CITY-WIDE ESTATES STRATEGY FOR PRIMARY AND COMMUNITY HEALTH AND SOCIAL CARE

30 NOVEMBER 2006
BRIGHTON AND HOVE CITY-WIDE ESTATES STRATEGY
FOR HEALTH AND SOCIAL CARE

November 2006

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BRIGHTON AND HOVE CITY-WIDE ESTATES STRATEGY
FOR PRIMARY AND COMMUNITY HEALTH AND SOCIAL CARE

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Executive Summary

1. Introduction

Partner organisations in the local health economy have worked together to produce this joint City-Wide Estate Strategy. This strategy sets out plans to develop the estate to deliver the future vision for primary and community service provision. It builds on the Interim Strategy produced in June 2006.

The agreed strategic objectives are as follows:

- To support the delivery of agreed city-wide policies and service strategies, in accordance with agreed timescales
- To enable the transfer of activity from hospital to primary/community care
- Support the integration of primary and community health and social care services
- To ensure continued joint working of key stakeholders, to deliver the best value and best quality estate for all
- To provide an affordable and sustainable infrastructure for the delivery of health and social care services
- To ensure the provision of an estate that is not only fit for purpose but attractive and flexible for the future
- To maximise access for all, both in terms of geographical location, physical construction and timely delivery of services
- To provide a cost-efficient infrastructure for the delivery of health and social care, ensuring that the current estate is used to the maximum, and that best value is achieved from the estate
- To facilitate new ways of working for community-based health and social care staff
- To make best use of health and social care workers, improving recruitment and retention rates through the provision of attractive, safe workplaces, technological solutions to communications and information exchange, and the expansion of roles.

2. Activity and capacity modelling

Estates capacity requirements have been assessed for all primary and community services as follows:

- Primary Care: future capacity requirements have been based on reducing GP list sizes from the current average of 2100 to 1900 patients per whole time GP or equivalent health care practitioner; and on population growth over the next 10 years.
- Children’s Trust; an analysis of deprivation has been utilised to calculate the number and location of children’s centres
• Adult services: A detailed model has been produced to calculate the estates capacity requirements of the community-based services being commissioned to reduce acute hospital services activity; in other areas, population growth has been used as the basis for modelling. The transfer of services resulting from the BSUH turnaround plan has also been factored in where these are known and understood.

• Ambulance Services; the implications of a new model of care have been assessed.

The output from the model indicates the increased capacity requirement by 31.3.07, and for 2009/10 (this coincides with the Best Care Best Place modelling trajectory) and 2016/17.

3. Estates analysis

A high-level review of the estate of each partner organisation has been undertaken. Data on every asset has been entered into the new Department of Health web-based tool SHAPE (Strategic Health Assessment Planning and Evaluation) as part of a pilot project. This includes information on the City-Council’s properties. The extent, condition and utilisation of assets have been considered. The findings are as follows:

• The collective asset portfolio of the local partners is substantial (Value almost £2 billion), and the overall condition of the assets is satisfactory. Plans are already in hand to address shortcomings in poor condition assets. Exceptions to this are:
  o Brighton General Hospital
  o 12 main and 2 branch surgeries
  o The Barrie building, Royal Sussex County Hospital

• There is collective agreement to address the problems of the primary and community care sites through the City Wide Estates Strategy.

• None of the partners has comprehensive and up to date information about asset utilisation, and this is required to inform future investment decisions.

The main priorities that emerge from the analysis are as follows:

• There is an urgent need to replace Primary Care premises that are in poor condition and/or do not comply with current legislation
• There should be continued joint working to secure the maximum health and social care benefit from major developments across the city
• The completion of the programme of Children’s Centre developments should proceed to meet government deadlines
• The initiative to integrate health and social care staff working in the Children and Young People’s Trust should continue to completion
• There is a pressing need to relocate Breast Screening to new and appropriate accommodation
• There is a pressing need to rationalise the Brighton General Hospital site, to address issues of poor condition and under utilisation, and to provide healthcare facilities that are fit for the 21st Century
• An expanded Integrated Community Equipment Store is required to meet current and future demands
• A new service model requires the creation of a central “Make Ready” ambulance station, and support accommodation for ambulance “Response Posts” to improve ambulance response times
• A review of the utilisation of all community accommodation is needed to facilitate new ways of working for community-based health and social care staff.
• A joint site development control plan for the Nevill Avenue site should be developed.

4. Strategic recommendations

The recommendations emerging from the activity and capacity planning and estates analysis are:

**Short Term (by 31.3.07)**

- Plans should be drawn up urgently to deliver the required Priority 1 primary care developments. Where possible and appropriate, these should be incorporated within the City’s Major Developments
- Local Health partners should formalise their proposals for health facilities within Major Developments in the near future to assist the planning process
- Clinical space should be rented or leased to meet short term needs
- The availability of space in current facilities, particularly Mile Oak and Hove Polyclinic, should be publicised, and plans drawn up for their use
- An additional diabetic retinopathy screening service should be developed at Mile Oak Clinic
- A joint service development control plan for the Nevill Avenue site should be drawn up, agreed and implemented.
- The Master Planning Exercise for the Brighton General Hospital site should be started.

**Medium-long term (2010 - 2017)**

- Plans should be drawn up to deliver the required Priority 2 and 3 primary care developments, incorporated within the City’s Major developments where appropriate and possible.
- Office accommodation (including seminar rooms) for community-based staff: Work is required to determine the precise range and level of accommodation required for current and new community services. This must ensure that staff embrace the potential for new ways of working, and be supported by robust IT systems.
- Consultation space in GP surgeries: some space is available in existing surgeries, and more will be available when the Patcham development opens. It is recommended that available space is utilised before additional space is procured.
It is likely that further accommodation will be required, and this should be built in to new primary care developments

- Consultation space in a community-setting; there is limited space available at Hove Polyclinic, but not enough to meet future needs. It is therefore recommended that the Hove Polyclinic should be expanded to create additional consulting room space.

- It is recommended that a Polyclinic, with replacement accommodation for current community services and additional consulting room accommodation to facilitate service development should be developed at Brighton General Hospital as part of a wider site rationalisation project.

- A Central “Make Ready” Ambulance station and two emergency ambulance “Response Posts” with support accommodation should be developed to support the new model for emergency ambulance services.

5. Option Appraisal

Five options were identified to deliver the Strategic Objectives, as follows:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do nothing: continue to utilise the current estate for the delivery of health and social care services. This would mean that services would be provided in Primary Care premises in poor condition, and which do not comply with legislation. The development of new community services would be hampered through a lack of accommodation, and poor conditions would continue at BGH. This option fails to deliver the strategic objectives.</td>
</tr>
<tr>
<td>2. Do Minimum: while this would address high priority problems in Primary Care, it would leave poor conditions in other primary care premises and at BGH, and a lack of space for essential community services development. This option partially addresses the strategic objectives.</td>
</tr>
<tr>
<td>3. High and medium priority primary care investment, expansion of Hove Polyclinic, backlog maintenance at BGH: This would partially achieve the strategic objectives, although accommodation at BGH would remain inefficient and poorly laid out.</td>
</tr>
<tr>
<td>4. High and medium priority primary care investment, expansion of Hove Polyclinic, new Polyclinic at BGH as part of a site rationalisation: This would achieve almost all the strategic objectives. Low priority primary care investment would remain outstanding.</td>
</tr>
<tr>
<td>5. As Above, plus low priority primary care investment: This would achieve the strategic investments fully.</td>
</tr>
</tbody>
</table>

These options have been appraised financially and non-financially as follows:

Non-financial appraisal:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supports delivery of agreed city-wide policies &amp; service strategies</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>7</td>
<td>105</td>
<td>9</td>
<td>135</td>
<td>10</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Enables the transfer of activity from hospital to primary/community care</td>
<td>15</td>
<td>2</td>
<td>30</td>
<td>4</td>
<td>60</td>
<td>8</td>
<td>120</td>
<td>10</td>
<td>150</td>
<td>10</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provides high quality, flexible, adaptable and sustainable multi-purpose accommodation that can be used intensively</td>
<td>10</td>
<td>4</td>
<td>40</td>
<td>5</td>
<td>50</td>
<td>8</td>
<td>80</td>
<td>9</td>
<td>90</td>
<td>10</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maximises access for all (geography, physically &amp; timing of delivery)</td>
<td>10</td>
<td>4</td>
<td>40</td>
<td>6</td>
<td>60</td>
<td>8</td>
<td>80</td>
<td>9</td>
<td>90</td>
<td>9</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Optimises the use of the available estate (land &amp; buildings where appropriate)</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>30</td>
<td>9</td>
<td>45</td>
<td>10</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Supports the integration of primary and community health and social care services</td>
<td>15</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>45</td>
<td>5</td>
<td>75</td>
<td>8</td>
<td>120</td>
<td>8</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Provides an attractive and safe workplace for staff, equipped to make best use of this scarce resource</td>
<td>10</td>
<td>2</td>
<td>20</td>
<td>5</td>
<td>50</td>
<td>7</td>
<td>70</td>
<td>9</td>
<td>90</td>
<td>10</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Can be delivered in a timely manner associated with local delivery plans &amp; capital resources</td>
<td>15</td>
<td>8</td>
<td>120</td>
<td>6</td>
<td>90</td>
<td>6</td>
<td>90</td>
<td>5</td>
<td>75</td>
<td>5</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is acceptable politically and publicly</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>25</td>
<td>6</td>
<td>30</td>
<td>9</td>
<td>45</td>
<td>9</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>25</td>
<td>285</td>
<td>38</td>
<td>420</td>
<td>61</td>
<td>680</td>
<td>77</td>
<td>840</td>
<td>81</td>
<td>880</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Financial Appraisal:

<table>
<thead>
<tr>
<th>Option</th>
<th>Capital cost £</th>
<th>Revenue cost £</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>No addition</td>
</tr>
<tr>
<td>2</td>
<td>13.6 million</td>
<td>908,000</td>
</tr>
<tr>
<td>3</td>
<td>24.5 million</td>
<td>1.9 million</td>
</tr>
<tr>
<td>4</td>
<td>27.3 million</td>
<td>2.1 million</td>
</tr>
<tr>
<td>5</td>
<td>29.7 million</td>
<td>2.3 million</td>
</tr>
</tbody>
</table>

Note: costs exclude purchase of land and land sales

### Cost per benefit point:

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefit score</th>
<th>Capital cost per benefit point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>285</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>420</td>
<td>£32,380</td>
</tr>
<tr>
<td>3</td>
<td>680</td>
<td>£36,029</td>
</tr>
<tr>
<td>4</td>
<td>840</td>
<td>£32,500</td>
</tr>
<tr>
<td>5</td>
<td>880</td>
<td>£33,750</td>
</tr>
</tbody>
</table>

Option 4 was selected as the preferred option. It delivers the majority of the strategic objectives and has the second lowest cost per benefit point.
6. Risk

The main areas of risk at the outset of the implementation phase of the Strategy are as follows: -

- Delay in implementation and associated increases in cost
- Affordability of the revenue consequences of the strategy
- Procurement methodologies
- Management Resources – skills and time availability
- Information - provision of accurate information to support implementation
- Stakeholder engagement/communications – to secure support for the Strategy implementation
- Planning – specifically securing planning approval for new developments
- Transport – ensuring that the transport impact of new developments is effectively accommodated

A robust risk management process will be required throughout the implementation phase of the strategy.

7. Implementation

The project will be managed through the “Fit for the Future” project structure for the Brighton and Hove Health Economy. A dedicated Estates Group will be responsible for the implementation and will report to a Programme Board. The key milestones for implementation are as follows: -

<table>
<thead>
<tr>
<th>Milestone</th>
<th>To be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Estates Strategy</td>
<td>November 2006</td>
</tr>
<tr>
<td>Review of planned capital cash flow and revenue impact and affordability</td>
<td>December 2006</td>
</tr>
<tr>
<td>Establishment of Governance structure and project management arrangements for strategy implementation</td>
<td>December 2006</td>
</tr>
<tr>
<td>Confirmation of health and social care requirements in Major Developments</td>
<td>December 2006</td>
</tr>
<tr>
<td>Plans for maximum utilisation of vacant space in primary care premises</td>
<td>January 2007</td>
</tr>
<tr>
<td>Agreement on Procurement Strategy</td>
<td>February 2007</td>
</tr>
<tr>
<td>Project plan for, and commencement of Priority1 Primary Care Developments programme</td>
<td>March 2007</td>
</tr>
<tr>
<td>Approval process</td>
<td>April 2007</td>
</tr>
<tr>
<td>Production of joint site development</td>
<td>April 2007</td>
</tr>
</tbody>
</table>

Brighton and Hove City-Wide Estates Strategy
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>control plan for the Nevill Avenue site</td>
<td></td>
</tr>
<tr>
<td>Organisational development analysis and confirmation of new ways of working,</td>
<td>June 2007</td>
</tr>
<tr>
<td>and new office and support services and accommodation for community-based health</td>
<td></td>
</tr>
<tr>
<td>and social care staff</td>
<td></td>
</tr>
<tr>
<td>Master Planning Exercise, BGH</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>Business Case for BGH polyclinic, and Hove Polyclinic expansion</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>Space Utilisation review</td>
<td>Dec 2007</td>
</tr>
<tr>
<td>Implementation of changes identified by Space Utilisation Review</td>
<td>June 2008</td>
</tr>
<tr>
<td>Hove polyclinic expansion complete</td>
<td>June 2008 (estimate only)</td>
</tr>
<tr>
<td>Primary Care Development complete</td>
<td>March 2009 (estimate only)</td>
</tr>
<tr>
<td>BGH development complete</td>
<td>Sept 2009 (estimate only)</td>
</tr>
</tbody>
</table>
1. Introduction

As part of an integrated approach to the delivery of health and social care in Brighton and Hove, local partners have committed to developing a joint city-wide Estates Strategy. This strategy will set out plans to develop the estate to deliver the future vision for primary and community service provision and is an essential component of the work required to prepare clear and financially robust plans for the redesign of local health and social care services.

The key parties involved in this work are:

- Brighton and Hove City Teaching Primary Care Trust
- Brighton & Hove City Council
- Brighton and Sussex University Hospitals NHS Trust
- South Downs Healthcare NHS Trust
- South East Coast Ambulance NHS Trust
- Sussex Partnership NHS Trust


2. The Brighton and Hove Population: Health Need

2.1. Population

The resident population of Brighton and Hove as measured in the 2001 census was 247,817, of which 48% were male and 52% female. The proportion of non-white ethnic groups is low (5.7%) compared to England and Wales (8.7%); there is a large lesbian, gay, bisexual and transgender community (estimated at 8-14% of the population) a high proportion of students (4% compared to 2.6% in England and Wales) and a sizeable homeless population.

Figure 1: Comparison of Brighton and Hove with England and Wales population

<table>
<thead>
<tr>
<th>Age</th>
<th>Brighton and Hove %</th>
<th>England and Wales %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>16.6</td>
<td>20.2</td>
</tr>
<tr>
<td>16-19</td>
<td>4.7</td>
<td>4.9</td>
</tr>
<tr>
<td>20-29</td>
<td>17.0</td>
<td>12.6</td>
</tr>
<tr>
<td>30-59</td>
<td>41.1</td>
<td>41.4</td>
</tr>
<tr>
<td>60-74</td>
<td>12.0</td>
<td>13.3</td>
</tr>
<tr>
<td>75 and over</td>
<td>8.6</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td><strong>38.8</strong></td>
<td><strong>38.6</strong></td>
</tr>
</tbody>
</table>

Source: Brighton & Hove City Council report on 2001 Census

Local population projections produced by the City Council’s Research and Consultation Team, indicate the following changes over time: -
Figure 2: Projected population growth

<table>
<thead>
<tr>
<th>Age</th>
<th>2001</th>
<th>2006</th>
<th>2016</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>41,300</td>
<td>40,500</td>
<td>41,150</td>
<td>43,150</td>
</tr>
<tr>
<td>16-17</td>
<td>4,850</td>
<td>5,850</td>
<td>5,250</td>
<td>5,600</td>
</tr>
<tr>
<td>18 - 65</td>
<td>158,250</td>
<td>165,300</td>
<td>179,550</td>
<td>186,700</td>
</tr>
<tr>
<td>65-74</td>
<td>24,200</td>
<td>23,200</td>
<td>24,550</td>
<td>27,650</td>
</tr>
<tr>
<td>75-84</td>
<td>14,850</td>
<td>13,600</td>
<td>12,350</td>
<td>13,850</td>
</tr>
<tr>
<td>85 +</td>
<td>6,500</td>
<td>6,150</td>
<td>6,200</td>
<td>6,700</td>
</tr>
<tr>
<td>Total</td>
<td>249,950</td>
<td>254,600</td>
<td>269,050</td>
<td>283,650</td>
</tr>
</tbody>
</table>

Source: Brighton & Hove City Council Research and Consultation Team

The population overall is therefore projected to increase across all age groups, with a projected reduction in the number of 75-84 year olds.

There are two distinct populations: a younger population in East Brighton and a more elderly population living in Rottingdean and several Hove wards. In East Brighton there are high levels of lone parents and children aged less than five; this is also the case in Portslade. In central Brighton and parts of Hove although there are still high levels of lone parents, there are also high numbers of elderly people, many of whom live alone.

The National Index of Deprivation 2000 ranks Brighton and Hove as the 95th most deprived population out of 354 nationally, with 12 out of the 26 electoral wards among the 25% most deprived in England and Wales. Two of these wards, Moulsecoomb and Marine are in the top 10% most deprived wards and, in relation to child poverty, are in the top 5% in the country. Wage levels are below the national average and more than one in five households are dependent on some form of state supported income. The map below shows the overall deprivation of wards in Brighton and Hove in 2004.

Figure 3: Deprivation in Brighton and Hove, 2004
In comparison with the rest of East Sussex, the City of Brighton and Hove has:

- the highest number of lone parents
- the highest percentage of older people living alone
- the highest percentage of unemployed people
- the highest socio-economic deprivation score
- the highest percentage of households lacking basic amenities
- the highest percentage of people living in overcrowded conditions
- the highest mental health MINI index score for a PCT area

The City of Brighton and Hove also has:

- high numbers of rough sleepers
- high numbers of children on the child protection register
- significant numbers of incidents of domestic violence
- relatively high levels of recorded crime
- an increase in the numbers of people from ethnic minority groups
- considerable pressure on local mental health and substance misuse services

2.2. Morbidity and Mortality – Health Indicators

The following health indicators provide an overview of the health of the population:

- The Infant Mortality Rate is the same as the average for England, but higher than the rest of the South East (5.4/1000 live births, compared to 4.4/1000 live births)
- Male life expectancy is lower than England and the South East (Brighton and Hove = 74.9; England 76.0, South East 77.2)
- Female life expectancy is higher than England but lower than the South East (Brighton and Hove = 80.9; England = 80.6; South East = 81.5)
- Death rates for circulatory disease and reducing and are similar to England, but higher than the South East.
- Mortality from all cancers has decreased and is similar to England, but higher than the South East.
- Accident mortality has been static since the 1990s, and is higher than the rate for England and the South East.
- Rates for suicide and undetermined death have been high in Brighton and Hove since the 1980s compared with both national and regional rates.
- Sexually transmitted infections and HIV have increased over recent years - Brighton and Hove has the highest rate of diagnosed HIV outside London.
- The teenage conception rate is higher than the rate for England.
- There is a high prevalence of substance misuse including injecting drug use.
- The incidence and prevalence of “looked after children” recorded in 2003 was the highest in the South East.
2.3. Implications for Health and Social Care

The Brighton and Hove population presents a unique set of challenges for health and social care providers. Whilst improved healthcare interventions and treatments mean that people born in Brighton and Hove in 2006 can expect to live on average 4 years longer than people born 20 years ago, the challenge to health and social care services is to ensure that this the increase in life expectancy leads to an extension of healthy active lives rather than years of illness. In addition whilst the health of the city has improved over the last 20 years, the gap between those of the best and the worst health has increased. It is essential therefore to ensure that all parties work together to reduce health inequalities, and to maximise the health and well being of all citizens.

The provision of integrated, high quality accessible primary and community-based services will facilitate an improvement in the health of the local population and will address health inequalities. It will also ensure that relevant services are delivered close to those who need them most.

For planning purposes, and for the City-Wide Estates Strategy, the Brighton and Hove City PCT has divided the city into three localities: West, Central and East. Similar (although not identical) localities have been identified by the City Council for planning family and children's services. The locality focus allows specific issues and needs to be targeted more efficiently.
3. Strategic Context

The city-wide Estates Strategy sits firmly in a well-established strategic context, defined at national and local level, as follows:

Figure 4: Strategic context

3.1. National Context

3.1.1. “Our health, our care, our say”

This Government white paper was issued in January 2006 and sets out the future strategy for the development of primary and community-based health and social care services. It was based on a major public “listening” exercise, and was published in parallel with a Government Green Paper on Social Services: “Independence, Well-being and Choice”. Both publications confirm the vision of high quality services meeting people’s aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.

The proposals are based on a set of key reform principles:

- Patient choice
- Resources following these choices
• Greater autonomy where it matters for local professionals

There are four main goals: -

• Health and social care services will provide better prevention services with earlier intervention
• People will be given more choice and a louder voice
• Inequalities will be tackled and access to community services will be improved
• There will be more support for people with long-term needs

These goals will be achieved through: -

• Practice-based commissioning, to act as a driver for more responsive and innovative models of care, a focus on prevention and more local services
• Shifting resources into prevention – bringing more services and support closer to where people need it most
• More care undertaken outside hospitals and in the home – including a new generation of community hospitals and facilities with strong ties to social care
• Better joining up of services at the local level; Local Area Agreements between PCTs and Local Authorities will be the vehicle for this.
• Encouraging innovation through greater patient and user choice
• Allowing providers to compete for services.

3.1.2. “Our health, our care, our community: investing in the future of community hospitals”

While the original White Paper had set the strategic framework for community hospitals to prosper, this July 2006 guidance described in more detail how more than £750 million would be invested over the next five years to create a new generation of community hospitals, and indicated how they could remain sustainable through new partnerships, both within the NHS or with independent or voluntary sector providers. It reiterated the policy that a wider range of services should be delivered in local communities wherever it is cost effective and beneficial to local people.

It set out a requirement to: -

• involve local people, community-based and hospital staff in the design and planning of any new or redeveloped community facilities
• consider the effective integration of health services with key partners, especially social care and education
• consider how new community facilities will relate to the rest of the local health economy

3.1.3. “Our health, our care, our say: making it happen”

Published for information in October 2006, this document provides an update on progress on implementation to date against the goals set out in January 2006, and a
forward look to the next stages. It includes a “road map” for implementation (see below) much of which is already in place in Brighton and Hove.

Figure 5: Road map for implementation of “Our Health, Our Care, Our Say”


This White Paper aims to give local people and local communities more power and influence to improve their lives. It plans that this will be achieved through:

- Responsive services and empowered communities: councils will be encouraged to develop neighbourhood charters setting out local standards and priorities, and to take opportunities to manage services at the level of the neighbourhood.
- Effective, accountable and responsive local government
- Strong cities, strategic regions - allowing greater power and resources to be devolved to regional and local levels
- Local Government as a strategic leader and place-shaper - a new framework for strategic leadership in local areas
3.2. The South East Plan - “A Clear Vision”

The South East Plan was submitted to Government on 31 March 2006, and provides a framework for the region for the next 20 years to 2026. It brings together policies for development with other policies and programmes that influence the nature of places and how they function, including those governing health, social issues, the economy, culture, skills and the environment.

The core objectives of the plan are to balance continuing economic and housing growth with rising standards of environmental management and reduced levels of social exclusion and natural resource consumption. The vision for 2026 is for a healthier region, a more sustainable pattern of development and a dynamic and robust economy, the benefits of which are more widely shared.

Through the plan, and other measures, the vision is to show a sustained improvement in the quality of life over the period to 2020, measured by the well-being of the citizens, the vitality of its economy, the wealth of its environments and the prudent use of natural resources.

The plan notes that despite overall prosperity, the region contains significant pockets of deprivation and wider problems of social exclusion with poor access to services, and places emphasis on reducing these differences by:

- Developing proposals and programmes that target pockets of deprivation
- Promoting health provision closer to home working with local authorities and Primary Care Trusts
- Increasing mixed-use provision so that formal health and education facilities sit close to community facilities
- Requiring good access to all large public facilities such as colleges and hospitals.

The specific focus in the Sussex Cost sub-region, which includes Brighton and Hove, is on improving the economy to reduce deprivation and bring its economic performance close to the regional average.

3.3. Strategic Health Authority context - “Fit for the Future”

This important discussion document was published by the Surrey and Sussex Strategic Health Authority in May 2006. It described a programme of work looking at the future direction for health services in the area, and built on the “Sustainable Services for Surrey and Sussex” review undertaken during 2005. It was set firmly within the context of the Government White Paper as described above.

The new South East Coast Strategic Health Authority came into being on 1st October 2006, and covers Kent, Surrey and Sussex. A major consultation exercise is planned.
to commence in December 2006 across this area. It will be a joint consultation exercise by the 5 Primary Care Trusts in Kent, Surrey and Sussex on a new design of health services to better meet changes in people’s healthcare needs in the future.

Proposals for service development in Brighton and Hove will be presented in the document, and will be based on the “Best Care, Best Place” agreed local health strategy which was developed through public consultation. These proposals aim to improve people’s health, provide more effective services and reduce health inequalities within a financially sustainable system. The aims are to provide the right treatment at the right place and at the right time; to support those with long-term conditions, make the best use of available resources and reduce the pressure on busy hospitals.

The consultation may propose changes to the acute hospital services that serve the Brighton and Hove population, but will not have a significant impact on primary and community services, since the necessary changes and investment have already been planned through “Best Care, Best Place”, and are the subject in part of this Strategy.

3.4. Mid Sussex context – “Best Care, Best Place”

This consultation document was published in November 2004. It described a whole health economy strategy based on the principle of providing the right treatment, in the right place and at the right time. The vision was described as follows:-

“Every person in our area should have an equal opportunity to be as healthy as possible. When they need to use health and social care services, they should find them person centred, inclusive, timely and accessible. The system as a whole should be efficient, effective and offer services of a consistent high quality”.

The Strategy described a re-balancing of healthcare between primary and secondary care, and developing a “fit for purpose” infrastructure across primary, secondary and specialist services.

It sought views on the following services: -

- Emergency surgery including orthopaedics
- Children's Services
- Maternity services
- Neurology and Neurosurgery
- The future of Brighton General Hospital
- Developing services outside hospital
- Routine surgery

Consultation concluded in February 2005 and the recommendations were agreed. This document therefore represents the agreed strategic direction for health services in Mid Sussex.

Since February 2005, work has taken place to implement the recommendations, initially focussing on changes to acute services, and on developing a Strategic Outline Case for the capital investment required to progress the major proposals.

Brighton and Hove City-Wide Estates Strategy

22
The development of community services was recommended in the document, but few detailed proposals were set out. Work has progressed through the opening of intermediate care beds in two locations, and the development of a demand and capacity model for the transfer of activity from acute to community settings. This model quantifies the levels of hospital-based activity to be transferred into the community.

3.5. Local Context - Integrated Service Improvement Plan

The Brighton and Hove ISIP (March 2006) sets out how partners in the local health economy will improve health and health services and reduce health inequalities within the city of Brighton and Hove, and within a financially sustainable system. The key partner organisations concerned are:

- Brighton and Hove City PCT
- South Downs Healthcare NHS Trust
- Brighton and Sussex University Hospitals NHS Trust and
- Brighton and Hove City Council.

Set within the context of “Best Care, Best Place”, the ISIP confirms four priorities as part of the primary and community vision:

- Keeping people healthy
- Supporting long term conditions
- Reducing emergency admissions and supporting people living independently at home
- Reducing pressure on hospitals with regard to elective care.

To implement transformational change, the plan recognises that radical change is needed in infrastructure and support services. This Estates Strategy is a key component of the implementation plan.

The ISIP contains 15 service strategies for the period to 2007/8. 12 of these strategies are agreed, and 3 are under development.

3.6. Brighton & Hove City Council

The key documents and themes that set the strategic context for Brighton & Hove City Council are the Local Plan (July 2005) and the Local Development Framework, which is the set of planning documents that together will form the development plan for Brighton and Hove, and which is currently under development. The Core Strategy was issued as a draft issues and options document in October 2005 and is likely to be adopted in July 2008.

The Local Plan provides a detailed framework for the use of land and buildings in Brighton and Hove over the next 3 years, and plays a key role in delivering sustainable development and tackling social exclusion in the city. The key policy areas are housing, transport and sustainability. It includes specific policies to approve community facilities that provide accessible services, especially to socially-excluded groups (Policy HO19); to safeguard the loss of community facilities including health facilities (Policy HO20); to ensure that new residential developments provide a suitable range of community facilities including health facilities (Policy HO21); and to require that any new development provides for the demand for travel it creates, and maximises the use of public transport, walking and cycling (Policy TR1).

3.6.2. Core Strategy; Draft Issues and Options document

This presents the overall spatial vision for the future of the City until 2026. Healthy City Options are likely to include the identification of sites for new health, sports and recreation facilities and the support of a city-wide network of walk-in polyclinics, children’s centres and specialist services.

3.6.3. Local Transport Plan 2006/7 - 2010/11

This strategy sets out the Council’s vision for a successful transport system. The vision includes commitments to:

- A Customer Focus; a city that has easy to use, approachable, high quality and seamless services
- A Healthy city: a commitment to improve health and well being
- A Mobile city; a place with a coordinated transport system that addresses the needs of all users, yet minimises damage to the environment.

The strategy seeks compatibility between planning and transport policies; it argues that council development plans should reduce the need to travel to reach services and amenities. Through its Accessibility Plans, it seeks to bring together common interests across a range of policy areas and service providers, and in particular to improve access for people living in socially deprived areas to healthcare, education, food, employment and leisure. It includes a specific target (LTP1) to ensure that 100% of all households are within 15-30 minutes of front line health services by public transport.

Other strategies include:

- **Brighton & Hove City Council Housing Strategy 2004-07**: The long term vision for housing is to ensure that all the people of Brighton and Hove have access to decent, affordable housing that enables a good quality of life. The Council’s Housing Strategy reflects the needs and aspirations of local residents and builds upon key regional and national priorities. Its aims and objectives are aligned to a wide range of other plans and strategies within
the Council, its partners and stakeholders including the 2020 Community Strategy, the Sustainability Strategy and the Local Plan. This can be seen in shared priorities of increasing the level of affordable housing, reducing homelessness and delivering Decent Homes. Other key aims include: improving housing care and support; widening housing choices for local people; ensuring good housing contributes to city regeneration and renewal; striving for equal access to housing and services; promote health, well-being and learning through appropriate housing solutions. The Housing Strategy 2007-2012 is currently being developed.

- "Creating a City of Opportunities: A Sustainable Community Strategy for the City of Brighton and Hove" (2nd edition 2006), which explains how the city’s local strategic partnership intends to improve the quality of life of the city in a sustainable way. The City of Brighton and Hove was designated a “Healthy City” by the World Health Organisation in July 2004 as part of this strategy.
- “Spade to Spoon: Making the connections - a food strategy for Brighton and Hove” (Sept 2005)
- “Sustainability Strategy: local Agenda 21 in Brighton and Hove” (April 2002);
- Brighton and Hove Neighbourhood Renewal Strategy 2002-2010
- Regional Planning Guidance for the South East (RPG9 - adopted March 2001)

3.7. Children and Young People’s Trust Partnership

The Children and Young People’s Trust Partnership is a group of organisations throughout the city who are working together to give children aged 0 - 19 yrs and their families the best possible start in life. Partners in the local health economy have joined with Sussex Police Authority and Sussex Connexions to establish this Trust. There is also representation from organisations in the voluntary and community sector and partnership working with parents and families.

The Children and Young People's Plan (CYPP) is a single, strategic overarching plan for all local services for children and young people aged up to 19 years. The CYPP supports the work of the Children & Young People's Trust by defining clear priorities for services, identifying the actions and activities needed to achieve them and to ensure delivery. These priorities aim to secure improvements in outcomes for all children and young people in Brighton & Hove built around the Government’s five Every Child Matters outcomes:

- **Being Healthy** - enjoying good physical and mental health, and living a healthy lifestyle.
- **Staying Safe** - being protected from harm and neglect and growing up able to look after themselves.
- **Enjoying & Achieving** - getting the most out of life and developing broad skills for adulthood.
• **Achieving Economic Well-being** - overcoming socio-economic disadvantages to achieve their full potential in life
• **Making a Positive Contribution** - to the community and to society, and not engaging in anti-social or offending behaviour.

A major priority for the Trust is the establishment of 14 Children’s Centres across Brighton and Hove by 2008. These “Sure Start” centres are at the Heart of the Government’s *Every Child Matters* “Change for Children” Programme. The main purpose of these centres is to improve outcomes for young children and to reduce inequalities in outcomes between the most disadvantaged children and the rest.

Five have already been opened in the 20% most disadvantaged areas. Plans for the remaining 9 are agreed.

The Trust is also engaged in a major review of functions and services, the aim of which is to produce an integrated approach to services, through rationalisation of accommodation and integration of staff previously employed by different organisations.

### 3.8. Common Strategic Goals

The Strategic Context demonstrates the following common goals for local partners:

Figure 6: Common Strategic Goals
Choice and a louder voice

Improved access to community services

Financial Affordability

Better prevention and earlier intervention

Reducing inequalities

Improved support for those with Long Term conditions

Common Strategic Goals
4. Strategic Objectives for a City-Wide Estates Strategy

Based on the Strategic Context, local partners have agreed Strategic Objectives for the City-Wide Estate:

Figure 7: Strategic Objectives

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>To support the delivery of agreed city-wide policies and service strategies, in accordance with agreed timescales</td>
</tr>
<tr>
<td>To enable the transfer of activity from hospital to primary/community care</td>
</tr>
<tr>
<td>To support the integration of primary and community health and social care services</td>
</tr>
<tr>
<td>To ensure continued joint working of key stakeholders, to deliver the best value and best quality estate for all</td>
</tr>
<tr>
<td>To provide an affordable and sustainable infrastructure for the delivery of health and social care services</td>
</tr>
<tr>
<td>To ensure the provision of an estate that is not only fit for purpose but attractive and flexible for the future</td>
</tr>
<tr>
<td>To maximise access for all, both in terms of geographical location, physical construction and timely delivery of services</td>
</tr>
<tr>
<td>To provide a cost-efficient infrastructure for the delivery of health and social care, ensuring that the current estate is used to the maximum, and that best value is achieved from the estate</td>
</tr>
<tr>
<td>To facilitate new ways of working for community-based health and social care staff</td>
</tr>
<tr>
<td>To make best use of health and social care workers, improving recruitment and retention rates through the provision of attractive, safe workplaces, technological solutions to communications and information exchange, and the expansion of roles.</td>
</tr>
</tbody>
</table>
5. Service Strategies

5.1. Introduction

Local Partners have developed Service Strategies to deliver the national policy agenda, and to meet the needs of the local population.

5.2. Integrated Service Improvement Plan

All Local partners have worked together to produce an Integrated Service Improvement Plan. A summary of the service strategies outlined in this document is provided below.

Figure 8: Integrated Service Improvement Plan

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Planned Actions</th>
<th>Estates Implications</th>
</tr>
</thead>
</table>
| 1. Healthy City Strategy      | Supportive environments for the elderly, and improved access to sensitive and appropriate services  
                              | Improved access to smoking cessation services, lifestyle advice                | Use of Health Impact Assessments for all new developments; improved care environments for the elderly |
|                               | Development of Sure Start for Older People                                       |                                                                                      |
| 2. Health Inequality Strategy | Extra support to be given to patients to make choices in healthcare            | Use of library facilities and other community facilities to support choice; community spaces required for health improvement initiatives |
|                               | Move resources from service delivery to health improvement                      |                                                                                      |
| 3. Chronic Disease Management | Reduce secondary care activity through improved support for patients in the community | Space required for community-based services and teams                                |
|                               | Appointment of community-based nurse specialists                             |                                                                                      |
|                               | Appointment of case managers                                                   |                                                                                      |
|                               | Enhance the Older People’s Nurse Specialist Team to support people in residential homes and extra care housing |                                                                                      |
| 4. Unscheduled care           | Self Care                                                                       | Space required for community-based services and teams                                |
|                               | Single telephone access point                                                  |                                                                                      |
|                               | Enhanced community pharmacy                                                   |                                                                                      |
|                               | Integrated out of hours services                                               |                                                                                      |
| 5. Medicines Management | Increased capacity in Intermediate Care  
Introduction of a Community Assessment Facility | Community spaces required for these initiatives |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Elective Care</td>
<td>Promotion of self help and health improvement</td>
<td>Space required for community-based services and teams</td>
</tr>
</tbody>
</table>
|                          | Development of primary care assessment, clinical assessment and treatment services | Investment in community-based diagnostics facilities  
Expanded GP surgeries, with space to accommodate these services |
|                          | Improved access to diagnostics | |
|                          | Encouraging GP extended models and collectives | |
|                          | Enhancing intermediate care | |
| 7. Cancer | Improved information to patients | Provision of community-based information hubs |
|                          | Roll out of screening programmes | Investment in community-based diagnostics facilities |
| 8. Working Age Mental Health | Creation/enhancement of community mental health teams | Space required for community-based services and teams |
|                          | Implementation of strategies for day and vocational services. | Movement towards individual support on the community away from buildings-based services |
|                          | Development of Early Intervention Services | |
| 9. Mental Health Services for Older People | Review of community assessment and treatment services  
Review Care Home provision | Additional facilities required |
|                          | Increased use of extra care and sheltered housing | |
| 10. Older People’s Vision | Improve access to community-based services, facilities and amenities | Additional space required in all localities for enhanced services |
|                          | Provide services to keep older people in their own homes for as long as possible | |
| 11. Learning Disabilities | Shift resources from specialist to community-based and prevention services | Space required for community-based services and teams |
|                          | Develop services that prevent or delay the need for more specialist interventions | |
|                          | Support more people at home | |
| 12. Substance Misuse | Acquire new premises with increased capacity and improved facilities | Possible creation of 14-bed ward at Mill View Hospital |
|                          | Improve harm reduction initiatives, to include more needle exchanges | Review of accommodation for community-based services |
| 13. Physical disabilities | Enhanced rehabilitation services at primary and community level | Investment required to provide these facilities and |

Brighton and Hove City-Wide Estates Strategy
Extend rehabilitation service to those with ABI and progressive neurological conditions
Improved access to prompt diagnosis and treatment at close to home as possible

Investment in community-based diagnostic services

| 14. Primary and Community Care Strategies | Establish networks of Primary Care | Investment in polyclinics |
|                                          | Develop new premises - polyclinics | Investment in primary care facilities to support enhanced service development |
|                                          | Commission enhanced services from Primary Care | |
|                                          | Improve Dental Services in areas of high need | |

| 15. Sexual Health | Development of community-based services, including extended scope practitioners and level 2 services, community-based services for respite and palliative care, expansion of support groups. | Space required for community-based staff |

### 5.3. Children’s Services

The service strategy for children’s services (as developed by the Children and Young People’s Trust Partnership) focuses on the development of integrated services for children, and the creation of children’s centres, as described in section 3.7. above.

### 5.4. Implications for the workforce and estate

Implicit in all service strategies is the drive to deliver more health and social care services in the community, closer to people’s homes, rather than in acute hospitals or other institutions. Health and Social Care services will also be integrated, with staff working together in integrated teams. This new way of delivering care has major implications for the way in which health and social care staff work and the support facilities they need.

Community-based staff in the future will need to develop new ways of working as they care for patients in their homes and in community facilities. The main areas of change will be:

- The development or sophisticated IT support systems to provide accurate up to date information, for communications, to order supplies and to record clinical and other details
- The need to travel to people’s homes and to community clinics to deliver services more locally
- The need for access to office and other support accommodation such as training and meeting rooms, but not on a full time basis.
6. Activity and Capacity modelling

6.1. Introduction

An activity and capacity planning model has been developed to inform the Estates Strategy for primary and community services. It has been produced in dialogue with Lead Commissioners for Health Services.

It sets out plans for the three-year period 2007/8 – 2009/10, but not beyond. This is because local planning targets do not extend beyond 2009/10.

It has assessed activity and capacity requirements for:

- Primary Care Services
- Children’s and Young People’s Trust services
- Adult Community Services
- South East Coast Ambulance Trust Services

6.2. Primary Care Capacity Planning

Capacity planning for Primary Care has focussed on the number of GPs that will be required to provide services to the population over the next 10 years. Two growth factors have been considered: -

6.2.1. List sizes

The number of patients registered per full time equivalent GP can be benchmarked across England. At present in Brighton and Hove, list sizes are an average of 2,100 per GP, compared with an England average of 1,900 per GP. There is wide variation across practices, with some practices having as little as 1,600 patients per GP, and others up to 2,700.

The decision to increase GP numbers to reduce list sizes will be taken by individual GP practices. While the PCT can exert influence to effect change, it cannot mandate a maximum list size.

As a prudent step, however, the capacity plan for Primary Care has assumed that list sizes will be reduced to an average of 1,900 across Brighton and Hove over the next 10 years. This will require an additional 12 whole time GPs or primary care practitioner equivalents.

6.2.2. Population growth

The population of Brighton and Hove is set to increase over the next 10 years (2006-16) by 14,450 people or 5.7%., as described in section 2.a above.
The population growth will arise from two sources:

- General growth in the population overall, across Brighton and Hove
- New developments, mainly in the centre of the city, as follows:
  - The Marina – two developments, one of 853 units and one of 1,300
  - Black Rock – a development of 64 units
  - Sackville Road/Hove – the King Alfred development, approx 750 units
  - A series of smaller developments in the city centre, such as Boundary Road, 80 units

Assuming an average list size of 1,900, this will require an additional 7.6 whole time GPs or primary care practitioner equivalents.

### 6.2.3. Summary

Planning for Primary Care therefore needs to assume that an additional 19.6 whole time GPs (or primary care practitioner equivalents) will be required over the next 10 years, as follows:

<table>
<thead>
<tr>
<th>Source of growth</th>
<th>Number required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing list sizes</td>
<td>12</td>
</tr>
<tr>
<td>Population growth</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>19.6</td>
</tr>
</tbody>
</table>

For planning purposes this has been rounded to 20.

### 6.3. Children and Young People’s Trust Capacity Planning

#### 6.3.1. Children’s Centres

The number of Children’s Centres in Brighton and Hove has been driven by a central government agenda. Based on an analysis of deprivation, a total of 14 centres (6 hubs and 8 Gateway Centres) are planned by 2008, with a possible third phase of development by 2010. The detail of this strategy is set out in the Estates Audit and Analysis Section. Further demand and capacity planning has not therefore been undertaken as part of this strategy.

#### 6.3.2. Integrated Teams

The Children and Young People’s Trust has brought together health and social care staff in a single organisation, with a strategic plan to develop integrated teams across the City. It is the Trust’s aim to achieve this as a cost neutral exercise, and therefore further demand and capacity planning has not been undertaken.
6.3.3. Summary

Analysis of deprivation in the City has demonstrated the need for a further 9 Children’s Centres by 2008, and a further 7 by 2010 should central funds become available.

6.4. Adult Community Services

6.4.1. Best Care, Best Place and the Integrated Service Improvement Plan

As described in the Strategic Context section, “Best Care, Best place” describes a re-balancing of healthcare between primary and secondary care, and developing a “fit for purpose” infrastructure across primary, secondary and specialist services. This necessitates the development of community services.

The “Best Care, Best Place” model for the transfer of activity from acute to community settings has been used as a starting point for activity and capacity models for Community Services in Brighton and Hove. This model quantifies the reduction in acute hospital services required across Emergency Admissions, Elective Admissions, Attendances at the Accident and Emergency Department and new and follow up outpatient attendances.

The Community Services activity and capacity models set out the service developments which will deliver these reductions, as described in the Brighton and Hove City Integrated Service Improvement Plan, and then assesses the estates requirement for these service developments, as shown below: -

Figure 10: Activity and Capacity Plan
6.4.2. **Current Services**

Current community-based services for adults are jointly commissioned by the PCT and City Council through jointly-appointed lead commissioners. Services are provided by a range of providers as follows:

- Direct access therapies and diagnostic services, community-based outpatient clinics, audiology: BSUH
- Community Nursing, community equipment, rehabilitation, community dentistry: South Downs NHS Trust
- Mental Health services, specialist learning disability services, substance misuse service: Sussex Partnership NHS Trust
- Learning Disability Services, disability services, older people’s services, older peoples’ mental health services: City Council

A range of reviews are under way, including a review of district nursing, a review of rehabilitation services, and a strategic review of older people’s services. As the outcome of these reviews is not known, this Estates Strategy assumes that services will grow in line with population projections. For Adults over 18, this represents growth of 6.9% between 2006 and 2016. (See Chapter 2)

6.4.3. **Alternative Service Commissioning**

The PCT is engaged in a review of all services with the Brighton and Sussex University Hospitals NHS Trust, as part of the Trust turnaround plan. Alternative services may be commissioned where these better meet the needs of patients. As this work is at an early stage, it has not been possible to plan capacity for these services, other than those already identified by “Best Care, Best Place”.

6.4.4. **Assumptions**

The following assumptions underpin the model:

- That the planned reductions in acute services as set out in the “Best Care, Best Place” model are correct
- That growth assumptions in the “Best Care, Best Place” model are accurate
- That community service developments will increase their ability to reduce acute activity by 10% per annum over the three year period 2007/8 - 2009/10.
- That adult community services need to expand to meet a 6.9% population increase over the next 10 years
- That community facilities will be used Monday - Friday, two 3.5hr sessions per day (Scenario 1) or Monday - Friday, two 3.5 hr sessions plus one 2hr evening session, plus 3.5hrs on a Saturday (Scenario 2)
- That community-based staff will share office facilities (hot-desking) in accordance with their needs
- That outpatient referral reductions will require the establishment of a range of community-based specialist nurses or practitioners. As the precise detail has not yet been defined, a figure of 30 w.t.e. staff has been used in the model.
6.4.5. Growth

The “Best Care, Best Place” model assumed growth of 3.5% per annum in hospital activity. The community services model assumes a 10% increase per annum in the ability of community services to reduce acute hospital activity.

Population growth has been assumed as 6.9% (rounded to 7%) over the 10 year period 2006/7 – 2016/17.

6.4.6. Activity Model

The activity model is attached at Appendix 1. The aim of the model is to demonstrate the achievement of the “Best Care, Best Place” acute hospital activity reductions through community service developments.

Each element of the model lists the “Best Care, Best Place” planning assumptions (expressed as percentages) and the PCT and “Best Care, Best Place” modelled target reductions per annum (expressed in acute activity currencies).

**Emergency Admissions**

The Emergency Admissions model lists the services already commissioned by the PCT, or planned for the future, which will deliver the required reduction in emergency admissions.

The model demonstrates that targets will be met in 2007/8, but that there is a small shortfall thereafter. This will be addressed by the PCT when evaluation of new initiatives is available.

Two of the services (Care Management Team and Community Matrons) do not cover the entire population at present. The Capacity model assumes that these services will increase their capacity to cover the whole population. The activity impact of this increase has not been factored into the activity model.

**Elective Admissions**

The PCT has not commissioned alternative services to deliver the targeted reduction. It assumes that the reduction will occur as a natural consequence of the introduction of the Referral Management Service.

**A & E Attendances**

The A & E model lists the services already commissioned by the PCT, or planned for the future, which will deliver the required reduction in A & E attendances.

The main initiative is the Urgent Care Centre, which has not yet opened. In consequence it is not possible to assess its impact accurately. The PCT plans to review the impact of the new Centre at regular intervals following its opening, and to commission additional services to reduce A & E attendance further if required.
Although the model shows a shortfall against the planned target, this is a result of the prudent PCT estimates of the UCC and Phone First activity, as opposed to the more optimistic “Best Care, Best Place” estimates. Until these initiatives are up and running and their true activity impact is understood, it is not possible to determine whether additional services will be required.

The PCT is also changing the focus of some services to increase their impact. The activity consequences of these changes have not been factored into the model.

**Outpatient referrals**

The OPD model lists the services already commissioned by the PCT, or planned for the future, to deliver the required reduction in OPD referrals and follow up activity.

The PCT plans to reduce new outpatient referrals and follow ups through:

- A Referral Management Service
- A range of outpatient triage services, including orthopaedic triage
- Commissioning alternative services for long term follow up of patients in the community
- The introduction of best practice by providers
- Advice and guidance to patients through Choose and Book
- The introduction of clinical protocols for a range of conditions
- Improved management of patients in primary care
- Practice-based commissioning
- Improved (i.e. more rapid) reporting of diagnostic tests

### 6.4.7. Capacity Model

The capacity model is attached at Appendix 2. It lists the additional community services to be commissioned by the PCT and their manpower and estates requirements.

**Current Services**

This section of the model lists current services. For each service, it identifies:

- the current staffing levels
- the key activities of these staff
- the accommodation requirements for these activities
- the supporting services required
- the current location of the service
- any issues with this accommodation
- any planned expansion of the service

**New Services**

New services are planned and these are listed in the model together with an assessment of their accommodation requirements. Where accommodation has been identified for the service, this is noted.
**Additional capacity requirements**

This section of the model lists the additional accommodation requirements for community services over the next 10 years. Accommodation needs are expressed in 3-5 hour sessions. Two scenarios are used to quantify the space needed:

- Scenario 1: Assume a standard utilisation of 10 sessions per room per week, Monday- Friday.
- Scenario 2: Assumes 3 working sessions per day, Monday – Friday and a session on a Saturday-total 16 sessions per week).

**6.5. South East Coast Ambulance Services**

The Trust is currently developing a plan to outpost emergency ambulances to identified “Response Posts” across the City, so that prompt support can be provided to all Category “A” calls. The ultimate number of response points will be based on an analysis of historic data. Two “Response Posts” have been identified to date, at Hollingbury and at Seven Dials. They have been identified as areas where there is a high number of Category “A” ambulance request calls, and also where there is a high level of missed calls - i.e. where ambulances have failed to attend within the required timescale.

“Response Posts” are virtual; however ambulance crews covering the posts require access to support accommodation close at hand.

Further response posts may be required in the future, potentially in response to acute service reconfigurations arising out of “Fit for the Future”.

**6.6. Summary of Capacity Requirements**

The following are therefore required:

- Accommodation for an additional 20 GPs or Primary Care Practitioner equivalents
- Additional Children’s Centres as per the agreed local plan
- Two emergency ambulance “Response Posts” with support accommodation
- Additional accommodation for community services as follows:
Figure 11: Summary of Additional Community Capacity requirement

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>2006/7</th>
<th>2009/10</th>
<th>2016/17</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>GP surgery consultation room</td>
<td>0</td>
<td>0</td>
<td>6.4</td>
<td>4.0</td>
</tr>
<tr>
<td>Community-based consultation room</td>
<td>9.5</td>
<td>5.9</td>
<td>24.3</td>
<td>15.2</td>
</tr>
<tr>
<td>Seminar room</td>
<td>0.4</td>
<td>0.3</td>
<td>4.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Office (desk space)</td>
<td>7.8</td>
<td>21.0</td>
<td>2.8</td>
<td>31.6</td>
</tr>
</tbody>
</table>
7. Estates Audit and Analysis

7.1. Introduction

All partners in the City-Wide Estates strategy have provided detailed estates information to facilitate joint audit and analysis. Estates data has been entered into SHAPE (see below) to provide a central repository of information, accessible by all partners.

Each partner organisation has its own Estates Strategy, and these have also been shared and debated.

7.2. SHAPE

SHAPE is a Strategic Health Assessment Planning and Evaluation web-based tool, developed by the Department of Health. Local Health partners have used this tool as a pilot project.

SHAPE is an asset database allowing the partners to enter and manipulate estates asset data to support the development of the estate strategy and management of the estate. The base data - premises, size, use, occupancy, costs, development potential etc are held and also mapped visually so that it is possible to plan where shortcomings or excess capacity are to be found. This estate data is linked to deprivation and population statistics, travel time data, etc. and directly to clinical data such as HES and HRG so that the effectiveness of the estate can be linked to the location of the service provided.

7.3. Brighton & Hove City Council

7.3.1. Introduction

Brighton & Hove City Council has Property and Land Assets worth £1.65 Billion. These are managed by two of its 6 Directorates as shown below:
Health and Social care services are provided from “Other Operational Buildings”, of which 39 are for the provision of Adult Social Care services. Including schools, the Children’s Trust manages a further 113 properties, and has access to space in 16 South Downs NHS Trust properties.

The Brighton & Hove City Council Asset Management Plan and Corporate Property Strategy (2006-9) set out the Council’s Property Strategy. The aim is to ensure that the Council’s focus is on actions that will maximise income whilst supporting improved service delivery and customer satisfaction. It links clearly with the Council’s Corporate Priorities.

The Council sets out its plans for investment in the property estate in its Medium Term Financial Strategy (2006-9) which links to the Asset Management Plan. The Council has funds available annually for investment in property. This includes funds for planned maintenance, funds for investment in its housing stock to achieve the Decent Homes Standard, an Investment Programme for schools, and discretionary
funds for Property Improvement and Strategic Investment. The Strategic Investment fund is funded from Capital Receipts.

7.3.2. Overall Condition of Council Properties

All council properties are the subject of regular condition and suitability assessments. Condition is assessed in accordance with England-wide requirements.

The condition of social care and all corporate operational properties is shown below, and demonstrates that the majority are Category B3 (Satisfactory, with desirable works in 3-5 years).

Figure 13: Condition of Council Properties

<table>
<thead>
<tr>
<th>Portfolio</th>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care properties</td>
<td>16%</td>
<td>70%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>All corporate operational</td>
<td>8%</td>
<td>69%</td>
<td>18%</td>
<td>5%</td>
<td>2%</td>
<td>22%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Suitability is assessed via questionnaires. The first overall review is to be completed by 2008.

7.3.3. Overall Utilisation of Council Properties

The Council assesses utilisation of its operational portfolio as part of its property performance reviews, suitability assessments and questionnaires under a 3 year programme and as part of the Accommodation Strategy.

7.3.4. Children & Young People’s Trust

7.3.4.1. Introduction and Strategic Goals

The Children and Young People’s Trust Partnership is a group of organisations throughout the city who are working together to give children aged 0 - 19 yrs and their families the best possible start in life. Partners in the local health economy have joined with Sussex Police Authority and Sussex Connexions to establish this Trust. There is also representation from organisations in the voluntary and community sector and partnership working with parents and families.

A major priority for the Trust is the establishment of 14 Children's Centres across Brighton and Hove by 2008. These “Sure Start” centres are at the Heart of the Government’s Every Child Matters “Change for Children” Programme. The main purpose of these centres is to improve outcomes for young children and to reduce inequalities in outcomes between the most disadvantaged children and the rest.

Five have already been opened in the 20% most disadvantaged areas (Moulsecoomb, Morley Street, Portslade, Hollingdean and Whitehawk). Plans for the remaining 9
smaller centres are agreed and are mostly developments associated with existing schools.

The plan is to provide a total of 6 Children’s Centre “Hubs” linked to 8 Gateway Children’s Centre, and three outreach bases. The Government has a national target to create a third phase of Children’s Centres by 2010. The plan is as follows:

**Figure 14: Children’s Centres current and planned**

<table>
<thead>
<tr>
<th>Area</th>
<th>Hub Centre</th>
<th>Gateway/ Outreach Base</th>
<th>Further Centres planned by 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North Portslade (open)</td>
<td>South Portslade Knoll/Stanford (Goldstone Primary)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hangleton (Acorn/Community Centre)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>East Hove (2007) - Honeycroft/Conway Court</td>
<td>West Hove (West Hove Infants)</td>
<td></td>
</tr>
<tr>
<td><strong>Central</strong></td>
<td>Hollingdean (open)</td>
<td>Stanmer Heights (Carden School)</td>
<td>Preston, Patcham, Withdean, Westdene</td>
</tr>
<tr>
<td></td>
<td>Tarner (open)</td>
<td>City Centre N (to be agreed)</td>
<td>City Centre West (Cornerstone)</td>
</tr>
<tr>
<td><strong>East</strong></td>
<td>Moulsecoomb (open)</td>
<td>Bevendean (School)</td>
<td>Coldean (School)</td>
</tr>
<tr>
<td></td>
<td>Whitehawk (open)</td>
<td>Kemp Town/Queens Park/Bristol Estate (Royal Spa)</td>
<td>Rottingdean/Saltdean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Woodingdean (Rudyard Kipling)</td>
<td></td>
</tr>
</tbody>
</table>

The location of these centres is shown on the map below:

**Figure 15: Map of Children’s Centres in Brighton and Hove**
The Trust is also engaged in a major review of functions and services, the aim of which is to produce an integrated approach to services, through rationalisation of accommodation and integration of staff previously employed by different organisations.

The Trust’s estate comprises:

Figure 16: Children and Young People’s Trust Estate

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery schools</td>
<td>4</td>
</tr>
<tr>
<td>Secondary Schools/Colleges</td>
<td>12</td>
</tr>
<tr>
<td>Primary Schools</td>
<td>56</td>
</tr>
<tr>
<td>Special Schools</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Centres/Playlinks</td>
<td>9</td>
</tr>
<tr>
<td>Offices</td>
<td>10</td>
</tr>
<tr>
<td>Residential Units</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Centres</td>
<td>7</td>
</tr>
<tr>
<td>ACE and others</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>South Downs Properties (S31)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainly access to rooms in health buildings</td>
<td>16</td>
</tr>
</tbody>
</table>
7.3.4.2. Priorities for Development

The main priorities for development are as follows:

**Children’s Centres**

The remaining 9 Children’s Centres are a top priority for the Trust, and a governmental priority. The Government has set Brighton and Hove a target to create these 9 Children’s Centres by March 2008, and has allocated a budget of £2.3 million for this purpose.

**Integration of functions**

An imperative for the Trust is the integration of functions and services, which will entail a rationalisation of the estate. This is expected to be cost neutral.

7.3.5. Adult Services

7.3.5.1. Introduction

Adult Social Care services are provided in partnership with health partners, and from a wide range of facilities. The Adult Social Care Services property portfolio is set out below:

Figure 17: Adult Social Care Portfolio

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of properties and ownership</th>
<th>B&amp;HCC</th>
<th>SDT*</th>
<th>Other</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Disabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Care Homes</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Respite Centre</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Centres</td>
<td>6</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offices</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Disability Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Centre</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Older Peoples Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Centres</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Centres</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Older Peoples Mental Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Centres</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Centres</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offices</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>27</td>
<td>4</td>
<td>12</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td><strong>Valuation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total GIA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Backlog Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                | £18,010,584 | 18,430 | £1,633,658 |

Brighton and Hove City-Wide Estates Strategy

46
7.3.6. Other Priorities for development

7.3.6.1. Introduction

The Council's overall priorities are set out in its Corporate Plan. Asset priorities are set out in the Medium Term Financial Strategy (2006-9) and the Corporate Property Strategy and Asset Management Plan.

7.3.6.2. Major Projects

The Council is supporting a series of major infrastructure projects through some site provision, project management and general advice. These include:

Figure 18: Major Developments

<table>
<thead>
<tr>
<th>Site</th>
<th>Development</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Rock</td>
<td>Proposed mixed development to include an International events complex; retail and residential</td>
<td>Planning application expected to be submitted by the end of the year</td>
</tr>
<tr>
<td>Brighton Centre</td>
<td>Exploring feasibility of mixed development to include new Convention Centre, Exhibition Facilities, hotel and retail.</td>
<td></td>
</tr>
<tr>
<td>Brighton Marina (Inner)</td>
<td>Explore Living scheme, proposal for mixed residential and retail</td>
<td></td>
</tr>
<tr>
<td>Brighton Marina (Outer)</td>
<td>Mixed development for residential, convention centre, retail and office space</td>
<td>Planning Application approved 4.7.06. Includes health facilities</td>
</tr>
<tr>
<td>Brighton Station</td>
<td>Mixed development, including housing</td>
<td>Currently subject to a public inquiry</td>
</tr>
<tr>
<td>Community Stadium</td>
<td>Proposal for community stadium with university teaching space</td>
<td>Awaiting Secretary of State decision</td>
</tr>
<tr>
<td>Circus Street</td>
<td>Proposal for mixed development scheme</td>
<td></td>
</tr>
</tbody>
</table>
In all these developments, the Council is committed to working with local health and social care partners to ensure the maximum gain for services is achieved. It is recommended that health and social care interest in these developments is formalised to facilitate future planning.

7.3.6.3. Partnership Projects

The Council is fully committed to partnership working including the development and implementation of a city-wide Estate Strategy. Recent and current projects include:

- The development of the Westbourne Hospital Site: The council is contributing a number of sites through their transfer to a registered social Landlord to improve the Integrated Learning disabilities Respite Service, and to enable the provision of 60 affordable housing units, with a third for key worker accommodation.
- Joint working with the PCT and its private developer has facilitated the relocation of a GP surgery into a new development at Old Steine, to provide a modern medical centre.
- Joint working with the PCT to combine two existing GP surgeries into a new build on an unused section of a school playing field at Carden Primary School (Patcham).

7.4. Brighton and Hove City Teaching Primary Care Trust

7.4.1. Introduction

The Primary Care Estate in Brighton and Hove comprises GP surgeries and the rental of part of Prestamex House, 171-3, Preston Road as the Primary Care Trust Headquarters. Three of the GP surgery buildings (Portslade Medical Centre, Morley Street Surgery and Whitehawk Medical Practice) are owned by South Downs Healthcare NHS Trust. The remaining buildings are a mixture of rented, leased or
privately owned buildings. The PCT rental, rates and clinical waste payments for GP surgeries in 2005/6 were £2,699,070.

There are currently 47 GP practices in 55 surgery buildings, including 8 branch surgeries, across the city. 17 are small practices of 1-2 GPs (this includes 9 single-handed GPs), 20 are medium sized (2-6 GPs) and 10 are large practices (6 or more GPs).

Appendix 3 lists the practices and the condition of the premises as at June 06. This information is based on a condition survey undertaken in 2004, and updated by PCT Managers. Appendix 4 provides a map of Brighton with the current practice locations shown.

The PCT leases space at 171-173 Preston Road for its corporate functions. It has access to 28,987 ft$^2$, at a cost of £377,533 p.a. The lease runs to August 2010, and currently approximately 200 people are based there. This indicates that the building is currently under utilised, and could be used more intensively.

### 7.4.2. Strategic Goals

The PCT’s Strategic goals for its estate are:

- To reduce the number of smaller practices over time, and to move to larger, more centralised practices that can offer a wider range of services to local people.
- To ensure that there is primary care capacity to meet anticipated population growth, and to allow list sizes to reduce.
- To provide facilities in the community to support the transfer of services from hospitals, and to facilitate the development of community-based models of care.

### 7.4.3. Condition

As of October 2006, 12 main and 2 branch surgeries urgently need replacement, as they are in poor condition and/or have no disabled access, and no way of improving this.

Figure 19: Condition of GP premises
Most poor condition surgeries are in the central or eastern localities. There are plans in place to address some of these. A summary of the position is shown below:

**Figure 20: Plans to address GP surgeries in poor condition**

<table>
<thead>
<tr>
<th>Surgeries in poor condition</th>
<th>Confirmed plans</th>
<th>Proposed solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West Locality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Sackville Road Surgery</td>
<td>Site in West Hove, to be confirmed.</td>
<td></td>
</tr>
<tr>
<td><strong>Central Locality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Islingword Road Branch</td>
<td>Move to BGH Polyclinic</td>
<td></td>
</tr>
<tr>
<td>3 Montpelier Surgery</td>
<td>Site to be identified</td>
<td></td>
</tr>
<tr>
<td>4 Carden Avenue Surgery</td>
<td>Moving to new Patcham Surgery Dec 07</td>
<td></td>
</tr>
<tr>
<td>5 Coldean Branch surgery</td>
<td>Moved to new Larchdean Surgery Sept 06</td>
<td></td>
</tr>
<tr>
<td><strong>East Locality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Upper Rock Gardens Surgery</td>
<td>Relocate to new Marina development</td>
<td></td>
</tr>
<tr>
<td>7 St Luke's Surgery</td>
<td>Replace</td>
<td></td>
</tr>
<tr>
<td>8 Elm Grove Medical Centre</td>
<td>Move to BGH Polyclinic</td>
<td></td>
</tr>
<tr>
<td>9 Old Steine Surgery</td>
<td>Moved to new premises July 06</td>
<td></td>
</tr>
<tr>
<td>10 St James Avenue Surgery</td>
<td>No replacement needed</td>
<td></td>
</tr>
<tr>
<td>11 Queens Road Surgery</td>
<td>Relocation - ? to 4 Old Steine</td>
<td></td>
</tr>
<tr>
<td>12 Morley Street Surgery</td>
<td>Relocation</td>
<td></td>
</tr>
<tr>
<td>13 Broadway Surgery</td>
<td>Moving to Wellesbourne Dec 07</td>
<td></td>
</tr>
<tr>
<td>14 Whitehawk Medical Practice</td>
<td>Moving to Wellesbourne Dec 07</td>
<td></td>
</tr>
</tbody>
</table>

**7.4.4. Utilisation**

27 main surgeries and 2 branches are short of space with no easy way of expanding the buildings. Very few of the others have space that they can extend into or consulting/treatment rooms that are not fully utilised during surgery hours. Three practices have closed lists, and a further 29 are defined as at capacity.
Space is available, however, in two current surgeries as follows:

- 175 Preston Road
- Mile Oak Medical Centre

There is also limited space available at the Hove Polyclinic. Space will also be available in the new Patcham Surgery which is due to open in December 2007 to replace Carden Avenue and Warmdene Road Surgery.

A summary of the available space is included at Appendix 5.

Although there has been no study of utilisation, it is known that many smaller premises close between 12 and 4pm, and that most surgeries are not used at all in the evenings and at weekends. Some services, such as midwifery and Health Visiting, have been removed from the surgeries by the Children and Young People’s Trust as part of the development of Children’s Centre and integrated teams. Other practices who previously housed District Nurses and Health Visitors have asked them to move out to allow the practice to expand. This is because practices have taken on their own nurses to provide additional services, and these staff need space to hold clinics. Many practices are employing part-time GPs (over 45% of the GPs in B&H are female, and over 70% of these work part-time) with a noted trend to provide dedicated rooms even to part time staff.

7.4.5. Priorities for development

Action is required as shown below to address outstanding condition and capacity issues and to meet increased demand for services.

- **Priority 1:**
  - Development 1: 10 GP surgery to combine Sackville Road Surgery, Central Hove Surgery and Eaton Gardens Surgery
  - Development 2: to utilise the spare capacity at Mile Oak Surgery
  - Development 3: 8 GP surgery to combine Montpelier Surgery and Seven Dials surgery
  - Development 4: 10 GP surgery as part of a Polyclinic development at Brighton General Hospital, to combine Islingword Branch surgery, Elm Grove Surgery and Park Crescent New Surgery
  - Development 5: 2 GP surgery to replace St Luke’s Surgery
  - Development 6: 4 GP surgery in the new Marina Development, to replace Upper Rock Gardens Surgery
  - Development 7: 9 GP surgery in Kemp Town, to combine Easton Place Surgery and Ardingly Surgery

- **Priority 2:**
  - Development 1: 10 GP surgery on the Hove Polyclinic site, Nevill Avenue, to combine Hove Medical Centre, Hangleton Manor Surgery and Burwash Road Surgery
  - Development 2: Relocation of Queen’s Road Surgery
  - Development 3: Relocation of the GP surgery at Morley Street.

- **Priority 3:**
  - Replacement of the Portslade Medical Centre to allow for expansion.
These are set out below by locality.

Figure 21: West locality priority GP surgery developments

<table>
<thead>
<tr>
<th>West Locality - Priority 1: Development 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans are needed to replace three practices with a single combined facility: -</td>
</tr>
<tr>
<td><strong>Sackville Road Surgery (No DDA compliance)</strong></td>
</tr>
<tr>
<td><strong>The Central Hove Surgery (Capacity issues)</strong></td>
</tr>
<tr>
<td><strong>Eaton Gardens Branch surgery (branch surgery, acceptable only)</strong></td>
</tr>
</tbody>
</table>

These practices currently have 8 GPs but space for 10 GPs is needed to allow for growth. There are two potential options for this development, as shown below.

**Option 1: Central location**

![Map of West Hove]({{base_url}}/images/map.png)

- West Hove
  1 – Sackville Rd : 2 – Central Hove
  3 – Eaton Gardens
  4 – potential site for new surgery
  K.A. – residential development and potential site

**Option 2: Bingo Hall site:**
West Locality - Priority 1: Development 2

Plans should be drawn up to utilise the spare capacity at Mile Oak Medical Centre

West Locality - Priority 2: Development 1

Plans are needed to replace three practices with a single combined facility:

- **Hove Medical Centre (Capacity issues, list closed)**
- **Hangleton Manor Surgery (Small practice, average condition)**
- **Burwash Road Surgery (Single-handed practice, average condition)**

These practices currently have 8 GPs (6 Whole time equivalents), but space for 10 GPs is needed to allow for growth. The ideal site for this development is Hove Polyclinic (Nevill Avenue site), where the site development plan has allocated space for such a development.
West Locality – Priority 3: Development 1
Plans are needed to replace or rebuild Portslade Medical Centre to allow for expansion. This is an NHS-owned site of 6 GPs (5.5 Whole time equivalents) with a high list size.

Central Locality – Priority 1: Development 3
Plans are needed to replace two practices: -

**Montpelier Surgery (No DDA compliance)**
**Seven Dials surgery (property may be lost due to a GP retirement)**

These practices currently have 6 GPs (5.25 Whole time equivalents) but space for 8 GPs is needed to allow for growth. A suitable site has not yet been identified.

Central Locality – Priority 1: Development 4
Plans are needed to provide GP premises at Brighton General Hospital as part of a wider Polyclinic development. This would allow the relocation of the **Islingword Branch surgery, (No DDA compliance)**, as well as practices from the East locality (see below)

East Locality – Priority 1: Development 5
Plans are needed to replace: -

**St Luke’s Surgery.**

This single-handed GP is operating out of a rented portacabin at present, so the need is urgent. The practice should increase to 2 GPs.

East Locality – Priority 1: Development 6
Plans are needed to develop new GP practice capacity alongside the Marina Development to
accommodate the increased population planned and to accommodate:

*Upper Rock Gardens Surgery (poor condition, no DDA) and possibly Eaton Place*

The Marina Development will provide a 4-GP surgery facility, which will allow for an increase of 2 GPs. (Larger if Eaton Place included)

**East Locality - Priority 1: Development 7**

Plans are needed to replace two GP surgeries with a single combined facility:

*Eaton Place Surgery (acceptable, but at capacity)*

*Ardingly Court Surgery (at capacity)*

With a new development in Kemp Town. These two practices currently have 7 GPs, but space should be provided for 9 GPs to No DDA allow for growth. (Smaller if Eaton Place excluded)

**East Locality - Priority 1: Development 4**

Plans are needed to develop GP premises at Brighton General Hospital as part of a wider Polyclinic development. This would allow the relocation of a number of practices to a new centralised facility:

*Elm Grove Medical Centre (No DDA compliance)*

*Park Crescent New Surgery (Cramped, DDA issues)*

These two practices currently have 7 GPs (6 Whole time equivalents), and the Islingword Branch surgery covers a population of 2753, equivalent to 1.5 further GPs, a total of 8.5. To allow for growth, a development for 10 GPs should be considered.
**Brighton General Polyclinic**
- 1: Park Crescent: 2 Elm Grove: 3 Islingword Rd (branch)
- Lewes Rd (no change)

**East Locality: Priority 2: Developments 2 and 3**

Plans are needed to relocate the **Queens’ Road Surgery (No DDA compliance)**. This is a single-handed practice at present, but could be increased to 2 GPs. Plans are also needed to relocate the GP for the homeless, currently based in inappropriate accommodation at the **Morley Street Clinic**.

One of these practices could be relocated to 4, Old Steine, which is currently under development. The second will require city-centre accommodation, for which there are a number of options.

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**7.5. Brighton and Sussex University Hospitals NHS Trust**

**7.5.1. Introduction and Strategic Goals**


The Trust’s current strategy is to concentrate services on the Royal Sussex County Hospital (RSCH) in Brighton and the Princess Royal Hospital (PRH) in Hayward’s Heath, instead of providing services from 6 main sites and a series of peripheral buildings. Strategic plans since 2003 have therefore addressed the required centralisation of services at the RSCH, most notable of which is the new Children’s Hospital which opens in 2007 and replaces the Royal Alexandra Hospital for Sick Children, and the development of plans for the relocation of Neurosurgical services from Hurstwood Park Neurological Centre to RSCH. The Trust is consolidating services where possible at its principal sites, and will dispose of surplus properties and land to generate income.

This two-site strategy was reinforced by “Best Care, Best Place”, which also committed local partners to providing as much care in primary and community
settings as is appropriate. Under this plan, RSCH will provide high-tech, critical care services, and PRH elective and lower tech services – a “hot-cold” split.

However, further modification of this strategy will be required as a result of the “Fit for the Future” Consultation which is due to take place in December 2006. This may result in further changes in the disposition of acute services, but is unlikely to impact on primary and community services in Brighton and Hove.

7.5.2. Condition

The Trust’s estate is made up of buildings built between 1828 and 2002, with new facilities being added in 2007. Some 25% of the estate pre-dates 1948; this means that some buildings are unsuitable for modern healthcare. The Barrie Building is a particular problem in this respect. As a result, some 47% of the estate is categorised as condition C (operational but needing major repair or replacement). The backlog maintenance for the Trust is currently reported as over £24 million with significant works required both at the PRH and BSCH sites.

7.5.3. Utilisation

The Trust has carried out detailed studies of utilisation to inform its plans for centralisation at RSCH and at PRH.

7.5.4. Priorities for development

The main priorities for the Trust are as follows: -

**Breast Screening**

The Breast Screening Assessment Unit is currently located in portacabin accommodation at RSCH and requires a permanent home. Current plans are for the relocation to a privately developed building (177 Preston Road) adjacent to a private diagnostic unit. This proposal is being worked up jointly with the PCT.

**Urgent Care Centre**

The Trust is currently building an Urgent Care Centre adjacent to the existing A & E department which results in a reconfiguration of part of the existing A & E and an extension. This £1.2 million scheme is due for completion as part of a phased programme by 31st March 2007.

**Extension of the Trevor Mann Special Care Baby Unit**

This £1.7 million scheme is due to begin January 2007 and is currently subject to review in relation to affordability, availability of capital and commissioner support.

**Elderly care wards/ Bed reconfiguration**

A scheme is being drawn up to create additional beds in existing wards to relocate elderly care patients from the poor quality Barry Building Wards. The estimated value of this scheme is £750,000.
**Settings of Care/ Fit for the Future**

Significant work is being undertaken to review options for further capital development on the RSCH site in accordance with the options which are the subject of the “Fit for the Future” consultation. Major works will be required to The Barrie Building if it continues in use in the future.

**Infrastructure**

New telecommunication facilities, medical gas installations and electrical services are being installed as part of the development of the new Children’s Hospital.

**7.6. South Downs Healthcare NHS Trust**

**7.6.1. Introduction**

The South Downs Healthcare NHS Trust provides community services across Brighton and Hove (and beyond). In the past two years, it has handed over many of its responsibilities to other providers. Services have transferred as follows:

- Mental Health Services and Estate: to the Sussex Partnership Trust
- Children’s Services to the Children’s Trust (Estate remains with the Trust)
- Learning Disability Services: to the Local Authority (Estate remains with the Trust, but the services are managed by the City Council via a Section 31 Agreement)

Consultation is due to take place in 2006/7 on the dissolution of the Trust, with its remaining responsibilities transferring to other local partners, or into the Private Sector.

The Trust currently owns, or has an interest in a total of 32 assets in Brighton and Hove. **Appendix 6** provides details on the estate. The Trust owns the freehold of 11 properties:

- Brighton General Hospital
- Hazel Cottage, Woodingdean
- 19 Leicester Villas*
- Mill Lane*
- Moulsecoomb Health Clinic
- Portslade Health Centre
- 15 Preston Drove *
- 9/11 Rutland Gardens *
- Morley Street Clinic
- Whitehawk Clinic
- 20, Windlesham Road*
Those marked with an asterisk are occupied by Brighton and Hove City Council via a Section 31 Agreement. The Trust owns the freehold of two pieces of land, which have been leased in the long term to third parties. All other properties are leased.

The valuation of the Trust’s freehold properties is £31,322,709. The gross internal area is 38,366 m², and the site area is 6.776 hectares. In addition, the properties managed by the council have a freehold value of £2,205,000, a gross internal area of 1,345 m², and a site area of 0.262 hectares.

7.6.2. Condition

The vast majority of the properties are assessed as B3 condition, meaning that they require limited investment only over the next 5 years.

A number of properties have a condition assessment of C or D, meaning that more urgent action is required to upgrade or replace them. They are as follows:

- Mac Keith Centre – condition C2 – to be relocated to Brighton General Hospital in refurbished accommodation
- Morley Street Clinic – condition C2 – has been partially upgraded in 2006
- Westbourne Hospital – condition D1 – has been vacated and is the subject of a joint partnership development with the City Council.

Brighton General Hospital is of mixed condition, ranging from B2 – C3, and is need of rationalisation to inform future development, as described in section 7.6.4. below.

None of the buildings owned by the South Downs Trust have outstanding high risk backlog maintenance needs. General backlog maintenance has been assessed at £6 million. Of this, £5.2m relates to the Brighton General Hospital site, with £1.9m building backlog, and £3.3m engineering backlog.

7.6.3. Utilisation

The last formal space utilisation study was undertaken in 1995, and informed the Trust’s 1997 Estates Strategy. The study assessed the estate against the following criteria:

- Suitability of location for the service
- DDA compliance
- Comfort levels
- Safety and Security
- Adequacy of space
- Adequacy of facilities
- Appearance
- Current and future service delivery

With the exception of Brighton General Hospital, the successful completion of both an estates rationalisation and major capital development programme has resulted in an estate which is both functionally suitable and efficiently utilised. However, this should be re-assessed to inform future investment.
Brighton General Hospital has changed in the past 10 years from an acute hospital of 300 beds, to a non-acute hospital with only 46 beds remaining, and which are programmed for closure. The hospital has significant vacant space, and some buildings that are unsuitable for modern healthcare. This is in contrast to those areas of the site that have been upgraded to a high standard.

7.6.4. Priorities for Development

Brighton General Hospital

This is the main priority for development. The strategic vision for the site is for it to remain a key location for the delivery of local health care services to the population, and there is strong support from all partners for the development of a new polyclinic here.

Services are currently distributed across the site in buildings of variable age and condition. There has been investment in some of the buildings which has given them a 20-year life, but others remain untouched. There is also the need for infrastructure development in relation to water systems. Appendix 7 shows an aerial view of the site, Appendix 8 provides information on the current site occupation, and Appendix 9 provides a site plan.

The site is large (4.090. hectares). Part of it is due to be sold for housing development by the Brighton and Sussex University Hospitals Trust. The site is designated in the Brighton & Hove City Council Local Plan for housing development when surplus to housing requirements, and there is a stipulation that 80% of housing units should be affordable. This offers the possibility of a site redevelopment project to include additional housing.

The Arundel Building is Grade 2 listed. This may have implications for the future use of the site more generally. This issue requires further investigation, and should be addressed as part of a Site Master Planning exercise.

Mac Keith Centre

The Mac Keith Centre (the Brighton and Hove Child Development Centre) is managed by the Trust, but is currently located at the Royal Alexandra Hospital for Sick Children. The Hospital is due for closure when the new Children’s Hospital opens in mid-2007. A project has recently commenced to relocate the service to Edburton Block at Brighton General Hospital. This work must be completed by 31st May 2007.

Integrated Community Equipment Store

The activity of the Integrated Community Equipment Store is increasing to meet the demands of caring for more patients in the community. The main store, which is also the administrative base, is located at the Belgrave Centre in Brighton, and is at capacity. A Business Case is being prepared by the Trust to relocate the service to warehouse-type accommodation with improved access and loading facilities. This will include the relocation of a workshop (currently at Cheapside) and the store at Brighton General Hospital.
7.7. South East Coast Ambulance Trust

7.7.1. Introduction and Strategic Vision

The South East Coast Ambulance Trust was formed on 1.4.06, bringing together the Kent, Surrey and Sussex Ambulance Trusts. As a newly-formed Trust it has not yet published a Service Development or Estates strategy.

The Trust has two ambulance stations in Brighton and Hove. The first is at Brighton General Hospital, and the second at St Joseph’s Way, Hove. Both these stations are operating over capacity.

The Trust is developing plans to change in the way that emergency ambulances are deployed, to improve response times and the quality of care given to patients. This includes:

- The identification of critical “Response Posts” across Brighton and Hove (areas known to make regular demands for emergency assistance, as measured by Category “A” ambulance calls)
- The provision of ambulances to these points from a central “Make Ready” station, 24/7.
- The development of the ECP – Emergency Care Practitioner role. These trained members of staff can deal with Category “C” ambulance requests fully without recourse to an A&E department, and are also able to manage Category “A” and “B” requests as part of a wider team.

A “Make Ready” station is a central point where ambulances are based, and where they are cleaned and equipped ready for use around the clock. Ambulances will be sent out to “Response Posts” from the central station in two shifts. Implementation of these changes will require the establishment/creation of a new central “Make Ready” Station in Brighton, and access to support facilities for ambulance staff close to the “Response Posts”. Two “Response Posts” have been identified to date at Hollingbury and at Seven Dials, and more may be required in the future, as emergency demands are reviewed, and as the impact of the proposals in “Fit for the Future” is understood.

The Trust has secured shared use of a police Custody Suite at Hollingbury to meet the needs of ambulance staff at this “Response Point”, and accommodation at Seven Dials is under negotiation.

7.7.2. Condition

Both Ambulance Stations are fundamentally sound structurally, with no outstanding major works required.

7.7.3. Utilisation

The number of staff and vehicles (both ambulance vehicles and staff owned vehicles) operating out of each Ambulance Station exceeds the capacity of the sites by a considerable margin. More accommodation is required for staff (desk space and amenities) and car parking.
7.7.4. Priorities for Development

Central “Make Ready” station

A new Make Ready Station is required in Brighton, to support the new service model. Dependant on size and content it may replace the two current stations, or supplement them.

“Response Post” support accommodation

Ambulance crews require access to support accommodation close to their designated “Response Posts” 24/7. While arrangements have been made for Hollingbury, a solution is required for Seven Dials, and for any other “Response Posts” that are designated.

7.8. Sussex Partnership NHS Trust

7.8.1. Introduction

The Sussex Partnership Trust was formed on 1.4.06, and provides Mental Health, Specialist Learning Disability and Substance Misuse Services to the populations of Brighton & Hove, East Sussex and West Sussex.

The Trust is commencing work on its Estate Strategy which will be a 5 year plan to modernise and improve the Trust Estate across Brighton and Hove, East and West Sussex to ensure there is a clear, deliverable strategy to underpin clinical service delivery and developments.

The Trust owns or has an interest in 20 properties/assets in Brighton and Hove. This includes the relatively new Mill View Hospital at Nevill Avenue (Acute mental health services) and the nearby Nevill Hospital (Older people’s mental health inpatient services). Appendix 10 details these properties and Appendix 11 provides a site plan of the Nevill Avenue site. The current value of these properties is £40.5 million.

Four of the properties are leased to Housing Associations for the provision of supported housing to clients: -

- 39, Osmond Road, Hove
- 57 Sackville Gardens
- 59 Sackville Gardens
- 8, Westbourne Gardens, Hove

One of the sites (22, Alexandra Villas, Brighton) is vacant, surplus to requirements and is in the process of being sold.

The Trust is committed to making its services as available and accessible as possible and the general policy is to reduce reliance on traditional/institutional mental health
buildings to deliver care and to promote the use of community settings that are conveniently located and accessible.

The Trust is committed to working with local partners to improve community services accommodation in Brighton and Hove, such as community mental health team bases, and learning disability team bases (where staff are seconded to the City Council from the Trust). It will pursue the use of shared accommodation and facilities where co-location would be advantageous and would improve operational working arrangement and efficiencies.

7.8.2. Condition

None of the buildings have any outstanding high risk backlog maintenance, and are mostly classified as B3. Other backlog maintenance requirements are minimal.

7.8.3. Utilisation

There is no up to date assessment of the utilisation of the Trust’s assets. Information relating to the Hove Polyclinic indicated there is some limited availability of space in the outpatient department, which would allow the sessional development of new services.

7.8.4. Priorities for development

Nevill Avenue site

The Trust has a number of proposals for the Nevill Avenue site, as follows:

- The Trust has recently secured a capital allocation of £2.8m from the Department of Health to upgrade the existing Pavilion Ward (in Mill View Hospital) to meet modern environmental standards for PICU services and to extend to provide Section 136 Place of Safety facilities.
- 14 beds substance misuse ward by way of extension to Millview Hospital
- the reprovision of Neville Hospital to include both functional and dementia patients
- Grounds/gardens still to be retained/provided for all patients
- Car parking for additional services
- The Trust Board has recently agreed in principle that Trust headquarters should be located at Neville Avenue and a business case is in the process of being developed.

It is recommended that a joint site development control plan is drawn up to coordinate developments on site.

Brighton General Hospital
The Trust has interests on the Brighton General Hospital site, which currently houses the East Brighton Community Mental Health Centre (EBCMHC) and Older People's Mental Health services (OPMHS). The Trust would welcome the opportunity to build links with the EBCMHC and to consider OPMHS within the proposed polyclinic development.

The Trust is keen for community based facilities to be provided alongside primary care and to see the further integration of mental health services within practice based commissioning.

**CAMHS services**

The Trust wishes to seek opportunities to develop CAMHS services in non mental health settings.

**Brighton and Hove Locality Office**

The Trust wishes to review the long term locality office base for Brighton and Hove, currently accommodated at Aldrington House.

### 7.9. Summary of Findings

The collective asset portfolios of the local partners are substantial, and the overall condition of the assets is satisfactory. Exceptions to this are:

- Brighton General Hospital
- 12 main and 2 branch GP surgeries
- The Barrie Building at the Royal Sussex County Hospital

There is collective agreement to address the problems of the primary and community sites through this strategy. There is already evidence of joint working, and examples of joint projects. All parties are keen to build on these successes.

None of the partners has comprehensive and up to date information about asset utilisation, and this is required to inform future investment decisions.

### 7.10. Summary of Priorities for development

The main priorities that emerge from this analysis are as follows:

- Replacement of Primary Care premises that are in poor condition and/or do not comply with current legislation
- Joint working to secure the maximum health and social care benefit from major developments across the city
• The completion of the programme of Children’s Centre developments
• The completion of the initiative to integrate health and social care staff working in the Children and Young People’s Trust
• The relocation of Breast Screening to new and appropriate accommodation
• The rationalisation of the Brighton General Hospital site, to address issues of poor condition and under utilisation, and to provide healthcare facilities that are fit for the 21st Century
• The development of an expanded Integrated Community Equipment Store
• The creation of a central “Make Ready” ambulance station, and support accommodation for ambulance “Response Posts”
• The development of a joint site development control plan for the Nevill Avenue site
• The development of proposals for the utilisation of all community accommodation to facilitate new ways of working for community-based health and social care staff.
8. Future capacity requirement

8.1. Introduction

Section 6 of this Strategy has demonstrated a requirement for additional accommodation to meet future service needs. Section 7 has described the current estate, and priorities for its development. This section now compares the two and makes recommendations for future developments.

It is assumed that all capital developments that have been commenced will be completed and brought into service, and that the programme of Children’s Centre developments and the integration of children’s services will be completed.

8.2. Primary Care Developments

There is a clear case for the urgent replacement and expansion of Primary Care facilities to meet the needs of the current and growing population, and to facilitate the delivery of an expanded range of primary care services. It is recommended that:

- Plans should be drawn up urgently to deliver the required Priority 1 primary care developments. Where possible and appropriate, these should be incorporated within the City’s Major Developments.
- Local Health partners should formalise their proposals for health facilities within Major Developments in the near future to assist the planning process.

8.3. Community Services - Short term issues

8.3.1. Accommodation for new services

Additional accommodation is required for community service developments as part of the implementation of “Best Care, Best Place”. A number of new services, including the Referral Management Service and its associated primary care-based triage services must be in place in the near future, and require access to radiography. The space requirement for these services exceeds the space currently available in other premises. Only Hove Polyclinic and Brighton General Hospital have on-site x-ray services.

Leasing or renting of accommodation may provide the solution here. This avoids the need for capital and the delay associated with construction or refurbishment. Local partners are currently in negotiation to secure space at 177 Preston Road (next door to the PCT Headquarters building at 171-173 Preston Road, and the major primary care facility at 175 Preston Road). These negotiations include plans for a relocation of the Breast Screening service from RSC, plus private sector provided diagnostics, and would provide a sensible short-term solution and much-needed flexibility across the three buildings.
It is therefore recommended that:

- Clinical space should be rented or leased to meet short term needs
- The availability of space in current facilities, particularly Mile Oak and Hove Polyclinic, should be publicised, and plans drawn up for their use
- An additional diabetic retinopathy screening should be developed at Mile Oak clinic.
- A joint site development control plan for the Nevill Avenue site should be drawn up, agreed and implemented.

**8.3.2. Brighton General Hospital**

In order to progress the rationalisation of this site, it is recommended that work should commence on the Master Planning Exercise as soon as possible. A brief for the work should be produced and tenders invited for the work as a matter of priority.

**8.4. Medium and long term issues**

In the medium (3-year) and long term (10 year) more accommodation is required in the community to facilitate service development, as follows:

- Office accommodation (including seminar rooms) for community-based staff: Community-based staff will need access to office and support accommodation to facilitate the delivery of care closer to the home. This new method of service delivery brings with it new ways of working, and work is required to determine the precise range and level of accommodation required for current and new services.
- Consultation space in GP surgeries: some space is available in existing surgeries, and more will be available when the Patcham development opens. It is recommended that available space is utilised before additional space is procured. It is likely that further accommodation will be required, and this should be built in to new primary care developments.
- Consultation space in a community-setting; there is limited space available at Hove Polyclinic, but not enough to meet future needs. It is therefore recommended that the Hove Polyclinic should be expanded to create additional consulting room space.
- It is recommended that a Polyclinic, with replacement accommodation for existing community services, and additional consulting room accommodation to facilitate service development should be developed at Brighton General Hospital as part of a wider site rationalisation project.
- A Central “Make Ready” Ambulance station and two emergency ambulance “Response Posts” with support accommodation should be developed to support the new model for emergency ambulance services.
### 8.5. Summary of recommendations

**Figure 26: Summary of Estates Strategy Recommendations**

<table>
<thead>
<tr>
<th>Short Term (by 31.3.07)</th>
</tr>
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<tbody>
<tr>
<td>• Plans should be drawn up urgently to deliver the required Priority 1 primary care developments. Where possible and appropriate, these should be incorporated within the City’s Major Developments</td>
</tr>
<tr>
<td>• Local Health partners should formalise their proposals for health facilities within Major Developments in the near future to assist the planning process</td>
</tr>
<tr>
<td>• Clinical space should be rented or leased to meet short term needs</td>
</tr>
<tr>
<td>• The availability of space in current facilities, particularly Mile Oak and Hove Polyclinic, should be publicised, and plans drawn up for their use</td>
</tr>
<tr>
<td>• An additional diabetic retinopathy screening service should be developed at Mile Oak Clinic</td>
</tr>
<tr>
<td>• A joint service development control plan for the Nevill Avenue site should be drawn up, agreed and implemented.</td>
</tr>
<tr>
<td>• The Master Planning Exercise for the Brighton General Hospital site should be started.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium-long term (2010 - 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plans should be drawn up to deliver the required Priority 2 and 3 primary care developments. Where possible and appropriate, these should be incorporated within the City’s Major Developments.</td>
</tr>
<tr>
<td>• Office accommodation (including seminar rooms) for community-based staff: Work is required to determine the precise range and level of accommodation required for current and new community services. This must ensure that staff embrace the potential for new ways of working, and are supported by robust IT systems.</td>
</tr>
<tr>
<td>• Consultation space in GP surgeries: some space is available in existing surgeries, and more will be available when the Patcham development opens. It is recommended that available space is utilised before additional space is procured. It is likely that further accommodation will be required, and this should be built in to new primary care developments</td>
</tr>
<tr>
<td>• Consultation space in a community-setting; there is limited space available at Hove Polyclinic, but not enough to meet future needs. It is therefore recommended that the Hove Polyclinic should be expanded to create additional consulting room space.</td>
</tr>
</tbody>
</table>
| • It is recommended that a Polyclinic, with replacement accommodation for current community services and additional consulting room accommodation to facilitate
service development should be developed at Brighton General Hospital as part of a wider site rationalisation project

- A Central “Make Ready” Ambulance station and two emergency ambulance “Response Posts” with support accommodation should be developed to support the new model for emergency ambulance services.
9. Option appraisal

9.1. Interim Strategy – Options appraisal

The Interim City-Wide Estates Strategy identified and appraised 5 options. These are shown below:

Figure 27: Interim Strategy Options

<table>
<thead>
<tr>
<th>No.</th>
<th>Option</th>
<th>M²</th>
<th>Capital cost</th>
<th>Revenue cost</th>
<th>Weighted score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do nothing</td>
<td>No extra space</td>
<td>Nil</td>
<td>No extra</td>
<td>755</td>
</tr>
<tr>
<td>2</td>
<td>Do Minimum</td>
<td>2828</td>
<td>£5.8 – 7.1m</td>
<td>£610-705k</td>
<td>1275</td>
</tr>
<tr>
<td>3</td>
<td>Capital investment for 3 polyclinics and enhancement of primary care premises</td>
<td>7445</td>
<td>£18.1 – 21.1M</td>
<td>£1.8 – 2m</td>
<td>2420</td>
</tr>
<tr>
<td>4</td>
<td>Option 3, plus 30% more space in polyclinics</td>
<td>9245</td>
<td>£22.5 – 26.2m</td>
<td>£2.2 – 2.5M</td>
<td>2975</td>
</tr>
<tr>
<td>5</td>
<td>Option 3, plus 75% more space in polyclinics</td>
<td>11944</td>
<td>£29 – 33.9m</td>
<td>£2.9 – 3.2M</td>
<td>3195</td>
</tr>
</tbody>
</table>

Option 5 was selected as the preferred option. However, this option appraisal was not informed by an activity and capacity planning exercise, nor by an appraisal of the current estate, and was regarded as an indicative exercise only.

9.2. Revised options

As a result of the more detailed analysis undertaken, the options have been revised as follows:

- Primary Care investment: The detailed appraisal of Primary care premises has identified the need for 10 Primary Care Developments. Of these, 6 are classified as Priority 1, 3 are Priority 2 and one is Priority 3.
- Polyclinics: The detailed activity and capacity planning exercise has demonstrated that there is no longer justification for 3 polyclinics. The additional capacity required can be accommodated through utilisation of capacity in new Primary Care Developments, an expansion of the existing Hove Polyclinic, and through the development of a polyclinic at Brighton General Hospital.
- Short term needs can be met by renting or leasing a small amount of clinical accommodation

The revised options are therefore as follows: -
9.3. Options appraisal

An updated non-financial appraisal has been undertaken as shown below:

Figure 29: Non-financial evaluation criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supports delivery of agreed city wide policies &amp; service strategies</td>
<td>15</td>
</tr>
<tr>
<td>2. Enables the transfer of activity from hospital to primary/community care</td>
<td>15</td>
</tr>
<tr>
<td>3. Provides high quality, flexible, adaptable and sustainable multi-purpose accommodation that can be used intensively</td>
<td>10</td>
</tr>
<tr>
<td>4. Maximises access for all (geography, physically &amp; timing of delivery)</td>
<td>10</td>
</tr>
<tr>
<td>5. Optimises the use of the available estate (land &amp; buildings where appropriate)</td>
<td>5</td>
</tr>
<tr>
<td>6. Supports the integration of primary and community health and social care services</td>
<td>15</td>
</tr>
<tr>
<td>7. Provides an attractive and safe workplace for staff, facilitating new ways of working and equipped to make best use of this scarce resource</td>
<td>10</td>
</tr>
<tr>
<td>8. Can be delivered in a timely manner associated with local delivery plans &amp; capital resources</td>
<td>15</td>
</tr>
<tr>
<td>9. Is acceptable politically and publicly</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Figure 30: Non-financial appraisal of options

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1: Do nothing</strong></td>
<td>Continue to utilise the current estate for the delivery of health and social care services. This would mean that services would be provided in Primary Care premises in poor condition, and which do not comply with legislation. The development of new community services would be hampered through a lack of accommodation, and poor conditions would continue at BGH. This option fails to deliver the strategic objectives.</td>
</tr>
<tr>
<td><strong>Options 2: Do Minimum</strong></td>
<td>While this would address high priority problems in Primary Care, it would leave poor conditions in other primary care premises and at BGH, and a lack of space for essential community services development. This option partially addresses the strategic objectives.</td>
</tr>
<tr>
<td><strong>Option 3: High and medium priority primary care investment, expansion of Hove Polyclinic, backlog maintenance at BGH</strong></td>
<td>This would partially achieve the strategic objectives, although accommodation at BGH would remain inefficient and poorly laid out.</td>
</tr>
</tbody>
</table>
**Option 4: High and medium priority primary care investment, expansion of Hove Polyclinic, new Polyclinic at BGH as part of a site rationalisation:** This would achieve almost all the strategic objectives. Low priority primary care investment would remain outstanding.

**Option 5: As Above, plus low priority primary care investment:** This would achieve the strategic investments fully.

Figure 31: Scoring and weighting of options

Note: Scores are out of 10, where 0 = does not meet the criteria, and 10 = fully meets the criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
<th>Score</th>
<th>W x S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supports delivery of agreed city wide policies &amp; service strategies</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>7</td>
<td>105</td>
<td>9</td>
<td>135</td>
<td>10</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Enables the transfer of activity from hospital to primary/community care</td>
<td>15</td>
<td>2</td>
<td>30</td>
<td>4</td>
<td>60</td>
<td>8</td>
<td>120</td>
<td>10</td>
<td>150</td>
<td>10</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provides high quality, flexible, adaptable and sustainable multi-purposes accommodation that can be used intensively</td>
<td>10</td>
<td>4</td>
<td>40</td>
<td>5</td>
<td>50</td>
<td>8</td>
<td>80</td>
<td>9</td>
<td>90</td>
<td>10</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maximises access for all (geography, physically &amp; timing of delivery)</td>
<td>10</td>
<td>4</td>
<td>40</td>
<td>6</td>
<td>60</td>
<td>8</td>
<td>80</td>
<td>9</td>
<td>90</td>
<td>9</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Optimises the use of the available estate (land &amp; buildings where appropriate)</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>30</td>
<td>9</td>
<td>45</td>
<td>10</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Supports the integration of primary and community health and social care services</td>
<td>15</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>45</td>
<td>5</td>
<td>75</td>
<td>8</td>
<td>120</td>
<td>8</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Provides an attractive and safe workplace for staff, equipped to make best use of this scarce resource</td>
<td>10</td>
<td>2</td>
<td>20</td>
<td>5</td>
<td>50</td>
<td>7</td>
<td>70</td>
<td>9</td>
<td>90</td>
<td>10</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Can be delivered in a timely manner associated with local delivery plans &amp; capital resources</td>
<td>15</td>
<td>8</td>
<td>120</td>
<td>6</td>
<td>90</td>
<td>6</td>
<td>90</td>
<td>5</td>
<td>75</td>
<td>5</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is acceptable politically and publicly</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>25</td>
<td>6</td>
<td>30</td>
<td>9</td>
<td>45</td>
<td>9</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>25</td>
<td>285</td>
<td>38</td>
<td>420</td>
<td>61</td>
<td>680</td>
<td>77</td>
<td>840</td>
<td>81</td>
<td>880</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The two highest scoring options are options 4 and 5. The financial appraisal is as follows:

Figure 32: Capital and revenue cost estimates of options

<table>
<thead>
<tr>
<th>Option</th>
<th>Capital cost £</th>
<th>Revenue cost £</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>No addition</td>
</tr>
<tr>
<td>2</td>
<td>13.6million</td>
<td>908,000</td>
</tr>
<tr>
<td>3</td>
<td>24.5 million</td>
<td>1.9 million</td>
</tr>
<tr>
<td>4</td>
<td>27.3 million</td>
<td>2.1 million</td>
</tr>
<tr>
<td>5</td>
<td>29.7 million</td>
<td>2.3 million</td>
</tr>
</tbody>
</table>

Notes: These capital estimates exclude the costs of land purchase, where required, and any contribution made through land sales. The revenue costs of renting clinical accommodation in the short to medium term have been excluded as this would be common to all options. Revenue costs represent the increased cost over the current costs of existing accommodation.
Appendix 12 contains detailed costing information. The cost per benefit point is as follows:

Figure 33: Cost per benefit point

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefit score</th>
<th>Capital cost per benefit point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>285</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>420</td>
<td>£32,380</td>
</tr>
<tr>
<td>3</td>
<td>680</td>
<td>£36,029</td>
</tr>
<tr>
<td>4</td>
<td>840</td>
<td>£32,500</td>
</tr>
<tr>
<td>5</td>
<td>880</td>
<td>£33,750</td>
</tr>
</tbody>
</table>

This demonstrates that options 2 and 4 have the lowest capital cost per benefits point. However, option 4 has a higher benefit score than option 2 and delivers the strategic objectives more fully. Option 4 is therefore the preferred option.

9.4. Affordability

The increased costs of the estate will fall in the main to the Primary Care Trust as the Commissioner for health services. The PCT had previously confirmed that the increased revenue costs of the preferred option in the Interim Strategy were affordable, and had made provision in its future plans for this investment.

The current overall financial position of the local health economy presents substantial challenges to all partners, with a major Financial Recovery Plan in place for BSUH. The revised costs set out in this strategy are lower than those identified in the interim strategy and therefore should remain affordable.

Further work is required to identify the likely timescale for the increased costs. The main areas of cost in the initial years will be as follows:

- 2006/7:
  - Project management
  - Rental of clinical accommodation to meet shortfall
  - Major Planning Exercise for BGH site

- 2007/8 - 2009/10:
  - Project management
  - Ongoing cost of Major Planning Exercise for BGH, and development of capital proposals;
  - Capital charges on any NHS assets under construction;
  - Revenue costs for new buildings as they come on line.

- 2010/11 onwards:
  - Revenue costs for new buildings as they come on line.
10. Risks and constraints

10.1. Introduction

The implementation of this Strategy will inevitably face many challenges. This section attempts to identify the main risks and constraints that will arise, and to outline how they will be managed, and by whom.

10.2. Background

During the development of the strategy, project risks and constraints were identified, monitored and managed. The main areas of risk identified were as follows:

- **Delay:**
  - Due to Organisational change
  - Due to local management capacity
  - Due to the short timescale of the project

These delays were managed through the Project Governance Structure. The Estates Strategy was produced on time, with no delays.

- **Finance:**
  - Caused by delay to the project
  - Due to the Strategic Recommendations being unaffordable
  - Due to Transitional costs being unaffordable

The project has not been delayed to date so increased costs have not been incurred. The recommendations of the final Strategy have reduced the scale of the proposed investment required, such that the affordability situation has improved.

- **Context:**
  - Local opposition to Strategic proposals
  - Poor service delivery due to the speed of service reconfiguration
  - Incorrect planning assumptions

These risks remain and will need to be managed in the implementation phase.

- **Information:**
  - Missing or underdeveloped information leading to incorrect planning assumptions
  - Inadequate future capacity due to a lack of information

These risks have been managed through an approvals mechanism for all information.

- **Stakeholder Engagement:**
  - Lack of support for strategic proposals due to a lack of stakeholder engagement
This remains a risk and will need to be managed in the implementation phase.

- **Planning:**
  - Failure to secure planning approvals for planned developments
  - Failure to address transport and accessibility issues adequately
  - Failure to incorporate I M & T into plans, or to develop infrastructure adequately

These risks remain and will need to be managed in the implementation phase.

## 10.3. Future risks and constraints

As the City-wide Estates Strategy moves into implementation, it will be essential to maintain an effective Risk Management process, and to ensure that key risks and mitigation plans are appropriately reported through the governance structures of all partner organisations.

The Risk Process should establish an initial risk register for the strategy implementation. This should identify all potential risks, assess their probability and impact, assign ownership, and identify mitigation strategies. The Risk Register should be regularly reviewed to ensure that all risks identified are current and updated, that risks are closed down where appropriate, and new risks added as they arise.

The main areas of risk at the outset of the implementation phase are as follows:

- **Delay:** implementation of the Strategy could be delayed for a number of reasons. An effective governance structure and robust project management, coupled with a clear and realistic project plan should mitigate this area of risk.

- **Affordability:** the financial context of the local health economy is currently challenged, and affordability will therefore always be an issue. Effective financial planning, and robust financial management of development projects, coupled with appropriate procurement should mitigate this area of risk.

- **Procurement:** The Strategy proposes a number of developments, and it is important that an appropriate procurement strategy is adopted for each. Expert advice and guidance will be required to ensure that appropriate choices are made, and to mitigate this risk.

- **Management Resources:** The implementation of the Strategy will require management time, and specialised skills. The production of a resource plan in association with the overall project plan will determine the resources required. Provision of these resources will mitigate this risk.

- **Information:** Prompt and accurate provision of information is important to ensure the development of robust plans for the future. The development of the strategy has highlighted areas where information is lacking or out of date, and commissioning the production of up to date information to inform the strategy implementation will help to mitigate this risk. Where up to date and accurate information cannot be provided, partner organisations will need to agree planning assumptions.
• Stakeholder engagement/communications: Stakeholders should be allowed to influence the strategy implementation, and proposed developments must be communicated effectively. Coordination of these initiatives through the local health economy Communications, Engagement and Consultation Group will help to mitigate this risk.

• Planning: Planning Approval will be required for all identified developments. Joint working and thorough preparation will mitigate this risk. The main risk is Brighton General Hospital, and the planned Master Planning Exercise will be a vital part of the mitigation strategy.

• Transport: Local people will wish to understand the impact of the strategy on their access to healthcare facilities, and to evidence of joint planning influencing the provision of public transport. Failure to manage this issue may lead to a loss of local support for the strategic proposals. The establishment of the Strategic Transport Steering Group, and detailed transport impact assessments of each planned development should help to mitigate this risk.
11. Implementation Plan

11.1. Project Governance and Management

The implementation of this Strategy requires proactive management and an appropriate governance structure to ensure that the strategic objectives are delivered in a timely and efficient manner. Moreover, the implementation will take place in the context of major change in Health Services, as a consequence of the “Fit for the Future” consultation. Local partners have therefore established a governance structure for all work streams associated with “Fit for the Future”, a copy of which is attached at Appendix 15.

Under this Structure, an Estates Group will report to a Health Economy-wide Programme Board, and the implementation of the City-Wide Estates strategy for Primary and Community Health and Social Care will be overseen by this group. A dedicated Project Group reporting to the Programme Board will address Communications, Engagement and Consultation, and there will be an over-arching Strategic Transport Steering Group.

This Strategy identifies a number of key work streams. The governance structure will ensure that each of these work streams is effectively managed and monitored. The work streams are as follows:

Figure 34: Estates Strategy Work Streams

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Completion of the programme of Children’s Centre developments, and the integration of community teams and accommodation</td>
</tr>
<tr>
<td>2</td>
<td>Maximising the utilisation of vacant space in Primary Care premises (Mile Oak and Patcham) and the vacant sessions at Hove Polyclinic</td>
</tr>
<tr>
<td>3</td>
<td>Organisational development: to establish and implement new ways of working and new standards for office and support accommodation and services for community-based health and social care staff</td>
</tr>
<tr>
<td>4</td>
<td>Space utilisation review of community properties</td>
</tr>
<tr>
<td>5</td>
<td>Development and implementation of improved utilisation of community properties in the light of 3 and 4 above, in pursuit of the integration of health and social care staff providing services for adults.</td>
</tr>
<tr>
<td>6</td>
<td>Development of a Procurement Strategy for the proposed developments.</td>
</tr>
<tr>
<td>7</td>
<td>Development of the Brighton General Hospital site;</td>
</tr>
<tr>
<td></td>
<td>• Establishment of a mechanism to manage the interim utilisation of the BGH site</td>
</tr>
<tr>
<td></td>
<td>• Identification of all current site occupants, and development of plans for their future accommodation. This will link with the dissolution of the South Downs Healthcare NHS Trust, and the BSUH financial turnaround plan.</td>
</tr>
<tr>
<td></td>
<td>• Undertaking an Master Planning exercise to inform future site development;</td>
</tr>
<tr>
<td></td>
<td>• Preparation of a business case for the creation of a polyclinic (including GP premises) on site, for submission against central government capital funds in 2007</td>
</tr>
<tr>
<td>8</td>
<td>Defining and securing Health and Social Care developments as part of Major</td>
</tr>
</tbody>
</table>
Developments in the City

9 Primary Care developments; development and implementation of a project plan for the delivery of the 10 proposed schemes

10 Development of proposals for the IT infrastructure required by community-based staff.

11 Development of detailed financial plans to include capital cash flow and revenue impact and affordability.

12 Transport: assessment of the transport implications of the Estates Strategy, and development of plans to secure access for staff and local people (This will feed into the Strategic Transport Steering Group)

13 Communications: development and implementation of a plan to ensure regular communications on all elements of the Strategy. (This will feed into the Communications, Engagement and Consultation Group)

11.2. Timetable

Key milestones for the project are shown below:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>To be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Estates Strategy</td>
<td>November 2006</td>
</tr>
<tr>
<td>Review of planned capital cash flow, revenue impact and affordability</td>
<td>December 2006</td>
</tr>
<tr>
<td>Establishment of Governance structure and project management arrangements for strategy implementation</td>
<td>December 2006</td>
</tr>
<tr>
<td>Confirmation of health and social care requirements in Major Developments</td>
<td>December 2006</td>
</tr>
<tr>
<td>Plans for maximum utilisation of vacant space in primary care premises</td>
<td>January 2007</td>
</tr>
<tr>
<td>Agreement on Procurement Strategy</td>
<td>February 2007</td>
</tr>
<tr>
<td>Project plan for, and commencement of Priority1 Primary Care Developments programme</td>
<td>March 2007</td>
</tr>
<tr>
<td>Approval process</td>
<td>April 2007</td>
</tr>
<tr>
<td>Production of joint site development control plan for the Nevill Avenue site</td>
<td>April 2007</td>
</tr>
<tr>
<td>Organisational development analysis and confirmation of new ways of working, and new office and support services and accommodation for community-based health and social care staff</td>
<td>June 2007</td>
</tr>
<tr>
<td>Master Planning Exercise, BGH</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>Business Case for BGH polyclinic, and Hove Polyclinic expansion</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>Space Utilisation review</td>
<td>Dec 2007</td>
</tr>
<tr>
<td>Implementation of changes identified by Space Utilisation Review</td>
<td>June 2008</td>
</tr>
<tr>
<td>Hove polyclinic expansion complete</td>
<td>June 2008 (estimate only)</td>
</tr>
<tr>
<td>Primary Care Development complete</td>
<td>March 2009 (estimate only)</td>
</tr>
<tr>
<td>BGH development complete</td>
<td>Sept 2009 (estimate only)</td>
</tr>
</tbody>
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