Agenda

Public Document Pack

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 20 JULY 2018 AT 10.00 AM
COMMITTEE ROOM 1, HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

Enquiries to:	**Vinothan Sangarapillai, Committee Services**
E-Mail:	**vinothan.sangarapillai@camden.gov.uk**
Telephone:	**020 7974 4071 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

SUPPLEMENTARY AGENDA

Issued on: Wednesday, 18th July 2018

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 20 JULY 2018

SUPPLEMENTARY AGENDA

9. DEPUTATIONS

(Pages 5 - 16)

10. LOWER URINARY TRACT SERVICES (LUTS) UPDATE

(Pages 17 - 24)

To consider an update on the LUTS service.

13. ESTATES STRATEGY

(Pages 25 - 160)

To consider information on the NCL estate strategy.

AGENDA ENDS

The date of the next meeting will be Friday, 5 October 2018 at 10.00 am in Crowndale Centre, 218 Eversholt Street, London NW1 1BD.

This page is intentionally left blank

Update regarding the LUTS Clinic

Many thanks to the committee for once again hearing our deputation. We are grateful for the progress that has been made since our last attendance. However, there remain several ongoing concerns concerning the future of the clinic, the rate and route of referrals for new patients, and the ongoing issue regarding paediatric patients. We also continue to experience difficulties in communication with the Whittington and in spite of our efforts, 4 requests for meetings with them over several months went unanswered. We were very grateful that the JHOSC forwarded our main concerns to the Whittington to help us to get a response (Appendix A). The Whittington then sent a formal response to these concerns (attached as Appendix B).

In spite of this correspondence, as a patient group we remain very concerned about several points and were very surprised to read some of the Whittington responses to these. We therefore raise ongoing questions relating to these points as follows:

(please note that these points are edited points taken from of a letter sent to the Whittington on 16th July 2018)

1. **Waiting list.** The Trust stated: "*the Trust has not accepted any new referrals since October 2015. Any clinician who wrote to make a referral during that time was advised that the referral would not be accepted and that they should refer their patient elsewhere. As such there is no waiting list or backlog of patients for the Whittington Health LUTS clinic*".

We are staggered as to why the Trust has now insisted that there is no waiting list and that since October 2015 referring clinicians have been advised to refer their patients elsewhere. This is plainly not true and indeed the Trust has publicly acknowledged in various places (including a meeting with patient representatives on 4h July 2017) that there is a waiting list. Indeed in its own written communication to patients referred after October 2015 did not advise these patients that they need to seek a referral elsewhere. At no stage over the last 2.5 years did the Trust or CCGs advise on alternative providers, although they were frequently asked.

The patients' understanding is that the clinic waiting list is made up of the following patients:

- patients who were referred to the clinic before it was suspended in October 2015: We understand there are 40 patients who were booked for an actual appointment before the clinic closed; and 240 patients who have been waiting for an appointment up until April 2018;
- patients who have consulted Professor Malone-Lee privately since October 2015. Many of these patients have been forced to pay privately for much needed diagnosis and treatment and would prefer to be treated on the NHS;
- potential patients who cannot afford to see Professor Malone-Lee privately and are thus without proper treatment (including children - see below).

2. **MDT Function.** At present it is required that the MDT needs to review every new patient to the clinic. This considerably hampers the effective running of the LUTS clinic by restricting numbers of new patients accepted each month. The patients understand that one of the main reasons for having locally agreed MDT guidelines for the management of the patients treated at the LUTS clinic is that it simplifies and streamlines their treatment and thus obviates the need for an intensive and expensive multi clinician review. However, only a small number of particularly difficult cases need multi clinician input with the majority treated according to simple treatment protocols. Therefore reviewing every single new patient is unnecessary and unusual practice.

3. **Referrals into the LUTS service from consultants.** The trust stated: "*In order that we deliver the service as a tertiary model our Commissioners' Service Specification outlines that referrals to the service must be consultant to consultant. As a tertiary service the LUTS will not accept referrals directly from GPs, and will accept referrals from across the country directly from secondary care clinicians*".

Secondary consultant only referral pathway hinders treatment for patients who are chronically unwell and have failed primary and secondary care treatments. Private patients and new patients seeking referral into clinic are finding that the secondary care referral route is difficult, overly bureaucratic, time-consuming and does not provide value for money. We feel that the patients' GP, generally as the coordinator and hub of the patients' overall treatment, is far best placed to make the referral into the LUTS as was previously the case before the suspension of the clinic in October 2015.

Furthermore we question the legality of the secondary care referral route. Patient choice is at the heart of the NHS and is enshrined within the NHS constitution. Furthermore, Part 8 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 ("the 2012 Regulations") sets up the system of legal rights of patients to make their own choices about which provider should provide treatment to them. Pursuant to Regulation 39 patients have a legal right to choose to have a first appointment with the consultant of their choice to whom they are referred by their NHS GP. The present arrangements clearly fall foul of the 2012 Regulations as they prevent a patient from visiting their GP and requesting an appointment at the LUTS clinic. Instead they must be referred to a secondary care consultant who must then decide to refer the patient to the LUTS in breach of the 2012 Regulations and indeed the principle of patient choice at the heart of the NHS.

4. **There remains no referral route into the clinic for paediatric patients.** We have discussed this in some detail in previous meetings so will avoid repetition of the main points. There are currently 18 children trying to access treatment at the LUTS clinic. Many more have been told by their GPs that the clinic is closed to referrals, consequently their application to be referred has gone no further than the GP surgery. Each of their individual situations are heartbreaking and they continue to suffer dreadfully because they cannot access a treatment known to be effective that would very likely relieve their suffering, and may well even offer promise of a cure and the return to normal life. They are also frequently dangerously unwell and live with the constant threat of sepsis or serious organ damage.

We have previously shared with the committee some statistics regarding paediatric patients with urinary tract infections. After the clinic suspension the numbers of children attending A & E *increased* by 27%, children admitted into hospital *increased by 53%* and the number of children diagnosed with urinary sepsis ***increased by 76%***. One child waiting to be seen at the LUTS Clinic was in hospital last year with urinary sepsis.

This situation is unethical and dangerous and we implore the trust to revisit the restriction on children being seen as a matter of urgency so that these children can access appropriate care immediately. In the short term, we suggest that a working pathway is, that whilst receiving care at the clinic these children have regular examinations by a paediatrician every 3-6 months to oversee the child's overall health. In the long term we suggest that a paediatrician is found who can work with the clinic at least one day a month and see children in conjunction with one of the LUTS clinicians.

We appreciate the committee's support thus far and feel that their ongoing interest in the LUTS clinic has been instrumental in gaining the steps forward that have been made. We would welcome very much their support in continuing to address these points so that the clinic's vital work can be made secure long term, and so that we can ensure that all patients, including those who are particularly vulnerable and currently unable to access treatment, are able to be referred and successfully treated.

Dr K Middleton and Ms K Dwyer
on behalf of the LUTS patient group.

Appendix A Summary of our concerns as sent to S Harrington and J Sauvage on 1 June

Following our considerable work - and the greatly appreciated input of the JHOSC - in April the Whittington Trust board agreed to the clinic reopening, and the CCG also agreed to that when they met soon after. This was a significant step after a long struggle so one we do not take lightly. However, I'm sorry to say that there remain some serious concerns as follows: .

1. **Patients currently waiting to access the clinic are being seen in very limited numbers**: I understand currently 2 new patients per week. However with a waiting list of over 500 that we're aware of (and many more in the pipeline who have been unable to secure a referral whilst the clinic has been closed to new patients), at 8/month it would take over 5 years even to clear the current backlog, never mind the new patients who will be referred during that timescale. The clinic are clear they could take more patients than this so when and how will this uptake rate be reviewed and improved?

2. **At present the trust stipulate that referrals also must come from secondary care**, so all patients currently waiting who have been referred by GPs now need to arrange to be seen by a consultant and then secure a second referral. This - essentially a letter writing exercise and a source of unnecessary financial strain to the NHS with appointments costing £60-100 - will take months for most, and add considerable stress and distress. It also excludes GPs unnecessarily in the referral process given that they are the primary care provider. The LUTS clinic is daily receiving phone calls from GPs asking why this secondary referral route is being imposed, adding to administrative burden for the clinic.

The insistence that referrals come from consultants adds a further complication for many patients as these are the consultants whose own treatment approaches have failed. Some refuse referrals - because they cannot understand why they should provide them, or because they disagree with the clinic's approach, leaving patients faced with having to challenge consultants, with the assistance of their GP and often MPs. This is so unnecessary and adds considerable stress and distress, as well as delaying treatment still further.

Furthermore some CCGs do not allow a secondary to secondary referral route. Patients coming up against this are currently being denied referrals and we are unaware of how the Whittington and CCGs propose these patients access treatment.

3. **There remains no referral route into the clinic for paediatric patients.** Children are seen at GOSH and other hospitals but the standard treatment pathways proposed by these centres continues to be ineffective and children and parents are in great distress as a result. Furthermore delays are clinically risky and significant and we are hearing of children who have developed renal damage and sepsis due to the delays in their getting effective treatment. In order to try not to lose momentum in resolving this predicament it was planned for representatives from GOSH, the Whittington and the CCG to attend the July 20th meeting of the JHOSC but we have no confirmation as to whether this will take place. I understand it was left to Paul Sinden to contact GOHS but as we have had no replies to our enquires we do not know if any progress has been made.

4. We are aware that **recruitment for the replacement for Professor Malone-Lee when he moves into retirement was due to start this month. However the patient group have heard nothing about whether this is underway.** If this is not done promptly, and if this uncertainty and delay continues, the clinic risks losing its most valued staff and being unable to continue.

5. Meanwhile **the May MDT meeting was cancelled at only 24 hours notice.** Professor Malone-Lee was away but had ensured attendance of team members to cover his absence and had

provided full information regarding patients he wanted discussed. We do not know the rationale behind this cancellation and this MDT meeting was critical as it was the first to review new patients. The functioning of this MDT was one factor which delayed reopening of the clinic: if it was considered so essential why was this significant meeting cancelled at such short notice?

In the face of all these concerns, in spite of promises of a patient group meeting to address them, we have had no communication from the Whittington trust in nearly 2 months since the clinic reopened. **4 requests for meetings have gone unacknowledged and unanswered.**

As a patient group we feel immensely frustrated and despair of how we can help the various parties in this situation work together more effectively and efficiently. We are a small team representing a much larger patient body and have put in literally hundreds of hours of work. We continue to be willing to do anything we can to help this situation progress so that the vulnerable patients in need can receive the effective treatment they need but we don't know what to do next.

We've always wanted to ensure we approach this well, and professionally and it was lovely to be commended by the trust in their March meeting on our approach over the last couple of years. But we know that this is far from resolved and the most vulnerable continue to be the ones that suffer as a result. We would welcome any advice or guidance in how we can proceed.

Many thanks and kind regards,
Dr Kate Middleton

on behalf of the LUTS patient group.

Appendix B - Whittington response to our points raised, sent 15 June - attached as pdf

This page is intentionally left blank

NHS
Whittington Health
NHS Trust

14 June 2018

By email to Alison.kelly@camden.gov.uk

Executive Offices
Magdala Avenue
London
N19 5NF

Tel: 020 7288 3636
020 7272 3070
siobhanharrington@nhs.net
Web: www.whittington.nhs.uk

Cllr Alison Kelly
Town Hall
Judd Street
London WC1H 9JE

Dear Councillor Kelly and JHOSC Members

Re LUTS Clinic at Whittington Health

Thank you for your e mail of 1 June forwarding the concerns raised by the LUTS patient group relating to the re-opening of the LUTS clinic at Whittington Health.

In order to re-open the clinic the Islington CCG and Whittington Health Trust Board has approved a Commissioning Service Specification, which meets the recommendations set out in the report from the Royal College of Physicians Invited Review.

Please find below our response to the queries raised:

1. **Patients currently waiting to access the clinic are being seen in very limited numbers**

You will recall that the Royal College of Physicians (RCP) Invited Service Review Panel recommended that "*until the future of the service has been determined by the Trust and commissioners, no new patient referrals should be accepted into the LUTS clinic*". In line with this recommendation the clinic has remained open to existing patients, but the Trust has not accepted any new referrals since October 2015. Any clinician who wrote to make a referral during that time was advised that the referral would not be accepted and that they should refer their patient elsewhere. As such there is no waiting list or backlog of patients for the Whittington Health LUTS clinic.

The LUTS clinic team was recently asked to review patient referrals that were made to the service in the last six months against the above criteria. They found that, of the referrals made, only 10 qualified as tertiary referrals. The LUTS clinic team has been asked to write to the referring consultants for these 10 patients to enquire if they still need to be seen in the clinic. The reason for this is that the patient may have had treatment elsewhere, or their clinical condition may have changed, and they may no longer need to be seen in the service.

The RCP recommended in their report that: "*The management of these patients, including the medication prescribed, its doses and durations, should be reviewed, discussed and agreed at properly constituted and well managed MDT* [multi-disciplinary team] *meetings.*"

The Commissioners' Service Specification responds to the RCP recommendation as follows: "*This Multi-Disciplinary Team (MDT) will meet monthly and consist of colleagues from both Whittington Health and UCLH (and or another tertiary provider). Included in its membership will be:*

- *Consultant Urologist*
- *Consultant Uro-gynaecologist*
- *Consultant Microbiologists*

And any other clinician relevant to the individual's case.

An MDT coordinator will support the working of the MDT.

1. *Every new patient will have their treatment discussed and agreed at the MDT*
2. *Any treatment outside of nationally agreed guidelines or local MDT agreed guidelines will be provided within the context of an ethically approved clinical trial"*

You will know from previous correspondence with the Trust that a local MDT has now been established. The CCG and the Trust Board have agreed that this will enable the Trust to expedite the re-opening of the LUTS clinic, while the Trust works with UCLH to establish tertiary MDTs. This decision was brought to, and approved by, the Joint Commissioning Committee (JCC) of North Central London CCGs. The JCC debated whether the clinic should not re-open until the tertiary MDTs were in place and the substantive successor to Professor James Malone Lee was in post. Eventually the JCC agreed that it would be better to have a phased re-opening of the clinic to once again allow access for patients to the Whittington Health LUTS clinic, but only if referral management followed the Commissioners' Service Specification.

The local MDT currently has capacity to review a minimum of two patients per week. Given that the LUTS team found that only 10 of the patient referrals made in the last 6 months qualified as tertiary referrals, we anticipate that there is sufficient capacity within the MDT to meet the demands for tertiary referrals. We will of course keep this under review and consider how we address any demand and capacity mismatch should this arise.

2. At present the trust stipulate that referrals also must come from secondary care, so all patients currently waiting who have been referred by GPs now need to arrange to be seen by a consultant and then secure a second referral.

In relation to the process for managing referrals to the clinic, the RCP Invited Service Review report commented as follows: "*There are questions about whether local CCGs will wish to commission the service and whether a tertiary centre would be better placed to support a service like the LUTS clinic. The review team were of the view this could be achieved in a tertiary service such as UCLH that would have the necessary range of contributing specialties to manage complex patients*". The RCP Report recommended: *"The future of the clinic would be much safer and better regulated …in a tertiary centre such as UCLH that has a mix of appropriate specialties and could offer true multi-disciplinary working. Clinicians working in such an environment will safeguard care of patients by peer review, good teamwork and integration with Trust governance processes"*

In order that we deliver the service as a tertiary model our Commissioners' Service Specification outlines that referrals to the service must be consultant to consultant. As a tertiary service the LUTS will not accept referrals directly from GPs, and will accept referrals from across the country directly from secondary care clinicians.

Patients currently under the care of the Whittington Health LUTS clinic will not need to be re-referred.

In the longer-term alignment of the LUTS clinic with a broader tertiary service will be the best way to match demand and capacity.

3. There remains no referral route into the clinic for paediatric patients.

In relation to the process for managing referrals to the clinic, the RCP Invited Service Review report commented as follows: *"The existing restriction for a requirement of consultant paediatric input for paediatric patients should remain in place.."*

Commissioners are following the recommendations of the Royal College of Physicians to ensure the LUTS service is a tertiary service and works within an academic research framework, to provide an on-going evidence base for treatment.
The commissioned pathway for children is through the specialist paediatric centres within their areas. For those within North Central London the specialist hospital for referral is Great Ormond Street Hospital.

4. Recruitment for the replacement for Professor Malone-Lee

Whittington Health is working with UCLH to agree a joint appointment of a consultant to provide leadership to the LUTS. The Trust must gain approval for the Consultant Job Description from the Royal College. It is our intention that we will have completed our recruitment to the joint consultant post by the end of June 2018, with a view to commencing the new recruit in post by September 2018.

5. Meanwhile the May MDT meeting was cancelled at only 24-hour notice
The Associate Medical Director at Whittington Health decided to cancel the MDT. This was because of the following circumstances:

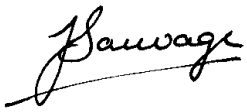
- The new referrals were uploaded onto the Anglia ICE system that books the MDT list by a junior member of Professor Malone-Lee's team. However no clinical details about the patients were included, although there is a function for this that allows the MDT to review the patients in advance.
- Of the core consultant members, only two were available to meet. The core members include a urologist, a microbiologist, a gynaecologist and Professor Malone-Lee.
- The Associate Medical Director felt that as this was the first MDT meeting that would review new patient referrals, it was important that Professor Malone – Lee, and not a trainee doctor from the LUTS service, was present, to discuss each of the referred patient's and the recommended treatment in detail, with a full complement of expertise available to review the patient clinical management.

All members of the MDT, including Professor Malone-Lee were informed of the cancellation of the MDT and the reasons by the MDT co-ordinator on 15 May 2018.

Finally, the RCP report says: *"Based on all of the information considered by the review team it was concluded that significant changes need to be made to ensure the safety of patients currently being treated by the LUTS clinic."* The responses to your specific queries detail some of the changes that are being made to the way the LUTS clinic will be run in order that we meet the recommendations set by the RCP, and the terms of support for the clinic to re-open to new referrals agreed by both Whittington Health Trust Board and CCGs through the Joint Commissioning Committee. There were many other actions and changes that were included by the RCP report that are also being implemented.

I hope you are assured that we are making progress in delivering a sustainable solution to the delivery of the LUTS service at Whittington Health, and that the actions we have taken are firmly in line with the RCP recommendations.

Yours sincerely



Jo Sauvage
Chair of Islington
Islington Clinical Commissioning Group

Siobhan Harrington
Chief Executive
Whittington Health

This page is intentionally left blank

Deputation statement from Ruth Appleton and others

We wish to oppose the signing of the Sustainability and Transformation Programme by the CCG. This programme complies with Government proposals to allow private companies to buy the NHS either partly or by contracts or leases.

The commissioning functions of CCGs were to be – illegally – delegated to ACOs – but now are reinforced, and if NHS England wishes to continue on their original path to creating ACO's, primary legislation will be needed, and CCGs will have to obtain sufficient staff and resources.

Under the current STP programme St Pancras Hospital (for instance), is to be leased on a 90 year lease so that its use for Mental Health purposes will be denied to local patients for as long as is forseeable in our lifetime. There are other ways of raising funds for mental health which have not been explored, other than what is proposed. The land and property belong to C&I NHS Foundation Trust. As a member of the Trust and member of the Recovery College Board as well as having served seven years on the Trust Board, I object to the handling of the matter in such a non-consultative way. More detailed discussions are needed in the community. When I was on the Board of the Trust much time and effort was put into retaining the land and property for the C&I Trust when, three years ago, the Government sought to take possession of it. Now is not the time to let that effort go to waste. Another example of how the STP has been used is the Royal Free Hospital. Others know more.

Finally, it cannot be ignored that the NHS has long been in the sights of this government for breaking up and dismantling. Whilst Camden & Islington CCGs have not yet signed the STP, they equally have not rejected it. This presents a dilemma for NHS England, for since the Labour Party has pledged to revoke the STPs, if there is a change of government there will be further enormous expense and reorganisation for institutions after enormous expense has been expended in breaking them up. Nobody wants this and it seems prudent to delay STP decisions.

This page is intentionally left blank

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE REPORT TEMPLATE	London Boroughs of Barnet, Camden, Enfield, Haringey and Enfield

REPORT TITLE
Lower Urinary Tract service (LUTs) - update on service provision and succession planning

REPORT OF
Director of Acute Commissioning North Central London/Director of Nursing and Quality Haringey and Islington CCGs

FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 20 July 2018

SUMMARY OF REPORT

This report provides an update on the re-opening of the Lower Urinary Tract service commissioned by Islington CCG and provided by Whittington Health NHS Trust including succession planning.

Local Government Act 1972 – Access to Information

The following document(s) has been used in the preparation of this report:

No documents that require listing were used in the preparation of this report however; the information given regarding the opening of the clinic is available on the Whittington Health NHS Trust website.

Contact Officer:
Paul Sinden Director of Acute Commissioning North Central London
p.sinden@nhs.net

Jennie Williams Director of Quality and Nursing Haringey and Islington CCGs
Jennie.williams4@nhs.net

RECOMMENDATIONS
The Committee is asked to consider and note:

- The progress made in re-opening the service for adults and succession planning for the service
- The responses to concerns raised by patient groups
- The arrangements being put in place by the CCGS and GOSH for the LUTS pathway for children

1. BACKGROUND

1.1. Whittington Health Lower Urinary Tract Symptom Service (LUTS) runs at Hornsey Central Health Centre. The service has been closed to new patients since October 2015. The service continues to treat patients that were already patients of the clinic.

1.2. The service is currently led by Professor James Malone-Lee. Professor Malone-Lee retired from University College London (UCL) in September 2016, and since that time has been employed on a locum contract by the Trust to continue working part time to deliver the LUTS Service.

1.3. The LUTS service was subject to a Royal College of Physicians (RCP) Invited Service Review in May 2016. The RCP Invited Service Review Panel recommended, "*until the future of the service has been determined by the Trust and commissioners, no new patient referrals should be accepted into the LUTS clinic".*

2. RE-OPENING THE LUTS SERVICE

2.1. Following a meeting of the Joint Commissioning Committee (JCC) of North Central London CCGs and the Whittington Health NHS Trust Board, the LUTS clinic has re-opened to new patients.

2.2. In order to re-open the clinic the Islington Clinical Commissioning Group (CCG) and Whittington Health Trust Board has approved a Commissioning Service Specification, which meets the recommendations set out in the report from the Royal College of Physicians (RCP) Invited Review.

2.3. The RCP report says: *"Based on all of the information considered by the review team it was concluded that significant changes need to be made to ensure the safety of patients currently being treated by the LUTS clinic."*

2.4. Concerns raised by LUTs patient group

2.4.1. Since the service has re-opened, there have been a number of queries about the service from the LUTS patient group, MPs and local councillors. In order that the wider stakeholder group is kept informed of the progress being made to secure the future of the LUTS service we have set out the responses to the queries that have been raised below.

2.4.2. The responses to the queries detail some of the changes that are being made to the way the LUTS clinic is being run in order that Commissioners and the Trust meet the recommendations set by the RCP.

2.4.3. **Concern:** Patients currently waiting to access the clinic are being seen in very limited numbers

2.4.4. **Response:** The Royal College of Physicians (RCP) Invited Service Review Panel recommended, *"until the future of the service has been determined by the*

2.4.5. *Trust and commissioners, no new patient referrals should be accepted into the LUTS clinic".* In line with this recommendation, the clinic has remained open to existing patients, but the Trust has not accepted any new referrals since October 2015. Any clinician who wrote to make a referral during that time was advised that the referral would not be accepted and that they should refer their patient elsewhere. There is therefore no waiting list or backlog of patients for the Whittington Health LUTS clinic.

2.4.6. The LUTS clinic team has recently reviewed patient referrals that were made to the service in the last six months against the above criteria. They found that, of the referrals made, only 10 qualified as tertiary referrals, in the last six months.

2.4.7. The LUTS clinic team has been asked to write to the referring consultants for these 10 patients to enquire if they still need to be seen in the clinic. The reason for this is that the patient may have had treatment elsewhere, or their clinical condition may have changed, and they may no longer need to be seen in the service.

2.4.8. The RCP recommended in their report that: "The management of these patients, including the medication prescribed, its doses and durations, should be reviewed, discussed and agreed at properly constituted and well managed MDT [multi-disciplinary team] meetings."

2.4.9. The Commissioners' Service Specification responds to the RCP recommendation as follows:
"This Multi-Disciplinary Team (MDT) will meet monthly and consist of colleagues from both Whittington Health and UCLH (and or another tertiary provider). Included in its membership will be:

- *Consultant Urologist*
- *Consultant Uro-gynaecologist*
- *Consultant Microbiologists*

And any other clinician relevant to the individual's case.

2.4.10. *An MDT coordinator will support the working of the MDT.*
1. Every new patient will have their treatment discussed and agreed at the MDT
2. Any treatment outside of nationally agreed guidelines or local MDT agreed guidelines will be provided within the context of an ethically approved clinical trial"

2.4.11. The Trust has established a local MDT and this has expedited the re-opening of the LUTS clinic, while the Trust works with UCLH to establish tertiary MDTs.

2.4.12. This decision was brought to, and approved by, the Joint Commissioning Committee (JCC) of North Central London CCGs. The JCC debated whether the clinic should not re-open until the tertiary MDTs were in place and the substantive successor to Professor James Malone Lee was in post. Eventually the JCC agreed that it would be better to have a phased re-opening of the clinic

to once again allow access for patients to the Whittington Health LUTS clinic, but only if referral management followed the Commissioners' Service Specification.

2.4.13. The local MDT currently has capacity to review a minimum of two patients per week. Given that the LUTS team found that only 10 of the patient referrals made in the last 6 months qualified as tertiary referrals, we anticipate that there is sufficient capacity within the MDT to meet the demands for tertiary referrals. The Trust and the CCG will keep this under review and consider how we address any demand and capacity mismatch should this arise.

2.4.14. **Concern:** The Commissioner Specification stipulates that referrals must come from secondary care, so all patients currently waiting who have been referred by GPs now need to arrange to be seen by a consultant and then secure a second referral

2.4.15. **Response:** In relation to the process for managing referrals to the clinic, the RCP Invited Service Review report commented as follows: *"There are questions about whether local CCGs will wish to commission the service and whether a tertiary centre would be better placed to support a service like the LUTS clinic. The review team were of the view this could be achieved in a tertiary service such as UCLH that would have the necessary range of contributing specialties to manage complex patients".*

2.4.16. The RCP Report recommended *"The future of the clinic would be much safer and better regulated …in a tertiary centre such as UCLH that has a mix of appropriate specialties and could offer true multi-disciplinary working. Clinicians working in such an environment will safeguard care of patients by peer review, good teamwork and integration with Trust governance processes".*

2.4.17. The Commissioners Service Specification has outlined the referral process for the LUTS clinic as follows:

"The referral process to the service will be consultant to consultant. As a tertiary referral service, the clinical team would accept referrals from across the country directly from secondary care institutions. This will ensure the patients are not lost in the system and can access expertise in timely way. Patient's currently under the care of the service will not need to be referred but will continue to be cared for."

2.4.18. As a tertiary service, the LUTS will not accept referrals directly from GPs. The service will accept referrals from across the country directly from secondary care clinicians.

2.4.19. Patients currently under the care of the Whittington Health LUTS clinic will not need to be re-referred.

2.4.20. Commissioners believe that in the longer-term alignment of the LUTS clinic with a broader tertiary service will be the best way to match demand and capacity.

2.4.21. **Concern:** There remains no referral route into the clinic for paediatric patients

2.4.22. **Response:** In relation to the process for managing referrals to the clinic, the RCP Invited Service Review report commented as follows: *"The existing restriction for a requirement of consultant paediatric input for paediatric patients should remain in place."*

2.4.23. Commissioners are following the recommendations of the Royal College of Physicians to ensure the LUTS service is a tertiary service and works within an academic research framework, to provide on-going evidence base for treatment.

2.4.24. The commissioned pathway for children is through the specialist paediatric centres within their areas. For those within North Central London the specialist hospital for referral is Great Ormond Street Hospital.

2.4.25. **Concern:** Recruitment for the replacement for Professor Malone-Lee

2.4.26. **Response :** In relation to succession planning for Professor Malone-Lees replacement, now that he has retired, the RCP recommended:
- "The Trust should identify who can take over the management of the LUTS service"
- "Succession should focus on the development of MDT working to ensure resilience in the service, and to overcome the reliance on any one individual"
- "The Trust should engage in direct, high level dialogue with local clinical commissioning groups and with neighbouring tertiary centre to agree a strategy for the long term future of the LUTS clinic. This should include …..Whether the treatment to be offered would be part of a research framework"

2.4.27. Whittington Health is working with UCLH to agree a joint appointment of a consultant to provide leadership to the LUTS. The Trust has sought approval for the Consultant Job Description from the Royal College.

2.4.28. JOSC is asked to note that at the time of writing this briefing report, the process of recruiting to the Consultant post is in progress. The Trust may be in a position to provide an update on 20 July 2018.

2.5. Clinical Research

2.5.1. In relation to research, the RCP Invited review said:
- "The fact that the LUTS clinic has not been able to carry out randomised controlled trials or high quality observational studies assessing clinical outcomes means it has not been able to provide verifiable evidence that its treatment is effective."
- "Without reliable clinical research evidence it will be difficult for other clinicians to accept that these unorthodox treatments are sufficiently effective."

2.5.2. To address these concerns the Commissioner Service Specification says:
"The patients within the service are often complex and have been treated in secondary care prior to referral. For these reasons, some patients may not have responded to current national recognised guidance. For these reasons included

in the specification planning is a need to include an academic research component to the service to develop evidence for treatment new treatments."

2.5.3. The Trust and UCLH have discussed the academic research component of the tertiary service. The current proposal is to commence clinical research once the new Consultant appointment is in post and the tertiary MDTs are established.

2.6. LUTs pathway for children

2.6.1. As commissioners aiming to support the running of a safe and effective service, Haringey and Islington CCGs commissioning intentions have consistently been framed by the Royal College of Physicians' report and recommendation that the clinic's children's service remains separate from that of the adults.

2.6.2. The RCP recommended that the LUTs clinic cease seeing children and commissioners secure a separate tertiary service for children. There are no children being seen in the clinic at Whittington Health.

2.6.3. Whittington Health has consistently confirmed that it does not have the depth of paediatric consultant expertise in nephrology/urology to provide a specialist service locally.

2.6.4. As a specialist children's service provider, an existing tertiary service is currently being provided by Great Ormond Street Hospital for Children NHS Foundation Trust one of two national tertiary centres for nephrology the other being Evelina Children's Hospital in Lambeth London.

2.6.5. In recognition of the concerns raised by parents on behalf of their children that the current provision doesn't meet the needs of all those referred , Paul Sinden Director of Acute Commissioning North Central London CCGs and Jennie Williams Director of Quality and Nursing Haringey and Islington CCGS have met with Mr Divyesh Desai Paediatric Urologist and Director of the Urodynamic Service , Dr Daljit Hothi Renal lead and senior Trust operational and contract leads to discuss the tertiary pathway.

2.6.6. The following summarises the tertiary pathway:

- Prior to referral to GOSH the referring Trust carries out an assessment to identify the underlying problem for the child. The assessment includes consideration of fluid intake, constipation, overactive bladder.

- All new LUTs referrals to GOSH are reviewed by the mutli- disciplinary team (MDT) which is essential due to the broad range of potential presenting problems. The treatment options for the prevention and management of urinary tract infections may include the use of long-term antibiotics amongst other treatment options.

- Once the care and treatment plan is agreed, a shared care arrangement is put in place with the referring secondary care service enabling the child and family to access care and treatment locally through secondary care.

2.6.7. The committee is asked to note that the clinicians at GOSH have agreed, subject to family consent, to carry out an assessment on the children currently seen privately for the LUTS service with a view to transferring their care into the NHS through GOSH and onward shared care arrangement with the local secondary care provider. This would transfer the care of these children into paediatric services as recommended by the RCP.

2.6.8. The committee is asked to note that Mr Desai and Dr Hothi have offered to join the patient group meeting scheduled for 11 July 2018 to answer questions about the tertiary pathway and explain the arrangement being put in place by the CCG for the his team to review the cohort of children whose parents have chosen to see Prof Malone Lee privately. Whittington Health has been provided with contact details to facilitate this.

3. CONCLUSION

3.1. The RCP report says:

> *"Based on all of the information considered by the review team it was concluded that significant changes need to be made to ensure the safety of patients currently being treated by the LUTS clinic."*

3.2. There were many actions, changes required following the RCP invite review and the Trust, and Commissioners are implementing these changes in order to deliver a sustainable solution to the delivery of the LUTS service at Whittington Health.

3.3. Islington CCG and the Trust hope that the committee is assured by the significant progress made to ensure a sustainable solution to the delivery of the LUTS service at Whittington Health, and that the actions taken are firmly in line with the RCP recommendations.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

North Central London Estates Plan

Joint Health Oversight and Scrutiny Committee
20th July 2018

Simon Goodwin, Chief Finance Officer
North Central London CCG

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Contents of paper

Section 1:

- Introduction and context
- Feedback from JHOSC informal meeting
- Feedback from previous JHOSC meetings
- Engaging with our communities

Section 2:

- North Central London Sustainability and Transformation Partnership: Estates Plan.

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Section 1

Joint Health Oversight and Scrutiny Committee

20th July 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Introduction and context

- In order to access national capital funding, there was a requirement for all STP areas to submit an estates plan to the London Estates board.
- This had to follow a standard template to include set information from existing organisational plans.
- In North Central London, this plan has been drawn from existing organisational strategies and plans. With a plan to further develop through ongoing engagement with partners and public.
- Due to national deadlines to qualify for funding, this needed to be submitted 13 July 2018.
- Therefore, to receive feedback from the Joint Health Oversight and Scrutiny Committee an informal meeting was held 10 July. Comments from this meeting were used to amend the document ahead of submission.
- The Estates plan that was submitted can be found in section 2 of this document.
- N.B. this document is designed to be iterative to reflect continued development of place based models of care, subsequent funding requirements and priorities of an ever evolving estate which looks to shift care closer to where it is needed and most suitably delivered.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Feedback on the draft from informal JHOSC 1/2

Feedback from the informal JHOSC 10.7.17	Response
There is lots of repetition in the document	Some of the repetition is due to the construct of the template. However, we have tried to reduce repetition as well as moved some of the case studies to the appendix to make it easier to read.
Can the story be clearer for the public?	We will be working to produce a public facing summary – for engagement on this.
What is the membership of the Estates board?	Members of the estates board listed (by organisation) on page 67 Membership also provided to JHOSC.
We think the St Pancras consultation process needs improvement.	We have passed this feedback passed on the team running the consultation.
Could the proposal for the St Ann's site include additional MH beds	The business case that was approved did not include additional beds, so these would need to be added later if required.
We need to bring out the emphasis of prevention and wider determinate of health more.	We have amended to include a bigger focus in the documents including in the executive summary and forward.
Can we talk about other options for monetising estates (other than sales) i.e. long lease etc.?	We have added a new slide on this (page 59). There s also further detail on page 61 & 62 "alternative funding sources"
Can we bring out joint working with the councils more strongly?	We have amended to include more on this. Including adding to: • Exec Summary (slides 8-10) • NCL vision and objectives (slide 14) • Wider regional and strategic context (page 17) • Details of Partners in progress to date (page 69)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Feedback on the draft from informal JHOSC 2/2

Feedback from the informal JHOSC 10.7.17	Response
The JOHSC has concerns re: community hub proposal re: St Pancras move. This needs to be caveated as a proposal.	Feedback passed on the team running consultation. Wording added to case study to ensure it is clear this is undergoing consultation.
We need to set out estates work as equal partners with Local Authorities, including maximising their expertise in estates.	We have amended to include more on this. Including adding to: • Exec Summary (slides 8-10) • NCL vision and objectives (page 14) • Wider regional and strategic context (page 17)) • Details of Partners in progress to date (page 69)
Good to see key worker housing in here – can we say more given priority?	We have amended to include more on this: • Executive summary (estates priorities) • NCL vision and objectives (page 14)
Can we develop a set of values to use as a framework for future decisions i.e. in the long term interest of residents	We are committed to developing system working and long term quality decision making. This proposal will be fed into the estates board.
Can we have figures on disposals from previous years?	17/18 profit on disposals was £102.8m, as a result of these, NHS Trusts also benefited non-recurrently from £88.0m national Sustainability and Transformation Fund money.
JHOSC to have a regular work plan of updates	We are happy to work with the JHOSC on a forward plan to provide regular updates.
Concern that profits on disposals being used to prop up underfunding.	Current NHS accounting rules mean the profits on disposals are considered revenue, not capital. Sales of land by individual trusts are part of individual financial strategies.
Need to emphasise the value of good quality housing and prevention of ill health	We have amended to include more emphasis throughout document, including, but not limited to: • NCL vision and objectives (page 14) • Estates priorities and outcomes (page 15) • Enabling workforce through estate (page 38) • Housing slide (page 51) • Drivers and Opportunities for change (page 20)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Feedback from previous JHOSC meetings

In November 2016 the JHOSC listed some recommendations for work on estates, these can be found below.

- Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and value for money
- Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people
- Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use.
- Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Engaging with our local communities

Our estates plan will support the NHS in NCL to be sustainable and effective for our local communities in future, addressing increased demand and health inequalities.

In order to successfully deliver care coordinated and centred around the needs of patients and users, we need to have a deeper understanding around what communities want and how we can work with our partners in local government to achieve this. To that end we need robust local engagement plans as part of the STP process.

To ensure meaningful conversation with residents and communities we will be taking this forward in two main ways:

1. Working to engage with our local residents on the care models and themes from across the STP that drive the estates strategy.
    a. We want to focus on supporting our communities to live healthy, happy lives and are developing a programme wide engagement strategy which will help us to do this.
    b. Working with patients, carers, local people, voluntary and community groups and other agencies to build relationships and improve our plans,

2. Once proposals reach an appropriate level of maturity, engage in deeper, more specific consultation on individual trust schemes (e.g. St Pancras, in line with national and regional guidance),
    a. We want to look closely at the individual schemes in the plan as they develop to understand how they will impact residents and staff and develop specific engagement plans.
    b. Considering them on a case by case basis will ensure that our engagement is meaningful and the feedback we receive will be able to be incorporated into how we deliver changes.

Through this process we can make every effort to ensure that our local population and system partners in government are adequately sighted on capital developments, increasing their chances of a positive reception and successful, sustainable delivery of associated care models.

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

North Central London Estates Strategy

N.B. this document is designed to be iterative to reflect continued development of place based models of care, subsequent funding requirements and priorities of an ever evolving estate which looks to shift care closer to where it is needed and most suitably delivered.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Contents

Section 1. Foreword and Purpose

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Foreword

North Central London (NCL) has a diverse and growing population and over the past 18 months, we have been working together to understand how best to continue to deliver excellent patient care and improve the health and wellbeing of our population.

In doing so, there has been a combined and collective effort from health and care leaders across the STP, individual providers and commissioners to determine the direction of travel and priorities for the STP, which focus on three main aims:

- To deliver better health and care outcomes through transformation of health and social care delivery
- To integrate and enable local services to deliver the right care in the right setting at the right time
- To maintain financial stability and ensure sustainability through robust planning and commissioning of value-for-money service

Our vision for care services looks to improve the health and wellbeing of our population through reduced health inequalities, addressing the wider determinants of health and supporting care closer to home through a neighbourhood based approach to services, all whilst ensuring that when hospital care is needed, it takes place in high quality buildings in the right configuration.

Estates is a core enabler to the delivery of this vision. We want to work towards a high quality, flexible and accessible estate, which is appropriately utilised. We know that if we get this right, estates can have a truly positive impact on the physical and mental health and wellbeing of our communities and staff.

We recognise the task ahead will be challenging, with considerable work still to do to continue to develop our strategy and implementation plan for care in detail, including working with our communities and residents to develop plans. As we continue to develop plans, this will allow us to design further detail of the future estates programmes to support these new ways of working.

This document sets out a clear direction of travel, alongside a immediate set of priorities that will form the building blocks for more radical and diverse projects as plans continue to mature.

Delivering this vision for care and the necessary improvements, will need to happen against the backdrop of significant financial challenges facing health organisations in NCL. This challenging scenario will require us to work together as partners in new and innovative ways.

As Accountable Officer, I would like to express our appreciation and gratitude to partners involved in getting us to a position where we have a direction of travel for our services and estates. As an STP, we remain committed to working with all our partners and the wider system and to strengthen our partnerships to ensure we deliver on our Estates Strategy.

Helen Pettersen, NCL Accountable Officer for Barnet, Camden, Enfield, Haringey and Islington CCGs

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Purpose of this document

This document outlines the North Central London Estates strategy, outlining how we can enable our vision for care through the estate and how this links with wider cross-system STP planning.

Through this document we aim to present how our estate can be used to:

- Develop a place-based approach to our community estate
- Respond to care requirements and changes in demand
- Maintain high quality inpatient facilities
- Increase the operational efficiency
- Enhance delivery capability
- Enable delivery of a portfolio of transformation projects

This document is not intended to replace or replicate the existing strategies or plans of organisations, rather to present the collective work undertaken at provider, commissioner and local authority level both individually and in partnership with one another to improve the quality and outcomes derived from the estate. It also provides information in specific formats required for submission to National partners.

This strategy presents the common themes across the STP to support estate improvement and transformation and an overview of the current priority estates schemes for the STP, including the upcoming Wave 4 capital bids. It has been brought to the STP programme board for consideration and sign off, where representatives from providers, commissioners and local authorities have been engaged.

It is important to note that this document is designed to be iterative to reflect subsequent funding requirements and priorities of an ever evolving estate which looks to shift care closer to where it is needed and most suitably delivered.

Moving forward we are keen build on the work and energy given to estates strategies to date by:

- Bringing together all priority and aspirational projects into one detailed delivery plan, with defined outputs, clear leadership and governance, whilst managing interdependencies
- Delivering a detailed resource plan and schedule, identifying existing capacity and capability in the system, resource gaps and appropriate roles and responsibilities in the structure
- Presenting a capital investment plan which can deliver the above, building on the prioritisation process and setting out a system wide capital plan that can inform future funding requirements

Image courtesy of UCLH

Section 2. Executive Summary

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Executive Summary (1/3)

Overview of the STP

- North Central London covers five boroughs with health services provided by 209 GP practices and 12 acute providers alongside community service and social care providers, and, wider stakeholders working to develop healthy living environments.
- It is a **diverse area** with varying degrees of affluence across the STP, health inequalities and disparity in outcomes and life expectancy.
- There is a **high prevalence of Mental Health disorders** and the current provider estate cannot match the demands to offer optimised patient care and outreach services.
- There is **significant projected population growth**, including through major new housing developments. Primary care services will be unable to meet the demand without service and estate changes.
- NCL has a higher level of tertiary providers than other STPs**: delivering clinical services nationally and internationally**, as well as centres of research excellence.
- We are currently working with local authority partners to address health and social care needs of our community, and aim to build on these relationships going forward.

Overview of emerging vision for care and impact on estates

- In order to build sustainable healthcare delivery models there needs to be increased delivery of **place-base care and improved working with social and local authority providers** whilst utilising estates to address health inequalities and the **wider determinants of health**.
- There is a combined effort, across primary and secondary care providers, to move **'care closer to home'** by locating services and workforce in the community, working across hub networks. We have launched several **primary care hub networks** to maximise primary care resources in the face of population growth and GP shortages and we are developing **community hubs**, co-locating services alongside social and wellbeing services.
- By **shifting the footprint of services** into primary and community care, the objective is to reduce the reliance on acute provider services over time and shift the proportion of patient care towards the community.
- To support this, we are **refurbishing and rebuilding our acute provider estate** to ensure it is modernised and can provide quality services in line with the national and international profile of specialist services within our STP.
- Where possible, we are **consolidating and co-locating** our acute provider services with suitable healthcare partners.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Executive Summary (2/3)

Current estate: overview and challenges

- The current healthcare estate covers a total floor area of over 1 million m^2, 77% of which is within the acute provider estate and 4 % in primary care.
- There is currently a total backlog maintenance cost of £231m pa and although there are many modern, state of the art facilities, **22% of the Trust estate pre-dates 1948**.
- Within the primary care estate there is **variability in condition of the estate**, for example, only 27% of the Islington primary care estate is in good condition. There is also fragmented ownership of the primary care estate across individual GPs, GP partnerships, private sector, NHSPS and CHP (page 25).
- Currently at an aggregate level the provider and mental health Trust estate has 37% non-clinical floor space against the Carter metric of 35% (page 26) and **improving utilisation** of space to reduce running costs and potentially free up surplus land is a key priority.

What we are already doing to deliver our estates strategy

- Delivery of our strategy relies our partners – including Local Authorities, CCGs, Trusts, and property companies. At the STP level, our focus is on collaboration and common prioritisation through our Estates Board, whilst not superseding individual organisational autonomy.
- Currently, planned and underway, there are multiple CCG schemes designed to **match population growth, deliver primary care at scale and bring care closer to home** (including eight live estates ETTF schemes) alongside large scale estates **transformation and refurbishment** in the acute provider estate (e.g. St Pancras, St Ann's, Chase Farm, RNOH Stanmore Site). This is being achieved through various funding routes including ETTF, charity and capital funding and surplus land disposal receipts.
- We are optimising operational efficiency through **better utilisation** of the estate, by reconfiguration of services in underutilised space (e.g. Edgware Community Hospital), and appropriate **disposal of void space** (e.g. Marie Foster Centre).
- By working more effectively **across local public sector partnerships** (e.g. Barnet One Public Estate) we are taking a system-wide strategic approach to asset management.

STP estates priorities

- Our service strategy is maturing. It will be enabled by estates change. This estates strategy will develop over time to the same level of maturity as the service strategy.

- Our estates priorities focus on how we can enable delivery of our vision for care in the STP. To that end, our priorities are to:

1. **develop a place based approach to** support service delivery and optimise use of assets, drawing on the principles of One Public Estate;

2. **respond to care requirements and changes in demand** by putting in place a quality estate, further enabling us to tackle health inequalities and wider determinants of health in the STP;

3. **increase the operational efficiency of the estate** – improving utilisation; tackling backlog maintenance; and optimising running costs;

4. **enhance delivery capability** – supporting wider changes in health care delivery, alongside workforce and digital enablers, including supporting opportunities to create Homes for NHS staff; and

5. **enable the delivery of a portfolio of estates transformation projects** that support the implementation of vision for care and further development of social and affordable housing in the STP.

We recognise the interdependencies between these priorities and how they can be addressed, for example, locality based planning should support delivery of all these priorities.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Executive Summary (3/3)

Priority programmes and projects

- In line with the estates priorities, our **pipeline of projects reflect the wider needs of our health and social care system,** including housing as a key determinant of health.
- A cross-STP **prioritisation exercise** was undertaken from January to May 2018 to determine the priority projects across the STP. Further detail on the priority schemes is contained within the remainder of this document. The exercise also considered priorities for Wave 4 capital funding.
- The priority list includes a number of **primary and community projects** which will help **deliver the vision to bring care closer to home** including: Finsbury Leisure Centre Redevelopment; Archway Primary Care Hub; Andover Medical Centre Expansion; Meridian Water; Tottenham Hale; Chase Farm Primary Care; Village Practice Expansion; Green Lanes; Wood Green and two schemes in Colindale.
  It includes the following schemes which are large scale **transformational projects** which will also address significant backlog maintenance issues and support the wider care vision:
  - The **St Ann's** redevelopment is focussed on improving the estate to provide both better quality inpatient care for those with mental health needs, and affordable accommodation for the community;
  - Redevelopment of the **RNOH Stanmore Site** to create a fit for purpose estate and tackle existing estate condition issues;
  - The **St Pancras** redevelopment will provide improved community and inpatient services, including 2 mental health community hubs.
  - **Project Oriel** involves the relocation and redevelopment of Moorfields Hospital Ophthalmology care and research at the St Pancras site.
- The priority list also includes the Royal Free's Centralised Unit for Sterilisation and Endoscopy Decontamination to generate operational efficiencies which could benefit NCL and wider London Trusts; and two property company schemes: Edgware Hospital and Finchley Memorial Hospital, where work is underway to exit voids and surplus property (with Finchley a pilot for Homes for NHS Staff).
- **Funding of £110.2m and bridging loans of £222.6m are being sought through Wave 4 capital funding for Project Oriel and St Pancras**.
- As other priority and pipeline projects develop and mature, further funding will be sought through later waves. Key priority schemes not ready for Wave 4 funding will continue to be worked up over the summer in order to be business case ready for bidding in future funding rounds.

Capital investment requirements

- **Capital Investment requirements** based on current prioritisation are outlined below (this is expected to evolve over time):

Acute and mental health reconfiguration / consolidation	573.0
Primary care and community reconfiguration / consolidation	40.6
Void reduction	TBD
Total	**613.6**

- There is a pipeline of work and further schemes where the capital funding needs are currently being identified. **The above figures represent the landscape as it stands, but the future net investment requirement is still in development**.
- For the priority projects significant funding has already been secured including through own resources, disposal receipts, ETTF, S106 etc.
- A **disposal pipeline** has been identified for surplus land opportunities identified. Here, there is a potential to generate estimated capital proceeds of £647m within the short and long term, releasing land with potential capacity for over 2,000 homes. We are actively pursing opportunities to provide Homes for NHS Staff on surplus land.

Key next steps

- This strategy is designed to be **iterative, reflecting the evolving healthcare needs, future schemes and waves of funding**.
- Our pipeline of projects will be developed, building on collaborative working between primary and secondary care to further drive care into the communities, therefore projects for further waves of funding and development are anticipated to focus on primary care and community initiatives, developing the level of maturity needed to be eligible for future waves of funding.
- As part of this process, within the STP, we need to focus on **locality planning**, identifying strategic locations (with consideration to ease of access and public transport) for community hubs whilst ensuring digital infrastructure is embedded.
- To deliver system-wide change, we need closer collaboration and earlier engagement between NHS organisations and Local Authorities on Local Strategic Plans and capital projects regarding healthcare provision, maximising on utilisation of both the health, social care and wider Local Authority estate and considering the wider environment for healthy living.

Section 3. Context and rationale

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

NCL Service provision overview

NCL is a diverse area covering five local authorities and Clinical Commissioning Groups, 12 Trusts and 209 GP practices, as demonstrated by the diagram below. This section goes on to describe the context and rationale underpinning the estates ambition for the STP.

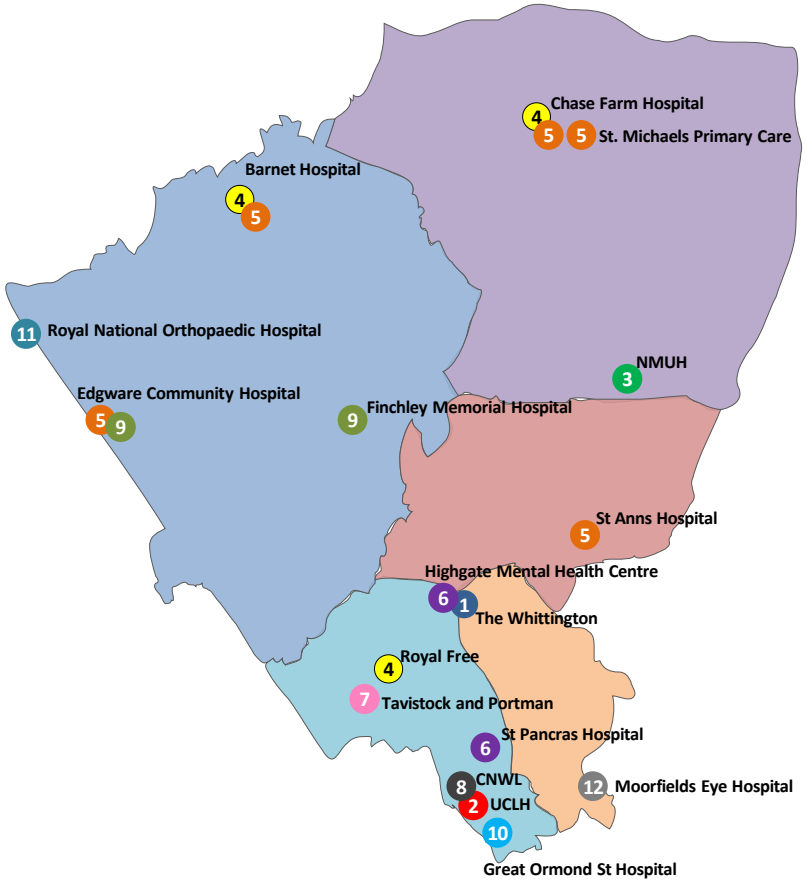
Enfield Local Authority
338,143 registered population
324,000 resident population
Enfield CCG

Barnet Local Authority
422,630 registered population
375,000 resident population
Barnet CCG

Haringey Local Authority
316,910 registered population
267,000 resident population
Haringey CCG

Islington Local Authority
251,606 registered population
221,000 resident population
Islington CCG

Camden Local Authority
283,789 registered population
235,000 resident population
Camden CCG



Local Authority

Camden · Enfield · Barnet · Islington · Haringey

Providers

1. Whittington Health NHS Trust (including Islington and Haringey Community)
2. University College London Hospitals NHS Foundation Trust
3. North Middlesex University Hospital NHS Trust
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
6. Camden and Islington NHS Foundation Trust (and main sites)
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (Camden Community)
9. Central London Community Healthcare NHS Trust (Barnet Community)
10. Great Ormond St Hospital
11. Royal National Orthopaedic Hospital
12. Moorfields Eye Hospital

GP Practices (March 2018)

Barnet	**56**	Enfield	**48**	Islington	**33**
Camden	**35**	Haringey	**37**	**(Total 209)**	

111 Out of Hours provider

Currently out of hours single provider across 5 CCGs

Source: North Central London Devolution Pilot Outline Business Case November 2017

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The scale of the challenge

The NCL context

The role of health and social care services have changed significantly since the inception of the NHS and recently the government has set out new responsibilities and a clear agenda for change through the Care Act (2014) and the Five Year Forward View (2014).

North Central London is an area of diversity and complexity with examples of exceptionally high quality care and nationally significant innovation across the NCL geography. However there is still disparity in patient outcomes across the STP, with healthcare inequalities between the 5 boroughs and a male life expectancy gap of 4.3 years [1]. For example:

- Almost half of people in NCL have at least one lifestyle related clinical problem (e.g. high blood pressure) that is putting their health at risk
- Men in the most deprived areas of Camden live on average 10 years less than those in the least deprived areas
- The prevalence of Mental Illness in NCL is in the top 10% nationally [2]
- Over 40% of people with long term conditions in Barnet, Haringey and Enfield do not feel supported to manage their condition
- There are too few GPs and practice nurses in Barnet, Enfield and Haringey

We are facing significant financial pressures on both the NHS and Local Authorities with increasing demand due to demographic growth and growing public expectation. Projected population growth in the NCL geography amounts to 10% of the total London-wide growth. [3]

The Five Year Forward View (FYFV) sets out three challenges across health and social care: The Health and Wellbeing Gap; The Care and Quality Gap; and the Funding and Efficiency Gap [4]. As such the STP has committed to the following:

- Reducing health inequalities
- Delivering joined up care and support closer to home with communities
- Recognising the importance of wider factors; education, employment, housing, environment
- Increasing community resilience
- Taking a whole population approach
- Supporting a community of healthy, connected, resilient people

In order to deliver on these commitments we will have to work as a whole system, integrating health and social care to facilitate care closer to home and allow people to remain independent and manage their own health and wellbeing. We will need to utilise population health analytics to develop and deliver schemes of work designed to be tailored around communities and their specific needs. From this we will not only provide better patient-centred care and outcomes, but derive financial and operational improvements to feed system-wide sustainability.

At present our primary and provider estate is mixed in terms of age, quality and fitness for purpose**,** impacting patient experience and our ability to deliver the commitments we have set out. Going forward harnessing estates alongside other enablers such as digital tools, workforce will be key to our success.

1. Comparative figures taken from Barnet Joint Strategic Needs Assessment (2015), Camden CCG Estates Strategy (2018), Haringey and Islington Estates Strategy (2018) and Enfield CCG Local Estates Plan (September 2017)
2. Public Health England QOF data (2016/17)
3. HUDU Population growth across London STP Areas: Summary Paper (May 2018)
4. NHS Five Year Forward View (2014)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

NCL vision & objectives

The NCL STP has focused its overall strategy on closing the gap across health and wellbeing, care and quality, and financial sustainability, using the four pillars of Prevention, Service Transformation, Productivity and Enablers as set out below. Within the STP context, estates will be a key enabler to the delivery of programmes of improvements and transformation described later in this document, in particular initiatives which shift the footprint of services into community and primary care, reducing the reliance on acute services.

NCL Service Framework & Priorities

Health and social Care

Prevention
Improves population health outcomes, reduces health inequalities, and helps reduce the demand for more expensive health and care services in the longer term

Service Transformation
Improves population health outcomes; reduces demand; improves the quality of services. This will be driven across the following workstreams:
- Health and Care closer to home
- Planned Care
- Urgent and Emergency Care
- Mental Health
- Children and Young People
- Maternity
- Specialised Commissioning
- Cancer
- Adult and Social Care

Productivity
Reduces non value adding costs and drive down unit cost including utilisation and cost of running the estate. This will be achieved through:
- Commissioner savings
- Provider savings
- System-wide productivity

Enablers
Facilitates the delivery of key workstreams by ensuring the architecture is in place, including digital, workforce, estates, and new commissioning and delivery models in order to deliver transformed care cross the NCL geography.
Facilitates the delivery of key workstreams:
- Digital
- Workforce
- Estates
- New Commissioning and delivery models

NCL Estates Priorities

The priorities for development of our estates strategy are:

1. Developing **a place based approach** to allow us to optimise use of our estate in each locality to support service delivery, drawing on One Public Estate principles.
2. To **respond to** care requirements and changes in **demand** by putting in place a fit for purpose estate: Plan for population growth and on-going demographic change with a view to shift the balance across primary, acute and community services to deliver the highest quality care and closer to home, further enabling us to tackle health inequalities in the STP.
3. To increase the **operational efficiency** of the estate (described in section 6): improving utilisation, tackling backlog maintenance and optimising running costs.
4. To enhance **delivery capability** (described in section 5 & 6): supporting wider changes in health care delivery, alongside workforce and digital enablers, including supporting opportunities to create Homes for NHS Staff.
5. To enable the delivery of a portfolio of estates **transformation projects:** that support the implementation of the vision for care (described in section 7) and further development of social and affordable housing.

Outcomes

- Maintain financial stability and ensure sustainability through robust planning and commissioning of value-for-money services.
- Deliver better health and care outcomes through transformation of health and social care delivery.
- Integrate and enable local services to deliver the right care in the right setting at the right time: supporting shift to care closer to home.

Partners

Local authorities	CCGs	Provider Trusts	Other Service providers	Wider stakeholders and communities	Property companies and SEP	London and national partners

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estate priorities and outcomes

In order to make system-wide change fit for purpose and sustainable, it is important to ensure that the impact of any estates modifications or release has the desired impact on functionality of clinical services. To that end we have engaged our key stakeholders across the STP to address their key priorities for their sector which are detailed below.

NCL-wide workshop identified a number of more specific outcomes required across the whole estate:

Wider environment

- More appropriate social housing
- Impact of environments on wider determinates of health; Public Estate, private housing and built environments

Primary Care Estate

- Modernisation of premises:
  - Right place
  - Right premises
  - Right size
  - Co-location of providers

Community Estate and Social Care

- More demand in Community hubs/multi-functional sites
- Co-location of services
- Efficiency and effective use of community sites
- Increased provision of care homes/hospices for end of life
- Increased need for Supported Living Options

Acute

- Non-acute services moved to the Community
- Merging & modernisation of estate to 21st Century standards to absorb increases in acute demand on current footprint

Individual supported to live a full and healthy life in the community

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Engaging with our local communities

Our estates plan will support the NHS in NCL to be sustainable and effective for our local communities in future, addressing increased demand and health inequalities.

In order to successfully deliver care coordinated and centred around the needs of patients and users, we need to have a deeper understanding around what communities want and how we can work with our partners in local government to achieve this. To that end we need robust local engagement plans as part of the STP process.

To ensure meaningful conversation with residents and communities we will be taking this forward in two main ways:

1. Working to engage with our local residents on the care models and themes from across the STP that drive the estates strategy.
    a. We want to focus on supporting our communities to live healthy, happy lives and are developing a programme wide engagement strategy which will help us to do this.
    b. Working with patients, carers, local people, voluntary and community groups and other agencies to build relationships and improve our plans,

2. Once proposals reach an appropriate level of maturity, engage in deeper, more specific consultation on individual trust schemes (e.g. St Pancras, in line with national and regional guidance),
    a. We want to look closely at the individual schemes in the plan as they develop to understand how they will impact residents and staff and develop specific engagement plans.
    b. Considering them on a case by case basis will ensure that our engagement is meaningful and the feedback we receive will be able to be incorporated into how we deliver changes.

Through this process we can make every effort to ensure that our local population and system partners in government are adequately sighted on capital developments, increasing their chances of a positive reception and successful, sustainable delivery of associated care models.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Wider regional and strategic context (1/2)

The NCL Estates strategy sits within the wider context of London and National priorities and benchmarks. This includes targets laid out by the Mayor of London, Naylor recommendations and Carter metrics set against the backdrop of NCL's current and projected financial position. Further detail on the impact of national benchmarks and targets can be found on page 49.

Carter review

- Lord Carter's report outlines how reduction in unwarranted productivity and efficiency variation in non-specialist acute trusts could save the NHS £5 billion each year by 2020 to 2021. [1]
- Recommendations were given to Trusts to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017, delivering this benchmark by April 2020. [1]
- In addition, all trusts should have the key digital information systems in place, fully integrated and utilised by October 2018. [1]

Homes for NHS Staff

- In October 2017 the Secretary of State announced a national expectation that, when local NHS estate owners are disposing of surplus land, NHS staff will be given a right of first refusal to buy or rent affordable homes built on that NHS land. The Government has an ambition of providing 3,000 homes.

Naylor Review and national surplus land policies

- A target of 160,000 homes has been set to be delivered between 2015 and 2020 on Government land. [2]
- For health, £2bn of assets to be released for reinvestment and to deliver land for 26,000 new homes. [3]
- In his 2017 report on the NHS estate Sir Robert Naylor made 17 Recommendations across 3 Key Themes:
  - Strategic Capability
  - Incentives for providers and STPs
  - Funding and national planning [4]
- In order to meet the Naylor report recommendations and maximise efficiency within the estate, we need to:
  1. Deliver a strategic estates pipeline which is 'future-proofed' to match changes in the population and local demographics and that schemes achieve the required level of maturity for each wave of funding.
  2. Provide an estate of improved condition and quality to better enable providers to continue to deliver world-class care to its local, national and international patients.
  3. Ensure our capital schemes provide affordable and keyworker housing.

1. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Feb 2016)
2. Disposal of Public Land for New Homes, the Department for Communities and Local Government (Jan 2016)
3. Department of Health (Jan 2016)
4. NHS Property and Estates (March 2017)

In the Department of Health and Social Care (DHSC) response to the Naylor report) included the establishment of an NHS property board, additional investment it has identified the need to provide 3,000 Homes for NHS Staff *(January 2018)*

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Wider regional and strategic context (2/2)

Key London Themes

- London Health and Social Care Devolution: Memorandum of Understanding signed *November 2017.*
- Strategic framework to redress the under-funding in primary care and improve issues with workforce, workload, infrastructure, care design and sustainability in general practice. [1]
- Framework to redress the lack of house building in London, where the annual supply is far outstripped by need and demand resulting in an affordability crisis. [2]
- Targets have been set for each borough, including the redevelopment of surplus or under-utilised public sector owned sites. [3]
- 50% of all homes should be affordable. £3.15 billion of affordable housing investment has been committed through to 2021. [4]
- In 2015, all London CCGs came together as London Partners to work together on initiatives such as 'devolution pilots' of which Estates in North Central London is one. The NCL estates pilot aims to make better use of healthcare buildings and land [5] by enabling local prioritisation and flexibility of terms and conditions guarding the use of estates.
- In 2017, the Mayor of London launched 'Thrive LDN', a new movement to improve mental health and well-being across the capital. Within the NCL estates pipeline are key developments which will help drive parity of esteem, better co-ordinated Mental Health care and integration into the community to help reduce stigma associated with Mental Health conditions. Examples include the St Pancras transformation (page 91).[6]

NCL Financial position

- There is a significant gap between anticipated growth in demand and available finding over the next 5 years.
- The underlying deficit at the end of 2017/18 was £203m. Substantial efficiencies will need to made over the next five years to both remove the underlying deficit and manage future pressures.

One Public Estate

- The One Public Estate (OPE) programme supports local public sector partnerships across the country to work together and take a strategic approach to asset management with objectives to create economic growth (new homes and jobs), deliver more integrated, customer-focused services and generate efficiencies, through capital receipts and reduced running costs.

1. NHS England General Practice Forward View (April 2016)
2. London Housing Strategy (Sep 2017)
3. Draft London Plan (Jan 2018)
4. Homes for Londoners; Supplementary Planning Guidance (Aug 2017)
5. North Central London Devolution Pilot Outline Business Case (2017)
6. https://thriveldn.co.uk/

Section 4. Profile and the case for change

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Drivers & opportunities for change

In addressing health & wellbeing, care & quality, and financial sustainability, NCL faces both significant challenges and opportunities around its estate. These are summarised below and described in more detail on later pages. Our approach to addressing these recognises the interdependencies between them, eg taking a place based approach to support delivery of care closer to home can optimise use of assets, reduce running costs and release surplus space for development.

Population & Demand

- ***Growing population*** with an increase of 6% expected between 2018 to 2028 from 1.5m to 1.6m [1] including through regeneration and development of new communities.
- ***Diverse population*** across NCL, with areas of affluence and deprivation, leading to inequalities in life expectancy and morbidity (page 23).
- NCL has a unique mix of providers ***serving local, national and international population*** due to recognised specialist centres of expertise and links to academic research (e.g. UCLH , Royal Free, Moorfields, Tavistock and Portman, GOSH and RNOH) and require a fit for purpose estate to retain their 'world class' status.

Vision for care

- Future vision for care is focused on both radical service transformation and incremental improvements to address demand changes.
- Move towards a 'population health' approach to deliver services differently with a greater focus on prevention, moving care closer to home (Place Based Care) and reducing demand in hospitals.
- Aim to reduce variation, improve quality of care and drive productivity across the STP.
- ***Future care model and vision (described in section 5) outlines the opportunity for delivery of 'holistic' health and social care services utilising the estate in different ways.***

Estate

- General condition of the primary and provider estate is mixed in terms of age, quality and fitness for purpose with rising backlog maintenance impacting on running costs and patient experience. [2]
- Whilst central capital funding is focussed on transformational projects, improving the overall condition of the estate remains a key priority and enabler for wider transformational objectives.
- Better utilisation of the estate (including through wider local government and public sector collaboration) is needed.
- ***Plans to modernise and utilise the estate are being explored to drive service improvement, reduce voids and improve productivity (in line with national guidance e.g. Carter). See section 6&7.***

Financial

- Estates running costs (£501m)[3] impact overall affordability and financial sustainability. It is noted that PFI contracts can impact flexibility over running cost management.
- The underlying deficit at the end of 2017/18 was £203m. Substantial efficiencies will need to made over the next five years to both remove the underlying deficit and manage future pressures.
- ***Potential for capital receipts to support estates transformation. However in some cases, release of land is reliant on investment in other areas.***

Enablers

- Ageing workforce (more than half the GP workforce is aged over 50) along with limited recruitment and retention of staff, will impact future service sustainability. Access to affordable homes and improved condition of workplace environments is a contributing factor for future recruitment challenges. [2]
- ***Digital interventions*** and associated security measures to support service ambitions and delivery (e.g. self care, staff ability to work in an agile and integrated way) are currently hindered by poor existing infrastructure. ***Opportunities to address this alongside estate changes are being explored.***

Housing

- ***Partners' land disposal pipelines create a significant opportunity for development of new housing including social and affordable housing.***
- Shortage of ***key worker accommodation*** needs to be addressed within NCL to support recruitment and retention with opportunities to address this being pursued (see section 6), through site disposals and ***Homes for NHS Staff*** pilot.
- More widely ***housing and the environment are key drivers of health*** and addressing those wider environmental factors is critical to the prevention of ill health.

1. Primary Care Strategy Data Pack – GLA, 2016;
2. North Central London Devolution Pilot Outline Business Case November 2017
3. Estates Composition Table
4. NCLHC – STP Strategic Narrative June 2017

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

NCL population overview

NCL has a growing population. It has a relatively young population, although when compared with London's other STPs, has a significantly lower proportion of children aged under 10. As a result of increased new housing there are high levels of projected population growth.

NCL 5 and 10 year population projections by age category

Population profile and characteristics

Currently the NCL population is approximately 1.5 million [1] and relatively young, with approximately 40% of the population aged under 30 years [1]. Overall the NCL population is expected to increase by 6% over the next decade. The majority of this growth (71%) is expected in the first 5 years. The fastest growth is amongst the elderly population, with the over 65 years population being expected to grow by 26% (from 181,000 to 227,000) in the next 10 years. Whereas the aged 0-4 population is expected to decrease by 3%.

The population demography is varied across the STP:

- **Barnet** is expected to have the **proportionally largest overall population growth** in the next decade (9%). Of this growth, 62% is expected within the next 5 years.
- **Camden** is expected to have the **proportionally largest growth (40%) in the 85+ age category** over the next decade. After initial growth within the under 65 population, it is expected that in the second half of the decade, this population will decrease by 1%.
- Of the population growth expected in Enfield over the next decade, it is estimated that 69% of this growth will occur in the first 5 years.
- Of all the NCL boroughs, **Haringey** is expected to have **proportionally the largest decrease in the 0-4 population** (5%) over the next decade.
- Of the expected growth in Islington over the next decade, 80% of this growth is expected to occur in the first 5 years.

Additionally there are lots of people settling in NCL from abroad. The largest migrant communities arriving in 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15, the largest migrant communities were from Italy, France and Spain.

1. Primary Care Strategy Data Pack – GLA, 2016; North Central London Devolution Pilot Outline Business Case November 2017

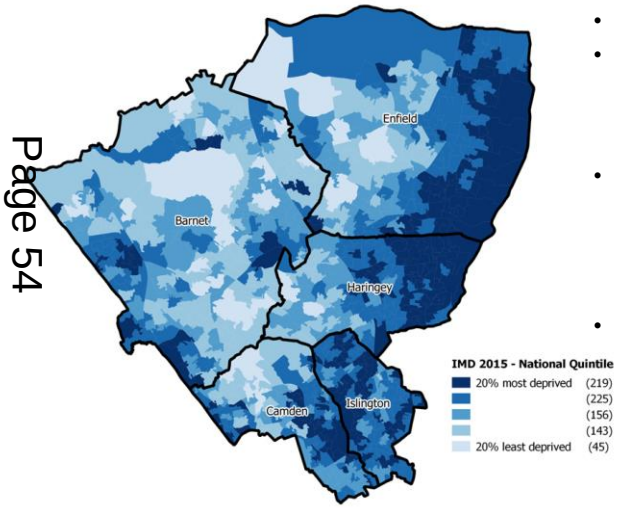
NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Population profile across NCL (1/2)

Population growth and increase in demand is not homogenous across the STP. NCL is a diverse area containing both some of the most deprived (in the east and south) and more affluent (west and north) population in the country. This has lead to wide spread deprivation and inequalities in life expectancy and varying demands and pressures on health and care services.

Deprivation

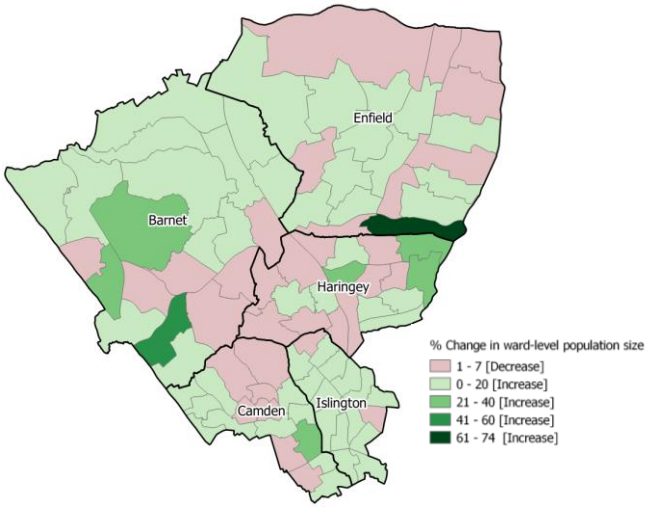


Source: IMD, 2015

High level statistics

- 30% of NCL children are growing up in poverty.[2]
- Islington, Enfield and Haringey have the highest rates of deprivation relative to the national picture, although pockets of deprivation are dispersed across NCL. [3]
- At ward level, the highest forecast population growth is **Upper Edmonton in Enfield** and **Golders Green in Barnet**[3] due to development at Meridian Water in the Lee Valley in Enfield and around Brent Cross in Barnet.
- Housing and population growth is concentrated in specific locations. There are currently seven housing Opportunity Areas in the NCL geography (numbers show new homes in 2018 draft London plan):
  - Colindale / Burnt Oak (7,000)
  - Cricklewood / Brent Cross (9,500)
  - Upper Lee Valley (cross border) (21,000)
  - City Fringe (cross border) (15,500)
  - Euston (2,800 – 3,800)
  - Kings Cross (1,000)
  - Tottenham Court Road (300)
- With two additional areas identified in the draft London Plan (2018) at Wood Green and New Southgate, reflecting the potential for Crossrail 2 to unlock additional housing in those areas.[4]

Population Growth by Ward, 2018-2028



Source: GLA ward population projections, 2016

1. CCG Collaborative Working in NCL – September 2015
2. NCL Sustainability and Transformation Plan – Case for Change – September 2016
3. Primary Care Strategy Data Pack – GLA, 2016; North Central London Devolution Pilot Outline Business Case November 2017
4. NCL: Growth and S106, HUDU 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Population profile across NCL (2/2)

Across NCL, wide spread deprivation and inequalities in life expectancy will impact demands and pressures on health and care services and the resulting estate. This section outlines the variation in line with regional and national averages.

Life expectancy and inequality

All NCL residents have seen an increase in life expectancy over the past decade with current life expectancy for men and women across NCL higher than the England average, with the exception of Haringey and Islington. Despite the higher life expectancy, overall, residents spend approximately 20 years of their life living in poor health. Trends in healthy life expectancy show there has not been a significant change in the number of years people are living healthy lives.

There are stark differences in life expectancy between those living in the most affluent areas compared to the most deprived. Across the NCL boroughs, Camden has the highest life expectancy gap for men, with those living in the most deprived areas living on average 10 years less than the least deprived as the image below demonstrates.

Prevalence of long term conditions

Across NCL, the three most common long term conditions are Hypertension (11%), Depression (7%) and Diabetes (6%). Barnet and Enfield have significantly higher prevalence of Hypertension, Diabetes, Coronary Heart Disease (CHD), Chronic Kidney Disease (CKD) and cancer than the NCL averages. [2] In comparison Camden, Islington and Haringey are broadly in line with the NCL averages, although in some cases having higher prevalence of depression and severe mental illness (SMI). [2]

Indicator (values in years)		Barnet	Camden	Enfield	Haringey	Islington	London	England
Life expectancy (2014 - 16)	Men	82	82	80	80	79	80	80
	Women	85	87	85	85	83	84	83
Healthy life expectancy (2014 - 16)	Men	65	64	64	65	61	63	63
	Women	67	65	64	63	63	64	64
Slope index of inequality in life expectancy (2014 - 16)	Men	6	10	7	7	8	7	9
	Women	5	8	5	5	3	5	7

National Comparison:

Significantly better than England average

No significant difference compared to England average

Note: **Slope index of inequality in life expectancy** represents difference in life expectancy between most deprived and least deprived persons.[1]

1. Source: Office for National Statistics 2014/2016
2. Pubic Health England HSCIC 2015

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

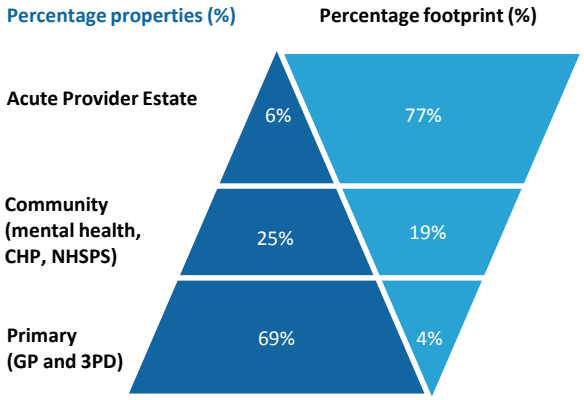
NHS

Overview of the health estate

NCL's health and care estate is variable. It is a mix of age, quality and fitness for purpose. It ranges from recently built state of the art facilities to facilities (including within the primary and community estates) which are not fit for purpose or falling behind in terms of quality, impacting service provision. This section provides an overview of the estate with further detail on the condition and performance considered on subsequent pages.

High level statistics of the estate[1]:

- The total floor area is over 1 million m^2
- NCL Trusts have a footprint of over 200 ha (by comparison Hyde Park is 142 ha)
- Overall the floor area is dominated by acute provider Trusts and by number of properties by primary as shown in the illustration
- Total running costs £501m pa
- Backlog maintenance of £231m
- The estate includes 11 LIFTs and 4 PFI schemes



London Ambulance Service (LAS)

- LAS estates and services is the responsibility of London Ambulance Service NHS Trust.
- NWL are the key commissioner for the London Ambulance Service and we work closely with them.
- LAS is currently working with the UEC clinical strategy to work collaboratively across the system to ensure appropriate use of services.

NHS
London Ambulance Service
NHS Trust

1. Estates Composition Table

Please note the following

- On floor area data: Acute provider estate and mental health trust data provided as gross internal area, CHP, NHSPS and primary and 3PD data presented as net internal area so the aggregated numbers are not like for like and underrepresent primary and community space.
- Please note categorisation of the estate has mirrored the NEL approach.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The state of the estate: Primary care

Primary care infrastructure is critical to support the NCL ambition for care closer to home. The current NCL primary care estate is characterised by a large number of small properties, in fragmented ownership which impacts the ability to enact change at pace, given the various interests and complex arrangements which need to be managed. Transformation in the primary care estates is critical as it acts as a key enabler to delivering the overall vision for care described in section 5. Currently only around one third of practices are rated as excellent or good, therefore a 'do nothing' option is not viable if we wish to deliver good quality care in an appropriate environment.

34	GP premises within Camden CCG
24%	are in a good condition
0%	require improvement
76%	are in poor condition
41	GP premises within Haringey CCG
37%	are in a good condition
61%	require improvement
2%	are in poor condition
33	GP premises within Islington CCG
27%	are in a good condition
33%	require improvement
40%	are in poor condition

The data has been interpreted from the CCG Estates Databases, where completed.

Camden data is as of April 2018.
Haringey data is as of June 2018.
Islington data is as of 2016.

It must be noted that each CCG has used differing means of measuring physical condition, therefore we have adapted this to reflect good, requiring improvement and in poor condition.

Primary Care Provision

Across London as a whole, the London Health Commission – Better Health for London 2014 found:

- Whilst 36% of GP premises are rated in excellent or good condition, 51% are rated only average whilst the remaining 13% are rated poor, very poor or terrible.
- Those GP premises rated as average require refurbishment, whilst those GP premises rated poor, very poor or terrible require rebuild.
- Whilst NCL wide data is limited, for the three CCGs with available information, as shown opposite, available data would suggest that approximately one third of primary care premises are operating in good condition with the balance requiring improvement or being in poor condition.

NCL GP Business Types and Ownership [1]

Business type	3PD/Private	CHP	GP Owned	NHSPS	Total
Corporation	4				**4**
GP Branch	5		2	1	**8**
Not Known	1				**1**
Partnership	90	9	41	15	**155**
Single Handed	44	6	19	6	**75**
No information				1	**1**
Total	**144**	**15**	**62**	**23**	**244**

Fragmented estate

Analysis of primary care ownership in NCL in 2016 showed GP services operating out of 244 properties (see table). Of these:

- 75 are occupied by a single handed GP and 155 by a partnership;
- The majority of GP properties are owned by the private sector and leased to GPs;
- The distribution across ownership types is similar for both partnerships and single handed GPs; and
- Only 15% of GP occupied properties are owned by either NHSPS or CHP.

1. NCL devolution Business Case, November 2017: Version 5 Master database, NHS England London

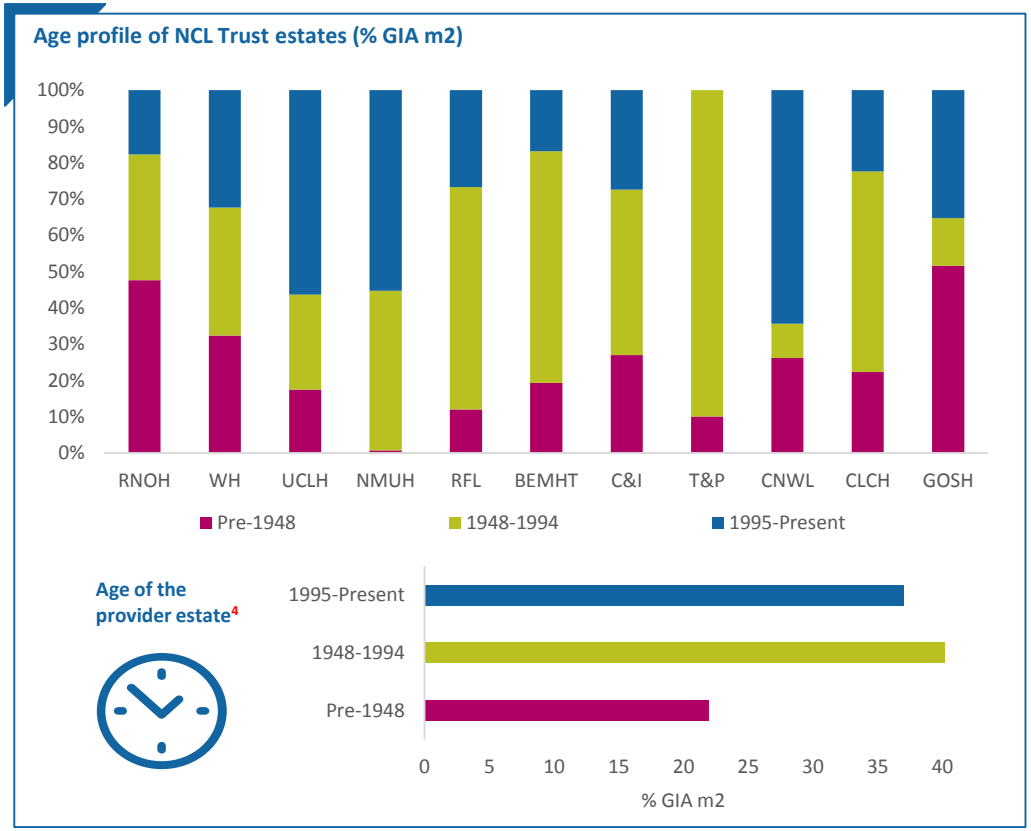
Note: data on this slide refers to GP premises. Numbers therefore differ to references to GP practices elsewhere in the strategy. Numbers also vary as a result of differences in timing when data compiled.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The state of the estate: Trusts

NCL has a concentration of specialist hospitals and facilities which serve both their local and national populations. Many providers are linked to nationally and internationally renowned research and educational facilities. There is large variance in the quality of the estate; the facility at UCLH on Euston Road sits amongst the finest facilities worldwide, and yet this sits close to the Victorian estate of St Pancras hospital. In order to continue to provide internationally renowned standards of care, 'do nothing' is not an option. This is further outlined below as we describe the age and condition of the acute provider estate.



High level statistics [1] (acute provider and mental health trusts)

- 34 Properties of which 4 are PFI schemes
- Gross internal area (GIA): 937,930 m^2
- Footprint: 221ha
- Running costs pa: £448.9m
- Total backlog maintenance of £229.2m
- Age of the estate: Of the total NCL provider area, around 22% pre dates the founding of the NHS in 1948, with 41% built between 1948 – 1994 and only 37% post 1995 to current day.[2]

Carter metrics:

The Carter review recommended:

- A maximum of 35% non-clinical floor space and 2.5% unoccupied or underused space.

In NCL, at an aggregate level for provider and mental health trusts:

- 37% of floor space is non-clinical* [3]
- 0.7% of floor space is unoccupied* [3]

*Section 6 sets out actions being taken on utilisation.

Naylor review [4]**:**

- Sir Robert Naylor's review of the NHS estate concluded that the NHS could potentially release land with a risk adjusted value of £2.7bn (subject to investment for provision) and opportunity to go further with more radical changes, with value concentrated in the London STPs.
- Further to the Naylor review, NCL has been given a 'share' of future disposals estimated receipts of £570m.
- The national ambition is £3.3bn – so this shows the importance of NCL as a national contributor to land disposal receipts equating to 21%.
- DHSC articulate this 'share' of land disposal as associated with 4,704 housing units.

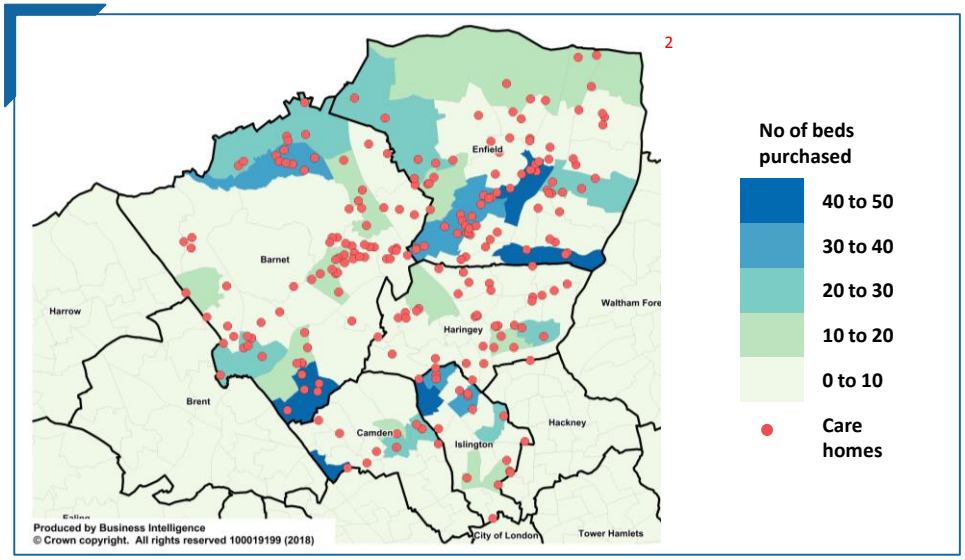
1. Estates Composition Table Appendix A
2. Deloitte Analysis from 16-17 ERIC Returns data – Trust data
3. Performance Indicators Appendix B
4. DHSC Estates Dashboard - March 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The state of the estate: Adult Social Care

The NCL STP sets out plans to work more closely across health and social care, in line with the FYFV. Sufficient, high quality and sustainable social care delivered directly by local authorities or commissioned through external providers (e.g. in the residential, nursing and home care markets) can deliver excellent outcomes for residents in NCL and reduce the burden on health and care services.[1]



[2]

NCL Context

In light of the ageing population, adult social care services are facing similar challenges to the rest of the health and social care system. The provision of care homes and social housing options for vulnerable adults must be of an appropriate condition and adjusted to local demographic needs. Although the strategic direction of the STP aims to keep people supported in their own home for longer, it is important to ensure that the current estate is optimised to delivery quality care.

The Estate

- Demand for care homes is reducing in line with the wider STP strategy, however the majority of the estate is rated more poorly than the national average (tables 1 and 2).
- NCL has a large number of smaller care homes situated in the north of the STP (see figure opposite).
- As outlined on page 21, Camden is projected to have the largest >85 population growth but currently has proportionally fewest care homes.

Ratings	NCL care homes December 2017	CQC National Average 2017 [3]
Outstanding	2.5%	1%
Good	57%	67%
Requires Improvement	41%	29%
Inadequate	0.5%	3%

NCL total care home places	December 2013	December 2015	December 2017 [2]
Nursing	2,802	2,933	2,589
Residential	4,400	4,105	3,708

1. North London Partners: Working together for better health and care: our sustainability and transformation plan July 2017
2. Data provided by Adult Social Care workstream. Original source data confidential but provided by NCL Councils and CCGs for 2017/18
3. Care Quality Commission care directory

Section 5. How estates can support the vision for care

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Vision for care

The core priorities for care in the STP are:

- **Improve the health and wellbeing of the local population**
- **Reduce health inequalities**
- **Maximise out of hospital care and build resilient, well supported communities**

The projected population increase in combination with an ageing population and social and health inequalities, demands a service which can both absorb the increase in demands and continue to provide excellent care.

We need to fully realise the benefits of utilising our estate to help drive reduction in health inequalities and address wider determinants of health. Our estates offering needs to enable this through optimised use of existing facilities, redevelopment and rebuild of the primary care and community estate, co-location of services to support our communities with care based around their needs, and, continued close working with local authorities and wider partnerships to create environments which promote wellness. Enabling place-based-care supports community resilience, encouraging wellbeing maintenance over sick patient management.

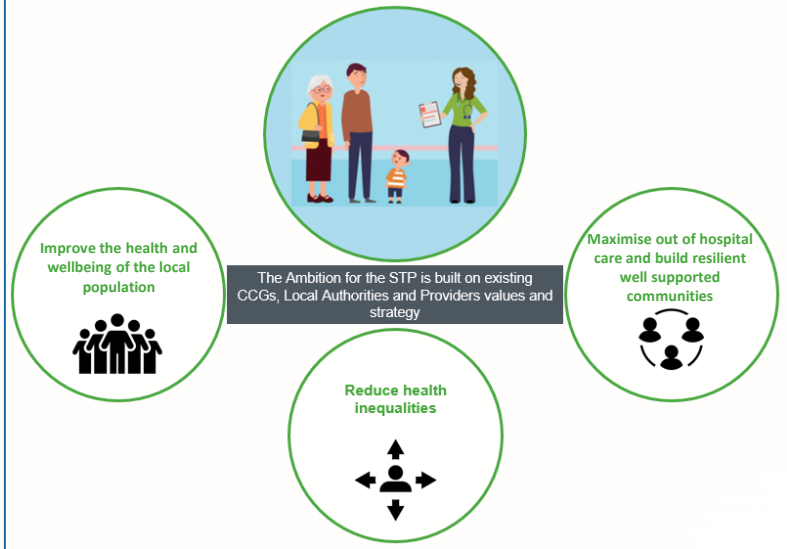
Redevelopment of our acute estate will allow us to create world-class teaching and research facilities to match the profile of the providers within our footprint, consolidate services, build on areas of good clinical practice and maximise on economies of scale and operational efficiencies.

Key priorities to enable a sustainable future for the STP (which are interdependent) include:

- Moving care closer to home and integrating services where this improves outcomes for communities
- Future-proofing by locating and expanding services close to areas of population growth, providing care within neighborhoods, making care more accessible
- Continuing to deliver high quality tertiary care and national research functions

Over the successive pages we will outline the key drivers for change, firstly by workstream and secondly what this will mean for Primary, Acute and Community estate. This will include current and future schemes across the provider levels, identifying key successes and blockers to delivery.

We are still developing our care strategy and therefore what has been reflected here may not be of the same level of maturity as other London STPs. However, as these crystallise, we will be able to feed emerging strategic priorities in further iterations of this document which can allow us to develop and refine our estates strategy and implementation plan.



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Drivers for the vision for care

We have worked closely with our clinical workstreams in order to identify the key drivers for change as outlined below:

Workstream	Health and Care Closer to Home	Mental Health	Adult Social Care	Maternity	Children and Young People	Cancer	Planned Care	UEC	Prevention
Drivers for change	• Population life span increasing but in poorer health • GP shortages in 3 of the 5 boroughs • Practice nurse shortages STP-wide • Health inequalities across the STP	• Higher than average levels of SMI[1] with associated life expectancy gap • 'Do nothing' model: Shortfall of 129 MH beds by 2021[3] • Mayor's pledge to improve support and care to vulnerable people with SMI when in crisis [6]	• Increased drive towards collaborative working across Adult social care NHS-local authority in all 5 boroughs • Increasing demand for social care services	• Variation across the boroughs in maternity and neonatal outcomes • Recruitment and retention challenges • Community provision is not standardised across the STP	• Increasing demand for services and requirement to ensure quality and type of services match the differing demands of age brackets i.e. children vs adolescent care • GP and practice nurse	• Currently 20% of diagnoses within an emergency setting [4] • Cervical and bowel cancer screen uptake below the national average [4] • Investment in cancer seeks to dramatically improve early diagnosis and cancer survival rates in line with the government's clear focus on cancer as a priority area for investment	• Increasing demand on elective care • Elective care not standardised and there are opportunities for consolidation of services	• Above average ED attendances compared with peers [1] • Workforce challenges • FYFV mandate to redesign care closer to home [2]	• Almost ½ people in NCL have ≥ 1 lifestyle-related risk factor [5] • CVS disease and Cancer are the biggest contributors to life expectancy variation in NCL and health behaviours are key factors[5]

- Through the clinical workstreams, the emerging message is the need to drive care closer to home and centred around communities. Primary care will be vital to delivering this shift in patient care from the acute provider into primary care and community services.
- The Clinical strategy is underpinned by the need to improve patient care and outcomes across the STP through reconfiguration of models of care and deferring from the acute provider into primary and community. The estates strategy seeks to support and enable this transition.
- This will have longer term benefits for the acute provider estate in releasing resources for possible future reconfiguration or funding streams. Equally void space reviews across the primary care estate could have alternative uses within Mental Health care in the community e.g. IAPT services.

The successive pages outline the key schemes underway and in development, with the estates impact. The plans across the clinical workstreams are at varying levels of maturity and anticipated implementation timeframes and therefore reflect a pipeline of activity for current and future waves of funding. CCG, acute provider and local authorities are involved in both Task and Finish groups and Local Estates Forums to enable the planning and delivery of these schemes, and governance oversight is provided by the STP estates board and STP Programme Board.

1. Public Health England QOF data (2014/15
2. NHS Five Year Forward View (2014)
3. North London Partners Mental Health Workstream Delivery Plan (2017)
4. North London Partners Cancer Workstream Delivery Plan (2018/19)
5. North London Partners Prevention Workstream Delivery Plan (2017/18-2020/21)
6. https://www.london.gov.uk/city-hall-blog/im-committed-improving-mental-health-services-london

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The vision for care- the estates impact (1/4)

Clinical Workstream	Schemes underway: 1-2 year pipeline	Schemes in development: 2-5 year pipeline	Scheme aspirations: 5 + year pipeline	Barriers /Considerations identified
Health and care closer to home	• Refurbishment and expansion of current primary care estate to match population growth and deliver primary care at scale and address health inequalities. Examples: 1) Hampstead Group Practices (pages 41) 2) Hawes and Curtis Green Lanes (page 102) 3) Meridian Water (page 41) • Delivery of an integrated network across primary care in line with FYFV. Example CHINs (page 37)	Locality Planning workshops will look at where care is to be delivered and provide a framework to clarify need and priority for future primary care schemes. Example WH through its comprehensive estate planning project will be developing options to optimise and deliver value from the community estate across Islington and Haringey, to support the delivery of place based care and care closer to home.	Development of alternate funding streams for capital investment. Next Steps: Consideration of review of commissioning models to facilitate applications for e.g. outcomes based commissioning.	• Embedding digital enablers so buildings are digital by design. • Legal constraints on use of primary care estate is a blocker to alternative functions e.g. back office/flexible working for community partnerships in Maternity, MSK and Mental Health. • Estate cross-charging standardisation may help sustainability of primary care in supporting communities.
Mental Health	Optimisation of the acute care pathway : creating a positive environment for inpatients to improve outcomes. Examples: 1) St Ann's redevelopment (page 52) 2) St Pancras redevelopment (pages 58 and 98) 3) CAMHS S136 suite (page 112) 4) Crisis Service at RFH (page 112)	Improve IAPT capacity to increase access for 15% to 25%. Next Steps: Void space review across STP to house extra capacity. Current estimates of 60 rooms across the STP but varying availability across the boroughs.	Development of Dementia Care through both expansion of Care homes across the southern boroughs. Next Steps: Review of the estate to identify opportunities for provision of care for early-onset dementia (outside of the care home setting).	• CAMHS: Relatively small population poses a challenge to DH funding despite service improvement still being required. • Legal constraints on use of primary care estate is a blocker to alternative functions for these buildings in Mental health.
Adult Social Care	• Integrating health and social care around neighbourhoods. Links to Mental Health and Health and care closer to home workstreams Example: Co-location of advice, employment and social care services IAPT and primary care services in Camden and Islington [1] • Ensuring current and future capital redevelopment has social and affordable housing provision for communities. Example: RNOH redevelopment (page 48)	Look for further opportunities to modernise and improve the care home estate for vulnerable residents, including exploring new models of health and accessible housing, enabled by technology. We need to further support schemes which mean family carers are supported to stay with loved ones Next Steps: Review of the estate and capital programmes.	-	• Requires a system-wide strategy for NHS property services to work collaboratively with Local Authorities. • This will be aided by London Devolution to allow shared responsibility for capital redevelopment, unblocking channels of integrated working across organisations. • Workforce issues have led to a reduction in available nursing care beds [2]. Capital funding for technology in care and nursing homes may enable the STP to maximise supply at a sustainable price without compromise on quality

1. Information provided by Mental health workstream
2. Information provided by Strategic Director for Adults, Communities and Health, London Borough of Barnet
3. Where not otherwise stated, information has been provided by corresponding clinical workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The vision for care- the estates impact (2/4)

Clinical Workstream	Schemes underway: 1-2 year pipeline	Schemes in development: 2-5 year pipeline	Scheme aspirations: 5 + year pipeline	Barriers /Considerations identified
Planned Care	Adult Elective Orthopaedic Services review (page 112)	Integration of Diagnostics (page 112)	Schemes currently being developed for future waves of funding.	Matching staff and patient education with growing digital enablers.
Maternity	• Community midwifery is currently run across providers with shared 'office space' to enable continuity of care for patients across the geography. Example NCL Standardised Training Passport scheme: Providing assurance that required staff training has been achieved by the passport holder, enabling midwives to work across Trust boundaries with required permissions and indemnity to deliver care in multiple settings. [1] • Camden and Haringey, community midwifery is co-located in children's centres to maximise on estate and work collaboratively across health and social care. Example Harmood and Park Lane Children's Centres. (page 113)	Liaison with community hubs providers to encompass community maternity services within the hub network, integrating maternity with the wider community health and social wellbeing services. Example WH will be developing proposals to redevelop the facilities for maternity and neonatal services delivered from the Whittington Hospital site.	• Working closely with acute providers to identify system and estates reconfigurations which could allow maternity service to work alongside other services e.g. Obstetric review, Ultrasound, phlebotomy either within the acute provider or in planned community hubs. • Working with the Royal College of midwives and the wider STP to develop portfolio based training for midwives to enable practice and learning across different provider estates, driving recruitment and retention into community and acute provider midwifery.	• Creating a 'sense of home' for agile workforce • Ensuring capacity and access at providers for agile workforce and that governance and HR functions have the required flexibility. • Children's centres are currently closed during school holidays. • Recent funding issues have resulted in planned community service relocation to be kept within the acute provider estate. [2] • Workforce numbers are a challenge as the community midwifery workforce is in addition to acute provider requirements.
Children's and Young People	• Supporting the national and international centre of excellence at GOSH to improve service delivery and clinical research and education. Examples 1) GOSH learning academy (page 116) 2) Phase 4 Cancer Centre (page 115) • Optimising Elective Surgical pathway. Next Steps: Estates review of capacity to deliver care closer to home and outside specialist hospitals.	Driving pathways into the community. Examples 1) Asthma Health School Initiatives. 2) WH are developing proposals to invest in facilities for specialist community children's services in Haringey and Islington, building on the vision for place based care and care closer to home.	Complex needs care: estates review and identification of capacity for provision of respite and crisis care.	Ensuring the 'look and feel' of the estate matches the target population and different needs of adolescents versus children.

1. Early Adopters End of Year Update Report: Maternity Transformation Programme: North Central London Early Adopters (March 2018)
2. Information provided by maternity workstream
3. Where not otherwise stated, information has been provided by corresponding clinical workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The vision for care- the estates impact (3/4)

Clinical Workstream	Schemes underway: 1-2 year pipeline	Schemes in development: 2-5 year pipeline	Scheme aspirations: 5 + year pipeline	Barriers /Considerations identified
Urgent and Emergency Care	Improving the condition and configuration of existing Emergency departments. Examples 1) RFL: Redevelopment and expansion of existing ED facility to provide safe and compliant accommodation and to meet growth in activity. Cost of construction £28.5m through capital proceeds and delivering in 2018. 2) Barnet Hospital: Barnet Hospital provision of additional bed capacity to existing Acute assessment unit through refurbishment of DSU area. Cost of construction £4.5m through capital proceeds and delivering in 2018. 3) NMUH plan to develop a discrete area for the delivery of urgent care (as distinct from emergency care). The redevelopment project first phase - £4m capital cost – is planned to deliver ahead of anticipated 18/19 winter pressures. The expansion will accommodate more clinical rooms and a recovery café which, amongst other benefits, will provide suitable space for treatment of patients with mental health conditions.	There are 5 UTCs within the STP. A current gap analysis showed that there were compliance issues across all the UTCs with respect to NHSE guidance.[1] Next Steps A comprehensive estates review is planned to identify what is needed to ensure these facilities are fit for purpose e.g. ensuring the appropriate estate to deliver on diagnostics capability.	Working with system partners to identify void space for UTC expansion, particularly for facilities such as Barnet UTC which is currently not sized for purpose and requires expansion.	• Currently the digital infrastructure is not optimised to manage the demands of the UTC footprint as there needs to be investment in IT systems to manage direct booking, EPR and e-prescribing needs. • As with other parts of the country and London, there are substantial workforce issues around UEC. • Demand for Urgent care has and will continue to grow. There is a need to maintain sustainability of services by both diverting patient to alternative services (community/UTC/AEC) and manage the demand within A&E departments. We need to identify parts of the estate which can be reconfigured or used flexibly to meet this demand.
Cancer	Improving the quality and size of the estate to provider world class Cancer care. Examples 1) UCLH's Proton Beam Therapy Unit (page 114) 2) New Clinical cancer facility (page 114) As part of a research study in lung cancer, CT capacity is being developed in NCL to support delivery of the study. Spaces at Finchley Memorial Hospital and University College London Hospital are being developed to house the CT scanners for the duration of the study (until 2022).	On completion of the lung study, space will be required to either re-house the CT scanner that is being fitted at Finchley Memorial Hospital or manage ongoing use of the scanner at it's current location.	-	To ensure we are set up to deliver best practice guidance in the future, we need to work with other community hub services to enable care closer to home. Alongside this we will need a review of diagnostic capacity, including MRI and endoscopy, to deliver updated services for the NCL population. To ensure this transition is smooth, there needs to be careful consideration of the workforce impact this may have.

1. Urgent Treatment Centres – Principles and Standards (July 2017)
2. Where not otherwise stated, information has been provided by corresponding clinical workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The vision for care- the estates impact (4/4)

Clinical Workstream	Schemes underway: 1-2 year pipeline	Schemes in development: 2-5 year pipeline	Scheme aspirations: 5 + year pipeline	Barriers /Considerations identified
Prevention	Schemes currently being developed.	Optimisation of healthcare environments to reduce health inequalities and encompass services to address wider social issues e.g. 'fit for work' assessments, Gambling and smoking cessation support, tackling 'obesogenic environments'.	Working collaboratively across the health care, social care and wider local authority network to create positive work and learning environments e.g. workplace gyms, open green spaces, children's play areas, consideration of the impact of air pollution, and location of smoking areas.	-
Digital	• The integrated digital care record across the STP will enable providers to work collaboratively system-wide Example: St Ann's redevelopment will be able to use digital tools across primary care, Community Mental Health and inpatient care • Development of a Population Health management capability will enable us to match community services to the needs of the neighbourhood	• Ensuring capital redevelopments are 'digital by design' to minimise cost associated with embedding digital technologies during build versus 'retro-fitting' Example: St Pancras redevelopment contains the infrastructure necessary to 'go live' with digital enablers at project launch • Enabling release of estate capacity for clinical activity and income generation Example: Development is underway for Patient held access to health record via digital enablers. This is planned to physical requirement for non-clinical space e.g. reception areas, which can be reassigned for clinical requirements	Standardisation of Wi-Fi access and quality to enable agile working for staff, both clinical and back office. This will allow the estate to be used more flexibly for staff and ease remote and cross site working for staff, contributing to staff wellbeing and workplace satisfaction	To ensure that use of digital enablers are optimised, refurbishments and new capital developments need to be 'digital by design' and consideration must be given to training the workforce to use these tools effectively
Workforce	Estate must be designed to enable the workforce to work flexibly and with reliable access to digital enablers. Capital redevelopment plans are designed to not only offer functionality of space, but provide a pleasant work environment for staff, both aesthetically and in the services the offer, such as gyms, nurseries, open communal spaces as well as fit for purpose research and education facilities. These principles will span across the workstreams. Examples: 1) Community Hubs and the integrated digital care record will allow staff to work in more 'portfolio-based' rather than 'location-based' manner, enabling agile working and further autonomy in line with improved work-life balance and wellbeing 2) Project Oriel and the GOSH Phase 4 redevelopment is designed to serve as a research and training hubs and therefore an incentive for workforce recruitment and retention for these specialist staff			

1. Where not otherwise stated, information has been provided by corresponding clinical workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Summary: Care models & estate implications

We have outlined further detail around estates impact within the individual clinical workstreams, underpinning the developing STP care model. This includes how this will shape the primary care, community and acute provider estate. We have set out a summary of the care models across NCL and the estates impact below.

Core care models and workstream objectives:

Workstream	Objectives and models of care
Health and care closer to home	A 'place-based' population health system of care which draws together social, community, primary and specialist services underpinned by a systematic focus on prevention and supported self-care. Models: Primary Care Hubs, CHINs, Community Hubs, Primary care expansion.
Mental Health	Address inequalities for those with SMI and provide consistent care. Deliver services closer to home, reducing demand on the acute sector, mitigating the need for additional MH inpatient beds. Models: Scale up IAPT, Crisis care in the community, Improve quality of inpatient care in at-need locations.
Adult Social Care	Address health care inequalities and develop a longer term strategic approach to population health. Models: One Public Estate, Population Health Analytics, Care Homes.
Maternity	Delivery of the National Maternity Transformation programme through improved continuity and safety of perinatal care for women, working across professional and organisational boundaries to drive better patient experience and integrated care. Models: Community maternity services, Cross-boundary working.
Children and Young people	Health and social care services which are equitable, accessible, responsive and efficient, delivered locally where possible, with a shared focus on promoting wellbeing, reducing health inequalities and improving health and social outcomes. Models: Care model still in development but recognition that services need to be flexible to the differing needs of age brackets.
Cancer	Focus on the delivery of improved survival, reduced variation, improved patient experience, efficiency of service delivery including services closer to home, and, reduced costs and financial sustainability. Models: Cross-boundary 'whole system' pathway improvement, Improved research facilities.
Planned Care	Deliver better value planned care, delivering efficiency savings and reducing unwarranted variation in planned care across providers. Models: Consolidation of services, to maximise on expertise and economies of scale.
Prevention	Driving system-wide working to enable success in the overall STP strategy for care. Models: 'Healthier Choices' and 'Healthier environments'.

Enabling Implications for Future Estate :

In order to deliver against the FYFV we need to improve utilisation of our estate to support our strategic aims.

The estates impact of service transformation across the STP service priorities are:

1. Planning location of expansion of community and primary care services in areas of projected population growth (e.g. Meridian Water, page 41)
2. Ensuring appropriate location and size of estate to provide same day emergency services in acute and community providers to enable rapid assessment and management (e.g. planned UTC review and expansion)
3. Implementation of Care and Health Integrated Networks (CHINS) and GP expansion across the primary and community estate to deliver care closer to home at scale (see page 37)
4. Optimising use of the estate for Mental Health care through refurbishment of inpatient sites (e.g. St Ann's development, page 52) and development of community based integrated facilities (e.g. St Pancras transformation and community mental health hubs, page 91)
5. Integrate the estate across health and social care, including providers, local authorities and schools, to promote wellbeing from childhood and promote community resilience (e.g. planned community hubs, page 43)
6. Ensure provision of maternity services in community settings to expand the Better Birthing programme outside of the hospital setting (e.g. Harmood Children's Centre)
7. Embed flexibility in the estate to support long-term self-management of cancer care closer to home

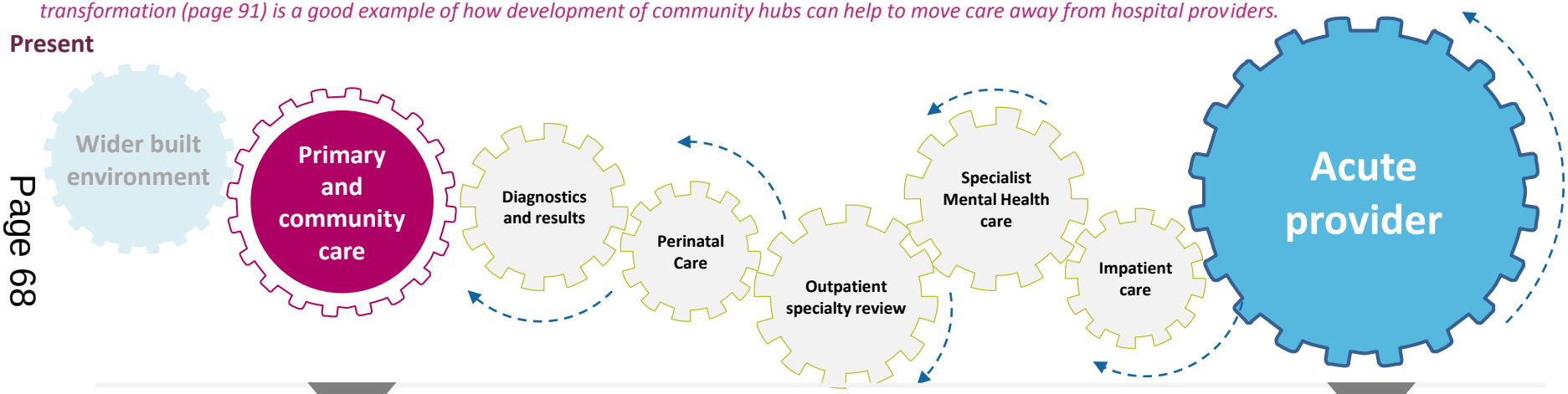
NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

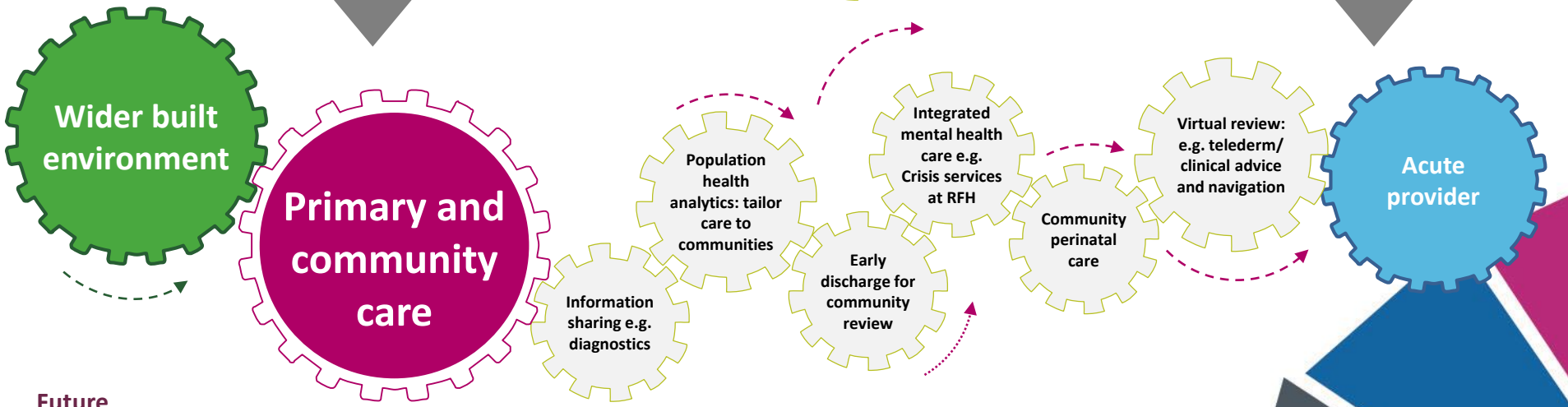
NHS

The future of the estate – enabling the care vision

In order to build strong and resilient communities, each clinical workstream is working towards initiatives which will shift the footprint of services into community hubs and primary care services. Over time this will reduce the reliance on acute provider services and shift the proportion of patient care into the community, as demonstrated by the figure below. In the future, we also need to see the wider built environment as crucial enabler to how we deliver care . The St Pancras transformation (page 91) is a good example of how development of community hubs can help to move care away from hospital providers.

Present





Future

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

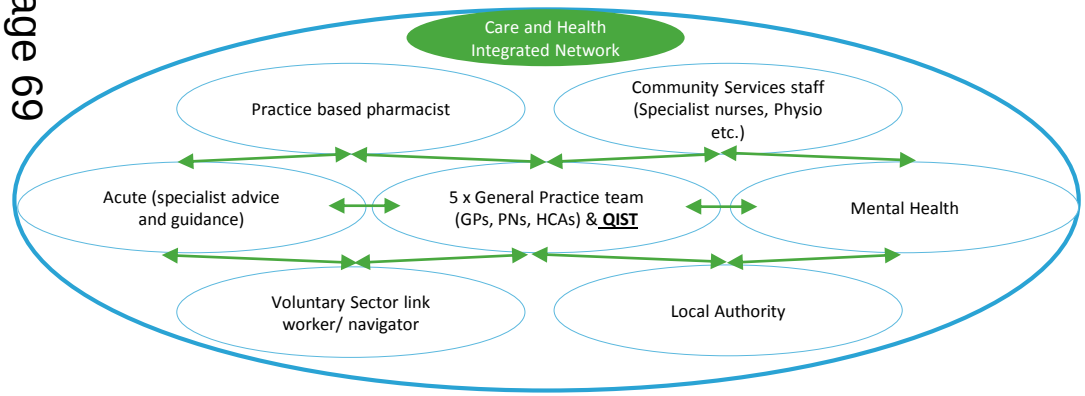
NHS

Clinical Case Study: The Care and Health Integrated Network Model (CHIN Networks)

Given the current shortage of GPs in the STP, we need to work more innovatively to match demand. We are currently working collaboratively across primary care providers by launching CHINs as part of ongoing locality planning. Further detail on the principles and examples of CHINs are outlined below. In order to optimise community working and delivering care closer to home, the next steps include development of Community Hubs (page 43).

A Network IS/ WILL:
- A network of GP practices and system partners sharing registers to manage specific cohorts of patients.
- Partners taking collective responsibility to manage patient outcomes.
- Virtual; cohorts of patients brought together virtually via a register. System partners will proactively work with the patients on the register; it will not involve all patients on the registered list.

A Network IS NOT/ WILL NOT:
- A physical hub for one-stop care for all long term conditions (e.g. a polysystem).
- A new service integrating all services around the whole registered patient list.
- A locality where all services work to new geographical boundaries but continue existing ways of working.



Outputs/ targets:
- Network - shared registers with templates to deliver outcomes
- Shared management/ input to delivery of targets annually
- Contracts aligned

Method of working
- Specific service lines working as part of the Network to improve population health outcomes.
- Consultant/ specialist advice and guidance to GPs/ other Network partners in managing patients in primary care and avoiding unnecessary referrals.
- Pharmacist working across the practices within the Network. Working with registers and proactively reviewing patients.
- Mental Health input via a link worker or primary care mental health support through clinics within the CHIN. Proactive population support.
- Voluntary sector e.g. care navigator linked and able to proactively social prescribe/ navigate.
- LA linked – including link to social care, housing, employment, education and voluntary sector.

CCG	CHIN and QIST status update
Barnet	Four – six Networks. Current coverage is c50% of population. Network 1 (Burnt Oak) in delivery, 2, 3 and 4 in development. Plans for 5 and 6. Agreed areas of focus – Diabetes, Frailty, Paediatrics and Digital. Planning to support each Network with embedded resource. D-QIST in place with focus on Diabetes. Rolling model out priority in 18/19 with full coverage by Q2. Further CHIN being developed at Finchley.
Camden	Five neighbourhoods covering population - operational. Two GP federations. Focus in 18/19 is on progressing integrated care. Working with partners in each neighbourhood and increasing focus on outcomes for complex patients. QIST operational with focus on Diabetes, Frailty and Long-term conditions.
Enfield	Three Networks, focusing on specific deliverables for each locality; focus on respiratory, diabetes and frailty. One GP federation. Care Closer to Home Delivery Group includes all key partners. Ambition to have all Networks delivering by September 2018. QIST operational since February 2018 with a focus on Diabetes.
Haringey	Four Networks; every practice in a Network. one GP federation. West and Central network live (with focus on Frailty) and East Networks (focus on Diabetes and Long term conditions) going live by June 2018. QIST operational and focus on Diabetes, Improved access, referral management and practice quality support.
Islington	Three CHINs. Eight GP Networks. Progress on areas of focus and priorities for 18/19. Working towards full population coverage. Working with partners to discuss how to configure Networks and implications for services. QIST operational.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Enabling the workforce through the estate

In order to deliver successful estates schemes which can enable sustainable improvements to care, we must ensure focus is not lost on other enablers to care; workforce and digital. Across the next few pages we outline the principles of the relationship with estates and key examples of where integrated working is planned or underway across the STP.

Workforce is a key enabler in delivery of good quality care.

Across the STP we have significant workforce challenges which presents an opportunity to optimise workforce recruitment and retention within the NCL footprint.

The estate has a vital role to play in supporting care providers at all levels to recruit and retain staff in order to deliver optimised care and improved patient outcomes.

We need to work collaboratively with wider government and public sector bodies to more flexibly utilise the estate, for example with extended hours on evenings and weekends, to better suit the preferences and work-life balance of both patients and staff, supporting more agile working models.

Core priorities for our estate in enabling workforce optimisation are:

- Supporting improvements to the estate to enable a higher quality of care delivery for patients and ease of delivery for staff.
- Support improved health and wellbeing of the staff.
- Support initiatives to attract and retain the highest quality staff.
- Help to house and support our staff to continue to work in NCL.

Living and working in London can be a challenge for our staff, as the cost of living and travelling within the city can be prohibitive. Therefore it stands to reason that some of the most important factors in staff retention across NCL are the costs of living and travelling in London. 50% of nursing staff rate 'subsidised accommodation' as a major factor while 59% of all staff in NCL rate 'subsidised travel' as important. [1]

How is the NCL estate and wider STP supporting the workforce?

As an STP we are working to enable recruitment of quality staff into the area, but also to support our dedicated workforce to stay in post.

1. Homes for NHS Staff: Land disposal and service reconfiguration provides us with an opportunity to develop affordable keyworker housing for staff across the NCL geography. This will enable retention of staff in area. Examples of this are included on page 51.
2. Transportation: In order to ask our workforce to work more robustly in the community both in and out-of-hours, we need to ensure that they have a reliable and safe method of transport. The Maternity workstream is currently developing plans for car pooling capability across specialties working in the community. This will require collaborative working across acute providers and local authority to ensure appropriate and safe access and parking for staff.
3. Desirable work environments: Workplaces should present staff, as well as patients, with a pleasant environment in order to retain personnel e.g. Chase Farm (see pages 44 and 47). Additionally, building our resources in research and education can enable 'pull' of quality workforce into the area e.g. Project Oriel (page 58).

1. Staff engagement and retention in the NCL STP footprint, Ipsos MORI Social Research Institute (June 2018)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Working with Digital enablers to optimise care

Information sharing and digital technologies are increasingly crucial to providing rapid and reliable care for the community.

Optimised use of digital enablers can help to both carry patients quickly along the care pathway, but, with the advent of virtual assistance, help keep care closer to home and away from acute providers.

Digital enablers can also be used to provide more reliable access to key tools to provide a better flexible working environment for staff working system-wide.

Using digital technologies effectively can work synergistically with the estate to deliver an integrated and versatile offering, tailored to the needs of patients and staff.

Core priorities for the estate and digital enabler relationship are:

- To make the most of new technology and developments in clinical practice, helping to drive care closer to home
- Support the implement new innovations that encourage share records across health and social care
- Use work in population health to enable the estate to be used flexibly, tailoring care to individual communities, centred around neighbourhoods

It is also important to consider that in order for digital tools to be fully utilised, there needs to be investment in training of staff, patient education and appropriate security measures, such as staff accreditation systems and appropriate authorisation to ensure successful digital integration.

Examples of good practice

Integrated digital care record (page 117)

- An STP initiative to allow providers across all sectors with access to whole patient record
- This improves efficiency and productivity when managing direct patient care and is an enabler to agile system-wide working
- This can contribute towards a more flexible use of the estate

Population Health analytics

- Will allow the STP to pool resources, both physical location and workforce, to manage trends and risk stratification across the system
- Will enable us to utilise the estate flexibly to match the population demographics
- Will enable workforce to be mapped to geographical need, both numbers and in skill mix
- First stage underway as a technology partner has been contracted to build the initial data storage system

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The future of the estate – the primary care vision

In line with the NHS FYFV, the STP is developing its estates to support GPs to work collaboratively in 'hubs'[1] and support movement of health and care closer to home and pooling of auxiliary resources.

This will allow primary care to offer a wider variety of services based within the local community and diverted from acute providers.

Improvement of the estates will help allow primary care to match the projected growth in population and associated increase in demand.

The examples opposite demonstrate the relationship between care transformation and estates as an enabler.

Funding

Funding sources include asset disposal, S106, NHS England's Estates and Technology Transformation Fund (ETTF) and, approval pending, further waves of capital funding.

Primary Care Hub Network and service expansion

- Development of primary care estate to function as a network, pooling resources across community nursing, mental health, clinical pharmacy and diagnostic facilities
- Facilities will be designed to match projected population growth
- Examples include:

1. Finsbury Leisure Centre Redevelopment (page 100) – improvement of the existing leisure and nursery facilities and an additional health centre and 120+ residential units to support the growing population
2. Hampstead Group expansion (page 41) – a potential scheme, pending funding, to support; extra capacity; care closer to home; social care and prevention; and; integration of ambulatory care through collaboration with the Royal Free London, operating as a primary care hub
3. Tottenham Hale and Hawes & Curtis Green Lanes (page 102) – primary care expansion to support housing and population growth

CHINs

- Implementation of the CHINs, both physical and virtual, to facilitate expansion and development of care to ensure registration for a expanding population and extended hours access (page 37)
- Bringing together virtual multidisciplinary teams will require flexible, high quality estate throughout the community

Integrated working with primary and social care to move care closer to home and provide resources for the wider population

- Redesign of estates to enable some urgent care services to be diverted from acute providers to primary care hubs. Examples include the Archway Primary care hub and the Whittington (page 100)
- Primary care estate redevelopment to include affordable housing . Examples include the Meridian Water development (page 41)

Key milestones

2018-2020

- Primary care hub network and CHINs already underway

2020-2023

- Completion of Meridian Water and Finsbury Leisure Centre redevelopment by 2021
- Completion of Tottenham Hale and Hawes & Curtis Green Lanes developments
- Completion of the Archway Primary Care Hub

2023 and beyond

- Possible review of commissioning models to facilitate applications for alternative funding sources e.g. outcomes based commissioning

1. NHS Next Steps on the Five Year Forward View: Primary Care

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: Meridian Water

Changes in demand

Project statistics

- A significant regeneration project in South East of Enfield
- To accommodate up to 30,000 people
- Expected to achieve planning permission in July 2019
- Project completion expected in April 2021
- Gross capital cost of £5m
- Funded via ETTF and other sources of funding are being considered

- The Meridian Water development is expected to accommodate a population of between 25,000 and 30,000, which will see 69% of the growth expected in Enfield over the next decade occur within the first 5 years.
- Enfield is an area of high deprivation, the project will provide between 10,000 to 15,000 housing units which will therefore increase the availability of safe, quality housing to local people.
- The major investment into community services, such as schools and health facilities, will provide an environment which lends itself to an active and healthy population.
- The main housing contract with the preferred bidder was cancelled, hence the London Borough of Enfield are currently in negotiations with the reserve bidder to finalise housing density and anticipated timeline for the first phase of Meridian Water.
- Determining the first phase will establish the requirements and specification for the health care premises.
- The scheme is now progressing and the Post PID Appraisal is in progress.
- The gross capital cost is £5,000,000, which will be funding via the following:
  - £1,900,000 via ETTF funding
  - £3,100,000 – funding strategy being developed
- PID/SOC was achieved in March 2016, and the feasibility study is expected to be completed in July 2018.
- OBC (LIFT stage 1) is expected in October 2018, and FBC (LIFT stage 2) in December 2018
- Planning approval is scheduled to be received in July 2019, with practical completion on site in January 2021.

Case study: Hampstead Group Premises Expansion

Changes in demand

Hampstead project statistics

- An expansion on the site of the vacant ambulance station site on Fleet Road
- The current Royal Free premises are at capacity, and in a poor state of repair
- The expansion would cost £8.4m, completion date TBC
- Funding strategy being developed

- A potential scheme pending funding.
- This expansion project is progressing in the early stages to deliver a three storey expansion facility, in response to current premises at the Royal Free reaching full capacity.
- The existing facility is in a poor state repair, and it is not cost effective to maintain.
- The proposed building will provide continuation to the practice's core requirements, and additionally ambulatory out-of-hospital services, integrated care, social care and prevention.
- The population in Camden is set to increase significantly, therefore the project will support and enhance the care offered to surrounding practices and growing patient groups.
- The building will also be utilised for hub work in the north of the Camden, extending the network of quality care across the borough.
- An ETTF bid was submitted for the entire capital cost requirement in 2016. No funding was awarded and the funding strategy is being developed as part of the wider NCL pipeline of projects.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The future of the estate – the community vision (1/2)

NCL STP is:

1) In the top 10% prevalence of mental health disorders nationally with lower than average contact with specialist services[1]
2) Differing stillbirth rates across the STP (5.9/1000 in Haringey versus 3.5/1000 in Islington)[2]
3) Facing a GP shortage across the STP
4) Facing population growth and an increasing demand on care services which cannot be sustainably delivered by the acute provider

The estates offering will need to adapt to these key challenges by developing services into the community to drive health care closer to home, as well as meeting the London-wide drive to improve Mental Health care.

The examples opposite demonstrate the relationship between care transformation and estates as an enabler.

Funding

Current and potential funding for these schemes include internal acute provider and CCG funding, and, central funding.

Co-ordination of MSK in the community

- Single point of access for MSK referrals to reduce referral to acute providers vs community services.
- Movement of pain management services into the community.
- As an example Camden has implemented a new contract and payment mechanism with UCLH as lead provider, based on block and outcome-based funding with the aim to reduce dependence on acute care.

Community Mental Health services

- Developing additional capacity in the community for IAPT and crisis services.
- Increased provision in care homes and closer to home for Dementia care.
- Development of capacity for outreach services in the community. For example, the St Pancras redevelopment scheme includes plans to move community services (currently provided at SPH and elsewhere) into 2 community hubs, one in Camden, one in Islington (page 91).

Community Maternity services

- Creation of a maternity hub and single point of access for maternity care allows joined-up working, robust workforce modelling, coordinated training and understanding of finance and activity.
- Co-locating these alongside other primary care and community wellbeing services would contribute to more efficient use of the healthcare and local authority estate, as well as proving patients with a more 'normalised' approach to maternity care i.e. could see midwifery care alongside other children's sporting activities or immunisations. Examples include co-location in children's centres such as Harmood children's centre (page 113).
- Reduction in demand on acute providers with future considerations on reconfigurations of the estate.

Key milestones

2018-2020
- Crisis service running within RFH
- Camden / UCLH contract go live (2017/18)

2020-2023
- Scale up of IAPT services in the community

2023 and beyond
- Expanding dementia care in care homes and in the community estate for early-onset dementia

1. Public Health England QOF data (2016/17)
2. Public Health England Public Health Indicators, Overview of Child Health (2014/16)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The future of the estate – the community vision (2/2)

Community Hubs

The London Community Hub Programme aims to deliver a network of hubs designed to holistically maintain wellbeing outside of a pure 'healthcare' model.

This would include a combination of primary care, leisure facilities, employment services, mental health support, libraries and other community services co-located together. This will help to convey a message of ownership over one's own health, facilitate options and compliance with social prescribing and may contribute to lessening the stigma around mental health support; if counselling services are co-located with Diabetes review, this may 'normalise' the process of seeking support.

NCL is seeking to utilise and develop the estate for Community hub use through the following process:

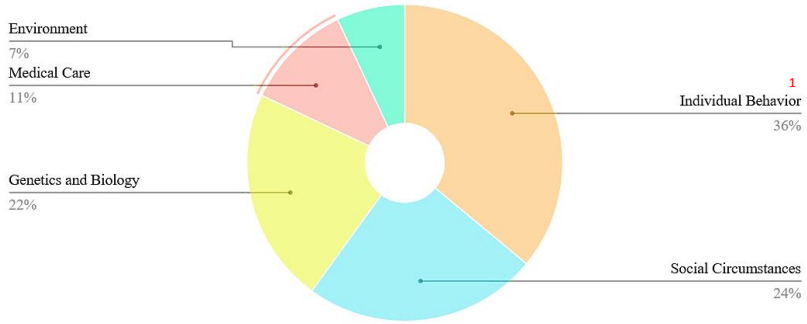
- Principles workshop with all partners
- Locality based workshops (borough based) to explore ambition and potential; ensure hubs are located in areas of greatest need
- Detailed planning of potential schemes for application for further waves of capital funding
- Ability to link in with Local Authority regeneration programmes and projects to build healthier communities

2

Optimised utilisation of the estate to enable community care

The sustainability of the healthcare system is dependant on optimised utilisation of enablers to deliver system-wide change, encouraging the population to take ownership over their own healthcare and build community resilience.

The STP is developing innovative and integrated approaches to utilisation of the healthcare estate, and wider public sector assets, as an enabler to deliver healthier communities and address the wider determinants of health. Medical care accounts for only 11% and so our strategy to address healthier living need to focus on social, individual and environmental determinants within the communities. Further information on optimisation of under-utilised estate and voids can be found on page 49.



1. www.goinvo.com/features/determinants-of-health/
2. Image courtesy of Camden's Mental Health Wellbeing Centre

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The future of the estate – the acute provider and mental health vision

The estates offering needs to enable mechanisms to absorb the increasing and unsustainable demands on acute providers by consolidation and redirection of care. This will include optimisation of existing sites, co-location of services and working across the STP with primary and social care to provide care closer to home.

This will enable provision of improved patient care through ring-fencing of specialist care in a single location and sustainable care for vulnerable communities through improvement of the estate.

Service reconfiguration and expansion acrosss the acute provider estate is necessary to enable sustainable care delivery. However, it is also crucial to upgrade and maintain the current estate at a appropriate level of quality and condition. This will allow patient care to be delivered in digitally enabled, operationally efficient, attractive and safe environments.

The examples opposite demonstrate the relationship between care transformation and estates as an enabler.

Funding

Funding for schemes across the acute provider estate is available through asset disposal, charitable donations and through the Wave 4 central capital funding.

Optimisation of estates to absorb the increase in acute demand and enable better patient care

- Streamlined services to reduce clinical variation, reduce acute length of stay and consolidate services for single points of access for key pathways e.g. Adult Orthopaedic Services review to ring fence care and standardise care.
- Development of multi-functional flexible sites by optimisation of current estates to consolidate and co-locate facilities.
- Examples include Project Oriel (page 58) and redevelopment at RNOH (page 48) support improved clinical outcomes for patients and provide affordable housing, and RFL (ED expansion, education and training, cardiovascular hub) to accommodate demand.

Redevelopment of existing sites to offer improved inpatient and specialist care, and support the local community

- Development of the St Ann's site (page 52) to offer improved inpatient mental health services with surplus sold to GLA for provision of new and affordable housing.

Creating exemplar facilities for research and training

- Several Trusts within the STP are responsible for national and international care service delivery.
- Redesign of estates to offer fit for purpose centres for research and education in line with this out-of-area service commitment, as well as workforce retention incentives. Examples include the GOSH Cancer centre and learning academy (pages 115 and 116) and Phase 4 UCLH Foundation trust development (page 114).

Improving the quality and condition of the estate and reducing the burden of backlog maintenance

- Improving quality of the acute provider estate to deliver the baseline services, in a clean and safe environment, functionally fit for purpose, and pleasant to use for patients and staff.
- Examples include the Chase Farm Hospital redevelopment. The Chase Farm hospital estate dates back to 1884 and as such provided an unsuitable environment to deliver quality patient care, with inefficiencies in running costs.[1] The redevelopment will provide an efficient, digitally enabled site, including keyworker accommodation. Funding streams included disposals, trust contributions and £82m in government funding.[2]

Key milestones

2018-2020
- 2018 New Chase Farm Hospital opens
- 2019 – UCLH clinical facility (ear, nose, dental, throat and mouth) completion
- 2019 – Appoint development partner St Pancras

2020-2023
- 2020 – UCLH Phase 4 development completion
- 2021 – St Ann's Mental Health Unit completion

2023 and beyond
- RNOH completion
- St Pancras transformation completed
- Project Oriel completion
- GOSH Cancer Centre completion

1. Royal Free London NHS Foundation Trust Outline Business Case Chase Farm Hospital Redevelopment – March 2015
2. https://www.royalfree.nhs.uk/chase-farm-hospital/chase-farm-hospital-redevelopment/chase-farm-hospital-redevelopment-qas/ - accessed on 19/6/18

Section 6. Progress

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Progress

Over the last 4 years, partners in NCL including local authorities, CCGs and Trusts have come together and established STP wide infrastructure and governance for estates (including pan NCL workstreams / thematic areas) and worked with the London Estates Board as a devolution pilot. Through the work on devolution we have developed a shared understanding of the barriers to estates change: set out in our Devolution Case for Change (2016) and OBC (2017). Our partnership work continues to draw on the strengths arising from the responsibilities and experiences of each of the partners including the range of perspectives and skills brought by the local authorities, e.g. their place leadership role, social care, quality of environment, housing and town planning. Partners have supported and progressed individual schemes for delivery and developed a pipeline of schemes to realise the future service ambition (described with section 7). The timeline below demonstrates the journey to date.

2014
- Barnet One Public Estate Phase 2 across three local authorities, Barnet CCG, NHS Property Services, CHP, Barnet Homes TfL, DWP and the West London Alliance
- Local Estates forums established to look at ways of addressing future demand changes across organisations
- Barnet and Chase Farm Hospitals join Royal Free NHS Foundation Trust

2015 (December)
- STPs announced
- London Health Devolution Agreement including NCL as devolution pilot (estates)

2016 (Summer)
- NCL Devolution Case for Change
- NCL Estates and Devolution Working Group Established

2017 (Spring)
- Estates and Productivity workstream in relation to back office accommodation, FM costs and Utilisation established to review opportunities

2017 (Summer)
- ST Pancras Scheme Outline Business Case
- NCL Devolution Outline Business Case
- NCL Estates Governance Established (Board, MoU) in shadow form

2017 (Late)
- Key Worker Housing workstream – analysis of existing offering and future scheme development

2018 (Spring)
- NCL Estates Governance Established
- GLA purchase of land at St Ann's
- Work to develop pipeline of schemes for Wave 4 funding

2018 (Summer)
- NCL Estates Strategy under development (see section 8 on governance for the programme next steps)
- LEDU/SEP Support – develop detailed delivery and resource plan to deliver the capital investment plan
- St Ann's FBC approvals process
- New Chase Farm hospital opening
- FMH utilisation project has had considerable success in void reduction and improved utilisation; currently a blueprint for further work in NCL

The remainder of this section, provides more detail on the progress made and actions underway to take forward our vision for estates; progress on a number of projects within the live programme of delivery as well as progress in interdependent thematic areas are highlighted, in particular:
- *Utilisation / voids*
- *One Public Estate*
- *Social and affordable housing and Homes for NHS Staff*

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Progress to date - ongoing schemes

The projects below exemplify the progress already being made towards our emerging estates vision across a number of dimensions – the primary care estate, acute estate transformation and condition improvement to match changing population and new service delivery and disposal of surplus land to unlock development. Further case studies are provided later in this section and the Appendices.

ETTF funding

- NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20) with objectives to modernise buildings and make better use of technology to help improve general practices services for patients.
- There are 15 completed ETTF projects in NCL and nine live schemes (of which one is technology). The live estates schemes are Colindale and West Hendon Stage 2, Meridian Water, Tottenham Hale Welbourne Centre, Hawes & Curtis Green Lanes, Iceland Building Wood Green, Morris House, Andover Medical Centre Extension, and Archway Primary Care Hub (case studies can be found in the Appendix).

Proton Beam Therapy Centre (Phase 4), UCLH

- UCLH's new eleven-storey building will be home to one of only two NHS proton beam therapy (PBT)centres in the UK offering an advanced form of radiotherapy for the treatment of complex and hard-to treat cancers in children and adults.
- During 2016 a diaphragm wall was constructed around the perimeter of the site, enabling one of London's biggest and most ambitious excavations - eighty thousand cubic metres of earth was removed.
- The new clinical centre – due to open late summer 2020 – will also include facilities for the treatment of blood disorders and short stay surgery (page 114).

Marie Foster Centre

- The NCL Devolution Case for Change in June 2016 highlighted the disposal of the Marie Foster Centre as a priority.
- This former care home was owned by NHSPS and declared surplus in 2017.
- A receipt of £12m has been received for use of the site as a care home.

Chase Farm, Royal Free London

- The original estate at Chase Farm was a mixture of buildings, dating back from 1884, that have been refurbished and extended.
- Redevelopment of the site began in September 2015.
- The Barnet, Enfield and Haringey clinical strategy published in 2011 set out the future of the hospital as an elective site with urgent care facilities.
- Following the acquisition of Barnet and Chase Farm Trust by Royal Free London in July 2014, the business case for redevelopment was approved in 2016. Central government is contributing almost £82 million towards the redevelopment, with the balance being met by the sale of surplus land and funds invested by the Royal Free.
- Preparation of the site began in September 2015, with demolition and enabling works. Main construction work started a year later.
- Construction of the new hospital will be complete in summer 2018. Services will move into the new building in phases over the summer months before the hospital fully opens in autumn 2018.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: Stanmore Site Redevelopment, RNOH

Estates Transformation

Key Points

- Estimated gross cost (wider project): £350m
- Total Redevelopment over 12 Phases
- The initial phases are being developed on self-funding principles, including through disposal receipts
- Western Development Zone (WDZ). Value: c.£38m. Housing: Hybrid Planning Approval for up to 92 Units
- Eastern Development Zone (EDZ). Value: c.£25m. Housing: Hybrid Planning Approval for up to 138 Units
- Phase 2a (above) handed to Trust in August 2018 at a cost of £49m

Summary

The current RNOH site is extensive across multiple levels, and therefore not appropriately accessible for the less mobile patient population it serves. In addition, given the size of the current footprint, reconfiguration of the site has the potential to free capacity for both clinical service expansion and, wider cross-system initiatives such as NHS worker accommodation. As such the redevelopment of the RNOH is an STP priority project. Currently the redevelopment scheme offers:

- High Quality Care Environment
- Operationally Transformational
- Elimination of Backlog Maintenance
- Clinical and Functional Efficiency
- Whole site Hybrid Planning Secured in Green Belt
- Total Hospital Redevelopment in 12 phases
- Two significant disposals for residential housing
- Significant Capital Receipts
- Reduction in site Operating Costs

Current Project Phases:

Phase 1: Step-down Rehabilitation/Patient Hotel - OJEU PIN notice issued
Phase 2a: Inpatient Wards - in construction and due to receive patients 27 October 2018
Phase 3a: Multi storey Car Park - OBC submitted to NHS Improvement (decision expected July 2018)
Phase 4: Key Worker Accommodation - OBC submitted to NHS Improvement June 2018
Phase 5: Disposal of Western Development Zone – OBC approved and expected to contract a sale by March 2019
Phase 6a: Clinical Research - in negotiation with Research Partner

Adult Elective Orthopaedic Surgery is currently under review in NCL, Phases 11 and 12 may be used to consolidate Orthopaedic service provision across the STP.
Additionally there are plans for an Energy Centre (district heating system) and a Prosthetics and Orthotics hub (due for completion in 2022/23).

The masterplan includes development of 73 bed key worker accommodation to meet an identified need for modern accommodation in the context of current 1960's era provision with high backlog maintenance, which is important for recruitment and retention at this remote site. This forms part of Phase 4 of the Site Redevelopment Masterplan in lieu of other affordable housing which increased the surplus estate value for re-investment. The OJEU for the car park is planned for August 2018.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Utilisation

Under-utilisation and poor utilisation of NHS buildings has to date stemmed from a series of complex issues, exacerbated by the fragmentation of the organisations involved in running, commissioning into and occupying NHS estates. Locality based planning and close working at Borough and STP level provide opportunities for increased co-operation and coordination of these parties, and, with a focus upon utilisation, provide the opportunity to drive improved use of estates. NCL is looking both at tactical / short term actions to address utilisation across the estate and at the way in which a place based approach to service delivery can optimise estates use.

Short term actions and priorities

- Void space is a particular issue for the CCGs who fund the costs of void space in NHSPS and CHP buildings. Under the Vacant Space handback scheme CCGs can return space to NHSPS (the scheme does not apply to CHP Property). At March 2018, 8 NHSPS properties had been declared surplus to requirements and 10 Property Vacating Notices submitted to NHSPS – part of an ongoing programme.
- A programme has been successfully implemented to increase utilisation at **Finchley Memorial Hospital.** Void areas have been reduced from >25% to <6% and void costs have reduced from >£1.5m to c.£200,000. Finchley will be one of a number of **pilots** across London by CHP for their **Dynamic Capacity Management (DCM) service,** looking at improving the utilisation of bookable rooms. CHP are also in the process of installing Wi-Fi across the shared areas. We are looking at building on DCM across NCL once it has been implemented. Four further sites have been identified for the next phase of implementing Wi-Fi in summer 2018.
- At **Edgware Community Hospital** detailed utilisation studies have been carried out on space occupied by CLCH. The findings supported very specific recommendations for **service moves, 90% of which had been completed by January 2018** and we will build on the experience of Edgware as we take forward work on utilisation.
- Like other London STPs we are looking at options to convert space to bookable space, to enable multi-use.
- Individual **trusts have strategies in place to improve utilisation**, For example at **BEH, by the end of 2021/22** the Trust plans to **reduce the space used by a further 17%.** This will be achieved by the continued strategy of rationalising services onto fewer sites and will free surplus sites for disposal. Ward moves are already underway over a two-year period which started in September 2017. These moves will improve the quality of ward environments and improve overall estate utilisation.

Longer term next steps: a place-based approach to service delivery

- Page 43 describes the multi-agency place-based approach being taken to planning and developing Community Hubs. By taking a locality planning approach, we propose to develop place-based views of the best way forward whether optimisation of existing locations, extension/expansion of existing location or new purpose-built location.
- The **locality planning** due to start in summer 2018 and complete by early 2019 will identify key priority estates , with optimising **utilisation / reducing voids as the next step both for existing and new estate**. We are working with our SEP to develop an approach to site by site plans for improving utilisation, building on the Edgware experience.
- This links to priorities being developed across other enabling workstreams. Moves to greater agile and remote working should support further consolidation of the estate. For example BEH's 'Transformation through Technology' and greater agile working should reduce the requirement for office bases, the Trust is planning to vacate Forest Road in Enfield in 2019/20.

Non-clinical space

- Across the NCL footprint the percentage non-clinical space is 45% overall and 37% for provider and mental health Trusts[1] against a Carter metric of 35%.
- This in part is driven by the mixed quality of the data, especially for the non-Trust estate. Where use is unidentified (as is often the case for 3PD/Private, CHP, GP Owned and NHS PS) this scores as non-clinical space.
- The Carter metrics are considered as part of the Trust schemes, supported via the STP productivity and estates workstreams which coordinate sharing of information / best practices and through the Estates governance arrangements, where Trusts have oversight of progress.

1. Performance Indicators Appendix B

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

One Public Estate and shared use of space

Opportunities to make better use of assets sit across the public sector. There may be opportunities to improve the quality – or reduce the cost – of service delivery through co-location, or to release land for direct development or for sale. The One Public Estate (OPE) programme supports local public sector partnerships across the country to work together and take a strategic approach to asset management with objectives to create economic growth (new homes and jobs), deliver more integrated, customer-focused services and generate efficiencies, through capital receipts and reduced running costs. LB Barnet leads a One Public Estate partnership, including a focus on the health and social care estate. There are other examples within the STP of joint working across the public estate, which are not within the OPE programme but share the principles of joint working across organisations.

Barnet One Public Estate

Barnet already had Phase 2 funding from OPE and In 2016 LBB were successful in securing OPE Phase 3 funding to work closely with neighbouring boroughs and health sector agencies to initiate the following:

(A) North West London cross-boundary working; and

(B) Integrated Health Estates review, working with Barnet CCG, NHSPS, CHP and wider health sector providers to identify joint opportunities for asset rationalisation leading to a new pipeline of land release for disposal or development.

Specific workstreams include:

- Edgware Community Hospital – OPE funding for feasibility work at this NHSPS site which includes site rationalisation / surplus land disposal in particular exploring scope for multiagency integrated service provision and housing development (page 110);
- Finchley Memorial Hospital – review of the blockages to releasing under-utilised land for development (see page 109);
- Chandos Hub – scoping of the operational services and social facilities to be provided through consultation with stakeholders. Production of a brief for fit out of the proposed hub. End users likely to be adult social services and a nursery.

Through OPE Phase 6 Finchley Memorial Hospital has been identified as a Homes for NHS Staff Pilot.

Locality based planning

- Moving to a more locality based planning approach allows a focus on optimising the use of assets across users, including a cross agency perspective to making best use of current and future vacant space as it becomes available. Developing this approach is expected to feed the future pipeline of projects.
- For example in Haringey, Hornsey Central is a large multi-disciplinary site run by CHP, with a large GP practice and services run by WH and other community services. It is intended that this site could be a health hub in future, used to deliver a range of care closer to home services.
- WH through its comprehensive estate planning project will be developing options to optimise and deliver value from the community estate across Islington and Haringey, to support deliver of place based care and care closer to home.

Enfield Civic Centre

- As part of Enfield Council's strategy to make best use of its Civic Centre, Royal Free FT occupies three floors of the building. This also has enabled Royal Free to achieve its goal to co-locate corporate functions and consolidate back office services from the three hospitals run by the Trust.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Social and affordable housing and Homes for NHS Staff

Housing is a key determinant of health and development of new housing creates wider economic benefits. In addition, development of social housing is a key focus point for our LA partners, and the Mayor as part of the wider London context. We are keen to work closely with LA's and other system partners to maximise opportunities to develop social and affordable housing. Through disposal of surplus land, former NHS land in NCL is being developed for housing. The Mayor's targets for affordable housing set out in the London plan means that a proportion of the surplus land disposed could be for social and affordable housing. In support of the NCL workforce vision on attracting and retaining staff in the area, the opportunity to develop more homes for NHS staff is being pursued.

National and London context

- The draft replacement London Plan sets ambitious housing targets for each of the Boroughs and confirms the Mayor's objective that 50% of homes should be affordable.
- DH has a target to release land for development of 26,000 homes in the current spending review period.
- The Naylor Review stated that over time 30,000 homes could be delivered on the acute estate and a further 10,000 on the remaining estate. Around 10,000 of these could be delivered in London.
- In October 2017 the SofS announced a national expectation that, when local NHS estate owners are disposing of surplus land, NHS staff will be given a right of first refusal to buy or rent affordable homes built on that NHS land. The Government has an ambition of providing 3,000 homes.

Opportunities

- Scale of surplus land disposal pipeline: estimated 2,120 housing unit capacity on sites in disposal pipeline (see page 60)
- Excellent transport links
- Access to services (schools and health)
- One Public Estate support at London level to five pilots on Homes for NHS Staff, one of which is Finchley Memorial Hospital in NCL (page 109)
- Opportunities for partnership at scale, e.g. currently Genesis Housing Association provides staff accommodation under separate contracts to GOSH, UCLH and Royal Free
- Further potential opportunities to be explored through DHSC 'Homes for NHS staff' policy and the London wide programme to develop a toolkit.

NCL context

NCL workforce vision - to ensure we have a workforce that can deliver the care models and strategic priorities described in our STP and help us to meet our financial obligations we need to address two key issues:

- We need to secure the right number of staff to work in the NCL health and care systems to meet the growing needs of our population in an affordable way; and
- We need to develop our existing staff so they have the right skills to deliver the transformed models of care described in the STP.
- The top factors for retention and recruitment of staff living and working in NCL are [1]:
  - Funded opportunities to undertake learning and development programmes
  - Child care provision and flexible working
  - Health and fitness provision
  - Travel and **accommodation**

Progress and actions

- Workshop held for NCL, GLA, NHS I and DH in March 2018
- Next step to explore further the demand / requirement

Initiatives already underway:

- 73 NHS units are to be developed at RNOH: reprovision as part of the wider masterplan development
- St Ann's Hospital – where surplus land has been disposed of to GLA for development of 800 new homes of which 50% will be affordable. 22 of the affordable housing units will be designated for Trust staff
- Chase Farm Hospital – surplus land has been sold to developer Linden for development of 138 homes, 21 of which will be key worker housing.
- Chase Farm Hospital – surplus land known as Parcel B has been sold to the EFSA but with a possible provision (subject to planning) of 32 NHS worker homes for RFL
- WH – in discussion with a housing provider to increase levels of staff accommodation

1. Staff engagement and retention in the NCL STP footprint, Ipsos MORI Social Research Institute (June 2018)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: St Ann's, Haringey - BEH

Changes in demand Delivery capability

Key points

- Prevalence of mental health problems in the STP is within the national top quartile and higher than average inpatient admissions.[1]
- Redevelopment of 1/3 of existing site for a new mental health inpatient unit.
- Refurbishments and improvements to the remainder of the site.
- 800 homes, 50% genuinely affordable
- £37m gross capital cost.
- Funded via surplus land disposal.
- Construction to commence early 2019, completion date late 2022.

Project Summary

- The current site will be refurbished to replace poor pre-existing facilities with a new, fit for purpose, mental health inpatient unit across one third of the existing site.
- This has included stakeholder engagement across Haringey Council, providers and staff to create a state of the art mental health facility.
- The GLA's new £250m Land Fund initiative has purchased two thirds of the NHS site at St Ann's Hospital, Haringey, to redevelop part of the site and provide 800 new homes, 50% of which are affordable.
- The project will be delivered in house by the Trust, supported by an advisory team.
- The scheme will increase the number of affordable homes included within the site's initial planning permission, which was just 14% (470 units).
- St Ann's Redevelopment Trust (StART) has worked alongside the Mayor to facilitate community discussions over the future development of the site for homes for local residents.
- The scheme is in the final stages of approvals, with the FBC reinvestment of the land sale proceeds due to be approved in September 2018.
- Construction will begin in 2019, with the mental health unit to complete by 2021, and refurbishments to the remainder of the site by late 2022.

Project Finance

- The project will eliminate the current £11.5m of backlog maintenance required on site.
- By rationalising the site, the Trust has realised revenue savings in excess of £3.5m.
- Capital costs will be funded entirely by the land sale receipt.

1. Public Health England QOF data (2016/17)
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

Section 7. Future programmes

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Future capital priorities

This strategy sets out the emerging priorities for estates as a core enabler to the delivery of the vision for care in NCL. There is still considerable work to do to develop the strategy and implementation plan for care in detail and as we continue to develop plans, this will allow us to design further detail of the estates programme to support these new ways of working. This document sets out an immediate set of priorities that will continue to develop over time. In developing a list of priority projects at June 2018, partners have considered how projects support the vision and also deliverability of current projects. As other projects develop over time, this priority list will evolve to ensure that it continues to support our vision to shift care services closer to home, enabled by transformation of the acute estate. As a result and based on discussions as part of the June 2018 prioritisation process, it seems likely that future iterations of the priority will have an increased emphasis on community/primary care estates changes. In order to deliver these, we will continue to work closely with our local authority partners to develop schemes collaboratively where there may be a shared demand, opportunity for S106 funding, or use of local authority assets as locations for services.

Process of prioritisation by NCL

Context

- National submission date of Wave 4 Funding bid round for Central Funding is 16 July 2018
- All capital bids are required to be supported and prioritised by the STP and included in the STP Estates Strategy – 2022/23, to be submitted on the same day

Process

- Criteria agreed by Estates Board in December 2017
- Two rounds of Capital prioritisation workshops - first January – March 18 followed by second in May 18
- Each round consisted of three workshops, one for CCGs and another for Providers. Following this a combined workshop was held to moderate internal assessment of STP organisations capital projects.
- A final workshop was held on 5 June 18, with representation from primary and acute care providers, to produce a single prioritised STP list of capital projects
- This list was presented to STP Programme Delivery Board (including providers, commissioners and local authority representation) for discussion on 12 June and sign off on 10 July 18
- This will be submitted for a Regional review on 6 July and national submission on 16 July 18
- During Summer 2018 we will also be developing a detailed delivery and resource plan to deliver the capital investment with LEDU/SEP support.

Criteria used for prioritisation

- STP alignment
- Deliverability, quality of capital scheme delivery plans and stakeholder engagement
- Quantifying reduction in demand and response to population growth
- Advances new models of care to improve health outcomes and the workforce environment
- Housing units
- Improved service accessibility
- Contribution to improving utilisation

The criteria above were supported by a detailed breakdown, description of evidence required and a scoring matrix to develop the priority list.

It is worth noting the schemes which have been outlined for Wave 4 funding, reflect those which have successfully met the criteria and are at a level of maturity (e.g. OBC/FBC) to enable them to be put forward. As schemes develop, the priority for future waves of funding will reflect this.

Next Steps

Key priority schemes not ready for Wave 4 funding continue to be worked up over the summer in order to be business care ready for bidding in the Wave 5 funding round.

For further detail on the prioritisation process for the current wave of capital funding, please see appendix page 94.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Priority Projects (1/2)

The table below shows the outcome of NCL's prioritisation exercise as at June 2018. It indicates where Wave 4 capital funding is being sought. This is a live and evolving list that will continue to be updated. It is anticipated that future updates will include increased emphasis on primary care and community projects as Locality Planning develops and community projects evolve. Value for money and return on investment will be considered at project by project level through individual business cases. Further information on these projects is provided in case studies throughout the strategy and in the appendix.

Investment Plan

Scheme Name (page no. of case study)	Trust / CCG	Prioritisation	Gross Capital Cost (£m)	Funded (Y/N)	If yes, how	If No, outstanding requirement
St Ann's (page 52)	BEHMT	1	37	Y	Disposals	
RNOH Stanmore (page 48)	RHOH	2	62	Y	Self funding	
St Pancras (pages 58, 98, 99)	C&I	3	96	Requires bridging loan	Disposals Bridging Loan	Wave 4 (bridging loan) Prioritisation ranking 1
Project Oriel (Page 58)	MEH	4	344	Part	Disposals Charity Internal Bridging loan	Wave 4 (funding and bridging loan) Prioritisation ranking 2
Finsbury Leisure Centre Redevelopment (Page 100)	ICCG	5	1	Part	S106	
Archway Primary Care Hub (Page 100)	ICCG	6	2	Y	ETTF	
Andover Medical Centre Expansion (Page 101)	ICCG	7	4	Y	ETTF	
Meridian Water (Page 41)	ECCG	8	5	Part	ETTF	TBD

1. This excludes GOSH Cancer Centre Development which is currently under consideration by the STP

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Priority Projects (2/2)

Given the priority list (along with funding requirements) is evolving the total investment requirement is still under development. The Wave 4 funding request is for funding of £110.2m for Project Oriel and bridging loans of £142m at Project Oriel and £80.6m at St Pancras. There will be further investment required for the pipeline of projects being developed, including potential support to aid the development and delivery programme of schemes. The figures here represent the landscape as it stands, but the future net investment requirement is still in development.

Investment Plan

Scheme Name	Trust / CCG	Prioritisation ranking	Gross Capital Cost (£m)	Funded (Y/N)	If yes how	If No outstanding requirement source
Tottenham Hale (Page 102)	HCCG	9	7	Part	ETTF	TBD
RFL CSSD (Page 103)	RFL	10	14	Part	Loan	TBD
Royal Free - Chase Farm: Primary care (Page 104)	ECCG	11	1	Y	S106	
Village Practice Expansion (Page 105)	ICCG	12	1	TBD		TBD
Green Lanes (Page 102)	HCCG	13	5	Part	ETTF	TBD
Wood Green (Page 106)	HCCG	14	5	Y	ETTF	
Colindale III (Page 107)	BCCG	15	6	TBD		Strategy to be developed
Colindale I (Page 108)	BCCG	16	4	TBC	ETTF proposal to be taken to LPCC	
Finchley Memorial Hospital* (Page 109)	BCCG		TBD	Y	Disposals	
Edgware Community Hospital* (Page 110)	BCCG		TBD	Y	Disposals	

*Key projects led by property companies, not included in prioritisation exercise

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Priority projects: Timescales

The image below sets out the timing of the prioritised projects (with the exception of those led by property companies). It also demonstrates that currently 50% of the priority schemes are fully funded with the remainder either part funded or unfunded. For those part or unfunded the approach to addressing this is being developed which may include inclusion request for funding in future waves.

2018/19

Chase Farm redevelopment
- Gross project cost £200m
- To be completed Summer 2018

Royal Free London Group CSSD
- Gross capital cost of £13.8m
- Started on site in November 2017, phased operations commenced to autumn 2019

Andover Medical Centre expansion
- Gross project cost £3.6m
- To be fully operational by December 2019

2020/21

Village Practice Expansion
- Gross project cost £960,000
- To complete in October 2020

Tottenham Hale
- Gross capital cost £6.55m
- To complete in January 2021

RNOH
Multi-storey car-park and Biochemical Engineering Hub
- Gross project cost £47m
- To complete in late 2020

2021/22

Hawes & Curtis Green Lanes
- Gross project cost £5m
- To complete in January 2021

Wood Green (The Iceland Building)
- Gross capital cost £5.1m
- To complete in January 2021

RNOH
NHS Staff Accommodation and Prosthetics and Orthotics Facility
- Gross project cost £15m
- To complete in late 2021

2022/23

St Ann's Hospital
- Gross project cost £32.7m
- To complete in late 2022

St Pancras Hospital – Community Hubs
- Gross project cost £40.6m
- To complete in 2022/23

Archway Primary Care Hub
- Gross project cost £1.77m
- To complete in Summer 2021

Finsbury Leisure Centre
- Gross capital cost £1m
- To complete by March 2022

2023/24

Colindale I and III
- Strategy being developed
- Future delivery tbc
- Gross project cost (I) £4.3m
- Gross project cost (II) £6.5m
- Completion (I) 22/23 (III) 23/24

St Pancras Hospital – Transformation
- Overall gross project cost £96.3m
- To complete in 2023/24

2026/27

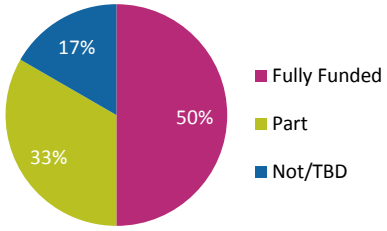
Project Oriel
- Gross project cost of £344m
- To complete in 2026/27

To be confirmed

Royal Free - Chase Farm: Primary care
- Gross project cost £750k
- Completion date tbc

Meridian Water
- Gross capital cost £5m
- Completion Date TBC

Priority Projects - Funding Status



1. NCL Prioritisation Plan

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS
Estates Transformation Changes in demand

Case studies: Project Oriel & St Pancras

These projects are the STP's priorities for Wave 4 capital funding. In summary the projects involve: inpatient C&I services currently provided at St Pancras Hospital moving to the Whittington Hospital site; investment in community hubs; long lease / sale of a substantial part of the SPH site and construction of a new clinical (outpatient) facility for the trust at SPH along with the development of the Institute of Mental Health to be delivered in partnership between the Trust and University College London. The release of the St Pancras site will fund these activities save for a requirement of a bridging loan until the excess land is vacated. Of the land released up to 2 acres of the St Pancras site will be sold to Moorfields for the development of a new eye care, research and education facility with the Institute of Ophthalmology (known as Project Oriel). MEH will partially fund the move from the release of their Old Street site. The St Pancras Transformation Programme is not reliant on Project Oriel, but Project Oriel is reliant on the St Pancras Transformation programme.

Project Oriel Statistics

- An integrative development project between Moorfields Eye Hospital, UCL Institute of Ophthalmology and Moorfields Eye Charity
- Gross capital cost of £344m to construct a purpose built facility, combining the City Road Hospital Site and UCL Institute of Ophthalmology in a new, contemporary environment
- Funded via disposals, donations, bridging loan and Wave 4 capital
- Project Completion expected November 2026/27

St Pancras Project Statistics

- Redevelopment of the Trust estate to support sustainable impatient and community services
- New facilities at the St Pancras Hospital site and 2 hubs in Camden and Islington, including a new Institute for Mental Health
- Bridging loan required
- Includes funding via disposals and Trust reserves
- Construction to begin Q4 2020/2021
- Gross capital cost is £96.3m

- Moorfields Eye Hospital NHS Foundation Trust and research partner, UCL Institute of Ophthalmology, are to move from their outdated buildings on City Road, to the preferred site at SPH by 2026/27.
- The collaboration of a new, bespoke clinical environment with a state-of-the-art educational and research facility will enable exceptional training for the next generation of experts on a national and global scale.
- In addition to supporting the Moorfields Trust strategy, the anticipated move to the Euston area will enhance the location's international reputation as a provider of world-class patient care and clinical education, driving recruitment.
- The physical environment to be delivered will be adaptable and responsive to emerging trends in clinical care, being able to respond to, and incorporate, the latest technological developments across the discipline.
- Moorfields Trust is dedicated to improving patient and staff experience; Project Oriel will deliver an environment which enables the Trust to deliver, and build on, its objectives through investing in the clinical and educational experience of patients and staff.
- Through disposal of the current City Road site, proceeds of £164m will contribute to the gross capital cost of £344m, the remainder of which will be funded by internal cash, STP capital and charitable donations.
- There are anticipated revenue savings (compared to a do nothing scenario) of £1.4bn and a reduction in backlog maintenance of £167m over the life of the asset.

- The St Pancras Redevelopment programme will support the delivery of sustainable inpatient and community services which increases integrated working between partners. Lord O'Shaughnessy recently described the scheme as "a significant transformation of the mental health and substance misuse services in the London Boroughs of Camden and Islington, delivering important improvements to outcomes and patient experience…It will also enable the provision of a significant amount of new homes in the Borough of Camden". Further it will allow there to be built on the site a beacon mental health facility for the Trust, for world class mental health research in partnership with University College London's Institute for Mental Health".[1]
- Many of the existing Trust facilities are expensive to maintain, becoming dated, and no longer of an acceptable condition; the project will therefore reduce backlog maintenance through the provision of new, fit for purpose facilities .
- Across the CCGs, mental health prevalence is the highest quartile in England, and is the single biggest spend on any illness/disease group; the delivery of a new Institute for Mental Health on behalf of UCL will therefore provide vital resource to address this.
- The adult acute and rehabilitation inpatient facilities at St Pancras Hospital will be relocated to a site to be purchased from the Whittington, adjacent to Highgate Mental Health Centre, with investment in community hubs in Camden and Islington (page 91).
- The phasing plan will see construction begin in Q4 2020/2021 following procurement of a Development Partner, planning permission and FBC approval.
- Further detail can be found on page 98.

1. Camden and Islington, MEH and St Pancras Briefing note re: letter from Lord O'Shaughnessy dated 19.6.18
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Opportunities arising from surplus land

The focus on optimising the utilisation of our assets and sharing space where appropriate should continue to drive the identification of surplus space and surplus land. Within NCL, partners have and will continue to review opportunities to release surplus land for development. The high land values in NCL mean that this is a significant opportunity and land disposal receipts are a key driver of the funding strategy for major transformation projects in the area including the RNOH Stanmore Site, St Pancras, Project Oriel and St Ann's. Alongside disposal for capital receipts, there are other options as to how surplus sites could be brought to market, including on long leases and / or sharing revenue (eg rental) returns (see page 62). In many cases sites are being disposed for housing development, creating wider economic benefits including the potential for delivery of social and affordable homes and Homes for NHS Staff.

Scale of the opportunity

- In the DHSC response to the Naylor report a commitment was made to provide total capital funding of £10b of which £3.3b would be from disposals of surplus NHS land.
- The DHSC Estates Dashboard for NCL London identified NCL's 'fair share' as £570m of that total (c. 21%).
- Within NCL, partners have reviewed opportunities to bring forward surplus land for disposal, including for development of housing. The NCL pipeline has been generated through a comprehensive bottom up process of engagement with provider partners, CCGs and NHSPS.
- The NCL pipeline holds 21 sites of which 17 are commercially sensitive.
- The DHSC Dashboard has been incorporated within this process and reconciled against the pipeline. All the identified Dashboard sites are included in NCL's pipeline.
- The additional sites are the product of maturing work at several trusts in NCL and these will be reported direct to DHSC in future surplus land returns.
- The process has identified 21 sites totalling over 35 Ha of land with an estimated disposal value of £647m (against £570m Naylor 'fair share') and the capacity to develop an estimated 2,120 new homes (see page 60).

Delivery

- Five of the sites have been declared surplus and disposal is underway or marketing is due to commence.
- Three are vacant but not yet declared surplus.
- Nine are occupied but OBCs are approved to achieve vacant possession and dispose and four represent future opportunities, subject to strategy / feasibility.
- More complex sites not already declared surplus may require significant capital investment and feasibility and governance work to facilitate vacant possession and subsequent disposal.
- Work on this front is ongoing, including preparation of bids for Wave 4 and subsequent STP capital funding.
- Trust governance for disposal pathways, supported by commercial advisors, are well established at most NCL trusts.

Note: Housing units are subject to planning
Disposal values are estimates and are subject to variation as disposal strategies are finalised, the town planning positions are refined and they are subject to market conditions
Estimates are provided by the property owners

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Disposal Plan

As the Naylor review highlighted, there are significant opportunities for disposals of surplus land in the NCL area, generating receipts for investment and unlocking surplus sites for development, including for housing. This value is currently above the Naylor 'fair share' for the area of £570m. The plan below has been drawn together by NCL, including estimated disposal values. The estimated housing capacity of the NCL disposal pipeline is 2,120. These estimates are subject to variation as disposal strategies and the town planning position around sites are refined and are subject to market conditions.

Disposal - Headline Financial Impacts: Surplus Land & Housing

Project	Owner	Current status of disposal	Land Area (Ha)	Estimated disposal value £(m)
St Ann's Hospital	BEHMT	A1	7	50
Canning Crescent Community Support and Recovery Mental Health Centre	BEHMT	A1	0	2
Eastman Dental Hospital	UCLH	A1	1	80
Marie Foster Centre	NHSPS	A1	1	12
Commercially Sensitive (not yet in public domain		A2-D	26	503

Disposal - Headline Financial Impacts: Surplus Land & Housing Summary by financial year (estimated year of disposal completion)

Deliverable / Financial Year	2017/18	2018/19	2019/20	2020/21	Remaining years
Land (Ha)	8	1	5	15	6
Estimated disposal value (£m)	92	32	85	120	318
Estimated housing units	530	68	221	293	1,008
Gross running cost reduction (£m)	TBD	TBD	TBD	TBD	TBD

Disposal Status - Headline Financial Impacts: Surplus Land & Housing

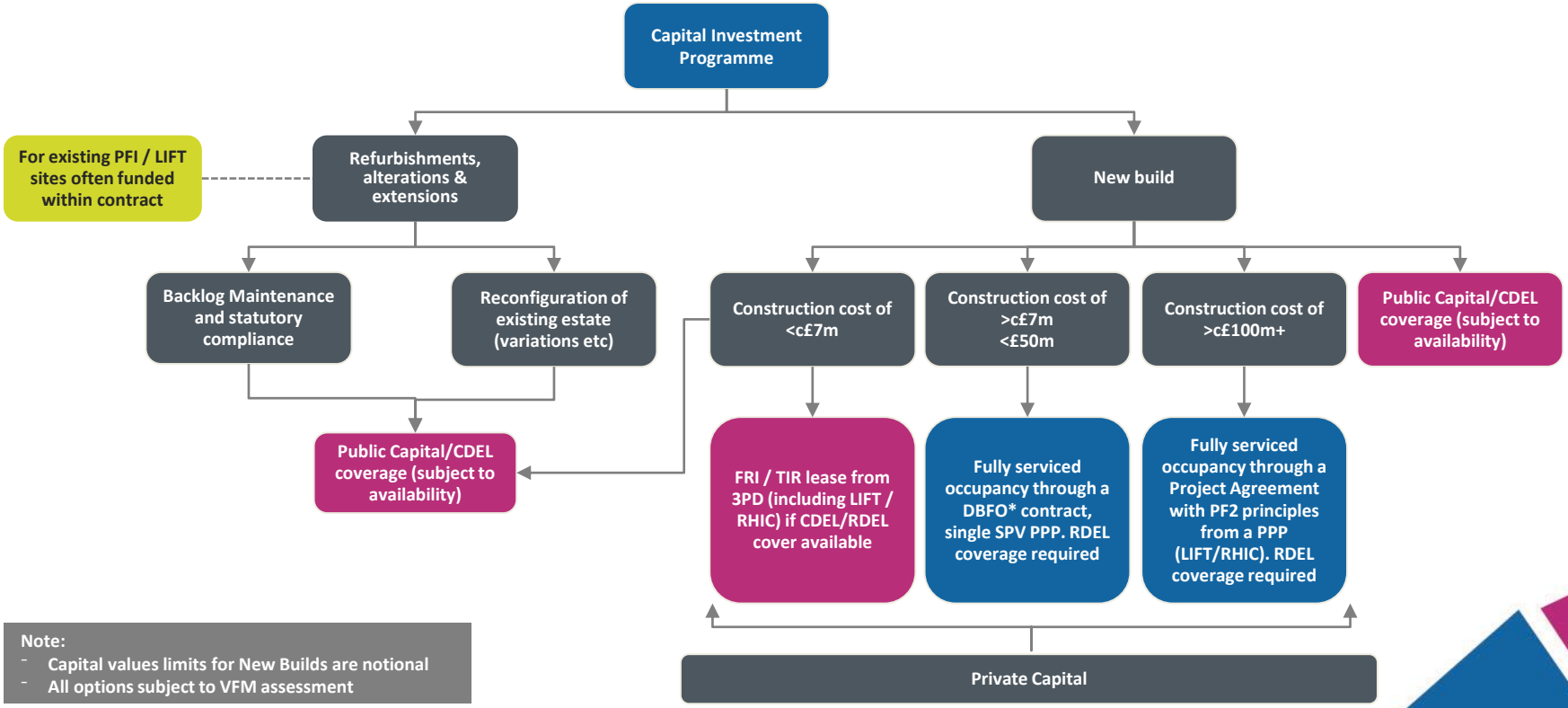
	No. of Sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Total # Estimated Housing Units	# Housing Units for NHS Staff	Gross Running Cost reduction £m	Cost to Achieve Vacant Possession (where known) £m
Vacant and Declared Surplus and disposal transaction in progress [A1]	4	9		144	530	TBD	TBD	TBD
Vacant and Declared Surplus/ disposal subject to marketing [A1]	1	1		3	40	TBD	TBD	TBD
Vacant but not yet Declared surplus [A2]	3	1		11	88	TBD	TBD	TBD
Site occupied but OBC approved to achieve vacant possession and dispose [B, C ,D]	9	14		458	1224	TBD	TBD	TBD
Future opportunity subject to strategy/ feasibility [B, C ,D]	4	10		31	238	TBD	TBD	TBD
Totals	21	35		647	2,120			

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Alternative Funding Sources

Given the constraints on capital, NCL have been considering the ways in which the vision for Estates change can be funded. This strategy sets out the need for both transformational projects and improvements to the condition of the existing estate. Although the business case for tackling poor estate condition can be strong (though ongoing savings in running and maintenance costs), the funding opportunities are more limited. The options for public and private capital are illustrated below.



* Design, Build, Finance and Operate

Source: Funding Sources and Capital Works Delivery Route Guidance - May 2018: *Prepared by Joint Development Group, led by DHSC, identifying funding sources and delivery route options for capital works.*

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Alternative Funding Sources

The priority projects include a mix of funding routes. Reflecting the scale of opportunity identified for NCL by the Naylor review, disposal receipts are a major source of funding for new estates investment. The funding strategies for Project Oriel and the St Pancras transformation project are good examples of the range of funding routes being used including internal funding from Trust own resources, contributions from the charities, land disposals, bid for Wave 4 capital funding and bridging loans. This slide summarises the range of funding routes being used and explored. NCL are keen to work with London Estates Board and others to explore additional funding routes.

Land disposal

- Across NCL receipts from land disposal are a key source of capital investment, as can be seen from the scale of the disposals pipeline.
- As an example, RNOH has developed a masterplan to redevelop the site to allow for clinical expansion and which will also allow backlog maintenance to be addressed. The masterplan includes land release for residential development with a total forecast value of c. £63m, for reinvestment in the site.
- Other options for release of land are also being considered including long leases and sharing revenue (eg rental). We are keen to work with the London Estates Board and Regulators to explore further.

S106 / CIL (Community Infrastructure Levy)[1]

- S106 and CIL provide a means through the town planning system by which contributions can be sought from new development towards the cost of infrastructure including health.
- At March 2018, approximately £6.4m of S106 contributions have been secured by legal agreement in the NCL geography. CCGs and boroughs are working together to allocate these receipts.
- All six NCL boroughs have CIL. £52.1m CIL has been received in the area, with 80% allocated to strategic projects. In health, CIL has been used to transform a ward at Royal Free into a dementia friendly ward.

Alternative delivery models

- Whilst not necessarily a route to alternative funding, it is worth noting the innovation in this area, for example:
- CNWL established an estates subsidiary focused on asset management, capital projects and FM services to enable optimisation of the estates portfolio (e.g. disposals, voids, utilisation).
- Royal Free is looking at a variety of models such as partnerships with the private sector, large scale rental models, commercial borrowing including private bond placing and mini PFIs.

Charities

- A number of the Trusts' charities have been acquiring surplus sites and investing in the estate, including projects which promote housing delivery.
- For example the Royal Free Charity have retained an option to bring forward key worker housing at Chase Farm, and have acquired a site at Barnet to deliver key worker housing and offices. At UCLH, the Charity is taking forward the redevelopment of the Middlesex Hospital Annex site, including delivery of affordable housing.

Other public sector funding

- The Mayor has earmarked an initial £250m fund to enable City Hall to assemble and bring forward land to deliver new homes. The GLA's acquisition of St Ann's in Haringey is an early example of this initiative in practice.
- WH is in discussion with the GLA around delivery of affordable housing in Haringey and Islington.
- The GLA's Re:Fit scheme supports energy efficiency.
- Barnet receives support through the One Public Estate programme (page 50).
- NHS PS Customer Capital is a further potential source

Private finance

- There are 4 PFI sites in the provider estates and 11 LIFT sites in the NCL area.
- Partners therefore have experience of delivery of estates change through PFI and of managing estates and facilities management services through PFI contracts.
- We have met with CHP to discuss RHIC (formerly Project Phoenix) and will continue to explore it as we develop our project pipeline.

1. NCL: Population Growth and S106 / CIL Summary, HUDU, July 2018

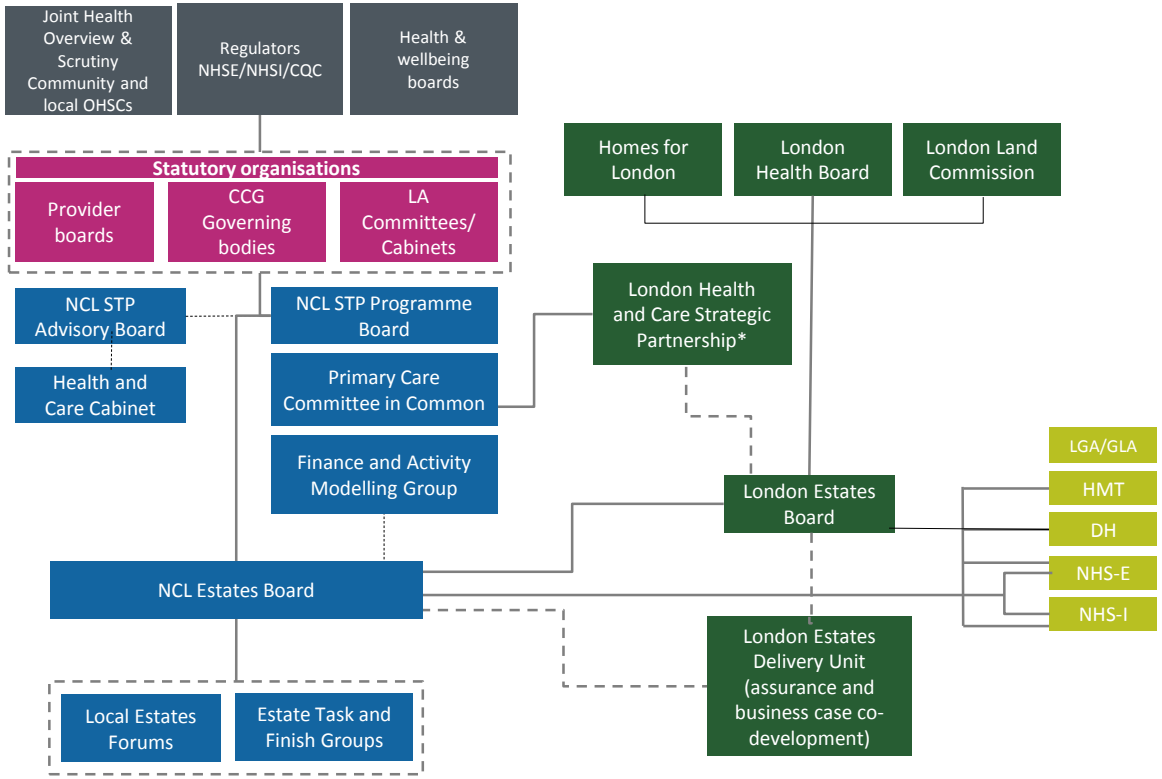
Section 7. Governance and Delivery Plan

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

STP Governance Overview (1/2)

This section describes the governance and delivery arrangements for Estates within the wider STP programme and more broadly, the London devolution context. Our governance arrangements are woven into London and national governance arrangements which support estates delivery and transformation across the public sector.



The diagram demonstrates how Estates features as part of the wider governance including its linkages to regulatory and wider stakeholder approvals (Local Authority / Health and Wellbeing).

For NCL, the Programme Delivery Board oversees delivery of the entire plan for the STP. This is an executive steering group made up of a cross section of representatives from across NCL, specifically responsible for providing accountability for the implementation of the workstream plans.

Specific to estates, the NCL Estates Board reports and is accountable to the Programme Delivery Board for the delivery of its functions. For the exercise and use of devolved powers, the NCL Estates Board is also accountable to the London Estates Board (at a regional level, which feeds into other governance arrangements shown) and to NHS-E and NHS-I and other national bodies.

The following pages provide more detail around the STP governance arrangements followed by the specific arrangements underpinning the NCL Estates programme.

Source: North London Estates Board Terms of Reference February 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

STP Governance Overview (2/2)

We have developed a governance structure to enable NHS and local government partners to work together in new ways. Three SROs for each of the partner groups oversee the programme: David Sloman (Royal Free London Foundation Trust), Mike Cooke (Camden Council) and Helen Pettersen (Camden CCG).

Governance objectives for the STP

The objectives of our governance arrangements are to:

- Support effective collaboration and trust between commissioners, providers, local authorities and the general public to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the STP;
- Provide a robust framework for system level decision making, and clarity on where and how decisions are made on the development and implementation of the STP;
- Provide greater clarity on system level accountabilities and responsibilities for the STP;
- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations in; and
- Enable collaboration between partner organisations to achieve system level financial balance over the remaining 3 years of the Five Year Forward View timeframe and deliver the agreed system control total, while safeguarding the autonomy of organisations.

Commissioners

NCL Commissioners are working closely together with a shared accountable officer and chief finance officer. This includes working across NCL with provider organisations on clinically led transformation plans as part of the STP. In addition there are now NCL wide committees in place for CCG decision making with delegated powers in the following areas – acute commissioning; primary care commissioning; and audit and risk.

STP governance structure

The Programme Delivery Board oversees delivery of the plan. This is an executive steering group made up of a cross section of representatives from across NCL. This group is specifically responsible for providing accountability for the implementation of the workstream plans. Membership includes the Senior Responsible Officers (SRO) of each workstream and SRO leads.

Three subgroups provide advice to the Programme Delivery Board: the Health and Care Cabinet, Finance and Activity Modelling Group and the Primary Care Committee in Common.

- The Health and Care Cabinet meets monthly to provide clinical and professional steer, input and challenge to each of the workstreams as they develop. Membership consists of the five CCG Chairs, the eight Medical Directors, clinical leads from across the workstreams, three nursing representatives from across the footprint, Pharmacy and Allied Health Professions representatives, a representative for the Directors of Public Health and representatives for the Directors of Adult Social Services and the Directors of Children's Services respectively.
- The Finance and Activity Modelling Group is attended by the Finance Directors from all organisations (commissioners, providers and local authorities). This group currently meets fortnightly, to oversee the finance and activity modelling of the workstream plans as they develop.
- Each CCG established its own Primary Care Commissioning Committee as a committee of its governing body to make decisions about commissioning local primary care services. Each CCG holds their Primary Care Commissioning Committee meeting together to promote collaborative and integrated working, transparency and openness about conflicts of interest.

The workstreams, of which Estates is one, are responsible for developing proposals and delivery plans in the core priority areas and feed into the overarching governance framework. Every workstream has its own governance arrangements and meeting cycles which have been designed to meet their respective specific requirements, depending on the core stakeholders involved.

The STP Advisory Board enables a collective partnership approach, and acts as the 'sounding board' for the implementation of the STP plans. The membership of this group includes Local Authority leaders, NHS Chairs, and Healthwatch.

In addition to the above governance groups, CEOs and other relevant executive directors and stakeholder representatives will meet quarterly for executive leadership events to enable continued engagement and momentum, regular communication, and to assist with resolving any programme delivery issues identified by the programme delivery board.

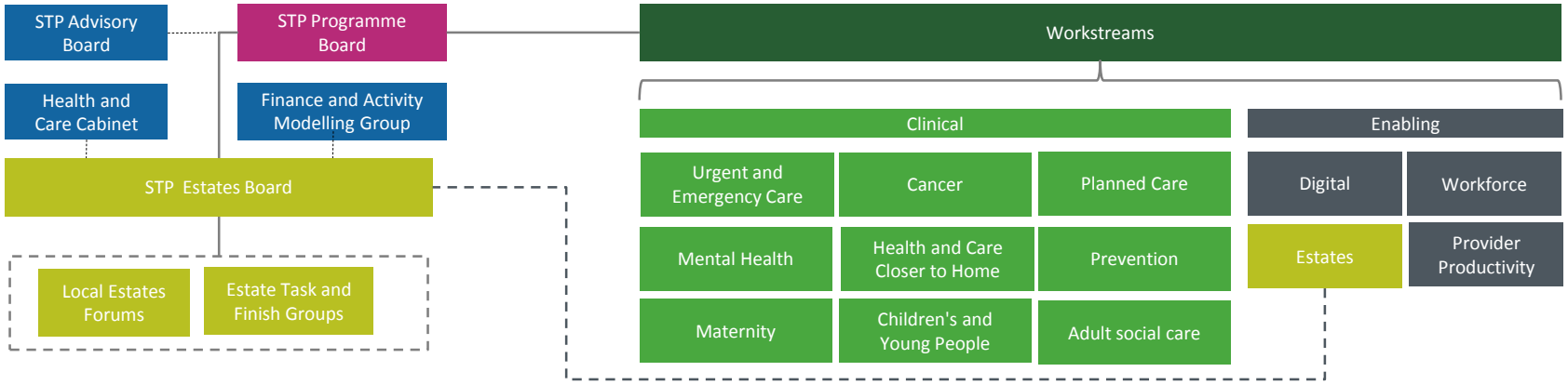
Source: http://www.northlondonpartners.org.uk/about/governance.htm

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Arrangements

Estates is one of the areas which feeds into the wider STP programme of work. As a workstream, it has its own purpose, governance arrangements, meeting cycles and supporting resource which have been designed to meet its respective specific requirements (as demonstrated below).



Purpose

The Estates workstream, driven and led by the Estates Board (established between 2017 and 2018) is tasked with (1):

- developing the estates element of the STP by involving all key stakeholders and ensuring delivery of the plans
- provide a framework for setting estates strategy and capital investment
- accelerating delivery and decision-making; and
- supporting STP alignment

To ensure alignment across the Boards, the Chair of the Programme Board also sits on the Estates Board.

Additionally, each local estates grouping has representation from the local authority to aid collaborative planning.

The next section outlines the terms of reference for the Estates Board and its underpinning objectives.

Leads and resource

Outlined below are the current responsible leads and supporting resource for the estates workstream (2)

Estate SRO/Estates Lead	Simon Goodwin - Chief Finance Officer North London CCGs Diane Macdonald – Estates Lead, North London STP
Lead Strategic Estates Adviser	Andrew Evans - Strategic Estates Advisor (North London)
Estate Planning resources supporting the STP and partner organisations	Andrew Evans as SEA with additional SEP support from: Jake Roe/Nicola Theron (senior SEP) and Robert O'Regan (SEP Data Analytics), Jon Bowey

1. North London Estates Board Terms of Reference February 2018
2. North London Partners in Health and Care STP Estates Strategy (workbook) 2018 v12

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Board – Terms of Reference (1/2)

In delivering the Estates Priority for the STP, the Estates Board, supported by estates resource (described on the previous page) is responsible for the direction of travel and overall deliver. Outlined below are the Terms of reference which underpinning the Estates Board and ultimately the delivery of the estates function for the STP.

Principles of working

The estates programme and governance seeks to operate to key principles as set out below:

- **Subsidiarity**: The presumption is that activity happens at a local level unless there is a strategic benefit from raising it to a higher level, for example, to achieve economies of scale or to support the delivery of new care models and pathways of care.
- **Streamlined**: We will build on existing local governance structures already in place.
- **Clarity on decision-making**: Partnership working brings together a number of organisations, each with their own constitutions and decision-making structures. Joint working on estates across the STP will respect individual decision-making structures.
- **Aligned behaviours**: Partner organisations seek to work together to develop initiatives that best meets the needs of the local health economy.
- **Representation**: The Estates Board will ensure all key stakeholders are represented within the structure, in particular, integrating local authority perspectives around public health, social services, estates and town planning and adopting a One Public Estate (OPE) approach.

Responsibilities

The key responsibilities of the Estates Board are to:

- Ensure that the estates workstream is fully integrated with clinical and service workstreams;
- Enable integration of relevant CCG, provider and local authority estates plans;
- Support themes and devolution learning as part of the London Devolution Programme;
- Develop an approach to the adoption of One Public Estate in NCL;
- Translate care priorities into estates requirements and make recommendations to STP Programme Delivery and Advisory Boards;
- Develop the NCL Estates strategy and be the 'guardian' of estates quality in NCL;
- Oversee portfolio management for the STP estates workstream (including tracking overall investment ask and receipts potential);
- Develop thematic workstreams as agreed in support of NCL estates strategy;
- Provide OPE programme oversight for NCL wide projects;
- Promote best practice and cross borough co-ordination; and
- Ensure escalation of issues and identification of action plans to resolve barriers.

Source: North London Estates Board Terms of Reference February 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Board – Terms of Reference (2/2)

Membership and attendance requirements

The CCG Chief Finance Officer, who is also the SRO for the Estates workstream, will chair the Estates Board. Core membership will include:

- CFO/SRO for Estates workstream (Chair)
- Representation from 5 CCGS
- Representation from 5 Local Authorities
- Representation from Provider Organisations
- NHSE Representative
- NHSI Representative
- SEP Representative

- Partners: Community Health Partnerships; NHS Property Services; London Estates Board; Healthy London Partnerships, Greater London Authority; Local Government Association; Government Property Unit One Public Estates Team.

A meeting will be quorate with a minimum of the following: Chair or nominated deputy; 2 representatives from CCGs; 1 Local Authority representative; 2 representatives from Provider organisations. In meetings where devolved powers are being exercised, quoracy will also require the attendance of at least 1 NHSI or NHSE representative.

Meeting requirements and coordination

- The NCL Estates Board will meet monthly.
- All members will be able to propose agenda items.
- Meeting papers will be issued at least 2 working days before the meeting. Papers will be tabled only by agreement with the Chair.
- Members will be expected to send appropriate deputies on their behalf where they are unable to attend. Deputies are expected to be appropriately briefed and to have adequate delegated authority.
- Meetings will be supported and administered by the north central London CCG support team.

STP Reporting Responsibilities and Accountability

This Estates Board reports and is accountable to the STP Programme Delivery Board for the delivery of its functions. For the exercise and use of devolved powers, the Estates Board is also accountable to the London Estates Board.

Conflict of Interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

Members of the Estates Board must declare any interests that may arise as a result of this or any other matter being discussed. Should an interest be declared, the Chair of the Board should exercise discretion as to whether to disqualify that member from taking any further part in the related discussion.

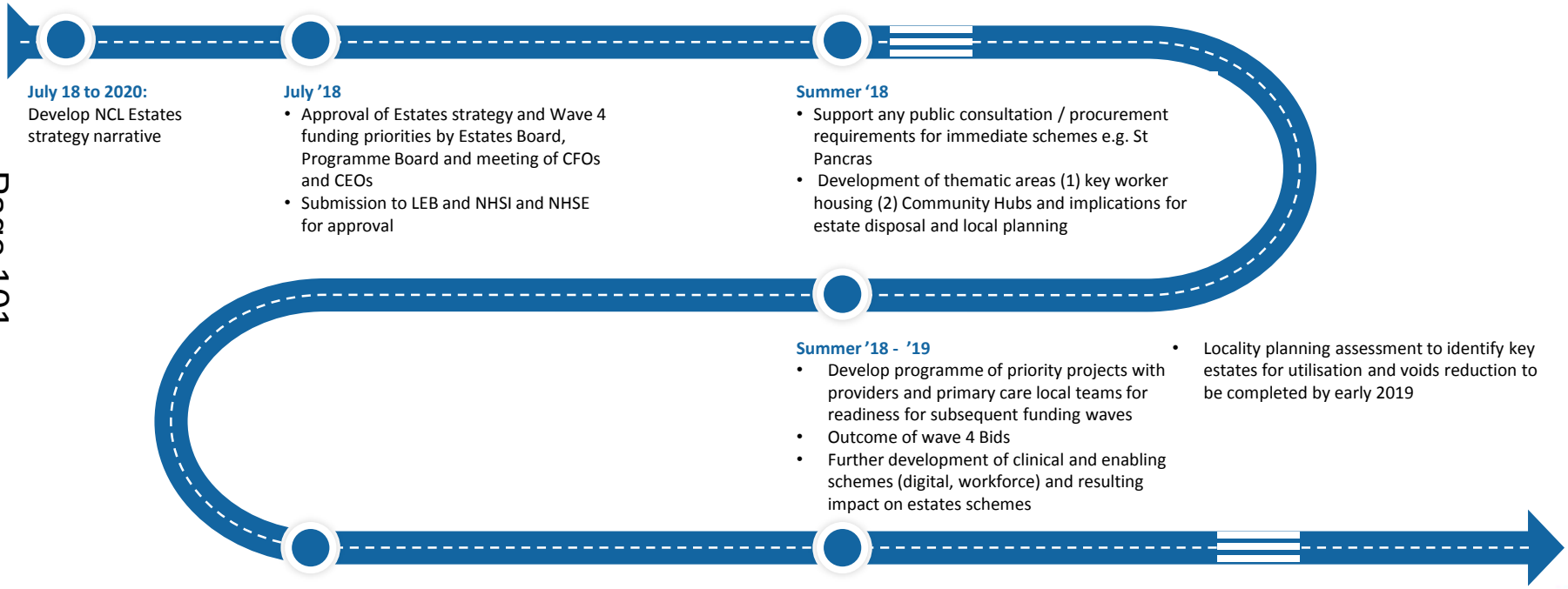
Source: North London Estates Board Terms of Reference February 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Programme next steps

Within the progress and future programme sections, we have described the progress to date along with medium and longer terms aspirations in relation to our capital investment schemes. Within this section we describe the next steps for the Estates programme as it looks to develop the future investment pipeline, including linkages with the wider STP programme of work. An overview of those next steps are described below.



July 18 to 2020:
Develop NCL Estates strategy narrative

July '18
- Approval of Estates strategy and Wave 4 funding priorities by Estates Board, Programme Board and meeting of CFOs and CEOs
- Submission to LEB and NHSI and NHSE for approval

Summer '18
- Support any public consultation / procurement requirements for immediate schemes e.g. St Pancras
- Development of thematic areas (1) key worker housing (2) Community Hubs and implications for estate disposal and local planning

Summer '18 - '19
- Develop programme of priority projects with providers and primary care local teams for readiness for subsequent funding waves
- Outcome of wave 4 Bids
- Further development of clinical and enabling schemes (digital, workforce) and resulting impact on estates schemes
- Locality planning assessment to identify key estates for utilisation and voids reduction to be completed by early 2019

2019 - ongoing
- Project Oriel OBC developed
- Further joint working with Local Authorities to explore wider integration opportunities (e.g. mental health alongside employment, wellbeing etc.)
- Void reduction programme development with stakeholders for the STP
- Further development and progression of out of hospital, community hubs and CHINS schemes to take forward

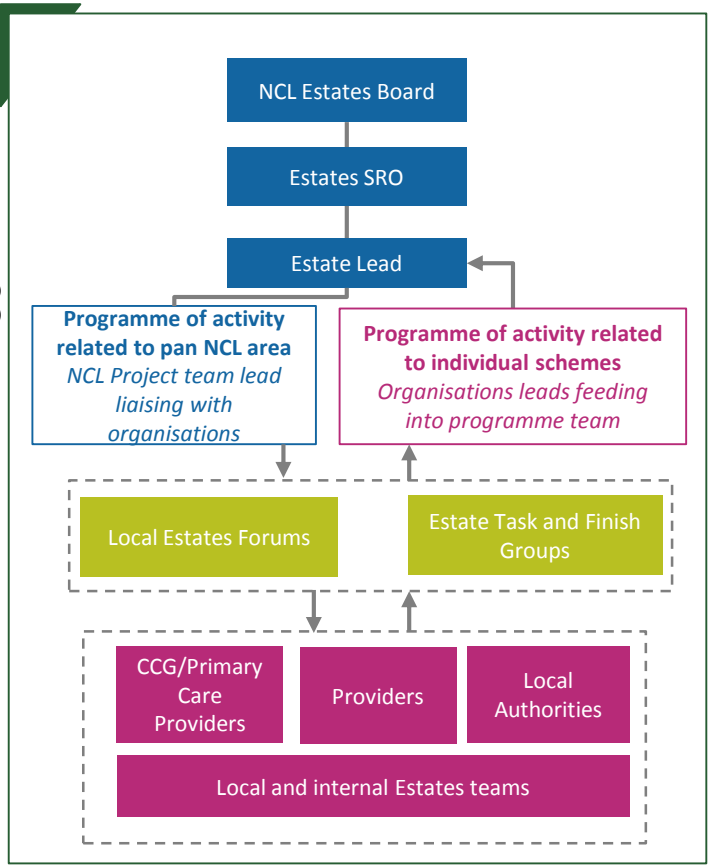
Beyond 2019
- Ongoing Locality Planning through workshops e.g. WH estate planning project (page 31)
- Using the estate to support the vulnerable adult population e.g. Improve IAPT capacity to increase access for 15% to 25% and review of the estate for further provision of accommodation for adult social care
- Working collaboratively across the health care, social care and wider local authority network to create positive work and learning environments

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Delivering the future programme

In delivering the future programme of working, the Estates programme will continue to operate within the existing governance principles and framework previously outlined as part of a commitment to developing system working and long term quality decision making, allowing interdependencies to be highlighted and addressed. The diagram below outlines how the principles will be applied to the different layers of the activity, parties responsible and interaction with the wider governance arrangements.



Principles of working

As previously noted within the Terms of Reference, the Estates programme is underpinned by a number of principles. In practice the delivery of these principles were work as follows:

Subsidiarity
Activity happens at a local level unless there is a strategic benefit from raising it to a higher level.

Practical ways of working
Where work relates to individual scheme e.g. St Pancras development, the lead organisation will be responsible (Camden and Islington Hospital). The STP offers an environment to facilitate cross organisation working (including across health and local government), share good practice and interface with the London Estates Board and regulators.

Streamlined
Use existing local governance structures in place.

Practical ways of working
Work at Finchley Memorial and Edgware hospitals is being facilitated through Barnet's One Public Estate partnerships and structures.

Clarity on decision-making
Joint working across organisations will continue to respect individual decision-making structures.

Practical ways of working
Overall capital priorities are determined at STP level. It is for individual Trust Boards / CCG governing bodies to sign off any project business cases.

Aligned behaviours
Partner organisations will work together to develop initiatives that best meets the needs of the local health economy.

Practical ways of working
Organisations working together to drive common initiatives. For example, key worker housing across NHS and Local Authorities to develop and commission work collectively.

Representation
The Estates Board will continue to have oversight, ensuring all key stakeholders are represented integrating local authority perspectives.

Practical ways of working
Work to improve utilisation requires input from property companies, local authorities, CCGs and trusts all of whom are represented at the Estates Board.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Programme risks and mitigations

This section describes the key risks and mitigations at a programme level. Individual schemes and activity will have their own specific risks and issues which will be reflected within the individual business cases and materials underpinning those schemes.

Risks and mitigations

Risk	Level	Description	Mitigating Action
Cost of the required capital investment exceeds funds available		A major programme of capital investment has been proposed both to continue BAU and to transform the NCL health and care system.	Prioritisation and approvals to be carefully managed at both the NCL and individual organisation levels. Various funding routes to be explored e.g. primary care not entirely reliant on ETTF.
Clinical direction slow to achieve sufficient clarity to inform estates planning.		The re-focusing of estate to support transformation of health and care and to release capital that is tied up in assets is reliant on the health and care planning being sufficiently developed and understood by the Estates stakeholders.	Estates is working closely aligned to the clinical workstreams through the existing governance arrangements to ensure progress is made and schemes are developed in sufficiently good time.
Insufficient programme resource		Risk of under-delivery at programme and project level due to insufficient resource.	Detailed resource requirements will need to continually be reviewed at a central programme and individual organisation level to support the development of the pipeline of activity. The estates workstream can access resource from the STP programme.
Insufficient public/ political support		Risk of lack of support at local community and political level. Risk that outcome of consultations does not support changes required from a clinical / financial perspective.	Political and community engagement are expected at the STP level to seek strategic level support before individual projects are delivered. In developing business cases for projects, benefits need to be clearly articulated and, where appropriate, impact assessments will be completed.
Each individual estates change project has a complex set of delivery risks		Risks that implementation of the vision is delayed through a range of project delivery issues.	Major projects have or will have dedicated teams in place to manage risks. The NCL Estates Board will bring together stakeholders, e.g. across providers and local authorities to get a shared strategic view before delivery commences. The Estates Board can act as a forum for escalation and problem solving.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Next Steps: Critical Decisions & Activities: NCL

The table below summarises the key next steps in taking forward delivery of this strategy.

Decision/ Activity Required	Significance/ impact on STP strategic objectives	Owner
Locality planning: agree key and strategic locations and development of a care model to shape the delivery of these hubs, across STP area for new community hubs and optimisation of existing hubs.	Enables high level estates reconfiguration options to be developed. Estates framework and strategy can be developed, with local delivery plans and partners.	CCGs Estates & Health and Care Closer to Home workstream SEP
STP Estates Resource –to support development of STP key capital projects and opportunities. And support the on-going development/embedding to estates strategy framework.	Will enable STP to be ready as funding rounds are announced and take up opportunities that have a tight turnaround.	Estates workstream SRO
Embedding digital and workforce solutions alongside or within estate solutions.	Will enable estates strategies such as keyworker housing and back office accommodation.	Enabler workstreams
Closer Collaboration and earlier engagement between NHS Organisations and Local Authorities on Local Strategic Plans and Capital Projects regarding Healthcare provision.	Will manage/mitigate planning risk on capital projects and speed up project delivery.	Local Estates Forums
Cross-NHS Organisation engagement (Commissioners and Providers across STP area) on cross boundary capital projects,	Will enable cross boundary capital projects to transform STP landscape that benefits all involved.	ALL

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Next Steps: Critical Decisions & Activities: London / National

Decision/ Activity Required	Significance/ impact on STP strategic objectives / dependencies	Owner
Future Funding allocations – Phasing and value funding rounds over period available, including timings of bidding rounds for unused annual capital as approved projects are removed due to changes in circumstances.	Uncertainty of funding delays progress on key capital projects. Potential opportunities not taken up due to tight turnaround.	NHS E/ NHS I / LEB
Change in Premises Directions to allow 100% grant funding to GPs for capital projects.	Delays on ETTF and potential ETTF funded key capital projects.	NHS E
Consultation/influencing property companies policy on voids and responsibility of vacancy due to exiting on non-CCG commissioned service providers.	Would facilitate resolution of void charge disputes and incentivise property companies to proactively engage on reducing voids.	LEB/CHP/NHS PS
Clarity over reinvestment process of disposal proceeds back into the local community and local initiatives.	Will clarify the process and value of disposal proceeds available to STP from property companies.	LEB/CHP/NHS PS

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Appendices

Appendix A: Estates Composition

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Composition

Portfolio Summary

Portfolio	No. Properties	Footprint Size (Ha)	Sze GIA (m^2)	Tenure split Freehold/Leasehold/Un known or other	Estates Running costs pa (£m) (rent, charge, Hard & Soft FM)*	Back-log Maintenance £m
GP owned	62		14,211 NIA	60 / 0/ 2	£4.0m	£0m
NHS PS	47		61,168 NIA	22 / 12 / 13	£19.6m	£2.0m
CHP	11		37,170 NIA	LIFT - 11	£15.6m	£0m
Provider estate	19	90.53	828,802 GIA	8 / 3 / 4 PFI - 4	£412.5m	£187.0m
Mental Health Trusts	15	130.73	109,128 GIA	13 / -/ 2	£36.4m	£42.2m
Public Health Estate / 3PD	139		24,467 NIA	5 / 51 / 83	£13.0m	£0m
Totals	**293**	**221.26**	**1,074,946 GIA**	**108 / 85 / 100**	**£501.1m**	**£231.2m**

Functional Use Summary

Portfolio	No. Properties	Footprint Size (Ha)	Sze GIA (sqm)	Tenure split Freehold/Leasehold/Un known or other	Estates Running costs pa (£m) (rent, charge, FM)	Back-log Maintenance £m
Clinical/clinical support	287	221.26	1,067,192	103 / 84/ 100	£500.1m	£231.2m
Back Office (self contained unit)	6		7,754	5 / 1 / 0	£1.0m	£0
Other (eg warehouse or workshop)	na	na	na	na	na	na
Totals	**293**	**221.26**	**1,074,946 GIA**	**108 / 85 / 100**	**£501.1m**	**£231.2m**

Please note: Provider and Mental Health Trust data is 17-18 data, up-dated from 16-17 data provided in March 18 Estates Workbook.
*Estates running costs includes soft FM costs, not previously reported in March 18 Estates Workbook

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Composition

High Cost Sites: Estate Running Costs

Highest Cost Sites	Footprint Size (Ha)	Sze GIA (m^2)	Freehold/ Leasehold	Estates Running costs pa (£m)*	Back-log Maintenance £k	Cost per sqm	Current Site Strategy
Royal Free Hospital	5.47	131,643	FH	£73.2m	£46,680k	£556.09	Core
New University College Hospital	1.18	77.311	PFI	£69.2m	£0k	£894.77	Core
Great Ormond Street Hospital	1.54	111,069	FH	£46.3m	£30.946k	£416.98	Core
Barnet General Hospital	10.9	55,465	PFI	£32.2m	£5,456k	£581.1	Core
Chase Farm Hospital	20.2	56,203	FH	£23.6m	£24,204k	£419.43	Core

Highest Cost Locations: Backlog Maintenance

Highest Cost Sites	Footprint Size (Ha)	Sze GIA (m^2)	Freehold/ Leasehold	Estates Running costs pa (£m)	Back-log Maintenance £k	Cost per sqm	Current Site Strategy
Royal Free Hospital	5.47	131,643	FH	£73.2m	£46,680k	£556.09	Core
Great Ormond Street Hospital	1.54	111,069	FH	£46.3m	£30.946k	£416.98	Core
Royal National Orthopaedic Hospital	43.3	47,047	FH	£16.0m	£27.239k	£339.65	Core
Chase Farm Hospital	20.2	56,203	FH	£23.6m	£24,204k	£419.43	Core
Whittington Hospital	4.57	41,527	FH	£9.2m	£15,115k	£221.87	Core

. Please note: Provider and Mental Health Trust data is 17-18 data, up-dated from 16-17 data provided in March 18 Estates Workbook.
*Estates running costs includes soft FM costs, not previously reported in March 18 Estates Workbook

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Estates Composition

PFI and LIFT Utilisation

Highest Cost Sites	Footprint Size (Ha)	Sze GIA (m^2)	Estimated Utilisation (%)	Estates Running costs pa (£m)*	Cost per sqm	Proposed STP Site Strategy	Actions taken to address under-utilised space
New University College Hospital	1.18	77,311	TBD	£69.2m	894.8	Core	TBD
Barnet General Hospital	10.9	55.465	TBD	£32.2m	581.1	Core	TBD
North Middlesex Hospital		31,828	TBD	£19.9m	625.2	Core	TBD
Whittington Hospital		29,517	TBD	£7.0m	237.7	Core	TBD
Finchley Memorial Hospital	TBC	9,582	TBD	£4.5m		Core	Part of London Pilot for implementation of CHP Dynamics Capacity Management

. Please note: Provider and Mental Health Trust data is 17-18 data, up-dated from 16-17 data provided in March 18 Estates Workbook.
*Estates running costs includes soft FM costs, not previously reported in March 18 Estates Workbook

Appendix B: Performance, progress and prioritisation

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Performance Indicators: Success Metrics to 2022/23

Estates progress against key service strategies and programmes:

Indicator	Current	Current - Provider & Mental Health Trust**	Planned	Planned - Provider and Mental Health Trusts**	Progress against targets
Estate Running Costs	£501.1m pa (£466,3/m2)	£448.9m pa (£478.7/m2)	Reduce absolute by £18.6m pa (3.74%) by 2022/23 to £482.5m pa (£446.7/m2)	Reduce absolute by £18.7m pa (4.17%) by 2022/23 to £430.2m pa (£456.2/m2)	Four major STP transformation developments, are progressing through business gateways which will improve the quality of estate and reduce backlog maintenance. Barnet Enfield Haringey Mental Health Trust are part way through a rationalisation programme to reduce the sites where services are located, from 27 to 6, over the period 2016-17 to 2021/22. Royal National Orthopaedic Hospital NHS Trust are constructing an inpatients ward block, the first build of a 12 phase masterplan to redevelop and rationalise the Stanmore Road site.
Non-Clinical Space (%) (Carter Metric max 35%)	485,389 sq metres, equivalent to 45.2 %	348,374 sq metres, equivalent to 37.14%	Reduce to 42.1% by March 2023	Reduce to 317,863 sq metres, 33.71% by March 2023	Exiting void space and release estate not suitable for provision of healthcare services continues to be a key priority for 18/19.
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	11,302 sq metres, equivalent to 1.05 %	6,624 sq metres, equivalent to 0.71%	Reduce to 2,203/m2(0.2%) by March 2023	Reduce to 2,203 sq metres (0.23%) by March 2023	Priority to exit vacant space and improve utilisation of occupied space. Options include converting space to bookable to enable multi-use of space otherwise unused. To provide a STP plan for improving utilisation with overall targets.
Functional Suitability	79.54% of the assets are in an acceptable condition / satisfactory performance	91.16% of the assets are in an acceptable condition / satisfactory performance	79.20% of the assets are in an acceptable condition / satisfactory performance	90.18% of the assets are in an acceptable condition / satisfactory performance	STP has a prioritised capital project programme and investment pipeline to address poor quality accommodation across Acute, Community and Primary Care settings. Releasing estates not fit for provision of healthcare services to invest in modernising remaining estate or replace with modern estate to 21st standards. This programme forms part of the London-wide Capital plan.
Condition	Back-log maintenance of £231.3m of which £28.4m is high risk	Back-log maintenance of £229.2m of which £28.4m is high risk	Reduce backlog maintenance to £110.8m by March 2023 of which £7.2m will be high risk	Reduce backlog maintenance to £110.8m by March 2023 of which £7.2m will be high risk	PFI & LIFT buildings have lifecycle programme built into annual running costs. The four major transformational projects will have a major impact on their associated backlog maintenance at time of completion.
Naylor benchmarks (Naylor Benchmarks – 4,704 housing units - £570m)	Current disposals opportunities – 2,120 housing units - £647m	Current disposals opportunities – 1,929 housing units - £623m	2,120 housing units - £647m disposal proceeds	1,929 housing units - £623m disposal proceeds	STP plan to improve utilisation and release/rationalise void estates will provide further opportunities for disposal pipeline

Please note the following:
1. *STP - includes Provider and Mental Health Trust, CHP, NHS PS, GP owned and Public Health/3PD - refer to Appendix A: Estates Composition
2. **Provider and Mental Health Trust only
3. Housing units are subject to planning

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Sustainability & Transformation Initiatives (1/2)

Across the following pages are the prioritised key NCL sustainability and transformation projects identified where implementation is required to enable the wider STP strategy:

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status / Funding Strategy	Est. Deliver Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
Acute & Mental Health Reconfiguration	Modernise ageing acute estate: Update and reconfigure acute estate to 21st century standards to reflect change in non-acute pathways and absorb future increases in acute demand, without expanding the overall current footprint. Dispose of unsuitable surplus estate.	TBD	St Ann's redevelopment – draft FBC - disposals St Pancras redevelopment – OBC – disposals, internal cash Project Oriel – land acquisition – OBC, donations, disposals, internal cash and central funding Stanmore Rd reconfiguration – OBC- self funding	Various - refer to project list	573.0	308.0	Progress dependent on approvals of Business cases, planning approval and approval of central funding.
Primary Care – Health and Care Closer to Home	Up-date and extend primary care premises, releasing ageing not fit for purpose estate, to provide modern facilities offering extended access with improved digital and agile/flexible working environment as more complex care moves to primary care settings.	TBD	Primary Care projects – business case development - S106, ETTF and other funding sources to be identified.	Various – refer to project list	40.6	0	Other funding sources to be identified to cover funding shortfalls.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Sustainability & Transformation Initiatives (2/2)

Across the following pages are the prioritised key NCL sustainability and transformation projects identified where implementation is required to enable the wider STP strategy:

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status / Funding Strategy	Est. Deliver Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
Place Based Care - Community	Shift non-acute services out of hospital into the Community – Develop multi-functional flexible sites using existing community estate in first instance more efficiently and effectively to cope with co-location of non-acute and social services.	TBD	St Pancras redevelopment – includes development of two community facilities. Place Based Care – Community project is in development, locality planning will result in a list of priority schemes to take forward.	St Pancras	Part of overall project – St Pancras	Part of disposals shown in St Pancras – Acute reconfiguration	Enabler workstreams key to deliver multi-functional estate in primary care setting, embracing digital advancements and new ways of working.
Void Reduction and Utilisation	Exiting voids and estates not fit for provision of healthcare services Improve utilisation of remaining estates so it is used effectively and efficiently.	1.5 pa (17-18)	On-going programme	On-going	TBD	10.5 (final receipt dependent on housing units designation)	Working with NHS Property companies and Providers to exit surplus voids/property and set and implement utilisation targets for remaining estate.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Progress of approved estate projects

Approved at FBC or allocated STP capital only

Project / Location	CCG / Trust	Strategic Objective	Status Update	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Funding route	Business Case Status
Proton Beam Therapy - New Clinical Facility	UCLH	One of two national PBT centres in England	On Site	The PBT is funded by NHSE for the first 5 years	-138.6	Delivery of Cyclotron to site June 2018	2020/21	PDC, internal cash	FBC approved 2015
Phase 4 - New Clinical Facility (haematology-oncology & short stay surgery)	UCLH	Focus for haematological care and expertise nationally and internationally	On Site	+11.5 Once fully ramped up as per FBC	-227.8	Topping Out January 2019	2020/21	Loan, donations	FBC approved 2015
New clinical facility (ear, nose, dental, throat and mouth)	UCLH	To provide state-of-the-art ambulatory facilities for ear, nose, throat and dental services	On site	+6.7 (EBITDA) Once fully ramped up as per FBC	-104.0	Topping out July 2018	2019/20	Loan, RFL contribution	FBC approved 2015
New Inpatient Ward Block	RNOH	A new, purpose built inpatient unit	Contractor hands over on 28th August 18.	+0.8	-49.0	Patients to occupy on 28th Oct 2018	2018/19	Bridging loan	FBC approved 2016
Chase Farm Hospital Redevelopment	RFL	Transfer clinical services & surplus land disposal	Disposal complete. Transfer of services commences summer 2018	Elimination of the £20m annual deficit	-117.0	New hospital go live in autumn 2018	2018/19	Disposals, internal cash, PDC	FBC approved 2016

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritised Estate Projects Pipeline (1/3)

Capital investment pipeline – listed in priority order (summary of section B)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route – Incl. links to capital schemes listed in Section B	Business Case Status
St Ann's Redevelopment	BEH	New mental health inpatient building and refurbishment of retained St Ann's health campus	Critical	0	0	Surplus land disposal – sale completed and full funding received by Trust	2022/23	Surplus land disposal	OBC approved 2018/19
Stanmore Site Redevelopment	RNOH	Acute Site reconfiguration	Critical	TBD	-62	Submission of OBC for car park relocation/ staff accommodation to enable sale of WZD	2020/21	Self-funding	OBC is with NHS I for approval
St. Pancras Hospital Redevelopment	C&I	Acute/Mental Health reconfiguration and disposals	Critical	Saving 3.9 pa	-10	Public consultation commenced 6/7/18 Procurement of development partner commenced 6/7/18	2023/24	Disposals, Trust Reserves	Awaiting approval OBC
Project Oriel	MEH	Acute reconfiguration and disposals	Critical	TBD	-181	NHS I/E Scheme approval	2026/27	Disposals, Donations, STP Cap	Land Acquisition - OBC

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritised Estate Projects Pipeline (2/3)

Capital investment pipeline – listed in priority order (summary of section B)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route – Incl. links to capital schemes listed in Section B	Business Case Status
Finsbury Leisure Centre	Islington CCG	Primary Care - New Build	High	TBD	-1	RIBA stage 3	2021/22	S106	RIBA 3
Archway Primary Care Hub	Islington CCG	Primary Care – New Build	High	TBD	-1.8	PID	2020/21	ETTF	OBC to be completed July 18
Andover Medical Centre Extension Scheme	Islington CCG	Primary Care – New Build	High	TBD	-3.6	PID	2020/21	ETTF	BC to be completed Sept 18
Meridian Water Development	NHS Enfield CCG/GP	Primary Care - New build	High	TBD	-5.0	PID	2021/22	ETTF, Other	To be developed
Tottenham Hale Welbourne Centre	Haringey CCG	Primary Care – New Build	High	TBD	-7.5	TBC	2020/21	ETTF - Other	OBC
RFL Group - CSSD	RFL	Acute decontamination services reconfiguration	High	TBD	-13.8	FBC completion in late summer 2018	2018/19	Currently via loan	OBC
Royal Free - Chase Farm: Primary care	Enfield CCG	Primary Care - service provision	High	TBD	-0.8	Consultants contracted to carry out feasibility study	TBD	S106	Feasibility study to be carried out

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritised Estate Projects Pipeline (3/3)

Capital investment pipeline – listed in priority order (summary of section B)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route – Incl. links to capital schemes listed in Section B	Business Case Status
Village Practice Expansion	Islington CCG	Primary Care - Extension	High	TBC	-1.0	PID	2021/22	TBD	FBC to be competed Sept 18
Hawes & Curtis Green Lanes	Haringey CCG	Primary Care – New Build	High	0.15	-5.4	PID approved	2020/21	ETTF - Other	OBC being developed
Iceland Building Wood Green	Haringey CCG	Primary Care – New Build	High	0	-5.2	PID approved	2019/20	ETTF	OBC being developed
Central Colindale - Colindale III	Barnet CCG	Primary Care – New Build	High	TBD	-6.5	PID to be developed then OBC	2022/23	Central funding	PID to be developed then OBC
Central Colindale - Colindale I	Barnet CCG	Primary Care – New Build	High	TBD	-4.3	PID to be developed then OBC	2023/24	ETTF (part) S106 (Part) Central funding (part)	PID to be developed then OBC
Edgware Hospital Optimisation	Barnet CCG	Exiting voids and surplus property	High	TBD	TBD	Stakeholder engagement	TBD	Surplus land disposal. Part re-provision	To be developed
Finchley Memorial Hospital	Barnet CCG	Exiting voids and surplus property Voids	High	Est 1.3	TBD	Various projects underway and completed	2018/19	Disposal proceeds	Various projects underway and completed

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Headline Financial Impacts
Capital Investment Pipeline Summary

Investment requirement (strategic objective)	Estimated investment capital £m	Funding Strategy Source / Capital allocated £m	Committed (OBC stage – for detail refer to Prioritised Estates Project Pipeline)	Uncommitted (Pre OBC stage – for detail refer to Prioritised Estates Project Pipeline)	Estimated timeline stage (for detail refer to Prioritised Estates Project Pipeline)	Capital Proceeds £m	Impact on Gross Estate Running Cost (+ / -) £m pa	Service savings £m pa
Acute and Mental Health Services reconfiguration / consolidation	573.0	Donations, disposals, bridging loan, loans, PDC, internal cash. Self-funding	2 schemes	3 schemes	Projects completing up to 2026/27	308	TBD	TBD
Primary Care Service reconfiguration / consolidation	40.6	ETTF, S106, Central funding	1 scheme	10 schemes	Projects completing up to 2023/24	0	TBD	TBD
Void reduction	TBD	Disposals	On going programme	On going programme	On going programme	10.5	TBD	TBD
Totals	**613.6**					**318.5**		

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Headline Financial Impacts: Provider own-Capital Position

Trust / FT Name	Own estates capital forecast over the next 5 years to 2022/23(£m)	Proposed main strategy proposals (> £10m) of own generated capital	CURRENT Backlog Maintenance		FORECAST Backlog Maintenance at end of 5 year period 2022/23	
			All categories (£m)	High / significant (£m)	All categories (£m)	High / significant (£m)
Moorfields Eye Hospital	222.5	Project Oriel, IT, medical equipment, and addressing backlog maintenance at City Road	13.8	4.1	4.4	0
University College London Hospital NHS Trust	331.2	Haematology and Short Stay Surgery facility, Proton Beam Therapy Centre and a new facility to house ambulatory services for ENT, Mouth and Dental care. Strategic initiatives are wholly funded through the Independent Trust Finance Facility and not own generated capital.	22.3	8.7	13.7	4.6
Barnet, Enfield and Haringey Mental Health Trust	62	St Ann's Hospital redevelopment (main scheme, plus minor additional items) and other minor estates projects	24.4	10.1	0	0
Tavistock and Portman NHS Foundation Trust	4.8	Relocation programme paid for by receipts from the sale of Tavistock Centre, Portman Clinic and Gloucester House	7.3	3.0	7.3	3.0
Camden and Islington NHS Foundation Trust	110.6	Grant of Long Lease for redevelopment of St Pancras site/ sale of part of site to Moorfields	10.5	0.6	10.5	0.6
Great Ormond St Hospital for Children	100	Phase 4 masterplan Cancer Centre	30.9	10.7	25.0	4.2
Whittington Health NHS Trust	£14m	Dedicated Obstetric theatre: £3m NICI Quality Improvements: £1.5m Postnatal Ward refurbishment/ improvements to staff residences /improvements to Northern HC: £1.5m Backlog over 5 year period: £8m	18.9	4.5	13.0	1.0
Royal National Orthopaedic Hospital	3.6	Stanmore redevelopment	27.2	6.0	18.4	0
North Middlesex University Hospital	36.5	Development of an integrated urgent care service with primary care to meet the increasing population growth and demand for urgent care in the area. To include primary care and pharmacy services.	8.0	5.4	2.0	0.5
The Royal Free London NHS Foundation Trust	258	Consider schemes against 3 key areas: • Statutory and compliance • Operational continuity • Service and financial performance improvement	65.7	29.2	15.0	0

Appendix C: Completed NHSI Section B

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Introduction

- Section B requires your STP to **identify and then explicitly prioritise its capital schemes**.
- NHS capital more generally remains constrained: any STP capital available must be targeted towards those STPs for which it will demonstrably deliver the greatest benefits in terms of clinical and financial sustainability.
- In order to prioritise funding, therefore, NHSI, NHSE and the DHSC have agreed that the STP capital bidding approach is the single route towards accessing capital for service change.
- We understand this may mean some difficult decisions being made at an STP level, but in the context of capital constraint STPs should be focusing on those schemes which will deliver the greatest benefits in terms of clinical and financial sustainability.
- Please note that whilst STPs' own prioritisation of schemes will be a key factor, in order to access public funding schemes must score well against the six DHSC/Treasury criteria: transformation, patient benefit including demand management and delivery of core targets, value for money, financial sustainability, alignment with estate strategy, and deliverability.
- **Three tables must be completed**:
  - B2) List any small-medium sized capital schemes (with a value under £100m) which require STP capital funding:
    - Only include those schemes within the STP which are planned to deliver over the next five years, and for which STP capital funding is being sought
    - You do not need to include schemes where STP capital funding is not required
    - We anticipate that successful bidders will be announced in Autumn 2018.
  - B3) List all large capital schemes (with a value in excess of £100m):
    - Please include all large capital schemes within the STP that will likely be realised over the next 10 years, irrespective of whether central funding is required. THIS COULD BE A NIL RETURN.
    - This will include: large schemes already submitted in earlier STP capital waves; those schemes known to DHSC, NHSE and NHSI for which funding has not yet been secured (includes schemes approved by the ITFF but not yet approved for funding release by DHSC); and those large schemes known to DHSC, NHSE and NHSI which are yet to apply for public funding.
    - Large schemes which require public funding will be assessed to a different timetable, likely specific to each scheme. It is highly unlikely any schemes will be announced as part of this wave of funding.
  - B4) Ranked in order of priority, any small-medium and large capital schemes which require STP capital funding:
    - Please include all small-medium schemes from B2, and any large schemes from B3 for which you are bidding for STP capital in this round, listed in order of priority.
- **Finally, STP leads must complete the 'sign-off' slide to confirm their support**.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

STP Capital schemes below £100m

Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).

STP scheme name and lead organisation	18/19 (£000)	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)	24/25 (£000)	25/26 (£000)	26+ (£000)	Total STP capital funding requested (£000)	Of which public funding requested (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)
Camden and Islington NHS FT – St Pancras		711	15,775	51,609	15,866	5,160	3,201	3,896	-	96,278	80,600 – Bridging Loan	11,750	95,000

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

STP Capital schemes over £100m

Please all large capital schemes within the STP which will likely be required over the next 10 years, irrespective of whether public funding is required. THIS COULD BE A NIL RETURN.
Large schemes which require public funding will be assessed to a different timetable, likely specific to each scheme. It is highly unlikely any schemes will be announced as part of this wave of funding.

STP scheme name	18/19 (£000)	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)	24/25 (£000)	25/26 (£000)	26+ (£000)	Total (£000)	Of which public funding requested (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)
Moorfields Eye Hospital NHS FT – Project Oriel	932	7,254	7,059	5,869	5,320	30,280	13,823	56,051	66,038	344,000	110,200 and Bridging Loan 142,000	13,795	163,000
Great Ormond St Hospital for Children NHS FT - Phase 4 cancer centre	-	-	-	-	-	-	-	362,000	-	362,000	212,000	TBD	N/A

- An STP capital Bid Template should only be completed for large schemes in this list that wish to enter the process to be considered for public capital and are sufficiently developed.
- Where this is the case, the details in this table must agree to the details in individual Bid Templates.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritisation: All schemes requesting public STP capital

Ranked in order of priority, please list any schemes from B2 and B3, whether small-medium or large, for which STP capital bid templates are being submitted.

Ranking (1 being highest priority)	STP scheme name and lead organisation	Total requested public funding (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)	Brief rationale for prioritisation (Should be consistent with the over-arching supporting narrative in section B4)
1	Camden and Islington NHS FT – St Pancras	Bridging Loan: 80,600	11,750	95,000	See page 94
2	Moorfields Eye Hospital NHS FT – Project Oriel	110,200 and Bridging Loan: 142,000	13.795	163,000	See page 94

We have included a high level overview of the prioritisation process, criteria and assessment of the above schemes against these criteria on pages 94 and 95.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritisation

We have outlined below the key steps involved in the prioritisation process for Wave 4 funding to ensure a fair representation of schemes. across the health and social care system for NCL

1. High priority schemes were subject to assessment against the STP Capital Scheme Prioritisation Matrix.

2. It was agreed at the Estates Board meeting in December 2017 to use the Assessment Matrix developed by NEL. The four following main criteria were established, from which the detailed sub-criteria, forming the body of the matrix, were derived:
   - Leadership and capacity to deliver
   - Demand management
   - Transformation and patient benefit
   - Estates and Infrastructure

3. For both the Acute Provider and CCG schemes to be ranked against the following criteria, good evidence was required to demonstrate support delivery of the STP estate strategy:
   - Deliverability, quality of capital scheme delivery plans and stakeholder engagement/support.
   - Quantifying reduction in demand and response to population growth
   - Advances in new models of care to improve health outcomes and the workforce environment
   - Delivers housing units i.e. key worker accommodation
   - Improves service accessibility
   - Contributes to improving utilisation and conditions of existing health and social care facilities

4. Each CCG and Acute Provider initially scored their own projects and provided rationale for this, with scores out of 5 for each criteria, and overall scores of up to one hundred to give an overall indicator of the scheme in relation to the prioritised schemes across NCL.

5. First moderation workshops took place in January and February 2018, with a further round in May 2018 to up-date for the Estates Strategy. The CCG and Acute Provider rankings were reviewed, and the scores informed which schemes would be prioritised. The schemes outlined for Wave 4 funding, reflect those which successfully met the criteria and are at a level of maturity to enable them to be put forward.

6. Due to the differing scales of the smaller CCG and much larger Acute Provider Schemes, NCL conducted an overlay dialogue which addressed each separate Priority scheme in the context of wider health and social issues, ranging from locally specific context (i.e. population growth) to the quality and availability of care resources within a community.

7. To avoid neglecting the contextually specific issues, this narrative, in combination with scores, dictated the final list of priority schemes across CCGs and Acute providers.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Prioritisation

A high-level overview of the scoring for each priority scheme against the determined criteria for Wave 4 funding are shown in below:

Criterion	Reference no. below
STP alignment	1
Deliverability, quality of capital scheme delivery plans and stakeholder engagement/support.	2
Quantifying reduction in demand and response to population growth	3
Advances new models of care to improve health outcomes and the workforce environment	4
Delivers housing units i.e. key worker accommodation	5
Improves service accessibility	6
Contributes to improving utilisation and conditions of existing health and social care facilities	7

Scheme	1	2	3	4	5	6	7
St Pancras							
Project Oriel							

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

STP Lead Sign Off

I confirm that we have discussed and prioritised our capital projects at an STP level, and the tables in Section B reflect this discussion.

This is the current view of the STP . This remains a draft strategy subject to further work and engagement.

STP Estates Lead Signature

Date:

16 July 2018

STP Estates Lead name:

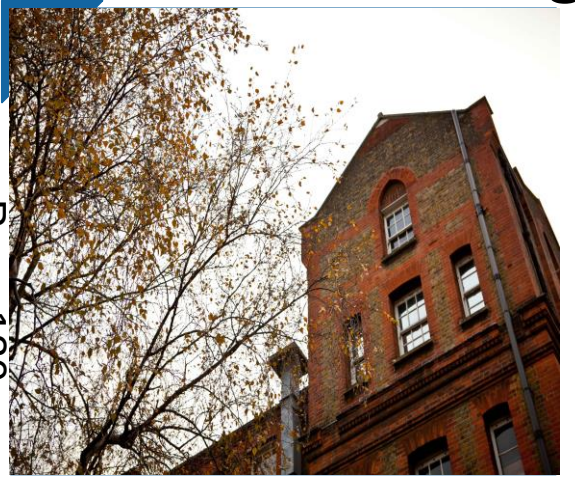
Simon Goodwin – Chief Finance Officer – North Central London CCGs

STP Lead Organisation/address details:

North Central London STP
River Park House
225 High Road
Wood Green
London, N22 8HQ

Appendix D: Case Studies – Priority Projects (where not in main document)

Case Study: St Pancras Site Redevelopment Programme, Camden and Islington NHS Foundation Trust



Project statistics

- Redevelopment of the Trust estate to support sustainable impatient and community services
- New facilities at the St Pancras Hospital site and 2 hubs in Camden and Islington, including a new Institute for Mental Health
- Re-development will allow an estates opportunity for Project Oriel
- Bridging loan required for £80.6m in Q2 22/23 (£125m in Q3 20/21 should Moorfields not move to SPH)
- Construction to begin Q4 2020/2021

Project Summary

- *'The estate at St Pancras Hospital is not fit for delivering modern health services'* [1]
- This project works synergistically with Project Oriel as site for redevelopment required to rehouse Moorfields and UCL Ophthalmology Institute; of the land released, up to 2 acres of the St Pancras site will be sold to Moorfields for Project Oriel. MEH will partially fund the move from the release of their Old Street site.
- The programme enables an overarching transformation of the estate to enable effective delivery of the Trust's Clinical Strategy along with national and local health strategies through the development of a range of health services and research facilities. It puts service users at the centre, building more visible, more accessible and more integrated services for people locally alongside world class research driving the very best practice.
- Redevelopment of areas of the Trust estate to support delivery of sustainable inpatient and community services, that increase integrated working with partners, whilst addressing ageing and expensive facilities that are no longer of an acceptable condition.
- The programme enables delivery of the Trust's clinical strategy which focuses on the needs of service users and their carers; supporting early intervention; improving environments for care and recovery (co-designed with service users); allowing more collaborative research and delivery of joined-up services that promote holistic care.
- Investment in new facilities for community services provided on the SPH site, with hub sites in Islington and one in Camden.
- Re-provision the adult acute and rehabilitation inpatient facilities at SPH to a site adjacent to Highgate Mental Health Centre (HMHC) to be purchased from the Whittington.
- The new facilities provided at the SPH site will also accommodate a new Institute for Mental Health ("IoMH") on behalf of Universities College London ("UCL").
- This scheme will also enable provision of affordable housing in the borough of Camden. [1]

Project Finance

- The requirement for this programme is for a bridging loan only
- Peak of £80.6m in Q2 Financial Year 22/23 assuming Moorfields move to SPH
- Peak of £125m in Q3 Financial Year 20/21 should Moorfields not move to SPH
- Scheme financed by land release and Trust reserves.
- Residential floor area released of a minimum of 13000m^2 with Moorfields and 28300 m^2 without Moorfields

1. Camden and Islington, MEH and St Pancras Briefing note re: letter from Lord O'Shaughnessy dated 19.6.18
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: St Pancras Transformation Programme – Community Hubs

Place based approach

Key Points

- Two community mental health hubs as part of the St Pancras Transformation Programme
- To be located in Camden and Islington
- Growing mental health requirements in Camden and Islington, and a worsening existing clinical facility
- Hubs will enable care closer to home and early identification of patient needs
- Hubs will integrate with existing services and providers
- Gross project cost £40.6m
- Funded via disposal proceeds

Project Summary

- The Trust provides mental services to approximately 30,000 people per year, however the St Pancras Hospital (SPH) site, a former Victorian Workhouse, and the inpatient units are no longer fit for purpose, and are outdated and unsafe.
- The proposals, as part of the St Pancras transformation, are currently being developed for discussion with the public and local community.
- Subject to the outcome of the consultation, this will see a contemporary and accessible estate for across Camden and Islington, including two community hubs will be developed to house a number of community services.
- The hubs will be located in Camden and Islington, and will be procured via ProCure 22.
- As opposed to multiple sites for small teams, the community hubs will facilitate the coordination of services and enable providers to deliver care closer to home, which is higher in care quality and patient experience
- An options appraisal has identified two sites, one at Greenland Road and the second at Lowther Road, as potential locations for the hubs.
- The hubs will enable effective delivery of the Trust's Care Strategy which puts service at the centre and builds more visible, accessible and integrated care for people locally, alongside world class research driving the very best practice.
- Both facilities will provide a familiar, non-stigmatizing and non-acute setting which can best address the increasing mental health needs of a growing population, encouraging patients to seek help early.
- The St Pancras Transformation Programme (of which the hubs form a part), requires a £125m Bridging Loan .
- Planning permission has been granted for both community hubs, and the procurement process is currently underway, with an outcome expected in June 2019.
- The hubs are due to complete in December 2022.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: Finsbury Leisure Centre Redevelopment

Changes in demand

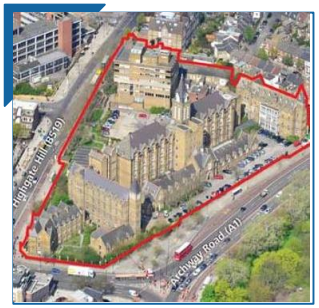
Project statistics

- Redevelopment project led by London Borough of Islington, including 120+ residential units, an energy centre, nursery and health centre
- To address the housing shortage in Islington through the provision of homes, particularly for families and the elderly
- Planning submission anticipated: summer 2018
- Gross capital cost of £1m within wider £68m project
- Funded via S106

- As part of the developments in the Bunhill Ward, a S106 agreement has been offered on the site of Finsbury Leisure Centre, for a health centre to provide primary care services to residents.
- At present, only one GP practice exists in the very northern periphery of Bunhill.
- A selection process has identified City Road Medical Centre as a suitable practice to move to the new larger premises at Finsbury Leisure Centre.
- The City Road Practice is currently operating at maximum capacity, with little opportunity to offer additional services.
- The clinic currently serves a population of 6500 residents which is growing in size and has changing needs.
- City Road Practice therefore seeks to continue to offer high quality care for the population in a new, larger facility which enables collaboration with the local community, and to co-produce new services which increase self-care and prevention.
- The new facility would house up to 12 consulting rooms, and will extend links with the leisure centre and nursery in order to become a health and wellbeing hub for the local population.
- The practice would offer extended hours, in addition to its existing Saturday morning services, which would enable a greater choice of access for patients and support the goal to move care closer to home and reduce unnecessary A & E visits.
- The new building is expected to be developed in 2021/22.

Case study: Archway Primary Care Hub

Place based approach



Archway project statistics

- A new primary care hub in north Islington to cater for the increasing population,
- The facility would coordinate with the plans adjacent to the site to create a local enterprise centre, library and health facility
- The estimated cost is £1.77m.
- Funded via ETTF

- The Primary Care Hub will be situated within north Islington, an area which is experiencing rapid population expansion.
- The existing facility is in a poor state of repair, hence a the new premises would improve the current provision of care, whilst providing additional resource to local practices.
- The hub would allow collaboration between existing practices within the borough, and support the initiative of facilitating care closer to the home, relieving hospital capacity pressures.
- Located close to the Whittington Hospital A&E department (4 minute walk), the hub would provide an effective opportunity to manage urgent care services, as set out in the NCL STP.
- A feasibility study suggests the Primary Care Hub could house a primary care provision to accommodate 10,000 registered patients.
- This provision would incorporate an array of dedicated clinical rooms for consultation and treatment purposes, whilst being adaptable to incorporate community services and administrative space.
- WH is discussing proposals to increase levels of staff accommodation for NHS staff.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Andover Medical Centre expansion (Islington CCG)

Place based approach

Project statistics

- Expansion of the existing Andover Medical Centre on an alternative site
- To accommodate increasing population and demand for appointments
- Gross capital cost £3.6m
- Funded via ETTF
- To complete in 2020

- Andover Medical Centre requires additional capacity in order to provide extended primary care services to the local population, which is experiencing significant growth, hence there exists an increasing requirement for clinical services in the area.
- The landlord of the existing site has withdrawn consent for expansion of the site, hence the CCG and practice has considered alternative locations; a preferred site has now been identified.
- The entire existing Andover Medical Centre would therefore be relocated to a soon to be vacated larger commercial premises, which is to be redeveloped as a fit for purpose primary care facility.
- The Care and Quality Gap Prevention Indicator (PHE, 2015) showed Islington CCG performed worse than the national average in 7 out of 12 categories; the additional space will provide an additional 484 GP and 202 out of hospital community service appointments per annum, which will help improve preventative care and relieve capacity pressures on acute providers.
- The new, purpose-built facility will be tailored to the increasing health requirements of the population through a variation of clinical space which will broaden the scope of primary care services.
- The scheme achieved PID/SOC in May 2018, with a start on site scheduled for October 2018; it is hoped the facility will be operational by December 2019 to fully complete in January 2020.
- The total project cost is £3,600,000; the funding breakdown is not confirmed.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: Green Lanes & Tottenham Hale (Haringey CCG)

Changes in demand

Hawes & Curtis Green Lanes statistics

- A new health centre located within the Haringey CCG
- GMS Practice to move in
- OBC in development
- ETTF shortfall on total capital
- Planning permission obtained
- To complete in Jan 2021
- Total cost of £5m
- Funded via ETTF and CCG rent

- A new health centre is required in the Haringey CCG to address a shortage of primary care within the area.
- The location surrounding the health centre is an area of housing growth and a number of local practice closures, hence an increasing population and a need for increased primary care capacity.
- Haringey is a borough with one of the highest rates of deprivation relative to the national picture, and the healthy life expectancy ages for men and women are either equivalent to, or worse than the national averages.
- According to PHE and HSCIC (2015), Haringey falls under the national average within vaccination coverage, excess weight in 10-11 year olds, and cervical and breast cancer screening categories.
- There is subsequently a strong demand for primary care at the community level in order to address these poor performing indicators, and provide adequate care closer to home for a growing and diverse population.
- The gross capital cost of the project is £5,000,000, to be funded via the following:
  - £2.7m ETTF
  - £2.3n through rent paid by CCG
- PID/SOC and an Options Appraisal have been completed, and planning is granted
- The project is expected to start by the end of 2018 and be operational by January 2021.

Changes in demand

Tottenham Hale Welbourne Centre

- A new health centre located within the Haringey CCG
- A GMS and an APMS practice
- OBC in development
- ETTF shortfall on total capital
- Planning to be submitted in summer 2018
- To complete in Jan 2021
- Total cost £6.5m
- Funded via ETTF and CCG rent

- The health centre will provide additional primary care resource to an area undergoing regeneration, with significant housing growth and therefore an increasing population.
- This will extend the provision of health facilities within an area which currently has a shortage of primary care, as well as supporting the care close to home initiative, reducing the quantity of avoidable admissions to acute facilities and A&E.
- As in the case of Green Lanes, the borough of Haringey has performed poorly in terms of childhood obesity levels, vaccination coverage and preventative screening, therefore the provision of additional facilities can address these factors.
- Through the investment in facilities now, preparation for the implications of regeneration and a growing population across the borough will be better handled to improve long term patient experience.
- The gross capital cost of the project is £6,549,781, to be funded via the following:
  - £3,790,080 ETTF
  - £2,759,791 through rent paid by CCG
- PID/SOC and an Options Appraisal have been completed, planning permission is expected to be received in Dec 2018/Jan 2019.
- OBC (LIFT stage 1) is expected to be achieved in October 2018, FBC (LIFT stage 2) for January 2019, with a start on site in early 2019 and operational completion in Jan 2021.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Royal Free London (RFL) Chase Farm CSSD

Changes in demand Place based approach

Project statistics

- Delivery of a centralized unit for sterilisation and endoscopy decontamination
- Co-ordination of services currently existing at Chase Farm, Barnet and Hampstead
- To be located on a current industrial site on Chalkmill Drive in Enfield
- Gross capital cost of £13.8m
- Part funded (£9.7m) via commercial borrowing
- Phased commencement of operations from spring 19 to autumn 19

- In order to generate quality improvements and operational efficiencies for RFL and other NCL STP and wider London trusts.
- Existing individual facilities at Chase Farm, Barnet and Hampstead will be closed down and relocated to a new identified industrial site in Enfield, which will enable estate savings and create potential surplus land opportunities at Barnet Hospital.
- The new unit, at full capacity, will allow for 12 million instruments to be processed per annum on a 12 working hour model or 20 million instruments on a 24 hour working model, RFL volumes are expected to reach 6 million by year 4, and the remainder of the capacity will be available to other trusts that wish to use the service via the shared service arrangement or framework agreement.
- As the throughput of the facility increases, unit cost will decrease. All customers will benefit from a reduction in unit price of the service arising from economies of scale or profits from non-NHS work
- Finance is in place with GE capital in the form of a loan, with the opportunity to terminate this, which covers the cost of the fit out. PDC funding will reduce the cost of delivery by approximately £1m year for the first ten years.
- Private finance options were considered
- Machinery and on-going maintenance will be procured directly from the equipment manufacturer as a managed equipment service.

1. Where not otherwise stated, reference for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Royal Free - Chase Farm: Primary care (Enfield CCG)

Changes in demand

Place based approach

Project statistics

- Closure of A&E at Chase Farm site
- Consideration of the site for Primary Care facility within the community
- Royal Free NHS FT has offered Enfield CCG 800m2 of space at Chase Farm for Primary Care and Community Services
- Gross capital cost £750,000
- To be funded via S106 proceeds (to be determined)
- A feasibility study took place in 2016, the completion date is not confirmed.

- The locality surrounding the former A&E site at Chase Farm is facing a severe lack of Primary Care and Community facilities.
- There is significant pressure from the political community at the local and government level to consider the site, and all other potential contenders for such uses, as a feasibility study was requested in 2016 at a cost of £51,000.
- The provision of Primary Care at the local level is an integral part of NCL's ambition to extend the availability of community-based services, which encourages preventative and early intervention oriented care across the whole population.
- Through the provision of a large site offering a wealth of Primary Care services in a purpose-built, modern environment, patient experience will be significantly increased whilst making effective use of the site following its closure as an A&E unit.
- A visible and fit-for-purpose Primary Care facility embedded within the heart of the community will reduce patient wait times and current capacity on existing primary care facilities, whilst encouraging patients to seek early advice at the facility, also avoiding unnecessary trips to A&E.
- The project has not yet been allocated a timescale, hence the completion date is unconfirmed.
- The estimated project cost is £750,000, which will be part-funded by a S106 contribution (amount unconfirmed).

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads
2. Image courtesy of Enfield CCG

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Village Practice Expansion (Islington CCG)

Place based approach

Key Points

- Expansion and transformation of the existing Village Practice in Islington CCG
- Providing additional capacity for a greater scope of services and population increase
- FBC (LIFT stage 2) forecast July 2018
- To complete October 2020
- Gross capital cost £960k
- Funding TBD.

Project Summary

- The project is expected to transform and expand the existing Village Practice to facilitate a significantly larger local centre for primary care.
- The area surrounding the Village Practice is forecast to experience a surge in local population, hence a growing patient list size and a strain on the capacity of existing primary care services.
- The increased space delivered by expansion project would provide improved patient experience through the greater availability of appointments and dedicated consultation space.
- In total, 3 new consultation rooms would enable 389 extra appointments for patients per week, which equates to 20,228 per annum.
- This project is crucial in supporting the wider strategy of encouraging Care Closer to Home, ensuring acute facilities, such as A&E, can treat patients with the most urgent care requirements.
- The Village Practice expansion will enable CHIN working, and in addition to reducing avoidable A&E visits, will decrease activity at non-elective and out-patient facilities.
- The timescale for the Village Practice Expansion is as follows:
  - FBC (LIFT stage 2) – 14/07/2018
  - Planning approval – 1/11/2018
  - Start on site – 1/02/2020
  - Practical completion – 1/09/2020
  - Facility operational – 1/09/2020
  - Project completion – 1/10/2020
- The total cost of the project is £960,000 and the funding strategy is being developed.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: The Iceland Building - Wood Green (Haringey CCG)

Place based approach

Iceland Building - Wood Green statistics

- A new health centre located within Haringey CCG
- GMS Practice to move in
- OBC in development
- Planning permission obtained
- To complete in Jan 2021
- Total cost of £5.1m
- Funded via ETTF

- The health centre will provide additional primary care resource to an area undergoing regeneration, with significant housing growth and therefore an increasing population.
- This will extend the provision of health facilities within an area which currently has a shortage of primary care facilities, as well as supporting the care close to home initiative, reducing the quantity of avoidable admissions to acute facilities and A&E.
- As in the case of Green Lanes and Tottenham Hale, the borough of Haringey has performed poorly in terms of childhood obesity levels, vaccination coverage and preventative screening, therefore the provision of additional facilities can address these factors.
- Through the investment in facilities now, preparation for the implications of regeneration and a growing population across the borough will be better handled to improve long term patient experience.
- The gross capital cost of the project is £5m, to be funded via ETTF.
- PID/SOC and an Options Appraisal have been completed, and planning permission has been granted.
- OBC (LIFT stage 1) is expected to be achieved in October 2018, FBC (LIFT stage 2) for January 2019, with a start on site in early 2019 and operational completion in Jan 2021.

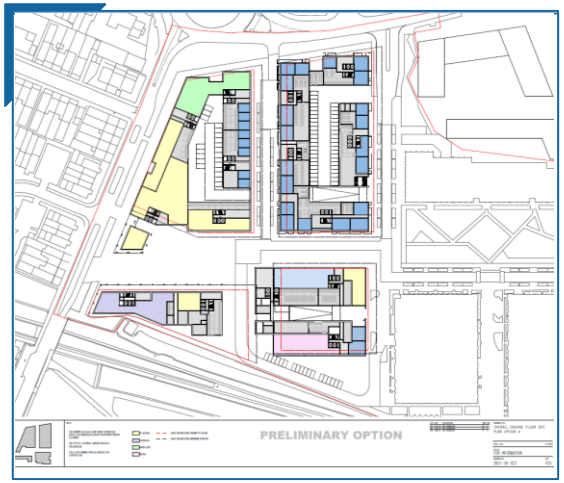
1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Colindale III

Changes in demand



Key Points

- Scheme Completion 2023/4
- Delivers additional capacity – Primary care at scale
- Total area up to 1500m^2
- Estimated gross capital cost of £6.5m
- Scheme to be funded through S106, plus additional capital/revenue support required (additional funding to be determined)

- Colindale Regeneration Programme is a substantial re development of Colindale Ward.
- Additional 11,000 people will have moved in to the ward by 2019.
- Over the period 2011 – 2030 the population is predicted to increase by 23000 people.
- Barnet CCG plan 3 responses:
  - Colindale I - creation of Community Hub to re place existing health centre
  - Colindale II - Temporary facility (2019/20) to absorb growth
  - Colindale III – new health facility in Central Colindale

- Colindale III: New site available adjacent to Colindale Underground Station
  - Composition of scheme to be decided but will include
  - General Practice(s)
  - Extended primary care services

- Completion anticipated 2023/4.
- Scheme area up to1500m^2.
- Planning application October 2018.

1. Where not otherwise stated, reference for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Colindale I

Changes in demand Place based approach

Key Points

- Scheme Completion 2022/3
- Will deliver addition capacity for primary care at scale
- General practice area circa 1,000 m2
- Estimated gross capital cost of £4.3m
- Scheme to be funded through S106 plus ETTF funding

- Colindale Regeneration Programme is a substantial re development of Colindale Ward.
- Additional 11,000 people will have moved in to the ward by the end of this year.
- Over the period 2011 – 2030 the population is predicted to increase by 23000 people.
- Barnet CCG plan 3 responses:
  - Colindale I - creation of Community Hub to re place existing health centre
  - Colindale II - Temporary facility (2019/20) to absorb growth
  - Colindale III – new health facility in Central Colindale

- Colindale I: Development of Grahame Park Community Hub comprising:
  - New health facility to accommodate existing practice plus room for expansion
  - Nursery
  - Children's Centre
  - Community Hub
  - Ancillary support accommodation

- Completion anticipated 2022/3.
- Scheme design will commence late 2018. Scheme has been delayed because of wider planning issues concerning the estate redevelopment.

1. Where not otherwise stated, reference for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Finchley Memorial Hospital

Changes in demand

Operational Efficiency

Key points

- Opened 2013 as part of NHS LIFT programme
- Gross project cost £25m
- Funded via land disposal proceeds
- Has previously experienced significant under-utilisation
- Void cost in 2016 were >£1.5m, largest in NCL and now reduced c.£200,000 since utilisation project
- 9,582 m^2 GIA. The building is now almost 95% fully let
- Void GP space is close to being let by end of 2018
- Potential to improve utilisation of let space which includes RFL and CLCH

Project Summary

- Finchley Memorial Hospital has until recently, suffered from considerable under-utilisation. Over the last 2-3 years Barnet CCG has led a commissioning-focussed project to improve how this excellent building is used and to better improve primary care and community health services for local people with the aim of:
  - Maximising utilisation of all clinical and non-clinical space
  - Developing a range of services more closely integrated to the greatest health care needs & strategic objectives of the local health system
  - At Finchley this has meant the development of the following services, which directly relates to most urgent requirements from the surrounding population; Older people's assessment services; Discharge to assess; Primary care; Breast screening; and; CT Scanner
- A commissioning project team was set up led by a project manager to evaluate the opportunities offered in the building.
- A range of commissioning options were evaluated exploring how they met the CCG's commissioning objectives, their need for additional facilities how well they would fit into the new building.
- The Project Team developed cost benefit analyses and prepared business cases to get approval.
- Finally the project manager led task and finish groups to implement the changes.
- Finchley Memorial Hospital is a Home for NHS Staff pilot under One Public Estate round 6, with £30,000 awarded to progress work from phase 3 and bring forward delivery of the site.

Project Finance

- Capital cost £25m
- Void areas of the building have been greatly reduced. At Finchley the utilised area of the building has risen from 75% to 95%.
- Recurrent savings to the CCG through reduction in void costs are circa £1.3m per annum.

1. Source: NCL Devolution Pilot Outline Business Case, November 2017
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Edgware Community Hospital

Operational Efficiency

Project statistics

- A community hospital on the A5 arterial road corridor owned by NHSPS
- Total site health space of circa 30,000 m2 comprising Main hospital and 10 buildings within the site
- Total running costs circa £13.5m /backlog maintenance of £1.1m
- Current voids c7,000 m2
- Barnet CCG has returned 2,000 m2 of void space to NHSPS under vacant space policy
- Current voids c£1.2m

Project Summary and approach

To create a new master plan for the site which will enable services to be reorganised in order to maximise occupation and improve efficiency and to release land for alternative use development.
As recommended by the 2016 OPE Feasibility Report, a Commissioner led Project Board has been set up to oversee and evaluate the opportunities offered by high level masterplan and delivery process that will:

- Support CCG strategic outcomes/local transformation
- Enhance the Community Hospital - Improve flow of retained estate Support wider NHS investment through disposals
- Maximise efficiency and utilisation
- Reduce void costs and eliminate backlog maintenance
- Improve efficiency of the office accommodation in line with agile working practises
- Contribute to the government targets for capital receipts and HU from surplus estate

The Opportunity

The 2016 feasibility study found that there is significant potential to consolidate accommodation and release land. The report recommended the preparation of a new development master plan for the site targeting the re-organisation of services to rationalise and release land for alternative use.

Project Next steps - June to November 2018

1. Establish Project Board approach and set up
2. Confirm and sign off health services and accommodation requirements
3. Procurement of full consultation team
4. Confirmation of planning constraints and opportunities
5. Conduct feasibility studies for proposed on-site relocations (utilisation, space planning)
6. Development outline design options studies Initial masterplan proposals

1. Source: NCL Devolution Pilot Outline Business Case, November 2017
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

Appendix E: Other Case Studies

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case studies: Clinical transformation

Section 136 Suite for CAMHS

- Under Section 136 (S136) of the Mental Health Act, those believed to be suffering from a mental health disorder can be detained by the police and taken to a place of safety.[1]
- Utilisation of the estate to provide a dedicated S136 suite for crisis care would both relieve pressures on A&E and provide Children and Young people with a more suitable environment for their care whilst under section. A proposal has been made to utilise facilities within C&I at Highgate Mental Health Centre for the purposes of a S136 delivery environment.[2]
- This scheme forms part of the pipeline of activity for future waves of capital funding.

Adult Elective Services review

- As outlined in the GIRFT report, if orthopaedic services, within a certain geographical area and with an appropriate critical mass were brought together, either onto one site or within a network, not only would patient care improve but potentially billions of pounds could be saved nationally.[4]
- As such we are working toward consolidation of our 12 elective orthopaedic 'cold' sites. This will allow us to provide better quality patient care, drive recruitment and retention , derive efficiencies from standardisation of practice and further leverage economies of scale.
- We are currently undertaking an estates review to identify possible sites for consolidation of services and this will then contribute to submissions for further waves of funding.

Crisis Service at RFL

- Crisis care is currently variable across the CCG's. Type, location and resource allocated to provision of outreach services differs across the patch (more comprehensive offering in the south of the STP).
- Our goal is to offer 24 hour crisis care, closer to home with fewer paediatric admissions for mental health crises.
- The five NCL CCG's have identified a budget of £500k to pilot OOH Crisis services within an acute provider. Criteria for the site were:
  - Rapid mobilisation
  - Established working relationships with other NCL CAMHS providers
  - A local site including provision of paediatric A&E.
- Currently the Pond Street site at RFL has the capacity to provide these services
- This pilot will launch in Q1 2018/19.
- Further roll out, following this proof of concept, will require an estates review and will form part of the pipeline of estates activity going forward.

Diagnostics Integration

- As part of our drive to fully utilise digital enablers across the system, we are working towards an integrated diagnostics system. To allow primary and acute providers access to diagnostic test results across the system to avoid duplication, and release diagnostic capacity for RTT.
- Currently we have contracted many of our imaging services to a third party but will require an estates review to build this capability 'in house'. This will allow better oversight over quality control and facilitate integration once digital tools are in place.
- We are currently in the process of contracting a technology partner to build the digital infrastructure required. The second phase will include roll out to enable GPs to review diagnostics results from the acute provider and vice versa. This will be partially funded through release of our imaging partner.

1. Section 136 – Mental Health Act 1983
2. Application for a Department of Health Grant 2017-18 - Beyond Places of Safety
3. NCL CAMHS out of hours crisis service February 2018 – Briefing Note
4. A national review of adult elective orthopaedic services in England - Getting it right first time (March 2015)
5. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Community Maternity services

Place based approach

Delivery capability

Key Points

- Co-location of peri-natal services for women in Children's centres to maximise alignment with existing services.
- 2 pilots in Haringey and Camden launched/soon to launch.
- Current pilots cater to c.100 vulnerable women in the boroughs to provide continuity of care in the community.
- Current financial modelling underway to test the viability of this model at scale.

Project Summary

- In order to deliver community maternity services through new models of intrapartum care, the Maternity workstream in NCL is currently working towards co-location of maternity services in Children's centres to provide maximum overlap with existing services, such as Health Visiting and Early Years provision, driving estates efficiencies.
- Following an extensive process of stakeholder engagement, two pilot sites were agreed; one at the Harmood Children's Centre in Haringey, and one at the Park Lane Children's Centre in Camden.
- The hubs will each provide locally based care to cohorts of around 100 vulnerable women, with co-location in Children's centres providing a suitable alignment of services between maternity and children's health.
- SOP's have been formalised for both hubs. The Haringey Hub has launched and is now open to recruitment for midwives and the allocation of service users. The Camden hub will launch in May 2018.
- The hubs will each be staffed by 6 WTE midwives from two Trusts, working together as a team to provide locally based continuity of care.
- Economic modelling is underway to demonstrate the potential longer term financial sustainability of these hub models and the NCL Early Adopter programme has linked with the NCL STP finance department to build a business case to support the move toward community based midwifery services.
- We are working with Middlesex University to develop a standardised method of evaluation of the experience of women using these facilities .

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads
2. Image courtesy of Whittington Hospital NHS trust

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Phase 4 – New Clinical Facility (haematology, oncology & short-stay surgery) and Proton Beam Therapy, UCLH NHS Foundation Trust

Delivery capability Estates Transformation

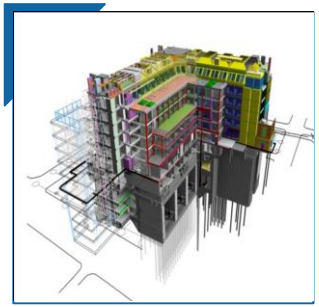
Haematology/Oncology Unit

Key Points

- A new facility for blood disorder services.
- Approved March 2015, currently under construction, to complete 2020.
- Adjoining to the new Proton Beam Therapy Centre at UCLH.
- Gross cost of £227.8m.
- Funded via donations and a loan.

- This project will provide a purpose-built facility dedicated to developing Europe's largest blood disorder services, on the UCLH site.
- Adjoining the Proton Beam Therapy Facility (see opposite) and to complete 2020, the project will provide a focus for haematological and oncological care.
- The project will build on UCLH's leading reputation for excellent clinical care, and specifically for world-class oncological services.
- The state-of-the art facilities will provide a hub of outstanding centre for haematological care and training on a nation and international scale.
- On the scale of the local borough, the facility, once completed alongside the Proton Beam Therapy Facility, will provide an invaluable treatment hub and additional resource for NCL, in which cancer is a leading cause of death.
- The cost of the project is £227.8m, which is funded by the following:
  - £25m donations
  - £202.8m loan
- The completed project will open to patients in 2020.

Estates Transformation



Proton Beam Centre

Key Points

- The Proton Beam Therapy (PBT) centre at UCLH is currently under construction.
- This will be the second NHS facility of its kind to be delivered in the UK.
- The project was first approved in March 2015, and is due to complete in 2020.
- The gross cost of the project is £138.6m.
- Funded via donations, loan, PDC and Trust cash.

- The delivery of this state-of-the-art Proton Beam Therapy Centre will provide the second NHS facility to treat cancer patients, following in the footsteps of The Christie in Manchester.
- Proton Beam Therapy (PBT) can target a tumour more precisely than conventional radiotherapy, whilst sparing surrounding healthy tissue and reducing longer term side effects.
- Within NCL, cancer is the second leading contribution to the life expectancy gap between the least and most deprived areas therefore the availability of PBT as an NHS treatment corresponds with the NCL strategy to ensure the whole population has access to excellent care.
- UCLH and UCL are world-renowned institutions of clinical excellence and education, specialising in oncological research and treatment and therefore delivery of this project will enhance the Trust's existing reputation for world-class care, whilst simultaneously unlocking life-saving treatment to patients on a local, national and international scale.
- The project received Business Case approval in March 2015, and construction is currently underway, with a scheduled completion date for 2020.
- The gross cost of the PBT facility is £138.6m, which is funded by the following:
  - £10m donations
  - £75m PDC
  - £52.5m loan
  - £1.1m Trust cash

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: UCLH New Clinical Facility (ENT and dental) and GOSH Cancer Centre

Delivery capability Estates Transformation

UCLH ENT Facility

Key Points

- The provision of a new clinical facility for ear, nose, dental, throat and mouth services
- The coordination of services in one bespoke clinical environment
- To complete in October 2019
- Gross cost of £104m
- Funded via Royal Free and loan funding

- The Phase 5 development will improve the quality of patient care through the delivery of a dedicated clinical environment, combining the services available in a state-of-the-art facility.
- The project will further enhance the international reputation of UCLH for outstanding clinical care and training facilities, establishing a globally renowned hub for ENT services.
- Through the integration of services under one roof, the enabling of streamlined and comprehensive patient pathways will improve patient experience.
- The project was approved in March 2015, and is due for completion in October 2019.
- The total cost of the project is to be £104m, to be funded via the following:
  - £22.4m Royal Free
  - £81.6m loan

Estates Transformation

GOSH Cancer centre

Key Points

- Phase 4 of the GOSH Masterplan to develop a cancer centre for children and young people
- Gross capital cost of £362m
- Funded via charitable donations and other sources
- Currently in OBC in development phase
- To complete and open for operation in 2026

- This scheme forms Phase 4 of the Masterplan which will develop the site of the Frontage & Paul O'Gorman Buildings on Gt Ormond St and provide a state of the art Cancer Centre for children and young people.
- The children and young peoples' cancer centre at Great Ormond Street Hospital will provide world-class facilities for what is the largest Paediatric Cancer Service in Europe.
- Current facilities at GOSH for cancer services are operating from disparate accommodation; buildings which range in age from the 1930s to the 1990s are becoming increasingly less suitable, therefore the new state-of-the-art facility would align the hospital's global reputation for outstanding care with equally high-standard facilities.
- The new facility will include BMT wards; cancer inpatient and daycase facilities, iMRI and PET MRI and a world class pharmacy and clean room facility. The project also includes a new main entrance, clinical research facility and hospital school and gardens. It will enable greater access to novel therapies and treatments.
- **OBC is currently in development with an** experienced in-house team supported by Currie & Brown; Michelmores; Jim Chapman Architect, BDP Town Planner
- Project Cost is £362 with £150m funding already identified through charitable donations.

1. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case study: GOSH Learning Academy

Estates Transformation

Key Points

- A charity funded project to enhance and assemble education facilities at GOSH, to benefit the quality of teaching across the Trust and wider NHS.
- The Learning Academy will cost £30m, and provide a 300-seat lecture theatre alongside modern learning spaces and a simulation centre.
- Funded via charitable donations.
- OBC (LIFT stage 1) was achieved by the Trust Board in May 2018.

Project Summary

- Teaching at GOSH currently takes place across multiple sites, including off-site rental spaces, thus the delivery of the Learning Academy would instill GOSH's learning facilities with a collaborative, community identity.
- The provision of guaranteed teaching and learning space in line with GOSH's national and international profile, would increase the certainty and quality of teaching across the Trust, NHS and local student population, with the learner able to fully engage in their education in a dedicated environment.
- A protected, fit for purpose learning environment will drive recruitment and retention of Paediatric expertise in the NCL geography. This is in the context of a recorded annual loss of paediatric trainees of 4.6% with 43.5% reporting that they have no protected teaching time.[1]
- The learning space would be adaptable and adequate technology enabled to engage learners in multimedia and remote learning, including a flexible 300-seat lecture theatre, video conferencing rooms, breakout pods and e-learning facilities.
- These facilities, which would include a VR and Haptics room, would co-ordinate with the new GOSH Innovation Hub at nearby 40 Bernard Street, capitalising on the benefits of simulation in excellent quality clinical education.
- The remaining space, designated for agile workstations for the central education teams, would allow efficient oversight of learning programmes and collaboration of resources.
- The total cost of the GOSH Learning Academy has been estimated at £30m which would deliver all the above facilities to cover the 3,000 m^2 site. This project is entirely funded through charitable donations.

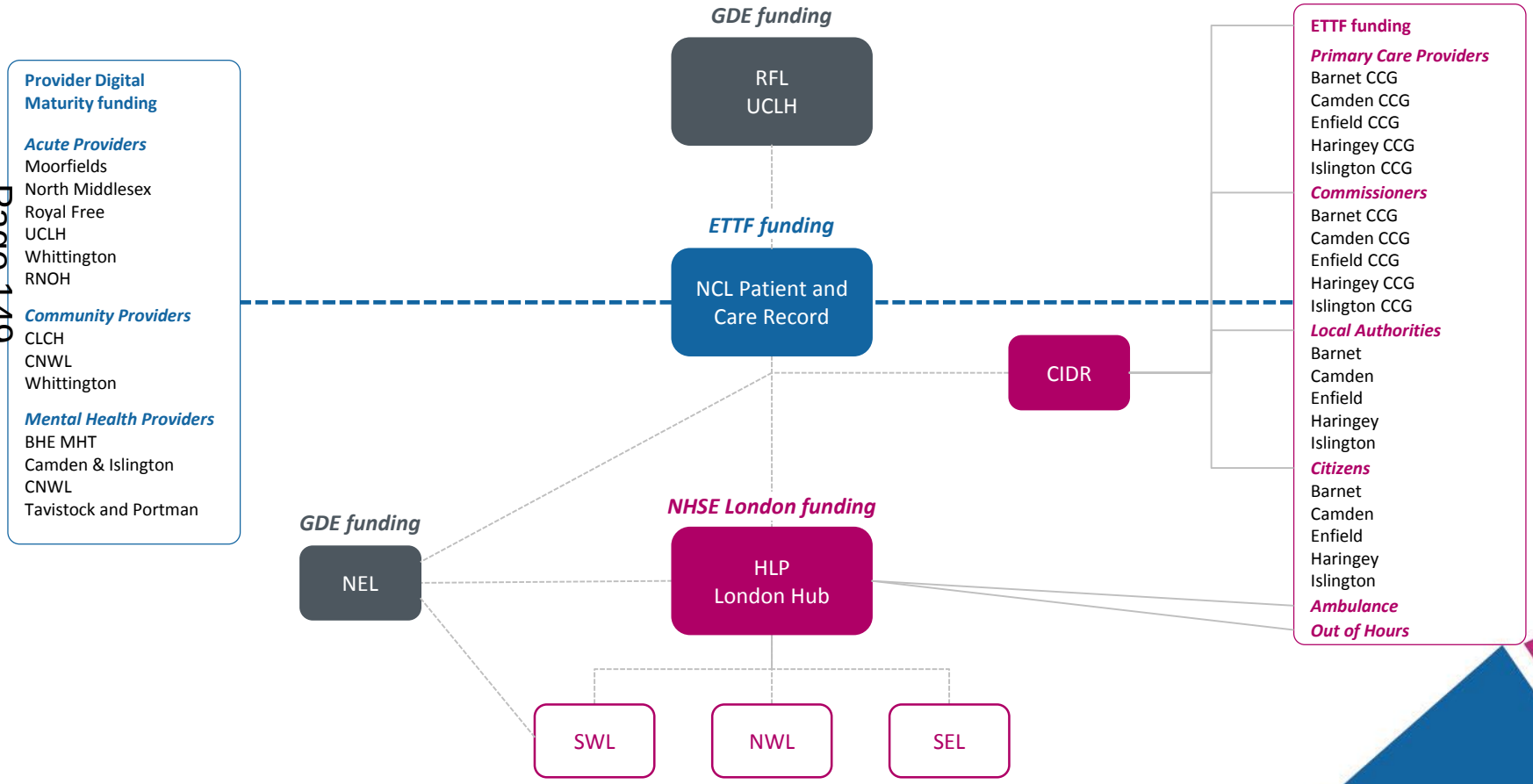
1. Modernising medical careers (MMC) cohort study – RCPCH (2018)
2. Where not otherwise stated, references for these case studies are provided by the STP project SRO or workstream leads

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Case Study: Funding for Integrated Digital Care Record

Optimised digital tools and infrastructure are critical success factors to delivering improvements as a result of estates schemes. As such we have been working towards a shared patient record across the system to improve productivity and efficiency across care providers. We have outlined below the various funding routes through which this has been achieved.



Appendix F: STP Organisations - Estates Strategies

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

CCG and Provider Estates Strategies (1/2)

Name of STP partner organisations	Estate Strategy (Yes / No)	Status (Live / Draft)	Date of last Board Approved Estate Strategy	Comments
Barnet CCG	Yes	Live	July 2016	Currently being refreshed to take into account changes in priorities and Local Estate requirements.
Camden CCG	Yes	Live	November 2017	
Enfield CCG	Yes	Live	September 2017	Currently being refreshed to take into account changes in priorities and Local Estate requirements.
Haringey & Islington CCG	Yes	Live but in process of being refreshed	Being updated	Currently in the process of significantly refreshing the Strategy for approval through the Wellbeing Board. Draft targeted to be available by end of Jun 18
Moorfields Eye Hospital NHSFT	Yes	Live	June 2017	Part of land acquisition business case for Project Oriel
North Middlesex University Hospital Trust	Yes	Live	2014	Currently being updated to take in changes for the clinical strategy which is also being updated.
Barnet Enfield Haringey Mental Health Trust	Yes	Live	March 2018	

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

CCG and Provider Estates Strategies (2/2)

Name of STP partner organisations	Estate Strategy (Yes / No)	Status (Live / Draft)	Date of last Board Approved Estate Strategy	Comments
University College London Hospitals NHS FT	Yes	Live	2016	2016/17 Estates Strategy in process of being up-dated for 2018/19
Royal National Orthopaedic Hospital NHS Trust	Yes	Live	2008	The focus has been on delivering the masterplan for the redevelopment of the Stanmore site
Camden and Islington NHS FT	Yes	Live	April 2017	
Tavistock and Portman NHS FT	Strategic Master Plan – Relocation	Live		FT has a Strategic Master Plan – Relocation – signed off by Board
Great Ormond St Hospital for Children NHS FT	Masterplan 2015	Live	February 2015	Sets out final phases of development plan for the GOSH site including: Phase 4 cancer centre Phase 5 development of the northwest part of the island site.
Royal Free London NHS FT	Yes	Live	September 2015	2015/16 Estates Strategy in process of being up-dated for 2018/19
The Whittington NHS Trust	Yes	Live	February 2016	The WH high level Estates Strategy approved in 2016 continues to be valid. This strategy is informing the comprehensive estate planning process now being undertaken, which will inform the order and method of project delivery. This will support the delivery of WH integrated services and the NCL vision for care closer to home, and address the key WH estate priority areas of: maternity and neonatal facilities, the community estate, specialist community children's facilities, staff residences, training and education facilities, site infrastructure and backlog.

Appendix G: Capital Investment Pipeline – Long List

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Capital Investment Pipeline – Long List (1/3)

In this appendix we have included a complete list of CCG and Acute provider schemes in the STP Capital Investment Pipeline, identified in the Prioritisation workshops. Those not prioritised require further development to be ready for future funding rounds.

CCG	Scheme
Barnet	Central Colindale - Colindale III
	Colindale Temporary Site - Colindale II
	Colindale - Graham Park - Colindale I
	Brent Cross
	Colindale and West Hendon Stage 3
	East Finchley (Hub)
	Golders Green (Hub)
	Grovemead / Hendon (Hub)
	Hodford Road
	Jai Medical Centre
	Millway Medical Practice
	PHGH doctors, Temple Fortune
	St. George's Medical Centre
	King's Cross
	Cricklewood (Hub)
	Colindale Medical Centre
Camden	Hampstead Group
	Belsize Park
	Gospel Oak
	Bloomsbury
	King's Cross

CCG	Scheme
Enfield	Cockfosters
	Meridian Water
	Arnos Grove
	Enfield Highway
	Alma Regeneration
	Moorfields
	Royal Free - Chase Farm: Primary care
	Winchmore Hill
	Eagle House
	North Middlesex
	Ladders Wood/Ritz Parade
	Carlton House
Haringey	Tottenham Hale
	Green Lanes
	Wood Green
	Muswell Hill
	Westbury Medical Centre
	Somerset Gardens
	Spurs
	Hornsey Central - LIFT Building
	Charlton House

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Capital Investment Pipeline – Long List (2/3)

CCG	Scheme
Islington	Village Practice Expansion
	Goodinge
	Finsbury Leisure Centre Redevelopment
	Highbury Sorting Office
	Bingfield Primary Care Centre
	Elizabeth Avenue Group practice
	Andover Medical Centre expansion
	Archway Primary Care Hub

Trust	Scheme
BEH	St Ann's
C&I	St Pancras
CNWL	CNWL Redevelopment of South Wing to provide essential community services
GOSH	Phase 4 cancer centre
	Phase 5
MEH	Project Oriel
RFL	RFL Group CSSD
	Hampstead Backlog
	Hampstead endoscopy expansion
	Hampstead theatre compliance
	Hampstead ward compliance
	Hampstead education and training facilities improvements
	Hampstead outpatient improvements
	Hampstead front entrance improvements for patient access
	Hampstead vascular cardiac hub
	Hampstead keyworker/enabling development
	Hampstead IM&T
	Barnet A&E and inpatient flow improvements
	Barnet education and training facilities improvements/enabling
	Barnet keyworker housing
	Barnet reconfiguration of car park, clinical offices and other enabling developments
	Barnet energy centre relocation and expansion and enabling development

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Capital Investment Pipeline – Long List (3/3)

Trust	Scheme
RNOH	WDZ - land disposal - to repay loan to pay inpatient building
	MSCP - carpark - self funding
	Key Worker - self funding
	BEH - UCL lead project
	P&O - FBC - fully funded -options identified
	Energy Centre - district heating system - replace after sale of WDZ - Carbon energy fund
T&P	Tavistock Centre
	Portman Clinic
	Gloucester House
The Whittington	Maternity and Neonatal facilities
	Community Facilities and Care Closer to Home
	Education and Training Facilities
	Staff Residences / Key Worker Housing
	Specialist Community Children's Facilities – Haringey and Islington
	Orthopaedic Hub
	Mental Health Inpatient Facility
	Site Infrastructure
	Enabling Works and Decanting
UCLH	MRI Expansion

Appendix H: Glossary

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Glossary

Acronym	Definition
3PD	Third Party Developer
A&E	Accident and Emergency
AEC	Ambulatory Emergency Care
BEMHT	Barnet and Enfield Mental Health Trust
BLM	Backlog Maintenance
C&I	Camden and Islington
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CCH	Care Closer to Home
CDEL	Capital Department Expenditure Limit
CEO	Chief Executive Officer
CHINs	Care Closer to Home Integrated Network
CHP	Community Health Partnership
CLCH	Central London Community Health
CNWL	Central and North West London
CQC	Care Quality Commissioner
CSSD	Central Sterile Services Department
CVS	Cardiovascular system
DHSC	Department of Health and Social Care
EOI	Expression of Interest
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ETTF	Estates and Technology Transformation Fund
FBC	Full Blood Count
FM	Facilities Management
FMH	Finchley Memorial Hospital
FYFV	Five Year Forward View
GIA	Gross External Area
GIA	Gross Internal Area
GLA	Greater London Authority
GOSH	Great Ormond Street Hospital
GP	General Practitioner
Ha	Hectares
HCA	Homes and Communities Agency
IAPT	Improving Access to Psychological Therapies
ICCG	Islington Clinical Commissioning Group
ITT	Innovation Technology Tariff
LA	Local Authority
LAS	London Ambulance Service
LEB	London Estates Board
LIFT	Local Improvement Finance Trust
MEH	Moorfields Eye Hospital
MH	Mental Health
MSK	Musculoskeletal

Acronym	Definition
NCL	North Central London
NEL	North East London
NHSE	NHS England
NHSi	NHS Improvement
NHSPS	NHS Property Services
NIA	Net Internal Area
NLP	North London Partners
NMUH	North Middlesex University Hospital NHS Trust
NWL	North West London
OBC	Outline Business Case
OHSC	Occupational Health Smart Card
OoH	Out of Hours
OPE	One Public Estate
PBT	Proton Beam Therapy
PF2	Private Finance 2
PFI	Private Finance Initiative
PID	Project Initiation Document
PMO	Project Management Office
PNs	Partner Nomination
PPP	Public Private Partnerships
QIST	Quality Improvement Support Team
RAG	Red Amber Green (rating)
RDEL	Revenue Departmental Expenditure Limit
RFL	Royal Free London
RHIC	Regional Health Infrastructure Company
RNOH	Royal National Orthopaedic Hospital
RTT	Referal To Treatment
S106	Section 106
SEA	Significant Event Analysis
SEP	Strategic Estates Planning
SMI	Severe Mental Illness
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
StART	St Ann's Redevelopment Trust
STP	Sustainability and Transformation Plan
UCL	University College London
T&P	Tavistock and Portman NHS Foundation Trust
UCLH	University College London Hospital
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
VFM	Value For Money
VR	Virtual Reality
WH	Whittington Health NHS Trust

End of Document

This page is intentionally left blank