Community is the best medicine:

Helping STPs to deliver their estate plans
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Speaker: **Dr Richard Sandford-Hill**
Senior partner at Market Lavington Surgery, near Devizes, and Chair of Wiltshire Clinical Commissioning Group
What do we do?

- Landlord and service provider
- Reconfigure estate to support the delivery of new models of care
- Help the NHS use its estate more efficiently
- Reduce running costs of the NHS estate
- Unlock value from surplus NHS land and buildings and deliver housing

- £3.8bn asset value
- £760m annual revenue
- 3,500 employees
- 3,500 properties
- 7,000 occupiers
- 3.2 million sqm
- c 10% of NHS estate
What have we delivered?

Made a significant contribution to the NHS in last 3 years, including reinvestment in the estate.

- £293.5m raised for the NHS through disposal of surplus assets
- 348 properties sold since April 2013
- 4,773 new homes developed through the release of surplus land
- £292m capital investment in the estate
- £201m reduction in operating costs
- 75,000 helpdesk calls managed per month
We manage a large, mixed use estate delivering primary care services across England

Our properties include:
- 1800 health centres, GP surgeries and clinics
- 300 community hospitals
- Almost 450 offices
- Over 70 nursing/care homes
Our properties

Brentford Health Centre
Hawks Road Clinic
St Leonard's Hospital
Laindon Health Centre
Birches House
Wanstead Hospital
Policy context

- FYFV, GPFV, NHS Long-term Plan
- New partnerships
- Radical upgrade in prevention and public health
- More care delivered locally
- Breaking down barriers
- Expand and strengthen primary and ‘out of hospital care’
- Carter and Naylor reviews have raised the profile of estates as an infrastructure enabler
- Increased investment
Supporting the 5 Year Forward View – success criteria

- Alignment with patient priorities
- Improving space utilisation
- Implementing rationalisation
- Influencing planning
- Expert execution
Capital remains constrained and major projects take time to deliver

Need to optimise the existing estate where feasible

Improve utilisation; use space differently

Understand current estate (6-facet survey)

Optimise first

Increase efficiency and reduce the reliance on building new facilities
‘Hubs’ and Out of Hospital
From vision to delivery

1. How could we deliver services more effectively than at present, to different groups of patients?

2. Can hubs improve the ability of health and care organisations to attract and retain workforce; also allowing for transformation of culture, behaviours and working practices to ensure benefit from integration?

3. Can hubs be operated cost effectively, optimising the utilisation of estate and other valuable resources; improving on the current disparate provision?

4. Can hubs provide the means for the potential maximisation of future changes to the delivery of health and care, e.g. through technological advances?
Creating the right conditions
Backs the right projects

- Transformation rather than BAU
- Joined up estate planning
- Aligned with STP footprint planning and priorities
- Service strategy well developed and agreed by partners
- Route to funding
- Affordable for commissioners and providers
- Collaborative engagement
- Strategies that can be delivered
Initiating successful projects
Delivering projects in the NHS is challenging

NAO Guide on ‘Initiating successful projects’ 2011 - 5 Key elements:

1) Purpose
2) Affordability
3) Pre-commitment
4) Project Set-up
5) Delivery and variation management

“Here in the NHS I would add Collaboration as the 6th key element”
The Challenge
Possibly a scenario that is familiar….?

- Market town that has seen significant population growth over recent time – a trend that is expected to continue
- GP practices a mix of purpose built and converted residential/office, but all under-sized for growth projections
- A community hospital which is no longer fit for purpose with significant backlog maintenance
- An estate infrastructure that has had limited investment and is unable to support the FYFV/GPFV
- Continued impact on A&E admissions, lack of primary care capacity, workforce issues
Devizes Community Hospital

Several separate buildings with their own access and reception arrangements

Mostly single storey - the oldest dating from 1872
The Opportunity

A new Devizes Integrated Care Centre

- Create a new purpose built facility in Devizes
- Approx. 1800sqm of accommodation to include primary care integrated with outpatient services including therapies and dental
- To be developed on part of surplus land owned by NHS Property Services
Devizes ICC
The 4 Year journey to this point

- Operational challenges
- Funding challenges
- Underlying clinical strategy
- Stakeholder engagement
- Partnerships between the NHS, local authority and the third sector
- Workforce and skills mix
- Digital integration (digital resource promoting good quality, person-centred care through collaborative working across health and adult social care)
## Devizes ICC

### Target Outcomes for the ICC

- Integrates Primary and Community Services
- 4 GP practices working together with increased primary care capacity
- Local Urgent Care Services
- Increased access to the right services at the right time – 7 day working and GP out of hours
- A reduction in avoidable acute attendances and admissions
- Workforce resilience and productivity

### Wider policy context

- Alignment with STP
- Business case will need to meet affordability tests
- Replaces inadequate estate; avoid backlog maintenance
- Releases the community hospital and, land not required by the ICC, for disposal
- Up to 90 new houses
- Potential for key worker housing to be incorporated for NHS and social care staff

A sustainable health & care system and workforce resilience
Devizes ICC

Innovation

- Optimise integration opportunities, including Mental Health services
- Considering modular/off-site construction options
- BREEAM Excellent as a minimum – reviewing options to push for Outstanding
- Fully collaborative approach to Business Case development
- NHS ProCure22 delivery route
Delivering at Scale

Delivering the scale of change needed across the NHS will need scalable delivery, managed through programmes

- Transferable project team skills
- Learn as we go and avoid repeating mistakes
- Improved benchmarking and certainty
- Procurement leverage
- PIRs/POEs
- Sharing of what good looks like: process, project KPIs and outcomes
- Collaboration across geographical and organisational boundaries
We need an estates and infrastructure strategy that supports the new provision of care that we want to bring about

Simon Stevens, NHS England