

Estates Strategy Review
Report and Recommendations
October 2007

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1. Background and Purpose of Report

A major constraint to the ability of Bolton PCT to improve health and health services in Bolton is the existing capacity and condition of community health premises. Currently services are typically delivered from community health centres that are cramped and out-dated. Many GP practices are converted houses where further development or expansion of premises is not possible. Significant investment is needed to achieve statutory compliance. In summary many community based health premises are too small and cannot be expanded. They offer a poor environment for delivery of health services and no scope for accommodating a wider range of clinical services closer to home, or enabling new ways of working. In 2003 Bolton PCT approved a ten year estates strategy. The aim of the strategy was to modernise the estate, offer fast and convenient access for patients and reduce the need for hospital admissions. When the estate strategy was approved in 2003 the PCT did not have a funding mechanism to enable delivery of the strategy. The Department of Health has encouraged the formation of Local Investment Finance Trusts (LIFTs) to enable significant capital investment.

In 2005 Bolton PCT working with Rochdale and Heywood and Middleton PCT's was approved as a 4th wave LIFT project. The Eric Wright Group was identified as the preferred private sector partner (following a selection process) and the Bolton, Rochdale, Heywood and Middleton (BRAHM) LIFT Company was established on the 9th May 2007. This provided a funding and delivery mechanism for developing the primary and community estate in Bolton.

In February 2007 the Bolton PCT Board agreed that a review of the PCT's estate strategy should be undertaken. The reasons for undertaking the review are described below. In summary this was to: ensure the PCT's estate strategy is driven by and will enable delivery of strategic services aims; to ensure stakeholder engagement, and to determine and clarify affordability of the estate strategy.

i) To ensure the PCT's estate strategy is driven by and will enable delivery of strategic services aims.

In 2006 Bolton PCT published a 3 year manifesto for improving health services in Bolton; "Better Health for Bolton ". The manifesto was published after extensive public and stakeholder consultation and describes clear service aims and commitments to improve health and health services in Bolton and reduce health inequalities across the borough. The PCT's estate strategy must be driven by and enable the delivery of the manifesto by providing appropriate capacity, functionality and environment for the delivery of services closer to home. (Copies of Better Health for Bolton can be obtained at www.bolton.nhs.uk/publications).

ii) To ensure stakeholder engagement

Providing opportunity for stakeholders across the Bolton economy to participate in developing the estate strategy and giving opportunities for partnership working across organisations in relation to estate development to be identified and explored.

iii) To determine and clarify affordability of the estate strategy

It was important to undertake review of plans for estate development to assess and update affordability and strategic financial modelling assumptions.

The review of the PCT's estate strategy commenced in February 2007 with the requirement that final recommendations arising from the review be submitted to the PCT Board in October 2007. An interim report on progress was provided for Board members in June 2007.

The purpose of this report is to

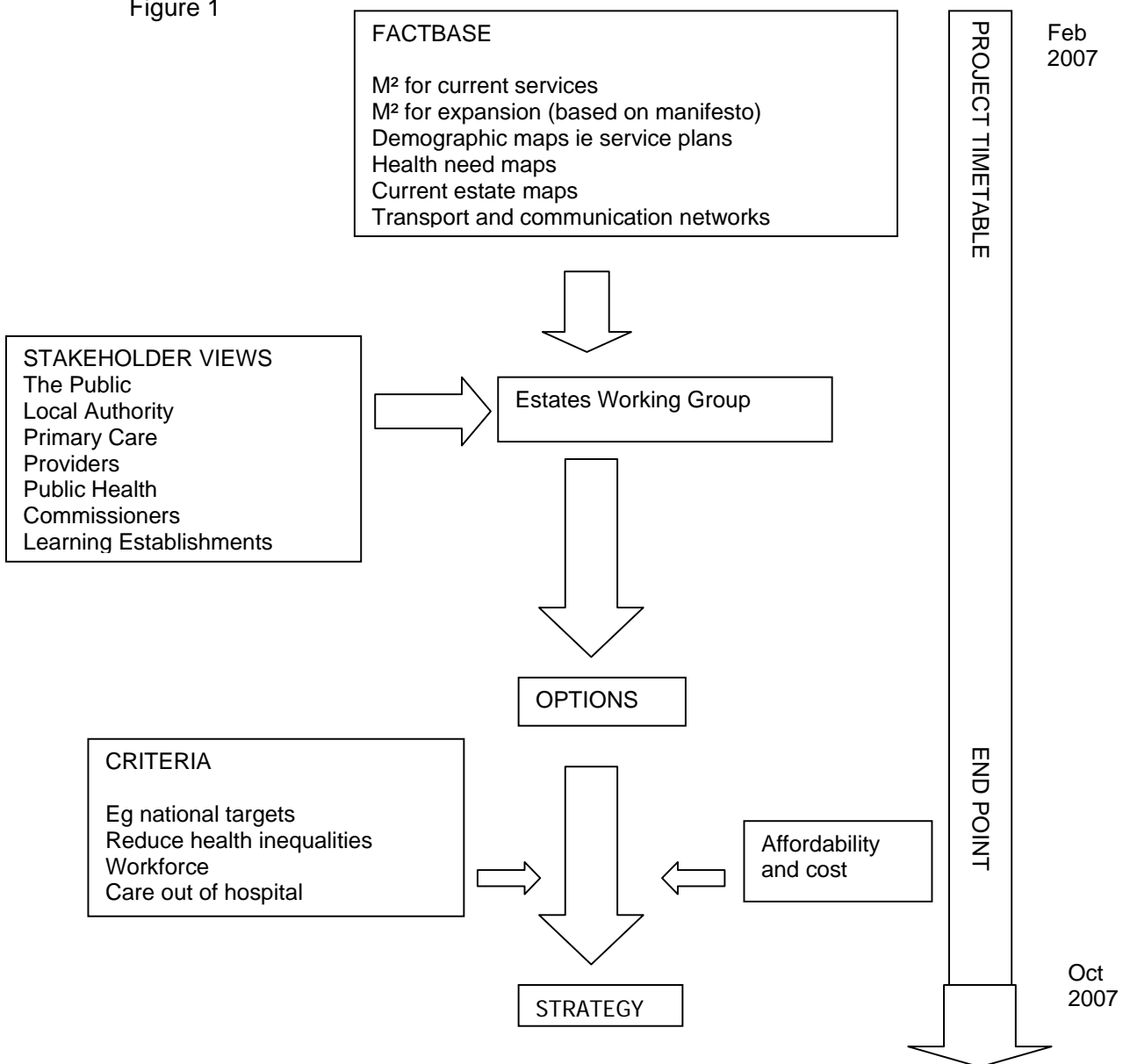
- i) inform Board members of the findings arising from the completed estate strategy review.
- ii) to recommend and obtain Board approval for the preferred option for the development of the primary care community estate.
- iii) To obtain Board approval that the recommended option described in this report is incorporated into a revised Bolton PCT Strategic Service Development Plan (SSDP). This will be submitted for approval at the November 2007 Board meeting. The SSDP will subsequently be used for public consultation and to inform BRAHM LIFT planning and implementation of estate developments.

2. Process of Estates Strategy Review

The Board determined that the well developed and advanced plans for a new centre at Brightmet (2008) and for a Diagnostic and Treatment Centre (2009) would not be delayed or constrained by the estate strategy review. These two developments were therefore considered as 'givens' in the context of this review. Similarly the two Third Party Developments at Crompton and Waters Meeting Road that will be completed in 2007 were considered to be 'givens'. There was no adverse feedback from stakeholders during the review to these 'given' assumptions.

The process approved by the Board for undertaking review of the estate strategy is show in figure 1.

Figure 1



The process encompassed

i) Collating information (a “fact base”) to inform the review

Relevant data has been collated and analysed. This includes an assessment of the current size of the PCT estate, and the expansion required to enable delivery of the PCT manifesto. An assessment of health needs, demography, and communication networks (both current and likely future position) was also made.

ii) Stakeholder Engagement

Holding events to seek the views of stakeholders. The aim of stakeholder engagement has been to enable understanding and opportunities for partnership working in relation to estate developments. Stakeholders have also contributed to generating options for estate development, and to determining the criteria to evaluate these options. Stakeholders were also involved in final evaluation of the options.

iii) Generating options for development

Generating a number of options for future development of the PCT estate on the basis of the fact base and stakeholder views.

iv) Determining evaluation criteria

Developing decision making criteria which were informed by the views of stakeholders and the collation of information.

v) Scoring of Options

The decision making criteria have been used to score different options and determine a preferred option. Stakeholders have been involved in scoring options.

vi) Refining the Preferred Option

The preferred option determined through the scoring process has been assessed and refined by the PCT management team. This has been undertaken to test and demonstrate: affordability, the size of individual buildings within the preferred option, the sequence and the timescale that new builds and development should be implemented and where appropriate whether any of the individual premises will have a specific service focus offering accommodation for a speciality service base or hub.

3. Findings of the Review

3.1 Size of Estate Required

Determination of the future size of the community estate required to deliver better health and health services in Bolton has been based on two key principles.

- i) The PCT estate must be of sufficient size and offer functionally appropriate accommodation to enable delivery of the service commitments described in the PCT manifesto. This includes the planned increase in out patient services currently provided on a hospital site in the community and the planned growth in the GP Workforce (to address our current deficit that means compared to national average parts of Bolton are under-doctored).
- ii) The PCT estate must offer attractive options of accommodation for GPs and primary care staff. This recognises that in Bolton approximately 7% of the current GP workforce will be eligible to retire over the next five years. Many of these GPs currently provide services from converted residential housing that is cramped, and not fit for purpose. To attract new GPs to move and work in Bolton (to replace retiring GPs) the PCT needs to be able to offer options for accommodation in attractive modern centres.

To quantify the size of estate required to deliver the PCT manifesto, each service commitment described in the manifesto has been translated into outline tenants requirements and the associated space required to accommodate staff, equipment, public area's etc has been calculated. No potential space savings due to potential multi use/room sharing has been taken into account.

To quantify the size of estate required to offer modern fit for purpose accommodation for general practice national guidelines have been applied (Red Book Allowances).

Table 1 below shows the results of this analysis of the size of the community estate that will be required in the future.

Table 1

	m ²
Current size of GP accommodation	8,800
Current size of PCT occupied accommodation	15,189
Current size of PCT accommodation Occupied by WRVS and MBC	370
Total current accommodation	24,359
Additional accommodation required to deliver Manifesto commitments *	9,280
Additional GP accommodation required (Red Book)	11,100
Total additional accommodation	20,380
% expansion	84%
Total future size of estate	44,739

* Board member will note that the space required to deliver the manifesto has increased from the figure provided in the interim report to the Board in June. (ie from 3,680m² to 9,280m²). This increase is driven by assumptions of additional space for urgent and elective care and space required to relocate GUM services from hospital to community. The space required for urgent and elective care services is estimated at 5,000m² this has been assessed via development of tenant requirements for a DTC. The space required to relocate sexual health services is 600m².

Table 1 show that to deliver the PCT manifesto and to provide modern and appropriate accommodation for general practice an 84% expansion of the PCT estate is required from 24,359m² to 44,739m².

3.2 Public Health Perspective

Public health information analysis and recommendations to inform the future estate strategy has been undertaken (see annex 1). In summary the recommendations are:

- i) If Lever Chambers is to be developed as a centre for more specialist borough wide services, consideration should be given to locating primary care services within the town centre.
- ii) A primary care resource centre should be located in Crompton/Halliwell area between Halliwell Road and Chorley Old Road.
- iii) A primary care resource centre should be located in Great Lever. If possible a site should be accessible to Derby Street/St Helens Road to serve the South of Rumworth.
- iv) A primary care resource centre should be located in Farnworth.
- v) The PCT should investigate delivering some services from the planned Johnson Fold UCAN Centre. Services could be tailored to the specific needs of this population.
- vi) If a primary care resource centre is developed in Westhoughton it should be located as close as possible to the Washacre Estate.

The supporting rationale for these assumptions is provided in annex 1.

3.3 Stakeholder Engagement

A total of five stakeholder events have been held between March and August 2007 with 234 people participating in the review. Representation at events has included:

- Bolton PCT staff
- Bolton Hospitals
- Bolton, Salford, Trafford Mental Health Trust
- Bolton MBC
- Independent Contractors (GP's, dentist, pharmacists, opticians)
- Voluntary organisations
- MPs
- Northwest Deanery
- Patient and Public Involvement Forums
- Neighbouring PCTs
- Greater Manchester Passenger Transport Authority

Two of the events were particularly targeted to ensure participation of Local Authority officers and Senior Clinicians from across the health economy.

A standard format was used for each event and participants were asked to:

- i) generate options for development of the PCT estate (ie how many centres and where should they be located);
- ii) Identify evaluation criteria that should be used to determine the preferred option for configuration of the PCT estate.

3.4 Options generated for Estate Configuration

From the stakeholder events seven distinct options for future configuration and development of the PCT estate were identified. For all seven options stakeholders assumed that Lever Chambers and Pikes Lane (the two largest current PCT centres) would be retained and continue to be important sites for the PCT. This meant that all seven options included: Brightmet Centre, a diagnostic and treatment centre, the third party developments (at Crompton and Waters Meeting Road) and Lever Chambers and Pikes Lane. Stakeholders expressed views and ideas of how many and where further accommodation should be developed.

The seven options generated are shown in Table 2.

Table 2 Estate Options generated by Stakeholders

Givens (ie developments or sites common to all options)	Options	Sites to be developed	Notes/Description
Brightmet Diagnostic Treatment Centre (town centre site other than for option 7)	1	Great Lever Little Lever Avondale Farnworth Horwich Westhoughton	Developments cover all major urban areas in Bolton
Crompton Centre Waters Meeting Health Centre	2	Great Lever Avondale Farnworth Horwich Westhoughton	This is the same as option 1 but excludes Little Lever on basis Little Lever is a relatively affluent area
Lever Chambers* Pikes Lane* (*retain use of site)	3	Middlebrook	This option is based on developing centres around Bolton ring road ie Brightmet, Crompton, Pikes Lane, Middlebrook
	4	Bolton Hospitals (SE area) Middlebrook (West area)	This option is based on a locality model ie large centres in town centre (DTC), SE area (RBH), NE area (Brightmet) West area (Middlebrook)
	5	Great Lever Farnworth (RBH) Horwich	This option is based on developing a community campus in Great Lever and developing a combined health and leisure facility at Horwich
	6	Farnworth (RBH)	This option is based on having two large 24 hour opening sites at RBH and in town centre (DTC)
	7	Farnworth RBH Middlebrook	This option is based on having two large 24 hour opening sites at RBH and Middlebrook – proposing DTC is at Middlebrook not town centre.

3.5 Evaluation Criteria Identified by Stakeholders

Stakeholders expressed a range of views of the issues that are important and should be used to determine the preferred option for development of the estate. It was possible to theme these views under the following headings:

- Reduce health inequalities
- Improve access
- Obtain value for money, affordability and future proof
- Enable partnership working and supports community regeneration
- Address workforce issues

Table 3 provides a summary of stakeholder views associated with each of these areas

Table 3

Criteria	Description
Reduce health Inequalities	Improve access for areas of deprivation and high health need but safeguard against affirming differences between affluent and deprived areas (ie not segregate patient areas and journeys)
Improve Access	Must be accessible to public and private transport. Must provide car parking. Should be in centres of population and take account of likely changes in demographics eg expanding residential areas. Reduce journey times to centres. Offer extended opening hours.
Obtain value for money, affordability and future proof	Must consider economies of scale – high build and revenue cost of multiple sites. Any configuration must promote maximum use. Configuration must sustain viable footfall of patients in a Payment by Results environment. Consider funding more transport versus building configuration. Must be affordable within PCT revenue resources. Configuration should be flexible to be used by different providers. Configuration should be flexible to change and accommodate new technologies. Flexible design of build to accommodate change of use. Must not replicate the hospital.
Enable partnership working and support community regeneration	Accommodation should instil local pride and ownership. New developments should be landmarks. Developments should support local employment. Local communities should, where possible, be involved in running buildings. Local communities should be able to use space in buildings for other activities (clubs, sports etc). Implementation of estate strategy must align with partners plans for estate development so do not build separate new centres near each other eg need to align with town centre strategy, Mills strategy, Children’s Centres strategy, Bolton Access Points strategy, Leisure Centre and library developments, independent living centres. Strategy should enable co-location and integration of services. GPs must be allowed to choose if they move into a new centre – if not should be allowed to refer patients to new centres for services.
Address workforce issues	Estate development should be attractive to staff to support recruitment and retention and enable new ways of working. In particular attracting new GPs to work in Bolton and enabling and encouraging hospital clinicians to work in community setting. Buildings should provide good safety education and rest facilities. Buildings should enable co location of teams that work together. Buildings should be configured to minimise wasted travel time and other inefficiencies. Buildings should enable staff to use modern equipment and technology.

4. Evaluation of Options

4.1 Scoring method

Evaluation of estate options generated by stakeholders was undertaken using the decision making criteria proposed by stakeholders.

An evaluation panel was convened. Representation on the panel included:

Deputy Director of Public Health, Medical Director, PEC Chair, GP Clinical Director, Assistant Director of Business Planning and Capital Development, Director of Commissioning, Director of Finance, Non-Executive Directors, Head of Strategic Projects Bolton MBC, Assistant Director for Corporate and Property Services Bolton MBC, Asset Strategy Manager Bolton MBC, Managing Director of Eric Wright Construction, Director of Primary Care Provision.

The identified criteria were discussed and weightings agreed as shown below

Criteria	Weighting
Reduce inequalities	28
Improve access	20
Value for money, affordability and future proof	20
Regeneration and partnership	17
Workforce issues	15
Total	100

Each member of the panel was then asked to individually score each of the options using the following scale and calculate overall weighted score for each option

- 0 – Strongly disagree
- 1 – Disagree (does not meet criteria)
- 2 – Not sure
- 3 – Agree (meets criteria)
- 4 – Strongly agree

A half day meeting was held on the 7th September for panel members to share individual scores and discuss where there were differences in scores. Through this forum of discussion and debate a consensus agreed score for each option was determined.

Table 4 Scoring of Estates Options

Parameter	Options						
	1	2	3	3b	4	5	5b
Number of sites	12	11	7	8	9	7	8
Number of sites additional to "Givens" of DTC and Brightmet WMR, Crompton, Lever Chambers and Pikes Lane	6	5	1	2	3	1	2
"Givens" ie developments or sites common to all options	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane	Waters Meeting Road Crompton DTC town centre Brightmet Lever Chambers Pikes Lane
Further locations to be developed	Great Lever Little Lever Avondale Farnworth Horwich Westhoughton	Great Lever Avondale Farnworth Horwich Westhoughton	Middlebrook (ring road option)	South East (RBH) West (Middlebrook) (Locality option)	Great Lever Horwich Farnworth (RBH)	Farnworth (RBH) (24 hour opening DTC town centre and RBH sites)	Middlebrook Farnworth RBH (24 hour opening Middlebrook and RBH)
Reduce Inequalities Score Weighted Score	4 1.2	4 1.2	1 0.28	2 0.56	2 0.56	1 0.28	0 0
Access Score Weighted Score	4 0.8	3 0.6	2 0.4	3 0.6	2 0.4	1 0.2	0 0
VFM and Future Proof Score Weighted Score	2 0.4	2 0.4	3 0.6	4 0.8	3 0.6	4 0.8	4 0.8
Regeneration and Partnership Score Weighted Score	3 0.51	3 0.51	1 0.17	1 0.17	2 0.34	1 0.17	1 0.17
Workforce Score Weighted Score	3 0.45	3 0.45	3 0.45	3 0.45	3 0.45	2 0.3	2 0.3
Total Score Weighted Score	16 3.28	15 3.08	10 1.9	13 2.58	12 2.35	9 1.75	7 1.27

4.2 Results of Scoring Options

The consensus scoring of each option agreed by the Evaluation Panel is shown at Table 4.

This scoring meant that option 1 achieved the highest weighted score.

Option 1 identifies multiple sites across Bolton ie

Developments of Sites that are Givens: (6) – Brieghtmet, Cropmton, Waters Meeting Road, DTC, Lever Chambers, Pikes Lane

New Developments (6) – Great Lever, Little Lever, Avondale, Farnworth, Horwich, Westhoughton.

Option 1 scored well in comparison to the other options in relation to reducing health inequalities, access, enabling regeneration and partnership working and workforce issues.

However the panel recognised that Option 1 was amongst the least favourable options in relation to value for money and affordability. Development of multiple sites creates challenges to achieve economy of scale, value for money and ensuring the developments are future proof.

The panel therefore identified that if this was to be the accepted preferred option (recognising its clear merits in relation to reduction of health inequalities and improving access) that further work would need to be undertaken to refine the option in particular in relation to:

- i) Determining the scale/size of development on each identified site within the preferred option and also clarifying future intention regarding existing sites not considered in review.
- ii) Determining and demonstrating affordability of this option.
- iii) Clarifying the sequence and timescale in which each site is developed. With multiple sites there is a risk that the desired significant impact on the profile of services that can be delivered in a community setting is delayed, ie the potential impact of the estate strategy is diluted and delivery of the PCT manifesto is comprised.
- iv) Clarifying which sites will have a particular service focus offering a base or hub site for a speciality and the core services that will be delivered across all sites.

5. Refinement of Preferred Option

The PCT management team were asked to contribute to refining the identified preferred option.

5.1 Size of developments within the preferred option

The preferred estates option identifies that 12 sites across Bolton borough will be developed or maintained. In addition to this there are a further seven existing sites that stakeholders did not consider in determining options. These are:

- The Diabetes Centre
- Halliwell Children's Centre
- Egerton and Dunscar Health Centre
- Tonge Moor Health Centre
- Blackrod Health Centre
- Hulton Lane site
- The Parrallel

It is recommended at this stage that these seven centres are considered as sites that will continue to be used and maintained to deliver community services.

This means that Option 1 represents the following development or maintenance of the PCT estate.

Table 5

New Build (LIFT)	New Build (Third Party)	Extend Existing Site (LIFT)	Maintain and refurbish via PCT Capital Programme
Brightmet DTC Farnworth Great Lever Avondale Horwich Westhoughton	Crompton Waters Meeting Road	Little Lever	Lever Chambers Pikes Lane Diabetes Centre Halliwell Egerton and Dunscar Tonge Moor Blackrod Hulton Lane The Parrallel

Determination of those developments that are new build or extension of an existing building has been based on scope of existing site to extend and whether an extension will realise intended benefits ie

Brightmet – is new build adjacent to existing site.

DTC – is a new build close to town centre - aligning with LA town centre redevelopment plan.

Farnworth – the existing site is limited. A future decision needs to be taken whether the new build is in Farnworth town or on the same site as Royal Bolton Hospital.

Great Lever – the existing site needs to move to better meet health needs. Based on public health recommendations the site should be located closer to South Rumworth and opportunities to align this with the LA Mills Strategy and/or development of a health campus explored.

Avondale – a new build is recommended to develop a health campus near existing site working with Local Authority regarding school, UCAN and intermediate care premises.

Horwich – a new build is required due to site and buildings restrictions of existing premises. Also there is potential to align this with developments in Horwich of the leisure centre and Children's Centre.

Westhoughton – a new build is required due to site restrictions of existing premises. Also public health recommendations are the new build needs to be near Washacre Estate.

Little Lever - is proposed as an extension although this will need to be reviewed in light of building/planning constraints and potential opportunities to align this development with redevelopment of leisure facilities in Little Lever.

Based on the representation of Option 1 shown at Table 5. There are 9 new builds and 1 extension where the capacity of the existing PCT estate will increase.

Consideration of the future size of PCT estate was provided in section 3.1 of this report. This analysis estimated an expansion of 84% from 24,359m² to 44,739m² would be required to enable delivery of the PCT manifesto and development of GP accommodation. This represents a growth of 20,380m².

For some of the new developments included in the preferred option their size is already determined based on tenants requirements. (ie Brightmet, DTC, Crompton, Waters Meeting Road). For the other sites the remaining expansion required needs to be attributed to each site. Following discussions of the PCT management team table 6 proposes how this could be attributed. This is based on:

- i) Use of tenants requirements where this is known (Brightmet, DTC, Crompton, Waters Meeting Road)
- ii) Identifying that the above sites will be the largest developments and subsequent developments will be considered as medium size (2500m²) or small (1000m² to 1500m²) and allocating this provision across the remaining sites up to the maximum expansion required.
- iii) In determining sites that will be a medium or small development consideration has been given to health needs in the area and existing communication and transport provision.

It is proposed based on this that the expansion required of 20,380m² is distributed as shown in Table 6.

Table 6

Development site	Current Size of Accommodation m ²	New size m ²	Expansion of accommodation	
			%	m ²
Large Sites				
Brightmet	578	5,700	90%	5122
DTC	0	5,000	100%	5000
Medium Sites				
Crompton	443	2700	84	2257
Waters Meeting Road	271	2200	88	1929
Farnworth	1200	2500	52	1300
Great Lever	1323	2500	47	1177
Avondale	1047	2500	58	1453
Small Sites				
Horwich	419	1000	58	581
Westhoughton	303	1000	70	697
Little Lever	700	1500	53	800
Total	6284	26600	*76	20316

*76% as a proportion of these sites, 83% of total primary care estate

This provides for an expansion of 20,316m². The shortfall of 64m² (compared to 20,380m² identified in section 3.1) is considered acceptable given the broad planning assumptions used to determine expansion space required to deliver the manifesto.

The sizes provided above do not include additional space partner agencies may commit to at the time of implementation eg pharmacy, LA accommodation such additional commitments would be associated with separate income stream.

5.2 Sequence of Developments

The development of the estate in “tranches” is a typical approach in LIFT schemes. In Bolton it will allow for PCT capability and capacity to be appropriately focused on a limited number of schemes at each stage.

It is proposed that to maximise the early impact of the estate developments and ability to deliver the PCT manifesto that the developments are implemented in size order (size has already been related to health need see 5.1 above). The exception to this is the two third party developments that will complete in 2007.

Based on this the proposed timescale for developments is:

Site	Scheme	Completion date
Waters Meeting	Third Party	2007
Crompton	Third Party	2007
Brightmet	LIFT Tranche 1	2008
DTC	LIFT Tranche 2	2009
Farnworth Great Lever Avondale	LIFT Tranche 3	2010
Horwich Westhoughton Little Lever	LIFT Tranche 4	2011

5.3 Affordability of Option

Detailed financial modeling needs to be undertaken to ensure the Estate Strategy is affordable and deliverable.

However, the PCT has identified funds to support the Estate strategy as part of the funds identified in costing the PCT Manifesto promises.

An initial analysis of the additional space required provides the following estimate of additional revenue costs:

- Total new build or extension is 26,600m² @ £316/m² = £8.405m.
- This does not offset our current running costs and also 3PD costs per sqm may be less than LIFT assumption of £316/m².
- The expansion increase space (deducting current accommodation) is 20,316m². At £316/m² this equates to £6.42m.

The above does not include costs relating to the purchase of land or other fees, which will be factored into the detailed financial analysis.

5.4 Service Configuration

The preferred configuration proposes the development and expansion of 10 sites and retained use of a further 9 sites.

The expansion size of estate across the 10 sites will deliver the accommodation capacity required to enable delivery of the PCT manifesto (see section 3.1).

However it is the view of management team that it is important at this stage of planning to indicate the general services that will be provided from all sites and where appropriate the sites that will provide a speciality focus serving as a service base or hub site. The views of commissioners (Director of Commissioning, Medical Director and PEC Chair) have informed this outline plan shown in Table 7 and Table 8. This will form the basis for further discussion, consultation and planning as the estates strategy is implemented.

Table 7 – Proposed Configuration of specialist services across sites

Site	Diagnostics	Specialist Service Base For	Provides Outpatient consulting suites for use by
Breightmet	Pad for mobile diagnostics, near patient testing	<ul style="list-style-type: none"> • Mental health • Neuro-rehabilitation 	<ul style="list-style-type: none"> • Paediatrics • Elderly medicine • Mental health • Anticoagulation • Neuro rehabilitation
DTC	Fixed diagnostics X-ray near Patient testing endoscopy nerve conduction studies retinal screening echo Dyspepsia helicobacter breath tests Treadmill	<ul style="list-style-type: none"> • Urgent care (GP OoHs, walk in, Dental) • Orthopaedic CAT • General and elderly medicine • rapid access clinics • Rheumatology • Education facilities • Possible site for urgent care call centre 	<ul style="list-style-type: none"> • General and elderly medicine • Endocrinology and metabolism • Gastroenterology • Rheumatology • Orthopaedics • Rapid access clinics • DVT clinic • Anticoagulation • ophthalmology • Paediatrics • Oral surgery • Adult ENT CAT • Chest clinics • Alcohol services • urology
Farnworth	Pad for mobile diagnostics near patient testing ultrasound	<ul style="list-style-type: none"> • Urgent care (GP OoHs, walk in service, dental) • General and elderly medicine • rapid access clinics 	<ul style="list-style-type: none"> • General and elderly medicine rapid access clinics • Paediatric outpatient facilities • Anticoagulation • Cardiology • Alcohol services
Great Lever	No	General services see table 8	<ul style="list-style-type: none"> • General services see table 8 • Paediatric outpatient facilities

Horwich	Pad for mobile diagnostics, near patient testing ultrasound	General services see table 8 Range of visiting speciality services	<ul style="list-style-type: none"> • General and elderly medicine • Urology, endocrinology and metabolism • Gastrosurgery • Anticoagulation • Alcohol services
Westhoughton	Pad for mobile diagnostics	General services see table 8	<ul style="list-style-type: none"> • Paediatric outpatient facilities • Breast screening
Waters Meeting	No	General services See table 8	<ul style="list-style-type: none"> • Interim base for GP OoHs until DTC opens • Sexual health • Anticoagulation
Crompton	No But will require equipment for skin service	Skin CAT Education facilities	<ul style="list-style-type: none"> • Skin CAT (dermatology, minor surgery, plastics) • General services see table 8
Little Lever	No	General services See table 8	General services see table 8
Lever Chambers	Fixed x-ray Near patient testing Ultrasound colposcopy Obstetric ultrasound	Sexual health – GUM	<ul style="list-style-type: none"> • Gum and sexual health • Gynaecology consulting (including colposcopy) • Obstetrics
Pikes Lane	Pad for mobile breast screening	General services see table 8	<ul style="list-style-type: none"> • Breast screening
Diabetes Centre	Pad for mobile diagnostics Retinal screening	<ul style="list-style-type: none"> • Diabetes • Long term conditions 	<ul style="list-style-type: none"> • Diabetes • Long term conditions
Avondale	Near patient testing Ultrasound	<ul style="list-style-type: none"> • Long term conditions • Renal • Cardiology • Obesity • Endocrinology 	<ul style="list-style-type: none"> • Long term conditions • Diabetes • Renal • Cardiology • Obesity • Endocrinology • General and elderly medicine • Vascular surgery • Leg ulcers • Anticoagulation

Halliwell	Paediatric Audiology Near patient testing	<ul style="list-style-type: none"> • Paediatric ENT CAT • Paediatric audiology • Community paediatrics 	Paediatric ENT CAT Team base for community paediatric staff but much of outpatient consulting dispersed across other sites and LA children's centres
Egerton and Dunscar	No	General services see table 8	General services see table 8
Tonge Moor	No	General services see table 8	General services see table 8
Blackrod	No	General services see table 8	General services see table 8
Hulton Lane	No	Wheelchair services	Wheelchair services
The Parallel	No	Young people and adolescent health	Young people and adolescent health

Table 8 General Services to be considered for inclusion in all sites

Service	Note
Health information Lifestyle advice Smoking cessation District nursing Baby clinics Health visiting Anti-coagulation General Practice Community Pharmacy Diabetes Screening and education Maternity/Midwifery Gynaecology Podiatry Physiotherapy Paediatrics	High volume service requires multiple sites By agreement with local practices By agreement with local pharmacies Aligned with general practice Increased services in general practice As local a service as possible

6. Recommendation for Approval

- i) Members of the Board are asked to note completion of the Estate Strategy Review process and that this has had extensive stakeholder participation.
- ii) Members of the Board are asked to approve option 1 identified by stakeholders as the preferred option for development of the PCT estate. This option provides for the following development or continued use of PCT sites ie

New Build (LIFT)	New Build (Third Party)	Extend Existing Site (LIFT)	Maintain and refurbish via PCT Capital Programme
Brightmet DTC Farnworth Great Lever Avondale Horwich Westhoughton	Crompton Waters Meeting Road	Little Lever	Lever Chambers Pikes Lane Diabetes Centre Halliwell Egerton and Dunscar Tonge Moor Blackrod Hulton Lane The Parrallel

- iii) Members of the Board are asked to approve management team recommendations to refine option 1 as shown in Table 8.
- iv) Members of the Board are asked to note and confirm affordability assumptions detailed in section 5.3.
- v) Members of the Board are asked to note proposed service configuration across the community estate outlined in section 5.4. This will be subject to wider consultation and development.
- vi) Members of the Board are asked to confirm that based on the above approvals the findings of the estate strategy review and recommendations are incorporated into a revised Strategic Service Development Plan (SSDP) that will be submitted for approval at the November Board meeting. Subject to Board approval extensive public consultation on the SSDP will be undertaken.

Table 9

Site	Type of scheme	Year to complete	Existing size	New size	% growth	Note
Waters Meeting	3PD	2007	271	2200	88	Opened September 2007 new build
Crompton	3PD	2007	443	2700	84	Due to open November 2007 new build
Brightmet	LIFT Tranche 1	2008	578	5700	90	Build commenced New build
DTC	LIFT Tranche 2	2008	0	5000	100	Site identified aligned with town centre redevelopment, new build
Farnworth	LIFT Tranche 3	2010	1200	2500	52	Need to determine if Farnworth town or on same site as Royal Bolton Hospital
Great Lever	LIFT Tranche 3	2010	1323	2500	47	Needs to be near South Rumworth align with Mills Strategy, New build
Avondale	LIFT Tranche 3	2010	1047	2500	58	Health campus development align with schools, UCAN, Intermediate care development, New build
Horwich	LIFT Tranche 4	2011	419	1000	58	New build, consider alignment with development of Horwich Leisure Centre
Westhoughton	LIFT Tranche 4	2011	303	1000	70	New build
Little Lever	LIFT Tranche 4	2011	700	1500	53	Extension but consider new build if can align with LA plans for leisure developments in Little Lever
Lever Chambers	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Pikes Lane	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Diabetes Centre	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Halliwell	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Egerton and Dusncar	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Tonge Moor	Maintain and refurbish PCT capital programme	2008	-	-	-	50% of scheme completed in 2007 complete 2008
Blackrod	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
Hulton Lane	Maintain and refurbish PCT capital programme	Tbc	-	-	-	
The Parrallel	Maintain and refurbish PCT capital programme	Tbc	-	-	-	

Reviewing Bolton PCT's Estates Strategy – A public health perspective

Introduction

This report provides an overall summary of health need and public health priorities in Bolton, with a view to informing decisions about the number and general location of the primary care facilities and services. Further analysis of health need will be undertaken once agreement has been made about the number of Primary Care Resource Centres and where they will be located. This second phase of analysis will support the identification of services to be delivered from specific components of the local primary care estate.

The data presented in this report comes from a number of sources:

- National Statistics
- North West Public Health Observatory
- Bolton Health Survey (2001)
- Public Health Annual Report (2006)

Charts referred to are located in the appendix.

Population

Bolton's population is currently approximately 265,400. The population is projected to grow to approximately 294,200 in the next 20 years. Chart 1 (in the appendix) shows the age structure of Bolton's population compared to the national average. We can see that there is a higher proportion of children and young people aged 0-19 in Bolton than nationally. Bolton has a higher fertility rate than neighbouring areas, indicating that there will continue to be a higher percentage of children in the population.

Chart 2 shows the projected changes in the population over the next 20 years. We can see from this that the population of 0-4s is stable, while the 60-74 and over 75 population will increase significantly. This is likely to have a significant impact on need for health services in the future.

Many health problems are associated with age. This means that the older population has greater need for health services. Chart 3 shows the distribution of the over 65 population across Bolton. This shows that older people are concentrated in the area to the immediate north and south west of Bolton Town centre, part of Brightmet, Harwood and Over Hulton.

Children under five are also higher users of primary health care services. Chart 4 shows the distribution of children aged under 5 years across Bolton. This shows that the under 5 population is concentrated in the central urban area of Bolton, but slightly further away from the town centre in parts of Crompton, Haliwell, Tonge, Burnden, Great Lever and Halliwell. There are also relatively high

percentages of young children in Withins, Johnson Fold, Hulton Lane and Washacre (Westhoughton).

The ethnic diversity of the population is important to consider when planning health services. A number of health problems are more prevalent in certain ethnic groups. According to the 2001 census, 11% of Bolton's population was from black and minority ethnic (BME) groups. The largest non-white group was made up of people of Indian heritage (6.1%) followed by Pakistani heritage (2.5%). The age structure of Bolton's BME population is much younger than the white population with almost a third (32.5%) of this population aged under 16. Since the Census Bolton has seen an increase in new and emerging communities made up of refugees, asylum seekers and migrant workers from Eastern Europe. Therefore, the make up of Bolton's BME population is likely to have changed considerably, with implications for providing health services to meet their needs. Chart 5 shows the distribution of Bolton's BME population. This shows that the BME population is concentrated in central Bolton, particularly in Crompton, Halliwell, Rumworth and Great Lever.

Deprivation

Deprivation is one of the main determinants of poor health. Deprivation correlates with a wide range of health problems and health behaviours. The Index of Multiple Deprivation (IMD) is a measure of multiple deprivation which includes domains on income, employment, education, crime, local environment, access to services and health. The index ranks all small areas in England according to deprivation. Chart 6 shows areas of Bolton and their IMD rank. Approximately 80,000 people in Bolton live in the most deprived 10% of areas in England.

The 2006 Public Health Annual Report included analysis of a range of health indicators and their association with the IMD. This analysis found that the following indicators were all very strongly correlated with deprivation:

- Incapacity and disablement allowance claimants
- Emergency admissions to hospital
- Frequent hospital admissions
- Disability living allowance claimants
- Hospital admissions for chronic obstructive pulmonary disease
- Emergency hospital admissions for cardiovascular disease
- Emergency hospital admissions for chest pain
- Emergency hospital admissions for acute respiratory conditions
- Emergency hospital admissions for coronary heart disease
- Emergency hospital admissions for abdominal pain
- Smoking attributable mortality
- Hospital admissions for asthma

The health deprivation and disability domain of the IMD is made up of four specific health and disability indicators. Chart 7 shows the health deprivation and disability domain for areas in Bolton.

Teenage pregnancy

Bolton's under 18's conceptions rate continues to be higher than the English average, with a rate of 52.3 per 1000 in 2002-2004. Analysis of the data at electoral ward level identifies the following deprived old electoral wards as teenage pregnancy 'hotspots', which necessitate particular targeting of services and interventions:

- Tonge (similar to the new Tonge with the Haulgh ward)
- Farnworth
- Halliwell
- Brightmet
- Daubhill (now covered by parts of Rumworth and Hulton)

Health indicators

In developing options for the specific location of the PCT estate, it is important to understand patterns of health need across the borough. Indicators of health need available include mortality data (derived from death certificates), morbidity or disease data (from surveys and hospital information), health behaviour data (from surveys) and data on use of health services (such as admissions to hospital, attendances at A&E and treatment rates).

Mortality

Chart 8 shows the standardised mortality ratio (SMR) for death from all causes. Chart 9 and 10 show the SMRs for circulatory disease and cancer. All of these maps show that the highest death rates are in the Great Lever, Halliwell and Crompton areas within central Bolton.

Chart 11 shows average life expectancy across Bolton. Great Lever, Halliwell, Rumworth, Halliwell, Crompton, Tonge, Brightmet and parts of Farnworth have life expectancy that is lower than average. The main causes of reduced life expectancy in Bolton are circulatory disease, alcohol related digestive disorders, respiratory disease and lung cancer.

Morbidity

Charts 12 to 16 show standardised hospitalised prevalence rates for a number of conditions. This data is based on numbers of people that stay in hospital with certain conditions. The highest rates are in the Great Lever, Halliwell and Crompton areas within central Bolton. Farnworth and Brightmet also show high hospitalised prevalence rates for chronic obstructive pulmonary disease. The Rumworth and west Great Lever areas have the highest hospitalised prevalence rates for diabetes.

Bolton Health Survey (2001) included a number of questions relating to the prevalence of symptoms of ill health. Chart 17 shows the proportion of people reporting that they have been in severe pain in the four weeks previously to answering the question. This shows that central Bolton, Derby, Tonge and Farnworth have the highest proportion of people in severe pain. The survey also

included a set of questions to identify symptoms of mental ill health. This is summarised in chart 18, which shows that Central and Derby areas have the highest proportion of symptoms of mental ill health. Chart 19 shows that prevalence of angina like symptoms is highest in the deprived central and south east of Bolton.

Health behaviours

Information on health behaviours comes from the 2001 health survey and is therefore somewhat out of date. The survey is being repeated in June 2007. Data from the Health Survey has been analysed for old electoral wards. Chart 20 shows the prevalence of smoking across Bolton. In Tonge and Farnworth a high percentage of the adult population smokes. Further analysis at smaller areas found that more smoking is even more prevalent in Hall Ith Wood and New Bury estates where more than half of the local population smoke. Chart 21 shows the proportion of people that do no physical activity (sedentary) across the borough. The most deprived central areas of Bolton have the most sedentary people. Chart 22 shows the proportion of people reporting that they eat no fruit or vegetables in a day. This is an indicator of poor diet. The east and south of the borough have the highest percentage of people that do not eat fruit and vegetables. Chart 23 shows the proportion of people who are drinking at problem levels. This indicates that the Kearsley area has the highest level of problem drinking.

Use of health services

Patterns of health service use across Bolton vary depending on the particular services. As might be expected from the high levels of health need, people living in deprived areas are most likely to have visited their GP six or more times in the previous year (chart 24). People from the most deprived central and south east of Bolton are also significantly more likely to access hospital services in an unplanned way, referred to as non elective admissions (chart 25). This indicator is as extremely strongly correlated with deprivation. However, hospital treatment for many conditions is not as strongly associated with deprivation as we would expect. Treatment rates for heart disease in deprived areas are not as high as expected considering the higher levels of heart disease in these areas.

Chart 26 shows children's attendance at A&E. This shows that the highest rate of attendances are in the areas close to the hospital and in other deprived areas around the borough.

Access issues

It is important to consider access issues in the development of an estates strategy. People living in deprived parts of the borough are less likely to own a car and more likely to rely on public transport. Chart 27 shows the percentage of residents in each area that do not have access to a car. It also shows the areas where covered by good bus services (as defined by Greater Manchester Passenger Transport Executive). This indicates that parts of Great Lever, Johnson Fold, Withins and Leverhulme have low levels of car ownership and poor access to good bus services.

Provision of services

In developing the primary care estate it is also important to consider current GP workforce and understand where this might need to increase. Table 1 below shows that compared to national average figures, Bolton is considered to be 'under-doctored, with a shortfall of 13.85 whole time equivalent GPs.

Table 1 – GPs per 100,000 population

	Whole time equivalent GPs per 100,000 weighted population
Bolton	53.02
England	57.88

The age profile of the GP workforce (at March 2006) shows that 14 (10.55 whole time equivalent) are aged over 60. This means there is a potential risk that the workforce will reduce by 7% over the next five years.

The PCT has undertaken a programme of analysis to identify the areas of health need is taken into account. Chart 28 shows the spread of the GP workforce identifying under-doctored areas in the South East of the borough; parts of North East and Horwich. Blackrod and Westhoughton. Chart 29 includes Nurse Practitioner statistics as well as GPs and shows that there is under-provision concentrated in the central and south east of the borough. When these figures are overlaid with GP retirement risk, 6 old wards are identified. These areas are in the following new wards: Haliwell, Crompton, Great Lever and Rumworth.

Public Health Priorities

In developing options for the future of the estates strategy, it is important to consider public health priorities agreed in partnership with local organisations. The three key strategies that need to inform the development of the estates strategy from a public health perspective are the Local Area Agreement, Health Inequalities Strategy and the Neighbourhood Renewal Strategy.

Local Area Agreement

Bolton's Local Area Agreement sets out a number of priority targets to achieve healthier communities. These targets have been agreed as key priorities across the agencies in Bolton, and have been informed by Bolton's Health Inequalities Strategy. The targets focus on:

- Reducing the gap in premature mortality between the most deprived areas and the borough average
- Halting the rise in alcohol related attendances at A&E and hospital admissions
- Increasing the identification of diabetes in black and minority ethnic groups

- Reducing the prevalence of smoking in Bolton's most deprived areas
- Reducing premature mortality rates from circulatory disease
- Halting the rise in childhood obesity

Director of Public Health Annual Report 2006

The Public Health Annual report for 2006 highlights the issue of inequalities in life expectancy and makes a number of recommendations for action that needs to take place to improve life expectancy. This is a particular issue as the gap between life expectancy in Bolton and the national average is increasing. There are also significant inequalities in life expectancy between areas within Bolton, and targeted action needs to be taken to meet the Local Area Agreement target. Based on local analysis and research evidence from elsewhere, the report outlines the strategy that needs to be taken to address reduced life expectancy from circulatory disease; alcohol related digestive disorders, respiratory disease and lung cancer. The strategy has the following elements:

- Undertaking prevention with those at greatest risk
- Encouraging early symptom recognition and early presentation
- Improving access to primary care services in deprived areas
- Improving the quality of primary care services in deprived areas (with a particular focus on the management of long-term health problems)

Improving the estate in Bolton's most deprived areas could play a central role in addressing inequalities in life expectancy.

Neighbourhood Renewal Strategy

Partners in Bolton have developed a Neighbourhood Renewal Strategy that aims to improve quality of life in the most deprived parts of the borough by reducing poverty, increasing employment, improving education, reducing crime and fear of crime, improving housing and the local environment and improving health.

The strategy identifies 11 areas of multiple deprivation that required targeted and co-ordinated action from mainstream service providers to improve quality of life.

These areas are:

- Crompton ward
- Haliwell ward
- Rumworth ward
- Great Lever
- Tonge with the Haulgh ward
- Brightmet ward
- Greater Farnworth (including deprived parts of Kearsley and Harper Green)
- Johnson Fold estate
- Hall l'th' wood estate
- Washacre estate (in Westhoughton)
- Hulton Lane estate

Each area has been designated an area lead the development and delivery of a Neighbourhood Action Plan that aims address the deprivation issues in the area and to involve local people in taking action to improve the area.

The provision of improved health buildings has the potential to make a significant contribution to addressing multiple deprivation in these areas through improving access to high quality health services.

Health buildings can also be a focus for wider regeneration through:

- Improving the image of deprived areas – bringing people into the area to receive services and developing pride among people who already live there.
- Improving the quality of the local environment (important influence on health).
- Employing local people in construction and delivery phases.
- Providing a facility for the community to use (enabling the development of social capital, social networks, better relationships between local NHS services and local people).
- Providing opportunities for local people to access a range of services from one site, that are targeted at the specific needs of the local population.

Conclusions

The population of older people and young children likely to have higher need for health services is concentrated in and around the urban centre of Bolton in Crompton, Halliwell, Great Lever and Rumworth. In addition Withins, Johnson Fold, Hulton Lane and Washacre have a high percentage of children aged under five. Minority ethnic groups and new and emerging communities are also concentrated in these areas.

Health need is very closely related to deprivation in Bolton. The areas with overall highest health need are Crompton, Halliwell, Great Lever, Rumworth, east Bolton and Farnworth. Some health data is not available at small area level, however we can assume that small pockets of extreme deprivation such as Johnson Fold will also have high levels of health need.

People from the most deprived areas are most likely to access services in an unplanned way.

Great Lever, Johnson Fold, Withins and Leverhulme have low levels of car ownership and poor access to good bus services.

Halliwell, Crompton, Great Lever and Rumworth are areas that are under served in terms of GPs and Practice Nurses and that are at risk of retirements in the GP workforce in the future.

Recommendations for the location of services

There is a very close relationship between deprivation, health need and under provision of primary care services in Bolton. The redevelopment of the primary care estate has the potential to make a significant contribution to the regeneration of deprived areas. Therefore the Estates Strategy should be aligned with the Neighbourhood Renewal Strategy.

East Bolton (Tonge with the Haulgh and Brightmet)

The East Bolton estates model is already being implemented, culminating in a primary care resource centre in Brightmet. This centre, the Crompton way centre at Hall l'th' Wood and the other satellites at Tonge Moor, Tonge Fold and Leverhulme will service the population of Brightmet and Tonge with the Haulgh.

The Town Centre

The area of Bolton with the highest levels of deprivation and therefore health need are relatively close to the town centre and some of these areas have good access to Lever Chambers. If Lever Chambers is to be developed as a centre for more specialist borough-wide services, consideration should be given to locating primary care services within the town centre, however this should be lower down the list of priorities due to the relatively good provision at Lever Chambers.

Crompton and Halliwell

However, there are still high levels of deprivation and health need slightly further from the centre of Bolton, with much poorer access to the town centre. The Waters Meeting Road site will provide services for the part of Crompton close to Blackburn Road. However the Halliwell and Crompton area between Halliwell Road and Chorley Old Road are not currently well served. In light of the very high level of health need and deprivation in this area, it is recommended that a Primary Care Resource Centre be located in this area, and this should be given third priority.

Great Lever

Great Lever is a very deprived area with high levels of health need. Parts of Great Lever have poor bus services and very low levels of car ownership whilst being a considerable distance from the town centre. There is currently under provision of primary care services in the area. Great Lever is a neighbourhood management pathfinder, encouraging locally responsive service delivery and the area is a priority for the early delivery of the Council's access points strategy. One of the main barriers to improving health services in the area is the poor physical infrastructure. It is recommended that a Primary Care Resource Centre be located in Great Lever, and that this centre be delivered first after the Brightmet development.

Farnworth

Farnworth is an area of deprivation with high levels of health need, particularly in relation to circulatory disease and respiratory disease and their risk factors. New Bury and Highfield have particularly high levels of need for primary care services. This high level of need, the multiple deprivation in the area and its distance from Bolton town centre mean that a primary care resource centre should be located in the area. Children from Farnworth are high users of the hospital A&E department. This might suggest a need for unscheduled care services in the area. Like Great Lever, a Neighbourhood Management approach is being taken to addressing multiple deprivation in Farnworth and the area is a priority for the Council's Access points strategy. This could provide opportunities to link work to improve the primary care estate with that of partner agencies. This development should be delivered second after Great Lever

Rumworth

Rumworth is a target area within the Neighbourhood Renewal Strategy and has relatively high levels of deprivation and health need. There is currently under provision of primary care services in this area. This area is currently served by the Pikes Lane centre. A centre in Great Lever could be relatively close to the south of Rumworth.

Johnson Fold

Johnson Fold is a small pocket of deprivation within a more affluent area and for that reason is unlikely to warrant a PCRC. However, there are plans to develop a UCAN centre on the estate. It is recommended that the PCT investigate delivering some health services from the UCAN centre tailored to the needs of the population.

Washacre

Although most Westhoughton is relatively affluent, the population of the area is growing due to new housing developments. In Washacre in particular there is a high proportion of young children. Washacre is the only multiply deprived area within Westhoughton, and car ownership is relatively low on the estate. It is therefore recommended that if a PCRC is developed in Westhoughton, it is located as close as possible to Washacre estate.

Summary of recommendations

Recommendations are made below about where facilities should be developed and the order in which they should be delivered

1. A primary care resource centre should be located in Great Lever. If possible a site should be accessible to Derby Street/ St Helens road to serve the south of Rumworth. This centre be delivered first after the Brightmet development.

2. A primary care resource centre should be located in Farnworth. This should be the second priority for delivery after the Great Lever development.
3. A primary care resource centre should be located in the Crompton/ Halliwell area between Halliwell Road and Chorley Old Road. This should be the third priority for delivery after the Farnworth development.
4. If a primary care resource centre is developed in Westhoughton, it should be located as close as possible to Washacre estate. This should be fourth priority for delivery.
5. If Lever Chambers is to be developed as a centre for more specialist borough-wide services, consideration should be given to locating primary care services within the town centre. If this is necessary, it should be with priority for delivery.
6. The PCT should investigate delivering some health services from the planned Johnson Fold UCAN centre. Services could be tailored to the specific needs of the population. As this element of the strategy is most likely to be led by partners, the timescale is likely to be dependant on external influences.

Estates Strategy – Public Health Perspective

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