

Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

Summary of the Outline Business Case (OBC) for the New Mental Health In-patient Unit in Peterborough

1 Introduction

The Cambridgeshire and Peterborough Mental Health Partnership NHS Trust was established on 1 April 2002 following an extensive stakeholder review and consultation. It is an integrated health and social care Trust, and a designated Cambridge University Teaching Trust, bringing together mental health and specialist learning disability services, previously provided by two Social Services departments and five NHS Trusts. The Trust is also host to the Anglia Support Partnership which is the shared support services provider in the Cambridgeshire health system which itself hosts NHS Direct Anglia.

The Trust's boundary is broadly coterminous with Cambridgeshire County Council, Peterborough City Council and Peterborough and Cambridgeshire Primary Care Trusts' boundaries - covering approximately 1,400 square miles and a population of over 800,000. The Trust has an annual income of over £80million to provide services commissioned and funded by these organisations.

The Trust is managed on a locality basis with Area Directors providing the strategic and operational management of the services in the locality. The four localities are:

- Peterborough
- Huntingdonshire
- Cambridge
- East Cambridgeshire and Fenland

Within the Peterborough locality, the Trust has been working with the Primary Care Trusts and Peterborough Hospitals NHS Trust to re-shape the provision of its services to improve the services, provided to mental health users and to reflect the service specifications of national and local strategies. A number of 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 mental health service users. One of the key remaining elements of service development necessary to provide holistic integrated mental health services, is to address the fragmented, conditionally poor and inappropriate in-patient accommodation currently being used in the locality. The Outline Business Case (OBC) presents the case for investment to address this.

2 Strategic Context

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.

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

NHS Plan	Adult Mental Health NSF
National Beds Inquiry	Older People's NSF
Patient and Public Involvement	Valuing People
Disability Discrimination Act	Signposts for Success
Mental Health Act	Safety, Privacy and Dignity in Mental Health Units
Human Rights Act	Women's Mental Health Strategy
Modernising Mental Health Services	National Suicide Prevention Strategy

At the centre of the local health strategy for Mental Health Services is the development of a vigorous, integrated whole healthcare support system. This involves rationalising and 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, as locally in the creation of the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust, the Cambridgeshire Learning Disability Partnership and the Peterborough Learning Disability Partnership.
- Basing services on best practice and ensuring they are clinically safe, effective and efficient.
- Ensuring services are responsive and flexible to changes in demand.

The national guidance outlined above has provided considerable impetus to the development of mental health services in the locality, where significant new investment has been made to address the service gaps and modernise the local services in line with the national agenda. Developments have been supported by service users and carers where there has been some innovative work undertaken to ensure full engagement and involvement in the development process. Service users and carers are involved in the planning forums to develop strategies for mental health services, and the Trust has also piloted a Service User Employment Project which has resulted in the appointment of service users to Healthcare Assistant posts within the Adult Mental Health Service. This has brought a user focus to the sharp end of service delivery and added a service user perspective to the staff development programme. It also sets an example to other organisations in providing employment opportunities for people with mental health problems.

The development of new in-patient facilities for mental health services in Peterborough has formed a significant part of local strategies and development plans for several years. The importance of this has been increasing as the further development of community mental health services is beginning to be constrained by the poor support which is able to be provided within the existing in-patient facilities.

3 Project Scope

The OBC covers the provision of mental health in-patient services for the area of Peterborough and North Cambridgeshire, covering Adult and Older People's Mental Health Services, and challenging behaviour and dual diagnosis services for people with learning disabilities. The OBC also covers an outpatient and community team base for the Older People's Mental Health Service.

These services are currently based at the following locations within the city of Peterborough:

Adult Mental Health Services:

- The Gables, Thorpe Road - Acute In-patient Unit, 18 beds
- The Gables, Thorpe Road - High Dependency Unit, 3 beds
- Ward 5, Edith Cavell Hospital (ECH) – Acute In-patient Unit, 30 beds.

Older People's Mental Health Services:

- Ward 1, Edith Cavell Hospital – In-Patient Unit (Functional illness), 20 beds
- Dove House, Gloucester Centre, Orton Longueville – In-Patient Unit (Organic illness), 22 beds
- The Pines, Thorpe Road – Out-Patients
- The Pines, Thorpe Road - Community Team Base, including Medical, Psychology, Community Psychiatric Nurses and Medical Records
- The Pines, Thorpe Road – Service Management

Learning Disabilities

- The Larches, Gloucester Centre, Orton Longueville – Assessment and Treatment In-patient Unit, 10 beds.

4 Service Objectives

The objectives of the OBC are:

- To provide services which are clinically effective and safe and allow for the provision of individualised and therapeutic care;
- To provide services which meet the national and local priorities as set out in the National Service Frameworks and Local Delivery Plans;
- To provide in-patient services which are fully integrated with, and provide support to, community, mental health and social services;
- To ensure full compliance with the requirements for gender separation within in-patient facilities, to ensure patient dignity, privacy and safety is maintained, and to ensure statutory and national estates guidance is met;
- Elimination of the existing fragmentation and duplication of services;
- The provision of facilities designed for psychiatric in-patient care and ‘fit for purpose’.

5 The Case for Change

There are a number of issues within the current facilities which impact on the delivery of mental health services and means the requirements of a modern mental health service as outlined in the recent policy and guidance (see Section 2) cannot be met. The principal problems are:

- Inability to fully meet gender separation requirements within existing ward environments;
- No ability to offer ‘true’ women only services within the in-patient environment;
- Lack of ready access to a High Dependency Unit for all Adult In-patient Services;
- 50% shortfall in available accommodation against NHS Estates Guidance;
- Lack of appropriate accommodation to allow for a full range of therapeutic services;
- None of the present facilities were designed for psychiatric care and therefore the current facilities are inappropriate for the services they now accommodate. In particular, they do not meet safety requirements.
- Patients do not enjoy single room accommodation, thus removing dignity, security and privacy during their stay;
- The in-patient accommodation is split over three sites across the city, none of which are closely linked to the main District General Hospital.

These shortfalls result in:

- Constraints on the strategic service developments required for a modern, inclusive service.
- Unacceptable level of clinical risks and inability to improve clinical effectiveness.
- Increased cost of providing services which are fragmented and duplicated.
- Inability to provide a safe caring environment.

6 Service Model and Philosophy

The service model for Mental Health Services 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 role of in-patient services can be summarised as follows:

- Support community services in managing the most difficult patients.
- Managing patient’s 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 to enable patients to maintain their local community contacts.

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, and local general hospital services.

The philosophy will 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 of the unit 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.

7 Activity Forecasts and Assumptions

The Trust has considered potential changes to activity levels and resources over the next 10 years, based on:

- PCT activity and forecast population growth.
- General changes in the health needs of the population.
- Achieving performance levels in line with national and local benchmarks.
- Changes in service provision and care models, including changes stemming from the Local Delivery Plans and other local strategies.
- Impact of the National Service Frameworks (NSFs), 'Valuing People' and National Beds Inquiry.
- Impact of community infrastructure developments.

The actual number of in-patient beds to be provided in the new mental health unit is 102, comprising 44 Adult Acute beds, 6 High Dependency Unit beds, 42 Older People's Mental Health beds and 10 Learning Disability challenging behaviour and dual diagnosis beds.

In arriving at this conclusion, it has been assumed that current referral patterns will continue with no changes in workload from peripheral Primary Care Trusts.

8 Long List of Options

A long list of options was developed from the opportunities created by the current health estate, the need to consider a "do nothing", a "do minimum" and a non-capital solution. All the options, with the exception of the "do nothing" option, were based on the same core assumptions and required to deliver the same activity levels, range of services and quality. Only three of the options passed the initial assessment criteria, drawn from the NHS Executive good practice guidance on the Private Finance Initiative, of clinical safety, operational viability, acceptability, macro economic fit, and sustainability.

9 The Short Listed Options

The three options considered in detail are:

Do Minimum	The minimum required to fulfil the criteria defined in the good practice guidance. This option retains all the services in their current locations but requires all facilities to be extensively refurbished and extended to meet the requirements of the guidance.
Fenland Wing/Gables	This option involves utilising Fenland Wing on the Peterborough Hospitals Site and the Gables building on Thorpe Road. Extensive refurbishment and some extension would be required to meet minimum guidance requirements.

New Build, ECH Site All mental health in-patient services would be located in a new purpose-built facility on the ECH site.

10 Option Appraisal

The table below highlights the costs of the options.

Capital and Revenue Cost of the Options

Option	Capital Cost at MIPs360FP (£m)	Change in Revenue Cost (£m)	Total Revenue Cost (£m)
Do Minimum	£ 18.2 m	£ 2.0 m	£ 7.4 m
Fenland Wing/Gables	£ 17.8 m	£ 1.5 m	£ 6.9 m
New Build, ECH	£ 23.8 m	£ 1.8 m	£ 7.2 m

The options were appraised against a range of benefits criteria including

<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>2. Patient Environment</p> <p>Care will be provided in a setting that meets the social and personal needs of the patient.</p>
<p>3. Flexibility</p> <p>The services will be capable of developing in line with changes in case-mix, service provision and clinical developments.</p>
<p>4. Staff</p> <p>To provide every opportunity for staff to use and develop their skills and support the recruitment and retention of staff.</p>

The results of the benefits analysis and economic appraisal are highlighted below.

Comparison of the Options

Option	Benefits Score (Higher is better)	Benefits to Cost Ratio (Higher is better)	NPC at 6% (£m)
Do Minimum	10.4	0.52	103.2
Fenland Wing/Gables	26.7	1.75	102.3
New Build, ECH	88.2	4.78	104.6

The option appraisal clearly shows the New Build, ECH option as providing the most benefits and a significantly higher benefits to cost ratio than the other two options. The economic appraisal shows the Fenland Wing/Gables as having the lowest Net Present Cost, and therefore the most economic solution, although there is not a significant variation in the results of the economic appraisal over 60 years, discounted at a discount factor of 6%.

11 The Preferred Option

The preferred option is option 3, new build on the Edith Cavell Hospital Site. This will create a mental health complex, linked to the acute hospital, and specifically designed to support the provision of high quality, clinically effective mental health services.

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.

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 mental health and facilities 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.

An outline planning application for development of the Edith Cavell Hospital Site is due to be approved by late March 2003.

12 Project Timetable

The timetable for the PFI procurement process, completion of the Full Business Case (FBC) and the construction works is given in the table below.

Summary of the Project Timetable

Key Tasks	Completion Date
OBC Approval	April 2003
Advertise for Evaluate and Select PFI Partner	April 2003/August 2004
FBC Approval	August 2004
Start on Site	January 2005
Mental Health Unit Opens	March 2007

13 Project Management

The management of the project during the Full Business Case stage will be taken forward under the umbrella of the Greater Peterborough Health Investment Plan (GPHIP). The GPHIP has been structured in accordance with the recommendations of the Capital Investment Manual, amended to take account of the multiple NHS partners who would be involved in the project.

The project team has six full time staff supported by a full range of external advisors. The team has experience in health planning, equipment, service planning, finance, HR, capital projects and PFI. Several team members have been involved with the project since its inception in 1993, providing considerable continuity and knowledge of local health services, the partner organisations and their strategic plans.

14 Trust and PCT Support

The OBC has been approved by the Trust Board of the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust. The main commissioners of the services (the North and South Peterborough Primary Care Trusts and the East Cambs and Fenland Primary Care Trust) have confirmed their support for the preferred option and that it is affordable within their planning assumptions for future income growth. The case is also supported by the Peterborough City Council, service users and carers and by key clinicians and staff within the Trust.

March 2003