

Avon & Wiltshire Mental Health Partnership NHS Trust

in Partnership with:

Swindon Primary Care Trust and

Swindon Borough Council

Avon & Wiltshire
Mental Health Partnership NHS Trust



Swindon
Primary Care Trust



Modernising Services for Older People in Swindon

Strategic Outline Case

June 2004



Contents

EXECUTIVE SUMMARY	4
1 STRATEGIC CONTEXT.....	6
1.1 Introduction	6
1.2 National and local policy framework.....	6
1.3 Commissioning for Mental Health Care in Swindon	7
<i>Figure 1 Swindon Older Adult Services Current and Proposed Service Model.....</i>	<i>7</i>
1.4 Service Objectives	9
1.5 Service Strategy	9
<i>Figure 2 Swindon Older Adult Services Current and Proposed Service Model.....</i>	<i>11</i>
<i>Figure 3 The role of the specialist mental health service.....</i>	<i>13</i>
<i>Figure 4 The patient pathway.....</i>	<i>14</i>
1.6 Strategic Estate Objectives	15
1.7 Service Gains.....	15
1.8 Impact of Proposed Development in HR Strategy	16
<i>Figure 5 Workforce implications (inclusive of social care).....</i>	<i>17</i>
1.9 Impact of Proposed Development in Information Management & Technology	18
1.10 Health and Social Care Partners Support.....	19
1.11 Strategic Health Authority Context – Strategy for Health Care Provision	19
2 HEALTH SERVICE NEED.....	21
2.1 Better Access to Services.....	21
2.2 Improved Clinical Quality	21
2.3 Development of Existing Services & Provision of New Services.....	21
2.4 Improved Environmental Quality of Services.....	22
<i>Figure 6 Composition of Victoria Hospital site.....</i>	<i>22</i>
2.5 Improved Strategic Fit of Services	23
2.6 Meeting National & Local Policy Imperatives	23
2.7 Human Resources.....	24
2.8 Effective use of Resources.....	24
2.9 Other Needs.....	24
2.10 Key Consequences of Not Proceeding	24
3 OPTION APPRAISAL.....	26
3.1 Process of Option Appraisal.....	26
3.2 Identification of Options	26
<i>Figure 7 Stakeholder option appraisal results.....</i>	<i>27</i>
3.3 Non Financial Benefits Criteria.....	29
3.4 Preferred Option	30
3.5 Financial Appraisal – Preferred Option	30



3.6	Sensitivity Analysis	30
3.7	Health and Social Care Partners Commentary	31
3.8	Strategic Health Authority Endorsement	31
4	AFFORDABILITY	32
4.1	Primary Care Trust Statement	32
4.2	Strategic Health Authority Statement	32
4.3	Assessment of Affordability	32
	<i>Figure 8 Revenue costs.....</i>	<i>33</i>
	<i>Figure 9 Phasing of costs.....</i>	<i>33</i>
4.4	Potential to Release Resources.....	35
4.5	Transitional Costs	35
	<i>Figure 10 Quantification of transitional and professional costs.....</i>	<i>36</i>
4.6	Whole Life Costs.....	37
4.7	Source of Funding	37
4.8	Risk Management.....	37
	<i>Figure 11 Financial risk analysis and mitigation.....</i>	<i>37</i>
5	DELIVERABILITY	39
5.1	Project Control & Management	39
5.2	Project Plan	39
5.3	Project Programme.....	40
5.4	Commercial Attractiveness.....	40
5.5	Achievability	41
5.6	Project Management – Human Resources	41
5.7	Project Management – Communications	41
5.8	Benefits	42
5.9	Post Project Evaluation (PPE).....	42
6	CONCLUSIONS & RECOMMENDATIONS	43
	APPENDICES	44
	APPENDIX 1 - Victoria Hospital, Swindon - Site Map.....	45
	APPENDIX 2 - Great Western Hospital, Swindon - Site Map	46
	APPENDIX 3 – Stakeholder Event Invitation & Attendee List.....	47
	APPENDIX 4 - Project milestones	49
	APPENDIX 5 – Project structure.....	50
	APPENDIX 6 - Capital Costs	51
	APPENDIX 7 - Commissioners Supporting Statement	55
	APPENDIX 8 - Abbreviations and Glossary	57



EXECUTIVE SUMMARY

NSF for Older People, Standard Seven, Mental Health in older people, 2001

About 5% of the population over 65 have dementia and, at any one time, about 10 – 15% of the population over 65 will have depression. These are large numbers of people who need good quality treatment and support to enable them, and their carers, to have the best possible quality of life.

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is one of the largest specialist mental health care trusts in the country, with a turnover of £135m and over 3600 staff. The Trust inherited a varying range of mental health services and provision, delivered from a range of sub-standard facilities. One of the buildings in most poor condition is Victoria Hospital in Swindon from which integrated services to older people with mental health problems are provided including an inpatient unit, day hospital and community team base. The services in Victoria Hospital have been developed and modernised over the last 10 years and in many ways are regarded as some of the most advanced in the country with a prestigious Research & Development unit. The Community Mental Health Team and Brunel Ward each hold the Charter Mark award. The service has been a finalist in:

- Two Dementia Team of the Year awards
- The Health Service Journal Management Awards for Risk Assessment and the Forget-me-Not scheme
- The Hewlett Packard Golden Helix Quality Award scheme for the delivery of integrated services.

This Strategic Outline Case (SOC) sets out the proposals for moving the services forward once more and in particular for providing a new purpose built environment. It has been developed through the Swindon Modernisation Executive, the strategy and planning forum which brings together AWP, Swindon Borough Council, Swindon Primary Care Trust, and Swindon & Marlborough NHS Trust to deliver plans for all services which are joined up between organisations. This SOC has the full support of all these organisations, as indicated by public Board endorsement by each organisation in 2004.

4

Extensive stakeholder consultation has already been held and while recognising that the SOC gives only permission to proceed and that formal consultation will need to be undertaken, the ideas outlined in this SOC have been consulted on informally with service users and carers, commissioners from health and social care, the voluntary sector, staff and staff representatives.

The work to develop the SOC is founded in AWP's overall vision for the delivery of modern mental health services.

OUR VISION

As a **specialist provider** the Trust will provide a coherent range of services across its area

Trust services will be provided **through partnerships particularly with service users and carers**

The Trust will develop clear linkages so **mental health services are part of and not separate from the community**

Trust services will be delivered locally with **maximum integration** and **sharing of resources**

Trust services will be **sensitive to culture and diverse needs**

Trust services will be **evidence based**

Trust staff will be appropriately **trained, supported and involved** in all aspects of the Trust's work



This SOC will deliver the following beneficial changes:

- Significantly improved environment for caring for older people with organic and functional illness in inpatient, day and community services.
- Improved privacy and dignity for service users
- Enhanced capacity for community support teams to deliver crisis and assertive outreach services
- Reduced bed numbers by ensuring long term care is delivered in more appropriate settings in the independent sector
- Individualised care planning
- Support and training for residential/nursing homes
- Improved liaison with the acute hospital
- No backlog maintenance
- Compliance with fire, health and safety and DDA requirements

The capital cost of the development outlined in the SOC is £6.98m at the current MIPS of 422 (Q2 2004) and the revenue implications are cost neutral.

This development is seen as the highest priority capital project in Swindon by Swindon PCT and the Swindon Health Community. In relation to AWP's Estate Strategy it is the top priority for public capital of all developments which have not already received Full Business Case approval.

Recognising the financial position of the Swindon health community, the project was initially charged with delivering savings on the current cost of services. Savings of £238,000 annually were envisaged as achievable to provide a service for the current population of older people in Swindon of 26,500. However this population is forecast to increase to 32,500 by 2010 which will mean that an increase in service levels is essential to deliver access targets. Swindon PCT has therefore confirmed that this SOC has their full support in terms of delivering a revenue neutral solution which delivers access targets in future for the growing population.

5

This SOC has the full support of AWP's strategic partners as a key means of implementing a revenue neutral solution for an agreed service model in facilities which are fit for the purpose of delivering modern mental health services for older people in Swindon.



1 STRATEGIC CONTEXT

1.1 Introduction

This section sets out the following:

- The commissioning and policy environment within which the Trust works
- Service objectives for older people with mental health problems
- Details of the service model for mental health care.

It has been developed in collaboration with carers and AWP staff, Swindon PCT, Swindon & Marlborough NHS Trust, Swindon Borough Council, voluntary organisations and other stakeholders.

1.2 National and local policy framework

The proposed service model responds to the challenging national and local strategic change agenda. Key national documents which have informed the service model and which specifically point to new service provision, new ways of working and improved premises are:

- National Service Framework, Mental Health 1999
- National Service Framework, Older People 2001
- Forget Me Not, Mental Health Services for Older People, Audit Commission 2000
- The NHS Plan 2000
- NICE Guidance
- Priorities and Planning Framework 2003/06
- Mental Health Information Strategy (1998) and subsequent updates around the National Programme for IT
- Developing Services for Carers and Families of People with Mental Illness (2002)
- Health Act 1999 and Partnership in Action (1998)
- Saving Lives: Our Healthier Nation White Paper (1999)
- Effective Care Co-ordination in Mental Health Services (November 1999)
- Safety Privacy and Dignity In Mental Health Units (2000)
- Best Value Review, Social Services (2000)
- Improving Working Lives (2000)
- Mental Health Policy Implementation Guide (2001)
- Modernising Mental Health Services – Safe, Sound and Supportive (1998)
- Royal College of Psychiatry Guidelines
- Mental Health Services – Modernising workforce design and development (2002)
- NHS Beacon's Programme
- Essence of Care/Clinical Benchmarking guidance (DOH)
- Choice, Responsiveness and Equity guidance (DOH)
- Guidance for the implementation of the Community Care Act (Delayed Discharges) 2003
- Women's Mental Health: Into the Mainstream 2003



Key local documents are:

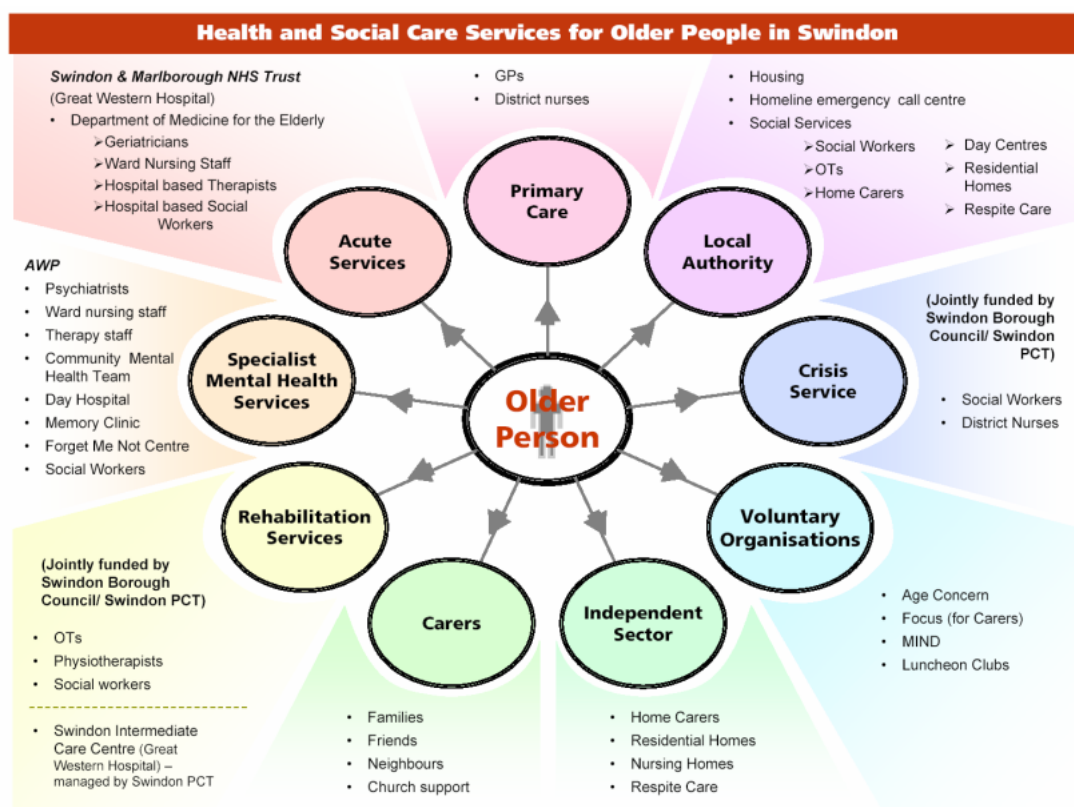
- The Five Year Vision for Mental Health in Swindon approved by Swindon PCT, Swindon Borough Council and AWP in 2002
- The Wiltshire Wide Older Adult Mental Health Audit carried out by The Audit Commission as a follow-up to Forget-me-Not
- Swindon Borough Council Joint Commissioning Strategy for Older People (2003)
- Swindon Borough Council Review of residential care homes for older people (2003)
- EMI Service Development Review for Wiltshire (PMP Consultants 2003)
- AWP Estate Strategy (July 2003)

1.3 Commissioning for Mental Health Care in Swindon

Swindon (including Shrivenham) is a large urban area with a rural fringe and a current total population just under 196,000. It has 100% employment. The numbers of older people are projected to rise in Swindon between 2003 and 2011 by which time there will be an additional 4,000 older people, 1,500 of whom will be over 75 years. This trend is set to continue for the next 30 years, with the current projection seeing a rise from 26,500 over 65s to 37,000 by 2021. The 2001 Census recorded 20,394 pensioner households in Swindon, 8,845 living alone, of whom 1,272 were aged 85 years or over. Since the prevalence of dementia increases with age, the number of people aged over 85 with dementia is predicted to rise from 653 in 2001 to 1,840 in 2025, with a steep rise after 2011.

The figure below illustrates the health and social care services available to older people in Swindon.

Figure 1 Swindon Older Adult Services Current and Proposed Service Model





Health and social care services in Swindon for older people are provided by:

- Swindon & Marlborough NHS Trust for acute admission for physical conditions
- Swindon PCT for intermediate care and community services for physical conditions
- Swindon Borough Council for social care services for physical conditions
- AWP for mental health care for both health and social care

These organisations come together in the Swindon Modernisation Executive, the main strategy and planning forum, which commissioned this SOC.

AWP's services are commissioned and performance managed by a Joint Commissioning Board which has been in place since April 2000 and which manages mental health and social care budgets through a pool arrangement. The Board has regularly articulated support for the proposals in this SOC, including strong carer support.

The multi-agency group responsible for specific planning around older people's services is the Planning Partnership for Older People in Swindon (PPOPS). This includes service users and carers, GPs, AWP staff and representatives of the commissioning organisations (Swindon PCT and Swindon Borough Council) and voluntary organisations (Age Concern and FOCUS). PPOPS also fully supports the SOC.

AWP Swindon services have a turnover of £14m, one fifth of which is expenditure on older people's services. Currently the older people's service employs 112.5 staff (inclusive of Social Care staff). All of the older adult health services are in financial balance and have always been so. The current older people's service based at Victoria Hospital includes:

- 38 inpatient beds
- Churchward Day Hospital
- Community Mental Health Team
- Memory clinic

8

A site map of Victoria Hospital can be found in Appendix 1.

The SOC relates only to the mental health service for older people currently provided from the Victoria Hospital, Swindon site. Victoria Hospital also houses adult mental health services along with Psychology and Kingshill Research. There are also a number of other non-Trust services on site, including Headway, Koalas (Swindon Opportunity Group) and Children's Services in the Sadler Unit are managed or commissioned by Swindon PCT. All of these services are aware of the need to relocate from the Victoria Hospital site and are participants in the process of planning for relocation. Plans for reprovding these services on a parallel timescale are being taken forward by AWP and Swindon PCT with the partner organisations as follows:

- AWP's Kingshill Research is to move to the Swindon campus of Bath University
- AWP psychology services will move to the site vacated by Kingshill Research
- Swindon PCT is managing the process of negotiating relocation of:
 - Koalas (working directly with the voluntary organisation)
 - the Sadler Unit (working with Swindon & Marlborough NHS Trust)
 - Headway (working directly with the voluntary organisation)



- Swindon PCT employs and directly manages the paediatric therapy services associated with the Sadler Unit and will ensure that these services are uninterrupted at its relocation

The Project Structure shown in Appendix 5 identifies the lead partner for these plans.

1.4 Service Objectives

Through implementation of the NSFs, other recommendations, and the provision of appropriate facilities as outlined in this SOC, a range of service improvements will be achieved. The key service objectives arising are:

- Significantly improved environment for caring for older people with organic and functional illness in inpatient, day and community services.
- Enhanced capacity for community support teams to deliver crisis and assertive outreach services
- Reducing bed numbers and reducing delayed discharges by working with Swindon Borough Council to deliver their plans to commission long term care in more appropriate settings in the independent sector.
- Individualised care planning
- Support and training for residential/nursing homes
- Improved liaison with the acute hospital

1.5 Service Strategy

The development of the service strategy for older people with mental health problems has been an ongoing process which was established in response to the recommendations and guidance mentioned above and also to the:

- **Need** to modernise out-dated and costly buildings
- **Opportunity** to look at the service model and restructure provision.
- **Requirement** to contribute to the financial recovery plan for the Swindon health community.

The service strategy was developed from the “Five Year Vision for Mental Health in Swindon” approved by Swindon PCT, Swindon Borough Council and AWP in 2002. This has then been refined following multi-agency discussions on wider Older People’s Strategy involving health and social care partners in the Swindon Modernisation Executive, by bringing together the individual and joint aspirations of the four member organisations into a cohesive and achievable vision for future service provision.

The key aims of the service strategy for older adults are:

- To provide intensive support in times of crisis
- To prioritise older people with serious mental illness
- To provide early intervention and effective treatments, including a range of psychological, occupational and physical therapies



- To provide in-patient care for people needing acute treatment, stabilisation or specialist assessment
- To provide more out-patient and individual therapy
- To maintain the health of older people and to help them optimise their independence
- To assess carers in their own right
- To advise and support carers as well as older people themselves
- To improve links and share expertise with Primary Care
- To advise and support the independent sector as respite and long term care providers

Work in partnership with Social Services, the Independent Sector, and the wider local Health Community will produce a range of alternative home based and residential support for people who need intermittent or permanent care, including the need to consider younger people in long term care. For the last eight years the Forget Me Not Centre at the Lease Hill Residential Care Home has provided the only specialist support of its kind for younger people with dementia. Funded by AWP and augmented by one of five national grants from the Alzheimer's Society, the service is limited to respite and day care four days each week. Any overnight support is provided in the adjacent Residential Home.

Inpatient beds will be provided as close to acute inpatient services for older adults as possible. Many older patients admitted to a general hospital with physical illness are often found to have mental health needs. Improved liaison will ensure that such patients are assessed appropriately, and that support and advice can be provided to wards, residential and nursing homes. This will facilitate both appropriate management of mental illness and earlier discharge, all as recommended in the NHS Plan.

The number and configuration of beds has been determined by current usage, predicted population growth using Royal College of Psychiatrists' guidelines (1 – 1.2 beds per 1000 population over 65 years) and the impact of improved community services, and the availability of support in the independent sector.

10

The number and configuration of beds have been benchmarked against 12 other local and national services which serve primarily urban populations giving results as follows:

- The ratio of population to total beds is very wide across different services ranging from 564 to 1,625.
- For organic illness the range of population to beds is even wider, from 672 to 2,500.
- Services where 'new' models have been implemented tend to have lower bed numbers than services where no new model has been implemented. They also tend to have buildings designed so that the organic/functional split of beds can be varied based on demand.
- Urban areas tend to have lower bed numbers than rural areas
- The current population to organic bed numbers for Swindon are 1019 to 1.

Under the SOC proposals which reflect both service model and demographic changes, the ratio of population to beds for organic illness would move to 2,708 to 1 by the year 2010 which is higher than present ratios but nearer the norm for urban areas.



Figure 2 Swindon Older Adult Services Current and Proposed Service Model

Current (2003)	Proposed (2010)
Older People's population 26,500	Older People's population 32,500
<ul style="list-style-type: none"> 38 in-patient beds in 3 wards: <ul style="list-style-type: none"> 14 for functional mental illness 24 (2 x 12) mixed usage - <ul style="list-style-type: none"> respite longer term care assessment of organic mental illness Community Mental Health Team Day Hospital (for group therapy/activities) Memory Clinic 	<ul style="list-style-type: none"> 1 ward to replace 3, divided into 2 units: <ul style="list-style-type: none"> 14 beds for functional illness and 12 for organic illness Long term care to be undertaken in the independent sector Admission for acute episodes, to treat and stabilise More Psychology, OT and Physiotherapy staff More advice and support to carers and the independent sector New intensive support team More out-patient groups and individual therapy Respite provision in the independent sector Continued development of the Memory Clinic to promote early intervention and treatment
Ratio of beds to 1000 older people's population: 1: 697	Ratio of beds to 1000 older people's population: 1:1250
Ratio of organic beds to 1000 older people's population: 1:1019	Ratio of organic beds to 1000 older people's population: 1:2708

Similar benchmarking work has been undertaken with 12 other mental health services in primarily urban areas to understand the relative levels of community staffing comparable to different bed numbers.

This demonstrates that broadly where there are lower bed numbers, higher numbers of community staff are generally in place. Swindon currently has community teams staffed towards the higher end of the scale per 1000 population than other areas. The proposed 6.2 additional community staff outlined in this SOC would enable this higher level of staffing to continue for the increased population levels. This would support the proposed reduction in bed numbers.

There are a number of other factors relating to the current service model which impact on achieving the reduction in bed numbers for the proposed model, especially for people with organic illness:

- The 24 beds now in use include 3 occupied by residents from Gloucester. As these patients leave, these will be closed leaving a target for reduction of only a further 9 Swindon beds
- The planned increase in independent sector provision will facilitate early discharge or avoid admission for some patients:
 - In spring 2004 the Borough Council agreed plans to develop an increased number and range of EMI beds within the independent sector. With the planning for this increase reflecting current need and future growth projections these plans were explicitly linked with the Victoria Hospital SOC.
- The current configuration of single sex wards restricts flexibility and access to an appropriate bed. In the future model the physical environment will mean the right patients will receive the right service. Work at OBC stage and FBC stage will explore



the possible continued need for some single sex provision in relation to challenging behaviour.

- The ongoing changes in service model practice with increasing early intervention and the proposed admissions for treatment and stabilisation will create a different bed management scenario.
 - There are currently 12 patients who have been at Victoria Hospital for a long time including some transferred from Roundway Hospital, Devizes. Three of the 12 have organic illness and would move to the new unit if necessary. AWP has a programme of incremental bed reduction as the other long term patients leave.
 - There is an emerging, reducing trend in the number of people waiting for funds to facilitate placement in residential or nursing home care. Although it is too early to identify the actual cause of this, the health and social care partners believe it is as a result of the impact of NICE guidance on prescribing Alzheimer's medication, on early assessment and treatment deferring the need for long term care, and on improved carer support.

The service model for older people's mental health services in Swindon is based on four key concepts:

- ACCESS The help I need **when** I need it
- INTERACTION The help I **need** when I need it
- RELIABILITY The help I need when I **need** it
- VITALITY They **can** give me the help I need when I need it

They were identified in the Five Year Vision for Mental Health in Swindon 2002-2007 document and followed the earlier priorities established in the Community Care Plan for Swindon 2000 which included an emphasis on promoting independence, access to services based on need, and the improved diagnosis and management of depression and dementia.

12

The service will be patient centred, needs led and not diagnosis led. To achieve the service model it is expected that:

- Approximately 60% of referrals will come from GPs
- Approximately 15% of referrals will come from other medical (e.g. acute) consultants
- The remaining 25% will be a mixture of self referrals or from other independent or voluntary sources

Partnership is the key to successfully implementing the service model. In particular it is anticipated that:

- All elements of the service will act as signposts to appropriate diagnosis, treatment or care
- Timely dual assessment of mental health and physical illness in primary care and acute hospital settings will result in appropriate admission and facilitate early discharge
- Early intervention may delay the progress of organic illness and lead to earlier recovery from functional illness
- The Trust's mental health services for older people will continue to provide specialist staff and skills as part of the whole picture of provision



- The Trust will provide training and advice for other professionals in acute and primary care, staff in local authority or independent sector who provide care and treatment for older people with mental health problems, and for carers

The matrix below indicates the nature of the specialist service.

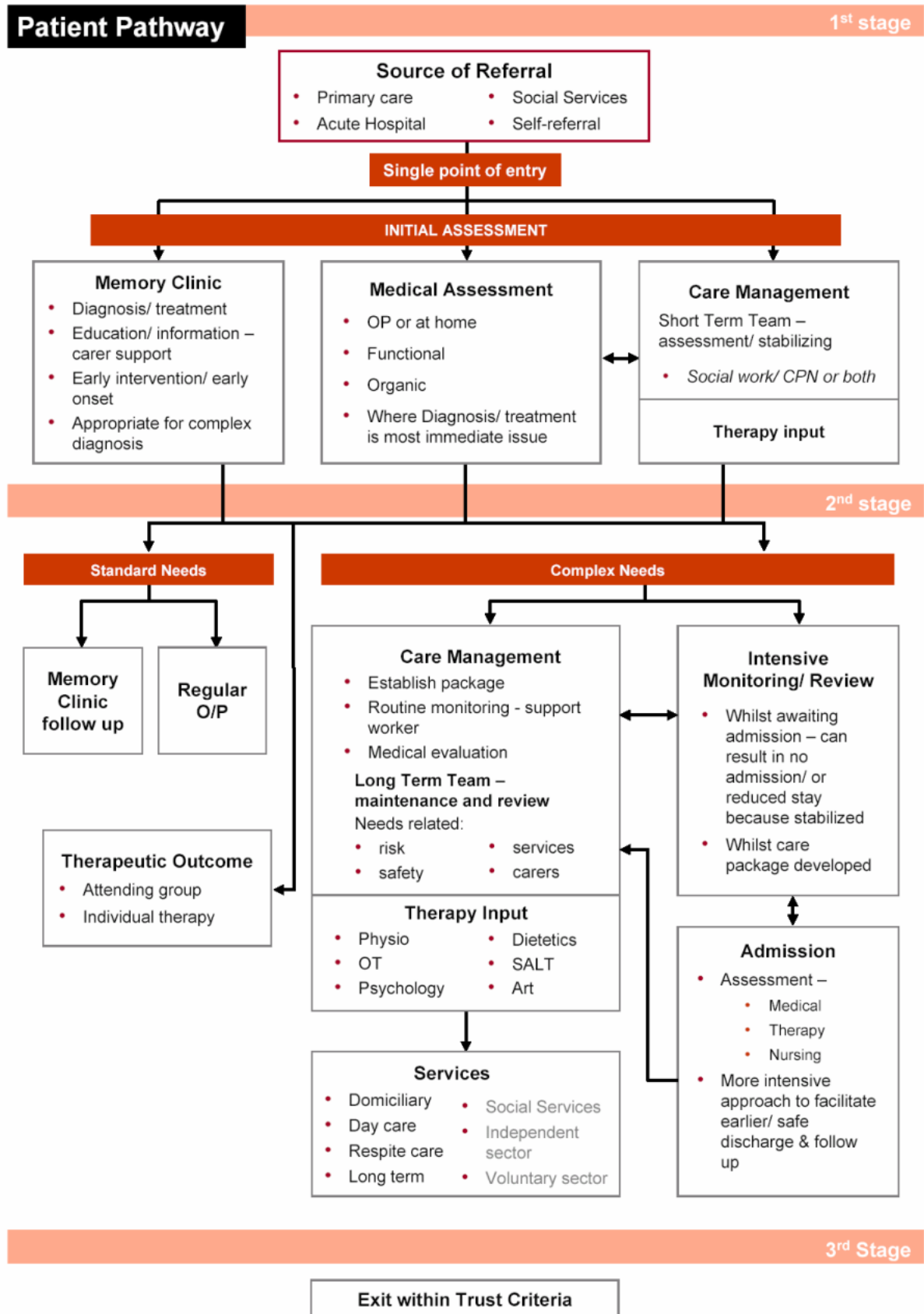
Figure 3 The role of the specialist mental health service

Specialist Service Involvement	Mental health needs			
	Critical	Substantial	Moderate	Low
Diagnosis	✓	✓	✓	
Complex care	✓	✓	✓	
Maintenance	✓	✓		
Palliative care	✓			

The patient pathway through the spectrum of service is described in detail in the diagram below.



Figure 4 The patient pathway





1.6 Strategic Estate Objectives

The Trust carried out a condition survey of the Victoria Hospital estate in May 2000. This reported as follows:

- The accommodation at Victoria Hospital is below an acceptable standard for the provision of a modern health service.
- Significant areas of concern include:
 - High level backlog maintenance
 - Non-compliance with the Disability Discrimination Act, absorbing the Trust's minor capital programme. It is prohibitively expensive to meet current standards. There is no facility to hold outpatient appointments on the ground floor. The first floor is only accessible by stairs.
 - Poor compliance with requirements for privacy and dignity has been marginally improved by the use of Nightingale ward improvement funds. The single sex accommodation is inflexible which means that bed numbers cannot be reduced to achieve savings or service improvements. The outpatient waiting area is adjacent to the Community Team office base which can compromise confidentiality.
 - Compliance with requirements for security and safety is compromised by the shared use of buildings for inpatient and outpatient activity especially in the evening and over night.

The condition survey reported a total cost for upgrading Victoria Hospital of £416,895 (at MIPS 323) to achieve backlog maintenance throughout. The revised figure at current MIPS 422 stands at £544,674. The additional work required to bring it up to condition B would be £237,350 giving a total cost of required works to condition B of £782,024. This would not address the DDA, privacy and dignity or security and safety requirements.

15

This SOC will deliver the following estates objectives:

- Improvements to facilitate the implementation of NSF key deliverables.
- Replacement of Victoria Hospital (outdated, poor condition and potentially unsafe facilities) via whole site disposal or decant and rebuild, delivering a significant improvement in the quality of the operational estate, improving statutory compliance and reducing risk.
- Rationalisation of community properties and the disposal of poor condition facilities, delivering significant improvements in the quality of the operational estate, improving statutory compliance and reducing risk.
- Elimination of backlog maintenance, non-compliance with DDA, privacy and dignity standards, security and safety standards.

1.7 Service Gains

The new service strategy, monitored through Clinical Governance arrangements, is based on: -

- National guidance
- National examples of best practice
- Growing evidence base for effective treatments and interventions



- Continuous process of learning and service improvement

The new service strategy delivers improved clinical quality by providing comprehensive integrated services which will also: -

- Encourage early intervention
- Ensure increased access to rapid response
- Reduce delays to discharge by improving the efficiency of the assessment process and in intensive support following discharge

Performance indicators in mental health require further development, however services will be evaluated against local and national policies, benefit criteria as defined within this SOC and also available clinical quality indicators. They will include the following:

- Waiting times for assessment
- Use of compulsory powers of the Mental Health Act
- Readmission rates
- Length of stay
- Mortality rates amongst people with mental illness
- Evidence of integrated mental health services
- Agreed protocols for care and management of older people with mental health problems
- Delayed transfers of care

16

Services will be evaluated against local needs assessment in particular the views of stakeholders (service users, carers, partner agencies) without whom the service model could not have been developed.

1.8 Impact of Proposed Development in HR Strategy

The new service strategy will have the following impact on staff of all professions and disciplines: -

- Opportunities to reform working practice & roles
- Opportunities to work in modern, purpose-built facilities
- Opportunities for training and development
- Opportunities to enhance research and development

The Trust overall has a major workforce development programme to increase the recruitment and retention of staff. The Workforce Development Board is a Board sub-committee chaired by the Chief Executive which leads on delivering the Trust's HR strategy and workforce development plan. It has sub-groups focusing on

- Medical recruitment – the Trust has now only 8 out of 85 medical posts vacant which reflect the considerable efforts made to recruit and retain key staff. All of the vacancies



are in the general adult and addictions services. All of the posts for older people's psychiatry are filled.

- Use of temporary staffing - the Trust has recently moved onto a negotiated contract for agency staff which has offered significant financial benefits. The Trust has a growing in-house bank.
- New roles – to supplement the recruitment and retention activities, the Trust is undertaking additional workforce development initiatives including:
 - New roles within the medical, nursing and social work professions such as the advanced nurse practitioner role, the supplementary nurse prescriber, associate nurses in in-patient settings, mental health workers in community settings, and pharmacy technicians
 - Looking at ways of working to deploy existing skills to the best advantage of users, for example by providing advice to primary care providers, and in multidisciplinary assessment clinics.
- Agenda for Change – the Trust is one of 12 early implementers for the new Agenda for Change NHS pay system which will also assist in implementing new ways of working
- Recruitment – the Trust is focusing on improving recruitment processes generally to ensure maximisation of recruitment. A number of consultant posts have already been filled through the International Fellowship scheme and an active recruitment campaign occurred early in 2004 attending recruitment events in Germany, Switzerland and Italy.

The Trust has Improving Working Lives Practice accreditation and is now moving forward to achieve Practice Plus accreditation.

The Trust has achieved 100% compliance with the New Deal Standards for junior doctors and expects to meet the European Working Time Directive requirements for junior doctors by August 2004 deadline.

17

The overall workforce implication of the changes outlined in this SOC is a reduction of 12 staff and a shift of staff from inpatient to community services as set out in the table below.

Figure 5 Workforce implications (inclusive of social care)

Workforce	Current	Proposed	Change
Medical	4.5	4.5	Nil
Service Manager	1	1	Nil
Nursing (Inpatient Qualified)	27	17	-10
Nursing (Inpatient Unqualified)	27	18	-9
Nursing (Community)	6	7	+1
Allied Health Professionals	17	20	+3
Support workers and therapy technicians	14	16	+2
Forget Me Not Centre	4	4	Nil
Administration	12	12	Nil
Total	112.5	99.5	-13



Every effort will be made to redeploy staff into Swindon locality and it is envisaged that this will be delivered. The impact of change in moving to the new service model must not be underestimated and will be addressed by;

- Continuing to offer flexible working patterns
- Retraining for staff who require this
- Continuing commitment to personal development for all staff within the service
- Managed HR process to ensure the transition to the new service is smooth
- Identification of key roles for support staff with a range of training programmes

The Trust has extensive experience and a successful track record of managing service change projects most recently opening the new Old Manor Hospital in South Wiltshire which was commissioned not only on time and to budget but also with no loss of staff or other potentially negative outcomes.

1.9 Impact of Proposed Development in Information Management & Technology

AWP works with four Local Implementation Strategies (LIS) to deliver national and local policies relating to the use of technology as a resource for improving patient and staff experience of healthcare.

Following extensive work within the Trust and with local commissioners, the Trust's IM&T policy and strategies were approved by the Trust Board in April 2001 and are monitored by and Executive level monthly IM&T Steering Group. They set out a vision of delivering 'the right information under the right safeguards at the right place and time and using the right ways and means'. Information management process transformation is already taking place.

18

The main IM&T priority for AWP, and the focus of the IM&T strategy, is the integration of systems and infrastructure and to ensure modern NHS standards are met. Thus a programme of work enabling access to an integrated clinical information system, desktop, email and browsing facilities from all sites has been the Trust's highest priority in IM&T development. This program is enabling AWP to meet its requirements for connecting clinicians, the mental health minimum data set and integrated mental health records and be in the position to adopt all elements of the national program as they come on stream.

To meet the current national targets outlined in Information for Health the Trust is currently working on a number of programmes which are key to being able to support further applications such as electronic booking, electronic patient records and other initiatives such as Clinical Academies and the E-learning program. The Trust will ensure that its IT strategy is fully integrated with the products and services made available through the National Programme for IT.

The capital specification for the scheme includes full cabling and infrastructure to support the Trust's network and software. It does not include any purchase costs around software, pcs, printers or other hardware as these will be transferred from the current service.



1.10 Health and Social Care Partners Support

The agenda for modernising healthcare services and facilities is huge. The health community is hampered in the achievement of the NSF by poor quality and inappropriate building stock and the fact that it still has an “old style” mental health facility in Victoria Hospital.

Over the next decade expansion in the capacity of all services and agencies will be required to address the increasing need of a growing elderly population. The focus of key strategic guidance is on services that are of equal quality and accessibility, based on need and centred on the user, that promote independence and that are co-ordinated.

This SOC, which has been developed with input from all the key stakeholders including carers and AWP staff, the Swindon PCT, Swindon & Marlborough NHS Trust, Swindon Borough Council Social Services and the Avon, Gloucestershire & Wiltshire Strategic Health Authority (AGW), seeks to address the future potential for the Victoria Hospital site and the development of services to deliver key NSF targets. A financial framework to support the development of the SOC has been agreed including recurring revenue funding costs and non-recurring transitional costs.

Although a major work commitment in itself the SOC is in fact the first phase, and the enabling phase of a wider programme which will be necessary for the health community to transform mental health services for older people in Swindon. It is intended that the SOC will complement the outcome of the Swindon PCT review of the Swindon Independent Care Centre, and the Swindon Borough Council review of Social Services for Older People.

In addition, AWP will work closely with Swindon Borough Council's Health Scrutiny Committee throughout the project to ensure that the interests of Swindon residents are enhanced by the collaboration and to achieve successful implementation.

1.11 Strategic Health Authority Context – Strategy for Health Care Provision

The development of modern, comprehensive and integrated services for people with mental health problems is a key strategic priority for Avon, Gloucestershire and Wiltshire Strategic Health Authority in line with national priorities.

The overall objective is to develop a complete and co-ordinated system of care, which is integrated with primary and social care. The services will primarily be community focussed but supported by an appropriate range of acute and continuing care provision. This requires significant change to the current model of service provision and a new model has emerged and been agreed during the planning for implementation of the NSF.

Major capital investment is essential to enable the new service model to be delivered. Hospital based services in particular require complete remodelling and reprovision together with the development of locally accessible community day and treatment facilities. The construction of replacement facilities, which are “fit for purpose”, is an essential requirement in the new service model; without the investment necessary to enable the reprovision, the service model cannot be delivered.

However AGW also faces an extremely challenging financial position with significant deficits across much of the health community including the Swindon area. Organisations including AWP working in the Swindon health community are required to make financial savings to support financial recovery whilst still achieving access targets. The plans set out in this SOC



are revenue neutral but reflect an increased service to support the significant increase in population in Swindon forecast over the next 10 years.

AWP is very conscious of the need to communicate and engage with local stakeholders and the wider community as proposals are developed. There has been extensive multi-agency involvement in the development of the mental health service model for older adults. This has included user and carer involvement at all levels of the process. A comprehensive communications and involvement strategy is being developed to support the next stage of development as definitive proposals are agreed.



2 HEALTH SERVICE NEED

2.1 Better Access to Services

The mental health services for older people in Swindon have developed over the years largely within the constraints of the Victoria Hospital site. The new service model aims to provide an improved service in facilities designed to meet modern standards for patients, staff and visitors alike. It also provides a single point of entry and initial assessment in an integrated service which will meet a spectrum of needs from the simplest and short term to the most complex and enduring.

The defined characteristics of better access include:

- Responsive and convenient care
- User friendly and welcoming facilities
- Good links to public transport
- Adequate car parking
- Within Swindon Borough
- Good links to acute hospital care for physical illness
- Patient choice of time and location of access

2.2 Improved Clinical Quality

The service model is designed to provide integrated mental health services for older people in modern facilities. It addresses the following issues:

- Constant challenge to clinical quality arising from the continued use of buildings that are unsuitable for modern mental health care
- Mixed usage wards for patients with a wide range of differing treatment, care and ongoing support needs
- Limited individual therapy opportunities
- Limited use of psychological, occupational and physical therapies
- Limited to admit patients for treatment and stabilisation in acute episodes
- Excessive lengths of stay because of the historic case mix
- Delayed waiting times for admission due to current case mix on the wards

21

2.3 Development of Existing Services & Provision of New Services

The existing services at Victoria Hospital comprise:

- 38 in-patient beds in 3 wards:
 - Brunel Ward - 14 beds for functional mental illness, men and women
 - Dean Ward – 12 beds for mixed usage (respite, longer term care, assessment of organic mental illness), women only
 - Hawksworth Ward – 12 beds for mixed usage (respite, longer term care, assessment of organic mental illness), men only
- Community Mental Health Team
- Day Hospital for group therapy/activities



The proposed new service will comprise:

- 1 unit to replace 3 wards, divided into 2 clinical zones where patients can be admitted in acute episodes for treatment and stabilisation
 - One zone - 14 beds for functional illness, men and women
 - One zone - 12 beds for organic illness, men and women
- New intensive support team
- More Psychology, OT and Physiotherapy staff
- More out-patient groups and individual therapy
- More advice and support to carers and the independent sector
- Long term care to be undertaken in the independent sector
- Respite provision to be undertaken in the independent sector

2.4 Improved Environmental Quality of Services

The proposed service strategy affects the estate portfolio at the Victoria Hospital site, Swindon only. The main hospital was constructed in the late 1800's and has been extended over the years to provide a total floor area of approximately 4006m² on a site of approximately 2.7 acres.

The site comprises:

Figure 6 Composition of Victoria Hospital site

22

Property	Floor area m ²	Occupation
Victoria Hospital and associated buildings	4006	Fully occupied
The Mall houses		Fully occupied
Okus Road houses		Not in use

A total sum of £782,024 is required to bring the premises that are below physical condition category B, as defined in Estatecode, up to category B standards.

This SOC will deliver the following improvements to the environmental quality of services:

- Vital quality improvements in the operational estate including significant reduction in backlog maintenance
- Vital improvements in statutory compliance, fire safety, hygiene, health & safety, reduction in risk, and achievement of controls assurance standards, via the property disposal programme
- Vital improvements in the quality of environment for patients enhancing the well-being of service users and meeting their needs and expectations, including privacy and dignity
- Improved functional suitability harnessing building design and site opportunities to deliver modern health care facilities
- Improved access including compliance with the requirements of the Disability Discrimination Act 1995



- Improvements in the utilisation of the estate – addressing overcrowded and surplus assets
- Improved revenue costs of the operational estate
- Improved environmental impact, incorporating sustainable development of facilities

2.5 Improved Strategic Fit of Services

AWP is working closely with its strategic partners in the Swindon Health Community to ensure that all plans for the future are synchronised. The development of this SOC is concurrent to other related strategic initiatives as follows:

- Swindon Borough Council has just approved a framework for a commissioning strategy for older people which includes the provision of specialist home care for people with mental health problems. Having reviewed its own residential care homes in Swindon, it proposes to reduce the current six homes to four with higher and more appropriate staffing levels for people with mental health problems. This will increase its ability to offer places to such potential residents. The reduction in overall bed numbers is to be offset by additional usage of independent sector beds.
- Swindon PCT is reviewing the Swindon Independent Care Centre which has been open for one year.

The implementation plans for each of these will inform a subsequent Outline Business Case. The increasingly close collaboration with Swindon Borough Council and Swindon PCT will help to facilitate positive outcomes in support of the Business Case.

In addition, AWP is working closely with Swindon and Marlborough NHS Trust to develop dual assessment of older people with physical and/or mental health problems. This is a part of a wide programme of joint work which has recently been focused around early discharge from acute beds and will extend to more collaborative working, for instance on A&E liaison.

Each of the above is an important next step in the modernisation and reprovision of services for older people in Swindon.

2.6 Meeting National & Local Policy Imperatives

In line with national and local policy imperatives, the integrated service will aim to promote good mental health in older people and support those with organic and functional illness. The service is being designed to respond effectively to individual needs and to take account of the social and cultural factors affecting recovery and support. Improving prevention, care and treatment of mental health problems in old age depends on:

- Promoting good mental health
- Early recognition and management of mental health problems in primary care with the support of specialist old age mental health teams
- Access to specialist care
- Positive support for carers



2.7 Human Resources

The Trust has taken positive steps to improve recruitment and retention to the benefit of service users and staff alike. Together with the workforce development initiatives described above, this will allow:

- Gaps to be filled while existing staff take opportunities to train in new roles
- Enhanced skills to be practiced as a consequence of the new roles

The culture of accepting flexible working arrangements across the whole skill mix of the Trust is now evident. An ongoing commitment to work/life balance is already producing new initiatives such as self-rostering on in-patient wards.

2.8 Effective use of Resources

The continued use of the Victoria Hospital site is at odds with the delivery of an integrated, modern mental health service for older people. Its inflexibility prevents current improvements in the effective use of resources. This will be compounded over time as the demand from a growing population increases.

Changes in NHS financial flows and issues of reimbursement and fines could both facilitate or constrain the efforts being made to use resources across the service.

2.9 Other Needs

The ethnicity of the Swindon population is predominantly white with only around 5% of the population from another ethnic background. The majority of these are from Poland (with Polish as a first language), other eastern European countries, and a smaller number of black and Asian residents. In spite of this relatively low representation in the population, due consideration will be given to ethnic issues in the development of the integrated service. Feedback from the Borough Council's Health Scrutiny Committee indicates encouragement for these issues to be explored in more detail in the OBC stage.

24

2.10 Key Consequences of Not Proceeding

The absence of modern facilities means that patients are cared for in poor quality facilities, without adequate privacy, and which do not meet the standards set out in the NHS Plan. Services will continue to be dependent upon outdated and potentially unsafe facilities with high levels of backlog maintenance.

- The desired service model for the development of modernised, integrated mental health services for older people in Swindon will be inappropriately constrained by facilities which are not fit for their purpose
- The key NSF targets can only be delivered in the presence of strong community services. The alternative is that service users will only receive limited responsive, convenient or personalised care. Appropriate treatment will be limited. Discharge will be delayed. Limited response to users in crisis will result in an unnecessary burden on carers and potential inappropriate hospital admission.



- The failure to deliver improved clinical quality means that appropriate evidence based care will not be fully implemented. Early intervention will be limited and it will not be possible to introduce individual therapy and the increased range of therapies envisaged in the service model
- The failure to improve the working environment will result in low morale, poor staff retention, and limited recruitment appeal.
- The failure to include any one service component within the overall implementation plan will result in the failure of the whole. The integrated services strategy, providing mental health services through diverse partnerships, is fundamental to the modern mental health service.



3 OPTION APPRAISAL

3.1 Process of Option Appraisal

The option appraisal process has two elements:

- Service options
- Site options

The service element is of prime importance since it defines the principles of the future service and answers the what, why, when and how questions of service development. The site option process answers the where question and facilitates the delivery of the future service.

3.2 Identification of Options

3.2.1 Service options

The development of the service options resulted in the service model referred to in Section 2 of this document. This was developed from a paper outlining 5 options presented to the Swindon Modernisation Executive in June 2002. These ranged from do nothing to service models which envisaged differing ratios of inpatient beds to community staff. From this work plus benchmarking carried out with 12 other similar mental health services a preferred option for the service was identified.

The preferred option was then shared with 35 stakeholders at a stakeholder day in September 2003 and further modified to achieve the service model outlined in this SOC.

26

A wide range of stakeholders were invited including people representing:

- Swindon Borough Council - Councillors
- Swindon Borough Council Social Services
- FOCUS (carers)
- Age Concern
- Wiltshire & Swindon Users Network
- Service Users Network Swindon
- Independent sector residential and nursing homes
- Day care centre
- Swindon PCT
- Kennet and North Wiltshire PCT
- GPs
- Swindon & Marlborough NHS Trust
- AGW Strategic Health Authority
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Trades Union Staff side
- National Care Standards Commission
- Carers Reunion Group



People attending were welcomed by Deborah Lee, Director of Primary Care and Commissioning at Swindon PCT. Introductions were made by Malcolm Sinclair, AWP Director for Swindon and Wiltshire. Presentations were made as follows:

- | | |
|---|-----------------------|
| • Roger Bullock, Consultant Psychiatrist and Clinical Lead Older Adults | Strategic Overview |
| • Gill McKinnon, AWP Service Manager for Swindon | The Way Forward |
| • Graham Pearson, Assistant Director of Social Services | Social Services |
| • Charlotte Moar, AWP Finance Director | Business Case Process |
| • Victoria Hamilton, AWP Head of Estates & Projects | Site Option Appraisal |

A full list of those invited and those attending can be found in Appendix 3.

A question and answer session followed which brought out and clarified issues for those attending. An option appraisal form was issued relating to the development of the future service and the attendees were asked to fill in their preferences and to suggest any additional criteria which might be used to appraise options. The result of the appraisal on the day was as follows:

Figure 7 Stakeholder option appraisal results

Criterion	Score	Rank
Access	106	2
Continuity of care	135	5
Integration	124	3
Staff	124	3
Improved Care Environment	87	1
Improved Flexibility for the future	149	6
Efficiency	197	7

The top ranked criterion was Improved Care Environment.

3.2.2 Site options

The options for an appropriate site for the implementation of the service model began with the recognition that the current configuration of Victoria Hospital will not meet the new service requirements. It is therefore necessary to build a new facility, either on the current site or at an alternative location.

The Victoria Hospital site currently houses Adult Community Mental Health teams, all the Older Adult mental health services along with Psychology and Kingshill Research. There are also a number of other non-Trust services on site, including Headway, Koalas and Children's Services managed by Swindon PCT.

The preferred location of non-Trust services, along with Psychology and Kingshill Research is the subject of linked but separate planning activity. For the purposes of this paper it is assumed that they will be relocated to alternative sites. The future location of adult community mental health services on the site is subject to a separate option appraisal exercise by AWP.



This site option appraisal, therefore, is only focussing on the future of the older adults' mental health service in Swindon.

A site search has been undertaken focussing on both NHS and non-NHS site options, based upon the following criteria: -

- Location – within Swindon Borough
- Size – 2 acres
- Public accessibility

Fundamental components of the site search included: -

- Review of other NHS sites in the required location
- Letters to commercial agents in the area
- Discussion with Swindon Borough Council Property Department
- Discussion with the Local Authority re school closures
- Meeting with Urban Regeneration officers
- Review of emerging local plan

A long list of sites was identified:

NHS Sites

- Victoria Hospital
- Great Western Hospital
- Princess Margaret Hospital
- Sandalwood Court

28

Non-NHS Sites

- South Marston Park
- Aspects Park
- Edison Park
- Swindon Gateway
- Rivermead
- Edison Road
- Crown Business Park
- Northern Development Area
- Southern Development Area

Local Authority Sites

- Pine Trees Residential Home
- Leasehill Residential Home
- Whitbourne House, (Joint development between AWP and the Local Authority)



The sites identified were inspected externally and assessed for suitability against accessibility, environment and timescale for delivery and cost criteria. Some of the sites identified failed to meet the environmental criteria due to their industrial nature being inappropriate for a facility of this nature. The northern and southern development areas were discarded, as the timescale for development is too slow. Of the remainder, several are unaffordable due to residential land values or are not within the Trust's timeframe. The following shortlist and further investigations were recommended:

1. **Victoria Hospital** – discuss the potential for re-development with the local authority.
2. **Great Western Hospital** – subject to Swindon & Marlborough Trust's Development Control Plan and the receipt of legal advice on procurement on an existing PFI site
3. **Edison Park** – subject to an understanding of the potential development of the surrounding land
4. **Pine Trees Residential Home** – discussions around the accessibility of the site and links with other health care would be required

A site map of the Great Western Hospital can be found in Appendix 2.

3.3 Non Financial Benefits Criteria

The following criteria and their definitions were used at the stakeholder event. The definitions represent non-financial benefits which would be delivered best by the top option.

Access

- Fast and convenient care
- Good links to public transport
- User friendly and welcoming
- Within Swindon Borough

29

Continuity of Care

- Minimises need for temporary accommodation and phasing
- Provides continuity of care to users and reduces the clinical risk associated with poor continuity of care

Integration:

- Promotes single management of health and social care
- Promotes joint commissioning
- Integrates care management

Staff

- Assists recruitment and retention
- Provides a safe and healthy working environment
- Promotes team working and flexible professional boundaries
- Supports staff involvement in local decision making



Improved Care Environment

- Provides a safe, secure and appropriate environment for patients, visitors and staff
- Provides an environment enhancing the well being of service users

Efficiency

- Encourages the efficient use of estate across the health community
- Encourages the efficient use of facilities and equipment across the health community

3.4 Preferred Option

The Trust has a preferred option in terms of the service model but has not identified a preferred site option at this stage. The Trust believes there are two viable NHS sites for this development both with health care planning permission and both available. The Trust owns the Victoria Hospital site and Swindon & Marlborough NHS Trust who own the Great Western Hospital site have confirmed their support to this scheme and their commitment to identifying an appropriate site and to delivering the timescale. Other potential sites which have been explored include Local Authority properties within Swindon.

More detailed work needs to be undertaken on affordability and site deliverability, as well as with stakeholders through a variety of focus groups around the benefits, opportunities and any disadvantages prior to a formal choice of site being finalised.

3.5 Financial Appraisal – Preferred Option

30

As set out in 3.4 no preferred option has been identified in terms of site however there is a preferred option in terms of service model. The Public Sector Comparator has been developed on the assumption that there would be no land purchase costs which would be the case for development on either the Victoria Hospital or Great Western Hospital site. For the purposes of the PSC it has been assumed that there would be no difference in building specification and thus in cost between the two sites.

The capital costs of the preferred option are £6.98m with recurring revenue costs at the same levels as present. Transitional costs apart from professional fees and costs which have been included in the capital value at £0.8m have been estimated as £0.3m. More details of this are given in section 4.

The supporting statement from the Swindon Commissioners sets out their commitment to this revenue envelope. This can be found in Appendix 7.

3.6 Sensitivity Analysis

The main variables which could affect this SOC and on which sensitivity modelling has been undertaken are as follows:

- Change in activity requirements or in activity assumptions. The service has been modelled to take into account the forecast population growth to 2010.



- Change in capital costs due to change in technical guidance, procurement route or more accurate costing. The project is envisaged to be delivered on a fast track timescale which would minimize the likely impact in increased capital costs. All current guidance has been included in the capital costs. The costings have been undertaken at MIPS 422 in line with DOH guidance.
- Change in revenue costs. The current cost base of the service is relatively stable and in financial balance. The assumption is that all changes relating to NHS guidance are fully funded through Local Development Plans (LDPs) including Agenda for Change, consultant contract implementation etc.

3.7 Health and Social Care Partners Commentary

This SOC has received the strongest possible support from the Swindon Modernisation Executive and has also received full support from the Joint Commissioning Board and Swindon PCT Board. At its meeting in January 2004 the Swindon Borough Council Health Scrutiny Committee supported the proposals at SOC stage and agreed to establish a separate task group to contribute to service planning from OBC stage onwards.

3.8 Strategic Health Authority Endorsement

To be added post AGW Board meeting.



4 AFFORDABILITY

4.1 Primary Care Trust Statement

This SOC was approved formally by Swindon PCT's Board on 29 January 2004. In addition Swindon PCT and Swindon Borough Council have written a supporting statement which can be seen in Appendix 7.

4.2 Strategic Health Authority Statement

To be added post AGW Board meeting

4.3 Assessment of Affordability

4.3.1 Revenue costs – current and proposed and do nothing

The Trust's local health services in Swindon are meeting financial targets and have always done so. The Swindon health economy, of which the Trust is part, has a recurring deficit which it is tasked with eliminating over 3 years.

The preferred option assumes implementing the service model in full. The revenue costs associated with are overall cost neutral but the profile of costs will change as follows:

- an increase in capital charges because of the cost of the new build
- an reduction in staffing and non-pay costs related to the reduction in beds
- an increase in community staffing and non pay costs related to the extra team
- the current income the Trust receives from the Sadler Unit at Victoria Hospital and from Gloucestershire PCTs for 2 beds no longer continuing, but some additional income from the PCT's mental health investment plans agreed over the next 3 years and confirmed in Local Development Plans.

32

The Trust had a reference cost of 109 in 2002/03, however this is forecast to be 100 for 2003/04 as the 2002/03 reference cost was overstated because of poor data quality. The forecast activity and costs of this scheme have been modelled to understand the impact of this scheme on reference costs and it is anticipated that the changes will not increase reference costs.

The costs below shown as current relate to the three current wards and the site costs of Victoria Hospital site. The costs below shown as new relate to the new proposed ward, site costs of the new site and the additional community staff. All current medical, psychology, community, therapy and day hospital staff have been excluded from the revenue costings in the model as they will remain the same throughout the reprovision. The total cost of the service is around £2.8m compared to the £1.6m of cost shown here.



Figure 8 Revenue costs

Type of cost	Current £'000	Proposed £'000	Difference £'000
WTE	53.65	40.04	-13.61
Pay	1,117	897	-220
Non pay	409	289	-120
Capital charges	179	444	265
Income	-148	-73	75
Total	1,557	1,557	0

The costs of the do nothing option have also been costed. As set out earlier the requirement under this option would be for capital expenditure of £782,024 capital to eliminate the backlog maintenance. The revenue costs of this option would be capital charges at £50,000 annually. This would therefore be a more expensive option in revenue terms and would not deliver any of the service objectives in either service or environment terms.

The costs of one further option have also been assessed which was for a service of 20 beds which would support the current population of 26,500 older people. This generated savings annually of £238,000 which was initially the target for this scheme. However after extensive benchmarking with other services and taking into account the population growth, the Swindon Modernisation Executive have agreed that the service model should proceed on the basis of 26 beds as set out above. This, plus the change in capital charges from 6% to 3.5% and the increase in MIPS costs between the initial costing in July 2003 and the costing presented here, moved the financial position to revenue neutral.

4.3.2 Phasing of revenue costs

The phasing of revenue has been based on the project programme outlined in Appendix 4. The current estimation of commissioning is November 2007 assuming a publicly procured funding route. However the Swindon Modernisation Executive has charged the project board with the task of speeding up the commissioning date through more effective procurement. This would not alter the total costs but would alter the phasing of costs.

The phasing of costs is shown in the table below.

Figure 9 Phasing of costs

	Start costs £'000	2003/04 £'000	2004/05 £'000	2005/06 £'000	2006/07 £'000	2007/08 £'000	2008/9 £'000
PCT block income	-1,557	-1,557	-1,557	-1,557	-1,557	-1,557	-1,557
Other commissioner income	-148	-148	-148	-148	-148	-117	-73
Transitional funding		-53.2	-422.5	-145	-145	-348.3	0
Total income	-1,705	-1,758	-2,128	-1,850	-1,850	-2,022	-1,630
Recurring costs	1,705	1,705	1,705	1,705	1,705	1,674	1,630
Transitional costs		53.2	422.5	145	145	348.3	
Total costs	1,705	1,758	2,127	1,850	1,850	2,022	1,630
Surplus/deficit on income over expenditure	0	0	0	0	0	0	0

Details of transitional costs are given in section 4.5.



4.3.3 Capital costs

Capital costs have been assessed for the preferred service model option and have been assumed to be the same on any site. The capital costs of the preferred option are estimated at £6.98m (MIPS 422 as advised within NHS guidance) inclusive of works costs, equipment, professional fees, planning fees and planning contingencies. No land costs have been assumed as the two identified sites are in NHS ownership.

A detailed capital cost appraisal is shown in Appendix 6.

4.3.4 Costing assumptions

The following principles have been used in this costing:

General assumptions

- All costings have been undertaken in line with NHS guidance including the Capital Investment Manual.
- All costs are expressed as positive numbers and receipts as negative numbers
- The effect of price inflation incurred in future years has been excluded and all costs are expressed at the 2004/05 price base. It has been assumed that no costs will rise above RPI unless they are general NHS costs which will then be funded through general NHS inflation.
- All costs are at full cost and no costs have been assumed to be fixed.

Revenue assumptions

- All pay costs are pre-implementation of the consultant contract and Agenda for Change and it is assumed that funding will be available to cover these costs.
- All pay costs have been costed at a point of scale which reflects current staffing patterns.
- All the clinical support services provided by Swindon & Marlborough Trust on a cost per case basis are assumed to continue at current cost except for pharmacy where a reduction of £30,000 on drugs expenditure has been assumed. More detailed assumptions re potential cost reductions in this area will be explored during OBC.
- Non pay costs for inpatient units have been reduced pro-rata to the bed reduction.
- FM costs for domestic and catering have been costed at benchmarked costs of £32.51 per square metre and £5.96 per patient day. Portering and FM management costs have been costed based on an assumed % reduction from the current associated with the bed reduction. The Trust currently purchases these services on a contract with a private provider which will be renegotiated prior to commissioning.
- An assumption has been made that a share of capital charges and site costs will need to be transferred with the psychology services, Kingshill Research and Wiltshire Shared Services Consortium (WSSC) in order to facilitate their relocation. Swindon & Marlborough Trust will no longer pay rent for the Sadler Unit and this is shown as an income reduction.
- If the preferred site is GWH and the Victoria Hospital site including the Okus Road, but not the Mall houses was disposed of then there would be an overall saving in capital charges on land and rates to the health economy. These costings have assumed 50% of this saving.



- No income has been assumed from reimbursement funding for delayed transfers of care from social services as it is assumed that these are minimal.

Capital costings

- Equipment costs have been assumed at 15% of works costs. This includes the cost of all IT cabling in the building to Trust specifications. No software purchase or pc purchase has been included in this and the assumption is that the current equipment will transfer at the time of commissioning.
- Contingency has been included at 10%.
- All capital costs are at MIPS 422
- Capital charges have been assumed at 3.5%
- Space requirements for inpatient units, community, day and office space have been based on initial specifications by clinical teams and are in line with HBN requirements and guidance and other schemes currently being implemented by AWP.

4.4 Potential to Release Resources

If the preferred site is the Great Western Hospital, then the current Victoria Hospital site including the Okus Road houses will be available for disposal. The Trust has commissioned a report from Inventures, the Trust's technical advisers, supported by professional marketing advice and a DV valuation, as to the disposal options. This covers planning assessment, restrictive covenants and an initial assessment of value. This estimates the Open Market Value of the site based on total site redevelopment for residential use at £1m per acre. After disposal fees and Section 106 costs this would mean the maximum value available from the site would be £2.4m. However because the whole site valuation includes the houses in the Mall which are planned to be retained for use by the community mental health teams, this valuation would be reduced.

35

The procurement route for the project and preferred site will be confirmed at OBC. If the preferred site is not Victoria Hospital, the Trust will take forward the disposal of the site in liaison with NHS Estates and AGW StHA. The sale proceeds could potentially be available to contribute to elements of the scheme which would be publicly funded or to transitional costs where these can be capitalised and if cash brokerage can be achieved. Property costs are subject to a substantial degree of risk

4.5 Transitional Costs

There will be transitional costs associated with the scheme which have been estimated as £0.334m and have been agreed with Swindon PCT. They relate to the following:

- Costs of developing the SOC as these will be incurred prior to the capital funding route being identified.
- Costs of user involvement in the scheme including public consultation, informal engagement, service user and carer input to design, planning and commissioning.
- Costs of early recruitment of the new community staffing in order to ensure that this is in place 6 months prior to the change from the current buildings to the new.



- Organisational development costs associated with supporting the staff through the change of role and including assumptions of cost around restructuring and redeploying staff through the change.

These will be funded through the £0.334m balance of the Trust capital allocation to eliminate Nightingale Wards some of which was used to undertake immediate works to eliminate mixed sex accommodation and the balance of which was agreed with the PCT to be retained to fund the costs of reproviding the service as being the only way of genuinely achieving privacy and dignity standards.

Professional fees and costs and project management costs will also be incurred of approximately £0.78m and these have been included in the capital costs of £6.98m at the standard percentages. They will be funded through the chosen capital funding route and include the following

- Costs to develop the OBC and FBC
- Project costs and fees including professional advisers (design team, quantity surveyor, legal etc)
- Trust project management costs relating to backfilling clinical staff to work on the project and the costs associated with the move from the current site to the new
- No transitional costs have been included around temporary decant if the Victoria Hospital is the chosen site)

Both transitional and professional costs have been quantified over the period of the reprovision and are outlined below :

Figure 10 Quantification of transitional and professional costs

Type of cost	2003/04 SOC Jan 2004	2004/05 OBC Oct 2004 & FBC Apr 2005	2005/06	2006/07	2007/8 Commissioning Nov 2007	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Professional costs	27	341	105	105	68	645
AWP project costs	13	32	30	30	60	165
Stakeholder engagement	13	50	10	10	30	113
Early recruitment of community staff					85	85
Organisational development costs					106	106
Total transitional costs	53	423	145	145	348	1,114

All of the transitional costs can be capitalised except the early recruitment of community staff and organisational development costs. These will be charged to Trust revenue budgets. The Trust is carrying out a number of capital projects which are funded by Local Authorities as revenue and these will be swapped with the transitional cost items on this project which have a capital budget but need to be charged to revenue so that both sets of items are treated correctly in accounting terms.



4.6 Whole Life Costs

A high proportion of the Trust's block capital allocation (40% in 2003/04) is currently spent on health and safety backlog maintenance works. In addition a significant amount is invested in the annual rolling maintenance programme. The SOC proposals would mean that the majority of the Trust's estate in Swindon would move into prime condition. The current maintenance budgets would then enable the Trust to ensure that buildings were maintained to a high standard, thus prolonging their lives rather than continue to fund investment in buildings which do not have a life. The new facilities will be designed to give the Trust flexibility around future use thus facilitating continuing service development and keeping maintenance costs to a minimum.

4.7 Source of Funding

It is a requirement that capital expenditure within the NHS is considered for alternatives to public funding, for example private finance or third party developer funding, or public private partnership approaches. This offers the potential for innovative solutions, more cost effective projects and increased risk transfer to the private sector.

The costs presented above are based on public sector investment in line with NHS capital business case guidance.

The Trust has commissioned an initial report as to the procurement options around this scheme and details of this are set out in section 5.4. A preferred procurement option will be identified at OBC.

4.8 Risk Management

Detailed risk assessments and management strategies will be developed during the business case process. The following key financial risks have been identified, with associated control measures:

Figure 11 Financial risk analysis and mitigation

Potential Financial Risk	Sensitivity		Proposed Control Measure
	Impact	Likelihood	
Inflation risks and other financial pressures	High	Medium	<ul style="list-style-type: none"> The cost analysis has been based on MIPS 422 in line with DOH guidance. The major control mechanism will be through a fast track timescale which enables : <ul style="list-style-type: none"> Effective costing of SOC Full support of health community Effective health community LDP process
Workforce availability	High	Low	<ul style="list-style-type: none"> Scheme overall envisages reduction in staff not increase Recruitment policy developed Flexible work policy developed Education and development plans in place Flexible ways of using different professions Ensure staff involvement with planning
Transitional costs	High	Low	<ul style="list-style-type: none"> Estimation of transitional costs included in SOC figures Risk management approach to estates management Financial management allows contingency sums for crisis management. Implementation programme to be analysed to ensure maximum risk reduction and maximum cost benefit delivered early.



Potential Financial Risk	Sensitivity		Proposed Control Measure
	Impact	Likelihood	
Availability of preferred site	High	Medium	<ul style="list-style-type: none"> • 2 sites with planning permission for health care use and owned by NHS • Swindon & Marlborough Trust have confirmed their commitment to GWH as a potential site • Town planning appraisal completed to test the emerging proposals. It demonstrates that the proposals are both realistic and able to be implemented in planning and political terms. Discussions with planning authorities will continue throughout the process. All developments will, however, be subject to planning approvals.
Management Capacity in the context of the timetable	Medium	Low	<ul style="list-style-type: none"> • Management capacity included within resource planning and revenue cost assessments. • Rigorous project management procedures, and strict controls, as described in section 5



5 DELIVERABILITY

5.1 Project Control & Management

The project will be managed in line with national guidance and with proven methods. The project structure has been agreed by the project board as part of the project initiation document and is attached at Appendix 5. Partnership with key stakeholders, including engagement of users and carers, is fundamental to the project management arrangements.

More details on these are outlined below :

5.2 Project Plan

The project plan defines reporting arrangements and management controls.

Key milestones in the timetable for delivery of are outlined in section 5.3 below .

The following are key to successful implementation:

- Robust project management arrangements
- Strong communications, ensuring consultation and engagement with stakeholders throughout
- Appropriate resource profiles to achieve the strict deadlines
- Effective risk management
- Human resource strategies

39

Key roles and responsibilities are outlined below :

- The **Project Owner** with ultimate responsibility for successfully delivering the project will be the AWP Chief Executive Officer.
- The **Project Director** was the AWP Finance Director until December 2003. From January 2004 this is now the role of the Wiltshire & Swindon Director who will be responsible for the following elements:
 - Managing AWP's interest in the project from business case development through to implementation and handover
 - Ensuring the delivery of objectives in accordance with the agreed project programme.
 - Providing the senior point of contact for all dealings with those associated with the project

The Project Director is supported by a Technical Project Director who is qualified in construction project management, and who will be responsible for advising and directing at a strategic level, matters relating to procurement and construction.

- The **Project Manager** is the AWP Swindon Older Adult Services Manager and will be responsible for delivering specified packages of work defined by locality and service provision. The Project Manager is supported by a **Technical Project Manager** working under the supervision of the Technical Project Director on operational matters relating to procurement and construction.



5.3 Project Programme

Indicative key milestones are shown below:

MILESTONE	COMPLETION DATE Treasury Funded Route
Complete SOC	January 2004
Approval of SOC	July 2004
Public Consultation	July - October 2004
Outline Planning Permission obtained	March 2005
Approval of OBC	March 2005
Approval of FBC	September 2005
Procurement through chosen route	September 2006
Construction	April 2008
Commissioning & operation	May 2008

The detailed timetable for implementation is shown in Appendix 4. However, AWP is aiming to speed up this process with quicker procurement.

5.4 Commercial Attractiveness

The following procurement options have been considered:

- 1 Public funding
- 2 NHS ProCure 21
- 3 PFI
- 3a. Private sector builds and Trust takes lease (Design, Build, Finance & Operate model – DFBO)
- 3b. Private sector builds and Trust takes traditional lease plus responsibility for hard facilities management
- 3c. Private sector builds and Trust takes traditional lease plus responsibility for hard and soft facilities management
- 3d. Add on to an existing AWP PFI scheme:
- 4 Swindon
- 5 Avon OBC
- 6 PPP – private sector provides beds and care
- 7 Joint Provision with Residential Nursing Home Provider

Advice was taken from Bevan Ashford solicitors on options in 3 and 4. The options were then evaluated and a number of recommendations were made.

The procurement options most likely to meet the Trust's requirements for this project were identified as: public funding (option 1), DFBO (option 3a), a new procurement on the Great Western Hospital site not piggy backing on the Swindon and Marlborough NHS Trust PFI (option 3), NHS ProCure 21 (option 2) and a joint procurement with a residential nursing



home provider (option 5). Other PFI options may also be suitable although further work will be required to determine how attractive this project might be to the private sector at Outline Business Case stage. A traditional lease (options 3b and 3c) may be suitable subject to clarification regarding the capital charge position.

The procurement options that were least likely to meet the Trust's requirements for this project are: PPP (option 4); and add-on to an existing AWP PFI (option 3d).

5.5 Achievability

The Trust has a successful track record of delivering major building schemes including the following:

- Old Manor Hospital, Salisbury, 39 older adult beds, 27 adult acute and 12 rehabilitation beds, and 6 PICU beds plus supporting community facilities, £18m Treasury funded scheme, commissioned August 2003
- Avon low secure 12 bed unit, £1.4m Treasury funded, commissioned January 2002
- Modernising Avon mental health services - £60m PFI scheme developing 80 medium secure, 84 older adult and 122 adult acute and rehabilitation beds plus community resource centres on six sites, financial close achieved in March 2004.

The Trust believes this scheme is achievable for the following reasons:

- Agreed service model fully supported by partner organisations, service users and carers and staff
- Affordability model is signed up to
- Identified sites have healthcare planning use and are available
- Trust track record of delivering projects

5.6 Project Management – Human Resources

The Trust recognises the importance of effective HR support to change management processes. The project structure includes HR support from the locality personnel officer and the trades union staff side. The transitional costs include estimated amounts for organisational development and staff change support. Regular briefings are given to all staff on progress with the project and a project newsletter is circulated to internal and external stakeholders. Staff side representatives have been briefed on the project and attended the stakeholder day.

The workforce implications have been quantified and are set out in section 1.8. Workforce issues are included in the project plan. Trust policies and procedures will be followed to ensure that best practice is followed. The Trust has extensive experience of managing service change projects and is committed to recruiting and retaining staff.

5.7 Project Management – Communications

The Trust recognises the importance of effective communication for a change project of this nature. As part of developing the Project Initiation Document, the key stakeholders were identified and a plan for communicating and involving them was set out detailing the individuals taking lead responsibility for following this through. The project communications



activity is led by the Project Director working closely with the Trust Head of Communications. Feedback from the stakeholder day was that early communication around plans had been effective and that stakeholders including carers and elected representatives felt engaged and able to input into the planning process at a stage when they could still influence the process.

A key early task at OBC when public consultation and planning applications are required will be to develop a detailed communications strategy to ensure the early work around communication is taken forward successfully. We have also agreed with the Overview and Scrutiny Committee that this work was presented to them in January so that the public consultation process could be planned for.

5.8 Benefits

In accordance with guidance within the CIM, a Benefits Realisation Plan will be developed in detail, based upon the aims and objectives identified within this SOC, in order to identify the individual specific benefits expected as a result of this investment.

The commitment of the project team, staff, and the engagement of users and carers will demonstrate the commitment to the successful implementation of the project.

5.9 Post Project Evaluation (PPE)

As part of effective project management techniques and national guidance, the Trust carries out project evaluation at all key milestones of major projects and full post project evaluation on all projects. Lessons learnt from these are shared throughout the Trust and inform future project development. This approach will be continued through this project.

42

PPE will focus on two inherently inter-linked aspects:

- Improvement of project management, design and implementation, in accordance with the CIM
- Evaluation of service provision

Performance indicators in mental health require further development, however services will be evaluated against local and national policies, benefit criteria as defined within this SOC and also available clinical quality indicators:

Services will be evaluated against local needs assessment, in particular the views of stakeholders (service users/ carers, partner agencies) without whom this SOC could not have been developed.



6 CONCLUSIONS & RECOMMENDATIONS

This SOC sets out proposals to take forward the service model for older people with mental health problems in Swindon, and at the same time facilitates the modernisation of very poor quality estate.

The commissioners support the SOC as evidenced in their supporting statement shown in Appendix 7. This includes commitment to the revenue neutral solution.

The Trust and stakeholders believe the SOC is deliverable in terms of site, funding and project management.

The model outlined in the SOC has been tested with service users and carers and the lead voluntary organisations in Swindon and has initial support.

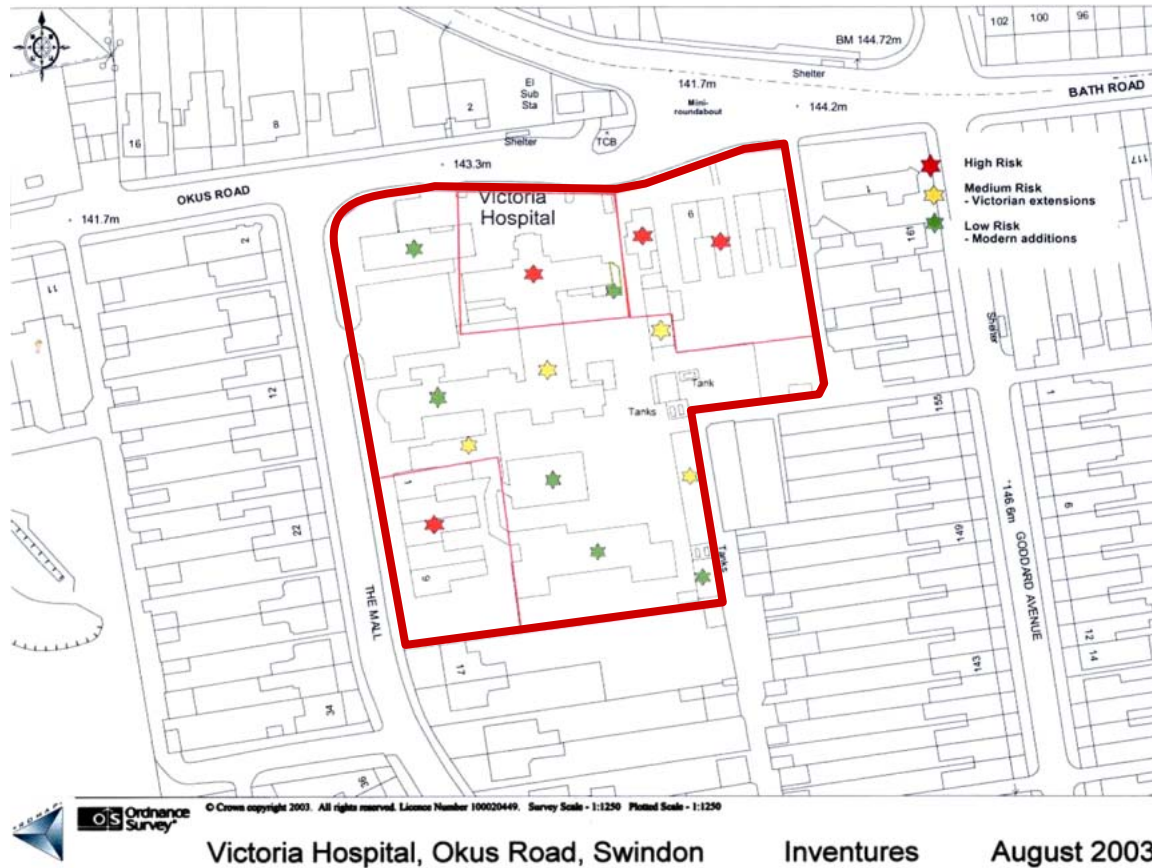
The Strategic Health Authority is recommended to approve this SOC.



APPENDICES



APPENDIX 1 - Victoria Hospital, Swindon - Site Map





APPENDIX 3 – Stakeholder Event Invitation & Attendee List

Name	Title/Organisation	Attended
1. Jennifer Downing	Carer	✓
2. Basil Bassett	Carer	✓
3. Jemima Milton	Councillor, Swindon Borough Council	
4. Maurice Fanning	Councillor, Swindon Borough Council	
5. Owen Lister	Councillor, Swindon Borough Council	✓
6. Keith Sker man	Director, Social Services, Swindon Borough Council	
7. Graham Pearson	Assistant Director, Social Services, Swindon Borough Council	✓
8. John Hughes	Service Manager, Social Services, Swindon Borough Council	
9. Phil Hodges	Acting Assistant Director, Commissioning, Social Services, Swindon Borough Council	✓
10. Peter Starr	Commissioning Manager, Social Services, Swindon Borough Council	
11. Tracye Lewis	Finance Officer, Swindon Borough Council	
12. Members	Carers Reunion Group	
13. Gillian Barber	Director, Focus on Carers & Self Help	✓
14. Deb Bignall	Carer Development Worker, Focus on Carers & Self Help	
15. Elaine House	Carer Support Worker, Focus on Carers & Self Help	✓
16. Jo Osario	Director, Age Concern	✓
17. Pat Childs	Wiltshire and Swindon Users Network	
18. Geraldine Smith	Proprietor, Ashbury Lodge, Residential Home	✓
19. Teresa Doult	Deputy Manager, Ashbury Lodge, Residential Home	✓
20. Helen Marshall	Manager, Kingscourt Care Centre	✓
21. James Dunn	Proprietor, Grove Hill, Independent Sector Home	
22. Christopher Smith	Proprietor, Four Seasons Care Home	
23. Jamie Smith	Deputy Manager, Four Seasons Care Home	
24. Deborah Lee	Director, Swindon PCT	✓
25. Geoff Degg	Commissioning Manager, Swindon PCT	✓
26. Pauline McDonald	Assistant Director, Swindon PCT	✓
27. Phil Beaumont	Champion, Older People, Swindon PCT	
28. Marilyn Hughes	Swindon PCT	
29. Juliette Larn	Programme Manager, Adults, Swindon PCT	
30. Louise Champion	Speech & Language Therapist, Swindon PCT	✓
31. Susan Couch	Speech & Language Therapist, Swindon PCT	✓
32. Sharon Gerry	Therapy Representative, Swindon PCT Professional Executive Committee	
33. Allison Middleton	Commissioning Manager, Kennet & North Wiltshire PCT	
34. Dr Howard Thomas	Chair, Professional Executive Committee, Swindon PCT/Homeground Surgery	
35. Dr Philip Mayes	Mental health lead GP, Swindon PCT/Kingswood Surgery	
36. Dr Lynn Brading	GP, Crossroads Surgery, Swindon	
37. Lyn Hill-Tout	Chief Executive, Swindon & Marlborough NHS Trust	✓
38. Dr Mukherjee	Swindon & Marlborough NHS Trust	
39. Dr Howard	Swindon & Marlborough NHS Trust	
40. Donna Bossom	Senior Nurse, Swindon & Marlborough NHS Trust	
41. Pat Tomlinson	Swindon & Marlborough NHS Trust	
42. Francesca Thompson	Swindon & Marlborough NHS Trust	
43. Hazel Watson	AGW Strategic Health Authority	
44. Liam Scanlon	National Care Standards Commission	✓
45. Charlotte Moar	Finance Director, AWP	✓
46. Malcolm Sinclair	Wiltshire & Swindon Locality Director, AWP	✓
47. Patrick McKee	Nurse Director, AWP	
48. Ven Veerapen	Modern Matron, AWP	✓
49. Andrew Mitchell	HR Manager, AWP	✓
50. Sam Pelling	Finance Manager, AWP	
51. Pat Gordon	Ward manager, AWP	✓
52. Reshad Jondah	Ward manager, AWP	✓
53. Jeanette Holland	Assistant Psychologist, AWP	✓
54. Jill Owen	Carer Support Worker, AWP	✓



Name	Title/Organisation	Attended
55. Jean Slocombe	Carer Support Worker, AWP	✓
56. Angela Gwilt	Dietician, AWP	✓
57. Gill McKinnon	Service Manager, Dept of Old Age Psychiatry, AWP	✓
58. Dr Roger Bullock	Consultant Psychiatrist, Dept of Old Age Psychiatry, AWP	✓
59. Alfie Hall	Team Leader, Dept of Old Age Psychiatry, AWP	✓
60. Rena Cottis	Team Leader, Dept of Old Age Psychiatry, AWP	✓
61. Clare Leonard	Physiotherapist, Dept of Old Age Psychiatry, AWP	✓
62. Adrian Bolster	AWP	
63. Cathy Poulson	AWP	
64. Anne Easter	AWP	
65. Richard Tollinton	AWP	
66. Gill Ross	AWP	
67. Hilary Wright	AWP	✓
68. Simon Manchip	AWP	
69. Caroline Irvine	Physiotherapist, AWP	
70. Janet Coombe	Social Worker, AWP	
71. Malcolm Poulter	Social Worker, AWP	
72. Brian Strickland	Staff Side Representative	✓
73. Alison Cox	Staff Side Representative	
74. Kate Glass	Technical Project Director, Inventures	✓
75. Victoria Hamilton	Project Manager, Inventures	✓
76. Sue Dodd	Health Care Planner, Inventures	✓



APPENDIX 4 - Project milestones

Milestone	Completion	Lead	Notes
Scoping Exercise			
Scope all of the services currently provided on the Victoria Hospital Site	End Jan 03	Victoria Hamilton	Get contacts and engage with all services
Agree which of the services currently at Victoria are to be re-provided in the main scheme.	End May 03	Project Director	Who takes responsibility for this decision?
Project Structure in Place	End Jun 03	Victoria Hamilton	Agree project team, service user involvement and elements of service to be re-provided in main scheme.
Serve notice to the services not being re-provided as part of the main project	End May 03	AWP/ Inventures	Provisional Notice will be given to services as early as possible to allow planning
Agree provisional service model for OLDER ADULT	End Jul 03	Malcolm Sindair	Agree service model in terms of components functions and teams
Define current service	End Jul 03	Gill McKimon	Agree and cost current service
Determine Partners and their affordability	End Jul 03	Project Director	Services that are not part of AWP need to review their own service models and affordability in time to allow the sign off of the scoping exercise.
Sign off scoping exercise	Mid Jul 03	Project Director	Sign off that the proposed service model is feasible and delivers the project objectives.
Cost the agreed AWP scope	End Jul 03	Finance	Provide capital and revenue estimates for the service model
Review timescale for delivery	End Apr 03	Project Director	
Strategic Outline Case			
Options for the procurement route	Sept 03	Project Director	Look at Treasury Funding, PFI & PPP options
Complete SOC	Jan 04	Project Director	
SOC submitted for consideration by Swindon PCT Board, Joint Commissioning Board and SBC Health Scrutiny Committee	June 04	Project Director	
Approval of SOC	Jul 04	AGW	
Outline Business Case			
Appoint Design Team	Jul 04	Technical PM	
Undertake option appraisals	May 04	Project Director	
Work Up Designs	Oct 04	Technical PM	
Prepare consultation material	Jun 04	AWP comms team	
Public Consultation	Jul - Oct 04	Project Director	
Submit Outline Planning Permission	Nov 04	Technical PM	
Submit OBC	Jan 05	Project Director	
Outline Planning Permission Achieved	Mar 05		
Approval of OBC	Mar 05	AGW	
Procurement & Construction			
Either:			
PFI / PPP Procurement Route			Not being considered here
Or:			
Treasury Funded Route			
• Appoint Design Team	Mar 05	Technical PM	
• Submit Full Planning Application	Jun 05	Technical PM	
• Submit FBC	Aug 05	Project Director	
• Approval of FBC	Sept 05	AGW	
• Full Planning Permission achieved	Nov 05		
• Detailed Design	Jun 06	Technical PM	
• Appoint Contractor	Sept 06	Technical PM	
• Mobilisation	Oct 06	Technical PM	
• Construction	Apr 08	Technical PM	
• Commissioning & operational	May 08	Service Manager	

Final 10: dated 10 June 2004





APPENDIX 6 - Capital Costs

26 BEDS - MIPS 395/Uplift MIPS 422

Facility	New Build	GFA (m2)	Departmental cost rate £/m2 @ MIPS 395	Departmental costs @ MIPS 395	On-costs @ 50%	Works Costs	Fees @ 19.5%	Non-works @ 2.5%	Equipment @ 15%	Scheme Contingency @ 10%	VAT @ 17.5%	Totals MIPS 395	Uplift for current prices MIPS 422
26 Inpatient Beds	NB	1397.22	1,233.46	1,723,414.98	861,707.49	2,585,122.47	504,098.88	64,628.06	387,768.37	258,512.25	463,706.34	4,263,836.38	4,555,288.48
Community Team Base - Elderly	NB	485.76	1093.85	531,348.58	265,674.29	797,022.86	155,419.46	19,925.57	119,553.43	79,702.29	142,965.98	1,314,589.59	1,404,447.61
Shared Space	NB	234.96	1093.85	257,011.00	128,505.50	385,516.49	75,175.72	9,637.91	57,827.47	38,551.65	69,152.02	635,861.27	679,325.20
Regeneration Kitchen	NB	52.8	2431	128,356.80	64,178.40	192,535.20	37,544.36	4,813.38	28,880.28	19,253.52	34,536.00	317,562.75	339,269.57
Total		2170.74		2,640,131.35	1,320,065.68	3,960,197.03	772,238.42	99,004.93	594,029.55	396,019.70	710,360.34	6,531,849.98	6,978,330.86

NOTES

All Capital Costs have been prepared at MIPS 395 and uplifted to MIPS 422, Q2 2004, to reflect the revised submission date of the SOC. No adjustment has been taken for a Location Factor as this is not considered appropriate for projects of this scale.

Departmental Cost Allowances have been calculated from DH Departmental Cost Allowance Guides - Version 1.0:1997 where appropriate. Other Departmental Costs are based upon a historic 'norm' for admin/office areas.

On-Costs are based upon an assumed 'norm' of 50%.

Value Added Tax has been calculated at 17.5%. VAT is reclaimable on Fees and is included in Equipment and Contingency and has therefore not been identified on those elements.

Land/Property Costs are excluded.

Non-Works Costs are based upon 2.5% of the Works Cost and are deemed to be inclusive of Local Authority Fees and Charges.

The Departmental Cost Allowance for the Regeneration Kitchen includes an allowance for Kitchen Equipment.

No allowance has been made for a phased build.



APPENDIX 6 Continued
Schedules of Accommodation

OLDER PEOPLE'S ACCOMMODATION - 26 CLIENTS Ground Floor (GF)			
	Unit m2	No.	Total
Bedroom			
Single bedroom	12.5	26	325
WC/Bathroom/Shower Facilities			
En-suite: bath/WC/wash	7	26	182
Assisted WC	4.5	4	18
Bath/WC/Wash/Shower: Assisted Client	17	4	68
WC/hand wash: Wheelchair independent, assisted client	7	4	28
Client Day Space			
Client Sitting/Dining Room: 18 places	63	2	126
Quiet Sitting	16	1	16
Client Smoking Lounge: 8 persons	12	1	12
Female Day Room	16	1	16
Art Therapy : 8 persons	14	1	14
OT Kitchen	15	1	15
WC's	4.5	3	13.5
Administration/Staff Facilities			
Ward Office: 4 staff/2 workstations	15	1	15
Multi-use admin office	12	1	12
Consultant/office	12	1	12
Ward Manager's Room	12	1	12
Modern Matron Office	12	1	12
Staff rest	18	1	18
WC - Staff - Male	2	1	2
WC - Staff - Female	2	1	2
Facilities & Storage			
Ward Pantry	10	2	20
Treatment room (incorporating Physio Couch)	16	1	16
Patient Utility/Laundry	15	1	15
Store: Equipment	18	1	18
Store: Linen, distribution trolley	5	2	10
Store: General supplies	6	1	6
Dirty Utility	8	2	16
Cleaner's room	5	1	5
Reception Area	10	1	10
Cluster Store/Bay: 2 hoist & w/chair	8	3	24
Gross Total			1058.5
Circulation @ 25%			264.625
Engineering Zone @ 3%			31.755
Engineering Plant @ 4%			42.34
TOTAL FLOOR AREA (Gross Internal)			1397.22



Schedules of Accommodation (continued)

COMMUNITY TEAM BASE - ELDERLY – First Floor (FF)			
	Unit m2	No.	Total
Consultants office/ including Dr	12	6	72
Admin staff (7 inc. 2 medical secretaries)	20	2	40
Site Supervisor + safe	8	1	8
Social Workers (6)	16	1	16
Community Nurses (6)	16	2	32
Psychologist (2)	12	2	24
Physiotherapist (4)	18	1	18
Team Leaders (2)	12	1	12
OT's (13)	18	4	72
Dietician/SLT	12	1	12
Service Manager's office	12	1	12
Support Workers (6+2 duty workers)	20	2	40
Store: general supplies + incontinence store	10	1	10
Gross Total			368
Circulation @ 25%			92
Engineering Zone @ 3%			11.04
Engineering Plant @ 4%			14.72
TOTAL FLOOR AREA (GROSS INTERNAL)			485.76
DEPARTMENTAL FACILITIES			
Ground Floor Facilities			
General Reception - GF	15	1	15
Public WC's Disability/Baby room - GF	12	1	12
Regeneration Kitchen - GF	40	1	40
Interview/office - GF	11	5	55
Large group meeting with sub-division - GF	25	1	25
Store - GF	10	1	10
First Floor Facilities			
Medical Records Store - FF	15	1	15
Staff Rest - FF	18	1	18
Shower/WC - FF	4	1	4
WC's Female - FF	8	1	8
WC's Male - FF	4	1	4
Photocopier - FF	6	2	12
Gross Total			218
Circulation @ 25%			54.5
Engineering Zone @ 3%			6.54
Engineering Plant @ 4%			8.72
TOTAL FLOOR AREA (GROSS INTERNAL)			287.76



Schedules of Accommodation (continued)

SUMMARY OF TOTALS	
Elderly Accommodation (26 clients)	1397.22
Community Team Base - Elderly	485.76
Shared Facilities	287.76
TOTAL FLOOR AREA (GROSS INTERNAL)	2170.74
TOTAL FLOOR AREA - EXISTING SITE	3387.58
Total Ground Floor Area	1604.46
Total First Floor Area	566.28



APPENDIX 7 - Commissioners Supporting Statement

Supporting statement by Swindon Primary Care Trust and Swindon Borough Council, for the Strategic Outline Case, (SOC) for the redevelopment of services for older people with mental health problems in Swindon

Purpose

To provide the Strategic Health Authority with a statement of support for the model of service outlined within the Strategic Outline Case, and to highlight the key issues contained within the document.

Background

The enclosed Strategic Outline Case for the redevelopment of services for older people with mental health problems in Swindon is fully supported by Swindon Primary Care Trust and by Swindon Borough Council.

The service model outlined within the SOC has been developed in partnership between the Swindon PCT, Swindon Borough Council, Avon and Wiltshire Mental Health Partnership NHS Trust, service users, carers and other stakeholders within the Swindon area.

The proposal within the SOC, to redevelop the in-patient services, currently provided at the Victoria Hospital site, is key to developing and modernising Swindon PCT's estate. The reprovision of this site is the highest priority for capital resources within the Swindon health community.

Strategic Context

In developing the model of care outlined within the SOC, established national policies and guidance relating to the health and social needs of older people with mental health problems have been taken into account. These include; the National Service Framework for Older People 2001 (DoH); Forget Me Not 2000 (Audit Commission), the NHS Plan 2000 (DoH), Safety, Privacy and Dignity in Mental Health units 1999 (DoH), and the Carers and Disabled Children Act 2000.

The services in Swindon do not currently meet the standards outlined within these policies and guidelines. For example the current buildings do not meet many of the standards required for patient privacy and dignity, and do not meet with the Disability Discrimination Act. Therefore there is a need to replace the existing buildings, and provide more multi-disciplinary community based services along the model outlined in the NSF for Older People, (Standard 7), whilst preventing inappropriate admission to the acute hospital and facilitating discharge from acute hospital beds, (Standard 4).

Proposed Model

The NSF for Older People and other national guidelines state that high quality inpatient services remain an important part of a comprehensive service for the mentally ill. They also recognise that in future many more patients should be cared for and treated in the community rather than in hospital.

However there will always be a need for some inpatient provision for specialist assessment and treatment of mental illness, when people are too unwell to remain at home. Not



providing any beds would also place the burden of short term assessment for dementia on the acute general hospital. The model of service therefore proposes a number of beds which is based on current usage, the impact of additional community based services, the availability of support within the independent sector, incidence of dementia, and predicted population growth. (Figures indicate that between 2003 and 2011 there will be an additional 4,000 older people in Swindon, 1,500 of whom will be aged over 75).

The current services commissioned at the Victoria Hospital for older people's mental health include 38 inpatient beds (14 for functional mental illness, e.g. depression, 24 for organic assessment/ respite/ longer term care), a day hospital, community mental health team, and memory clinic. The future proposal outlined in the SOC, is for one ward to replace the current three. This will maintain the current level of functional illness and reduce organic beds to 12. Admission would focus on short term assessment and behavioural management. Longer term care and respite will be provided in the independent sector. There will also be increased community services enabling more support to residential and nursing homes as well as to users and carers in their own homes.

Whilst the number of beds proposed is less than are currently provided, the model provides additional community services to care and treat older people within, or close to their own homes.

The model of service described in the SOC therefore fully meets the national guidance, and local needs. It has also been developed in line with the current work of the Swindon Borough Council, which is assessing nursing and residential home capacity for older people within Swindon. Part of this review has specifically looked at future provision of EMI nursing and residential care home provision, and also specialist domiciliary care provision. As a consequence of the review a specialist EMI care home and resource centre is being developed during 2004/5 at one of Swindon social services care homes. This social care facility is being developed in line with the proposals within this SOC, which includes investment by Swindon Social Services to improve staffing levels (from 9hrs per resident to 18hrs) and adapt the accommodation (including day centre and respite services) from allocated capital resources 2004/5. Swindon Social Services has also been seeking to develop the capacity for EMI nursing, specialist domiciliary care service and for special extra-care schemes as part of this programme supported by DH grants.

56

Financial arrangements

Swindon PCT can confirm their full support for this SOC in terms of delivering a revenue neutral solution.

The specific capital costs of developing the inpatient unit will be explored further as part of the Outline Business Case development.

Recommendations

1. To note that this Strategic Outline Case, is fully supported by Swindon Primary Care Trust and Swindon Borough Council.
2. To note that the capital requirement to deliver this service is the highest priority within the Swindon Health Community.

June 2004



APPENDIX 8 - Abbreviations and Glossary

AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
AGW	Avon, Gloucestershire & Wiltshire Strategic Health Authority
Swindon PCT	Swindon Primary Care Trust – an NHS organisation which delivers and commissions healthcare services
CIM	Capital Investment Manual
Condition B	Physical building condition which is sound, operationally safe and exhibits only minor deterioration
CPN	Community Psychiatric Nurse
DBF	Design, build, finance
DDA	Disability Discrimination Act
DFBO	Design, finance, build, operate
DOH	Department of Health
DV	District Valuer
EMI	Elderly Mental Illness
FBC	Full Business Case
FITN	Final Invitation to Negotiate
FM	Facilities Management
FOCUS	Voluntary organisation for carers in Swindon
GWH	Great Western Hospital, Swindon
HBN	Health Building Notes
HR	Human Resources
IM&T	Information Management & Technology
LDP	Local Development Plan
LIS	Local Implementation Strategy
MIPS	Median Index of Public Sector Building Tender Prices
NSF	National Service Framework
OBC	Outline Business Case
OJEC	Official Journal of the European Union
OP	Out patient
OT	Occupational therapy
PFI	Private Finance Initiative
PICU	Psychiatric Intensive Care Unit
PITN	Preliminary Invitation to Negotiate
PM	Project Manager
PPOPS	Planning Partnership for Older People in Swindon
PPE	Post Project Evaluation
PPP	Public Private Partnership
PSC	Public Sector Comparator
R & D	Research and Development
SALT	Speech and language therapy
Swindon Borough Council	Swindon Borough Council – the Unitary Authority for Swindon
Swindon & Marlborough NHS Trust	Swindon & Marlborough NHS Trust – with its headquarters at Great Western Hospital, Swindon
SOC	Strategic Outline Case
WSSC	Wiltshire Shared Services Consortium