CloS System Strategic Estates Group Briefing

Transformation Board 17/01/2019

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Strategic Estates Group Progress

- Mature Strategic System Estates Group (SEG) in place;
  - NHS and Council representation from across local organisations;
  - Executive leadership and oversight;
  - Part time Strategic Estates Advisor support from NHS Improvement;
  - Supports Cornwall One Public Estates (OPE) Group.

- Broad ranging agenda with priorities agreed;

- Draft system estates workbook submitted 4/7/18 rated ‘Good’;

- Shaping our Future (SoF) Wave 4 prioritised capital bids submitted 4/7/18 with c£40m funding approved;

- Primary care estates sub –group initiated;

- Use of OPE funding to support strategy development including Isles of Scilly;

- Progress with proposal to Cornwall Council on future s106 arrangements;

- Estates benchmarking programme with Devon organisations
System Strategic Estates Priorities
‘Plan on a Page’

- Back Office
- Estates Support to STP Programmes
- Urgent Treatment Centres
- Community Estate Optimisation
- Estates Capital Programme
- Primary Care Estates
- Estatess and Facilities Efficiencies
- Establishing capacity to deliver estates change
- Planning Gain & LA Relationship
- Live Project Support
- Community Hospitals/Health Centres
  - Service Changes
  - Wave 4 Capital Enabling
  - Utilisation projects (Truro Health Park Pathfinder)
- Office accommodation provision – NHS & CC
- Shared Estates Services
- Production Services (laundry, waste, food)
- Carter Dashboard, Model Hospital
- Quarterly Performance Reporting
- Completed with all information
- Fully coordinated and prioritised
- Wave 4 Priorities Submitted
- Wave 5 bid preparation
- One Public Estate
- Isles of Scilly OBC
- Section 106
- Community Infrastructure Levy
- Building communities with appropriate health infrastructure
- PC Estates Strategy
- PC Delivery Programme
Immediate Work Plan

- Develop CloS draft strategic estates strategy from estates ‘workbook’ and feedback;
- Wave 4 SoF capital submissions and bid outcome mobilise steering groups to develop business cases;
- Community Hospitals estates strategy – stage one (St. Barnabas, Fowey & Edward Hain);
- Approach to integrated services on the Bodmin Site;
- Approach to integrated services on the Isles of Scilly;
- Developing the primary care estates strategy;
- Primary and community service estates mapping;
- Accessing the benefits of planning gains for development of the NHS infrastructure.
SoF Estate Strategy Feedback (November 2018)

• The draft SoF system-wide estate strategy ‘workbook’ was:
  ➢ submitted to NHS England in July 2018 (national deadline) as prescribed to guidance;
  ➢ addressing the key estates priorities in response to emerging service strategy;
  ➢ and in support to the Wave 4 capital bids.

• Formal feedback was received by letter on 23rd November 2018:
  ➢ CIoS SoF estate strategy was categorised as ‘Good’;
  ➢ met the expected national requirement to release capital in line with government response to the Naylor review;
  ➢ good strategy recognising integration of estate planning into system thinking and governance;
  ➢ broad, ambitious plans described with articulated timings;
  ➢ further work and refinement required to strengthen specific areas including service strategy development, asset utilisation & efficiency, primary care strategy, and stretching disposals delivery.
SoF Draft Estate Strategy: Next Steps

• Strategically placed and flexibly designed infrastructure is an important component in the creation of the right environment and incentives to support place-based integrated care fit for the 21st century;

• The estates workbook is currently draft and will be developed into the estates strategy with staff and users of services over the next six to nine months as the system clinical strategy and out of hospital model of care further evolves;

• We understand people’s appetite to know more about our plans. We will continue our dialogue with local stakeholders on the enhancement of place-based integrated care, and in the context of these on-going discussions we can be clearer as to how our collective estate needs to transform to enable our ambitions for service transformation to be realised;

• With the publication of the NHS long term plan, as the system 5 year plan is developed we will continue to develop our estates strategy, and ensure we are well positioned to secure further capital funding as it becomes available;

• Our intention therefore is to share our estates plan with people in line with the national planning timeline (envisaged as during the autumn of 2019), thus ensuring that our estates strategy is appropriately responding to our place-based integrated care model.
Wave 4 Capital Bids Outcome

National Update:

• On 7th December 2018 the Department of Health and Social Care announced the successful projects as part of the Government’s major multi-year (2017/18–2022/23) £2.9bn capital funding package of additional investment in the NHS to support transformation;

• The latest (wave 4) bids announcement confirmed capital investment worth c.£1bn for building developments supporting around 75 projects across NHS England trusts and partnerships (fully committing the £2.9bn STP capital fund);

• The date of next Spending Review, when future DHSC and NHS capital allocations will be set, has not yet been confirmed, but early indications inform this will be Autumn 2019 at the earliest. Future waves of capital bidding is unlikely to be before Spring 2020.

Cornwall & Isles of Scilly Bid Outcome:

Two successful bids confirmed in Wave 4 investment round on 7th Dec’18:

• Oncology and MRI re-provision at Treliske - £31.3m;
• RCHT peripheral site optimisation - £9.1m;
• Next steps to develop full business cases and meet national process requirements.
Community Hospitals Estate Strategy Development (Stage 1)

- St. Barnabas (Saltash), Fowey and Edward Hain (St. Ives) community hospitals have been closed for in-patient services on a temporary basis for over a year although St. Barnabas and Edward Hain continue to provide outpatient services;
- The October 2018 Transformation Board received information on the proposed decision making process and timeline to determine the future of services at these sites;
- Three separate and concurrent projects with stakeholder input established with the aim of identifying and evaluating options to determine the future of each site.
- The work will be set within the overall context of the system plan and the changing community based model of care;
- During this process the CCG will comply with NHS England’s reconfiguration assurance process which also involves working with the Clinical Senate to assure that any proposals meet current best practice guidelines;
- The first part of this process, a stage one review is scheduled for the 28th January 2019 and good engagement is taking place with partners to inform this process.
- Regular updates will continue to be provided to the Transformation Board.
Approach to Integrated Services for the Bodmin Site

• A new co-ordinated approach is being taken to bring together what are currently separate multiple partner plans for the current Bodmin Hospital St. Lawrence’s site into a single strategy and plan;
• Partners include Cornwall Partnership NHS Foundation Trust (CFT), Bodmin GP practices, NHS Kernow, RCHT and Cornwall Council (Housing, Planning and Property, Highways, Transport and Environment departments);
• A first planning workshop is scheduled for the end of January;
• Plans requiring careful alignment include:
  ➢ Development of Bodmin urgent treatment centre with access to a new CT scanner, including the potential provision of co-located primary care services;
  ➢ Development of 12 bedded CAMHS inpatient unit
  ➢ Consideration of use former Bodmin treatment centre for planned care;
  ➢ The housing development programme for the St. Lawrence’s site;
  ➢ Optimising woodland assets protected by tree preservation orders to support the development of preventative health and social care services including for example community orchards.
• Similar approaches will be taken at other sites as the need arises.
Approach to Integrated Services on the Isles of Scilly

- The Council of the Isles of Scilly and the NHS are committed to developing an improved and integrated health and social care service offering for the Islands;
- Currently the services are provided separately from St Mary’s community hospital, St Mary’s health centre and Park House residential home in an estate of variable quality and condition;
- The programme has been initiated to develop a business case for a sustainable model of care on the Islands, underpinned by an estates solution, supported by key worker housing;
- The programme has sought to ensure service needs are the key driver with a significant focus on workforce which remains a serious challenge on the islands;
- The principle of the case for change is based on the need to develop a fully integrated model that delivers safe, effective and person-centred care by consolidating health and social care and ambulance services within suitable facilities in order to address:
  - workforce challenges of health and care staff due to a limited and inaccessible housing market;
  - provide modern fit-for-purpose facilities that enable safe ways of working, and user experience;
  - provide sustainable services and optimise integrated working;
  - respond to changing needs of an ageing population located on the islands;
  - optimise the use of digital technologies to support local care and reduce unnecessary travel.
- A Project Initiation Document has been approved by local stakeholders with an Outline Business Case (OBC) under development and anticipated to be complete by end April 2019;
- Funding for the OBC has been secured via wave 5 of the One Public Estate (OPE) programme held by the Council of the Isles of Scilly.
Developing the Primary Care Estates Strategy

- The core objective of a primary care estates transformation programme is to drive the estates change needed to enable service change and to tackle the estates issues facing primary care;
- The attainment of financial and clinical sustainability and the ability of the system to implement new models of care relies upon a transformed primary care estate;
- The outputs expected of the transformation programme include:
  - Primary care estates strategy to conform to NHS Estates Code requirements (Where are we now, where do we want to be, how do we get there);
  - Primary care capital investment programme;
  - Capital investment funding strategy including production of future capital bids.
- A full time project manager will be required for 12 months to drive the programme with budget secured through existing OPE funding held by Cornwall Council;
- Oversight through the SoF primary care estates group which comprises key stakeholders including the CCG, NHSE, Cornwall Council and Kernow Health CIC;
- The primary care estates strategy will feed into the main SoF estates strategy;
- Work includes primary and community services and estates mapping.
Primary and Community Care Service Estates Mapping

• A methodology to:
  ➢ Map the primary and community estates, workforce, financial and service risks/vulnerabilities across Cornwall;
  ➢ Assess the service and estates vulnerabilities facing GPs across Cornwall;
  ➢ Map the geographic distribution of community health services against estate assets to identify service and estates risks/vulnerabilities
  ➢ Enables local decisions to be made around future service and estates planning;
  ➢ Focus on defining improvement options, interventions needed and production of early draft of an investment pipeline.

• It is proposed to undertake a series of workshops incorporating all key stakeholders and trial an integrated care community prior to wider roll out;

• Uses a ‘vulnerability’ assessment tool, which takes into account for example:
  ➢ Building size vs. recommended size based on list
  ➢ Functionality and condition of building
  ➢ New models of care and service change
  ➢ Effects of digital transformation

• Supports the development of a primary and community care service & estates strategy
Accessing the Benefits of Planning gain for Development of the NHS and Integrated working with Cornwall Council

- Cornwall Council is a key member of the SoF estates group. The Council has supported the estates group activities in terms of resource and financial (OPE) support since 2015;
- As a result of the close working relationship and need for coordinated efforts the Council is forming a health infrastructure team to work within SoF to develop estate to meet future service needs;
- Section 106/Community Infrastructure Levy (CIL) process and resource to work with health partners to maximise benefit of planning gain to NHS in light of large housing developments and population growth;
- Focus on impact and input for primary care in the first instance, then apply the same process of Section 106 and CIL funding routes to all other services;
- When large housing developments are granted, ensuring the appropriate health infrastructure is put in place through improved communication between Cornwall Council and health;
- Multi agency approach to areas and sites, such as St Lawrence's, Bodmin, to share proposals and joint ventures.
SoF Estate Strategy - Next Steps

- **SoF partnership working**: Continue with system-wide engagement, participation and planning in order to support future bids for the capital needed to deliver the estates strategy programme including S106 arrangements;
- **Development of strategic estates strategy**: Progress with development and refinement of the draft strategy reflecting emerging clinical and primary care strategies;
- **Clarity of clinical and operational estates strategy**: Develop (or continue to enhance) a combined delivery, resource and investment plan to cover all proposed schemes and business cases within SoF, including Isles of Scilly specific plans;
- **Efficiency metrics**: Continue plans to meet and exceed Carter targets as set out in the strategy;
- **Disposals**: To complete disposals of facilities ultimately declared surplus. Continue to rationalise estate as determined through the development of the clinical and service strategy.