

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 28 January 2015

**Title and Author of Paper:** BD 211 – Older Peoples Functional In-Patient Services move from Rosewood to Mill Cottage v2 14-01-15

Russell Patton, Group Director, Urgent Care Group

**Paper for Debate, Decision or Information: Information**

**Key Points to Note:**

Proposal is the second of a two phase process agreed via a business case in May 2014 to move OPS Functional In-Patients from Ward 18 at South Tyneside District Hospital to Mill Cottage at Monkwearmouth Hospital, via an interim move to Rosewood Ward on the Cherry Knowle Hospital site  
Patients currently on Rosewood Ward (28 beds) with the proposal being to refurbish Mill Cottage to provide 18 beds for these patients going forward  
Provision has been made in the Trust's capital programme plan (presented to CDT on 5 Jan) for the Mill Cottage refurbishment cost but formal agreement to proceed with the capital scheme to undertake the refurbishment is sought  
Cost plan for refurbishment has been market tested and the price provided by Kier Construction for the works is £3.95m  
Proposed future staffing establishment is 28 WTE (prior to the interim move to Rosewood staffing was 51 WTE) and it is also proposed to increase the establishments on the dementia wards at Monkwearmouth Hospital by 13.4 WTE at a cost of £410k

**Outcome required:** The Board is asked to approve the draft business case

# Transforming Services - Draft Business Case v2 14-01-15

## BD246 – Older Peoples Functional In-Patient Services move from Rosewood to Mill Cottage

Shining a light on the future



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## 1. Introduction

The purpose of this business case is to propose the relocation of the Older Peoples Functional (OPS Functional) bed based service from its current temporary location at Rosewood on the old Cherry Knowle Hospital site to a newly refurbished Mill Cottage on the Monkwearmouth Hospital site. The service is provided by the Urgent Care Group which provides mental health services for older people within Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT).

This business case follows on from a business case that was approved in May 2014 entitled “BD211 – Improving the Provision of Older Peoples Functional In-Patient Services South of Tyne (Rosewood / Ward 18)”. This earlier business case proposed the temporary relocation of OPS Functional services from Ward 18 at South Tyneside District Hospital to Rosewood. This allowed the Trust to make a saving of £175,305 per annum by terminating the Service Level Agreement with South Tyneside Hospitals NHS Foundation Trust until more permanent premises were available.

The majority of older people with mental health needs will receive assessment, treatment and care in their own home. However, for a small number of people admission to hospital will be appropriate. Inpatient services for older people provide specialist mental health assessment and treatment for two main groups:

- Functional mental health – conditions such as depression, anxiety or psychosis
- Organic mental health – with progressive conditions such as dementia

The principal driver for change is to improve the quality of the services being provided whilst meeting the Quality, Innovation, Productivity and Prevention (QIPP) challenge faced by the Trust. The Trust will broadly do this in line with recommendations for service redesign proposed in the SMR. If the Trust is to make improvements to the pathway South of Tyne it is vital that it identifies those areas where it can rationalise its services and facilities and reinvest in areas which can improve service user outcomes. Services should also be delivered from sites which offer the best physical environment and most appropriate clinical alignment.

There is therefore a need to develop a core pathway for service users, which is client centred, outcome based, consistent and which includes a higher level of quality interventions and improved use of resources through investment in clinical staff in inpatient facilities. If the Trust does not take action then it will fail to achieve these aims, and it will also miss an opportunity to deliver a substantial contribution to the QIPP target from its inpatient areas. This in turn could result in the need to reduce costs from community services which is contrary to the principles of the Transforming Services Programme.

The basis of this proposal ultimately involves moving functional service users and services into the PRIDE scheme thus helping to ensure more effective alignment of clinical demand and service provision. Specifically, the proposed model will see greater alignment with the Trust’s organic services in order that these service users’ needs and requirements can be addressed in the most effective manner.

In order to effectively support this move it is imperative that the service actively attempts to reduce bed utilisation and this business case details the safely managed and phased bed reduction programme that is to be undertaken.

Despite this proposal being associated with the review and potential relocation of inpatient provision, it will allow the Trust to significantly improve the quality of care provided to service users by delivering excellent community services that are responsive and provide effective treatment. Those service users that still require inpatient care and treatment will be treated in environments that support and enhance recovery.

## **2. Context**

### **2.1 Local Context**

The local context is viewed from the perspective of the Trust, the Service and Commissioners.

#### **2.1.1 The Trust**

This business case is written in the context of the Transforming Services Programme (TSP). This started with a Service Model Review (SMR) which was undertaken by clinicians from across the Trust in 2010 and which has been broadly supported by stakeholders including Commissioners, GPs, Service Users, Carers and partner agencies including the former Strategic Health Authority, and Local Authorities. The SMR is based on a whole system service redesign approach and it shapes the strategic direction of the Trust for the period up to 2017/18.

The SMR supports the Trust as it faces and responds to the QIPP challenge of continuing to improve quality whilst substantially reducing its cost base by 20% over 5 years. A key element of the SMR in the context of this business case is a recommendation that the Trust should have fewer but better resourced inpatient facilities as part of an integrated whole system approach to service provision with new capacity and capability in community services (both in the Trust and partner organisations) delivered and aligned with the reconfiguration of inpatient capacity. This recommendation is being taken forward as part of the Trust's Transforming Inpatient Services initiative and includes the proposal covered by this business case.

The service redesign is centred on Care Pathways and Packages. This approach is mandated by the Department of Health and is endorsed by the Trust. It is designed to ensure that service users consistently receive the right service, at the right time and in the right place depending on the nature of the problem, the level of complexity, the urgency and the risk.

#### **2.1.2 Existing Older Peoples Functional service provision – South of Tyne**

The Trust currently provides 28 OPS Functional inpatient beds South of Tyne as part of its portfolio. These are based at Rosewood ward on the old Cherry Knowle Hospital site in Sunderland and the service provides assessment, treatment and

rehabilitation for older people with functional mental health problems (e.g. depression).

### 2.1.3 Commissioners

The local strategies and commissioning intentions of the South of Tyne Clinical Commissioning Groups of relevance to this business case can be summarised as follows:

#### South Tyneside Clinical Commissioning Group

- Partnership delivery of personalised care and independent living for service users with long term conditions
- Personalised care plans in mental health based on a stepped care approach with timely access to services
- Streamlined Urgent Care services with a single point of access

#### Sunderland Clinical Commissioning Group

- Improve quality of care for long term conditions across the whole system
- Provide more planned care closer to home
- Integrated tiered approach to mental health across the whole healthcare system

## 3. The Case for Change

### 3.1 Demographics

From a demographic perspective the health of the local population influences the requirements for mental health service provision and the subsequent commissioning of those services. Any proposed service change will need to ensure that it ultimately provides positive outcomes for the current and future local population.

The table below highlights anticipated demographic changes in the over 65 populations of the Sunderland and South Tyneside localities:

Locality	Population aged 65 and over (2011 census)	Predicted population aged 65 and over change to 2021
South Tyneside	27,000	+1.4%
Sunderland	47,100	+4.7%

*Source: Projected population statistics for 2011-2021, Office for National Statistics*

The above data can only be used as an indicator of potential change in demand as the predicted increase in the number of people aged 65 and over in the area may not necessarily be associated with an increase in demand for specialist hospital based care and treatment.

As the Principal Community Pathways (PCP) work becomes embedded, the Trust will be better placed to deal with any increase in demand driven by these changing

demographics. The PCP programme will significantly improve the quality and effectiveness of community services for service users and carers. It will also create highly efficient, new ways of working which will make better use of resources and so reduce the reliance on inpatient beds and enable a greater number of people to be effectively treated in the community.

## **3.2 Clinical Effectiveness and Service Delivery**

The Trust's services South of Tyne have been developed historically on a locality basis with the aim of meeting a very specific local need. However, for inpatients this is no longer in keeping with the need to provide an integrated model based on more specialised and better resourced inpatient services alongside strengthened community services which should be provided as close to home as possible.

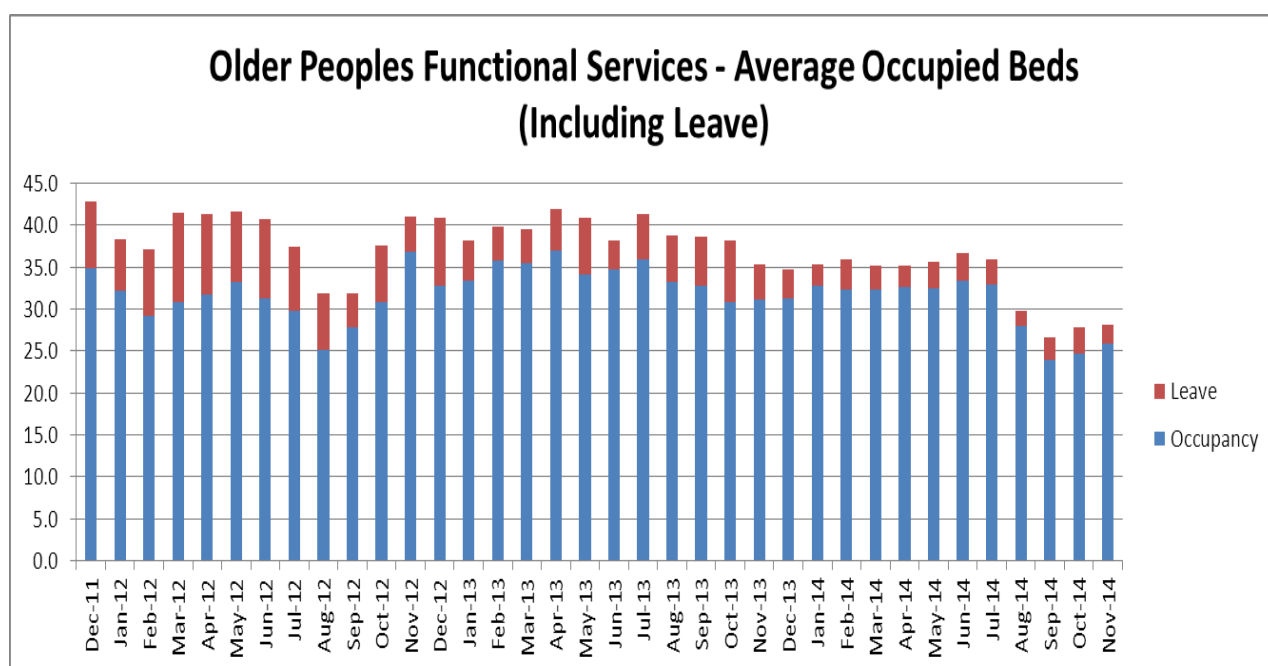
An additional driver for change is the development of the PRIDE schemes within Ryhope and Monkwearmouth in Sunderland. The opening of Hopewood Park in Ryhope, coupled with the development of new facilities at Monkwearmouth, will result in fewer but more appropriate, better resourced facilities to meet the needs of the older population. There is therefore a need to develop a core pathway for patients which is client centred, outcome based, consistent and which includes a higher level of quality interventions and improved use of resources through investment in clinical staff in inpatient facilities. This business case describes actions proposed to ensure that the Trust achieves these aims and also delivers a significant contribution to the QIPP target.

## **3.3 Capacity and Activity**

### **3.3.1 Activity**

The chart below shows the average bed occupancy within OPS Functional wards South of Tyne over the last 3 years. Both Rosewood and Ward 18 were operational until the end of August 2014 when Ward 18 closed and the service has been provided from Rosewood only since then. A fluctuating yet declining trend in occupancy is evident:





The proposal will see a further reduction in OPS Functional services South of Tyne. By way of background, the tables below analyse occupancy in the services in slightly more detail since April 2014:

Average Occupied Beds (excluding leave beds)								
Ward Description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Rosewood	19.0	18.1	18.8	18.5	18.1	23.4	24.7	25.9
Ward 18	13.6	14.4	14.5	14.4	9.9	0.5	0.0	0.0
<b>Grand Total</b>	<b>32.6</b>	<b>32.5</b>	<b>33.3</b>	<b>32.9</b>	<b>27.9</b>	<b>24.0</b>	<b>24.7</b>	<b>25.9</b>

Leave Beds								
Ward Description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Rosewood	0.7	2.0	2.1	2.1	1.5	2.6	3.1	2.2
Ward 18	1.8	1.2	1.3	0.9	0.4	0.0	0.0	0.0
<b>Grand Total</b>	<b>2.5</b>	<b>3.1</b>	<b>3.3</b>	<b>3.0</b>	<b>1.8</b>	<b>2.6</b>	<b>3.1</b>	<b>2.2</b>

Average Occupied Beds (including Leave Beds)								
Ward Description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Rosewood	19.7	20.0	20.9	20.6	19.5	26.0	27.8	28.1
Ward 18	15.4	15.6	15.8	15.4	10.2	0.6	0.0	0.0
<b>Grand Total</b>	<b>35.1</b>	<b>35.6</b>	<b>36.6</b>	<b>35.9</b>	<b>29.7</b>	<b>26.6</b>	<b>27.8</b>	<b>28.1</b>

These tables show that the activity is beginning to display a downward trend in terms of occupancy as fewer beds are available. This, coupled with an understanding of available resources, demonstrates that there is scope to reduce the number of OPS Functional beds available if you consider supply and demand on a Trust-wide basis.

In addition, as is the case Trust-wide, improving working practices to manage down the use of leave beds will support this proposal by reducing the need for inpatient beds.

### 3.3.2 Summary

Capacity modelling has demonstrated that the proposed bed numbers can meet current demand on a South of Tyne and Trust-wide basis and with the implementation of enabler work streams, senior clinicians within the service are

confident there will be a further reduction in the reliance on inpatient services and enable any changes in demand resulting from demographic change to be met.

In summary the analysis of activity supports the view that a reduction in inpatient capacity is possible, supported by reinvestment in the remaining wards to ensure that safe and effective patient care is optimised. The reduction in capacity will also support the delivery of a contribution toward the Trust's QIPP target whilst allowing improvements to the quality of remaining services.

## 4 The Proposal

In May 2014 the first of a two phase process was approved by the Finance, Infrastructure and Business Development Committee to reduce OPS Functional capacity South of Tyne<sup>1</sup>. Phase one was implemented from the start of September 2014 with the closure of Ward 18 at South Tyneside District Hospital following a programme of phased bed reduction.

The remaining Ward 18 inpatients were relocated into Rosewood on the Cherry Knowle Hospital site, which had its capacity temporarily increased from 20 beds back up to its original level of 28 beds to accommodate these inpatients. Currently Rosewood ward is operating at full occupancy when leave beds are taken into account (26 beds are occupied when leave beds are excluded).

This business case proposes that phase two of the plan to improve the provision of OPS Functional inpatient services South of Tyne is implemented, namely moving the service from Rosewood to a newly refurbished 18-bedded Mill Cottage on the Monkwearmouth Hospital site as summarised in the table below:

Current			Future		
Ward	Location	Beds	Ward	Location	Beds
Rosewood	Cherry Knowle Hospital	28	Mill Cottage	Monkwearmouth Hospital	18

The main aims and objectives of this proposal are as follows:

- To ensure the OPS Functional client group is provided with comparable quality of service to those of working age
- To reduce the number of beds from 28 to 18 thereby improving the therapeutic nature of the service; improving capacity for more personalised care and treatment based on maximising privacy and dignity
- To provide an environment conducive to optimising safety, independence and recovery thereby improving the patient experience and reducing length of stay
- Relocate the service from Rosewood to Monkwearmouth Hospital to co-locate with other Older Peoples Services (Dementia), recognising the sharing of skills, knowledge and expertise essential in the care and treatment of Older People who often have co-morbidities (e.g. anxiety, depression, psychosis, dementia and physical health frailties) thus maximising well-being and improving health outcomes

<sup>1</sup> Business case approved by FIBD was BD211 – Improving the Provision of Older Peoples Functional In-Patient Services South of Tyne (Rosewood / Ward 18)

- Provide single room accommodation for all patients, away from current dormitory facilities

Mill Cottage was occupied by Complex Care inpatients that have now moved into Hopewood Park thus vacating the premises to be refurbished to accommodate OPS Functional inpatients. The refurbishment of Mill Cottage will be significant with a new build bedroom wing to be constructed to form a secure courtyard. The completed scheme will be an 18 bed unit with en-suite, living areas, Clinic/Treatment rooms, and staff change/rest facilities and will have a controlled/secure entrance. There will also be a covered walkway from Mill Cottage to the nearby Roker and Mowbray wards, which will give joint access to Memory Lane and other facilities. A detailed floor plan of the proposed newly refurbished Mill Cottage can be found in Appendix 2.

Originally, in business case BD211, it was proposed that phase two would involve providing 18 beds in Mill Cottage for those with a greater level of frailty and 9 beds in Ward 4 at Hopewood Park for those OPS Functional inpatients with lower levels of physical frailty and highly levels of acuity and disturbed behaviours. This is not now deemed necessary and it will be possible to accommodate all OPS Functional inpatients in Mill Cottage, making it the primary OPS Functional inpatient facility for Sunderland and South Tyneside.

This move will represent a further reduction in the current bed state of 10 beds following the initial reduction in September 2014 of 8 beds so it is imperative therefore that the Trust accepts the principle that access to beds will be based on the available Trust-wide resource, moving away from a locality resource.

Benefits of this proposal are:

- Services will be delivered in a better physical environment for service users and a reduction in inpatient beds will make more efficient use of resources, including energy efficiency
- Service users will be given the opportunity to stay at home for intensive home treatment
- There will be a more appropriate physical alignment between Older Peoples Functional beds and other inpatient services
- There will be a reduction in inappropriate admissions
- There will be an increase in expertise within Universal Crisis Teams
- There will be an increase in the quality of care in relation to service users who are admitted to bed based services

The Trust has experience of service reconfiguration and both service users and carers have provided much positive feedback as to how much better it feels in the newer environments. Travel arrangements will be put in place as necessary to ensure that reconfigured services are accessible for both service users and carers.

The success of the improvement of OPS Functional services will need to be the subject of an evaluation (including the modelling of activity and productivity of the service over the two years post implementation) with a view to ensuring that the benefits outlined above are achieved and are sustainable in the long term.

At all times the focus will be on delivering the most effective care in the most appropriate environment. However, a number of developments are underway, which will further enhance pathway delivery and reduce reliance on inpatient admissions and these are described in the section below.

## 5 Improved Service Pathway, Quality and Outcomes

Positive Quality Impact	Measures	Possible adverse impact measures
Improved quality and safety of how we manage service users within our OPS Functional services (e.g. crisis team access, improved facilities, improved personalised care etc.)	<ul style="list-style-type: none"> <li>• Patient satisfaction questionnaires</li> <li>• Greater staff to patient ratios</li> <li>• Outcome of quality priorities</li> </ul>	None
Reduced length of stay	Monitor via performance reports	<ul style="list-style-type: none"> <li>• Possible increase in re-admission rates</li> <li>• Increased pressure on the ability to achieve CPA 7 day follow up</li> </ul>
Reduced number of patient incidents	<ul style="list-style-type: none"> <li>• Monthly CLIP reports</li> <li>• Monitor via performance reports</li> <li>• National Patient Survey</li> <li>• NHS Staff Survey</li> </ul>	None

Adverse Quality Impact	Measures	Management / Mitigation
Potential travel issues for service users and carers	Internal monitoring	<ul style="list-style-type: none"> <li>• Shorter lengths of stay</li> <li>• Potential use of ward cars for support staff to transport patients</li> <li>• Potential use of 'Skype' type facilities to facilitate improved communication</li> </ul>
<ul style="list-style-type: none"> <li>• Increased bed usage and 18 specialist beds not sufficient to meet locality need</li> <li>• Average length of stay increases due to pathways not working to support discharge and prevent admission</li> </ul>	Internal monitoring	<ul style="list-style-type: none"> <li>• PCP pathways</li> <li>• Investment in crisis teams</li> <li>• Wealth of OPS specialist staff within NTW</li> </ul>

Reducing the OPS Functional inpatient capacity safely will present a number of potential risks and challenges; however the Trust is currently undertaking work on enabler work streams which, when implemented, will mitigate against these risks and also contribute to improvements across the wider service pathway for service users.

These developments include:

- Development of a standard service user pathway
- Improved interface with, and transition into, Stepped and Planned Care services
- Universal Crisis Resolution Home Treatment (CRHT) teams
- Enhanced input from social services
- Improved management of physical health

## **5.1 Development of a standard service user pathway**

There is a need to ensure that all service users experience safe, efficient and effective care when receiving their care within an inpatient setting. Part of the evidence base behind this proposal demonstrates that by ensuring service users receive the appropriate clinical care from appropriately skilled staff, service user length of stay and reliance in inpatient services can be reduced.

PCP is the Trust's transformation programme to enhance community services for residents of South Tyneside and Sunderland and aims to significantly improve the quality and effectiveness of community services for service users and their carers, as well as creating highly efficient, new ways of working. This programme will ensure that in the future:

- Services will work more flexible hours with help being available by phone 24 hours a day
- There will be one point of contact for all enquiries so that the system is easier to navigate
- Clinical staff will spend at least 50% of their time in face to face contact with service users – doubling the capacity to support people in the community

When the standard service user pathway is implemented it is anticipated that service user length of stay will be reduced and in turn this will enable a reduction in bed usage. A wider piece of work is also on-going to explore how specialist services can scaffold mainstream services.

A standard approach to the use of leave days will also be developed, for both formal (detained under the Mental Health Act) and informal patients.

If this work is not taken forward successfully then the services will continue to provide the current level of service, resulting in service users' length of stay in an inpatient setting being longer than required.

## **5.2 Improved interface with, and transition into, Planned Care services**

It is proposed to improve interface with Planned Care services such as Improving Access to Psychological Therapies (IAPT) and the Memory Protection Service.

Service transitions can be very disruptive for a patient so they need to be kept to a minimum and should occur only where there is an advantage to the patient. In order to ensure that this occurs we must provide well-defined, coordinated and transparent pathways so that everyone understands what types of services exist, where they are, how to access them and what functions they serve.

### **5.3 Universal Crisis Resolution Home Treatment (CRHTs)**

There needs to be equity of access to a crisis team, and older people's expertise within this team, for all service users to ensure that those with specific needs are captured. A benefit of this proposal will be an increase in expertise within CRHTs that will give service users an opportunity to stay at home for intensive home treatment (pre and post admission) and reduce inappropriate inpatient admissions.

It is also proposed to extend the provision of day hospital services in support of this proposal. A review of current day hospital provision is underway led by Planned Care and clarity in relation to access, location and transport will be required to support a step up and step down approach. Appropriate medical input into day hospitals must be available as currently this is variable and can be improved. It is envisaged that access to day hospitals will be facilitated by CRHTs.

A piece of work was undertaken within NTW in November 2013 to review service users identified as potentially in the wrong clinical pathways to meet their needs. This work highlighted some of the inconsistencies that exist in the current admission routes. The review found three service users in the functional pathway that should have been in the organic pathway. Improved access to crisis and liaison services will help to avoid cases such as these and ensure improved access to appropriate care for service users and more appropriate and efficient use of inpatient beds, which will support the implementation of this proposal.

As implementation moves from phase one to phase two (as outlined in section 4 above) expertise will be increased within the CRHT in the South of Tyne.

### **5.4 Enhanced input from social services**

The current links with social workers in the South of Tyne are effective but can always be improved and improvements will be implemented as part of this proposal.

One of the key themes underpinning this proposal to enable it to be implemented effectively is the enhancing of community services to reduce the reliance on inpatient beds. The work to improve community provision will be greatly aided by the fact that, on 1<sup>st</sup> November 2013, South Tyneside was successful in being selected as one of 14 national integration pioneers. These 14 major national health and social care agencies have collaborated on integrated health and social care with a commitment to work towards providing more person-centred, coordinated care for their communities.

As a pioneer, South Tyneside will receive dedicated central support from the Social Care Institute for Excellence to act as an exemplar area to overcome the barriers to delivering innovative integrated care and support and to improve the experiences of service users and carers through better coordinated care.

In South Tyneside the focus of the integration pioneer work is of particular relevance to this proposal as it will be aimed at Older People and will focus on developing new approaches to early help, prevention, self-care and integrated support services. It aims to comprehensively implement:

- Risk satisfaction tools in primary care
- Lifestyle support programmes
- Recovery services
- Integrated support models

Further information on the Integration Collaboration and Pioneers can be found at [www.scie.org.uk/publications/integratedworking/integration-pioneers.asp](http://www.scie.org.uk/publications/integratedworking/integration-pioneers.asp)

## **5.5 Improved management of physical health**

The service review referenced in 5.3 above also found a very clear issue in relation to complex physical health issues in both the functional and organic pathways that impacted on service users' mental health, specifically diabetes and chronic obstructive pulmonary disease which when unstable have a significant impact on a person's mental health needs. Service users with physical health needs were often found to be admitted to functional wards but then subsequently transferred to acute hospital, which again could be detrimental to the management of their mental health needs.

## **6 Affordability**

### **6.1 Revenue Impact**

Prior to the interim move, the establishment for Rosewood and Ward 18 was 51.00 WTE to cover a 20 bedded ward and a 16 bedded ward respectively.

The proposed future establishment for the new 18 bedded unit is 28.00 WTE consisting of the following mix:

- 1 x Band 7
- 2 x Band 6
- 8 x Band 5
- 17 x Band 3

It is also proposed to increase the establishments on the dementia wards at Monkwearmouth by 13.40 WTE at a cost of £410k. This results in a net reduction in costs of £370k as a contribution to the efficiency programme.

### **6.2 Impact on Commissioner Baselines**

The detailed impact on Commissioner baselines is to be determined and added to this business case as soon as it is available.

## **6.3 Estate Implications**

The original Turner & Townsend cost plan for the refurbishment of Mill Cottage was £4.1m but a reduced cost plan of £3.95m has now been received from Kier Construction. This figure has been 65% market tested and the £3.95m figure is the basis on which it is proposed to sign the Guaranteed Maximum Price (GMP) for the contract.

A full breakdown of the cost plan that compares the two price quotations is attached as Appendix 3. Provision has been made for this expenditure in the Trust's capital programme plan going forward but agreement is sought, via this business case, to begin the refurbishment of Mill Cottage at a cost of £3.95m.

## **7. Consultation**

### **7.1 Public**

Public liaison with local residents is scheduled to begin in January 2015 and this will also coincide with a service user and carer consultation.

### **7.2 Staff**

Staff engagement sessions are currently underway and will be co-ordinated by the Service Manager on a monthly basis from March 2015 onwards to ensure that staff are fully informed and engaged in the process.

Consultation will be co-ordinated from April 2015 onwards by the Service Manager with support from the HR Advisor, Directorate Manager and Staff Side Representatives.

Staff have been actively involved in the Mill Cottage design group, providing valuable working knowledge to inform the plans. User and design groups were established in October 2014 to develop the refurbishment plans for Mill Cottage. These groups will be merged going forward so staff, as well as patients, carers and associated bodies, have the opportunity to engage in the development, progress and bed management process related to this proposal.

### **7.3 Equality and Diversity Impact Assessment**

An Equality and Diversity Impact Assessment has been carried out and this can be found in Appendix 1 to this business case.

## **8. Commissioner approval**

The formal support of commissioners to progress this proposal has already been granted.

## **9. Project Management Arrangements**



## **9.1 Project Implementation Team**

A project team has been established by the Urgent Care Group to ensure that arrangements are in place to monitor and deliver the improved delivery of OPS Functional services. The project team is chaired by the Directorate Manager and consists of the following members:

- Robin Green
- Dennis Davison
- Carol Benbow
- Chris Martin (business case)

The project team is accountable to the Urgent Care Management Group, which reports to the Group Business Meeting.

## **9.2 Timetable**

A timetable for the capital works required to refurbish Mill Cottage is as follows:

- Planning approval submitted: 31<sup>st</sup> October 2014
- Site establishment: February 2015
- GMP agreed: 4<sup>th</sup> March 2015
- Completion of capital works: March 2016 (approx.)

## **10. Recommendation**

It is recommended that agreement is given to undertake the refurbishment of Mill Cottage at Monkwearmouth Hospital at a capital cost of £3.95m. This will enable the proposal to improve the provision of OPS Functional inpatient services by moving them from Rosewood Ward to Mill Cottage to be supported.

## **11. Approval**

We will obtain the necessary Commissioner and CQC approval as required.

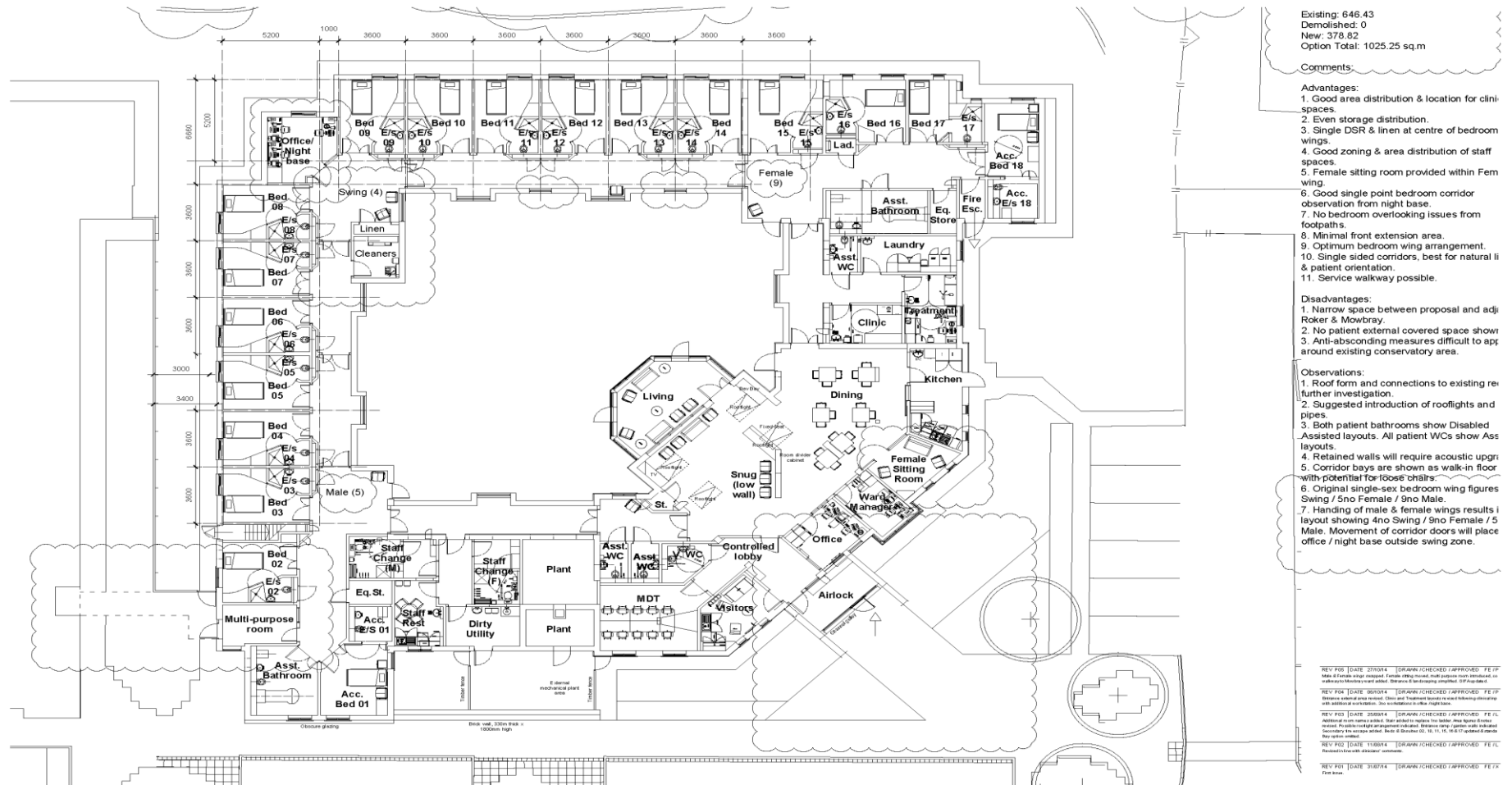
## Appendix 1 – Equality & Diversity Impact Assessment

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Directorate
Christopher Martin	December 2014		Trust-Wide
<b>Policy to be analysed</b>		<b>Is this policy new or existing?</b>	
<b>Business case to move Older Peoples Functional In-Patient Services from Rosewood to Mill Cottage</b>		New	
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
<p>We propose the implementation of the second phase of the plan to improve the provision of OPS functional inpatient services South of Tyne, namely moving the service from Rosewood ward on the Cherry Knowle Hospital site to the newly refurbished Mill Cottage on the Monkwearmouth Hospital site. This will mean a reduction in beds from 28 to 18 but will improve the therapeutic nature of the service; improving capacity for more personalised care and treatment based on maximising privacy and dignity. The move will provide service users with an improved environment that is conducive to optimising safety, independence and recovery thereby improving the patient experience and reducing length of stay. It will also enable co-location with other Older Peoples Services (Dementia), recognising the sharing of skills, knowledge and expertise essential in the treatment of co-morbidities thus maximising well-being and improving health outcomes. This proposal, and its associated bed reduction, will be enabled by, among other things, the provision of intensive home treatment where possible through an increase in expertise within Universal Crisis Teams. This will help to reduce inappropriate admissions, reduce lengths of stay and delayed discharges and reducing the rate of re-admissions.</p>			
<b>Who will be affected?</b> e.g. staff, service users, carers, wider public etc.			
Staff, Service Users, Carers, Wider Public			
<b>Protected Characteristics under the Equality Act 2010.</b> The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
<b>Disability</b>	Potentially positive – newly refurbished and extended accommodation		
<b>Sex</b>	No impact		
<b>Race</b>	No impact		
<b>Age</b>	Potentially positive – newly refurbished and extended accommodation		
<b>Gender reassignment (including transgender)</b>	Need to be aware that accommodation should accommodate the needs of transgender people		
<b>Sexual orientation.</b>	No impact		
<b>Religion or belief</b>	No impact		
<b>Marriage and Civil Partnership</b>	No impact		
<b>Pregnancy and maternity</b>	No impact		

<b>Carers</b>	Potentially negative – carers may have to travel further – good travel plans will be essential
<b>Other identified groups</b>	N/A
<b>How have you engaged stakeholders in gathering evidence or testing the evidence available?</b>	
Through consultation process	
<b>How have you engaged stakeholders in testing the policy or programme proposals?</b>	
Through consultation process	
<b>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</b>	
Key stakeholders	
<b>Summary of Analysis</b> Considering the evidence and engagement activity you listed above please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
To be determined	
<b>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic</b>	
<b>Eliminate discrimination, harassment and victimisation</b>	N/A
<b>Advance equality of opportunity</b>	N/A
<b>Promote good relations between groups</b>	N/A
<b>What is the overall impact?</b>	Likely to be neutral
<b>Addressing the impact on equalities</b>	N/A
<b>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? No</b>	
<b>If yes, has a Full Impact Assessment been recommended? If not, why not?</b>	
<b>Manager's signature:</b>	Chris Martin                      Date: December 2014

DRAFT

## Appendix 2 – Refurbished Mill Cottage Floor Plan



## Appendix 3 – Mill Cottage Cost Plan

Contract Ref: NTW Mill Cottage



Contract Name: Mill Cottage Extension - Fully Enclosed Option

Date: 14/07/2014

Kier Cost Plan  
28/8/14 - Agreed

Dimensions	Description	Qty	Unit	Rate	Total
	<b>Option 1:</b>				
	Nett construction including external works	465	m2	2,600.00	£1,209,000.00
	Nett internal demolition & refurbishment works	646	m2	1,268.00	£819,128.00
	<b>Abnormals</b>				
	Allowance for diversion of existing main drainage - Courtyard	1	item	10,000.00	£10,000.00
	Allowance for diversion of existing main drainage - Entrance	1	item	10,000.00	£10,000.00
	Allowance for works to existing infrastructure	1	item	15,000.00	£15,000.00
	Allowance for works to existing roof	1	item	55,000.00	£55,000.00
	Allowance for thickening foundations for new primary walls	40	m	300.00	£12,000.00
	Allowance for works to meet SBEM and Building Control Regulations	1	item	97,500.00	£97,500.00
					£2,227,628.00
	Site Administration and Facilities			18.00%	£400,973.04
					£2,628,601.04
	Professional Fees			10.00%	£262,860.10
					£2,891,461.14
	Design Development			2.50%	£72,286.53
					£2,963,747.67
	PSCP OH&P			7.50%	£222,281.08
					£3,186,028.75
	Trust Costs [excluding Estates & T&T]			5.00%	£159,301.44
					£3,345,330.19
	Trust Contingency			3.00%	£100,359.91
					£3,445,690.09
	VAT			20.00%	£689,138.02
					£4,134,828.11
	VAT Reclaim			5.00%	-£34,456.90
					£4,100,371.21
	<b>Total</b>				£4,100,371.21
				Rate per m2	£3,690.70
	<b>Total GIFA =</b>	<b>1087</b>	<b>m2</b>		

Total
£1,022,510.00
£1,023,900.00
Included
Included
Included
Included
Included
Included
£2,046,410.00
£366,276.00
£2,412,686.00
£390,313.00
£2,802,999.00
£84,090.00
£2,887,089.00
£211,710.24
£3,098,799.24
£247,904.00
£3,346,703.24
£92,964.00
£3,439,667.24
£687,933.45
£4,127,600.68
-£173,496.00
£3,954,104.68
£3,559.05

### Notes / Abnormals:

- Demolition of primary walls and re-building new structural block walls including new foundations (breaking out existing floor slab etc) required to 40m
- Drainage diversion required - South East Courtyard. Not exceeding 150m
- Drainage diversion required - Main Entrance
- Rooflights to existing roof
- New build is greater than 25% of existing area, so an SBEM is required. This will include an air test, which will involve works to existing structure, new windows throughout.
- Incoming services / power
- Asbestos Survey
- Part L, and new Building regs.
- BREEAM - Target is Excellent rating