



# Item No: 19

Meeting Date: Monday, 31<sup>st</sup> October 2016

## Glasgow City Integration Joint Board

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### MENTAL HEALTH 2 WARD DESIGN BUILD FINANCE MAINTAIN (DBFM) SCHEME

<b>Purpose of Report:</b>	To advise the Integration Joint Board of the proposals approved by the NHS Greater Glasgow and Clyde Board at its meeting on Tuesday, 19 April 2016, for the development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, Finance and Maintain (DBFM) route to conclude the agreed inpatient redesign programme in North Glasgow that would see the withdrawal of services from both Parkhead Hospital and Birdston Care Home.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the <a href="#">Initial Agreement</a> and b) note the onward submission of the Initial Agreement to the Scottish Government Capital Investment Group.
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#### Implications for IJB:

<b>Financial:</b>	The preferred solution is 2 new-build facilities, to be delivered within an overall funding envelope of £10.6m. Funding will be sought from the NHS Board and the Scottish Government's hub programme. Rental payments from terminating the lease for the existing rented property (Birdston) will contribute to the total costs.
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<b>Personnel:</b>	Staff Partnership and Trade Union engagement in the form of an HR sub group has been established and will be progressed to address any impact upon staff.
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<b>Legal:</b>	The normal legal issues for the Health Board (such as NHS DBFM contracts) will arise from developing the 2 new wards.
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<b>Economic Impact:</b>	There will be positive economic and regeneration impacts at a local level and also in accordance with the wider Community Planning Partnership objectives of improving population health and valuing people by providing modern, well-equipped public spaces and buildings.	
<b>Sustainability:</b>	We will reduce our reliance on out dated, poor quality buildings through the construction of a modern, state-of-the-art facility. A reduction in energy costs is envisaged as a result of the new build facility.	
<b>Sustainable Procurement and Article 19:</b>	The procurement process will meet all NHS legislative requirements.	
<b>Equalities:</b>	An Equality Impact Assessment will be undertaken of the proposals and ensure that we engage with a diverse cross section of the local community. The new buildings will be fully accessible.	
<b>Risk Implications:</b>	If Scottish Government funding is not made available, the Integration Joint Board will need to re-visit the accommodation strategy for the North East of the city. Properties will require an on-going investment programme to ensure that they remain viable in the longer term. In addition, no benefit will be derived from the service improvements which a modern facility would open up.	
<b>Implications for Glasgow City Council:</b>	None.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The development of the 2 DBFM wards is part of a wider accommodation strategy for the North East of the city which will see rationalisation of buildings and the relocation of services to the one site. The major implication is the requirement to finance the construction of the building. However, there are many positive aspects to the development of the new hub and these are outlined in the report.	
<b>Direction Required to Council, Health Board or Both</b>	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. Introduction

- 1.1 At its meeting on Tuesday, 19 April 2016, NHS Greater Glasgow and Clyde Board approved the development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, Finance and

Maintain (DBFM) route to conclude the agreed inpatient redesign programme in North Glasgow. The NHS Board also approved the scheme be bundled with Greenock and Clydebank Health Centre DBFM developments with progress to initial agreement stage to allow all three elements to reach financial close at the end of 2017 [Board Paper No 16/17].

- 1.2 The total programme had been divided into a number of development phases as follows:-
  - Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that would see the withdrawal of services from both Parkhead Hospital and Birdston Care Home.
  - Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services in a new-build ward at Gartnavel Royal Hospital.
  - Phase 4 - The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.
- 1.3 The DBFM procured scheme concludes Phases 1 & 2 of the phased approach to deliver the mental health inpatient redesign programme, in particular, the completion of the mental health programme underway in North Glasgow.
- 1.4 The NHS Board also noted an outline proposal, requiring further detailed work, for 2019-20 capital funds to allow consolidation of the Alcohol and Drugs Addiction inpatient services and also outline proposals at Leverndale Hospital to deliver a consolidated adult mental health acute bed model for South Glasgow and Renfrewshire, potentially using Dykebar site capital receipts. The final details for both proposals are to be developed through the NHS Board's Capital Planning Group.
- 1.5 The development of two new wards via the Hub DBFM route would result in annual service payments and running costs of £1.5m. These costs would be met from the release of financial resource from vacating Birdston and Parkhead.
- 1.6 Patient / service user groups were consulted on the final version of this Initial Agreement, by meeting with the Public Fora and Patient Involvement Group over the last three years and, most recently on 9th August 2016. Their feedback was supportive and consistent with the feedback on the overall Strategy development which has been incorporated into this proposal. Additionally further work with service user and carer representatives on improving transport access generally is being progressed. The NHS Greater Glasgow & Clyde Capital Planning Group also approved the Initial Agreement in August 2016.
- 1.7 The Initial Agreement is also being taken to the Public Partnership Forum meeting on 13<sup>th</sup> October 2016 and the NHS Greater Glasgow & Clyde Health Board meeting on 18<sup>th</sup> October 2016.

## 2. Summary of the Initial Agreement

### Current Facilities

#### 2.1 Stobhill

2.1.1 Phase 1 included the transition of the only remaining adult acute mental health inpatient service from Parkhead Hospital to the interim arrangement on the Stobhill site. The current facilities at Stobhill are of relatively old fabric, out of date design and are not fit for purpose. Patient observation is challenging due to poor overall footprint design, lighting and noise levels and there is little personal space as the ward layout is mostly composed of multi-occupancy bedrooms with separate showers and toilets. This present environment, despite improvements to the fabric and functionality over time, is very challenging to patients and is not suitable for delivering modern mental health services. In addition to the service infrastructure being inefficient there is a challenge of maintenance and poor functionality.

2.1.2 The ward site location does not promote recovery focused care for patients suffering mental health problems. The hospital site topography means the ward is sandwiched between a road running through the centre of the campus, compromising outdoor space and greenery to promote good health and wellbeing. The main entrance makes access to external areas more difficult for patients.

#### 2.2 Birdston

2.2.1 The facilities do not meet the patient needs. The bedrooms are small at circa. 12.8m<sup>2</sup> and therefore do not allow sufficient space around the bed area to support the clinical management of this complex patient group. Existing en-suites do not include showers and are too small to be used by the patient group in question; as a result, most are not used. There are no vision panels in the doors or walls, therefore bedroom doors have to be opened to view inside which can cause distress/disturb sleeping patients and impacts on service user dignity. Peripheral day areas associated with bedroom wings are not used as they are too remote for this patient group who require constant supervision. Patient attendance for the frequent outpatient appointments are resource intensive, requiring hospital transport or contract taxis and nurse escort for a large portion of their shift.

2.2.2 The Care Home environment does not fully meet the needs of these patients who require a modern hospital standard of environment, support and service in accordance with Hospital Based Complex Care guidance. The Birdston facility is both clinically and geographically isolated, located as it is in Milton of Campsie, East Dunbartonshire. Staff require to be self-sufficient in dealing with any staff sickness, medical emergencies and major incidents as they do not have an on-site pool of staff to draw upon. Staff recruitment is a problem and overnight medical cover is provided by GPs and NHS 24 as the care home is 30 minutes from the nearest mental health acute base at Stobhill Hospital. There are limited community activities and support groups available in the immediate area and access to the care home by public transport is limited for visitors and staff with one bus per hour.

### **3. Re-provision**

- 3.1 In assessing our options for the re-provision of an acute adult ward at Stobhill a new build and refurbished vacant ward with long term availability and extension to an existing Private Finance Initiative facility were considered. The shortlisted options were for a new build or refurbishment of vacant ward with long term availability on the Stobhill site.
- 3.2 In assessing our options for the relocation of Birdston services, we considered a new build, an alternative care home, 24-hour care at home and refurbishment of a vacant ward. The options were discussed by representatives of the service and Project Team and a new build and refurbishing of a vacant ward on the Stobhill site were the shortlisted options.
- 3.3 The Initial Agreement articulates the required investment and design quality objectives; the risk management strategy; and, the benefits realisation plan.

### **4. Key Dates**

- 4.1 In discussions with the Scottish Government and Scottish Futures Trust this project will be developed based on the hub revenue financed model.
- 4.2 A summary of the key project dates is provided in the table below:

Submission of Initial Agreement	October 2016
Submit Outline Business Case	April 2017
Submit Final Business Case	November 2017
Final Close	December 2017
Construction	March 2018

- 4.3 Indicative costs have been identified for each proposed solution to provide an indication that they are likely to present value for money, against the “Do Nothing Option” (see Initial Agreement section 4.6).
- 4.4 The Governance and Project Management arrangements are based on previous Hub approved schemes, and experience from the developments such as Inverclyde (Greenock) and Maryhill will help us improve these areas (see Initial Agreement section 5.3).

### **5. Conclusion**

- 5.1 The Initial Agreement for the two new wards at Stobhill delivers the current agreed mental health strategy in North Glasgow. The programme contributes to tackling inequalities, promoting supported recovery and self-management, fostering the principles of multi-disciplinary anticipatory approaches and maximised effectiveness in how we work with colleagues in the acute sector. It will also contribute to local economic regeneration and the wider Community Planning Partnership objectives of improving population health and valuing people by providing modern, well-equipped public spaces and buildings.

5.2 In considering new ways of working we have identified those who are affected by the proposal and worked to engage their views at an early stage of the Clinical Services Review, throughout the process to date, and in the more recent specific design work.

## **6. Recommendations**

6.1 The Integration Joint Board is asked to:

- a) note the [Initial Agreement](#) and
- b) note the onward submission of the Initial Agreement to the Scottish Government Capital Investment Group.