



Item No: 8

Meeting Date: Wednesday 8th May 2019

Glasgow City Integration Joint Board

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INTEGRATION JOINT BOARD PROPERTY STRATEGY 2019 - 2022

Purpose of Report:	This report outlines Glasgow City IJB's Property Strategy 2019–2022 in support of the delivery of the IJB's Strategic Plan.
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Background/Engagement:	The IJB approved its Property Strategy 2017-2022 in November 2017. The Property Strategy has been updated to reflect progress to date and plans which require to be considered to support the delivery of the Strategic Plan covering 2019 - 2022.
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Recommendations:	The Integration Joint Board is asked to: a) note the content of this paper; b) approve the Property Strategy 2019 – 2022 attached at Appendix 1; and c) note monitoring and scrutiny of the IJB's Property Strategy will be primarily carried out through an annual update to the IJB Finance, Audit and Scrutiny Committee, with reference to the full IJB, where appropriate.
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Relevance to Integration Joint Board Strategic Plan:

This report outlines the Property Strategy which is required to support delivery of the IJB's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
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Personnel:	Staffing implications are highlighted as appropriate within the strategy, with detailed implications addresses via the appropriate HSCP Governance structure.
Carers:	No direct impacts anticipated at this point.
Provider Organisations:	No direct impacts anticipated at this point.
Equalities:	An EQIA screening has been carried out on the Property Strategy, identifying no significant differential impacts on protected characteristics. Specific decisions made regarding properties pursuant to this strategy will be subject to an EQIA in their own right. https://glasgowcity.hscp.scot/publication/eqia-gchscp-property-strategy-2019-2022
Fairer Scotland Compliance:	This strategy supports the delivery of a Fairer Scotland.
Financial:	Investment to support the implementation of the Property Strategy will require a degree of capital expenditure. The IJB will work in conjunction with Partner Bodies to develop capital plans which support the implementation of this strategy. The opportunities to rationalise the health and social care property estate will continue to be explored to generate savings and integrate services to support delivery of the Strategic Plan.
Legal:	The proposed Property Strategy does not apply to any new legal duties upon the IJB.
Economic Impact:	Capital investment programmes will generate an economic benefit to the city through employment and regeneration of specific properties and localities.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	The Property Strategy is linked closely to the Council's Property and Land Strategy 2019 – 2021. The Council will be required to work closely with the Chief Officer: Finance and Resources and others within the HSCP, particularly in regard to capital expenditure where the respective budgets are held by the Council and Health Board.

Implications for NHS Greater Glasgow & Clyde:	The Property Strategy is linked closely to NHS Greater Glasgow and Clyde's Property and Asset Management Strategy 2016 - 2020. The Health Board will be required to work closely with the Chief Officer: Finance and Resources and others within the HSCP, particularly in regard to capital expenditure where the respective budgets are held by the Council and Health Board.
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 The purpose of this report is seek approval of the Glasgow City IJB's Property Strategy 2019–2022 in support of the delivery of the IJB's Strategic Plan.

2. Background

- 2.1 Glasgow City Integration Joint Board (IJB) operates in a challenging environment where demand for services are high, and the resources and the finances at our disposal to meet this demand are finite.
- 2.2 Strategic asset management is essential within this environment to ensure that the IJB has the right property assets in the right place at the right time to meet service user and patient needs. It is also important that it is affordable to meet these needs and to support service delivery in the most efficient way possible.
- 2.3 The IJB has a responsibility to strategically plan for a range of health and social care services delegated from Glasgow City Council and NHS Greater Glasgow and Clyde. This planning includes not only what services should be delivered but also how property assets can be utilised to support the aims of integration, delivery of our strategic plan and effective, efficient health and social care services in Glasgow. The alignment of the strategic plan with asset management provides an opportunity to shape the property portfolio to efficiently support delivery of services and integration.

3. The Property Strategy 2019 – 2022

- 3.1 This document builds on the Property Strategy which was approved by the IJB in November 2017 and seeks to look forward to 2022, aligning with the IJB's Strategic Plan 2019 - 2022.
- 3.2 This Property Strategy in Appendix 1 has been developed in conjunction with members of the IJB's Property Strategy Group which includes representatives of Glasgow City Council, NHS Greater Glasgow and Clyde and NHS and Council staff within the Glasgow HSCP. The strategy aims to deliver on the following objectives:-

- To gain best value from our use of property
- To ensure that health and social care services are provided in and from fit-for-purpose, modern buildings
- To enhance provision of health and social care services in local communities
- To maximise opportunities to work with other services, agencies and communities to establish optimum service needs and delivery models
- To rationalise our estate in order to reinvest savings into frontline services

3.3 The plan outlines for each locality a summary of what has been delivered to date, what the direction of travel is for the next three years and what is prioritised for delivery over the next three years.

3.4 Overall responsibility for the implementation of the Property Strategy rests with the Property Strategy Group chaired by the Chief Officer: Finance and Resources. Monitoring and scrutiny of the IJB's Property Strategy will be primarily carried out through an annual update to the IJB Finance, Audit and Scrutiny Committee, with reference to the full IJB, where appropriate. Appropriate links will also be developed with the monitoring and scrutiny arrangements of the Council and Health Board as necessary.

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the content of this paper;
- b) approve the Property Strategy 2019 – 2022 attached at Appendix 1; and
- c) note monitoring and scrutiny of the IJB's Property Strategy will be primarily carried out through an annual update to the IJB Finance, Audit and Scrutiny Committee, with reference to the full IJB, where appropriate.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	080519-8-a
2	Date direction issued by Integration Joint Board	8 May 2019
3	Date from which direction takes effect	8 May 2019
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 081117-10-a)
6	Functions covered by direction	All health and social care functions as they relate to property.
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to work collaboratively with Glasgow City HSCO and other key partners to deliver the Property Strategy 2019 – 2022.
8	Budget allocated by Integration Joint Board to carry out direction	Revenue budget as advised by the Chief Officer: Finance and Resources, Capital budgets in line with the capital planning arrangements of the Council and Health Board respectively.
9	Performance monitoring arrangements	Through the Property Strategy Board, reporting to IJB Finance and Audit on an annual basis.
10	Date direction will be reviewed	8 May 2020

Glasgow City Integration Joint Board

Property Strategy 2019 - 2022



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Introduction and Context

Glasgow City Integrated Joint Board (IJB) operates in a challenging environment where demand for services are high, and the resources and the finances at our disposal to meet this demand are finite.

Strategic asset management is essential within this environment to ensure that the IJB has the right property assets in the right place at the right time to meet service user and patient needs. It is also important that it is affordable to meet these needs and to support service delivery in the most efficient way possible.

Strategic Context

The IJB has a responsibility to strategically plan for a range of health and social care services delegated from Glasgow City Council and NHS Greater Glasgow and Clyde. This planning includes not only what services should be delivered but also how property assets can be utilised to support the aims of integration, delivery of our strategic plan and effective, efficient health and social care services in Glasgow. The alignment of the strategic plan with asset management provides an opportunity to shape the property portfolio to efficiently support delivery of services and integration.

The responsibility and role of the IJB in utilising existing property assets and developing new assets is clearly defined by the Scottish Government¹.

“The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded”

In addition, the National Health and Wellbeing Outcomes which the IJB is required by statute to work towards includes Outcome 9 which requires that “resources are used effectively and efficiently in the provision of health and social care services”.

Local Context

This document builds on the Property Strategy which was approved by the IJB in November 2017 and seeks to look forward to 2022, aligning with the IJB’s Strategic Plan 2019 - 2022.

The property assets which the IJB uses to deliver services are managed either by Glasgow City Council or NHS Greater Glasgow and Clyde. This means that the Property Strategy for Glasgow City IJB does not sit in isolation, and is linked closely to both the Council’s Property and Land Strategy 2019 - 2021 and NHS Greater Glasgow and Clyde’s Property and Asset Management Strategy 2016 - 2020. Both of these strategies are focused on making the best use of the significant assets owned by the Council

¹ Scottish Government Financial Planning Guidance for Health and Social Care Integration

and the Health Board. These strategies also recognise the benefits from working with multi services and agencies to secure delivery models which meet local community needs and deliver optimum use of the assets at everyone's disposal.

At January 2019 the IJB delivers health and social care services from 164 operational assets across our three localities: South, North West and North East.



As part of delivering on integration, the IJB has approved a wide-ranging transformation programme, which encompasses all aspects of health and social care provision in Glasgow. A key characteristic of this programme is redesign of services, looking at:-

- what services the Council and Health Board deliver?
- how they are delivered? and
- where services are delivered from?

Fundamental to such redesign activity is consideration of how our use of property supports service delivery and achieves the aims of the transformation programme. As part of this, it is critical that property and accommodation issues are considered when services are transformed and this has been embedded in these transformation programmes.

Approach and Principles

The Property Strategy lays the foundation for the efficient and effective use of all assets and provides a platform for structured planning and decision making. This is supported by a Property Strategy Group chaired by the Chief Officer: Finance and Resources with representatives from key stakeholders within the Health and Social Care Partnership (HSCP), the Council family and NHS Greater Glasgow and Clyde.

The key **objectives** of the Property Strategy are:-

- To gain best value from our use of property
- To ensure that health and social care services are provided in and from fit-for-purpose, modern buildings
- To enhance provision of health and social care services in local communities
- To maximise opportunities to work with other services, agencies and communities to establish optimum service needs and delivery models
- To rationalise our estate in order to reinvest savings into frontline services

We will achieve this by:-

- working with services, partners and communities to understand their needs
- improve, release, adapt or replace properties to meet our evolving needs
- challenge services and partners to demonstrate their needs, adopt modern and flexible working practices and meet accommodation standards of partner bodies
- be consistent with our standards and decision making

A number of **principles** will be adopted in implementation of the Property Strategy, namely:

Design and deliver services to meet the needs of individuals, carers and communities

- services are delivered from fit-for-purpose premises
- support the delivery of the IJB's Strategic Plan
- plan accommodation which is flexible and adaptable to the changing needs and shape of services and communities

Being open and showing that we are fair when allocating resources

- significant decisions are taken in appropriate public forums such as IJB, Council or Health Board decision making structures
- resources are allocated demonstrating a clear strategic or operational business need

Our Principles

Making best use of the assets available to us

- effectively manage our assets, and rationalise our estate where appropriate.
- manage portfolio to meet service needs

Delivering services to people in thier local communities

- delivery of services in people's own homes and communities as opposed to institutional or residential settings
- deliver integrated service delivery to support communities

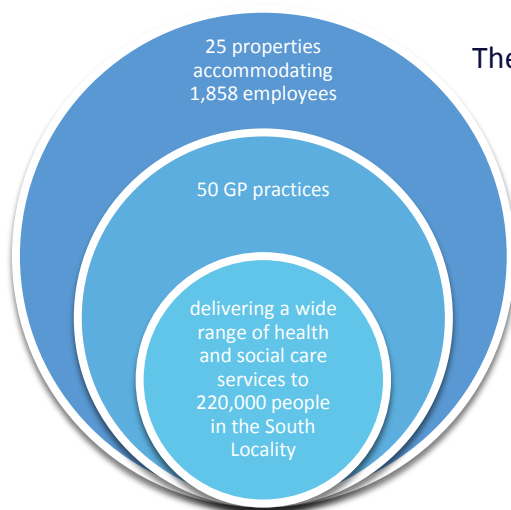
The Property Strategy

The long term vision of the IJB's Property Strategy is that the property assets available to the IJB will be utilised across the city for the provision of health and social care services, with those properties being modern, fit for purpose premises which are utilised to their maximum potential including the provision of multi service and agency delivery models, where this is appropriate. The Property Strategy will lay the foundation for the efficient and effective use of all assets and will provide a platform for structured planning and decision-making.

The current and future property requirements for the IJB will be driven and shaped by the needs and demands for services as outlined in our Strategic Plan. This Strategy will consider the direction and shape of services and the implications for the property assets which we access to enable us to plan to meet our future needs.

South Locality

Where are we now?



The South Locality includes 21 NHS properties (including one 249 bedded mental health hospital), of which 9 are leased, and 4 social work properties of which 2 are leased. In total these properties accommodate 1,353 NHS staff and 505 social work staff who deliver a wide range of health and social care services to the 220,000 people in the South Locality. In addition 50 GP practices deliver primary care services some of whom operate from the seven health centres in the South.

Where do we want to go?

The South locality has developed a property strategy that included a review of all its accommodation, with the aim of supporting more integrated working and the co-location of health and social care staff, improving staff facilities and maximizing the use of space for the benefit of patients and service users.

The vision for the South locality is for integrated health and social care services to be delivered from the key health and social care bases focused in the main areas of population, with a number of smaller bases where local and south wide services are located. The vision is for four large integrated modern health and social care centres, two serving the South East – one in Gorbals and one in Castlemilk; and two servicing the South West – one in Govan and one in Pollock all ideally incorporating community mental health services. These four health and social care centres will provide a focus for our new integrated neighbourhood teams for older people, and children and families services. Our strategy has been developed within this overall framework, and the first steps

towards our vision have been taken with the opening of the New Gorbals Health & Care Centre, which provides an ideal model for the delivery of integrated services.

How do we get there?

The key strategic issues for the South Locality include:

- The £17m **New Gorbals Health & Care Centre** opened in January 2019 and replaces the old Health Centre built in the 1970s, and incorporates social work and specialist children's services who were in leased accommodation, in new high quality modern fit for purpose premises. The New Gorbals Health & Care Centre is the largest development in new accommodation in the South for over ten years and since Pollok Health Centre was opened in 2008. It will also be the first step towards realising our vision for four main health and social care facilities providing integrated services.
- South **Locality HQ** will relocate to Rowan Park from Clutha House prior to lease ending in December 2019.
- A replacement for **Govan Health Centre** is the locality's number one priority for a new development. The existing health centre has considerable maintenance and repair problems including the need for a new roof, boiler and plant issues and problems with access. Clinical space is at a premium and scope for expansion or upgrade / refurbishment on the current site is extremely limited. A feasibility study assessing available options was undertaken in 2014, and highlighted the potential for a new build incorporating other facilities such as Elder Park, services currently in leased accommodation at Brand Street and the opportunity to include social work services in Rowan Park was viable. Such a new facility could be a significant contribution to the regeneration of the Govan area, and improve access to health and social care services for the local population.
- A new **Pollokshaws hub** development was explored in 2014 to provide improved accommodation for local community based services and others services. Pollokshaws is centrally located to serve the South and so makes an ideal base for services that serve the South as a whole. A new development would also be a major contribution to the regeneration of the Shawbridge area, and provide the opportunity for further integration of health and social work services.
- The South has three large properties in **Castlemilk** one of which is leased – a health centre, social work office and mental health resource centre. A review is underway to assess the scope to integrate services into one centre similar to the New Gorbals Health & Care Centre, and make a significant contribution to the regeneration of the area.

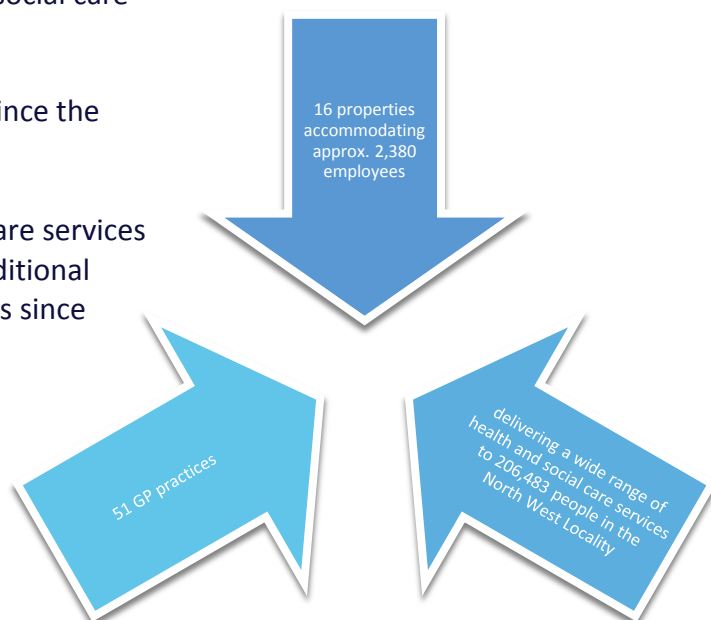
North West Locality

Where are we now?

We have continued to rationalise our accommodation across the North West locality to drive efficiency and help promote integration across health and social care services.

We have completed a number of accommodation moved since the establishment of the HSCP Property Strategy including:

- the provision of much improved health and social care services within the Maryhill Health and Care Centre with additional staff accommodated there across a range of services since the initial opening in January 2017.
- the successful closure of our Social Work building in Anniesland and relocation of staff to other bases with the majority of staff relocation to Drumchapel as part of the wider Older People's Neighbourhood Team structure.
- further investment in Possilpark Health and Care Centre to provide solutions to some defects within the building.
- the £20m development of the new Woodside Health and Care Centre will be completed by August 2019 and this will accommodate a wide range of health and social care services alongside an older people's day care unit.



Where do we want to go?

We will continue to review our accommodation needs and requirements across the North West Locality whilst supporting integrated working and efficient working practice.

As part of the drive to maximise efficiency, effectiveness and integrated working, there will be an ongoing review of the accommodation needs and requirements across North West Locality. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working and co-locating health and social care staff where possible.

How do we get there?

Priorities for future accommodation across the North West include:

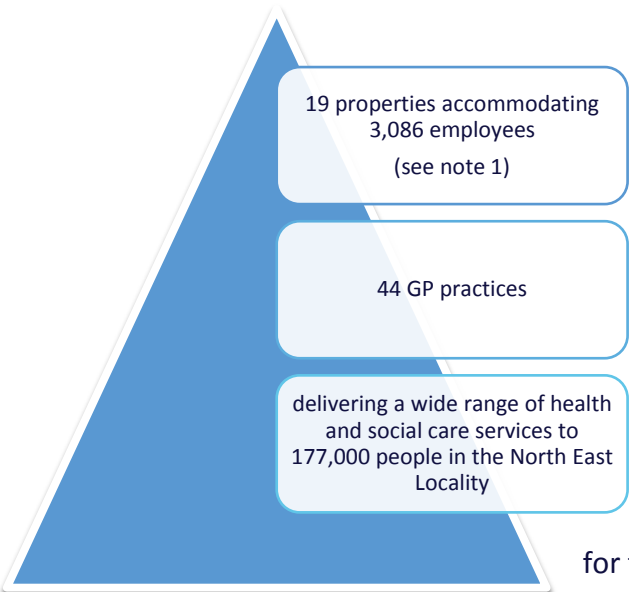
- Replacement of our buildings currently located in **Drumchapel** to create a hub that will provide a range of health and social care services from one central site. The existing health centre has considerable maintenance, repair and space issues. Plans to assess available options will be undertaken in 2019 and this will include the contribution that such a facility could make to the regeneration of the wider Drumchapel area.
- Relocation of the **Sandyford** service to other suitable accommodation to assist with the number of patients that this service can accommodate. The current accommodation is not fit

for purpose and continues to have significant maintenance issues. Alternative options are being considered but these will require investment if we are to relocate services successfully.

- A review of social work accommodation needs at **Church Street and Gullane Street** to create fit for purpose integrated facilities. These buildings have significant maintenance and repair issues and options are being developed to ensure we have appropriate and accessible accommodation in Partick contributing to the plans for the regeneration of this area.
- Plans are underway to develop accommodation at **William Street** to allow the relocation of the sexual assault service currently hosted within Sandyford and to improve the existing accommodation for headquarter staff located on this site.
- Further space planning within our accommodation in **Glenkirk Clinic**. We continue to host an Older People Mental Health (OPMH) team external to Glasgow City. However, the North West OPMH team now require further clinical space to accommodate high risk patients and best practice for these patients is to be seen within a safer clinical environment.
- Creative ways to provide the requirements within the Primary Care Implementation Plan in respect of treatment room and additional staffing space across the North West locality.
- Closure of **Closeburn Street** with addiction staffing relocating to Possilpark and Woodside Health and Care Centres
- Further use of digital technologies and agile working

North East Locality

Where are we now?



19 properties accommodating
3,086 employees
(see note 1)

44 GP practices

delivering a wide range of health
and social care services to
177,000 people in the North East
Locality

Health and social care services in North East Locality are delivered from a portfolio of properties located throughout the area.

There has not been any major capital investment in the recent past in the North East locality (see note 2) to develop new facilities, although we have added to the property portfolio to provide accommodation for the integrated older people's services neighbourhood team and mental health and learning disability services. Consequently, some of our properties are no longer fit for purpose because of their poor condition, a lack of internal space and internal layouts which do not provide accommodation that is suitable for the provision of 21st century services.

Note 1 Property numbers exclude mental health inpatient beds at Stobhill Hospital, children's houses, care homes, Hunter Street Homelessness Services etc. as these are included in city wide section.

Note 2 There has been major capital investment in mental health inpatient wards in Stobhill, Older People Residential Care at Riverside, Dalmarnock and in new children homes. These are included in the section on city wide developments.

The constraints imposed by our existing property infrastructure will also prevent the creation of new forms of integrated community based care.

Furthermore, given the advent of more agile forms of working there are opportunities to reduce the number of buildings that services operate from, without compromising the quality of services for local people.

Where do we want to go?

- Provision of high quality accommodation which is able to promote the provision of modern health and social care services
- Increased accessibility for service users
- Respond to the changing demographics of the population in the north east
- Promote the integration of services
- Reduction in the number of poorer quality buildings
- Improved utilisation of our premises
- Accommodation that responds to the variety of service transformation programmes being developed by the HSCP, City Council and the NHSGG&C
- Accommodation that promotes agile working arrangements.

How do we get there?

- By 2023 complete the development of a **health and care hub for the North East** at the site of the Parkhead Hospital/Mental Health Resource Centre/Parkhead Health Centre.

- Reduce numbers of leased and owned buildings when services migrate to the new hub. We anticipate that we will no longer require accommodation at Templeton Business Centre, Brook Street Social Work Training Centre, Parkview Resource Centre, Parkhead Health Centre, Anvil Resource Centre, Parkhead Hospital and Newlands Centre. We will also reduce our accommodation requirements at Eastbank Health Promotion Centre in Shettleston.
- Work with NHSGG&C and the City Council to improve the co-ordination of the day to day upkeep and maintenance of our buildings.
- We require to commission feasibility studies to assess the options for **Springpark Mental Health Resource Centre** (Possilpark) and **Townhead Health Centre**. Both buildings will require substantial investment to ensure their long term future.
- Ensure that our investment plans in health and social care buildings take account of future house building and wider physical regeneration programmes so that we can continue to meet the changing demands caused by demographic changes. Major house building is taking place in **Easterhouse, Robroyston, Baillieston** and **Dalmarnock** and the increase in populations will have longer term impacts on the demand for HSCP services and our buildings.

City Wide

A number of city wide services within Glasgow Health and Social Care Partnership are managed centrally, these include Residential and Day Care Services for Older People, Children's Residential Services, Youth Justice and Homelessness Services.

Specialist Housing Provision

There are significant social care housing needs in the city. The Social Care Housing Investment Priorities (SCHIP) articulate the needs of the HSCP for different social care groups and individuals. Registered Social Landlords (RSLs) are then invited to express an interest in developing newly built or re-provisioned existing social care projects so that housing better meets the needs of the community. In partnership with a range of RSLs a number of developments are currently due for completion in 2019/20, across all 3 city localities, including a number of bespoke learning disability projects, fully accessible wheelchair housing developments, shared housing provision for young adults leaving care, and a new build supported service for people with mental health problems, including a staff base. Discussions with RSLs around other developments are well advanced across all the above social care sectors, including provision for older people in clustered supported living services.

Tomorrows Residential and Day Care

The residential and daycare modernisation strategy for older people reflects a once in a generation programme of innovation and modernisation in tandem with significant capital investment in this sector across the City of Glasgow. The programme will deliver state of the art buildings that are fit for purpose and able to take on the challenges of growing dependency in the 21st Century, by delivering market leading and bench marketing facilities for older people.

The programme includes the decommissioning of numerous outdated residential and daycare properties that have been assessed as no longer fit for purpose with limited life expectancy, which

are being declared surplus to requirements as the new builds come on stream. These properties have historically been passed to City Property for marketing and disposal.

The sector programme reflects the following;

- New build 4 x 120 place residential care homes (3 complete, 1 due for completion in 19/20)
- New build 1 x 70 place residential care home (due for completion in 19/20)
- New build 6 x 30 place per day daycare properties (4 complete, 2 due for completion in 19/20)
- Refurbishment of 4 existing 30 place daycare buildings (due for completion in 2019/20)

The current programme is due conclude in 2020 at end of the defects liability period for each site with the handover of the last 2 residential and last 2 daycare properties occurring across 2019 as well as the last phase of refurbishment across the 4 existing daycare services also concluding during the same timeframe. The ethos behind the refurbishment of the 4 existing daycare buildings has reflected a transformational change to incorporate many of the new build property features in these older buildings to address issues of demand and growing dependency across the user demographic.

In addition to this the first 3 new build properties are currently undergoing various levels for lifecycling refresh works to main these buildings to a high standard.

Children's Residential Programme

The HSCP manages residential houses for young people who are looked after and accommodated by the council. There are 20 houses at the moment with two more in development. The Council has made significant investment to provide high quality houses for young people by de-commissioning older properties and then refurbishing and developing new build accommodation. In phase 1 of the programme 8 houses with a total capacity of 36 beds were closed and a total of 12 houses with a total capacity of 88 beds created through new build and refurbishment. The council gave approval for capital funding for phase 2 of the new build and refurbishment programme in 24 November 2016. We anticipate that at the end of the two phases we will hold the following mix of new build and refurbished houses:-

- 2 x properties for young people who are remaining in care after 16 years of age but continue to need accommodation and support
- 15 new build 8 bedded houses
- 5 retained houses (3x8, 1x6 and 1x5 bedded)

Looking ahead we need to make sure that our houses continue to provide accommodation that meets the needs of the young people in our care and provides environments that support the changes in the way that residential child care will be provided in the future. Sites for new houses continue to be assessed with Butterbiggins and Mossspark identified as potential future sites.

Tradeston/Laurieston Regeneration

In 2018 the regeneration of Tradeston / Laurieston saw the closure and re-location of Clyde Place Assessment Centre to new provision at Rodney Street. In 2019 the HSCP will begin work to add an extension which will enable a full assessment and support service for 31 homeless males with multiple and complex needs, as well as an overall increase in fully accessible and ground floor studios.

The extension will provide a fully fitted medical room for visiting NHS community services, IT facilities for service users to complete benefit applications, access education courses and wider social networking. A visitor's room for residents to spend time with family members and support staff and activity rooms for communal social events and education / training programmes.

Further expansion of the regeneration area will have an impact on a number of key social care services in the area, inclusive of alcohol and drug recovery services and are subject of high level discussions between DRS and HSCP.

Safer Drug Consumption Unit/ Heroin Assisted Treatment (HAT)

The HSCP remains committed to a co-located site for both safe drug consumption and heroin assisted treatment. The Pilot Heroin Assisted Treatment site has been identified at Hunter Street, the current location of the Homelessness Health Service. The temporary HAT will be completed in summer 2019 and the service will be delivered by a specialist multidisciplinary team, supported by links to a variety of Health and Social Care services. The HAT will add a new level of treatment in addition to the existing services, which targets the city centre homeless population who have not shown sustained benefit from conventional treatments.

This strategy aims to develop existing services to meet the needs of this multiple disadvantaged population, reduce the risk of drug-related deaths and poor health outcomes.

Mental Health and Addiction

GCHSCP is responsible for mental health inpatient wards at Gartnavel Royal Hospital, Leverndale Hospital and Stobhill Hospital, as well as for addiction inpatient services at Stobhill and Gartnavel hospitals. NHSGGC strategic plans for mental health and addiction inpatient provision include:

- Consolidation of AMH acute beds for Renfrewshire and South Glasgow on the Leverndale site.
- Implementation of a single site model for addictions beds at Gartnavel to ensure the on-going sustainability of inpatient provision for addictions
- Enhancing the sustainability of medical cover out of hours through reducing the number of acute admission sites.
- Developing community estate and integrated community services accommodation

Investment has been approved to deliver new, improved AMH ward accommodation at Stobhill hospital by 2020. This was approved as part of an initial phase to support the above programme. Capital funding has still to be identified to achieve the full implementation of the programme, particularly in relation to a new build ward / ward improvements at Leverndale hospital to achieve the transfer of AMH wards from Dykebar, and in relation to a new build ward at Gartnavel to consolidate addiction inpatient services (which would free up ward accommodation at Stobhill hospital).

Achieving full implementation of the above will now be considered as part of the development of an implementation programme to support the delivery of the 5 Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde 2018-23. In doing so, consideration will be given to the links with strategic plans for Older People's and Older People's Mental Health inpatient services.

During 2019, the Addictions day service provision was consolidated onto one main site within Gartnavel Royal Hospital. The vision for this service is to have one single site providing both inpatient and day service provision for the service.

Learning Disability

In 2018/19, GCHSCP's two learning disability day centres at Riddrie and Calton both benefited from significant investment to upgrade the accommodation. This included new flooring, furnishings and finishes, as well as investment in new equipment. However, going forward, it is recognised that both buildings have a limited life-span and are compromised by a lack of physical space to fully meet the needs of people attending.

An option appraisal will be undertaken to consider the replacement of the two learning disability day care centres within the City. The option appraisal will consider the viability and location of new build accommodation. In doing so, it will consider the feasibility of an option of two new builds facilities serving the North and South of the City, as well as the feasibility of an alternative option of a single new build facility serving the City. In the case of both options, it is important to stress that there is no planned reduction in the capacity of day places and that GCHSCP remains committed to being a direct provider of this service.

As part of the drive to introduce more integrated working practices, there is an aspiration to co-locate health and social work staff from community learning disability teams (CLDTs). While the co-location of CLDT staff from North East locality has been achieved within the recently upgraded Pertershill Park facility, accommodation solutions to enable the co-location of CLDT staff within North West and South localities require to be found.

GP Accommodation

The National Code of Practice for GP Premises (November 2017) was agreed between the BMA and Scottish Government in recognition that there is pressure on the sustainability of general practice, which is linked to liabilities arising from GP contractors' premises. Across Scotland around two-thirds of GP premises are either owned by GPs or leased by them from third parties (in Glasgow the proportion is slightly less at 56%). GP contractors receive financial assistance from their Health Boards towards the cost of these premises. In recent years, there has been an increase in the number of GP contractors who have asked their Health Boards to help with liabilities connected to their premises.

The Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model, which does not entail GPs providing their practice premises, in a sustainable and affordable way. The Code advises that:-

- The Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises;
- The Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans.
- The Scottish Government has set up a “GP Premises Sustainability Fund” and has committed £30 million of additional support to this fund to be spent by the end of this Parliament. Allocation of the funding to individual practices will be based on criteria developed nationally.

The Code also sets out the actions that GP contractors, who no longer wish to lease their premises from private landlords, must take to allow Health Boards to take on that responsibility.

In partnership with NHGG&C, Glasgow City HSCP will support the implementation of the new Code through the following:-

- The Health Board will include GP owned premises and premises leased by GPs from private landlords in its Property and Asset Management Strategy.
- The Health Board, in conjunction with the HSCP, will take an active approach to the management of the whole of the GP estate in Glasgow.
- The HSCP and Health Board will work together to identify priorities for investment in primary care premises which must support the primary care improvement plan; accommodation requirements for new and extended teams will be considered as these are developed, taking account of the need to provide services in or near practices.
- HSCP will take into account the needs of the population, the need to sustain general practice and, working with Health Boards, address the need to provide fit for purpose premises for the provision of primary care services.
- The HSCP, in conjunction with the Health Board, will consult with the GP Sub Committee of the LMC as we identify priorities for investment.
- The HSCP and Health Board will consider the potential benefits to GP sustainability of making space available in existing Health Centres for those GP contractors that are not currently based in publically owned facilities.
- The HSCP and Health Board will consider how best to use any GP premises purchased or leased by the Health Board. Together with the GP contractor and the GP Sub Committee we will consider whether it would be better if the GP contractor provided its services from another location and for the building vacated by the GP contractor to be used for another health or social care purpose. In such cases, the HSCP will work with the Health Board to find suitable alternative accommodation for the GP contractor.
- The HSCP and Health Board will consider whether the premises should be used for any other health and social care purposes in addition to GP services.

GP contractors who are offered the opportunity to relocate to existing Health Centres should consider the benefits to their long-term sustainability of doing so.

In considering the requirements of the Code the HSCP would highlight the following further actions which we will need to progress:-

- Identifying opportunities from mobile/agile working to free up space within our existing properties that could be used to provide additional clinical accommodation.
- Creating additional and/or flexible space in future health and social care hubs to provide space for GPs practices that may need to relocate from their current properties.
- Providing space in health centres and GPs' own buildings to provide accommodation for the expanded multi-disciplinary teams.
- Within our primary care improvement plan we have allocated some investment to support the back scanning of GP records as a way of freeing up space.

Governance

Overall responsibility for the implementation of the Property Strategy rests with the Property Strategy Group chaired by the Chief Officer: Finance and Resources. Locality action plans are managed via the planning structures and senior leadership teams within each locality.

Financial governance of all matters relation to property is through the existing governance and capital planning arrangements of the Council and Health Board, acting under direction from the IJB. The equivalent function on behalf of the IJB is led by the Chief Officer: Finance and Resources, reporting to the IJB Finance and Audit Committee.

As the IJB does not own property of its own, decision making with regards to decommissioning, capital investment etc. rests with the Council and the Health Board, albeit with appropriate reference to the needs of the IJB and any specific directions made to either body.

Monitoring and Scrutiny

Monitoring and scrutiny of the IJB's Property Strategy will be primarily carried out through an annual update to the IJB Finance and Audit Committee, with reference to the full IJB, where appropriate. Appropriate links will also be developed with the monitoring and scrutiny arrangements of the Council and Health Board as necessary.







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Key

HSCP Resource

Responsibility in NE area

-  GCC
-  NHS + GCC
-  OTHER
-  NHS

North East



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Key

HSCP Resource Responsibility in South Area

- ▲ GCC
- ▲ NHS + GCC
- ▲ OTHER
- ▲ NHS



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