

Making Existing Buildings work for you – and dispose of the rest

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For Gloucestershire 

Mental & Social Healthcare



Sustainability

**Communities
Healthcare
Economy
Environment**



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Why is it Important to Rationalise the Estate?

Services change faster than buildings

We probably haven't been made aware of those changes

Building costs increase at a greater rate than NHS funding

Buildings consume resources and impact on communities



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Let the Patients drive the Estate Strategy

Identify where the Estate drives the delivery of Clinical Services – what questions do you need to ask of those services?



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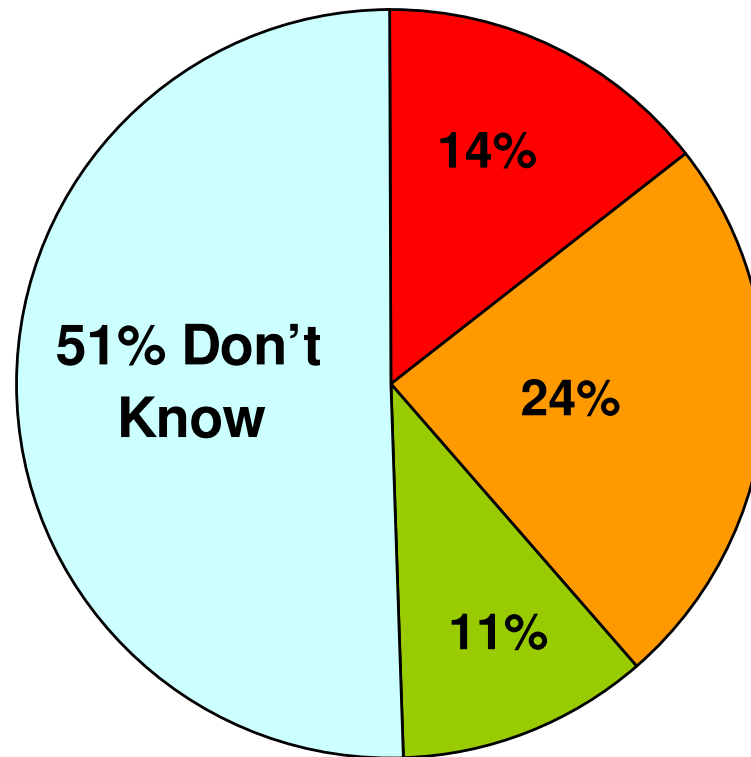
If your organisation doesn't know what it is doing, how can you provide an estate for it; or are you just providing the estate regardless?



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Do they Fit With Our Strategy?



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Questions

Can you honestly say you know the function and utilisation of every property your Trust uses?



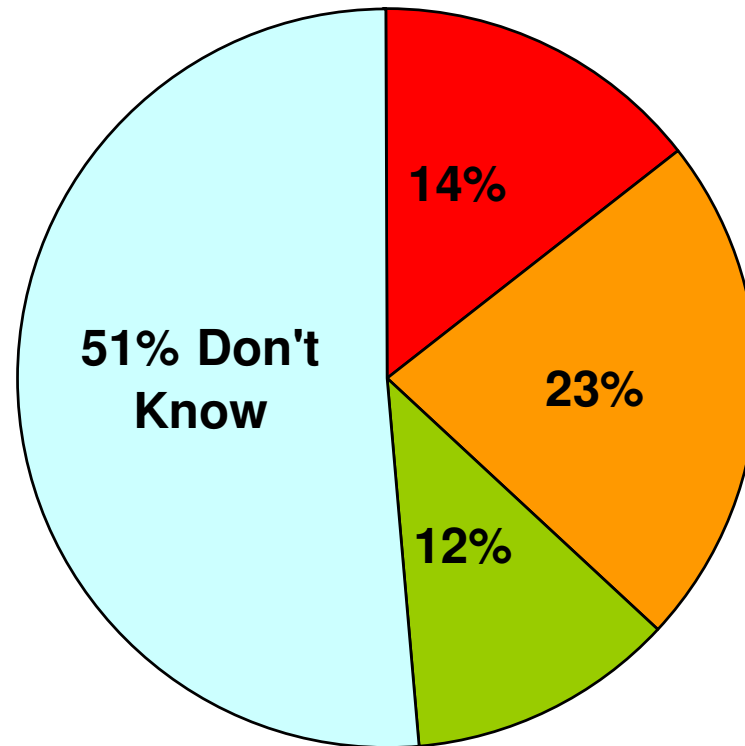
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Are They Functionally Suitable?



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Questions

If a building burnt down tomorrow would you replace it?



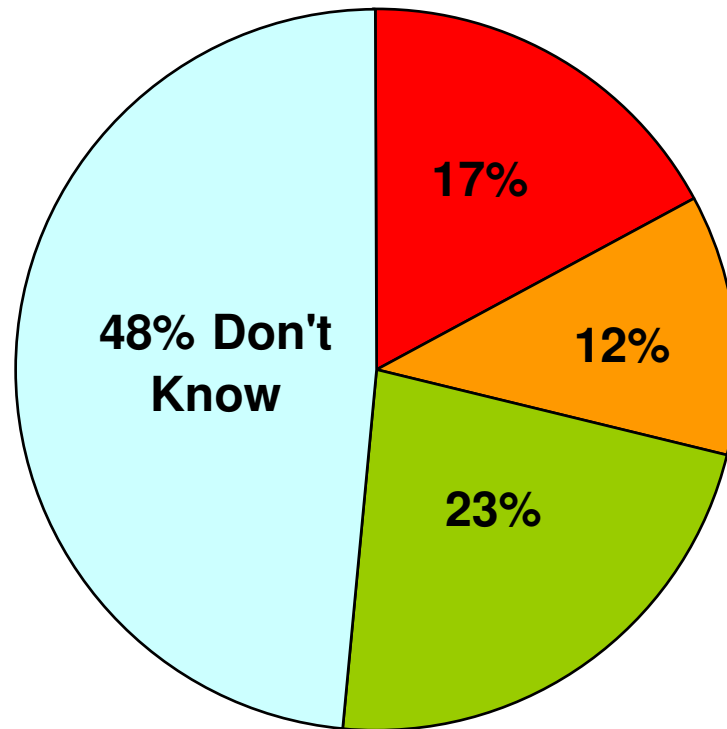
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Are They Utilised Well?



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Questions

Politics aside, does it make sense to co-locate service delivery and reduce the number of properties?

Is it time to make hard decisions?



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Our Experience

£80m turnover Trust with 111 properties

4 year plan to reduce properties to 76 through refurbishment extension & disposal

Reduced liability and overheads

Improved access and services

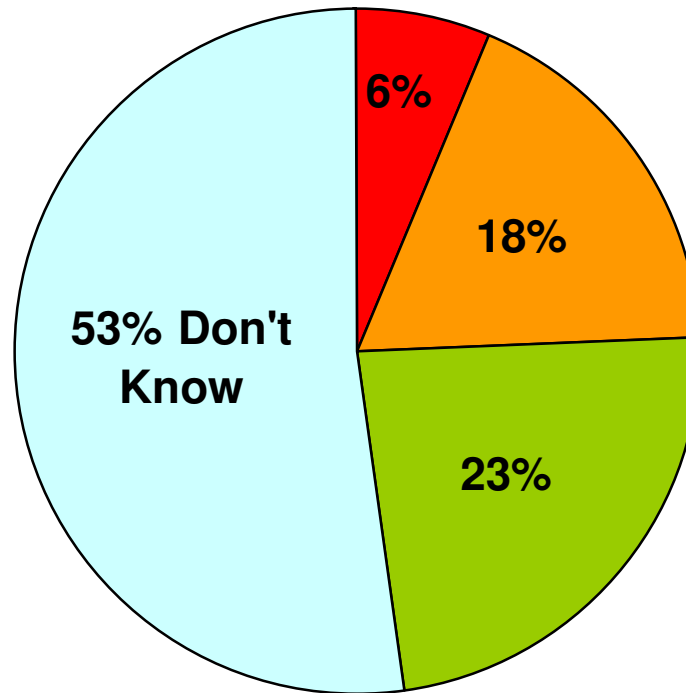
Capital Charges aside, massive savings to be made in terms of cost and carbon



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What Condition Are They In?



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Unlocking the Legacy Estate

Find Out:

Is there a Service Strategy?

Do the Premises fit with Service Strategy?

Are there Premises opportunities that can enhance services?



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What Strategies Do You Need?

Clinical Strategy for:

Inpatients

Treatment and Assessment

Specialist/Tertiary Services

Access

Organisational Strategy for:

Estates

Capital

Offices



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Inpatients for Older Age Mental Health

Length of Stay from 75 days to 40 days

Improve Specialist Care & Community Services

Reduce beds from 110 to 47

Close 3 Hospital (refurbish 2 into community care bases) Use disposal to finance refurbishment of 4th hospital

Reduce inpatient footprint from 7,000m² to 2600m²



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Treatment & Assessment in 3 locations

Office Strategy for community staff at 60% occupancy

Shared treatment, assessment and meeting space

Reduction in accommodation from 9600m² to 7400m² (23% reduction)

32 properties reduced to 3



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