



## Item No: 12

Meeting Date: Wednesday 15 February 2017

### Glasgow City Integration Joint Board

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#### INTEGRATED HEALTH AND SOCIAL CARE HUB IN NORTH EAST GLASGOW

##### **Purpose of Report:**

At its meeting on 21<sup>st</sup> September 2016 the Board instructed officers to bring forward detailed plans and a business case in early 2017 for the new integrated health and social care hub in North East Glasgow. This paper sets out an initial proposal for the development of a hub for the community in the east end of Glasgow. Our initial site appraisal identified Parkhead as our preferred option.

The paper is based on the guidance in the Scottish Government's Capital Investment Manual for the Strategic Assessment stage for capital projects.

The project will be led by Glasgow City Health and Social Care Partnership and we will be working with NHS Greater Glasgow and Clyde on the development of the proposal to ensure opportunities for acute services to be included in the proposal are fully explored. We also envisage that it will involve a range of partner agencies from the public and voluntary sectors.

##### **Recommendations:**

The Integration Joint Board is asked to:

- a) agree that this project is confirmed as a priority by Glasgow Health and Social Care Partnership for future investment and should be included in the Health Board's property and asset management strategy with the document submitted to Scottish Government Finance Directorate for inclusion in the 2018/19 investment plans;
- b) approve full engagement on this proposal be carried out by the Health and Social Care Partnership from March-May 2017;

- c) in developing the formal outline business case, instruct officers to assess the options for the project following the engagement process outlining the best option in terms of the strategic and service objectives, value for money and the affordability model; and
- d) direct the Health Board and Council in line with approvals given by the IJB.

**Implications for Integration Joint Board:**

<b>Financial:</b>	Further work has been undertaken to assess the capital costs of the building since the last report to the Board. The most recent estimate is that the total capital cost will be in the region of £40m and this takes into account future inflationary rises in building costs. However, this cost may change as we develop the project further and have a clearer idea of all the services and organisations which will be based in the hub. It is our intention to use rental payments from terminating the leases for our existing rented properties as well as revenue released from closing buildings which we own to contribute to the total costs. Services based in these buildings would be re-located to the new hub or to alternative locations as part of the wider integration and re-design of health and social care in the north east. The estimated current revenue costs which could contribute to the financing of the project total approximately £1.47 million per year.
<b>Personnel:</b>	Staff will be required to relocate to the new hub or to alternative locations and there will be on-going engagement with them as part of the development process.
<b>Legal:</b>	The normal legal issues for Glasgow City Council and the Health Board (such as building contracts) will arise from developing the hub.
<b>Economic Impact:</b>	There will be positive economic and regeneration impacts at a local level in the new hub area as a consequence of consolidating public services alongside a wide range of existing shops and leisure facilities.
<b>Sustainability:</b>	We will reduce our reliance on out dated, poor quality buildings through the construction of a modern, state-of- the-art facility. We envisage a reduction in energy costs as a result of the new build facility.
<b>Sustainable Procurement and Article 19:</b>	The procurement process will meet all legislative requirements.
<b>Equalities:</b>	We will undertake an EQIA of the proposals and ensure that we engage with a diverse cross section of the local community. The new building will be fully accessible for disabled people and will be located at a major public transport interchange.

<b>Risk Implications:</b>	<p>If Scottish Government funding is not made available the IJB will need to re-visit the accommodation strategy for the north east. Our properties will require an on-going investment programme to ensure that they remain viable in the longer term. In addition, we would not benefit from the service improvements which a modern facility would open up. Parkhead Health Centre is strategically located in a busy town centre location, with good public transport links and is adjacent to a wide range of community facilities and amenities. The Parkhead site is accessible to many people in the immediate area but also to residents who live in the wider east end. Therefore, it is a vital that we retain this resource for the local community in the longer term either through upgrading the existing building or, preferably, through a new hub development.</p> <p>Although our assessment is that Parkhead offers an ideal location for a health and social care service, and is therefore our preferred option we will consider other options for the east end hub, should other potential locations be identified through the engagement process. This could include the Lightburn Hospital site which may become vacant if the NHS service changes proposals proceed and are approved.</p>
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<b>Implications for Glasgow City Council:</b>	<p>The development of the integrated health and social care hub is part of a wider accommodation strategy for the north east which will see the rationalisation of buildings and the relocation of services to the one site. The major implication is the requirement to finance the construction of the building. However, there are many positive aspects to the development of the new hub and these are outlined in this report.</p>
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	<p>The development of the integrated health and social care hub for NE Glasgow is an opportunity to assess the potential to relocate acute services into the East End. Potential services to be explored for inclusion in the hub include midwifery services; chronic disease, ambulatory care, rehabilitation and outpatients services which do not need the full range of acute support; wider nurse and Allied Health Profession (AHP) services.</p>
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<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓	

## 1. Purpose of Report

- 1.1 This paper sets out an initial proposal for the development of a health and social care hub for the community of Parkhead/Dalmarnock and the wider east end of Glasgow. The paper is based on the guidance in the Scottish Government's Capital Investment Manual for the Strategic Assessment stage for capital projects. The development will be led by Glasgow City Health and Social Care Partnership working with NHS Greater Glasgow and Clyde on the development of the proposal to ensure opportunities for acute services to be included in the proposal are fully explored. We also envisage that it will involve a range of partner agencies from the public and voluntary sectors.

## 2. Background

### 2.1 Parkhead Health and Social Care Hub

A proposal for the development of a health and care hub in Parkhead was originally proposed in 2011 as part of the CHP's property strategy for North East Glasgow and was a response to the need to substantially reduce costs by rationalising the Partnership's property portfolio; to improve the quality of the buildings in Parkhead; and to maximise the potential of the land which would be freed up, once the adult and older peoples' mental health wards at Parkhead Hospital were moved to Stobhill Hospital.

To identify the projects that would receive funding from Scottish Government as part of the last round of the hub<sup>1</sup> programme, the Health Board completed a priority ranking exercise on proposals from across all six partnerships. Feasibility studies were undertaken on project proposals from across the Greater Glasgow and Clyde area. As a result of this process the Parkhead submission was ranked third after projects in Clydebank and Greenock (see appendix 2 for summary of scores). The feedback from the panel on the main reasons that Parkhead fell short of the first two projects were:

- **Deliverability** – at that stage there was no funding in place to enable the construction of the wards at Stobhill Hospital and, therefore, we could not guarantee that the whole site would be available to meet the timetable for the hub programme. This problem has now been resolved and the re-provisioning of the wards will take place in 2017/18 and the site available for re-development thereafter.

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<sup>1</sup> The Scotland-wide hub initiative, which is led by Scottish Futures Trust, reflects a national approach to the delivery of new community infrastructure which is valued at more than £2bn over its first 10 years. It brings together community planning partners, including health boards, local authorities, police, and fire and rescue services and several other public bodies together with a private sector development partner to form a hubCo to increase joint working and deliver best value in procuring new community facilities. This service is delivered through five hubCos in the South East, North, East Central, West and South West regions of Scotland.

- **Integration** –Social Work Services was not in a position to commit to a joint venture at Parkhead at the time the feasibility study was prepared, whilst projects submitted by some of the other partnerships could demonstrate an integrated approach. Again, this deficit has now been resolved and the current proposals demonstrate a strong emphasis on partnership working through the provision of integrated health and social care services from the building and the potential for acute services to be included.

The outcome of the process was that Greenock and Clydebank hubs were approved for funding support and are being progressed as part of the current hub programme. There was insufficient funding at that time to support another project in NHS Greater Glasgow & Clyde.

Since then Glasgow City Health and Social Care Partnership has continued to refine and develop the specification for the Parkhead hub so that we are in a position to submit a high quality bid when the Scottish Government announces the next round of funding. A paper providing an overview of the Parkhead health and social care hub was presented to the IJB meeting 21 September 2016 and the Board instructed that a further report should be submitted for consideration at its Board meeting in early 2017.

Engagement to date has included speaking to local people about the proposal in general terms but not entering into more specific dialogues with individual organisations. For example, the project was highlighted as a priority for the North East during the consultation events on our locality plan, at local community council meetings and through keeping our Public Partnership Forum up to date with progress. The feedback from the engagement activity has been positive with a strong theme running through the discussions that the hub should not just be focused on health and social care but should include a range of local services and community facilities.

## 2.2 Lightburn Hospital

The proposals for a hub at Parkhead are being developed at the same time as the Health Board is looking to re-design older people's acute services in the North East of Glasgow and has agreed to formally consult on a revised service model for a 12 week period in early 2017. The revised service model includes the closure of Lightburn Hospital and Day Hospital for older people, which is located in Carntyne, 1.7 miles north east of the Parkhead site.

The Health Board's proposals for the re-design of older people's acute services in the north east of Glasgow and the possible closure of Lightburn Hospital are not linked to the development of a hub at Parkhead and are discrete workstreams. The Board has decided that it will consult on the basis that:

- the acute aspects of services currently provided at Lightburn will be re-designed and delivered on acute sites, rather than in community venues, as hospitals provide the required clinical care and easy, one-stop access to a range of specialist services, such as diagnostics.
- The less acute rehabilitation aspects of services will be delivered by the HSCPs intermediate care services and community services including rehabilitation.

The Board has indicated it will work with us on the detailed planning to consider the potential delivery of current acute services within the hub.

Although our assessment is that Parkhead offers an ideal location for providing health and social care services in the east end of Glasgow, the Lightburn Hospital site could be included as one of the possible options should the Health Board's proposals for this site are approved and progressed. The standard development process for capital projects. (Section 7.2) will require a consideration and investigation of all alternative options, including alternative sites.

### 3. Capital Development Process and Timelines

- 3.1 There is an agreed process for the development of capital projects and the guidance on the process is outlined in the Scottish Government's Capital Investment Manual. The stages which all projects must go through shown in the table below along with some indicative timescales for the development process:

<b>Key development stage</b>	<b>Possible timeline</b> (actual timeline will depend on availability of funding and the practicalities of progressing a construction project)
Service planning	Already completed through HSCP strategic plan and locality plan. The HSCP is also developing a property strategy for completion autumn 2017.
Local Delivery Plan	As above
Project and Asset Management process	NHSGGC process taking place January to March 2017
Strategic assessment	January to March 2017
Initial agreement	March to June 2017
Outline business case and Stage 1	12 months after initial agreement
Full business case, stage 2 and financial close	12 months after Stage 1 completion

The following paper relates to the Strategic Assessment stage of the process and is based on the guidance in the Capital Investment Manual with a view to inclusion in the 18/19 development programme.

## 4. Existing Arrangements

### 4.1 Current properties

The current buildings on the site are:

- Parkhead Health Centre
- Parkhead Hospital (adult mental health inpatients)
- Anvil Mental Health Resource Centre
- Sandyford East Sexual Health Service – local hub

**Parkhead Health Centre** is one of 7 health centres in the North East of Glasgow that together provide services for a resident population of almost 170,000 people. The North East Locality of Glasgow City HSCP is planning the delivery of health care services around its six GP clusters of Easterhouse and Baillieston, Parkhead and Cranhill, Shettleston, Bridgeton, Springburn and Townhead and Dennistoun. We envisage that health centres will continue to be focal points for each of these clusters. In addition to providing primary and community health care services from health centres, they offer space for outreach clinics and services from the acute hospitals. However, demand for services within the health centres is very high which places pressure on space with limited capacity to provide space for new or enhanced services.

**Parkhead Hospital** provides inpatient mental health care services but these will be transferred to Stobhill Hospital once the new wards become available in 2018. After the wards have closed at Parkhead, the building will be demolished to minimise on-going security costs and to prevent vandalism. Alternative accommodation on a temporary basis will need to be found for the Addictions' services that are based in the hospital, pending the completion of the new health and social care hub.

The **Anvil Mental Health Resource Centre** provides primary care mental health and psychotherapy services. It is proposed that these services will move into the new health and social care hub.

**Sandyford East** is the local hub for sexual health services and is one of 8 in Glasgow City. An extension was made to the health centre in 2007 to accommodate the Sandyford services. It is proposed that these services will move into the new health and social care hub.

The proposed hub at Parkhead will not only serve the immediate population of Parkhead and Dalmarnock but will accommodate services used by residents from throughout the east end of Glasgow. This will facilitate a rationalisation of our leased and owned property portfolio with some of their current revenues streams transferred to the hub to finance the project. The

additional buildings and services which will be impacted by the development will be:

- **Templeton Business Centre** (NHS leased) – Specialist Children’s Health Services, Child Health Surveillance, North East headquarters and administrative functions
- **Brook Street Social Work Training Centre** (Council leased) – training services for Glasgow City.
- **Newlands Centre** (Council owned) - Social work services and Addictions’ Services.
- **Parkview Resource Centre** (NHS owned) – Older people’s mental health and rehabilitation Services

The regeneration of the neighbouring Dalmarnock area as a result of Clyde Gateway and the Commonwealth Games will result in the re-establishment of a new community in this area, with an estimated future population of 20,000 people. At this point in time there is no significant health service located within the Dalmarnock area. However, an expanded facility at Parkhead will provide both the existing and new residents of Dalmarnock with access to health and social care services.

## 4.2 Needs analysis

The total resident population of North East Glasgow is 177,910 and the following table gives a more detailed breakdown by gender and age and compares these with the Glasgow City profile. The main difference between the North East and Glasgow City population profiles is the higher proportion of older people living in the area compared to the City’s population, (7.2% higher for the 65 to 74 age group and 3.7% higher for people aged 75 and over)<sup>2</sup>.

	No.	%	Difference from Glasgow
<b>Gender</b>			
Males	85,517	48.1%	-0.3%
Females	92,393	51.9%	+0.3%
<b>Age</b>			
People aged 0 - 15	29,099	16.4%	+1.3%
People aged 16 - 64	122,285	68.9%	-1.4%
People aged 65 - 74	13,781	7.8%	+7.2%
People aged 75 and over	12,324	6.9%	+3.7%

North East Glasgow has some of the most deprived neighbourhoods in Scotland. An analysis of the most recent release of the Scottish Index of Multiple Deprivation (SIMD), which ranks neighbourhoods by overall

<sup>2</sup> [http://www.understandingglasgow.com/profiles/neighbourhood\\_profiles/1\\_ne\\_sector](http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector)

deprivation, includes 7 data zones from the North East in the 25 most deprived data zones (out of a total of 6977).<sup>3</sup> Many of the residents living in these neighbourhoods are served by Parkhead Health Centre.

<b>Intermediate_Zone</b> (more than one data zone per intermediate zone)	<b>Population</b>	<b>Overall SIMD16 Rank (most deprived)</b>	<b>Residents likely to use services at Parkhead</b>
Carntyne West and Haghill	888	2	X
North Barlanark and Easterhouse South	474	3	
Old Shettleston and Parkhead North	751	4	X
North Barlanark and Easterhouse South	697	10	
Parkhead West and Barrowfield	1007	12	X
Central Easterhouse	787	18	
North Barlanark and Easterhouse South	633	20	X

Data provided by the Glasgow Centre for Public Health<sup>4</sup> highlights that the hub at Parkhead is located in an area characterised by severe and enduring poverty, very poor health outcomes and quality of life. The table below gives some comparisons between Parkhead and Dalmarnock and Glasgow City for a number of indicators:

<b>Indicator</b>	<b>Parkhead and Dalmarnock</b>	<b>Difference from Glasgow</b>
Life expectancy for men	67.6 years	4.7 years earlier
Life expectancy for women	75.8 years	2.4 years earlier
% of people who report that they are in "good" or "very good" health	67%	13% below
% of people who say that they are limited a "lot" or a "little" by disability	32%	41% above
Income deprivation	38%	187% above
% of children living in poverty	52%	181% above
% of the population who live within 500m of vacant and derelict land	100%	66% above

<sup>3</sup> <http://www.gov.scot/Topics/Statistics/SIMD>

<sup>4</sup> [http://www.understandingglasgow.com/profiles/neighbourhood\\_profiles/1\\_ne\\_sector](http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector)

## **5. Need for Change**

### **5.1 Quality of current buildings**

There has been investment in the health centre over the past few years to ensure that the building is maintained and remains in a usable condition. The building was assessed by the last property survey in 2013 as requiring modernisation and expansion, if it is to continue to meet the needs of the local population in the medium to long term. The building is only just fit for purpose at present and certainly is not suitable for the provision of 21st century health and social care services, especially as the expectation is that more care will be provided outwith hospital settings in the local community.

Parkhead Hospital is no longer suitable for inpatient mental health services and once the wards are closed the building will be demolished leaving a large vacant site.

The Newlands Centre in Parkhead was built in 1895 as a primary school is currently used for the delivery of social work and addictions' services. Again despite ongoing maintenance in the building (asbestos was removed in 2016), it is not suitable for the delivery of modern health and social work services.

Parkview Resource Centre was assessed by the property survey in 2013 as generally in a satisfactory condition, however, it does not provide optimal space for modern, agile forms of working. In addition, part of the building was previously a day hospital that has been converted into office accommodation and clinic space and, therefore, the building cannot be utilised efficiently or effectively.

### **5.2 Rationalisation of property portfolio**

NHS Greater Glasgow & Clyde and Glasgow City Council have a strategic priority to rationalise their property portfolios to reduce revenue costs. This project will make a major impact on the property in the North East by facilitating the closure of 7 leased and owned buildings with a combined revenue cost of approximately £1.47 million per annum. The termination of the leases at Templeton Business Centre and Brook Street will free up substantial resources for re-investment in the Parkhead Hub.

The current building stock does not have modern levels of energy efficiency and, therefore, the move to a new, purpose built accommodation at Parkhead would enable the organisation to substantially reduce its heating costs.

### **5.3 Promoting new ways of working**

A development of a health and social care hub would facilitate the integration of health and social care services, through providing shared

accommodation, shared meeting and training facilities. The design of the building would help break down the barriers between services and help to create a seamless pathway between services for patients and service users.

The existing buildings do not use space efficiently as they were not designed for modern ways of working, such as agile/mobile working. Both organisations have a strategy to promote agile/mobile working for their staff and, consequently reduce the size of buildings required for office accommodation. The most recent health and care hubs in Scotland are being designed to maximise opportunities for agile working. In the North East of Glasgow none of the existing health or social work buildings have been constructed to promote modern working styles as they were built prior to the introduction of wireless communications.

#### **5.4 The Health and Social Care Partnership's Strategic Plan**

The Health and Social Care Partnership's Strategic Plan outlines the vision and strategic objectives for health and social care in Glasgow. The Partnership's vision is that "the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives". The Partnership will do this by:

- Focussing on being responsive to Glasgow's population and where health is poorest.
- Supporting vulnerable people and promoting social wellbeing.
- Working with others to improve health.
- Designing and delivering services around the needs of individual's, carers and communities.
- Showing transparency, equity and fairness in the allocation of resources.
- Developing a competent, confident and valued workforce.
- Striving for innovation.
- Developing a strong identity.
- Focussing on continuous improvement.

The proposed hub at Parkhead addresses the majority of these objectives. For example, given that the North East of Glasgow (and Parkhead in particular) is one of the most deprived communities with some of the worst health outcomes in Scotland, a new, state of the art health and social care hub will demonstrate the Partnership's commitment to focus on the where health is the poorest. Furthermore, the purpose built facilities will promote the delivery of services which meet the needs of the local community and provide a more effective environment for incubating innovation and continuous improvement.

## 5.5 Responding to the changing policy agenda

The national policy context has a critical influence on the development of health and care services in the north east of Glasgow. While not intended to be exhaustive, the following list identifies some of the key national policies that have influenced the current proposals:

- Health and Social Care Delivery Plan
- National Clinical Strategy
- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Reshaping Care for Older People
- Delivering for Health and associated guidance;
- Better Health, Better Care
- Health and Homelessness Standards;
- Equality Legislation;
- Improving Health in Scotland: the Challenge
- Respect and Responsibility – the national sexual health strategy.
- Equally Well – report of ministerial task force on health inequalities
- The Christie report
- Co-ordinated, integrated and fit for purpose: A delivery framework for adult rehabilitation in Scotland
- Community planning and community justice agendas.

Each of these policies seeks to improve the health and social care service response to the people of Scotland. It is worth highlighting the key messages in some of these policies.

**The Health and Social Care Delivery Plan (December 2016)** sets out the Government's aims to create for Scotland high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, the objective is for day surgery to be the norm, and when stays must be longer, people should be discharged as swiftly as it is safe to do so.

The Delivery Plan sets out the Government's programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and that we develop a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and

- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The vision set out in **Delivering for Health** and reaffirmed in **Better Health, Better Care** and in the Scottish Government's Delivery Plan requires an increasing shift in the balance of care from hospitals to providing as much care as possible in the local community, close to people's homes and meeting their needs with a holistic and integrated response.

It is difficult to translate this vision into reality and improve access to new services, when staff are working in a number of different buildings, the existing health centre is operating at full capacity and the poor state of some premises provide an unacceptable environment for both staff and service users. The increasing demands of providing services for an ageing population, managing long term conditions and supporting a population who experience high levels of co-morbidity along with difficult and challenging life circumstances, means that we need not just to expand our facilities but also design them to enable us to provide new, more effective and flexible service responses, with the close co-operation of multiple agencies: health, social services, training, employment and housing.

In summary this policy context provides the following key drivers for the current project:

- Improving equitable access to services through the availability of an increased range of services in community settings. It will increasingly be possible to provide safe and effective services closer to people's homes and this will benefit people who use the services by improving access. The demand for locally based services will increase and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.
- People's expectations about the services which they receive and where and when they receive them will continue to increase and meeting these expectations, where practicable, will remain a policy priority.
- The creation of sustainable and flexible services and facilities which can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.
- Seamless care through tailor-made integrated care pathways supported by a range of agencies working in partnership. Inter-agency collaboration, multi-disciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Improvement of services through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce

people's functioning or quality of life (e.g. coronary heart disease, cancer and diabetes).

- Breaking down of barriers between primary and secondary care and health and social care organisations and professions, through a whole systems approach to planning and delivering services. Nurses, allied health professionals and social care professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care and community teams.
- Working more effectively across the public and third sector more generally to join up service provision effectively and efficiently for the benefit of the public.
- The high priority attached to the improvement of people's health and improvement of community services. Significant and sustained improvements in health and well-being are achieved through supported self-care and services and facilities are needed to motivate people to look after themselves and to help them to do this.
- Tackling health and social inequalities, as a result of poverty and/or discrimination of people's ethnicity, disability, gender or sexual orientation.
- Improved care for the elderly and younger people through promoting positive health, prevention and early identification of needs and early intervention.
- Community and public participation in service design and provision. Working with communities to build assets and capacity.
- Good partnerships with staff, based on involvement and support to provide new flexible and effective ways of working.
- The use of advances in information and communications' technology generally to benefit service users and reduce the professional isolation of its staff. Medical, information and communications' technology will continue to improve and create opportunities for improving local access, especially to diagnostic services.

## **6. What benefits will be gained from addressing these needs?**

The investment in a health and social care hub at Parkhead will make a significant contribution to the achievement of the wider policy context and the strategic priorities for Glasgow City Health and Social Care Partnership, by providing modern and fit for purpose facilities for the provision of services across health and care. In particular the investment will:

- Enable speedy access to modernised and integrated primary care, community health services and social care services that are progressing towards the achievement of national standards and targets.
- Promote sustainable primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to health and social care for service users.
- Deliver the aims and objectives outlined in the HSCP Strategic Plan by supporting strategies for service re-modelling and re-design that have been the subject of extensive public engagement and involvement.
- Offer opportunities for the co-location of public, third sector and community based services as a method for improving access to these services for the general public and to promote improved joint working.
- Deliver a more energy efficient building within the NHSGGC/Glasgow City Council estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Achieve a BREEAM Healthcare rating of 'Excellent'.
- Achieve a high design quality in accordance with the Health Board's Design Action Plan and guidance available from A+DS and CABE.
- Meet statutory requirements and obligations for public buildings, e.g. with regards to the Disability Discrimination Act.

Service users will see an improvement in the following:

- Physical environment and patient/service user pathway
- Access to a wide range of services
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.
- A more co-ordinated approach to rehabilitation
- Speedier referral pathways between professionals

### **Strategic Assessment Template**

Improves quality of life through care provided

Improves support to allow people to live independently

Increases proportion of people with intensive needs being cared for at home

Allows timely discharge from hospital

Improves financial performance

Improves functional suitability of the health and social care estate

Reduces significant and high risk backlog maintenance

## 7. What solution is being considered?

### 7.1 Scope and size of services

The initial proposed building, before we develop further planning for Health Board services, has an estimated size of 10667m<sup>2</sup> and we envisage that the following services will be based there:

- 2 GP surgeries
- Dental services
- Community pharmacy
- Primary care mental health and psychotherapy
- Rehabilitation and enablement services
- District nursing
- Treatment rooms
- Health visiting and school nursing
- Social Work children and family teams
- Child and adolescent mental health services
- Community paediatric services
- Specialist health services for looked after children
- Older people's mental health services
- Learning disability services
- Physiotherapy and podiatry services
- Sandyford East sexual health services
- Health and social work addiction services, including hospital addiction team
- Criminal justice social work services

In addition to the direct service provision for the north east of Glasgow the following city wide services will be based in the hub utilising a total of 1100 m<sup>2</sup>:

- The social work training centre will include training and IT rooms, office for 50 staff, break room/dining area, learning network and a library (764 m<sup>2</sup>)
- Seminar and meeting room space (16 rooms of varying sizes totalling 336 m<sup>2</sup>).

The space requested by services to meet their existing needs is summarised below. It should be noted, though, that this will change over time as the detailed specification for the building is refined and as we progress the re-design and integration of health and social work services.

<b>Service</b>	<b>% of total area</b>	<b>Total m<sup>2</sup></b>
GP	4.56%	304.0
NHS	41.91%	2794.6
Sandyford East	2.10%	140.0

Headquarters, meeting and seminar rooms	4.73%	315.5
Social Work	17.92%	1194.5
Social Work Training Section	11.46%	764.0
Shared NHS/GCC	5.04%	336.0
Common Facilities	12.28%	818.5
<b>Total</b>		<b>6667.1</b>
Circulation spaces, wall and engineering allowances		4000.26
<b>Total</b>		<b>10667.4</b>

Other services which we would like to operate from the hub community health improvement services, money and debt advice, employability support and housing advice

We will consider the potential for other local organisations (both public and third sector) to be based permanently in the hub. Furthermore, we would expect that local voluntary and community groups could book the seminar facilities for meetings and events. At this stage, given the uncertainty regarding the funding from the Scottish Government, we have not investigated the potential for other organisations to be located in the hub but we will look in more detail at this as we progress the project to the next stage.

## 7.2 Initial analysis of possible options

The later stages of the development process for capital projects include detailed investigations of the potential options. A number of different scenarios will be explored in the analysis of the options and some of these are described in the following paragraphs. More detailed work on the options will be undertaken at the Initial Agreement and Outline Business Case stages.

### Option 1 - Do nothing

Maintaining the status quo within the existing health centre is an unrealistic option and unsustainable in terms of achieving any of the strategic and investment objectives of the scheme. We would not be able to use this option to reduce our reliance on leased properties or reduce the property in our ownership. The existing health centre at Parkhead struggles to meet the current demands from services for accommodation and will not be able to meet the needs of the future population of the east end.

### Option 2 - Do minimum

This option would include minor interior upgrades and repairs to the fabric of our buildings. While this option would fail to meet the service and project objectives, it has been included as an option to provide a baseline so that

the extra benefits and costs of the other options can be measured against it. The fabric of Parkhead Health Centre is poor and space is restricted. As a result the building is not suitable for the provision of 21st. century health and social care services. The regeneration of the Dalmarnock/Clyde Gateway area will eventually create new housing neighbourhoods with an additional population of 20,000 people. This expansion in future patient numbers will place pressures on the existing health centre.

This option would also include retaining and continuing to invest in the upkeep of our other leased and owned buildings and would not result in the termination of leases at Templeton Business Centre and Brook Street.

### **Option 3 - Extend existing health centre to create a health and social care hub**

Once the hospital has been demolished there will be space available on the site to extend the existing health centre. This option could meet some of the wider objectives but the extent to which these objectives would be achieved will depend on the size of the extension.

### **Option 4 - Refurbish existing health centre and develop smaller new build on another site**

GPs or community health services would move to purpose-built premises and the existing health centre would be refurbished to create a small hub. This option would go some way towards addressing issues associated with limited space and the ability to deliver new, expanded and modern services however, would be contrary to the delivery of strategic benefits which would be delivered by co-location of services providing integrated care. This option may support the achievement of the wider objectives but would depend on the size of other site. Given that the demolition of the hospital will create vacant land adjacent to the health centre, we would need to have a strong rationale for developing another site. Building on two sites rather than one may be less cost effective and not represent value for money.

Depending on the scale of the development this option could facilitate the rationalisation of our wider property portfolio.

### **Option 5 - New build health and social care hub on another site**

At this point the Parkhead site is our preferred location because it is situated in a town centre location, adjacent to excellent public transport links and a wide range of shops, facilities and local amenities and is, therefore, accessible for people living in the east end of Glasgow. The site is in the ownership of the NHS and should be relatively easy to re-develop. However, we will explore alternative sites in the east end as we progress to the next stage of the development process.

## **Option 6 - New build health and social care centre at Parkhead**

This option allows the replacement of the current poor quality health centre premises and the relocation of key health and social care staff to work together on one site. It has the added advantage of promoting integrated working with other local agencies and voluntary organisations to provide new, more effective services to meet the needs of a population at the edge of vulnerability. This option would enable the HSCP, working in partnership with local agencies and voluntary organisations, to provide a range of integrated and holistic services to meet the complex needs of this population. The Parkhead site is in a high profile location in the east end and its re-development will have symbolic importance for the whole community and bring hope for future regeneration of the area.

### **7.3 Preferred way forward**

The preferred way forward is to deliver a new health and social care hub for the east end of Glasgow and to further assess the options listed in section 7.2, to establish which one provides the best solution in terms of the strategic and service objectives, value for money and the affordability model. This would be carried out in detail in the Initial Agreement and at the Outline Business Case stage.

## **8. Recommendations**

8.1 The Integration Joint Board is asked to:

- a) agree that this project is confirmed as a priority by Glasgow Health and Social Care Partnership for future investment and should be included in the Health Board's property and asset management strategy with the document submitted to Scottish Government Finance Directorate for inclusion in the 2018/19 investment plans;
- b) approve full engagement on this proposal be carried out by the HSCP from March-May 2017;
- c) in developing the formal outline business case, instruct officers to assess the options for the project following the engagement process outlining the best option in terms of the strategic and service objectives, value for money and the affordability model; and
- d) direct the Health Board and Council in line with approvals given by the IJB.



## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	150217-12-a
2	Date direction issued by Integration Joint Board	15 <sup>th</sup> February 2017
3	Date from which direction takes effect	15 <sup>th</sup> February 2017
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All functions associated with the development of the health and social care hub for the community of Parkhead/Dalmarnock and the wider east end of Glasgow as outlined in this report
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop the formal outline business case for the health and social care hub for the community of Parkhead / Dalmarnock and the wider east end of Glasgow, as outlined in this report.
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership
10	Date direction will be reviewed	15 <sup>th</sup> February 2018

## Extracts from original feasibility study



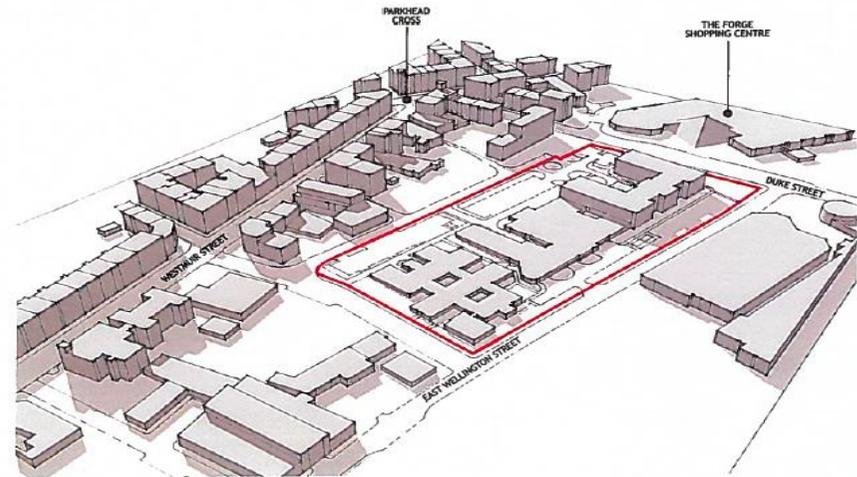
Health Centre

Anvil Centre

Hospital

Aerial View of Existing Parkhead Hospital Site:

The site is particularly well served by bus services. There is on street parking adjacent to the site and easy car access to the City Centre and East of the City. There is reasonable access to the M8 in both directions and to the M74 in both directions. There is a large taxi stance on East Wellington Street. The nearest train station is Camtyne at approximately 1Km distance.



Existing Parkhead Hospital Site

## Possible Future Health and Social Care Hub

