



North Central London
Health and Care
Integrated Care System



North Central London Estates and Infrastructure Strategy 2024

July 2024



Introduction



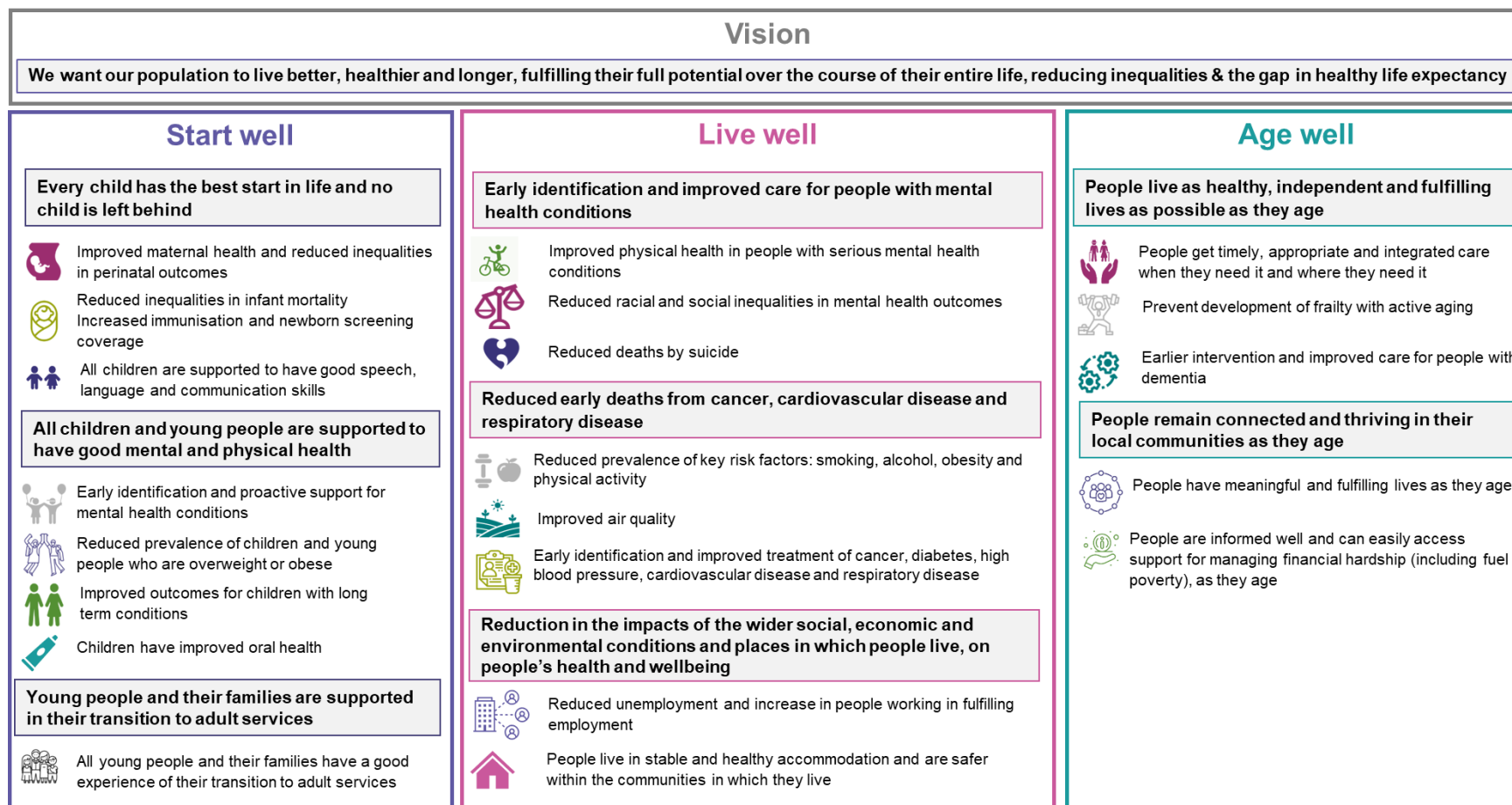
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- NCL has invested in an ICB estates function over the last five years. Supporting governance includes the Local Estates Forum in each borough. NCL was one of a small number of ICSs to submit draft Estates Strategies to NHS England in 2023.
- NHS England requested a further iteration of an “*Infrastructure Strategy*” from all 42 ICSs for July. NHS E issued a common template so that all ICS documents would contain similar content. This means that the document is longer than we would necessarily have chosen ourselves.
- The document also supports the ICS as a stocktake of where we are as an organisation, recognising where we are in our evolution and where we have further progress to make. Welcome your observations.

NCL Outcomes Framework steers organisation's work



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Our medium-term plan shows continued evolution of the ICS



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The ICS has put in place the foundations for Infrastructure Strategy.

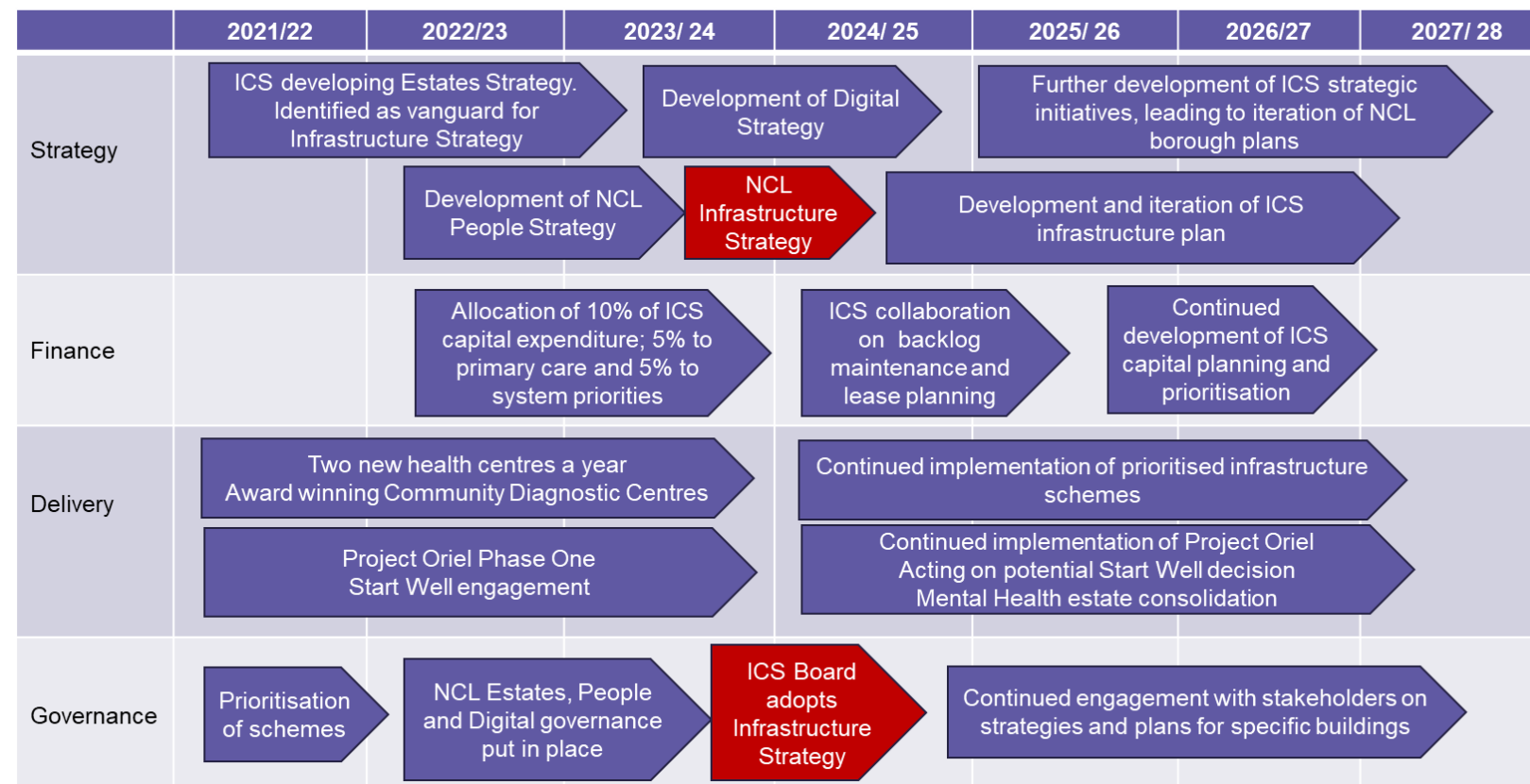
NCL functions are in place for Estates, Digital and Workforce agendas.

Estates prioritisation has supported several schemes to delivery, with the ICS committing to capital investment.

The ICS has developed its People Strategy. Work is ongoing on a Digital Strategy.

Key strategic schemes such as the Start Well review of maternity services are progressing.

Following this strategy, the next stage will be the development and iteration of the ICS infrastructure plan.



Overview



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Where are we now?

ICS EVOLUTION

- NCL identified as vanguard for Infrastructure Strategy
- Development of People Strategy

DELIVERY

- New mental health inpatient and community facilities
- New orthopaedic surgery suite
- Two new health centres opened in each year since 2021
- Award winning Community Diagnostic Centres

HOWEVER PROBLEMS REMAIN

- £117m critical infrastructure risk within provider estate
- 26% of population receives primary care from not fit for purpose estate

Where do we want to get to?

POPULATION HEALTH

- Integrated services in localities, in line with Fuller Review, responding to local population health needs, as well as primary care at scale
- Electronic Patient Record supports integration

QUALITY

- Investment in primary care estate
- Delivery of Project Oriel
- Strategic reviews; e.g. 'Start Well'
- Digital Strategy
- Workforce Strategy

EFFICIENCY

- Emphasis on reducing carbon footprint
- Divestment strategy

How will we get there?

PRIORITISE RESOURCE

- 10% of ICB capital investment programme allocated to priority projects, 5% to local care
- Leverage Local Authority, landlord, NHS Property companies and GP funding
- Confirm capital planning strategy and investment principles
- Increased ICS collaboration and planning, i.e. lease management

ORGANISE FOR DELIVERY

- Delivery structures and governance in place
- Deliver on prioritised schemes
- Partnership working with local authorities and health partners

The ICS has a track record of opening new health centres



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A number of new health centres have been delivered. Successful delivery involves a range of actors with the ICS. IT colleagues are responsible for the implementation of new connections and success shows our ability to deliver an integrated *Infrastructure* strategy. Moreover, there is a link between modern health centres and practices' ability to recruit, retain and develop the workforce required for future primary care.

2021



ALMA lodge, Enfield



White Lodge, Enfield

2022



Muswell Hill, Haringey



Muhammed Akunjee health centre, Haringey

2023



Belsize Priory health centre,
Camden



Charlton House health centre,
Haringey

2024/ 5



Welbourne centre, Haringey



Andover, Islington

Providers have improved (and timely) facilities



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Significant investment in mental health estate, with demand increasing significantly



Opening of mental health inpatient unit at Highgate East and community mental health centre in Lowther Road

Opening of mental health crisis unit in Highgate West



Improving elective surgical facilities will help address elective backlog



New operating suite at Royal National Orthopaedic Hospital



New Day Surgery Unit opens at North Middlesex University Hospital

New neuroscience building at UCLH puts NCL at cutting-edge with world-class academic facilities



NCL has carried out an assessment of its primary care estate



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Chart: No of patients on raw list (April 2024 raw list) in thousands and % of patients served from core/ flex/ tail in NCL boroughs (ICB assessment).

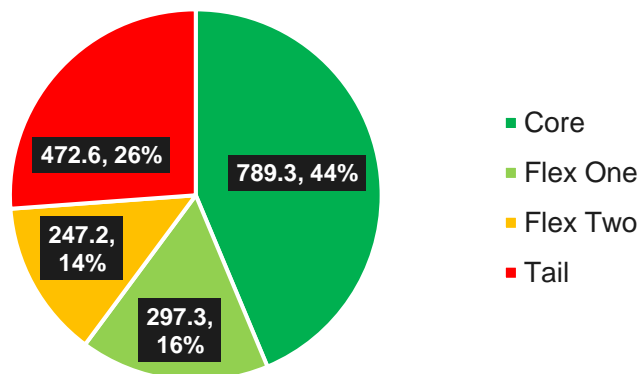
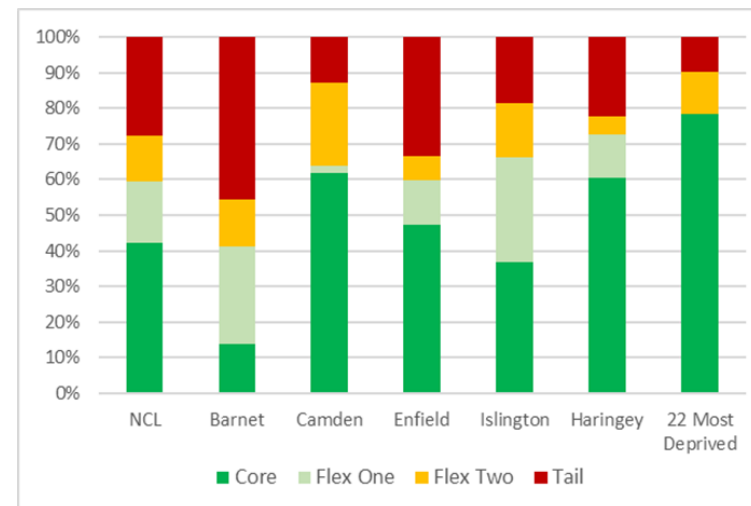


Chart: % of patients (April 2024 raw list) served from core/ flex/ tail in NCL boroughs. (ICB assessment).



NCL ICB pays premises rent on **200 properties**. In 2023/24, the budgetary out-turn for premises costs was **£25.8m**, of which **£21.5m** was practice rent and **£4.3m** was rates. Coverage of 'core' estate is relatively high in our most deprived areas.

Backlog maintenance fell slightly



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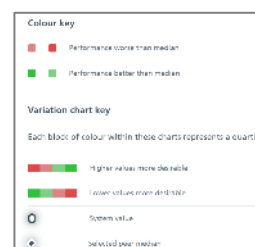
Critical Infrastructure Risk	Data period	System value	Peer median	System median	Chart
Total critical infrastructure risk (£)	2022/23	£117.27m	£330.51m	£101.74m	
CIR as a percentage of total backlog maintenance (%)	2022/23	53.24%	70.09%	49.80%	
Critical infrastructure risk (£ per m2)	2022/23	£119.92/m2	£432.89/m2	£183.98/m2	

Cost to Eradicate Backlog Maintenance	Data period	System value	Peer median	System median	Chart
Total backlog maintenance costs (£)	2022/23	£220.26m	£510.74m	£180.42m	
Total backlog maintenance (£ per m2)	2022/23	£225.22/m2	£648.27/m2	£418.16/m2	

Investment to reduce backlog maintenance	2022/23	£39.82m	£50.72m	£20.06m	
Investment to reduce backlog maintenance - Critical infrastructure risk (£)	2022/23	£26.35m	£26.35m	£11.36m	

Model Hospital shows trends where our acute estate diverges from the London peer benchmark.

- Trends in backlog maintenance (BLM) for NCL are roughly stable between 21/22 and 22/23.
- Total BLM reduced 2% (from £225m to £220m).
- Total Critical Infrastructure Risk (CIR) reduced around 3% (£120m / £117m).
- CIR per sqm reduced 8% (£131/£120)
- NCL BLM and CIR compares well across all metrics compared to London (Peer median) values, which are significantly higher



Across NCL providers a workforce gap has been identified

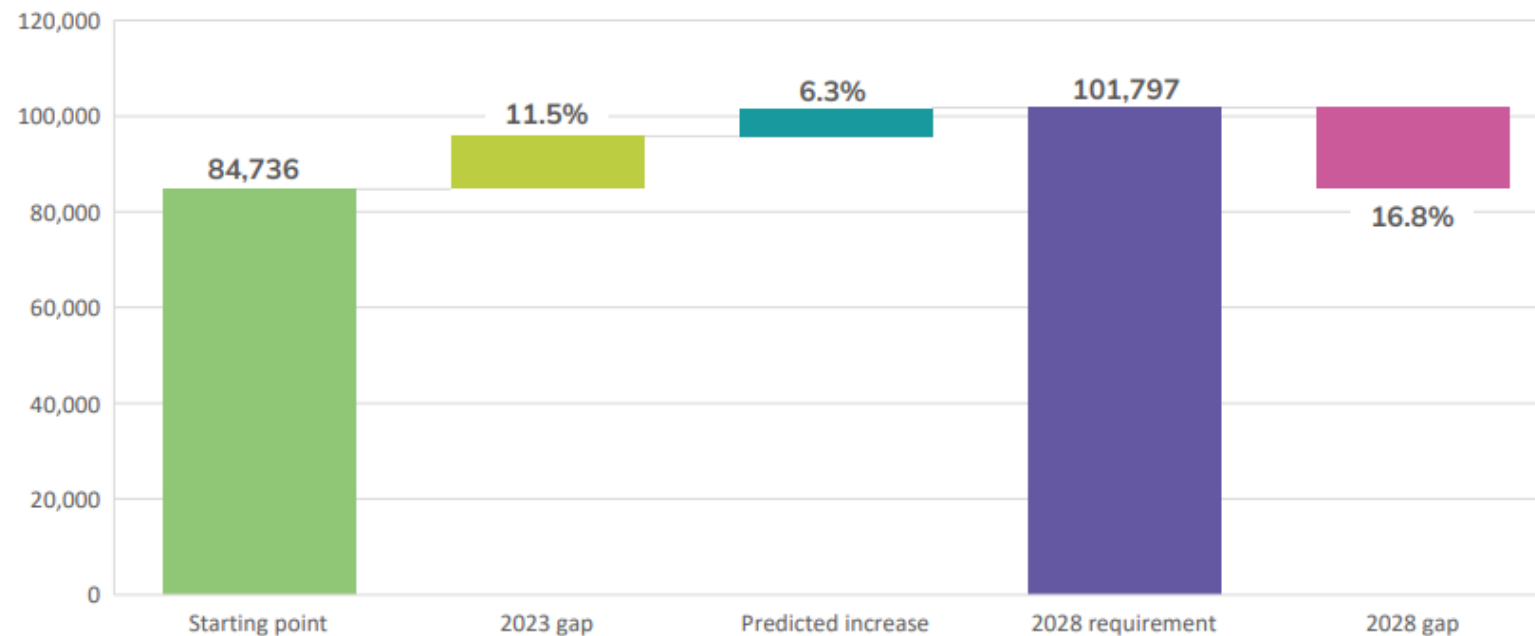


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NCL ICS has identified a gap in its workforce at the system level and is taking steps to address that. As the People Strategy develops, connections to the physical infrastructure (including space for training and development) will be important.

Chart: The 'workforce gap' as set out in the NCL ICS People Strategy 2023-2028

The Workforce Gap could increase from 12% to 17% without new initiatives and collaboration across the system.



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St Pancras Hospital Transformation / Project Oriel is a hugely ambitious programme



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St Pancras Hospital Transformation / Project Oriel is a multi-year programme that has attracted significant national investment..

The ambitious proposals will create Highgate East, a new inpatient mental health hospital on the Whittington hospital site; a significant redevelopment of the St Pancras Hospital (SPH) site; new Community Mental Health Hubs in Islington (Lowther Road) and Camden (Greenland Road); and a new Moorfields Eye Institute.

The SPH site redevelopment is a joint venture between Camden and Islington NHS Foundation Trust (C&I) and King's Cross Central Limited Partnership. The programme will redevelop the site to provide modern, accessible and sustainable mental, community, rehab and specialist renal and kidney care facilities in the local area and create new homes, offices and public spaces.

Works are well underway on both Project Oriel and the SPH Transformation programme.

The current programme deliverable dates are:

- Highgate East was successfully completed and operational in March 2024
- Lowther Road was successfully completed and operational in March 2024
- A new Mental Health Crisis Assessment Facility in Highgate West was successfully completed and operational in March 2024
- Refurbishments at Highgate West to be completed in July 2024
- New Moorfields Eye Institute (incorporating Moorfields Eye Hospital and UCL Institute of Ophthalmology) to be completed and operational in 2027.
- New mental health facility at Saint Pancras Hospital currently scheduled for 2033.

At present, viable plans to secure vacant possession of all buildings onsite to facilitate the sale and redevelopment of the site are still to be identified.



NCL 'Start Well' initiative links service quality to infrastructure



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The Start Well programme is a long term change programme focussed on hospital-based maternity, neonatal and children's services. These proposals have been developed with senior clinical leaders and we feel will create sustainable services that meet the needs of local people by ensuring that the right resources are available in suitable environments that meet **quality standards** and follow best practice.

The proposals include reducing the number of maternity and neonatal units from four to five. The two options consulted on were:

- **Option A** – retaining maternity and neonatal services at Whittington Hospital (and them no longer being provided at Royal Free Hospital) – this was identified as the preferred option
 - **Option B** – retaining maternity and neonatal services at Royal Free Hospital (and them no longer being provided at Whittington Hospital)
 - Both options retain maternity and neonatal services at Barnet Hospital, North Middlesex Hospital and University College Hospital. Both options would also see significant additional investment in maternity and neonatal services across NCL
- The proposed changes aim to:
- Establish more resilient services by co-locating midwifery and obstetrics-led units with at least level 2 neonatal units, enabling them to care for premature or unwell babies alongside offering homebirth services across all boroughs
 - Significantly enhance quality, safety and patient experience by allocating resources, staff and investment into four larger, more resilient maternity and neonatal units

The consultation also proposed two other changes to services:

- **Closing the birthing suites at the Edgware Birth Centre** (whilst retaining antenatal and postnatal care at the site)
- Establishing two '**centres of expertise**' to **consolidate** some low volumes of **children's surgery** at **Great Ormond Street Hospital** and **UCLH** to make the most of the specialist skills and facilities that are needed to care for children requiring surgery who are under the age of 3 (or 5 for some specialties)

Next steps

No decisions have yet been made about service changes. A public consultation was held over a 14 week period which aimed to make the local population aware of the consultation and the proposed changes and to give their views on them. The feedback received during the consultation period is being analysed and written into a report by an independent partner and will be published in due course. This feedback will inform the next steps and drafting of a decision making business case to be considered by commissioners (NCL ICB and NHSE London Region Specialised Commissioning). It is unlikely that a final decision on any service changes will be made before early 2025.

Mental Health Partnership will improve inpatient facilities



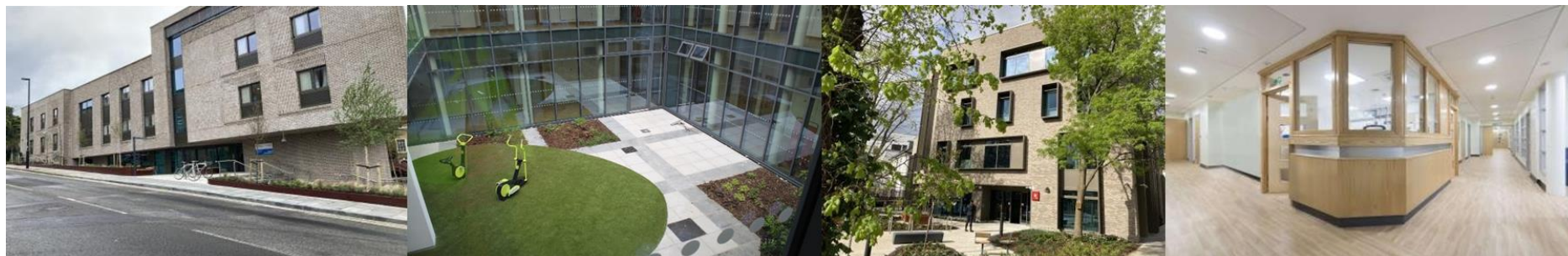
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The NLMHP aspires to have estate that provides the most therapeutic environments for our service users and improved working spaces for our staff. This is particularly important for our most acute service users, those requiring inpatient care, who are often admitted to hospital for weeks / months at a time.

Our priority is therefore to reprovide the adult and CAMHS inpatient facilities currently at Edgware Community Hospital in Barnet to either the St Ann's or Chase Farm sites and to redevelop the current adult inpatient facilities at Chase Farm Hospital, providing modern, fit for purpose inpatient facilities, as enjoyed by service users at St Ann's and at Highgate East.

The BEH Estate Strategy produced in 2018/19 set out a plan to achieve this, which led to a proposal being submitted to the New Hospitals Programme in 2021/22. Although strongly supported by NCL CCG and NHSE London, along with all other mental health proposals nationally, this was not approved.

The NLMHP is now developing a new Partnership Estate Strategy and updating the proposals produced for the NHP, to ensure a focus on the key priorities of the current inpatient facilities at Edgware and at Chase Farm.



Integrated care underpins our approach to population health



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The ICS will continue to hone borough infrastructure plans that support population health, working with Local Authorities and other partners.

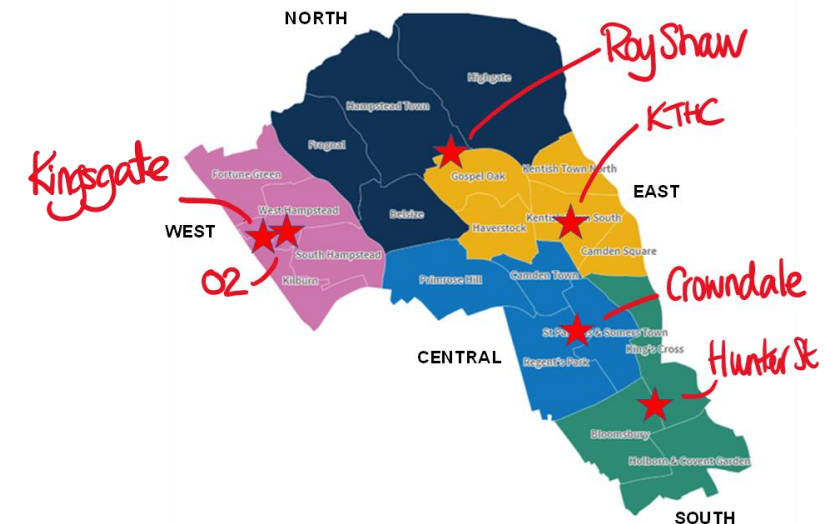
Across NCL, there is variation between areas in provision of larger, core estate that can support integrated hub working at scale. Without that larger estate, integrated service provision remains conceptual. As the Fuller report argued: *“Estates are so much more than buildings. We must move to a model that makes estates a catalyst for integration rather than a barrier to it. This new model should focus on patient needs, create a positive working environment for staff and provide adequate space for key activities like training and team development.”*

NCL does not make best use of the larger, core health properties it has. Primary care shares premises with other organisations in 25 properties in NCL. These buildings, typically NHS PS/ CHP managed, are among our most expensive 'core' estate measured by rent per m2. There is not a single positive example of a building that delivers truly integrated working. Patients are passed between alternative reception desks. System financial mechanisms are not yet in place to support shared spaces. Overall, these premises are used inefficiently.

Estates proposals will include *some* new proposed centres such as at Brent Cross in Barnet, provision of space within Local Authority premises such as Newington Barrow in Islington, utilisation of existing void spaces such as at Kentish Town Health Centre and making existing hubs such as Hornsey Central health centre work better. It will be critical to involve fully local authority, community and mental health providers and the voluntary sector into these plans, to embed the concept of multi-disciplinary team working.

Building from this, the ICS will assimilate transformation initiatives into these borough and NCL place plans; for example the development of a MSK and pain management service. Effective system planning, working in close partnership with local authorities, brings further opportunities. The ICS will explore the integration of health service provision into local authority “family hubs” and the use of school estate.

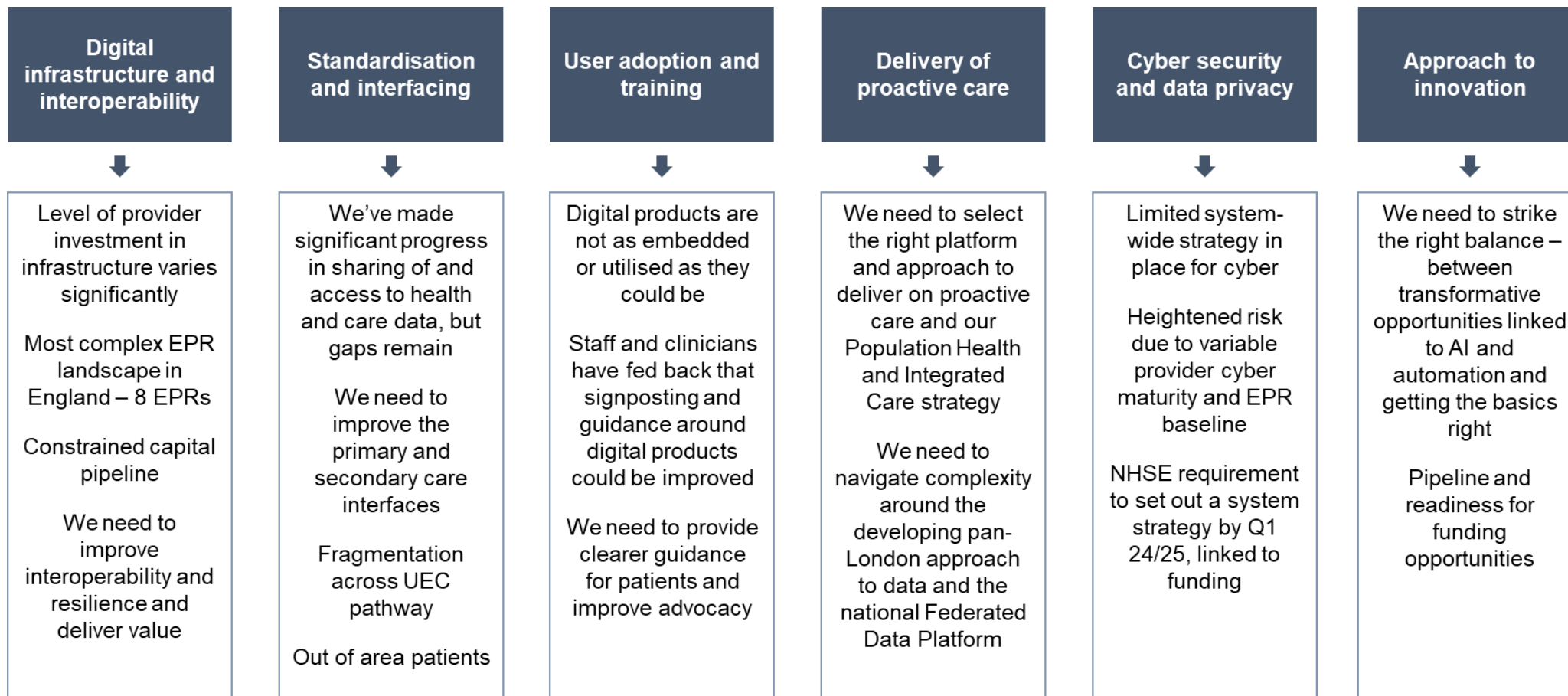
“Neighbourhood hub” model developed through Camden Borough Partnership



The refreshed Digital Strategy will focus on six priority areas



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The People Strategy has a key interconnection to Estates



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The NCL ICS People Strategy is key to the delivery of our ICS Population Health Improvement and Integration Strategy. Our people are at the heart of ensuring we can realise the benefits of integrated care and continue to deliver high quality, sustainable services for our population. The focus of our strategy is on workforce supply, development and transformation.

Within NCL, there are approximately 100,000 staff working within the NHS, primary care, social care and VCSE workforce. Ensuring that our people have access to quality environments and the right equipment for care delivery, training, education and development is vital. Quality infrastructure also supports us to recruit and retain talent within our organisations. As an example, the ICB is exploring whether a void training suite at Edgware Community Hospital could be repurposed as a resource for all system partners.

There is a correlation across all health sectors between the physical premises and staff wellbeing. A 2022 BMA survey found that over 38% of staff, reported their healthcare premises were poor or very poor to provide healthcare.

NCL ICS have been successful in securing funding to develop a WorkWell Partnership Programme to support **3,000 participants** into employment. The focus of this work will be supporting those with mental health and musculoskeletal issues not in education, employment, or training. The partnership will involve more than 30 different health and social care partners, including NHS, primary care, Job Centre Plus Network, and the London Regional Office for Health Inequalities and Disparities. The programme will not only require adequate space meeting and office space for conducting the programme, but also consideration will need to be given to infrastructure and how this has an influence on wellbeing at work.

POPULATION HEALTH IMPROVEMENT

Residents have the best start in life, live longer in good health, be economically active, age within a connected community and have a dignified death.

HIGH QUALITY SUSTAINABLE CARE DELIVERY

SYSTEM PRIORITIES

WORKFORCE
SUPPLY

WORKFORCE
DEVELOPMENT

WORKFORCE
TRANSFORMATION

RETENTION ENABLERS

Health & Wellbeing

Equality, Diversity & Inclusion

Leadership & Talent

NCL is committed to reducing carbon footprint



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NHS Trusts

Continue with individual Trust large-scale sustainable estates initiatives including via capital development

Work with Trusts on smaller-scale sustainable improvements to facilities, e.g. LED lighting, and expand Trust travel and transport schemes & facilities

Explore potential to invest in energy generation in NHS Estates and develop plan to take forward to support net zero

Primary Care

Improve primary care awareness and knowledge of sustainability and provide guidance on improvements that could be made in primary care and primary care estates and energy

Work with primary care to promote more environmentally sustainable opportunities, including in estates/energy and travel and transport, as move towards improved EPC rating

Measuring Progress & Sustainability as Business as Usual

Develop and implement framework to embed healthcare sustainability approaches in existing or new clinical pathway developments

Progress opportunities to provide more timely emission measurement across local NHS and primary care in NCL

Work with Trusts, ICB and primary care to incorporate sustainability within procurement & partnering activities

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ICS has a prioritisation process in place for large capital projects



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The ICS has made a strategic decision to allocate 10% of its capital allocation to system priorities. The total strategic schemes in 2024/25, highlighted through planning amount to £35.7m. This was agreed at SMB on 24th April. The ICS are funding £22.5m. The remaining strategic schemes at Whittington and GOSH are expected to be funded through the Trusts' own core Capital allocation (CDEL). The total strategic schemes from 2024/25 to 2029/30 amount to £203.2m.

Scheme	Trust	Total commitment 24/25 (£m)	Total commitment 24/25 to 29/30 (£m)
C&I St Pancras	C&I	5.000	22.301
MEH EPR	MEH	3.100	6.300
C&I EPR	C&I	1.500	3.040
RNOH EPR	RNOH	4.000	10.000
Primary Care	ICB	8.914	53.483
Start Well*			53.700
Subtotal (funded from ICS top-slice)		22.514	148.824
Whittington Power	WH	5.800	40.900
GOSH Children's Cancer Centre	GOSH	7.400	13.500
Total		35.714	203.224

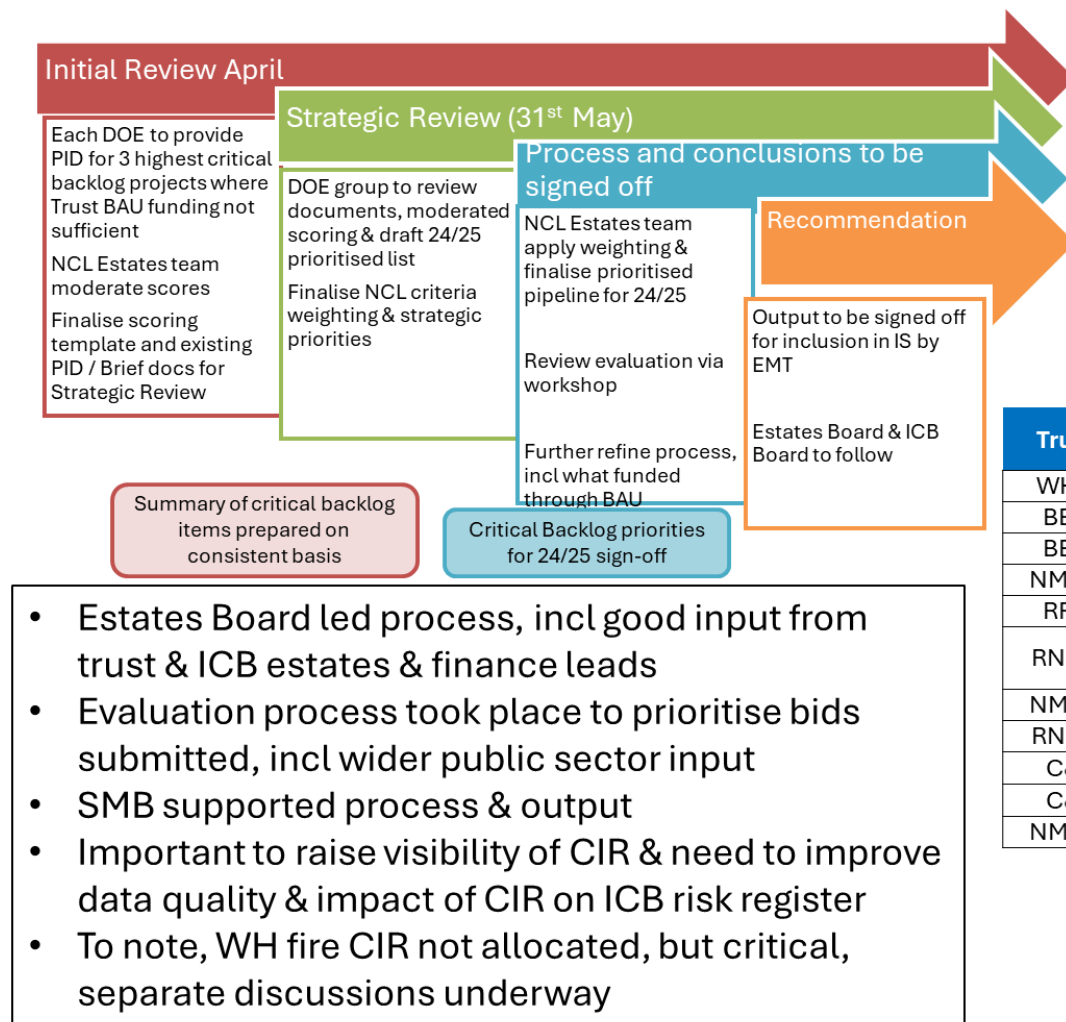
The ICS allocation of funding in this way will improve the ability of the ICS to address strategic challenges which cannot be addressed within previously held organisational budgets.

*The Start Well programme was subject to a recent public consultation and no final decisions have yet been made on service change. An indicative amount has therefore been included for the Start Well programme based on the work undertaken to develop the pre-consultation business cases.

Critical Infrastructure Risk prioritisation review



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Summary	Allocation
Total CIR cost in year	£41.5m – 52 schemes *2 schemes excluded
Trust allocation to BAU in year	£27.3m – 37 schemes
Trust asks & not fully funded in year	£14.3m – 13 schemes
Remainder to be allocated later	£1.8m

Trust	Scheme	24/25 Funding Required
WHIT	Ventilation	£1,200,000
BEH	Ligature Risk Remedial Action Programme	£2,700,000
BEH	Fire Precautions	£850,000
NMUH	Fire Safety	£1,900,000
RFH	Fire and Life Safety Systems	£1,125,000
RNOH	Diagnostic Imaging Equipment Replacement Projects (DIRP)	£1,750,000
NMUH	Modular Buildings	£1,320,000
RNOH	Theatre Compartmentation	£500,000
C&I	Health Based Place of Safety (HBPos)	£850,000
C&I	Fire Precautions	£1,100,000
NMUH	ITU & HUDU Infrastructural Compliance Works	£1,000,000
		£14,295,000*

The ICB will invest in local care infrastructure working with partners



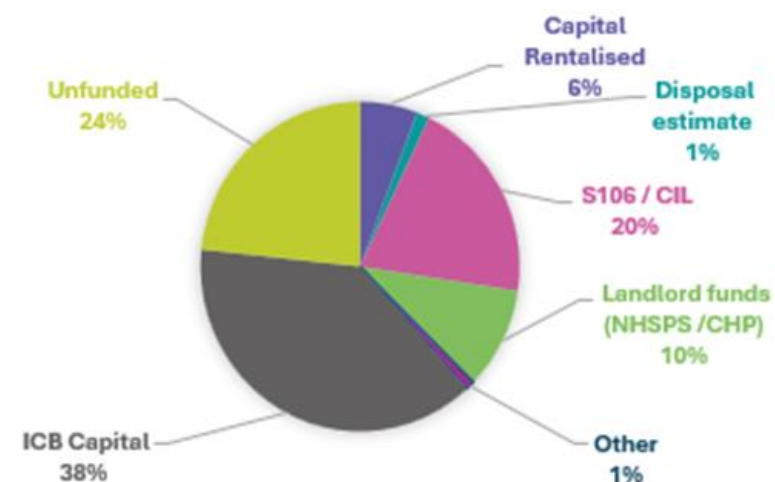
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NCL will allocate **5% of ICS capital allocation** for **prioritised local care schemes**. Our **10-year capital pipeline** forecast suggests a **total capital requirement of £233m**, significantly in **excess of the allocation**. The forecast includes an element of unfunded schemes to take advantage of opportunities that may arise in the future.

The ICB is focused on bringing in other funding, including local authority funding, landlord funding including NHS Property companies, rentalised capital investment and GP investment.

Funding	%	£m
Capital Rentalised	6	£13.6
Disposal estimates	1	£3.0
S106/ CIL	20	£47.1
Landlord funds (NHSPS/ CHP)	10	£23.3
Other (GP, Council, OPE)	1	£2.2
ICB Capital	38	£89.1
Unfunded	23	£54.3
TOTAL	100%	£232.6

Chart: Breakdown of local care infrastructure investment



Effective working with local authorities is essential



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Local Authorities are a vital strategic partner in delivering the infrastructure strategy. The ICB has established borough partnership teams in each of NCL's five boroughs, working closely with a designated estates lead.

- | | | | |
|---|--|---|---|
| 1 | Developing Population Health Strategies, with local democratic accountability | 4 | Approving housing projects and development schemes driving need for additional local health services, |
| 2 | Delivery Partner for integrated neighbourhood teams, with social care working closely with general practice and community health | 5 | Allocating S106 and CIL funding; NCL ICS has received £327k in S106/ CIL in 2023/ 24. |
| 3 | Close links to community groups and voluntary organisations, many of whom receive Local Authority funding or support | 6 | Landlord for health services, including in the new “core” buildings. |

It is important to recognise that our partnership with local authorities is a two-way partnership.

- Where the NHS can divest from estate, opportunities for affordable housing projects should be explored to support local authorities meet targets. It is important to recognise that our partnership with local authorities is a two-way partnership. Where the NHS can divest from estate, opportunities for affordable housing projects should be explored to support a key local authority agenda. St Ann's Hospital in Tottenham is a good example, with more than 900 new homes being constructed on land surplus to NHS requirements which was sold to the GLA in 2018 by BEH Mental Health Trust. The Trust continues to support patients on the retained part of the St Ann's site, operating from a reduced and higher quality footprint.
- Local Authority voids potentially provide a “win-win”, in that the NHS can secure much needed local estate while providing the Local Authority with important revenue.

Stakeholder engagement, including community engagement



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Our understanding of stakeholder and patient concerns

There has not been specific people and communities engagement on this Strategy. However, our engagement on specific estates schemes supports the following broad conclusions.

- Many factors affect whether local people and communities are supportive of service moves
- Communities who live in areas of deprivation usually report that they are less able to access even very local primary care services
- When local people experience mobility barriers such as frailty or physical disability, service location can be very important and increased travel times can cause distress
- Equally increased travel times for communities who experience deprivation can cause barriers to access as they may not be able to afford travel
- People are often supportive of a re-location, where a practice is re-located nearby rather than closed. In this way, there is both continuity of service and also a reasonable travel journey.
- Many people place importance on a face to face appointment with their GP. There needs to be further communication to local people and communities of the benefits of the new primary care workforce (e.g. physician associates, pharmacists)
- Many people would prefer to receive primary care services at their own practice
- Improved and fit for purpose local buildings with increased range of services are usually well supported by communities;
- Local communities consistently highlight with us the need for more holistic care with services located in one place e.g. a 'one-stop shop.'

NCL Start Well programme – public consultation

As detailed earlier in the document, the ICB recently concluded a consultation relating to potential changes to maternity, neonatal and children's surgical care. This consultation reached a huge number of residents, service users and staff. Through **nearly 200 events** just under **3,400 people** were reached – many being specifically targeted at communities or groups with protected characteristics or more likely to be impacted by proposals. The consultation **questionnaire received over 3,100 responses**. This feedback will help to inform the next steps of the programme before any decisions are made and helps to understand: views on the proposals, any alternative solutions to the challenges faced, impacts and potential mitigations for disbenefits of the proposals and any equalities impacts that need to be considered. The feedback gathered is being independently analysed an external organisation called Opinion Research Services.

Further engagement around patient access

The Estates and Infrastructure Strategy suggests a changed local care footprint facilitating integrated care, delivered from a smaller but higher quality estate. An enhanced digital proposition supports this transition. This is both a conceptual strategic direction to discuss with stakeholders and focused local discussions on specific initiatives. . Making the connection between estates and workforce issues is important in making the case for change.

Question



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- What are your overall comments and feedback?
- How can we work with Local Authorities most effectively on infrastructure plans?