

Primary Care Commissioning Committee

Date: 30th July 2019

Time: 9.00am – 11.10am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 6

Report title: Healthier Together Estates Strategy

Report Author: Graham Wilson, Interim Head of Corporate Services and Strategic Estate

Report Sponsor: Sarah Truelove, Chief Finance Officer / Deputy Chief Executive

1. Purpose

The Healthier Together Estates Strategy is being presented to the Primary Care Commissioning Committee for approval.

2. Recommendations

The Primary Care Commissioning Committee is asked to:

- i. Approve the Healthier Together Estates Strategy, which incorporate the Primary Care estate and implications of planning growth, which will impact on all services.

3. Executive Summary

A well thought-out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs. An estate strategy cannot be developed in isolation and its delivery is part of an integral approach to planning service redesign, transformation and delivery of services across the STP, which will inform future estate plans and projects.

The Healthier Together Estate Strategy has been developed with this in mind working with partners and is an important document setting out the system approach to managing the whole estate at a strategic level in collaboration.

The approach taken across BNSSG for strategic estates planning, development of the strategy across an STP including primary care and our partnership approach with other providers has been



recognised at regional and national level with a number of CCGs contacting the CCG to learn from our approach as they begin to develop their own strategies and nationally to help inform a larger piece of work about collating key primary care information to help support strategic estates planning. The strategy will be presented to the Governing Body in August for final approval.

Whilst the strategy encompasses all types of service provision, it is split out in relation to the types of providers including Primary Care and how it relates to them, which is essential as estate solutions will be delivered through a number of existing buildings across the system.

Feedback to date has been very positive from those who have been consulted during the consultation phase and a number of amendments have been included into the final strategy. It is already being used in the CCG to help shape planning and thinking around estate as part of our future planning around new models or pathways, bids for estate funding (e.g. Minor Improvement Grants, Estate Technology and Transformation Funding) and procurement activity (e.g. Community Procurement).

4. Financial resource implications

There are no financial implications resulting from this report. However, clearly implementation of estate solutions will require investments into the estate through reconfiguration or potential new builds. Proposed investments in the estate are developed as part of a business case approach setting out the costs of provision including capital and revenue implications for each scheme, which are considered via the relevant committee / organisations for approval.

5. Legal implications

There are no legal implications resulting from this report. However, as we develop a clear understanding of the service needs across the estate there are likely to be legal implications relating to occupational arrangements (e.g. leases) as we move towards implementation.

6. Risk implications

There are no specific risk implications resulting from this report. However, there are risks associated within the ability to implement estate solutions to support developing clinical strategies across the system, which rely on investments. There are also risks associated with backlog maintenance across the estate, which is the responsibility of the landlords, which includes General Practice owner occupied estate.

7. Implications for health inequalities

The provision of health services are universal and the implementation of the estate strategy will help support delivery of these services, which will benefit the whole population including those with protected characteristics.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The provision of health services are universal so the strategic direction will affect the whole population served. Equality and Quality impact assessments will be done if / when service provision changes are considered.

9. Implications for Public Involvement

The strategy has been shared widely with our main providers including general practice and within the CCG with a good level of engagement with feedback incorporated into the final version.

Outcomes from the 6 Facet survey have been shared with individual practices and incorporated into the strategy baseline.

Consultation has been undertaken with the Governing Body, Primary Care Commissioning Committee, Primary Care Commissioning Group, Locality Leadership Groups and Area Leadership Groups and within directorates across the CCG, which support primary care where feedback has been reviewed and incorporated into the strategy.

The objectives of this engagement were to:

- Involve GPs, practice staff, patients and other identified key stakeholders in the development of the Estates Strategy and to ensure it helps provide General Practice with the information it needs;
- Encourage local discussions about estate priorities and configurations in line with the estates strategy proposals which fulfil patient needs of continuity of service, timely access and high quality patient care;
- Inform all stakeholders on how the estates strategy aligns with the NHS England five year forward view and 10 year plan.

10. Next Steps

The approval estate strategy will be used by as a technical document by estates and commissioners. A much simpler reduced version will be created to share more widely with interested parties, which will remove much of the technical information from it and make it more user friendly and easy to understand.

The CCG with system partners will be developing a work plan to support delivery of the strategy working with key providers, including Primary Care to support delivery of new models of care and will be looking to setup a number of subject matter expert groups, as sub groups of the STP estate workstream working as a virtual team to support this.

In addition, a system wide dashboard is being developed, which will incorporate all the key performance indicators (National and locally set) set out within the strategy to monitor progress towards achievement of the indicators.

11. Appendices

Appendix 1 – Healthier Together Estates Strategy

Glossary of terms and abbreviations

BNSSG CCG	Bristol, North Somerset and South Gloucestershire CCG
6 Facet Survey	The 6 Facet Survey forms the 'core' estates information required by HBN 00-08 (NHS Estate CODE). Historically this has always been regarded as the 'minimum data set' of information necessary on which to base intelligent decisions about the future of an estate

Healthier Together (BNSSG) STP Wide Estate Strategy 2019 - 2024

June 2019

Issue 1.0

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1 Executive Summary

1.1 Introduction and purpose

In July 2018 Healthier Together STP submitted the mandatory template workbook (“Estate Strategy”) to NHS Improvement and NHS England to support Wave 4 capital projects. The workbook set out the STP key strategic objectives and the priority capital projects required to enable changes to the clinical model. It also included promises, critical decisions and next steps to reduce backlog maintenance, improve efficiency and maximise disposal opportunities.

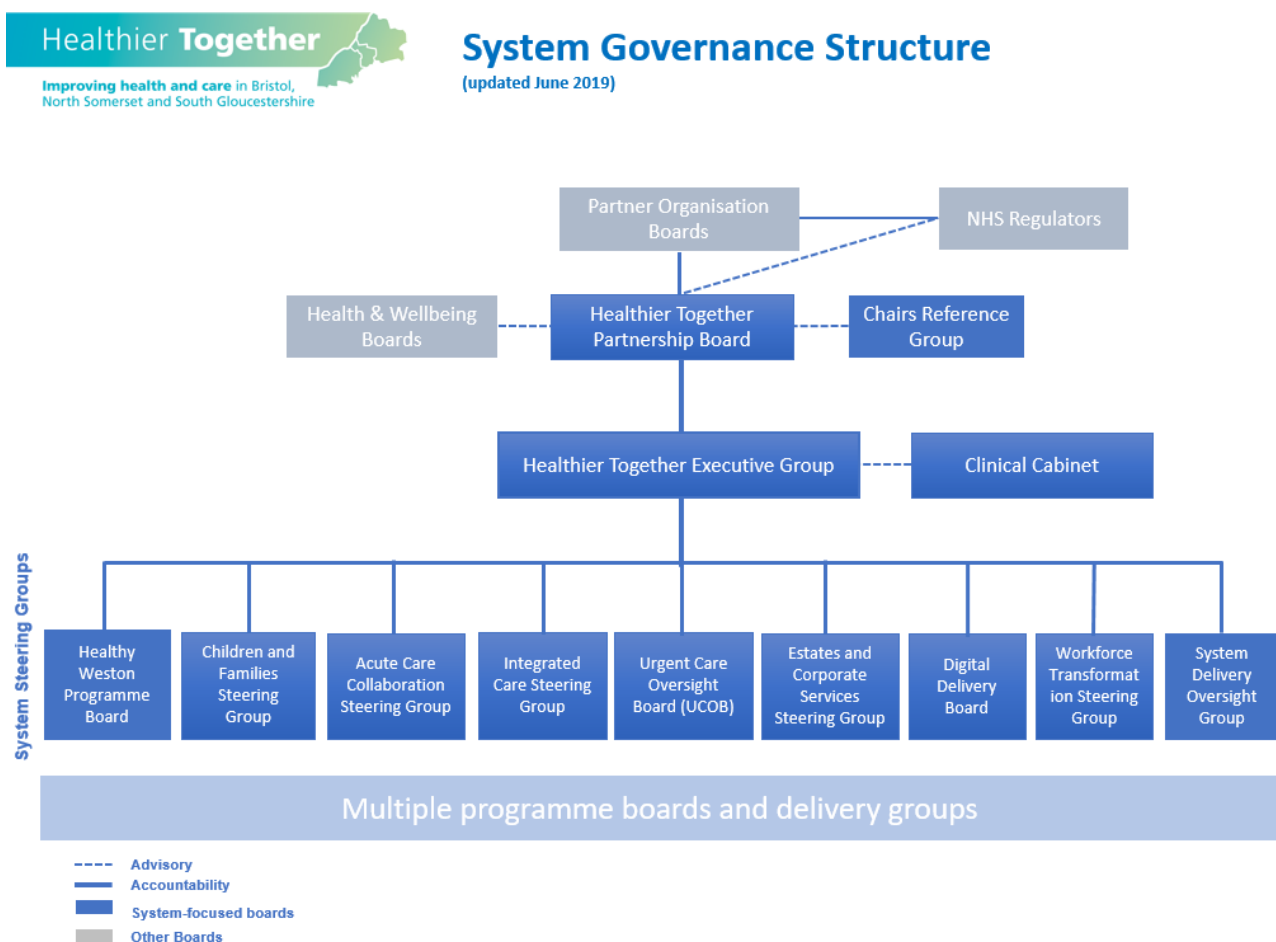
Purpose

The purpose of this document is to set out the strategic objectives for the estate across Bristol, North Somerset and South Gloucestershire, confirm how the objectives will be achieved and determine what we need to do as a ‘system’ in order to meet the emerging service strategies.

Governance

This strategy has been developed by the members of the STP Healthier Together Estate Workstream. **Healthier Together** is our Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP), and consists of 13 local health and care organisations that sit on the Healthier Together board, but the partnership goes beyond just these organisations and includes local authorities and other partners.

STP Governance Structure



Healthier Together Vision

Our vision is to improve the health and wellbeing of the population, delivering services within the financial envelope available and ensuring all services are high quality. Services available will be proactive, accessible, coordinated, integrated and provide continuity, with a flexible, holistic approach to ensure every contact counts. At locality level this will be primary care led to geographically coherent populations, at scale, whilst still encouraging self-reliance.

Approach

The NHS has recognised that the development of integrated care systems (ICSs), presaged in the NHS Five Year Forward View, requires a significant change to the way planning and resourcing estates has been undertaken. Rather than the conventional institution-based approach, planning and managing infrastructure has to be managed on a collective basis across a wider area involving several partner organisations, including local authorities. STPs seek to address these challenges to enable local systems to deliver a health and care infrastructure that is sustainable and fit for the future.

1.2 National and Local Context

National Context

There are a number of key strategies and drivers at national and local level, which will impact on the need for a quality public estate and are a call to collaborative action for all our system partners. They include:

- NHS Long Term Plan
- The NHS Five Year Forward View – New Models of Care
- NHS Five Year Forward View for General Practice
- The Naylor Report.
- The Carter Report.
- One Public Estate
- Housing White Paper
- Devolution Agreement
- The climate change and sustainability agenda
- NHS Sustainability Strategy, Sustainable, Resilient, Healthy People and Places (2014-2020)
- National Climate Change Adaptation Programme (2018-2023)

Local Context

The BNSSG Healthier Together STP will drive how we deliver care in the future in support of the NHS Five Year Forward View.

Healthier Together's vision is for the health and social care system to progress towards an integrated approach to care, with organisations working together regardless of individual budgets. The geography is an aspirant Integrated Care System. Priorities include redesigning models of care to meet the needs of the population, with care closer to home and ensuring effective infrastructure to enable this.

The STP has six policy work streams and ten priority programme areas, which link into healthcare model priorities and align with the NHS Five Year Forward View.

The priority areas cover one or more of the policy work streams with the work streams comprising:

- Integrated primary and community care
- Prevention, early intervention and self-care
- Acute care collaboration
- Estates
- Workforce
- Digital / IM&T

The Estates, Digital and Workforce work streams will have significant impact on the delivery of this plan.

The size of this challenge/opportunity calls for productive collaboration right across the public sector. In addition to the STP partnership, the STP organisations have been (and continue to be) actively involved in One Public Estate (OPE) projects.

OPE is a central government initiative, jointly managed by Cabinet Office (Office of Government Property) and the LGA (Local Government Association), to drive efficiencies in the public sector estate, to enable service improvements (e.g. co-locations) and drive economic growth (e.g. provide land for additional housing).

Up to 2017, OPE collaborations (e.g. Property Boards) were organised around local authority boundaries. Since 2017, these have been combined through a West of England partnership, bringing together the BNSSG areas, together with Bath & North East Somerset. These will be governed through a West of England Joint Assets Board (JAB), which had its inaugural meeting in November 2018.

The work programme for the JAB includes a proposal to create a public sector wide West of England Estates Strategy, which will provide an additional mechanism to strengthen the partnership.

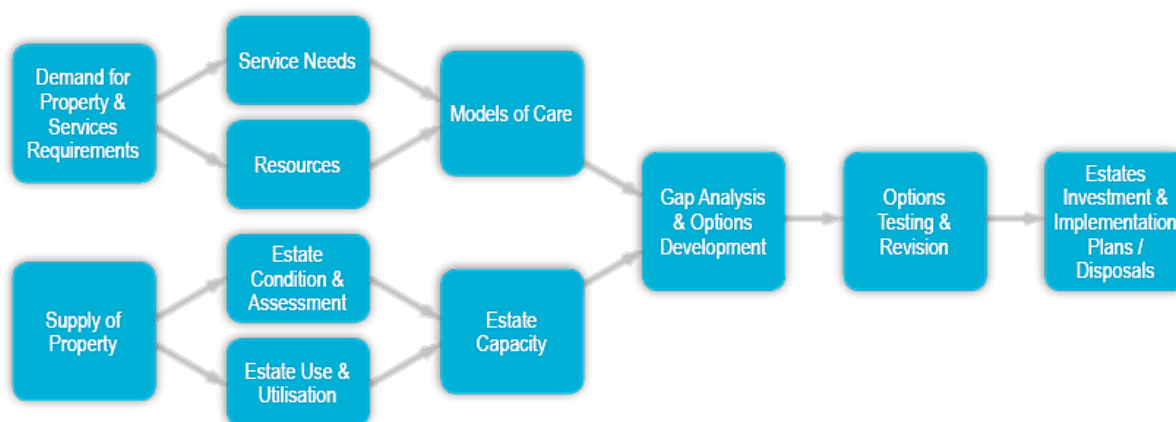
1.3 Methodology

A more strategic, service-led approach, which is informed by the needs of patients is now being proposed to ensure the estate is fit-for-purpose, efficient and flexible to be able to meet the needs of frontline services, based on the supply and demand model below, which is helpful in ensuring a consistent approach across BNSSG, with relevance at both locality, neighbourhood and system levels.

Key to delivery of the strategy and system transformation is the importance of working in an integrated way across the system between commissioners and providers, to ensure that we are aligning service delivery with the needs of our population and not the needs of individual organisations.

There are continually growing demands and expectations placed on the health and wider public sector. With current ways of working and care models considered to be unsustainable in the long term, there is a real need and opportunity for public service organisations to work collaboratively to maximise the use of estate to deliver health and care services closer to home. Local authorities will be key partners and have a major role to play in impacting upon the social determinants of health and care inequality. By working together and understanding need, ambitions and challenges, we can jointly shape the change in a co-ordinated way to make the most of opportunities.

Figure 1: Approach to delivering the Estate Strategy



1.4 Strategic Principles

The STP has established six key principles for estates, which will be tested against any estate proposals, to ensure it:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits.

The initial areas that the STP partners are prioritising through this strategy linked to the core principles are shown in Annex 6 - Summary of Current Projects / One Public Estate Schemes.

1.5 Population Needs

1.5.1 Population, Deprivation & Health Needs

One key element of future planning for the estate is to understand the predicted population and housing growth in the area, which is set out in section 8 Local Housing Growth and Annex 1 - Housing Growth of this document. Where possible, the STP, working with the local planning department, has aimed to establish where the areas of high population growth and major housing developments will be. This has a strong influence on how services and estate decisions will be made now and in the future.

There are stark inequalities in life expectancy across BNSSG. People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty, which themselves are also predictive of higher urgent care demand.

1.5.2 Transport

The STP covers a large and diverse geographical area. As well as the city of Bristol, and large towns there is a significant area which is rural in nature. There are good road connections, but at peak times there is traffic and congestion across most of the city. There are good transport links around Bristol, into and out of the city centre, but it is more difficult to travel across the city without having to come into the centre and back out again.

There is relatively limited (less frequent) public transport availability in the more remote areas across BNSSG, with car use being the preferred option of travel for many. This limits accessibility to facilities and services. The scattered pattern of settlements also affects journey times for emergency services including ambulance and out of hours' services.

When planning for services and deciding upon scale and location, it will be vital to achieve a balance between working at scale and locally based services, the travel needs of children and older people will require specific consideration when deciding upon the location of our proposed new models of care and frailty hubs linked to the growth in population and housing growth.

The 10 year forward plan sets out how it is envisaged that the way that some services are currently provided will change by use of digital technology, including video conferencing and consultations and wearable devices. This will have a significant impact on the way we deliver services in the future and will help reduce the need to always travel to a building to access services.

Organisations are also looking at new ways of flexible working, which are helping to reduce the need for travel and allowing work to be delivered in different ways to meet needs.

In tandem with the Joint Spatial Plan, the four West of England Unitary Authorities have published a [Joint Transport Study](#) (JTS). The JTS has identified potential future strategic transport proposals for delivery up to 2036 that address current challenges on the network and to inform future development proposals in this plan. The JTS sets out the following mission:

“Transport in the West of England will be transformed over the next 20 years through a programme of complementary measures designed to address underlying challenges and to enable the sustainable delivery of new housing and employment growth.”

The JTS sets out a vision for transport which has strong synergies with Healthier Together, through promoting healthier active modes of travel, improving air quality and improving access to services. The vision includes the aspiration to achieve a step change in the number of healthy, low carbon walking and cycling journeys’.

For patients who cannot use regular transport for medical reasons, patient transport services are available to eligible patients. The patient transport service (PTS) provides planned, non-emergency transport for eligible Bristol, North Somerset and South Gloucestershire patients to and from NHS hospitals and clinics, including outpatient departments, inter-hospital transfers, renal dialysis, oncology centres and your home. It is only available for eligible patients for medical reasons. It is not available for trips to primary care services such as GP practices and is not part of the emergency ambulance service.

1.6 Local Housing Growth

The STP has a significant role to play in partnership with the three local authorities in the area, together with the West of England Combined Authority (WECA), to ensure that the health related impact of new development is recognised, understood and planned for.

New housing can drive improved health/wellbeing outcomes and the STP will work to ensure that these benefits are recognised and maximised.

It is important to note from an estate perspective a major new housing development, building, refurbishment or reconfiguration of an existing building can have a long lead in period from the time the need is identified to the opening of any additional physical infrastructure required. Primary Care Service provision particularly general practice is a key consideration in respect of major new housing developments.

Full details of anticipated housing growth can be seen in Annex 1 - Housing Growth.

1.6.1 The Joint Spatial Plan

A Joint Spatial Plan (JSP) has been produced as a result of collaborative working between the local authorities of Bath & North East Somerset Council, Bristol City Council, North Somerset Council, South Gloucestershire Council and West of England Combined Authority. The JSP will be a statutory Development Plan Document that will provide the strategic overarching development framework for the West of England to 2036. The plan can and its progress through consultation and approval can be seen here: <https://www.jointplanningwofe.org.uk>

1.6.2 Housing Growth Figures

The tables below show the number and location of planned new dwellings across BNSSG as detailed in local plans and the JSP.

The first table sets out the developments that are already underway and/or are expected to be completed by 2027.

Table 1: Proposed Residential Developments to 2027

	Number of homes planned to 2027	Potential population density
Bristol		
Stoke Bishop	350	875
Fishponds	400	1,000
Redcliffe	7,400	18,500
Knowle	500	1,250
Brislington	500	1,250
Hengrove/Whitchurch	4,000	10,000
Total:	13,150	32,875
South Gloucestershire		
Existing local plan allocation inc infill	7,450	18,625
Former Frenchay Hospital	490	1,225
New neighbourhood East of Harry Stoke	2,000	5,000
Cribbs Causeway New neighbourhood	5,700	14,250
Potential infill	700	1,750
New neighbourhood, North Vale	2,125	5,313
Housing opportunities Thornbury	686	1,715
Small site windfall allowance	1,671	4,178
Total:	20,822	52,055
North Somerset		
Weston Urban	1,413	3,533
Weston Villages - Parkland	3,690	9,225
Weston Villages - Winterstoke	2,510	6,275
Clevedon	254	6,35
Nailisea	121	303
Portishead	1,256	3,140
Potential development of greenbelt land	686	1,715
Yatton	200	500
Elsewhere - spread evenly throughout county	1,122	2,805
Total:	11,252	28,130

The second table shows the longer range strategic housing developments set out in the combined local authorities Joint Spatial Plan (JSP). The strategic JSP developments are expected to run up until and even beyond 2036.

Table 2: Proposed Strategic Developments during JSP Plan Period (up to 2036)

	Number of homes planned to 2036	Potential population density	Development Start Date	Development end date
Bristol				
Bath Road, Brislington	750	1,875	2031/32	2035/36
Whitchurch	1,600	4,000	2029/30	2035/36
North Keynsham	1,400	3,500	2027/28	2035/36
Total:	3,750	9375		
South Gloucestershire				
Buckover Garden Village	1,500	3,750	2027/28	2035/36
Charfield	1,200	3,000	2022/23	2032/33
Coalpit Heath	1,800	4,500	2022/23	2035/36
Thornbury	500	1,250	2019/20	2029/30
Yate	1,000	2,500	2022/23	2035/36
Total:	6,000	15,000		
North Somerset				
Banwell Village	1,900	4,750	2024/25	2035/36
Churchill Garden Village	2,675	6,688	2025/26	2035/36
South West Nailsea	2,575	6,438	2025/26	2035/36
Backwell	700	1,750	2028/29	2035/36
Total:	7,850	19,626		

1.7 Current Estate

Overview

The estate covered in this strategy comprises of general acute hospitals in Bristol and Weston with a number of health centres, and primary care facilities which are the base for general practice, community (including Social Care) and mental health services. The information for Local Authority estate is not available at this level, although it is our intention to establish this in the future. The July 2018 review confirmed the following:

Table 3: Landlord Ownership - Existing NHS estate sizes and running costs

Type	No. Locations	Floor Area (m2)	Floor Area (%)	Annual Cost (£m)	Annual Cost (%)	Annual Cost £/m2
Acute – NBT	4	168,867	28.35%	76.03	45.18%	450
Acute – UHBT	14	184,726	31.01%	37.39	22.22%	202
Acute – WHAT	2	33,407	5.61%	3.2	1.90%	96
Mental Health – AWP	16	56,662	9.51%	16.45	9.77%	290
General Practice – GP owned	110	81,843	13.74%	13.66	8.12%	304
NHS PS	50	40,501	6.80%	11.14	6.62%	275
CHP	5	20,215	3.39%	9.47	5.63%	468
SWAST	11	9,503	1.60%	0.95	0.56%	100
Total	188	595,724	100.00%	168.29	100%	2,185

A detailed breakdown of the existing estate is given in Section 9, along with a summary of major issues including backlog maintenance, utilisation of core estate, void space and sustainability.

As part of the review, the STP had to consider sites that could be considered surplus to requirements. The Department of Health prepared an 'Estates Dashboard' that stated the STP had the potential to realise capital receipts of £34.9m (subject to successful planning consents). The Naylor 'fair share' figure (the minimum value each STP needs to deliver in order to meet the £3.3bn national target) was identified as £58.9m. The review concluded that all major land disposal opportunities within BNSSG have already been exploited with £60m completed in the last 5 years (including high value inner city sites such as the BRI Old Building and Frenchay). Smaller opportunities do exist and could result in capital receipts of £17.9m, these are detailed within Section 9 **Error! Reference source not found.**

The total occupied floor area across the healthcare estate in BNSSG is estimated to be circa 595,724m² including acute and mental healthcare facilities.

Analysis of our sites and facilities has identified the following issues in relation to our estate:

- The Primary Care and Community Estate is in need of investment and reconfiguration across BNSSG although the community estate in South Gloucestershire is in better condition than the other two areas and the mental health estate, is in relatively good condition.
- The standard and age of the acute estate is mixed. 78% of North Bristol estate was constructed or refurbished in the last 10 years with the Brunel PFI hospital opening in 2014 and accounting for 67% of the Trust's total estate. However, NBT's Women's and Children's quarter is in need of redevelopment.
- The estate needs to be optimised, reconfigured or reduced by disposal to create an affordable and sustainable model for delivery. Therefore, the estate strategy offers an opportunity for all providers to work together with commissioners to maximise utilisation and reduce unnecessary costs.
- The six facet surveys undertaken across the general practice estate identify a number of under used buildings. Work will be undertaken to identify and deliver opportunities for more productive use of the space in those sites. On the acute sites, work to maximise use of existing building is required including use office, seminar and outpatient space but this will require a cultural shift.
- There is a significant amount of void (no identified user) and sessional (bookable) space available across the NHS Property Services and Community Health Partnership (Lift buildings) estate, which is being paid for by the CCG.
- Community services operate out of a number of local authority premises including schools, children centre and intermediate care centres. As we are developing our approach we are looking to ensure we maximise the use of our joint estate to support utilisation, disposals and opportunities to rationalise estate to reduce running costs across the system.

Healthier Together Estates Workstream are working together to develop opportunities where the existing estate is no longer required by the NHS or Local Authorities to explore if it is needed elsewhere in the system for the provision of services or housing before being published on the national property management systems for disposal. This will ensure in the future, that where opportunities for land acquisition or potential future developments are proposed, we can maximise the opportunities to work in partnership.

Through the One Public Estate Programme partners across BNSSG have already mapped all their property on the Electronic Property Information Management (EPIMs) database, which all records central government land and property. There are opportunities to further extend sharing of both

back office and community service delivery buildings, such as administrative offices, children's centres and libraries.

1.8 Current Projects / One Public Estate Schemes

All of the capital projects, disposal opportunities, promises and critical decisions included in the workbook have been assigned to our principles and are detailed in Annex 6 - Summary of Current Projects / One Public Estate Schemes.

1.9 Funding Opportunities

Capital funding will be required to deliver the key objectives and a number of options are available including NHS capital funding, Local Authority funding, Section 106 legal agreements, Community Infrastructure Levy contributions, private finance, disposal capital receipts and minor improvement grants. Each of the options are explored in more detail within Section 12.

1.10 Challenges and Opportunities

Delivering the Healthier Together STP wide estates strategy is a huge and complicated challenge, which also presents a number of exciting opportunities and this strategy will be developed further as we work through each of these. These are set out in section 13.

1.11 Next Steps and Actions

The next steps are listed in Section 14 and focus on the delivery of the strategy working through our change estate workstreams, for example, set up of utilisation sub-group to maximise utilisation within core buildings.

2 Introduction and purpose

Infrastructure and the built environment play an important part in the delivery of high quality health and care services for the population we serve, with care closer to home. It also represents a significant cost and therefore given the financial constraints in the public sector, it is more important than ever that the property used for services is fit for purpose and cost effective so that best value is achieved.

There are continually growing demands and expectations placed on the health and wider public sector. With current ways of working and care models considered to be unsustainable in the long term, there is a real need and opportunity for public service organisations to work collaboratively to maximise the use of estate to deliver health and care services closer to home. Local authorities will be key partners and have a major role to play in impacting upon the social determinants of health and care inequality. By working together and understanding need, ambitions and challenges, we can jointly shape the change in a co-ordinated way to make the most of opportunities.

To ensure that public sector property decisions are taken robustly and will be sustainable for the long term, a more strategic approach to planning, ownership and management is necessary. The development of the BNSSG Strategic Transformation Partnership (STP) Healthier Together Estates Strategy is the first step to ensuring that the health and social care system is able to secure “the right property in the right place”.

2.1 Purpose

In March 2018 NHS Improvement and NHS England asked all STPs to undertake a strategic, system-wide review of estates, developing a plan in line with various reports (including the NHS Five Year Forward View, Naylor Report and Carter Report) that supported a reduction in backlog maintenance, ensured availability of modern equipment, investment in integrated care models which shift care close to home, where people can be seen in the right place, maximised the sharing of assets, and the disposal of unused or underutilised estate.

A template workbook (“Estate Strategy”) was submitted to NHS Improvement and NHS England in July 2018. The Estate Strategy clearly set out the Healthier Together key strategic objectives and the priority capital projects required enabling the change. It also included promises, critical decisions and next steps to reduce backlog maintenance, improve efficiency and maximise disposal opportunities.

In November 2018 NHS Improvement and NHS England scored all STP template workbooks (“Estate Strategies”) as either Strong, Good, Improving or Fair. The Healthier Together Estates Workbook was officially scored as **Good** (only three STPs across England were scored as *Strong*), those with strong ratings had agreed clinical strategies and new models of care to inform the future enabling requirements including the estate.

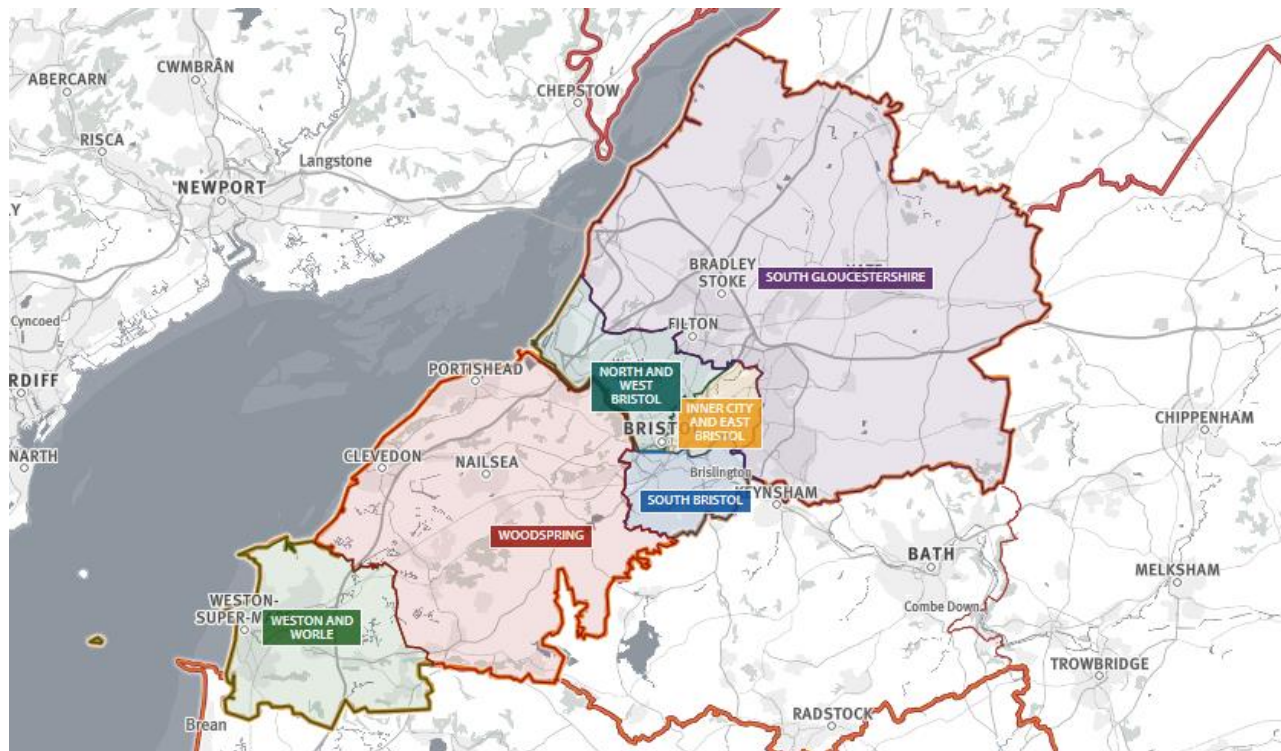
The purpose of this document is to set out the strategic approach for the estate across Bristol, North Somerset and South Gloucestershire to get a strong rating and confirm how the objectives will be achieved and determine what we need to do as a ‘system’ in order to meet the emerging models of care and clinical service strategies.

2.2 Governance

Healthier Together is our Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP).

The STP covers the area set out in the plan shown on the map below.

Figure 2: STP map



The STP currently consists of 13 local health and care organisations that sit on the Healthier Together board, but the partnership goes beyond just these organisations and includes local authorities and other partners.

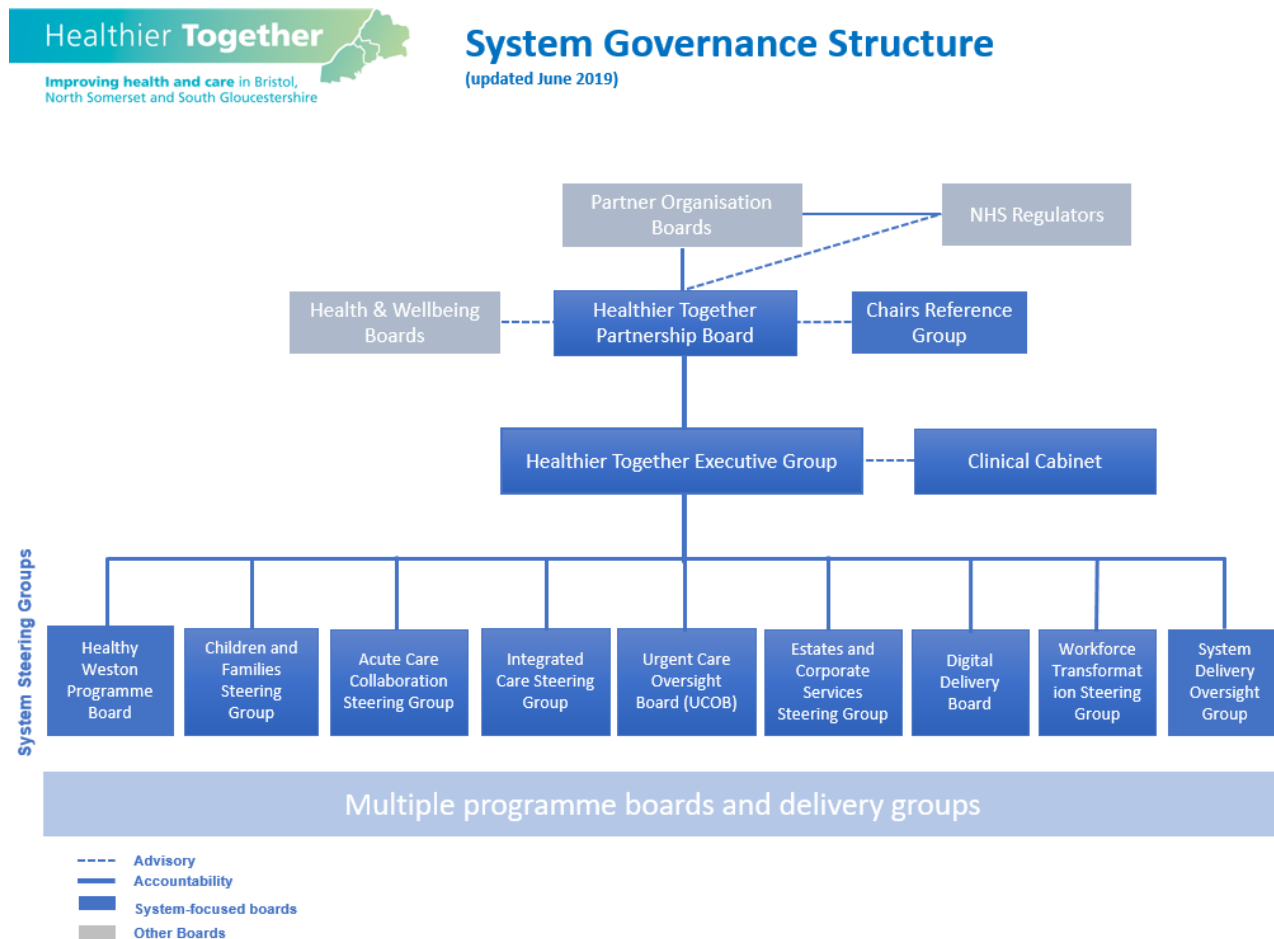
This strategy was developed by the members of the STP Healthier Together Estate Workstream.

Organisational members that contributed to the strategy were:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol Community Health
- Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
- Bristol City Council
- Community Health Partnerships
- NHS England
- NHS Improvement
- NHS Property Services
- North Bristol NHS Trust
- North Somerset Community Partnership
- North Somerset Council
- Sirona Care and Health
- South Gloucestershire Council
- University Hospitals Bristol NHS Foundation Trust
- Weston Area Health NHS Trust
- South Western Ambulance Service NHS Foundation Trust

The workstream reports to the System Delivery Oversight Group (currently being reviewed and will be amended in final version). The organisational structure of the STP is shown in the following chart.

Figure 3: STP Governance Structure



3 Vision for the Estate

The development of the new models of care and pathways, shifting care close to home and ensuring our population access services in the right place, first time, will be the mechanism by which the system responds to the need to change how services are organised and delivered locally.

The services available will be proactive, accessible, coordinated, integrated and provide continuity, with a flexible, holistic approach to ensure every contact counts. At locality level, these will be primary care led to geographically coherent populations, at scale, whilst still encouraging self-reliance.

The STP and its partners are committed to the following principles for ensuring that infrastructure enables the required service change:

- Aligns with the clinical strategies and models, which addresses any service and infrastructure needs that result
- Ensures there is sufficient capacity for the delivery of acute services and primary and community care services in line with population needs.
- Advance technological solutions that reduce the need for face-to-face consultations, better equip patients to self-manage, enable more preventative care and strengthen communication and collaboration between organisations.
- Reduce reliance on clinical and office space through use of remote and mobile working
- Improve seven-day access to effective care.
- Seeking to rationalise branch sites or other estate where this enables more efficient ways of working, without hindering patient access.
- Ensuring there is sufficient facilities for training and workforce development.
- Greater partnership working to maximise the use of space through exploring with partner organisations how space can be reconfigured to deliver maximum value to the public sector, through co-location of services, where appropriate.
- Delivery of the locality hub sites, preferably in the most accessible locations using existing infrastructure where possible.
- Maximising use of purpose built, high quality, affordable estate for clinical purposes including exploring the potential for offsite administrative and storage functions at a lower cost.
- Ensure any changes are beneficial to patient access and do not exacerbate health inequalities
- Identify where buildings are surplus to requirements for all partners and consider options for future development or repurposing before disposing of assets.

3.1 Strategic Approach

3.1.1 Overview of the practical challenges to developing and implementing estates strategies in today's NHS

In the NHS, the term 'estate' is used to refer to the facilities in which health and care is provided. In recent times, other industries have been moving towards the more holistic and dynamic concept of 'infrastructure' in place of "estates". A shift to the term 'infrastructure' would bring into clearer focus matters such as the efficient and sustainable energy and water systems, information and communications and digital technology, and developments in medical equipment – all of which can have a profound impact on the size, design, location and accessibility of health and care facilities.

The NHS has recognised that the development of integrated care systems (ICSs), presaged in the NHS Five Year Forward View and 10 Year Plan requires a significant change to the way planning and resourcing estates has been undertaken. Rather than the conventional institution-based approach, planning and managing assets has to be managed on a collective basis across a wider area involving several partner organisations, including local authorities. The Healthier Together Estates Group is seeking to address these challenges to enable our system to deliver a health and care infrastructure that is sustainable and fit for the future.

The STP recognises that, notwithstanding their coordinating functions, in many cases that strategic estates plans will have to be developed in an integrated and inclusive way at a more local level. It is at these levels where there will be the right amount of detailed understanding of population needs, and the most productive opportunities to align the political, civic, institutional, professional and personal interests involved.

3.1.2 A successful estates strategy must be person centred

People must be at the heart of every estates strategy. An effective system ensures through its estates strategy that people with the right skills and experience work in an environment that make it easier for them to do their job properly and sees the efficient use of their combined estate and other infrastructure, such as digital, as a significant enabler to health and care staff working in partnership. And the whole point of organisations working in partnership in systems is to improve the experience of and outcomes for patients.

An estates strategy that focuses entirely on the technical aspects of the location, size and funding of buildings, which seeks to fit an off-the-shelf solution to a complex local problem which is not informed by a clinical strategy or models of care, is unlikely to succeed.

A strategy with a much greater chance of success will be one developed by system leaders who truly connect with the needs and potential of the population they serve and the staff they employ, who have a deep understanding of the benefits that can be realised through partnerships with local authorities and industry, and who are able to work with advisors that bring creative solutions to well-understood challenges.

Most healthcare systems have come to recognise that their buildings and infrastructure are essential 'enablers' to the delivery of better care for patients to which we all aspire, and to making the efficiencies required for its long-term financial sustainability. But whether it is at the level of sustainability and transformation partnerships (STPs), or at that of the 'place-based' local systems that often have smaller footprints, this shift from institutional to collaborative working, which is informed by the needs of the population is easy to understand in principle, but rather more difficult to realise in practice.

Long term service planning is a challenge in a health and care landscape that is in a state of constant change and transformation, but it is a challenge we must rise to achieve if we are to be successful.

The Health Together Estates Strategy aims to set out a framework for the future development of the estate that is aligned to STP strategic priorities and drivers.

4 National and Local Context

4.1 National Context

There are a number of key strategies and drivers at national and local level, which will impact on the need for a quality public estate and are a call to collaborative action for all our system partners.

4.1.1 NHS 10 Year Long Term Plan

Published in January 2019 the NHS Long Term Plan sets out how the NHS will accelerate the redesign of patient care to future proof it for the decade ahead.

The plan states the NHS as a whole will improve the way it uses its land, buildings, digital technology, and equipment. This will mean improved quality and productivity, energy efficiency and disposal of unnecessary land to enable reinvestment while supporting the government's target to build new homes for NHS staff.

In addition, providers will be required to reduce non-clinical space by a further 5%, freeing up over one million square metres of space for clinical or other clinical activity (e.g. video conferencing rooms), such as new technology solutions. By 2020, the NHS aims to reduce its carbon footprint by a third from 2007 levels.

4.1.2 General Practice (GP) Forward View

The NHS Five Year Forward View, published in March 2017, describes seven models of care in its vision for the future. It is expected that all parts of the NHS work together to deliver the vision. Each of the models of care has implications for the Trust and its strategies including the estate strategy.

The challenges facing the NHS are unprecedented necessitating new models of care which can respond to an increasingly aging population who may have multiple long term conditions and against a backdrop of reducing public finances. The seven NHS Five Year Forward View models of care are:

- Multispecialty Community Providers
- Primary and Acute Care Systems
- Urgent and Emergency Care Networks
- Acute Care Collaborations
- Specialised Care
- Modern Maternity Services
- Enhance Health in Care Homes

4.1.3 The NHS Five Year Forward View – New Models of Care

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- Primary and Acute Care Systems
- Acute Care Collaborations
- Specialised Care

- Urgent and Emergency Care Networks
- Modern Maternity Services
- Enhance Health in Care Homes

4.1.4 The Naylor Report

In 2016 the Secretary of State for Health commissioned Sir Robert Naylor to conduct an independent review to realise better value from NHS property and to deliver targets to release £2 billion of assets for reinvestment and to deliver land for 26,000 homes. In March 2017 the Naylor Review was published (officially titled “NHS Property and Estates: why the estate matters for patients”).

The review made 17 recommendations and in January 2018 ‘The Government Response to the Naylor Review’ was published accepting 15 recommendations in full and two in principle. The most significant recommendation relates to property disposals.

The report concluded that approximately £10 billion is required to eliminate backlog maintenance and to deliver the Five Year Forward View. Sir Robert Naylor suggested this funding could be met by three sources: property disposals, Treasury funding and private capital.

4.1.5 The Carter Report

In June 2014 Lord Carter of Coles was commissioned by the Secretary of State for Health to review efficiency in hospitals across England. The review compared metrics and benchmarks of 136 non-specialist acute hospitals and in February 2016 the Carter Report was published (officially titled “Operational productivity and performance in English NHS Acute Hospital: Unwarranted variations”).

The report made 15 recommendations and stated that all trusts should operate at a maximum of 35% nonclinical floor space and 2.5% unoccupied space by April 2020.

The subsequent ‘Carter Report’, (September 2018), Operational Productivity and Performance in English NHS Ambulance Trusts: Unwarranted Variations requires English NHS Ambulance services to examine current operating practice to increase efficiency and productivity in service delivery.

4.1.6 Local Authority Drivers

In addition to opportunities through the One Public Estate initiatives discussed elsewhere in this document, there are a number of national level key policies that drive local authority decision making around estate. The New Homes Bonus and the New Housing Delivery test <https://www.vvw.co.uk/news-and-events/blog/public-sector-law/housing-delivery-test-local-authorities> are designed to encourage and accelerate housing delivery.

The Fair Funding Review, which could change the distribution of funding between authorities, and the Social Care Green Paper, which will potentially have the biggest impact on local authorities’ financial position are also likely to have a significant impact.

4.2 Local Context

The BNSSG Healthier Together STP will drive how we deliver care in the future in support of the NHS Five Year Forward View and 10 Year Long Term Plan.

Healthier Together’s vision is for the health and social care system to progress towards an integrated approach to care, with organisations working together regardless of individual budgets. The geography is an aspirant Integrated Care System. Priorities include redesigning models of care to meet the needs of the population and ensuring effective infrastructure to enable this.

4.3 Looking to the Future

The STP recognises that the provision of more care outside of hospitals provides the opportunity to improve the quality of care, improve efficiency and lower costs. This includes an acknowledgement of a focus on preventative care and enabling more people to take charge of their own health.

The Acute Trusts are working in collaboration across a number of services based on the need to further develop the most acute and specialist elements of the clinical services. This will include the aspired centralisation of some services where there are benefits for patients including improved clinical outcomes, with the majority of other care provided as close to people's homes as possible.

Commissioners have set out the vision for primary care in the Primary Care Strategy. Within these localities, practices are working at a scale through GP clusters covering 30,000-50,000 patients. The maturity of working at scale varies across the geography and is continuously developing and the outcome of this work will be key to realising the ambitions set out in the strategy.

The STP vision is that organisations will work together to provide services closer to patients' homes. This is being progressed by bringing together existing services centred around GP clusters (groups of neighbouring practices) within communities to create integrated localities that deliver a range of health services including mental health, social care and third sector services and development of acute and specialist services. It is expected that these changes will help people remain independent longer in their own homes, only needing to access secondary care when absolutely necessary.

Localities are developing strong local primary care clinical leadership to build relationships with other providers as the first steps to considering priorities for joint working and, in future, more integrated community models of care, which will then help inform future estate and wider infrastructure requirements. This will enable localities to establish the needs of their population and shape an optimal delivery model.

New ways of working, particularly in respect of urgent and out of hours care, reflecting the requirements set out in the Five Year Forward View to provide seven day service and reduce unnecessary admissions to hospital.

This work is essential to establish the new models of care at a locality level, which can then be assessed against any infrastructure requirements to identify any gaps. This will help inform our future investment and disinvestment requirements as part of future financial planning.

A new Children's Community Health provider has been contracted to provide service across in Bristol and South Gloucestershire with the existing service in North Somerset being provided separately. The providers are currently reviewing their delivery model to align services with the needs of their local population. This will help inform future estate infrastructure requirements.

Commissioners are procuring a single adult community health services provider for Bristol, North Somerset and South Gloucestershire, which will be in place from April 2020 so community services can work seamlessly with primary care, secondary care, mental health services, local authorities and third sector organisations to enable people to stay healthy, well and independent in the community.

The adult community services provider will be a key system partner in transforming the out-of-hospital care setting, so that services provide proactive care to meet population needs, which will also help inform future estate and wider infrastructure requirements.

Key to this model will be the development of locality hubs working with primary care and other providers, including the third sector, to establish locations for key services across each of the localities focused on frailty, prevention and supporting patients to stay as well as they can be initially.

Work is underway to identify appropriate locations in each locality for hubs. Agreed sites currently include South Bristol Community Hospital and Weston General Hospital.

Greater use of digital technology including smart phones, telephone triage, online advice with good access to the network infrastructure, including Wi-Fi to enable online access to multiple provider systems and the ability to undertake multi-disciplinary care and case management reviews.

4.3.1 The Healthier Together Journey

The Healthier Together journey is represented in Figure 4 - The Healthier Together Model below and shows the planned shift from disparate organisations into an integrated care system over the next five+ years.

Figure 4 - The Healthier Together Model



Priority Programme Areas

The STP has agreed ten priority programme areas of work to transform our system. These are:

- | | |
|---|-------------------|
| 1. Acute care collaboration | 6. Mental Health |
| 2. Maternity | 7. Urgent Care |
| 3. Integrated community localities | 8. Healthy Weston |
| 4. General Practice Resilience and Transformation | 9. Workforce |
| 5. Prevention | 10. Digital |

Programme Focus and Objectives

- Individuals, families and communities are able to keep themselves well and access the

support they need 24/7 supported by a strong, integrated accessible locality system of health and care that also reduces demand pressure on urgent care

- Sustainable general practice at the heart of a locality alliance of providers working together in a more joined up and flexible way
- Staff, buildings and services wrapped around the population, patients and their families
- Resources flow in support of consistent, affordable models of care that deliver best outcomes for our population, taking into account differing needs and inequalities
- Full integration of primary and community Mental Health services at local level to improve access and outcomes for people
- 7-day model of integrated-out of-hospital care wrapped around local communities
- Prevention, Early Intervention and Self Care - Reduce dependency on acute beds and reduce acute length of stay and inappropriate use of hospital beds
- Acute Care Collaboration - Best use of hospital capacity and a consistent offer of networked general hospital care
- Sustainability of leading edge specialist services to the wider population
- A sustainable workforce providing satisfying, doable jobs for our shared workforce
- New ways of working supported by technology including sharing information and improving communications, enhance care quality and safety and other delivery benefits

4.4 Healthier Together STP Policy Groups

The STP has six policy groups and ten priority programme areas which link into healthcare model priorities and align with the NHS Five Year Forward View.

The priority areas cover one or more of the policy work streams with the work streams comprising:

- Integrated primary and community care
- Prevention, early intervention and self-care
- Acute care collaboration
- Estates
- Workforce
- Digital / IM&T

The estates, digital and workforce workstreams will have significant impact on the delivery of these programmes.

4.4.1 STP Healthier Together Estates Group

There are a number of key estate drivers, which are set out below:

- The financial pressure facing the NHS and public sector partners means that there is a need to unlock value from the estate where possible.
- Variability in the quality of estate where space is not always functional.
- Under-utilisation of some estate provides opportunities for more services, or estate, to be repurposed or rationalised providing capacity for the anticipated growth.
- Co-location and joint working with other partners can provide a more efficient model.
- Premises to be compliant with CQC and DDA requirements
- Pressing need for housing with all public sector organisations under pressure to release sites not required for the provision of services.

4.4.2 STP Healthier Together Digital Group

Alignment of the STP digital drivers which are derived from the local digital roadmap and will impact on the future estate:

- Greater use of technology in the provision of healthcare making services better connected and more efficient.
- Drive to digitalise GP patient care records as a means to free up capacity (space) in primary care.
- Digitalisation of patient records is facilitating change in where and how patients can access services.
- Move towards patients accessing their medical data online through patient online services.
- Move to more remote and flexible working has implications on the type and use of infrastructure.
- Facilitation of extended hours at new hub sites or within existing practice and community sites.
- Investment in technology that reduces the need for face-to-face consultations and meetings.
- On-going investment in infrastructure to ensure providers maintain fit for purpose hardware that will enable them to operate efficiently and remotely as necessary
- Ensuring that the systems are fit for purpose and the future and can support technological change.
- Ensuring that the benefits identified are realised across the STP.

4.4.3 STP Healthier Together Workforce Group

Our existing and future health and social care workforce will be integral to delivering our service transformation and vision. Therefore, a robust workforce strategy is being developed, which supports this.

This five-year strategy addresses a multitude of challenges from the long-standing difficulties in ensuring a safe supply of health and social care professionals, to the complex tasks of supporting new models of care that rely on new ways of working using a change in skill-mix and in leadership and culture. Coupled with this, the NHS and Local Authorities are facing huge financial challenges in all sectors so it will be essential for BNSSG to think more creatively about how to transform its workforce within the context of this financial constraint. Our strategy considers an approach which can build on existing expertise and experience and embed new ways of working, flexibility and new roles.

Main Objectives

- A sustainable pipeline of highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed at scale and across providers
- Considerable/sizeable expansion of the numbers of B5 registered clinicians both in post and in the pipeline
- Significant increased capability and capacity in advanced practice skills.

Main Programmes of Work

- Health and social care apprenticeships across organisations to support unregistered workforce development
- Develop nurse associates in BNSSG
- BNSSG career framework and work with schools to attract and retain new entrants
- Attract more recruits into nursing working with education providers
- Develop joint attraction packages
- Nurse apprenticeship option appraisal and implementation
- Return B5 clinicians to practice
- Develop spec to commission advanced clinical practice using apprenticeship levy
- Joint delivery, pooling levy, placement capacity and supervision.

The Healthier Together Estates Group is looking at opportunities to support the workforce strategy by looking at opportunities working with local authority partners, where we could look at developing key worker housing.

4.5 One Public Estate

The size of the local challenge/opportunity calls for productive collaboration right across the public sector. In addition to the STP partnership, the STP organisations have been (and continue to be) actively involved in One Public Estate (OPE) projects.

OPE is a central government initiative, jointly managed by Cabinet Office (Office of Government Property) and the LGA (Local Government Association), to drive efficiencies in the public sector estate, to enable service improvements (e.g. co-locations) and drive economic growth (e.g. provide land for additional housing).

Up to 2017, OPE collaborations (e.g. Property Boards) were organised around local authority boundaries. Since 2017, these have been combined through a West of England partnership, bringing together the BNSSG areas, together with Bath & North East Somerset. These will be governed through a West of England Joint Assets Board (JAB), which had its inaugural meeting in November 2018.

An OPE bid for the Wave 7 bidding round was submitted through the JAB in November 2018. There was significant involvement in the development of the bid from the STP, with proposals for Key Worker Accommodation being an important component of the bid.

The work programme for the JAB includes a proposal to create a public sector wide West of England Estates Strategy, which will provide an additional mechanism to strengthen the partnership.

It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners.

OPE partnerships across the country have shown the value of working together across the public sector and taking a strategic approach to asset management. At its heart, the programme is about getting more from our collective assets - whether that's catalysing major service transformation such as health and social care integration and benefits reform; unlocking land for new homes and commercial space; or creating new opportunities to save on running costs or generate income.

This is encompassed in three core objectives:

1. Creating economic growth (new homes and jobs)
2. Delivering more integrated, customer-focused services
3. Generating efficiencies, through capital receipts and reduced running costs and providing workspaces that are fit for purpose and support higher productivity, sharing assets and facilities across the public sector.

5 Methodology

5.1 Delivering the Estates Strategy

Key to delivery of the strategy and system transformation is the importance of working in an integrated way across the system between commissioners and providers, to ensure that we are aligning service delivery with the needs of our population and not the needs of individual organisations.

There are continually growing demands and expectations placed on the health and wider public sector. With current ways of working and care models considered to be unsustainable in the long term, there is a real need and opportunity for public service organisations to work collaboratively to maximise the use of estate to deliver health and care services closer to home. Local authorities will be key partners and have a major role to play in impacting upon the social determinants of health and care inequality. By working together and understanding need, ambitions and challenges, we can jointly shape the change in a co-ordinated way to make the most of opportunities.

A strategic, service-led approach, which is informed by the needs of patients, is being proposed. It is intended to ensure the estate is fit-for-purpose, efficient and flexible, and able to be able to meet the needs of frontline services. Implementation of strategy will be informed by the supply and demand model shown below and will ensure a consistent approach across BNSSG, with relevance at both area, locality and system levels.

Delivering the Estates Strategy for the STP will be complex and will take time. It will require skilled portfolio, programme and project management resources and involve multiple stakeholders informed by clinical and operational service strategies. Organisations that are successful in delivering complex change adopt excellent programme and project management practices.

Collectively, the stakeholders need to see the advantage and benefits of working collaboratively across health and social care, and work to align their interests across programmes of change. Working together to achieving new models of care will maintain or improve patient health and care outcomes whilst realising system savings.

The Healthier Together Estates working group membership includes partners from the estates teams across Health and Local Authorities, who are focused on the delivery of a joined up and collaborative approach to support the system to realise its clinical strategy and plans for service delivery.

The group is also working closely with the West of England Combined Authority and with NHS and local authority leads being members of the new Joint Assets Board which has responsibility to look at how we develop and implement a more joined up strategic approach to infrastructure development as part of the One Public Estate national programme working with central government departments to help facilitate changes where required to policy or approach.

The group will work with STP project groups and localities to support delivery of the infrastructure required to implement new models of care or pathway redesign and have developed a number of change estate workstreams to develop a core set of skills across the system to facilitate delivery of the estates strategy and support system transformation.

These core estate workstreams proposed are:

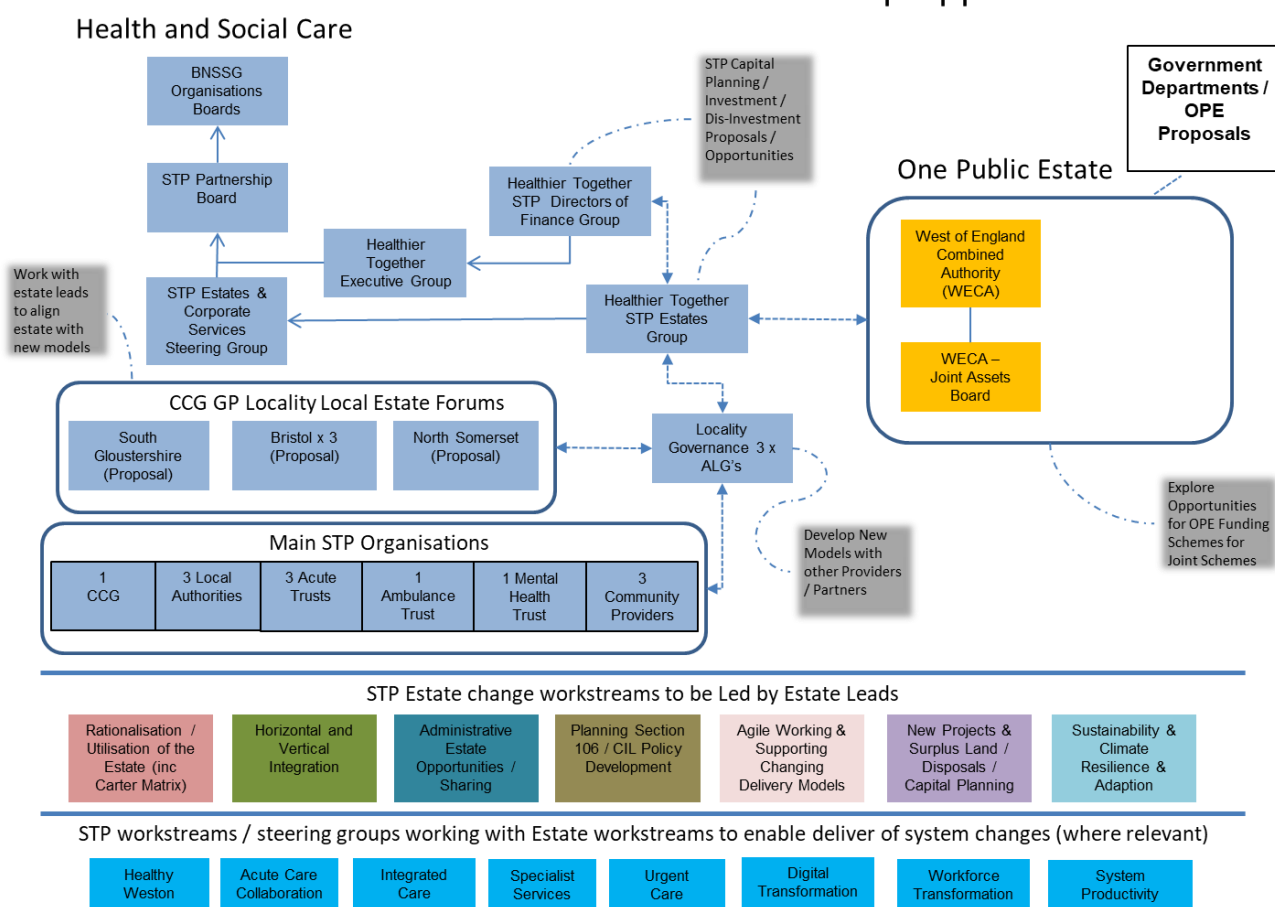
- Rationalisation / Utilisation of the Estate

- Horizontal and Vertical Integration
- Administrative Estate and Opportunities / Sharing
- Planning Section 106 / Community Infrastructure Levy (CIL) development
- Agile working and Supporting Changing Delivery Models
- New Projects / Surplus Land Disposals / Capital Planning
- Sustainability & Climate Resilience and Adaption

The governance and partnership approach is set out in the diagram below, which include the links between the estate group and system partners and how these work together to facilitate system change across the public sector.

STP Estates Governance and Partnership Approach

STP Estates Governance and Partnership Approach



5.1.1 Demand-Lead Property and Services Requirement Review Process

Key to a demand-led estate strategy is determining the future demand for property & service requirements. Whilst a number of reconfiguration and development models have been explored, it is considered vital that stakeholders and our populations are fully engaged in the process and support the development of new model of care plans that must be service led, and support national and local drivers for change including shifting care to home, where appropriate.

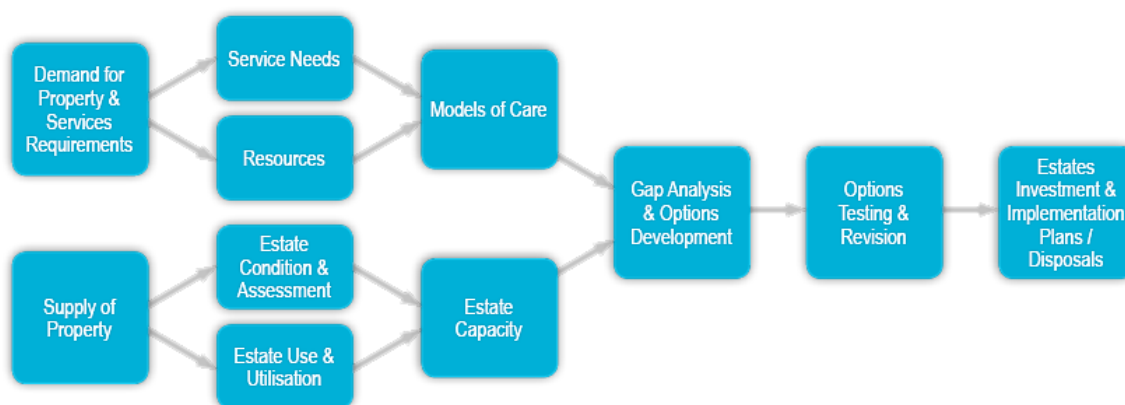
This staged approach is intended to best prepare and inform the development of locally owned service plans, in a consistent manner, using the demand-led review process outline below that will drive and inform future infrastructure requirements.

5.1.2 Supply and Demand Approach

To enable delivery of the estate strategy, information relating to the existing estate has been collated, which can be overlaid with information relating to the service requirements developed at area, locality and system levels to identify where there are gaps or requirements for future development or investments which can be tested.

This process will identify future estate investments priorities and opportunities for investments or disinvestments and creation of a prioritised investment plan for future funding.

Figure 5: Supply and Demand Approach to delivering the Estate Strategy



5.2 Key Principles

The STP has established six key principles for estates, which will be tested against any estate proposals, to ensure it:

1. Improves quality and user experience
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits.

Annex 6 - Summary of Current Projects / One Public Estate Schemes sets out the projects or work being undertaken currently under each of these principles.

5.3 Managing Interdependencies

The STP has recognized the significant connectivity between estate, workforce and digital aspirations for the NHS, it is therefore imperative that we align the estate strategy with resultant clinical and operational plans to make use of technology and workforce to promote and enhance accessibility to all sites.

Such connectivity must be compatible with other public services across the STP to support shared back office functions, infrastructure and information sharing.

The estate strategy is not expected to be a detailed route-map setting out the precise location for every service in the future. This will be shaped by the models of care and service redesign work being undertaken at locality levels and across the system. The strategy will help align the estate infrastructure to these models. It will be a continually evolving document that sets out the broad principles and will provide a strategic framework to guide system partners.

Where further work is required to be developed this has been include under Next Steps in Section 14 and which will be assigned to the “change estate workstreams” to take forward and deliver.

6 Population Needs

6.1 Population

One key element of future planning for the estate is to understand the predicted population and housing growth in the area. Where possible the STP, working with the local planning department has aimed to establish where the areas of high population growth and major housing developments will be – this has a strong influence on how services are shaped and the estate needed in the future.

6.2 Deprivation

There are stark inequalities in life expectancy across BNSSG. People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. Table 4 shows the life expectancy gap between the most and least deprived areas by local authority area.

Table 4: Life expectancy gap (between most and least deprived areas by local authority area)

Area	Difference (years) in life expectancy at birth	
	Males	Females
Bristol	9.6	7.0
North Somerset	9.1	6.9
South Gloucestershire	6.5	4.8
BNSSG	8.6	6.3

Source: Public Health Outcomes Framework / ONS death extracts, IMD 2015 deprivation declines 2013-15.

As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty, which themselves are also predictive of higher urgent care demand.

6.3 Health Needs

The health needs of a population reflect the numbers of people suffering from different types of illness. Looking only at the numbers of patients currently being treated for a disease does not show the true prevalence and impact on the population's health. At any given time, there are many people who have a disease but are not aware of it because they have not yet been diagnosed. A robust and well-researched disease prevalence model can help commissioners to assess the true needs of their community, calculate the level of services needed and invest the appropriate level of resources for prevention, early detection, treatment and care.

Around one in six people in Bristol, North Somerset and South Gloucestershire live in some of the most deprived areas of England; this has an impact on life expectancy.

Men living in the most deprived areas die eight years earlier and women six years earlier.

The most common causes of death amongst those living in the most deprived areas are heart, stroke and breathing diseases, cancer and digestive disorders. People with severe mental illnesses will also die on average 20 years earlier than the general population. People with these

conditions are more likely to end up being admitted to hospital for an extended period leading to a loss of independence.

Disease prevalence methodology was used to forecast the expected increase in disease prevalence for various causes of death for Bristol, North Somerset and South Gloucestershire including: cardiovascular disease, chronic obstructive pulmonary disease, dementia, diabetes, and obesity.

7 Transport

The STP covers a large and diverse geographical area. As well as the city of Bristol and some larger towns, there is a significant area which is rural in nature. As a whole, BNSSG includes a diverse range of area, including rural areas, coastal communities, towns, villages. Each of the counties within BNSSG can be summarised as:

- Bristol is the largest regional city in the South West with similar challenges to London boroughs: densely populated, expensive property costs, low supply of affordable housing, areas of deprivation immediately adjacent to affluent areas and an ageing estate.
- North Somerset population is spread through a mix of rural and town settlements. It is one of the fastest growing parts of the South West with an ageing population. Its coastal location results in an increase for services over the summer months especially in Weston-Super-Mare
- South Gloucestershire presents its own set of challenges and opportunities with a population of circa 270,000 in built up areas adjacent to Bristol

In addition to these areas, 25% Patients come from outside of Bristol, North Somerset and South Gloucestershire

There are good road connections, but at peak times there is traffic and congestion across most of Bristol. There are good transport links around Bristol into and out of the city centre, but it is more difficult to travel across the city without having to come into the centre and back out again.

There is relatively limited (less frequent) public transport availability in the more remote areas across BNSSG, with car use being the preferred option to travel for many. This limits accessibility to facilities and services. The scattered pattern of settlements also affects journey times for emergency services including ambulance and out of hours' services.

When planning for services and deciding upon scale and location, it will be vital to achieve a balance between working at scale and locally based services, the travel needs of children and older people will require specific consideration when deciding upon the location of our proposed new models of care and frailty hubs.

The West of England Transport Strategy ¹ was published in October 2017 which sets out the long term plan for transport infrastructure in the West of England, including the BNSSG area.

It sets a target for no overall increase in the number of trips by car across the sub-region in the context of 105,000 new homes being delivered by 2036. The vision is required to unlock the delivery of new homes and jobs, improve economic performance and competitiveness, tackle health and inequality challenges and support the delivery of ambitious CO2 reduction targets.

The vision has a strong emphasis on integration of different modes, with complementary roles for walking, cycling, different forms of public transport, travel by car and freight. It includes a series of complementary measures designed to improve travel choices and support mode shift to active forms of travel and public transport. This will help to reduce car traffic and respond to the growth in travel with more people living and working in the area. It also considers the different needs of local, sub-regional, national and international travel demands.

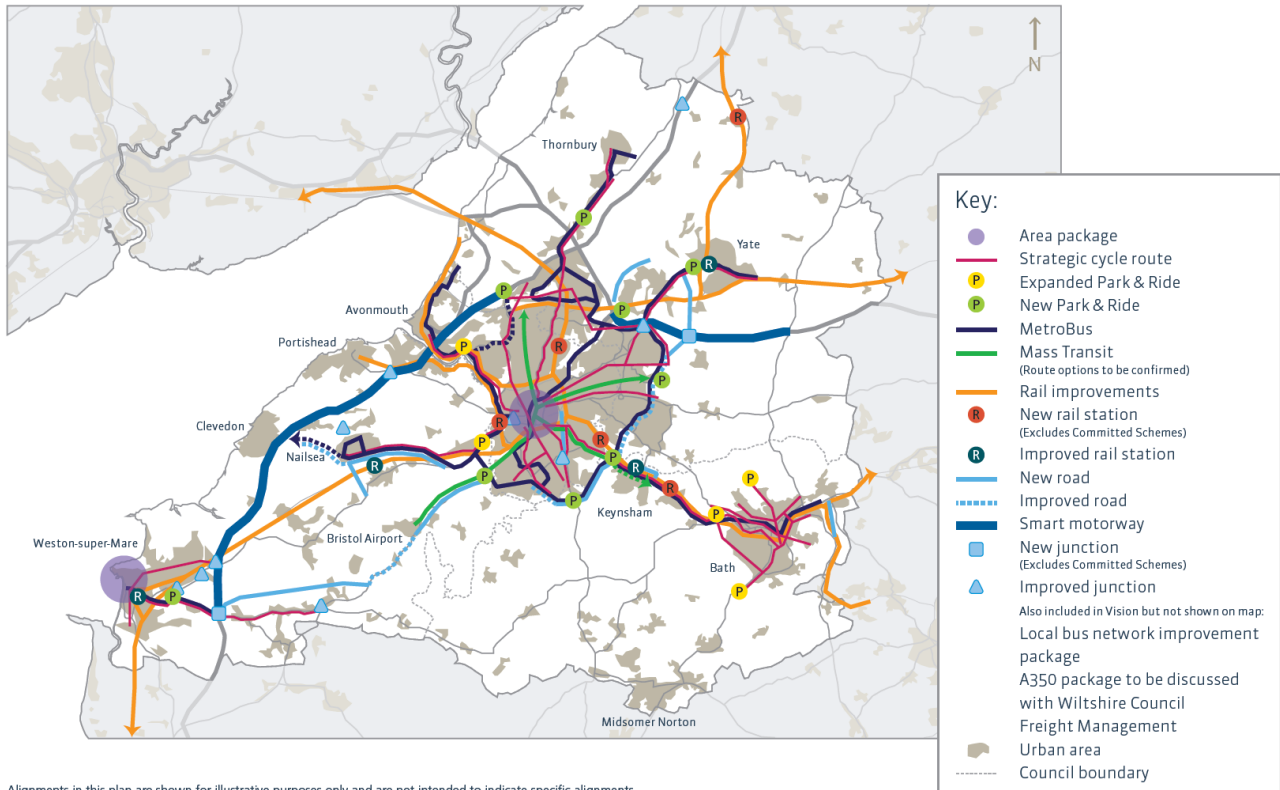
It is a requirement under 2000 Transport Act for Local authorities to pay due regard to the local area's needs by having a transport strategy. It is important that Health and Care services work with

¹ West of England Joint Transport Study October 2017

the local authorities to input into the transport strategies around key areas of concern relating to how patients can travel across BNSSG to access key services.

The following figure shows the schemes in the Transport Vision:

Figure 5: Schemes in the Transport Vision



Alignments in this plan are shown for illustrative purposes only and are not intended to indicate specific alignments

8 Local Housing Growth

The STP has a significant role to play in partnership with the three local authorities in the area to ensure that the health related impact of new development is recognised, understood and planned for.

It is important to note from an estate perspective a major new housing development, building, refurbishment or reconfiguration of an existing building can have a long lead in period from the time the need is identified to the opening of any additional physical infrastructure required. Primary Care Service provision particularly general practice is a key consideration in respect of major new housing developments.

General practice has and continues to change in order to be able to respond to the health needs of a 21st century population. General practice has moved from a model of provision having one or two GPs in a small practice to much larger multi GP arrangements which work closely with other providers, including community and social care teams. This will increase further as new models of care are developed. Note: 1 x GP will generally serve c1,800 registered population.

8.1 Section 106 Agreements

Section 106 Agreements (S106) are legal agreements between Local Authorities and developers that provide land or funding to develop or support infrastructure; these are linked to planning permissions and can also be known as planning obligations. They are usually site specific and are not transferrable to be used on other sites, even when the people that will live at these sites will access services elsewhere.

S106 agreements are drafted when it is considered that a development will have significant impacts on the local area that cannot be moderated by means of conditions attached to a planning decision. A planning obligation will aim to balance the pressure created by the new development with improvements to the surrounding area ensuring that where possible the development would make a positive contribution to the local area and community. For example, a new residential development can place extra pressure on the social, physical and economic infrastructure which already exists in a certain area.

When a planning application is submitted to the Council, they will assess the application as to whether the development would cause a significant impact to the area and community.

The S106 agreement will vary depending on the nature of the development and based on the needs of the area. The most common obligations include: -

- Public Open Space
- Affordable Housing
- Education
- Highways
- Town centre Improvements
- Health.

There are a number of agreements in place across BNSSG, although the exact number is unclear and we are working with the local authorities to develop a register of agreements that could be used to support infrastructure developments.

8.2 Community Infrastructure Levy

Community Infrastructure Levy (CIL) is a development tax to pay for infrastructure. This is not site specific and can be used in accordance with agreed priorities. It is set at a standard rate and a proportion is devolved to local groups to allocate as they wish. The amount of CIL payable will be determined at the point of granting planning permission. It will be index linked from the year that the CIL was introduced to the year that Planning Permission is granted.

The Council can then use the proceeds of the levy to provide local and sub-regional infrastructure necessary to support growth. CIL must be spent on infrastructure, which in simple terms means something that requires construction of some sort. Obvious examples include schools, parks, roads, flood defences, park and ride sites, libraries, doctor's surgeries, fire stations, railways etc.

CIL can be spent by the authority that collects it or can be passed to other infrastructure providers in order to contribute towards the provision of infrastructure that it could not provide itself.

There are a number of agreements in place across BNSSG, although the exact number is unclear and we are working with the local authorities to develop a register of agreements that could be used to support infrastructure developments.

It is vital that local authorities work with other public sector bodies to develop the Section 106 and CIL priorities for future investments. This will ensure the public sector as a whole gets the best deal possible to support the increased pressure on new populations will bear on infrastructure. A workstream will be established to help focus on this key area of policy development for the system working with local authority planning colleagues.

8.3 The Joint Spatial Plan

A Joint Spatial Plan (JSP) has been produced as a result of collaborative working between the local authorities of Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council.

The JSP will be a statutory development plan document that will provide the strategic overarching development framework for the West of England to 2036.

The scope of the JSP is focused on the following:

- Identifying the number of new market and affordable homes and the amount of employment land that is required across the West of England 2016-2036
- Setting out the most appropriate strategic locations for growth to meet identified needs – this will lead to housing apportionments for each authority in the JSP
- Identify transport and infrastructure improvements required to support sustainable growth.

The JSP documents can be found online at the following location:

<https://www.jointplanningwofe.org.uk/consult.ti/JSPPublication/viewContent?contentid=346611>

8.4 Housing Growth

Where there is major change in the scope, location and scale of housing development, it is particularly important that the STP understand the location and impact of any new developments coming to fruition within the next five years (to ensure health and social care services are sufficient for the population increase) this information will help to inform the size, location and timescales relevant to the changes in service and estate infrastructure provision going forward. It will also recognise premises infrastructure has a life much longer than the period covering this strategy and therefore the STP has to get its infrastructure right first time, including development of facilities in phases.

Population, industry and housing are needed to enable economic growth, sustainable economic growth is needed to support population growth – this emphasises the great inter-dependence between these two factors.

Table 5 and Table 6 show the number and location of planned new dwellings across BNSSG. It should be noted that proposed population density figures shown in the tables do not necessary indicate a population increase, as there will be an element of population migration within the BNSSG area.

Table 5:- Proposed Residential Developments to 2027
Proposed Residential Developments to 2027

	Number of homes planned to 2027	Potential population density
Bristol		
Stoke Bishop	350	875
Fishponds	400	1,000
Redcliffe	7,400	18,500
Knowle	500	1,250
Brislington	500	1,250
Hengrove/Whitchurch	4,000	10,000
Total:	13,150	32,875
South Gloucestershire		
Existing local plan allocation inc infill	7,450	18,625
Former Frenchay Hospital	490	1,225
New neighbourhood East of Harry Stoke	2,000	5,000
Cribbs Causeway New neighbourhood	5,700	14,250
Potential infill	700	1,750
New neighbourhood, North Vale	2,125	5,313
Housing opportunities Thornbury	686	1,715
Small site windfall allowance	1,671	4,178
Total:	20,822	52,055
North Somerset		
Weston Urban	1,413	3,533
Weston Villages – Parkland	3,690	9,225
Weston Villages – Winterstoke	2,510	6,275
Clevedon	254	6,35
Nailisea	121	303
Portishead	1,256	3,140
Potential development of greenbelt land	686	1,715
Yatton	200	500
Elsewhere – spread evenly throughout county	1,122	2,805
Total:	11,252	28,130

The second table shows the longer range strategic housing developments set out in the combined local authorities Joint Spatial Plan (JSP). The strategic JSP developments are expected to run up until and even beyond 2036.

Table 6: - Proposed Strategic Developments during JSP Plan Period (up to 2036)

	Number of homes planned to 2036	Potential population density	Development Start Date	Development end date
Bristol				
Bath Road, Brislington	750	1,875	2031/32	2035/36
Whitchurch	1,600	4,000	2029/30	2035/36
North Keynsham	1,400	3,500	2027/28	2035/36
Total:	3,750	9375		
South Gloucestershire				
Buckover Garden Village	1,500	3,750	2027/28	2035/36
Charfield	1,200	3,000	2022/23	2032/33
Coalpit Heath	1,800	4,500	2022/23	2035/36
Thornbury	500	1,250	2019/20	2029/30
Yate	1,000	2,500	2022/23	2035/36
Total:	6,000	15,000		
North Somerset				
Banwell Village	1,900	4,750	2024/25	2035/36
Churchill Garden Village	2,675	6,688	2025/26	2035/36
South West Nailsea	2,575	6,438	2025/26	2035/36
Backwell	700	1,750	2028/29	2035/36
Total:	7,850	19,626		

Annex 1 - Housing Growth shows the detail breakdown of housing growth by locality.

8.5 Other Local Authorities

Housing growth is also planned by other local authorities that border the BNSSG boundaries. Some of these will impact on the demand for services with these local populations may be looking towards BNSSG to access services, including General Practice.

Bath & North East Somerset

The Joint Spatial proposed 2 significant developments in Bath & North East Somerset that are expected to affect services in BNSSG. They are Whitchurch and North Keynsham. Because of their proximity to the border they have been included in the Bristol area information above and in Annex 1.

Somerset

We are awaiting information from the LA, which will be included in here for the final strategy

Gloucestershire

We are awaiting information from the LA, which will be included in here for the final strategy

9 Current Estate

9.1 Overview

The estate covered in this strategy includes general acute hospitals in Bristol and Weston with a number of health centres, premises and primary care facilities which are the base for general practice, community (including Social Care) and mental health services. In addition, to this there is a lot of community estate in the ownership of the Local Authority. The use of this estate will also be included in looking at delivering our infrastructure solutions.

The current estate provision requires alignment with various factors including integrated health and social care provision, commissioning plans, new models of care, equitable access, capacity demands, population and housing growth to ensure it is fit for future health and care delivery. Achieving an optimum estate configuration will be challenging in the current climate and each decision will have to be made carefully to realise the maximum benefit for our local populations.

The fluctuation and changes in demographics present challenges for the estate, in terms of equitable access, correct location and fit-for-purpose facilities.

The estates strategy incorporates inputs from stakeholders within the STP area and collaborative working is important to inform any future strategic decisions regarding the estate.

Engagement has included NHS England, local authorities, general practice, acute trusts, community, local authorities and mental health providers, as well as the main NHS landlords (NHS Property Services (NHSPS) and Community Health Partnerships (CHP)).

Accurate, up-to-date data is key to informing the STP of the current estate position, enabling and assisting it to make decisions on future provision. The robustness and completeness of the estate data is difficult to ascertain for GP owned and local authority premises particularly in relation to costs and available space and utilisation as this is not routinely captured.

Establishing robust and accurate estate data sets has been challenging, with a regular changing portfolio and / or unavailability of historic information. However, the CCG has commissioned a six facet survey for GP practices across BNSSG which provided a good understanding of the estate condition.

The estate strategy has been developed using the most up to date data sets available with any gaps highlighted. Work will continue to be collated routinely to create and maintain a full dataset for the estate as part of an iterative process.

Bristol has had moderate-to-high investments; North Somerset has had small investments; South Gloucestershire has had substantial investment in the estate over the last 12 years when more financial resources were available.

Care models will continue to evolve and therefore it is important to ensure flexibility is available in the design of the health and wider public estate.

The increase in provision of care in the community will affect the estate configuration across many buildings within BNSSG. The buildings may not be in a location which optimises health care, they are of a variable condition, and some may be unable to expand or be configured in a way which is suitable for future services.

The estate at individual building level has some of the following challenges and opportunities:

- Space not fully used. For example, a treatment room may be used by one provider for one session a day, three days a week, preventing it being used by any other service or provider.
- Void space in core buildings which are planned to be retained in the longer term
- Bookable sessional space that is not fully utilised.
- Inappropriate uses. For example, core clinical space is often used by administration and support service teams with little sharing between providers. In most cases, these services could be relocated more cheaply and the space could be used to accommodate more clinical capacity.

The inability to facilitate joint working across services or organisations – this can lead to a poorer than expected patient experience and higher costs for service provision.

9.2 Estate Running Costs

The STP NHS estate comprises circa 549,292m² of space and consumes around £167m in estate running costs (rent, maintenance, rates, utilities, etc.).

Ownership and organisational responsibility for NHS estate lies primary with:

- University Hospitals Bristol NHS Foundation Trust
- North Bristol NHS Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- NHS Property Services (NHSPS)
- Community Health Partnerships (LIFT buildings)
- Primary Care – where there is a mixed economy of ownership comprising of GP owned practices or leased buildings via NHSPS or privately owned landlords.

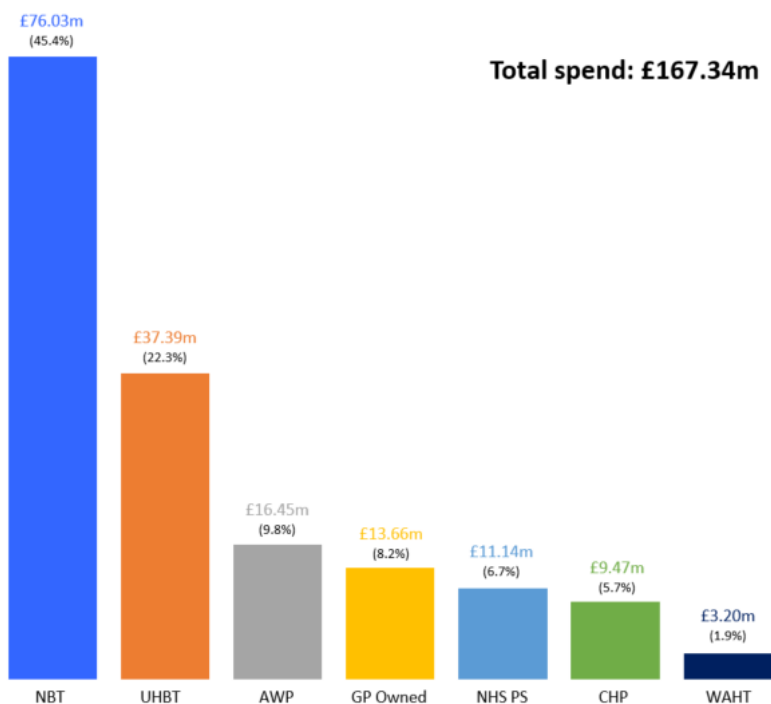
There are private finance initiative-funded buildings at North Bristol Trust and Avon and Wiltshire Mental Health Partnership sites, plus five Community Health Partnership (CHP) or Local Improvement Finance Trust (LIFT) buildings.

Table 7: Size of NHS Estate in BNSSG

Type	No. Locations	Floor Area (m2)	Floor Area (%)	Annual Cost (£m)	Annual Cost (%)	Annual Cost £/m2
Acute – NBT	4	168,867	28.35%	76.03	45.18%	450
Acute – UHBT	14	184,726	31.01%	37.39	22.22%	202
Acute – WHAT	2	33,407	5.61%	3.2	1.90%	96
Mental Health – AWP	16	56,662	9.51%	16.45	9.77%	290
General Practice – GP owned	110	81,843	13.74%	13.66	8.12%	304
NHS PS	50	40,501	6.80%	11.14	6.62%	275
CHP	5	20,215	3.39%	9.47	5.63%	468
SWAST	11	9,503	1.60%	0.95	0.56%	100
Total	188	595,724	100.00%	168.29	100%	2,185

The chart below shows the apportioned annual cost of the estate.

Figure 6: Annual Spending - Estate Cost by Ownership Type Across BNSSG



The STP local authority operational estate is not currently broken down to capture this level of information. However, it is the intention to develop this level of understanding as part of our system working to include information relating to running costs (rent, maintenance, rates, utilities, etc.).

Ownership and organisational responsibility for estate lies primarily with:

- Bristol City Council
- North Somerset Council
- South Gloucestershire Council

It is certain that the estate has a significant part to play in the longer term sustainability of our system.

9.3 Overview of Estate by Provider

9.3.1 Acute Services

Acute services are primarily delivered by University Hospital Bristol NHS Foundation Trust (UHB), North Bristol NHS Trust (NBT) and Weston Area Health NHS Trust (WaHT), which provide services from four main sites:

- Bristol Royal Infirmary
- Southmead Hospital
- South Bristol Community Hospital
- Weston General Hospital.

9.3.1.1 University Hospitals Bristol NHS Foundation Trust (UHBristol)

UHBristol's main Bristol Royal Infirmary (BRI) site is located in central Bristol and is estimated to be circa 178,000 square metres. The Trust is in the final stages of realising its current estate strategy, culminating in the renewal and optimisation of significant parts of its core clinical estate.

Its key strategic objective was alignment of its clinical accommodation with the prevailing service and corporate objectives.

The delivery of the strategy will result in the decommissioning and development of core clinical facilities, including decommissioning much of its older estate, significantly improved adjacencies and co-location of key services, expansion of core clinical administration. Notably, the 10-year strategy, which culminated in 2016, will have driven investment of £235m in development of the UHB estate, whilst raising circa £16m from disposals and release of surplus estate.

The Trust also occupies space at the South Bristol Community Hospital (opened in 2012; expires in 2042) which was purpose-built via the LIFT Co arrangement. The community hospital is not currently fully utilised and has plenty of scope for increasing usage by other services and providers.

'Non-clinical space' occupies approximately 66,400m² of the total holding of 184,726m², equating to 36.0%. Whilst only marginally higher than the Carter metric of 35% this will need to be reduced by 2020.

The 'un-occupied floor space' is 9,075m² equating to 4.9%. This is above the Carter recommendation of 2.5% and will also need to be reduced by 2020.

The majority of the estate is aged 1965-74 and 70% of the assets are deemed to be in an acceptable condition.

9.3.1.2 North Bristol NHS Trust

North Bristol Trust estate comprises land at Southmead, Frenchay, Thornbury, Cossham and Riverside. Frenchay has largely been disposed of with NBT occupying one leased building. There are 5 acres remaining which have been reserved for a potential health and social care centre. Thornbury is also the subject of interest for redevelopment. No further surplus land is available. The Trust leases or uses facilities for a number of its services including enablement services, Bristol and Weston Purchasing Consortium, medical records storage, renal dialysis facilities and midwives. It provides outpatient and therapy services in a range of environments across the North Bristol and South Gloucestershire area.

Most of the Trust's estate is modern and in good condition, with the majority being in Estatecode condition B (a building that is in an acceptable condition for its use). 78% of it was constructed or refurbished from 2009 onwards (the start of the enabling works for the PFI) so its use must be maximised. Brunel, the Private Finance Initiative (PFI) funded hospital which opened in 2014, is 115,000m² in size and represents 67% of the Trust's total estate. Phase 2 opened in 2016 and included car parks, sterile services and road infrastructure. Phase 3 will conclude in summer 2019.

Outside of the PFI, the retained estate is largely made up of clinical accommodation for Women's and Children's services and rehabilitation services at Elgar House, and non-clinical services. The clinical facilities represent 62% percent of the retained estate. An assessment of functional suitability and condition of buildings on the retained estate at Southmead identifies that 46% meets the latest levels of suitability and compliance with 39% being unsuitable or non-compliant in either space or technical requirements. The Women's and Children's buildings make up the largest proportion of this latter figure. In relation to condition, 66% is sound and operationally safe with 34% expected to move into condition C within the next 5 years (operational but major repair or replacement needed soon).

The 10,000m² Women and Children's (W&C) accommodation, which dates from 1936, falls below an acceptable standard with a 2018 condition survey showing that much of the plant supporting the

facilities is in condition C (requires investment: operational but major repair or replacement within 1 to 3 years) or D (unacceptable: serious risk of imminent breakdown). In addition, the facilities are no longer functionally suitable to deliver care to the standards required. This sector is the remaining part of the redevelopment of the Southmead clinical estate and was not included in the Brunel development due to a clinical review of women’s services underway across Bristol at the time of the development of the Brunel business case in 2009.

Model hospital analysis for 2017/18 shows the following that the Trust performs favourably against its benchmarks for non-clinical (30.6%), empty and under-utilised space but requires improvement in relation to occupied floor area with a rate of 1.31 against the benchmark of 1.27 for 1000m²/Weighted Assessment Unit (WAU). Work is underway to understand this position.

9.3.1.3 Weston General Hospital

The site is circa 33,400 m² of building floor space, spread over 10.6 hectares. The buildings are well maintained but starting to show signs of ageing, with elements of the site and mechanical and engineering infrastructure needing replacement. Major capital investment projects will therefore be required in the next few years to address immediate issues with the site infrastructure.

Most acute secondary hospital care for patients based in the North Somerset area is provided by the two Bristol acute hospitals, namely UHB and NBT. These include services such as, X-ray, renal, diagnostics, neurosciences, burns and an element of community midwifery, which operate from existing estate. In addition, patients also access elective care at private providers based in or close to Bristol.

The ‘non-clinical space’ is approximately 6,145m², equating to 18.4%. This is significantly lower than the Carter metric of 35% maximum.

However, the ‘un-occupied floor space’ is recorded as 3,485m² which equates to 10.4% and is considerably higher than the Carter metric of 2.5% maximum. The un-occupied floor space will need to be reduced to 2.5% by 2020.

The majority of the estate was built between 1985-94 and 75% of the assets are deemed to be in an acceptable condition.

The STP is working together with partners as part of our Healthy Weston Programme, reviewing the model of care for North Somerset patients, looking to maximise the use of the site, whilst providing a more sustainable service as part of an integrated frailty hub model. We will use the learning from this model to roll out other Healthier Together model approaches across BNSSG.

9.3.2 Acute Services Diagnostics

Across BNSSG there are a number of facilities that can be accessed for diagnostics to support patients. The list below shows the

Table 8: - Current Locations of Diagnostics Used Across BNSSG

current locations of diagnostics used across BNSSG.

Provider	Location	MRI	X-Ray	CT Scanners	Petscan
University Hospital Bristol Foundation Trust	Bristol Royal Infirmary	TBC	TBC	TBC	TBC

University Hospital Bristol Foundation Trust	South Bristol Community Hospital	TBC	TBC	TBC	TBC
North Bristol Trust	Southmead Hospital	4	10	4	1 (service provided by Alliance Medical, not NBT)
North Bristol Trust	Cossham Memorial Hospital	1	2	1	-
North Bristol Trust	Yate – Minor Injuries Unit	-	1	-	-
Weston Area Health Trust	Weston General Hospital site	1		2	-
North Somerset Community Partnership	Clevedon Hospital	-	1	-	-

9.4 Mental Health Services

Mental health services are run by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), a key occupier of premises across BNSSG, who occupy circa 23 sites providing community and in-patient mental health services. The total occupied area is estimated at circa 57,403m².

Five of the premises are freehold, while two sites are on PFI leases; the six other buildings are leased. The general condition of these premises is good. PFI is a long-term commitment, with the agreements running beyond the year 2030: therefore, the PFI premises attract a high unitary charge for continued up keep and maintenance. Services are also provided from a number of community sites in GP practices and health centres.

AWP estate strategy with the support of the commissioners has been a key focus on optimising the more expensive PFI premises and releasing the leased properties (where feasible). They have also released some of their freehold buildings on major hospital sites such as Blackberry Hill and Southmead Hospital.

9.5 Adult Community Services

There are currently three main community service providers across BNSSG. Adults Community Health Services are provided across a variety of estate types, including health centres, general practices, which are generally within CHP or NHSPS owned / leased buildings. This is summarised as follows:

- Bristol Community Health in Bristol operate out of circa 15 premises, with an estimated occupied area of circa 1,791m² costing circa £1.16m for the Adult contract;
- North Somerset Community Partnership in North Somerset operate out of circa 18 premises, with an estimated occupied area of circa 7,870m² costing circa £1.49m;
- Sirona Care and Health in South Gloucestershire operate out of circa 26 premises, costing circa £2.5m.

- Sirona Care and Health also provide physiotherapy services from Cossham Memorial Hospital, Yate Westgate Centre and Thornbury Leisure Centre

9.6 Children's Community Services

Sirona Care and Health also provide physiotherapy services from Cossham Memorial Hospital, Yate Westgate Centre and Thornbury Leisure Centre

Children's Community Health Services are provided by Sirona Care and Health in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and Bristol Community Health for Bristol and North Somerset. This service operates from a portfolio of varied ownership, including acute, GP, NHSPs, CHP, Private rental and local authority buildings. The service currently operates from three main hubs, known as Kingswood Hub, Severnvale Hub and Yate West Gate Centre. Children's health services are provided by WHAT (children's community health services), NSCP (health visiting and school nursing services) working with NSC.

9.7 South Western Ambulance Trust

The South Western Ambulance NHS Foundation Trust strategy for future estate provision will be to deliver a range of operational sites. These will consist of the development of new Hubs (Make Ready Centres) mainly close to Acute hospitals and supported by a network of Book On locations (staff start and finish shifts) and Spokes (standby points). Each Hub will be subject to a detailed Business Case for approval by the Trust.

9.8 General Practice Premises

There are 110 general practice premises within the BNSSG area (as at 2019), with a total property area of 81,843 square metres. The property ownership models are numerous, ranging from GP owned (80 %), and third party private leasehold and leases held in CHP and NHS PS managed properties (20 %).

The current rent charges across the practices range from £134 to £293 per metre square in Bristol, £82 to £222 in North Somerset and £67 to £201 in South Gloucestershire.

A six facet survey of the general practice properties across its area has provided an accurate reflection of this estates condition. The key findings from the six facet surveys are summarised in the tables in Annex 3 - Detailed Summary of Six Facet Survey Results.

The surveys were undertaken in the vast majority of practice buildings, but some buildings, such as those which are likely to close in the near to medium term future (e.g. Riddinglease, which is due to be replaced by a new building), and temporary buildings (e.g. Bishopston) were not covered.

9.8.1 General Practice and Community Sites

Table 9: Summary of Backlog by Site (2017/18)

Location	Low £m's	Moderate £m's	Significant £m's	High £m's	Total £m's	%
GP Owned	0.416	0.627	0.272	0.083	1.398	24
CHP ²	0.000	0.000	0.000	0.000	0.000	0

² The CHP operated buildings, include a full maintenance and repair package, so are fully maintained to the highest standard and therefore do not carry any backlog maintenance requirement.

NHS PS ³	-	-	-	-	4.410	76
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The risk adjusted backlog maintenance figure, which is the responsibility of the landlord / owner, is a calculation that takes into account high and significant risk whilst also acknowledging future maintenance cost for moderate and low risk.

A detailed description of the six facet assessment methodology and detailed findings can be found in Annex 2 - Six Facet Survey Methodology and Annex 3 - Detailed Summary of Six Facet Survey Results.

9.8.2 Six Facet Surveys – Summary of Key Priorities Identified

For Bristol, the clear findings indicated the area of highest need or prioritisation of funding is South Bristol, followed by Inner City and East and then North and West localities. Overall capacity and estate condition in South Bristol is in most need. There is a requirement for some practice replacements which will be aligned to service transformation and the adopted model for primary care in the city.

The Bristol area had the highest total back log cost of circa £7.7M, 73% (£5.6M) of this cost was attributable to functional suitability particularly in the case of Bishopston Medical Centre and Birchwood Medical Centre. A large proportion of the cost is attributable to premises in South Bristol.

In North Somerset, the total back log cost across both localities was £5.2m, of which 72.5% (£3.79m) was attributable to the Cedars, Worle Health Centre and Banwell Surgery. All three premises are located in the Weston, Worle and Villages locality.

As previously stated, there has been historically more investment into the South Gloucestershire area and this was demonstrated from the findings of the six facet surveys. South Gloucestershire had the lowest back log cost of circa £1.54m, 42% of which was attributable to the three Thornbury practices and Northville Family Practice.

The full detailed breakdown for the six facet survey is attached at Annex 3 - Detailed Summary of Six Facet Survey Results

The optimum solution would be to consolidate and co-locate premises and services where possible and practical, or consider a different method of care delivery outside of the current configuration. Replacing the unsuitable premises on a like-for-like basis is not an affordable or sustainable option.

The future estate configuration can only be responsive to a clear clinical strategy and new models of care. However, this change will need to be fast moving and significant in order to address growing challenges in service demands and to help shape future investment and disinvestment decisions.

³ NHS Property Services do not need to submit annual ERIC returns therefore a breakdown of the backlog maintenance cost is not available

9.9 Backlog Maintenance Cost Assessment

The combined physical condition, health and safety and fire compliance costs make up the total of £45.9m back-log maintenance reported in the Strategic Estates Workbook to the Department of Health. The breakdown of this is shown in Table 10 and Table 11.

The total occupied floor area across the healthcare estate in BNSSG is estimated to be circa 549,292m² including acute and mental healthcare facilities.

The Primary Care and Community Estate is in need of investment and reconfiguration across BNSSG although the community estate in South Gloucestershire is in better condition than the other two areas; the mental health and acute estate, is in relatively good condition.

The estate needs to be optimised, reconfigured or reduced by disposal to create an affordable and sustainable infrastructure to delivery. Therefore, the estate strategy offers an opportunity for all providers to work together with commissioners to maximise use and reduce unnecessary costs

9.9.1 Trusts

The 2004 Department of Health publication 'A risk-based methodology for establishing and managing backlog' defines the risk categories as follows:

Low risk elements can be addressed through agreed maintenance programmes or included in the later years of an estate strategy.

Moderate risk elements should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term.

Significant risk elements require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.

High risk elements must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

Table 10: - Summary of Backlog by Site (2017/18)

Location	Low £m's	Moderate £m's	Significant £m's	High £m's	Total £m's	%
AWP	0.130	0.226	0.360	1.487	2.203	5
NBT	4.600	2.875	2.875	1.150	11.500	29
UHBT	2.674	5.234	10.856	2.866	21.630	54
WAHT	0.509	3.834	0.355	0.03	4.728	12

9.9.2 General Practice and Community Sites

Table 11: Summary of Backlog by Site (2017/18)

Location	Low £m's	Moderate £m's	Significant £m's	High £m's	Total £m's	%
GP Owned	0.416	0.627	0.272	0.083	1.398	24
CHP ⁴	0.000	0.000	0.000	0.000	0.000	0
NHS PS ⁵	-	-	-	-	4.410	76

9.10 Utilisation

The system continues to face pressures regarding the allocation and reallocation of space across BNSSG to support clinical, office and general working space. Everyone has an obligation to ensure that the available resources within their control are effectively used and this principal applies equally to the use of the estate.

The costs associated with under use are not easy to remove without disposal of a site or letting the space to another party, we therefore need to ensure that on all sites which are not able to be disposed of are used effectively and efficiently and where there are the opportunities to relocate services from an under used building to enable disposal that these are prioritised.

Due to the mixture of type, usage and age of the estate not all accommodation meets current standards. A change in the way health and care is delivered is often not matched by a corresponding change in the accommodation provided. This may result in an over or under provision of accommodation or the provision of accommodation that is no longer functionally suitable.

9.10.1 Trust Sites

Across the acute sites there is significant amount of under used space, where we will need to look at how we can use more effectively to support the needs of the system. Under use is likely to increase as new model of care are developed and more services traditionally provided within an acute setting are moved to the community.

It is not clear what the impact of these changes will be at the moment, but to help understand this, we will be looking to develop an acute estate master plan, which will look at the impact from service transformation and acute care collaboration to identify any impacts and future opportunities across the STP acute estate.

Summary of use survey of Trust Sites

Location	Total floor space m ²	Non-clinical space m ²	Non-clinical as % of total	Unoccupied space m ²	Unoccupied space % of total
UHB	184,726	66,400	36%	9,075	5%
NBT	155,049	40,312	26%	TBC	TBC
Weston	33,400	6,145	18%	3,485	10%

⁴ The CHP operated buildings, include a full maintenance and repair package, so are fully maintained to the highest standard and therefore do not carry any backlog maintenance requirement.

⁵ NHS Property Services do not need to submit annual ERIC returns therefore a breakdown of the backlog maintenance cost is not available

9.10.2 Primary Care and Community Sites

Where there is a significant change in clinical services due to new ways of working, an increase/decrease in demand for the estate needs to be considered. In March 2017 the CCG undertook a detailed utilisation survey of four CHP LIFT premises within the Bristol primary and community care estate portfolio. This involved putting a sensing device under each workstation in every room in the building to monitor, the usage of the room. Whilst some of the results were questioned by some of the tenants as being inaccurate, the majority recognised that utilisation could be improved.

The key findings are set out in the table below indicates significant under-use of these premises in some areas. If the same pattern of use was mirrored across the wider estate, it demonstrates a significant opportunity to improve the use of estate and provide additional services from these locations without any increase in estate running costs.

Table 12: Summary of use survey of Bristol LIFT premises

Property	Average use of Clinical Space	Average use of Office/ Administrative Space	Average use of Sessional Bookable Space (Meeting/ Interview Rooms)
Fishponds Health Centre	53.9%	40.60%	30.40%
Hampton House Health Centre	51.40%	45.70%	17.10%
Shirehampton Health Centre	32.50%	36.30%	5.90%
Whitchurch Health Centre	44.30%	41.50%	13.90%
Average Utilisation	45.53%	41.03%	16.48%

A detailed use survey was not undertaken at South Bristol Community Hospital, although we know that there is significant under use of space here and that there are opportunities to provide additional services from this site. This will be looked at as part of a review being undertaken relating to the future use of this site.

The six facet surveys undertaken across the general practice estate identified a number of underutilised buildings. These are:

- BS1 Malago Surgery
- Riverside Surgery
- Pilning Surgery
- St Mary Street Surgery
- Pucklechurch Surgery

In addition to the above, there is likely to be underutilisation across more buildings, as new ways of working at adopted and Lloyd George records are digitalised, which currently takes up a lot of space within many of the existing premises.

It is proposed that localities group with focus on estate is established to identify and deliver opportunities for more productive use of the space in those sites and use or repurposing of other sites to support new models or increases required in clinical space to support population and housing growth. Annex 4 - BNSSG Community and Primary Care Estate Owned by NHS Property Services and CHP shows the current community estate.

9.10.3 Capacity Pressures

The six facet survey identified a number of practices premises where there is potentially the need for additional clinical capacity to support the existing patient population.

To identify space estimates in general practice the NHSE Space Estimator Comparison tool is used, to compare space against patient list size. This is a crude tool, but gives an indication of where there could be pressures within a building, but this is not always the case and would need to be looked at in detail on a case by case basis and take into account any future models of working. The premises identified are:

Bristol	North Somerset	South Gloucestershire
Air Balloon Surgery	Banwell Surgery	Close Farm Surgery
Brichwood Medical Practicce	Cedars Surgery	Emersons Green
Falldon Way Medical Centre	Clevedon Medical Centre	Hanham Surgery
Gaywood House Surgery	Riverbank Medical Centre	
Grange Road Surgery	Sunnyside Surgery	
Hartwood Healthcare	Worle Health Centre	
Hillview Family Practice		
Leonard Surgery		
Malago Surgery		
Nightingale Medical Practice		
Surgery (Carrol Court)		
Wellspring Surgery		

It is important to note that although the above sites are identified as potentially needing additional capacity to support their patient list, it is possible to increase use and capacity of a site by increasing the hours of usage, relocating back office functions and reconfiguring existing administrative space to help increase clinical capacity.

It is also recognised that a number of premises are no longer fit for purpose and will need redeveloping in the future. It is important that any redevelopment proposals, which are proposed align with any new models of care within the localities to ensure we are building an infrastructure that meets the future needs for health and care and that decision are not taken in isolation around the needs of the individual practice.

9.11 Void and Sessional Space

There is a significant amount of void (no identified user) and sessional (bookable) space available across the NHS Property Services and Community Health Partnership (Lift buildings) estate, which is already funded by commissioners and could be used more effectively to support existing and future models.

For space that is no longer needed and could be disposed of, needs to be declared “surplus to requirement”. For this to happen, an assessment needs to be undertaken to determine whether the space can be productively used by any BNSSG system partners. This will be informed by the demand and supply model. The objective in any such exercise is to determine the best, most effective and most efficient use of estate across the BNSSG system.

Table 13: Void Estate

Property	Area Available (m ²)	Annual Cost £	Landlord
Downend Clinic	33	9,500	NHSPS

Knowle West Healthy Living Centre	274	88,251	NHSPS
Lawrence Weston Clinic	291	109,701	NHSPS
Hampton House Health Centre	6	4,606	CHP
Shirehampton Health Centre	31	29,519	CHP
Total	635	153,326	

Table 14: Sessional Space

Property	Area Available (m ²)	Annual Cost £	Landlord
Amelia Nutt	70	30,199	NHSPS
Charlotte Keel	94	36,327	NHSPS
Hartcliffe Health Clinic	88	22,975	NHSPS
John Milton Health Clinic	60	16,858	NHSPS
Knowle Clinic	111	29,512	NHSPS
Montpelier Health Centre	102	27,453	NHSPS
Southmead Health Centre	40	9,989	NHSPS
Wellspring Healthy Living Centre	76	26,587	NHSPS
William Budd Health Centre	174	62,728	NHSPS
Yate West Gate Centre	198	94,877	NHSPS
Hampton House Health Centre	178	268,320	CHP
Shirehampton Health Centre	206	305,760	CHP
Whitchurch Health Centre	230	310,440	CHP
Fishponds Primary Care Community Centre	76	50,128	CHP
Total	1703	1,292,153	

10 Sustainability: Climate Change Resilience and Adaptation

The STP estate workstream has recognised the importance of collaborative work to mitigate the impacts of climate change on our estate infrastructure, and improve our ability to cope with extreme weather events. We recognise these events will place significant additional demand on us in the future.

Sustainability from the perspective of social, economic and environmental factors will be a focus for the STP as the social determinants of health and health inequalities such as regeneration, economic growth, employment, housing, and social isolation have long term health implications. The estates strategy provides an umbrella for the estates related aspects of sustainability.

The NHS Sustainability Strategy, Sustainable, Resilient, Healthy People and Places (2014-2020) and the National Climate Change Adaptation Programme (2018-2023) require the NHS to embed climate change resilience and adaptation measures across our healthcare services.

The 2016 Carter Report highlighted the inefficient use of energy and natural resources as a major area for improvement and addressing these simultaneously supports adaptation and mitigation measures. The 2019 NHS Long-Term Plan sets out key requirements in order that the NHS leads by example in sustainable development and reduces natural resource use in line with government commitments. More specifically:

- By 2020, the NHS aims to reduce its carbon footprint by a third from 2007 levels. Actions will include improving energy efficiency through widespread implementation of LED lighting and smart energy management, and there are also aims to modernise and standardise the ambulance fleet
- The NHS has restated its commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline), by:
 - 34% by 2020
 - 51% by 2025
- The NHS has stated a commitment to improving air quality, by:
 - Cutting business mileage by 20% by 2023/24
 - Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028
 - Phasing out primary heating from coal and oil fuel in NHS sites
 - Redesigning care and greater use of 'virtual' appointments to reduce the need for patient and staff travel.
- The plan introduces the idea of the NHS as an 'anchor institution'; working with others to promote an understanding of its contribution to the local economy, society and environment. This includes the promotion of the *Putting Health into Place* guidelines within our local communities
- The NHS will ensure that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics.
- It includes dedicated support to spread social prescribing across the country, another key idea that complements sustainability and takes advantage of its benefits, e.g. through prescribing therapies that take place outside, an ideal opportunity to develop and enhance NHS sites with green space.

- It specifically mentions working alongside local charities, social enterprises and community interest companies, all of which are key contributors to resilient and strong local communities and economies.
- The idea of prevention is threaded throughout the plan, e.g. by promoting earlier detection of illness. Preventing illnesses from happening in the first place is the best possible way for the NHS to become the most sustainable health and care system it can be.

Public Health England and NHS England have identified 35 interventions which Lord Carter of Coles has promoted under the Carter review these are detailed in Annex 5 - Carter Review 35 Interventions taken from the Sustainable Development Unit's *Securing Healthy Returns* report.

These interventions are ranked showing the carbon reduction and financial savings possible across England, they are also applicable locally. Whilst capital funding is required for the larger initiatives e.g. combined heat and power facilities, many are achievable without such investment. The NHS has been identified as the largest public sector contributor to climate change. As such the Government has stated that it is critical that the NHS takes action to reduce its carbon emissions and hence its part in achieving government carbon reduction targets.

- Energy Consumption - Energy consumption is the single contributor for carbon emissions, within the NHS carbon footprint of 18 million tonnes CO₂ per year, energy is responsible for 22%, travel 18% and procurement 60%. HM Treasury forecast that energy prices will increase above inflation to 2020, so both direct and supply chain efficiency gains will be essential in order to keep costs down.
- Waste Management and Water - Waste management and water consumption are costly, contribute significantly to our carbon emissions and are subject to legislation requirements.
- Transport - The area of BNSSG comprises a significant rural area; community transport plays a key part in accessing and delivery of NHS services. The commissioner's strategic aim is to have an increased focus upon supporting our population to maintain good health, support patients to stay independent for as long as possible and provide NHS services in out of hospital settings. This will also have a positive environmental impact, as well as ease pressure on the need for hospital services, particularly unplanned care. Equally encouraging our workforce to commute or travel for business purposes using active travel will deliver sustainability and health co-benefits and support the creation of a more resilient workforce.
- Procurement - Identified as being 60% responsible for carbon emissions, procurement impacts upon many areas of estate and estate related areas from facilities management (waste, catering, linen, fleet vehicles) to major capital expenditure (new developments, refurbishments and maintenance).
- Facilities management, building maintenance and capital planning - facilities management, (such as waste, catering, linen,). Main providers will adopt the BREEAM Healthcare methodology to demonstrate that projects are built with sustainability in mind, achieving BREEAM Excellent standard for new build and Very Good for refurbishments. Health Technical Memorandum 07-07 encourages the improved sustainability of our buildings through planning, design, construction and refurbishment. There are various issues to be considered at each stage, with flood prevention and Sustainable Urban Drainage, future-proofing, health and wellbeing (health effects of climate change), energy and carbon emissions, pollution, land use and ecology, water use and materials all being linked either directly or indirectly to our ability to manage the risks, implications and opportunities from a changing climate.

The Healthier Together Estates Group has put in place an estate workstream focused on Sustainability, Climate Resilience and Adaption, which will help drive this key area of focus forward.

Across the STP a number of initiatives have already been put in place and further ones are being developed to meet our objectives. These include:

Sustainability Theme	Projects	STP organisations	Achievements 2017-2019
Corporate approach	Sustainable Development Policy SDMP Sustainability Resource	UHB NBT	Sustainable Development Management Plan Sustainable Development Policy Sustainable Development resource
People	Staff engagement (Green Impact Award scheme)	UHB NBT GP surgeries	Green Impact Awards across the acute trusts has delivered £143K+ savings and reduced carbon emissions by 735+ tonnes CO ₂ e
Sustainable use of Resources	Energy improvement/efficiency	UHB NBT	NHSI grant funding £450k alongside trust investment for installation of energy saving lighting. Boiler controls, insulation of pipework, Procurement of 100% renewable electricity NBT Energy Review
	Energy scheme	UHB	For delivery in 2019: Building Management System upgrade, replacement of CHP and district heating New generator and NOx abatement
	Energy monitoring & measurement	UHB NBT	Energy consumption monitoring and reporting
	Sustainable design	NBT UHB	Brunel Building achieving sustainable design principles: 37 GJ/100m ² energy efficiency, SUDs reducing water flow from site by 40%, maximised natural light/ventilation, public transport interchange, 1500+ new trees/shrubs, 600+ space secure cycle centre Sustainable design principles incorporated in all developments including Bristol Haematology and Oncology extension. Terrell St Ward Block
	Waste	UHB NBT	Introduction of offensive hygiene waste stream STP Consortium wide waste contract
	Water reduction	UHB	Water leak survey, installed

	campaign, efficiency improvement projects		waterless urinals
	Sustainable consumables	UHB	UHB single use plastic target
Carbon and greenhouse gases	Anaesthetic Gases	UHB NBT	Reduction in Desflurane, Isoflurane and Sevoflurane in line with the Sustainable Models of Care
	Switch Off Campaign to reduce air pollution	NBT UHB	Joint Clean Air Day campaign Switch off when you drop off signage at NBT
	Monitoring Reporting Carbon target	NBT UHB	Annual carbon monitoring and reporting against national carbon targets
Travel and Logistics	Sustainable Travel	NBT UHB	NBT Travel Plan (2018-2023) 600+ secure cycle centre, secure motorcycle parking, 39 buses serving the Southmead site in peak times, etc. Procurement of electric vans and electric bicycles
Green space and biodiversity	Biodiversity Management Plan	NBT UHB	Draft Biodiversity Management Plan Ecology surveys Staff action Tree planting NHS Forest Site Allotment, composting and greenspace improvement projects
Sustainable commissioning and procurement	Sustainable procurement strategy		
Climate Change Adaptation	Planning	NBT UHB	Draft Climate Change Adaptation Plan
	Assessing Risk	NBT UHB	Climate Change Risk Assessment
	Estate Strategy	NBT	Climate change adaptation key driver for NBT Estate Strategy

BNSSG Sustainable Development Objectives

Building on the success of previous years the following objectives have been agreed:

Sustainable Development Theme	Objectives
Corporate approach	We have a Sustainability Policy
	We produce an annual Sustainable Development Management Plan

	We use the Sustainable Development Assessment Tool annually and can demonstrate ongoing improvement in our score.
	We have a Sustainability lead
People	We run a staff engagement scheme or behaviour change programme (e.g. Green Impact)
Sustainable use of Resources	We monitor energy use throughout our organisation/sites (e.g. sub-metering) and report on performance.
	We have an energy efficiency upgrade programme and can provide examples of recent projects.
	We have measures in place to improve waste segregation e.g. use of offensive waste stream, recycling, re-use schemes etc.
	We have measures in place to reduce water consumption and improve efficiency of use (e.g. water campaign, leak reporting process, replacement of equipment/devices with more water-efficient versions etc.)
	We have a work stream in place to identify options for the sustainable use of consumables (e.g. removal of single-use items, encouragement to use re-usable (e.g. travel mugs), specification of materials with recycled content etc.)
Carbon and greenhouse gases	We monitor our carbon emissions.
	We report on our emissions.
	We have set a carbon target in line with the NHS Long Term Plan.
Adaptation	We have completed a Climate Change risk assessment.
	We consider the possible impacts of climate change when developing our sites (e.g. Sustainable Urban Drainage Systems to reduce likelihood of flooding).
Travel and Logistics	Our organisation has a Travel Plan.
	We are identifying ways of reducing the patient need to travel to our sites.
	We will identify ways of reducing the impact / need for business travel.
	If applicable we have looked at centralising our vehicle fleet.
Green space and biodiversity	We have a Biodiversity Management Plan for our sites.
	We encourage the use of our green spaces by patients and the local community.
	We take opportunities to increase / enhance our green spaces wherever possible.
Sustainable Commissioning and Procurement	We have a sustainable procurement strategy/policy.
	We consider the economic, environmental and social impacts of our commissioning and procurement.

11 Key System Performance Indicators

These KPIs are published to enable the STP to make an informed judgement about how efficient and effective the STP estate and facilities are in supporting delivery of the national targets and system priorities.

- Estate Running Costs (£/m²)*
- Non-clinical space (%) (Carter Metric max 35%)**
- Unoccupied floor space (%) (Carter Metric Max 2.5%)**
- Naylor Benchmarks (Naylor Fair Share figures are 1,504 housing units with capital receipts of £58.9m)
- Repurpose under used / void estate to increase utilisation across the estate to 75% by 2024
- Dispose of surplus estate to support provision of circa 100 extra care units and 50 key worker housing units
- Further reduce non-clinical areas by 2023
- Achieve a 2% reduction in under-occupied estate by March 2020
- Further reduce high risk back-log maintenance by 10% by 2023
- Community accommodation: Improve clinical use from to 75% by 2023
- Reduce cost per Weighted Activity Unit by circa 10% in acute sites by 2023
- Administrative Estate: Move towards Government Property Unit target of a minimum 0.8 desks per FTE by 2021.

In addition to the national targets the STP will support local efforts to reduce carbon emissions, in particular:

- West of England Joint Spatial Plan reduction target to reduce absolute CO₂ emissions by 50% by 2035 from a 2014 baseline.
- Bristol City Council's Carbon Neutral by 2030 target
- South Gloucestershire Council Climate Change Strategy, Bristol City Council's Framework for Climate and Energy Security and North Somerset Council's Climate Local Commitment
- Key areas identified in the Joint Strategic Needs Assessment (e.g. Air Pollution and Promoting Healthy Urban Environments)

Organisational sustainable development management plans (SDMP) are required from all providers through the NHS standard contract and are a key performance indicator in the Public Health Outcomes Framework. The standard contract also places an obligation on providers to:

- Take all reasonable steps to minimise its adverse impact on the environment.
- Demonstrate progress on climate change adaptation, mitigation and sustainable development, including performance against carbon reduction management plans
- Give due regard to the impact of its expenditure on the community, over and above the direct purchase of goods and services, as envisaged by the Public Services (Social Value) Act 2012.

* *Note: Estates Running Costs provided separately for the Whole Estate and for organisations that report against Carter Metrics only (Avon & Wiltshire Mental Health Partnership NHS Trust, North Bristol NHS Trust, University Hospital Bristol NHS Trust and Weston Area Health NHS Trust).*

** *Note: Annex 5 - Carter Review 35 Interventions includes the 35 interventions assessed under the Care Metrics.*

12 Funding Opportunities

12.1 NHS Capital Funding

Capital funding in the NHS has become constrained, however providers of NHS Care and local authority services have a number of capital finance avenues that can be followed in order to secure a new development.

Foundation Trusts (FT) have the ability to borrow, either from the Foundation Trust Financing Facility (FTFF) as well as from the open market. This includes commercial loans from banks and private lending organisations. All significant transactions have to be submitted for approval to NHS Improvement the key underlying Principal being, that borrowing must be affordable. The main source of capital funds for maintenance and minor development is from the trust internally generated funds e.g. retained surpluses, depreciation and receipts from the sale of fixed assets.

Non FT trusts gain capital funding from depreciation, asset sales and disposals, charitable funding and grants and bids. Funding is limited and is used to fund critical infrastructure and backlog maintenance, new and replacement equipment, refurbishments and new developments. Funding for major capital schemes is not available and needs to be acquired through PFI, Public Private Partnerships or national funding.

The premises in which the general practice operates their business activity are a mixed economy of arrangements; owned by (GPs as an individual or by partners) leased from NHS Property Services, or leased via a private landlord which could include a LIFT company (partnership between the NHS and private sector). Minor improvements will be expected to be met within existing running cost although for smaller capital projects such as a minor extension/refurbishment or improvement. General practices may also have the opportunity to bid against local/national funds for some (two thirds) of the capital costs.

Where a major redevelopment in primary care is planned, a business case is required; the approval process will be determined by the value of the capital required and the revenue impact e.g. whether it results in an increase in day to day running costs to the systems e.g. provider/commissioners of NHS care (NHS England/CCG).

Other funding opportunities including national funding initiatives; which includes the Estate and Technology Transformation Fund (ETTF) this is part of the national Sustainability and Transformation Fund.

12.2 Local Authority Planning Development Sourced Funding

There are two potential sources of funding available to support the NHS to meet the one-off costs arising from a new development these being; Section 106 agreement and the Community Infrastructure Levy (CIL). Note:It is not possible to use both planning obligation and CIL for the same piece of infrastructure.

12.2.1 Section 106 (S106) Legal Agreements

These are legal agreements between local authorities and developers; these are linked to planning permissions and can also be known as planning obligations. Planning obligations are used to make a development that would otherwise be unacceptable. There are many types of planning obligation but commonly they provide infrastructure or funds to deliver it, to mitigate the impact of the development.

The local authority would test any funding request from the NHS against specified criteria which would take into account whether a S106 is:

- Necessary to make the development acceptable in planning terms
- Directly related to the development
- Fairly and reasonable related in scale.

12.2.2 Community Infrastructure Levy

The Community Infrastructure Levy is a planning charge introduced by the Planning Act 2008 as a tool for local authorities in England and Wales to help deliver infrastructure to support the development of their area. It came into force in April 2010. It is up to each local authority to decide whether to apply a levy. The levy can be used to fund a wide range of infrastructure including transport, schools, health and social care facilities, green space, culture and sport facilities. It is the local authority that decides upon what new infrastructure is needed and how the levy will be spent. At least 15% must be on priorities agreed with the local community where the development is taking place.

12.3 Disposals

Capital receipts from the sale of NHS owned Estate (NHSPS) are recorded in the financial accounts of the property owner and not retained locally for investment. The release of capital receipts is one of the considerations centrally when applying for future investment proposals within the STP.

12.4 Minor Improvement Grants

NHS England has approved a small number of minor improvement grants for general practices in the last year. The CCG is now delegated for commissioning of Primary Care since April 2018 and will be responsible for agreeing future proposals.

Future funding proposals will require bids to be aligned to this strategy and will be assessed against it.

12.5 Other Funding

Other partners within the STP can access a number of funding sources for investment in infrastructure developments. The following table shows a breakdown of the potential funding options by organisation type.

Table 15: Capital Funding sources by Type of organisation

Organisation Type	Potential Source of Capital
NHS Trust and Foundation Trust	Foundation Trust Financing Facility. Commercial Loan Charitable Fund Internally generated funds

Organisation Type	Potential Source of Capital
Primary Care	Business Loan Minor Improvement Grant Landlord cost with resultant increase in lease charged to the tenant. Bids against ETTF (or any replacement scheme) Possible contribution via Section 106 or Community Infrastructure Levy. Private, Public Partnership e.g. LIFT or other SPV
CCG / STP	NHS England Capital Internally generated funds NHS PS Capital
Local Authorities	Capital Grants Capital Receipts External Grants and Contributions Section 106 or Community Infrastructure Levy. Business Improvement Grants Local Asset Based Vehicles Tax Increment Financing

The West of England Joint Assets Board will be considering an investment strategy for the priorities within its work programme. There are a number of innovative investment models already being tested.

13 Challenges and Opportunities

There are a number of challenges in successfully delivering the estates strategy. These are shown below along with the opportunities to resolve these.

Challenges	Opportunities
Constraints of leases and budgets	Working with the NHS property companies and NHSE, creating a flexible lease framework for service providers.
How to create an effective system that allows different organisations to share flexible space and facilities effectively.	<p>Development of integrated masterplan for acute and community sites.</p> <p>Development of shared estates database that can be accessed by all stakeholders.</p> <p>CHP currently piloting room booking system, which potentially can be rolled out across BNSSG.</p> <p>Locality Leadership Groups are undertaking different ways of working by the provision of multi-disciplinary sites where all clinic rooms are shared between the different services.</p> <p>Administrative / back office.</p>
Lack of capital investment for development/reconfiguration	Local Estate Strategy will set out improvement that can be applied for through the Estates & Technology Transformation Fund and other available funding.
Large number of stakeholders	Maintain the Healthier Together STP workstream and ensure all stakeholders remain fully engaged through putting in place relevant cross-boundary estate groups
Population distribution and health inequalities	Ensuring services are accessible through identifying appropriate locations for delivery of care
Lack of transparency within each organisation on estate developments	Creating local estates meeting with key stakeholders on a regular basis to encourage engagement and joint ownership of solutions
Lack of capacity and estates expertise to further the agenda	<p>Work with strategic estates advisors should help maximise the opportunities across the system and share existing estate expertise and resources;</p> <p>Procurement of estates and project management expertise where needed as part of the development of business cases.</p>
National economy and housing market	Working more closely with our local authority partners, the West of England Combined Authority and One Public Estate should allow us to plan more effectively for housing growth, which can be built into our planning assumptions for service and infrastructure at an earlier stage.
NHS funding – changes in priorities	Working together collaboratively could enable access to different methods of funding future investments.
Alignment of Interests	Each organisation within the STP will have its own interests it is looking to realise. However, the opportunity to work my collaboratively will enable a more integrated approach, which should help to align interests for the

	greater good of the system.
Inadequate and/or poor data linked to digital systems integration (SHAPE/EPIMs)	Work with providers of data to make it as reliable as possible and feeding into central government on the opportunities to develop a single system for estate information for the whole public sector estate.
Risk / Share collaborative working	Sharing the risk in new and untested projects; Capacity to replicate success; Stronger, united voice; Better co-ordination of activities; Competitive advantage; Mutual support between organisations; Ultimately collaborative working should enable the system to better meet our needs
Tight public finances on all partners	To work in a more collaborative way to look at opportunities to develop integrated solutions which maximise the use of our wider estate and supports disposal of inefficient or surplus estate
Section 106 / CIL – Alignment to infrastructure developments compared to build rates	Work as a system to understand that housing developments and section 106 / CIL funding are not always neatly and that we will need to make short term changes to existing estate to support housing growth prior to any larger scale funding from Section 106 or CIL becoming available.
Maturity of the clinical model and integration of services	Work with localities and others service leads to understand the evolving models to help inform potential estate requirements and needs at an early stage
Utilisation / Room Bookings	Explore opportunities to implement a system level booking system to ensure we maximise the use of our estate to provide opportunities for improved usage and repurpose underutilised sessional space.
Political (Community and Elected officials)	Ensuring that as part of future estates developments or disposals, that this is clearly linked to a service model that has been developed in consultation with local stakeholders.

14 Next Steps and Actions

Major estates transformation has been achieved over the last decade, particularly in the 'Acute' sector. Therefore, the main focus of this strategy is on the community estate, but is subject to ongoing review, especially with respect to the impact of growth on areas outside of primary care, including acute, mental health, community and social services provision.

Delivering a BNSSG wide Local Estates Strategy, for health and other public sector stakeholders, is a huge, complicated and time consuming challenge and this strategy will need to be further developed as our integrated approach strengthens and we work through some of the next steps.

The Healthier Together STP Estate Change Workstreams will undertake the following:

People:

- Delivery will require skilled leadership and people experienced in programme and project management of facilities and other skillsets. This will need additional support to that currently held within the STP and will need to be obtained within current running cost constraints or included in project costs to enable delivery
- The STP partners will lead and use its influence to bring stakeholders together and to obtain their agreement to a combined strategy that benefits all
- All providers and the local authorities will work together to develop opportunities for co-locating, integrating services and then rationalising their respective estates.

Resources:

- Funding for project resources will have to be identified and applied for in a timely manner, so early action for potential solutions can be implemented
- Continue to work with local authority partners to identify existing resources secured and increase resources for health and care infrastructure as part of the development of Section 106 agreements or accessing CIL monies.
- Agree the criteria for investment and then consider which sites / projects should be prioritised
- Develop a capital investment plan with appropriate capital planning expertise and resources
- Develop a consolidated action plan for existing funded Strategic Estates projects – by end Feb 2019
- Build on Wave 3 and 4 STP Capital bids; and One Public Estates Wave 7 bid to develop an Estates Capital pipeline for next five years, to inform STP five year Capital Plan due in Summer 2019 – by end July 2019
- Sponsor the STP DoFs Group to develop a five year Capital Plan due in Summer 2019 – by end August 2019
- Develop acute estate master plan.
- Develop a disposal and rationalisation plan during 2019 as new models of care become clearer and the requirement for the use of wider estate is known.

Infrastructure:

- Identify options and evaluate which would offer the most effective configuration of community and Primary Care Services in BNSSG under a Hub and Spoke model as developed in localities. This should take into account the need to be future proof; the aspirations of the practices and our providers; the existing availability; location and suitability of NHS estate.

- Identify options and evaluate which would offer the most effective configuration of community and primary care services in BNSSG under a hub and spoke model as developed in localities. This should take into account the need to be future proof; the aspirations of the practices and our providers; the existing availability; location and suitability of NHS estate
- Develop locality estate workstreams as part of the existing structure arounds ALG and LLGs for stakeholders to discuss and agree co-location and integration opportunities at locality level (including the use of voluntary and community use of buildings)
- Options appraisal and business case development for core sites and where investment is required
- Procure detailed condition or utilisation surveys of core buildings requiring investment or reconfiguration
- On-going development and maintenance of the SHAPE database, which holds key information on a geographical information system for health.
- Develop a disposal plan for estate no longer required for provision of services during 2019.
- Incorporate build out rates of new housing into the strategy once published by the local authorities
- Setup utilisation sub-groups for individual buildings to maximise the use of buildings, as the new models are identified across locality areas
- Develop an action plan to improve estates productivity using the Carter Metrics, initial scoping work underway regarding office accommodation in Central Bristol, and energy costs
- Develop a standardised process to capture Estates implications of changes to Healthier Together programmes – by end July 2019.

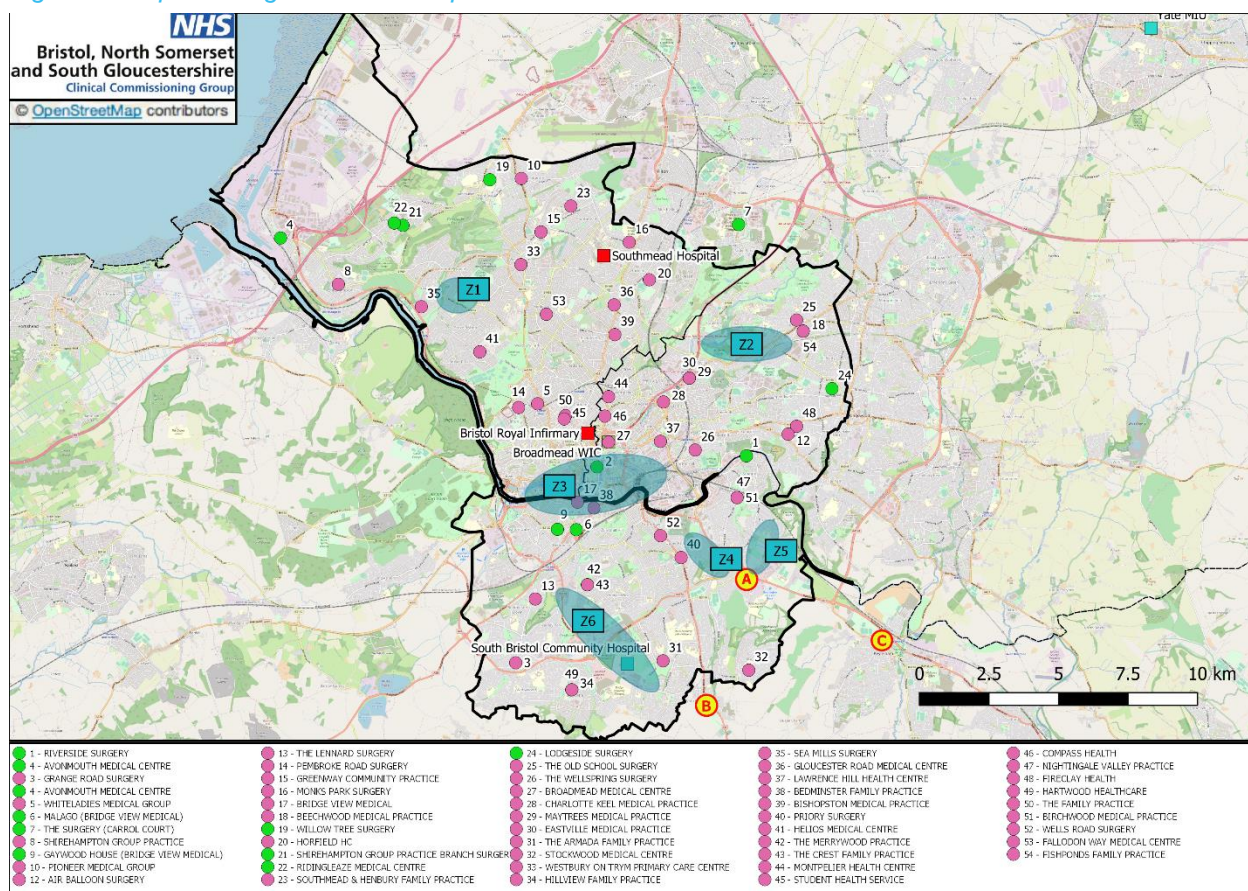
Annex 1 - Housing Growth

The detail breakdown of housing growth by locality including the build out rates for JSP housing projections housing and potential impact on local practices is shown below. The build out rate for local authority approved housing is not yet available, but will be included in later iterations of this strategy.

Bristol

Demographics and Housing Projections

Figure 7: Map showing Bristol Development areas



Pink items are GP practices, and the green are GP practice branches. The blue “Z” areas relate to developments with planning approval (detailed in table 17) and the red/yellow items and the JSP developments (detailed in table 18).

Table 16: Bristol Proposed Residential Developments to 2027

Development Areas 2015 figures	Dwellings by 2027 (2015-27)	Potential population density
Z1 – Stoke Bishop	350	875
Z2 - Fishponds	400	1,000
Z3 - Redcliffe	7,400	18,500
Z4 - Knowle	500	1,250
Z5 - Brislington	500	1,250
Z6 – Hengrove/Whitchurch	4,000	10,000

Development Areas 2015 figures	Dwellings by 2027 (2015-27)	Potential population density
Totals	13,150	32,875

Table 17: Bristol JSP – Strategic Development Locations

Area	Description	Dwellings by 2036 (2019-36)	Potential population density
A	Bath Road, Brislington	750	1,875
B	Whitchurch	1,600	4,000
C	North Keynsham (considered in B&NES JSP)	1,400	3,500
	Totals	3,750	9,375

The estimated build out rates for the JSP strategic developments listed above have been projected by the Local Authority and are set out in the following tables:

Land at Bath Road, Brislington

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	0	0
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
0	0	0	0	150	150	150	150	150	750	
Post-2036						Total capacity				
0						750				

Whitchurch

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	0	0
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
0	0	50	150	250	250	300	300	300	1600	
Post-2036						Total capacity				
900						2,500				

North Keynsham

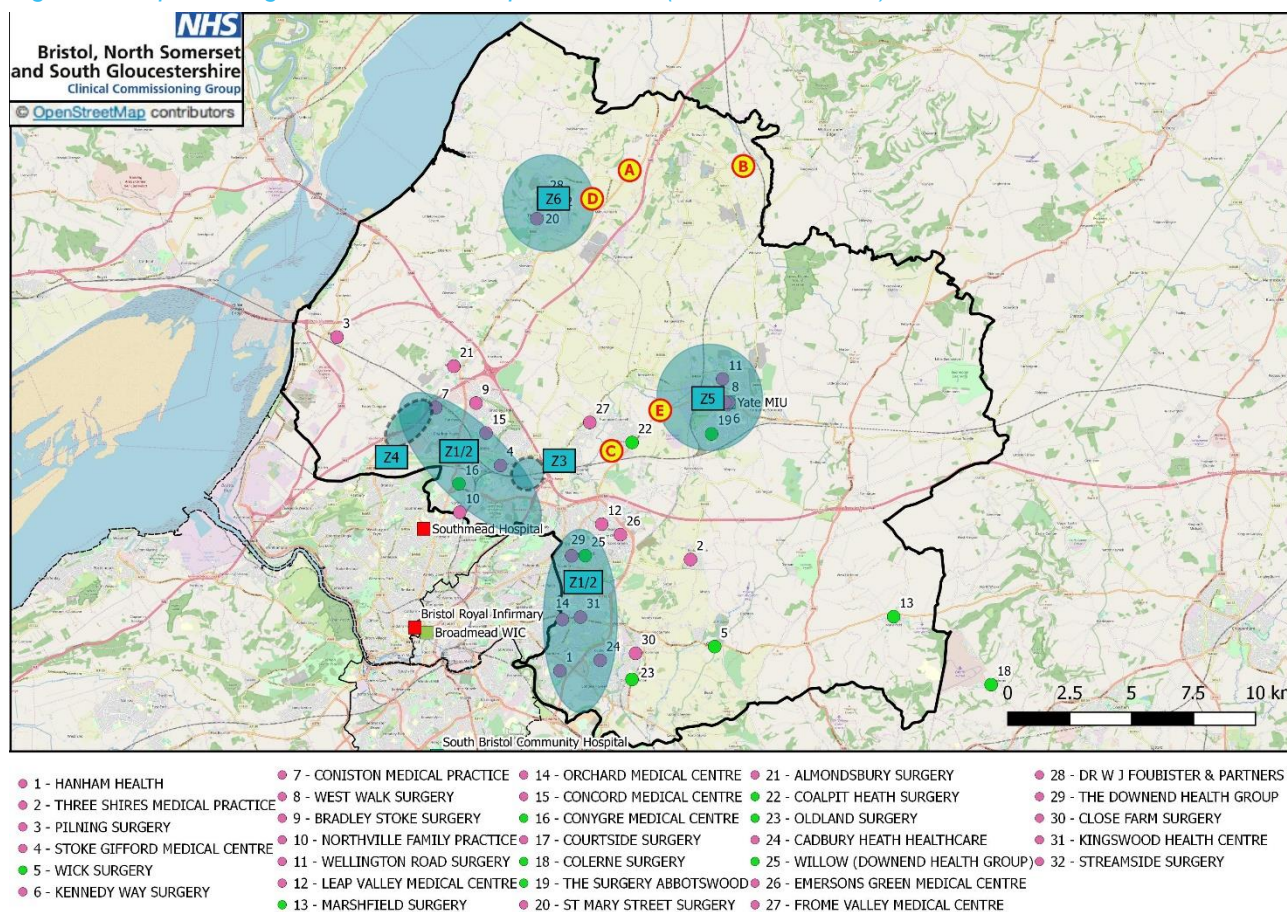
2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	0	0
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
50	100	150	200	200	200	150	200	150	1,400	
Post-2036						Total capacity				
100						1,500				

Prory Road Surgery and Whitchurch Health Centre are the most likely to be impacted by these new developments.

South Gloucestershire

Demographics and Housing Projections

Figure 8: Map showing South Glos Development areas (with GP locations)



Pink items are GP practices, and the green are GP practice branches. The blue “Z” areas relate to developments with planning approval (detailed in table 19) and the red/yellow items and the JSP developments (detailed in table 20).

Table 18: South Glos Proposed Residential Developments to 2027

Zones	Description	Dwellings by 2027 (2015-27)	Potential Population Density
Z1	Existing local plan allocation inc infill	7,450	18,625
Z2	Former Frenchay Hospital	490	1,225
Z3	New neighbourhood East of Harry Stoke	2,000	5,000
Z4	Cribbs Causeway New neighbourhood (CPNN)	5,700	14,250
	Potential infill	700	1,750
Z5	New neighbourhood, North Vale	2,125	5,312.50
Z6	Housing opportunities Thornbury	686	1,715
	Small site windfall allowance	1,671	4,177.50
	Totals	20,822	52,055

Table 19: South Glos JSP – Strategic Development Locations

Area	Description	Dwellings by 2036 (2019-36)	Potential Population Density
A	Buckover Gdn Village	1,500	3,750
B	Charfield	1,200	3,000
C	Land E of Coalpit Heath	1,800	4,500
D	Land N&E of Thornbury	500	1,250
E	Land NW & W of Yate	1,000	2,500
	Totals	6,000	15,000

Buckover Garden Village, Buckover

- A new garden village with provision of approximately 3,000 new dwellings, with at least 1,500 being developed within the plan period;
- Provision of a primary school for Nursery to 16 years old;
- Provision of approx.11ha of employment-uses land & new retail, community and cultural facilities.

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	0	0
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
50	100	150	150	200	200	200	200	250	1,500	
Post-2036						Total capacity				
1,500						3,000				

This proposed development is likely to impact on the Thornbury GP practices in the North & West cluster.

Land at Charfield

- Land located within separate parcels within the village, to provide around 1,200 new dwellings;
- Replacement of existing primary school and either contribution towards or delivery of new secondary school at Buckover Garden Village;
- Minimum of 5ha employment-use land.

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	50	50	100	150	150
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
150	150	150	100	100	50	0	0	0	1,200	
Post-2036						Total capacity				
0						1,200				

There are no GP practices in the immediate vicinity of these proposed developments. The development sites are closest to the Thornbury GP practices in the North & West cluster as above.

Land East of Coalpit Heath

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	50	100	100	150	150
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
150	150	175	150	150	150	150	100	75	1,800	
Post-2036						Total capacity				
0						1,800				

The proposed developments are most likely to impact practices within the Yate Group cluster, particularly Coalpit Heath Surgery.

Land to the North & East of Thornbury

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	30	50	50	50	50	50	50	50
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
50	50	20	0	0	0	0	0	0	500	
Post-2036						Total capacity				
0						500				

As per the previous two development sites identified from the JSP, this will impact on the current Thornbury GP practices in the North & West cluster.

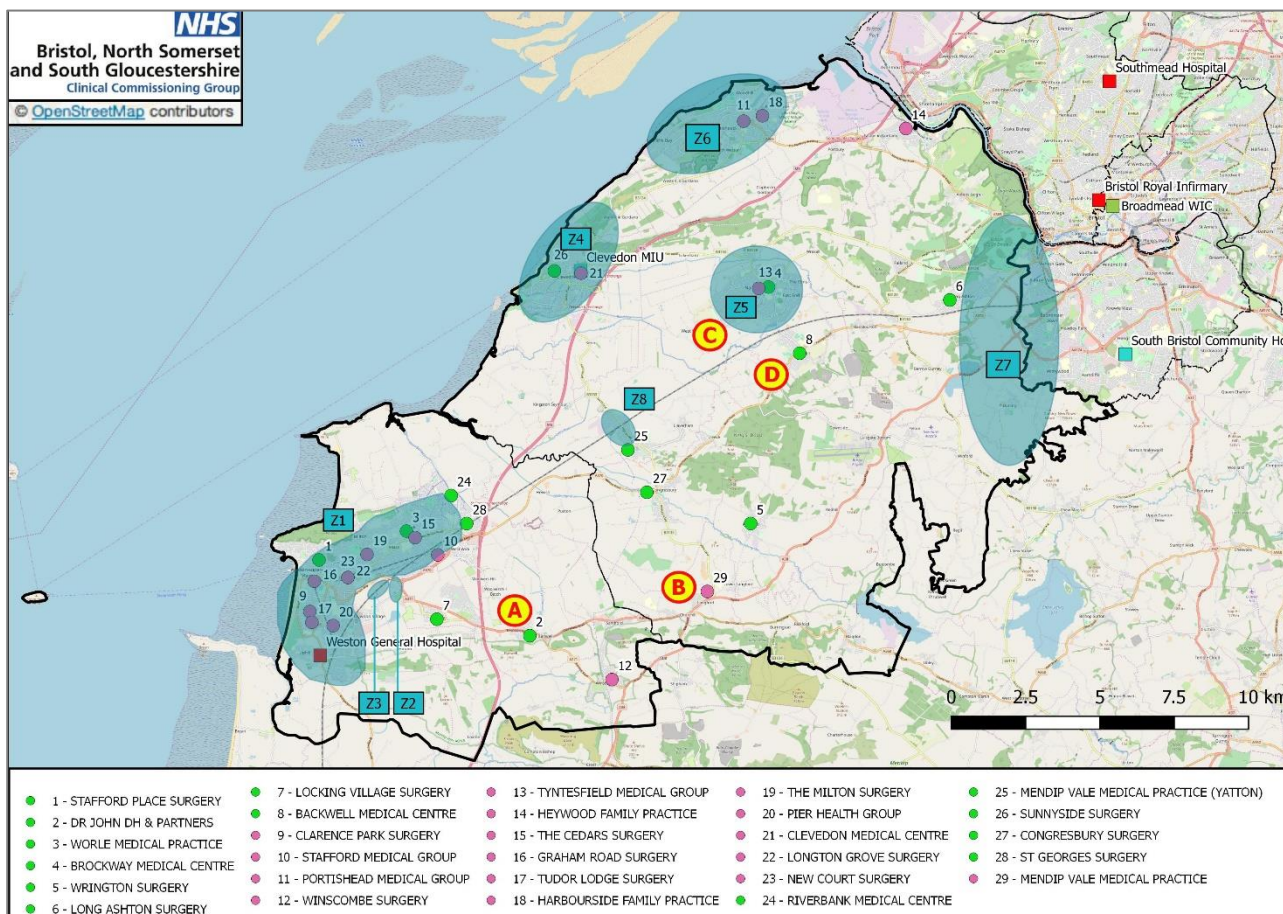
Land to the NW & W of Yate

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	25	25	50	50	50
2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period	
50	50	50	50	50	100	150	150	150	1,000	
Post-2036						Total capacity				
1,000						2,000				

This will impact on the GP practices within the Yate Group cluster. North Somerset

Demographics and Housing Projections

Figure 9: Map showing North Som Development areas (with GP locations)



Pink items are GP practices, and the green are GP practice branches. The blue “Z” areas relate to developments with planning approval (detailed in table 21) and the red/yellow items and the JSP developments (detailed in table 22).

Table 20: North Som Proposed Residential Developments to 2027

zone	description	Dwellings by 2027 (2015-27)	Proposed Population Density
Z1	Weston Urban	1,413	3,533
Z2	Weston Villages - Parkland	3,690	9,225
Z3	Weston Villages - Winterstoke	2,510	6,275
Z4	Clevedon	254	635
Z5	Nailsea	121	303
Z6	Portishead	1,256	3,140
Z7	Potential development of greenbelt land	686	1,715
Z8	Yatton	200	500
N/A	Elsewhere - spread evenly throughout county	1,122	2,805
	Totals	11,252	28,130

Table 21: North Som JSP – Strategic Development Locations

Area	description	Dwellings by 2036 (2019-36)	Proposed Population Density
A	Banwell Village	1,900	4750
B	Churchill Garden Village	2,675	6688
C	Nailsea	2,575	6438
D	Backwell	700	1750
	Totals	7,850	19,626

Banwell Garden Village, NW of Banwell

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	50	75	150

2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period
200	200	200	200	200	200	200	150	75	1,900

Post-2036	Total capacity
0	1,900

This new development will mainly impact on Banwell Surgery.

Churchill Garden Village, NW of Langford & Churchill

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	50	75

2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period
150	300	300	300	300	300	300	300	300	2675

Post-2036	Total capacity
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125	2,800
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This development will impact on the Mendip Vale Medical Group premises.

South West Nailsea

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	50	75

2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period
150	200	300	300	300	300	300	300	300	2,575

Post-2036	Total capacity
725	3,300

Backwell

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
0	0	0	0	0	0	0	0	0	0	0

2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Capacity within plan period
0	50	75	100	100	100	100	100	75	700

Post-2036	Total capacity
0	700

The above two developments will have significant impact on the Tyntesfield Medical Group premises.

Annex 2 - Six Facet Survey Methodology

Facet 1: Physical Condition

The physical condition profile takes account of the building structure together with the mechanical and electrical engineering installations. There are five condition categories against which each building is assessed, with an expectation that category B is the expected minimum attainment. The estate code categories are:

- A The building/element is as new and can be expected to perform adequately for its full normal life
- B The building/element is sound, operationally safe and exhibits only minor deterioration
- C The building/element is operational but major repair or replacement will be needed soon (that is within three years for building and one year for engineering)
- D There is a serious risk of imminent breakdown.

Facet 2: Functional Suitability

This analysis describes how effectively a site, building or part of a building supports the delivery of a specific service. This will take account of:

- Space relationships
- Amenity
- Location
- Environmental conditions
- Overall effectiveness

The estate code categories for functional suitability are:

- A High degree of satisfaction
- B Acceptable/reasonable (minor change necessary)
- C Below acceptable standard (major change required)
- D Unacceptable in its present condition
- X Facility is below standard, nothing but a total rebuild will suffice.

Facet 3: Space Utilisation

The space utilisation identifies under/over utilisation of floor space. Under use of represents wasted resource e.g. energy, maintenance. Over-utilised space may impend the effective delivery of healthcare. The estate code categories are:

- Empty
- Under-used (yellow)
- Fully used (green)
- Over crowded (red)

Facet 4: Environmental Quality

The assessment takes into account three elements amenities, comfort engineering and design.

- Amenity – is the building attractive e.g. in terms of privacy, dignity, comfort, working conditions
- Comfort engineering – is the building well lit, adequately heated and cooled, noise and odour free
- Design – is the building attractively designed e.g. well furnished, landscaping, views etc.

Facet 5: Compliance with Fire, Statutory and non-Statutory Standard including Disability Discrimination Act (DDA)

This facet is split into fire compliance and health and safety. The fire element being scored between 1-10 for compartmentation, fire doors, means of escape, alarms and detection system, textiles and furniture, storage. The health and safety element is also scored between 1 and 10. This includes electrical services, asbestos, control of legionella, health & safety, food hygiene and control of hazardous substances.

The DDA assessment considers the external approaches, entrance and reception, internal areas, sanitary facilities. The estate code categories are:

- A New building which complies with all fire code guidance and statutory requirements
- B Existing buildings which comply
- C A building which falls short
- D Areas which are dangerous
- E Structural improvements are either impractical or too expensive to be tenable.

Facet 6: Environmental Management

This facet includes energy programme, water consumption and waste management. The NHS target for the health estate is 35-55 GJ/100m³.

The Estate code categories are:

- A 35-55 GJ/100m³
- B 55-65 GJ/100m³
- C 65-75 GJ/100m³
- D 75-100 GJ/100m³
- E Improvement to B performance is impossible or uneconomic.

Ways of assessing standards

- The care quality commission makes an assessment as to a provider's compliance with all of the fundamental standards
- Patient led assessments of the care environment (PLACE) were introduced with the key purpose of ensuring that patients are at the centre of all hospital environments

Annex 3 - Detailed Summary of Six Facet Survey Results

Age Profile

Year of Construction	Bristol (57 properties)		North Somerset (21 properties)		South Gloucestershire (26 properties)	
	No	%	No	%	No	%
Between 1900-1950	6	10	6	28.5	2	7.5
Between 1950-2000	4	7	9	43	20	76
Constructed post - 2000	47	82	6	28.5	4	20

Overall Rank

Overall Rank	Bristol		North Somerset		South Gloucestershire	
	No.	% of Total	No.	% of Total	No.	% of Total
B	44	86	26	93	26	81
B/C	5	10	2	7	5	16
C	2	4	0	0	1	3

Total Costs & Total Risk Adjusted Backlog Maintenance Costs

Region	Total Costs to Raise Facets to Condition B	Total Risk Adjusted Backlog Maintenance Costs (RAMB)	
	£	£	% of Total Costs
Bristol	7,856,793	548,894	7
North Somerset	5,225,241	190,056	4
South Gloucestershire	1,541,716	262,252	17

Costs to Condition B per Facet

6 Facets	Bristol		North Somerset		South Gloucestershire	
	Costs per Facet £	% of Total Costs	Costs per Facet £	% of Total Costs	Costs per Facet £	% of Total Costs
Physical Condition	446,161	6	518,413	10	559,817	36
Statutory Compliance	525,587	7	178,175	3	113,660	7
Functional Suitability	5,694,884	72	663,900	13	728,300	47
Quality	196,051	2	28,913	1	101,539	7
Space Utilisation	994,112	13	3,835,840	73	34,800	2

Physical Condition Ranking

Category	Bristol (57)				North Somerset (21)				South Gloucestershire (26)			
	No.	% of total	Costs £	% of Costs	No.	% of total	Costs £	% of Costs	No.	% of total	Costs £	% of Costs
Low	19	37	33,239	7	19	68	187,801	36	15	49	194,687	35
Moderate	30	59	195,219	44	9	32	206,211	40	16	52	225,379	40
Significant	2	4	90,239	20	0	0	124,683	24	0	0	57,226	10
High	0	0	0	0	0	0	0	0	0	0	82,525	15

Statutory Compliance Ranking

Category	Bristol (57)				North Somerset (21)				South Gloucestershire (26)			
	No.	% of Props	Costs £	% of Costs	No.	% of Props	Costs £	% of Costs	No.	% of Props	Costs £	% of Costs
Low	0	0	16,600	3	7	25	42,775	24	5	16	10,900	10
Moderate	31	61	190,000	36	17	61	116,686	65	17	55	59,592	52
Significant	20	39	43,019	8	4	14	11,132	6	9	29	23,488	21
High	0	0	5,800	1	0	0	7,682	4	0	0	7,350	6

Functional Suitability Ranking

Category	Bristol (57)		North Somerset (21)		South Gloucestershire (26)	
	No.	% of Total	No.	% of Total	No.	% of Total
A	0	0	0	0	1	3
B	42	82	23	82	27	87
C	9	18	4	14	3	10
CX	0	0	1	4	0	0

Quality

Category	Bristol		North Somerset		South Gloucestershire	
	No.	% of Total	No.	% of Total	No.	% of Total
A	0	0	0	0	1	3
B	51	100	28	100	49	94
C	0	0	0	0	1	3

Space Utilisation

Category	Bristol		North Somerset		South Gloucestershire	
	No.	% of Total	No.	% of Total	No.	% of Total
Under Utilised	4	8	1	4	4	13
Fully Utilised	34	67	20	71	24	77
Overcrowded	13	25	7	25	3	10

Physical Condition Summary – Bristol Practices

BRISTOL CCG – 6 FACET SUMMARY
PHYSICAL CONDITION

Site Name	Locality	Cluster	Bu ng	Over Ran	Overall Risk Ra	Backlog Costs (in 0% uplift	Low	Moderate	Significant	High
Air Balloon Surgery	East & Inner City	East	39	B	Moderate	£ -	£ -	£ -	£ -	£ -
Lodgeside Surgery	East & Inner City	East	39	B	Moderate	£ -	£ -	£ -	£ -	£ -
St Georges Health Centre	East & Inner City	East	43	B	Low	£ -	£ -	£ -	£ -	£ -
The Old School Surgery	East & Inner City	East	28	B	Low	£ 54,358	£ -	£ 54,358	£ -	£ -
The Surgery (Carrol Court)	East & Inner City	East	43	B	Low	£ -	£ -	£ -	£ -	£ -
Bath Buildings Surgery	East & Inner City	Inner City	56	B	Low	£ -	£ -	£ -	£ -	£ -
BCH - The Haven	East & Inner City	Inner City	33	B	Moderate	£ 1,584	£ -	£ -	£ 1,584	£ -
Broadmead Medical Centre	East & Inner City	Inner City	52	B	Low	£ -	£ -	£ -	£ -	£ -
Charlotte Keel Medical Practice	East & Inner City	Inner City	43	B	Moderate	£ -	£ -	£ -	£ -	£ -
Compass Health	East & Inner City	Inner City	0	B	Moderate	£ -	£ -	£ -	£ -	£ -
East Trees MC - OPENS Sept 15	East & Inner City	Inner City	58	B	Low	£ -	£ -	£ -	£ -	£ -
Lawrence Hill Health Centre	East & Inner City	Inner City	47	B	Low	£ -	£ -	£ -	£ -	£ -
Montpelier Health Centre	East & Inner City	Inner City	33	B	Moderate	£ 17,132	£ -	£ -	£ 17,132	£ -
The Maytrees Practice	East & Inner City	Inner City	58	B	Low	£ -	£ -	£ -	£ -	£ -
The Wellspring Surgery	East & Inner City	Inner City	43	B	Low	£ -	£ -	£ -	£ -	£ -
Falldon Way Medical Centre	North & West	Affinity	13	B	Moderate	£ 30,506	£ 4,638	£ 25,868	£ -	£ -
Helios Medical Centre	North & West	Affinity	46	B	Moderate	£ 2,328	£ -	£ 2,328	£ -	£ -
Sea Mills Surgery	North & West	Affinity	13	B	Moderate	£ 4,111	£ -	£ 4,111	£ -	£ -
Westbury on Trym Primary Care Centre	North & West	Affinity	21	B	Moderate	£ -	£ -	£ -	£ -	£ -
Gloucester Road Medical Centre	North & West	Colin	33	B	Moderate	£ 3,207	£ -	£ 3,207	£ -	£ -
Horfield HC	North & West	Colin	17	B	Low	£ -	£ -	£ -	£ -	£ -
The Family Practice	North & West	Healthcare West	51	B	Low	£ -	£ -	£ -	£ -	£ -
Whiteladies Medical Group	North & West	Healthcare West	37	B	Moderate	£ -	£ -	£ -	£ -	£ -
Avonmouth Medical Centre	North & West	Northern Arc	36	B	Moderate	£ -	£ -	£ -	£ -	£ -
Brsdgate Surgery	North & West	Northern Arc	32	B	Low	£ -	£ -	£ -	£ -	£ -
Southmead & Henbury Family Practice	North & West	Northern Arc	40	B	Moderate	£ 33,645	£ -	£ 33,009	£ 636	£ -
Willow Tree Surgery	North & West	Northern Arc	3	B	Moderate	£ 37,930	£ -	£ 37,930	£ -	£ -
Bedminster Family Practice	South	Bedminster Medical Group	33	B	Low	£ -	£ -	£ -	£ -	£ -
Bc1 Surgery - Malago	South	Bedminster Medical Group	51	B/C	Moderate	£ 863	£ 863	£ -	£ -	£ -
Gaywood House Surgery	South	Bedminster Medical Group	3	B	Moderate	£ 7,752	£ 332	£ 5,054	£ 2,376	£ -
The Malago Surgery	South	Bedminster Medical Group	38	B	Moderate	£ -	£ -	£ -	£ -	£ -
Grange Road Surgery	South	Cluster Go Six	23	B	Moderate	£ 26,427	£ -	£ -	£ 26,427	£ -
Hartwood Healthcare	South	Cluster Go Six	23	c	Moderate	£ -	£ -	£ -	£ -	£ -
Hillview Family Practice	South	Cluster Go Six	23	c	Moderate	£ -	£ -	£ -	£ -	£ -
The Crest Family Practice	South	Cluster Go Six	33	B	Moderate	£ 13,140	£ -	£ 13,140	£ -	£ -
The Lennard Surgery	South	Cluster Go Six	23	B	Moderate	£ 21,384	£ -	£ -	£ 21,384	£ -
The Merrywood Practice	South	Cluster Go Six	43	B	Moderate	£ -	£ -	£ -	£ -	£ -
Birchwood Medical Practice	South	Connexus	43	B/C	Significant	£ -	£ -	£ -	£ -	£ -
Bristol Healthcare Services OOH	South	Connexus	43	B	Low	£ -	£ -	£ -	£ -	£ -
Nightingale Valley Practice	South	Connexus	23	B/C	Significant	£ -	£ -	£ -	£ -	£ -
Priory Surgery	South	Connexus	43	B	Moderate	£ 700	£ -	£ -	£ 700	£ -
Riverside Surgery	South	Connexus	38	B	Moderate	£ -	£ -	£ -	£ -	£ -
Stockwood Medical Centre	South	Connexus	3	B	Low	£ -	£ -	£ -	£ -	£ -
Wells Road Surgery	South	Connexus	3	B	Moderate	£ -	£ -	£ -	£ -	£ -
Knowle Clinic	South		13	B/C	Low	£ 4,320	£ 3,470	£ 850	£ -	£ -
Bishopston Medical Practice			0	B	Low	£ 1,265	£ 1,265	£ -	£ -	£ -
Greenway Community Practice			23	B	Low	£ -	£ -	£ -	£ -	£ -
Monks Park Surgery			31	B	Moderate	£ 475	£ 475	£ -	£ -	£ -
Pembroke Road Surgery			37	B	Moderate	£ 50,160	£ 18,640	£ 11,521	£ 20,000	£ -
Ridingleaze Medical Centre			31	B/C	Moderate	£ 6,103	£ 2,200	£ 3,903	£ -	£ -
The Southville Surgery			43	B	Low	£ 1,296	£ 1,296	£ -	£ -	£ -

Physical Condition Summary – North Somerset Practices

BNSSG - 6 FACET SUMMARY											
PHYSICAL CONDITION											
Site Name	Locality	Cluster	Building Life	Overall Rank	Overall Risk Rank	Backlog Costs (incl 0% upli)	Low	Moderate	Significant	High	
Clarence Park Surgery	North Somerset	Weston & Worle	45	B	Low	£ 750	£ 750	£ -	£ -	£ -	
The Locality Health Centre	North Somerset	Weston & Worle	41	B	Low	£ -	£ -	£ -	£ -	£ -	
Locking Castle Medical Centre	North Somerset	Weston & Worle	51	B	Moderate	£ 3,100	£ 3,100	£ -	£ -	£ -	
Stafford Place Surgery	North Somerset	Weston & Worle	22	B/C	Low	£ 39,718	£ 22,263	£ 17,455	£ -	£ -	
Tudor Lodge Surgery	North Somerset	Weston & Worle	52	B	Low	£ 7,826	£ 7,826	£ -	£ -	£ -	
Banwell Surgery	North Somerset	Weston & Worle	59	B	Moderate	£ 300	£ -	£ 300	£ -	£ -	
The Cedars Surgery	North Somerset	Weston & Worle	54	B	Low	£ 1,794	£ 1,794	£ -	£ -	£ -	
Graham Road Surgery	North Somerset	Weston & Worle	42	B	Low	£ 10,483	£ 1,121	£ 9,371	£ -	£ -	
Longton Grove Surgery	North Somerset	Weston & Worle	43	B	Low	£ -	£ -	£ -	£ -	£ -	
St George's Surgery	North Somerset	Woodspring	54	B	Low	£ -	£ -	£ -	£ -	£ -	
The Milton Surgery	North Somerset	Weston & Worle	51	B	Low	£ 55,491	£ 46,628	£ 8,864	£ -	£ -	
New Court Surgery	North Somerset	Weston & Worle	47	B	Low	£ -	£ -	£ -	£ -	£ -	
Riverbank Medical Centre	North Somerset	Weston & Worle	37	B	Low	£ -	£ -	£ -	£ -	£ -	
Winscombe Surgery	North Somerset	Weston & Worle	32	B	Low	£ 3,423	£ 1,673	£ 1,750	£ -	£ -	
Worle Health Centre	North Somerset	Weston & Worle	51	B	Low	£ 3,191	£ 2,050	£ 1,141	£ -	£ -	
Backwell Medical Centre	North Somerset	Woodspring	36	B	Low	£ 4,636	£ -	£ 4,636	£ -	£ -	
Clevedon Medical Centre	North Somerset	Woodspring	41	B	Moderate	£ 44,608	£ 44,608	£ -	£ -	£ -	
Marina Healthcare Centre (Harbourside Family Practice)	North Somerset	Woodspring	51	B	Low	£ -	£ -	£ -	£ -	£ -	
Heywood Surgery	North Somerset	Woodspring	42	B	Low	£ -	£ -	£ -	£ -	£ -	
Long Ashton Surgery	North Somerset	Woodspring	45	B/C	Moderate	£ 33,246	£ 12,476	£ 17,270	£ 3,500	£ -	
Nailsea Family Practice	North Somerset	Woodspring	40	B	Moderate	£ 35,204	£ 10,346	£ 7,088	£ 17,770	£ -	
Portishead Medical Group	North Somerset	Woodspring	52	C	Moderate	£ 231,520	£ 33,166	£ 106,701	£ 91,653	£ -	
Sunnyside Surgery	North Somerset	Woodspring	40	B	Moderate	£ 3,500	£ -	£ 3,500	£ -	£ -	
Langford Surgery	North Somerset	Woodspring	54	B	x	£ -	£ -	£ -	£ -	£ -	
Brockway Medical Centre	North Somerset	Woodspring	26	B	Low	£ 7,920	£ -	£ 7,920	£ -	£ -	
Congresbury Surgery	North Somerset	Woodspring	51	B	Low	£ 3,500	£ -	£ -	£ 3,500	£ -	
Locking Village Surgery	North Somerset	Weston & Worle	33	B	Moderate	£ -	£ -	£ -	£ -	£ -	
Yatton Surgery	North Somerset	Woodspring	51	B	Moderate	£ 28,475	£ -	£ 20,215	£ 8,260	£ -	

Physical Condition Summary – South Gloucestershire Practices

BNSSG - 6 FACET SUMMARY											
PHYSICAL CONDITION											
Site Name	Locality	Cluster	Building Life	Overall Rank	Overall Risk	Backlog Costs (incl 0% upli)	Low	Moderate	Significant	High	
Cadbury Heath Healthcare	South Gloucester	4PCC	48	B	x	£ -	£ -	£ -	£ -	£ -	£ -
Close Farm Surgery	South Gloucester	4PCC	58	B	Moderate	£ 5,691	£ -	£ 5,691	£ -	£ -	£ -
Hanham Surgery	South Gloucester	4PCC	57	B	Moderate	£ 7,713	£ -	£ 7,713	£ -	£ -	£ -
Kingswood Health Centre	South Gloucester	4PCC	52	B	Low	£ -	£ -	£ -	£ -	£ -	£ -
Oldland Surgery	South Gloucester	4PCC	38	B	Low	£ 946	£ -	£ 946	£ -	£ -	£ -
Christchurch Family Medical Centre	South Gloucester	Central 5	47	B	Low	£ -	£ -	£ -	£ -	£ -	£ -
Marshfield Surgery	South Gloucester	Central 5	2	B/C	Low	£ 25,764	£ 17,028	£ 8,736	£ -	£ -	£ -
Coleme Surgery	South Gloucester	Central 5	35	B	Moderate	£ 1,017	£ -	£ 1,017	£ -	£ -	£ -
Orchard Medical Centre	South Gloucester	Central 5	53	B	Moderate	£ 40,309	£ 21,189	£ -	£ 19,120	£ -	£ -
Pucklechurch Surgery	South Gloucester	Central 5	56	B	Low	£ 2,602	£ 2,602	£ -	£ -	£ -	£ -
The Willow Surgery	South Gloucester	Central 5	50	B	x	£ -	£ -	£ -	£ -	£ -	£ -
Wick Surgery	South Gloucester	Central 5	30	B	Low	£ 4,516	£ 4,516	£ -	£ -	£ -	£ -
Abbotswood Surgery	South Gloucester	Central 6	39	B/C	Moderate	£ 2,980	£ -	£ 2,980	£ -	£ -	£ -
Emersons Green Medical Centre	South Gloucester	Central 6	48	B	Moderate	£ 2,000	£ -	£ -	£ 2,000	£ -	£ -
Frome Valley Medical Centre	South Gloucester	Central 6	50	B	Low	£ -	£ -	£ -	£ -	£ -	£ -
Beaufort Surgery	South Gloucester	Central 6	56	B	Low	£ -	£ -	£ -	£ -	£ -	£ -
Bradley Stoke Surgery	South Gloucester	Cluster 2	50	B	Low	£ 438	£ -	£ 438	£ -	£ -	£ -
Concord Medical Centre	South Gloucester	Cluster 2	58	A	Low	£ -	£ -	£ -	£ -	£ -	£ -
Coniston Medical Centre	South Gloucester	Cluster 2	44	B	Moderate	£ -	£ -	£ -	£ -	£ -	£ -
Conygre Medical Centre	South Gloucester	Cluster 2	46	B	Moderate	£ 6,127	£ 1,208	£ 1,419	£ 3,500	£ -	£ -
Northville Family Practice	South Gloucester	Cluster 2	41	B	Moderate	£ 13,438	£ 2,688	£ 7,110	£ 3,640	£ -	£ -
Stoke Gifford Medical Centre	South Gloucester	Cluster 2	52	B	x	£ -	£ -	£ -	£ -	£ -	£ -
Almondsbury Surgery	South Gloucester	North & West	50	B	Moderate	£ 2,242	£ 1,267	£ 975	£ -	£ -	£ -
Pilning Surgery	South Gloucester	North & West	37	B	Moderate	£ 54,680	£ 4,280	£ 50,400	£ -	£ -	£ -
St Mary Street Surgery	South Gloucester	North & West	46	B/C	Moderate	£ 91,157	£ 22,533	£ 68,024	£ -	£ 600	£ -
Thornbury Health Centre	South Gloucester	North & West	2	B/C	Moderate	£ 274,311	£ 117,376	£ 48,564	£ 26,446	£ 81,925	£ -
Coalpit Heath Surgery	South Gloucester	Yate Group	22	B	Moderate	£ -	£ -	£ -	£ -	£ -	£ -
Courtside Surgery	South Gloucester	Yate Group	48	B	Low	£ -	£ -	£ -	£ -	£ -	£ -
Kennedy Way Surgery	South Gloucester	Yate Group	46	B/C	Moderate	£ 15,862	£ -	£ 15,862	£ -	£ -	£ -
Wellington Road Family Practice	South Gloucester	Yate Group	53	B/C	Moderate	£ 8,024	£ -	£ 5,504	£ 2,520	£ -	£ -
West Walk Surgery	South Gloucester	Yate Group	51	B	Low	£ -	£ -	£ -	£ -	£ -	£ -

Statutory Compliance Summary – Bristol Practices

BRISTOL CCG – 6 FACET SUMMARY								
STATUTORY COMPLIANCE								
Site Name	Building Life	Overall Rank	Overall Risk Rank	Backlog Costs (incl 0% uplift)	Low	Moderate	Significant	High
Broadmead Medical Centre	52	B	Moderate	£ 3,600	£ -	£ 3,600	£ -	£ -
Lodgeside Surgery	33	B	Moderate	£ 7,950	£ -	£ 7,950	£ -	£ -
The Surgery (Carrol Court)	43	B	Moderate	£ 1,600	£ -	£ 1,600	£ -	£ -
The Old School Surgery	28	B	Moderate	£ 5,400	£ -	£ 5,400	£ -	£ -
Lawrence Hill Health Centre	47	B	Moderate	£ 2,000	£ -	£ 2,000	£ -	£ -
Compass Health	0	B	Significant	£ 500	£ -	£ 500	£ -	£ -
Charlotte Keel Medical Practice	43	B	Significant	£ 2,500	£ -	£ 1,000	£ 1,500	£ -
East Trees MC - OPENS Sept 15	58	B	Moderate	£ 2,800	£ -	£ 2,800	£ -	£ -
The Maytrees Practice	58	B	Moderate	£ 2,800	£ -	£ 2,800	£ -	£ -
Air Balloon Surgery	33	B	Moderate	£ 133,500	£ 2,500	£ 11,000	£ -	£ -
St Georges Health Centre	43	B	Significant	£ 4,500	£ -	£ 3,500	£ 1,000	£ -
The Wellspring Surgery	43	B	Moderate	£ 2,500	£ -	£ 2,500	£ -	£ -
Montpelier Health Centre	33	B	Moderate	£ 13,830	£ -	£ 3,750	£ 4,080	£ -
Both Buildings Surgery	56	B	Moderate	£ 2,150	£ -	£ 1,000	£ 1,150	£ -
BCH - The Haven	33	B	Moderate	£ 700	£ -	£ 700	£ -	£ -
Southmead & Henbury Family Practice	40	B	Moderate	£ 5,000	£ 2,100	£ 2,900	£ -	£ -
Bradgate Surgery	32	B	Significant	£ 7,700	£ -	£ 7,000	£ 200	£ 500
Willow Tree Surgery	3	B	Moderate	£ 6,400	£ -	£ 5,900	£ 500	£ -
Avonmouth Medical Centre	36	B	Significant	£ 7,200	£ -	£ 6,700	£ -	£ 500
The Family Practice	51	B	Moderate	£ 13,200	£ 4,000	£ 3,200	£ -	£ -
Gloucester Road Medical Centre	33	B	Moderate	£ 6,500	£ -	£ 6,500	£ -	£ -
Horfield HC	17	B	Moderate	£ 5,200	£ -	£ 5,200	£ -	£ -
Whiteladies Medical Group	37	B	Moderate	£ 12,500	£ -	£ 12,500	£ -	£ -
Helios Medical Centre	46	B	Moderate	£ 2,000	£ -	£ 2,000	£ -	£ -
Sea Mills Surgery	13	B	Significant	£ 3,000	£ -	£ 8,500	£ -	£ 500
Westbury on Trym Primary Care Centre	21	B	Moderate	£ 1,000	£ -	£ 500	£ 500	£ -
Falldon Way Medical Centre	13	B	Moderate	£ 2,400	£ -	£ 2,400	£ -	£ -
Bs1 Surgery - malago	51	C	Significant	£ 3,300	£ -	£ 1,800	£ 1,500	£ -
Hartwood Healthcare	23	B	Significant	£ 2,500	£ -	£ 1,000	£ 1,500	£ -
Hillview Family Practice	23	B	Moderate	£ 1,500	£ -	£ 1,000	£ 500	£ -
The Lennard Surgery	23	B	Significant	£ 5,939	£ -	£ 1,700	£ 4,239	£ -
Grange Road Surgery	23	C	Moderate	£ 10,500	£ -	£ 8,000	£ 2,500	£ -
Stockwood Medical Centre	3	B	Moderate	£ 4,200	£ -	£ 4,200	£ -	£ -
Bedminster Family Practice	33	B	Significant	£ 3,700	£ -	£ 500	£ 3,200	£ -
The Malago Surgery	38	C	Significant	£ 6,200	£ -	£ 3,600	£ 2,600	£ -
Bristol Healthcare Services OOH	43	B	Significant	£ 1,000	£ -	£ 500	£ 500	£ -
The Crest Family Practice	33	B	Significant	£ 500	£ -	£ 500	£ -	£ -
The Merrywood Practice	43	B	Significant	£ 500	£ -	£ 500	£ -	£ -
Priory Surgery	43	B	Significant	£ 5,850	£ -	£ 500	£ 5,350	£ -
Birchwood Medical Practice	43	C	Moderate	£ 2,500	£ -	£ 1,000	£ 1,500	£ -
Riverside Surgery	38	C	Significant	£ 3,400	£ -	£ 1,000	£ 2,400	£ -
Gaywood House Surgery	3	C	Significant	£ 5,600	£ -	£ 4,100	£ 1,500	£ -
Nightingale Valley Practice	23	C	Moderate	£ 2,500	£ -	£ 1,000	£ 1,500	£ -
Knowle Clinic	13	C	Moderate	£ 16,000	£ 7,150	£ 1,550	£ 4,300	£ 3,000
Wells Road Surgery	3	B	Significant	£ 5,400	£ -	£ 4,900	£ -	£ 500
The Southville Surgery	43	B	Moderate	£ 6,000	£ -	£ 6,000	£ -	£ -
Greenway Community Practice	23	B	Moderate	£ 6,150	£ -	£ 6,150	£ -	£ -
Ridgeseze Medical Centre	31	C	Significant	£ 7,100	£ 300	£ 5,600	£ 700	£ 500
Bishopston Medical Practice	0	B	Moderate	£ 4,100	£ -	£ 4,100	£ -	£ -
Monks Park Surgery	31	B	Significant	£ 3,050	£ 550	£ 1,900	£ 300	£ 300
Pembroke Road Surgery	37	B	Moderate	£ 3,500	£ -	£ 3,500	£ -	£ -

Statutory Compliance Summary – North Somerset Practices

BNSSG - 6 FACET SUMMARY													
STATUTORY COMPLIANCE													
Site Name	Locality	Cluster	Building Life	Overall Rating	Overall Risk Rank	Backlog Costs (incl 0% uplift)	Low	Moderate	Significant	High			
Clarence Park Surgery	North Somerset	Weston & Worle	45	B	Moderate	£ 6,400	£ -	£ 3,500	£ 2,400	£ 500			
The Locality Health Centre	North Somerset	Weston & Worle	41	B	Moderate	£ 500	£ -	£ 500	£ -	£ -			
Locking Castle Medical Centre	North Somerset	Weston & Worle	51	B	Moderate	£ 5,400	£ -	£ 5,400	£ -	£ -			
Stafford Place Surgery	North Somerset	Weston & Worle	22	B	Moderate	£ 20,800	£ -	£ 19,700	£ 600	£ 600			
Tudor Lodge Surgery	North Somerset	Weston & Worle	52	B	Significant	£ 5,650	£ -	£ 4,900	£ 250	£ 500			
Banwell Surgery	North Somerset	Weston & Worle	59	C	Moderate	£ 27,200	£ 10,000	£ 16,950	£ -	£ 250			
The Cedars Surgery	North Somerset	Weston & Worle	54	B	Moderate	£ 7,000	£ 4,000	£ 3,000	£ -	£ -			
Graham Road Surgery	North Somerset	Weston & Worle	42	B	Moderate	£ 11,600	£ 4,000	£ 7,100	£ -	£ 500			
Langton Grove Surgery	North Somerset	Weston & Worle	43	B	Moderate	£ 600	£ -	£ 600	£ -	£ -			
The Milton Surgery	North Somerset	Weston & Worle	51	B	x	£ -	£ -	£ -	£ -	£ -			
New Court Surgery	North Somerset	Weston & Worle	47	B	Moderate	£ 9,000	£ 2,500	£ 6,500	£ -	£ -			
Riverbank Medical Centre	North Somerset	Weston & Worle	37	B	x	£ -	£ -	£ -	£ -	£ -			
Winscombe Surgery	North Somerset	Weston & Worle	32	B	Moderate	£ 11,400	£ 5,500	£ 5,900	£ -	£ -			
Worle Health Centre	North Somerset	Weston & Worle	51	B	Moderate	£ 14,480	£ 2,500	£ 11,730	£ -	£ 250			
Locking Village Surgery	North Somerset	Weston & Worle	33	B	Moderate	£ 6,650	£ 350	£ 4,500	£ 1,800	£ -			
St George's Surgery	North Somerset	Woodspring	54	B	Moderate	£ 4,844	£ 1,000	£ 3,844	£ -	£ -			
Backwell Medical Centre	North Somerset	Woodspring	36	B	Significant	£ 1,000	£ -	£ -	£ 1,000	£ -			
Clevedon Medical Centre	North Somerset	Woodspring	41	B	Moderate	£ 1,000	£ -	£ 1,000	£ -	£ -			
Marina Healthcare Centre (Harbourside Family Practice)	North Somerset	Woodspring	51	B	x	£ -	£ -	£ -	£ -	£ -			
Heywood Surgery	North Somerset	Woodspring	42	B	Moderate	£ 6,965	£ 2,400	£ 4,565	£ -	£ -			
Long Ashton Surgery	North Somerset	Woodspring	45	B	Low	£ 1,300	£ 1,300	£ -	£ -	£ -			
Nailsea Family Practice	North Somerset	Woodspring	40	B	Moderate	£ 17,647	£ 4,050	£ 13,597	£ -	£ -			
Portishead Medical Group	North Somerset	Woodspring	52	B	Moderate	£ 2,500	£ -	£ 2,500	£ -	£ -			
Sunnyside Surgery	North Somerset	Woodspring	40	B	x	£ -	£ -	£ -	£ -	£ -			
Langford Surgery	North Somerset	Woodspring	54	B	x	£ -	£ -	£ -	£ -	£ -			
Brockway Medical Centre	North Somerset	Woodspring	26	B	Significant	£ 11,739	£ 1,575	£ -	£ 5,082	£ 5,082			
Congresbury Surgery	North Somerset	Woodspring	51	B	Significant	£ 900	£ -	£ 900	£ -	£ -			
Yatton Surgery	North Somerset	Woodspring	51	B	Low	£ 3,600	£ 3,600	£ -	£ -	£ -			

Statutory Compliance Summary – North Somerset Practices

BNSSG - 6 FACET SUMMARY										
STATUTORY COMPLIANCE										
Site Name	Locality	Cluster	Building Life	Overall Rai	Overall Risk Rank	Backlog Costs (incl 0% uplift)	Low	Moderate	Significant	High
Cadbury Heath Healthcare	South Gloucester	4PCC	48	B	Significant	£ 6,300	£ 1,950	£ 1,800	£ 1,350	£ 1,200
Close Farm Surgery	South Gloucester	4PCC	58	B	Significant	£ 6,753	£ -	£ 3,603	£ 3,150	£ -
Hanham Surgery	South Gloucester	4PCC	57	B	Significant	£ 22,050	£ -	£ 1,950	£ 1,350	£ 6,150
Kingswood Health Centre	South Gloucester	4PCC	52	B	Significant	£ 10,428	£ -	£ 4,203	£ 6,225	£ -
Oldland Surgery	South Gloucester	4PCC	38	B	Significant	£ 500	£ -	£ -	£ 500	£ -
Wick Surgery	South Gloucester	Central 5	30	B	x	£ -	£ -	£ -	£ -	£ -
Christchurch Family Medical Centre	South Gloucester	Central 5	47	B	Moderate	£ 3,150	£ 2,400	£ 750	£ -	£ -
Marshfield Surgery	South Gloucester	Central 5	2	B	Moderate	£ 3,913	£ -	£ 3,000	£ 913	£ -
Colerne Surgery	South Gloucester	Central 5	35	B	Moderate	£ 7,136	£ 2,100	£ 5,036	£ -	£ -
Orchard Medical Centre	South Gloucester	Central 5	53	B	Significant	£ 6,300	£ -	£ 2,300	£ 4,000	£ -
Pucklechurch Surgery	South Gloucester	Central 5	56	B	Moderate	£ 4,050	£ 1,300	£ 2,750	£ -	£ -
The Willow Surgery	South Gloucester	Central 5	50	B	Moderate	£ 7,520	£ 2,400	£ 5,120	£ -	£ -
Abbotswood Surgery	South Gloucester	Central 6	39	B	Moderate	£ 1,500	£ -	£ 1,500	£ -	£ -
Emersons Green Medical Centre	South Gloucester	Central 6	48	B	Moderate	£ 6,000	£ -	£ 4,000	£ 2,000	£ -
Frome Valley Medical Centre	South Gloucester	Central 6	50	B	Moderate	£ 2,250	£ -	£ 2,250	£ -	£ -
Beaufort Surgery	South Gloucester	Central 6	56	B	Significant	£ 3,500	£ -	£ 1,500	£ 2,000	£ -
Bradley Stoke Surgery	South Gloucester	Cluster 2	50	B	Moderate	£ -	£ -	£ 1,650	£ 500	£ -
Concord Medical Centre	South Gloucester	Cluster 2	58	B	x	£ -	£ -	£ -	£ -	£ -
Coniston Medical Centre	South Gloucester	Cluster 2	44	B	Moderate	£ -	£ -	£ -	£ -	£ -
Conygre Medical Centre	South Gloucester	Cluster 2	46	B	Significant	£ 4,000	£ -	£ 2,500	£ 1,500	£ -
Northville Family Practice	South Gloucester	Cluster 2	41	B	x	£ -	£ -	£ -	£ -	£ -
Stoke Gifford Medical Centre	South Gloucester	Cluster 2	52	B	Moderate	£ 3,444	£ -	£ 3,444	£ -	£ -
Almondsbury Surgery	South Gloucester	North & West	50	C	Moderate	£ 4,450	£ -	£ 4,450	£ -	£ -
Pilning Surgery	South Gloucester	North & West	37	C	Moderate	£ 1,500	£ -	£ 1,500	£ -	£ -
St Mary Street Surgery	South Gloucester	North & West	46	C	x	£ -	£ -	£ -	£ -	£ -
Thornbury Health Centre	South Gloucester	North & West	2	C	Low	£ 750	£ 750	£ -	£ -	£ -
Coalpit Heath Surgery	South Gloucester	Yate Group	22	B	x	£ -	£ -	£ -	£ -	£ -
Courtside Surgery	South Gloucester	Yate Group	48	B	Moderate	£ 750	£ -	£ 750	£ -	£ -
Kennedy Way Surgery	South Gloucester	Yate Group	46	B	Moderate	£ 5,036	£ -	£ 5,036	£ -	£ -
Wellington Road Family Practice	South Gloucester	Yate Group	53	B	Moderate	£ 500	£ -	£ 500	£ -	£ -
West Walk Surgery	South Gloucester	Yate Group	51	B	Significant	£ -	£ -	£ -	£ -	£ -

Functional Suitability Summary – Bristol Practices

BRISTOL CCG – 6 FACET SUMMARY						
FUNCTIONAL SUITABILITY						
Site Name	Locality	Cluster	Build Life	Over Ra	Backlog Cost (incl 0% upli	
Lodgeside Surgery	East & Inner City	East	39	B	£	-
The Surgery (Carrol Court)	East & Inner City	East	43	B	£	-
The Old School Surgery	East & Inner City	East	28	B	£	-
Air Balloon Surgery	East & Inner City	East	39	B	£	-
St Georges Health Centre	East & Inner City	East	43	B	£	400
Broadmead Medical Centre	East & Inner City	Inner City	52	B	£	-
Lawrence Hill Health Centre	East & Inner City	Inner City	47	B	£	-
Compass Health	East & Inner City	Inner City	0	B	£	12,260
Charlotte Keel Medical Practice	East & Inner City	Inner City	43	B	£	53,900
East Trees MC - OPENS Sept 15	East & Inner City	Inner City	58	B	£	-
The Maytrees Practice	East & Inner City	Inner City	58	B	£	-
The Wellspring Surgery	East & Inner City	Inner City	43	B	£	-
Montpelier Health Centre	East & Inner City	Inner City	33	B	£	42,000
Both Buildings Surgery	East & Inner City	Inner City	56	B	£	-
BCH - The Haven	East & Inner City	Inner City	33	B	£	-
Helios Medical Centre	North & West	Affinity	46	B	£	2,500
Sea Mills Surgery	North & West	Affinity	13	B	£	2,500
Westbury on Trym Primary Care Centre	North & West	Affinity	21	B	£	-
Falldon Way Medical Centre	North & West	Affinity	13	B	£	2,500
Gloucester Road Medical Centre	North & West	Colin	33	B	£	-
Horfield HC	North & West	Colin	17	B	£	-
The Family Practice	North & West	Healthcare West	51	B	£	-
Whiteladies Medical Group	North & West	Healthcare West	37	B	£	-
Southmead & Henbury Family Practice	North & West	Northern Arc	40	B	£	-
Bradgate Surgery	North & West	Northern Arc	32	B	£	8,400
Willow Tree Surgery	North & West	Northern Arc	3	B	£	2,000
Avonmouth Medical Centre	North & West	Northern Arc	36	B	£	-
Bz1 Surgery - malago	South	Bedminster Medical Group	51	B	£	25,250
Bedminster Family Practice	South	Bedminster Medical Group	33	B	£	11,760
The Malago Surgery	South	Bedminster Medical Group	38	B	£	14,750
Gaywood House Surgery	South	Bedminster Medical Group	3	C	£	500
Hartwood Healthcare	South	Cluster Go Six	23	c	£	366,480
Hillview Family Practice	South	Cluster Go Six	23	c	£	255,920
The Lennard Surgery	South	Cluster Go Six	23	C	£	500
Grange Road Surgery	South	Cluster Go Six	23	C	£	85,050
The Crest Family Practice	South	Cluster Go Six	33	B	£	89,000
The Merrywood Practice	South	Cluster Go Six	43	B	£	29,950
Stockwood Medical Centre	South	Connexus	3	B	£	2,500
Bristol Healthcare Services DOH	South	Connexus	43	B	£	-
Priory Surgery	South	Connexus	43	B	£	15,200
Birchwood Medical Practice	South	Connexus	43	c	£	1,177,967
Riverside Surgery	South	Connexus	38	c	£	12,800
Nightingale Valley Practice	South	Connexus	23	B	£	177,967
Wells Road Surgery	South	Connexus	3	B	£	-
Knowle Clinic	South		13	C	£	59,520
The Southville Surgery			43	B	£	-
Greenway Community Practice			23	B	£	-
Ridingleaze Medical Centre			31	B	£	1,700
Bishopston Medical Practice			0	C	£	1,608,500
Monks Park Surgery			31	B	£	-
Pembroke Road Surgery			37	B	£	6,000

Functional Suitability Summary – North Somerset Practices

BNSSG - 6 FACET SUMMARY							
FUNCTIONAL SUITABILITY							
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% uplift)		
Clarence Park Surgery	North Somerset	Weston & Worle	45	B	£	4,400	
The Locality Health Centre	North Somerset	Weston & Worle	41	B	£	-	
Locking Castle Medical Centre	North Somerset	Weston & Worle	51	B	£	2,500	
Stafford Place Surgery	North Somerset	Weston & Worle	22	B	£	6,900	
Tudor Lodge Surgery	North Somerset	Weston & Worle	52	B	£	-	
Banwell Surgery	North Somerset	Weston & Worle	59	C	£	12,000	
The Cedars Surgery	North Somerset	Weston & Worle	54	CX	£	10,200	
Graham Road Surgery	North Somerset	Weston & Worle	42	B	£	-	
Langton Grove Surgery	North Somerset	Weston & Worle	43	B	£	-	
The Milton Surgery	North Somerset	Weston & Worle	51	B	£	-	
New Court Surgery	North Somerset	Weston & Worle	47	B	£	-	
Riverbank Medical Centre	North Somerset	Weston & Worle	37	C	£	-	
Winscombe Surgery	North Somerset	Weston & Worle	32	B	£	12,000	
Worle Health Centre	North Somerset	Weston & Worle	51	C	£	-	
Locking Village Surgery	North Somerset	Weston & Worle	33	B	£	500	
St George's Surgery	North Somerset	Woodspring	54	B	£	-	
Backwell Medical Centre	North Somerset	Woodspring	36	B	£	-	
Clevedon Medical Centre	North Somerset	Woodspring	41	B	£	144,500	
Marina Healthcare Centre (Harbourside Family Practice)	North Somerset	Woodspring	51	B	£	-	
Heywood Surgery	North Somerset	Woodspring	42	B	£	-	
Long Ashton Surgery	North Somerset	Woodspring	45	B	£	-	
Nailsea Family Practice	North Somerset	Woodspring	40	B	£	19,200	
Portishead Medical Group	North Somerset	Woodspring	52	B	£	-	
Sunnyside Surgery	North Somerset	Woodspring	40	C	£	64,500	
Langford Surgery	North Somerset	Woodspring	54	B	£	-	
Brockway Medical Centre	North Somerset	Woodspring	26	B	£	-	
Congresbury Surgery	North Somerset	Woodspring	51	B	£	387,200	
Yalton Surgery	North Somerset	Woodspring	51	B	£	-	

Functional Suitability Summary – South Gloucestershire Practices

BNSSG - 6 FACET SUMMARY						
FUNCTIONAL SUITABILITY						
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% upli)	
Almondsbury Surgery	South Gloucester	North & West	50	C	£	101,600
Pilning Surgery	South Gloucester	North & West	37	B	£	-
St Mary Street Surgery	South Gloucester	North & West	46	C	£	31,200
Thornbury Health Centre	South Gloucester	North & West	2	B	£	-
Bradley Stoke Surgery	South Gloucester	Cluster 2	50	B	£	-
Cadbury Heath Healthcare	South Gloucester	4PCC	48	B	£	10,000
Christchurch Family Medical Centre	South Gloucester	Central 5	47	B	£	-
Close Farm Surgery	South Gloucester	4PCC	58	C	£	112,000
Marshfield Surgery	South Gloucester	Central 5	2	B	£	500
Coalpit Heath Surgery	South Gloucester	Yate Group	22	B	£	16,000
Abbotswood Surgery	South Gloucester	Central 6	Plot Area	B	£	500
Coleme Surgery	South Gloucester	Central 5	35	B	£	500
Concord Medical Centre	South Gloucester	Cluster 2	58	A	£	-
Coniston Medical Centre	South Gloucester	Cluster 2	44	B	£	-
Conygre Medical Centre	South Gloucester	Cluster 2	46	B	£	-
Courtside Surgery	South Gloucester	Yate Group	48	B	£	32,000
Emersons Green Medical Centre	South Gloucester	Central 6	48	B	£	128,000
Frome Valley Medical Centre	South Gloucester	Central 6	50	B	£	-
Hanham Surgery	South Gloucester	4PCC	57	B	£	160,000
Kennedy Way Surgery	South Gloucester	Yate Group	46	B	£	-
Kingswood Health Centre	South Gloucester	4PCC	52	B	£	-
Beaufort Surgery	South Gloucester	Central 6	56	B	£	-
Northville Family Practice	South Gloucester	Cluster 2	41	B	£	136,000
Oldland Surgery	South Gloucester	4PCC	38	B	£	-
Orchard Medical Centre	South Gloucester	Central 5	53	B	£	-
Pucklechurch Surgery	South Gloucester	Central 5	56	B	£	-
Stoke Gifford Medical Centre	South Gloucester	Cluster 2	52	B	£	-
The Willow Surgery	South Gloucester	Central 5	50	B	£	-
Wick Surgery	South Gloucester	Central 5	30	B	£	2,788
Wellington Road Family Practice	South Gloucester	Yate Group	53	B	£	-
West Walk Surgery	South Gloucester	Yate Group	51	B	£	-

Space Utilisation Summary – Bristol Practices

BRISTOL CCG - 6 FACET SUMMARY				
SPACE UTILISATION				
Site Name	Cluster	Bui g L	Over Ran	Backlog Cos (incl 0% upli
Helios Medical Centre	Affinity	46	F	£ -
Sea Mills Surgery	Affinity	13	F	£ 17,280
Westbury on Trym Primary Care Centre	Affinity	21	F	£ -
Falldon Way Medical Centre	Affinity	13	O	£ -
B&I Surgery - malago	Bedminster Medical Group	51	U	£ -
Bedminster Family Practice	Bedminster Medical Group	33	F	£ -
The Malago Surgery	Bedminster Medical Group	38	O	£ -
Gaywood House Surgery	Bedminster Medical Group	3	O	£ -
Hartwood Healthcare	Cluster Go Six	23	O	£ -
Hillview Family Practice	Cluster Go Six	23	O	£ -
The Lennard Surgery	Cluster Go Six	23	O	£ -
Grange Road Surgery	Cluster Go Six	23	O	£ -
The Crest Family Practice	Cluster Go Six	33	F	£ -
The Merrywood Practice	Cluster Go Six	43	F	£ -
Gloucester Road Medical Centre	Colin	33	F	£ -
Horfield HC	Colin	17	F	£ -
Stockwood Medical Centre	Connexus	3	F	£ -
Bristol Healthcare Services OOH	Connexus	43	F	£ -
Priory Surgery	Connexus	43	F	£ -
Birchwood Medical Practice	Connexus	43	O	£ -
Riverside Surgery	Connexus	38	U	£ -
Nightingale Valley Practice	Connexus	23	O	£ -
Wells Road Surgery	Connexus	3	F	£ -
Lodgeside Surgery	East	33	F	£ -
The Surgery (Carrol Court)	East	43	O	£ -
The Old School Surgery	East	28	F	£ -
Air Balloon Surgery	East	33	O	£ -
St Georges Health Centre	East	43	F	£ -
The Family Practice	Healthcare West	51	F	£ -
Whiteladies Medical Group	Healthcare West	37	F	£ -
Broadmead Medical Centre	Inner City	52	F	£ -
Lawrence Hill Health Centre	Inner City	47	F	£ -
Compass Health	Inner City	0	F	£ -
Charlotte Keel Medical Practice	Inner City	43	F	£ -
East Trees MC - OPENS Sept 15	Inner City	58	F	£ -
The Maytrees Practice	Inner City	58	F	£ -
The Wellspring Surgery	Inner City	43	O	£ 505,600
Montpelier Health Centre	Inner City	33	F	£ -
Both Buildings Surgery	Inner City	56	F	£ -
BCH - The Haven	Inner City	33	U	£ -
Southmead & Henbury Family Practice	Northern Arc	40	F	£ -
Bradgate Surgery	Northern Arc	32	U	£ -
Willow Tree Surgery	Northern Arc	3	F	£ -
Avonmouth Medical Centre	Northern Arc	36	F	£ -
Knowle Clinic		13	F	£ -
The Southville Surgery		43	F	£ -
Greenway Community Practice		23	F	£ -
Ridingleaze Medical Centre		31	F	£ -
Bishopston Medical Practice		0	F	£ -
Monks Park Surgery		31	F	£ -
Pembroke Road Surgery		37	O	£ 187,200

Space Utilisation Summary –North Somerset Practices

BRISTOL CCG - 6 FACET SUMMARY						
SPACE UTILISATION						
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% uplift)	
Clarence Park Surgery	North Somerset	Weston & Worle	45	F	£	-
The Locality Health Centre	North Somerset	Weston & Worle	41	F	£	-
Locking Castle Medical Centre	North Somerset	Weston & Worle	51	F	£	23,040
Stafford Place Surgery	North Somerset	Weston & Worle	22	U	£	-
Tudor Lodge Surgery	North Somerset	Weston & Worle	52	F	£	-
Banwell Surgery	North Somerset	Weston & Worle	59	O	£	896,000
The Cedars Surgery	North Somerset	Weston & Worle	54	O	£	1,056,000
Graham Road Surgery	North Somerset	Weston & Worle	42	F	£	-
Langton Grove Surgery	North Somerset	Weston & Worle	43	F	£	-
The Milton Surgery	North Somerset	Weston & Worle	51	F	£	-
New Court Surgery	North Somerset	Weston & Worle	47	F	£	-
Riverbank Medical Centre	North Somerset	Weston & Worle	37	O	£	100,800
Winscombe Surgery	North Somerset	Weston & Worle	32	F	£	-
Worle Health Centre	North Somerset	Weston & Worle	51	O	£	1,760,000
Locking Village Surgery	North Somerset	Weston & Worle	33	F	£	-
St George's Surgery	North Somerset	Woodspring	54	F	£	-
Backwell Medical Centre	North Somerset	Woodspring	36	F	£	-
Clevedon Medical Centre	North Somerset	Woodspring	41	O	£	-
Marina Healthcare Centre (Harbourside Family Practice)	North Somerset	Woodspring	51	F	£	-
Heywood Surgery	North Somerset	Woodspring	42	F	£	-
Long Ashton Surgery	North Somerset	Woodspring	45	F	£	-
Nailsea Family Practice	North Somerset	Woodspring	40	F	£	-
Portishead Medical Group	North Somerset	Woodspring	52	F	£	-
Sunnyside Surgery	North Somerset	Woodspring	40	O	£	-
Langford Surgery	North Somerset	Woodspring	54	F	£	-
Brockway Medical Centre	North Somerset	Woodspring	26	F	£	-
Congresbury Surgery	North Somerset	Woodspring	51	O	£	-
Yatton Surgery	North Somerset	Woodspring	51	F	£	-

Space Utilisation Summary –South Gloucestershire Practices

BRISTOL CCG - 6 FACET SUMMARY							
SPACE UTILISATION							
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% upli)		
Cadbury Heath Healthcare	South Gloucester	4PCC	48	F	£	-	-
Close Farm Surgery	South Gloucester	4PCC	58	O	£	-	-
Hanham Surgery	South Gloucester	4PCC	57	O	£	-	-
Kingswood Health Centre	South Gloucester	4PCC	52	F	£	-	-
Oldland Surgery	South Gloucester	4PCC	38	F	£	-	-
Wick Surgery	South Gloucester	Central 5	30	F	£	-	-
Christchurch Family Medical Centre	South Gloucester	Central 5	47	F	£	-	-
Marshfield Surgery	South Gloucester	Central 5	2	F	£	-	-
Coleme Surgery	South Gloucester	Central 5	35	F	£	-	-
Orchard Medical Centre	South Gloucester	Central 5	53	F	£	-	-
Pucklechurch Surgery	South Gloucester	Central 5	56	U	£	-	-
The Willow Surgery	South Gloucester	Central 5	50	F	£	-	-
Abbotswood Surgery	South Gloucester	Central 6	39	F	£	-	-
Emersons Green Medical Centre	South Gloucester	Central 6	48	O	£	-	-
Frome Valley Medical Centre	South Gloucester	Central 6	50	F	£	-	-
Beaufort Surgery	South Gloucester	Central 6	56	F	£	-	-
Bradley Stoke Surgery	South Gloucester	Cluster 2	50	F	£	-	-
Concord Medical Centre	South Gloucester	Cluster 2	58	F	£	-	-
Coniston Medical Centre	South Gloucester	Cluster 2	44	F	£	-	-
Conygre Medical Centre	South Gloucester	Cluster 2	46	F	£	-	-
Northville Family Practice	South Gloucester	Cluster 2	41	F	£	-	-
Stoke Gifford Medical Centre	South Gloucester	Cluster 2	52	F	£	-	-
Almondsbury Surgery	South Gloucester	North & West	50	F	£	900	-
Pilning Surgery	South Gloucester	North & West	37	U	£	900	-
St Mary Street Surgery	South Gloucester	North & West	46	U	£	900	-
Thornbury Health Centre	South Gloucester	North & West	2	U	£	900	-
Coalpit Heath Surgery	South Gloucester	Yate Group	22	F	£	-	-
Courtside Surgery	South Gloucester	Yate Group	48	F	£	-	-
Kennedy Way Surgery	South Gloucester	Yate Group	46	F	£	-	-
Wellington Road Family Practice	South Gloucester	Yate Group	53	F	£	-	-
West Walk Surgery	South Gloucester	Yate Group	51	F	£	-	-

Quality Summary – Bristol Practices

BRISTOL CCG – 6 FACET SUMMARY				
QUALITY				
Site Name	Cluster	Build Lif	Ove Rat	Backlog Co (incl 0% upl)
Falldon Way Medical Centre	Affinity	13	B	€ -
Helios Medical Centre	Affinity	46	B	€ -
Sea Mills Surgery	Affinity	13	B	€ 3,300
Westbury on Trym Primary Care Centre	Affinity	21	B	€ -
Bedminster Family Practice	Bedminster Medical Group	33	B	€ -
Bs1 Surgery - malago	Bedminster Medical Group	51	B	€ -
Gaywood House Surgery	Bedminster Medical Group	3	B	€ 500
The Malago Surgery	Bedminster Medical Group	38	B	€ -
Grange Road Surgery	Cluster Go Six	23	B	€ 10,000
Hartwood Healthcare	Cluster Go Six	23	B	€ -
Hillview Family Practice	Cluster Go Six	23	B	€ 3,350
The Crest Family Practice	Cluster Go Six	33	B	€ 3,000
The Lennard Surgery	Cluster Go Six	23	B	€ 8,000
The Merrywood Practice	Cluster Go Six	43	B	€ -
Gloucester Road Medical Centre	Colin	33	B	€ 1,264
Horfield HC	Colin	17	B	€ -
Birchwood Medical Practice	Connexus	43	B	€ 1,500
Bristol Healthcare Services OOH	Connexus	43	B	€ -
Nightingale Valley Practice	Connexus	23	B	€ 1,500
Priory Surgery	Connexus	43	B	€ 3,500
Riverside Surgery	Connexus	38	B	€ -
Stockwood Medical Centre	Connexus	3	B	€ 7,500
Wells Road Surgery	Connexus	3	B	€ -
Air Balloon Surgery	East	39	B	€ 13,000
Lodgeside Surgery	East	39	B	€ -
St Georges Health Centre	East	43	B	€ -
The Old School Surgery	East	28	B	€ -
The Surgery (Carrol Court)	East	43	B	€ -
The Family Practice	Healthcare West	51	B	€ 6,435
Whiteladies Medical Group	Healthcare West	37	B	€ 3,525
Bath Buildings Surgery	Inner City	56	B	€ -
BCH - The Haven	Inner City	33	B	€ -
Broadmead Medical Centre	Inner City	52	B	€ -
Charlotte Keel Medical Practice	Inner City	43	B	€ -
Compass Health	Inner City	0	B	€ -
East Trees MC - OPENS Sept 15	Inner City	58	B	€ -
Lawrence Hill Health Centre	Inner City	47	B	€ 300
Montpelier Health Centre	Inner City	33	B	€ 4,344
The Maytrees Practice	Inner City	58	B	€ -
The Wellspring Surgery	Inner City	43	B	€ 3,400
Avonmouth Medical Centre	Northern Arc	36	B	€ -
Bradgate Surgery	Northern Arc	32	B	€ -
Southmead & Henbury Family Practice	Northern Arc	40	B	€ -
Willow Tree Surgery	Northern Arc	3	B	€ 1,800
Bishopston Medical Practice		0	B	€ -
Greenway Community Practice		23	B	€ -
Knowle Clinic		13	B	€ 40,710
Monks Park Surgery		31	B	€ -
Pembroke Road Surgery		37	B	€ 6,000
Ridgeseaze Medical Centre		31	B	€ 3,844
The Southville Surgery		43	B	€ 1,264

Quality Summary – North Somerset Practices

BNSSG - 6 FACET SUMMARY							
QUALITY							
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% upli		
Clarence Park Surgery	North Somerset	Weston & Worle	45	B	£ 1,100		
The Locality Health Centre	North Somerset	Weston & Worle	41	B	£ 2,100		
Locking Castle Medical Centre	North Somerset	Weston & Worle	51	B	£ -		
Stafford Place Surgery	North Somerset	Weston & Worle	22	B	£ 1,300		
Tudor Lodge Surgery	North Somerset	Weston & Worle	52	B	£ -		
Banwell Surgery	North Somerset	Weston & Worle	59	B	£ 3,400		
The Cedars Surgery	North Somerset	Weston & Worle	54	B	£ 1,197		
Graham Road Surgery	North Somerset	Weston & Worle	42	B	£ 1,293		
Langton Grove Surgery	North Somerset	Weston & Worle	43	B	£ -		
The Milton Surgery	North Somerset	Weston & Worle	51	B	£ 1,368		
New Court Surgery	North Somerset	Weston & Worle	47	B	£ -		
Riverbank Medical Centre	North Somerset	Weston & Worle	37	B	£ -		
Winscombe Surgery	North Somerset	Weston & Worle	32	B	£ 4,940		
Worle Health Centre	North Somerset	Weston & Worle	51	B	£ 5,410		
Locking Village Surgery	North Somerset	Weston & Worle	33	B	£ -		
St George's Surgery	North Somerset	Woodspring	54	B	£ -		
Backwell Medical Centre	North Somerset	Woodspring	36	B	£ -		
Clevedon Medical Centre	North Somerset	Woodspring	41	B	£ -		
Marina Healthcare Centre (Harbourside Family Practice)	North Somerset	Woodspring	51	B	£ 700		
Heywood Surgery	North Somerset	Woodspring	42	B	£ -		
Long Ashton Surgery	North Somerset	Woodspring	45	B	£ -		
Nailsea Family Practice	North Somerset	Woodspring	40	B	£ -		
Portishead Medical Group	North Somerset	Woodspring	52	B	£ -		
Sunnyside Surgery	North Somerset	Woodspring	40	B	£ -		
Langford Surgery	North Somerset	Woodspring	54	B	£ -		
Brockway Medical Centre	North Somerset	Woodspring	26	B	£ 3,392		
Congresbury Surgery	North Somerset	Woodspring	51	B	£ -		
Yatton Surgery	North Somerset	Woodspring	51	B	£ 2,713		

Quality Summary – South Gloucestershire Practices

BNSSG - 6 FACET SUMMARY						
QUALITY						
Site Name	Locality	Cluster	Building Life	Overall Rank	Backlog Costs (incl 0% upl)	
Cadbury Heath Healthcare	South Gloucester	4PCC	48	B	£ -	
Close Farm Surgery	South Gloucester	4PCC	58	B	£ 1,000	
Hanham Surgery	South Gloucester	4PCC	57	B	£ 5,428	
Kingswood Health Centre	South Gloucester	4PCC	52	B	£ -	
Oldland Surgery	South Gloucester	4PCC	38	B	£ -	
Wick Surgery	South Gloucester	Central 5	30	B	£ 2,788	
Christchurch Family Medical Centre	South Gloucester	Central 5	47	B	£ 4,749	
Marshfield Surgery	South Gloucester	Central 5	2	B	£ 3,392	
Coleme Surgery	South Gloucester	Central 5	35	B	£ 2,374	
Orchard Medical Centre	South Gloucester	Central 5	53	B	£ -	
Pucklechurch Surgery	South Gloucester	Central 5	56	B	£ -	
The Willow Surgery	South Gloucester	Central 5	50	B	£ 5,428	
Abbotswood Surgery	South Gloucester	Central 6	39	B	£ -	
Emersons Green Medical Centre	South Gloucester	Central 6	48	B	£ -	
Frome Valley Medical Centre	South Gloucester	Central 6	50	B	£ -	
Beaufort Surgery	South Gloucester	Central 6	56	B	£ -	
Bradley Stoke Surgery	South Gloucester	Cluster 2	50	B	£ -	
Concord Medical Centre	South Gloucester	Cluster 2	58	A	£ -	
Coniston Medical Centre	South Gloucester	Cluster 2	44	B	£ -	
Conygre Medical Centre	South Gloucester	Cluster 2	46	B	£ -	
Northville Family Practice	South Gloucester	Cluster 2	41	B	£ -	
Stoke Gifford Medical Centre	South Gloucester	Cluster 2	52	B	£ -	
Almondsbury Surgery	South Gloucester	North & West	50	B	£ 6,840	
Pilning Surgery	South Gloucester	North & West	37	B	£ 23,755	
St Mary Street Surgery	South Gloucester	North & West	46	C	£ 42,485	
Thornbury Health Centre	South Gloucester	North & West	2	B	£ 1,000	
Coalpit Heath Surgery	South Gloucester	Yate Group	22	B	£ -	
Courtside Surgery	South Gloucester	Yate Group	48	B	£ -	
Kennedy Way Surgery	South Gloucester	Yate Group	46	B	£ -	
Wellington Road Family Practice	South Gloucester	Yate Group	53	B	£ 2,500	
West Walk Surgery	South Gloucester	Yate Group	51	B	£ -	

Annex 4 - BNSSG Community and Primary Care Estate Owned by NHS Property Services and CHP

BNSSG CCG Estates Overview - January 2019

Property Name	Property GIA (sqm)	Tenant Name	Tenant Demised (sqm)	Tenant Chargeable Area (sqm)	Total NRA (sqm)
Amelia Nutt Clinic	483.81	UNIVERSITY HOSPITALS BRISTOL NHS FT	13.63	19.46	470.04
		BNSSG CCG - Sessional	49.16	70.20	
		BRISTOL COMMUNITY HEALTH CIC - Adult	127.42	181.95	
		BRISTOL COMMUNITY HEALTH CIC - Child	138.96	198.43	
Avonmouth Medical Centre	578.74	BRISTOL COMMUNITY HEALTH CIC - Adult	138.25	138.25	450.00
		PIONEER MEDICAL GROUP	311.75	311.75	
Brooklea Health Centre	1297.42	BIRCHWOOD MEDICAL PRACTICE	137.61	272.10	1166.18
		BRISTOL COMMUNITY HEALTH CIC - Adult	107.97	213.49	
		NIGHTINGALE VALLEY PRACTICE	268.04	530.00	
		BRISTOL COMMUNITY HEALTH CIC - Child	60.88	120.38	
		UNIVERSITY HOSPITALS BRISTOL NHS FT	15.28	30.21	
Child Development Centre, Clevedon	599.34	NORTH SOMERSET COMMUNITY PARTNERSHIP CIC	407.52	407.52	407.52
Cadbury Heath Health Centre	1016.32	SIRONA CARE AND HEALTH - Adult	149.57	217.38	895.96
		SIRONA CARE AND HEALTH	44.82	65.14	
		SIRONA CARE AND HEALTH - Child	61.79	89.82	
		NORTH BRISTOL NHS TRUST	31.54	45.71	
		CADBURY HEATH HEALTHCARE	328.82	477.91	
Church House Childrens Respite Centre	345.73	SIRONA CARE AND HEALTH	335.15	335.15	335.15
Charlotte Keel Health Centre	2186.22	LLOYDS PHARMACY	85.62	121.88	1939.94
		BRISTOL COMMUNITY HEALTH CIC - Child	132.51	188.63	
		BRISTOL COMMUNITY HEALTH CIC - Adult	155.05	220.72	
		UNIVERSITY HOSPITALS BRISTOL NHS FT - Midwives	55.33	78.76	
		BNSSG CCG - Sessional	66.01	93.97	
		BRISDOC	714.54	1017.15	
UNIVERSITY HOSPITALS BRISTOL NHS FT - Dental	153.72	218.83			

BNSSG CCG Estates Overview - January 2019

Property Name	Property GIA (sqm)	Tenant Name	Tenant Demised (sqm)	Tenant Chargeable Area (sqm)	Total NRA (sqm)
Amelia Nutt Clinic	483.81	UNIVERSITY HOSPITALS BRISTOL NHS FT	13.63	19.46	470.04
		BNSSG CCG - Sessional	49.16	70.20	
		BRISTOL COMMUNITY HEALTH CIC - Adult	127.42	181.95	
		BRISTOL COMMUNITY HEALTH CIC - Child	138.96	198.43	
Avonmouth Medical Centre	578.74	BRISTOL COMMUNITY HEALTH CIC - Adult	138.25	138.25	450.00
		PIONEER MEDICAL GROUP	311.75	311.75	
Brooklea Health Centre	1297.42	BIRCHWOOD MEDICAL PRACTICE	137.61	272.10	1166.18
		BRISTOL COMMUNITY HEALTH CIC - Adult	107.97	213.49	
		NIGHTINGALE VALLEY PRACTICE	268.04	530.00	
		BRISTOL COMMUNITY HEALTH CIC - Child	60.88	120.38	
UNIVERSITY HOSPITALS BRISTOL NHS FT	15.28	30.21			
Child Development Centre, Clevedon	599.34	NORTH SOMERSET COMMUNITY PARTNERSHIP CIC	407.52	407.52	407.52
Cadbury Heath Health Centre	1016.32	SIRONA CARE AND HEALTH - Adult	149.57	217.38	895.96
		SIRONA CARE AND HEALTH	44.82	65.14	
		SIRONA CARE AND HEALTH - Child	61.79	89.82	
		NORTH BRISTOL NHS TRUST	31.54	45.71	
CADBURY HEATH HEALTHCARE	328.82	477.91			
Church House Childrens Respite Centre	345.73	SIRONA CARE AND HEALTH	335.15	335.15	335.15
Charlotte Keel Health Centre	2186.22	LLOYDS PHARMACY	85.62	121.88	1939.94
		BRISTOL COMMUNITY HEALTH CIC - Child	132.51	188.63	
		BRISTOL COMMUNITY HEALTH CIC - Adult	155.05	220.72	
		UNIVERSITY HOSPITALS BRISTOL NHS FT - Midwives	55.33	78.76	
		BNSSG CCG - Sessional	66.01	93.97	
		BRISDOC	714.54	1017.15	
UNIVERSITY HOSPITALS BRISTOL NHS FT - Dental	153.72	218.83			

BNSSG CCG Estates Overview - January 2019

Property Name	Property GIA (sqm)	Tenant Name	Tenant Demised (sqm)	Tenant Chargeable Area (sqm)	Total NRA (sqm)
Amelia Nutt Clinic	483.81	UNIVERSITY HOSPITALS BRISTOL NHS FT	13.63	19.46	470.04
		BNSSG CCG - Sessional	49.16	70.20	
		BRISTOL COMMUNITY HEALTH CIC - Adult	127.42	181.95	
		BRISTOL COMMUNITY HEALTH CIC - Child	138.96	198.43	
Avonmouth Medical Centre	578.74	BRISTOL COMMUNITY HEALTH CIC - Adult	138.25	138.25	450.00
		PIONEER MEDICAL GROUP	311.75	311.75	
Brooklea Health Centre	1297.42	BIRCHWOOD MEDICAL PRACTICE	137.61	272.10	1166.18
		BRISTOL COMMUNITY HEALTH CIC - Adult	107.97	213.49	
		NIGHTINGALE VALLEY PRACTICE	268.04	530.00	
		BRISTOL COMMUNITY HEALTH CIC - Child	60.88	120.38	
		UNIVERSITY HOSPITALS BRISTOL NHS FT	15.28	30.21	
Child Development Centre, Clevedon	599.34	NORTH SOMERSET COMMUNITY PARTNERSHIP CIC	407.52	407.52	407.52
Cadbury Heath Health Centre	1016.32	SIRONA CARE AND HEALTH - Adult	149.57	217.38	895.96
		SIRONA CARE AND HEALTH	44.82	65.14	
		SIRONA CARE AND HEALTH - Child	61.79	89.82	
		NORTH BRISTOL NHS TRUST	31.54	45.71	
		CADBURY HEATH HEALTHCARE	328.82	477.91	
Church House Childrens Respite Centre	345.73	SIRONA CARE AND HEALTH	335.15	335.15	335.15
Charlotte Keel Health Centre	2186.22	LLOYDS PHARMACY	85.62	121.88	1939.94
		BRISTOL COMMUNITY HEALTH CIC - Child	132.51	188.63	
		BRISTOL COMMUNITY HEALTH CIC - Adult	155.05	220.72	
		UNIVERSITY HOSPITALS BRISTOL NHS FT - Midwives	55.33	78.76	
		BNSSG CCG - Sessional	66.01	93.97	
		BRISDOC	714.54	1017.15	
		UNIVERSITY HOSPITALS BRISTOL NHS FT - Dental	153.72	218.83	

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Annex 5 - Carter Review 35 Interventions

Rank	£/tCO2e	Name	£ / tCO2e	tCO2e saved in 2020	£000s saved in 2020
1		Theatre kits in hospitals - reducing packaging	-31,600	329	11,500
2		Sugar reduction in soft drinks	-7,380	1,420	0 (saving in 2026: 32,200)*
3		Combined Heat and Power (CHP)†	-6,340	3,750	26,400
4		Reducing medicine waste	-4,430	7,030	37,500
5		Active staff travel	-3,790	4,180	0 (saving in 2026: 19,500)*
6		Psychiatric liaison	-2,000	84,500	259,000
7		Biomass boilers	-1,870	28,400	4,690
8		Effective use of long-acting injections	-1,620	166	297
9		Driver training for fuel efficiency and safety	-1,570	3,960	1,480
10		Reducing social isolation in older people	-1,320	62	0 (saving in 2026: 421)*
11		Teleconferencing	-981	4,100	5,020
12		Furniture reuse scheme	-527	175,000	425
13		Telehealth/Telecare for long term conditions	-341	6,740	2,550
14		Solar - photovoltaic	-261	2,690	1,030
15		Variable speed drives	-231	10,300	3,930
16		Staff energy awareness & behaviour change	-210	75,100	21,500
17		Lighting - controls	-167	2,250	863
18		Building Management System (BMS) - optimisation of existing systems	-153	14,100	3,440
19		Lighting - high efficiency	-141	18,800	7,190
20		Optimising office electrical equipment	-125	11,100	4,250
21		Temperature set points - '1 degree C'	-111	46,200	6,260
22		Building Management Systems (BMS) - new systems	-93	29,200	4,440
23		Heating upgrade	-91	18,200	2,470
24		Decentralisation of hot water boilers	-87	18,000	2,430
25		Boiler plant optimisation	-76	2,050	278
26		Dry recycling of general waste	-45	1,240	387
27		Building fabric - glazing, insulation & draft proofing	-24	11,400	1,540
28		Reducing waste anaesthetic gases	-15	11,900	201
29		District heating	-15	27,900	3,780
30		Boiler replacement	-3	6,160	834
31		Smoking cessation	-1	42,200	0 (saving in 2026: 248)*
32		Solar - thermal	0	2,350	319
33		Prescribing non-propellant inhalers for asthma	0	341,000	0
34		Travel planning	1	48,900	23
35		Reducing fuel poverty through referrals for home insulation	1,480	17,400	0 (saving in 2026: 171,800)*
Grand total savings in 2020				1.1 million tonnes	£414 million

* Interventions' direct financial savings for the sector not realised until 2026 so excluded from total.
† From 2021 gas CHP is higher carbon than grid electricity is expected to be.

Interventions category key:

Product and procurement innovation	Waste reduction
Healthcare delivery/service innovation	Energy saving
Health Protection (£ saving not until 2026)	Travel

Annex 6 - Summary of Current Projects / One Public Estate Schemes

The STP estates strategy outlines the BNSSG proposal in respect of its estate over the coming years.

It is recognised that further development and on-going review will need to take place, especially with respect to the impact of new models of care and growth in areas outside of primary care, including acute, mental health, community and social services provision.

As set out in Section 5.2, the STP has established six key principles for our estate strategy, those being:

1. Improves quality and user experience;
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery;
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units;
4. Financially sustainable and helps reduce overall costs of running the estate;
5. Invest in estate, which is sustainable, and supports new models of care;
6. Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits.

The initial areas that the STP / CCG and its partners are prioritising through this strategy linked to the core Principles are shown below. However, as the new models of care are developed, and infrastructure plans are developed to support them, some of these may be withdrawn but equally additional schemes may be added.

Principal 1: Quality and User Experience

The estate is configured to maximise patient experience and improve equity of access. This is a core consideration for any investments.

Principal 2: Drive usage of the existing estate, creating working environments that are flexible to enable modern and improved service delivery

Improve Usage at Hampton House Health Centre by 2024

Hampton House Health Centre is considered 'core' estate within BNSSG. It is a Local Improvement Finance Trust (LIFT) building with annual running costs of circa £1.3m.

In March 2017 a utilisation study of the building was undertaken and the average use rate during operational hours (8:30am to 6:30pm, Monday to Friday) was found to be 50.6%.

The building provides quality, modern accommodation and we will work with localities, Localities and Locality Leadership Groups (LLGs), and building tenants to work differently in order to improve utilisation rates.

Increasing usage rates at Hampton House Health Centre from 50.6% to 75% results in an opportunity of saving a cost of circa £317k per annum.

Improve Usage at Whitchurch Health Centre by 2024

Whitchurch Health Centre is considered 'core' estate within BNSSG. It is a Local Improvement Finance Trust (LIFT) building with annual running costs of circa £0.8m.

In March 2017 a utilisation study of the building was undertaken and the average utilisation rate during operational hours (8:30am to 6:30pm, Monday to Friday) was found to be 42.7%.

The building provides quality, modern accommodation and the building tenants are prepared to work differently in order to improve use rates. Work with localities and LLGs to improve usage.

Increasing utilisation rates at Whitchurch Health Centre from 42.7% to 75% results a service saving cost of circa £258k per annum.

Improve Usage at Shirehampton Primary Care Centre by 2024

Shirehampton Primary Care Centre is considered 'core' estate within BNSSG. It is a Local Improvement Finance Trust (LIFT) building with annual running costs of circa £0.8m.

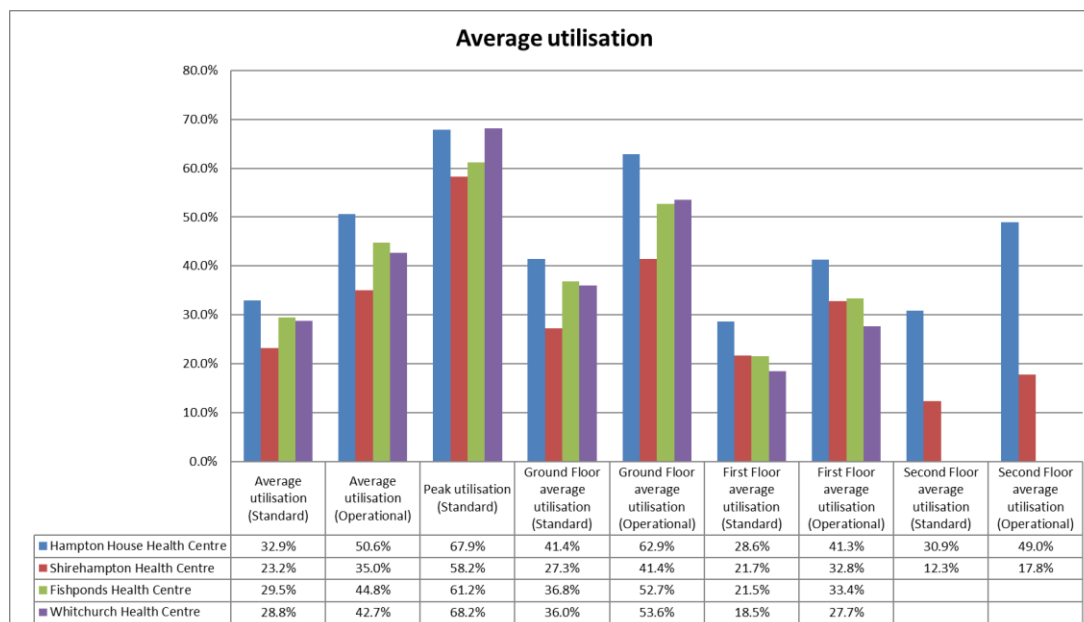
In March 2017 a utilisation study of the building was undertaken and the average utilisation rate during operational hours (8:30am to 6:30pm, Monday to Friday) was found to be 35.0%.

The building provides quality, modern accommodation and the building tenants are prepared to work differently in order to improve use rates. Work with localities and LLGs to improve utilisation.

Increasing usage rates at Shirehampton Primary Care Centre from 35.0% to 75% results in an opportunity of saving a cost of circa £320k annum.

The figure below shows the average utilisation rates of the LIFT buildings. Please note, South Bristol Community Hospital was not included in the exercise. Also, whilst Fishponds Primary Care Centre was included within the exercise, some of the tenants have indicated they do not wish to work differently. This is an issue that will need to be addressed by the STP at some point in the future "to encourage tenants with leases to work more efficiently".

Figure 10: Average Utilisation rates of the surveyed LIFT buildings



Principal 3: Identify what we don't need and rationalise, re-purpose or dispose of surplus land to generate STP capital receipts and additional housing units

Rationalisation of Mental Health Services (STP39.1d)

Rationalisation of mental health services, currently on North Bristol NHS Trust's site at Southmead Hospital, will be the primary enabler of more integrated, effective care across our system. In turn, this will support:

- Optimising Avon and Wiltshire Mental Health Partnership NHS Trust's bed base to eliminate the use of Out-of-area beds
- Moving away from standalone units, in favour of inpatient units grouped in clusters of five or more wards. This addresses clinical issues regarding risk and safety as well as improving scope for developing specialisation, driving efficiencies of scale and for encouraging recruitment and supporting flexible staffing arrangements
- Delivering recurrent revenue savings of £1.2m per annum and demonstrates value for many with a discounted cost/benefit ratio of 1.47.

Avon and Wiltshire Mental Health Partnership NHS Trust have been successful in obtaining STP Wave 3 capital funding of £7.5m and the Full Business Case is currently being prepared. The works are subject to public consultation which should be complete in 2019/20 meaning the works should complete on site in 2022/23.

The capital project will:

- Relocate services situated at Southmead Hospital to newly provided accommodation on the Callington Road. and Blackberry Hill sites in Bristol and the Longfox Unit, Weston-Super-Mare
- Co-locate services and specialisms

- Provide a centre of excellence for dementia care.

The physical assets delivered by the scheme comprise newly converted, fit for purpose accommodation for 11 inpatient services at locations across BNSSG.

The scheme will also free up parts of the Southmead Hospital site, allowing strategic moves of services on the site, with a view to eventually releasing land for disposal / development. At this stage this re-use of land or potential sale is subject to a separate Strategic Outline Business Case.

Disposal of Ridingleaze Medical Centre and Lawrence Weston Health Centre

Pioneer Medical Group is a GP practice formed in April 2016 from three previously independent practices spread across the highly deprived “Northern Arc” area of Bristol. One of the sites the practice operates from is Ridingleaze Medical Centre, a dilapidated building with a lease that expired in October 2018. Meaning the practice is now sitting a tenant. In an effort to address the issue the practice submitted an Estates and Technology Transformation Fund (ETTF) bid in 2016 and were successful in securing £2.8m to relocate to new premise in the Lawrence Weston area.

Approval of the funds coincided with the successful petitioning of Bristol City Council (BCC) by a local community group, Ambition Lawrence Weston (ALW), to support the development of a community facility on the old Lawrence Weston Community College site. Bristol City Council agreed to contribute the land and an additional £1m capital. In addition, further capital funding was secured from the Big Local Lottery Trust by ALW.

Following detailed discussions between all partners it was agreed that Bristol City Council would be best placed to lead on building the proposed new development, working in partnership with the CCG, NHSE and the local community as part of the One Public Estate programme.

Planning approval was gained on 3 December 2015 for an ETTF-funded GP Surgery along with Library, BCC Public Health Services, community rooms, café and office space (all funded by others).

The primary care accommodation will be fully fitted out by BCC and have a floor area of 667sqm, serving approximately 8,000 patients drawn from the existing sites at Ridingleaze Surgery (6,500 patients) and Shirehampton’s Capel Road Branch Surgery (1,500 patients).

The new building is scheduled to complete in 2020/21 and will allow Pioneer Medical Centre to formally vacate Ridingleaze Medical Centre. In addition, the old Lawrence Weston Health Centre, owned by NHS Property Services and immediately adjacent the Ridingleaze site, is significantly underutilised. The only tenant of Lawrence Weston Health Centre is AWP who have indicated they could vacate. Currently this site is being kept as a reserve option to replace the Ridingleaze site in the event that the new build does not go forward and an alternative option is needed. If the new build does go ahead the old Health Centre will be declared surplus and sold, raising capital receipts.

The value of Lawrence Weston Health Centre has yet to be determined but is estimated to be worth £0.3m. The land area is thought to be 0.3Ha which could provide 12 housing units.

Repurposing of Land at Thornbury

As part of the Rehabilitation, Reablement and Recovery (3Rs) project NBT, BNSSG CCG, NHS Property Services and South Gloucestershire Council are working together to deliver a scheme

that meets the requirements of all parties for health and social care and release of land at Thornbury.

A target date of 2019 has been set for concluding negotiations. The plan is to establish a health and social care centre on the Thornbury Hospital site to include a health facility, extra care units and possibly residential housing.

Repurposing of Land at Frenchay

As part of the 3Rs project, NBT is working with BNSSG CCG and South Gloucestershire Council partners to establish a health and social care facility at Frenchay with residual land available for housing. It is expected that the negotiations will conclude in 2019 in order to progress this scheme.

Disposal of St Johns Lane Health Centre

This site was identified for disposal by Bristol Primary Care Trust and endorsed by NHS England and Bristol CCG to support the new GP premises at Marksbury Road. The site was completely vacated in September 2018 and NHSPS is currently marketing the site for disposal. At 0.17Ha, it is estimated circa six houses could be built on this site.

Disposal and Redevelopment of Land in Bristol

Land in Bristol is owned by NHS Property Services. The sites are occupied currently. The occupation is not documented but the occupants use the sites to provide services.

The sites are included within the 'DH Estates Dashboard' as a potential disposal opportunity and are expected to contribute to the Naylor Fair Share value for the STP (the minimum value each STP needs to deliver in order to meet the £3.3bn national target). Furthermore, the opportunity is included within the July 2018 STP wide 'Workbook' that was submitted to NHSE/I on the 14th July 2018 to support the Wave 4 Capital bids.

The site is subject to a legal restriction following the disposal of a property at the entrance to the site. This disposal included the entrance and part of the access road used by the current tenant and another property owner alongside the property. The owner, in title, of this property has requested to buy a parcel of land to the rear of his property and this offers the opportunity to negotiate rights to open up the entrance. This is a likely requirement for a new residential development of 150+ new homes.

Currently, the Local Plan for Bristol does not include the site for development. This is likely to be the key constraint to unlocking development potential on the site.

The opportunity

In order to maximise capital receipts, NHSPS supported by the CCG and Bristol City Council, will need to negotiate alternative arrangements with the current occupier.

This is the largest disposal opportunity for Healthier Together STP and will realise the largest capital receipt.

Disposal of Land at Millcross, Clevedon

There is a shortage of primary care estate in Clevedon to meet the 2020 population. The problem is compounded by a Community Care issue. Clevedon Hospital was gifted to the local community, it's an expensive site to run and requires on-going maintenance.

In 2013 the former North Somerset CCG considered the re-provision of community services and options included the vacant land owned by NHS Property Services at Woodlington Road (otherwise known as Millcross). The scheme did not progress and this site remains available for the development of NHS services or disposal.

A Clevedon wide option appraisal is being undertaken to determine how primary and community care services could be provided in the area, which may allow the land at Millcross to be used differently.

The site is included within the 'DH Estates Dashboard' as a potential disposal opportunity and is expected to contribute to the Naylor Fair Share value for the STP (the minimum value each STP needs to deliver in order to meet the £3.3bn national target). Furthermore, the opportunity is included within the July 2018 STP wide 'Workbook' that was submitted to NHSE/I on the 14th July 2018 to support the Wave 4 Capital bids.

The site area is 1.1ha. It has an estimated it could provide up to 70 housing units, if the options appraisal will confirm if it is not required for Health Care.

Closure of Monks Park House, Southmead Hospital

Seven services are being relocated out of old accommodation on the Southmead Hospital site into alternative locations. This will release land on which the 1939 building is located for redevelopment. The building will be vacant by early summer.

Principal 4: Reduce costs of running the estate

This objective is covered in the text on Objective 3 and 6.

Principal 5: Invest in sustainable estate, which supports new models of care

Weston Villages Primary Care Provision

The population of Weston-Super-Mare is growing rapidly. In addition to the regeneration of the town centre, a development of 7,000 new homes is proposed to Weston Villages by 2026, with approximately 1,200 of the homes completed to date.

This scheme is already listed as a priority project aligned with the STP objectives in the October 2016 STP Plan Submission. It is integral to the 'Healthy Weston' vision and will complement the exciting proposals for a care campus.

In 2016 the CCG were awarded circa £3.5 million via the Estates and Technology Transformation Fund (ETTF) to prepare a Business Case and address general practice resilience and capacity in the area.

Existing facilities surrounding the new development do not have the space to accommodate the anticipated population growth (circa 16,000 patients). Therefore, the proposal is to develop a new building on the 'Parklands Village' site. A site has been designated by Section S106 for the delivery of a new facility and will transfer to the 'health' system for the nominal cost of £1. In addition, an S106 capital contribution of up to £1.3m from the housing developers will be paid via the local authority.

The preferred procurement route is via North Somerset Council, who will become owner and developer of the facility in exchange for an extended “rent free period” to the NHS. As well as developing the strategic relationship between the organisations, the main advantage of this route is that it provides best value and use of public funds as 100% of ETTF capital can be transferred to the Council via a Section 2 contract. Other development routes (e.g. GP ownership) would require the use of additional non-NHS capital due to restrictions in the Premises Cost Directions. Draft Heads of Terms are currently being prepared.

Central Weston Primary Care Provision

Weston-Super-Mare town centre has significant primary care challenges. In addition to the 7,000 new homes proposed at Weston Villages, a further 2,000 and a university hub are proposed in the town centre. Existing facilities are already struggling to cope with the current list size and the issue is further complicated by buildings which are ageing and not purpose built for the delivery of health care services.

The closure of the Boulevard practice and the relocation of Longton Grove and New Court from central Weston to Locking Road, means there is a relative under provision of primary care facilities in the town centre. In addition, whilst Stafford Group operates Stafford Place in the area, it is no longer fully operational and has requested to close due to the estate condition.

In July 2018 the CCG submitted an STP Wave 4 Capital bid and in December 2018 were awarded £3.2m to deliver a successful solution. The CCG is now working closely with the local authority, linked through the One Public Estate initiative to identify an affordable GP focussed solution.

Thornbury Primary and Community Care Hub

There are five GP practices who work together as a cluster in Almondsbury, Pilning and Thornbury. Three of these are in Thornbury itself, with two co-located in the same NHS Property Services Health Centre (Streamside Surgery and Dr Foubister & Partners). The third practice, St Mary Street Surgery, is owner-occupied and is located within Thornbury town centre.

The NHS Property Services Health Centre is immediately adjacent Thornbury Hospital, owned by North Bristol NHS Trust (NBT). The hospital consists of two buildings – a red brick building housing inpatient beds and a second building housing outpatient services (currently provided by NBT) and the community provider (Sirona).

The primary care space in Thornbury is undersized to deal with the predicted population increase over the next ten years. Configuration of the estate limits new ways of working and models of care including working at scale. Plus, only a third of the hospital outpatient building can be used as the remainder is closed due to asbestos.

Therefore, the CCG submitted an Estates and Technology Transformation Fund (ETTF) bid in 2016 and were successful in securing funds to progress an Outline Business Case (OBC) to deliver sustainable primary and community care in the Thornbury area. Five shortlisted options were identified with the preferred option being to develop a new build (for three practices with growth), pharmacy, outpatient department, mental health and community services (inpatient services are excluded from the scope of works as it forms part of a wider piece of work currently being undertaken by the CCG, South Gloucestershire Council and Sirona).

The preferred location of the new development is on the Thornbury Hospital site and the ideal ownership model is via South Gloucestershire Council. High level discussions have commenced between the CCG, North Bristol NHS Trust and the Council to identify potential opportunities and solutions.

The Thornbury Hospital site area is 1.2Ha. and could provide 50-80 extra care units, 80 care home beds and the new Primary and Community Care Centre.

The NHS Property Services Health Centre site area is 0.4Ha. It has an estimated disposal value of £0.5m and could provide up to 16 housing units.

Principal 6: Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits

Lawrence Weston Community Hub

Pioneer Medical Group have been successful in obtaining £2.8m through the Estates and Technology Transformation Fund (ETTF) and will occupy a proposed new Community Hub in Lawrence Weston. The development will be delivered by Bristol City Council working in partnership with the CCG, NHSE and the local community.

The community hub will accommodate the ETTF-funded GP surgery along with library, BCC Public Health Services, community rooms, café and office space (all funded by others).

Southmead Community Hub

Southmead has very high levels of deprivation and has been targeted for development. It has been assigned by Bristol City Council as an 'Area of Growth & Regeneration', which is reflected in the Local Plan.

A significant regeneration project has been initiated for central Southmead, which is now being led by the community, through Southmead Development Trust (SDT). A masterplan was produced in October 2018, following extensive community consultation.

A trigger for the project was the production of the Southmead Community Plan that was published in 2015 – "a better future for Southmead" 2015 – 2025. The plan sets out the need for new housing to help diversify the housing offered in Southmead. It also clarifies the case for a community hub; rationalising and centralising public/community sector buildings and services in the area.

One Public Estate (OPE) capacity funding was secured through a Wave 4 (OPE4) bid, to develop a business case for the proposed community hub. Discussions between the CCG, Bristol City Council and NHS PS are well underway about incorporating health into the hub. The concept being worked up, is to develop the hub on Glencoyne Square, which incorporates the current tenants of the Southmead Health Centre. This would make the current health centre (owned by NHS PS) surplus to requirements. The preferred way forward is that this site will then transfer to BCC, to become a housing development site, as part of the wider regeneration scheme.

The regeneration scheme is attracting significant interest, given the level of opportunities and potential collaboration involved in it. The housing minister (Kit Malthouse) was due to visit the area in December 2018.

In November 2018 a West of England bid was submitted against the Wave 7 OPE bidding round (OPE7). Housing was the major focus of the bid, with key worker housing being a key element of it. Southmead was included in the bid as one of five pilot areas, which would join up the above described regeneration, with a key worker accommodation proposal on the Southmead Hospital site (North Bristol NHS Trust).

Southmead is a key project supporting the BNSSG STP Estates Strategy. It will enable the further development of our community and public sector partnerships and create models that can be applied elsewhere in the STP footprint. It can be used to clarify the health benefits that can be accrued through regeneration investment.