NHS LANARKSHIRE

ACUTE MENTAL HEALTH UNIT
NORTH LANARKSHIRE

INITIAL AGREEMENT

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Endorsed date:

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1. PROJECT TITLE

North Lanarkshire Acute Mental Health Inpatient Unit.

2. SUMMARY

NHS Lanarkshire's agreed overall vision for health services in Lanarkshire is of a modern and integrated health system to deliver (Picture of Health 2006):

- Stronger and more visible primary care services.
- More health services provided locally in the community.
- Provide high quality specialist hospital services where in-patient care is essential.

NHS Lanarkshire's vision for health services (as above) is equally applicable to mental health. In March 2008, as a demonstration of this commitment, NHS Lanarkshire approved within its Capital Plan the acute mental health inpatient unit for North Lanarkshire. Based on provisional costing work, £33.8m has been allocated to this development within overall capital planning assumptions.

NHS Lanarkshire is required to continuously improve the provision of acute mental health services to respond to national drivers for change. These drivers for change include:

- Mental Health (Care and Treatment) (Scotland) Act 2003.
- Safety Privacy and Dignity in Mental Health Units – DoH 2000.
- Royal College of Psychiatrists Guidance on Facilities for Junior Doctors Interviewing Patients.
- Mental Health Tribunal Standards.
- Admissions to Adult Mental Health Inpatient Services – Best Practice Statement NHSQIS April 2004.
- Best Practice in Design for People with Dementia.
- Dementia Services Development Centre, 2007.
- NHS QIS ICPs – Standards for Integrated Care Pathways for Mental Health (December 2007).
- NHS QIS Admissions to Adult Mental Health In-patient Services – April 2004.
Approximately 140,000 people in Lanarkshire (1 in 4 of the population) will have a mental health problem at some time in their lives. Around 5,000 have a severe and enduring mental illness and may require support from specialist mental health services. The vast majority of those with a mental health problem will not need to be referred to specialist Mental Health Services, but will instead be seen by primary care staff such as GPs, long term condition or public health nurse etc.

Over a number of years the mental health service has been moving away from an institutional model of care towards a community-based model - increasingly delivered on a multi agency basis.

This direction of travel has resulted in the closure of Hartwood Hospital and the gradual reduction in beds on a number of hospital sites, notably Hartwoodhill, Cleland, Roadmeetings and the Airbles Road Centre.

Acute mental health units have developed at acute hospitals and community services are now based around a Resource Network Model, in which there has been considerable investment and expansion in recent years.

NHS Lanarkshire acknowledged that work was required to redesign Lanarkshire’s Mental Health Acute Care provision to provide a model that would ensure a dynamic service, delivered in modern fit for purpose facilities.

Although Lanarkshire’s Strategy for Mental Health Services emphasises the importance of moving towards locality-based community services that will provide care for those who have Mental Health needs, it acknowledges that there still is a need to provide high quality in-patient facilities where these are required.

Currently NHS Lanarkshire provides acute in-patient mental health services to adults and older people across a variety of sites. In North Lanarkshire, adult acute care and one older people’s acute service is delivered over two District General Hospital sites; namely Monklands and Wishaw Hospitals. A further two Older Peoples Acute Inpatient Services are delivered from community bases at Coathill Hospital, Coatbridge and Airbles Road Centre, Motherwell.

The existing mental health accommodation does not meet current environmental and clinical guidelines due to a combination of the factors below:

- The physical condition of Monklands Hospital was surveyed in 2003 with significant building elements surveyed at condition C and critical engineering services surveyed at condition C and D.
- Design and layout (mainly dormitory style) of patient accommodation. A survey of Monklands Hospital in 2003 highlighted the fact that the environment in the mental health unit did not meet contemporary requirements and guidelines on privacy and dignity, space standards and single room availability etc.
- Inability to satisfactorily manage gender issues within a mixed sex ward.
- Environmental issues which do not support risk management (potential for ligature points, difficulty supporting very unwell patients under high levels of observation within the spirit of the Mental Health (Care and Treatment) (Scotland) Act 2003.
- Continuing negative reports on suitability of these environments by Mental Welfare Commission.
- The inability to deliver care to contemporary clinical standards and guidelines
- The lack of provision of a local Intensive Psychiatric Care Unit.
The physical environment is a crucial element in the provision of safe and effective mental health in-patient care.

There is a need to emphasise the importance of ensuring safety for service users and staff, privacy and an enabling therapeutic environment to support the overall philosophy of recovery and social inclusion. The environments should be compliant with contemporary legislation and building regulations and support the equality and diversity agenda.

For all care groups there should be no more restrictions on a person’s freedom than is warranted by his or her clinical condition.

Therefore careful attention to the provision of safe outside and indoor space, thoughtful positioning and adjacencies of rooms and services, attention to such elements such as lighting, furnishings and fittings, colour schemes and an environment that supports effective management of stimuli and (importantly) risk are essential design concerns.

3. INTRODUCTION

3.1 Strategic Objectives

There have been significant developments over the last ten years in the way that mental health services are delivered. There has been a focus on shifting resources and care into community-based service provision, with a move away from large, long stay institutions.

Policy direction is supported and underpinned by legislation, primarily The Mental Health (Care and Treatment) (Scotland) Act 2003 which has provided a new legislative framework for Scotland with a greater focus on advocacy and the rights of the individual.

The Framework for Mental Health Services in Scotland 1997 (and its subsequent appendices) provided the basis for subsequent policy development in mental health by setting out service elements and essential features of a modern and comprehensive service.

Health policy at the beginning of the 21st century affirms the need for appropriate secondary care provision but sets that provision in the context of changing priorities, changing patterns of service delivery, changing the balance between primary and secondary care and changing patient expectations.

In 2005, Delivering for Health stated the commitment by Scottish Government to publish a delivery plan for improving mental health services by the end of 2006. Delivering for Mental Health 2006 is the current national plan for improving mental health services and sets out the key services that should be available and also lays down targets and priorities for NHS Boards and local partners.

The professions involved in delivering mental health care and treatment have built upon the key priorities set out in the National Programme for Improving Mental Health and Wellbeing 2003 – 2006 and are implementing the principles of Rights, Relationships and Recovery (Mental Health Nursing), promoting mental health and wellbeing within a comprehensive context of health improvement and working to raise awareness, reduce stigma and promote and support the individual to recover.
The publication of All Our Futures: Planning for a Scotland with an Ageing Population highlights the importance of improving mental health and wellbeing in later life focussing on the inter-relationship of good mental and physical health.


- Reaffirmed the intention to develop centres of excellence for specialist and acute care, (Section 3).
- Placed a responsibility on NHS Boards to develop coherent, robust plans for the future configuration of services, (Section 3).
- Saw the development of a high-quality environment for the delivery of care as an integral part of a modern healthcare system, (Section 3).
- Noted that many hospital buildings were outdated and inflexible, and that the configuration of hospital services needed to change. (Section 4).

Partnership for Care, (2003) focused again on the relationship between a wider range of services to be provided in community settings and specialist skills located in designated centres. (paras 6 & 7, page 32).

It also highlighted:

- The need for continued investment in the infrastructure of NHS Scotland, (para 45, page 41).
- The priority to be given to diagnostic and treatment centres, (para 46, page 42).
- A continuing emphasis on reducing the need for people to stay in hospital, (para 47, page 42).
- The need to review what service is appropriate in what setting (para 48, page 42).
- The importance of service re-design (para 58, page 44) and
- The need to integrate workforce planning with any service planning activity, particularly in the context of an ageing population (para 2, page 31 and para 3, page 48).

Better Health Better Care, (2007), gave a commitment to local care whenever possible, embedded in communities and tailored to people’s needs and this is supported by a presumption against the centralisation of hospital services.
3.2 Local Objectives

Within the consultation process around A Picture of Health in 2006, it was proposed and subsequently received Ministerial approval that NHS Lanarkshire would proceed with two acute mental health units, one in North Lanarkshire (a new 142 bedded unit on the Monklands Hospital site) and one in South Lanarkshire (on the Hairmyres Hospital site). At this time the Board also acknowledged that further work was required to redesign Lanarkshire’s Mental Health Acute Care provision to provide a model that would ensure a dynamic service, delivered in modern fit for purpose facilities.

A Picture of Health also proposed that Monklands Hospital was to be a level 2 acute hospital which would have freed up considerable space to allow a Mental Health Unit to be accommodated on the site. In early 2007, it was decided that Monklands Hospital would be retained as a level 3 hospital, which means that the availability for additional facilities on the Monklands Hospital site such as the new mental health unit, is very challenging and may not be achievable. A masterplan exercise for the Monklands site has commenced, although the preferred option for the overall site development may not be known for 18-24 months. The provision of a mental health facility in North Lanarkshire will require to assess the impact of the development of a Site Masterplan.

The development of a modern, fit for purpose mental health unit for North Lanarkshire remains a priority for completion within the Board’s 5 Year Capital Plan (2008-2013) which was approved in March 2008 by the NHS Board. This new facility is a component part of NHS Lanarkshire’s Property Strategy. The project aims to rationalise and consolidate the existing bed base from four sites onto one district general hospital site. The changes in medical training and the European Working Time Directive impact greatly on the future medical workforce availability and work patterns to the extent that the existing configuration of acute in-patient services on three acute sites is not sustainable in the medium to longer term and requires to be established on two sites. Currently NHS Lanarkshire provides in-patient services for adults and older people over four sites in North Lanarkshire.

NHS Lanarkshire’s Strategy for Mental Health Services emphasises the importance of moving towards locality-based community services that will provide care for those who have Mental Health needs. It acknowledges that there will still be a need to provide high quality in-patient facilities where these are required.

To achieve this element of the local mental health strategy, this project will deliver on the following objectives as agreed through the multi-agency Mental Health Service Improvement Board:

- Provide modern fit for purpose acute in-patient care facilities designed to deliver high quality, safe treatment environments in line with Scottish Government guidelines on single room accommodation and space standards.
- Meet Lanarkshire’s need to provide local intensive psychiatric care and in-patient addiction treatment thereby reducing dependence on out of area treatments and independent sector service provision.
- Meet relevant HEAT Targets and Commitments in Delivering for Mental Health.
• By consolidating North Lanarkshire’s in-patient beds onto one site from the current four sites ensures the sustainability of acute services whilst addressing the impact of Modernising Medical Careers and availability of doctors in training.

• Anti-stigma campaigns drive the necessity for acute psychiatric services to be situated on a general hospital site to ensure discrete mental health care for the service user.

• Make effective use of medical manpower and maximise the benefit of clinical communities through shared care arrangements and joint clinical protocols between mental health and acute district general hospital services (all care groups).

• Reduce dependence on out-of-hours cover arrangements with general practitioners. (community based units)

• Improve access to diagnostics and supporting medical and laboratory services and reduce costs by negating the requirement to transport and escort patients between sites.

• Affordable within the NHS Lanarkshire’s Capital Plan and Mental Health Financial Framework

Overall the project will deliver increased efficiency and effective use of in-patient resources both manpower and financial.

This project is set within a context of other developments in community mental health services including implementation of NHS Lanarkshire’s model for management of eating disorders and construction is underway of two in-patient units for people with complex needs (one of which is co-located with the low secure facility for Lanarkshire).

A review of psychological services in line with Increasing Access to Psychological Therapies is close to delivering an implementation plan which will fit with the broader review of community mental health teams.

A Crisis Resolution Home Treatment Service (CRHTS) is currently being piloted in Hamilton/East Kilbride to provide flexible, intensive support to individuals in the community and evaluation will further inform NHS Lanarkshire’s development of crisis services. The outcome of this work will further enable NHS Lanarkshire and its partners in care to implement the Standards for Crisis Services (as per Commitment 8 - Delivering for Mental Health).

Evidence suggests that developing a supporting community infrastructure will result in a reduction in readmission rates and length of stay.

In summary, the on-going implementation of service redesign, improvements and developments allows NHS Lanarkshire to reduce the current acute psychiatric bed base in North Lanarkshire from 153 to 130 by 2013. This includes the development of Lanarkshire-wide specialist treatment units for addiction and intensive psychiatric care.

The future of acute inpatient services is outlined in the refreshed Strategy for Mental Health & Wellbeing (2009). This strategy along with the endorsement of a care pathway to ensure a whole system approach to the delivery of Acute Mental Health Care across Lanarkshire was the outcome of a stakeholder event held on 16 December 2008.
NHS Lanarkshire’s strategic direction for mental health services has board-wide relevance, and it is the Board’s ambition to ensure equity of service provision and service quality across the county. Therefore NHS Lanarkshire is committed to ensuring that in-patient psychiatric services at Hairmyres Hospital are similarly optimised in terms of clinical functionality. These services in turn will be subject to the development of a business case and the timing and funding of this is still to be agreed.

3.3 Project Objectives & Constraints

The key project objectives and constraints for the development of a new mental health facility have been agreed as follows. The options identified in section 5 fulfil these project objectives. SMART methodology has been used throughout the project development to ensure that objectives are meaningful and will deliver on the overall service specifications and clinical brief (see Local Objectives).

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To facilitate the provision of a high quality environment which is “fit for purpose” for staff, patients and visitors and reduces stigma</td>
</tr>
</tbody>
</table>
| 2 | To provide facilities that:  
Have the necessary flexibility to meet the known current and anticipated future service requirements  
Have scope for any future change or expansion of services  
Are DDA compliant  
Comply with all current and foreseeable guidelines and good practice in terms of layout and room size  
Support high quality, modern healthcare delivery  
Permit easy access by patients and other service users  
Improve functional relationships between clinical services and improve service delivery |
| 3 | To reduce incidence of HAI through provision of facilities which comply with statutory and regulatory requirements |
| 4 | To design a service environment with patient safety as its focus and to support effective risk management |
| 5 | To provide/increase single room provision which will  
• provide privacy for confidential exchanges and generally improve communication with staff/professionals  
• enhance personal dignity and self-respect by giving privacy during recovery  
• lead to higher satisfaction with overall quality of care |
To embrace good design and provide cost effective services which are conducive to patient care and wellbeing and provide specialist treatment environments

To provide services which form part of a planned healthcare system for NHS Lanarkshire, and are designed in partnership with patients and carers, Local Health Partnerships, community, statutory, voluntary and staff colleagues.

The likely constraints to the project have been agreed as follows:

<table>
<thead>
<tr>
<th>Constraint</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Options should provide sufficient flexibility for future service requirements</td>
</tr>
<tr>
<td>2</td>
<td>Options must be compatible with existing service and estates strategies and be achievable within capital plans</td>
</tr>
<tr>
<td>3</td>
<td>Availability of required “footprint” on a DGH site in North Lanarkshire</td>
</tr>
</tbody>
</table>
3.4 Outcomes – Benefits to Patients

“…..we need to make sure that for those admitted that inpatient services meet their needs. This is partly a function for local ICPs, but also about the quality of inpatient units themselves.

The functions of an acute admission ward are to provide support and treatment in an acute phase of illness when it is no longer possible to provide safe effective care in the community”.

(Delivering for Mental Health NHS Scotland 2006)

Service improvements will be measured against targets and commitments contained within Delivering for Mental Health (2006), the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 and Rights, Relationships and Recovery. The Mental Health Collaborative and the establishment of the Acute In-Patient Forums will give data on current performance and will inform and influence future service delivery.

<table>
<thead>
<tr>
<th>Benefits</th>
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<tbody>
<tr>
<td>1 Enhanced quality of patient and carer experience due to improvements in the care environment and adjacencies to general hospital services</td>
</tr>
<tr>
<td>2 Provision of specialist environments for complex care groups (IPCU, Addictions)</td>
</tr>
<tr>
<td>3 Improved management of clinical risk for most unwell psychiatric patients</td>
</tr>
<tr>
<td>4 Maximise the care and treatment provided to patients and carers through improving service efficiency (Shared Treatment Services (Hub Provision) and Clinical Adjacencies ref Clinical Brief)</td>
</tr>
<tr>
<td>5 Improve patient safety and wellbeing through provision of fit for purpose environment and environmental design (anti-ligature, supporting unobtrusive observation, encourage therapeutic engagement and provide access to enclosed garden areas).</td>
</tr>
<tr>
<td>6 Increased single room en-suite provision</td>
</tr>
</tbody>
</table>

4. THE NORTH LANARKSHIRE ACUTE MENTAL HEALTH INPATIENT FACILITY

The North Lanarkshire Acute Mental Health Inpatient Facility will bring together in-patient services for adults and older people onto one site and the unit will be developed as a mental health campus, offering in-patient care and treatment to the following care groups:

- Adult acute in-patient service (for people aged 16 – 64).
- Older people’s acute in-patient service (for people aged 65 and over).
• Intensive psychiatric care unit (IPCU).
• An Addiction in patient unit (Lanarkshire wide service for people aged 16 – 64).
• Shared treatment facility for all care groups above.

The North Lanarkshire Acute Mental Health Inpatient Facility will provide adult and older people’s acute mental health accommodation for the population from the North Lanarkshire catchment area, i.e. from the North locality, Coatbridge, Airdrie, Motherwell, Bellshill and Wishaw localities and Clydesdale locality (South Lanarkshire).

4.1 Current and Agreed Future Bed Numbers

Each of the two district general hospitals within North Lanarkshire has acute mental health facilities. There are additional in-patient units based on two community sites for older people admission.

**Current Acute In-patient Services (for North Lanarkshire and Clydesdale Locality)**

<table>
<thead>
<tr>
<th>Site</th>
<th>Beds</th>
<th>Care Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wishaw General (Wards 1 and 2)</td>
<td>46</td>
<td>Adult Acute Admission</td>
</tr>
<tr>
<td>Monklands General (Wards 24 and 25)</td>
<td>48</td>
<td>Adult Acute Admission</td>
</tr>
<tr>
<td>Coathill Glen Nevis</td>
<td>10</td>
<td>Functional over 65 Acute</td>
</tr>
<tr>
<td>Colville Ward ARC</td>
<td>16</td>
<td>Functional over 65 Acute</td>
</tr>
<tr>
<td>Coathill Glen Orchy</td>
<td>10</td>
<td>Organic over 65 Acute</td>
</tr>
<tr>
<td>Wishaw General (Ward 3)</td>
<td>23</td>
<td>Organic over 65 Acute</td>
</tr>
<tr>
<td><strong>TOTAL BEDS</strong></td>
<td><strong>153</strong></td>
<td><strong>ALL</strong></td>
</tr>
</tbody>
</table>

NHS Lanarkshire currently does not provide local Intensive Psychiatric Care within a designated unit. If specialist intensive psychiatric care is required, patients are accommodated within other Health Board facilities (for example GGCHB, LHB and FVHB) and UNPAC with Partnership in Care (Ayr Clinic). Admissions to other HBs currently are arranged informally and on an ad hoc basis.

Patients with primary addiction problems and requiring in-patient support are accommodated either within a mixed adult care acute admission environment or may be managed within the independent sector via UNPAC arrangements (Castle Craig, Phoenix Futures and St Mungo Foundation (Red Tower)). The new unit will negate the need for patients to be treated outwith the Lanarkshire area.
Service Trends

The continuing shift in the balance of care with its emphasis on developing service and treatment options appropriately delivered by community-based teams should see a reducing reliance on in-patient service delivery.

Bed numbers are based on current and future community developments and more defined use of beds (NHSL Mental Health Strategy. Due 2009 and HEAT 3).

Proposed bed numbers have been agreed through a robust process of clinical engagement, analysis of bed usage in terms of length of stay and bed occupancy, and current use of UNPACs. This planning assumption is furthered balanced by population trends.

Planned further development of mental health community infrastructure and alternatives to admission include extending the range and availability of services that respond to people in crisis and deliver suitable home-based and community-based treatment. This will reduce the current lengths of stay for many patients by providing more intensive community supports founded on multi-agency partnerships which will also facilitate discharge from hospital.

The proposed reduction in bed numbers (as described in table below) will be supported by concomitant investment in community infrastructure which is affordable within NHS Lanarkshire’s mental health financial framework.

The outcome of a stakeholders event held on the 16 December 2008 was the endorsement of a Care Pathway that ensures a whole system approach to the delivery of Acute Mental Health Care across Lanarkshire. A further stakeholder event on the 22nd April 2009 agreed the clinical model and number and configuration of inpatient beds.

Agreed bed numbers for North Lanarkshire and Clydesdale Locality and Lanarkshire-wide (Care Setting Specific).

<table>
<thead>
<tr>
<th>Service Population</th>
<th>Beds</th>
<th>Care Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Lanarkshire and Clydesdale Locality</td>
<td>62</td>
<td>Adult Acute</td>
</tr>
<tr>
<td>North Lanarkshire and Clydesdale Locality</td>
<td>48</td>
<td>Functional and Organic over 65</td>
</tr>
<tr>
<td>NHS Lanarkshire wide</td>
<td>12</td>
<td>Addiction</td>
</tr>
<tr>
<td>NHS Lanarkshire wide</td>
<td>8</td>
<td>Intensive Psychiatric Care</td>
</tr>
<tr>
<td><strong>TOTAL BEDS</strong></td>
<td>130</td>
<td><strong>ALL</strong></td>
</tr>
</tbody>
</table>
This project is crucial to NHS Lanarkshire’s requirements to provide safe and effective in-patient mental health care to some of its most vulnerable populations and meets the principles stated within the Mental Health (Care and Treatment) (Scotland) Act 2003.

4.2 Proposed Service

The services within the North Lanarkshire Acute Mental Health Inpatient Facility will meet the in-patient needs of the following:

**Adult Acute Inpatient Service**

Accommodation for people aged 16 – 64 living in the North Lanarkshire catchment area and Clydesdale locality who have a serious mental illness and who meet the following admission criteria:

- Require assessment, care and treatment within a setting that offers 24 hour medical and nursing care.
- Require a safe physical environment that manages assessed risk.
- Require management of acute symptoms and clinical risk that are not amenable to management in a community setting.
- Require access to pharmacological, diagnostic, medical and physical treatment delivered within a district general hospital and/or
  - Require treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003.
  - Require assessment under the Adults With Incapacity Act (2000).
  - Require enhanced levels of nursing observation and engagement.

**Older People’s Acute Inpatient Services**

Accommodation for people aged 65 and over living in the North Lanarkshire catchment area and Clydesdale locality for either organic or functional mental health problems and who meet the following admission criteria:

- Require assessment, care and treatment within a setting that offers 24 hour medical and nursing care.
- Require a safe physical environment that manages assessed risk.
- Require routine access 7 days per week to specialist diagnostics which are only accessible on a district general hospital site.
- Require management of acute symptoms and clinical risk that are not amenable to management in a community setting.
• Require access to pharmacological, medical and physical treatment delivered within a district general hospital.

and/or

• Require treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003.
• Require assessment under the Adults With Incapacity Act (2000).
• Require enhanced levels of nursing observation and engagement.

Separate accommodation is required for the organic and functional mental health care groups.

**Intensive Psychiatric Care Unit (IPCU)**

Accommodation to provide a Lanarkshire wide service for people aged 16 – 64. (Patients will not normally be over 65 years of age) and who require assessment, care and treatment due to

• Detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 and requiring a level of safety offered within IPCU.
• Presentation of behavioural difficulties which seriously compromise their physical or psychological well being or that of others, and which cannot be safely assessed or treated in an open acute in-patient facility.
• Acute exacerbation of the person’s condition and who present significant risk to self or others.

and/or

• Demonstration that multi-disciplinary management and multi-agency strategies in acute admission ward have not succeeded in managing the presenting problem(s) and associated risk.

In all cases there will be a clear rationale for assessment and treatment within IPCU that describes the expected positive therapeutic benefits to be gained from the time limited admission, as detention in a locked environment constitutes a fundamental loss of freedom for an individual therefore to minimise this, it is essential that Intensive Psychiatric Care is provided adjacent to adult acute psychiatric admission beds.
Addiction Inpatient Unit (Lanarkshire Wide Service)

Accommodation for people aged 16 – 64 who have alcohol or drug related problems and meet the ICD 10 Diagnostic or DSM IV dependence criteria (and who are also likely to present with co morbidity) and who require as part of a planned episode of care.

- 24 hour medical and nursing care.
- A safe physical environment to manage assessed risk.
- Planned medically supervised withdrawal (detoxification).
- Stabilisation on substitution opioids or benzodiazepines for sedative withdrawal.
- Medically supervised prescribing.
- Adjunctive prescribing for biomedical complications and conditions (psychological and behavioural).
- Routine access 7 days per week to specialist diagnostics which are only accessible on a district general hospital site.

Adjacency of these beds to district general hospital provision (including A&E services) effectively and positively manages risk to physical health and is essential to joint working with general medical colleagues.

Shared Treatment Services (Hub)

Accommodation for a range of shared treatment facilities, departments and other clinical facilities to support the delivery of the treatment programmes required by inpatient care groups. This would also include a Mental Health Tribunal suite which, for risk management reasons is best located adjacent to acute inpatient wards.

- Administration offices (medical records).
- Shared clinical areas.
- Outpatient clinical space.
- Allied Health Professionals clinical treatment areas.
- Accommodation (book-able space) to support the delivery of care provided by partnership services (e.g. advocacy, housing, social care providers).
5. OPTIONS

At a meeting of the NHS Lanarkshire Board on the 26th March 2008 the Capital Investment Plan for 2008-2013 was approved. This capital programme prioritised eight projects to be taken forward and completed by March 2013. This programme included the development of an acute in-patient mental health unit for North Lanarkshire at Monklands Hospital and a sum of £33.8m was identified within the Capital Plan for this project to be delivered within the 5 year period.

With the retention of Monklands Hospital as a Level 3 hospital, three options have been identified for the provision of Mental Health Inpatient Services in North Lanarkshire. These are:

Option 1 - Do Nothing
Continue to provide services as currently described in Summary Section (Page 4).

Option 2 - Develop on Monklands Site
As described above, it was planned to replace the current acute mental health unit on the Monklands Hospital site with a new consolidated inpatient mental health unit for North Lanarkshire in the north-west corner of the site.

The decision to retain Monklands Hospital with Level 3 Status has resulted in the plans for the mental health unit being reviewed within the overall context of the Monklands Site Master Plan. This Site Master Plan requires to be formally agreed but full development of Monklands Hospital could extend over a time period to 2025. In addition, the preliminary work completed to date would suggest that placing such a large inpatient unit on a busy District General Hospital site would cause significant operational and logistical problems and in fact may not be possible to site the unit at all, although this has not been formally signed off. The Board’s priority for the mental health facility requires it to be delivered by 2013.

Option 3 - Develop on Wishaw Site
Wishaw District General Hospital operates under a PFI contract. Any refurbishments/developments would necessitate negotiation with the current PFI consortium who own the building. An agreement in principle has already been reached with Summit Healthcare that this development should proceed with construction being undertaken through a public sector capital procurement route as a stand alone facility on the site. There is currently a 69 bedded mental health inpatient unit on this site, these beds would form an integral part of the overall development of mental health inpatient services on the site with the intention that a total of 130 beds would be sited at the hospital.

All the above options will be fully explored through the development of the Outline Business Case (OBC).
This Initial Agreement for the new mental health facility has been developed in accordance with the Board’s Capital Plan for the period 2008-2013. Due to the variation in timescales, a separate Initial Agreement is currently being developed for the future redevelopment of Monklands Hospital.

The NHS Lanarkshire Board now seeks approval from the Scottish Government Health Directorates to prepare such an OBC.

6. CAPITAL COSTS

Preparing accurate capital costs will be dependant on further detailed work. Indicative costs are based on a similar development within another Board area. Including VAT and Optimism Bias/Risk Contingency the likely Capital Cost of full provision of 130 beds on the Monklands Site would not be expected to exceed the affordability envelope of £33.8m which is contained within the Board’s Capital Plan.

The development of a further 82 beds on the Wishaw Site would require an extension of around 6,200 sq. m, which would incur Capital Costs of around £24m. Agreement in principle, to proceed under a conventional public sector capital procurement, has been reached with Summit Healthcare the current PFI consortium who own the building.

Further in-depth feasibility studies will be required to develop these options and the Do Nothing Option for inclusion within the Outline Business Case (OBC). This will fully explore the ability to deliver the Clinical Brief and include comprehensive Benefits and Financial Appraisals.

7. PROJECT MANAGEMENT

It has been recognised that this project requires formal programme and project management arrangements to be put into place. The Director of Strategic Implementation Planning and Performance will provide Board level support as the overall Project Sponsor. He will performance manage the development of the business case and dedicate time to the project as required.

The Director of Strategic Implementation Planning and Performance will be supported by, and line-manage, the Head of Planning who will provide leadership to and drive the successful delivery of project, ensuring the completion of business case, manage the critical path and interdependencies and ensuring a whole-system redesign methodology is utilised, thus enabling extensive engagement and involvement of stakeholders (including staff, other agencies, service users and carers, members of the public and politicians).

NHS Lanarkshire’s Capital Investment Group, chaired by the Director of Finance, will provide corporate governance in relation to the capital investment. This group will be supported by the Primary Care CIG, Estates Strategy Group and Mental Health Service Improvement Board.

Project management arrangements will be put in place dependent on the preferred option.
Stakeholders

Stakeholders represent wider interests in NHS Lanarkshire and partner organisations. There have been several stakeholder events and consultation exercises with all partners in care and service users to develop the supporting Clinical Brief.

There will continue to be an active process of engagement and consultation throughout the project using various methods including existing structures such as joint governance arrangements with local authority, user focus groups and PPF Fora, themed stakeholder events, briefings and regular reports to NHSL Clinical Management Team and Service Improvement Boards.

Stakeholder interests will include:

- Service users and carers.
- Voluntary sector organisations.
- Clinical Staff.
- Professional advisory bodies in Lanarkshire.
- Representatives of partner organisations.
- Health Board.
- Local Authority.
- Scottish Government

Project Working Groups

Project Working Groups will be convened on a short-life basis to undertake defined tasks within the project plan.

The Project Team will determine the remit of individual working groups.

The leads of working groups will be responsible for ensuring that groups achieve the results required and for reporting the work of the group to the Project Team.

Frameworks Scotland

At an early stage in the project the Project Board will assess the potential for early appointment of a Principle Supply Chain Partner (PSCP) with a view to that partner’s participation in the development of the OBC. Recommendations on this will be made to the NHS Lanarkshire Board.

If a PSCP is appointed, the company will be represented at Director Level on the Project Board and at Project Manager level on the Project Team.
Training
The training and development needs of key staff will be ascertained using the Analysis of the Training Needs of NHS Staff Responsible for Managing and Delivering Capital Projects in the NHS in Scotland, and training will be provided accordingly.

8. GOVERNANCE
The Board will ensure principles of good governance are applied to the process as follows,
Focussing on the organisation’s purpose and on outcomes for citizens and service users by:
• Being clear about the purpose of the project and its intended outcomes for citizens and service users.
• Ensuring users receive high quality services.
• Ensuring value for money is achieved.
Performing effectively in clearly defined functions and roles by:
• Being clear about the functions of the Project Board, Project Team and Working Groups.
• Being clear about the responsibilities of the Project Board, Project Team and Working Groups, and making sure that those responsibilities are carried out.
Being clear about the relationships between the Project Board, Project Team, Working Groups and other stakeholders.

Promoting values for the whole organisation and demonstrating good governance through behaviour by:
• Putting organisational values into practice.
• Ensuring individuals behave in ways that uphold and exemplify effective governance.

Taking informed, transparent decisions and managing risk by:
• Being rigorous and transparent about how decisions are taken.
• Having and using good quality information, advice and support.
• Making sure that an effective risk management system is in operation.

Developing the capacity and capability of the team to be effective by:
• Making sure that those appointed have the skills, knowledge and experience they need to perform well.
• Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as part of a group.
Engaging stakeholders and making accountability real by:

- Understanding formal and informal accountability relationships.
- Taking an active and planned approach to dialogue with and accountability to the public.
- Taking an active and planned approach to responsibility to staff.
- Engaging effectively with institutional stakeholders.

Communication will be dealt with from two aspects, the first deals with the internal management of the project (agendae, minutes and so on) and will be managed as follows.

- The Project Board will normally meet at scheduled intervals (milestones) dictated by the project. The Project Manager will be responsible for preparing an agenda for meetings and for ensuring that a minute of the meeting is prepared and circulated appropriately.
- The Project Board will normally meet at scheduled intervals (milestones) dictated by the project. The Project Manager will be responsible for preparing an agenda for meetings and for ensuring that a minute of the meeting is prepared and circulated appropriately.
- Whether or not a meeting is scheduled the Project Manager will prepare for the Project Board a Highlight Report every four weeks reporting progress against plan, primarily on an exception basis. The Project Team will also receive copy of the Highlight Report.
- The Project Team will meet on a scheduled monthly basis. After each meeting the Project Administrator will prepare an Action Note that will be circulated to members and that will act as the basis of agenda at the next meeting.
- Project Groups will meet as required to fulfil their remit and will cease to meet when their remit is complete. Groups will be responsible for their own servicing, assisted as required by the Project Manager. Groups will prepare an Action Note after each meeting, copy of which will be sent for information to the Project Manager.

The second aspect of communication relates the project to the wider health and partnership community in Lanarkshire and will be managed through a communications plan, agreed by the Project Board. The communications plan will be mapped to the Project Plan. A Communications Manager will be a member of the Project Team and will carry responsibility for developing and implementing the plan, working with the Project Manager, and for reporting on it to the Team.

Electronic means of communication will be used wherever possible to reduce administrative effort and cost, and to speed process.

The Board will comply with SFIs, National policies and Guidelines and any other relevant legislation.
9. DEVELOPMENT OF BUSINESS CASE

The Board will set up a Project Team to manage the development of the Outline Business Case. The Team will reflect the interests of the Board, (in both primary and secondary care) its public sector, staff side and voluntary partners, and of patients, clients and the wider community.

The indicative timetable for the development is as follows:

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
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<tbody>
<tr>
<td>Initial Agreement approved (NHSL)</td>
<td>August 2009</td>
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<tr>
<td>Outline Business Case developed and approved</td>
<td>July 2010</td>
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</tbody>
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10. NHS BOARD SUPPORT

The NHS Board confirms that:
1) This proposed development fits with the Local Delivery Plan and the objectives of the Board.
2) This IA has been approved by the NHS Board.
3) This IA is consistent with the NHS Board’s Property Strategy.
4) Having regard to the service objectives no better clinical use could be made of the existing estate.

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<table>
<thead>
<tr>
<th>Tim Davison</th>
<th>Chief Executive</th>
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<td>Date</td>
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