



Item No: 10

Meeting Date: Wednesday 8th November 2017

Glasgow City Integration Joint Board

Report By: Sharon Wearing, Chief Officer, Finance and Resources

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INTEGRATION JOINT BOARD PROPERTY STRATEGY

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| Purpose of Report: | To seek approval of the final draft Integration Joint Board Property Strategy and action plan following consultation. |
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| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) approve the Property Strategy and action plan;b) remit ongoing monitoring and scrutiny of delivery of the strategy and action plan to the IJB Finance and Audit Committee; and,c) direct the Council and Health Board to work collaboratively with Glasgow City HSCP and other key partners to deliver the Property Strategy and action plan. |
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Relevance to Integration Joint Board Strategic Plan:

The Glasgow City Integration Joint Board's Strategic Plan includes a commitment to

"Develop a Property Strategy which makes sure that our use of property supports our aims of delivering high-quality, effective services to people in their own communities."

Implications for Health and Social Care Partnership:

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| Reference to National Health & Wellbeing Outcome: | <p>The development of the Property Strategy contributes directly to:</p> <p>Outcome 9 - <i>"Resources are used effectively and efficiently in the provision of health and social care services."</i></p> |
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| Personnel: | Staffing implications are highlighted as appropriate within the strategy, with detailed implications addressed 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. |
| Financial: | Work to upgrade, renovate and repair specific properties will require a degree of capital expenditure. Rationalisation of the health and social care property estate is anticipated to generate revenue savings which can be reinvested in front-line services. |
| Legal: | The proposed Property Strategy does not apply any new legal duties upon the Integration Joint Board. |
| Economic Impact: | Capital works will generate an economic benefit to the city through employment and regeneration of specific properties and localities. |
| Sustainability: | None anticipated at this point. |
| Sustainable Procurement and Article 19: | None anticipated at this point. |
| Risk Implications: | None anticipated at this point. |
| Implications for Glasgow City Council: | The Property Strategy is linked closely to the Council's Corporate Asset Management Plan 2014-2017 (and its successor to be published later in 2017). 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 To seek approval of the final draft Integration Joint Board Property Strategy and action plan following consultation.

2. Background

- 2.1 Following the establishment of the Glasgow City Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), there is an opportunity and clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Glasgow. Glasgow City Council and NHS Greater Glasgow and Clyde collectively own, lease or otherwise utilise a significant amount of property across Glasgow City where health and social care functions are carried out. Therefore whilst the IJB is not responsible for any properties, decisions on property strategies could impact on our services.
- 2.2 A Property Strategy Group has been established for the IJB, chaired by the Chief Officer: Finance and Resources, and attended by key stakeholders from the HSCP, the Council family and NHSGGC. The development of an agreed Property Strategy for the IJB will inform the work of this group going forward.
- 2.3 A draft IJB Property Strategy was presented to the IJB on 21 June 2017, the paper considered by the IJB is available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=38248&p=0>. On 21 June, the IJB approved the strategy for consultation.

3. Consultation

- 3.1 Consultation on the draft IJB Property Strategy was carried out over July and August 2017. The consultation documents were hosted on Glasgow City Council's Consultation Hub, which is accessible to the public. Specific invitation to respond to the consultation was sent to the below groups and organisations:
- Glasgow City Council
 - NHS Greater Glasgow and Clyde
 - Social Work Services staff within Glasgow City HSCP
 - NHS staff within Glasgow City HSCP
 - ACCESS
 - City Property
 - Community Councils
 - Locality Engagement Forums

- General public and other stakeholders via Consultation Hub and HSCP social media
- Independent Living Strategy project board (includes 3rd sector organisations, housing, Scottish Fire and Rescue, Glasgow Life)

- 3.2 2 responses were received to the consultation, from Glasgow City Council and another organisation who opted for their name not to be published. It is considered that this relatively low level of responses reflects the high level nature of the strategy, and that consultation on specific proposals which may be put to the IJB over the lifetime of the strategy will elicit a significantly higher response.
- 3.3 Based on the responses received, and discussions at the Property Strategy Board and elsewhere, an action plan to support implementation of the strategy has been produced and is appended to this report.
- 3.4 The response from Glasgow City Council included a suggestion that the IJB's Property Strategy be extended from a 2 year strategy to span 5 years, to bring it into line with the Council's updated strategy which is due to be published later in 2017. It is proposed that the IJB agree to extend the Property Strategy to cover the period 2017-2022, with a commitment to review the strategy during 2019.

4. Recommendations

- 4.1 The Integration Joint Board is asked to:
- a) approve the draft Property Strategy and action plan;
 - b) remit ongoing monitoring and scrutiny of delivery of the strategy and action plan to the IJB Finance and Audit Committee; and,
 - c) direct the Council and Health Board to work collaboratively with Glasgow City HSCP and other key partners to deliver the Property Strategy and action plan.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

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| 1 | Reference number | 081117-10-a |
| 2 | Date direction issued by Integration Joint Board | 8 November 2017 |
| 3 | Date from which direction takes effect | 8 November 2017 |
| 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) | No |
| 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 HSCP and other key partners to deliver the Property Strategy and action plan |
| 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 | Via the Property Strategy Board, reporting to IJB Finance and Audit Committee periodically |
| 10 | Date direction will be reviewed | September 2019 |

Property Strategy Action Plan

| Action No. | Action | Owner | Timescale |
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| 1. | Include within implementation of the Property Strategy the principle of aiming to maximise opportunities for collaboration with other public and third sector partners, which can reduce costs and potentially enable delivery of a wider range of services | - Chief Officer: Finance and Resources - Heads of Planning | Ongoing throughout lifetime of strategy |
| 2. | Engage with Glasgow City Council re current review of management and governance of Council land and property | - Chief Officer: Finance and Resources | By end 2017 |
| 3. | Outline links between locality elements of Property Strategy and regeneration within localities | - Heads of Planning | By end 2017 |
| 4. | Ensure consideration of transport and access impacts on service users continue to be considered where closure of premises or relocation of services is proposed, in particular with consideration of public transport options | - Heads of Planning | Ongoing throughout lifetime of strategy |
| 5. | Continue and enhance the existing close working relationship between the HSCP and Strathclyde Partnership for Transport to support improved access to services | - Chief Officer: Finance and Resources | Ongoing throughout lifetime of strategy |
| 6. | Map current and planned health and social care locations within Glasgow City | - Head of Business Development | By end 2017 |
| 7. | Where proposals are made for new or relocated premises within Glasgow, produce updated maps to show these visually | - Head of Business Development | Ongoing throughout lifetime of strategy |
| 8. | Review Property Strategy, identify and propose to IJB any amendments required | - Chief Officer: Finance and Resources | September 2019 |



Glasgow City Integration Joint Board Property Strategy

2017-2022

1. Introduction and Current Position

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

"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."

Glasgow City Council and NHS Greater Glasgow and Clyde collectively own, lease or otherwise utilise a significant amount of property across Glasgow City where health and social care functions are carried out. Following the establishment of the Glasgow City Integration Joint Board (the IJB) and the Health and Social Care Partnership (the HSCP), there is an opportunity and clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Glasgow.

Capital allocation on the NHS side of the HSCP for 2016/17 was £7.5m. The approved gross expenditure budget for Social Work Services, net of amounts paid in previous years, totals £51.1m. Probable outturn gross expenditure for Social Work for 2016/17 totals £13.6m

A Property Strategy Group has been established for the IJB, chaired by the Chief Officer: Finance and Resources, and attended by key stakeholders from the HSCP, the Council family and the NHSGGC. The development of an agreed Property Strategy for the IJB will inform the work of this group going forward.

2. Objectives

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 rationalise our estate in order to reinvest savings into frontline services

3. Principles

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

1) Designing and delivering services to meet the needs of individuals, carers and communities

For example, in ensuring that decisions regarding the utilisation of property support delivery of the IJB's Strategic Plan, and that our services are delivered from fit-for-purpose premises.

2) Being open and showing that we are fair when allocating resources;

With significant decisions as to resource allocation being taken in the appropriate public forum - through either the IJB, Council or Health Board decision making structure – and subject to a clear strategic or operational business need being articulated.

3) Delivering services to people in their local communities; and,

A fundamental aim of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. We ensure that our use of property is focussed on achieving that aim.

4) Making best use of the assets available to us

We will effectively manage our assets, and rationalise our estate where appropriate. For example, by co-locating health and social care services where this would be of benefit to patients, service users and carers.

4. Strategic Context

Strategic Plan and National Policy

The Glasgow City Integration Joint Board's Strategic Plan 2016-19 includes a commitment to

“Develop a Property Strategy which makes sure that our use of property supports our aims of delivering high-quality, effective services to people in their own communities.”

In addition, the National Health and Wellbeing Outcomes which the IJB is required by statute to work towards includes

Outcome 9 - *“Resources are used effectively and efficiently in the provision of health and social care services.”*

It is within the context of both of these provisions that the objectives and principles of our Property Strategy have been developed, and within which decisions relating to use of property and assets will be taken.

Transformation and other related programmes

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 achieving the aims of the transformation programme.

It is critical therefore to ensure that property and accommodation issues are included within our transformation project management and planning activity, and work will be undertaken with project leads to embed these matters into the relevant processes. There are further opportunities presented by Mobile Working and work to integrate health and social care information systems, which may facilitate further innovation in our use of property across the HSCP.

5. Links to Partner Organisation Strategies

The Property Strategy of the Glasgow City IJB does not sit in isolation, and is linked closely to both the Council's Corporate Asset Management Plan 2014-2017 (and its successor to be published later in 2017) and NHS Greater Glasgow and Clyde's Property and Asset Management Strategy 2016-2020. Both of these strategies are focussed on making best use of the significant assets owned by the Council and Health Board, which is in line with the principles and objectives outlined in this document. Additionally the strategy takes cognisance of the Strategic Housing Investment Plan (SHIP), which sets out the priorities for investment in housing in Glasgow over the next five years; the SHIP is the housing investment delivery plan for Glasgow's Housing Strategy including the development of the housing component of the social care and housing priorities.

6. Future Plans

The long term vision of the IJB's Property Strategy is that the property estate available to the IJB will be utilised across the city for provision of health and social care services, with those properties being modern, fit for purpose premises which are utilised to their maximum potential.

There is a significant amount of work already underway across the city to rationalise and modernise our property portfolio, including:

- Opening of the new Maryhill Health and Care Centre
- Approval from the IJB to develop a business case to support a new Health and Care Centre in the North East locality
- Production of full business cases for new Health and Care Centres in both Gorbals and Woodside
- Progress to completion of the Older People's Residential and Children's Residential programmes

Further actions will be identified and prioritised by the Property Strategy Group, with each locality taking forward further actions based on the needs of the locality, a range of which are outlined in locality property plans which are appended to this document, as is the HSCP centre-managed residential and day care (for Children, Adults and Older People) property plan. These plans are current as at April 2017; content of the plan is compatible with the Council's Corporate Asset management Plan 2014-17; the

NHS Property Asset Management Strategy (PAMS) 2016-2020; and, the new Glasgow Strategic Housing Investment Plan (SHIP) 2017-22.

7. 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 relating to property is through the existing governance and capital planning arrangements of the Council and Health Board, acting under direction from the Integration Joint Board. 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 Health Board, albeit with appropriate reference to the needs of the IJB and any specific directions made to either body. An annual report on implementation of the property strategy will be provided to the IJB.

8. Monitoring and Scrutiny

Monitoring and Scrutiny of the IJB's Property Strategy will be primarily carried out by 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.

The following sections contain the Locality and City-wide Strategies

9. South Locality

Introduction

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 19 GP practices deliver primary care services from the seven health centres in the South.

The South Locality in developing its property strategy has undertaken a review of all its accommodation, to support more integrated working and the co-location of health and social care staff, improve staff facilities and release space for service provision, for the benefit of patients and service users. This review is at an early stage of development with changes planned to be implemented during 2017.

The vision for the South Locality is for integrated health and social care services to be delivered from four main health and social care bases recognising the main areas of population, with a number of smaller bases where local and south wide services are located. The vision is for four main health and social care centres, two serving the Southeast in Gorbals and Castlemilk, and two serving the Southwest in Govan and Pollok, all ideally also incorporating community mental health services. These four bases will provide a focus for our new integrated neighbourhood teams for older people. A similar model for integrated children's services is also being considered. Our emerging strategy has been developed within this overall framework.

Key Strategic Issues

The key strategic issues for the South Locality include:

- **New Gorbals Health & Care Centre opening 2018**

The New £17m Gorbals Health & Care Centre due to open in late 2018 will see the replacement of the existing Gorbals Health Centre built in the 1970s, and integration with social work and specialist children's services currently in leased accommodation, in new modern purpose built premises. The New Gorbals Health & Care Centre will be the most significant development in new accommodation in the South 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 move from Clutha House 2019**

South Locality HQ will relocate from Clutha House prior to lease ending in December 2019. Work is underway to identify suitable HQ accommodation amongst the current South portfolio. The impact of moving to agile working will create additional suitable space in a number of other South properties which will also be assessed as part of the option appraisal for the new HQ.

- **New Govan Health and care centre**

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 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.

- **New Pollokshaws Hub**

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.

- **Castlemilk**

The South has three large properties in Castlemilk one of which is leased. A review is at an early stage to assess what scope there might be to integrate services in one or two bases, and the cost implications of a new single health and care centre serving the local population.

Emerging Themes

There are a number of emerging themes which will need to be progressed, and plans updated as accommodation requirements become clearer over the next few months:

- **Investment**

South sites have some significant maintenance requirements which have to date been included in capital and backlog maintenance plans these include Leverndale admin building roof, Govan Health Centre and Elderpark roof along with Thornliebank roof, all of which would require investment from the Health Board.

- **Impact of regeneration**

The South has seen dramatic regeneration programmes in recent years that have transformed communities and the local housing stock including community facilities in areas such as the Gorbals, Laurieston, Pollokshields, Oatlands, Toryglen, Castlemilk, Shawbridge and Greater Govan. Significant new local housing developments have also taken place in other parts of the South with the result that the population has increased and this has an impact on local primary care and community services. Our property strategy takes into account the current local regeneration plans and new housing developments in the South and we will re-assess these as and when new plans emerge. We are particularly keen to play our part in the regeneration and transformation of local communities and recognise the key contribution of health and social work services to these plans. That is why our plans for new facilities in the Gorbals, Govan and Pollokshaws are important to realising our strategic aims as a Partnership.

The regeneration of the Tradeston / Laurieston area impacts on a range of essential health and social care services commissioned and directly provided

by Glasgow City Health and Social Care Partnership. A number of services will be affected and the assumption is that new sites will have to be found for these services - most likely in close proximity to the city centre. This will require close support from the Council's Development and Regeneration Services (DRS). Phase 1 of the regeneration work has a direct impact on Clyde Place Assessment Centre, a residential provision for homeless males, as a result of which this service will relocate to Hunter Street and Rowan Park. Later phases of the regeneration work are likely to impact on other services in the area and options for each service affected will be developed within the locality in the first instance.

10. North East Locality

Introduction

The North East Locality utilises 17 NHS (3 of which are leased) and 3 GCC properties (1 of which is leased). We have NHS inpatient mental health wards at Stobhill and Parkhead Hospitals and inpatient beds at Birdston Care Home in East Dunbartonshire, a leased property owned by Pacific Care. The Social Work Training Centre is based in a leased building in Brook Street, Bridgeton and is a city wide resource.

In addition 26 of North East's 44 GP practices deliver primary care services from seven North East Health centres.

A review has been undertaken to develop the North East property strategy in order to:

- Create high quality accommodation which is able to promote the provision of modern health and social care services
- Rationalise our existing property portfolio
- Improve the utilisation of our premises
- Increase accessibility for service users
- Promote the integration of services
- Facilitate further agile working
- Respond to the changing demographics of the population in the north east.

Key Strategic Issues

The key strategic issues for the North East Locality include:

- **North East Health and Social Care Hub**
The development of an integrated health and social care hub is part of a wider accommodation strategy for North East, which (in addition to providing new accommodation for the services in the existing health centre and mental health resource centre) will see the rationalisation of buildings and the relocation of services, that are based across in the North East, to the one site. This project is the top priority for the North East locality. Engagement on the project with the community, services users and patients, partners and stakeholders, including the acute sector, is about to start. Proposals under discussion include the rationalisation of our property portfolio, including premises at: Parkhead Health Centre and Sandyford East, Parkhead Hospital, Anvil Mental Health Resource

Centre, Templeton Business Centre, Parkview Resource Centre, Carswell House, Acorn Street, Newlands Centre and Brook Street Training Centre.

- **Mental Health Wards at Stobhill**

The development of the wards will consolidate inpatient services at the Stobhill Hospital site and enable us to move the two remaining wards at Parkhead Hospital and the beds at Birdston to purpose built accommodation at Stobhill. The project is expected to be completed by mid-2018 and the new build wards in 2019.

- **Mackinnon House**

This facility is well below the required modern standards for admitting acutely ill adults and North East is not as far forward as other areas of the city in developing mental health sites. Two of the three adult wards at Mackinnon House require upgrading to all single room accommodation and in addition two of the wards require installation of en suite facilities within their single bedrooms (six rooms in each ward).

In addition Healthcare Associated Infection and Healthcare Environment Inspection is a priority for all our hospital areas as we will be subject to external audit re this. An update to the previous external survey carried out requires to be undertaken to identify all required works, costs, and timescales, including an assessment of risk.

- **Darnick Street**

Social Work staff located in City Building's complex at Darnick Street will move to Petershill Park during 2017. Building warrants have been submitted and we are awaiting a programme of works and start date. Discussions are taking place about how the space at Petershill Park could be used to support the integration of older people's services. In addition, Petershill Park provides an opportunity to co-locate social work and NHS learning disability services.

- **Springpark Mental Health Resource Centre**

A feasibility study was undertaken as part of the last round of the hub funding programme and included options for redeveloping the Springpark Centre. However, the submission did not score highly enough to be considered as a priority for funding. Since then some upgrading of the internal fabric of the building has taken place using capital and backlog maintenance money but has still to be completed. Upgrading funding solutions for the building are being considered; as a minimum, the windows require to be replaced as these were excluded from the previous works contract.

- **Townhead Health Centre**

The key issue for Townhead Health Centre are around ventilation/heating within the building, which is part of the Royal Infirmary and is built around the central cooling tower. This had led to a number of issues in respect of the temperature levels in the health centre either being too hot or too cold and the potential for some clinics being cancelled because of the temperature extremes. Two solutions have been identified with one solution costing c£780K, although a more economical proposal is to install 'comfort cooling' (air conditioning units) would cost in the region of £130,000 (plus VAT).

Funding has been received from NHS Endowments to allow for the installation of comfort cooling in the three treatment rooms occupied by Adult Services as serious consideration was being given to relocating this service to other premises until the environmental conditions could be controlled. However, we have recently identified that other staff groups are experiencing similar issues around excessive heat, which will affect costs for this work. A scheme of works, including final costings for this project is under development. It is anticipated that installation will commence in Spring 2017.

NHSGGC's Facilities Directorate, who have responsibility for the building's ongoing maintenance, are aware of the issues. It is therefore important that we work closely with the Facilities Directorate to ensure our buildings are maintained to an appropriate level and that a long-term solution can be identified and implemented.

Emerging themes

In developing the strategy approach for the North East Locality, there are a number of emerging themes around all of our health centres which will require maintenance and upgrade on an ongoing basis.

- **Investment**

Some sites have significant maintenance requirements which have to date been included in capital and backlog maintenance plans. Recent plans have included upgrading boiler systems in Easterhouse, Baillieston, Springburn, Bridgeton and Shettleston Health Centres. HSCP Business Support staff will continue to liaise with NHSGGC's Facilities Directorate to identify building elements which need repair or replacement to support the planning for future work.

- **Impact of regeneration**

Investment plans in health and social care buildings needs to 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. Since the 1950s the north east of the city has experienced a substantial reduction in its population as a result of de-industrialisation, inner city slum clearance and more recently the demolition of housing in the peripheral estates, such as Greater Easterhouse. However, looking ahead the area is likely to see population increases as a consequence of major private housing developments in Garthamlock, Robroyston, Baillieston / Broomhouse and in the area covered by Clyde Gateway. Further analysis of the potential impact of the housing development on the requirements for our services and buildings is needed so that we can plan effectively to meet the needs of the new populations.

11. North West Locality

Introduction

The North West Locality is responsible for 13 NHS properties and 5 GCC Properties (including leases). These properties accommodate over 1,400 staff delivering a wide range health and social care services.

The total population of North West Glasgow is 206,483 people, larger than the majority of Health and Social Care Partnerships across Scotland.

The vision for North West is the provision of integrated health and social care services provided from sites that are fit for purpose and that recognise the main areas of population.

Integrated health and social care services to be delivered from main sites in Maryhill Health and Care Centre (HCC), Possilpark HCC, Woodside HCC, Partick HCC and Drumchapel campus with a number of smaller bases where local and North West wide services are located. Social work teams will relocate to Possilpark and Partick by summer 2017 and are already relocated to Maryhill. The new Woodside Health and Care Centre is scheduled to open in September 2018 and the rationalisation of accommodation in Drumchapel is ongoing as part of the overall review of health and social work accommodation within North West Locality.

Key Strategic Issues

The key strategic issues for North West include:

- **Maryhill Health and Care Centre**
The new Maryhill Health and Care Centre, opened in January 2017, provides the local community with purpose built, modern facilities. This £12million investment replaced the existing health centre and incorporates 3 GP Practices, physiotherapy, podiatry, community dental services, speech and language therapy, district nursing, health visitors, community mental health services and a youth health service. The community consulting rooms also provide flexible access to a range of other services, including health improvement, to further improve local access.
- **Woodside Health and Care Centre**
Plans are well developed for a new Woodside Health and Care Centre, which will provide a similar range of services, along with community addiction services, specialist children's services and day care services for older people. A Full Business Case has been submitted to the Scottish Government and work is expected to start in March 2017. The centre is due to open in September 2018, and work commenced on the site in Spring 2017.
- **Rationalisation of accommodation in Drumchapel**
Redevelopment of Mercat 2
Complete the redevelopment of Mercat 2 building, including the identification of staff and teams to move into Mercat 2; this will include Addictions staff from Hecla Square in Drumchapel.

Review the usage of the West Centre

The usage of floor space in the West Centre will be reviewed to support integration and GP cluster developments. West Centre will accommodate integrated teams including Children and Families and other social work teams working on an agile basis.

- **Inner West End Corridor (Kelvinhall / Partick)**

Original proposals for the Gullane Street premises were determined not to be feasible. A suitable location requires to be found in the West End corridor. Business Case required to further assess and develop the strategic requirement for a premises in the “inner west end” area that includes discussions with Glasgow University in respect of the Western Infirmary site.

- **Other health / Social Work Accommodation**

As part of the drive to maximise efficiency and effectiveness, 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. This includes a review of existing health accommodation and social work offices across the locality.

Emerging Themes

The key themes to be addressed in North West include:

- **Investment – Capital and Backlog Maintenance Requirements**

Sandyford – the Centre has significant maintenance requirements, including the upgrading/renewing of the boiler.

Mansion Street - installation of air conditioning in two interview rooms and review of the building to ascertain if improvements can be made without installing air conditioning throughout the building.

Possilpark Health and Care Centre – there are thermal modelling/defects solutions required; investigation of these is currently underway.

Maryhill Health and Care Centre - raising of the banister and installation of an additional toilet on the first floor required.

12. City-wide

Introduction

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. Additionally there are a number of city-wide services such as Sandyford Sexual Health Services (hosted service delivering services across NHSGGC) that is managed through North West Locality.

Glasgow City Health and Social Care Partnership staff relocated to Commonwealth House in August 2015 from William Street, Granite House and City Chambers East allowing the integration of these staff from various sections to the HQ office.

The Strategic Housing Investment Plan (SHIP) sets out the priorities for investment in housing in Glasgow over the next 5 year period 2015/16 to 2019/20, including specialist housing provision and outlines how the Council and its partners will deliver these priorities. The SHIP was approved by Glasgow City Council's Executive Committee on 22 January 2015, including plans for Social Care Housing Investment..

Key Strategic Plans

- **Specialist Housing Provision**

Social Care Housing

There are significant social care housing needs in the city which need to be met. Providing care solutions where it is possible to provide that care in a more tailored home setting should ease pressure on health and social care provision. In the existing funding climate with the restriction of public sector budgets and with the introduction of welfare reforms, it is important that the Council and its partners look to develop new service models which recognise the housing requirements of a changing population with different needs and aspirations.

Since taking on the (Transfer of) Management of Development Funding (TMDF) in 2003 the City Council has dedicated a sizeable proportion of its resources towards the provision of specialist housing often on the basis of priorities agreed with Social Work Services. The commitment to the provision of specialist accommodation continues, however, due to the requirements for long term commitments regarding revenue funding, it is crucial that new models of housing provision are developed which will support people to live at home or in a homely environment.

The **Social Care Housing Investment Priorities (SCHIP)** has been a process where the Council has asked Registered Social Landlords to express an interest in developing new or re-provision existing social care projects so that housing better meets the needs of tenants. In recent years, housing developments with high priority were to meet the needs of people in the following care groups: learning disability, physical disability, mental health and Children and Families continuing care - most have been for the re-provisioning of existing services which are no longer fit for purpose. It is recognised that this process requires a review to both determine investment needs, and, how to better respond to these needs in the current financial climate by looking at design, technology or alternative sourcing of capital and/or revenue funding.

- **Tomorrows Residential and Day Care**

Tomorrows Residential and Day Care Services is a multi-million pound programme to build five new care homes designated to meet the needs of older people and improve their quality of life. The new homes are being built around plans that help residents make the most of how they live and socialise. Four of the homes feature 120 en-suite bedrooms and the fifth will feature 60 en-suite bedrooms. The care homes have been carefully designed to meet the specific needs of older people in residential care.

The programme comprises of four 120 bed units at Hawthorn House, Orchard Grove, Riverside and Leithland together with one 70 bed unit at Blawarthill

giving a total of 550 beds. Blawarthill is scheduled to complete in 2018 however Leithland is currently scheduled for 2019

Hawthorn House and Orchard Grove have integrated Day Care units and Leithland will be the same on completion. There are a further 11 standalone Day Care units across the City.

- **Children's Residential Programme**

There are currently 19 Children's Residential Units with a refurbishment/rebuild programme ongoing to upgrade these units and provide en-suite bedrooms.

Phase 1 New Build Children's Residential Units (12 units in total) will complete in October 2017 when the final 8 x bed unit will be delivered

5 x retained units are either completing or are programmed for refurbishment to improve standards in line with new build units

Further approval for Capital Funding and implementation of a Phase 2 New Build and Refurbishment Programme was agreed at Council's Executive Committee on 24th November 2016 with the aim of delivering 3 additional new builds and refurbish an existing property to support the increase of residential places within the City. Site search for two south side locations is ongoing.

- **Stanley Street**

Stanley Street currently accommodates Youth Justice and Families for Children services. The basement accommodates the halal kitchen for day care. The lease for this building is due to expire in March 2018. A process is underway to identify suitable accommodation for these services.

- **Martyrs School**

Leaving Care, Continuing Care and Employment services are located within Martyr's School. Work is underway to look at maximising the space within this building with a move to agile working for workers in these services with a view to utilising this space for other appropriate services.

- **Hamish Allan Centre**

The decommissioning of the Hamish Allan Centre and the remodelling of out of hours support/service to homeless households commenced in February 2016. Phase one saw the decommissioning of the emergency family accommodation from the Hamish Allen Centre to a new property at 2 Green Wynd, Carlton, the lease for this is in place with Thenue Housing Association. The new accommodation is purpose built family accommodation of good quality and a high standard. This also involved the re-location of the TADS, Revenue and Benefits and the Allocation Teams to Green Wynd and the disaggregation of the Central Casework Team to areas. An important part of the decommissioning of the Hamish Allan Centre is the redesign/remodelling of the Emergency Homelessness Service. This will be achieved in phase two through the merging of this team and function with the already well under way Standby/Out of Hours Review. These services along with the Asylum and Refugee Team continue to be based at the Hamish Allan Centre with work ongoing to seek alternative accommodation.

- **Tradeston/Laurieston TRA**

A number of properties and services are located within the area affected by this proposal. These include:-

Criminal Justice Services - Norfolk Street
Homeless Services - Clyde Place, James Shield Project, William Hunter House
Adult Services – Calton Resource Centre, Housing Alarm Centre
Addiction Services – Drug Crisis Centre, Link Up (Crisis and Long Stay)
Children's Services – South Portland Street

- **Hunter Street**

Currently an operational building, this site is being considered for the re-provisioning of Clyde Place facility affected by the Tradeston/Laurieston TRA.

- **Sandyford Sexual Health Services (hosted by Glasgow City HSCP)**

Sandyford, is the NHSGGC hub for the provision of a wide range of specialist sexual health care services. Limitations with the current accommodation are restricting the volume of patients that the service can see, resulting in waiting time pressures. The Centre has significant maintenance requirements, including the upgrading / renewing of the boiler. North West Locality is leading a piece of work to explore the feasibility of finding and utilising other suitable accommodation for these services or alternatively, whether substantial upgrading of the existing facility is possible. Alternative options will include Partick Health and Care Centre and City Centre sites. **Sandyford upgrading is a key priority for the HSCP along with the North East Hub outlined at (HSCP number one priority), and the Safer Consumption Facility and Treatment Pilot.**

- **Safer Consumption Facility and Treatment Service Pilot**

The Integration Joint Board of 15th February 2017 approved the draft business case for the development of a safer consumption facility and heroin assisted treatment service in Glasgow city centre. The report is at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=36665&p=0>

Work is ongoing in respect of the location for the service, operational parameters and principles, the evaluation framework, update on actions to resolve legal issues, and the financial framework. At this stage it is estimated that the capital costs required will be in the region of £2million. **This project is a priority for the HSCP in 2017-18.**

- **Mental Health and Addiction (included in NHS PAMS submission)**

The extant service plans driving the specific mental health inpatient estate proposals are as follows:

1. Consolidate AMH acute beds for South Glasgow (and Renfrewshire) on the Leverndale site.
2. Implement a single site model for addictions beds to ensure the ongoing sustainability of inpatient provision for addictions.
3. Enhance the sustainability of medical cover out of hours through reducing the number of acute admission sites where this is can be achieved with more modest implications for accessibility.

In delivering the above service proposals the overall inpatient programme has sought to deliver planned vacation of other sites involved moving an adult ward from **Dykebar to Leverndale** as the first phase of implementing consolidation

of adult beds on the Leverndale site to be completed in the phase four through creation of 1 new ward and refurbishments/extensions at Leverndale to enable final transfer of the outstanding Dykebar ward **c2017/18**.

Additionally it should be noted that **consolidation of addictions beds on the Gartnavel site would release Eriskay ward on the Stobhill site**, thereby enabling the final phase of the North East consolidation to be completed with the transfer of the intensive rehabilitation beds from their current offsite location in south Glasgow onto the Stobhill site. Once the full overall AMH inpatient service is consolidated on the Stobhill site it will then be possible to increase the capacity of intensive rehab beds from 8 to 15 and close a further AMH acute ward of 20 beds. The timing of this final phase will be dependent on the timing of the consolidation of the addictions beds onto the Gartnavel site.

Prioritisation and management of major capital programmes £25 m (£25m)

The phased approach recognised the competing priorities against which a finite capital resource could be directed in the first instance; and, set out a way to complete the redesign, in particular the completion of the mental health program underway in North Glasgow. Urgent operational imperatives to deliver reconfiguration for summer 2017 was logic of making this Phase 1 & 2. No access to treasury capital in that time period was instrumental in directing services to use of self-financing DBFM.

Implementation of phase 3&4 is dictated by the availability of capital as it is determined as too costly to do these areas via DBFM and is yet to attract agreed capital funding.

Transitional moves re phases 1, 2 & 4 had already been made on basis of commitment to clinicians that end point plans would be delivered (based on NHSGGC's commitment to prioritise funding (Jan 2015 Quality and Performance Committee) and whilst the operational imperatives were less urgent than phase 1, they nevertheless remained and continued clinical support and managerial credibility was predicated on delivering the full endpoint configuration

Effectively phase 3 & 4 were standalone and timetables could be flexed/brought forward if the position on capital improved

- **Phases 1 & 2** – was a two stage process of the refurbishment works programme already underway from previous capital programme £8m commitment and DBFM £10.6m approved funding route.
- **Phase 3** re-phases **addictions** consolidation to 2019/20 on assumption of treasury capital/capital receipts availability to be sourced and approved
- **Alcohol and Drugs Addiction Services £8m**
NHS GGC's in-patient Alcohol and Drug Addiction services are provided from Eriskay ward at Stobhill Hospital and Kershaw ward at Gartnavel Royal Hospital. The Board's Clinical Services Review identified the case for change including:

- a) address the service variation in access and treatment through standardised service models and protocols;
- b) strengthen links with other mental health and general health services i.e., Health and Social Care Partnerships, to enhance the treatment of co-morbidities that are often endemic with addictions service users;
- c) improve overall facilities which are not fit for purpose; and,
- d) alleviate challenges in sustaining consultant cover over the existing two sites.

The current model does not allow for the delivery of services in an integrated way and is not able to fully meet the aspirations of the Boards Clinical Services Strategy to ensure that we provide a quality service to our patients and service users.

To address the above issues the preferred option is to consolidate the current service in to a new build ward on the Gartnavel Royal site. The current planning assumption is that the development will be funded by capital monies commencing in 2019/2020, assuming improved treasury availability compared to the present time. This would also generate revenue release removing the current need to adequately staff both areas and assist with the overall Health Boards financial plan.

The final detail will be developed through the Health Boards Capital Planning Group.

- **Phase 4** re-phases Dykebar to Leverndale to 2020/21 on assumption of treasury capital/capital receipts availability to be sourced and approved.

- **Phase 4 South Glasgow Adult Mental Health £12m**

The Clinical Services Review proposed the consolidation of Acute Mental Health beds for the South of Glasgow (and Renfrewshire) on a single site. To complete this change there is a need to relocate a ward currently on the Dykebar site and this is being considered. Current planning assumption is that the transfer would take place circa 2020/2021, potentially using capital receipts received from the sale of Board assets.

The final financial detail would be developed at that time through the Health Boards Capital Planning Group.

The 5 year vision in Mental Health services is developing to allow us to achieve a new balance of inpatient and community services contributing to avoiding financial deficit.

- One ward renovation per year for 10 years - £3.6m per year (£35m)
- One community mental health facility upgrade per year for 10 years (£11m)
- Other integrated accommodation £2.1m per year for 10 years (£21m)
- Healthcare Environment Inspectorate priorities, annually following technical surveys of the in-patient estate together with an operational process involving, heads of service, in-patient managers, infections control and estates to identify key priorities -
 - ⇒ Small scale capital programmes,
 - ⇒ Fire safety programmes and work associated with environmental risks

- ⇒ HAI programme relating to hospital environments and national inspection also used to be dealt with through formula capital
- ⇒ Suicide Risk and Design Standards
- ⇒ Medical equipment
- ⇒ Annual maintenance allocation to facilities

The following table outlines the anticipated funding requirements determined to date:

| Summary of above Property Asset Management Strategy funding & approval status | | |
|--|-----------------------|---|
| 10 Year view | Five Year view | Funding Approved / To be approved |
| £8 m | £8 m | Complete 2017 CRL funded |
| £10.6m | £10.6m | DBFM Hub funding route approved |
| £8m | £8m | Funding to be approved/Sourced Assuming improved treasury availability compared to the present time. |
| £12m | £12m | Funding to be approved/Sourced Potentially using capital receipts received from the Dykebar sale. |
| £35m | £17.5m | Funding to be approved/Sourced |
| £11m | £5.5m | Funding to be approved/Sourced |
| £21m | £10.5m | Funding to be approved/Sourced |
| <u>£115.6 m</u> | <u>£72.1 m</u> | |

- **Learning Disability**

A 5 year vision is developing to allow us to achieve a new balance of inpatient and community services contributing to avoiding financial deficit.

The following requirements have been determined to date:

- One community learning disability health facility upgrade per year for 2 years (£2m)
- Other integrated accommodation - £2.1m per year for 2 years (£4.2m)
- Healthcare Environment Inspectorate priorities, annually following technical surveys of the learning disability estate together with an operational process involving, heads of service, service managers, infection control and estates to identify key priorities -
 - ⇒ Fire safety programmes and work associated with environmental risks
 - ⇒ HAI programme relating to healthcare environments and national inspection also used to be dealt with through formula capital
 - ⇒ Suicide Risk and Design Standards
 - ⇒ Medical equipment
 - ⇒ Annual maintenance allocation to facilities

The following table outlines the anticipated funding requirements determined to date:

| Summary of above Property Asset Management Strategy funding & approval status | |
|--|--|
| Five Year view | Funding Approved / To be approved |
| £2m | Funding to be approved/Sourced |
| £4.2m | Funding to be approved/Sourced. |
| £2 | Funding to be approved/Sourced |
| <u>£8.2 m</u> | |

Emerging Themes

- **Agile/Mobile working**

The introduction of agile and mobile working presents opportunities for the HSCP to optimise use of our buildings. Whilst the traditional layout of many of the buildings present challenges in adapting them to be agile-friendly and more open-plan the advantages to the HSCP in terms of efficiency, innovation, improved business continuity, and ultimately reduced property requirements. Work is underway to scope and deliver agile/mobile working across the estate, including the IT systems and connectivity to meet the hot-desking requirements of the various staff groups.

- **Record Storage**

Storage requires to be reviewed, including storage of clinical records. Pressures exists across the city and there could be a project is being undertaken to consider alternative options such as offsite provider or centralised storage taking account of the move to children's electronic records (EMIS system). Space could further be created for GPs who wish to move forward with back scanning of GP records. Additionally there are increasing pressures on storage capacity resulting from the non-deletion of files as a result of the Scottish Child Abuse Enquiry.

- **Site search**

There are increasing issues emerging in respect of identifying appropriate sites for development with a corresponding impact on the progression of the capital programme.

- **Other Health / Social Work Accommodation**

As part of the drive to maximise efficiency and effectiveness, there will be an ongoing review of the accommodation needs and requirements across centrally managed services. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working. This includes a review of existing health accommodation and social work offices.