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**To: Renfrewshire Integration Joint Board**

**On: 29 September 2023**

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**Report by: Chief Finance Officer**

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**Heading: Property and Accommodation Update**

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Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	<b>x</b>
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

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## 1. Summary

- 1.1 The purpose of this report is to update members on a series of property and accommodation matters to support service delivery across the HSCP.
- 1.2 At present the HSCP continues to work with both our parent organisations (Renfrewshire Council and NHS Greater Glasgow & Clyde) whilst they undertake reviews of their property estate portfolios. The outputs from these respective processes will, ultimately, inform and shape our Property Strategy over the coming years and it is planned for this to be shared with the IJB for consideration when available.
- 1.3 This update report is being brought forward in the interim in order to highlight the key areas of activity over the past months and which are currently in progress. In addition, the report also sets out some of the ongoing challenges that we face and are likely to do so in future years.
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## 2. Recommendations

It is recommended that the Integration Joint Board:

- Note the contents of this report.
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## 3. Background

- 3.1 Renfrewshire IJB has a responsibility to strategically plan and manage the property assets under delegated authority from our parent organisations. This includes considering how best they are utilised, shaped, and delivered to support the aims of integration of health and social care services to enable effective, efficient, and safe delivery of services for the population of Renfrewshire.

- 3.2 As members will be aware, responsibility and ownership for property and estate remains a reserved matter for the two parent organisations. As the IJB does not own any property the respective budgets sit centrally within our two parent organisations, with limited in-year funding from our partners made available for local requirements by way of minor repairs, décor and improvement works across the occupied areas of estate.
- 3.3 In recent years we have required to use our delegated estate differently (with patient and service user requirements prioritised throughout) to ensure continued access to appropriate accommodation to meet clinical and other needs across multiple frontline services.
- 3.4 In order to support remobilisation efforts, the IJB agreed the creation of a premises and accommodation reserve. The intended use being to enable the HSCP to upgrade, enhance and optimise the use of our delegated estate as a range of teams and services expand and are established to address increasing demand. This reserve was also formed in light of the financial challenges that exist within both parent organisations, reflecting their need to rationalise their estates, where possible, and to enhance our partner contributions of critical maintenance only in terms of ensuring our estate is wind and watertight.

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#### **4. Local Context**

- 4.1 The HSCP has a range of services, staff and assets that are delegated to us to support the delivery of all adult social care services and all community health services for adults and children across Renfrewshire, with a core objective of supporting people in their local communities and closer to home wherever possible.
- 4.2 Prior to COVID-19 there were a range of pressures across our existing office-based and clinical estate, with some services requiring additional space to provide services and accommodate increasing demand. During COVID and the periods of national/local restrictions, these pressures eased naturally due to reduced numbers, levels of attendance and overall footfall of both staff and patients/service users alike, which allowed us to prioritise and focus our estate on the most critical areas of service delivery in response to local need.
- 4.3 However, as we continue to emerge post-pandemic, there is an increasing demand for a range of services, along with a number of new services and staff established in recent years which further compound this challenge. New services and increased staffing include: our Care Home/Housebound Vaccination Teams; Community Treatment and Care Services (per the GP Contract), and additional staffing across a range of frontline services in order to address demand and waiting list initiatives.
- 4.4 As part of our remobilisation plans, we are reviewing all areas of our estate. Our plan is to maximise the use of all available spaces and ensure, where possible and feasible to do so, that these are modernised in order to provide a fit-for-purpose flexible, accessible estate which promotes best value, epitomises integrated working and positions us as a modern organisation to

respond, adapt and transform in line with evolving requirements to meet service needs and support delivery models for our population.

4.5 We are also keen to maximise key aspects of learning and improvements to ways of working adopted during the COVID-19 pandemic. During this period a range of revised arrangements were implemented to support the continued safe and effective delivery of services. As such, for some services we continue to work with a hybrid model with office estate available for key service settings and staff being empowered to work in a flexible way from alternative sites, at home and in other settings, as appropriate. We recognise the need to develop and sustain modern working practices to enable our employees and services to maximise their performance and productivity whilst maintaining a healthy work life balance. In addition, we are keen to offer a range of flexible working practices in order to ensure we are competitive in the recruitment market.

4.6 We also continue to work collaboratively with colleagues within our eHealth/digital teams to further explore and implement a range of improved working solutions and infrastructure developments to enable the further realisation of efficiencies and benefits in terms of how we deliver services both in our asset-based locations as well as embracing more digitalised modes.

## **5. Overview of Current Activity and Progress to Date – Primary Care**

5.1 Our Primary Care services are often viewed as the ‘front door’ to a range of services in that they tend to be the first point of contact for people within the healthcare system. Similar to the HSCP, these services continue to experience increasing demand across the spectrum of services, with a range of contributing factors including an aging population, general population growth as well as additional complexities and comorbidity issues that require support and treatment.

5.2 Primary Care contractors are either based in NHS health centres, or properties that they own and/or otherwise lease privately. Similar to our own HSCP service delivery, there continues to be a key challenge in terms of access to and availability of fit-for-purpose clinical capacity to deliver both existing services and support expansion requirements going forward.

5.3 Locally in Renfrewshire we have made positive progress with the implementation of the key deliverables of the new Scottish GP Contract (2018). The overarching aims will largely be delivered through our Primary Care Improvement Plan (PCIP) efforts with a core focus to expand, enhance and enable multi-disciplinary team working to support the role of GPs and to improve outcomes for patients. Further key priorities also include the undernoted areas of activity as committed for delivery:

- Vaccination Transformation Programme
- Pharmacotherapy
- Community Treatment and Care (CTAC) Services
- Urgent Care
- Community Link Workers
- Additional Professional Roles (e.g. Advanced Physiotherapists)

- 5.4 Given the nature of these new services models, appropriate clinical and non-clinical accommodation is a core component to effectively support the implementation. This has required extensive engagement, planning and collaboration locally in recent years across key stakeholders in order to effectively plan and deliver these new requirements.
- 5.5 It should also be noted that Renfrewshire had no history of treatment room provision, unlike some neighbouring HSCPs within NHSGGC. We were therefore, working to establish these from a baseline position of zero which has required us to repurpose areas of existing estate to meet this new demand.
- 5.6 Over the course of 2022/23 an extensive programme of work was undertaken to review our existing accommodation with a view to identifying available capacity to meet the trajectory of demand and enable the HSCP to deliver on its new obligations. This required a degree of reconfiguration works across multiple locations in order to bring these locations up to an improved and modern standard to enable service delivery, with works progressed through minor work routes in partnership with local estate colleagues and funded through earmarked PCIP funding.
- 5.7 These works concluded and as of April 2023, a total number of 11 treatment rooms have been established across the Renfrewshire area to provide a range of community treatment and care services to the local population. These locations now form a core part of our operational landscape across a number of community locations and facilitate the access to a range of services including wound management, removal of sutures and clips, injections, and management of leg ulcers.

#### Capital Investment

- 5.8 Separate works have also recently been agreed and are in the process of moving towards implementation within both Linwood and Renfrew Health Centre sites specifically around repurposing some areas within the GP 'wings' in order to increase available clinical space, improve and address some longstanding capacity challenges.
- 5.9 It is anticipated that these remodelling works will enable quicker access to modernised and integrated services with a reduction in waiting times for patients and service users within both of these locations. It is also expected that there will be an improvement in the patient experience whilst providing an enhanced estate to underpin the primary care transformation agenda.
- 5.10 Works are in the process of commencing at the time of writing and are expected to conclude within an overall 12-week time period with PCIP funding of £680k being used to enable these works. The HSCP continues to work closely with GP colleagues during these times in order to minimise disruption to service delivery and ensure a seamless experience for patients whilst some temporary decant and alternative modes of working are in place to facilitate these works.

#### Capital Investment within Bishopton/Dargavel

- 5.11 Members will be aware of the significant housing development programme that is underway within the Bishopton area where it is expected to deliver up

to 4,000 new houses with an associated population growth of up to some 11,000 people over the lifespan of the project.

- 5.12 In light of this, there has been an ongoing dialogue in recent years with colleagues from NHSGGC and Renfrewshire Council to progress exploration of options for future service provision in the area through the current Bishopton Health Centre facility and what additionality will be required to support provision as the project evolves and the population increases.
- 5.13 Over the course of 2022/23, the HSCP worked closely with colleagues in NHSGGC to bring forward a programme of upgrade works at the existing Bishopton Health Centre with a view to maximising overall capacity, as well as enabling new spaces to support remote consultations for GP services, in light of increasing demand for access to services within this area. These works, funded by NHSGGC, amounted to £560k and brought about repurposing and expansion of space to create further capacity for general practice use.
- 5.14 In parallel with the above, a separate business case was developed in partnership with the HSCP and NHSGGC, seeking capital support for a new build satellite facility, to augment the existing Bishopton Health Centre. Based on extensive independent population modelling, it is expected that both of these locations will be able to deliver services to the Bishopton population until 2035. The facility is also being planned in a way that the blueprint and infrastructure is extendable in future, should demand exceed the current planning considerations and this continues to be an active consideration in the finalisation of design options. As would be expected, any future extension would be subject to due consideration at that point.
- 5.15 At the time of writing this paper, we are aware of the recent discussions around the wider Dargavel development in the context of education provision and for assurance it should be noted that the HSCP and NHSGGC have worked collaboratively on both the planning and design works of this facility, using independent modelling of population growth informed by current and assumed patient list requirements for General Practice provision, as well as wider health and social care services within this area.
- 5.16 The business case was presented to NHSGGC's Finance, Planning and Performance Committee on 7 December 2021 and gained approval to progress at a cost of £4.77, which included £1m developer contribution and £1m of Scottish Government funding. This positive development underlines the commitment from all agencies to enhance the service provision in the area and is a significant step forward in addressing the current and projected capacity constraints over the coming years.
- 5.17 An overarching Programme Board, chaired by the Chief Finance Officer, has been established with supporting sub-groups to oversee the works attached to this new facility and is currently going through planning permission processes, following a public engagement event in May 2023. The event showcased the planned design and configuration as well as enabling public dialogue and engagement on the planned next steps including the option for local residents to put forward suggested names for the new building. There was also strong coverage of the development with local advertisements, online and social media information and a set of FAQs based on some initial feedback that we had received.

- 5.18 It is expected that, subject to due process, construction would commence towards the end of 2023. Further information about this exciting development is available via the [HSCP website](#), including an outline of the proposed design and FAQs based on recent engagement and enquiries.

#### Lease Assignations

- 5.19 In light of continued national challenges around liabilities linked to premises for delivery of GP services, the Scottish Government, and the BMA Scottish GP Committee (SGPC) agreed a National Code of Practice for GP Premises<sup>1</sup> that sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises.
- 5.20 The code sets out how the Scottish Government and Health Boards will enable the transition over a 25-year period to a model where GP contractors no longer own their premises, how the Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans, and the actions that GP contractors, who no longer wish to lease their premises from private landlords, must take to allow Health Boards to take on that responsibility.
- 5.21 This Code is also underpinned by a funding package (the GP Premises Sustainability Fund) to support the delivery of the measures identified, with further information available within the undernoted hyperlink.
- 5.22 This development has been welcomed by local practices and the HSCP continues to work closely with colleagues within NHSGGC and our Practice/Cluster Leads on issues around sustainability to offer assistance and support.
- 5.23 We also continue to progress discussions with colleagues in NHSGGC Capital Planning in taking forward considerations for the first lease assignation within the Board area for a Renfrewshire site, learning from the processes adopted by neighbouring Boards. It should be noted that mainly due to financial constraints progress has been slow and we continue to work with our NHSGGC colleagues to advocate the need for this to move forward, at pace, in the interests of continued effective partnership working and in the wider context of GP sustainability.

## **6. Current Activity and Progress to Date – HSCP Sites**

- 6.1 This initial section provides a brief update in relation to the three remaining sites that were closed and/or otherwise repurposed during the height of the COVID-19 pandemic.
- 6.2 In addition, there is also a high-level update on a site-by-site basis to illustrative the wider improvement works which have been progressed over the last 18+ months. These improvements have brought about a series of enhancements to the environments for staff, patients, and service users alike. They have been included within this report to show the extensive efforts that have been undertaken to improve, enhance and maximise our assets as well as continuously seeking to further maximise capacity to meet current and evolving service requirements.

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<sup>1</sup> <https://www.gov.scot/publications/national-code-practice-gp-premises/>

### Linwood Health Centre (Community Wing)

- 6.3 A range of improvement works were undertaken within Linwood following the closure of our COVID Assessment Centre (CAC) in March 2022. These works have seen the creation of enhanced clinical facilities including Treatment Room facilities for a range of HSCP frontline and 'visiting' services from other parts of the NHS to enable a localised delivery.
- 6.4 These developments have also allowed us to further maximise the use of the space available and offer a flexible and adaptive location for a range of services to operate from. In recent months we have seen the overall level of various consultations at the site begin to return to pre-COVID levels and this has, in turn, supported a range of services to address increased demand and waiting list pressures.
- 6.5 As outlined within the Primary Care update, above, works are commencing at this location which will require us to support a temporary decant of some of the administrative and wider support functions of the GP practice into our community space in order to maintain service provision. It is expected that these works and the decant will be concluded by early Autumn. Plans are already in place to support these temporary spaces reverting to office accommodation for HSCP services to operate from in a hybrid model through touchdown and hot desk offerings.

### Foxbar Clinic

- 6.6 At the peak of COVID the Foxbar Clinic was closed and in subsequent months planned maintenance works were undertaken opportunistically including a replacement boiler, heating system and pipework throughout. Given the various restrictions in place at the time as well as wider challenges around material and contractor availability these works took longer than originally anticipated.
- 6.7 Internal improvement works have continued to progress within the site, again with the HSCP seeking to, where possible, repurpose and maximise the space configuration to meet current and projected demand. This has included the remodelling of the original reception area to a more suitably sized space with the surplus capacity being redesigned into separate office accommodation to support hot desking requirements for additional staff to operate from this centralised location. In addition, similar to Linwood Health Centre improvement works, we have also taken the opportunity whilst the building has been closed to ensure that our clinical spaces are upgraded to offer modernised settings, thus futureproofing, and maximising their use going forward, to allow for flexible and adaptive use across a range of service requirements.
- 6.8 Initial planning is underway regarding the phasing and remobilisation of service delivery from the site with the current working assumption of reopening from late 2023. Given the clinical nature of the services that operate from the location, there is also a typical lead time that needs to be built into respective IT systems that manage appointment allocations etc, hence we are keen to ensure that services are given up-to-date information to support a seamless transition for services being delivered from this location.

### Old Johnstone Clinic

- 6.9 Similar to the above locations, a range of internal improvement works have been undertaken within this site alongside external works to the fabric of the building owing to damage sustained during the lengthy period of closure.
- 6.10 In terms of usage going forward, it has been agreed that the site will operate as an office base only, rather than having a patient-facing element as it had in previous years. Given the office accommodation pressures at present across the estate portfolio as a whole, the location will provide a flexible offering of hybrid working spaces (bookable offices, hotdesks and meeting room capacity) that will address current demand pressures across a number of corporate teams that have expanded in recent years through increased staffing.
- 6.11 As is the case with Foxbar Clinic, the assumptions at present are that the site will be able to reopen and become operational again by late 2023 with some residual work being progressed meantime.

### **Wider Improvement Works**

- 6.12 Over the last 18+ months there has been a significant effort to take forward a range of minor works and small-scale improvements in a number of our operational sites to improve the use of and maximise the availability of space, particularly in support of increased footfall as services have fully remobilised post-pandemic.
- 6.13 Below is a site-by-site overview for illustration purposes of the various works that have been undertaken with these delivering a range of immediate improvements to the benefit of staff, patients, and service users alike. In addition, some general improvements to furnishings, access controls and installation/upgrading of CCTV across the estate are also being taken forward for implementation over the coming months, to bring all sites up to a consistent standard.

### Aranthruie Centre

- Planning work is underway to address a range of capacity pressures within the building and to maximise how the space is used to effectively deliver clinical requirements in light of increasing demand and investment in additional staffing through Scottish Government funding to support recovery and renewal within specialist children's services/CAMHs.
- This includes the upgrading of existing spaces to offer full clinical capacity, improvements to the overall flow of the building by relocating the reception desk to a more suitable location and repurposing the existing space into additional office accommodation to create capacity to house increased staff numbers.
- In addition, some backlog maintenance issues are also being progressed, including the removal of the existing portacabin space and the associated works and, a refresh of the waiting area to ensure it is more inviting for children and their families whilst visiting the location.



### Renfrew Health & Social Work Centre

- Creation of new 'front door' Reception area sited at the main entrance of the building by repurposing the original information desk, with the former reception spaces on Floors 1 and 2 being repurposed into small offices to house increasing staff teams.
- Ongoing programme of works to address minor décor and flooring in areas where there has been high and increasing footfall in recent years including areas where we have had to decant and offer temporary working arrangements as outlined above.
- Installation of new teleconferencing facilities to support modern and hybrid ways of working to be used across all staff groups in meeting spaces.
- We are currently exploring and undertaking a feasibility study to establish whether we can house a back-up power generator at this location in order to futureproof and safeguard our service delivery efforts in the context of possible power outages and wider business continuity considerations.

### Tannahill Centre

- A range of painting and decorative works within staff/office and main reception areas to bring forward a more modern feel to the environment.
- Re-configuration of the reception area with a fit-for-purpose solution and the creation of a separate office environment using the surplus capacity.
- Review and upgrade works being scoped for enhancing of the clinical space within this site to bring in line with provision in other locations.

### New Sneddon Street Clinic

- Minor upgrade and refit works to existing clinical accommodation to benefit the various HSCP and 'visiting' services that operate from this central location.
- Small improvement works to the main Sandyford reception area to provide a more effective space for staff to operate from and support improved patient flow.

### Back Sneddon Street

- Improvement works underway within the front-facing environment for patients/service users including an upgrade of the existing waiting room area, with this being trauma informed and promoting the ethos of recovery.
- New furniture for staff areas to create a modern and efficient offering, including options to support further hybrid and remote working solutions through digital advances.

### Glenburn Health Centre

- Minor upgrade and refit works to existing clinical accommodation.

### Northcroft Medical Centre

- Upgrade and enhancement works completed within the clinical capacity of our community wing, with a range of services now operating from fully refurbished rooms to maximise their usage.

## Internal Care Homes

- Work is progressing, at pace, to undertake a minor redecoration programme within our internal Care Home provision in Renfrewshire, to enhance the environment for our residents. This also includes the upgrading of kitchen facilities within sites.
- In addition to the above, the HSCP is working closely with Property Services from Renfrewshire Council to take forward the installation of back-up power generators within these locations in the context of business continuity arrangements and ensuring that, in the event of planned or unplanned power outages, that the locations can continue to operate and provide care to the residents.

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## Implications of the Report

1. **Financial** – Investment to support the delivery of our priorities will require a drawdown from the IJB's Accommodation and Premises earmarked reserve as well as a degree of capital funding via the parent organisations. As such, the HSCP will work with the parent organisations to develop capital plans, seeking opportunities to review and rationalise areas of our utilised estate where possible to create efficiencies, further integrate services and ensure the continued delivery of care in the most appropriate settings.
2. **HR & Organisational Development** – no implications from this report.
3. **Strategic Plan and Community Planning** – our delegated estate plays a critical role in enabling the delivery of our Strategic Plan and we work closely to ensure the requirements of services can be realised through the accommodation available.
4. **Wider Strategic Alignment** – the aspiration of our work is in line with the direction of travel being signalled by our parent organisations and we continue to work with them as respective property reviews are taken forward.
5. **Legal** – no implications from this report. For assurance, legal advice will be sought, where necessary and appropriate, in relation to future developments and capital considerations.
6. **Property/Assets** – no implications from this report. As outlined within the report, property ownership and responsibility remain a reserved matter for the parent organisations and we will continue to work collaboratively with both to take forward the core objectives and requirements of the organisation.
7. **Information Technology** – no immediate implications from this report however the use of technology and digital can positively influence how buildings are utilised going forward, allowing us to optimise the use of our estate to meet patient and service user care in the most appropriate way and setting.
8. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
9. **Fairer Duty Scotland** – no implications from this report.
10. **Health & Safety** – no implications from this report.

11. **Procurement** – no implications from this report. All procurement activity will remain within the operational arrangements of the parent organisations and progressed through established routes.
  12. **Risk** – no implications from this report. Any property related risks will be identified, logged, and monitored through HSCP and parent organisations, as appropriate, on an ongoing basis.
  13. **Privacy Impact** – no implications from this report.
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**List of Background Papers – None.**

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**Author: Sarah Lavers, Chief Finance Officer**

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer ([Sarah.Lavers@renfrewshire.gov.uk](mailto:Sarah.Lavers@renfrewshire.gov.uk))