South Staffordshire NHS
Primary Care Trust

REPORT TO THE PUBLIC TRUST BOARD
TO BE HELD ON: 30 April 2008

Enclosure:	3 iv					
Subject:	Estates Strategy					
Lead Director:	Helen Simpson					
Lead Officer:	Steve Lloyd					
Recommendation:	For Approval	x	For Discussion		For Information	

PURPOSE OF THE REPORT:

To present the updated Estates strategy to the Board.

KEY POINTS:

To update the trust board on how the Estates Strategy can support the overall commissioning strategy of the PCT and particularly how the estates can best be used together with our partners to improve services to patients.

IMPLICATIONS:

Legal and/or Risk	**Minimise risk on estates investment.**
Standards for Better Health	**Provides evidence that strategies are being updated.**
Financial	**Will set a clear criteria to ensure investment on estates is spent wisely.**
Training	**None**
PBC	**Will be shared with Practice Based Commissioners.**
Other	**None**

RECOMMENDATIONS / ACTION REQUIRED:

The Trust Board is requested to approve this updated estates strategy.

SOUTH STAFFORDSHIRE

PRIMARY CARE TRUST

ESTATES STRATEGY

2008 – 2012

EXECUTIVE SUMMARY

The purpose of this paper is to update the Board on the PCT's approach to rationalising and developing the estate during the period 2008-2012, ensuring that estate plans support the overall strategies of the PCT and enable the estate to operate efficiently with minimum expenditure on property overheads.

Key Issues:

- The PCT aims to deliver real improvements in the health of its population by developing primary and community health care services appropriate to local need.
- The strategy will address the changing population and health requirements of the area.
- This will be facilitated by working with partners to invest in and modernise estate facilities so that they are suitable for the provision for twenty-first century health care.
- We aim to develop buildings that are modern, flexible and accessible, ensuring that all potential developments are supported by agreed funding sources which demonstrate value for money.
- We are planning to design a whole system approach embedded in a clear strategy
- The strategy will be regularly reviewed and updated with the involvement of stakeholders to ensure that it continues to reflect the needs of local communities
- Over time, the estates strategy will develop in collaboration with the six local authority districts and the County Council and will be used as a basis for involving communities in the planning of local services.
- In order to improve the estate infrastructure, the PCT will need to access both capital and revenue funding.

The Estates Strategy is but one component of the PCT's future vision and, together with the commissioning strategy, supports the manifestation of the overall strategic direction of the PCT.

The strategy addresses three fundamental questions for the PCT and its partners:

- Where are we now
- Where do we want to be
- How do we get there

Supporting the strategic direction of the PCT "*To prevent ill-health and to promote long-life and well-being"* this estates strategy will be periodically reviewed to ensure the estate is fully integrated with the healthcare planning cycle, aiming to put the patient first in all that we do.

The strategy describes:

- Where do we want to be by 2012
- The PCT's existing estate
- Key Service drivers – national and local
- Key estates drivers
- Strategic themes
- Potential funding sources and criteria
- The future estate

The strategy is designed to ensure that the patient continues to be at the centre of shaping services and will be updated on an annual basis or more frequently if necessary.

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1.0 INTRODUCTION

A well thought-out estates strategy is essential to the provision of safe, secure high quality healthcare buildings capable of supporting current and future service needs. An estates strategy cannot be developed in isolation but should be an integral part of service planning. It is essential therefore that the development of an estates strategy for South Staffordshire Primary Care Trust is consistent with the PCT's overall objectives for the future provision of healthcare and with other relevant strategies and plans e.g. financial plans. It should also take account of relevant policies, plans and strategies that have been, or will be, developed by other organisations including, for example, Staffordshire County Council. Moreover, the strategy should take account of guidance issued by the Department of Health relating to the estate.

The key components of an estates strategy are:

- Where are we now
- Where do we want to be
- How do we get there

This estates strategy addresses these issues over a five year planning period from 2008-2012. The strategy will be updated on an annual basis or more frequently if necessary.

2.0 WHERE ARE WE NOW

South Staffordshire Primary Care Trust (the PCT) is one of the largest PCTs in England, serving a population in excess of 600,000. The planned revenue budget for 2008/09 is £794m.

The PCT covers a large geographical area, providing services to meet the diverse needs of the population. The estate has a vital role to play in supporting the delivery of high quality services in South Staffordshire and a robust estates strategy is an essential component of providing such services.

The PCT aims to deliver real improvements in the health of its population during the strategy period by developing health care services that are appropriate to local need and in line with emerging and anticipated service change.

2.1 The Existing Estate

The PCT, and the organisations it commissions from, deliver their services from a variety of premises, some of which are owned by the PCT and others that are owned/occupied by others e.g. general practitioners. The PCT delivers primary and secondary health care services from numerous locations including:

- Three Community Hospitals (Barton, Lichfield and Tamworth)
- Thirty-one Health Centres and Clinics
- Shared use of buildings with other organisations.

In addition, healthcare services are provided from premises occupied by general medical practices, dental practices, pharmacies and optometry practices.

The current property portfolio is typical of many in the NHS in that tenure is a mixture of freehold, leasehold and licensed premises. It varies in condition, layout and age, for example, Codsall Clinic (1955) and Hill Street in Burton upon Trent (2007). Many additions, extensions and improvements to properties have been undertaken over recent years to meet changing health needs. Buildings currently perform adequately in terms of service provision and are generally well used, although some inefficiencies exist due to outdated designs and layout.

Appendix A identifies the build date and age of the PCT's estate. It also demonstrates that the PCT currently meets the Department of Health target for 40% of properties should be less than 15 years old by 2010.

3.0 KEY SERVICE DRIVERS FOR CHANGE

Our strategic intention builds on a locality model, providing local, flexible service delivery points. It recognises that buildings change in use over time and that clinical and non-clinical special requirements differ. Our intention is to develop sites in the localities where clinical and non-clinical services can be delivered and which will lend themselves to partnership working; the development of the estate is driven by a number of internal and external influences including:-

- Patients And Staff
- Service Change
- Cost Effectiveness

These are indicated in the diagram in Appendix B

3.1 National Context

3.1.1 National Guidance and Policies

The NHS Plan 2002 set out the overall agenda for the improvement and modernisation of the NHS. It included the modernisation of GP premises, improved access, reduced waiting times and the development of one stop primary care centres. This was followed by two large consultations by the Department of Health with the outcome being a joint policy published in October 2006 – *"Our Health, Our Care, Our Say"* a new direction for community services. This further promotes the need for health and social care to work in partnership to enhance health, independence and well-being by:

- Changing the way services are provided in communities and make them as flexible as possible
- Providing a more personal service that is tailored to the specific health or social care needs of individuals
- Giving patients and service users more control over the treatment they receive
- Working with health and social care professionals and services to provide the most appropriate treatment or care for their needs.

It also set specific implementation tasks and milestones in relation to:

- making sure change happens in a positive and beneficial way for patients
- allowing better access to general practice and community services
- providing support for people with long-term conditions
- providing care closer to home
- ensuring the reforms put people in control

To achieve these aims, the PCT, together with other service providers and local authorities who have direct contact with patients and service users, will have more say in how best to plan and commission services for local communities and will work in partnership with others in putting the interests of the public first.

3.1.2 National Service Frameworks and Other National Service Strategy Targets

National Service Frameworks are in place for people with long-term conditions and other specific patient groups. There is also a National Cancer Plan and clear guidance about services for people with learning disabilities in "Valuing People" (the Government's plan for making the lives of people with learning disabilities and families better). While all have very specific targets for the groups involved, they have key themes in common:

- to drive up standards of care
- to ensure consistency of service quality
- to provide advice and support to patients about healthy lifestyles
- to maximise quality of life
- to promote partnership working between agencies

- to provide local, integrated services
- to modernise and introduce new ways of working

All these themes impact upon primary and community care and may require new or improved premises if they are to be achieved.

3.2 Local Context

3.2.1 South Staffordshire

The area the PCT serves is mainly rural but also contains some medium to large residential areas. The health requirements will therefore vary to accommodate differing levels of population, access and public transport facilities. It is recognised that differing facilities should be considered if the PCT is to meet its aim of taking care to the community rather than the development of services remote to the population that we serve.

3.2.2 Public Health

Index of Multiple Deprivation

Appendix C indicates the areas of health deprivation in South Staffordshire. It can be seen that that the lowest areas of deprivation (1) lie mainly in the rural areas of South Staffordshire. However, there are also considerable areas of higher deprivation (4-5), and, thus greater health need, in the urban communities of Burton-upon-Trent, Tamworth, Cannock and Stafford. There will clearly be a need for premises to be located in these latter areas, particularly as these communities are more dependent upon public transport to gain access to public and other facilities. However, the PCT must also consider the latest public health projections in terms of the local population and health issues.

The registered population of South Staffordshire is 611,300 with an age structure broadly similar to that of the rest of England.

However, projections indicate that, whilst over the next ten years there will be a smaller than average rate of increase in the population of South Staffordshire (3% compared to 5% nationally), there will be significant growth in older people (65+) of some 34% compared with 22% nationally and in 75+ growth which will be 32% in South Staffordshire against 16% nationally. At the other end of the spectrum, projections indicate a declining child population (see Appendix D for details).

On a more local level, we see in Tamworth and East Staffordshire, some 20% of the population being fifteen years of age or younger whereas in Lichfield, Stafford and South Staffordshire there is a greater proportion of the population in the elderly group (see Appendix E for details).

It is also important to consider the needs of ethnic groups and address health inequalities whilst also promoting physical activity and access in order to combat obesity levels and other ailments.

All of these factors will impact upon the use, future development and, importantly, the accessibility of PCT premises. Consideration will be given to the design and provision of facilities to provide health education and developing flexible rooms to facilitate group work, presentations, health and wellbeing classes, smoking cessation sessions and also cultural sensitivities when developing or altering premises.

3.2.3 Changes in Population – Local Authority Process

The six District/Borough Councils of South Staffordshire are currently reviewing their Development Plans (Local Development Frameworks), with some issued for consultation and others shortly to do so. Of particular interest to the PCT are the LDF proposals for residential development. Initial projections for South Staffordshire indicated a provision of an additional 43,000 homes by 2026.

Discussions with Planning Authorities indicate that there are no proposals for Housing Clearance areas and therefore the above figure of 43,000 homes represents an overall increase to the housing/residential stock. Projected occupancy rates vary but project an average 2.75 people per household i.e. a population growth of, say, 120,000 people.

It is imperative therefore that the PCT enters into these consultations to determine the anticipated locality allocation of residential development in order to:

- Assess the impact upon current health provision
- Determine whether new/additional facilities are required or a relocation of current facilities

In addition there are proposals which are out for public consultation for the development of an "Eco Village" of 5,000 homes in the Lichfield area.

3.2.4 Partnership Working

The PCT will strive to support and develop partnership working, building on the good progress that has been made by the PCT since its establishment in October 2006. The PCT is committed within its service development strategy to work with partners such as Local Authorities (Social Services and Development Control), other Primary Care Trusts and Acute and Mental Health Trusts to ensure the best use of its premises portfolio and that of its partners.

The PCT's aim is to support real change in the health and wellbeing of these communities by working together to a common aim enabling the delivery of common goals and objectives through service integration and best use of premises.

3.2.5 Service Strategy

The aim of the PCT is further supported by its view that buildings should be

- Seen as “Health Facilities” rather than as GP premises or a clinic.
- Be of multiple GP use and not “single user” operations.
- Developed where the population and health need requires them and in line with future residential planning proposals
- Flexible in design to accommodate new services e.g. Diagnostics, minor procedures
- Designed jointly by the PCT and partnering organisations with built in flexibility to facilitate the multi-disciplined working.
- Utilised, as appropriate, on a service and partner organisation multi user basis, with flexible use of rooms as well as the building, thereby ensuring good links, communication and value for money.

Partnering of this nature has commenced in recent developments at Hill Street, Burton upon Trent and Norton Canes, with the new Rugeley 2 development seeing the PCT and Social Services Children’s Services sharing open plan offices with co-located staff.

At national level the recent announcement by Lord Ara Darzi Minister for Health recommends that PCTs should seek to develop “Polyclinics” in the larger urban setting, offering a range of health services from GPs in groups and to dentistry, chiropody, diagnostic and possibly minor surgery – thereby providing a more holistic service and removing the need to visit acute hospitals. The PCT will give consideration to this as part of its role to manage the delivery of services across the economy.

However, where it is not possible, for services to be co-located in one building, consideration must be given to them being located as close together as possible and work together in terms of access opening times. This should be appropriate to local need, at times and in locations required by the people they serve.

3.2.6 Care Closer to Home

The strategy will consider Department of Health advice that more surgery could be carried out locally with an increased amount of minor surgery being taken out of the acute setting and transferred to appropriately structured and resourced GP structured practices and will encourage the merger of practices where appropriate to provide larger, more effective and modern practices with greater choice for patients.

4.0 KEY ESTATES DRIVERS FOR CHANGE

4.1 Statutory / Department of Health Initiatives

4.1.1 Department of Health Priorities

There are Department of Health (DH) national targets for the PCT's property portfolio with regard to age requirement, sustainable development and energy targets

Building Age Requirement

40% of PCT properties by value to be less than 15 years old by 2010. (The PCT already meets this requirement)

Sustainable Development

Whilst the national NHS approach to Sustainable Development has yet to be fully decided it is our aim to ultimately involve all staff in this and to become part of their core vision. We plan to move forward in embedding sustainable development into our policy processes; to build on our successes in operations and procurement, and to identify ways to develop further our work with the NHS. The estate is no exception to this, with stakeholder development being considered as a core item in design, build and utilisation.

Where new buildings are commissioned, materials of a sustainable nature such as timber are encouraged and use of gas / electricity for heating should be avoided where underground heat exchangers can be utilised. Development at Norton Canes and Rugeley 2 are examples of this.

The PCT will work in tackling the health effects of climate change. This will have an impact on the development of the estate during the strategy period. We will aim to

- ensure that buildings stay cool in the summer, warm in the winter and are flood resilient
- reduce their carbon footprint and encourage others to do so
- raise awareness of climate change and the potential health effects

Energy Targets

All Trusts must –

(i) Improve energy efficiency by 15% by 2010 and by 30% by 2020, compared to 1999/2000 levels.
(ii) Reduce carbon emissions by 12.5% by 2010 and by 30% by 2020, compared with 1999/2000 levels.
(iii) Achieve energy efficiency levels of 35-55 GJ (Giga joules) per 100 cubic metres for a new development, major developments and refurbishments at 55-65 GJ per 100 cubic metres for existing facilities by 2010.

The PCT will identify during 2008/09 the energy condition profile of its portfolio to ensure that the requirements for reduction of Carbon Dioxide emissions and energy efficiency are delivered by 2010.

4.1.2 Fire and Health & Safety

As part of its health agenda, the Department of Health aims to reduce the statutory backlog maintenance associated with premises. Targets for the removal of backlog associated with Fire and Health & Safety standards have been set with an indication that further targets for the national estate will be released in the near future. Backlog maintenance is currently estimated at £1.5m which represents the sum that would be required to bring the current estate up to an acceptable standard. There are, however, three main ways in which this may be reduced, all of which have and may continue to be utilised by the PCT -

1. Disposal of buildings.
2. Allocation of Capital Programme monies.
3. Utilisation of revenue funding.

4.1.3 Disability Discrimination Act (DDA)

The DDA requires the PCT to ensure that there is adequate provision to meet the needs of disabled persons. This does not necessarily require change to property – for example alternative provision may be made elsewhere and much can be achieved by cultural change towards the needs of the disabled through staff training and development. However, where physical change is required, the PCT must ensure that funding and expertise to implement is available.

4.1.4 Compliance with the Health and Safety at Work Act and the Construction Design and Management Act

The Health and Safety at Work Act 1974 (HASAW Act) and the Construction Design and Management Act (CDM) place occupational, maintenance and construction/contractors safety at the heart of official policy and future regulations with powers and penalties for enforcement against employers.

5.0 WHERE DO WE WANT TO BE?

The PCT seeks to prevent ill health and to promote long life and wellbeing. An integral part of this vision is the need for an estate that is fit for purpose.

5.1 Strategic Themes

The PCT has identified the following strategic themes which will shape our priority-setting and key objectives for the next five years. The first six themes are key clinical areas for development and change, the final three are principles which we believe will drive the successful implementation of the clinical areas and which in turn will impact upon or drive changes to the estate.

a. **Improving Child Health**
Working with the Staffordshire Children's Trust to ensure that services for children across South Staffordshire will be equitable and easy to access

b. **Increasing Life Expectancy**
Focussing on key conditions such as heart disease, stroke, cancer and respiratory disease to improve the quality and length of people's life

c. **Quicker, High-Quality Healthcare**
Reducing waiting times from GP referral to start of treatment to a maximum of 18 weeks

d. **Improving Care for Patients with Long-term Conditions**
Provision of proactive community-based care for patients with long-term conditions, by developing individual care plans designed to improve quality of life. The aim is to replace all avoidable hospital admissions by supporting patients and carers at home

e. **Mental Health and Learning Disabilities**
Providing modern services for vulnerable adults which promote their dignity and independence

f. **End of Life Care**
Develop and strengthen a range of community services (both health and social care) in order to support patients in deciding on their preferred place of care and place of death.

g. **Care Closer to Home**
Treating patients in the community, rather than in a hospital, where this improves the patient experience

h. **Patients in Control of Their Health**
Giving patients more choice about how, when and where they receive treatment

i. **Working With Partners**
Working with NHS partners, local authorities, the voluntary sector and private sector to ensure seamless services

In a paper approved by the November' 2007 PCT Board, a model was described which brings together National, Regional and PCT service transformation initiatives:

- 'Our NHS Our Future' - NHS service review being led by Professor Lord Ara Darzi'
- West Midlands SHA 'Investing for Health' Seven Key Challenges for Health
- South Staffordshire PCT strategy

Development of the Estate

To support the above, the PCT and its partners e.g. GP's will require an estate capable of supporting not only the desired outcome of a shift in service provision from the acute sector to community settings but also to support the transitional period as the estate itself changes. The development of the buildings along with changes to workforce patterns and public communication, will be part of the process highlighting to patients and the community the change in the patient care pathway.

It is envisaged that buildings will be:

- Located where health need is greatest.
- Provide accommodation that offers choice for clients (community services) where possible.
- Multi-purpose in terms of health delivery but also fully shared with related health and similar services such as social care and, if not in one building, to be in close proximity to others providing related services.
- Located where health need is at a level which will sustain investment in new or developed buildings and which will determine the size and services provided there-from.
- Utilised on the basis of maximisation of the clinical to non-clinical ratio of space occupancy (highest priority for land and building space on hospital sites is for direct patient contact).
- Utilised on the basis that opportunities for home working or desk sharing (clinical and administrative) will offer to improve service delivery at no extra cost or to reduce the demand on accommodation.
- Served where possible by good public transport links and road access with adequate parking or access thereto.
- Extended, developed or better utilised to meet the increase in service provision (with an accurate register of space use)
- Adapted to support increased specialised equipment.
- Of a structure and design which is flexible to meet future developments
- Well designed, environmentally acceptable, accessible, welcoming and appropriately fitted with some architectural flair but not compromised in terms of security, safety and the patient environment e.g. privacy

It is also the aim of the PCT, where practical, to reduce the number of "single-handed" GP facilities, encouraging the merger of practices (to increase flexibility of service, open opportunities for additional service provision e.g. minor surgery and reduce administrative and other overhead costs). Additionally, it is an aim of the PCT and its partners that the buildings will be viewed by the public as belonging to the community and not a remote public building/facility.

The PCT has already made progress in some of the above areas. For example, the Hill Street development will see the introduction of a shared children's service with PCT and County Council staff working together as care teams and administratively in shared accommodation / rooms. A similar approach is being considered for other locations.

6.0 HOW DO WE GET THERE

Our objective is to establish and operate an estate (including equipment) that is fit for purpose. The estate must meet safety and quality standards, minimise duplication, maximise partnership opportunities and be affordable.

The PCT's approach to the development of its estate is on a five year rolling basis, giving consideration to that which is required in the medium term. Taking each in turn:-

6.1 Current Estate

The vision for the current estate asset base is that

- The estate is aligned to meet current and emerging service needs;
- Properties are suitably located and fit for purpose;
- All properties achieve and maintain compliance with statutory standards;
- Risks are minimised by meeting relevant controls assurance standards
- Inadequate or "not fit for purpose" property will be replaced or re-engineered;

To achieve this vision it will be essential to work in partnership with service providers, local authorities, Practice Based Commissioners and others. The views of patients and their families are crucial to the design and development of the estate.

6.2 Project Management

The Finance Director is the Director responsible for estate strategy and capital planning within the PCT. The Head of Estates reports to the Finance Director and has the responsibility for leading on estates issues on a day to day basis, including project management of individual schemes.

Trust Board members are advised that estates issues relating to the PCT's provider arm, for example community hospitals maintenance issues, is the responsibility of the Managing Director for Provider Services with specific estates posts within the agreed provider arm structure.

Local project management of estates projects will be on a PRINCE (Projects In Controlled Environments) methodology basis and involve locality teams, stakeholders and patient/public representatives. Project Groups will be established with Terms of Reference agreed by the PCT Capital and Estates Group.

6.3 Funding for Estates Development

6.3.1 Potential New Funding

The PCT has allocated a ring-fenced reserve for estates and primary care developments of £500k. This was approved at the March 2008 meeting of the PCT Board. This fund is targeted at supporting improvements and facilities to patients in a primary care setting. The fund has been established as a response to the numerous requests that have been received by the PCT and recognises that some of the legacy PCT's were in recurrent deficit for some time and many developments and improvements that were requested were not progressed.

In addition to this, specific reserve the following funding streams are available:

- PBC locality development funds of £8.1m. Some of this is available for estates development dependent on prioritisation of bids from localities.
- Savings on revenue budgets.
- The PCT has also formally requested strategic capital funding from the Strategic Health Authority
- Medical and Dental Training and Education Levy (MADEL) monies are also a potential funding source.

At this stage, it is anticipated that £3m of the operational capital budget of £3.9m (subject to Strategic Health Authority approval) will be available to support development of the estate.

6.3.2 Criteria for New Funding

The following are the benefits criteria that will be used to establish priorities:

- Non-compliance with legislation/poor condition and/or fitness for purpose of current premises
- Delivers contribution to strategic direction and modernisation of patient care e.g. supports better management of long-term conditions
- Transfers capacity from secondary to primary care
- Affordability and value for money, demonstrated by sound business cases principles
- Enables rationalisation of estate/reduction in overall number of sites
- Identified cost–effective revenue stream (that may include using savings from secondary care)
- Cost-effective procurement route
- Maximises interagency/integrated working
- Enables flexible use of space and scope for future change
- Availability of site
- Improves working environment

6.3.3 Existing Funding

At the last meeting of the Estates Strategy Group, it was agreed that where GP practices are currently receiving rent support from the PCT but are in buildings that are not deemed fit for purpose by the PCT, the following action will be taken:

A review of the premises will be undertaken by an estates professional on behalf of the PCT where alternative premises are available that are deemed suitable and fit for purpose by the PCT, discussions will take place with the practice on relocation.

6.3.4 Approvals Process

Dependent of the overall cost of each project, and the delegated limits of the PCT, SHA approval may be required before a Premises Development can commence. For the majority of bids the approval process proposed by the paper is initial scrutiny by the PCT's Estates Strategy Group followed by PCT Board approval.

In accordance with PCT Standing Financial Instructions and NHS Estate-code, all land and property transactions should be fully supported by a robust business case, which will include a comprehensive option appraisal of costed alternatives resulting in an action plan.

6.4 Investment/Disinvestment

Currently there are proposals to sub-let the PCT's leasehold administrative office in Tamworth (Merlin House), vacate the administrative office at Mellor House, Stafford and transfer staff into new premises (Edric Court) near to the existing PCT headquarters at Anglesey House in Rugeley. This would bring together the administrative functions of the PCT and the provider administration in a separate building in Rugeley with the East and West Locality bases being in Burton upon Trent and Cannock respectively. Rugeley was selected because of ease of accessibility from most parts of South Staffordshire and the cost effectiveness of using a brown field site.

The PCT's headquarters accommodation will be functional, fit for purpose and competitively priced, thereby maximising the funding available for investment in clinical services.

Burntwood

The PCT, within its annual budget, has already received approval for a new health centre at Burntwood. This centre will provide additional access seven days a week from 8.00 am until 8.00 pm. The health centre is a result of consultation and work with our stakeholders. The PCT will be setting up a Project Board and Local Implementation Group to manage this project and ensure that the investment delivers improved care and increased access across this area.

Cannock
The PCT has already committed to provide a new health centre in Cannock. This is a priority within the estate strategy and will be progressed as practicably as possible.

Rugeley
A new health centre and provider services base is currently being built with a completion date of August 2008. This health centre will provide facilities in a very deprived part of our area and will also host a children's centre with Staffordshire County Council.

6.5 Condition of the Estate

Appendix F shows the condition (at March 2008) of GP premises in South Staffordshire. Rating are A (very good to excellent), B (average to good) or C (poor).

The majority of the properties deemed to be in poor condition are owned by GPs, the exceptions being Pinfold Lane, Off Green Lane (both leased) and Merry Road, Hudson Drive and Chase Terrace (which are all owned by the PCT).

Clearly these properties will be candidates for early prioritisation during the strategy period.

6.6 Business Cases to Support Change

In order to achieve changes to the property base there must be a consensus of approval to such within the PCT and other relevant parties. Cost of change must be identified not only in financial terms (capital and revenue expenditure) but also in the manner in which service delivery may change.

For all major developments, irrespective of the source of funding, the PCT will require business case approval from the PCT Board. Where proposals exceed PCT delegated limits, Strategic Health Authority approval will also be required. Business cases should clearly identify –

1. The scheme
2. Purpose/Need/Benefits
3. Context with other schemes i.e. is it to an agreed plan linked to service and estates delivery
4. Capital and Revenue cost
5. Source of funding
6. Timetable / programme

Potential increased revenue and or capital expenditure may need to be funded by achieving efficiencies in the PCT's current expenditure on commissioning and provision of services.

6.7 Annual Review

The PCT will undertake, and submit to the Board, an annual review of its estate to assess the capacity and capability to meet the needs of the organisation and legislative requirements. This will provide up to date information on the condition, suitability and life expectancy of its buildings, land, plant and non-medical equipment. This will enable the PCT to risk assess areas and put arrangements in place to minimise such risks particularly in the following areas:

- Statutory and non-compliance;
- Unsuitable use leading to failure of services;
- Obsolete and worn out equipment;
- Inadequate maintenance;
- Development of service beyond capability of the associated assets; and
- Identification of hazardous materials e.g. asbestos.

The assessment will identify priorities with clear links to this Strategy.

6.8 Performance Indicators/Estates Return Information Collection (ERIC)

In addition, as part of the annual review, it is a requirement that the PCT submits an annual return to NHS Estates, providing information on the PCT's estate. This return requires the PCT to identify performance in the following six areas:

- Physical Condition
- Functional Suitability
- Space Utilisation
- Quality
- Statutory Requirements
- Energy and Environmental Management

6.9 Sharing Information

Maximising partnership working with other agencies and stakeholders e.g practice based commissioners and Local Authorities should be explored as a crucial part of the development of the estate and their support gained for the implementation of this strategy. The PCT's service development and estates strategies also need to be shared with the West Midlands SHA.

6.10 The Benefits of an Estate Strategy

Through the process of developing an estate strategy, we aim to ensure high quality, well-located buildings, which are in the right condition to facilitate the delivery of modern, and client focused services. Specific benefits are detailed at Appendix G.

7. THE FUTURE ESTATE

To successfully deliver the strategy and future development of the estate the PCT will:

- Invest to improve existing premises and to develop new ones.
- Access a variety of funding to support the strategy
- Work with partners to make best use of their properties and those of the PCT.
- Ensure that all existing and future local communities have equality of access both to the range and level of high quality services;
- Account for the geographic clustering of both existing and future premises
- Respond to the needs of existing service and proposed service provision; and
- Ensure it complements the strategies of adjoining trusts and other service organisations.

7.1 Methodology

7.1.1 Mapping Exercise

The PCT is aware of the condition of its own and commissioned services premises and has detailed knowledge of health needs/deprivation. We are also aware of the emergence of Local Authority plans for large scale residential development in the locality and are building knowledge of the estate of partners such as Social Services. To determine whether the current estate matches health deprivation, service change and residential need, it is necessary to map out this information. The PCT will also need to consider acceptable distance of travel to health facilities. The following issues will need to be taken into account:

- Current facilities and those of related partners.
- Opportunities to bring services together under one building.
- Service need/investment cost for that locality.
- Type of building e.g. Polyclinic, clinic, expanded GP facility
- Land and building availability

Account will be taken of use and upgrade of premises with the knowledge that, in the short to medium term, phasing of available resources to resource improvement to existing premises will be on an incremental basis (especially statutory standards) whilst longer-term development will be dependent upon availability of funding.

7.1.2 Criteria for Estates Development.

The intention is to systematically apply the following criteria to all premises proposals (including GPs) on an annual basis. The criteria will be weighted and all proposals will receive the same consideration with developments being prioritised according to the resultant weighting.

1. Condition of premises
2. Functional suitability
3. Legislative compliance, including disability discrimination act
4. Fit with strategic intent, locality service plans and primary care strategy
5. Patient convenience and proximity to where people live (or where housing is planned)
6. Fit with public health intelligence (morbidity and mortality data)
7. Fit with, and potential added value of, other capital developments
8. Opportunity to include training space (GP Premises)

8. CONCLUSION

Within the strategy, it can be seen where the PCT has come from, the direction of travel and the vision for the future.

A strategy for five years is ambitious and challenging. To focus on our patients, the “choice” agenda, modernisation of services, the development of partnership working and the benefits/opportunities it brings will all need to be co-ordinated.

The objectives of the estates strategy are:

- To maintain and improve upon the quality of estates and services.
- To ensure the estate is developed in the best way in order to support clinical teams, service users, corporate services and partners.
- To ensure the estate operates to high levels of efficiency.

9. RECOMMENDATION

The Trust Board is requested to approve this updated estates strategy. The strategy will be used to evaluate estates priorities which are currently being developed by the Estates Strategy Group. Business cases will be presented to the Trust Board for consideration based on recommendations by the Estates Strategy Group.

APPENDIX A

Portfolio - Age & Floor Area Profile

Property	Date Built	Age (Yrs)		Property	Date Built	Age (Yrs)
Community Hospitals						
Sir Robert Peel Hospital	1995	13		Samuel Johnson Hospital	2006	2
Health Centres / Clinics						
1 - Freehold						
Codsall	1955	53		Heath Hayes	1980	28
Rising Brook	1955	53		Weeping Cross	1980	28
Kinver	1968	40		Perton	1983	25
Tamworth	1968	40		Hill Springs	1986	22
Wombourne	1968	40		Stoneydelph	1987	21
Great Wyrley	1970	38		Salters Meadow	1988	20
Glascote	1971	37		Armitage	1990	18
Burntwood	1972	36		Trentside	1990	18
St Chads	1973	35		West Chadsmoor	1990	18
Tutbury	1974	34		Stone Re-Hab	1995	13
Wilnecote	1978	30		Fazeley	1998	10
Greenhill	1979	29				
2 - Leasehold						
Hednesford Valley	2005	3		Langton	2006	2
Branston	2006	2		Barton	2007	1
Sandy Lane	2006	2		Hill St. Burton on Trent	2007	1
				Norton Canes	2007	1
Administrative All Leasehold						
Beecroft Court	2001	7		Merlin House	2003	5
Edwin House	2002	6		Anglesey House	2007	1

The age profile is based on the number of freehold and leasehold properties. The Trust owns and occupies buildings that range in age from 1955 to present day as follows. Based upon:

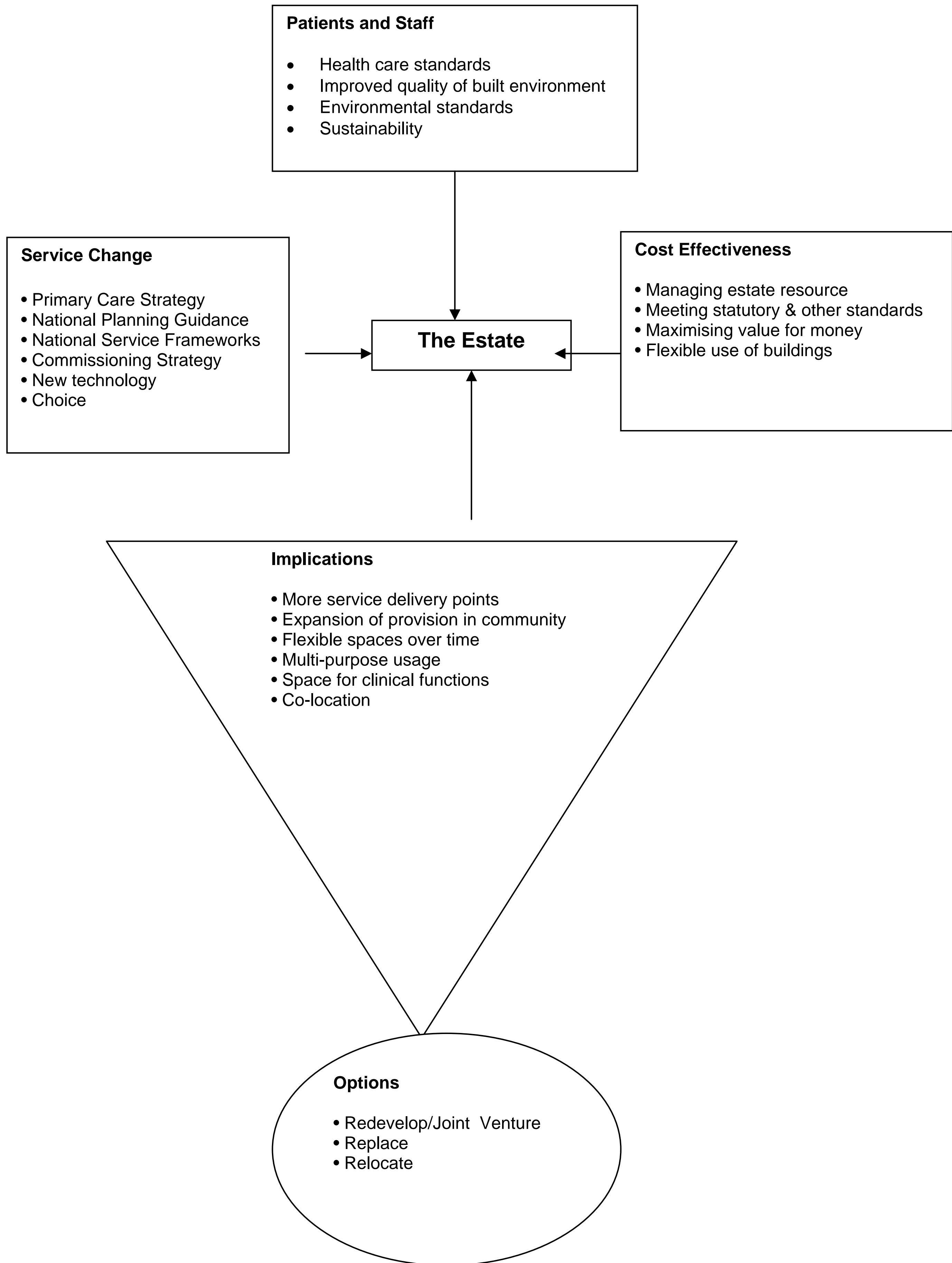
Number of buildings, this equates to

Age	Value %
Between 50 and 100 years old	5.6%
Between 15 and 50 years old	52.8%
Less than 15 years old	41.6%

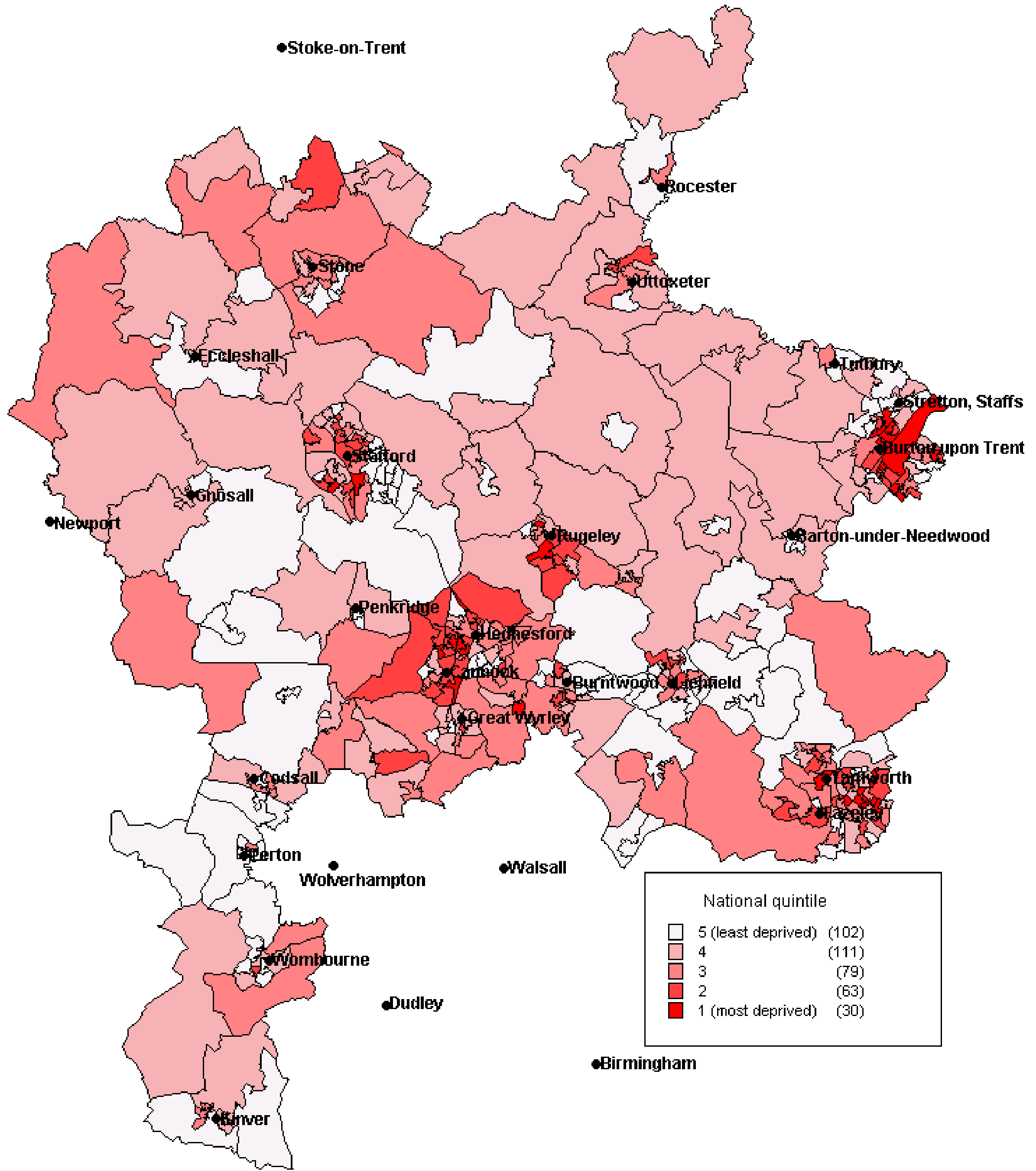
Government initiative – at least 40% of properties should be less than 15 years old by 2010. The Trust meets this requirement.

APPENDIX B

IINFLUENCES ON STRATEGIC DIRECTION



South Staffordshire PCT
Index of Multiple Deprivation, 2004
National Quintiles



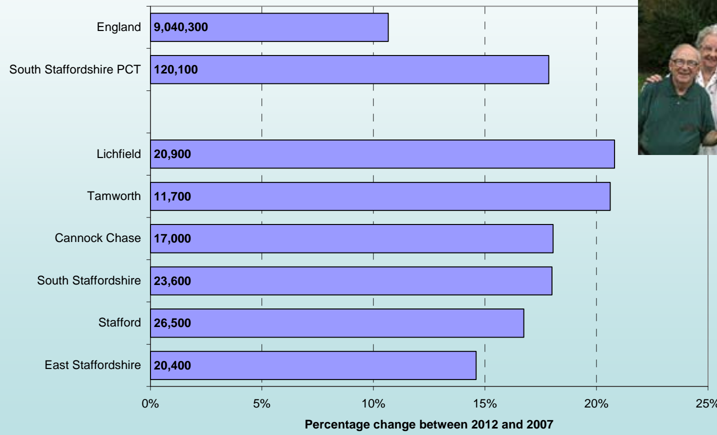
Produced by Martin Dudgon, 9th January 2007
File Ref: G:\Public Health Directorate\Apr06-Mar07\
Martin Dudgon\GIS\Maps\Workspaces\IMD2004.WOR
Source: ODPM

APPENDIX C

APPENDIX D

South Staffordshire NHS
Primary Care Trust

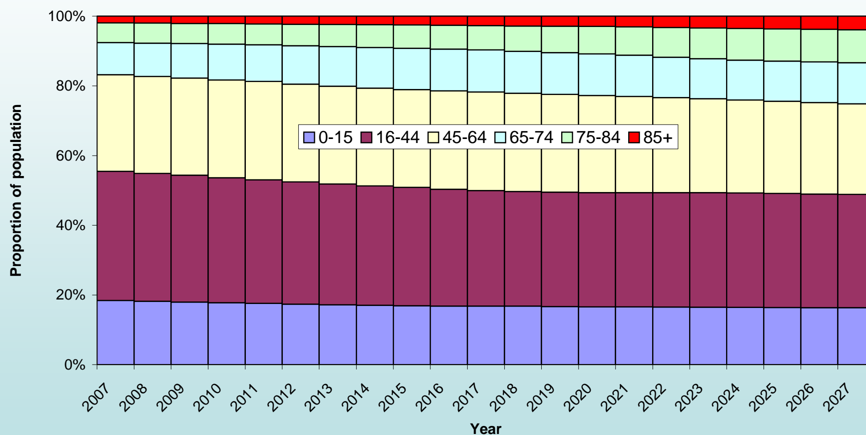
Significant increase in people aged 65 and over by 2012



Source: 2004-based sub-national population projections, National Statistics, Crown copyright

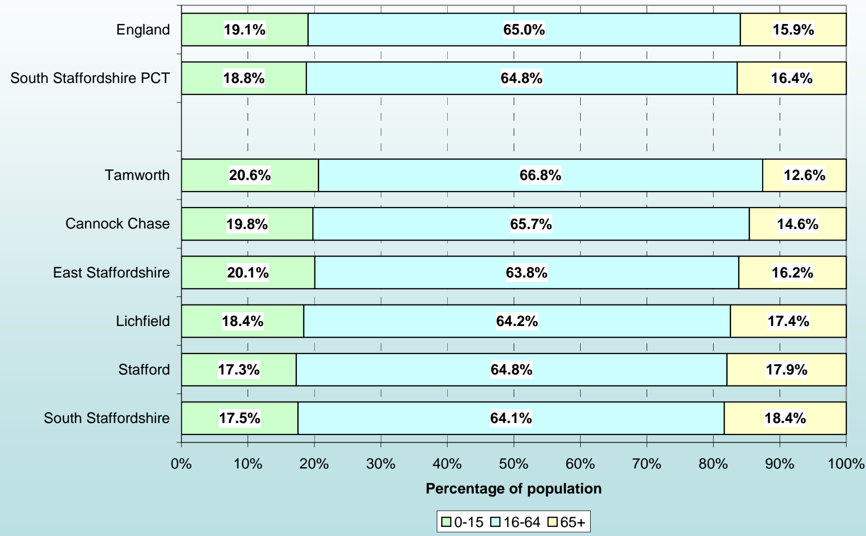
South Staffordshire NHS
Primary Care Trust

PCT population projections



Source: 2004-based sub-national population projections, National Statistics, Crown copyright

APPENDIX E



APPENDIX G

BENEFITS OF AN ESTATES STRATEGY

	Benefits	How we will achieve them?
A	An assurance that the quality of clinical services will be supported by a safe, secure and appropriate environment.	➢ Develop and Monitor plans, revised annually. Make provision for customer and staff feedback.
B	A method of ensuring that capital investments and related strategic planning are service and client driven in their development.	➢ Capital investment proposals will be drawn from locality service strategies.
C	A plan for change that enables progress towards goals to be measured, of particular importance where resources available are limited hence, prioritisation required.	➢ Each year progress against agreed actions will be monitored.
D	A strategic context in which detailed business cases for all capital investment can be developed and evaluated, however funded.	➢ A clear strategic direction will be described and business cases considered against related criteria.
E	A clear commitment from South Staffordshire Primary Care Trust to comply with sustainable development and environmental requirements and initiatives.	➢ Evidence will be sought on an annual basis for compliance.
F	An assurance that asset management costs are appropriate and that future investment is properly targeted.	➢ Asset management costs will be tested for value for money.
G	Assurance that risks are controlled and that investment is properly targeted to reduce risk. Plans to meet NHS Plan Target of 40% of estate being under 15 years old by 2010.	➢ Monitoring will link to Trust assurance mechanisms, including health and safety.