

Wirral Place Based Partnership Board
Thursday, 19 October 2023

REPORT TITLE:	STRATEGIC OUTLINE BUSINESS CASE FOR THE DEVELOPMENT OF A MENTAL HEALTH URGENT RESPONSE CENTRE
REPORT OF:	DIRECTOR OF OPERATIONS (CHESHIRE AND WIRRAL PARTNERSHIP TRUST)

REPORT SUMMARY

This Strategic Outline Case (SOC) is to support the development and investment in a new Mental Health Urgent Response Centre (URC) on the Wirral on behalf of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the support of partner organisations. This project will enable the development of suitable and sustainable accommodation in order to deliver and support modern models of care in the most appropriate setting in terms of service users in mental health crisis.

The Strategic Outline Case identified the development of a new build facility as described above on the footprint of Arrow Park Hospital, Wirral as providing the great cost benefit for partners and the population of Wirral.

The Strategic Outline Case was presented to Wirral Place Based Strategy and Transformation Group and was supported by partners and recommended to the Wirral Place Based Partnership Board.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to approve:

1. the strategic fit within the context of Place, System and National Priorities;
2. the identification of the preferred way forward;
3. engagement with the ICB and NHSE to consider potential funding routes;
4. engagement with WUTH to progress the commercial case;
5. the governance as noted in the management case; and
6. undertaking further work to this Strategic Outline Business Case once a funding stream has been identified and subsequent progression to development of the Outline Business Case.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1. The Strategic Case articulates the case for change, setting it in both the national, regional, and local context. It articulates how the development of an Urgent Response Centre in Wirral to co-locate several urgent care teams both within Cheshire and Wirral Partnership NHS foundation Trust and external partners will enhance the collaborative approach to deliver person centred care to people in mental health crisis. Also confirming that the proposal is fully aligned with Wirral, partners, Integrated care System (ICS), Department of Health and Social Care (DHSC) and Government policies and plans.
- 1.2. The development of the URC is central to the development of a first response approach to delivering an urgent care mental health response for people in Crisis who do not require Emergency Department (ED) attendance. Opportunities for a system wide response which is deployed from the First Response Service, Children and Young People, Urgent Support Teams and other partners will support effective triage and divert from ED into the community assets which will include Crisis Cafes and peoples' own homes. This will reduce footfall through local Emergency Departments as appropriate.
- 1.3. The URC will create a centralised point within Wirral footprint for all urgent mental health work requests and distribute the need and demand across existing services in a co-ordinated way, utilising all the different skills within the teams. Staff would work across community and Emergency Department as part of the urgent mental health response. This would reduce the peaks and troughs of individual service demand and level the overall response.
- 1.4. This function would also support Northwest Ambulance Service and Police forces, and therefore ensure people with mental health needs are not being conveyed to ED unless they required physical health interventions.
- 1.5. The proposal would also support ED pressures and reduce the risk of vulnerable people with mental health needs being unnecessarily conveyed to ED with the ethos of the centre being home/community first.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A long list of options was identified using the Options Framework within the HM Treasury 'Green Book' (covering scope, solution, delivery, implementation and funding). The options framework provides a structured approach to identifying and filtering a broad range of options for delivering programmes of work or individual projects.

Options were generated from the initial scoping of the project and an appraisal workshop produced a shortlist of options as shown below (which includes the preferred option).

Short-List Options
Option 0 - Business as Usual
Option 1 – Do Minimum (Extension or Refurbishment on Arrowe Park co-located with ED)
Option 2 (Option A) – New-Build on a CWP Community of Partner Site within the Wirral Geographical Footprint
Option 3 (Option B) – New-Build on Arrowe Park

3.0 BACKGROUND INFORMATION

3.1 The national policy context against which this project has been developed consists primarily of the NHS Long Term Plan and the DHSC Five Year Forward View for Mental Health. The table below provides a summary of the broader national strategic direction.

National Strategic Direction Alignment with SOC Proposals

Policy	Overview
NHS 'Long Term Plan' (2019)	<p>The overriding aim of the NHS Long Term Plan (LTP) is to redesign patient care to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment.</p> <p>The Long-Term Plan makes a renewed commitment to grow investment in mental health services faster than the overall NHS budget. It requires a more proactive and preventative approach to reduce the long-term impact of people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services.</p> <p>Leaders across the system are tasked to take decisive steps to break down the barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, drive down variations in the quality of care on offer and improve outcomes.</p>
Mental Health Taskforce 'The Five Year Forward View for Mental Health' (2016)	<p>'The Five Year Forward View for Mental Health' (FYFVMH) sets out the national vision for health and social care services, it was the start of a ten- year journey for NHS mental health transformation. It acknowledges the chronic underinvestment in mental health across the NHS in recent years and requires efficiencies made through achieving better value for money to be re-invested to meet the significant unmet mental health needs of people to improve their experiences and outcomes. The recommendations include the need to treat people in the least restrictive setting, as close to home as possible and, in doing so, seek to address existing fragmented pathways in care.</p>

NHS England 'Mental Health Implementation Plan 2019/20 – 2023/24'

The 'NHS Mental Health Implementation Plan' summarises the FYFVMH and LTP ambitions to deliver against ICS-level plans to eliminate all inappropriate adult acute out of area placements by 2020-21 (FYFV) and to improve the therapeutic offer from inpatient mental health services through increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital by 2023/4 (in line with LTP ambition).

Royal College of Psychiatrists – Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983

The Multi-agency Mental Health Act Group have produced the following recommendation in regard to Section 136:

The custody suite should be used in exceptional circumstances only.

1. A vehicle supplied by the ambulance provider should be able to attend promptly so that it is used for conveyance unless the person is too disturbed.
2. The AMHP and doctor approved under Section 12(2) of the Mental Health Act should attend within 3h in all cases where there are not good clinical grounds to delay assessment.
3. The first doctor to perform a Mental Health Act assessment should be approved under Section 12(2) of the Act.
4. A monitoring form should be agreed locally to meet all the national requirements and should be completed in all cases.

Commissioners should ensure that there is a multi-agency group meeting to develop, implement and quality assure the agreed policy. This group should review the monitoring data. It should also consider how the need for use of Section 136 might be reduced.

Section 136 allows the police to take you to (or keep you at) a place of safety. They can do this without a warrant if:

- you appear to have a mental disorder, AND
- you are in any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to, AND
- you are "in need of immediate care or control" (meaning the police think it is necessary to keep you or others safe).

Mental Health Act 1983 - Section 136

Before using section 136 the police must consult a registered medical practitioner, a registered nurse, or an AMHP, occupational therapist or paramedic.

The police can keep you at the place of safety for up to 24 hours, which can be extended for another 12 hours if it was not possible to assess you in that time. The time starts when you arrive at the place of safety, or whenever the police arrived if you are not taken somewhere else.

CQC Health and Social Care Act 2008: Regulation 15

The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located.

CQC: 'State of Care 2019/20'

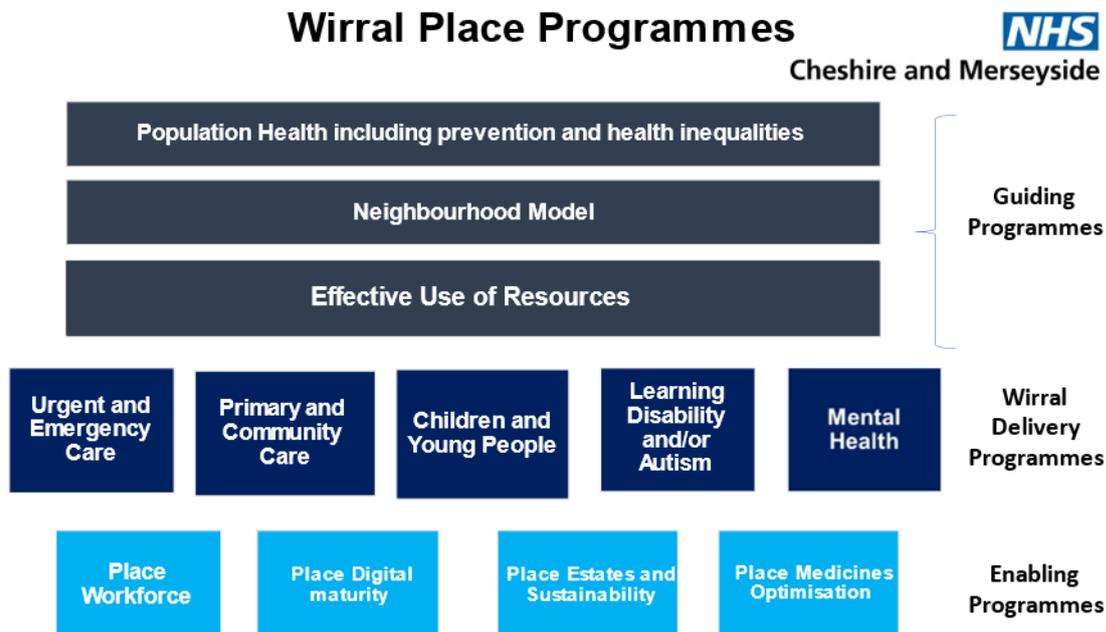
This report is an annual assessment of health and social care in England. Key point of relevance to this case is the need to maintain a safe environment including managing the need to socially distance or isolate people

Cross-Government Suicide Prevention Workplan 2019

The Department of Health and Social Care (DHSC) announced the publication of its first cross-government suicide prevention workplan.

3.2 Wirral Place Based Priorities

Wirral Place is a national outlier in terms of offering alternative places of safety (section 136) outside of an emergency department. The Wirral Health and care plan has identified mental health as one of its key priorities.



A key priority for Wirral is to enable people to remain at home, with earlier prevention, identification, and intervention for people with emerging or escalating mental health needs.

Four areas of focus will enable this.

- The right support in the community at the right time and in the right place, ensuring that support and help is easily accessible for all Wirral residents (*community transformation programme and specialist long term provision*)
- The development of an integrated housing approach across partners to ensure that people do not lose any days in the community due to a lack of available accommodation (*strategic housing approach for mental health*)
- A review of current acute mental healthcare capacity and planning for the next 10 years to ensure that we provide high quality and safe care within the inpatient settings (linking to the national quality transformation programme for MH, LD and Autism inpatient)
- To support the unscheduled care priorities there is a further priority which is the development of a Mental Health Urgent Response Centre.

3.0 FINANCIAL IMPLICATIONS

4.1. On the basis of the benefit/cost ratios (BCR), and the appraisal of options generated, option 3 provides better value (for further detail please see the strategic outline case). This BCR is considerably higher than the 4:1 ratio which is typically seen in Commissioners Investment and Asset Management Strategy (CIAM's). This can largely be attributed to the gaps in cost data,

which means that the cost of option 3 is significantly lower than option's 1 and 2. We expect that this BCR will reduce when the CIAM is revisited at a later date, with fuller, more comprehensive cost data.

A summary of the capital costs of this option are shown following, with a planned outturn cost of £11,972,00.00 (rounded figures used).

Capital Cost Elements	Option 3
Departmental Works Costs	£2,928,010.00
On-Costs	£1,396,801.00
Location Adjustment	Inc
Fees	£948,424.00
Non-Works	£60,000.00
Equipment	£505,642.00
Planning Contingencies (20%)	£758,738.00
Optimism Bias (15%)	£1,327,765.00
Total Capital Cost excluding inflation	£11,187,958.00
Inflation (3% p.a.)	£784,243.00
Total Capital Cost	£11,972,200.00

4.0 LEGAL IMPLICATIONS

5.1. Other than the procurement process of contractor and advisors there are no legal implications in relation to this scheme.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The principles of the mental health integrated urgent response centre lies in the ability to bring existing workforce together, alongside partner colleagues across Wirral. Aside from the current national challenges around recruitment for mental health practitioners there are no workforce implications in relation to this proposal other than the relocation of staff bases which will remain in the Wirral geographical footprint so will not impact on excess travel.

Further analysis will be undertaken at the next stage to understand the digital requirements to support the centre.

6.0 RELEVANT RISKS

7.1 The main risk to the development of the Mental Health Urgent Response Centre is linked to access to capital, ideally Public Dividend Capital. Without access to capital the development cannot progress beyond the strategic outline case.

7.0 ENGAGEMENT/CONSULTATION

8.1 A Stakeholder Engagement and Communications Strategy will be produced at the next stage of the business planning process and prior to commencement of the Outline Business Case (OBC) process. It will set out the communication

and engagement objectives and describes how partners will work together to communicate and engage by identifying target audiences, key messages, and appropriate channels. It will also describe the resources required to deliver the strategy and how partners will manage the communications and engagement risks.

- 8.2 The development of the SOC invited a wide range of stakeholders to be involved in determining the options and benefit cost appraisal. Cheshire and Wirral Partnership Trust (CWP) also engaged with their lived experience advisors to contribute to the development of the case.

8.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.

Promoting equality and addressing health inequalities are at the heart of CWP's values and partners across Wirral. Throughout these early stages of the project, partners have given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it. Furthermore, this development will give regard to the need to reduce inequalities between patients with access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An Equality Impact Assessment (EIA) will be undertaken at the next stage of the business planning process to ensure that there are no needs or barriers which could affect people with protected characteristics, and the likely impact of the scheme is considered low. The EIA will then be reviewed monthly and reported to the Project Board. It is an iterative process and will be fully considered during the design phase to ensure any health inequalities and the 9 protected characteristics are fully considered.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 CWP and partners will ensure that going forward all capital developments comply with BREEAM 'Excellent' or above and will ensure that this development will focus on the reduction of building emissions from all sources. (*BREEAM is a science-based suite of validation and certification systems for a sustainable built environment*).

- 10.2 The Capital Development ambitions for the URC are:

- Building energy efficiency standards for new builds and refurbishments, such as BREEAM 'Excellent' and the Zero Carbon Hospital Standard and on-site renewables.
- Construction supplier alignment to net zero commitments, such as onsite contractor

- measures on waste reduction, low emission construction plant etc.
- Low carbon substitutions and product innovation, such as lower embodied carbon construction materials

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The development of a Wirral Urgent Response Centre represents the coming together of several key stakeholders from blue light services and NHS provider organisations, who are currently considered anchor institutions, to provide the opportunity of a new model of care for the population of the Wirral. The well-established Wirral community mental health alliance (Wirral voluntary, community, social enterprise and faith organisations) will be pivotal to supporting people in their communities and offering alternative support at a time of crisis. Added to this the capital investment within the Wirral boundaries and employment opportunities that this proposal would create meet the key principles of Community Wealth building on the Wirral.

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APPENDICES

Appendix 1 - Strategic Outline Case (full) v3.0
 Appendix 2 - Slides

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date