

CHAPTER 5 - THE PREFERRED OPTION

5.1 Introduction

This chapter contains a full description of the preferred option, the benefits it will provide and how sensitive it is to changes in costs and activity levels. Details of the consultation process, approvals and support received from the Primary Care Trusts are also included.

5.2 Description of the Preferred Option

The preferred option comprises a two-storey development totalling 8,450m² located on the Southern part of the Edith Cavell Hospital site, two miles Northwest of the City centre. See Figure 4. This is a Greenfield site with no unusual ground conditions or contaminated land.

Figure 4 - Ariel View of the ECH Site Development Zone and Surrounding Environs



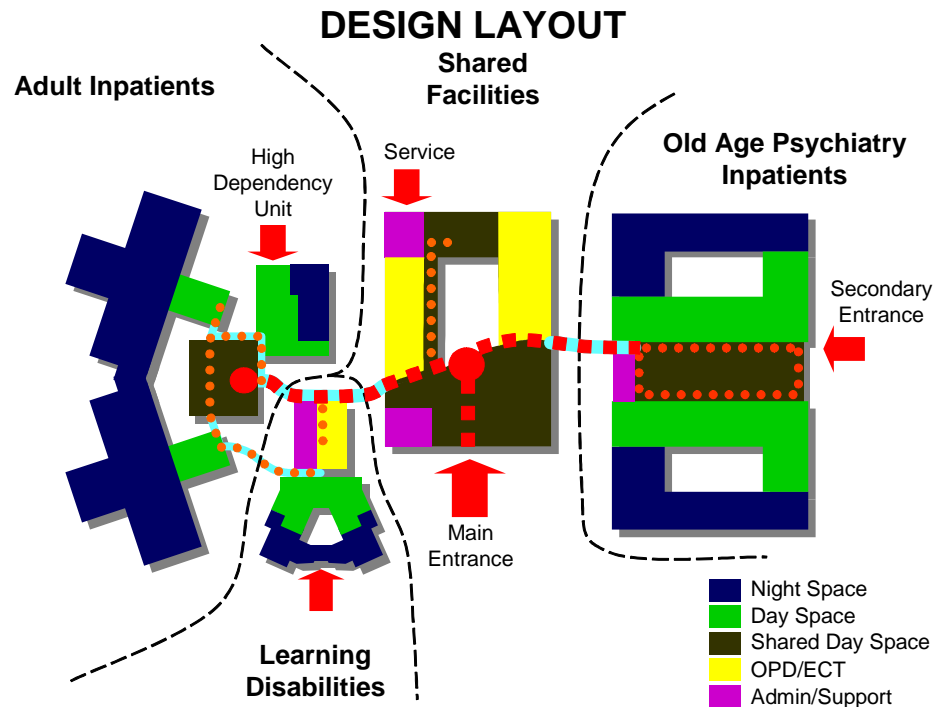
The development is based on a series of individual departments linked to a central area that includes all the shared services and resources. Outline sketches of the design for the preferred option is contained in Appendix I.

Each department will comprise clusters of single rooms supported by local social and domestic space. These In-patient areas are also linked to the main therapeutic and support areas within each department. Supporting all the services within the building are a number of shared facilities, including:

- Central patient, staff and public dining facilities providing a choice of counter and table service, and staff coffee lounge.
- A gymnasium, activity room and Jacuzzi linked to the physiotherapy facilities.
- Cash Office.
- Staff facilities, including meeting and seminar rooms, education facilities and central locker and changing rooms.
- Secure garden areas providing a mix of environments and opportunities for activities.

The design layout of the preferred option is shown in Figure 5 below.

Figure 5 – Design Layout of the Preferred Option



The development would be constructed in a single phase and occupied without the need for any decanting of current services and therefore without any impact on the ongoing provision of mental health services. Furthermore there will be minimal transitional costs or enabling costs under this option.

Although mainly self-contained, for the purposes of the Public Sector Comparator³³, it is assumed some services will be provided from the main Edith Cavell Hospital on the site. These include:

- Main kitchen and food production, excluding the locally provided patient, staff and visitor dining facilities.
- Telephone and telephonist services.
- Pharmacy services, excluding the pharmacy office and small local drug store required to support the mental health pharmacy team.
- Controlled waste disposal.
- Estates and maintenance services
- Car parking management and supervision.

5.3 Benefits

The option appraisal has identified the qualities that make the New Build at ECH the preferred option. These are:

- Ensures maximum clinical safety and quality.
- Provides the highest benefits to cost ratio.
- Provides services and facilities focused on the clinical, social and personal needs of the patient.

- Meets all the standards.
- Will create a working environment in which staff can make best use of their skills and knowledge, provide opportunities for professional development and help to retain and recruit qualified staff.
- Provides greater flexibility in the use of staff and facilities plus scope for future developments.
- Provides a level of access to other acute healthcare services not achievable with the other options.
- Ensures minimal interruption to the provision of patient care during the construction phase.

5.4 High Cost Elements of the Option

The preferred option does not include any elements that are more costly to deliver when compared to the other short-listed options.

5.5 Statutory Consultation

The consultation process for the OBC has been a full and inclusive process from its initial inception as a Strategic Outline Case through to the process for obtaining health commissioner support for the OBC as identified in Appendix L.

In considering the requirements of statutory consultation, as the original proposal for a mental health in-patient development is a long standing one, discussions were held with the North West Anglia Community Health Council. The main thrust of the proposal within the OBC is a co-location and redevelopment of in-patient services to the Edith Cavell Hospital as the preferred option. This was also the preferred option which was subject to an earlier major public consultation exercise as part of the integrated Private Finance Initiative proposal with Peterborough Hospitals Trust.

The development of an independent OBC in 1999 arose from the delay to the Peterborough Hospitals Trust proposals for its own services. Since the main proposal within this OBC has not changed since the original extensive public consultation and had included in its development presentations to North West Anglia Community Health Council, the latter has advised the Trust it does not feel that a wider public consultation is required on this occasion, since there is no significant change to the earlier proposal.

In addition to statutory consultation, the significance of this OBC to the local health and social services community has resulted in an inclusive partnership process to achieve support for it and the Preferred Option. This process has involved regular presentations over time to various 'partnership' arrangements, including :

- Peterborough Adult Mental Health Joint Development Group
- Fenland Adult Mental Health Joint Development Group
- Peterborough Older People's Joint Development Group
- Peterborough Joint Development Group for Learning Disabilities
- User representatives in all of the above
- Peterborough City Council Adult Programme Board
- Peterborough City Council All Party Policy Committee

Local Strategic Partnership for Peterborough City Council

Peterborough Empowerment Project (Adult Mental Health User Group)

A range of other user representative groups for Older People and the Learning Disabled.

Through the continuing dialogue within the local health planning system, as the OBC moves forward to the FBC stage, the work of the Service Planning Project Teams will continue to be reported and debated with appropriate inter-agency planning arrangements.

5.6 Support

The planned developments of mental health services, outlined in this OBC, have been developed in collaboration with the local PCT's responsible for commissioning the services. This has ensured the proposals are commensurate with the local and national strategies for modernising mental health services and that the proposals are fully supported. Attached at Appendix L in this OBC are formal letters of support from the Greater Peterborough Primary Care Trusts and the East Cambridgeshire and Fenland Primary Care Trust.

These letters are the culmination of the process described above in which the role and clinical principles of the in-patient redevelopment have been developed, matured and supported through an inter-agency service planning process in which all the relevant agencies, the Trust, service users, carers and the voluntary sector were represented.

The creation of this new in-patient development is seen as an important foundation in the implementation of the National Service Framework for Mental Health, the Older People's National Service Framework and the White Paper 'Valuing People' for the learning disabled population. Indeed, the latter two policies and the healthcare service developments of these are still being considered locally and yet the need for these facilities within these client groups has continued to be recognised and supported. The final work on the development of the community infrastructure surrounding the in-patient facilities is not quite complete, however, it has been agreed that the proposed size of the in-patient facilities are unlikely to significantly change since most of the further work on service infrastructure should be around community services. It has been agreed that through the development of Local Delivery Plans, the service strategies for Older People and Learning Disabilities will be finally agreed and therefore any impact on the requirements for this proposal can be taken into account through the development of the Full Business Case.

5.7 Suitability for PFI

The preparation of this OBC has been based on the assumption the procurement of the new facility will be through the Private Finance Initiative. This assumption is based on the attractiveness of the scheme to PFI consortia and the links with the development of the ECH Hospital site proposed within the larger scale Greater Peterborough Health Investment Plan. The single PFI procurement process will remove the risk of having multiple PFI partners operating on a single hospital site, ensure economy in procurement costs for both the NHS and the private sector and provide opportunities to gain from shared site services.

The characteristics of the project that make it attractive to potential PFI partners include:

- This is an entirely new project with none of the risks associated with the redesign, refurbishment and long-term maintenance of the existing buildings and building services.
- The development is located on a greenfield site that has no intrinsic problems relating to contaminated land, unsuitable ground conditions or planning restrictions.
- There are no access restrictions to the site.
- The facility will be self-contained and self-supporting.
- There are significant opportunities for innovative design.
- The package will include a range of non-clinical support services, which together with the hard FM services provide opportunities to add value to the contract.
- The Trust is committed to the PFI process and will work actively with the private sector to ensure a successful outcome to the procurement process.

The gathering of market intelligence during the development of the OBC has shown a level of interest which is likely to lead to a good response from the market for the schemes identified under

the Greater Peterborough Health Investment Plan. The Trust understands this market strength has been reaffirmed through informal contacts with potential consortia by the Private Finance Unit.