

# WALSALL TEACHING PRIMARY CARE TRUST

## ESTATES STRATEGY

2006 - 2010

March 2006

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## 2.0 Preface

The purpose of this document is to set out a strategy for the development of the primary, community care, mental health and learning disabilities service estate for Walsall tPCT, i.e. for the registered population of Walsall. It is based upon documentary evidence together with the outcome of two workshops held on 20 July 2005 and 5 August 2005 dealing with primary care and mental health services respectively. It also incorporates information provided by certain key managers during follow up meetings and conversations.

It is intended that the scope of this study covers all the premises from which primary and community services are delivered. It does not, however, include premises dedicated to general dental, community pharmaceutical or optometry services other than where they may be incorporated within PCT owned premises or premises primarily used for general / personal medical services. Thus it includes all PCT owned premises and all GP owned or leased properties within the above service definition.

The time horizon anticipated by this strategy is approximately 5 years, though the actual implementation time may be determined by resource (e.g. financial) availability.

This document has been produced in accordance with the latest NHS / DoH guidance "Developing an estates strategy". That document defines an estates strategy as; "...a plan for the current and future development / management of your estate". It goes on to recommend that; "...it should cover 5 – 10 years and should culminate in the production of a high-level, written document." This document also reflects the implications of the latest policy initiatives from the DoH which were not explicit when the estates strategy guidance was published.

The last such document was produced by the then Walsall Community Health NHS Trust in November 2000. That document provided a very comprehensive review of the then existing estate, a summary of the future service strategy and its implications for the estate. It also set out a detailed plan for achieving the estate component of that strategy together with a five year revenue and capital financial projection. Much of that plan has been achieved and much else is still relevant. This document provides a progress report and update on that plan.

### **3.0 Commissioning a Patient Led NHS**

The recent initiative “Commissioning a Patient Led NHS” decrees that by December 2008 all PCT’s will have relinquished their provider functions and will concentrate on strategic commissioning, though a later letter from the Secretary of State for Health suggests that this will only happen if and when the PCT so decides. Further guidance is expected to be issued in early 2006, and is expected to address the topic of “out of hospital” care and to extend the principles of contestability and patient choice into these areas of NHS health service provision. Meantime this document will seek, where appropriate, to distinguish between the current PCT roles of commissioner and provider in anticipation of the future split of functions. It also recognises the significance of the introduction of practice based commissioning and the impact that may have on the future configuration of services.

It takes as its starting point the principle that patients do not, and should not necessarily, distinguish between the ownership of premises from which NHS services are delivered and are entitled to expect the same high standard of care and environment wherever those services are delivered. This therefore becomes a key issue for the commissioners of those services and for the PCT in its future role of strategic commissioner.

Other policy initiatives, which have been taken into account in this review, are; the Government green paper on the future of adult social services entitled “Independence, Well-being and Choice”, the children’s services policy “Every Child Matters” and the long awaited new Mental Health Act.

### **4.0 Strategic Context**

Quite clearly, the starting point for an estates strategy is to identify the current and future healthcare service needs of the local population and the current capacity, location, suitability and condition of the healthcare estate. No estates strategy should therefore be developed in isolation and should rather be seen as an integral part of service planning.

Strategic health authorities have a responsibility to produce a framework for service development within which individual PCT strategies should be developed. The Birmingham and Black Country SHA published their strategic direction in 2005 and this document reflects that framework. They have also set in train more local service reviews across whole health economies the most relevant to this study being the “Black Country Review”.

## **5.0 Black Country Review**

The Black Country Review covering health services across the boroughs of Dudley, Wolverhampton and Walsall has still to reach its conclusions and a public consultation exercise is due to be launched early in 2006 setting out a series of options for the configuration of hospital services across the area. For the purposes of this strategic exercise it has been assumed that, whatever final disposition of hospital services is agreed, Walsall Manor Hospital will provide diagnostic and outpatient services to support primary care services in Walsall in the medium to long term.

## **6.0 Structure of this Estates Strategy Document**

This document, in accordance with the guidance referred to above, set out under the now traditional NHS planning headings of; “Where are we Now?” “Where Do We Want to Be?”; and “How do we Get There?” In addition, and to complete the first section, there is an update on progress since the production of the last estates strategy, which is by way of “ How Did We Get Here?”

This document has been developed to form an integrated estates strategy for the Walsall Teaching Primary Care NHS Trust. It has been prepared in accordance with the guidance contained within “Developing an Estates Strategy,” published in 1999 by NHS Estates.

The people of Walsall require a truly modern NHS, fit for the 21st century, with buildings and equipment in the right place, in the right condition, of the right type and which will be able to respond to future service needs.

A well-developed estates strategy is a prerequisite to ensuring that there are high-quality, well-located buildings, which are giving best value in facilitating the delivery of modern patient care services.

The strategy should provide:

- A clear, positive statement on the Trust’s plans to maintain and improve services and facilities.
- The alignment of estate capital investment and service strategies
- A plan for change, which can be measured
- A strategic context, within which business cases for capital investment can be measured
- Commitment to sustainable development, environmental targets and legislative requirements

- An evaluation of asset management costs and targets action for areas that fall outside of benchmark norms
- A framework for the management of risk to assist in targeting resources to reduce risk within the Trust
- Commitment to dispose of any assets not required to deliver the service strategy

This strategy is divided into three main sections, which respond to the four fundamental questions that the strategy must address:

**Where are we now?** – This section provides a comprehensive list of the properties deployed in providing the services defined above for which the PCT, as strategic commissioner, is responsible, by service type. It also provides an appraisal of those properties under the standard NHS Estates appraisal criteria and a summary of the “ownership” of the property to identify the extent of the PCT’s direct responsibility.

**How did we get here?** – This section provides a brief summary of the progress made to date in implementing the last Estates Strategy formulated in 2000.

**Where do we want to be?** – This section first sets out a summary of the broad service strategies, which the estates strategy is intended to support and then details of the estates developments required to deliver it.

**How do we get there?** – This section, highlights the implications of the services strategy on the estate and identifies the preferred strategic option for estate change. It also identifies areas that require more development.

## 7.0 WHERE ARE WE NOW?

### 7.1 Current Property Schedule

This schedule provides a simple list of the properties deployed in the provision of the above services together with a summary of the services provided from the property and the category of “ownership” of the property.

The categories of ownership are:

1. Where the PCT is the freehold owner of the property.
2. Where the freehold is held by a third party and the PCT holds a head lease.
3. Where the freehold and / or head lease is held by a third party and the PCT holds a sub lease on part only of the property.
4. Where the PCT has no legal interest in the property.
5. Where the PCT is co-located in a Local Authority property.

#### Current Walsall tPCT Property Schedule

Ref N°	Property Name	Location	Status	Tenure	Primary Care	Adult Services	Community	Children's	GMS/PMS	Mental Health	Learning Dis.	Admin / Support
1	1 Chapel Street, Pelsall	Walsall, WS3 4LN		4				Chiropody	Dr Nambisan			
2	19 Lichfield St	Walsall, WS1 1UG		4	primary care			HV	Dr Haire			
3	44b Rough Hay Rd.	Darlaston WS10 8NQ		4					Dr Abedin			
4	59-61 Broadstone Ave	Leamore WS3 1ER		4					Dr Kaul			
5	62 Cannock RD, New Inv	Willenhall WV12 5RZ	Empty	1								
6	64 Cannock Rd, New Inv	Willenhall WV12 5RZ	Empty	1								
7	66 Cannock Rd, New Inv	Willenhall WV12 5RZ		4					Dr Cherytian/Kumar			
8	67 Church St	Darlaston WS10 8DY		4					Dr Shah			
9	77 Lichfield Rd	Walsall Wood WS9 9NP		4					Dr Latthe			
10	522 Queslett Rd	Great Barr, B43 7DY		4					Dr Reddy			
11	Ablewell House, B'ham Rd	Walsall WS1 2LT		2			Speech & Lang.					
12	Allen Centre, Hilton Rd	Willenhall Wv12 5XB		5							Team base	
13	Anchor Meadow	Aldridge WS9 8UJ		3	primary care		DN / chiropody	HV / SHA	Drs Wells / Flenley	CPNs west		
14	Archway Centre, Glebe St	Walsall WS1 3NX		1						rethink		
15	Archway House, Glebe St	Walsall WS1 3NX		1						Assertive Outrch		
16	Baytree House Erdington Rd	Aldridge WS9 8UH		4						MHSOP dementia		
17	Beechdale Health centre	Walsall WS2 7DX		1	primary care	diabetes nurse spec (2) physical dis team (3)	DN / chiropody	CPT	Dr Singh			
18	Bentley Clinic, Churchill Rd	Walsall WS2 0BA	Empty	1								
19	Bentley (New) Health Centre	Walsall WS2 0BA	New	2	primary care		DN/chiropody	HV	Dr Gill/Sahota			
20	Bentley Lane Unit 2 Ind Park	Walsall WS2 8TL		2		continence team/ wheelchairs/equip serv.						
21	Bentley Lane Unit 7 Ind Park	Walsall WS2 8TL		2								
22	Bentley Lane Unit 8 Ind Park	Walsall WS2 8TL		2								

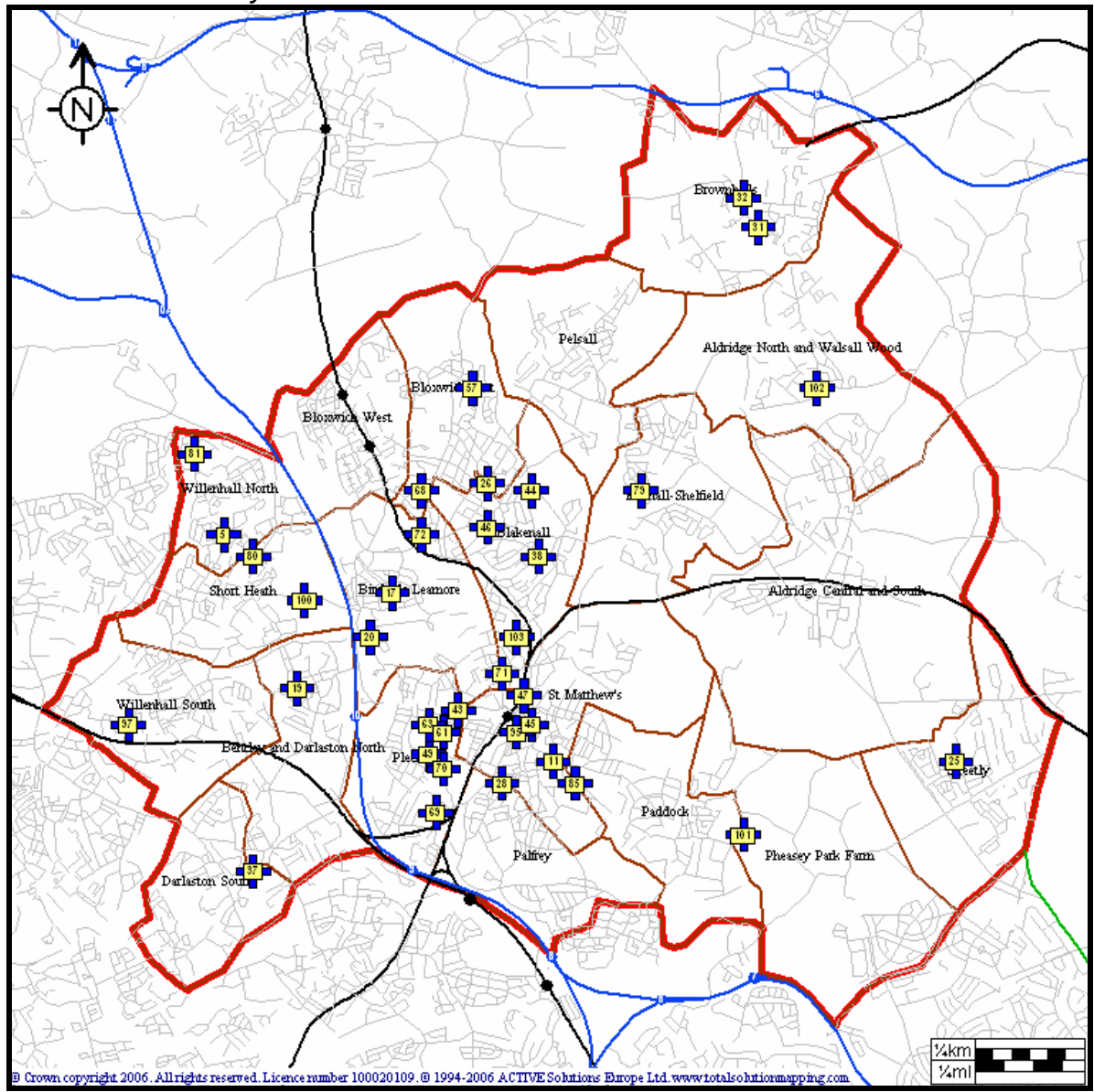
Ref N°	Property Name	Location	Status	Tenure	Primary Care	Adult Services	Community	Children's	GMS/PMS	Mental Health	Learning Dis.	Admin / Support
23	Bentley Lane Unit 9 Ind Park	Walsall WS2 8TL		2								
24	Birchills HC 23 Old Birchills	Walsall WS2 8QH		4	primary care			HV	Dr Suri			
25	Blackwood HC Blackwood Rd	Streety B74 3PL		1	primary care		Chiropody	HV / SHA	Dr Abdo			
26	Blakenhall Village Centre		new	3	primary care	community matrons (3)	Child Health/Dental/CP/LAC	HV	Dr Gutermuth/ Blakenall Meadow PMS	primary care CPN		
27	Bloxwich hospital Reeves St	Walsall WS3 2JJ		1		Hospice appeal team	MHSOP (comm)			MHSOP hospice appeal & IP services		
28	Brace St HC 63 Brace St	Caldmore WS1 3PS		1	primary care		DN / chiropody	HV Comm paed	Dr De Ghosh	CPN South		
29	Broadway MC, 213 Broadway	Walsall WS1 3HD		3	primary care		DN / chiropody	HV Comm paed	Dr Kushwaha			
30	Broadway North	Walsall WS1 2QA		5						crisis/home trtmt	team base	
31	Brownhills Clinic, Pier St	Brownhills WS8 6EN		1	primary care		DN / chiropody	HV	Locum GMS			
32	Brownhills New development		Under construction		primary care							
33	Coalpool Clinic Ross Rd	Walsall WS3 1RE	Empty for disposal	1								
34	Collingwood HC Coll Drive	Great Barr B43 7NG		3	primary care		DN / chiropody	HV	Dr Lomas			
35	Daisy Bank Fallowfield Rd	Walsall WS5 3DY		1								LD PCT unit
36	Darlaston Old HC Bilston St	WS10 8EY	Empty for disposal	1								
37	Darlaston New HC Pinfold St	WS10 8SY		2	primary care		Chiropody/PH/ Speech & lang.	HV	Dr Anand/Vaid/ Anand			
38	Dartmouth Ho Rycroft Place	Walsall WS3 1SW		5		Community rehab & stroke teams	DN / chiropody					
39	Delves 191/193 The Delves	Walsall WS1 3HD		5								WMBC drug tm
40	Dorothy Pattison Hospital	Walsall WS2 9XH		1						Adult mental health		
41	Eldon Court 42/43 Eldon St	Walsall WS1 2JP		2								IT Office base
42	Evergreen Place (Chata Hse)	Walsall WS1 1TJ		2								
43	Forrester St	Walsall	Under construction	3	primary care		Chiropody Lab		Dr Vasudevan-Nair/ Ray			
44	Goscote Hospital Goscote La	Walsall WS3 1SJ		4		Intermediate Care team & matrons						
45	Greybury House Bridge St	Walsall WS1 1EP		2						Psychology		IT Training
46	Harden HC Harden Rd	Bloxwich WS3 1ET	New	2	primary care		Chiropody/PH	HV/SHA	Dr Desai/Dubb/ Manthry	Early intervention ser		
47	Hatherton Centre, Challenge building			2								
48	High St Surgery, High St	Pelsall WS3 4LX		4	primary care				Dr Bevan/Sameja			
49	Ida Rd 2 Ida RD	Walsall WS2 9SS		2	crisis centre							
50	6-12 Ida Rd (Perseverance Ho)	Walsall WS2 9SS		1						Adult mental health		
51	Ida Rd 76 Ida Rd	Walsall WS2 9SS		1								Residence
52	Ida Rd Clinic 78-80 Ida Rd	Walsall WS2 9SS		1	primary care			school nursing				
53	Jubilee Ho Bloxwich Lane	Walsall WS2 7JL		1								Corporate HQ
54	Kingshill Day Unit School St	Wednesbury WS10 9JB		1						Day Centre		
55	Lantern Ho 129/130 Lichfield St	Walsall WS1 1SY		2	D&A					Comm drug + alc tm		
56	Lichfield Ho 27/31 Lichfield St	Walsall WS1 1TE		2		Infection control spec		CP/LAC				Corporate offices
57	Ltl Blox Day Hospice Stoney La	Walsall WS3 3DW		1		Day hospice team Mac Millan nurse team						
58	Ltl London Surgery Caldmore	Walsall WS1 3EP		4	primary care		DN	HV	Dr Sen			
59	Lower Farm HC Bloxwich	Walsall WS3 3QJ		4	primary care				Dr Khattak			
60	Luqman MC Countess St	Walsall WS1 4JZ		4	primary care				Dr Siddiq			



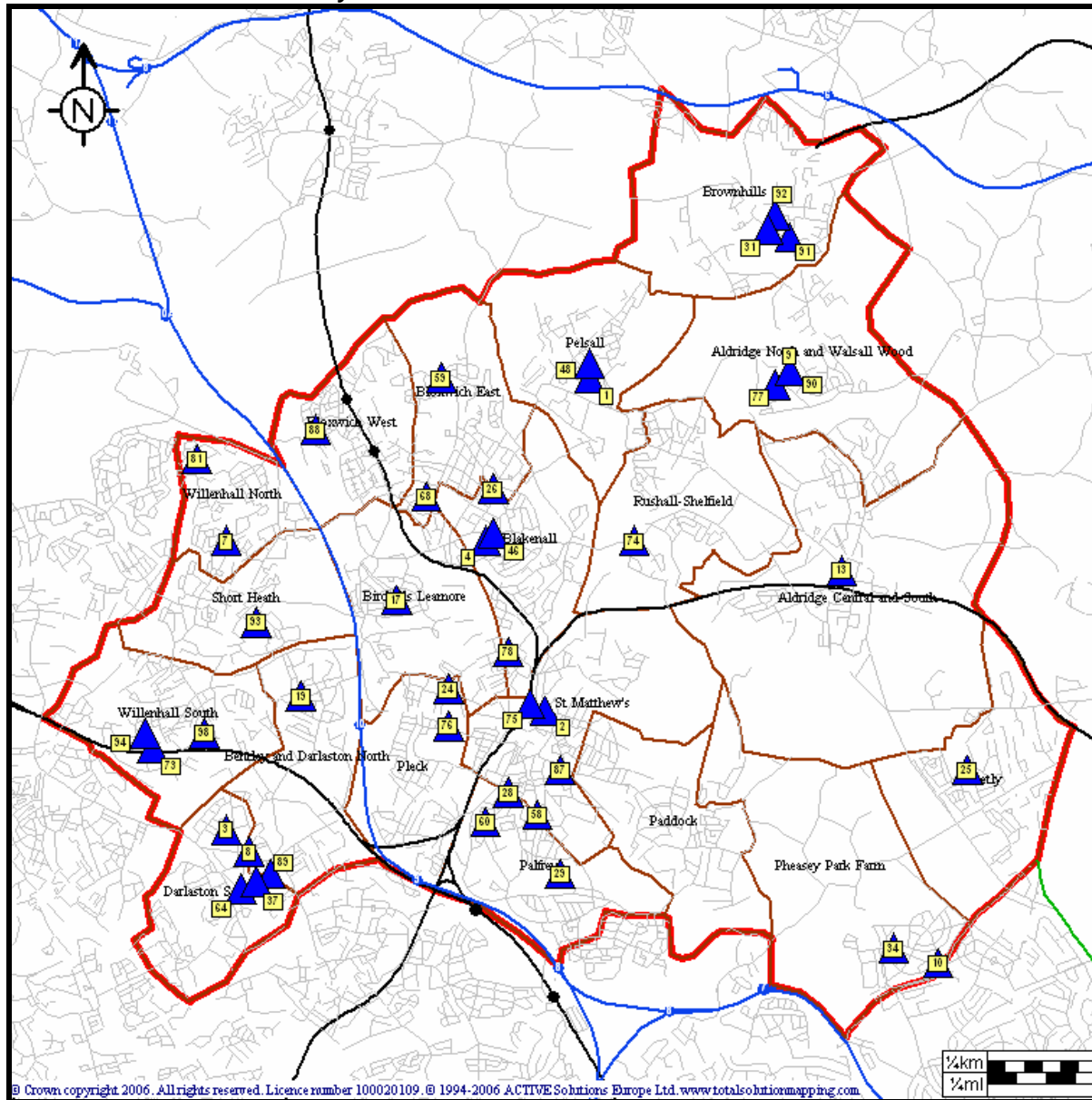
Ref N°	Property Name	Location	Status	Tenure	Primary Care	Adult Services	Community	Children's	GMS/PMS	Mental Health	Learning Dis.	Admin / Support
61	Manor Hosp Moat Rd	Walsall WS2 9PS		4		discharge liaison team/diabetes	Podiatry/Chir/ Speech Therapy/ Psychology	palliative care				
62	Mossley Day Unit Sneyd Lane	Walsall WS3 2LW		1						Adult mental health		
63	Moat Road Clinic Moat Rd	Walsall WS2 9PR		1		contact clinic team						
64	Moxley MC 10 Queen St Mox	Wednesbury WS10 8TF		4	primary care		Chiropody		Dr Vitarana			
65	Mox Peoples Cntre 1 Queens St	Wednesbury WS10 8TA		5							Team base	
66	NACRO Bath St Caldmore	Walsall		4	primary care						team base	
67	Orchard Hills Fallowfield Rd	Wasall WS5 3DY		1							LD PCT Unit	
68	Pinfold HC Field Rd	Walsall WS3 3JJ		2	primary care		Chiropody/PH/ Chiropody/dental/s peech & lang.	HV	Dr Coleman et al	CPN North		
69	Pleck HC New Dev		Under construction	3	Primary care				Dr Sahu			
70	Pleck Sure Start Brineton St	Wasall WS2 9EP	New	2	sure start			children's				
71	12 Portland St	Walsall WS2 8AB		4	quit smoking							
72	Priory Cntre Odell Rd Leamore	Walsall WS3 2ED		4	sure start plus			teenage preg				
73	Rose Hill Surgery Bilston La	Willenhall WV13 2AW	Temporary	4	primary care				Dr Fayed			
74	Rushall MC 107 Lichfield Rd	Rushall WS4 1HB		3	primary care		DN/chirocopy	HV	Dr Kelly			
75	Saddler's HC Hatherton St	Walsall WS1 1YB		4	primary care				Dr Mathias-Dubash			
76	Sai MC Forrester St Precinct	Walsall WS2 8RE	Temporary	4	primary care				Dr Ray			
77	St John's MC High St	Walsall Wood WS99LP		4	primary care		DN/chirocopy	HV/SHA	Dr Green			
78	St Peter's MC 51 Leckie Rd	Walsall WS2 8DA		4	primary care			HV				
79	Sheffield Clinic Coalheath Lane	Walsall WS4 1PL		1	CDC			children's				
80	Shortheath Clin Bloxwich Rd N	Willenhall WV12 5PR		1	primary care	Tissue viability team/ Lymphadaema nurses	Chiropody	SHA + info staff				
81	Sina HC 230 Coppice Fm Wy	Willenhall WV12 5XZ		2			DN	HV	Drs Lotlikar/ Jawahar/Mohan			
82	Springside 2 Spring Lane	Walsall WS4 1AZ		1							LD PCT Unit	
83	1 Suttons Drive	Great Barr B43 7BB		1							LD PCT Unit	
84	2 Suttons Drive	Great Barr B43 7BB		1							LD PCT Unit	
85	Sycamore Ho MC 111 Bham Rd	Walsall WS1 2NL		3				Comm Paeds SHA/HV Admin	Dr Dugas			
86	Tameway Tower Bridge St	Walsall WS1 1JZ		5							LD Managemt	
87	The Limes MC 5 Bham Rd	Walsall WS1 2LX		4	primary care		Chiropody		Dr Manocha			
88	The Surgery Abbey Sq	Bloxwich WS3 2RJ		4	primary care				Dr Ghaffar			
89	The Surgery Bham St Wals Rd	Darlaston WS10 9JS		4	primary care				Dr Ali			
90	The Surgery 79/81 Lichfield Rd	Walsall Wood WS99NP		4	primary care				Dr Kundu			
91	The Surgery New Rd	Brownhills WS8 6AT		4	primary care				Dr Rajeshwar			
92	The Surgery Short St	Brownhills WS8 6AD		4	primary care				Dr Pansari			
93	The Surgery Stroud Ave	Willenhall WV12 3DA		4	primary care				Dr Patel			
94	The Surgery Wolverhaption St	Willenhall WV13 2NF		4	primary care				Dr Pandit			
95	Walk in Cnt Unit 19/21 Digbeth	Walsall WS1 1QZ		2	primary care							
96	5 Wightwick Close	Walsall WS3 2ET		2							LD PCT Unit	
97	Willenhall HC Field St	Willenhall WV13 2NY		1	primary care		DN	HV				
98	Willenhall MC Croft St	Willenhall WV13 2DR		4	primary care				Dr Gandhi/Platt			
99	Workwell Chamber o Comm Ho	Walsall WS1 2AG		5								Workwell team
100	Old Hall School			4				Spec Sch Nurses				
101	Three Crowns School			4				Spec Sch Nurses				
102	Oakwood School			4				Spec Sch Nurses				
103	Mary Elliot School			4				Spec Sch Nurses				

## 7.2 Location of Services

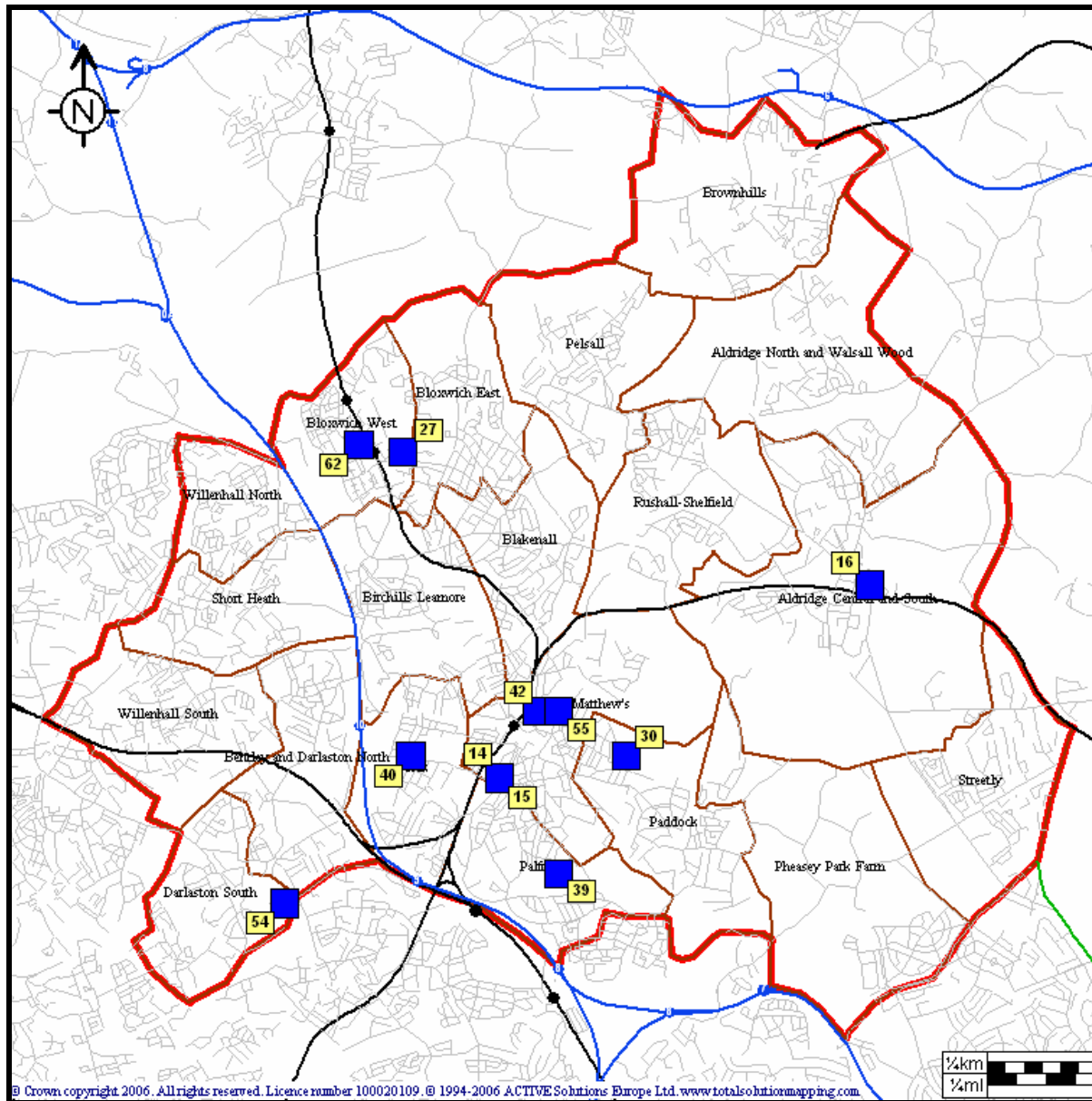
### 7.2.1 Community Services



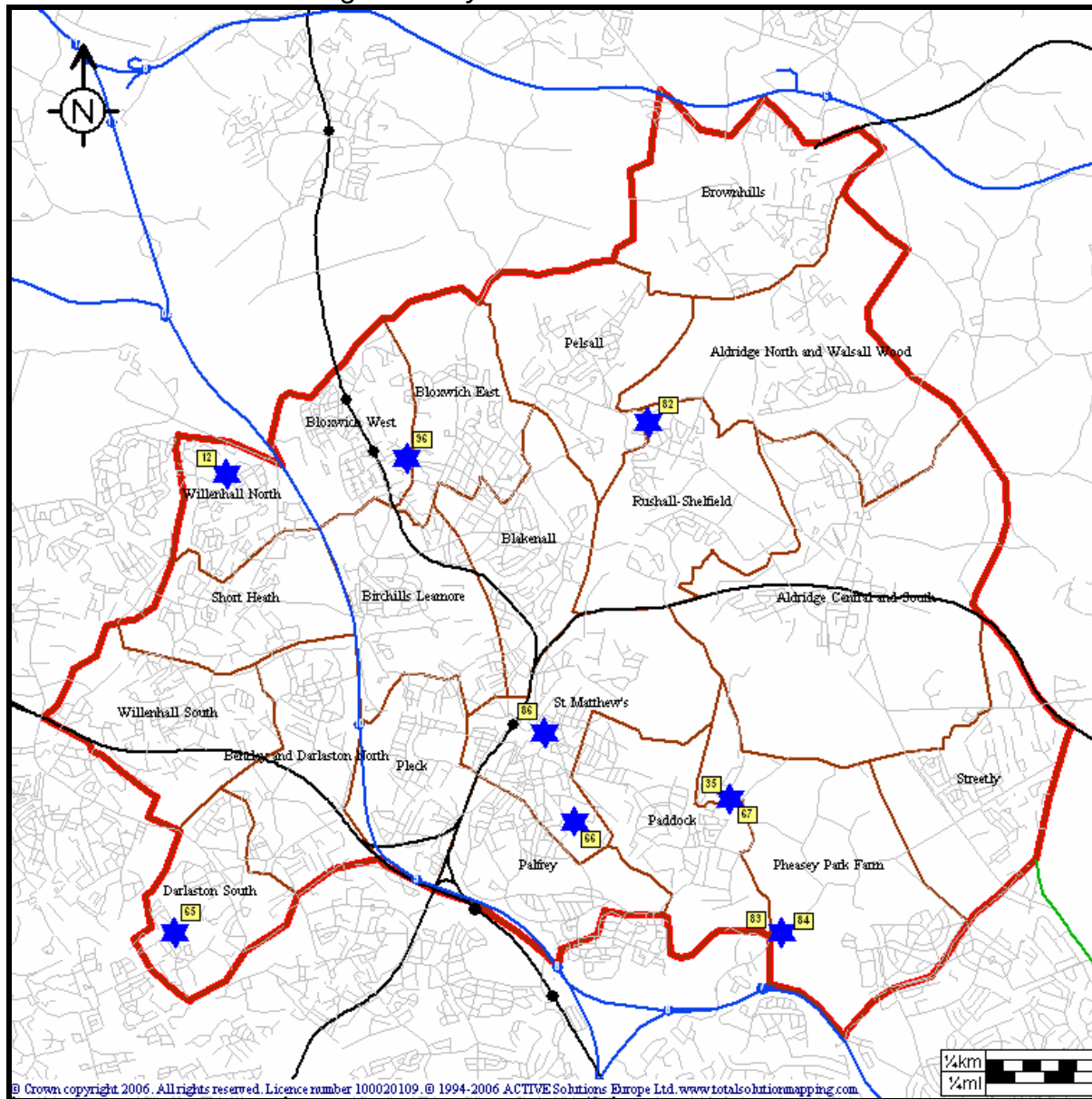
## 7.2.2 Location of Primary Care Services



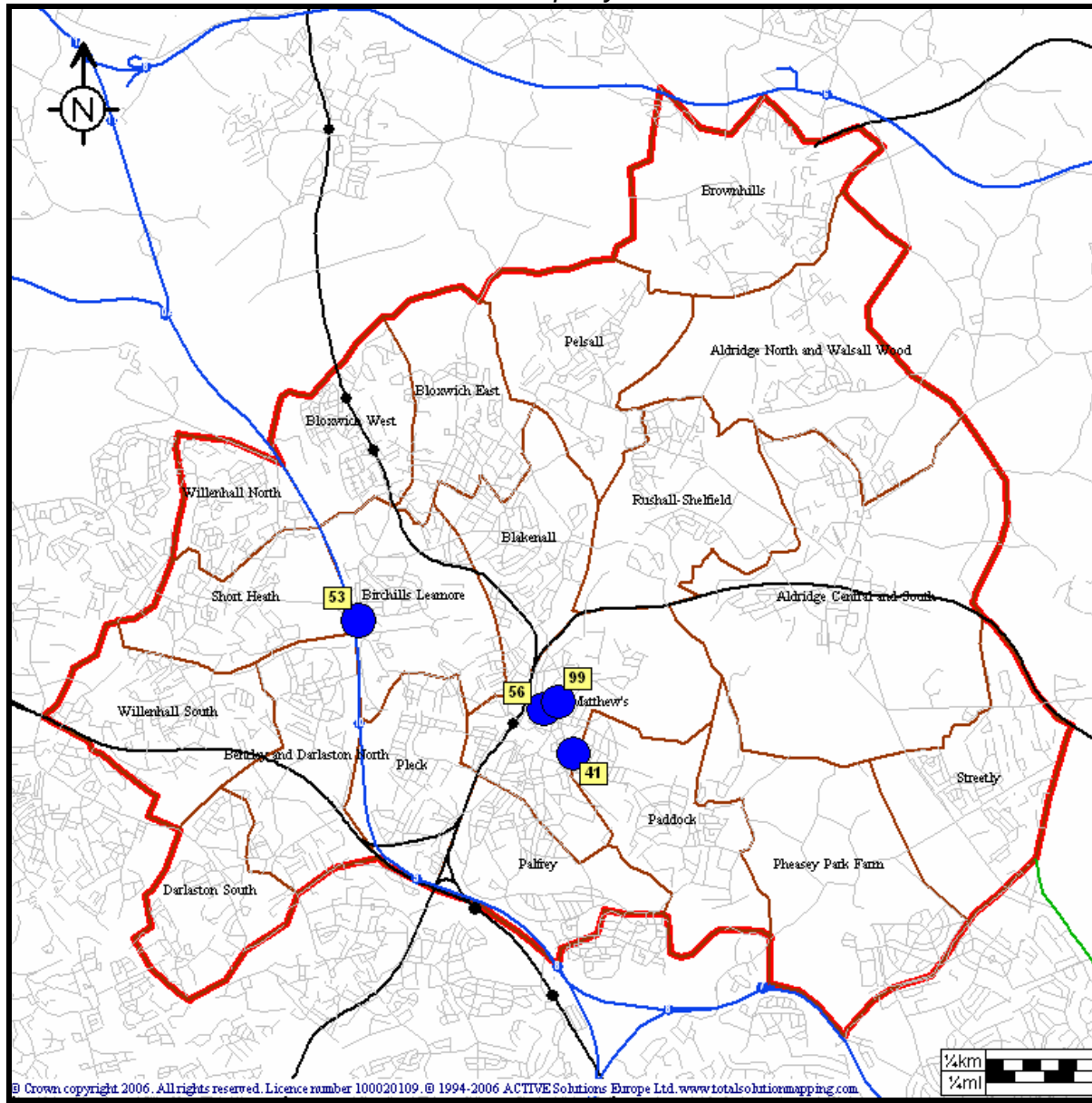
### 7.2.3 Location of Mental Health Services



### 7.2.4 Location of Learning Disability Services



### 7.2.5 Location of tPCT Administrative Property



## **7.3 Estates Appraisal**

The Trust has conducted a comprehensive review and evaluation of the 'provider' arm and corporate estate in order to obtain an accurate baseline statement of the overall performance and condition of the asset portfolio. Estates & Facilities staff and an external consultancy group, 'NIFES' who hold the NHS PA contract for such services, conducted surveys jointly with the Trust. The outcome of this review is summarised in section **7.3.1** below.

The Trust has also conducted a high level review of the Primary Care facilities commissioned by the PCT, to obtain a comprehensive overview of all premises that deliver health care to the residents of Walsall Borough. The Healthcare Estates Consultancy carried out the assessment. The outcome of this review is included within the overall appraisal of the 'commissioned' estate in section **7.3.2** below.

The objective of collecting this information is to enable the trust to establish a baseline against which the development of options for change can be set. The assessment has been carried out in accordance with 'Estatecode' and later supplements – the 'Six Facet' study:

1. Physical Condition
2. Functional Suitability
3. Space Utilisation
4. Quality
5. Statutory Requirements
6. Environmental management

The Condition and Statutory appraisals identify areas that require expenditure to raise the profile of the Estate and assets to standard 'B'. The appraisal also identifies areas of opportunity, areas for improvement and areas that require further investigation. Backlog assets have been risk assessed using the 5 x 5 risk matrix.

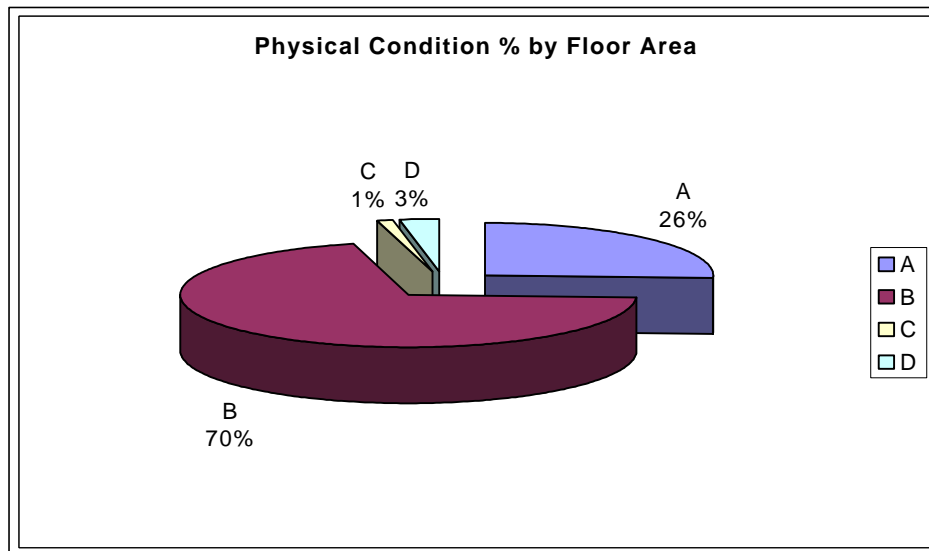
### **7.3.1 Assessment of PCT Estate**

A summary of the outcome of the PCT estates 6 facet review is detailed below. Further details are included within Appendix 3.

## FACET 1: Physical Condition Appraisal

A broad appraisal of the estate has been carried out addressing each of the 14 physical elements relating to mechanical and electrical services at either building or floor level pertaining to NHS building stock listed in Estatecode. The average overall condition of each element has been estimated to be in one of the four categories the interpretation of the ranking is detailed in Estatecode, summarised below:

- A the element is as new (less than two years old) and can be expected to perform adequately to its full normal life
- B the element is sound, operationally safe and exhibits only minor deterioration
- C the element is operational but major repair or replacement will be needed soon, i.e. within three years for building and one year for an engineering element
- D the element runs a serious risk of imminent breakdown
- X supplementary rating added to C or D to indicate that a full rebuild, relocation or replacement is needed.



The Chart shows a good overall result for the condition of the estate, with 96% of property in category A or B.

All of the property in category D has been scheduled for disposal in 2006/07.



## Cost to Upgrade to Condition B – Physical Condition

The estimated cost of upgrading each of the buildings to acceptable standards has been estimated as follows:

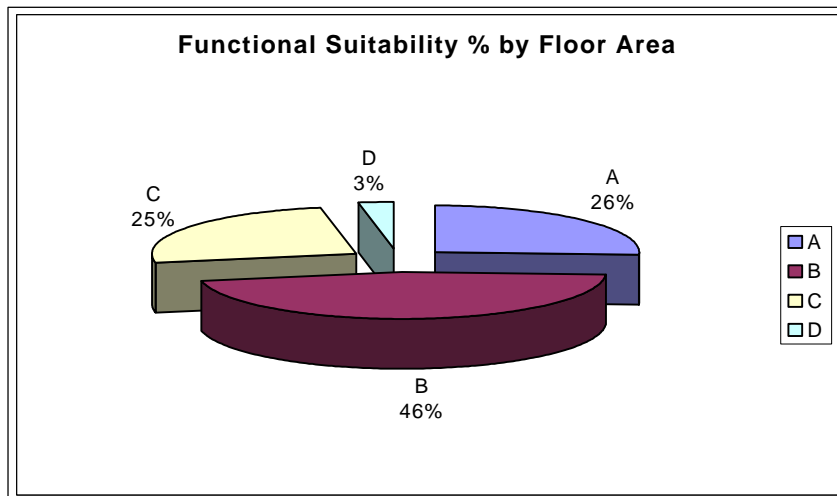
	Cost to B £000's
Backlog year 1	543
Backlog years 2 – 5	530
Backlog years 6 – 10	460
<b>Total Backlog</b>	<b>1,533</b>

Overall this is a very good result as 96% of the estate is in either category A or B. The capital investment required bringing the whole of the estate into category B is contained within the proposed investment profile included in section [XX].

## FACET 2: Functional Suitability

An assessment of Functional Suitability has been carried out for each floor of the properties. The assessment includes a review of the internal space relationships; the provision of support facilities and the key strategic locations.

Scores (1 – 10) have been assigned for each of the sub-elements for each building. Deficiencies in functionality and applicable opportunities for enhancement have also been recorded together with approximate costing of such enhancements.



The main area of concern with the Functional Suitability of property is the Dorothy Pattison Hospital, which accounts for the majority of the category C apportionment.

These concerns are being addressed via a new Business Case to support the re-modelling of the unit.

### Cost to Upgrade to Condition B – Functional Suitability

The estimated cost of upgrading each of the buildings to an acceptable functional standard has been estimated as follows:

Category	Cost to B £000's
B	153
C	317
<b>Total cost</b>	<b>470</b>

Costs exclude the capital required to improve the functional suitability of Dorothy Pattison Hospital, this project is the subject of a separate Business Case.

### FACET 3: Space Utilisation

The Space Utilisation review assessed how well the available space is being used in order to satisfy the reasonable demands of the present function and planned requirements. The identification of under-used space and spare capacity may enable substantial revenue savings to be made which can then be reinvested to enhance or extend the service.

Space utilisation was assessed under (a) Current Use and (b) Use Over Time for each floor.

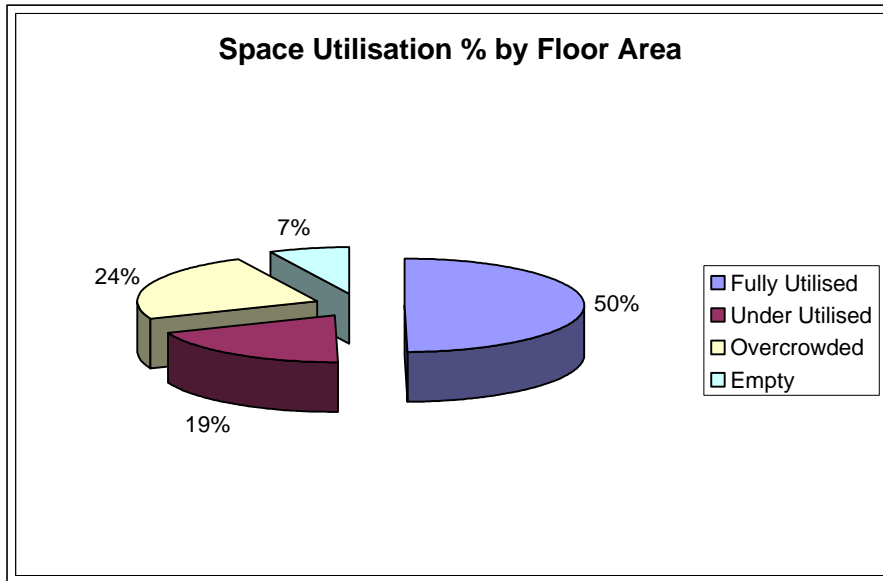
(a) Current Use

- Empty (E)
- Underused (U)
- Fully Utilised (F)
- Overcrowded (O)

(b) Use Over Time

Empty for the majority of time (E)  
Underused for long periods (U)  
Fully used most of the time (F)  
Overcrowded for more than half of the time (O)

Opportunities for improving space utilisation have been recorded, as have approximate costs for of such enhancements.



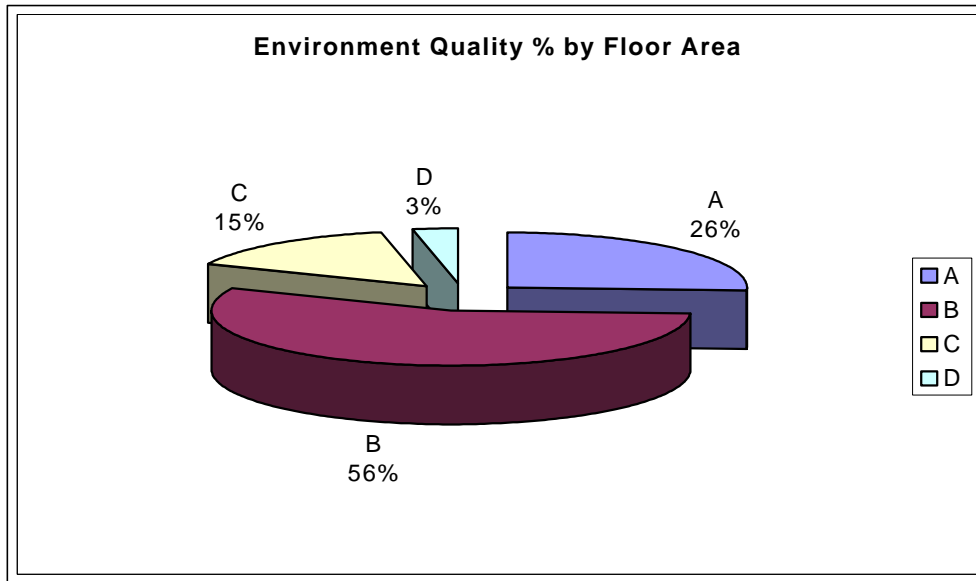
There are a number of concerns in respect of property overcrowding. These issues are addressed as part of this strategy.

Underused buildings are generally areas within the new developments that have yet to be allocated.

**FACET 4: Quality**

The Quality Facet comprises of a detailed assessment of each of the buildings to cover the 28 sub-elements under amenity, comfort engineering and design at each floor.

The results of this appraisal are included within the detailed report to enable analysis and reporting with each sub-element being scored (1-10). Deficiencies in Quality of the Environment and applicable opportunities for enhancement are also recorded together with approximate costing of such enhancements.



All property designated in category D is scheduled for disposal in 2006/07.

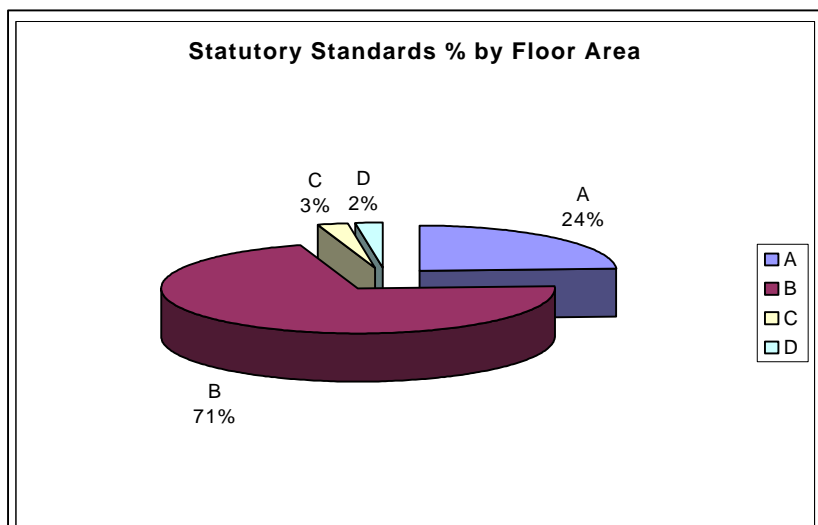
The capital investment programme will address properties categorised as C.

### **FACET 5: Statutory Requirements**

The Property Assessment addresses all Statutory Requirements on each floor level. It includes a review of the following sub elements:

- General Health & Safety
- Fire Safety
- Asbestos
- Compliance with the Disability Discrimination Act

An assessment of the above health and safety sub-elements has assigned scores of 1-10 to each; the costs involved in remedying any deficiencies have also been identified.



The overall result for statutory standards is very good, with 95% of the estate in category A or B.

Compliance with the Disability Discrimination Act is the greatest area of concern, which is to be addressed via the five-year capital investment programme.

### Cost to Upgrade to Condition B – Statutory Compliance

The estimated cost of upgrading each of the buildings to reach full statutory compliance has been estimated as follows:

Category	Cost to B £000's
A	0
B	680
C	20
D	7
<b>Total cost</b>	<b>707</b>

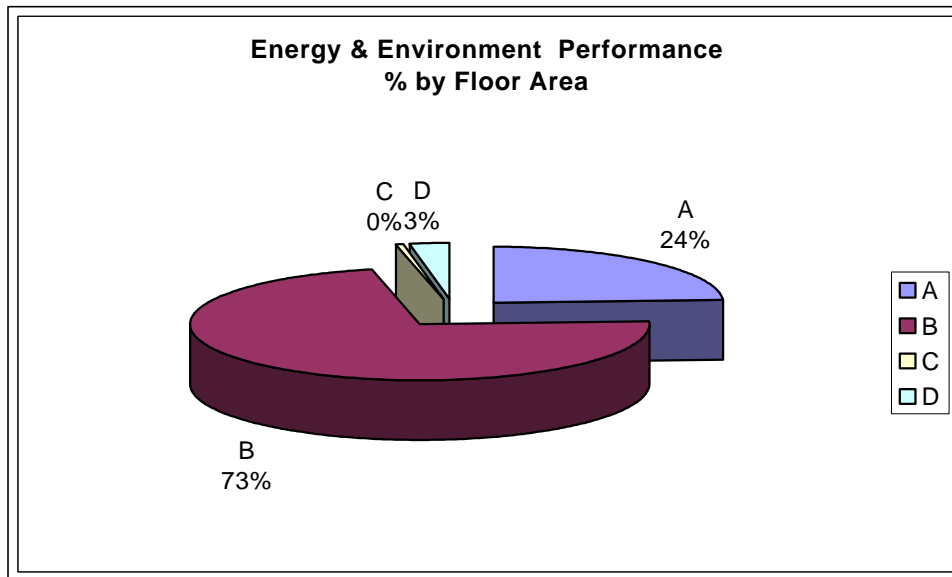
### FACET 6: Environmental Management

This facet is a high level review of the various environmental management issues that are relevant to the property, it includes a review of the following elements:

- Procurement

- Energy performance
- Water consumption
- Waste management
- Transport management

The cost to upgrade energy related systems (controls, thermal insulation, etc) to improve performance, but not necessarily physical conditions, has also been identified to assist in the planning of energy reduction measures. Such costs are allocated or proportioned to buildings, where appropriate, or reported under Energy Management improvements for the site as a whole.



Energy & Environmental performance is very good, with only property identified as surplus falling into category C/D.

Investment required to improve performance have been identified in the five-year capital programme.

### **7.3.2 Overall Estates Performance**

The following table shows the result of the estates appraisal for the whole of the tPCT estate, including the range of primary care properties.

Further detail is given at appendix 1 where the profiles are also shown by service category:

- mental health service estate
- learning disabilities estate
- primary and community care estate
- administrative / support services estate.

Ref No	Site	Tenure	1. Condition				2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards						6. Energy & Environment				
			Floor area	Backlog Yrs 1	Backlog Yrs 2-5	Backlog Yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S		Fire		Asbestos		DDA		Costs	Overall Score
														Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score		
1	1 Chapel St Pelsall	4					C		B		Full		C		C		C		C		C		C
2	19 Lichfield St Surgery	4					B		B		Full		B		B		B		B		B		B
3	44b Rough Hay Rd, Darlaston	4					C		B		Under Utilised		C		B		B		C		C		B
4	59-61 Broadstone Ave, Leamore	4					C		C		Full		C		C		C		C		C		C
5	62 Cannock Rd, New Invention	1	94				C		D		Empty		D		C		C		B		D		D
6	64 Cannock Rd, New Invention	1	93				C		D		Empty		D		C		C		B		D		D
7	66 Cannock Road, New Invention	4					D		D		Full		D		C		C				D		D
8	67 Church St, Darlaston	4					C		C		Full		C		C		C		C		C		C
9	77 Lichfield Rd, Walsall Wood	4					C		C		Full		C		C		C				C		C
10	522 Queslett Rd, Great Barr	4					C		C		Full		C		C		C		C		C		C
11	Ablewell House (30 Birm Rd)	2		12650	7416	5925	B	4000	C	0	Overcrowded	22905	C	0	B	0	A	0	A	10000	D	0	B
13	Anchor Meadow	3					B		B		Full		B		B		A		A		B		B
14	Archway Centre	1	156	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A
15	Archway House	1	345	15300	4500	10856	B	3000	B	0	Full	2000	B	100	B	200	B	0	B	1400	C	0	B
17	Beechdale Health Centre	1	713	3470	10000	20995	B	0	B	0	Full	3000	B	0	B	0	A	0	A	5000	C	0	B
18	Bentley Clinic (old)	1	358	5000	0	0	D	0	D	0	Empty	0	D	500	D	6000	D	0	A	0	D	0	D
19	Bentley (New) Health Centre	2	1810	5000	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A
20	Bentley Lane Unit 2	2	258	6000	0	0	B	0	B	0	Under Utilised	0	B	0	B	5000	C	0	B	0	B	0	B
21	Bentley Lane Unit 7	2	258	16000	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	5100	B	0	B
22	Bentley Lane Unit 8	2	258				B		B		Full		B		B		B		B		B		B
23	Bentley Lane Unit 9	2	258				B		B		Full		B		B		B		B		B		B
24	Birchills Health Centre	4					C		C		Full		C		C		C		C		C		C
25	Blackwood Health Centre	1	262	6940	4000	3930	B	6000	B	0	Overcrowded	8930	B	0	B	1000	A	0	A	5000	C	0	B
26	Blakenall Village Centre	3	1577				A		A		Full		A		A		A		A		A		A
27	Bloxwich Hospital	1	3006	112500	47144	106308	B	23500	B	0	Full	66213	C	104308	B	1500	B	0	B	31600	C	0	B
28	Brace Street Health Centre	1	1508	9000	0	22620	B	50000	B	0	Full	24112	B	0	B	0	B	0	A	8000	C	1000	B
29	Broadway MC	3					B		B		Full		B		B		B		B		C		B
31	Brownhills Clinic	1	357	25000	95542	0	B	6000	B	0	Full	30293	C	0	C	12000	C	0	B	8420	C	0	B
32	Brownhills Health Centre	2					A		A		Under Construction		A		A		A		A		A		A
33	Coalpool Clinic	1	260	3100	12970	20595	B	3000	B	0	Empty	57689	C	1000	B	6000	B	0	A	5000	C	0	B



Ref No	Site	Tenure	1. Condition				2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards						6. Energy & Environment				
			Floor area	Backlog Yrs 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S	Fire	Asbestos	DDA	Costs	Overall Score	Costs	Overall Score		
34	Collingwood Health Centre	3	371	400	0	0	B	0	B	30000	Under Utilised	39229	B	0	B	0	A	0	A	6750	C	0	B
35	Daisy Bank	1	440	11900	22160	5632	B	0	B	0	Full	30160	B	0	B	0	B	0	B	2000	C	0	B
36	Darlaston (Old) Health Centre	1	547	5000	0	0	DX	0	DX	0	Empty	0	DX	0	DX	0	DX	0	B	0	DX	DX	DX
37	Darlaston (New) Health Centre	2	2551	0	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A
40	Dorothy Pattison Hospital	1	6609	3050	0	0	B	115000	C	0	Overcrowded	334152	B	0	B	0	B	0	A	137100	C	0	B
41	Eldon Court (Units 2,3,4)	2	312	22225	12500	9032	B	3750	B	0	Full	15435	B	0	B	8500	C	0	A	5240	C	0	B
42	Evergreen Place	2	520				A		A		Full		A		A		A		A		A		A
43	Forrester Street HC	3	1285								Under Construction												
45	Greybury House	2	809	17000	20000	0	B	47000	C	0	Full	7200	B	0	B	0	A	0	A	9425	C	4000	B
46	Harden Health Centre	2	1776	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A
47	Hatherton Centre (Challenge)	2	414	3350	0	0	B	0	B	0	Full	0	B	0	B	0	A	0	B	8600	C	0	B
48	High St Surgery, Pelsall	4					C		C		Full		C		C		C		C		C		C
49	2 Ida Road	2	112	1500	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	3400	C	0	B
50	6-12 Ida Road(Perseverance House)	1	347	6200	6000	5192	B	1000	B	0	Full	1500	B	0	B	4000	B	0	A	25600	C	0	B
51	76 Ida Road	1	98	12150	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	A	0	B	0	B
52	78-80 Ida Road Clinic	1	193	3100	2470	6756	B	1250	B	0	Overcrowded	14507	B	0	B	3000	B	0	A	7550	C	0	B
53	Jubilee House	1	1844	15400	16964	23952	B	5000	B	200000	Under Utilised	0	B	0	B	0	A	0	A	6400	C	0	B
54	Kingshill Day Unit	1	359	4500	5500	4595	B	4000	B	0	Full	8500	B	1000	C	200	A	0	A	14800	C	3000	B
55	Lantern House	2	361	4500	0	7621	B	102200	C	0	Overcrowded	8000	B	0	B	0	A	1000	A	8300	C	4000	B
56	Lichfield House	2	1900	50600	78300	1500	B	10000	B	0	Full	57100	B	0	B	9500	B	20000	C	20250	C	3000	B
57	Little Bloxwich Day Hospice	1	309	16200	4455	11343	B	8000	B	0	Full	750	B	0	B	500	A	0	A	13680	C	3000	B
58	Little London Surgery	4	531				B		B		Overcrowded		B		B		B		B		C		B
59	Lower Farm HC, Bloxwich	4					B		B		Full		B		B		B		B		B		B
60	Luqman Medical Centre	4					C		D		Overcrowded		D		C		C				C		C
62	Mossley Day Unit	1	373	9250	20829	20702	B	0	B	0	Full	1000	B	0	B	0	A	0	A	7000	C	0	B
63	Moat Road Clinic	1	113	6500	10247	4464	B	1500	B	0	Full	4900	B	0	B	4000	C	0	A	9700	C	0	B
64	Moxley MC	4					B		B		Full		B		B		B		B		B		B
67	Orchard Hills	1	576	4400	17520	49580	B	0	B	0	Full	30800	B	0	B	0	A	0	A	10000	C	0	B

Ref No	Site	Tenure	Floor area	1. Condition				2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards						6. Energy & Environment					
				Backlog Year 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S		Fire		Asbestos		DDA		Costs	Overall Score		
														Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score			Costs	Overall Score
68	Pinfold Health Centre	2	2792	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A	0	A
69	Pleck HC	3	790								Under Construction														
70	Pleck Sure Start	2	666	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A	0	A
72	The Priory Centre Sure Start	4					C		C		Full		C		C		C				C		C		C
73	Rose Hill Surgery, Bilston Lane	4					D		C		Full		C		D		C				D		D		D
74	Rushall MC	3					B		B		Full		B		B		B				C		B		B
75	Saddler's Health Centre	4					B		B		Full		C		B		C				C		C		C
76	Sai MC (Ray)	4					C		C		Full		C		C		C				C		C		C
77	St.John's MC	4	755				B		B		Full		B		B		B				B		B		B
78	St.Peter's MC	4	686				B		B		Full		B		B		B				B		B		B
79	Sheffield Clinic	1	533	19500	37056	8495	B	25000	C	0	Overcrowded	59267	C	8000	B	3000	B	0	A	28000	C	18880		B	
80	Shortheath Clinic	1	462	11000	19409	0	B	13500	C	0	Overcrowded	22638	B	1000	B	500	B	0	A	6920	C	0		B	
81	Sina Health Centre(Coppice Fm)	2	629	1000	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	3000	C	0		B	
82	Springside	1	1062	37640	22230	26978	B	8000	B	0	Full	3000	B	0	B	0	B	0	B	14600	C	20480		B	
83	1 Suttons Drive	1	213	1500	5000	5453	B	8000	C	0	Full	33874	B	0	B	0	A	0	A	7800	C	0		B	
84	2 Suttons Drive	1	213				B		C	0	Full		B		B		A		A		C			B	
85	Sycamore House	3					B		B		Full		A		B		B		B		B			B	
87	The Limes Medical Centre	4					B		B		Full		C		B		B				C			C	
88	The Surgery, Abbey Square	4					B		B		Full		C		C		C				C			B	
89	The Surgery, Birmingham street, Darlaston	4					B		C		Full		C		C		C				C			C	
90	The Surgery, 79/81 Lichfield, Walsall Wood	4					C		C		Full		C		C		C				C			C	
91	The Surgery, New Rd, Brownhills	4					C		C		Full		C		C		C		C		C			C	
92	The Surgery, Short St, Brownhills	4					C		C		Full		C		C		C				C			C	
93	The Surgery, Stroud Avenue, Willenhall	4					C		C		Full		C		C		C		C		C			C	
94	The Surgery, Wolverhampton Street	4	65	0	0	0	D	0	D	0	Overcrowded	0	D	0	C	0	C	0	B	0	D	0		B	
95	Walk in Centre	2	380	2500	2500	0	B	0	B	5000	Overcrowded	3000	B	0	B	1000	A	0	A	10700	C	0		B	
96	Wightwick Close	2	332	500	0	9750	B	18600	B	0	Full	62000	B	0	B	300	A	0	A	20750	C	0		B	
97	Willenhall Health Centre	1	898	52160	45254	67081	B	0	B	0	Under Utilised	54000	C	0	C	26552	B	1000	B	9470	C	0		B	
98	Willenhall MC Croft St	4					B		B		Full		B		B		B		B		B			B	

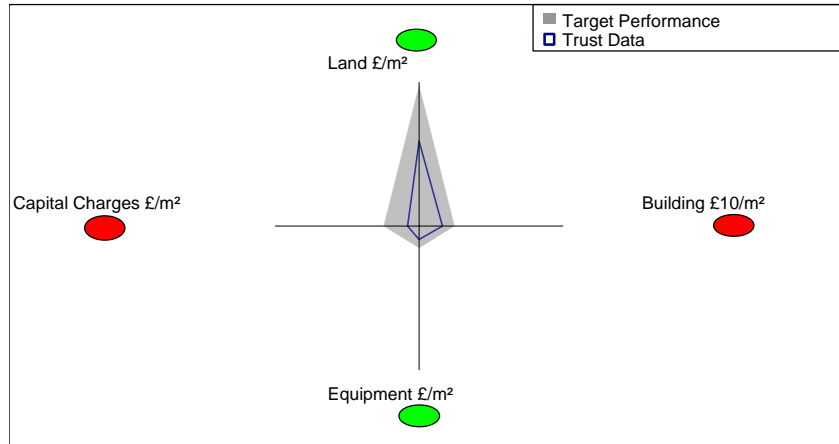
## 7.4 Estates Performance Indicators

NHS Estates have developed a suite of Estates Strategy Performance Indicators, which are designed to allow informed judgement on the efficiency and condition of the estate. All are based on indicators that are expressed as a ratio of the Trust's building and land areas.

The Trust's performance data was benchmarked against comparable PCT's within England. The input data was taken from the NHS Estates 'ERIC' returns for financial year 2004/05.

			Grouping PI Percentile Bands	
<b>PI SUMMARY</b>	<b>Trust PI</b>	<b>33%</b>	<b>34%</b>	<b>33%</b>
<b>Space Efficiency</b>				
Income £10/m2	105	158	159 and 178	179
Activity/100m2	6	5	6 and 6	7
Asset Value £10/m2	71	85	86 and 107	108
Occupancy Cost £/m2	51	70	71 and 90	91
<b>Asset Productivity</b>				
Asset Value £10/m2	71	85	86 and 107	108
Capital charges £/m2	24	58	59 and 74	75
Total Backlog £m2	28	26	27 and 48	49
Rent & Rates £/10m2	414	125	126 and 252	253
<b>Asset Deployment</b>				
Land £/m2	177	163	164 and 295	296
Building £10/m2	49	56	57 and 74	75
Equipment £m2	28	27	28 and 46	47
Capital Charges £/m2	24	58	59 and 74	75
<b>Estate Quality</b>				
Asset Value £10/m2	71	85	86 and 107	108
Depreciation £/m2	21	32	33 and 38	39
Physical backlog £/m2	12	19	20 and 34	35
H&S/Fire backlog £/10m2	159	29	30 and 86	87
<b>Cost of Occupancy</b>				
Rent & Rates £/10m2	414	125	126 and 252	253
Energy/Utility £/10m2	120	90	91 and 105	106
Maintenance costs £/10m2	173	159	160 and 237	238
Capital Charges £/m2	24	58	59 and 74	75

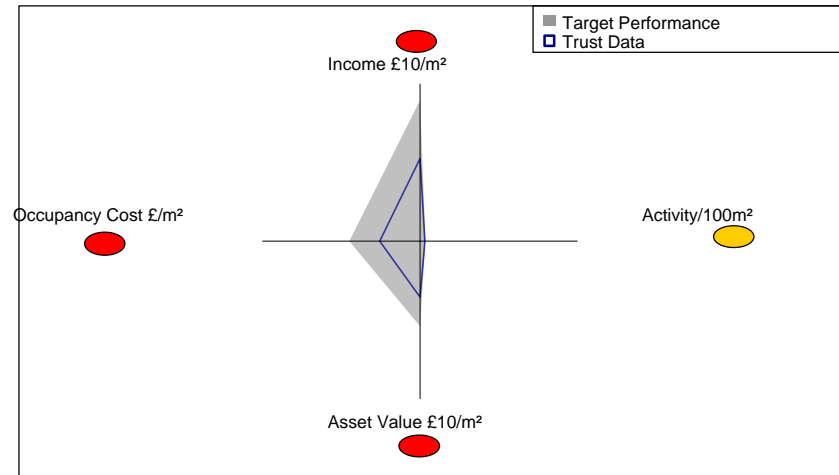
**Asset Deployment**



The analysis of assets deployed shows good results for the utilisation of land & equipment.

The low capital charge is a consequence of the relatively high amount of new estate in the ownership of third party developers, with assets therefore off balance sheet.

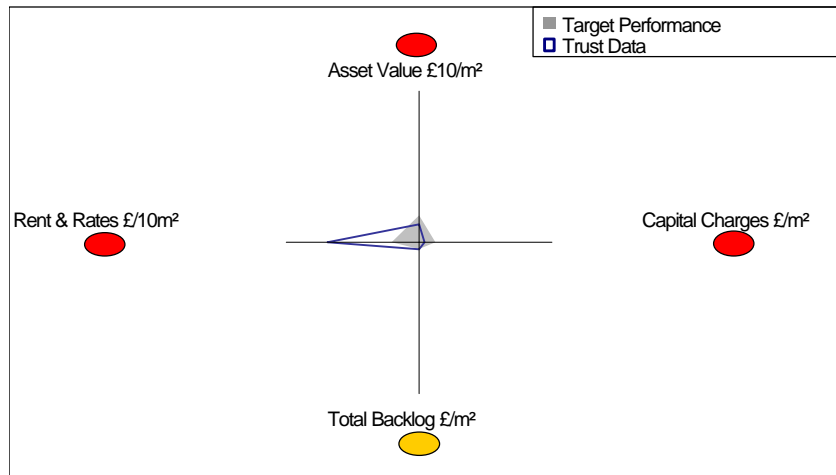
**Space Efficiency**



This analysis demonstrates that the PCT has low occupancy cost in comparison with the occupied floor area. This requires further investigation.

The low asset value is explained by the increasing amount of the estate not being in the ownership of the PCT.

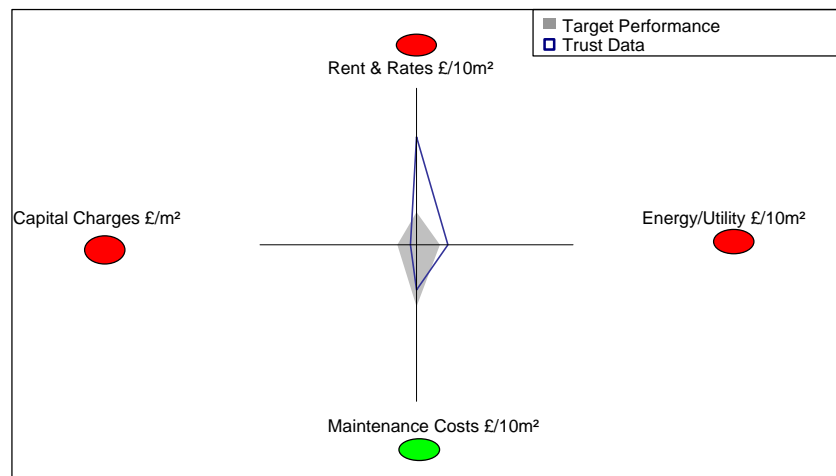
### Asset Productivity



The high performance indicator for rent & rates can be explained by the high percentage of the estate being provided via third party development partners. This also explains the performance on the asset value and capital charge P.I.'s.

The PCT has a relatively low total backlog.

### Cost of Occupancy



Overall maintenance costs for the Trust are low in comparison with similar organisations. However this must be viewed in parallel with the rent & rates P.I. (high) given that property Landlords are responsible for some maintenance costs and these are collected via rent.

Energy & Utility costs appear high and these require further investigation.

#### 7.4.1 Commentary on Estates Performance

Performance indicators always need to be viewed with caution and interpreted with care. By definition they are indicative only and not intended to provide a definitive view of the estate.

The six facet survey shows, in summary, a fairly encouraging picture with more than 70% of the estate in good physical condition and most of the estate not in condition A or B due for replacement / improvement under current plans so that within two to three years all but a very small part of the Trust owned property will be in condition B or better. However, it is important to remember that a significant proportion of the estate from which primary care services are delivered is not in NHS “ownership” and, therefore, not reflected in the estates data returns required by NHS Estates / DH and reflected in the performance data above. The Trust is taking its own action to remedy that national oversight so that it has a comprehensive view from a strategic commissioning perspective of the total patient experience in Walsall. That is why the over all schedule of property shown earlier in this report includes property not owned or controlled by the Trust in order to give a comprehensive view of the position from a patient perspective. A high level six facet survey of the non-trust owned / controlled property has now been completed and the results of these surveys are contained within the tables in section 7.3.2.

With regard to functional suitability and, with the qualification as to scope of data as above, the position is, again quite encouraging with one major exception, namely Dorothy Pattison Hospital which is categorised over all as “C” and is also noted as over crowded under the next of the six facets.

In terms of the “quality” facet, again the picture is quite encouraging but it should be noted that, although in this instance Dorothy Pattison Hospital gets a “B” rating, Bloxwich Hospital is rated as an unsatisfactory “C”.

Statutory standards compliance is generally satisfactory with the one major exception of the Disability Discrimination Act. This is certain to reflect a wider picture both locally, in terms of the non-NHS owned estate, and also nationally in terms of the NHS over all. Given the long “run in” to the implementation of the Act, this is disappointing and is likely to warrant attention.

With the exception of certain properties currently being replaced, energy and environmental performance is generally satisfactory.

With regard to the table of PIs above, although there are a significant number of “red” outliers, many can be explained by the change process the Trust is currently undertaking in terms of new estate developments. This means, for instance, that the Trust is currently holding several empty or underused properties pending their replacement by new schemes and this will distort indicators related to efficiency and utilisation. However, the relatively high cost of rent and rates perhaps does warrant review by the Trust.

## 8.0 HOW DID WE GET HERE?

The last Estates Strategy was published in 2000 and set out an ambitious programme of primary, community and mental health estate developments much of which has now been achieved or is in the process of being delivered. The result of these developments has been to significantly improve the over all estates rating. For instance in 2000 only 56% of the estate was in condition B or better, now the figure is 70%.

### 8.1 Primary and Community Services

For primary and community care services the 2000 strategy set as its aim the adoption of a borough-wide and multi-agency approach to the delivery of integrated packaged of community care, which are consumer focussed and promote health, social well being and independence. It identified the need to improve access and equity of service provision particularly in relation to the single-handed GPs many of whom were in poor quality accommodation. It proposed the development of a “hub and spoke” model with a hub in each of the then four Primary Care Groups and new facilities to bring many of the single-handed practices together encouraging a more equitable provision of services.

Much of the effort over the last 5 years has, therefore, been undertaking a significant re-development of the Primary care facilities within the Borough. This project has driven the replacement of outdated and inappropriate health care premises with new purpose built local centres. These developments are listed below:

#### Pinfold Health Centre

A new build two-storey multi agency health centre opened in October 2004. As one of the main hubs, the scheme provides 2792 m<sup>2</sup> of accommodation for 10 GP's, Chiropody, Physiotherapy, Audiology/Speech Therapy, District Nurses, Health Visitors, Minor Operations Suites, Dental Services, Mental Health Team, Social Services and Seminar rooms.

#### Darlaston Health Centre

A new build two storey multi agency health centre completed in December 2003. As one of the main hubs, the scheme provides 2550 m<sup>2</sup> of accommodation for 4 GP's, Chiropody, Physiotherapy, Audiology/Speech Therapy, District Nurses, Health Visitors, Minor Operations Suites, Dental Services, Mental Health Team, Social Services and Seminar rooms.

### Bentley Health Centre

A new build two storey health centre completed in November 2004. The scheme provides 1714 m<sup>2</sup> of accommodation for 3 GP's, Chiropody, Physiotherapy, Speech & language, District Nurses, Health Visitors, Minor Operations Suites, and Seminar rooms.

### Harden Health Centre

A new build two storey health centre completed in January 2005. The scheme provides 1775 m<sup>2</sup> of accommodation for 3 GP practices, Chiropody, Physiotherapy, Audiology/Speech Therapy, District Nurses, Health Visitors, Minor Operations Suites, School Nurses and Seminar rooms.

### Blakenall Village Centre

A new build two storey health centre completed in June 2005. As one of the main hubs, the scheme provides 1577 m<sup>2</sup> of accommodation for one GP practice, Chiropody, Minor Operations Suites, Dental Services, Primary Mental Health Team, Community Matrons and Seminar rooms.

## **8.2 Mental health Services**

With regard to Mental Health services, the 2000 strategy recognised the need to develop local services within the context of National strategies and service frameworks including the National Service Framework (NSF) for Adult Mental Health, "Tackling Drugs Together", the National Alcohol Strategy and the NSF for Older People.

The strategy set as one of its aims the improved integration of mental health and primary care services and proposed that the community mental health teams in Conway Villas and Bloxwich Hospital should relocate into two new primary care hubs to match the other two CMHTs already in such locations. Teams in Conway have now been re-located, however the teams in Bloxwich Hospital currently remain there.

For inpatient mental health services, the strategy proposed that a full utilisation study be carried out on Dorothy Pattison Hospital and that the sixteen bed rehabilitation unit should be relocated to a community setting. Since the development of the strategy, the need for improved Intensive Care facilities has been identified and an Outline Business Case was prepared in 2004, which is still under review with the SHA. The strategy for relocation of rehabilitation services is still to be completed.



It also proposed the transfer of inpatient services from Bloxwich Hospital to Dorothy Pattison Hospital in order to make better use of the quality estate. However latterly it has been decided that older persons mental health services can continue to be provided from Bloxwich Hospital, with the appropriate investment in the estate.

### **8.3 Learning Disability Services**

For Learning Disability Services the strategy proposed the development of more community based facilities with residential accommodation being provided by housing associations. The basis of strategic service developments for this client group would be through a Joint Partnership Board.

## **9.0 WHERE DO WE WANT TO BE?**

### **9.1 Primary / Community services**

#### **9.1.1 Service Strategy**

A Strategy for Primary and Community Care Services for Wolverhampton and Walsall was produced in May 2004.

That strategy was produced in parallel with the Outline Business Case for the Walsall Manor Hospital development, a process that was to ensure “a cohesive framework for future services that are in line with our patients’ expressed wishes to be treated as close to home as possible, clinically sustainable and affordable to the community as a whole”.

The defined cornerstones of the strategy included:

- Pro-active case management as close to home as possible.
- Integration of health, social care and other key services such as Education to support patients and their carers.
- Increasing the capacity of the workforce in the community to support this fundamental shift of activity including development of new roles crossing organisational boundaries.
- The development of modern purpose built facilities to support care being provided in the most appropriate locations.

The strategy developed on the already well established policy in Walsall of a “hub and spoke” model which “aimed to align primary and community services where possible and bring together smaller GP practices into shared buildings, promoting equity and maximising efficiency in deprived areas.”

This strategy has now been reviewed to reflect the recent systems reforms in the NHS including the introduction of Practice Based Commissioning, Payment by results, Patient’s Choice and so on. Particular attention has been paid to the need to place community services nearer to the patient’s home where possible. The strategy will, of course, need to be continually reviewed as the reforms agenda is developed and be responsive to any changes particularly in relation to Practice Based Commissioning.

The “hub and spoke” model of facilities to support the delivery of primary and community services which was agreed as part of the previous (2000) estates strategy, and the 2004 update, is still considered to be robust.

### 9.1.2 Hub Service Template

Within each of the hubs, nurses and allied health professionals will offer a range of clinical services. Hubs will offer specialist clinics and where appropriate multi-professional clinics will be run offering patients the opportunity to receive a multidisciplinary assessment and care plan. Staff will in addition offer domiciliary services to patients in the catchment area. These services will include:

- District Nursing
- Chiropody
- Physiotherapy
- Primary Care Psychology
- Dentistry
- Health Visiting
- School Health
- Child Health admin
- Maternity
- SALT
- Specialist Nursing (Case Managers)
- Health Care Trainers

The hub model will enable knowledge of the demography of specific communities to be developed and shared between the clinical groups. As a result it is anticipated that specific services and solutions to local need can be developed in a more responsive way than has been possible to date.

To support the operational processes of these hubs joint administrative arrangements will be put into place, with receptionists and general clerical duties working across all disciplines.

The Hubs may also include midwifery services, voluntary sector, social care and potential housing agencies.

Increased staffing will no doubt occur in services that are developed to manage long-term conditions and the reduction of health inequalities. Consideration will also be taken into account as the programme of fourteen Children's Centres come on line and extended schools and the impact this may have on the estates strategy. A workforce plan is at early stages but will clearly influence the strategy.

There will be a need to accommodate increased numbers of staff in the public health arena and the management of long-term conditions. These will mainly be in the hubs but will be working across the Borough across agencies to support the Choice agenda and reduce inequalities.

### **9.1.3 Location of Hubs**

The hubs proposed in the earlier strategy have now been established (or are in construction) but it is now recognised that two more hubs are required:

The proposed locations for Hubs are now therefore:

1. Anchor Meadow
2. Brownhills
3. Pinfold
4. Darlaston
5. Blakenhall
6. Willenhall

Of these, Anchor Meadow, Blakenhall, Pinfold and Darlaston have been developed and are open. Brownhills is under construction and due to be completed in April 2006 but Willenhall is yet to be addressed. There will also need to be developments and adjustments to some of the existing hubs to reflect and accommodate the full range of services now required and the developing reforms agenda.

#### Anchor Meadow

The anchor Meadow Health Centre has already been developed as a hub for the Aldridge locality, however there is a need to extend capacity at this Hub to provide additional Community & Mental Health services for the Streetly, Pheasey & Collingwood localities.

#### Willenhall

Services provision from Willenhall is limited, given the current condition of the building but there is a need in this area for more services, at present Health Visiting provides a child health clinic and limited audiology work, district nursing carry out limited number of leg ulcer clinics.

There is a need for a further Community Matrons base (west) more District Nursing and Health Visiting space, potential use could be out reach Psychology and a base to free up Greybury House. The development of Field Street could provide an opportunity for bringing dentistry from Short Heath (poor facilities) and the remaining admin and clerical staff. This links to primary care where Field Street will provide accommodation for additional General Practitioner services.

#### **9.1.4 Future needs**

##### Short Heath

Consideration should be made to re-using Short Heath, which is already cramped, for Lymphodema Nursing. There is also a need to bring out of the Acute Trust, the Children's Palliative Care Team, Home Care Nurse and Children's Case Managers, as the Acute Trust have asked for this space, if accommodation allows this space could used for training purposes. The Child Health Bays may also be relocated to Bentley.

##### Collingwood

The Trust needs to consider expanding Collingwood and include Dentistry, Chiropody, Health visiting, District nursing there are a few staff at Collingwood at present but space is very cramped and really inadequate for the population as a whole, this links to really cramped facilities at Blackwood Clinic as described before and some rationalisation should be made, it would be sensible in future to include Community Matrons in this development.

##### Pelsall

Plans to see school Health nursing Health Visiting, District Nursing and Chiropody, Physiotherapy at this site are central to the provision of community services in this locality.

#### **9.1.5 Current Developments**

The current position with the development of the new Primary and Community services is:

##### Forrester Street

A new build third party developer owned two storey health centre scheduled for completion in September 2006. The scheme will provide 1285 m2 of accommodation for 2 GP practices, Minor Operations Suite, seminar rooms and mixed PCT accommodation.

### Brownhills Health Centre

A new build two-storey health centre partly integrated within the new Brownhills Community Centre scheduled for completion in April 2006. As one of the main hubs, the scheme provides 1326 m2 of accommodation for 3 GP's, Chiropody, Physiotherapy, Audiology/Speech Therapy, District Nurses, Health Visitors, Minor Operations Suites, Dental Services, and Seminar rooms.

### Pleck Health Centre

Substantial extension and alterations to an existing health centre to form a 'new' third party developer owned two storey health centre scheduled for completion in March 2006. The scheme will provide 784m2 of accommodation for one GP practice, Minor Operations Suite, seminar rooms and mixed PCT accommodation.

### New Invention Health Centre

A proposed new build GP owned two storey health centre currently at the preliminary design stage, likely to be completed mid 2007. The scheme will provide circa 1116m2 of accommodation for one GP practice, minor operations suite, seminar rooms and mixed PCT accommodation.

### Pelsall Health Centre

A proposed new build health centre currently at feasibility stage. The scheme will provide accommodation for 3 GP's, mixed PCT accommodation and an attached library.

### Birchills One Stop Shop

Substantial extension and alterations to an existing health centre to provide one-stop shop facilities in addition to the existing practices core medical services. Scheduled for completion in the second half of 2006.

## 9.1.6 Children's Services

### Children's Centres: the Government's Vision

Children's Centres are a key plank of the Government's strategy for children's services, and will be the first port of call for any family with children under 5 and for any worker delivering services to those families. The Children's Centre will provide access to universal and targeted services under the same roof.

Initially the Government is developing Children's Centres in the 20% most disadvantaged wards in the country, where Children's Centres are needed to reduce inequality and tackle child poverty.

For Walsall this means that 11 of our 20 wards fall into this category, and in this phase of Children's Centres we are challenged with creating 475 childcare places and reaching 65% of the children in those wards.

### Walsall's Vision

Walsall's vision is to establish a universal entitlement for every child to have ready access to provision that meets their learning, health and family support needs. Walsall wants to create Children's Centres that build on the success of existing integrated provision. We will bring together good quality early education, childcare, health and family support.

Walsall Council has launched **nine** Local Neighbourhood Partnerships (LNPs) in the borough to work with local residents to discuss and make progress on key community issues. It was agreed that there will be at least one Children's Centre in each of the nine LNPs. In line with guidance from the Sure Start Unit most Children's Centres will be based on primary school sites.

### Children's Centre Services

Every Child's Centre will provide a core offer of services:

#### *Early education*

- Nursery education integrated with day care for babies and children until they reach school age

### *Childcare*

- Day care suitable for working parents. Minimum of 5 days a week, 48 weeks a year, 10 hours a day
- Support for childminders

### *Support for parents*

- Parenting support and information as well as specific support for families in need and 'hard to reach' families
- Providing information and advice on parenting skills at significant transition points for the family and increasing parents' understanding of their child's development

### *Access to specialist services*

- Early identification of children with special needs and disabilities with inclusive services and support for their families
- Identification, support and care for those suffering from maternal depression, ante-natally and post-natally

### *Information*

- Visits to all children in the catchment area within two months of birth
- Links with schools and Children's Information Services (CIS) and Jobcentre Plus
- Information and guidance on breast feeding, hygiene, nutrition and safety

### Children's Centres locations

Every Local Neighbourhood Partnership area will have at least one Children's Centre. The Government has provided start up funding for Children's Centres in the most disadvantaged wards. The existing Sure Start local programmes in these wards will become Children's Centres. A process was undertaken with primary schools to identify the most appropriate locations for the other Children's Centres.



## Local Neighbourhood Partnerships:

1. Leighswood (Aldridge)
2. Busill Jones Primary and Mossley Primary
3. Edgar Stammers Infant and Junior Schools (Blakenall/Goscote)
- 4. Sure Start Blakenall**
5. Millfield Primary (Brownhills)
6. Bentley West Primary (Bentley)
- 7. Sure Start Darlaston**
- 8. Sure Start Alumwell/Pleck**
- 9. Sure Start Palfrey**
10. Greenfield Primary (Pelsall/Rushall)
11. Pheasey Park Farm Primary (Pheasey)
12. Butts Primary and Teddesley Street Family Centre (Butts/Central Walsall)
- 13. Sure Start Birchills/North Walsall**
14. Willenhall new primary school

## Timetable for Children's Centres

There are two phases for the development of Children's Centres:

*Phase 1 - 2004-06:* Children's Centres will be developed in the 11 target wards using the combination of Sure Start local programmes and school sites during 2004-06. Children's Centres in the three LNP areas of Walsall that do not contain any of the target wards will be funded through Neighbourhood Renewal Funding.

*Phase 2 – 2006-08:* There are indications from the Sure Start Unit that some ongoing revenue funding will be available for Phase 1 Children's Centres. In addition Walsall will be invited to develop additional Children's Centres by 2008. It is anticipated that further details about this funding will be announced by January 2006

Each Sure Start engages with key health personnel. There are either SLAs in place to 'buy' services from the PCT, or Sure Start have employed their own personnel. It is envisaged that Children's centres will link with the Six Primary Care Hubs for some services

Children's Centres will provide early identification of children with special needs and disabilities with inclusive services and support for their families and will be designed to meet the Disability Discrimination Act.

### Key NHS Children's Centre Staff

The two key providers of care Children's Centre Health activity are mainly Health Visitors and the Midwives. Health Visitors are the focus for multidisciplinary working and acting as a conduit to other Health Services.

Other NHS service providers Speech & Language, Paediatric OT and Paediatric Physiotherapy will be engaged In the work of particular centres dependent on the locally identified needs.

Midwifery and nursery Nursing will be in place especially in our high areas of perinatal Mortality, i.e.:

- Willenhall
- Pleck
- Birchills and Leamore
- St Matthews

### Child Development

Walsall's existing Child Development Centre is situated within a high risk area and the tPCT is developing a Business Case to support the provision of a new purpose built centre for children's services. The unit will also provide integrated services with social care and education. The existing Child and Adolescent services at Evergreen Place will transfer to the new facility on completion. The tPCT are planning to develop the new service in partnership with the Wolverhampton and Walsall LIFT consortium.

#### **9.1.7 Intermediate Care & Rehabilitation Services**

Intermediate care service provision combines a range of care and support targeted at people who would otherwise be likely to be admitted to hospital or long term care in residential or nursing homes or would otherwise remain in a hospital bed when this is not clinically necessary.

## Background

Intermediate care should be needs led and integrated, delivered in partnership between primary and secondary health care, local government services (in particular social care) and the independent sector.

In June 2004, an Intermediate Care Strategy was developed and ratified by the Joint Executive Group. More recently, the health economy, in collaboration with Social Care, have embarked on a consultation exercise regarding an Older People's Strategy that includes the reprovision of Goscote Hospital (103) beds, approximately half of this provision is planned to be reprovided in the community by the end of March 2006. The Trust Board endorsed this proposal in December 2005.

## Walsall's Vision

Intermediate care and rehabilitation provision can only be sustained through 'whole systems' thinking. It is therefore essential to consider an effective partnership approach to integrated working practice.

Strategic plans include assumptions based on ensuring capacity within a rich service menu that includes the following:-

- Building capacity in the Intermediate Care Team. A team comprising nurses, allied health professionals (physiotherapists and occupational therapists) generic workers and social workers.
- Enhancement of care packages in the patient's own home.
- Enhancement of community based intermediate care beds based within residential and nursing home setting.

The Intermediate Care Team is currently centrally based at Goscote Hospital; however, as services at Goscote are reprovided, the preferred option is to decentralise the team to a locality based model. This proposal bases three teams as residential settings alongside intermediate care bed based provision as follows:-

- Rushall Mews
- Meadow House
- Limes

The above requires agreement of Walsall MBC – Social Care and Supported Housing. Should this option not be supported, the other option would be to continue to base the Intermediate Care Team centrally within a PCT community health centre.

## **9.2 Mental Health Services**

### **9.2.1 Modernisation of Mental Health Services**

Within a national context the key driver for change in mental health services is still the National Service Framework (NSF) for Mental Health. Full implementation of the NSF should achieve a step change in the quality and responsiveness of mental health services within Walsall with the Care Programme Approach and the deployment of care co-ordinators to oversee the client through the care pathway ensuring appropriateness and continuity of care tailored to the needs of the individual. In addition to this the development of early intervention and crisis resolution services will provide vital support to the community teams enhancing their capacity to deal with a range of client needs.

Locally one of the key factors affecting the future organisation of mental health services is likely to be the move to create a single mental health trust for the whole of the Black Country. This, together with the implementation of practice based commissioning, are likely to be the main areas of potential uncertainty for the delivery side of mental health services in Walsall within the short to medium term. However, the PCT will still have a key responsibility as the strategic commissioner of mental health services and will, therefore, have both the opportunity and responsibility to set the strategic direction for the development of the services.

Organisational changes in the local delivery of mental health services will not change the key responsibility to implement the NSF. Nor is the change to a larger Black Country wide trust likely to change the way in which community mental health services are deployed at a very local level. The need to enhance local partnership working will also be key to the development of successful local services, especially with Walsall MBC in relation to housing, employment and leisure services as well as adult social care services.

With regard to practice based commissioning, this is still a developing area and so its full impact on the future configuration of mental health services is uncertain, however, it is likely to lead to a closer integration between community mental health services and primary care services and so that should provide a key to the direction of travel for the services which is consistent with current and recent developments.

### **9.2.2 Community Services**

The main feature of the national agenda for mental health services is, therefore, the development of community services. All of the existing bases for the Community Mental Health Teams are at maximum occupation and additional space will be required to accommodate additional staff. Similarly, the staffing of the Assertive Outreach Team, Early Intervention Team and the Home

Treatment Team are all set to increase significantly over the next 3 years. In addition, the Community Rehabilitation Team will require a base in order to release the space on Grasmere Ward for redevelopment as above.

The Community Services for Older People are located at Bloxwich Hospital and the tPCT needs to consider relocating these to more accessible venues in the Borough.

### **9.2.3 Substance Misuse Services**

The Substance Misuse Service is located at Lantern House. There is continued national investment in these services and – in particular – the criminal justice work they undertake is increasing. Currently the criminal justice work is co-located with alcohol services and other drug misuse services and there are significant problems in this. There is an urgent need to separate these and establish new bases.

### **9.2.4 Hospital Services**

The modernisation programme set out in the National Service Framework, and amplified by a series of Policy Implementation Guides, establishes the patient as the focus for care planning and delivery, whilst raising the profile of Mental Health facilities and the importance of addressing concerns regarding the overall environment, it seeks to ensure that the high standards of accommodation identified within the acute sector are equally applied to mental health facilities.

The Government's modernisation agenda has clearly identified the importance of addressing a range of issues within mental health and has outlined new models of care for the different patient groups.

There is, therefore, a need to consider the physical solutions and environmental requirements to support the delivery of those revised models of care especially within in-patient facilities.

#### Dorothy Pattison Hospital.

Walsall tPCT's main facility for the provision of mental health services is the Dorothy Pattison Hospital and central to the modernisation of mental health services at that centre are the following three pillars:

1. To provide ground floor Psychiatric Intensive Care facilities in a safe, cohesive environment conducive to therapeutic intervention and which supports the proposed models of care;
2. To provide an environment within the Acute Admission Wards which begins to support the proposed models of care and the requirements of the latest national guidance including safety, dignity and gender separation;
3. Establish an environment in which staff can deliver a modern, patient centred comprehensive service for the whole range of patients with mental disorders.

In addressing the above priorities the Trust is seeking to use the opportunity to achieve a number of services redesign objectives particularly:

- To facilitate delivery of care in line with the CPA model;
- Reduce readmission rates to the national standard;
- The establishment of an environment which facilitates the multidisciplinary interventions and support required;
- Provision of an appropriate balance between therapy and day activity both within the ward areas and elsewhere in the hospital;
- Ability to operate the Acute Wards as a single therapeutic unit;
- The management of appropriate, structured interventions within the Acute Wards and Intensive Care;
- The ability to operate the Rehabilitation service effectively and efficiently without disruption to services and care delivery;
- The establishment of a model of rehabilitation, which positively supports the integration of the patient into the community through social inclusion thus increasing discharges (and reducing readmissions).

In response to these issues an Outline Business Case was prepared in 2004, particularly focussing on the development of a Psychiatric Intensive Care Unit (PICU) at Dorothy Pattison Hospital. Since then, however, national guidance has been issued which requires us to separate such facilities for men and women.

The current use of the physical resources at Dorothy Pattison Hospital, therefore, now needs review and revision. As Walsall's PICU proposal was for both male and female clients, the OBC will be revised in 2006 and resubmitted to the Strategic Health Authority as a male only unit to serve (primarily) the Walsall population. In addition, Walsall tPCT will bid for capital funding for a Women's PICU on the Dorothy Pattison site which will provide a service for the Black Country.

The revised OBC will include an update on the option appraisal for the location of the unit within Dorothy Pattison. This may have an impact on Grasmere Ward and consideration will be given to developing a High Dependency Unit (HDU) for a smaller number of

rehabilitation patients. In anticipation of this, discussions are underway with potential partners for new community facilities for rehabilitation.

The Primary Care Trust does however recognise that developments within Rehabilitation Services must be undertaken in the context of the continuum of care for adults with a mental illness. Although significant progress has been made in terms of the development of the model of care, particularly for the “rehabilitation” service this is yet to be fully understood in terms of the implications on the Acute Inpatient Service.

Perseverance House is currently used as a ward in the community for people on a long-term rehabilitation programme. This building is considered to be unsuitable for this purpose in light of the national standards. It could be redesigned as additional office space to supplement the office accommodation at Dorothy Pattison Hospital. In addition, we propose that Buttermere ceases to be an office area and is used as therapeutic space for inpatients. This addresses the lack of such space on the wards. The offices would be relocated to the current PICU on the upper floor.

#### Bloxwich Hospital and Mental Health Services for Older People.

If Bloxwich Hospital continues as is now proposed, as the inpatient facility for older people with mental health problems, some refurbishment of the building will be required. In particular, the current use of office space should be reviewed and redesigned.

### **9.3 Learning Disabilities**

The tPCT has now developed formal ‘pooled budget’ arrangements under Section 31 of the Health & Social Care Act with Walsall Borough Council and a joint Service lead has been appointed. The new Learning disabilities service strategy is about minimising health institutional care and maximising community integration.

The Learning Disabilities estates portfolio has changed significantly over the past 2/3 years as a result of the continuing improvement in services for this client group following the closure of St Margaret's Hospital. New services have been developed in partnership with Walsall Borough Council as part of the successful joint partnership arrangements. The next phase of potential service improvements include:

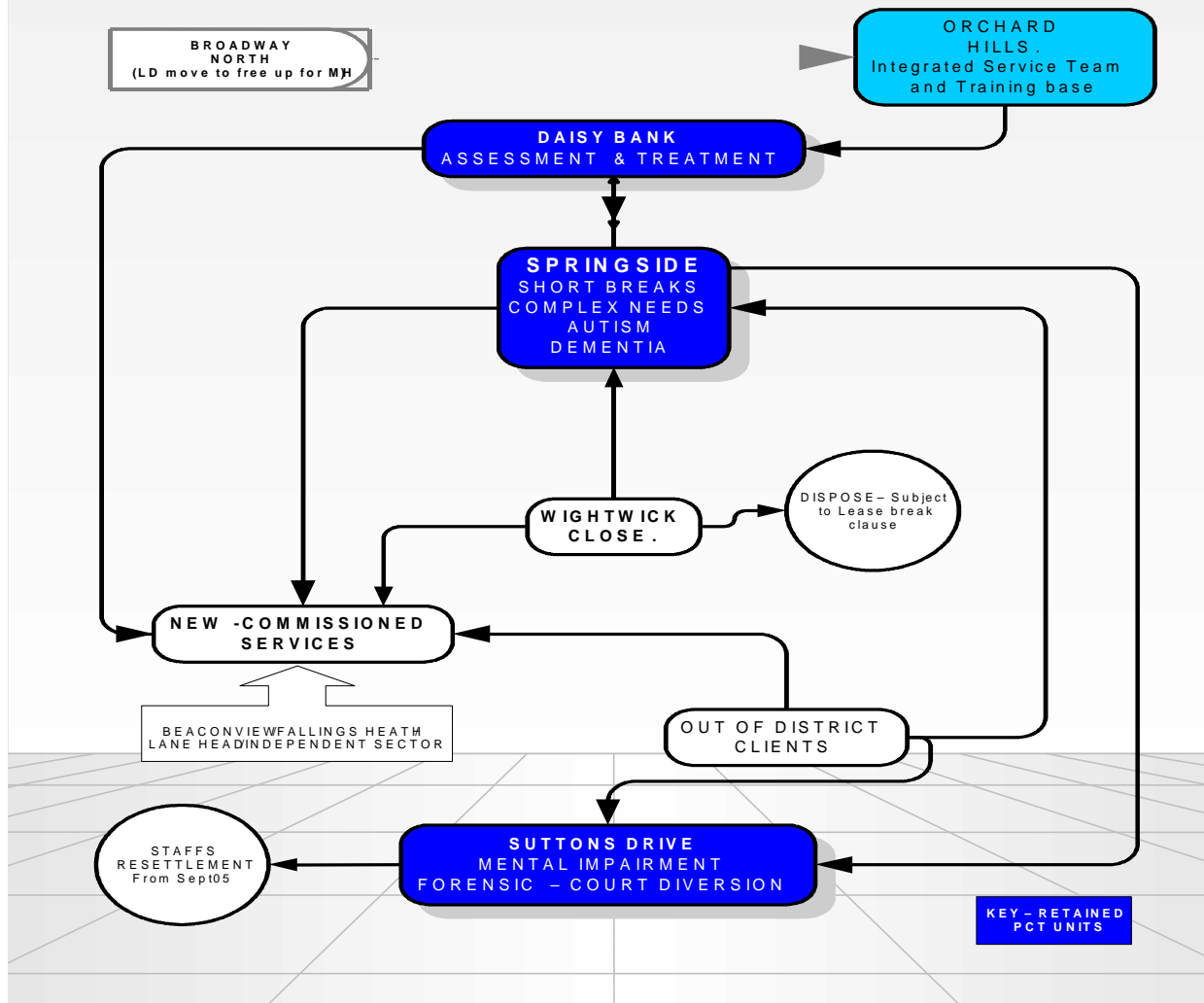
- Transfer of LD services from Broadway North to Orchard Hills
- Relocation of Orchard Hills Assessment and Treatment service to Daisy Bank

- Development of alternative residential provision to replace Daisy bank
- Provision of new services for the long term care of residents in Wightwick Close
- Potential disposal of Wightwick Close (subject to review of Lease)
- Development of Springside for a specialist unit for people with complex needs, including autism and dementia - capital bid to be prepared.
- Development of Suttons Drive for mental impairment services and
- Forensic court diversion scheme on resettlement of remaining residents in Staffs

The Learning disabilities strategy can be summarised by the following diagram:



## Walsall Integrated Learning Disability Service future Health Facilities Schematic



## 9.4 Administrative & Support Services

The PCT currently has two main centres for administrative and Support Services:

- Lichfield House
- Jubilee House

Commissioning a patient led NHS and other strategic changes may necessitate changes to the shape and form of PCT administrative & support functions. Potential impacts may include:

- Practice Based Commissioning clusters
- Separation of mental health services
- Separation of the PCT provider arm
- Impact of any supra PCT/SHA wide services to support commissioning

There is also an immediate need to review the current utilisation of office space and to bring together the Executive Directors and their immediate support teams into one location. The PCT has therefore commissioned a feasibility study to review the current allocation of space and make recommendations on how space could be better structured to meet the needs of the organisation.

The development of this strategy has also identified a need for additional capacity for:

- Records storage facilities
- General office/administrative space to meet the needs of the emerging community based teams

The PCT plan to carry out a detailed review of these functions to consider new requirements and the potential need for an additional administrative centre.

## **10.0 How Do We Get There?**

### **10.1 The Estate Vision**

The need for a high quality estate is a pre-requisite for the delivery of high quality health services and any development proposals for the estate will need to meet the following key objectives:

- To configure a high quality estate with assets suitably located and designed to meet the purpose of providing a high standard of health care.
- To align the Estates Strategy with the needs of the service.
- To improve the performance of estates assets in terms of space utilisation, functionality, statutory compliance, physical condition, quality and environmental management.
- To reduce the overall cost of the estate through joint planning, partnership and a planned capital and revenue investment programme.

### **10.2 Achieving the Vision**

The tPCT, working with its primary care contractor colleagues, has made significant progress in improving the quality and capacity of the estate over recent years but there is still much to be done.

As the NHS moves further towards a mixed economy of service providers and the implementation of patients' choice, there will be an increasing need for flexibility in any designed solutions and in the methods of building procurement. Walsall tPCT is now part of a LIFT consortium agreement together with Wolverhampton PCT and so any schemes directly sponsored by the tPCT for its own use may be subject to that agreement. In any event, it is likely that any new developments will be procured through a range of "third party" and PFI / LIFT arrangements.

The Trust also plans to utilise £8.0m of Strategic Capital funding, currently allocated in the Regional Capital Programme for the re-development of the Dorothy Pattison Hospital, to include the provision of a new Psychiatric Intensive Care Unit. The OBC to support this investment will be revised in 2006.

## 10.3 Estate Development Proposals

Further work needs to be done to develop a clear and detailed set of plans to underpin the delivery of this Estates Strategy. The key elements to be addressed in those plans and the actions to be taken in preparing them are scheduled below by main service grouping.

There is a fundamental assumption that Walsall Manor Hospital will form the hub for diagnostic and outpatient services in Walsall. If the revisions to the Black Country Review and the content of the Manor PFI change this assumption, then the Estates Strategy will need review.

### 10.3.1 Community Services

- Services in Greater Willenhall need to be defined further. It is likely that **Field Street** will be adequate for future development. The site will need refurbishment and an initial estimate of the capital cost is included in the 5-year capital programme. This links to primary care where Field Street could provide accommodation for new General Practitioner services. Mental Health services have identified that their CMHT base in the area is inadequate and Field Street is a potential solution. The use of **Short Heath, Sina and New Invention** for community services needs to be considered alongside Field Street.
- The review of community and mental health services has also identified the need for an enhanced hub in the Aldridge area to provide additional services to the Streetly and Pheasey localities. There is potential for further development at Anchor Meadow – PCT owns 0.6 acres. The existing Anchor Meadow development is owned by GPs.
- Whilst most community services are provided in patients' homes, there is need to audit clinical staff bases to make sure that they have the right configuration (right people right place). Admin and clerical support and storage of records is an issue
- **Palliative Care** – the facilities at Little Bloxwich are inadequate and plans are needed for their replacement. Walsall Hospitals NHS Trust has agreed to relocate services from the Goscote site and to transfer the ownership of the site to the PCT. The PCT Board has approved a proposal to develop the Goscote site for new Palliative care services together with a new dementia care unit in partnership with the Local Authority.
- **Intermediate care** – The current bed based intermediate care (2005) is 31 beds. The PCT proposes to increase Intermediate Care bed provision in the community by commissioning from the private sector:

<b>Beds/Places</b>	<b>End Jan 06</b>	<b>End March 06</b>	<b>07/08</b>
Independent Sector – Parklands Court Nursing Home	15 beds	29 beds	29 beds
Residential Care setting - Rushall Mews	10 beds	10 beds	10 beds
Spot purchase nursing or residential	9 beds	9 beds	5 beds
Additional beds (sub total)	<b>34 beds</b>	<b>48 beds</b>	<b>44 beds</b>
Current bed based service (2005)	31 beds	31 beds	26 beds
Total bed based provision	<b>65 beds</b>	<b>79 beds</b>	<b>70 beds</b>
Home based provision	9 places	12 places	15 places

The bed trajectory rises in 2006 to support the reprovision of Goscote, this increase is transitional and the strategic aim is to continue to reduce the bed based provision whilst increasing the home based service.

- Plans for the development of a **Children’s Centre** are well advanced. The provision of the new Children’s Centre will enable Ablewell House and Shelfield Clinic to be disposed of. The current CAMHS service in Evergreen Place will also transfer to the new Centre and this will allow the relocation of Psychology services, enabling the disposal of Greybury House. However given the Greybury House Lease expires in 2006 it may be appropriate to relocate the remaining services to new accommodation in advance of Evergreen Place becoming available.
- Future use of **Bentley Lane** to be evaluated as Joint Equipment Services develop.

The Community Services section have carried out a detailed review of their operational estates needs to deliver future services, these are included as Appendix 2

### 10.3.2 Primary Care

The key priorities for development are:

- **Pelsall** – to replace Drs Sameja, Bevan and Nambisan’s surgeries.
- **Caldmore** – further primary, community and mental health services are required in this locality. A feasibility study on the relocation of Little London and the redevelopment of Luqman Medical Centre has now been carried out. This also has links to the utilisation of Brace Street, which is overcrowded (both community and mental health services).
- Services in the **Streetly** area – The existing Blackwood Health Centre is considered not to have the potential for expansion, a development on land in the ownership of the PCT adjacent to the existing Anchor Meadow Health Centre is therefore proposed.
- Services in the **Collingwood** area – a long-term solution to the Collingwood Health Centre/Dr Reddy premises issues needs to be found.
- **Willenhall** – the relocation of Drs Pandit’s and Prasad’s practices should be seen as a priority as part of a review of the services in central Willenhall.

Health Needs Assessments for Pelsall, Caldmore, Streetly and Collingwood are due to be completed by the Public Health Directorate to inform the primary care estate requirements.

Space allocations in the new developments at Blakenall, Forrester Street, Pleck and Bentley to be resolved by Service Managers.

### 10.3.3 Mental Health

The cornerstone of the mental health strategy is the **reprovision of adult rehabilitation services in the community** via housing associations. This enables the space at Grasmere Ward and Perseverance House to be released.

- Resubmission of **PICU** business case and remodelling of **acute wards** at DPH. Development control plan for site including temporary use of Perseverance House.

- **Bloxwich Hospital** – the estate strategy review has concluded that the current facility is fit for purpose. However, some refurbishment of non-clinical space is required and this work has been included in the five-year capital programme. Further work is required to review the transfer of Older Peoples Community Teams to community locations.
- There is a need for **clinic space in primary care settings** – more space at Anchor Meadow, Willenhall, Pleck and Forrester Street. Also Brace Street or as part of a future development in the Caldmore area.
- **Lantern House** is inadequate for the anticipated developments in SMS services. The SMS Service Manager is to define future requirements.
- **Day services** being rationalised in partnership with Local Authority. **Kings Hill** likely to remain, **Mossley Day Unit** likely to become Team base.

#### 10.3.4 Learning Disability

Fundamental to the learning disability strategy is the provision of person centred care in the community. Institutional care will be minimised.

- **Orchard Hills** is not suitable for care and could become a team base.
- **Daisy Bank** could be redeveloped as an assessment and treatment unit replacing Orchard Hills.
- **Springside** will continue to be used for long-term care.
- The future of **Wightwick Close** needs further thought.

**Suttons Drive** needs updating but will continue to be used for specialist care.

#### 10.3.5 Corporate Headquarters

The initial findings of the feasibility report suggest that Jubilee House should provide accommodation for the Executive Directors and their immediate support teams. Additional office capacity created in the storage areas and better use made of the meeting

rooms and central forum space. Lichfield House requires improvement to the fabric of the building and the report proposes better use of the ground floor accommodation.

The future use of Eldon Court offices for the Informatics Directorate requires further evaluation. An interim relocation of the IT training centre from Greybury House to an additional unit at Eldon Court will facilitate the disposal of the Greybury House Lease. This will however require the relocation of Psychology services to alternative accommodation.

#### **10.4 Property for Disposal**

The comprehensive review of the estate portfolio has concluded that there are three properties currently in the freehold ownership of the PCT, which are surplus to operational requirements. These are:

- Coalpool Clinic, Ross Road, Ryecroft, Walsall
- Bentley Clinic, Churchill Road, Bentley, Walsall
- Darlaston Clinic, Cramp Hill, Darlaston

All three properties are now empty and the Trust has commissioned a disposal report, which recommends that they are sold via the open market.

In addition to the above, the tPCT have previously approved the disposal of the current Brownhills Clinic. This property becomes surplus to requirements on transfer of services to the new Brownhills development in May 2006.

#### **10.5 Capital Programme**

The Trust has prepared an outline capital programme for the five-year strategy period. This programme incorporates the main issues highlighted in the six-facet survey and takes into account the investment required to support the key service developments identified in this strategy.



<b>Capital Investment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/2011</b>
<b>Service Development</b>					
Upgrading of Field Street, Willenhall	500,000	500,000			
<b>Physical Condition</b>					
Little Bloxwich window replacement		10,000			
Springside window replacement			50,000		
Lantern House double glazing				20,000	
Bloxwich Hospital DHW replacement	10,000				
Shelfield replace boiler/heating system	20,000				
Shortheath building fabric repairs	50,000				
Jubilee House roof repairs		20,000			
Bloxwich Day Hospital roof replacement			20,000		
General backlog maintenance schemes	50,000	100,000	150,000	200,000	200,000
<b>Functional Suitability</b>					
DPH parking controls	25,000				
Kingshill car park extension		25,000			
Anti ligature works		5,000	5,000	5,000	5,000
General functional suitability improvements			50,000	50,000	50,000
<b>Space Utilisation</b>					
Alterations to Jubilee House	250,000				
<b>Quality</b>					
Security schemes across Trust	50,000	50,000	50,000	50,000	50,000
<b>Statutory Standards</b>					
Compliance with DDA Act	100,000	100,000	100,000		
Lichfield House Asbestos removal	30,000				
General Health & Safety schemes		25,000	50,000	50,000	50,000
General fire safety schemes		15,000	15,000	15,000	15,000
Legionella prevention schemes		5,000	5,000	5,000	5,000
<b>Environmental Management</b>					
Replace BMS system	100,000				
Misc replacement boilers/heating	10,000	20,000	20,000	40,000	40,000
Misc Energy conservation measures		20,000	20,000	20,000	20,000
DPH replacement of CHP unit		40,000			
waste management schemes		5,000	5,000	5,000	5,000
<b>Total Projected Investment</b>	<b>1,195,000</b>	<b>940,000</b>	<b>540,000</b>	<b>460,000</b>	<b>440,000</b>
<b>Strategic Capital</b>					
Redevelopment of Dorothy Pattison Hospital	To be determined by OBC				
<b>Strategic Capital investment</b>					

Note: 2006/07 programme subject to confirmation of final capital allocations

## 11.0 Financial Impact

The table below summaries the revenue impact of the capital investment and key service developments over the strategy period:

Revenue Implications of Capital Developments	Operational Date	2006/07 £'000	2007/08 £'000	2008/09 £'000	2009/10 £'000	2010/11 £'000	Full year cost £'000
<b>Operational Capital</b>							
<b>Community Services</b>							
Service Development		21	51	61	61	61	61
Physical Condition		5	13	23	36	48	48
Functional Suitability		1	3	5	9	12	12
Space Utilisation		9	14	14	14	14	14
Quality		2	5	8	11	13	13
Statutory Standards		5	13	22	28	32	32
Environmental Management		4	9	13	16	20	20
<b>Total</b>		<b>47</b>	<b>108</b>	<b>146</b>	<b>175</b>	<b>200</b>	<b>200</b>
<b>Third Party Developments</b>							
<b>Primary Care</b>							
Brownhills	Apr-06	221	221	221	221	221	221
Pleck	Apr-06	132	132	132	132	132	132
Forrester Street	Sep-06	107	214	214	214	214	214
Pelsall	Apr-09				186	186	186
Caldmore	Apr-09					200	200
Luqman	Apr-09					200	200
<b>Total</b>		<b>460</b>	<b>567</b>	<b>567</b>	<b>753</b>	<b>1153</b>	<b>753</b>
<b>NHS LIFT</b>							
<b>Community Services</b>							
Hospice	Apr-08			822	822	822	822
Childrens Centre	Apr-08			568	568	568	568
<b>Primary Care</b>							
Collingwood	Apr-09				699	699	699
<b>Total</b>				<b>1390</b>	<b>2089</b>	<b>2089</b>	<b>2089</b>
<b>Strategic Capital Funding</b>							
<b>Mental Health</b>							
Intensive Care Unit							
PICU							
<b>Total</b>							

# Estates Strategy Appendices

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Table 1: Estates Performance Profile – Primary and Community Services

Site	Floor Area	1. Condition				2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards						6. Energy & Environment		Costs per premises				
		Backlog Year 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S		Fire		Asbestos		DDA			Costs	Overall Score		
												Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score					
Beechdale Health Centre	713	3470	10000	20995	B	0	B	0	Full	3000	B	0	B	0	A	0	A	0	5000	C	0	B	42465	
Bentley (New) Health Centre	1810	5000	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A	0	5000	
Bentley Lane Unit 2	258	6000	0	0	B	0	B	0	Under Utilised	0	B	0	B	5000	C	0	B	0	B	0	B	0	11000	
Bentley Lane Unit 7	258	16000	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	5100	B	0	B	0	21100	
Bentley Lane Unit 8	258	0	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	0	B	0	B	0	0	
Bentley Lane Units 9	258	0	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	0	B	0	B	0	0	
Blackwood Health Centre	262	6940	4000	3930	B	6000	B	0	Overcrowded	8930	B	0	B	1000	A	0	A	5000	C	0	B	35800		
Blakenall Village Centre	1577	5000	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A	0	5000	
Brace Street Health Centre	1508	9000	0	22620	B	50000	B	0	Full	24112	B	0	B	0	B	0	A	8000	C	1000	B	114732		
Brownhills Clinic	357	25000	95542	0	B	6000	B	0	Full	30293	C	0	C	12000	C	0	B	8420	C	0	B	177255		
Collingwood Health Centre	371	400	0	0	B	0	B	30000	Full	39229	B	0	B	0	A	0	A	6750	C	0	B	76379		
Darlaston (New) Health Centre	2551	0	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A	0	0	
Greybury House	809	17000	20000	0	B	47000	C	0	Full	7200	B	0	B	0	A	0	A	9425	C	4000	B	104625		
Harden Health Centre	1776	0	0	0	A	0	A	0	Under Utilised	0	A	0	A	0	A	0	A	0	A	0	A	0	0	
Hatherton Centre (Challenge)	414	3350	0	0	B	0	B	0	Full	0	B	0	B	0	A	0	B	8600	C	0	B	11950		
2 Ida Road	112	1500	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	B	3400	C	0	B	4900		
78-80 Ida Road Clinic	193	3100	2470	6756	B	1250	B	0	Overcrowded	14507	B	0	B	3000	B	0	A	7550	C	0	B	38633		
Little Bloxwich Day Hospice	309	16200	4455	11343	B	8000	B	0	Full	750	B	0	B	500	A	0	A	13680	C	3000	B	57928		
Moat Road Clinic	113	6500	10247	4464	B	1500	B	0	Full	4900	B	0	B	4000	C	0	A	9700	C	0	B	41311		
New Invention (62 Cannock Rd)	94				C		D		Empty		D		C		C		B		D		D	0		
New Invention (64 Cannock Rd)	93				C		D		Empty		D		C		C		B		D		D	0		
Orchard Hills	576	4400	17520	49580	B	0	B	0	Full	30800	B	0	B	0	A	0	A	10000	C	0	B	112300		
Pinfold Health Centre	2792	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A	0	0	
Pleck Sure Start	666	0	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	0	A	0	A	0	0	
Sheffield Clinic	533	19500	37056	8495	B	25000	C	0	Overcrowded	59267	C	8000	B	3000	B	0	A	28000	C	18880	B	207198		
Shorheath Clinic	462	11000	19409	0	B	13500	C	0	Overcrowded	22638	B	1000	B	500	B	0	A	6920	C	0	B	74967		
Sina Health Centre(Coppice Fm)	629	1000	0	0	A	0	A	0	Full	0	A	0	A	0	A	0	A	3000	C	0	B	4000		
Walk in Centre	380	2500	2500	0	B	0	B	5000	Overcrowded	3000	B	0	B	1000	A	0	A	10700	C	0	B	24700		
Willenhall Health Centre	898	52160	45254	67081	B	0	B	0	Under Utilised	54000	C	0	C	26552	B	1000	B	9470	C	0	B	246047		
Wolverhampton Street Surgery	65	0	0	0	D	0	C	0	Overcrowded	0	D	0	C	0	C	0	B	0	D	0	B	0		
	21095	215020	268453	195264		158250		35000		302626				9000		56552		1000		158715		26880		1426760
		Total	678737											Total		225267								

Table 2: Estates Performance Profile – Mental Health Services

Site	1. Condition					2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards						6. Energy & Environment		Costs per premises		
	Floor Area	Backlog Year 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S	Fire	Asbestos	DDA	Costs	Overall Score	Costs	Overall Score			
Ablewell House	345	12650	7416	5925	B	4000	C	0	Overcrowded	22905	C	0	B	0	A	0	A	10000	D	0	B	62896
Archway Centre	156	0	0	0	D	2000	C	0	Full	0	C	0	C	0	C	0	B	0	C	0	B	0
Archway House	184	15300	4500	10856	B	3000	B	0	Full	2000	B	100	B	200	B	0	B	1400	C	0	B	37356
Bloxwich Hospital	3006	112500	47144	106308	B	23500	B	0	Full	66213	C	104308	B	1500	B	0	B	31600	C	0	B	493073
Dorothy Pattison Hospital	6609	3050	0	0	B	115000	C	0	Overcrowded	334152	B	0	B	0	B	0	A	137100	C	0	B	589302
Evergreen Place	520	0	0	0	A	0	A		Full	0	A	0	A	0	A	0	A	0	A	0	B	0
6-12 Ida Road(PerseveranceHs)	347	6200	6000	5192	B	1000	B	0	Full	1500	B	0	B	4000	B	0	A	25600	C	0	B	49492
Kingshill Day Unit	359	4500	5500	4595	B	4000	B	0	Full	8500	B	1000	C	200	A	0	A	14800	C	3000	B	46095
Lantern House	361	4500	0	7621	B	102200	C	0	Overcrowded	8000	B	0	B	0	A	1000	A	8300	C	4000	B	135621
Mossley Day Unit	373	9250	20829	20702	B	0	B	0	Full	1000	B	0	B	0	A	0	A	7000	C	0	B	58781
Wightwick Close	332	500	0	9750	B	18600	B	0	Full	62000	B	0	B	300	A	0	A	20750	C	0	B	111900
	12592	168450	91389	170949		273300		0		506270		105408	6200	1000	369158	256550		7000			1586516	
			430788									Total										

Table 3: Estates Performance Profile – Learning Disabilities Services

Site	1. Condition					2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards					6. Energy & Environment		Costs per premises				
	Floor Area	Backlog Year 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S		Fire		Asbestos		DDA		Costs	Overall Score		
												Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	Costs				Overall Score	
Daisy Bank	440	11900	22160	5632	B	0	B	0	Full	30160	B	0	B	0	B	0	B	0	2000	C	0	B	71852
Orchard Hills	576	4400	17520	49580	B	0	B	0	Full	30800	B	0	B	0	A	0	A	10000	C	0	B	112300	
Springside	1062	37640	22230	26978	B	8000	B	0	Full	3000	B	0	B	0	B	0	B	14600	C	20480	B	132928	
1&2 Suttons Drive	426	1500	5000	5453	B	8000	C	0	Full	33874	B	0	B	0	A	0	A	7800	C	0	B	61627	
Wightwick Close	332	500	0	9750	B	18600	B	0	Full	62000	B	0	B	300	A	0	A	20750	C	0	B	111900	
	2504	55440	66910	87643		16000		0		159834		0		300		0		55150		20480		461757	
			209993																				
			Total															55450					

Table 4: Estates Performance Profile –Administrative & Support Services

Site	Floor Area	1. Condition				2. Functional Suitability		3. Space Utilisation		4. Quality		5. Statutory Standards								6. Energy & Environment		Costs per premises
		Backlog Year 1	Backlog Yrs 2-5	Backlog yrs 6-10	Overall Condition	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	H & S		Fire		Asbestos		DDA		Costs	Overall Score	
												Costs	Overall Score	Costs	Overall Score	Costs	Overall Score	Costs	Overall Score			
Bentley Clinic	358	5000	0	0	D	0	D	0	Empty	0	D	500	D	6000	D	0	A	0	D	0	D	11500
Coalpool Clinic	260	3100	12970	20595	C	3000	C	0	Empty	57689	C	1000	B	6000	B	0	A	5000	C	0	C	109354
Darlaston (Old) Health Centre	547	5000	0	0	D	0	D	0	Empty	0	D	0	D	0	D	0	B	0	D		D	5000
Eldon Court (Units 2,3,4)	312	22225	12500	9032	B	3750	B	0	Full	15435	B	0	B	8500	C	0	A	5240	C	0	B	76682
Greybury House	809	17000	20000	0	B	47000	C	0	Full	7200	B	0	B	0	A	0	A	9425	C	4000	B	104625
76 Ida Road	98	12150	0	0	B	0	B	0	Full	0	B	0	B	0	B	0	A	0	B	0	B	12150
Jubilee House	1844	15400	16964	23952	B	5000	B	200000	Under Utilised	0	B	0	B	0	A	0	A	6400	C	0	B	267716
Lichfield House	1900	50600	78300	1500	B	10000	B	0	Full	57100	B	0	B	9500	B	20000	C	20250	C	3000	B	250250
	6128	130475	140734	55079		68750		200000		137424		1500		30000		20000		46315		7000		837277
			326288									Total		97815								
			Total																			

Clinic/Centre	Current Issue	Operational Plan
Greybury House	Could be closed as part of the re-configuration towards Children's Centre. Primary Care Psychology will need to be re-housed.	Place primary care psychologists in Hubs across the Borough or base all in one centre/building.
Harden	Child Health Records cramped area	Could use a designated consulting room at the back of records, or expand out into large waiting area
Bentley	4 Case Managers 4 School Advisers 1 Admin worker to move to this new building Chiropody to move from Dr. Shahs.	25 School health bays along with 2 admin and clerical, could accommodate Willenhall DN's with current Bentley team if space available.
Blakenall	Room for Teenage Pregnancy team (tbc) Awaiting new Dental/Chiropody equipment.  Lymphoedema services and tissue viability.	Could use book able space two consulting rooms available for Lymphoedema and tissue viability and Teenage Pregnancy use  Would like soundproofed rooms for Audiology at Blakenall Meadow VT
Forrester Street	Under construction. There is no plan to provide routine Chiropody at this site. Chiropody will have 2 rooms; 1 consulting and 1 manufacturing. DH  Space at Dr. Nair/Ray is totally inadequate for ANTENATAL care we are only given a 3 hour slot to fit I up to 20 women, we cannot achieve 15 mins appointments, they are both in the LIG Project. LG	Plan to provide Chiropody and Orthotics Lab (currently in Brace Street) Brace Street room will revert to additional chiropody space. Possible move of DN & HV staff from Little London when this building is complete Also Audiology & CHS suites are reqd on this site. Health Visiting or District Nursing could move in hear to free up space for HV or DN from Little London, Sycamore and Brace street.



Clinic/Centre	Current Issue	Operational Plan
Pleck	<p>Not a large facility – Little London staff CDNs, HVs, Community Matrons could move to the new Pleck if space permits.</p> <p>Dr. Siddiq facilities are not good however we have now got two sessions a week instead of one all other areas have given 15 min slots.</p>	<p>Need better maternity services here LIG area Health Visiting to move from Broadway Medical centre</p> <p>25 child health bays 4 A&amp;C staff. 4 school nurses</p>
<p>Willenhall ( Field Street)</p> <p>Due to security issues and natural reshaping of service there is a possibility of amalgamating DN team with Bentley team if space allows. LM</p>	<p>Space limits clinical provision in Tissue Viability, audiology, Child Health clinic.</p> <p>Audiology – difficulties at the moment due to access, lots of clinics transferring to Darlaston. Would like soundproofed rooms in Willenhall or Bentley</p>	<p>Potential base for Community Matrons in the West. Potential District Nurse base Health Visiting space</p> <p>Use of Field Street for Psychologists currently based in Greybury House.</p> <p>Base to 2 single handed GP practices currently housed in very poor premises.</p> <p>Space for new GP surgery - Dr Prasad and Dr Pandit</p>
Collingwood	<p>Currently liasing with the LA for additional space for the PMS practice.</p> <p>Chiropody will need 2 clinical rooms, 1 decontamination room and 1 admin area/room.</p>	<p>Could expand community services here Dentistry, Chiropody, HV</p> <p>Possible Rationalisation of Blackwood premises – as this site is very cramped and will need some development/expansion.</p>
Pelsall	<p>3 single handed GPs no attached staff no room for HV, DN SHA etc to sit</p> <p>Chiropody will need 2 clinical rooms, 1 decontamination room and 1 admin room.</p>	<p>Need to provide School Health services</p> <p>HV DN Chiropody Physiotherapy.</p>

Clinic/Centre	Current Issue	Operational Plan
Anchor Meadow	Limited space available at present.	Need to consider provision of additional community staff Community Matrons? DN HV School Nurse base (temporary) DENTISTRY Need for additional accommodation to form the new 'sixth' Hub to service Streetly

### Audiology

Audiology currently sites used: Darlaston – sound proofed room with good facilities  
Pinfold – sound proofed room with good facilities.

Both these facilities are shared with Speech & Language services.

**Estates 6 Facet Survey – Description and Approach**

**FACET 1: Physical Condition Appraisal**

- i) A broad knowledge of the physical condition of the existing estate building associated engineering services and external works are an essential factor in resource planning. Such information constitutes an essential base from which an Estates strategy can be prepared and Estate operational programmes formulated.
- ii) The appraisal has been carried out addressing each of the 14 physical elements relating to mechanical and electrical services at either building or floor level pertaining to NHS building stock listed in Estatecode.

<b>BUILDING</b>	<b>MECHANICAL ENGINEERING</b>	<b>ELECTRICAL ENGINEERING</b>
Structure	Heating system	Electrical system
External fabric	Steam system	Telecommunications
Roof	Ventilation system	Alarms and detection systems
Internal fabric	Piped medical gases and vacuum pumps	Fixed plant
Internal fixtures and fittings	Hot and cold water systems	Building management control systems
External works – grounds and gardens	Lifts and hoists	
Drainage and sewerage and water supply	Boilers and calorifiers	
	Fixed plant and equipment	
	Fuel storage and distribution	

- iii) The average overall condition of each element have been estimated to be in one of the four categories the interpretation of the ranking is detailed in Estatecode, summarised below:

Code

- A the element is as new (less than two years old) and can be expected to perform adequately to its full normal life
- B the element is sound, operationally safe and exhibits only minor deterioration

- C the element is operational but major repair or replacement will be needed soon, i.e. within three years for building and one year for an engineering element
- D the element runs a serious risk of imminent breakdown
- X supplementary rating added to C or D to indicate that a full rebuild, relocation or replacement is needed (i.e. repairs are impractical or too expensive to be tenable).

The Trust in association with 'NIFES' have developed a further detailed scoring system to provide a more refined and informative indication of physical condition, by sub-dividing the four categories (A, B, C, D) into marks from 1-10, as noted below:

<b>Current Estatecode Codes</b>	<b>Score</b>	<b>Corresponding Estatecode Grading</b>
A	10	A+
	9	A-
B	8	B+
	7	B-
C	6	C+
	5	C-
	4	Cx
D	3	D+
	2	D-
	1	Dx

- iv) Following categorisation, the cost of appropriate measures to upgrade a C or D standard to the B level, have been recorded. Standard B is to be considered as an operationally acceptable standard for all building and engineering elements. In some instances, particularly where engineering services are involved, the cost to upgrade to B may be equivalent to the cost to upgrade to Standard A.

Elements in condition B may also require repairs and these associated costs will be evaluated and recorded.

Reference to quantity and unit costs are noted on survey data, using standard benchmarks (e.g. Spons, RICS, BMI) and other building cost data (both published and NIFES benchmarks).

- v) The detailed six facet report also gives an assessment of life expectancy of Building and Engineering Services elements.

**FACET 2: Functional Suitability**

An assessment of Functional Suitability has been carried out for each floor. The following factors were considered.

<b>INTERNAL SPACE RELATIONSHIPS</b>	<b>SUPPORT FACILITIES</b>	<b>LOCATION</b>
Critical dimensions are suitable for the function	Adequate toilet and bathrooms for the number of users	Distance to key linked facilities not excessive
Staff observation of dependant patients	Adequate storage space	Reasonable car parking provision / location
Separate sex bed / cubicle areas and toilet facilities	Adequate seating and waiting space	Good access to public transport links
Security is maintained for both patients and staff	Suitable provision has been made for disabled people	Good internal communications vertical (stairs / lifts) and horizontal

Scores (1 – 10) will be assigned for each of the twelve sub-elements above for each building. Deficiencies in functionality and applicable opportunities for enhancement will also be recorded together with approximate costing of such enhancements.

**FACET 3: Space Utilisation**

- i) The objective of the space utilisation survey is to assess how well the available space is being used in order to satisfy the reasonable demands of the present function and planned requirements. The identification of under-used space and spare

capacity may enable substantial revenue savings to be made which can then be reinvested to enhance or extend the service.

ii) Space utilisation will be assessed under (a) Current Use and (b) Use Over Time for each floor.

- | (a) <u>Current Use</u> | (b) <u>Use Over Time</u>                       |
|------------------------|--|
| • Empty (E)            | Empty for the majority of time (E)             |
| • Underused (U)        | Underused for long periods (U)                 |
| • Fully Utilised (F)   | Fully used most of the time (F)                |
| • Overcrowded (O)      | Overcrowded for more than half of the time (O) |

Opportunities for improving space utilisation have been recorded, as have approximate costs for of such enhancements.

**FACET 4: Quality**

The Quality Facet comprises a detailed assessment of each of the buildings to cover the 28 sub-elements under amenity, comfort engineering and design at each floor.

The results of this appraisal are included within the detailed report to enable analysis and reporting with each sub-element being scored (1-10). Deficiencies in Quality of the Environment and applicable opportunities for enhancement are also recorded together with approximate costing of such enhancements.

<b>AMENITY</b>	<b>COMFORT ENGINEERING</b>	<b>DESIGN</b>
Attractive main entrance / reception / department	Good natural lighting and artificial lighting that enhances over all design	Colour is creatively and therapeutically used for definition and variety
Privacy and dignity issues are addressed	Comfort conditions are achieved in temperature and ventilation.	Landscaping is attractive
Confidential conversations can be held satisfactorily	Acoustic privacy is achieved	Planting is optimised for all seasons

Toilet facilities are well provided Appropriate storage has been provided	Noise levels are acceptable	Natural daylight is used to optimum effect
Disabled users are catered for Appropriate facilities are provided for children	Persistent odours are absent	Appropriate finishes are used for walls, ceilings and floors

<b>AMENITY</b>	<b>COMFORT ENGINEERING</b>	<b>DESIGN</b>
Seating and waiting areas are adequate		Furniture coordinates well with over all design
Appropriate safety and security measures are in place		Interior is reassuring and non clinical where appropriate
Way finding is simple and effective		Wherever possible patients and staff have pleasing views from both inside and outside the building
Adequate car parking facilities		First impressions of entrance / reception areas are welcoming
Accessible by public and private transport		

**FACET 5: Statutory Requirements**

The Property Assessment addresses all Statutory Requirements on each floor level.

<b>FIRE</b>	<b>HEALTH AND SAFETY</b>
Compartmentation	Health and Safety at Work etc. Act and the Workplace (including surface temperatures of heat emitting devices)
Fire doors	Electrical services
Means of escape	Asbestos
Alarm and detection systems	Control of Legionellae
Textiles and furniture	Food hygiene
Storage of flammable substances	COSHH
Compliance with Firecode	DDA
	Pressurised systems
	Work equipment

An assessment of the above health and safety sub-elements has assigned scores of 1-10 to each; the costs involved in remedying any deficiencies have also been identified.

**FACET 6: Environmental Management**

Elements for conducting an appraisal of Environmental Management are reported at site or premises level:

PROCUREMENT	ENERGY PERFORMANCE	WATER CONSUMPTION	WASTE MANAGEMENT	TRANSPORT MANAGEMENT
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- i) Energy performance is an important factor in determining the overall efficiency of a property. A general overview of the site has been gained from an analysis of the relevant Performance Indicator data (i.e. energy usage per unit volume - GJ/100 cubic metres).
- ii) The energy performance has been compared with published performance bands to determine the category A. B. C. D.
- iii) Water consumption, Waste management and Transport management practice and performance has been reviewed in terms of Best Practice, Good Practice or Poor Practice; any improvements in environmental management are considered at site level as appropriate. Water, Waste and Transport will be categorised as A, B, C and D.

The cost to upgrade energy related systems (controls, thermal insulation, etc) to improve performance, but not necessarily physical conditions, has also been identified to assist in the planning of energy reduction measures. Such costs are allocated or proportioned to buildings, where appropriate, or reported under Energy Management improvements for the site as a whole.



	<b>Psychology Action Plan</b>
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	Action needed	Outcome	Milestones	Timescale for action		Progress
				Start	Complete	
	All existing referrals on the waiting list to be reviewed.	Service demand assessed.	Notify referrers and service users. Agree assessment criteria.	June 2006.	October 2006.	
	Care pathway agreed, including access and exit criteria.	Management of referrals to and discharges from Psychology via CMHTs.	All stakeholders involved in care pathway development.	June 2006.	October 2006.	
	Linked to Day Service Review.	Referrals prepared for psychological interventions.	Pre-referral group work established in day services.	September 2006.	December 2006.	
	Evaluation.	Assessment of appropriateness and transferability of the model.	Monitoring group established and formal feedback process in place.	December 2006.	March 2007.	