



# **Estate Strategy**

**2008 to 2018**

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# Executive Summary

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This report describes the estate strategy for Torbay Care Trust for the period 2008 to 2018. The aim of the strategy is to ensure that the Trust provides safe, secure, high-quality health and social care buildings capable of supporting current and future service needs.

The process adopted for developing the estate strategy has been in accordance with the guidance and processes described in the Department of Health's document 'Developing an Estate Strategy'. This process asks three basic questions in relation to the Trust's estate:

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

## Where are we now?

The Trust delivers its services through a portfolio of some 24 diverse properties with a total building area of over 20,000 sq.m. This first stage of developing the estate strategy included a comprehensive appraisal of the condition and performance of the existing estate covering:

- Physical condition
- Compliance with Fire, Health & Safety & other statutory standards
- Environmental Management
- Functional suitability
- Space utilisation
- Quality

The results from appraisal are summarised as follows:

- Approximately 68% of the existing estate (area) requires investment to bring it up to an acceptable physical condition.
- The expenditure needed to bring the estate up to an acceptable condition and performance and to ensure compliance with fire and statutory standards (backlog cost) is estimated to be £1.7 million. However, the definition of backlog costs excludes fees, VAT, builder's preliminaries, and optimism bias contingencies. These will vary depending on how the Trust implements and procures the work but the actual investment/project cost of undertaking this work is estimated to be £2.5 million.
- A risk assessment of the elements of the building and engineering services, on which backlog expenditure is required, categorised 63% (£1.6m) of this expenditure as "High" or "Significant" i.e. Items having a relatively high probability of failure with considerable impact on the Trust's ability to deliver services.

- In addition to the poor physical condition and performance of elements of the estate, the appraisal also identified poor space utilisation in a number of buildings with around 38% of space classified as “under utilised”. This suggests that the Trust has an opportunity to make better use of the estate through rationalisation of the buildings in poor condition and making better use of newer buildings. The overall aim being a smaller estate, used more efficiently.
- Significant areas of the estate (32%) were assessed as being “Unsatisfactory” in terms of functional suitability and requiring major change in space layout, amenities and facilities to ensure that it supports the delivery of modern health and care services. The appraisal of functional suitability is an important performance measure for the estate since it attempts to appraise how well the buildings support the day to day delivery of services. Therefore, it has important implications for both staff and patients/service users.
- The appraisal of the quality of the estate identified that almost half (48%) is “less than acceptable” and requires investment to improve the quality of the built environment in which services are delivered to patients and service users and as well in which staff spend much of their working time.
- In terms of environmental management, recently announced new and more demanding standards for the NHS mean that there is significant scope for improving performance on this facet. The appraisal indicated that around 80% of the estate is currently performing at a less than satisfactory level in terms of environmental management.

### Where do we want to be?

Clearly, the Trust will need to address the current poor condition and performance of the estate and move towards the provision of safe, secure, high-quality healthcare buildings that are used efficiently and effectively for the delivery of modern healthcare services i.e. a high quality, high value, productive estate closely matched to service need. However, the estate strategy and any proposed investment in the estate must be “service led” with the patient at the centre of any proposed changes.

Changes are taking place both within the local health economy and across the country to make sure that the NHS is in the best possible shape to meet future health needs and improve people’s well-being driven by:

- Changes in people’s health needs
- Increasing public expectation in terms of access to a comprehensive range of high quality, efficient and effective healthcare services and choice on how they use services

- Advances in medical and nursing practice that enable patients to be treated in new and different ways
- Developments in medical, communications and information technology that make care closer to home a plausible reality
- National initiatives aimed at making the NHS more effective and efficient - The NHS Plan and the NHS Improvement Plan; The Darzi Review; NHS Operating Framework 2008/9.

For people that use the Trust's services and their carers, this means that the Trust will strive to achieve excellence in all it does, to achieve the best possible outcomes through the delivery of high quality, consistent services, with personalised and accessible care.

Clearly, in response to these drivers the Trust need to develop innovative and forward looking solutions that will achieve a productive estate and aims to:

- Improve access and service user experience.
- Provide all in-patient accommodation to be clinically suitable, effective and meeting or exceeding relevant minimum standards
- Minimise risk and promote safety for people who use our services, our staff and visitors
- Disinvest from assets with high operating costs, backlog maintenance requirements, or short remaining life.
- Seek optimum solutions through integration and shared resources across service streams
- Improve estates asset performance on all key performance indicators.
- Release capital from under-utilised assets.
- Develop supporting infrastructure for optimum operational effectiveness
- Develop / procure flexible accommodation for locality based services
- Integrate services with other health/social care partners and wherever possible share the use of premises and facilities.
- Develop inherent flexibility in our owned and leased properties, to enhance our responsiveness to market changes or activity adjustments, for both positive and negative variations.
- Promote and facilitate New Ways of Working
- Develop an overall built environment that closely matches clinical and user needs in terms of functionality, quality and size.
- Have a high standard of Infection Control in the built environment. The healthcare environment is a secondary reservoir for organisms with potential for infecting patients. The environment means the totality of patient's surroundings when in healthcare premises. It is imperative that the facilities manger, architects, designers and builders work in partnership with the infection control team when planning new facilities or renovating older buildings.

## How do we get there?

The development of this estate strategy has enabled the Trust to identify a series of changes to the estate and estate capital investment projects that will address the current poor

condition, quality and performance of the existing estate as well as delivering the Trust's vision for the future which is articulated in the form of two fundamental principles:

- Services should be developed to ensure that for each individual the Right Care, must be provided in the Right Place at the Right Time, and...
- Wherever possible these services should be delivered locally in the person's own home or in the community

The principal estate and capital investment projects that underpin the estate strategy are:

### **The Clennon Valley Healthy Living Centre**

This Centre forms part of a larger scheme which has been developed in partnership with the Torbay Council (Leisure, Housing and Corporate Property) and specialist developers, PMP Health Developments. It is a healthy living centre that will provide an opportunity to provide a "one stop shop" that will "go beyond illness" and focus on health and well being for the people of Torbay.

### **Torquay North Health and Social Care Centre**

The vision is for a Health and Social Care Centre in Torquay North that will focus on the health, well being and individual needs of the local community by reducing inequalities and preventing ill health as well as treating illness. The aim is to design, build and properly maintain 21st century premises that facilitate the delivery of integrated health and social care to the population of Torquay North.

### **The Modernisation and Redesign of Primary Care, Community and Hospital Services in Brixham**

Over recent years a considerable amount of work has been done by the Trust, in partnership with stakeholders and the local community, on the redevelopment of primary, community and hospital facilities in Brixham. This work has identified that there is a real opportunity to develop an innovative model for Brixham that would create a multi-disciplinary campus providing a comprehensive range of integrated health, social care and community services to meet local needs. It would be a project that would enable appropriate and sustainable services to be provided for the local community of Brixham for the next 30 years and beyond.

### **The Hub & Spoke Model**

These three major developments, together with the existing centres at Castle Circus and Paignton Hospital will enable a "Hub & Spoke" estate model to be implemented. This model emerged as a response to the requirement to provide a flexible and dynamic model of service and property provision. Its underlying theme is to provide the widest possible range of services locally as is practical and commensurate with safe clinical practice. Its vision is for a dynamic network of services and premises which should in turn facilitate the

development of clear clinical networks, focused on patient's needs and where the "patient journey" is as direct and convenient as possible. It should enable a good range of services to be provided locally with referrals to the "Hub" for more complex procedures and services. This model sets out to provide a flexible solution to local needs since it will enable each "Hub" and "Spoke" to uniquely evolve and develop, facilitating and allowing new ways of working and the adoption of new technologies to proceed at different paces in different localities. It should also provide flexibility in relation to how patients may access services, giving them the choice of accessing services at "Spokes" and/or the "Hub", perhaps at different occasions and times. Staff would also have opportunities to work and move between "Hub" and "Spokes".

### Review of Learning Disabilities Services

A review on Learning Disabilities Services in Torbay commenced in May with a public consultation event. This review aims to bring together a range of agencies in order to improve the lives of people with a learning disability.

This project seeks to change services, so that people obtain "a life not a service." At the end of the project some key objectives need to be met:

- A reduction in the amount of people who have a learning disability in residential care.
- People accessing individual budgets as a first option in order to access personalised supports.
- Improved environments to support the needs of people who have complex physical and learning disabilities.
- People who have a learning disability accessing more work, both paid and unpaid..

Currently people who have a learning disability who live in Torbay have limited options in terms of care and support; other demographic changes mean that increasingly more young people with complex needs require support. In addition the costs of care are rising, but there is little evidence to suggest the outcomes for individuals are improving.

The project deliverables and key outcomes from this review will include:

- A reduction in the amount of people who have a learning disability in residential care.
- People accessing individual budgets as a first option in order to access personalised supports. Improved environments to support the needs of people who have complex physical and learning disabilities.
- People who have a learning disability accessing more work, both paid and unpaid

From this review issues may arise from the ownership of the "in house" property that may impact on the project, should it ever be decided that any "in house facility" requires change.

The property must be considered as part of Torbay Council's estate strategy. This would be a decision taken by the mayoral cabinet.

The sites that form part of the review are:

- Ocombe/Fairwinds
- Torquay CRC,
- Hollacombe
- Bay Tree House.

The outcome from the review may impact upon TCT leased portfolio from Torbay Council and the backlog maintenance position and estates planning. This is particularly important since these buildings are some of worst in terms of estate condition and performance and they have a significant backlog maintenance expenditure requirement that will need to be funded if these buildings remain operational.

### Strategic Estate Capital Investment Programme

The changes to the estate and the capital investment projects that have emerged from the development of this estate strategy have been brought together to form the Strategic Estate Capital Investment Programme which is shown overleaf.

#### Torbay Care Trust – Strategic Estate Capital Investment Programme 2008 - 2011

<b>Schemes</b>	<b>Total</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/2011</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Brixham Hospital - Refurbish/reconfigure for Clinic use	500	500		
Brixham Hospital - Major redevelopment of site for progressive care	10,000		1000	9000
St Edmunds (Refurbish top floor for intermediate care service)	145	145		
Torquay North (Fit out only)	250			750
Clennon Valley (Fit out only)	500		750	
Briseham from 07/8 Refurbish as inpatient accommodation	1,040	1,040		
	0			
Estate Investment (backlog maintenance)	1,080	280	380	420
<b>Totals</b>	<b>13,515</b>	<b>1,965</b>	<b>2,130</b>	<b>10,170</b>

Notes:

Briseham unit being refurbished as inpatient unit (20 beds)

Space in Brixham Hospital which is vacated by inpatients will be refurbished/reconfigured as Brixham Clinic enabling existing Clinic to vacated & demolished & be used as meeting space in the short-term.

Assumed that Torquay North & Clennon Valley will be funded by Third Party Developer and therefore

fit out costs only are included in capital programme.

## Next Steps

The purpose of the Trust's estate strategy is to bring together in one document a range of investment proposals and changes to the estate that will enable the Trust to provide safe, secure, high-quality buildings capable of supporting current and future service needs as described in its Strategic Service Development Plan and the Local Development Plan. Inevitably, given both the size and the diversity of the Trust's estate, the estate strategy is made up of numerous projects and proposals for change which, in many cases, are linked and inter-reliant. Similarly, whilst these projects are essentially estate focussed, they cannot be considered in isolation from wider Trust initiatives such as workforce planning and cost improvement programmes. Hence, in developing this document there has been a need to make a number of assumptions in relation to prioritisation and timing of projects which will now need to be examined in more detail.

The next steps in the implementation of the strategy are as follows:

- **Executive Review and Prioritisation** - Review by the Trust's Executive Team of both the overall document and in particular, the assumptions in relation to project and investment proposal prioritisation and affordability.
- **Scenario Examination** - Inevitably, the development of the estate strategy has been based on a number of assumptions around the future. Given the uncertainty around any assumptions in relation to the future, it would be prudent to examine the Strategy against a range of plausible and realistic assumptions futures with the aim of ensuring that the Strategy is "future proofed".
- **Cost Improvement Programme** - the proposals in this estate strategy are linked, directly or indirectly, with Trust's Cost Improvement Programmes and a detailed understanding and modelling of this impact is needed to ensure its overall affordability and viability. Given the recent changes in the NHS financial regime it will be necessary to test the assumptions and creatively examine different types of procurement methods to deliver the planned programme.
- **Risk Assessment** - A detailed risk assessment of the proposals in the estate strategy is needed to enable a risk management plan to be developed that will ensure that the strategy can be implemented successfully. In particular, there are risks associated with property disposals and affordability is dependent upon the disposal of surplus sites and properties with the assumption that receipts are able to be used for the capital programme.

- **Business Case Development** - Following the approval of the strategy and the broad affordability limits more work on specific business case development will need to be carried out to establish the specific project options and detailed requirements. These cases can then be incorporated into a more specific programme of projects for each financial year.
- **Paignton Hospital** – There is significant investment needed on the physical condition & engineering infrastructure at Paignton Hospital (£263,000). However, this expenditure would do little to address the relatively poor functional suitability of the current buildings on this site which have been developed over a period of many years. Hence, before investing in the physical infrastructure, there is a need to carefully consider the options for future service provision from this Hospital to ensure that any investment is compatible with and supports the future role of the Hospital in the overall delivery of the Trust’s services.
- **The Social Care Estate** – This group of buildings (leased from Torbay Council) are some of the worst in terms of estate condition & performance. Hence, options for the future use of these buildings will need to be carefully considered in the context of the outcomes from the Review of LD Services as well as options for future ownership and estate investment including partnerships with the independent sector.

# Introduction

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This report describes an estate strategy for Torbay Care Trust for the period 2008 to 2018.

A well thought-out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs. An estate strategy cannot be developed in isolation. Rather, it is an integral part of service planning and is a long term plan that should identify service-led changes to the estate over a 10-year period - its impact is likely to last much longer!

An estate strategy should provide the following benefits:

- Estate developments that support service/capacity requirements and national/SHA commitments
- The provision of safe, secure and appropriate buildings
- The provision of high-quality healthcare environments, which may aid staff retention/morale and patient outcomes/satisfaction levels
- A plan for change that enables progress towards goals to be measured
- An estate configuration that provides flexibility for future change in service delivery and models taking into account that the future is inevitably uncertain
- A clear commitment to complying with sustainable development and environmental requirements/initiatives
- A means of targeting investments to minimise the risks associated with the built environment
- An opportunity to dispose of surplus and/or poorly-used assets and reinvest released resources
- An opportunity to optimise occupancy costs

Decisions on investment in the estate are some of the most important made within the NHS and the public sector. The legacy is everywhere to be seen – facilities cast in concrete that set the pattern of care and service delivery for 50+ years! The estate has huge potential to play a major role in facilitating change & improvement in service delivery and modernising the services. This estate strategy is the Trust's vision for realising that potential.

# The Estate Strategy Process

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The estate strategy described in this report has been developed in accordance with the guidance and processes described in the Department of Health's document 'Developing an Estate Strategy'.

The process asks three basic questions in relation to the Trust's estate:

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

## Where are we now?

This initial stage was aimed at developing a comprehensive understanding of how well the current estate supports the delivery of current services. This was achieved through an appraisal of the condition and performance of the estate in accordance with the well established NHS guidance *Estatecode*.

## Where do we want to be?

This stage comprised a review of the Trust's strategic and service strategies with the aim of developing an understanding of current service and operational issues/problems that are likely to drive changes and investment in the estate in the future. It also aimed to set targets for improving the condition and performance of the estate and for ensuring that it closely matches future service need.

## How do we get there?

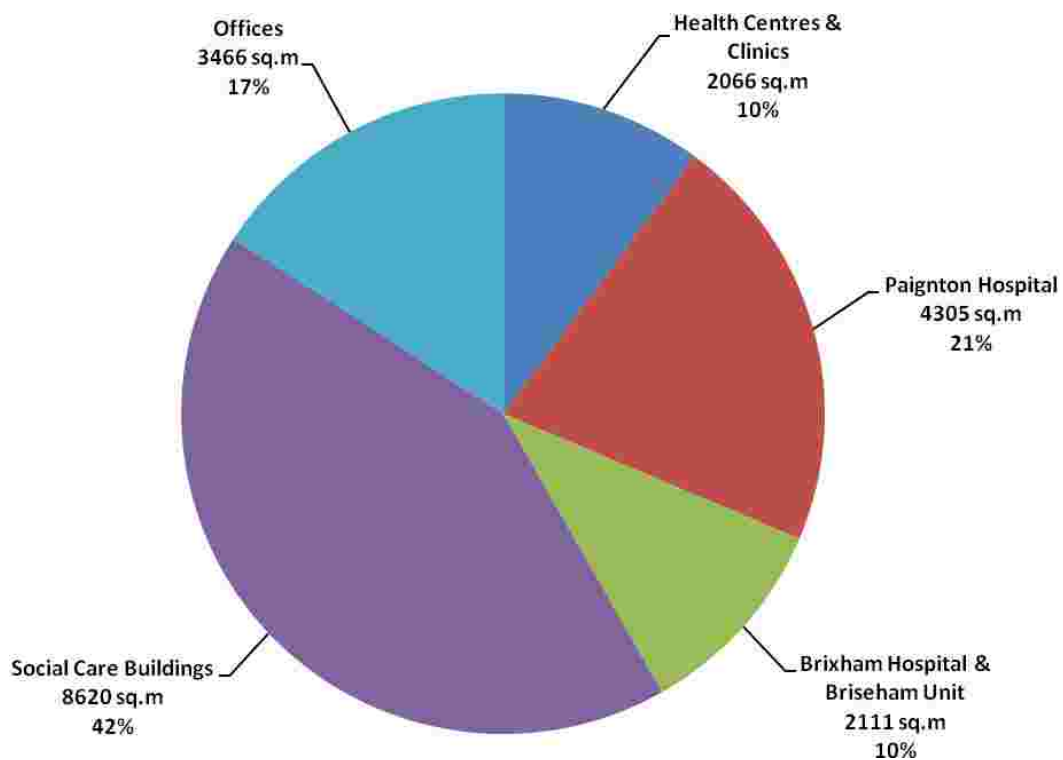
This final stage in the process involved using the information and outputs from the two previous stages to develop a capital investment plan for modernising the estate and addressing the issues identified in relation to the current condition and performance of the estate.

# Where are we now?

## The Trust's existing estate

The Trust delivers its services through a portfolio of some 24 diverse properties with a total building area of over 20,000 sq.m. An analysis of the estate, showing the areas in each of five categories and the percentage of the total area in each category, is shown in Figure 1.

**Figure 1: The Trust's Estate**



The tenure of the estate is shown in Figure 2.

**Figure 2: Tenure of the Trust's estate**

Tenure	Area sq.m	% of total area
Owned	8,482	42%
Leased from Torbay Council	10,354	51%
Leased from private landlord	1,176	6%
Leased from GP	300	1%
<b>Total</b>	<b>20,312</b>	<b>100%</b>





## An appraisal of the estate condition & performance

As part of the development of the estate strategy, an appraisal of the condition and performance of the existing estate has been carried out following the well established Department of Health guidance *Estatecode* which appraises the estate under six facets:

- Physical condition
- Compliance with Fire, Health & Safety & other statutory standards
- Environmental Management
- Functional suitability
- Space utilisation
- Quality

*Estatecode* enables a consistent approach to determining the condition of NHS estate assets and has been used extensively across the NHS over the last 20 years.

The performance in each category is presented using a consistent, simple colour coding system where each Estatecode category is broadly represented by the following colours:

-  Blue – New/very good performance
-  Green – Acceptable with no or very limited problems,
-  Amber – some problems, investment needed
-  Red – serious concerns

For each building or building block, different elements are appraised and then all the elements are reviewed together to inform the overall condition *Estatecode* categorisation for each building.

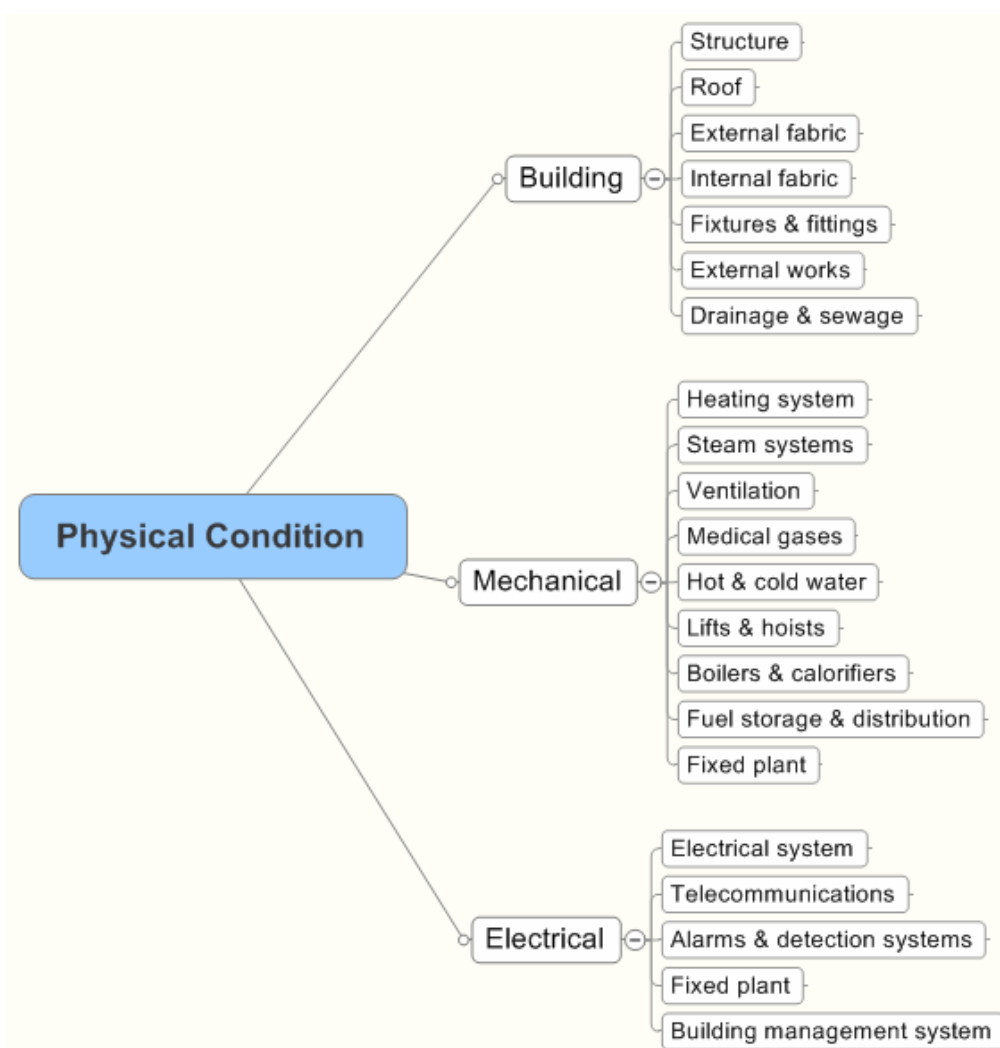
## Physical condition

The appraisal of physical condition examined 21 elements of the building (structure, roof, external fabric, heating system, electrical systems etc.) and identified the expenditure required to ensure bring these elements back to an acceptable condition. Estatecode defines an acceptable condition as:

- Fully operational buildings that support service delivery
- Compliance with statutory standards – fire, H&S etc
- Low levels of risk in terms of building/engineering failure
- Performing within normal revenue allocations
- Providing a pleasant, welcoming and safe environment for patients and staff.

The scope of the physical condition appraisal is shown in Figure 3.

**Figure 3: Scope of physical condition appraisal**



The results from the appraisal of physical condition is summarised in Figures 4.

**Figure 4: The physical condition of the estate**

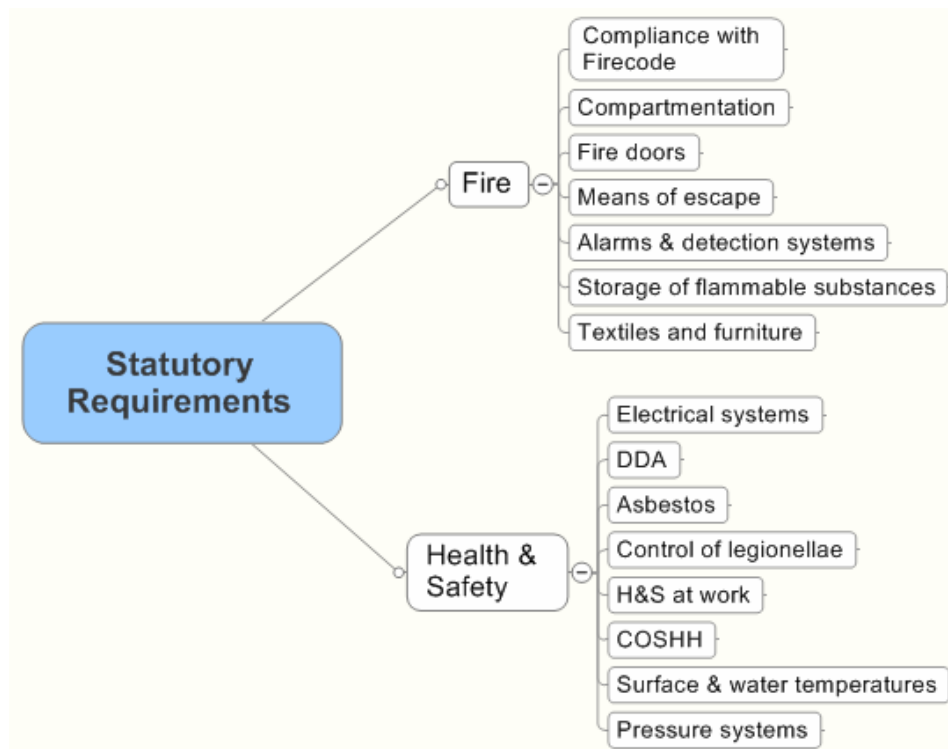
		Physical Condition			
Estatecode Category & Definition		A	B	C	D
		New	Acceptable condition	Requires investment	Unacceptable condition
Health Centres & Clinics	Area sq.m	0	1,233	833	0
	Percentage of the estate (area) in each category	0%	60%	40%	0%
Paignton Hospital	Area sq.m	0	2,155	2,150	0
	Percentage of the estate (area) in each category	0%	50%	50%	0%
Brixham Hospital & Briseham Unit	Area sq.m	578	50	1,483	0
	Percentage of the estate (area) in each category	27%	2%	70%	0%
Social Care Buildings	Area sq.m	0	0	8,620	0
	Percentage of the estate (area) in each category	0%	0%	100%	0%
Offices	Area sq.m	0	2,518	692	0
	Percentage of the estate (area) in each category	0%	78%	22%	0%
Total/Overall Estate	Area sq.m	578	5,956	13,778	0
	Percentage of the estate (area) in each category	3%	29%	68%	0%

The results from this appraisal clearly show that there are significant issues to be addressed by the estate strategy in terms of the physical condition of the existing estate since around 68% of the total building area requires investment to bring it back to an acceptable condition.

## Compliance with fire and statutory standards

This is a high level appraisal of a broad range of fire and statutory standards that apply to buildings and is intended to inform strategic and investment planning. The scope of this appraisal is shown in Figure 5.

**Figure 5: Scope of the fire & statutory standards appraisal**



## Backlog Costs

The investment needed to bring the estate up to an acceptable condition is known in the NHS as “Backlog Costs” since it arises from the backlog of maintenance that has built up over a number of years and is now giving rise to poor condition and performance. The guidance defines backlog costs as the direct works costs required to rectify the deficiency and bring the element/sub element up to an acceptable condition. The guidance is also very clear in stating that Backlog Costs should be expressed as works costs (that is, the base cost to undertake the work). Additional costs that are dependent upon the project solution chosen (for example fees, VAT, decanting and temporary services to other areas) should be excluded from backlog costs but included in the overall cost of investment required. The Backlog Costs are built up on an elemental basis using:

- Department of Health Departmental Cost Allowance Guides (DCAGs)
- Local knowledge/experience of similar projects recently implemented or costed
- Cost information provided by professional specialist publications such as “SPONS”, BICS etc.

## Risk Profiled Backlog Expenditure

In 2004, The Department of Health issued new guidance entitled “A risk-based methodology for establishing and managing backlog”. It introduced a model for measuring risk in relation to sub-standard assets so that investment can be prioritised. This involves assessing the risks associated with the continued deterioration and/or failure of estate assets. In line with best-practice risk management techniques, it considers both the likelihood and the impact of further deterioration and/or failure. This model is based on one that has been tried and tested within NHS organisations. Once the risks associated with sub-standard assets have been assessed, high and significant risk elements should be addressed as a priority as part of estate investment planning process.

This model has been used to develop the risk based backlog cost profile shown in Figure 6

**Figure 6: Backlog Costs**

Type	Backlog Cost (condition & statutory) £/Percentage of Total					Risk Adjusted
	High	Significant	Moderate	Low	Total	
HC & Clinics	25,160 13%	95,752 50%	31,770 16%	39,990 21%	192,672 100%	128,105
Paignton Hospital	9,400 4%	114,950 44%	73,000 28%	66,000 25%	263,350 100%	129,617
Brixham Hospital	- 0%	182,997 100%	- 0%	- 0%	182,997 100%	182,997
Social Care Buildings	227,589 22%	385,222 38%	172,175 17%	232,157 23%	1,017,143 100%	631,519
Offices	- 0%	65,500 72%	5,700 6%	20,160 22%	91,360 100%	66,651
<b>Total:</b>	<b>262,149</b>	<b>844,423</b>	<b>282,646</b>	<b>358,308</b>	<b>1,747,526</b>	<b>1,138,889</b>
<b>% of Overall Total</b>	<b>15%</b>	<b>48%</b>	<b>16%</b>	<b>21%</b>	<b>100%</b>	<b>65%</b>

It should be noted that the expenditure on backlog identified in this appraisal is based on the current buildings and usage and it will do little to improve the functionality of the buildings or to modernise them for future use. There is also a need to understand the

disruption to existing operational services that would inevitably be involved in this scale of work and any practical programme for undertaking the work will need to allow for decanting space/facilities. In addition, the practical approach to undertaking this scale of work would be to combine it with refurbishing and upgrading buildings to bring them up to modern standards. Without such refurbishment, the quality of environment for patients and staff is likely to deteriorate as a result of undertaking the backlog work.

The risk profile shown in the table is typically that which results from a detailed risk appraisal of all the elements of expenditure that comprise the overall expenditure requirement. However, this will need to be reviewed by the Trust and adjusted to reflect its own stance on risk and in particular, its ability to manage the “High” and “Significant” risk elements.

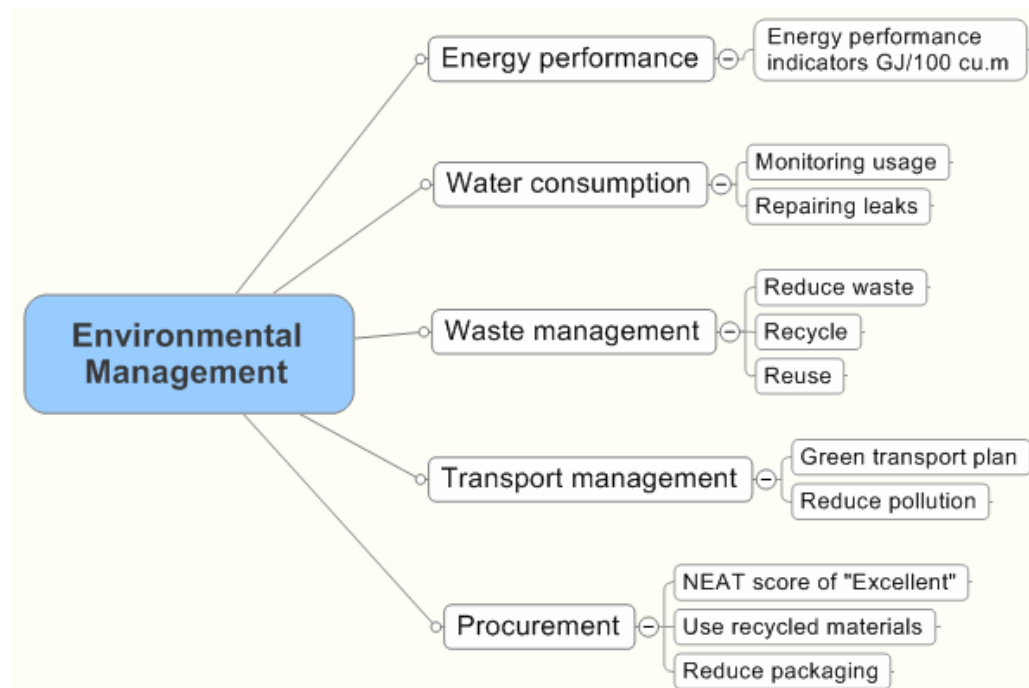
The consequences of failing to address the poor condition of the estate are clear:

- Increasing risk of building/engineering systems failure.
- Increased risk to patients
- Potential for legal enforcement notices – potential for corporate manslaughter charges!
- Significant disruption to clinical activity
- Low staff morale & recruitment difficulties
- Accelerated deterioration – increased short term capital investment needed
- Unavailability of accommodation ( particularly relevant for high and medium secure patients)

## Environmental management

Over recent years, this facet has been expanded from energy performance to a wider focus on the success of the organisation in improving its overall management of the environment including water consumption, waste management, transport etc. However, new and more demanding standards are expected to be announced for the NHS in 2008 (NHS BREAM) as part of the Government's drive to reduce environmental pollution and global warming. It is expected that these new standards will be mandatory for the NHS for all new buildings and for schemes involving major investment in existing buildings. Whilst there is a general view that investing in environmental management can be cost effective, this often only when a long term evaluation is undertaken. Hence, the new standards are likely to put further pressure on the NHS organisations to invest in the estate. The current scope of the environmental management appraisal is shown in Figure 7.

**Figure 7: Scope of environmental management appraisal**



The results from the environmental management appraisal are shown in Figures 8.

Figure 8: Environmental Management

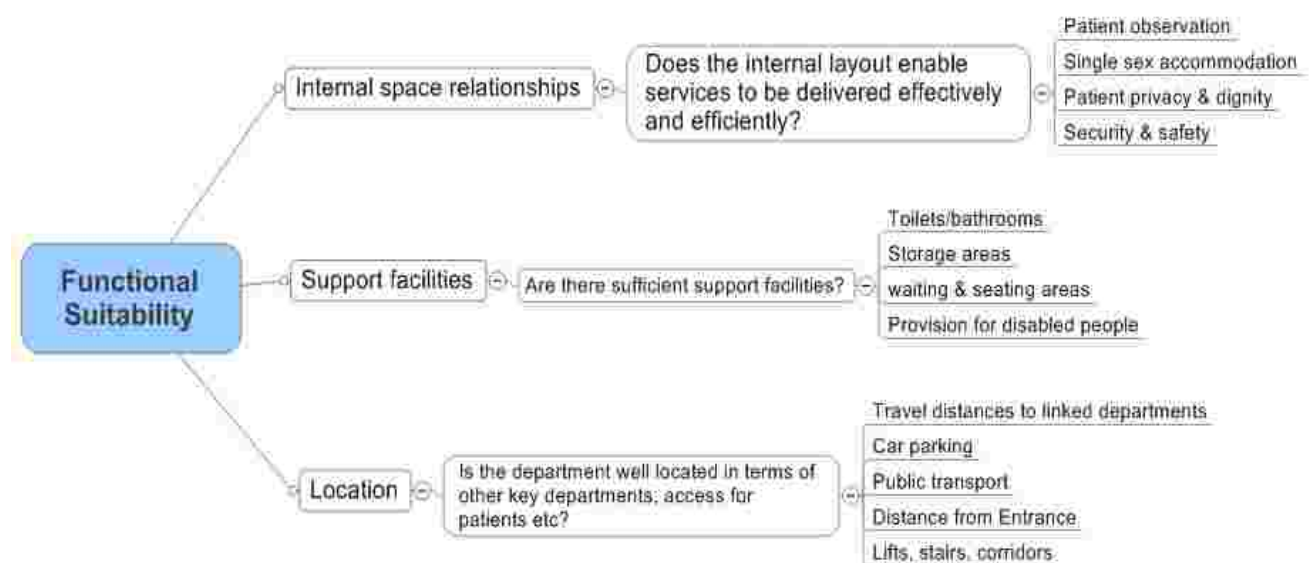
		Environmental Management			
Estatecode Category & Definition		A	B	C	D
		Excellent Performance	Acceptable Performance	Improvement needed	Poor performance
Health Centres & Clinics	Area sq.m	0	1,233	833	0
	Percentage of the estate (area) in each category	0%	60%	40%	0%
Paignton Hospital	Area sq.m	0	850	3,455	0
	Percentage of the estate (area) in each category	0%	20%	80%	0%
Brixham Hospital & Briseham Unit	Area sq.m	578	0	1,533	0
	Percentage of the estate (area) in each category	27%	0%	73%	0%
Social Care Buildings	Area sq.m	0	0	8,620	0
	Percentage of the estate (area) in each category	0%	0%	100%	0%
Offices	Area sq.m	0	957	2,253	0
	Percentage of the estate (area) in each category	0%	30%	70%	0%
Total/Overall Estate	Area sq.m	578	3,040	16,694	0
	Percentage of the estate (area) in each category	3%	15%	82%	0%

Generally, the estate is performing badly in terms of environmental management. In particular, many of the existing buildings have only crude environmental control systems that do not optimise energy usage.

## Functional suitability

The overall aim of the functional suitability appraisal is to assess how well the building supports the current and future (known demand) delivery of services. The appraisal of functional suitability is an important one since functionality can have a major impact on the organisation's ability to deliver effective and efficient services. Poor functional suitability often results in inefficient working practices, increased staffing levels and poor clinical outcomes. Therefore, it is an important component of the organisation's overall performance. The scope of the functional suitability appraisal is shown in Figure 9.

**Figure 9: Scope of functional suitability appraisal**



The results from the appraisal of functional suitability are shown in Figures 10.

Figure 10: Functional suitability

		Functional Suitability			
		A	B	C	D
Estatecode Category & Definition		Very satisfactory - no change needed	Satisfactory - minor change needed	Not satisfactory - major change needed	Unacceptable in present condition
Health Centres & Clinics	Area sq.m	0	1,913	153	0
	Percentage of the estate (area) in each category	0%	93%	7%	0%
Paignton Hospital	Area sq.m	0	2,455	1,850	0
	Percentage of the estate (area) in each category	0%	57%	43%	0%
Brixham Hospital & Briseham Unit	Area sq.m	578	0	1,533	0
	Percentage of the estate (area) in each category	27%	0%	73%	0%
Social Care Buildings	Area sq.m	0	5,767	2,853	0
	Percentage of the estate (area) in each category	0%	67%	33%	0%
Offices	Area sq.m	0	3,010	200	0
	Percentage of the estate (area) in each category	0%	94%	6%	0%
Total/Overall Estate	Area sq.m	578	13,145	6,589	0
	Percentage of the estate (area) in each category	3%	65%	32%	0%

The results from this appraisal show that there is significant scope for improving the functional suitability of buildings with 32% requiring major change.

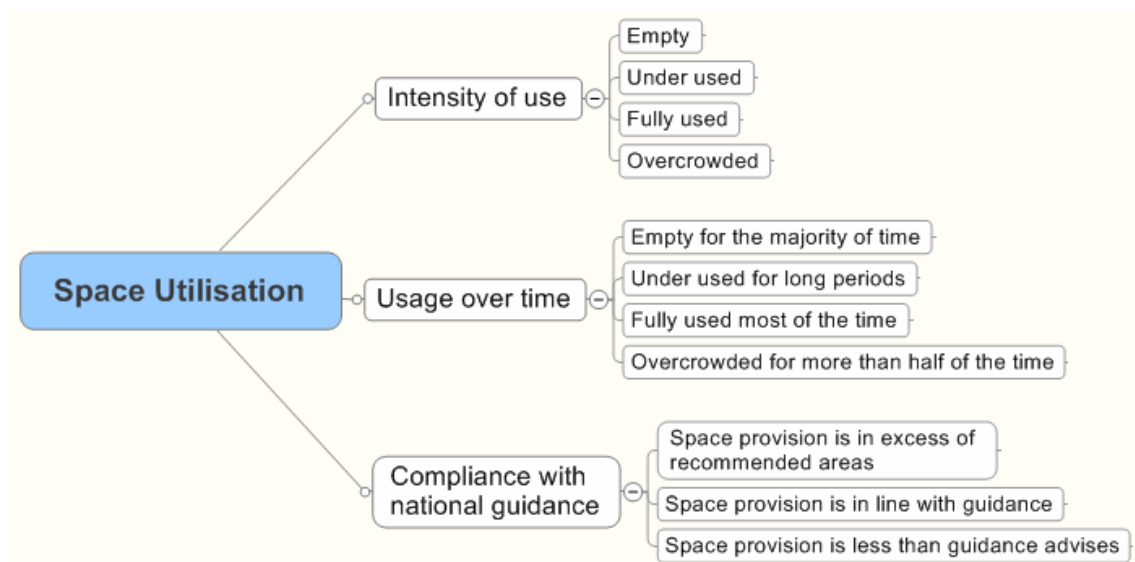
## Space Utilisation

Space utilisation is a complex and sensitive subject as it touches on territorial issues. The overall aim of this appraisal is to make a broad assessment of how well existing space is being used. The appraisal attempts to answer three main questions:

- How intensively is the space being used i.e. is it empty, fully used etc?
- How does usage of the space vary over time?
- How does the space provision compare to national guidance (where applicable)?

The scope of the space utilisation appraisal is shown in Figure 11.

**Figure 11: Scope of space utilisation appraisal**



The appraisal of space utilisation is an important one since the cost of owning space/property is significant. This expenditure is broadly correlated to space occupied/used. Hence, the aim is to hold only as much space as is needed to support the delivery of effective and efficient services. In addition to the direct costs of space/property ownership there are indirect costs such as those associated with under provision of space that results in inefficient working practices and poor clinical outcomes including issues relating to the control of infection.

The results from the appraisal of space utilisation are shown in Figure 12.

Figure 12: Space utilisation

		Space Utilisation			
Estatecode Category & Definition		E	U	F	O
		Empty/Not used	Under utilised	Fully utilised	Overcrowded
Health Centres & Clinics	Area sq.m	0	153	1,913	0
	Percentage of the estate (area) in each category	0%	7%	93%	0%
Paignton Hospital	Area sq.m	0	1,250	3,055	0
	Percentage of the estate (area) in each category	0%	29%	71%	0%
Brixham Hospital & Briseham Unit	Area sq.m	0	50	2,061	0
	Percentage of the estate (area) in each category	0%	2%	98%	0%
Social Care Buildings	Area sq.m	0	4,805	3,815	0
	Percentage of the estate (area) in each category	0%	56%	44%	0%
Offices	Area sq.m	0	1,442	1,618	150
	Percentage of the estate (area) in each category	0%	45%	50%	5%
Total/Overall Estate	Area sq.m	0	7,700	12,462	150
	Percentage of the estate (area) in each category	0%	38%	61%	1%

These results show that there is considerable scope for improving the utilisation of space as around 38% of building area was appraised as being under utilised.

Furthermore, in relation to office accommodation, including bases for peripatetic staff, there is further scope for reducing the amount of accommodation and improving utilisation through new ways of working such as:

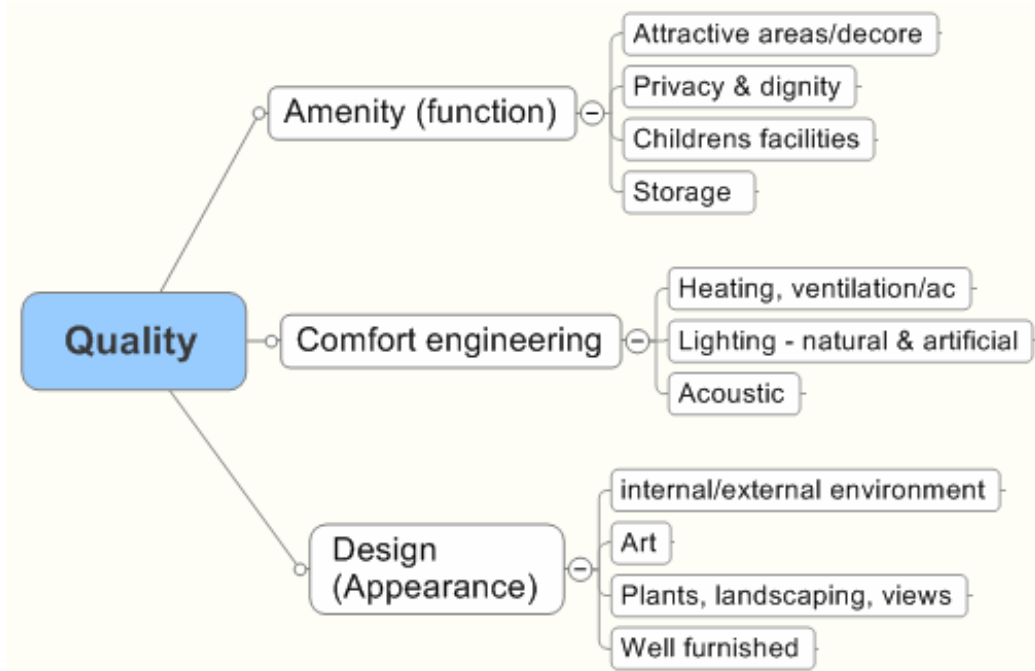
- Hot desking
- Hoteling
- Mobile working using new technologies such as 3G phones, datacards, WFI etc
- Home working

These new ways of working are well established in some other business sectors and the scope for increasing usage in the Torbay Care Trust, particularly in the administrative functions, should be further explored.

## Quality

The appraisal of the quality of the estate is a broad brush examination of the environment in the building and the scope of this appraisal is shown in Figure 13 .

**Figure 13: Scope of the quality appraisal**



The results from this appraisal are shown in Figure 14.

**Figure 14: The quality of the estate**

		Quality			
Estatecode Category & Definition		A	B	C	D
		Excellent Quality	Acceptable	Less than acceptable - major investment needed	A very poor quality environment
Health Centres & Clinics	Area sq.m	0	1,233	833	0
	Percentage of the estate (area) in each category	0%	60%	40%	0%
Paignton Hospital	Area sq.m	0	3,205	1,100	0
	Percentage of the estate (area) in each category	0%	74%	26%	0%
Brixham Hospital & Briseham Unit	Area sq.m	578	50	1,483	0
	Percentage of the estate (area) in each category	27%	2%	70%	0%
Social Care Buildings	Area sq.m	0	2,405	6,215	0
	Percentage of the estate (area) in each category	0%	28%	72%	0%
Offices	Area sq.m	0	3,010	200	0
	Percentage of the estate (area) in each category	0%	94%	6%	0%
Total/Overall Estate	Area sq.m	578	9,903	9,831	0
	Percentage of the estate (area) in each category	3%	49%	48%	0%

The results from this appraisal show that there needs to be investment in the estate to improve the quality of the estate for the benefits of both patients and staff.

## Trust High Level Key Performance Indicators

The Department of Health provides the high level key performance indicators shown in the table below from data submitted by the Trust. These PIs allow informed judgement on the efficiency and condition of the estate. All are based on indicators that are expressed as ratios of a trust's building and land areas. A simple traffic light exercise classifies performance management information into three categories: green – no or very limited problems, amber – some problems, red – serious concerns.

These performance Indicators demonstrate that there is potential for the Trust to improve its asset management against similar organisations and the national average for its cluster. In particular, it confirms the results shown earlier from the Estatecode appraisals in relation to space efficiency, backlog and energy use.

Figure 15: Trust High Level Performance Indicators

TORBAY CARE TRUST - 2006/2007					
PI SUMMARY	Trust PI	Grouping PI (Percentile Bands)			
		33%	34%	33%	
<b>Space Efficiency</b>					
Income £10/m <sup>2</sup>	398	223	224 and 366	367	
Activity/100m <sup>2</sup>	7	4	5 and 5	6	
Asset Value £10/m <sup>2</sup>	77	118	119 and 126	127	
Occupancy Cost £/m <sup>2</sup>	84	132	133 and 164	165	
<b>Asset Productivity</b>					
Asset Value £10/m <sup>2</sup>	77	118	119 and 126	127	
Capital Charges £/m <sup>2</sup>	36	49	50 and 81	82	
Total Backlog £/m <sup>2</sup>	67	3	4 and 60	61	
Rent & Rates £/10m <sup>2</sup>	202	209	210 and 455	456	
<b>Asset Deployment</b>					
Land £/m <sup>2</sup>	238	331	332 and 416	417	
Building £10/m <sup>2</sup>	45	72	73 and 81	82	
Equipment £/m <sup>2</sup>	81	35	36 and 71	72	
Capital Charges £/m <sup>2</sup>	36	49	50 and 81	82	
<b>Estate Quality</b>					
Asset Value £10/m <sup>2</sup>	77	118	119 and 126	127	
Depreciation £/m <sup>2</sup>	30	31	32 and 37	38	
Critical Backlog £/m <sup>2</sup>	39	0	1 and 11	12	
Risk Adjusted Backlog £/m <sup>2</sup>	23	0	1 and 16	17	
<b>Cost of Occupancy</b>					
Rent & Rates £/10m <sup>2</sup>	202	209	210 and 455	456	
Energy/Utility £/10m <sup>2</sup>	126	141	142 and 161	162	
Maintenance Costs £/10m <sup>2</sup>	151	134	135 and 203	204	
Capital Charges £/m <sup>2</sup>	36	49	50 and 81	82	

### Groupings:

Trust Cluster & Type: Standard - Care Trust

## *Where do we want to be?*

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Clearly, the Trust's estate strategy will need to address the current poor condition and performance of the estate and move towards the provision of safe, secure, high-quality buildings appropriate for the delivery of modern health and social care services. However, the strategy must do much more than that if it is to ensure that the estate is to closely match the needs of the service over the next decade and beyond.

### **Delivering world class, integrated health and social care services**

Any proposed investment in the estate, including that needed to address backlog maintenance, must be "service led" with the patient at the centre of any proposed changes. The estate strategy is an integral part of the Trust's strategic aim of delivering, either directly or as a commissioner, world class, integrated health and social care services to the people of Torbay.

Changes are taking place both within the local health economy and across the country to make sure that the NHS and Social Care Services are in the best possible shape to meet future health needs and improve people's well-being. The NHS Plan (Department of Health 2000) set out a programme of investment and reform to transform services to make them more responsive to patients, and deliver the best possible care for the population within the resources available. The first phase focused on building workforce and physical capacity, and tackling issues of major concern to the public such as waiting times, cancer and heart disease. 2007/08 marks the second phase of reform with the Department of Health's aspiration that by 2008/09, we will have an NHS characterised by free choice across a wide range of providers, competing on quality, as money follows patients. "Our Health, Our Care, Our Say" (Department of Health 2006) described reformed and improved community services to enable a greater focus on prevention, promoting well-being and delivering services in more local settings, which are flexible, integrated and responsive to people's rising expectations, demographics, changes in medical technology and variations in quality, safety, access and value for money.

The changes to health and social care services locally are part of a wider programme of change across the country driven by:

- Changes in people's health and social care needs
- Increasing public expectation in terms of access to a comprehensive range of high quality, efficient and effective health and social care services and choice on how they use services
- Advances in medical and nursing practice that enable patients to be treated in new and different ways

- Developments in medical, communications and information technology that make care closer to home a plausible reality
- National initiatives aimed at making the NHS more effective and efficient - The NHS Plan and the NHS Improvement Plan; The Darzi Review; NHS Operating Framework 2008/9

In response to these drivers for change, Torbay Care Trust has worked with its community partners to plan and develop a vision for leading edge services for the people of Torbay. This vision is articulated in the form of two fundamental principles that underpin all our service and estate development:

- Services should be developed to ensure that for each individual the **Right Care**, must be provided in the **Right Place** at the **Right Time**, and...
- Wherever possible these services should be delivered locally in the person's own home or in the community

This has led to the Trust identifying a clear set of priorities for 2008/9 and beyond:

- Further improvement of our integrated the health and social care delivery system.
- Reducing health inequalities across populations and communities
- Supporting individuals in keeping well and avoiding illness
- Improving the speed and convenience of access to diagnosis and treatment
- Maximising independent living for people with long term ill health or disabling conditions
- Ensuring a rapid response in an emergency
- Removing needless delay from stays in hospital
- Ensuring dignity at the end of life
- Improving the quality of the user experience
- Improving clinical value and productivity
- Improving the service delivered for vulnerable groups and those people who have specific diseases and conditions
- Improving the overall performance of all organisations in NHS South West

The Trust's estate has a key role to play, either directly or indirectly, in delivering these priorities and the Trust's overall aim of delivering world class, integrated health and social care services to the people of Torbay.

## **Delivering innovation & "New Ways of Working"**

Torbay Care Trust is committed to delivering innovative and new ways of working to:

- Improve service quality
- Meet more closely the needs of our service users and stakeholders
- Streamline working practices to achieve improve efficiency and deliver best value

The process of developing this estate strategy has recognised the opportunity that exists to introduce innovative solutions to workplace planning. In particular, it recognised the importance of property decisions in terms of facilitating "new ways of working".

Embedded in the thinking that underpins this estate strategy is a recognition that many of the Trust's professional, managerial and technical staff are providing services that increasingly use a collection of workplaces to deliver their work. The main ones being "the office", "meeting venues", "at home" and "on the move". Even "frontline services" are more and more being delivered in the patient's home and a variety of community settings which entail the staff delivering these services to be increasingly mobile and work from a variety of locations.

Recent Government research shows that 13.5% of working adults now spend at least some of their working hours at home and this figure could rise to 40% over the next decade. The research also shows that e-working is concentrated in managerial, professional and technical sectors i.e. workforces similar to Torbay Care Trust. The take up of home working is dependent upon a number of different factors including the type of work, financial incentives, journey times to work and personal choice. However, it is now widely recognised that home working and e-working are part of a number of flexible working practices and reflect management approaches that focus on results rather than staff putting in hours in fixed locations.

The increasing availability of wireless communications such as Wi-Fi and mobile technologies are enabling people to be much more mobile because they allow them to keep in touch with their colleagues, professional networks and families whilst on the move. Hence, the "make any space your office" concept is becoming more of a reality for the workforce. This spread of innovative new technologies (increasingly mobile) is common across all functions and its effect in transforming where, when and how professional and managerial work can be done.

Recognising that the workforce is increasingly using a collection of workplaces to deliver their work should enable the Trust to uncouple the traditional relationship between the number of people in the organisation and the amount of space needed in the Trust's buildings for offices and working spaces. Hence, the "capacity" of a building is no longer the simple product of the number of staff and a space allocation. "Capacity" can be created by the recognition that the workforce is increasingly using a collection of workplaces. Similarly, "capacity" can also be created through the incorporation of flexibility and innovative space planning solutions such as open plan, standardised desking, mobile workstations, "drop in" areas etc.

The development of the estate strategy is more than simply the identification of our foreseeable future accommodation needs. It is part of an ongoing process that aims to optimise the use of our physical assets in support of service and business objectives. Hence, integral to the estate strategy is a commitment to:

- Identify and evaluate the perceived and identifiable benefits of the "new ways of working" initiatives already introduced from the perspectives of service users, staff and from the aspects of organisational efficiency and effectiveness.
- To look at the strategic value of any "new ways of working" in terms such as space efficiency, the value of innovative new technology, improved creativity, cultural and inter-team or inter-divisional working benefits, plus any aspects of corporate flexibility and value derived from changes in building use.
- To also identify any downsides of "new ways of working", and consider any revisions/ adaptations to help maintain the right facilities and working practices for the organisation.
- To gather knowledge on how sustainable efficiency and effectiveness gains from "new ways of working" are created – for the Trust and staff.

Overall, the estate strategy reflects the fact that innovation and "new ways of working" are now central to the delivery of service and business objectives for Torbay Care Trust and the Trust needs to build an evidence base that demonstrates that the estate supports and facilitates the organisation's objectives.

### **Delivering improved environmental management & sustainability**

Torbay Care Trust is committed to delivering improved environmental performance covering all aspects of how the Trust and its operations impact the environment. As part of this aim the Trust will measure and improve the environmental performance of its estate by creating lower carbon footprint buildings and providing the organisation with potential savings from carbon efficiency. Buildings constructed and refurbished in line with environmentally conscious principles are not only socially desirable they are good long term

investments, have lower operating and maintenance costs, a greater ability to meet changing environmental controls and legislation, support the health and wellbeing of employees and have a better chance of withstanding the impacts of climate change. This aim is underpinned by:

- Legislative requirement in terms of the 2006 Building Regulations which sets minimum requirements for the energy performance of all new building and for the energy performance of large existing buildings subject to major renovation and requires energy certification of all buildings.
- The mandatory requirement for all NHS properties to be subject to an environmental assessment utilising the British Research Establishment Environmental Assessment Method (BREEAM) and to achieve an acceptable performance level.

### Key Estate Targets for change

The estate strategy will target improvement in the estate as follows:

- Improvements in the quality of the operational estate over time (which can be measured through reductions in backlog maintenance costs/risks and using annual patient perception surveys);
- Improvements in statutory compliance and reduction in risk (which can be measured through reductions in non-compliance with statutory legislation and incident rates);
- Improvements in the functional suitability of the estate to ensure that it closely matches service need in terms of location, provision of support facilities; building form and layout: aural, visual and thermal environment, effective standards of privacy and dignity;
- Improvements in energy performance (in line with mandatory targets for NHS organisations in England to reduce the level of primary energy consumption by 15% or 0.15 million tonnes of carbon from March 2000 to March 2010 and for existing premises to achieve energy efficiency levels (delivered energy) of 55–65 GJ/100 m<sup>3</sup> by 2010), reduced water consumption, and improved waste and transport management
- Reductions in the revenue cost of the operational estate over time (which can be measured by mapping trends in overall maintenance costs, utilities costs and the Trust's income-to-asset value ratio);
- Improvements in the use of the estate over time, that is, eliminating under-used and surplus assets (which can be measured by comparing building floor area with total site area and by income-to-asset value ratio);

The Trust's vision and ambitious agenda for change over the next decade simply cannot be achieved without significant change and investment in its estate. Figure 16 overleaf shows the impact of this investment and change in terms of the key measures of estate condition and performance as defined in *Estatecode*.

**Figure 16: Targets for improvement in estate condition & performance**

Facet	Current Performance 2008	Target Performance 2018
Physical Condition (% in acceptable condition - Estatecode A & B)	32%	85%
Environmental Management (% acceptable performance - Estatecode A & B)	18%	75%
Quality (% in acceptable condition - Estatecode A & B)	52%	85%
Functional Suitability(% in acceptable condition - Estatecode A & B)	68%	85%
Space utilisation (% Fully Utilised)	61%	85%
Backlog Costs – High & Significant Risk	£1,106,573	£0
Backlog Costs – Moderate & Low	£640,953	<£300,000

Figure 17 overleaf shows the improvement needed in the DoH Key Performance indicators if the Trust is to meet its target of performing in the top 30% percentile of similar NHS trusts

**Figure 17: Improvements in key estate performance indicators**

	Trust PI		% Change
	2006/7	2018	
<b>Space Efficiency</b>			
Income £10/m <sup>2</sup>	163	188	15%
Activity/100m <sup>2</sup>	3	5	67%
Asset Value £10/m <sup>2</sup>	163	161	-1%
Occupancy Cost £/m <sup>2</sup>	167	134	-20%
<b>Asset Productivity</b>			
Asset Value £10/m <sup>2</sup>	163	161	-1%
Capital Charges £/m <sup>2</sup>	104	102	-2%
Total Backlog £/m <sup>2</sup>	87	34	-61%
Rent & Rates £/10m <sup>2</sup>	140	139	-1%
<b>Asset Deployment</b>			
Land £/m <sup>2</sup>	292	376	29%
Building £10/m <sup>2</sup>	132	108	-18%
Equipment £/m <sup>2</sup>	14	26	86%
Capital Charges £/m <sup>2</sup>	104	102	-2%
<b>Estate Quality</b>			
Asset Value £10/m <sup>2</sup>	163	161	-1%
Depreciation £/m <sup>2</sup>	52	48	-8%
Critical Backlog £/m <sup>2</sup>	20	6	-70%
Risk Adjusted Backlog £/m <sup>2</sup>	24	3	-88%
<b>Cost of Occupancy</b>			
Rent & Rates £/10m <sup>2</sup>	140	139	-1%
Energy/Utility £/10m <sup>2</sup>	164	110	-33%
Maintenance Costs £/10m <sup>2</sup>	327	196	-40%
Capital Charges £/m <sup>2</sup>	104	102	-2%

## *How do we get there?*

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This final stage in the process involved using the information and outputs from the preceding stages to develop realistic and feasible changes to the estate and investment proposals. These changes and investment proposals respond to the issues identified in relation to the current condition and performance of estate. They also aim to ensure that the estate closely matches both current and future known service changes.

Whilst this document is the Trust's first formal estate strategy, there has previously been considerable thought given to the needs of the Trust in terms of the estate and this strategy builds on these plans. Since the creation of Care Trust a series of estates developments have taken place to implement the strategy outlined in the Strategic Services Development Plan (SSDP). These have been focused upon improving & modernising infrastructure & developing estate to meet the Zone structure for service delivery & improvement and include:

- During 2007/8 Zones office were established for the two Paignton zones at Paignton Hospital & various office moves occurred around the estate to better configure and co-locate relevant staff together to meet operational objectives both from front line and back office functions. Previously, zone offices were established for the Brixham and Torquay North Zones. This process will continue during 2008/9 building upon previous achievements.
- Planning is taking place to complete the process of establishing the Zone office & co-location of Health & Social Care staff in Torquay South. This is the largest Zone within the Care Trust both in terms of population served & staffing. Currently the zone is partly based (social care) is poor office accommodation in central Torquay & across GP surgeries (District Nursing staff). The plan is to establish co-located teams in three GP locations in Torquay South to integrate the service & bring the zones closer to the population. This will entail building works, office refurbishments & the creation of the entire required IM&T infrastructure to allow access to systems (computer & telephony). It is envisaged the project will be implemented in stages during 2008/9.
- At Brixham Hospital, the scheme commenced in 2007/8 to convert the Briseham Unit into a modernised 20 bedded inpatient facility for Brixham will be completed in early 2008/9. The Health & Social Care team for Brixham will also be established in a new portakabin on site as part of this phase of works at the Hospital.
- GUM-Sexual Health Centre. The scheme to establish at Sexual Health Centre at Castle Circus Health will be completed in early 2008/9. The local health community

has prioritised this project to ensure performance and services are improved to this patient group.

- Co-location of Adult Mental Health Services from TCT & Devon Partnership Trust staff is also scheduled for 2008/9 at the Chadwell Centre in Paignton
- By 2008/9 the integrated Substance Misuse Service will also be established in new accommodation at Walnut Lodge in Torquay.

The Trust's requirement and aspiration to shift activity from the District General Hospital to community settings can only be achieved if it has premises that are fit for purpose and with the capacity to cope with the required activity. Hence, three large community developments are being planned within Torbay:

### The Clennon Valley Healthy Living Centre

This Centre forms part of a larger scheme which has been developed in partnership with the Torbay Council and specialist developers, PMP Health Developments. The Healthy Living Centre provides an opportunity to provide a "one stop shop" that will "go beyond illness" and also focus on health and well being for the people of Torbay: Services that will be offered from this site include:

- Primary medical care (General Medical Practice)
- Community Pharmacy
- Community nursing and social care
- Specialist community based services:
  - Podiatry
  - Dentistry
  - Health Visiting
  - Audiology
  - Speech and language therapy
  - Occupational Therapy
- Community mental health services
- Services for patients with a history of violence
- Services for substance abusers
- Primary dental care services
- Specialist Services:
  - Consultant led Out Patients
  - Specialist nurse led services (e.g. diabetes)
  - Practitioner with a special interest led services
- Health and well being related services:
  - Physical fitness in particular a children and young persons exercise gym sessions (part of the Tipping the Scales Obesity Strategy in Torbay)

- Healthy lifestyles
- Access to information
- Social Care support services:
  - Citizen's advice clinics
  - Housing advice clinics
  - Benefits advice
- Services to support self care:
  - Expert patient programmes
  - Group education sessions
  - Information "libraries"
- Space for mobile diagnostics facilities.

During 2007/8 the Outline Business Case was approved for the Clennon Valley Scheme by the SHA. Planning is well advanced and it is envisaged that the work will start on site in 2008/9 with completion and occupation in late 2009/10

### **Torquay North Health and Social Care Centre**

The vision is for a Health and Social Care centre in Torquay North that will focus on the health, well being and individual needs of the local community by reducing inequalities and preventing ill health as well as treating illness. The aim is to design, build and properly maintain 21st century premises that facilitate the delivery of integrated health and social care to the population of Torquay North. Whilst work on the brief for the Health and Social Care Centre is on-going, a preliminary schedule of accommodation indicates that a building of around 3,500 sq.m will be needed to accommodate services such as:

- General medical services
- Community pharmacy
- Community dentistry
- Community health and social care services
- Consulting space for visiting specialist doctors and nurses
- Interview space for other visiting professionals – e.g. Citizen's Advice Bureau, Housing advice etc.
- Education and training suites
- Health Education & Internet Cafe.

### **The Modernisation and Redesign of Primary Care, Community and Hospital Services in Brixham**

Over recent years a considerable amount of work has been done by the Trust, in partnership with stakeholders and the local community, on the redevelopment of primary, community and hospital facilities in Brixham. This work has identified that there is a real opportunity to develop an innovative model for Brixham that would create a multi-discipline campus providing a comprehensive range of integrated Health, Social Care and Community Services to meet local needs. It would be a project that would enable appropriate and sustainable

services to be provided for the local community of Brixham for the next 30 years and beyond.

The project would enable and facilitate fundamental change in the way in which Health, Social care and Community Services are delivered to the people of Brixham. The underlying aim would be to redesign services from a patient's point of view. Services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families and staff; between the local Health and Social care services; between the public sector, voluntary organisations and private providers to ensure a patient-centred service. Overall, the project aims to substantially increase services and the amount of care that is delivered locally. The project will establish this new service model and develop facilities that can support it effectively.

### **The Hub & Spoke Model**

These three major developments, together with the existing centres at Castle Circus and Paignton Hospital will enable a "Hub & Spoke" estate model to be implemented across Torbay. This model emerged as a response to the requirement to provide a flexible and dynamic model of service and property provision. Its underlying theme is to provide the widest possible range of services locally as is practical and commensurate with safe clinical practice. Its vision is for a dynamic network of services and premises which should in turn facilitate the development of clear clinical networks, focused on patient's needs and where the "patient journey" is as direct and convenient as possible. It should enable a good range of services to be provided locally with referrals to the "Hub" for more complex procedures and services. This model sets out to provide a flexible solution to local needs since it will enable each "Hub" and "Spoke" to uniquely evolve and develop, facilitating and allowing new ways of working and the adoption of new technologies to proceed at different paces in different localities. It should also provide flexibility in relation to how patients may access services, giving them the choice of accessing services at "Spokes" and/or the "Hub", perhaps at different occasions and times. Staff would also have opportunities to work and move between "Hub" and "Spokes".

Services in Hubs will be tailored to provide sub specialty groupings that relate to the needs of the locality. The key criteria used to identify hubs were:

- Locations central to the main clusters of catchment population
- Co-located with inpatient services where possible to enable 24 hour/ 7 day support to the local care streams
- Close to DGH and acute services and other PCT services
- Achievement of a good balance between services that can be provided safely and effectively locally and those that can be better provided in more centrally.

- Maximise the opportunities for making best use of existing buildings that are suitable for the services required locally, particularly where there has been recent investment in new buildings or major upgrading of existing buildings
- Provides opportunities to rationalise the existing portfolio of buildings with the aim of reducing estate related ownership costs (energy, maintenance, capital charges etc) and avoiding the need for expenditure on backlog maintenance on buildings that are not fit for purpose.

Attached to each Hub, the Trust will develop Spokes, located centrally within local communities and used flexibly depending on activity levels and need. Spokes will be used across care streams to deliver a comprehensive range of services. The Trust will divest itself of sites no longer matching the service delivery model or those that detract from the aims above, and reinvest both capital and revenue resources back into service line development.

The challenge of providing the Trust's range of services is the challenge of working collaboratively; no part of the environment is solely owned. Working in partnership is working across boundaries, and the Trust is committed to working with people who use its services, the Trust's talented staff, commissioners and a wide range of other stakeholders.

Collaboration is now central to the way in which the Trust manages and delivers across all its service lines. Rigid boundaries between the Trust, Local Authority organisations, voluntary, community agencies and the independent sector are becoming more permeable as the people who use services require more innovative ways of developing and delivering services. The most familiar form of collaborative arrangement that the Trust uses is partnerships. The Trust has established partnerships of various forms with those with whom it has a shared commitment to improve the health and well-being of particular groups and communities.

The Trust is committed to working in this way to benefit all those who need and use the Trust's services and has established methods to achieve this, from the formal arrangements of integration between Local Authority and Trust partners to the less formal but equally supportive collaborative work with communities and their appropriate representative groups. Therefore, it is anticipated that the identification of spokes will be heavily influenced by the continuing emphasis on working collaboratively and in partnership with a wide range of public bodies, voluntary organisations and the independent sector. This should enable properties to be selected on the basis of strategic fit and need rather than ownership or tenancy. Again, the aim being to ensure that the identification of spokes is service led with the patient at the centre of decision making.

## Further emerging capital projects

As part of the Trust's continual development of services and work towards achievement of the corporate objectives, a number of further capital schemes have recently emerged and are currently the subject of feasibility studies. These include:

### **An Independent Living Centre**

Torbay has an ageing population, likely to experience some degree of physical or sensory disability in their later life and an above average population of people who have a learning disability. Currently, services are provided from Exeter for people who wish to try out mobility equipment or aids to independent living. A centre for independent living would help people access a range of services including assessment and help with voucher purchase of equipment; advice, information and signposting other services; help accessing benefits advice; supported internet access; access to advocacy and brokerage services; meeting and training rooms and "Drop in" service clinics from specialist teams of staff.

### **Carers Resource Centre**

Plans are in the early stage to convert recently vacated space at St Edmunds Community Resource building into a resource centre to support carers. This facility will offer a range of support to carers & an accessible venue for a range of activities.

### **Office space Riviera Park**

The Trust is in the process of obtaining additional space in a building next to the current headquarters where a floor is already occupied. This will allow better consolidation of teams in the HQ & facilitate better team working & efficiencies.

### **Sexual Health Services**

Last year TCT & SDHC refurbished Castle Circus Health Centre in central Torquay so that a range of sexual health services could be located in the town centre to improve access to these services. Although this has been acknowledged as a significant step forward further work needs to be undertaken to improve the estate for Sexual Health Services and integrate all functions in this area, ideally in one building.

## Strategic Estate Capital Investment Programme

The changes to the estate and the capital investment projects that are proposed in this estate strategy have been brought together to form the Strategic Estate Capital Investment Programme. This programme is shown overleaf.

**Torbay Care Trust – Strategic Estate Capital Investment Programme 2008 - 2011**

<b>Schemes</b>	<b>Total £'000</b>	<b>2008/9 £'000</b>	<b>2009/10 £'000</b>	<b>2010/2011 £'000</b>
Brixham Hospital - Refurbish/reconfigure for Clinic use	500	500		
Brixham Hospital - Major redevelopment of site for progressive care	10,000		1000	9000
St Edmunds (Refurbish top floor for intermediate care service)	145	145		
Torquay North (Fit out only)	250			750
Clennon Valley (Fit out only)	500		750	
Briseham from 07/8 Refurbish as inpatient accommodation	1,040	1,040		
Estate Investment (backlog maintenance)	1,080	280	380	420
<b>Totals</b>	<b>13,515</b>	<b>1,965</b>	<b>2,130</b>	<b>10,170</b>

**Notes:**

Briseham unit being refurbished as inpatient unit (20 beds)

Space in Brixham Hospital which is vacated by inpatients will be refurbished/reconfigured as Brixham Clinic enabling existing Clinic to be vacated and demolished in due course. Assumed that Torquay North & Clennon Valley will be funded by Third Party Developer and therefore fit out costs only are included in capital programme.

## The impact of the proposed major schemes on overall estate condition & performance

It is important that the impact of the proposed future investment in major schemes is not simply the provision of new buildings but that it has a positive impact on the overall condition and performance of the Trust's estate. This is demonstrated in the table below which shows the impact on the Trust's overall estate condition and performance when the Clennon Valley Healthy Living Centre is completed and enables the disposal of Midvale Road Clinic, Fernham Day Centre and the two houses in Church Street, Paignton.

Estate condition & performance measure	Current Performance 2008	Performance on completion of Clennon Valley Project
Physical Condition (% in acceptable condition - Estatecode A & B)	32%	35%
Environmental Management (% acceptable performance - Estatecode A & B)	18%	20%
Quality (% in acceptable condition - Estatecode A & B)	52%	56%
Functional Suitability(% in acceptable condition - Estatecode A & B)	68%	64%
Space utilisation (% Fully Utilised)	61%	64%
Backlog Costs – High & Significant Risk	£1,106,573	£864,001
Backlog Costs – Moderate & Low	£640,953	£493,813
Total Backlog Costs	£1,747,526	£1,357,815

## Next Steps

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The purpose of the Trust's estate strategy is to bring together in one document a range of investment proposals and changes to the estate that will enable the Trust to provide safe, secure, high-quality buildings capable of supporting current and future service needs as described in its Strategic Service Development Plan and the Local Development Plan. Inevitably, given both the size and the diversity of the Trust's estate, the estate strategy is made up of numerous projects and proposals for change which in many cases are linked and inter-reliant. Similarly, whilst these projects are essentially estate focussed, they cannot be considered in isolation from wider Trust initiatives such as workforce planning and cost improvement programmes. Hence, in developing this document there has been a need to make a number of assumptions in relation to prioritisation and timing of projects which will now need to be examined in more detail.

The next steps in the implementation of the strategy are as follows:

- **Executive Review and Prioritisation** - Review by the Trust's Executive Team of both the overall document and in particular, the assumptions in relation to project and investment proposal prioritisation and affordability.
- **Scenario Examination** - Inevitably, the development of the estate strategy has been based on a number of assumptions around the future. Given the uncertainty around any assumptions in relation to the future, it would be prudent to examine the strategy against a range of plausible and realistic assumptions futures. The aim of this being to "future proof" the strategy as far as is possible and to try to ensure that it is robust, not just in relation to one future but a number of different futures i.e. changes in service demand; impact of new technology; development of partnerships and joint working; workforce development etc. In this light a regular review of the strategy will be required to ensure it appropriately reflects these changes.
- **Cost Improvement Programme** - the proposals in this estate strategy are linked, directly or indirectly, with Trust's Cost Improvement Programmes and a detailed understanding and modelling of this impact is needed to ensure its overall affordability and viability. Given the recent changes in the NHS financial regime it will be necessary to test the assumptions and creatively examine different types of procurement methods to deliver the planned programme.
- **Risk Assessment** - A detailed risk assessment of the proposals in the estate strategy is needed to enable a risk management plan to be developed that will ensure that the strategy can be implemented successfully. In particular, there are risks associated with property disposals and affordability is dependent upon the disposal of surplus sites and

properties with the assumption that receipts are able to be used for the capital programme.

- **Business Case Development** - Following the approval of the strategy and the broad affordability limits more work on specific business case development will need to be carried out to establish the specific project options and detailed requirements. These cases can then be incorporated into a more specific programme of projects for each financial year.
- **Paignton Hospital** – There is significant investment needed on the physical condition & engineering infrastructure at Paignton Hospital (£263,000). However, this expenditure would do little to address the relatively poor functional suitability of the current buildings on this site which have been developed over a period of many years. Hence, before investing in the physical infrastructure, there is a need to carefully consider the options for future service provision from this Hospital to ensure that any investment is compatible with and supports the future role of the Hospital in the overall delivery of the Trust’s services.
- **The Social Care Estate** – This group of buildings (leased from Torbay Council) are some of the worst in terms of estate condition & performance. Hence, options for the future use of these buildings will need to be carefully considered in the context of the outcomes from the Review of LD Services as well as options for future ownership and estate investment including partnerships with the independent sector.

#### **Additional note**

Strategem Management and Technical Consultants worked closely with the Head of Estates and many other colleagues within the Care Trust in producing the Estates Strategy. Strategem came highly recommended from various sources having worked with Acute and Community NHS organisations throughout the United Kingdom in producing Estates Strategies. They also have a history of working closely with South Devon Healthcare Trust.