

NHS South Sefton Clinical Commissioning Group

Interim Strategic Estates Plan (SEP) 2015 - 2020

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1. Introduction, Purpose & Scope

This document is the Strategic Estates Plan (SEP) for NHS South Sefton CCG, covering 2015 – 2020. It is a working document and so will be regularly reviewed and updated. The document builds on previous work, including Estate Legacy Plans, produced in 2014, and key occupancy / utilisation studies, conducted in early 2015.

The purpose of the document is to:

- Drive better value and better use out of all local health and social care property. Collaboration, innovation, improved property management and pooling resources are key to delivering these aspirations
- Translate recent CCG commissioning strategy transformation plans, which have been articulated in, both CCG's Five Year Forward Plans and the "Vision and Blueprint for Transformation Programmes" document, produced in June 2015, into an estates strategy. This strategy will clarify over what is needed, over the short, medium and long term, and how we will work, in collaboration, to get there. We recognise that the built environment is a very important component of delivering high quality, accessible and efficient services.

The interim strategy will focus on primary and community healthcare property, in the first instance. However it will, take every opportunity to integrate plans across the whole local, health and social care and public sector generally, e.g. plans described in this document are already aligned with local authority plans and the CCG continues to work in partnership with the wider stakeholder group, through its Sefton Property Estates Partnership Group (SPEP), which reports to the CCG Governing Body through its governance processes.

Membership of the SPEP will be further enhanced from January 2016 with an invitation to all local provider Trusts to become members, and so future iterations of the strategy will include secondary care estate plans.

NHS estate is cited as the third largest cost after staffing and medicines and it covers things like utilities, maintenance, security, rent and depreciation and in order to achieve... "the efficiencies required by the Five Year Forward View means CCGs must deliver good quality strategic estates planning to allow the NHS to: Enhance patient experience. Fully rationalise its estate. Maximise the use of facilities. Deliver value for money".


Department of Health Local Estates Strategies: A Framework for Commissioners, June 2015

2. Vision & Objectives

Our vision is to provide *first class estate* across south Sefton, which enables the CCG to deliver its vision, which is:

“To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and wellbeing of our population.”

Table 1, below, illustrates the CCG’s transformation plans, translated into four key strategic estate objectives.

<p>1) Integration & Co-location - Estate that enables wider integration and co-location. (i.e. between Primary, Community & Secondary care services); Health, Social Care and Voluntary Sector; and Physical and Mental Health.</p> <p style="text-align: right; font-size: small;">South Sefton Clinical Commissioning Group Southport and Formby Clinical Commissioning Group</p> <p>Diagram Two: System blueprint for Integrated Community Services</p> 	<p>2) Flexibility & Adaptability – Improved connectivity through technology (e.g. digital, telehealth), adaptable rooms and spaces to support future changes to service models and populations.</p>
<p>3) Quality & Accessibility - “Fit for purpose” premises that support, not hinder, quality care processes. Local facilities that offer open and transparent access to services over extended hours (i.e. 8am – 8pm, with 24/7 as required). Easy access, welcome and way-finding to sites, buildings and within buildings. Well maintained buildings. Age and needs appropriate environments (e.g. frailty, disability, dementia). The current demographic profile of Southport & Formby population is a generation ahead of the rest of the country with 25% of the population over 65.</p>	<p>4) Value for Money – Constraints on smaller practices threatens the development of modern primary care services. We need to establish opportunities to deliver economies of scale through larger groups of multi-disciplinary and professional staff working together. Improve occupancy and utilisation, as some key buildings in Sefton have low occupancy rates. As well as improve the management of properties to ensure we delivery value for money investments in the environment.</p>

3. Drivers for Change

"Whilst there are services available in the community to support people to manage their long term conditions and help prevent hospital admissions, these are not comprehensive and sometimes 'dis-jointed', and information sharing can be limited. Services are not always straight forward to access or able to offer a rapid response and are not as well-known as emergency departments". (Source: South Sefton blueprint etc.)

The SEP, along with any subsequent projects or work streams, must seek to address the following current system wide problems.

- The financial challenge to save infrastructure costs in order to afford front-line clinical services.
- It is a complicated system that has grown organically and not strategically.
- The system is difficult for patients and professionals to navigate and service access is limited, in some key areas.
- In particular, the system is struggling to respond to challenges posed by frail elderly and patients with complex needs. We need to develop better co-ordinated and integrated models of care.
- Prevention / early treatment services require redesign. Sometimes patients travel around the system until they becomes acute.
- A&E is the easiest part of the system to access and so receives the largest "flow" of patients, putting pressures on hospitals to meet targets.
- There are difficulties with patient flow management leading to poor value care.
- Information is not shared across all healthcare organisations.
- Demographic pressure equals pressure on urgent care services will continue the flow to A&E.
- Potential underuse of local voluntary services.

Together, with the following specific problems that relate to the current estate system.

- The number of different organisations within the sector makes co-ordination more difficult.
- Seeming disincentives and barriers to progress (e.g. costs and contracts that do not encourage GPs to move into under-utilised LIFT buildings).
- A general under occupancy of primary and community health centres. Occupancy rates are low in comparison to other areas.
- Lack of investment in Estate over the last decade.

"Current estate looks nice but it's not fit for purpose. Many are old houses. Accommodation needs to be adaptable and support co-location. Patients need to be able get in and around the premises easily, and we need to be assured that we are able to deliver CQC standards. Accessibility is really important".

Quote from Dr Niall Leonard, at Shaping Sefton Frail Elderly Workshop June 2015

4. Current Estate Overview

In section 13 of the document, the appendices, there is a list of all South Sefton primary care property. The list includes key details relating to the practices.

Primary Care

- Through 6 facet survey data collected in 2013 and recent conversations with the different organisations involved in local estates e.g. NHS Property Services, Community Trusts, etc. a high level estimate of the number of primary care properties that are either in poor physical condition (based on 6 facet survey) or not fit to provide modern healthcare moving forward (e.g. not compliant with current design / building / performance guidance, and/ or able to expand to accommodate growing need), is 50%. Moving forward more detailed assessment needs to be conducted at an individual estate project level to determine more accurate information.

Community Care

- 7 clinical community properties have been identified.
- 1 property, the Litherland Town Hall LIFT building, is in excellent condition and fit for purpose.
- 2 properties, owned by NHS Property Services, Maghull Health Centre and Prince Street Clinic in Waterloo, have in a poor condition and restrict moving forward with new models of care. The future of both properties should be considered alongside wider plans for the delivery of health services in the locality.
- 4 properties, owned by Liverpool Community Trust, Bootle Health Centre, Thornton Clinic, Netherton Health Centre and Sefton Road Clinic, are also in a poor condition and restrict moving forward with new models of care. The future of both properties should be considered alongside wider plans for the delivery of health services in the locality.

5. Future Model of Care

The aspiration is for the new model of care to provide comprehensive, integrated healthcare services for physical and mental health for all age groups that will maintain and improve patient experience and clinical outcomes, while accommodating increases in demand for care, despite increasingly tight budgetary constraints.

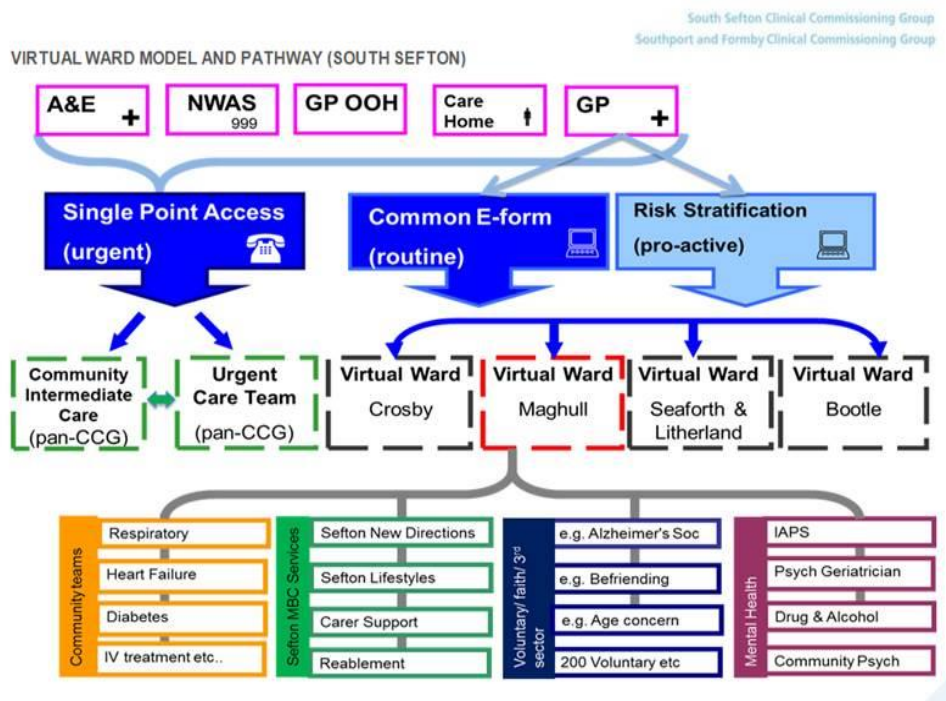
The right care must be delivered at the right time, in the right place, through integrated care services. Essential elements of the new model of care are:

- Integrated, co-ordinated services working in collaborative partnerships.
- Improving accessibility by increasing the number of services available locally organised around GP localities.
- Services that are personalised and patient led.
- Clinical leadership and clinical decision making.

The CCG has identified three main strategic priority areas as the focus for the next few years:

- Care for older and vulnerable residents
- Unplanned care
- Primary care

The new model aims to deliver integrated primary, community and social care as close to a patients home as possible. The diagram below illustrates how the CCG will deliver care closer to home, through virtual ward models.



6. Future Estates Plan

An assessment of current estate together with an understanding of current challenges, opportunities and future models of care requirements has determined our high level estates plan. The table below illustrates the change to the estate that will be delivered over the next five plus years, plus an analysis of current gaps.

Current Position	Future Position	Gap Analysis
1) A high level estimate indicated half of primary care premises are good quality. The rest are poor quality and not "fit for purpose". Many are accommodated in converted semi-detached houses that limit the practices ability to deliver community care close to home.	1) Each of the localities within the CCG will have 1 or where needed 2 "fit for purpose" hubs and a number of spokes to deliver increased primary and community services from. Each hub will serve a population of between 10,000 -30,000.	Significant investment required to deliver fit for purpose hub and spoke premises across the CCG.
2) Separate teams, and services with problems of access and uncoordinated care.	2) Larger, co-located multi-disciplinary teams and services based together in local, accessible and modern buildings providing integrated care, e.g. pharmacy, dentistry, mental health, physio, OT, therapies, social care, advocacy, support respiratory, cardio, X-ray, diagnostics, testing, tele-health, with the potential to link with other key public sector partners.	Significant investment as above to enable the implementation of transformed care pathways.
3) Centres under occupied resulting in wasted capacity and costs. No focused resource to manage properties.	3) More efficient buildings and increased capacity in local communities to move services out of hospitals. Active building management and a shared property information system to make sure optimal occupancy is sustained. Target of 80% occupancy.	Lack of capacity to deliver change. Use community services tender project as the vehicle to improve utilisation, dis-invest from poor property and build in robust centre management to sustain utilisation over the long term.
4) Patients travelling to multiple appointments and venues or going to A&E. Often services are closed out of hours.	4) Less travelling time with patients being able to access integrated services close to where they live. Local services open when they need to be. Target for hubs to be open 8am – 8pm.	Significant investment as above to enable the implementation of transformed care pathways.
5) Half of properties have poor environments that are inefficient and require modernisation. They hinder modern healthcare processes	5) Comfortable, light and airy spaces with flexible rooms, modern equipment and technology. Environments that enable clinical staff to deliver quality care.	

7. Estates Outcomes



The estates plan will deliver the following outcomes. Delivery of outcomes will be managed through the Sefton’s Property Estates Partnership Group (SPEP) and the CCG transformation programme and its work streams, such as the community tender project.

<p>1) Integration & Co-location</p> <p>Right spaces in the right places with integrated community teams.</p> <p>Measurement – numbers of premises, coverage of premises, quality of premises (6 facet survey, plus patient feedback), numbers and quality of integrated teams and patient outcomes</p>	<p>2) Flexibility & Adaptability</p> <p>Connections with technology e.g. digital, telehealth. Adaptable rooms and spaces. Regeneration - Develop or release assets to support local growth. Local connections across the community</p> <p>Measurement – usage of premises, coverage of premises, quality of premises (functionality survey).</p>
<p>3) Quality & Accessibility</p> <p>Measurement – Reduction in patients attending hospitals, improved patient experience, (less travelling to different appointments in different places.), cohesive service delivery in as few locations as possible. Extended hours - hubs open 8am – 8pm.</p>	<p>4) Value for Money</p> <p>Measurement - Savings resulting from improved occupancy (80% occupancy target) and disinvestment of poor properties (i.e. 6 out of 7 community clinical properties). Efficient work spaces. Economies of scale – larger multi professional groups of staff working collaboratively. Sharing assets.</p>

8. Delivering the Strategy

The SEP covers a long term time period, with more detailed plans formed for the earlier years. It is important that stakeholders can understand key milestones / outcomes over the three phases of the strategy, i.e. short (2015-20), medium (2020 – 2025) and long term (2025 – 2030). The intention is to make real changes that will produce significant improvements in patient care whilst delivering effective services.

8.1 Short Term Priorities

The following are the short term estates priorities that we plan to deliver over the next 2 to 5 years.

<p>Delivery of the CCG Community Services Tender Project will improve the utilisation of “fit for purpose” properties and allow disinvestment from poor properties. The tender process will also ensure sustainable management processes are established, as well as improved financial processes. This project has started and will become operationed in 2017.</p> <p>Lead: CCG Project Leads</p>	<p>Deliver a new integrated health, social and public sector hub in key localities. Timescales - Business case and approvals 2016, and a planned construction start date 2016/17. This project is also included in a recent Liverpool Region “One Public Estate” application, on behalf of Sefton Borough Council.</p> <p>Lead: GPs & CCG</p>
<p>Deliver a new integrated health and social care hub in the locality Timescales - Business case and approvals 2016, and a planned construction start date 2016/17.</p> <p>Lead: GPs & CCG</p>	<p>Develop a disposal programme, identifying potential capital receipts and revenue cost savings, as each scheme has the potential to release a number of primary and community care properties.</p> <p>Lead: Sefton Property Estates Partnership Group</p>
<p>Time limited project to improve occupancy and utilisation in “fit for purpose” buildings. Timescale 2016 for 3 current LIFT buildings.</p> <p>Lead: Sefton Property Estate Partnership Group</p>	<p>Agree and deliver active centre management and shared information system that captures all estate information across Partner organisations</p> <p>Lead: Sefton Property Estates Partnership Group</p>

8.2 Medium & Longer Term Priorities – 2020+

- Work with Sefton Council and other local partners to develop opportunities to meet ambition of CCG in modernising the delivery of healthcare services within its boundary.
- Deliver a new integrated health and social care hub in key localities.

9. Outline Implementation Plan

The diagram below identifies a high level implementation plan for the estates strategy, with indicative timescales.



10. Financial Impact

The previous two sections of this document have identified priorities and an implementation plan for the next five years. The high level financial impact of the implementation plan is illustrated in the table below.

Potential Projects	2015/16		2016/17		2017/18		2018/19		2019/20	
	Investments	Savings	Investments	Savings	Investments	Savings	Investments	Savings	Investments	Savings
Improving utilisation in Litherland Town Hall LIFT buildings project	£20,000 one off project costs			£0.2 million void costs						
Deliver locality Hub			£ 9 million investment; £0.5 million revenue. Health Clinic and GP premises costs potentially saved							
Deliver locality Hub			£ 7 million investment; £0.5 million revenue. GP premises costs potentially saved							
Proactive Centre Management & Shared information system			not yet identified							
Deliver locality Hub							£ 9 million investment; £0.5 million revenue. Health Clinic and GP premises costs saved			
Deliver locality Hub							£ 9 million investment; £0.5 million revenue. GP premises costs potentially saved			

Feasibility work and business cases are yet to be completed for the projects identified above, so it is difficult to offer accurate costs. However based on the costs of similar, previous schemes and the value and annual costs of current properties:

- The total capital requirement will be circa. £40 million, with increased revenue costs of £2 million per annum.
- Plus one off revenue cost of £20k this financial year and a potential void cost saving of £200k per annum.

The locality Hub project can be used as an example of potential capital receipts, i.e. all GP practices in locality are potentially interested in moving into the new locality Hub, together with community services.

As individual projects develop business cases, all the stakeholders involved, as well as members of the Sefton Property Estates Partnership group will determine best value for money in terms of procurement and funding for individual projects.

There is an opportunity for the CCG to bid for NHS England Primary Care Transformation Funding, in February 2016, and the CCG will consider all the projects described in this strategy in relation to this source of funding.

11. Risk, Constraints, Stakeholders & Issues

The following table identifies the key risks, constraints and stakeholder issues that need to be managed to ensure successful delivery of this strategy, along with mitigation plans.

Risk, Constraint or Stakeholder Issue	Mitigation
1) Not able to afford projects now and in the future. <ul style="list-style-type: none"> • Availability of capital and revenue to deliver the strategy. • How far can the CCG transform services to deliver revenue? 	Aligned and robust financial plans that connect both CCG transformation and estates plans with NHS England, NHS Property Services and Community Health Partnership financial processes, plans and timescales.
2) Poor engagement with multiple organisations and individual stakeholders who are necessary to gain support and approve projects, particularly: <ul style="list-style-type: none"> • GPs and other clinicians. • Patients, the general public and local media. • CCG Governing Body • Sefton Metropolitan Council departments, officers, Councillors and committees. • Local Trusts, other providers and the voluntary sector. 	<ul style="list-style-type: none"> • Early engagement and communication with wide stakeholder list. • On-going and regular engagement and communication with multiple organisations and individuals. • Understand and deliver requirements of individual stakeholders, such as GPs. • Transparent and inclusive governance, decision making and membership of projects. • Strong clinical and management leadership. • Strong patient involvement. • Strong project management.
3) Preferred sites are not available or subsequent site issues such as planning, consultation, contamination, etc. prove restrictive.	<ul style="list-style-type: none"> • Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups. • Good technical support and appraisal. • Strong design team and supply chain.
4) Not being able to align the strategy to other key local plans now and in the future e.g. Local provider estate plans, local authority plans.	<ul style="list-style-type: none"> • Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups. • Transparent and inclusive governance, decision making and membership of projects. • Strong communication and engagement plan.

12. Summary

The following diagram summarises the whole strategy onto one page, to support communication.

NHS SOUTH SEFTON CCG INTERIM STRATEGIC ESTATES PLAN (SEP) 2015-2020

The purpose of the strategy is to drive better value and better use out of all property, and support the CCG to deliver its vision for the future i.e. "Vision and Blueprint for Transformation" June 2015



2015/16

- Agree community services tender documentation.
- Develop and agree disposal programme.
- Approve initial business cases for key local schemes.
- Assess feasibility of opportunities in localities to expand existing practices in relation to short and long terms estates plans e.g. Primary Care Investment Fund.

2016/17

- Selection process for community services tender.
- Project to deliver improved utilisation of current LIFT buildings.
- Improved centre management and shared information system.
- Approve final business case and financial close for key locality schemes and potentially start construction.

2017/18

- New community service provider is operational
- Construction and commissioning of key locality schemes.
- Assess feasibility and develop business cases for key locality schemes.
- Evaluate impact of recent schemes on secondary care properties and develop options for improving hospital estate, i.e. much more capacity within community, what does this mean for hospital services.

2018/19

- Key locality hubs operational.
- Business case and approval of key locality schemes.
- Implement changes to hospital services, as shift to "out of hospital" care has taken place.

2019/20

- Construction of key locality schemes.
- Implement changes to hospital services, as shift to "out of hospital" care has taken place.

Delivery of the CCG Community Services Tender Project will improve the utilisation of "fit for purpose" properties and allow disinvestment from poor properties. The tender process will also ensure sustainable management processes are established, as well as improved financial processes. This project has started and will become operational in 2017.
Lead: CCG Project Leads

Deliver a new integrated health, social and public sector hub in localities. Timescales - Business case and approvals 2016, and a planned construction start date 2016/17. This project is also included in a recent Liverpool Region "One Public Estate" application, on behalf of Sefton Borough Council.
Lead: GPs & CCG

Deliver a new integrated health and social care hub in locality Timescales - Business case and approvals 2016, and a planned construction start date 2016/17.
Lead: GPs & CCG

Develop a disposal programme, identifying potential capital receipts and revenue cost savings, as each scheme has the potential to release a number of primary and community care properties.
Lead: Sefton Property Estates Partnership Group

Time limited project to improve occupancy and utilisation in "fit for purpose" buildings. Timescale 2016 for 3 current LIFT buildings.
Lead: Sefton Property Estate Partnership Group

Agree and deliver active centre management and shared information system that captures all estate information across Partner organisations
Lead: Sefton Property Estates Partnership Group

Key Risks: 1) Affordability – capital and revenue. 2) Engagement and sign up from all stakeholders. 3) Finding the right sites. 4) Keeping the strategy aligned with all other local plans.

13. Appendices – Detail of Current Primary & Community Properties

South Sefton Primary Care Property Name	Address	Locality
Concept House Surgery - Dr Goldberg	Concept House	Bootle
Dr Misra and Dr Bird - Bootle	41 Moss Lane	Bootle
The Strand Medical Centre - Dr Morris & Partners	272 Marsh Lane	Bootle
Dr S S Sapre - Bootle	1b Aintree Road	Bootle
North Park Health Centre - Dr Srivastava	290 Knowsley Road	Bootle
Park Street Surgery - Dr Stanley & Partners	Park Street	Bootle
Bootle Village Surgery - Dr Stephenson	204 Stanley Road	Bootle
Total - Bootle		
Crosby Village Surgery - PCTMS Practice	3 Little Crosby Road	Crosby & Waterloo
20 Kingsway - Dr Doran	20 Kingsway	Crosby & Waterloo
Hightown PCT Practice (Hightown Village Surgery)	1 St. George's Road	Crosby & Waterloo
Eastview Surgery - Dr Hughes	81 Crosby Road North	Crosby & Waterloo
Dr Misra and Dr Bird - Crosby	133 Liverpool Road	Crosby & Waterloo
Crossways PCTMS - Dr Sharma	168 Liverpool Road	Crosby & Waterloo
Dr Shaw & Dr McDonagh	30 Kingsway	Crosby & Waterloo
Blundellsands Surgery - Dr Tong	1 Warren Road	Crosby & Waterloo
Dr D Meldrum & Partners	42 Kingsway	Crosby & Waterloo
Total - Crosby & Waterloo		
Maghull Health Centre - Dr S Sapre (formerly Dr Thomas)	Westway	Maghull
Maghull Health Centre - Dr S S Sapre	Westway	Maghull
Maghull Health Centre - Dr Thomas	Westway	Maghull
High Pastures Surgery - Dr Thomson & Partners	High Pastures	Maghull
Westway Medical Centre - Dr Wray	Westway	Maghull
Maghull PCTMS - Dr Coulter	Parkhaven	Maghull
Total - Maghull		
Glovers Lane Surgery	Magdalen Square	Seaforth & Litherland
Seaforth Village Surgery	20 Seaforth Road	Seaforth & Litherland
Dr C A McElroy & Partners	15 Sefton Road	Seaforth & Litherland
(Netherton Health Centre) Netherton PCT Practice	Netherton Health Centre	Seaforth & Litherland
Rawson Road Medical Centre - Dr S Pitalia	136-138 Rawson Road	Seaforth & Litherland
Litherland PCTMS Practice - Dr Taylor	Litherland Town Hall	Seaforth & Litherland
Bridge Road Medical Centre - Dr Vickers & Partners	66-88 Bridge Road	Seaforth & Litherland
Ford Medical Centre - Dr Williams & Partners	91/92 Gorse Lane	Seaforth & Litherland
Orrell Park Medical Centre - Dr S K Pitalia	Trinity Church	
Moore Street Surgery - Dr Roberts & Partners	77 Moore Street	
Total - Seaforth & Litherland		

