

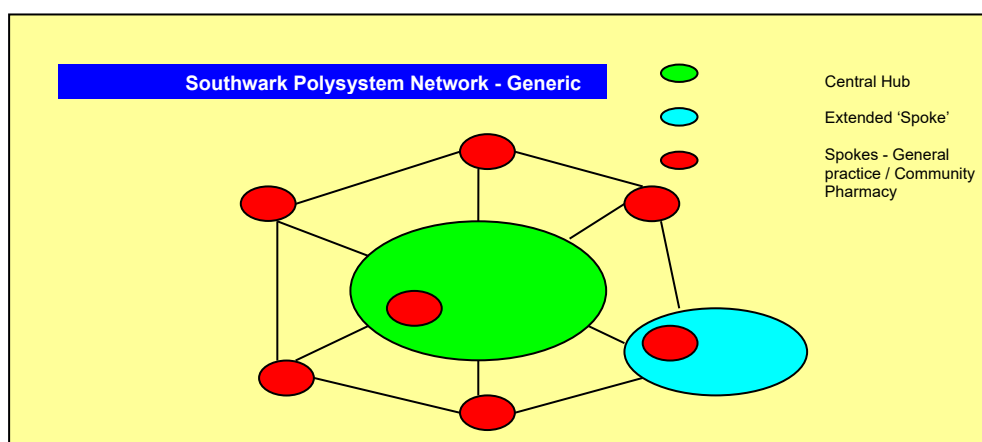
## Appendix I

### Health and Social Care Board

### NHS Southwark Estates Strategy

#### 1. Summary of the current estates strategy

1.1. NHS Southwark is currently in the process of agreeing its Strategic Plan 2010/11 to 2014/15 with NHS London. The Strategic Plan sets out how the PCT will implement the Department of Health's *Healthcare for London* proposals – reorganising the primary and community health estate to develop 'polysystems' of care within the Borough, based on a 'hub' and 'spoke' model.



1.2. The polysystems will provide networks of care within a geographical area; facilitating the redesign of care pathways to improve the convenience, continuity, efficiency and quality of care for patients, and enabling the transfer of clinical activity from acute hospital settings to care closer to home. The components of the hubs and spokes are set out in the table below.

*Table 1 Components of the polysystem hubs and spokes*

Service / Setting	Hub 8am – 8pm 7 days a week	Extended Spoke 8am - 6pm 5 days a week	Spoke 8am - 6pm 5 days a week	Networked Delivery
Community Nursing				●
CMHT				●
Social Care Teams				●
GMS / Pharmacy / other	●	●	●	
Minor Diagnostics	●	●	●	
Outpatients	●	●		
Health Promotion / CAB / other	●	●		
Urgent Care	●			
Major Diagnostics	●			
Out of Hours	●			

- 
- 1.3. The Strategic Plan outlines the need to develop four networks of care within the Borough, based around three 'hubs'
  - 1.4.
  - 1.5. A map of the proposed configuration of polysystems is shown overleaf. Alongside the hubs, the PCT is proposing a number of larger spokes to be developed. These include a development at the Dulwich Community Hospital site, Larcom Street (close to the Elephant & Castle) and one across the existing Artesian/Bermondsey Health Centre and new Old Jamaica Road (Bermondsey E) sites.
  - 1.6. The PCT has had to amend its planning to reflect the revised resource growth assumptions in the NHS and increased efficiency requirements. The estate development proposals now concentrate on making better use of existing premises and rationalising provision wherever possible, rather than investing in significant numbers of new facilities. However, the PCT remains committed to the schemes already well advanced in planning terms including the redevelopment of Surrey Docks Health Centre (Barratt Homes) and Old Jamaica Road (CMS Developments). The PCT will also be seeking to support the local authority-led regeneration of the Aylesbury Estate through the development of a new replacement facility, as well as develop a new building on the Dulwich Community Hospital site to replace the existing outdated premises.

**2. Overview of the existing estate**

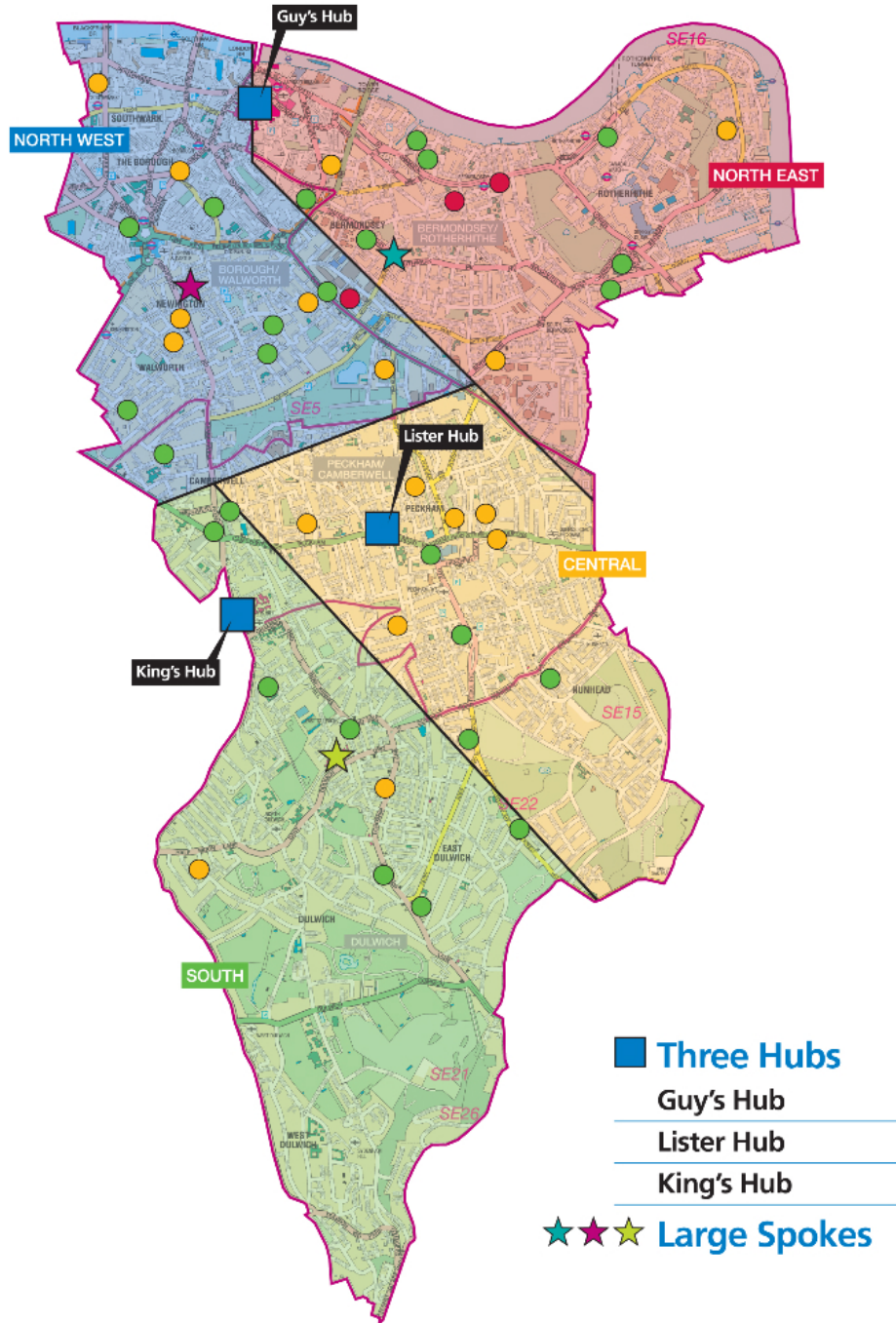
- 2.1. The primary care estate in Southwark contains a large number of properties across the Borough:

*Table 2. Primary care properties in Southwark*

26	PCT premises (of which 17 are operational clinical sites)
48	GP practice properties
63	Community pharmacies
23	Ophthalmic Practices
37	Dentists
<b>196</b>	<b>Total sites</b>

- 2.2. A number of GP practices and one dental practice are located within PCT premises. The total number of operational sites from which clinical services are provided is therefore 178 across the Borough. However, the PCT does not have direct contractual mechanisms to significantly control the pattern of development of pharmacies, dentists and opticians. Most GP premises are owned or leased by GPs, although the PCT does reimburse 'rent' and rates payments and thus does have more significant influence on the pattern of development. The total value of the PCT's own estate in its current use is just under £40 million (land and buildings).

# POLYSYSTEMS MAP



Note. The map also shows the location of current GP practices graded by contract minimum standards (green – satisfactory, amber – minor concerns, red – major concerns)

- 
- 2.3. Significant investment has been made in recent years in developing a number of purpose-built premises including Lister Health Centre, the Artesian Health and Podiatry Centres, and Sunshine House Child Development Centre. These provide very high-quality clinical and patient environments. The challenge for the PCT will be to maximise the utilisation of these assets to make the most out of the investment made.
  - 2.4. While just over a third of the operational floor space is now under 10 years old, the PCT still has an inherited legacy of a number of pre-1948 buildings – making up 38% of total floor space - as well as a number of 1960s to 1980s developments of variable quality. As currently configured, most of these premises no longer provide a suitable environment for modern 21<sup>st</sup> Century primary health care. However, the majority are in reasonable physical condition and with sufficient investment in their refurbishment and adaptation can continue to operate adequately at least in the short to medium term (up to 10 years). The major exception to this is Dulwich Community Hospital. Despite the investment made in recent years, this building is still in very poor condition, with a failing infrastructure and very high operating costs
  - 2.5. Other PCT facilities in a poor condition requiring significant investment include Aylesbury Health Centre, Bermondsey Health Centre, Bowley Close Rehabilitation Centre and Townley Road Clinic. Aylesbury Health Centre is unoccupied due to health and safety concerns and protracted problems in resolving the status of the lease. It does however, offer significant potential given its size and central location on the Aylesbury estate and the PCT is planning a refurbishment to provide additional clinical space within the existing building, prior to the development of the new facility. Bermondsey Health Centre is the base for the PCT IT hub and as such, there is an operational requirement to keep the building functioning for at least the next 10 years. Its location close to the Artesian Health Centre also provides scope for remodelling services but will require significant investment in upgrading the accommodation.
  - 2.6. A significant portion of the Bowley Close Rehabilitation Centre building is unused and the site also has the benefit of an extensive car park. However, the vacant internal space is not readily convertible (a hydrotherapy pool) and poorly located for providing any other Southwark services. The current accommodation (adapted from a day centre) does not efficiently suit its relatively specialist clinical and other operational use and it will require significant investment to bring it to a reasonable standard within the restrictions of the existing building. The PCT is also in discussion with LB Southwark regarding the transfer to the Council of the 6 residential units that are located on the site and provide accommodation for people with learning disabilities. This discussion results from the Government Policy of transfer of responsibility for learning disabilities from Health to Councils.
  - 2.7. The general practice estate is large in terms of the number of properties, with 48 separate GP premises within the Borough. As with the PCT estate, although significant investments have been made in developing new purpose-built facilities, approximately 25 per cent of floor space is in pre-1948 buildings and approximately half is in adapted premises, either residential or commercial. There are a small number of very poor premises that are of an unacceptable standard in providing a sufficient quality of patient care. The Primary Care Directorate are currently considering what action should be taken to deal with these properties. The Primary Care

---

strategy supports a move away from very small practices, so that a wider range of GP services can be provided.

### **3. Vision for estate in 5 years and 10 years**

- 3.1. The PCT vision for the estate follows from the Strategic Plan. Given the new economic position in the public sector it is unlikely that the PCT will be supporting significant numbers of new developments in the short to medium term (the next 10 years), although wherever there is a development opportunity, strong service case and proven financial viability, the PCT will continue to seek rationalisation of the current estate and decommission high-cost and poor quality premises within the polysystems.
- 3.2. In the longer term, the PCT will continue to seek investment in the primary care estate where necessary to cope with the anticipated rises in population and increase in demand on healthcare this will create – for example at the Elephant & Castle and Canada Water.
- 3.3. Co-location of community health facilities alongside other community facilities such as libraries and leisure centres remains a key aspiration, and may often be a necessity to help make schemes more financially viable - sharing not only space, but potentially reception and other staff.

### **4. Overview of larger projects**

- 4.1. The PCT is currently actively involved in a number of major schemes:
  - Municipal offices, Larcom Street. This property already contains the PCT's Walworth Clinic. The freehold of the property has recently been purchased by the Terence Higgins Trust (THT) from LB Southwark. The PCT are working with THT on a scheme to refurbish the existing health centre and provide additional capacity for a relocated GP practice and potentially other services
  - Old Jamaica Road (Bermondsey Site E). This scheme involves the relocation of a practice in two poor existing surgeries off Jamaica Road together with transferred outpatient (diabetes) and other services
  - Surrey Docks Health Centre. The PCT is working with Barratt Homes on the replacement of the existing health centre with a new building as part of a major residential scheme.
  - Aylesbury redevelopment. The PCT is in initial discussions with the local authority and Children's Services about development of a new facility on Thurlow Street in phase two of the overall estate redevelopment.

### **5. Funding issues and opportunities**

- 5.1. The PCT has limited sources of funding to develop new schemes. Previous expectations that new facilities could be funded through growth are no longer realistic and any major new developments will need to demonstrate that they either reduce existing direct costs or allow a change in service

---

configuration that reduce the cost of commissioned services, for example in transferring activity from acute care.

- 5.2. NHS capital spending will reduce by 50% next year and is likely to remain at significantly lower levels for several years to come (under £2million for Southwark) with no other access to capital funding apart from through sales receipts or private sector funds via NHS LIFT or third-party developers (in return for rental income). Although the PCT has a non-operational residual estate with an estimated value of £11m (dependent on planning constraints and prevailing market conditions), the timing of the release of this funding is uncertain and disposal, particularly in relation to planning issues for the St Giles / Sheldon site, and the development of the new scheme at Dulwich, has proved difficult.
- 5.3. The PCT has agreed a Section 106 planning tariff with the local authority for residential schemes over 10 units. This provides a one-off payment of £901 per residential unit. While in the longer term, this should provide a significant source of funding, as yet, only modest amounts are potentially available to support schemes.

### **Opportunities to benefit from greater collaboration**

- 6.1. Strategically, greater collaboration between health, social care, the local authority more broadly and other agencies, must be the right future direction for estate development. Indeed, the new financial position of organisations within the NHS means that significant investment in new facilities is unlikely to be financially affordable for the PCT if it is the sole or lead agency. Joint developments - where the feasibility and design costs are shared between the different participants and increased size generates economies of scale in build and operational costs, as well as potential for shared space and administration - could potentially make schemes viable that would otherwise not be feasible.
- 6.2. The PCT and local authority already have a joint procurement route available through NHS LIFT to develop new and refurbished facilities (the local authority are already signatories to the local NHS LIFT Strategic Partnering Agreement (SPA)). However, these are issues of affordability. Also, in taking forward new schemes a key aim must be to try to improve synchronisation in different organisations approvals, funding and service strategies at the same time as sites / development programmes become available. The PCT will seek to work with the local authority and other bodies to develop such an approach.