

CHAPTER 2 - STRATEGIC CONTEXT

2.1 Introduction

This chapter of the OBC sets out the national and local strategic context for the proposed development and the key benefits it will bring to those who make use of psychiatric services in Peterborough. Although the detail in the strategic review was limited to those services that come within the scope of the scheme, the impact on the whole health economy of North Cambridgeshire has been considered.

The Trust has consulted widely on the aims and objectives of the scheme and how these may best be met. Consideration has also been given to local demographic changes, the development of new models of care, new therapies and the quality of the service to be provided. Background information on the local health estate is also provided.

2.2 Background to the Local Health System

The Greater Peterborough health economy serves a population of approximately 285,000 in a mixture of city, market town and rural settings. The area has one of the highest rates of population growth in the country and the population will continue to grow in the future. Hampton in south Peterborough is the largest new township project in Europe. This high rate of growth is reflected in the catchment population, which will increase to 310,000 by 2010 and 340,000 by 2020.

2.2.1 Local Health Service Organisations

Five NHS Trusts serve the local population, three primary care trusts, the mental health services trust and an acute hospital trust.

Historically, patients of the Greater Peterborough area have benefited from a health system that performs well and has a reputation within the NHS for innovation and good management practice. The local health service organisations have a strong tradition of collaborative working and have undertaken many joint developments.

The PCTs

Two PCTs lie wholly within the Greater Peterborough health system, North Peterborough PCT and South Peterborough PCT. From December 2002 they have been operating under a single Chief Executive and management structure in preparation for future amalgamation. The North Peterborough PCT covers the area of the city that lies to the north of the river Nene and has a registered population of 85,000. The South Peterborough PCT covers the remainder of the Peterborough Unitary Authority area, plus a small part of Northamptonshire around the market town of Oundle. The registered population is 90,000.

The western part of the East Cambridgeshire and Fenland PCT also falls within the area of the health system, with the South Fenland patients looking towards the Peterborough locality for their Mental Health Inpatient support.

The Acute Hospital Trust

The Peterborough Hospitals NHS Trust was established in 1993 and provides a full range of acute services from three sites within the city of Peterborough.

The PDH site is the location for all emergency and trauma services, paediatrics, major diagnostics and the majority of the medical services. The PDH West site is the location for obstetrics, neo-natal intensive care and many support facilities. The ECH site is the location for the majority of elective services.

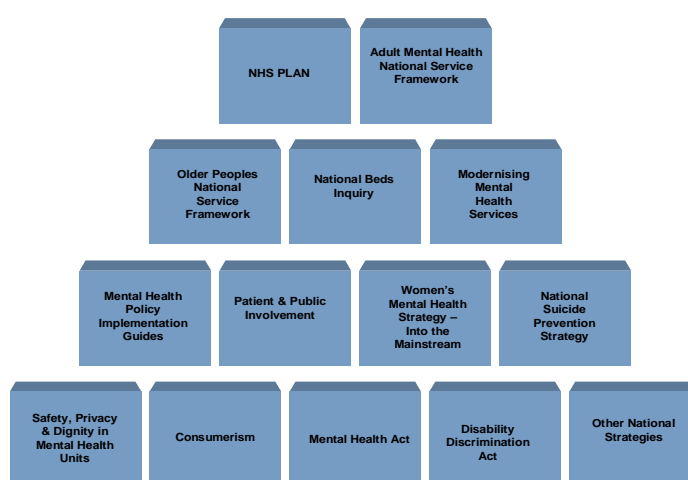
The Trust is currently pursuing an Outline Business Case proposal to rationalise acute services onto a single site, under the Greater Peterborough Health Investment Plan.

2.3 Overview of National Mental Health Strategy and the Strategic Drivers for Change in Mental Health Services

There are a number of national strategies relating to the general provision of healthcare, mental health services, and hospital facilities which provide the strategic drivers for change in modernising mental health services. With the appointment of the National Director for Mental Health in April 2000 there has been a real focus, a clear vision and a sense of direction in the policies and guidance issued to achieve this.

The key national priorities and guidance which has been considered as part of the development of the proposals detailed in this OBC are shown in Figure 2 below.

Figure 2 – The National Priorities



The National Service Frameworks have brought many of these strategies together, within comprehensive strategic policies and plans, which are supported by detailed implementation guides.

The national policy and frameworks to improve mental health services require :

“Services based on whole systems, which work effectively only when the component parts are all in place and balance”

Three key themes can be identified, from the national frameworks, which underpin this project:

- The need to ensure safe, focussed and supportive Mental Health Services
- The need to modernise services based on the needs of the patient and ensuring they are easily accessible, and
- The need to provide facilities that meet core standards for gender separation, safety, privacy and dignity, whilst providing a therapeutic and homely environment.

The following section provides a brief overview of national policies published since 1997 to date, which are applicable to the services encompassed within this project.

2.3.1 Developing Partnerships in Mental Health

The Green Paper, Developing Partnerships in Mental Health⁹ emphasised the need for close co-operation between statutory and non-statutory service providers by seeking the integration of health and social services at a local level. This policy has been developed further in later strategic plans

and addressed locally through the development of the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

2.3.2 The New NHS: Modern and Dependable

Among the many issues covered by the white paper *The New NHS: Modern and Dependable*¹⁰, was the continued emphasis on Primary Care, placing it at the heart of service provision and increasing its involvement and responsibility for commissioning. The White Paper also stressed the need for co-operation and partnership while keeping the commissioning and planning of services separate from operational management.

2.3.3 NHS Planning Priorities

NHS planning and priorities guidance in recent years has emphasised the importance of Health Commissioners and Trusts developing Mental Health Services. The 1998/99 guidance stated;

"In partnership with local authorities, GPs and services providers, including the non-statutory sector, to review and maintain progress on the effective purchasing and provision of comprehensive Mental Health Services to enable people with mental illness to receive effective care and treatment in the most appropriate setting according to their need."

The joint strategy and integration of services has continued to be a key part of the National Priorities Guidance in 1999/00-2001/02¹¹ and 2000/01-2002/03¹².

The 1999/01-2001/02 guidance set a new agenda for both health and social services with four key objectives:

- To reduce the incidence of avoidable illness, disease and injury;
- To treat people quickly, effectively and on the basis of need;
- To enable people who are unable to perform essential activities of daily living, to live as full and normal lives as possible; and
- To maximise the social development of children within a stable family setting.

The 2000/01-2002/03 guidance continued to focus on these four key objectives, setting specific targets for action and further service developments. One specific priority states;

"The Government wants health and local authorities to work together with a range of partners to improve care, support and independence for people with mental health problems and older people, and to improve services for vulnerable children."

The Priorities and Planning Framework 2003-06, Improvement, Expansion and Reform : The Next 3 Years¹³, continues the theme of making real improvements in healthcare through recruiting new staff, developing new services and creating new facilities. Improving the quality and range of services and outcomes in mental health services, older peoples services, and improving life chances for children continue to be health and social care priorities, along with improving the overall experience of patients. Local Delivery Plans to support the 2003-06 3 year planning cycle will be developed and will include the development of new Mental Health In-Patient facilities within the Peterborough locality as a key strategic component of the mental health and older people's plans.

2.3.4 Mixed Sex Hospital Accommodation

The NHS circular 'Mixed Sex Hospital Accommodation'¹⁴ set several deadlines for the elimination of mixed sex accommodation. (By 2002 95% of Health Authorities were to have eliminated mixed sex accommodation. This is not possible within the Mental Health In-patient units in the Peterborough locality without the implementation of this OBC.) The aim is to ensure the safety, privacy and dignity of patients is protected. All new developments must fully comply with these requirements and one of the main objectives of this new build scheme is to achieve the minimum standard established within this guidance.

In June 2000 specific guidance on mixed sex accommodation for Mental Health Services was issued. 'Safety, Privacy and Dignity in Mental Health Units'¹⁵ set targets for action and guidance on operational policies and ward design, including specific guidance on the design of new build mental health units to ensure the safety of patients and provide a safe and supportive environment. These targets encompass patients' rights and reiterate previous policy statements although there is a new

specific requirement to ensure that “*secure day rooms to which women patients only have access must be provided*” in all new-build mental health units, and these are included in the plans for this scheme.

The current in-patient facilities in the Peterborough locality do not meet the previous guidance on space requirements with an assessment of the current estate provision for these services, against the June 2000 guidance highlighting a 50% shortfall on recommended levels.

2.3.5 Modernising Mental Health Services

A key cornerstone of the national strategic direction for mental health services was established within the health guidance *Modernising Mental Health Services: Safe, sound and supportive*¹⁶. This guidance proposed that local mental health and social services provision should be:

- Safe – protect patients and the public and provide effective care for those with mental illness at the time they need it;
- Sound – ensuring that patients and service users have access to the full range of services which they need;
- Supportive – working with patients and service users, their families and carers, to build healthier communities.

The guidance required Health Commissioners, NHS Trusts and other service providers to:

- Jointly assess the mental health and social care needs of their population
- Audit present performance in Mental Health Services.
- Quantify significant gaps and pressures, and prepare Joint Investment Plans (JIP) to address them, agree local priorities for action, based on the strategy document and the emerging findings.

In addition to setting out the service objectives, the health circular also identified the actions required to ensure services for mental health patients meet the objectives of being safe, sound and supportive'. These are highlighted in Table 1.

Table 1: Actions required to support 'Safe, Sound and Supportive' services.

Safe	Sound	Supportive
Good risk management	24-hour access	Involvement of patients, service users and carers
Early intervention	Needs assessment	Access to employment, education and housing
Enough beds	Good Primary Care	Working in partnership
Better outreach	Effective treatment	Better information
Integrated forensic and secure provision	Effective care processes	Promoting good mental health and reducing stigma

Source: HSC(98)159, 1998

2.3.6 Capital Investment Strategy for the Department of Health

Although the ministerial objectives and associated funding do not specifically identify projects of the nature covered by this OBC, the values contained in the Capital Investment Strategy for the Department of Health¹⁷ are commensurate with the objectives of this project. Specifically the strategy states;

“To deliver a modern NHS, fit for the 21st century, we require buildings and equipment that are in the right place, in the right condition, of the right type and which will be able to respond to future service needs.”

2.3.7 National Service Framework for Mental Health Services

The National Service Framework for Mental Health Services¹⁸ (NSF) sets out a comprehensive agenda for Mental Health Services which acknowledges the need for a whole system of care. The NSF sets out the values against which Mental Health Services must be measured:

- Autonomy and respect
- User and carer involvement
- Accessibility
- Effectiveness
- Safety
- Accountability

The NSF contains seven broad standards that set global objectives for the services as opposed to fixed targets. The standards cover five key service areas, in accordance with the holistic approach adopted by the framework, as outlined in Table 2.

Table 2: The Seven Standards in the NSF

Mental Health Promotion	
1 Health and social services should:	<ul style="list-style-type: none"> • promote mental health for all, working with individuals and communities • combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.
Primary Care and Access to Services	
2 Any service user who contacts their primary health care team with a common mental health problem should:	<ul style="list-style-type: none"> • have their mental health needs identified and assessed • be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.
3 Any individual with a common mental health problem should:	<ul style="list-style-type: none"> • be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care • be able to use NHS Direct, as it develops, for first-level advice and referral on to specialist help-lines or local services.
Effective Services for People with Severe Mental Illness	
4 All mental health service users on CPA should:	<ul style="list-style-type: none"> • receive care that optimises engagement, prevents or anticipates crisis, and reduces risk • have a copy of a written care plan which <ul style="list-style-type: none"> – includes the action to be taken in a crisis by the service user, their carer and their care co-ordinator – advises their GP how they should respond if the service user needs additional help – is regularly reviewed by their care co-ordinator • be able to access services 24 hours a day, 365 days a year.

<p>5 Each service user who is assessed as requiring a period of care away from their home should have:</p>	<ul style="list-style-type: none"> • timely access to an appropriate hospital bed or alternative bed or place which is <ul style="list-style-type: none"> – in the least restrictive environment consistent with the need to protect them and the public – as close to home as possible • a copy of a written after care plan agreed on discharge that sets out the care and rehabilitation to be provided, identifies the care co-ordinator, and specifies the action to be taken in a crisis.
<p>Caring About Carers</p>	
<p>6 All individuals who provide regular and substantial care for a person on the CPA should:</p>	<ul style="list-style-type: none"> • have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis • have their own written care plan which is given to them and implemented in discussion with them.
<p>Preventing Suicide</p>	
<p>7 Local health and social care agencies should prevent suicide by:</p>	<ul style="list-style-type: none"> • in addition to standards 1 to 6, support local prison staff in preventing suicide among prisoners • ensure that all staff are competent to assess the risk of suicide among individuals at greatest risk • develop local systems for suicide audit to learn lessons and take any necessary action.

2.3.8 National Service Framework for Services for Older People

The NSF for Older People¹⁹ sets out a programme of action to deliver higher quality services for older people. It incorporates eight standards for the provision of services:

Standard One: Rooting out age discrimination

NHS services will be provided, regardless of age, based on clinical need alone.

Standard Two: Person-centred care

NHS and social care services are to treat older people as individuals and enable them to make choices about their own care.

Standard Three: Intermediate care

Older people will have access to a range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and councils

Standard Four: General hospital care

Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Standard Five: Stroke

The NHS will act to prevent strokes, working in partnership with other agencies where appropriate.

Standard Six: Falls

The NHS, working in partnership with councils, will act to prevent falls and reduce resultant fractures or other injuries in their populations of older people.

Standard Seven: Mental health in older people

Older people who have mental health problems will have access to integrated Mental Health Services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

Standard Eight: Promoting an active healthy life in older age

The health and well being of older people will be promoted through a co-ordinated programme of action led by the NHS with support from councils.

Although mental health is only mentioned in standard seven, much of the emphasis of the NSF is applicable to the project and the service models are continuing to be developed to take account of these issues. The local planning for implementation of this NSF is currently on-going and may result in amendments to the service model and content of the Older Peoples element of this proposed development. This will be revisited, with the support of health commissioners and partner social services agencies, at FBC stage, when the local planning work will have matured.

2.3.9 National Beds Inquiry

The National Beds Inquiry²⁰ identified gaps in the existing level of provision of in-patient beds for adults and children with a mental illness. The analysis shows:

- A substantial shortfall and imbalance in the number of beds for working age adults requiring specialist Mental Health Services.
- A significant shortage of medium secure beds for adults and young people, local intensive care provision and supported community places.
- These gaps result in over-use of high secure services and acute mental health beds.
- A large increase in beds for children and adolescents is required to meet estimated need.

Patients over 65 were considered in the review of general and acute services for older people due to their tendency towards multiple health needs. The Inquiry raises a number of questions on services for Older People's Mental Health that need to be considered before future scenarios can be fully explored. However, there is a general consensus that some older patients would be better served in an intermediate care setting than an acute hospital bed.

The inquiry considered the medium and long-term trends in health care and the potential impact on Mental Health Services. The three factors reviewed were:

- Population structure and changes in morbidity.
- Public and professional attitudes.
- Technological advances.

The conclusions of the inquiry for Acute Mental Health Services are based on high, central and low projections covering the period up to 2019/20. The probable outcomes for each scenario are:

- Low - fairly constant level of provision until 2004/05 and a slow decline in bed numbers thereafter.
- Central - a slight rise up to 2007/08 and a slight decline thereafter.
- High - a fairly constant rise in bed numbers throughout the forecast period.

For NHS long stay beds all three scenarios give a decline in numbers down to zero by 2008/09 with an equivalent increase in intermediate care beds. The result is a constant number of beds throughout the forecast period.

The overall conclusions of the inquiry for Mental Health Services are:

- In-patient beds will remain an essential element of any Mental Health Services. The number of beds required should be determined on the basis of local need and a balanced service system.
- There is a shortfall and imbalance in places for people with severe mental illness, particularly in medium secure and intensive care beds, and supported accommodation in the community.
- In some localities there are serious pressures on acute mental health beds, particularly inner cities. This is mainly due to inadequate access to secure accommodation or community based provision, not a shortage of beds.
- In the short term some local health communities may need to invest in additional acute beds.

- There are too few specialist places for children and adolescents with mental health problems, however the overall need is small.

2.3.10 The NHS Plan

The NHS plan reiterates the commitments already made within the national priorities guidance. In addition the NHS Plan reinforces the strategic direction laid down in the NSF for Mental Health Services

Mental Health

Significant additional funds have been made available nationally to speed up the introduction of the NSF for Mental Health Services. These resources are committed to the development of the community infrastructure required to support a comprehensive mental health and social care service, including the development of primary and community mental health care teams, assertive outreach teams, crisis resolution teams and early intervention teams. It is also recognised that hospitals will continue to play an important part in mental health care and an effective support system must get the balance right, between better community-based care and high quality, therapeutic inpatient care in good accommodation.

Older People

The National Plan emphasises the requirement to put the needs of older people at the centre of service delivery. It specifically identifies the need to:

- Assure standards of care,
- Extend access to services,
- Promote independence in old age, and
- Ensure fairness in funding.

Other Priorities

The other priorities identified in the National Plan which relate to this project are:

- Reduce the average age of the building stock and the value of backlog maintenance,
- Redesigning care around the needs of patients,
- Partnership working between the NHS and local authorities, and
- Empowering patients, giving more choice and protecting their rights.

2.3.11 Mental Health Policy Implementation Guide

To support the implementation of new mental health services in line with the NHS Plan and National Service Framework, a Mental Health Policy Implementation Guide was issued in March 2001. This guide describes the new services to be introduced and has been supplemented by further information in the Adult Acute In-patient Care Provision Guidance²¹ and the National Minimum Standards for Psychiatric Intensive Care Units and Low Secure Environments²² guidance which are particularly relevant to this project.

The Adult Acute In-patient Care Provision guidance reaffirms that acute inpatient care is a core and integral component of the NSF, and that improving adult acute inpatient care and its connections and integration with the other key elements of the whole system of care is a priority NSF implementation target. Indeed there is clear evidence within the guide, based on service user feedback, of concerns around current inpatient services and thus a key service user driver for change:

“For many service users previous experience of acute inpatient ward conditions and practice is such a negative experience that they may try to avoid contact with mental health services when acutely ill for fear of re-admission.”

The recommendations related to the ward environment and buildings within this guidance include:

- The physical inpatient environment and domestic arrangements must be organised to deliver a comfortable, relaxed, safe, and secure environment.