

18. Managing our estates in a coordinated way to deliver the Long Term Plan

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across North Central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents and communities have told us is important to them.

This draft plan builds on existing plans and work already underway across NCL and sets out how we will deliver the commitments in the Long Term Plan. It has been developed by, and with the insights from, representatives working in NCL, including staff working in health and social care, and clinical leaders and managers, patients and residents, and our partner organisations from across the NHS, social care, voluntary sector and beyond. Local leaders across our partner organisations, including NHS trusts, general practice, commissioners and local authorities have been closely involved in shaping and overseeing the development of these plans. We are continuing to work closely with all of these groups as we refine the plans and move into delivery and implementation of the commitments.

If you would like to feedback or contribute to this work as we further develop our plans and implementation, please see the 'Listening to residents and communities' section for more details on how to get involved.

Introduction

We have been working together to determine how best to deliver health and wellbeing in the widest senses and shape a collective response to improve services and integrate systems around residents' needs, rather than the organisations that deliver care.

For NHS services, it means some major changes over the next five years. These major changes are an opportunity to make sure our buildings respond in the best possible way to support excellent care, happy staff and healthy communities.

Estate is increasingly recognised as a key enabler for change, and NCL STP has developed an approach to support and accelerate the delivery of priority estates change programmes. Additional leadership and capacity have been brought in, to focus on both system and project delivery and by so doing, influence and shape organisational development as the ICS and enable PCNs to gain definition.

The wider NCL LTP submission has set several key strategic principles with estate implications, including:

- Boost 'out-of-hospital' care and make primary and community health services more joined-up;
- Redesign and reduce pressure on emergency hospital services;
- Give people more control over their own health with personalised care;
- Make more primary and outpatient care digitally-enabled consistently;
- Support the focus on population health and local partnerships with borough-funded services, through new Integrated Care Systems (ICSs) everywhere.

NCL's estate strategy

NCL's estate strategy reflects these system principles. It was signed off by partners and is currently being refreshed with an early 2020 target date (see Appendix A). The emphasis of this refresh will show our progress against:

- Estates Locality Planning, to deliver a Health Care Closer to Home change programme and investment model;
- Improving the quality and efficiency of the estate to realise savings and capital through the MTFS Programme;
- Supporting our investment Programme priorities - overseeing the £561m investment ambition across the STP, including transformational change around the St Pancras/Oriel projects;
- Enabling disposal/releasing value by overseeing the £526m to be released across the STP;
- Building alignment between estates and the other enabler workstreams (digital and workforce).

Estates Locality Planning to deliver a Health Care Closer to Home change programme and investment model

Health Care Closer to Home ("HCCH") is focused on the transformation of care based around neighbourhoods, usually around 30-50k, targeting prevention and supported self-care, to draw together social, community, primary, specialist services to deliver integrated care, across health, housing, social care, housing, voluntary sector support and wellness. The journey for locality planning and models of care are attached as Appendix B and described in section 2 on developing integrated care systems.

The PCNs will be central to the co-ordination and delivery of this care, along with public health and prevention workstreams. This will enable a focus on the uptake of screening, immunisation services, and better support for alcohol care teams, tobacco treatment services and diabetes prevention.

Estates Locality Planning is the underpinning workstream, which has been rolled out consistently across each of the 5 boroughs, and included CCGs, Councils, PCN's, public health, providers and others. This work is due to complete shortly, the outputs being:

- A shared baseline data set, bringing together condition, size, capacity etc. to better understand where investment may be required at an asset or neighborhood model;
- A shared understanding of the "supply" of estate alongside likely future changes in "demand" for space as a result of population or service change;
- To identify blockages to delivery, at both a practical level (i.e. too little or unsuitable space) as well as cultural and organisational that will impact on delivery;
- An agreed series of priorities, for further work and oversight by the Local Estate Forums ("LEFs");
- A 3, 5 and 10-year prioritised delivery and investment plan at an STP/borough level, including configuration + new build requirements, plus associated disposals.

The schedule below summarises the project schemes by borough, divided between funded and unfunded. The total 52 unfunded projects have an indicative capital cost of £51.2m though to 2024. The detail is included in Appendix C.

	Project type	Haringey	Islington	Enfield	Barnet	Camden	Total
Funded	Underway	5	4	2	5	0	16
	Optimisation	1	1	1	0	1	4
	Primary/Other	1	1	0	0	1	3
	Community	0	0	0	0	0	0
Total funded							23
Unfunded	Optimisation	3	0	1	0	4	8
	Primary/Other	1	6	5	1	9	22
	Community/TBD	2	4	2	4	10	22
Total unfunded		13	16	11	10	25	52
Total all							75

Realising savings and capital through the MTFS Programme;

We have an active estates workstream supporting the MTFS Programme focusing on:

- Improving the utilisation and optimising services in 5 core CHP LIFT buildings, to deliver savings of @£1m pa;
- A focused programme on one key NHSPS building, to deliver savings of at least £300k;
- A back office Programme, with a current feasibility study on scope for savings and disposals;
- A Programme targeting disposal of surplus assets that have scope to produce integrated services in nearby locations and provide early savings for investment in the wider system.

1. Supporting investment Programme priorities - overseeing the £561m investment ambition across the STP, including transformation change around St Pancras/Oriel projects;

An investment Programme has been established, with a Trust CEO as the SRO, meeting quarterly. The STP Wave 4 funding into St Pancras/Oriel remains the priority, and the STP works with the GLA and national partners to actively support the Business Case and investment Programme. A focus for the St Pancras investment is to support delivery of a new integrated primary, community and mental health models of care to support adults and older adults who have the most complex needs, across health and social care, aligned with primary care networks.

Targeted work has also focussed on the delivery of general practice projects with ETTF and IG funding, with a shared investment value of £17.8m (ETTF) and £1.497 – total £19.3m.

2. Enabling disposal/releasing value overseeing the £526m of value to be released across the STP

A disposal programme has been established, with a Trust Director of Estates as the SRO, meeting quarterly. This is overseeing the overall programme being delivered by providers and property companies (CHP and NHSPS) and is exploring opportunities to bring forward these disposals through better system engagement and early discussion while achieving disposal receipts that comply with best value requirements. Examples include:

- working up disposals for care homes to support the wider STP need for extra care beds;
- Key Worker housing, to support systems needs to better manage the recruitment/retention crisis;
- Sales of land for specialist LA funded housing.

3. **Building alignment between estates and the other enabler workstreams (digital and workforce)**

Aligning estates with other enabler workstreams (digital, workforce) across the breadth of the investment programme will make NCL best placed to support the reconfiguration of system capacity and demand. The aim is to support the delivery of new models of care to improve health outcomes of the local population with a flexible and fit for purpose estate.

The digital workstream is specifically targeting the optimisation agenda and working through how digital solutions can best complement reconfiguration to support better use of the asset.

Estates is also supporting the workforce enabler, developing new ways of working that support NCL health and social care organisations to be excellent employers, committed to delivering efficiency, developing and supporting the wellbeing of staff whilst also preparing them to deliver the new care models in a range of settings.

Likely estate implications from the current work

These are some of the practical areas of change that have been identified by the workstreams and which are reflected in the change agenda at a project level. Clearly, they will take some time to take shape and revise the current systems and processes underway but are starting to shape local delivery solutions.

- **Digital support**
 - Changes needed in the layout and fitout of space as digital enables new ways of working such as virtual consultations, and the likely cost savings;
 - Checking that digital infrastructure in the core estate has the capacity to support new ways of working and different staff using the systems;
- **Accessible space**
 - Reviewing space needs for training staff in Primary Care and PCN settings, ensure designated Training Practices have the right type and right amount of space to support team working;
 - Ensuring that spaces in these buildings (rooms, desks) can be used flexibly and designed around the different needs of patient cohorts such as children and young persons (CYP);
 - Providing booking systems, so all services have a way to plan their work and space is well utilised;
 - Ensure space is adequate for Multi-disciplinary Teams (MDT) meetings, training and clinical sessions;
 - Provide access to school/college space where services such as CYP and MH could deliver;
 - Ensure out of hours facilities available, for crisis facilities, and better staff support spaces;
 - Give staff the best working and support facilities, to attract and keep them;
- **Develop good booking systems**

- Ensuring that flexible spaces in these buildings (rooms, desks) can be used flexibly and there are booking systems in place, so all services have a way to plan their work and space is well utilised;
- Funding agreement to enable other partners to share space;
- All appreciate complexity of this work, but this builds on the short-term engagement of multiple providers to deliver a limited number of early wins. Progress here is key to using existing estate well;
- **Management information**
 - Provide visibility appendix of space available to commissioners and providers, so core estate can support cross-cutting services (antenatal, mental health, wellbeing);
- **Build financial incentives**
 - Working collaboratively with clinical workstreams to get the right services out of hospital and into local buildings;
- **Build better partnerships with landlords**
 - Working collaboratively with landlords to have flexible response to changing service needs;
- **Shift disposal agenda**
 - Find innovative ways to support the wide system estate requirements such as to build more nursing homes in NCL – ensuring that the design / model of nursing care supports our most vulnerable residents;
- **Support the sustainability agenda**
 - To work up an estates plan that supports the wider commitment to reduce carbon by 34% by 2020, through how the estate is supported and used. This is intended to adhere to best practice efficiency standards and include adoption of innovation to reduce waste, water and carbon.

Conclusion

This update reflects the significant strategic and local estates activities taking place within NCL, which involves many key partners across the NHS and Councils. This activity is being aligned at STP and borough partnership level, with leadership, capacity and capability being brought forward for effective project delivery.

Significant further work is required to maintain this momentum and for estate to play its part as a key enabler for the STP's vision for ambitious health and care transformation within the context of the LTP.

Appendix A – timetable for the Estates Strategy refresh

Appendix B - the journey of estates locality planning

Appendix C – financial breakdown of capital assumptions

Appendix A – timetable for Estates Strategy refresh

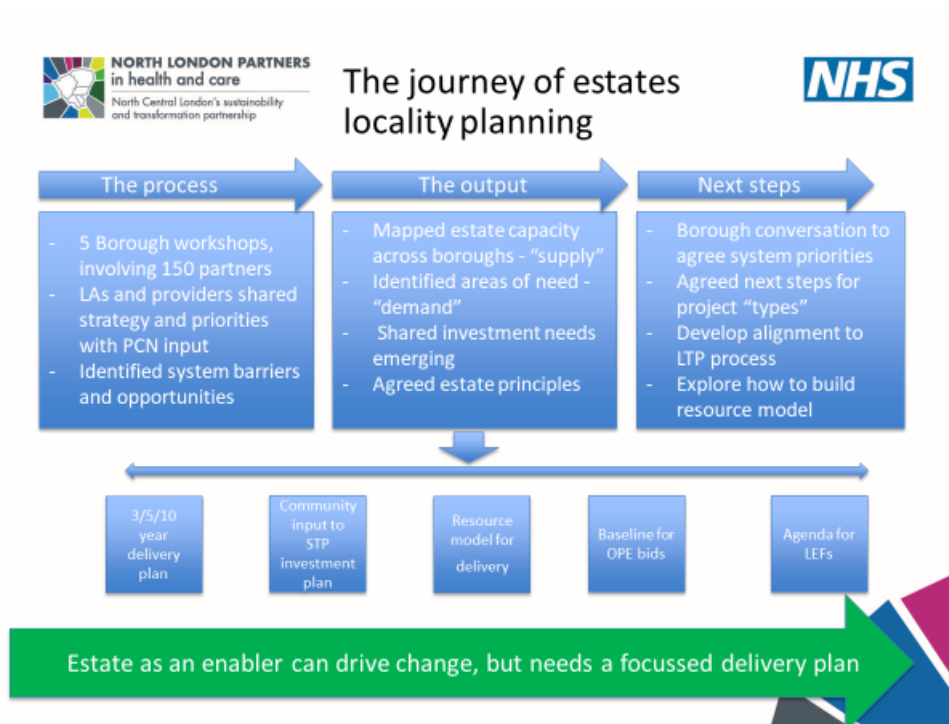


Estates Strategy Refresh Timescales



Action	Date
Completion OOH/Community Strategy	31 December 19
Completion first draft of Estates Addendum	31 January 20
Prioritisation and Final Draft Estates Addendum completed	7 February 20
Final draft – approved to go to organisation Boards for sign-off	14 February 20 – Estates Board
Final Estates Addendum – approved with draft summary for Communications	9 March 20 – Estates Board
Communications – Finalise Summary	March 20
Final Summary – approved by Estates Board for publication	April 20 Estates Board

Appendix B – the journey of estates locality planning



Appendix C - working models that inform locality planning

Levels and functions: proposed working model

Set out below is the current working model for what could be best done at the different levels.

<p>Neighbourhood</p>	<p>Multi-disciplinary teams working on population health basis with staff from:</p> <ul style="list-style-type: none"> • Social care • Health (physical and mental health) • Voluntary sector • Community and residential groups
<p>Borough</p>	<ul style="list-style-type: none"> • Local acute services • Primary care development • Mental health • Community services • Pharmacy • Social care • Home care • Children's services • Learning disabilities services • Discharge initiatives • Out of hospital workforce development • Health promotion • Ring-fenced budget for collectively agreed activities • Local narrative and engagement • Collaborative provider and commissioner models/partnerships • Wider role of local authorities in population health management, including housing and debt management
<p>NCL wide</p>	<ul style="list-style-type: none"> • Tertiary acute and mental health • Prevention • Care home market management • Enabler programmes (digital, estates, workforce) • Care pathway development • Monitoring and evaluation capability • Aligned financial incentives • System operating and improvement plan • Data platform • Population health and care redesign (incl. networked acute care) • Clinical and leadership development • Neuro-rehab/stroke • NCL strategy and outcomes • Business planning • Performance and reporting • CHC hub and spoke coordination

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