts of worship.
- **Social contact** - The participation and enjoyment of the social aspects of life.
- **Recreation** - Encouragement to undertake productive and fulfilling pastimes and activities.
- **Personal care and hygiene** - Access to facilities for acts of daily living and Primary Care services.
- **Self-determination and empowerment** - The right to take control of decisions that affect their lives.
- **Mobility** - The ability to choose where they wish to go and to get there under their own power.
- **Money** - The means to procure some of the normal items that are not automatically provided by the organisation including help with organising their financial affairs.

- **Solitude** - The ability to choose not to be in the company of others.
- **Self-esteem** - The development of a positive self-image as a valued member of society.
- **Early Intervention** - The early detection of any clinical condition and initiation of appropriate treatment.
- **Skills** - To re-acquire daily living skills lost as a result of their illness.
- **Support** - By professionals and carers who understand their needs.
- **Therapy** - The provision of and participation in therapies that will improve their condition and help towards leading independent lives within the limitations of their enduring condition.
- **Clinical Supervision** - Observation, support and intervention by clinical staff to help patients become well and stable enough to cope with normal daily living.
- **Limits and Boundaries** - Understanding the limits and boundaries their condition imposes on what they can do and where they can go.
- **Personal Relationships** - To develop and maintain personal relationships with others.
- **Sexual Needs** - To be able to express themselves sexually.
- **Representation** - To be supported by advocates who represent their needs and rights.
- **External Recreation** - Access to safe external space for recreation, play and leisure time.

3.7.3 Overview of Care Culture

The fundamental, care culture within the unit will be one of social inclusion. This means that user group segregation will be based upon safety and user needs rather than the traditional diagnostic groupings. To meet this care culture the unit will comprise of: -

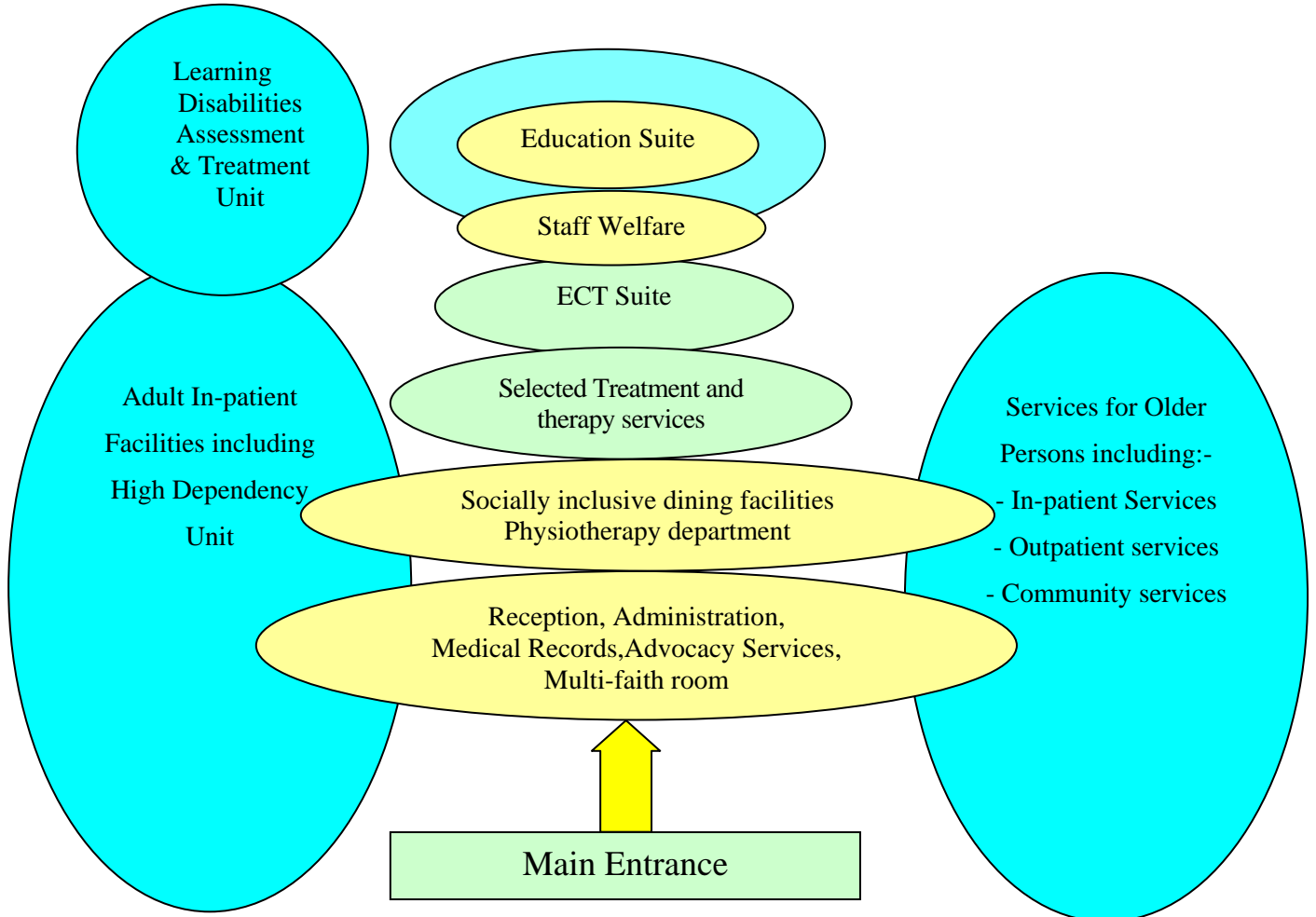
- An In-patient facility for persons over the age of 16 years whose care needs and safety requirements are similar. These will be referred to as Adult In-patient Facilities.
- Services for those persons of an older age group whose care needs and safety requirements are such that they present a level of vulnerability from younger adults, which dictates that they should be cared for in a separate environment. These will be referred to as Services for Older Persons.
- Services for those persons whose care needs and safety requirements are such that they present a level of vulnerability and risk due to their learning disability, which dictates that they should be cared for in a separate environment. These are referred to as Learning Disability Services.

These Services will be supported by:

- A shared reception
- A central medical records
- A multi-faith centre
- Socially inclusive dining facilities
- Staff welfare areas
- An out-patient suite incorporating ECT
- A centralised physiotherapy department incorporating gymnasium and jacuzzi
- A pharmacy/ dispensary
- An academic department

It is considered appropriate that these units should be conceived as an integrated campus with certain aspects of the facilities being physically separated and others forming a connected unit, joined by accommodation shared between areas.

The relationships and potential shared areas are shown diagrammatically below:



The form of the building should be arranged to produce enclosed external amenity gardens, which can be accessed directly from the patient areas.

The numbers of access points to and from should be kept to a minimum. With the exception of emergency escape routes and hotel services planning, there should be a main entrance for clients, visitors and staff. There will also be subsidiary entrances for patients who require special privacy at the time of admission.

The overall proposals should not compromise the provision of a safe and therapeutic environment for patients and staff and should still allow designers to achieve an ambience comparable to a domestic or hotel environment.

3.7.4 Philosophy

The philosophy is to provide appropriate assessment, treatment and care for service users. Each patient's care package will focus upon their specific individual mental health care needs and safety requirements, this being facilitated via the principles of an integrated Care Programme Approach/Care Management philosophy. This will include provision for their social, recreational and psychological needs. In addition the philosophy aims to provide comprehensive Mental Health Services as part of a community focussed service, which is further strengthened by true partnership with Primary Care and user groups.

The philosophy will be developed to provide a caring sensitive approach which remains responsive to local needs and which respects the individual's right to privacy, dignity and choice.

Whilst each individual area will have specific clinical policies, to meet the specific care needs and safety requirements of the users, the unit as a whole will have common operational clinical policies which facilitate the use of evidence based best practice and promote the principle of full social inclusion. The operational clinical policies within the whole facility will be structured around the following Core Processes:

- Admission - Gathering and recording patient information, setting up the patient record and initiating the care process.
- Orientation - Introducing the patient to the ward environment, facilities and staff to ensure the patient feels welcome and at ease.
- Engagement - Informing the patient of the care processes and making them a part of the process through their active involvement.
- Assessment - Determining the patient's mental and physical conditions, current medication and treatment, degree of self-care and independence and potential best health and well-being.
- Care planning - Determining the type, frequencies and duration of interventions required to achieve the patient's potential best health and well-being.
- Advising - Helping patients and carers to resolve issues for themselves, and make choices about their care.
- Implementation - Undertaking specific treatment, therapy and other interventions, educating and health promotion on the management of illness, medication and therapies.
- Referral - To other agencies for care, treatment and support.
- Therapy - Providing a range of therapies and varying environments to stimulate the body, mind, memory and cognitive skills.
- Monitoring - Meeting in multi-disciplinary teams to evaluate the patient's progress against the care plan and adjusting the treatment as appropriate.
- Discharge planning - Planning the discharge process and support required for the patient to live in the community.
- Bereavement - Counselling and supporting carers and relatives through the early stages of the bereavement process and advising on more long-term support where required.

3.7.5 Shared Services

Many services within the facility will be of a shared nature. This will promote the culture of social inclusion and allow for the development of extended multi-user provisions such as shared social activities across a wider therapeutic day. These will include dining, medical records, reception & entrance, staff welfare and academic facilities.