

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -

19<sup>TH</sup> APRIL 2023

REPORT ON: DUNDEE IJB PROPERTY STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2023

#### 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update to the Integration Joint Board (IJB) in relation to the IJB's overarching Property Strategy (DIJB88-2022) approved by the IJB on the 14<sup>th</sup> of December 2022 (Article VIII of the Minute refers)

#### 2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the progress made in implementing the Property Strategy.
- 2.2 Instructs the Chief Officer to bring back progress reports to the IJB on an annual basis.

#### 3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs associated with the work will be funded through a combination of mechanisms and funding sources including within the Capital Plans of both Dundee City Council and NHS Tayside, Government capital funds and specific funding held by the IJB (e.g. GP Premises funding). As neither property budgets or capital budgets are delegated to the IJB, the IJB will need the support of NHS Tayside and Dundee City Council to deliver the strategy.
- Access to Capital funding for health and social care specific projects is challenging given the level of capital resources and other priorities identified within both Dundee City Council and NHS Tayside's capital plans. Within Dundee City Council's Capital Plan 2023-28, only £975k of capital funding for health and social care is provided for out of total resources available in the Capital Plan of £133m for 2023/24 with only £55k provided for in 2024/25. Within NHS Tayside's 5-year Financial Plan, £390k is set aside in 2023/24 for health and social care (GP Premises sustainability loan) from a total capital budget of £26.5m. The priorities set out within the Property Strategy will support the IJB in influencing future capital investment in community based health and social care services by the partner bodies.

### 4.0 MAIN TEXT

- 4.1 A Property Strategy sub-group has been established for the IJB to develop this strategy with the following objectives:
  - To gain best value from our use of property
  - To ensure that health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings
  - To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social care inequalities)
  - To enhance provision of health and social care services in local communities
  - To ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce

- To rationalise our estate in order to reinvest savings into frontline services
- 4.2 The work on the property strategy outlines a range of actions which include the need to:
  - Agree a process for loans, leases and funded modifications.
  - Agree a programme of works in relation to GP premises, within the context of their local community
  - Look at areas that are underserved and explore options
  - Build on existing work to use clinical space more creatively
  - Scope out the clinical space requirements for planned care provision in the community
  - Replace Constitution House
  - Scope out space requirements for community-based services
  - Scope out the need for clinical space within care homes and day services
  - Grow partnership shared work spaces and opportunities for coworking in Dundee as a key part of our premise's strategy
  - Identify IT solutions to some of the barriers to partnership working and progress implementation to ensure improving access and using our space and staff resource efficiently
- 4.3 Since the Property Strategy was agreed considerable progress has been made to invest in premises that will support us to deliver our Strategic Commissioning plan. Work undertaken to date or in progress includes:
  - Work is progressing towards the development of a new business case to meet the needs of the Non-Acute Care in Dundee Programme including the re-provision of accommodation at the Kingsway Care Centre, Royal Victoria Hospital. A new project manager and health care planners have been appointed to support the work.
  - A group has been convened, which meets fortnightly, to oversee the replacement of Constitution House and a Strategic Needs Assessment is underway. Discussions are progressing to look at Wallacetown Health Centre but additional accommodation will be required.
  - Recruitment to the Property Manager's post will commence shortly
  - Family Medical Group will move to their consolidated premises in Douglas on the 1<sup>st</sup> May 2023
  - Additional space has been identified for the GP practice in Whitfield and lease negotiations
    are ongoing on a commercial basis for undergraduate training and supporting increasing
    clinical capacity.
  - Discussions are underway around possible bases for East and West Hubs to support the community MDT approach. A business case has been developed and a strategic needs assessment is underway.
  - Phase 2 of the refurbishment of Broughty Ferry Health Care Centre has been scoped and architect plans and initial costings are being prepared.
  - The development of clinical space at MacKinnon Health Centre is complete but IT access still requires to be resolved by BT Open Reach.
  - The development of a Community Wellbeing Centre in the city centre is now complete and discussions are ongoing regarding the lease agreement.
  - A number of projects to support improved space utilisation in practices have been progressed and are summarised in appendix 2
  - A public consultation has been undertaken on the GP premises strategy and is attached as Appendix 1 with an overview below:

The 4 criteria set approved in the GP Premises Strategy are reviewed in light of what respondents have told us.

i. Look towards a community focused model delivering health and social care

Patient responses indicate that this is the model they would like DHSCP to work towards; with a GP practice building that is part of the community. The focus groups also drew out the need for a wider service provision within the building, hosting psycho-social services and activities in addition to health. Use existing groups across the city to support co-production.

ii. Ensure premises are of good quality and fit for purpose.

The responses suggest the GP premises estate across Dundee is largely up to standard with a few exceptions. The major issue is that of privacy at reception. Where there are individual issues at a practice, the primary care team will pick those up and work with practices to address them.

iii. Provide support to general practice to enable sustainability.

Focus groups discussed the challenges facing GPs and practice nurses which demonstrated the public are very well aware of the workforce challenges in general practice including a lack of GPs and nurses into the professions, compounded by those who are retiring.

There was little knowledge of practice ownership and the implications however a handful of suggestions were around the creation of GP super practices or wellbeing hubs which had been seen to work in other areas.

Respondents recognised the importance of patient behavioural patterns and the social and environmental context. We heard a high number of suggestions for self-monitoring and meeting spaces for group approaches to wellness.

There was recognition and understanding of the need for multi-disciplinary teams to support the GP and practice nurse. The responses suggest a lack of knowledge around what other care is available within the primary care and therefore a key action is to address that.

Within Dundee, there is work ongoing on GP practice sustainability. The findings here will be shared to support that work and the enacting of a sustainability action plan for Dundee which includes Premises Leases and Loans.

iv. Ensure appropriate geographical coverage across Dundee.

There were some concerns raised about the ability to travel and the cost of travel. Overall citizens of Dundee are largely happy to travel with many preferring to travel in order to remain with the same practice their family has been with across several generations. Geographical coverage was not seen as a pressing issue by those who responded. There should off course be awareness of those who do not have easy access to transport.

These findings and actions will sit alongside and be part of other work within the primary care work programme.

### 5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

### 6.0 RISK ASSESSMENT

Risk 1 Description	Resources pressures, including the absence of dedicated capacity focused on the implementation of the Property Strategy on behalf of the IJB as well as access to Dundee City Council and NHS Tayside capital and property related revenue funding, will significantly delay the implementation of priorities and actions.		
Risk Category	Governance, Legal		
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)		
Mitigating Actions (including timescales and resources)	<ul> <li>Work is underway to establish and recruit to a temporary dedicated Property Strategy post to support the implementation of the IJB strategy, including through collaborative work with Dundee City Council and NHS Tayside.</li> <li>The completion of elements of the workplan that are associated with statutory duties, including health and safety considerations will be prioritised.</li> <li>Continuing to set out community based health and social care investment requirements to the partner bodies.</li> </ul>		
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)		
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)		
Approval recommendation	With the mitigating actions in place, it is deemed that the risk level is acceptable		

# 7.0 CONSULTATIONS

7.1 The Property Strategy Short Life Working Group, Chief Officer and the Clerk were consulted in the preparation of this report.

### 8.0 DIRECTIONS

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	No Direction Required	Х
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons Chief Officer DATE: 23 March 2023

Jenny Hill, Head of Health and Community Care Julia Martineau, Programme Manager Primary Care, Dundee HSCP