



Humber and North Yorkshire
Health and Care Partnership

Humber & North Yorkshire Care Partnership Infrastructure (Estate) Strategy

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- supported by Shared Agenda Ltd

NHS

Humber and
North Yorkshire
Integrated Care Board (ICB)



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Version	Authors	Date	Status	Reviewed by
0.1	Ben Gammer Karina Dare Shared Agenda	22.04.24	Draft	Simon Taylor
0.2	Ben Gammer Karina Dare Shared Agenda	03.05.24	Draft for review	Stephanie Porter Sarah Coltman Lovell Mark Bradley
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Foreword and Executive Summary

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Where do we want to be?

How do we get there?

Appendices

This document is designed to be iterative to reflect the continued development of place-based models of care, subsequent funding requirements and the priorities of the Humber & North Yorkshire Care Partnership estate.

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Foreword

The Health and Care Act introduced significant changes to NHS structures, introducing Integrated Care Systems (ICSs) with the aim of improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development.

As a system we face challenges, with huge variation between isolated rural and urban populations, significant deprivation, gaps in life expectancy and healthy life expectancy and we will be challenged to meet the demand from areas of proposed intensive housing development.

Infrastructure is an enabler of strategy. By its very nature it requires both investment and long lead times. As a result this strategy sets out the challenge and change required to support the delivery of our overarching strategy to improve health and care over the medium term.

In the Humber and North Yorkshire Health and Care Partnership the increased emphasis on partnership working across the ICS will change the way decisions on estates and infrastructure are made, with an increased emphasis on joint decision making and integrated models of service delivery. The system has a track record of successful delivery, we need to harness these skills and experience to support future programmes and develop a viable future estates and facilities management workforce. Our focus needs to encompass primary and community care in addition to the acute and mental health inpatient facilities.

If we are to deliver on the programmes and activities identified in this 10-year strategy, and deliver savings and support service change, we will need to use the skills within partnerships and have the active backing of system leaders. I have been encouraged by the engagement and collaboration from all in this first phase of work and look forward to our continued success in the detailed planning and delivery phases.

Our Integrated Strategy for Wellbeing Health and Care

Ambitions:

- 1 Radically improving children's wellbeing, health and care
- 2 Enabling wellbeing, health and care equity
- 3 Transforming people's health and care experiences and outcomes

Our Drivers :

- Leading for excellence
- Leading for prevention
- Leading for sustainability
- Voice at the heart

Humber North Yorkshire - Context



What do we know about Humber North Yorkshire ICS?

- Our 1.08 million hectares (equivalent to 2 million football pitches) are home to 1.7 million people.
- Our area includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire and 185 miles (297km) of coastline.
- There are 50,000 staff employed across health and adult social care and 1,000's of volunteers.

Executive Summary

Our 10-year infrastructure strategy has been developed in collaboration across the ICS and with the support and input from our partner organisations, including our 6 Place areas.

This strategy sets out a framework through which the development of estate and infrastructure will support the ambitions of the ICS building on the good work already underway. It is informed by the clinical strategy, population and health data and identified system enablers.

Our Vision

- The ICS vision is for everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.
- We will do this by engaging with all our partners, tackling inequalities and improving population health, balancing the need to ‘design tomorrow while delivering today’ and investing in the key drivers outlined in our Integrated Strategy for Wellbeing Health and Care.
- What do we need from our **Estates and Infrastructure Strategy**?
 - Understand the state of the current estate and infrastructure.
 - Investment requirements
 - Freehold and leasehold disposal opportunities
 - Link to our sustainability and net zero ambitions
 - Link to digital and workforce plans
 - Plans for increasing cost effectiveness, productivity and efficiency of the estate
 - governance and resources are required for delivery

Introduction

- Developing the Infrastructure Strategy provides us with the opportunity to reflect on health and social care need (demand), understand where we are now in terms of existing infrastructure (supply) and glean from interviews, workshops, data analysis and wider ICS strategic thinking - where we want to be.
- This strategy summarises the existing challenges and sets out the interim conclusions of the work to date. It is a ‘living’ strategy that the system partners will develop, which reflects the full transformation implications of the ICS.
- In developing the strategy, we have had positive engagement with key ICS partners through Place based workshops and individual discussions.
- It is our ambition as a partnership to transform how services are shaped to meet the needs of the changing population.
- Partners have a clear aspiration to work collaboratively at Place and system level to maximise utilisation and drive efficiencies. Good governance, including clear leadership of programmes of work, which draws on the skills and knowledge of the infrastructure workforce will be critical to tackling our current challenges.

Executive Summary

The ICS priorities are described in the Humber North Yorkshire Care Partnership Integrated Strategy for Wellbeing Health and Care.

Our ICS Priorities

- The ICB's vision is for everyone in Humber and North Yorkshire to have equal chances to live long, happy and healthy lives, by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035
- Population Health data shows more than 10 years gap in healthy life expectancy in the best and worst Place areas.
- There are areas of significant deprivation across the ICB, with 10 LSOA areas across the ICB in the most 100 most deprived nationally.
- The areas where we live, work and play need to evolve to meet the changing needs of our community and respond to challenges like pressure for new housing. Significant housing growth will create revenue pressures – urgent action is needed to mitigate those pressures by securing planning contributions, developing, funding and resourcing plans to meet primary care demand.
- Our Digital Vision reflecting the overall partnerships vision is: 'To deliver Digital and Information Services and Solutions that enable citizens to Start well, Live well, Age well and Die well.'
- Our Workforce vision is to create a diverse workforce that values kindness, compassion and respect, where innovation is encouraged, collaboration is the norm, and individuals are supported and developed to reach their potential.
- The ICS have developed a series of core strategic documents setting out their delivery priorities. The themes are, deliver services through integrated neighbourhood teams, improve patient access to services, urgent and emergency care, innovation to prevent ill health and use of digital and data to drive efficiencies and improve health outcomes.
- Our core strategic documents also describe how we will create the enabling conditions to support the delivery of our plans. We will deliver change through our Place partnerships. We will develop the system through collaborative and integrated working with partners. Partner collaborations will be crucial along with an enabling system infrastructure.

Executive Summary

The ICS priorities are described in the Humber North Yorkshire Care Partnership Integrated Strategy and the Joint Forward Plan 2023-2028.

Where are we now?

- The infrastructure strategy has included a comprehensive assessment of the performance of the current estate. The NHS occupied estate for Humber and North Yorkshire extends to 607 properties covering primary care, community, secondary care including mental health.
 - As at April 2024 there are 43 PCN's (162 practices) serve 1.8 million people from 288 sites (115ksqm), 60% are GP owned, 35% leasehold costing £19.4m pa. PCN toolkit work has highlighted pressures in practice facilities, in particular linked to the changing practice workforce. Population growth from housing development is, and will be, a significant risk. Investment in GP estate & IT is constrained in terms of both capital and revenue.
 - Community services are delivered from 148 locations, (more than 90k sqm) at a cost of £43m pa. This includes 11 community hospitals with variable levels of utilisation. There is potential to use the community estate more effectively including shared use of facilities, a programme of work is suggested to maximise utilisation of community hospitals.
 - Social enterprises play a significant role in both community and mental health services but are not obliged to report their property portfolios via ERIC or SHAPE.
 - The acute estate, 10 general hospitals GIA of 571k sqm plus 3 renal units, annual cost of £212m and **backlog of £293m** which represents a significant long-term issue for the system. Trusts have been successful in securing programmatic funding and delivering schemes - £350m+ of Upgrades Wave 4, CDC, TIF & Salix.
 - No hospitals are included in New Hospital Programme which means no significant change to the acute hospital portfolio before 2040. Investment has improved Scunthorpe and DPoW sites and future service mix is under review.
 - Hull Royal Infirmary Tower block represents a significant issue, Harrogate are undertaking RAAC removal and York Hospital have identified a requirement for a new site.
 - There has been significant investment in the mental health estate however further investment is required. There are 63 properties, 56k sqm costing £18m pa. Humber FT have identified a requirement for replacement adult inpatient facilities (£90m) and Clifton House, York (male low secure) also requires investment.
 - The level of **core/flex/tail** reporting is 75%. The community estate is significantly under-reported and this needs to increase to support strategic review and to allow data driven decision-making.
- ### Utilisation
- General Practice is operating at 15% below HBN standard floor areas.
 - The overall proportion of non-clinical space across the ICS (ERIC 22/23) is mid-low at 29.87%.
 - In the Trust portfolio 1.75% of space is empty and 5% of the NHS Property Company estate; NHS Property Services (3,700m² vacant) Community Health Partnerships (1,900m²).
 - under-utilised space in is 2.35% (ERIC) which places it in the highest quartile.

Executive Summary

Where do we want to be?

- Our estate vision and key infrastructure priorities will be delivered through our sector collaboratives and our six Place partnerships.
- We have identified three overarching objectives to deliver our strategy – **Optimise**, **Categorise** and **Strengthen**.
- Using these key objectives we have identified a series of recommendations which link back to national and local policy and a short to medium term delivery plan for each objective.

Key challenges

- Financial - operating cost challenge, revenue constraint, capital constraints, Short-term financial planning cycle
- Infrastructure - significant backlog maintenance (£294m), housing growth, pressure on general practice (patient demand, changing workforce & lack of training capacity), voids & under-utilisation, lack of system estates Governance
- Operational - lack dedicated estate resource within the ICS, limited joint system working, disconnect of clinical and infrastructure activity and planning.

How will we get there?

Our three overarching objectives to deliver our strategy link to our clinical strategy enablers. This links to specific infrastructure activity is described below.

Deliver Change through our Place partnerships

- Jointly prepared infrastructure plans for each of our 6 Places
- Develop the EFM workforce across the system and ensure resources are in place to deliver infrastructure requirements

Partner Collaborations

- Understand core / flex /tail
- Align service planning and estate occupation
- Explore opportunities for cost transformation

Collaborative and integrated working with partners

- Infrastructure planning recognises the critical role of primary and community care and invests to ensure adequate capacity
- Processes are developed to maximise utilisation and enable shared use of space

System developments

- Develop system wide governance and delivery capability
- Monitor backlog and critical incidents linked to the estate
- Report on and monitor impacts from climate change

Enabling infrastructure

- Develop system wide and consistent approaches to housing growth working with LA partners
- Effective prioritisation of capital is key to directing capital to the areas of greatest need – a detailed capital plan and prioritisation approach will be developed

A summary of our infrastructure strategy is on the next page...

Our ICS estate and infrastructure strategy on a page

Our infrastructure purpose

To create a person-centric, sustainable, and digitally transformed health and care system that integrates infrastructure seamlessly, enhances experience, and adapts to the future needs of our population.

Our 5 Strategy Outcomes

- **Estate Assessment:** Understand the current state of the estate and infrastructure and how that aligns with the clinical strategy.
- **Investment Prioritisation:** Identify additional short-term and long-term investment needs.
- **Surplus Property Management:** Develop options and plans for land or property that is no longer required (the “Tail” estate).
- **Sustainability and Net Zero Goals:** Progress the actions identified in our Green plan to achieve our sustainability and net zero ambitions.
- **Cost Efficiency and Productivity:** Create a plan to enhance cost effectiveness, productivity, and efficiency of the estate, thereby reducing long-term running costs

Key Themes

- Critical Infrastructure Risk
- Climate Resilience & Adaption
- Population Impacts

Our Drivers

Leading For Excellence

1. Delivery improvement
2. Digital and data
3. Empowering collaboratives

Leading for Prevention

4. Enabling population health
5. A new relationship with place

Leading for Sustainability

6. System workforce
7. Sustainable estate
8. outcomes-led resourcing

Voice at the Heart

9. Transformative public engagement
10. A strong and impactful system voice

Our 3 core infrastructure objectives



1. Optimise the Infrastructure to deliver better places and services

- Develop delivery plans for each place
- Partner with local authorities and health partners to optimise the core estate
- Plan new infrastructure to meet future growth supported by a capital funding plan
- Plan for the impact of critical infrastructure failure
- Plan for the impact of climate effects including heatwaves and flooding



2. Categorise – Plan our estate and decision-making around Core/flex/tail

- Embed core / flex / tail at system and organisational level
- Align service planning and estate occupation
- Prioritise investment in core estate
- Review individual flex properties to determine long-term plans
- Drive opportunities for cost transformation through optimisation and where appropriate rationalisation of estate

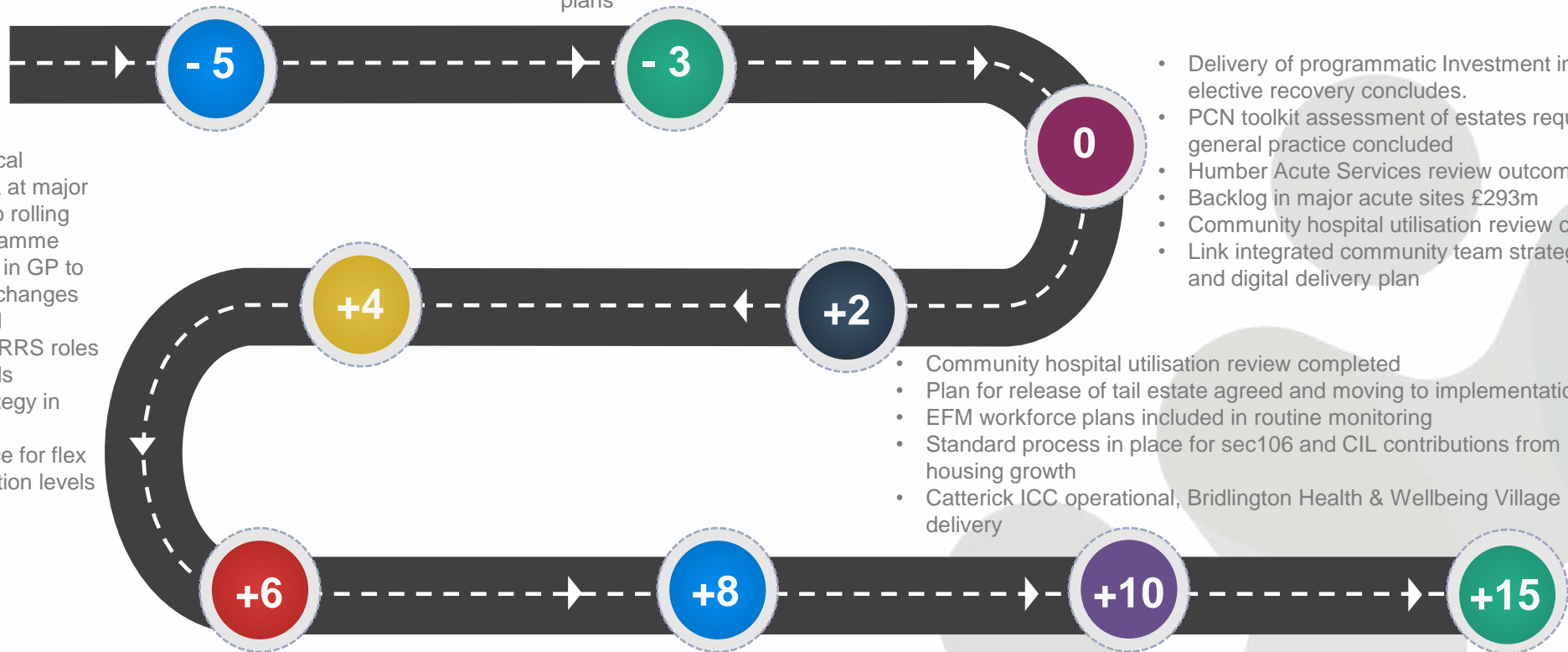


3. Strengthen our infrastructure governance & delivery capability

- Deliver the key recommendations of the infrastructure strategy
- Implement a governance structure
- Deliver priority requirements – critical requirements, strategy for housing growth & planning gain, strategic plan for community estate
- Develop cross organisational workforce plan for EFM
- Oversight of place and sector-based plans for infrastructure
- Develop close partnering with digital workstreams to drive efficiencies

Infrastructure Roadmap

- Delivery of ETTF funded schemes in general practice.
- Backlog in major acute sites £142m
- Significant investment in critical infrastructure during COVID
- PCNs developed and ARRS roles to expand general practice workforce – without supporting infrastructure plans



- Delivery of programmatic Investment in CDC, UEC, elective recovery concludes.
- PCN toolkit assessment of estates requirements in general practice concluded
- Humber Acute Services review outcomes
- Backlog in major acute sites £293m
- Community hospital utilisation review commences
- Link integrated community team strategy to estates and digital delivery plan

- Reduction in critical infrastructure risk at major acute sites due to rolling investment programme
- Capacity created in GP to meet population changes from housing and demographics, ARRS roles and training needs
- EV charging strategy in delivery
- Strategies in place for flex estate and utilisation levels have increased

- Community hospital utilisation review completed
- Plan for release of tail estate agreed and moving to implementation
- EFM workforce plans included in routine monitoring
- Standard process in place for sec106 and CIL contributions from housing growth
- Catterick ICC operational, Bridlington Health & Wellbeing Village in delivery

- Humber FT have delivered new adult inpatient capacity
- EFM workforce age profile has moderated
- Anchor institution activity has increased recruitment from deprived areas neighbouring acute sites and
- YAS have make ready and call centres in Hull

- Adaption strategy funded and in delivery
- HRI Tower block backlog resolved, and Acute Trust Backlog falls below £200m

- Digital solutions embedded and delivery at home is standard approach
- General practice hubs delivered in York, practice locations reduced by ½
- Net zero NHS targets achieved through implementation of ICS Green Plan

Key Risk and Mitigations

Review of our ICS health and wellbeing requirements and current estate has identified several themes that will be supported by the infrastructure strategy, and we have mapped what risk and mitigations which should be considered

	Themes	Risks	Mitigations
1	Access to Funding (Capital / Revenue)	Aspirations and 'must dos' within the Infrastructure Strategy are unaffordable.	<ul style="list-style-type: none"> • <i>Prioritisation across a longer time frame will allow us to focus available funding to highest risks.</i> • <i>System oversight across all requirements will allow future bids for funding to be targeted and aligned with service redesign.</i> • <i>Flexible use of S106 & CIL funding, maximise use of existing NHS estate, wider One Public estate, plus the greater adoption of digital services.</i> • <i>Demonstrative strategic capital planning processes which are truly integrated rather than siloed</i> • <i>Explore funding models with partners including local authorities and social enterprises.</i>
2	Balance 'designing tomorrow, delivering today'	The Strategy is not translated into a Delivery Plan.	<ul style="list-style-type: none"> • <i>Targeted resource allocation on agreed priorities will support better utilisation of available resources.</i> • <i>Monitoring against a plan will identify where key Strategy objectives are not being progressed. This will allow a discussion about responding to the known issues or reprioritisation of the output.</i>
3	Invest in leadership and culture	Maturity of the system to prioritise schemes and then support those in the strategy yet to be tested.	<ul style="list-style-type: none"> • <i>First phase of the Strategy to be followed up and supported by our governance and delivery systems at Partner level</i> • <i>Strategy to remain a live document to ensure key priorities remain the same to focus future work programmes.</i>
	Resources at ICB and Place level to Implement strategy	Resources to deliver Infrastructure Plan and update regularly still to be identified.	<ul style="list-style-type: none"> • <i>Review resources across the whole system in line with agreed ways of working to flex resources to support this work. Ensure regular assurance across prioritised workstreams to review allocation of resources regularly.</i>

Key Recommendations

As a system we have made great progress to develop the infrastructure strategy however, to drive transformation and deliver our core objectives we need to achieve the following recommendations

Recommendation	Comment	Date to Achieve Recommendation	
		24/25	25/26
1	Governance - Establish governance arrangements for Capital, Estates and Digital to monitor action planning and delivery of this strategy. Monitor delivery of 'in flight' investments and ensure appropriate technical and professional input to ICS strategic priorities (where relevant).	Sept 24	
2	Carter Efficiencies - Acute and Mental Health Collaboratives (including cross boundary Trusts) review of Model Hospital opportunities and consider options for cross organisational solutions or improvements to target areas in order to make savings.	Nov 24	
3	Fuller - Review outputs of PCN Toolkit work and establish Place / System action plans for next 3 years which include key investment priorities, resourcing and funding strategies. Following review consider % top slice of system budgets for primary care.	Dec 24	
4	Housing - Review identified Housing Impact, confirm anticipated population impact and cost to address by locality. Agree system approach to housing growth, identify resources required to support successful planning gain. Undertake Stakeholder mapping to develop / further develop ICS role as statutory consultee and establish health requirements linked to housing growth.		Apr 25
5	Review Community Hospital portfolio utilisation. Review utilisation across the community estate including community hospitals, reflecting on PCN requirements and housing demand and propose a strategy to achieve savings or cost avoidance.	Mar 25	
6	Investment requirements: Confirm investment requirements arising from Planned Care Strategy, Humber Acute Services Review and Mental Health inpatient services requirements.	Oct 24	
7	Digital & Data: Develop a full understanding of digital & data strategy interventions and how these will positively impact on patient journeys and estate requirements. Confirm strategy for primary care records digitisation.		Jun 25
8	Workforce - Link with the Workforce Programme to initiate a review of the system EFM workforce against national goals. It is proposed to establish a baseline position, understand current activity and establish ongoing monitoring at ICB level.	Jan 25	
9	Flexible and Shared Space – test feasibility / pilots of shared use of space including workforce, financial, digital solutions needed to support this including booking tools.		Sept 25
10	Sustainability: identify major climate change risks, including flooding and severe weather conditions. Develop and co-ordinate emergency strategies and long-term plans and coordinate a joint regional strategy for long-term adaptation to climate change.		Mar 26