



North Central London
Health and Care
Integrated Care System

Local Care estates – an Update to JHOSC

Nicola Theron, ICS
Director of Estates

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Executive Summary

- 2024/2025 - a **year of progress**
- Importance of developing a **shared primary care baseline**
- **Prioritising** our investment pipeline being key, **GP leadership** key
- Need to build the **ROI case for 5% investment** allocated to Local Care*
- Supporting delivery of **strategically important larger projects**, supported by
- Developing a **pipeline of smaller, BAU** projects
- Underpinned by focus on using our current **fit for purpose estate harder**, limiting voids
- Importance of securing **other sources for funding**
- **Looking forward & challenges exist:**
 - Continuing building the case for **5% of NCL capital envelope** allocated to Local Care
 - further refining NCL's **Local Care capital plan**, meeting our key criteria
 - supporting **estates as an enabler** to deliver Neighbourhood Care
 - further testing the **affordability agenda**
 - continuing to **deliver**.....

Recent delivery in local care & key achievements



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*The Muswell Hill Practice
official opening*



Welbourne centre



Torrington Park HC Refurbishment



*Wood Green Community
Diagnostic Centre – Phase 2*

£400K
s106 funding
secured

c.£20m
Capital
Schemes
Delivered

19 local care
assets
improved

ICS Estates
Strategy
Update

Two HSJ award winners:
- Bronze award winner 2024: FMH CDC
- Gold winner 2023: Wood Green CDC

Record Rooms Conversions Programme



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Delivered

- 800 sqm clinical / clinical support
- £2.4m total capital investment
- NHS - 66% capital funding & 100% funding for fees
- 34% capital funding from GPs
- 7 months construction

To note, this is the equivalent of a single building, 29 rooms, £12m cost & 3-year programme

The ICB aims to invest in local care infrastructure working with partners

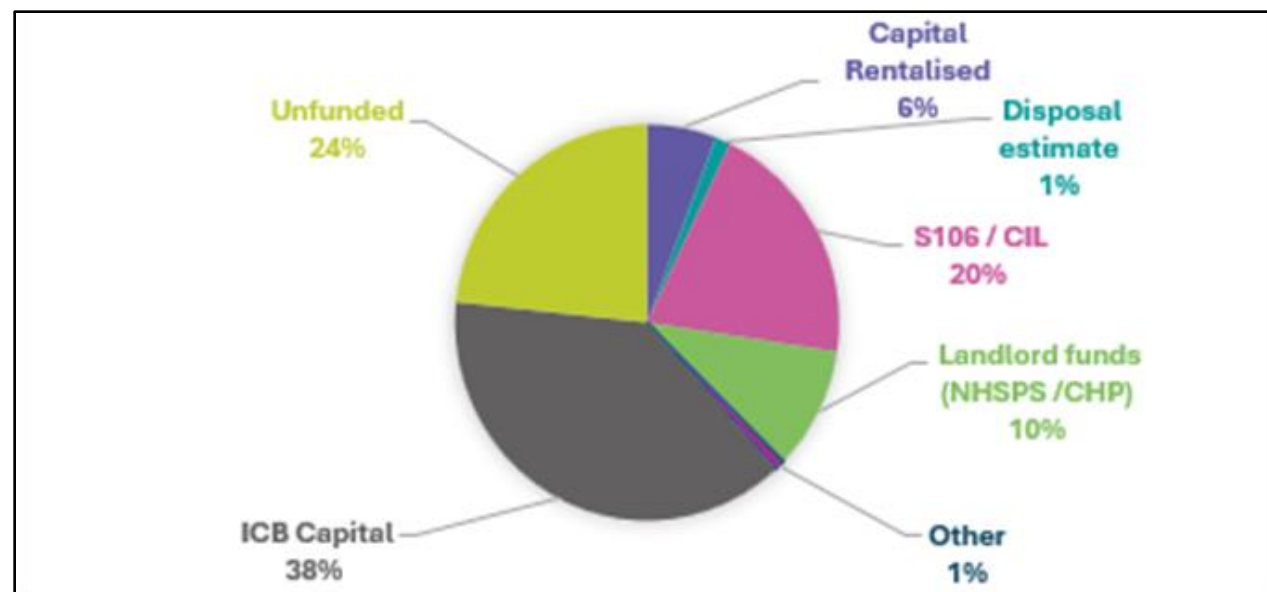


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- NCL has in the past allocated **5% of ICS capital allocation** for **prioritised local care schemes***
- Our **10-year capital pipeline** forecast suggests a **total capital requirement of £233m**
- **Significant gap exist**, we continue to look for **additional funding sources**
- **Revenue funding** continues to be a challenge

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





The ICB has developed plans for primary care estate by borough

The ICB reviewed plans for primary care estate in each borough, including

- New 'core' general practice premises.
- Improvements to 'Flex One' and some 'Flex Two' sites, where these are likely to be required for primary care for the medium-term.
- Consideration of '*PCN hubs*'; 'core' general practice sites where: i) ARRS staff can see patients and hot-desk in larger meeting rooms and ii) where some primary care 'at-scale' services can be provided.
- Consideration of '*Integrated Neighbourhood Team hubs*'; opportunities to consolidate larger multi-disciplinary teams (primary care, mental health, community health, social care, potentially voluntary sector) in line with the Fuller agenda.

The situation by borough are being worked up an overall assessment would be that there are:

- Significant risks to the sustainability of primary care linked to estate quality in Barnet and Enfield.
- Localised risks in Haringey and Islington, some re-location needed to support sustainable care.
- A better overall position in Camden, some capacity challenges in the west + opportunities for INHS hubs



Primary care baseline analysis

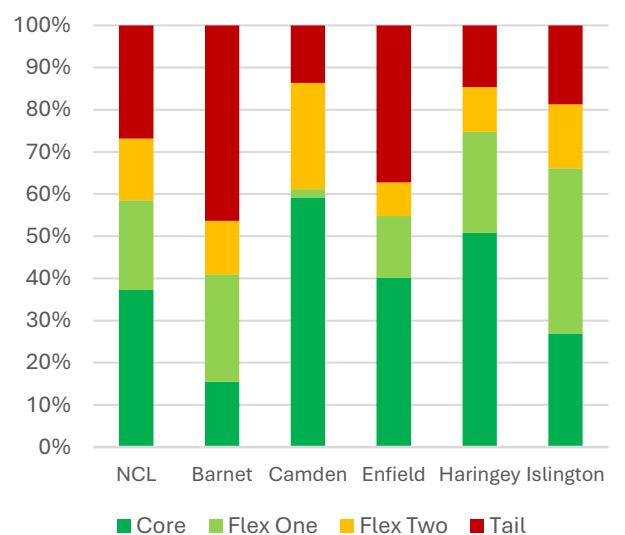
- The ICB has developed a comparative assessment of each GP practice across the five boroughs, with data from primary care, finance & estates. The assessment showed significant variations.
- Correlation emerges between quality of estate and the service the general practice can
- Shows up in patient date, differential A&E attendances and Admissions in practices operating from 'core' premises and 'tail' premises in GP wtes per patient
- 39 practices have closed or merged since 2018, predominantly smaller practices operating from 'tail' premises- the median list size when the practices closed was 3,764

Tail- poor quality and not fit for purpose

Flex Two- never will be core

Flex One- could be supported to become core

Core- good quality, fit for purpose and future-proof



Red implies reliance on tail estate. Green implies good coverage of core estate.

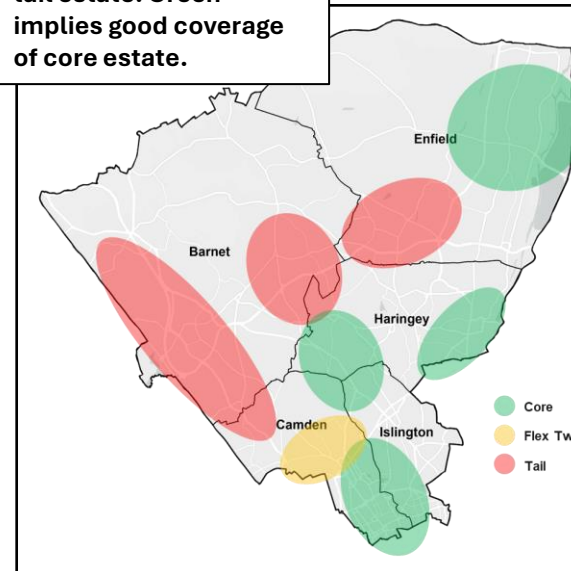
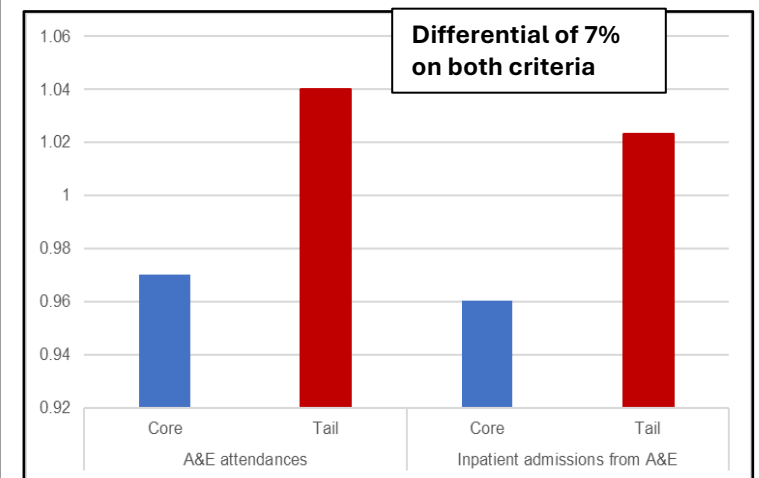


Chart: Standardised ratio* of A&E attendance and Inpatient admission from A&E by category of practice estate*, January 2021 to September 2023 *Standardised ratio* takes demography into account



NCL's Infrastructure strategy



- NCL updated its Infrastructure Strategy, strong focus on **current state of the local care estate**
- NCL's commitment to allocate **5% of capital to local care, linked to investment principles**
- We raised the profile of the provider estates & work underway, to provide **balance to wider acute activity**
- Further **analysis around capital planning**, recognising implications on **revenue & PCDs**
- Ongoing emphasis on the need to **demonstrate delivery** at both local care & provider level
- Work supporting ICB & trust risk management, illustrated by allocating spending to prioritised **critical backlog items**, as well as emphasis around **exiting from tail estate**
- Need to optimise what we already have & manage **void estate**

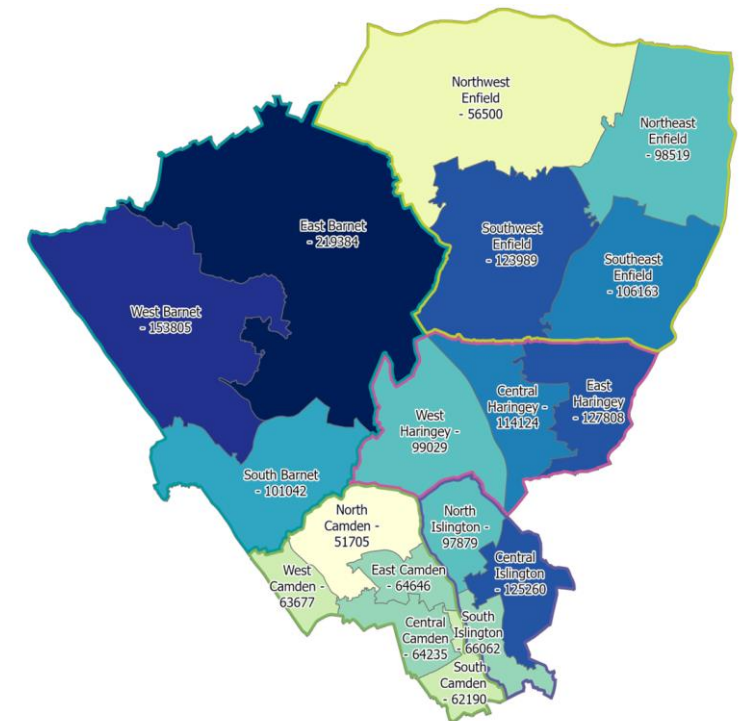
Infrastructure should also align with NCL's neighbourhood care vision



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- 'Neighbourhoods' are footprints on which teams integrate, services work together and local infrastructure and community assets are developed. Neighbourhoods work across the whole proactive space including the community assets for health and well-being, outreach and early identification, targeted interventions and secondary prevention; as well as prompt action on rising risk.
- Integrated Neighbourhood Team (INT) build on 'MDTs' and include NHS providers, Council teams and the VCSE. Specialists support. Patients and residents are a key partner.
- Borough Partnership work to date suggests at least **18 Neighbourhoods in NCL** with populations of 60,000 – 130,000.
- We would expect each to have:
 - ✓ **Leadership and management capacity** to support caseloads, systems and processes, training & development (an '*integrator function*' as per recent London work), accountability
 - ✓ **Shared infrastructure** (IT, co-location where possible but flexi space & networked models where necessary, population health data)
 - ✓ **Wider delivery capacity** (including high street services)
 - ✓ **Strong relationships with local communities and the VSCE** – stability for VCSE partners, expertise in person-centred care and strengths based approaches

Proposed NCL Neighbourhoods



Challenges and opportunities



- Working with national colleagues on **capital funding mechanisms for Primary Care and Neighbourhoods**
- **Multi year nature of** Local Care projects impacts delivery
- NCL's **changing financial context** brings with it capital & revenue challenges
- Need to **focus** resource & manage expectations **on system priorities**
- Importance of process criteria to **differentiate between “Business as Usual” to manage risk & Transformational.** Both important but different
- Importance of raising the profile of this **delivery to build confidence** at trust & council level that allocation a) can be spent & b) delivers + we can quantify benefits from that investment “ROI”
- Ongoing need to **align estates to Neighbourhood Care given current changes**
- Importance of **aligning estate & digital** spend
- Continuing need to **embed Net Zero, Core20+5 & Population Health** Improvement as driver for investment decisions