



Humber and North Yorkshire
Health and Care Partnership

Humber & North Yorkshire Care Partnership Infrastructure (Estate) Strategy

July 2024

Version 2.3 - prepared by NHS Property Services Ltd
- supported by Shared Agenda Ltd

NHS

Humber and
North Yorkshire
Integrated Care Board (ICB)



Introduction

- Aims of the estate strategy
- How we developed our strategy
- Our infrastructure/estate planning principles
- The scope of the strategy
- Our Place-based partnerships
- Our partners to the strategy
- Embedding recommendations from National policies



Introduction

1. Purpose of our infrastructure strategy
2. Putting our infrastructure strategy together
3. How we developed our infrastructure strategy
4. Strategic context
5. Our integrated care strategy ambitions
6. The scope of our infrastructure strategy
7. Our partners to the strategy (stakeholder engagement)
8. Working together to deliver our ambitions
9. Our Place-based partnerships
10. Embedding recommendations from national policies

From our system wide engagement, we have developed our 9 infrastructure principles that underpin the strategy and how we will progress the strategy implementations. These 9 principles strongly align with the NHS England Infrastructure Goals

	Our infrastructure principles	NHSE Goals
1	Decisions will be based on ‘best for the system’ with a focus on cost effectiveness for the system overall.	FIT FOR PURPOSE
2	Our plans will consider the quality and safety of our estate and respond to critical issues including backlog in our acute estate and demand caused by housing growth.	
3	Will support services provided at a neighbourhood level , closer to home and more accessible for patients.	FAIRER
4	Decisions will be made in partnership , aligned to Place based governance with system oversight aligned to our operating model.	
5	We will consider the wider public sector and VCSE estate when identifying sustainable local solutions for delivery.	GREENER AND RESILIENT
6	We will support the progression towards a net zero carbon and resilient estate .	
7	We will improve utilisation of core assets to maximise efficiency.	
8	We will use data driven insights and digital tools to support flexible, efficient and sustainable estate solutions.	INNOVATIVE AND DIGITALLY ENABLED
9	Workforce –We will develop our EFM workforce for the future. We will identify the resources needed to deliver infrastructure programmes and projects building capacity and capability as a system.	

Purpose of our infrastructure strategy

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 establish where we want to be. From this, we can - as a combined system, define our infrastructure objectives and enablers to help support the transformation for the people of Humber and North Yorkshire. It is a 'living' strategy that the system partners will develop which reflects the full transformation implications of the ICS.

Considerations:

Our ICS has a varied geography and diverse demographic. Of our 1.7 million population 18% live in the 20% most deprived communities and much of our 4000+ sq miles is made up of small rural communities, with concentrated urban areas of our cities and a coastline of 185 miles.

Our estate ranges in age, condition and utilisation. The shift in demographic, and population growth in some parts of the ICS places a challenge on the location of our estate and the wider infrastructure of health care provision. We need to consider whether the estate and the wider infrastructure is fit for purpose.

Whilst capital and revenue issues exist, we still need to ensure that our infrastructure is; compliant, safe, sustainable, accessible and efficient. Furthermore, we need to meet our Net Zero Carbon ambitions and ensure we make the most of digital advancements to provide a more accessible and efficient service.

We need to further consider the value of the wider public sector and VCSE estate and how we might combine forces to use it more effectively for mutual benefit. This Infrastructure allows us to improve our focus across the system to involve those who deliver services in a Place setting, where more localised intelligence can help feed our integrated infrastructure plans.

NHSE requirements:

- produce a 10-year strategy and 5-year capital plan: to enable the case for capital to be made and better alignment on key strategic initiatives
- encompass requirements from system partners and national strategic plans
- focus on integrating a workforce plan that embeds estates and specialist skills/expertise
- underpinned by understanding the current asset base - this should involve the mapping and identification of all infrastructure assets using the framework of core, flex and tail.

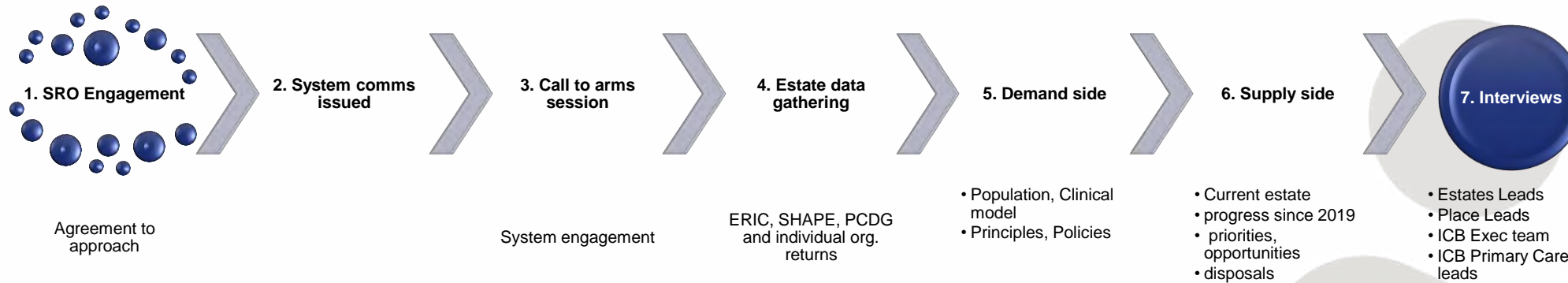
ICB requirements:

- Build on existing foundations
- strategy that is understood and owned by all
- Use of data to drive our priorities and decision-making
- Involvement of all ICS partners
- Optimise our Core estate and progressively move out of Tail estate
- integrated, cohesive engagement programme across PLACE and Sector collaboratives
- Ensuring our workforce understand the key priorities and objectives of the whole system, its partners and how their role contributes to this
- Making sure local people and communities are engaged and can contribute to the priorities for the ICS moving forwards

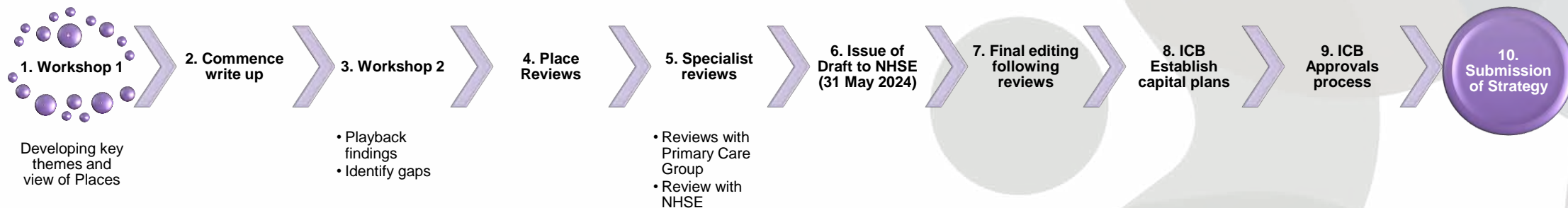
How we developed our infrastructure strategy

HNY ICB leaders, key infrastructure partners and Place stakeholders were engaged in developing the key themes and objectives.

Mobilisation:



Delivery:



Building the infrastructure strategy

The ICB ambition 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.

ICS Strategy

Strategic Aims:

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

Operating Model:



Supply/Demand



**Population/
demographic
change**



**Transformation:
clinical, financial,
workforce and digital**



**Property-related
risks and
opportunities**



Greener NHS/NZC

Place Strategy for each area



**Understanding
demand and supply**

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.

The Scope of our Infrastructure Strategy

Our Infrastructure Strategy considers current and future demand, based on current and future service requirements; alongside current and future supply of infrastructure

Stakeholder engagement and communication

Future space/need (demand)

- Clinical objectives
 - Primary Care – ARRs and Training
 - Community services
 - Acute
 - Office (HQs and local)
 - Integrated Hubs
 - Community diagnostic Centres
 - Mental Health
- Demographics
- Geography
- Housing developments
- Health inequalities

Key demand-side considerations

- Aligning clinical strategy to service the changing social, economic and population needs at ICS and Place
- How workforce, digital and green plan effect the infrastructure strategy
- How do the ambitions of the NHS Long Term Plan and associated national policies define our Infrastructure priorities

Current property (supply)

- Estate stocktake (capacity and adequacy)
- Trust owned estate: 5 Acute providers, 4 Mental Health providers
- 3 Community Interest Company providers
- 2 Ambulance Trusts
- GP owned or leased from third party
- NHSPS owned or leased from third party
- CHP LIFT Estate
- Local authorities (6) and wider One Public Estate
- Voluntary Sector
- Greener NHS implications
- Understanding Core Flex Tail

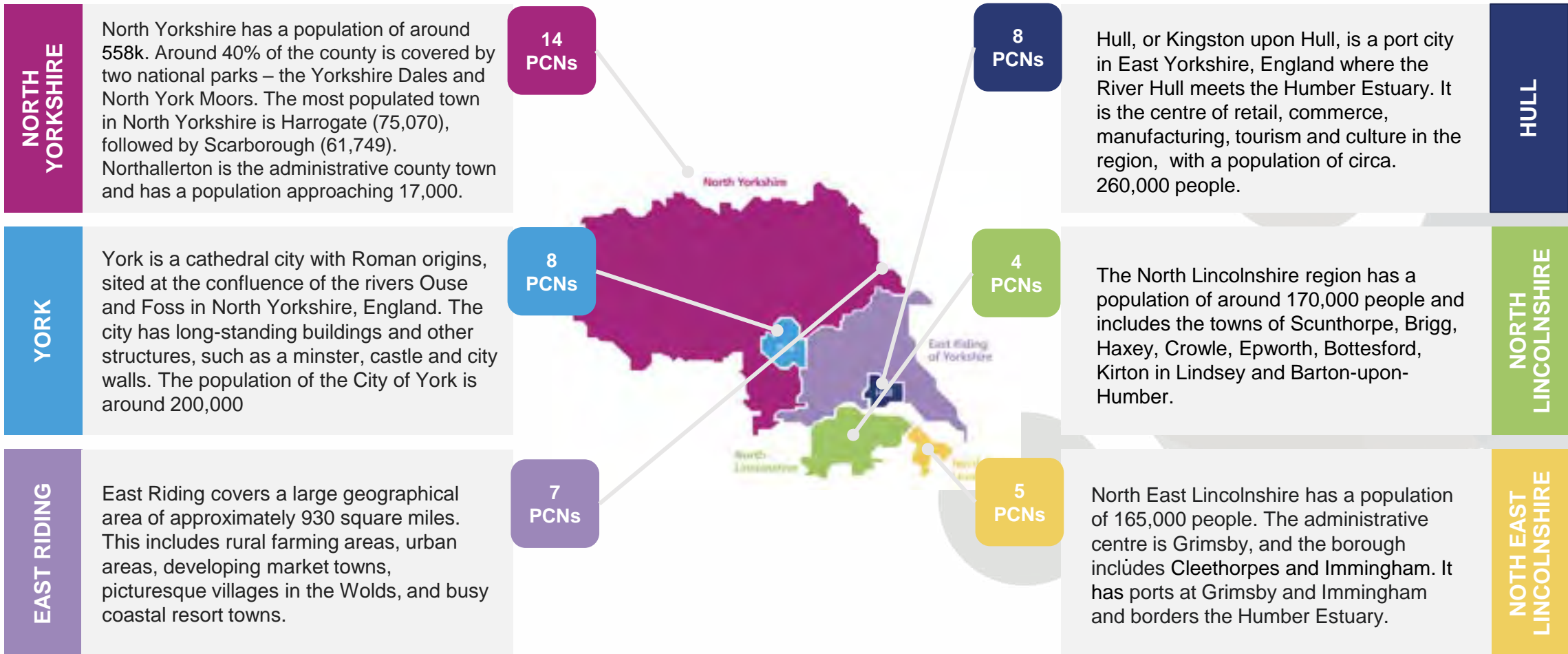
Key supply-side considerations

- How we optimise the estate from a system rather than ownership perspective
- The opportunities for further integration (shared estate) with other partners including local authorities
- Cost effectiveness – maximising utilisation and minimising cost, taking opportunities to save
- Back log position (Total + Critical Infrastructure Risk)
- Understanding the transition to Net Zero.

Data review to inform estate requirements

Our Place-Based Partnerships

The Humber and North Yorkshire Health and Care Partnership covers a geographical area taking in cities, market towns and many different rural and coastal communities. There are different organisations from across the health and social care sector which are formal members of the Partnership, and we are organised around six places that align with our local authority boundaries.



Our Partners to the Strategy

In developing the infrastructure strategy, we have had positive engagement with key ICS partners through Place based workshops and individual discussions.

<ul style="list-style-type: none"> Joint partnership and involvement from all with insights from one-to-one calls Data collection from all partners from all NHS partners; further work will be required to integrate local authority estate data 	Local Authorities <ul style="list-style-type: none"> East Riding of Yorkshire Council Hull City Council North-East Lincolnshire Council 	<ul style="list-style-type: none"> North Lincolnshire Council North Yorkshire Council City of York Council
	Hospital providers and Foundation Trusts <ul style="list-style-type: none"> Harrogate & District NHS Foundation Trust Hull University Teaching Hospitals NHS Trust York & Scarborough Teaching Hospitals NHS Trust Yorkshire Ambulance Service NHS Trust Humber NHS Foundation Trust East Midlands Ambulance Service NHS Trust 	<ul style="list-style-type: none"> Tees, Esk & Wear Valleys NHS Foundation Trust North Lincolnshire & Goole Hospitals NHS Trust South Tees Hospitals NHS Foundation Trust Rotherham Doncaster & South Humber NHS FT Leeds and York Partnership NHS FT
	Community providers <ul style="list-style-type: none"> 317 GP premises (including main and branch surgeries) working as part of 43 Primary Care Networks CHCP 	<ul style="list-style-type: none"> Care Plus Focus Navigo
	Other organisations <ul style="list-style-type: none"> NHS North of England CSU NHS Property Services Ltd Community Ventures 	<ul style="list-style-type: none"> Shared Agenda

Our Partners to the Strategy

Across our workshops and interviews we have engaged with over 100 system partners and has identified several common themes, risks and opportunities.

Our residents

- Significant health inequalities with higher than national average deprivation levels, including coastal deprivation.
- Housing growth having a significant impact in some areas while population reduction occurs in others.
- Shifting demographic with significant growth in over 65s and reduced working age population. Potential impact on revenue calculation per capita in future years.
- Issues with transport and access in some communities

Financial challenges

- Significant system operating cost challenge £30m.
- Historic under funding of primary care estate in some areas.
- Impact of IFRS16 on CDEL
- Improved partner collaboration is needed to determine system-wide priorities and access to capital.
- Short-term commissioning contracts restrict investment commitments in property.
- NHS is missing out on s106/CIL opportunities and needs to improve engagement.
- Annual capital planning process hinders multi-year delivery.
- Sufficiency of capital funding to address BLM.

Estate considerations

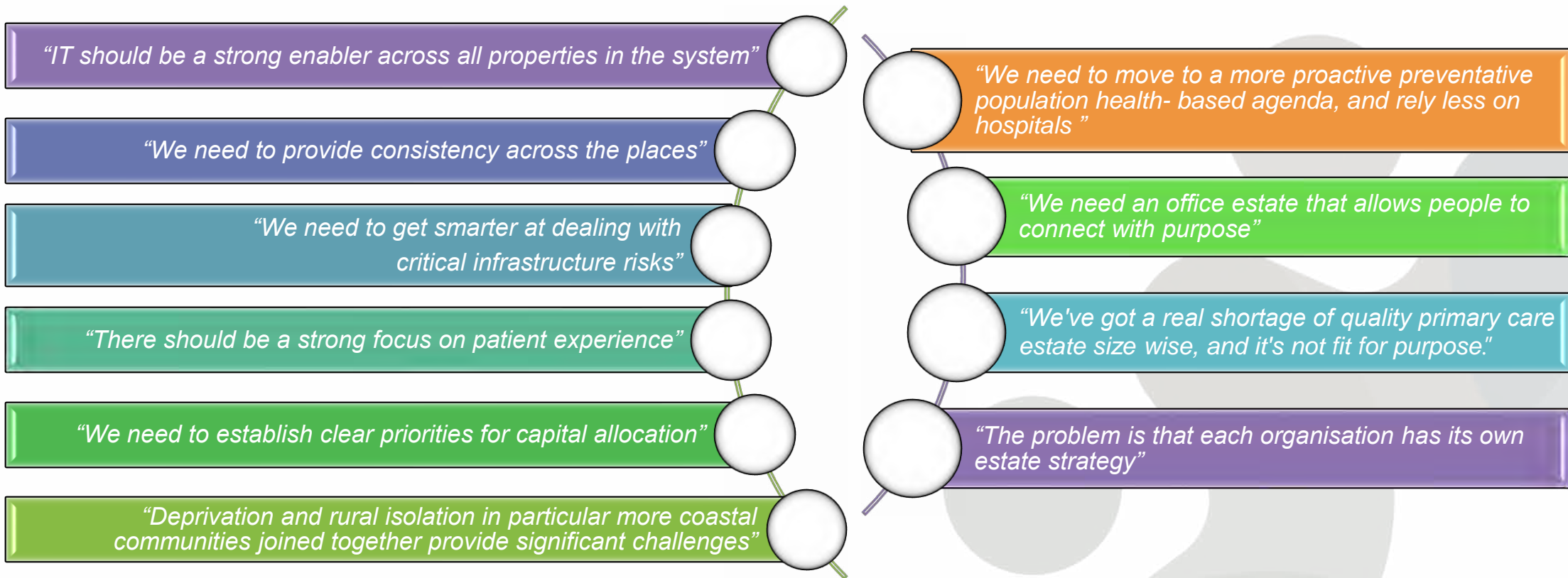
- Understanding estate utilisation and how to improve.
- Ownership issues and charging does drive the wrong outcome for the system, i.e. under-utilised space in CHP LIFT buildings.
- No common platform for space sharing.
- Property skills gap in understanding primary care outside the property companies.
- Age and condition of estate is poor in some locations.
- Under-provision of localised Training estate in primary care.
- Flood risk is very high in some locations due to climate change and needs early consideration.

Other

- Digital strategy alignment with virtual wards need to be better understood.
- Opportunity for greater integration with the Voluntary Sector, such as Social Prescribing.
- HNY has a greater proportion of social enterprise providers than any other ICB which creates opportunities
- Need end to end thinking on EV charging for NHS electric fleet, including ambulances.
- Shortage of staff residential accommodation for Acute Trusts.
- Lack of affordable housing in some areas creates recruitment issues for front line roles.

Our Partners to the Strategy

Across our workshops and interviews we have engaged with over 100 system partners and has identified several common themes and opportunities. This is what they told us.



Working Together to Deliver Our Ambitions

HNY has a system operating cost challenge and there is a clear need to explore opportunities for cost saving or cost avoidance. 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.

Feedback from our partners

Meet capacity needs, both for clinical delivery and staff training

Develop a pipeline of capital projects that will support the entire local population

We need the ability to look at all public assets as a route to service delivery.

Integration of wider system partners including voluntary sector is required

We need an active programme to drive cost savings from the estate. We need to maximise utilisation and take opportunities such as leasehold disposals.

Clinical contract length prevents long term planning and investment

A need to get a clear picture of space utilisation across the system

Our Current Challenges

Financial Planning:

- System operating cost challenges – revenue constraints
- Capital constraints (CDEL)
- Short-term financial planning cycle
- Connecting local authority and NHS Funding together
- Funding for decarbonisation

Our Infrastructure:

- Lack of system Governance – organisation led decisions
- Significant backlog liability eg Hull, Scunthorpe
- Housing growth
- Pressure on general practice - patient demand, changing workforce & lack of training capacity
- Voids & under-utilisation
- EV charging infrastructure

Operational ways of working: There is minimal dedicated estate resource within the ICS. There is some joint system working in primary care estates but no standardisation of approach.

Infrastructure workstreams: Infrastructure delivery is being monitored via clinical workstreams e.g. CDC and UEC programme.

Embedding Recommendations from National Policies

Our infrastructure strategy is strongly aligned to and informed by national policy context and recommendations.

NHS Long-term Plan

Our ambition is for everyone in our population to live longer healthier lives and specifically to narrow the gap in healthy life expectancy. This will be delivered through partnerships in our six places. The ICB will create the conditions for change; working with communities to integrate health care and wellbeing services, working with partners to implement evidence-based solutions, using our scale as major employers in local communities and effectively targeting resources.

Fuller Stocktake

The system actions identified through Fuller Stocktake are being delivered through the already well-established Primary Care Collaborative. Each action has been linked to an existing workstream. Our focus is on a single system approach to managing urgent and same day care. We will develop neighbourhood team structure and the necessary supporting infrastructure. We have committed to the delivery of the PCN toolkit work to support delivery of a system wide estates plan for primary care. Primary care workforce considerations will be developed as an integral part of system thinking, planning and delivery and develop a sustainable model of primary care.

Naylor Review

The HNY system and partners have had an active programme of disposal of surplus estate and this strategy contains progress against that plan and future disposal opportunities to raise capital for reinvestment into priority projects.

Carter Review

Trust metrics compare favourably to peer benchmarks. There are, however, significant estate and FM cost variations between Trusts. There is a clear impact at Trust level for those trusts with PFI sites in their portfolio. A site based review will prove more useful in identifying opportunities.

Embedding Recommendations from National Policies

Our infrastructure strategy is strongly aligned to and informed by national policy context and recommendations

Hewitt Review

The ICB have prioritised integration with partners across the health and care system. We have committed to enhance data sharing and quality through promotion of the NHS App, Community Optica, EIPPH&NY and federated data platform. We have prioritised investment in Population Health including links to public health and have established a Primary Care Collaborative.

Greener NHS

During 2022 we developed a three-year Green Plan to support rapid progress towards net zero carbon emissions, foster climate resilience and adaptation, promote climate actions that also protect and restore nature and biodiversity and encourage a just and inclusive transition.

NHS Long-term Workforce Plan

HNY ICB have a detailed workforce plan with a focus on working collaboratively across the system and also maximising links with VCSE. Our aim is to build strong foundations transforming people services and supporting the people profession. We will lead co-ordinated workforce planning using analysis and intelligence with a focus on social and economic development. Practical delivery of the objectives is progressing through programme workstreams with oversight from system level committees. The programme for 2023/24 is Breakthrough HNY.

ICS Priorities: Health and Wellbeing Requirements

- Our integrated care strategy ambitions and intentions
- Population projections and health inequalities
- Workforce (Retention, training and housing needs)
- Digital transformation
- Our ICS health and wellbeing priorities for estate and infrastructure



Please refer to Appendix C for additional information:
Population/ demographics, housing, workforce and Greener NHS

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Our integrated care strategy ambitions and intentions

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. HNY has recently refreshed our strategy and ambitions building on the Joint Forward Plan. This is set out in detail below.

Our aims	Narrowing the gap in healthy life expectancy by 2030 Increasing healthy life expectancy by five years by 2035			
Our Outcomes	Start Well	Live Well	Age Well	Die Well
Our partnership ambitions	Radically improving the health and wellbeing of children and young people			
	Enabling wellbeing, health and care equity		Transforming people's health and care experiences and outcomes	
Our person-centred approach	Think Person	Think Family	Think Community	
Our big 4 health outcome priorities	Reducing harm from cancer	Cutting cardiovascular disease	Living with frailty	Enabling mental health and resilience
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 (professional, political)		

Population Insights

The ICS has a challenging vision to reduce the healthy life expectancy gap by 5 years by 2035. Population Health data shows more than 10 years gap between the best and worst Place areas.

Population and Housing*

	2011	2021	2032
Population change	-	+43,777	+74,536
ONS population change	1,663,489	1,707,266	1,781,802

Age Demographics (ONS 2021)

Age group	ONS revised back series		ONS 2018-based population projections					
	2021		2021		2032		2042	
	count	%	count	%	count	%	count	%
0-14	269,037	15.8	373,330	21.8	355,601	20.4	384,218	21.3
15-64	1,055,276	61.9	954,755	55.7	915,826	52.5	906,579	50.4
65+	380,990	22.3	385,343	22.5	473,813	27.1	509,543	28.3
Total	1,705,303		1,713,428		1,745,240		1,800,340	

Deprivation levels

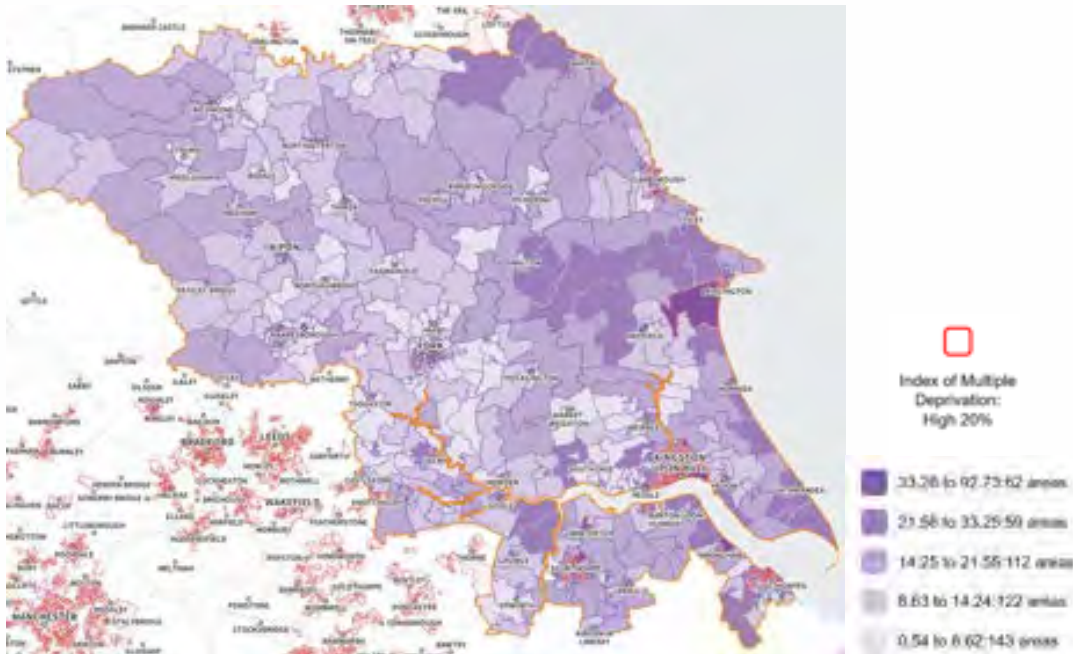
- Based on the Index of multiple Deprivation 2019 Humber and North Yorkshire ICS as a whole has slightly above average levels of deprivation with an IMD average score of 20.91. This masks areas of significant deprivation.
- Areas of high deprivation in the region include Grimsby (77.55), Scunthorpe (55.06), Winterton (39.38), Barton (34.49), Hull (82.19), Bridlington (78.10), Withernsea (60.08), Beverley (37.53), York (44.52), Scarborough (67.15) and Whitby (47.47).
- The England-wide IMD distribution is 0.54 to 92.73 with a mean value of 21.67

Prevalence of health outcomes / Core20Plus5

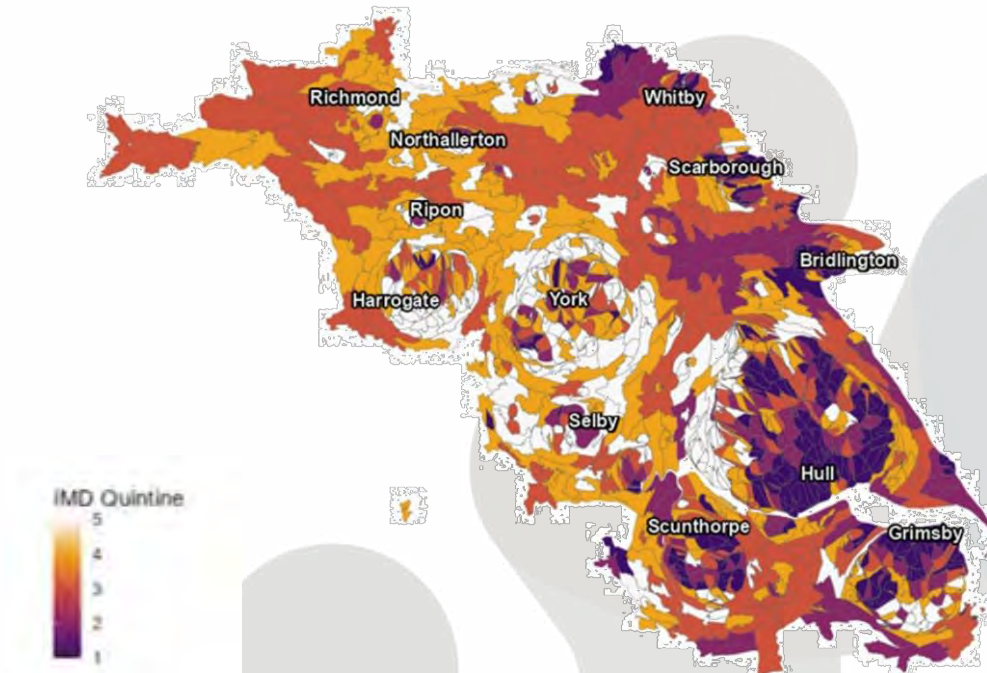
- HNY ICB has a greater recorded prevalence of most Quality & Outcomes Framework categories than England. The biggest variances are hypertension, Coronary Heart disease, Cancer and Obesity. Further details in Appendix C.
- The life expectancy gap between the most deprived and least deprived areas in 2020/21 was 9.1 years for men and 7.1 years for women.
- The healthy life expectancy gap was 13.5 years for men and 11.5 years for women. Details are included in Appendix C.

Population Insights – IMD and Core20Plus5

There are areas of significant deprivation across the ICB, with 10 LSOA areas across the ICB in the most 100 most deprived nationally. The maps below show the deprivation in two levels of detail. The first map shows level of deprivation, the darker the more deprived. Those areas with red borders are 20% most deprived nationally. The second map showing that there are pockets of deprivation in less deprived areas which can mask local patches of need.



In 2019 IMD Humber and North Yorkshire ICS has slightly above average levels of deprivation with an IMD average score of 20.91. Areas of high deprivation in the region include Grimsby, Scunthorpe, Winterton, Barton, Hull, Bridlington, Withernsea, Beverley, York, Scarborough and Whitby, 10 in the 100 most deprived nationally.



Population Health Management is a key element of the ICB strategy. System wide workstreams are focusing on the development of a population health dashboard to monitor outcomes at ICB and Place. Core20Plus5 areas of focus for adults are cancer, cardiovascular disease (CVD), Frailty and mental health resilience.

Future Housing Developments – 10 Year Plan

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.

Some areas within the ICB will experience significant Housing growth over the next 10 to 15 years. The links between health and the built environment are clear and the NHS has an opportunity to capitalise on the planning process to ensure health services are sustainable in the long term.

Our assessment is that the housing related population growth will be 95,000 over the next 10 – 15 years. This growth alone will create demand for 8,000sqm of space in general practice at a cost of £48m, or £1.9m per annum revenue (rental only).

In York joint work has begun to identify the impact of that growth and it is proposed to seek as much as £18m of planning contributions to support a pipeline of £80m+ investment required in primary and community care. In North Yorkshire they are beginning to secure funding to support necessary expansion of primary care capacity. North Yorkshire County Council have advised of their intention to move quickly to produce a new local plan for the locality. Health system engagement in this process and production of an NHS contribution to the Local delivery plan is an underway and is an essential step in securing appropriate

investment in health.

Detailed background information has been prepared for each local authority area and is included within the population assessment (Appendix C) and within the Place summaries (Appendix F). This sets out the current known impact of housing growth in each area. There is an opportunity to pool skills and knowledge across the ICB to maximise the Planning contribution, but this will also be reliant on development of effective working relationships with the planning teams in each local authority.

The key areas to consider are;

- Engaging with Plan Making
- Maximising Developer Contributions
- Influencing Planning Policy – Healthy Places
- Site Promotion – where disposals are planned
- Homes for NHS Staff

Affordable Homes for NHS is a known issue in some areas, impacting the ability of healthcare organisations to recruit and retain frontline staff. Further work is required on how to address this workforce issue.

Local Planning Authority	Known Deliverable Housing Growth 1-15 Years – All Sites
East Riding of Yorkshire Council	6,550
Hull City Council	3,640
North- East Lincolnshire Council	2,394
North Lincolnshire Council	2,651
City of York Council	5,485 *
North Yorkshire Council	15,852
TOTAL	36,566

* New plan proposal is 12,067 houses by 2033

Humber and North Yorkshire Strategic Context

The Infrastructure Strategy is supported by and supports various existing ICS and national strategies and plans. A brief summary is provided here, more detail in Appendix C and full details are available by scanning the QR code which will take you to the relevant strategy.

Digital Strategy

- Use digital to improve the way services are designed, delivered and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.
- Optimise the value of data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities
- Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.



Workforce Strategy (HNY Breakthrough)

Our aim is to build strong foundations transforming people services and supporting the people profession. We will lead co-ordinated workforce planning using analysis and intelligence. We will focus on social and economic development. Our outcome goals can be summarised into the following areas:

- Health and Wellbeing
- Inclusion and Belonging
- Workforce Supply
- Leadership Values and Behaviours
- Workforce Transformation
- Social Economic Development
- Development and Talent
- Transformation of People Services



Our EFM Workforce

The NHS Estates and Facilities Workforce Action Plan (WAP) sets out how we will fulfil the ambitions of the NHS People Plan and NHS People Promise for our estates and facilities workforce across England over the next 10 years.

It highlights 4 priorities;

- developing our people
- building the next generation of estates and facilities management people
- embedding equality, diversity and inclusion
- improving the health and wellbeing of our people.

We will develop our EFM workforce for the future. We will identify the resources needed to delivery infrastructure programmes and projects, building capacity and capability as a system.



Our ICS Health and Wellbeing Clinical Delivery Priorities

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.

Deliver services through Integrated Neighbourhood Teams

- Joint Local Health and Wellbeing Strategies (JLHW)
- Agree local priorities with partners at each place.
- Develop integrated models of care to reduce health inequalities

Provide improved patient access to services

- Community Diagnostic Centres
- Health Hubs
- Digitally enabled care solutions
- Planned care solutions to separate elective and acute activity

Urgent & Emergency Care

- Implement an integrated urgent and emergency care offer
- Effective management of primary care pathways and 'Same day emergency care'
- Urgent treatment centres

Drive innovations to prevent ill health

- Research and Innovation as a core focus - IRIS
- improve the way services are designed, delivered and managed, focussed on the individual
- Workforce strategy
 - supporting staff health and wellbeing
 - Supporting employment and career pathways
- Medicines optimisation

Use Digital and Data to drive efficiencies and improve health outcomes

- health and care professionals make the best decisions - they have the information they need when they need it
- Optimise the value of data to create intelligence, used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.
- Deliver digital and information services and solutions

Summaries of our key clinical strategies are set out at Appendix D

Our ICS Health and Wellbeing Drivers

Our core strategic documents also describe our drivers 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.

Leading for Excellence

- Embed alternative community pathways to avoid admissions to hospital
- Improve patient flow with a focus on discharge to support wider elective recovery
- Empower the Acute, VCSE, Primary Care, Mental Health and Autism collaboratives
- Reduce unwarranted variation between services
- Quality, Efficiency and Productivity Programme

Leading for Prevention

- Prevention and public health: adding life to years and years to life
- Ensure there is secure and equitable provision of care for all ages.
- Continuing healthcare and Section 117
- Develop our Core20PLUS5 Programme with our Core20PLUS Ambassadors

Leading for Sustainability

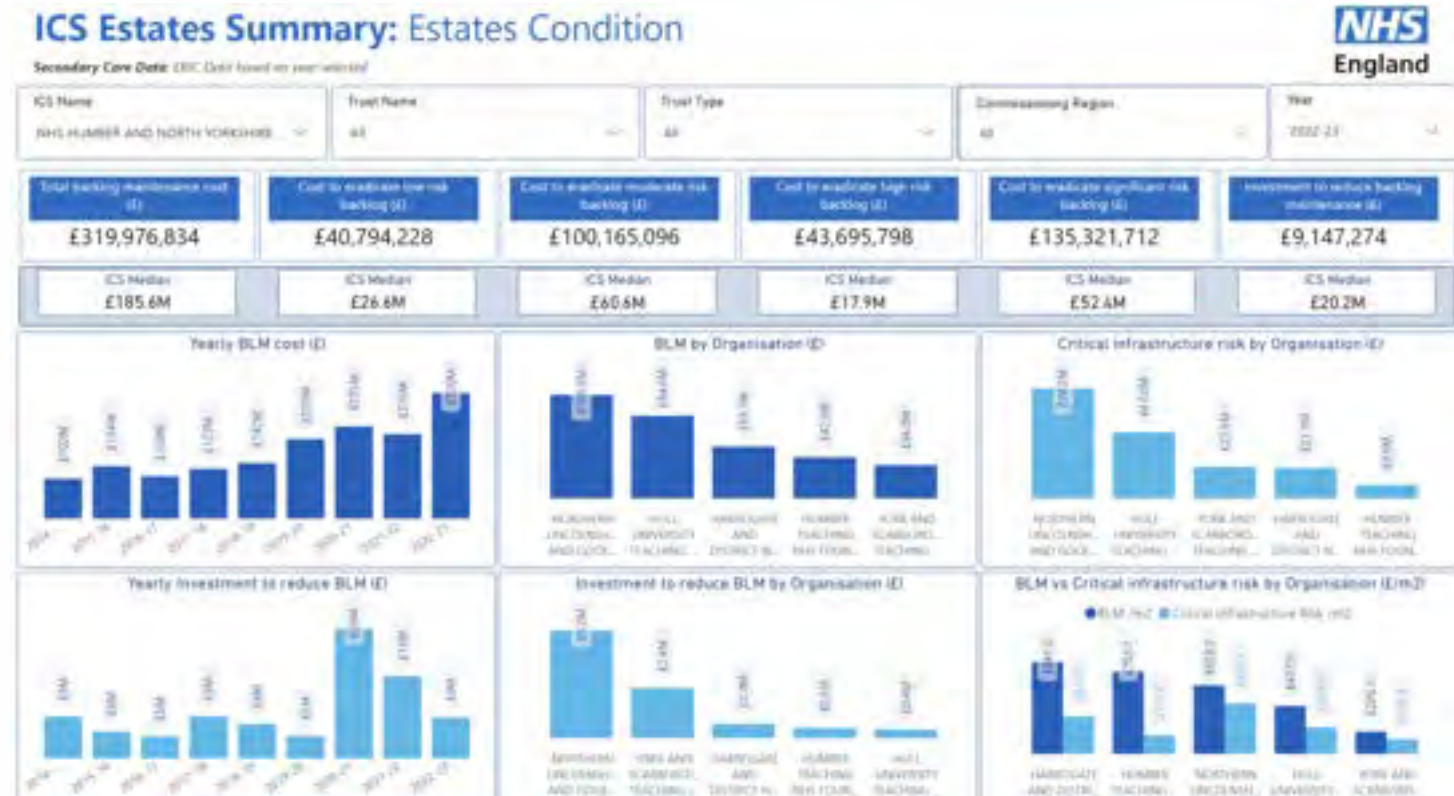
- A comprehensive and integrated health and social care model.
- A strong workforce
- A high quality care sector, with sufficient capacity to meet demand
- Increase system-wide understanding of wider community resources.
- A sustainable estate

Voice at the Heart

- Listening to patients' experiences
- Increase the voice of patients and the public
- Partnership across ICB system and at place
- System wide priorities – doing things once
- Support the approach to engagement and involvement across the ICB

State of the estate – where are we now?

- Overview of our estate
- The current estate
- Portfolio categorisation: Core, Flex, Tail
- Existing Transformation Programmes
- Progress since 2019
- Disposal Opportunities
- Opportunities and challenges with the existing estate and infrastructure across the system



Please refer to the following Appendices for additional information:
Appendix E: Understanding our estate
Appendix F: Place reviews
Appendix G: Provider estates strategies

- Contents
- Foreword and Executive Summary
- Introduction
- ICS Priorities
- Where are we now?
- Where do we want to be?
- How do we get there?
- Appendices

Overview of Our Estate

The NHS occupied estate for Humber and North Yorkshire extends to 724 properties covering primary care, community, secondary care including mental health.

Primary care estate

HNY general practice delivered 11.11m appointments in the year to Feb 2024. How does the estate support this activity?

- HNY general practice is made up of 43 PCN's serving 1.8 million people. 162 practices operate from 288 locations (115ksqm), 60% are GP owned, 35% leasehold costing £16m 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 capital and revenue.
- 309 pharmacies, 265 dentists, 170 opticians

Community Services

Community services are delivered from 257+ locations, (more than 109k sqm) at a cost of £44m pa. This includes 11 community hospitals with variable utilisation.

- Community Interest Companies (CIC) and Social Enterprises play a significant role but are not obliged to report their property portfolios via ERIC or SHAPE
- Aspirations and 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.
- Data is incomplete for the existing community estate.
- There is £16m of backlog recorded against the community estate and this is probably underreported.

Mental Health Estate

There has been significant investment in the mental health estate, but further investment is required. There are 63 properties, 56k sqm costing £18m pa.

- Humber FT have identified a requirement for replacement adult inpatient facilities
- Mill Lodge and Clifton House require investment for the provision of appropriate seclusion facilities which is currently a significant risk to the Trust
- Community Interest Companies and Social Enterprises play a key role in delivery of mental health services in some places
- Several providers are based in other ICB areas.

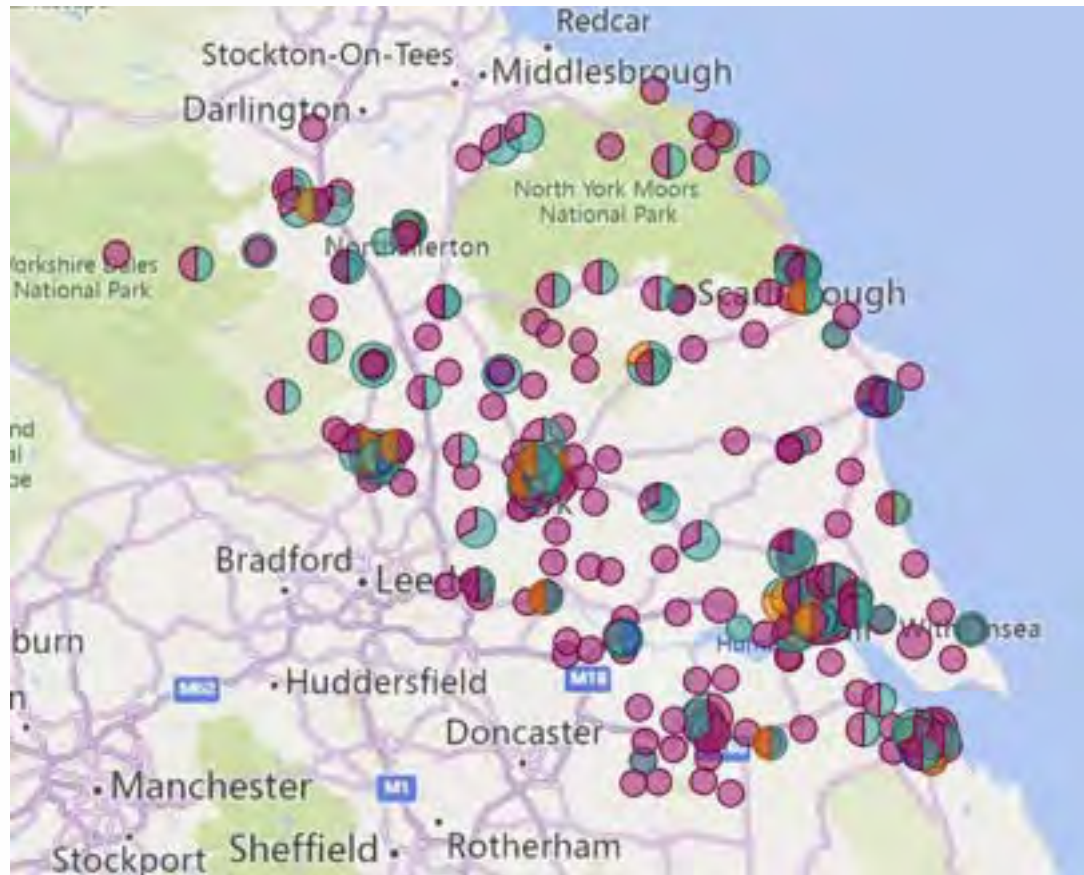
Secondary care estate

The secondary care estate includes general hospitals and community facilities. The acute estate is 10 general hospitals GIA of 571k sqm plus 3 renal units, annual cost of £212m and backlog of £293m

- Trusts have been successful in securing programmatic funding and delivering schemes - STP Wave 4, CDC, TIF & Salix
- No hospitals are included in New Hospital Programme which means no significant change to the 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 and York Hospital have identified a requirement for a new site

The current estate: our clinical estate mapped

This map and table summarise the estate across the ICS area. It includes properties from Trusts and providers based outside the ICS but operating within it. Further detail is provided in Appendix D.



Service Type	Number of properties occupied	NIA (sqm)	Total costs (£m pa)	BLM (£)
Acute	13	480,628	212	292,958,673
Ambulance	48	10,468	>1	1,334,700
Community Inpatient	11	15,719	7	180,322
Community Services	246	93,172	38	16,293,692
Dental	11	612*	>1	-
GP	288	115,177	21	2,601,965
Mental Health	63	56,376	18	18,397,342
Office	30	19,320	5	10,215,411
Other	49	13,214	1	133,252
Private (ISTC)	1	1,419	>1	-
Residential	1	2,125	>1	402,983
Totals (rounded)	724	808,230	303	342,518,340

Key ● Acute ● Community Services ● GP Surgery ● Mental health

* Some dental space/cost in community services

Our Estate Performance

The infrastructure strategy has included a comprehensive assessment of the performance of the current estate. The level of core/flex/tail reporting is low and this needs to increase to support strategic review.

Model Hospital/ERIC Data

Model Hospital Data from ERIC FY 22/23 identifies areas where Trusts fall into the upper quartile of costs in ERIC. There appear to be opportunities in Hard FM, waste and utilities costs and there may be potential for common approach to address these. There are also focus groups in HefMa for the region where best practice and cost saving options are shared.

Estates and Facilities Costs

Model Hospital (ERIC FY 22/23) identifies significant cost variations between NHS providers:

- Harrogate and District NHS FT: - **£423.25/m2**
 - Hull University Teaching Hospitals NHS FT: - **£460.78/m2**
 - Northern Lincolnshire and Goole NHS FT: **£321.12/m2**
 - South Tees NHS FT: **£643.13/m2**
 - York and Scarborough Teaching Hospitals NHS FT: - **£420.87/m2**
-
- East Midlands Ambulance Service NHS FT: **£491.19/m2**
 - Yorkshire Ambulance Service NHS FT: - **£293.15/m2**
-
- Humber Teaching NHS FT: - **£330.87/m2**
 - Leeds & York Partnership NHS FT: **£510.31m2**
 - Rotherham Doncaster and South Humber NHS FT: **£339.46/m2**
 - Tees, Esk & Wear Valleys NHS FT: **£302.07/m2**
 - **Peer Average: £465.20/m2**

Actions

- Trusts are divided into Acute and Mental Health provider collaboratives. These collaboratives may not include Trusts across the ICS boundaries.
- In order to explore opportunities in estates and facilities costs across NHS providers some dedicated sessions may be required – these could be targeted by the end of Sept 2024
- The first step will be to review the FY 22/23 ERIC data submissions to understand, on a site-by-site basis, the nature and reasons for any significant variations in cost

Our Estate Performance

The infrastructure strategy has included an assessment of the performance of the current estate. The level of core/flex/tail reporting is in the community estate is low and this needs to increase to support strategic review. The level of backlog in the acute estate is a significant issue.

Quality and Safety

Primary Care

- The current estimated 'forward maintenance value' is £2.6m based on 60% completion 58% of this estate is Core, 35% is Flex with only 3% Tail and 4% undefined.

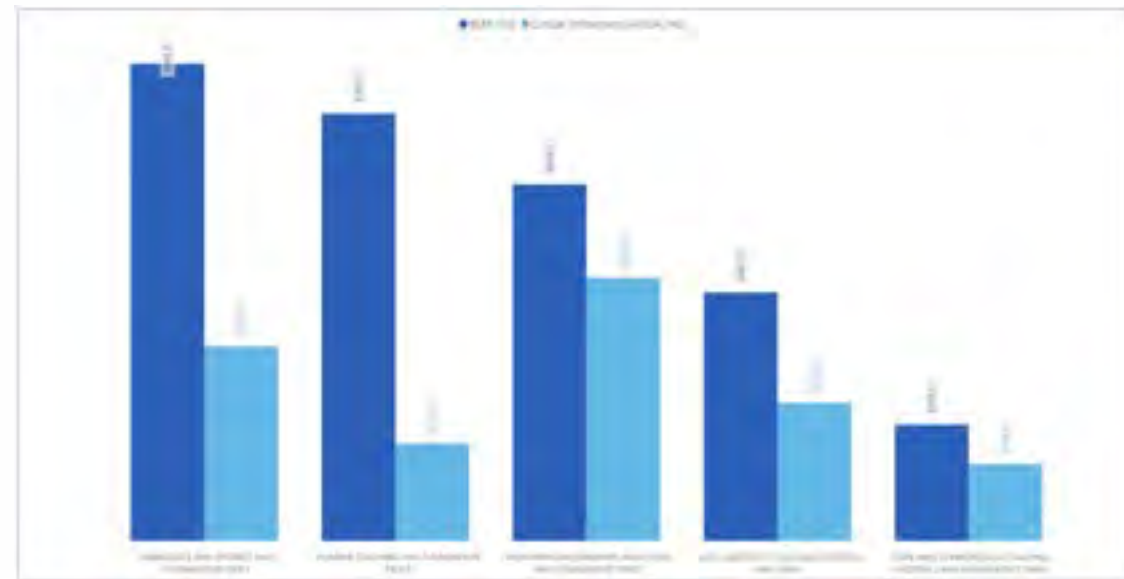
Acute Sector (incl Mental Health)

- Our ERIC reported backlog maintenance is £319.98m*, 42% (£135m) is Critical Infrastructure risk. This is £281/per sqm and in the highest quartile nationally.
- The reported backlog value has tripled since 2014/15 increasing from £102m to £320m.
- There has been some additional investment in 2020/21 and 2021/22 linked to Covid upgrades the steady state annual investment to reduce backlog is under £10m. At this rate it would take 32 years to clear the backlog, assuming that no further backlog accrued during that time.

Critical Incidents:

- Model Hospital/ERIC data records 76 incidents where clinical activity was disrupted by estate failures, 18 related to critical infrastructure risks.

* Backlog figure for Trust reported properties not just the acute sites noted elsewhere.



Graphs from NHSE PowerBI ICB data pack

Our Estate Performance

The infrastructure strategy has included an assessment of the performance of the current estate. The level of core/flex/tail reporting is low and this needs to increase to support strategic review. The level of backlog in the acute estate is a significant issue.

Site and Building Utilisation

Primary Care

- 162 practices operate from 288 sites with an average list size of 11,095 patients.
- The total reported floor area is 115,177 sqm. This is an average of 112sqm/1750 patients compared to an HBN standard of 120sqm/ 1750 patients, that is 7% lower than the standard based on current registered list.

Acute

The overall proportion of non-clinical space across the ICS (ERIC 22/23) is mid-low at 29.87%.

Vacant Space

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).

Utilisation

The ICS level of under-utilised space in ERIC is 2.35% which places it in the highest quartile. The PCDG and PCN Toolkit work has also sought to measure utilisation of the GP estate. This measure is against a set of nationally prescribed standards and using patient demand modelling. This work suggests a significant proportion of practices are operating above capacity benchmarks.

Estate Categorisation

- We have used the published NHS England definitions of Core, Flex and Tail to provisionally understand the categorisation of our estate

CORE	FLEX	TAIL
Good quality, fit-for-purpose and future-proof estate that align with the LTP and ICS' clinical strategy'	Estate that is of an acceptable quality, or provides unique access to services, but does not fully enable the ambitions of the LTP	Poor quality estate that is not fit-for-purpose or for patient-facing services and should be phase out when alternative estate is available

- A present 75.71% of the estate has been categorised, where categorised 86% is core 10% flex and 4% tail.

Existing Transformation Programmes

Organisations within the ICB have been successful in securing funding through national programmes including Wave 4 STP, Targeted Investment and Elective Recovery, and Salix funding.

Urgent & Emergency Care

- Trusts were successful in securing funding for four UEC schemes at Scarborough, DPOW, Scunthorpe and York refer p46-50
- Further funding was secured for Acute Assessment Units (AAU)
- A number of schemes have been completed to establish Urgent Treatment Centres (UTC)



New purpose-built ED and AAU at Diana Princess of Wales, Grimsby

Community Diagnostic Centre Programme

In 2023/24 we submitted business cases for funding of additional community based diagnostic capacity based on our hub and spoke model. Facilities were planned at the following locations.

- Kingston Upon Hull West and Hessle
- Friarage, Northallerton
- Grimsby
- Ripon Community Hospital
- Scarborough
- Scunthorpe
- York

A number of facilities are now operational with further sites in delivery. Further detail is available in Appendix D.

Green Plan - TIF / Salix

- A number of Trusts have been successful in securing Targeted Investment Fund (TIF) funding and have progressed schemes to support elective recovery. Projects p46-50
- In August 2023 York & Scarborough Teaching Hospital have received a £4.3m Salix grant to upgrade insulation, cladding, replace windows, and install air source heat pumps - annual saving of 575 tCO₂e
- In July 2023 Bridlington Hospital received a £4.7m Salix grant to replace the 20-year-old gas fired boilers and a CHP system with air source heat pumps and a solar PV array - annual saving of 1,350 tCO₂e.
- NLaG have secured £20m of PSDS funding towards a £27.1m project to decarbonise Scunthorpe General Hospital. The scheme will deliver 24/25 – 25/26 - annual saving of 3,616.87 tCO₂e.

Existing Transformation Programmes – Continued

There has been substantial investment across the mental health estate including national CAMHS investments. Funding was secured through ETTF for some primary care schemes and funding for digital investments.

Community & Mental Projects

- Acomb Hub – multiple partners developed a community hub in underutilised property at Acomb. NimbusCare acted as lead for multiple providers and a range of PCN, diagnostic and general practice services as well as social prescribing are now delivered from the refurbished site. The scheme cost £750k and delivered 20 additional clinical rooms in York
- CAMHS facilities – Humber FT developed and delivered a new mental health facility for young people ‘Inspire’ in Hull. The project cost £7.8m and provides 13 beds. Also, delivery of £4m Orca House scheme in York by TEWV to provide improved CAMHS outpatient facilities.
- Foss Park Facility – TEWV NHS FT developed a new 72 bed mental health inpatient facility in York to replace a range of aged or unsuitable properties. The scheme completed in 2020 at a cost of £41m. The scheme also released 4 properties for disposal.
- North Moor Facility- TEWV developed a new 2,500m² facility in Northallerton to provide a locality team hub and replace facilities previously on the Friarage Hospital site. The facility cost £5.5m and was completed in August 2021.

Primary Care

Several schemes For 24/25 we have a pre-commitment of BAU capital against several priority schemes including

- Gilberdyke (£148k) and Leven Surgery in East Riding (£292k)
- Laurbel Surgery in Hull (£155k)
- West Ayton Surgery in North Yorkshire (£189k)
- Old School Medical Practice in York (£390k)

Current ICB priorities for investment are;

- Catterick Integrated Care Campus
- York Central
- Bridlington
- Significant housing growth across Harrogate, Ripon and Knaresborough.
- Scarborough – estates in need of modernisation and development, area of high deprivation.

Existing Transformation Programmes – Continued

The digital strategy set out a series of programmes of delivery. Progress is set out below.

Digital

As part of our digital strategy delivery we have;

- Grown our Shared Care Record
 - Across the Partnership, we have connected our ShCR with our acute and mental health trusts and 3 of our local authorities. GP Connect information is now linked in and we are currently deploying a new version of the browser into each GP practice.
 - our shared care record is being used by our partner organisations, the expansion of virtual wards, remote consultations, and 111 to emergency department booking system to enable anywhere-to-anywhere booking for unplanned care
- Progressed Digital First programme in primary care
- Implemented our wider programme of digital consultations to increase accessibility, including creating digital hubs in the community for primary and secondary care.
- Investing in Digital Education for multidisciplinary teams
- Investing in IT infrastructure levelling up across organisations and using clinical systems.
- Work with Estates to ensure digital integration in estates planning, including SMART buildings.
- Digitally enabled working
 - we are using technology to integrate acute and community diagnostic services, with a single booking system that identifies where there is capacity across the system. We are also a leader in Scan for Safety (S4S) and Electronic Point of Care Traceability (EPOCT)
 - Increased utilisation of digital to enable flexible working, both clinical and non-clinical.
- Delivering our Green plan objectives by using digital to reduce carbon footprint.

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
Askham Bar CDC	Development of a diagnostic hub at Askham Bar, York	-	Complete	Complete
Burnholme Hub	Project delayed due to affordability concerns & review of scope PID for revenue scheme submitted Dec 2023	-	Await investment decision	In Progress
Bridlington Hub	Project still under consideration as part of OPE activity	-	Feasibility underway	In Progress
Bridlington Salix	replace the 20-year-old gas fired boilers and a CHP system with air source heat pumps and a solar PV array. This scheme delivers an annual saving of 1,350 tCO ₂ e.	4.70	Complete Mar 2024	Complete
Castle Hill Day Surgery Centre	Phase 1 works to create elective surgical capacity	10.00	Complete	Complete
Castle Hill Rehab Ward 1	20 bed intensive rehab unit		Complete April 2021	Complete
Catterick Integrated Care Campus	Initially proposed as ETTF scheme but revised and delivered via MOD and mixed capital funding route	24.20	FBC approval awaited MOD construction commenced	Complete
Diagnostics NLAG	Scunthorpe CT scanning facility		Completed Apr 2019	Complete
	Scunthorpe MRI building		Completed March 2022	Complete
	DPoW CT scanning facility		Completed Jan 2021	Complete
	DPoW MRI x 2		Completed Apr 2021	Complete

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
DPOW Gamma Camera	Construction of Gamma Camera suite within the Medical Physics department		Completed March 2023	Complete
DpoW Same Day Emergency Care / AAU	Funding secured for unit co-located with Emergency Department, designed and delivered £4.4m	4.40	Complete Jan 2024	Complete
Friarage CDC	Expansion of diagnostic capacity -providing state-of-the-art facilities for patients undergoing urology and endoscopy procedures	5.00	Complete September 2022	Complete
Goole DH Energy Scheme	Removal of coal fired boilers, installation of gas fired boilers and a combine heat and power (CHP) unit. Upgraded water services, insulation and BMS. Installation of LED lighting	2.70	Completed October 2022	Complete
Grimsby CDC	development of a diagnostic hub in Freshney Place Shopping Centre	10.00	Under construction	In Progress
HaRD CCG – Ripon Hospital	<ul style="list-style-type: none"> Primary Care development (£10.1m) Unable to achieve capital / revenue affordability 	-	Proposals being revisited	Not proceeding
Harrogate DFT Improvements	Additional Theatres reconfiguration	10.00	In progress	In Progress
	Emergency Department upgrade and reconfiguration	1.50	Complete	Complete
	Wensleydale Ward & Medical Enhanced Care Unit (digital exemplar ward)	5.00	Complete	Complete
	Aseptics Unit	2.00	Complete	Complete
	Orthopaedic Fracture Clinic and MSK Therapies Department	1.90	Complete	Complete
	SALIX Carbon Reduction - windows, air handling, heat pumps, boreholes	15.00	Complete	Complete

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
Hull CDC	Development of a diagnostic centre, Albion Square, Hull	18.00		
Hull Royal - Urgent Treatment Centre	Urgent Treatment Centre operational	2.77	Complete	
	Xray area under construction		Under construction	
Humber - Inspire	Approvals, design and construction of 13 bed CAMHS inpatient facility	7.80	Complete Jan 2020	
HUTH Allam Diabetic Centre	treatment hub for diabetes and metabolic bone diseases plus diabetes and endocrinology research Benefactor partially funded scheme (£3m), cost per £3,652sqm for full build.	7.50	Complete 2021	
HUTH Allam Digestive Diseases Centre	digestive diseases and endoscopy facility at Castle Hill Hospital partially funded by Allam family (£3m)	7.50	under construction	
HUTH Entrance Development	Build Complete, cost per £4,500sqm comprising of retail facilities, Childrens Ward, Parents Overnight Accommodation, Trust Canteen, additional lifts, offices.	19.30	Start Feb 2020 - Complete December 2022	
HUTH Boiler House Upgrade	Individual packages of works, boiler procurement, builders works, boiler installation, flue installation large PH&P savings, works staggered over 12month period		Start June 2020 - Complete June 2021	
HUTH ICU / Theatres Developments	Intensive Care connection of Trauma Theatres to ICU building 2 Additional Ultra Clean Theatres	8.00	Complete 2021 - 2022	
HUTH 'No Criteria To Reside' Ward 60 beds	60 community beds, Modular build, 6 week fit out, for patients who have no criteria to reside in hospital bed.	3.80	Tendered & awarded Jan 2023 Complete July 2023	



Complete



In Progress



Under review



Not proceeding

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
HUTH Sustainability	2 PV - farms installed	4.20	Completion field A – Feb 22, field B – March 22	Complete
	CHP - 1.5Mwe HRI & CHH - Trust procured each package individually, CHP, WHB, Flue, Installation	8.40	Complete	Complete
	Cycle parking & EV charging works		Complete	Complete
	Rooftop Solar panels & Trust Wide lighting replacement		Complete	Complete
NLaG Critical Backlog works	DPoW Fire Alarm System: Fire alarm replacement		Completed Mar 2023	Complete
	DPoW Oxygen Infrastructure Upgrade: Phased upgrade of VIE plant and oxygen pipework		Completed March 2023	Complete
	SGH Water Infrastructure: Replacement water tanks		Completed March 2024	Complete
	SGH Fire Alarm Replacement: fire alarm replacement		Due to complete August 2024	In Progress
NLaG Theatres Upgrade	Scunthorpe General Theatres E and A - Full refurbishment of theatres and prep rooms		Completed 2021 to 2023	Complete
	DPoW Theatres 7 and 8: Full refurbishment of theatre and prep room			Complete
North Moor House	•development of a 2,500sqm mental health locality hub in Northallerton, replacing 3 former leasehold interests	5.50	Complete Aug 2021	Complete
Orca House	•Development of a CAMHS clinical and office base in York by TEWV £4m	4.00	Complete Oct 2021	Complete
Ripon CDC Spoke	development of a diagnostic hub in Ripon Community Hospital	1.00	Operational April 2024	Complete

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
Scarborough CDC	Development of a diagnostic centre, Valley Bridge Road, Scarborough		Construction underway	In Progress
Scunthorpe GH Ward Developments	29 Refurbishment: Conversion into clinical ward		Completed July 2020	Complete
	25 Refurbishment: Full refurbishment of ward to create single room occupancy throughout		Completed August 2022	Complete
Scunthorpe CDC	Development of a diagnostic centre, Lindum Street Scunthorpe	19.10	Construction underway, Due to complete Oct 2024	In Progress
Scunthorpe Same Day Emergency Care / IAAU	•Funding secured for unit co-located with Emergency Department, designed and delivered	7.20	Complete April 2024	Complete
South & Central Harrogate Health & Well Being Centres	•Development of Health & Well Being Centres Unable to achieve revenue affordability	7.60	Proposals being revisited	Not proceeding
TEWV – Foss Park	•72 Bed inpatient mental health facility	39.00	Complete April 2020	Complete
Urgent and Emergency Care capacity – ‘Upgrades’ funded schemes	•DPoW ED scheme including multi-storey carpark	18.00	Operational Oct 2022	Complete
	•Scunthorpe General Emergency Department and multi deck car park	17.30	Operational Mar 2023	Complete
	•York ED scheme	15.00	Complete	Complete
	•Scarborough ED scheme	47.00	Nearing completion Mar 2024	In Progress

Summary of projects progressed since 2019

Below is a summary of projects identified in the 2019 Estates Strategy refresh, and subsequently funded and developed schemes.

Project	Progress since 2018/19	Capital £m	Outcome	Status
West Hull Hub	•Initially proposed as LIFT scheme but revised and delivered via 3PD route as a revenue scheme	-	New facility completed and operational Dec 2021 which serves 60k patients	Complete
York & Scarborough Salix	•upgrade insulation, cladding, replace windows, and install air source heat pumps. This scheme delivers an annual saving of 575 tCo ² e	4.30	Complete Mar 2024	Complete

Where do we want to be?

- Overview
- Setting the direction – Place and Sector Collaboratives
- Place Summaries
- ICS Green Plan
- Infrastructure themes
- Capital requirements



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Overview – Where do we want to be?

Infrastructure is an enabler of strategy and informed by the design for the future. 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.

Our estate vision and key infrastructure priorities will be delivered through our sector collaboratives and our six Place partnerships.

A review has been completed in each of the six Places to understand the local supply and demand and establish key issues and investment requirements. These have been built up from PCN toolkit and Trust plans in the Place.

Our strategy has considered the ICS priorities and the requirements emerging from sector collaboratives and Place reviews and linked these to the key ICS workstreams. We have considered what the key infrastructure elements are that relate to each theme. In addition, we have identified three system level cross-cutting themes which represent critical issues for the ICB.

The ICS workstreams are;

- Deliver Services through Integrated Neighbourhood Teams
- Provide improved patient access to services
- Urgent & emergency care
- Drive innovations to prevent ill health
- Use digital and data strategy to drive efficiencies and health outcomes

The Infrastructure specific themes highlight areas of significant risk or thorny issues which have the potential to directly impact the operational delivery of health and social care services in the next 10 years. These risk areas may impact on the ability of Places and Collaboratives to maintain the current level of service or deliver transformation.

The cross-cutting infrastructure themes are;

- Critical Infrastructure Risk
- Climate resilience and adaptation
- Population Impacts

Capital

The ICB have worked with Trusts, Place leads and at a system level to gather detailed capital requirements from across the system for the next 10 years.

Setting the direction – Place

The ICB delivery strategy is to address their priorities through Place partnerships.

Focusing on our key Infrastructure Priorities:

Our ambition 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.

Deliver services through Integrated Neighbourhood Teams

Provide improved patient access to services

Urgent & Emergency Care

Drive innovations to prevent ill health

Use Digital and Data Strategy to drive efficiencies and health outcomes

Delivered through our 6 Place partnerships:

Place based leadership creates the conditions for change, ensuring local system conversations, and plans to address local priorities and health inequalities. The role of place is to:

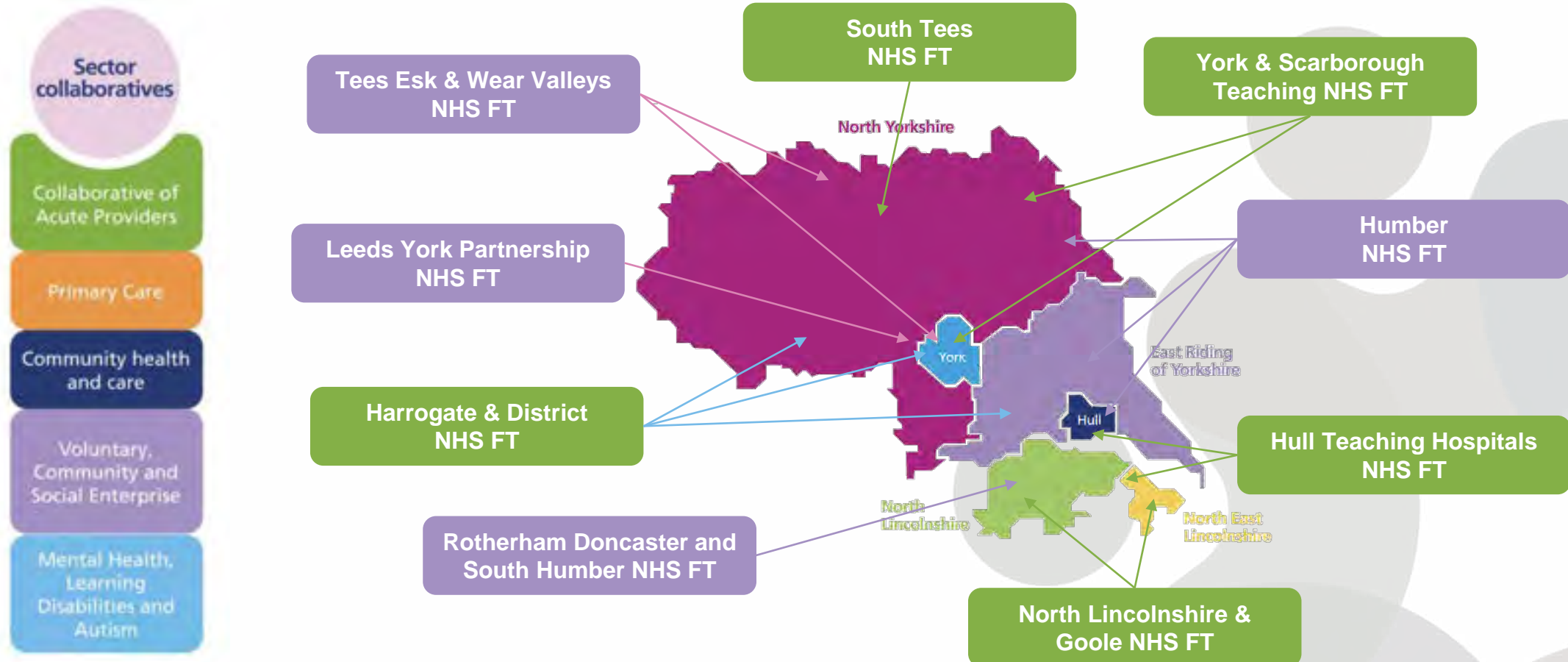
- develop and deliver integration and service transformation
- lead and assure mutual responsibility and accountability
- deliver place efficiency plans

The key is close partnership working with local providers, local authorities, voluntary and community sector partners and populations to agree priorities within the Integrated Health and Care Strategy and the Joint Local Health and Wellbeing Strategies. Our local authority partners at Place are

NORTH YORKSHIRE	VALE OF YORK	EAST RIDING	HULL	NORTH LINCOLNSHIRE	NORTH-EAST LINCOLNSHIRE
• North Yorkshire Council	• City of York Council	• East Riding of Yorkshire Council	• Hull City Council	• North Lincolnshire Council	• North-East Lincolnshire Council

Setting the direction - Sector Collaboratives

We will also deliver the infrastructure plans with sector collaboratives, which work in a matrix model with Place. The map below shows the acute providers (green) and mental health trust providers (lavender) and their PLACE delivery locations. Yorkshire Ambulance are based out of West Yorkshire ICB but cover all of Yorkshire and East Midlands Ambulance Service cover North and North East Lincolnshire. There are also a number of voluntary, community and social enterprises operating across the system. CHCP operate in Hull and East Riding, Navigo in North Lincolnshire and Care Plus in NE Lincolnshire.



Delivery of our strategy through sector and Place

Our estate vision and key infrastructure priorities will be delivered through our sector collaboratives and our six Place partnerships. We have undertaken detailed reviews of each of the Places to identify key requirements.

North Yorkshire Place

- North Yorkshire Council

York Place

- City of York Council

East Riding Place

- East Riding of Yorkshire Council

Hull Place

- Hull City Council

North Lincolnshire Place

- North Lincolnshire Council

North-East Lincolnshire Place

- North-East Lincolnshire Council

Primary Care Networks Toolkit exercise:

- Following the completion of the national Primary Care Data gathering PCNs were encouraged to prepare a strategy. Across HNY Place areas these were developed and recorded on a Web-Enabled Toolkit (completed October 2023). These included;
 - Clinical strategy and estate review
 - Core, Flex, Tail assessment
 - Assessment of space utilisation and capacity to meet patient demand

Place Reviews:

A Summary has been developed for each place which includes;

- Consideration of Demand and Supply Insights
- Planned housing growth and s106/ CIL opportunities
- Key findings from PCN Toolkit
- Key recommendations for each Place
- Other activity and key requirements across the Place, including office estate, OPE and any specific property issues etc

ICS
Priorities

Where are
we now?

Population Insights
and Changes

Where do we
want to be?

PLACE REVIEW: North Yorkshire



Where are we now?

Population Demand:

Population: 558,556 (ONS 2021)

Registered List Size: 561,510

Deprivation: North Yorkshire's IMD average score is 15.63 compared to the England mean 21.67

Main Area of Concern: Provision of fit for purpose accommodation across a large rural area and additional space for PCN services.

Primary Care Estate Provision

- **Number of PCNs:** 14
- **Primary Care at Scale:** there are 64 Practices across 90 sites, the largest Practice is Haxby Group Scarborough (26k) and the smallest is Terrington Surgery (1.6k)
- **Primary Care NIA:** 33,800 m² (90%+ completion PCDG)

Acute Provision

- **Hospitals:** 3 – Friarage in Northallerton, Harrogate District Hospital and Scarborough Hospital

Population Insights and Changes

Population Growth including New Housing

Population Growth Estimate various dates up to 2040: 95,000 (increase of 17%). Further details set out in the place summary, but the population increase is split Ripon (3k), Harrogate (26k), Richmondshire (7k), Ryedale (6k), Scarborough (19k), Selby (18k)

This equates to 8,000 sqm additional space - £48m capital or an increase of £1.76m annual revenue (rental only).

PCN Toolkit Space requirements for current demand: estimate 2,645.19 m²

Largest increases to PCN growth:

- Sth Hambleton and Ryedale 356 m²
- Filey and Scarborough 330 m²
- Whitby Coast and Moors 323 m²
- Nth Riding Healthy Community 299 m²
- Hambleton North 283 m²

If the NHS were to directly fund the toolkit identified floor area requirements this would be a capital cost of £20m+, or alternatively £750k pa revenue increase.

Where do we want to be?

Health Centres/Hubs

- Catterick Integrated Care Campus £24m (NHS)
- Friary Hospital redevelopment (revenue + CDEL)
- Selby Integration (Urgent Treatment Hub)
- Harrogate Primary Care expansion

Other Planned Development / Investment

- Harrogate Hospital upgrades and RAAC removal works (£12.3m)
- Scarborough ED development completed (£47m)

Primary Care Investment Priorities:

PCN Toolkit criteria: Ranked on basis of population benefit, operational benefit, value for money, strategic alignment and deliverability

- Ayton and Snainton Medical Centre (Nth Riding)
- South Milford Surgery extension
- Scarborough Medical Group (new build)
- Ripon Hub – (Pipeline)
- Church Road, Harrogate (new build)
- Moss Practice (Jennyfield), Harrogate
- Stillington Surgery extension

PLACE REVIEW: York



Where are we now?

Population Demand:

Population: 211,234 (ONS 2021)

Registered List Size: 245,007

Deprivation: York's IMD average score is 11.9 compared to the England mean 21.67.

Main Area of Concern is: Primary care capacity due to the scale of new housing developments.

Primary Care Estate Provision

- **Number of PCNs:** 5
- **Primary Care at Scale:** There are 11 Practices across 39 sites, the largest is Priory Medical Group (+57k) and the smallest is Elvington Medical (7k)
- **Primary Care NIA:** 11,937 m² based on 98% completion of PCDG

Acute Provision

Hospitals: 1 – York District Hospital

Population Insights and Changes

Population growth including New Housing:

Population Growth Estimate by 2032: potential increase of 30,518 patients (increase of 12%). Further details set out in the place summary. This equates to 2,500 sqm additional space - £15m capital or an increase of £600k annual revenue (rental only). These figures are based on 2.2 people per household which is a low estimate.

A thorough review by York Place has identified existing and additional requirements totalling £81m through to 2040. These have been included in the City of York Council Infrastructure Delivery Plan and propose contributions from housing gain of £18m leaving a funding gap of £60m.

PCN Toolkit Space requirements for current demand: estimate 2,053.95 m²

Largest increases for PCN growth:

- WONE 332.96m²
- York East 326.9 sqm

Where do we want to be?

Primary Care Priority requirements

Highest priority identified requirement:

- York Medical Group: Monkgate Medical Practice
- Old School Medical Practice
- Burnholme Health Hub
- York Central
- Elvington (Langwith)
- Priory Medical Group: Fulford Surgery
- Huntington expansion
- My Health (2 clinical rooms)
- York Medical: Water Lane (2 clinical rooms)
- Haxby HC expansion

Primary Care Health Centres/Hubs

- A new health facility is being considered for Burnholme.
- Hub Programme – aspiration to develop 5 neighbourhood hubs across York with Health & Social care system partners
- Develop 6 consolidated general practice locations across York to respond to housing growth.

New CDC

- New Askham Bar CDC opened in April 2024

New Elective Theatre Suite

- Additional theatre capacity was created using TIF funding in co-operation with Ramsay Health Care at Clifton Park ISTC

PLACE REVIEW: East Riding



Where are we now?

Population Demand:

Population: 342,215

Registered Patient List Size: 314,474

Deprivation: East Riding's IMD average score is 16.08 compared to the England mean 21.67

Main area of concern is: Capacity due to new housing growth and potential repatriation of patients currently registered in Hull. A significant requirement for a new adult inpatient unit for Humber FT.

Primary Care Estate Provision

Number of PCNs: 7

Primary Care at Scale: There are 23 practices across 48 sites, the largest is The Ridings (46k+) and the smallest are The Mitchell Practice and Park View Surgery with less than 3k patients.

Primary Care GIA: 23,170m² based on PCN toolkit

Acute Provision

Hospitals: 3 – Bridlington, Castle Hill and Goole Hospitals

Population Insights and Changes

Population Growth including New Housing

Population Growth Estimate by 2037: 356,616 (ONS) an increase of 3.4% however including LA housing projections would rise to 363,056 a 6% increase.

Key housing developments at:

- Beverley - 6 development sites, potential increase of 6,720 patients
- Bridlington - 4 development sites, potential increase of 5,280 patients
- Driffield - 11 development sites, potential increase of 4,320 patients
- Howden - development sites for 2,583 homes, potential increase of 5,683 patients

Additional PCN Space Requirements for current demand:

- **Increase to meet 2032 demand is estimated at:** 1,931.13 sqm
- **Largest increases for PCN growth:**
 - 1: Cygnet 531 sqm
 - 2: Beverley 459.79 sqm
 - 3: Holderness 317.79 sqm

Where do we want to be?

Primary Care Priority requirements:

Highest priority identified requirement:

Ranked on basis of population benefit, operational benefit, value for money, strategic alignment and deliverability as per the PCN Toolkit criteria:

- Drs Reddy & Nunn Bridlington
- Howden Medical Group (new build feasibility)
- Molescroft Surgery (refurb)
- Holderness Health

New Primary Care Health Centres/Hubs

Solutions required for significant housing growth in:

- Howden (Cygnet PCN)
- Bridlington PCN
- Driffield (Yorkshire Coast and Wolds PCN)

New CDC

- A CDC spoke has opened at East Riding Community Hospital in Beverley

New Mental Health Facilities

- Proposals for new inpatient mental health facility for Humber FT

PLACE REVIEW: Hull



Where are we now?

Population Demand:

Population: 267,100 (ONS 2021)

Registered Patient List Size: 311,351

Deprivation: Hull's IMD average score is 40.56 compared to the England mean 21.67

Main areas of concern: HRI has a significant backlog issue £72.78m (£715.85 per sqm) investment required and critical Infrastructure risk of £37.01m (£364.03 per sqm).

YAS require a make ready base and call centre in Hull but have not been able to identify a site.

Primary Care Estate Provision:

- **Number of PCNs:** 8
- **Primary Care at Scale:** There are 28 Practices operating from 34 buildings (this includes 48 main and branch surgeries, i.e a number of buildings have multiple occupancy), the largest Practice is Modality (56k+) and the smallest is Dr Hendow (<3k)
- **Primary Care GIA:** 20,437m²

Acute Provision

- **Hospitals:** 1 - Hull Royal Infirmary

Population Insights and Changes

Population Growth including new Housing:

Population Growth Estimate by 2032: Hull has c. 25 housing development sites proposed which could have a potential increase of 26,915 patients.

- Capacity required in the north of the city due to ongoing housing development in the Kingswood area.
- The Beverley Road and associated area needs consideration of a hub facility, due to a number of GP premises being converted residential premises which require investment or replacement in the long run.

PCN Toolkit requirements for current demand:

estimated at 2,231 m²

Largest increases for PCN growth:

- Haxby 461 m²
- Venn 379 m²
- Modality 340 m²

Where do we want to be?

Primary Care Priority requirements

Key Themes

The following themes emerged from PCN Toolkit work;

- optimising existing vacant/void space
- reconfiguring existing primary care estate to create additional clinical and non-clinical capacity
- digitalisation of patient records to release additional space for clinical use including virtual appointments.
- potential new facilities to replace flex/tail estate
- minor work to meet regulatory standards

New Primary Care Health Centres/Hubs

None planned/approved but solutions for significant housing growth needed:

- North of the city near the Kingswood area (HASP/Haxby/Venn PCNs)
- Beverley Road corridor area to potentially replace former converted domestic premises (Acclaim PCN)
- Within the city centre area (Symphonie/ Venn/ Hull Family Practice PCNs)

However, due to the geography within Hull and PCN configuration, any one housing development will potentially impact a number of PCNs.

New CDC

- CDC in construction at Albion Square

Other requirements

- Hull Tower Block masterplan
- Ambulance service make ready and call centre

PLACE REVIEW: North Lincolnshire



Where are we now?

Population Demand:

Population: 169,681
Registered List Size: 184,433
Deprivation: North Lincolnshire's IMD average score is 22.1 compared to the England mean 21.67

Main areas of concern: Significant backlog at Scunthorpe General Hospital (£62m). General practice condition and capacity due to housing growth in Scunthorpe, Brigg and Kirton in Lindsey.

Primary Care Estate Provision

- **Number of PCNs:** 4
- **Primary Care at Scale:** There are 19 Practices over 34 sites, the largest Practice is Ancora (+20k) and the smallest is South Killingholme (1.5k)
- **Primary Care NIA:** 9,879 m²

Acute Provision

- **Hospitals:** 1 - Scunthorpe General Hospital)

Population Insights and Changes

Population Growth including New Housing

Population Growth Estimate by 2032: 14,135 (increase 7%)

Key developments at:

- Scunthorpe (across 42 development sites) – potential increase of 6,115 patients
- Lincolnshire Lakes, west of Scunthorpe – potential increase of 5,280 patients
- Brigg (across 10 development sites) - potential increase of 2,400 patients
- Kirton - Land at former RAF base, Kirton in Lindsey – 690 patients

Additional PCN Space Requirements for current demand:

Increase to meet 2032 demand is estimated at: 1,052.86 sqm

Increases for PCN growth:

- North Lincolnshire South 320 m²
- North Lincolnshire North 304 m²
- North Lincolnshire West 295 m²
- North Lincolnshire East 134 m²

Where do we want to be?

Primary Care Priority requirements:

Highest priority identified requirement:

The immediate priorities address mitigations for high utilisation in practices with average list size of circa 14,000. Considerations need to be made regarding planning permission, landlocked premises, Section 106 funds and new housing developments.

- Kirton Lindsey and Scotter Surgery – Housing RAF Scampton
- Central Surgery Village Surgery & West Town Surgery – Feasibility for an extension (5 clinical rooms)
- Trent View Medical & West Common Lane
- South Axholme Practice (new build) at Garden Centre, Epworth

New Primary Care Health Centres/Hubs

- Identified requirement for new primary care development within the Lincolnshire Lakes housing development

New CDC

- CDC under construction in Scunthorpe town centre on Lindum Street.

Decarbonisation

- £27.1m project to decarbonise Scunthorpe General Hospital supported by PSDS funds

PLACE REVIEW: North East Lincolnshire



Where are we now?

Population Demand:

Population: 156,966 (2021 ONS)

Registered Patient List Size: 173,908

Deprivation: North-East Lincolnshire's IMD average score is 31.34 compared to the England mean 21.67

Main area of concern is: Transport and access to services is cross cutting theme. Resolving lease issues in general practice estate and then maximising utilisation for primary and community care.

Primary Care Estate Provision:

Number of PCNs: 5

Primary Care at Scale: There are 21 Practices across 27 sites, the largest Practice is The Roxton Practice (+37k), and the smallest is The Open Door Surgery (2.1k)

Primary Care GIA: 22,035m² based on 89% completion

Acute Provision:

Hospitals: 1 – Diana Princess of Wales

Population Insights and Changes

Population Growth due to New Housing:

Population Growth Estimate by 2032: 173,665 (increase of 8%)

Key housing developments at:

- Grimsby West Urban Extension – potential increase of 8,400 patients
- Western School site - potential increase of 720 patients
- Scartho Top - potential increase of 540 patients

Additional PCN Space Requirements for current demand:

Increase to meet 2032 demand

The toolkit review does not indicate a requirement for additional space for projected ONS demand. There is a requirement to review the configuration and utilising of the existing space to meet changing service needs.

Where do we want to be?

Primary Care Priority requirements:

- Develop a system strategic asset management plan
- Create additional capacity Apollo PCN
- Create training capacity Meridian Health
- Options developed Keelby HC

New CDC

- Development of the Grimsby CDC (£9.98m) is underway at Freshney Place Shopping Centre

Social Enterprise Requirements

- Improved mental health older adult inpatient facilities
- Mental health rehabilitation capacity
- Residential provision for LD

Sustainability

North East Lincolnshire is part of the UK's 'Energy Estuary' and is leveraging its strategic location to revolutionise healthcare delivery. As our region shifts towards green industries, we're committed to developing climate-ready, resilient health and care infrastructure.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

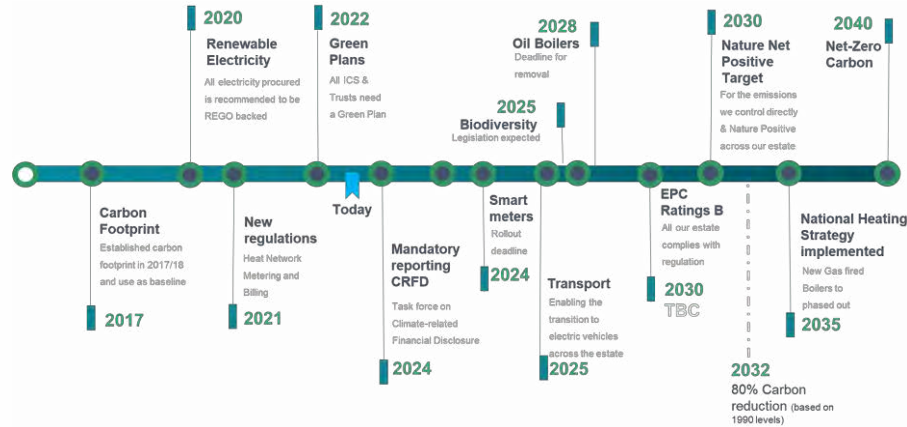
Where do
we want to
be?

How do we
get there?

Appendices

Summary of ICS Green Plan objectives and priorities

Roadmap to Greener NHS



Guiding Principles for Humber and North Yorkshire

- Support rapid progress to net zero carbon emissions
- Foster climate resilience and adaptations to climate risk and impacts
- Promote climate actions that also protect and restore nature and biodiversity
- Encourage a just and inclusive transition that helps to reduce inequalities and that leaves no-one and nowhere behind

Key Objectives to be developed across our ICS:

Digital Transformation

- Establish a baseline for the ICT carbon footprint
- Prioritise the hosting of data in energy efficient low carbon local or cloud-based data centres

Assurance and Governance

- Designate board level SRO accountable for achieving net zero targets
- Implement a support and oversight mechanism to ensure the successful implementation of the green plans and report progress to the board annually

Estates and Facilities

- Set our plans for delivering net zero estate by 2040
- Promote awareness, training and support
- all electricity from renewable sources
- Maintain oversight of decarbonisation performance
- Encourage collaboration partnerships to maximise renewal opportunities
- Enhance workforce skills in energy and waste management

Supply Chain and Procurement

- Procurement governance aligned to the greener NHS Sustainable Procurement
- Adopt PPN 06/20 – all new NHS procurements include 10% net zero and social value weighting
- Sustainability impact assessment (inclusion of social, economic, and environmental factors in the evaluation for all new financial decisions or investments)
- Adoption of Evergreen Supplier Framework to benchmark suppliers

ICS infrastructure themes

These Infrastructure specific themes highlight areas of significant risk or thorny issues which have the potential to directly impact the operational delivery of health and social care services in the next 10 years. These risk areas may impact on the ability of Places and Collaboratives to maintain the current level of service or deliver transformation.

Critical Infrastructure Risk

Recognising that wholesale replacement of acute sites is unlikely in the next 15 years, under current funding scenarios, there needs to be improved understanding at ICB and Place of how the substantial backlog risk will be handled. Only small amounts of funding each year are currently being directed at this issue.

Plan for resolving Backlog

- Describe critical infrastructure risks (CIR) by site / trust to provide a clear line of sight at ICB
- Agree the strategy for dealing with CIR (address it, or tolerate and monitor it?)
- Agree the level of annual investment required to tackle CIR
- Routine reporting / monitoring of clinical activity implications and RIDDOR events resulting from Backlog and CIR so this is clearly visible at ICB

Climate Resilience & Adaption

In addition to planning for Net Zero it is also important that infrastructure plans prepare for increased heat and future flood and coastal erosion risk, especially in the Humber estuary.

Plan for flooding and overheating

- identify major climate change risks, including flooding and severe weather conditions.
- Develop and co-ordinate emergency strategies and long-term plans
- Coordinate a joint regional strategy for long-term adaptation to climate change.

Plan for Net Zero

- Continue to progress plans for delivering a net zero carbon estate by 2040
- Develop a plan for charging infrastructure is to support ultra-low emissions vehicles or zero emissions vehicles (ZEVs) including ambulances
- Deliver on the Digital Strategy core pledge to achieve the goals of net-zero carbon emissions, sustainability, and resilience

Population Impacts

Plan for Housing led demand

Housing growth will have a substantial impact in the next 10 years resulting in circa 250k additional residents in areas such as

- Beverley / Bridlington / Driffield
- Harrogate / Ripon
- Scunthorpe / Brigg
- Selby / Leeds commuter corridor /York

To respond to this the ICB should identify those activities that would benefit from a single consistent approach, especially securing funding via the planning system.

Plan for demographic change – Discussion has begun on the impact of population change on demand across the health system. Clearly set out the strategy for handling this demand and any infrastructure requirements.

CAPITAL

HNY ICB have undertaken an initial system process to identify capital requirements for the next 10 years. We are in pre consultation phase with partners around a service transformation agenda which will materially impact on any prioritisation of available capital and as such, we are planning to develop the capital plan over the summer and autumn in lock step with the Service Redesign programme and its emerging delivery programme.

Funding Requirements

The identified funding requirement is **£4.74 billion**.

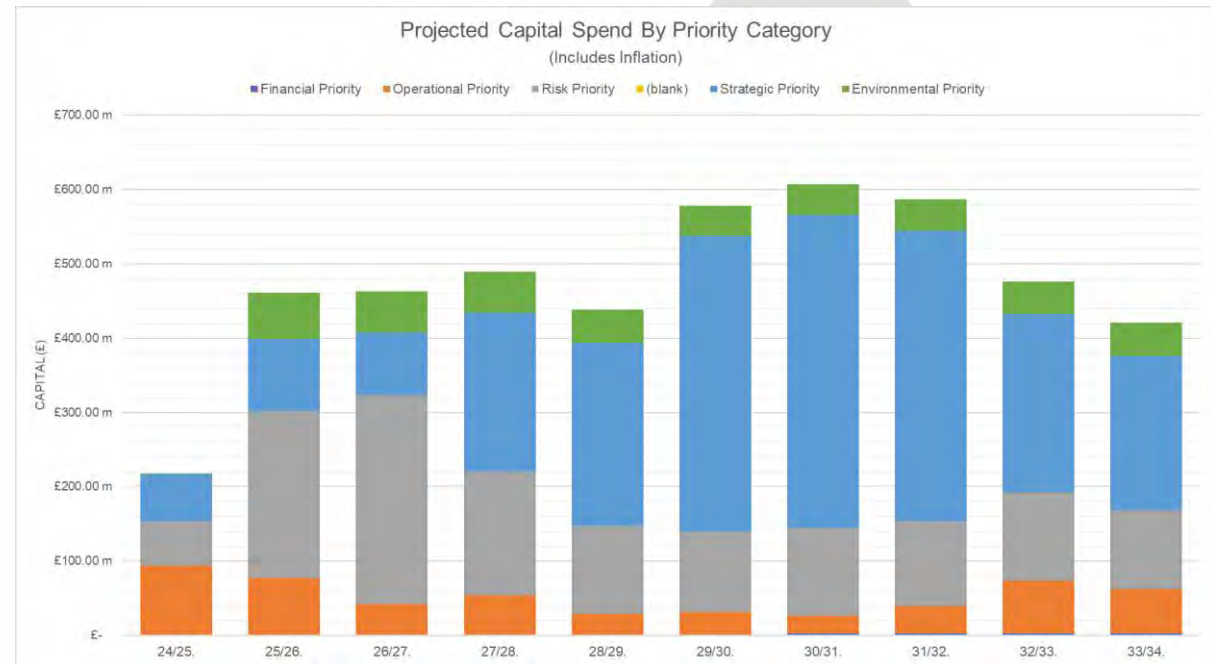
The system has assumed a level of CDEL funding consistent with current allocations with completion of existing national funding programmes (e.g. CDC) shown in the first 2 years of the plan. Over the 10-year plan period, if no other funding is secured the total capex is profiled at £854m, around £50 per resident per annum.

In developing the capital plan £3.42 billion is assumed to flow from new national programmes to address both risk and strategic objectives. The funding profile reaches a maximum in 2030/31 of £607m, more than triple the current capital allocation.

Acute Trust proposals include substantial investment and/or redevelopment at all of the acute sites across the system at a cost of £3.88 billion.

Proposals for the community estate total £100m and investment of £176m is proposed in primary care (noted as 'other' funding category) including some neighbourhood or general practice hubs.

There is only £52.57 million of IT investment included over the plan period.



CAPITAL

Our initial assessment of our system funding infrastructure funding requirements includes prioritisation and has been defined by categories of investment.

Funding Categories & Priorities

The ICB have used the priority categories set out in NHSE guidance for our initial work. The categories used are;

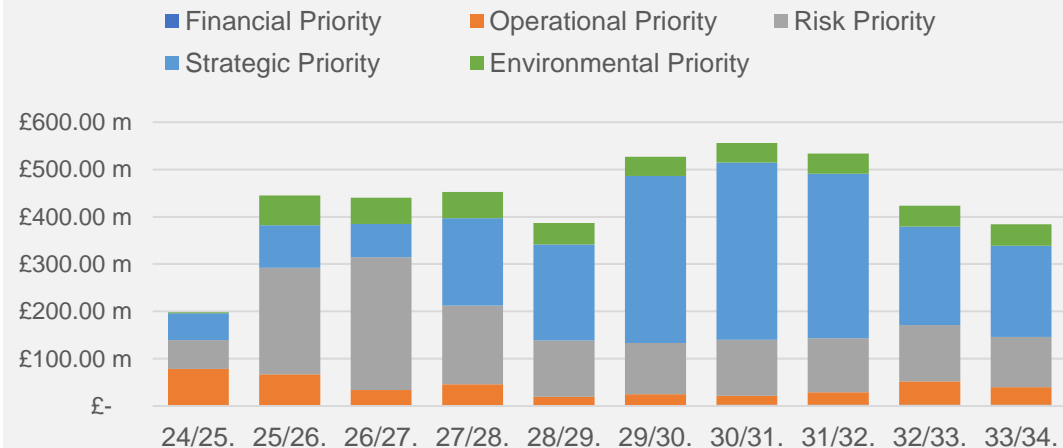
- Strategic Priority:** Investments that align with the long-term strategic objectives of the organisation.
- Financial Priority:** Investments that focus on maximising financial returns.
- Risk Priority:** Investments that prioritise risk mitigation and management.
- Operational Priority:** Investments that aim to improve operational efficiency, productivity, and effectiveness.
- Environmental Priority:** Investments that focus on sustainability, environmental responsibility, and social impact.

The priorities set out the level of investment required to meet ICS strategy, plan and objectives. These were described as;

1. Minimal investment
2. Minor investment
3. Moderate investment
4. Major investment
5. Critical investment

The table below shows the split by priority. There is a clear intent to address risk (£1.42 billion) and then progress to strategic priorities across the plan period. There is also a consistent focus on addressing sustainability in line with the ICB Green Plan (£435m).

Projected Capital Spend By Priority Category
(Includes Inflation)



How do we get there – delivering the strategy

- Estate and infrastructure workstreams
- Key Objectives and Enablers
- Capital Investment Programme
- ICS Governance to deliver the strategy
- Our high-level delivery plan



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

ICS infrastructure priority projects and workstreams

Our strategy has considered the ICS priorities and the requirements, sector collaboratives and Place reviews and linked these to the key ICS workstreams. We have considered what the key infrastructure elements are that relate to each theme. In addition, we have identified three system level cross-cutting themes which represent critical issues for the ICB.

Deliver services through Integrated Neighbourhood Teams

- Develop Place based infrastructure strategies for primary and community provision that respond to
 - housing growth
 - Demographic change
 - Integrated teams
 - Training demand
- Identify core estate and maximise utilisation
- Develop and implement plans to exit tail estate

Provide improved patient access to services

- Deliver CDCs in Hull and Scunthorpe
- Complete TIF investments
- Scope requirements from Planned Care and Humber Acute services review
- Maximise utilisation of community hospital estate and exit sites which are of poor quality or not required

Urgent & Emergency Care

- Complete Scarborough ED scheme
- Support YAS in identifying a solution to requirements in Hull
- Develop system strategies and costs for providing EV charging for the ambulance fleet
- General Practices
 - Identify opportunities for call handling
 - Maximise use of digital tools and triage
 - Expand on the day streaming

Drive innovations to prevent ill health

- Progress activity related to EFM workforce plan
- supporting staff health and wellbeing through improved environments
- provide the digital tools to support the health and social care workforce to be efficient and agile
- Create capacity for ARRS staff to support the changing primary care workforce
- Continue to develop Anchor institution activity in the most deprived communities

Use Digital and Data Strategy to drive efficiencies and health outcomes

- Use digital tools to measure and then maximise utilisation
- Move towards smart building technology to reduce carbon footprint, reduce costs and utilise resources more effectively
- Continue to develop shared care record and other underpinning digital tools to support system collaboration
- Continue to develop cross organisational capability eg Pathology and Radiology

Key objectives to progress our infrastructure strategy

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.

1

Optimise the infrastructure to deliver better Places and Services:

- Develop delivery plans for each of our 6 Places
- Partner with local authorities and health partners to optimise the existing Core estate
- Plan new estate infrastructure where required to meet future housing/population growth and develop the capital funding plan including s106/CIL and disposals
- 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 :

- Develop and embed core /flex / tail assessment at a system and organisational level
- Align our service planning and estate occupation
- Prioritise investment into Core estate
- review individual Flex properties to determine long-term occupation and investment plans
- Drive opportunities for cost transformation through optimisation, and where appropriate rationalisation, of clinical and non-clinical estate

3

Strengthen our infrastructure governance and delivery capability:

- Deliver the key recommendations of the infrastructure strategy
- Implement a governance structure
- Deliver priority requirements eg critical project delivery, strategy for housing growth & planning gain, development of strategic plan for the community estate
- Development of cross organisational workforce plan for EFM
- Oversight of Place and sector-based plans for infrastructure
- Develop closer partnering with digital workstreams to drive opportunities for estate efficiency

Key drivers to progress our infrastructure strategy

Our three overarching objectives to deliver our strategy link to our health and wellbeing strategy drivers and will be informed by putting our stakeholders **Voice at the Heart** of all decisions.

1 **Optimise the infrastructure to deliver better Places and Services**

2 **Categorise - Plan our estate and decision-making around Core / Flex / Tail**

3 **Strengthen our infrastructure governance and delivery capability**

Enabler 1: Delivery Improvement

- Improve data quality
- Utilise collective learning and innovation to address climate change

Enabler 2: Digital and data

- Focus on delivery of digital plans including shared care record & EPR
- Data driven decision-making including use of AI

Enabler 3: Empower Collaboratives

- Explore opportunities for cost transformation
- Processes are developed to maximise utilisation and enable shared use of space

Enabler 4: enable population health

- Align service planning and estate occupation
- Infrastructure planning recognises the critical role of primary and community care and invests to ensure adequate capacity

Enabler 5: new relationship at Place

- Jointly prepared infrastructure plans for each of our 6 Places
- Develop system wide and consistent approaches to housing growth working with LA partners

Enabler 6: System workforce

- Develop system wide governance and delivery capability
- Develop the EFM workforce across the system and ensure resources are in place to deliver infrastructure requirements

Enabler 7: Sustainable Estate

- Understand core / flex /tail
- Monitor backlog and critical incidents linked to the estate
- Report on and monitor impacts from climate change

Enabler 8: Outcomes-led Resourcing

- Effective prioritisation of capital is key to direct capital to the areas of greatest need – a detailed capital plan and prioritisation approach will be developed

Capital Investment Planning

The ICB have reviewed system investment plans and considered our strategic investment priorities aligned to our service aims and objectives.

Strategic investment prioritised to:

1. Address health inequalities through providing good quality facilities in areas of deprivation.
2. Provide sufficient capacity for areas of planned population growth and recognising the impact of changing demographics.
3. Provide Out of Hospital Services at scale (including increased diagnostics), accessible via public transport.
4. Facilitate integrated service delivery in localities and primary care at scale.
5. Provide quality working environments to recruit and retain staff (including spaces for professional development and training) and to enable high-performing multi-disciplinary teams.

Infrastructure Policy Alignment:

1. Maximise use of good quality existing Core/Flex estate, offering additional facilities.
2. Estate infrastructure to be supported by digital service delivery.
3. Efficient use of resources: avoiding duplication admin/ reception space; sharing spaces; and optimising the wider public estate solutions.
4. Minimise investment in Tail estate and accelerate disinvestment to release capital for reinvestment.
5. All investments should make a positive impact on carbon footprint reduction and have regard to climate change impacts.

Capital Budget and Disposal Summary

The ICS have identified the requirement to work with all system partners in order to achieve their objectives. The summary below considers options for securing funding for infrastructure investment.

Context

- As a system we have a financial deficit and are working within tight constraints of current capital availability
- Demand outstrips capital availability, and we will not be able to do everything
- One of our agreed principles is to strive for good utilisation of existing Core assets, and better use of underdeveloped NHS and wider publicly owned estate in neighbourhood settings. New developments will be focused to meet critical needs

Our Approach

- We will develop system-wide governance to optimise non-business as usual capital, with agreed investment principles
- We will work with Local Authorities to secure Developer Contributions (CIL/s106) to fund health infrastructure to meet housing/population growth
- We have identified prioritised capital projects (funded and pipeline) and these will require careful prioritisation

Potential Capital funding sources identified:

Section 106 and CIL*

In 2022/23 there was **£2.6m** in CIL receipts and **£3.9m** in CIL demands across the HNY local authority areas. In addition, there was **£14m** received from Sec106 and **£15.1m** secured to support all infrastructure. A sum of £50k was specified for health. There is a significant opportunity to secure developer contributions across the ICS. This will require health agreement of priority requirements for investment, specified in local plans and joint working with the relevant Local Planning Authority.

Disposals

The categorisation of the estate has identified several potential properties that may be suitable for disposal and could raise over **£16m** (NHS ownership) in capital receipts for reinvestment. NHSPS have completed or projected disposals which make a further **£10.3m** available in HNY - £4.7m committed and the balance for agreed priority projects.

ICB NHS Capital Allocation for FY24/25 is **£178m**

Government has not yet awarded a capital settlement beyond 2024/25, as this will be confirmed at the next Spending Review

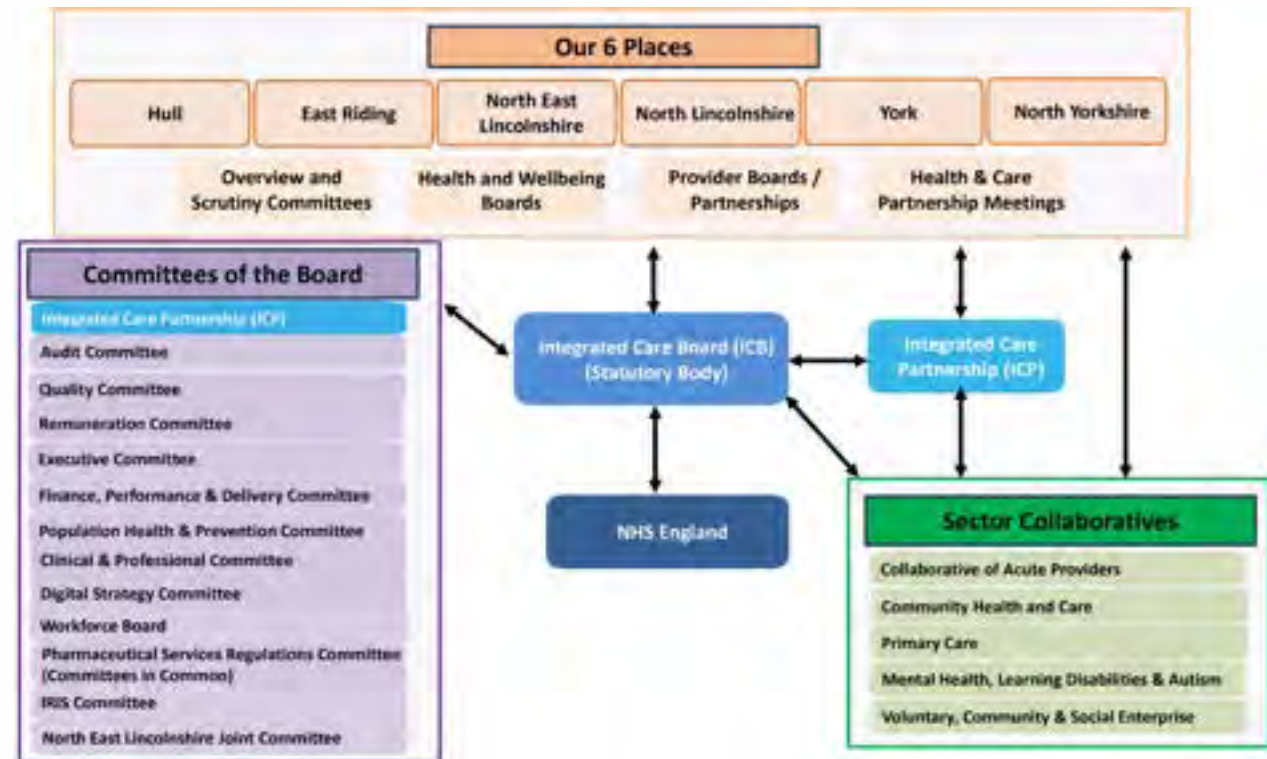
(*Source: 2022 Infrastructure Funding Statement returns)

Our ICS Governance to deliver the strategy

The graphic below shows the ICB governance structure. In the current arrangements Digital and workforce have Executive level committees and infrastructure activity is also led through Place and sector collaboratives. Plans are underway to strengthen estates and capital governance at ICB level.

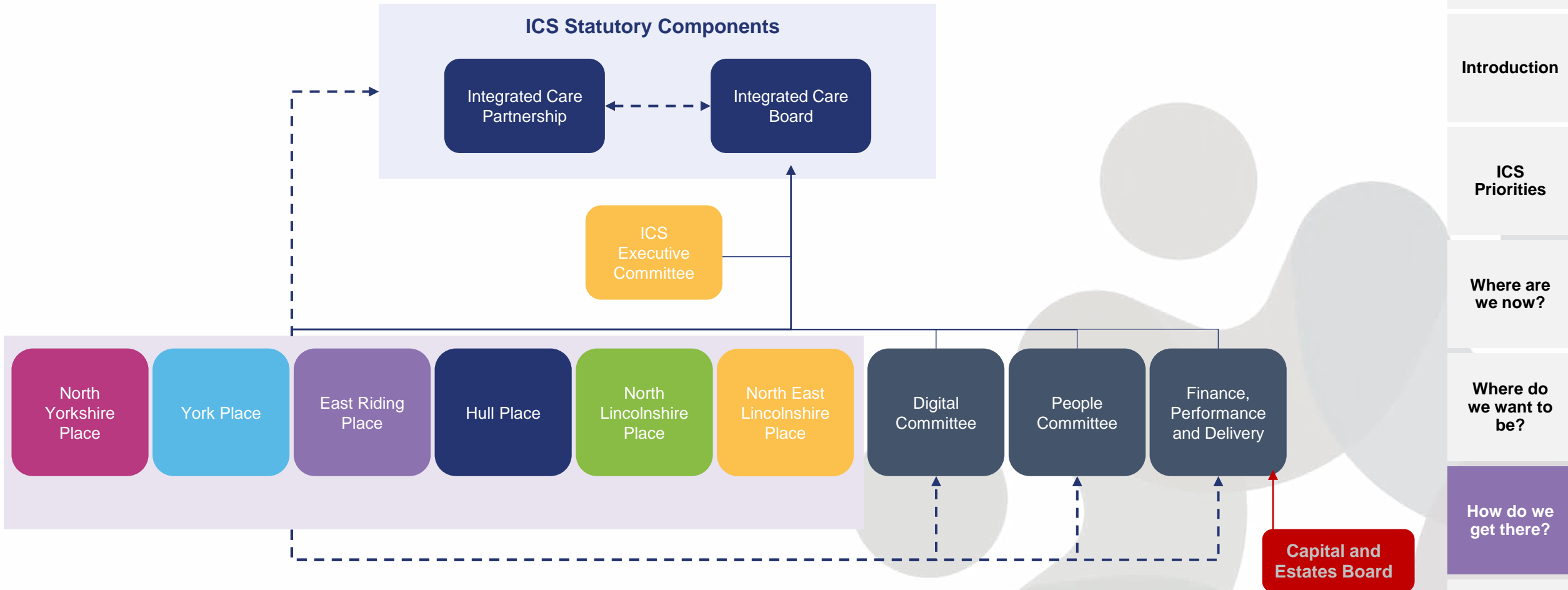
We have made several recommendations on how infrastructure considerations should be reviewed and how infrastructure programmatic activity can be effectively governed and resourced.

- Establish operational working groups with a focus on estates and infrastructure at each Place
- Recognise the importance of Place partnerships by linking working group reporting back to Place directors
- Place based working groups should provide progress reporting into the Capital and Estates Board which provides system oversight, draws in subject matter experts and monitors KPI delivery
- The Capital and Estates board should include representation from sector collaboratives, Place, People and digital as a minimum
- Board monitors delivery against agreed programmes of work
- The capital and estates board should advise the ICB on the resources required to establish and deliver programmes of work where there is a significant estates element
- Governance at all levels should develop and maintain a focus on the three critical themes of
 - Critical Infrastructure Risk
 - Climate Resilience and Adaption
 - Population Impacts



Our ICS Governance to deliver the strategy

This diagram shows the relevant elements of the ICS proposed governance structure.



Our high-level delivery action plan – Optimise

Our objective is to Optimise the infrastructure to deliver better Places and Services. We have set out our delivery plans immediate action and then the longer term below.

2024 - 2026

- Develop delivery plans for each of our 6 Places

- Review outputs of PCN Toolkit work and establish Place / System action plans for next 10 years
- identify key investment priorities, resourcing and funding strategies

- Partner with local authorities and health partners to optimise the existing Core estate

- Review all opportunities to utilise core estate as a cross-functional place team
- Analyse requirements geographically

- Plan new estate infrastructure where required to meet future housing/ population growth
- develop the capital funding plan including s106/CIL and disposals

- 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.

2026 - 2034

- Implement Place delivery plans
- Monitor and review implementation including annual updates to reflect changes in strategy, demand and funding

- Common understanding of 'core' estate and plans in place to maximise utilisation
- Enhanced use of SHAPE or other geographic planning tools in service planning, maintain and enhance core data set to support this activity

- ICS resources in place to monitor and consistently respond to planning applications
- ICS have clear long-term infrastructure plans in place and provide responses into LA infrastructure plans to support planning gain for health
- ICS role as statutory consultee is clearly understood, knowledge of funding implications of growth understood
- Increased funding from planning gain CIL and sec106

Our high-level delivery action plan – Optimise

Our objective is to Optimise the infrastructure to deliver better Places and Services. We have set out our delivery plans for the short and medium term below.

2024 - 2026

Plan for the impact of critical infrastructure failure

- Describe critical infrastructure risks (CIR) by site / trust to provide a clear line of sight at ICB
- Agree the strategy for dealing with CIR (address it, or tolerate and monitor it?)
- Agree the level of annual investment required to tackle CIR
- Establish routine reporting / monitoring of clinical activity implications and RIDDOR events resulting from Backlog and CIR so this is clearly visible at ICB

Plan for the impact of climate effects including heatwaves and flooding

- identify major climate change risks, including flooding and severe weather conditions across all sectors and working with local authorities
- Develop and co-ordinate emergency strategies and long-term plans
- Continue to progress plans for delivering a net zero carbon estate by 2040
- Deliver on the Digital Strategy core pledge to achieve the goals of net-zero carbon emissions, sustainability, and resilience

2026 - 2034

- Review the strategy for dealing with CIR (address it, or tolerate and monitor it?)
- Monitor level of annual investment to tackle CIR, and impact of investment on CIR total
- Monitor clinical activity implications and RIDDOR events resulting from Backlog and CIR so this is clearly visible at ICB

- Coordinate a joint regional strategy for long-term adaptation to climate change.

- Develop a plan for charging infrastructure is to support ultra-low emissions vehicles or zero emissions vehicles (ZEVs) including ambulances

Our high-level delivery action plan – Categorise

Our objective is to plan our estate and decision-making around Core / Flex / Tail (Categorise). We have set out our delivery plans for the short and medium term below.

2024 - 2026

- Develop and embed core /flex / tail assessment at a system and organisational level

- Undertake core / flex / tail assessment across the estate
- Triangulate assessment at system level and understand opportunities

- Align our service planning and estate occupation

- Confirm investment requirements arising from clinical workstreams eg Planned Care, Humber Acute Services Review, Mental Health
- Embed infrastructure considerations and resource implications in service workstreams

- Review individual Flex properties to determine long-term occupation and investment plans

- Understand level of flex properties in system and confirm plan and actions

- Drive opportunities for cost transformation through optimisation, and where appropriate rationalisation, of clinical and non-clinical estate

- Acute and Mental Health Collaboratives review of Model Hospital opportunities and consider options for cross organisational solutions and savings.
- Review Community Hospital portfolio utilisation and propose a strategy to achieve savings or cost avoidance.

2026 - 2030

- Exit strategy completed for all tail estate
- Implement agreed exit strategies releasing capital from Freehold and revenue from leasehold estate

- All clinical transformation plans include assessments of infrastructure change required including costs, programme and delivery resource
- Change plans include sign off from Subject Matter Experts

- Ongoing review of flex properties having regard to Tail property exit strategy
- Where agreed implement agreed exit strategies
- Confirm investment requirements for longer-term hold or move to core – 5 year plan

- Monitoring of agreed savings opportunities using model hospital % improvement to be confirmed
- Confirmed savings target or cost avoidance target in place and monitor delivery

Our high-level delivery action plan – Strengthen

Our objective is to Strengthen our infrastructure governance and delivery capability. We have set out our delivery plans for the short and medium term below.

2024 - 2026

2026 - 2030

- Implement a governance structure including oversight of Place and sector based plans

- Establish governance arrangements for Capital, Estates and Digital to monitor action planning and delivery of this strategy.
- Monitor delivery of 'in flight' investments

- Formal governance arrangements in place to monitor Infrastructure delivery
- Cross organisational, Place and sector planning in place to support long term strategic planning and resourcing

- Delivery of priority requirements

- Develop strategic plan for the community estate
- Test feasibility / pilots of shared use of space including workforce, financial, digital solutions needed to support this including booking tools.

- Implement strategic plans for community estate
- Utilise learning from pilot projects and implement across ICS

- Develop a cross organisational EFM workforce plan

- Link with the Workforce Programme to initiate a review of the system EFM workforce against national goals.
- Establish resource requirements for delivery of the strategy and a plan to support successful delivery.

- EFM workforce plan in place and monitored through relevant workstream at ICS level
- Implementation plan includes funded resources to enable successful delivery

- Develop closer partnering with digital workstreams to drive estate efficiency

- 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.

- Review of all estate investment proposals includes assessment of opportunities digital change
- Implement primary care records digitalisation programme 2026 - 2028

Appendices

- A. Our engagement
- B. Policy considerations
- C. Insights: Population/demographics, housing, workforce and Greener NHS
- D. Clinical strategy and priority considerations
- E. Understanding our estate (including capital and disposal plans)
- F. Place-level reviews
- G. Provider strategies
- H. Glossary of terms | Data Sources and assumptions



Appendix A – Our Engagement

Partnership working



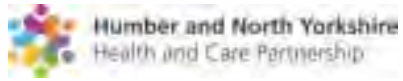
We have engaged with our partners to agree the principles, values and high-level priorities for our Estates and Infrastructure. We have established our vision;

To enable delivery of great health and social care, in the right place (home, community or hospital) and fit for purpose – supporting communities and partners to reduce health inequalities and enhance quality of life.

The input from partners and stakeholders has enabled the development of recommendations which form a key part of our strategy and plans going forward. This has been a three-stage process

- 1. Data and information gathering** - to enable us to concisely wrap up an estate strategy, encapsulating the Fuller Stocktake, teasing out the possible elements which are feasible, identify disposal opportunities and CIL to help raise capital investment.
- 2. Strategy development** - collectively testing the key risks and issues and exploring the challenges aids system thinking and alignment across infrastructure components (clinical, estates and facilities, major equipment, net carbon zero, digital and workforce).
- 3. Review and Feedback** – reviewing the individual Place plans, testing the key recommendations, objectives and delivery plan to ensure they reflect system priorities.





Humber and North Yorkshire Integrated Care Board (ICB)

Contents



Foreword and Executive Summary



Introduction

North Lincolnshire Council



ICS Priorities

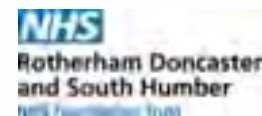


Where are we now?



SHAREDAGENDA

Where do we want to be?



How do we get there?

Appendices

Appendix B – Policy Framework

Policy framework: NHS Long Term Plan (LTP) (2019)

The NHS Long Term Plan (LTP) sets out how the NHS will tackle the pressure its staff are facing while making extra funding go as far as possible. As it does so, it must accelerate the redesign of patient care to future-proof the NHS for the decade ahead.

It also sets out four major, practical changes to the NHS service model, to be delivered over the following five years:



1. Boosting 'out-of-hospital' care, and joining up primary and community health services



2. Reducing pressure on emergency hospital services



3. Digitally enabled primary and outpatient care



4. Increasing focus by local NHS organisations on population health and local partnerships

Estate specific

- Improving quality and productivity, energy efficiency and disposal of unnecessary land to enable reinvestment while supporting the Government's target to build new homes for staff
- System providers working together to reduce the amount of non-clinical space, freeing up space for clinical or other activity
- In line with Lord Carter's recommendations, the NHS needs to exploit opportunities for consolidation of the non-clinical estate to improve efficiency with a **30%** cost reduction target, less than **2.5%** unoccupied space and less than **35%** non-clinical space
- Increase the provision of diagnostic equipment and services including digitisation of the service to meet the growing demand
- The LTP suggests that the NHS will continue to maximise the productivity benefits generated from estate, through improving utilisation of clinical space, ensuring build and maintenance is done sustainably, improving energy efficiency, and releasing properties that are no longer needed

National Policy and Humber North Yorkshire

Fuller Stocktake



- Streamlining access to care and advice
- Providing more proactive personalised care with support from a multi-disciplinary team
- Helping people stay well for longer
- Delivering care at neighbourhood level

Joint Forward Plan



We have set out our plans to deliver through our six Place partnerships linked with cross-cutting collaboratives and specific delivery themes. We will:

- engage with all our partners
- tackle inequalities and improve population health
- balance ‘designing tomorrow, delivering today’
- invest in leadership and culture

Our Vision



Our vision is to 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. To achieve this, we will create the conditions to **enable** and **empower** our people, communities and organisations to achieve **change**.

Our focus will be for HNY population to;

- Start Well
- Live Well
- Age Well
- Die Well

Policy framework: Fuller Stocktake

Findings and key proposals

- Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams across their functions including digital, data, intelligence and quality improvement, human resources, finance, workforce plans and models, and estates. Specifically put in place sufficient support for all PCN clinical directors and multi-professional leadership development, and protected time for team development. Baseline the existing organisational capacity and capacity for primary care, across system, place and neighbourhood levels, to ensure systems can undertake their core operational and transformation functions.
- Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care, taking a 'one public estate' approach and maximising the use of community assets and spaces.
- The Department of Health and Social Care (DHSC) and NHS England (NHSE) should provide additional, expert capacity and capability to help offer solutions to the most intractable estates issues, and practical support to work through them, as well as building ICS estates expertise. DHSC and NHSE should consider what flexibilities and permissions should be afforded to systems to allow shaping and influencing of the physical primary care estate, including through reviewing the Premises Cost Directions. DHSC and NHS England should ensure that primary care estate is central in the next iteration of the Health Infrastructure Plan.

Key areas to achieve this:

- Refocusing a portion of capital investment towards primary care
- Reforming the GP owner-occupier model
- Supporting local systems to build estates models that align with clinical, digital and workforce strategies
- Making use of local authority, third sector and community assets, building on the approach to COVID-19 vaccination
- Making creative use of void and vacant space in the NHSPS and CHP portfolio
- Opportunities for co-locating primary care when bringing forward secondary care estates plans
- Pragmatic, low-cost opportunities to repurpose existing space, within local funding streams

Policy framework: Hewitt Review

Findings and key proposals

- The Hewitt review proposes greater autonomy to enable ICSs to better prevent ill health and improve NHS productivity and care, matched by renewed accountability. These recommendations could offer a step change in enabling ICSs to deliver their four main statutory purposes
 - It provides an independent Review into how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed
 - The review focused on five work streams, led by colleagues from across the health and care system:
 - Prevention and population health management; Integration and place; Autonomy, accountability and regulation; Productivity and finance; and Digital and data
- The other five principles driving the review are:
- Collaboration – including asking for more “joining up between the Department of Health and Social Care, the Department for Levelling Up, Housing and Communities, NHS England and other national bodies to mirror the integration within ICSs”;
 - A limited number of shared priorities;
 - Proportionate support for systems, meaning “less intervention for mature systems delivering results within budget; more intervention and support for systems facing greater challenges”;
 - Balancing freedom with accountability; and
 - Enabling the use of timely, relevant, high-quality and transparent data.

Implications for estate strategy:

- Fully integrated working across the ICB, Trusts and local authorities
- Further collaboration across the NHS system – local government, One Public Estate forums, and property partners NHS Property Services and CHP
- Joined up prioritisation process for estates solutions to meet healthcare priorities
- Balance of capital investment towards primary care and secondary
- Encouraging ICBs / local systems to accelerate decision making to improve the estate and take advantage of capital opportunities

Core 20Plus5



Core20plus5 is a national approach designed to support the reduction of health inequalities at both a national and system level. The approach defines a target population (most deprived 20% of the population) and identifies 5 focus clinical areas requiring accelerated improvement.

The five clinical areas of focus requiring accelerated improvement in Adults are:

1. Maternity
2. Severe Mental Illness
3. Chronic Respiratory Disease
4. Early Cancer Diagnosis
5. Hypertension case-finding

In Children, these are:

1. Asthma
2. Diabetes
3. Epilepsy
4. Oral Health
5. Mental Health.

Policy framework: Delivering a Net-Zero National Health Service (2020)

In October 2020, the NHS published *'Delivering a Net-Zero National Health Service'* in response to the health emergency that climate change carries.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:



1. For the emissions we control directly (the NHS Carbon Footprint), reaching net-zero by 2040, with an ambition to reach an **80%** reduction by 2028 to 2032



2. For the emissions we can influence (our NHS Carbon Footprint Plus), reaching net-zero by 2045, with an ambition to reach an **80%** reduction by 2036 to 2039

Appendix C – Insights: Population/demographics, housing, workforce and Greener NHS

Population Data – ONS Projections

The population projection in the map opposite gives an indication of the future size of the population by local authority. It shows the change in 2032 from the 2022 based population and is based on 2018 projections.

This suggests substantial growth in parts of North Yorkshire such as Malton and between Selby and Leeds and declining population in NE Lincolnshire and Richmondshire.

The table below shows the split of population by age group and has been provided by the ICB population healthcare team. This shows the basis of their planning assumptions.

Age group	ONS revised back series		ONS 2018-based population projections					
	2021		2021		2032		2042	
	count	%	count	%	count	%	count	%
0-14	269,037	15.8	373,330	21.8	355,601	20.4	384,218	21.3
15-64	1,055,276	61.9	954,755	55.7	915,826	52.5	906,579	50.4
65+	380,990	22.3	385,343	22.5	473,813	27.1	509,543	28.3
Total	1,705,303		1,713,428		1,745,240		1,800,340	



Source: Office of National Statistics 2018 base data: ons.gov.uk/populationprojections/2018based

Town planning opportunities

Context

- Town Planning enables decision making about the future of our cities, towns and countryside. 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.
- Town Planning helps to make this happen through the preparation of Local Plans and decisions taken on planning applications by LPAs.
- The links between health and the built environment are clear and the NHS has an opportunity to capitalise on the planning process to ensure health services benefit in the long term.
- The Levelling Up and Regeneration Act which received Royal Assent in October 2023 sets out a new “Requirement to Assist with Certain Plan Making”. This will give plan making authorities the power to legally require that “prescribed public bodies” provide assistance with the plan making process.
- Integrated Care Boards have been specifically identified in the latest consultation material (July 2023) as a proposed “prescribed public body” and it is therefore essential that the ICB prepare for this requirement, including putting in place resource and professional support (as required) to engage effectively with the plan making processes in their area.

Engaging with Town Planning Opportunities for Humber & North Yorkshire ICB



Engaging With Plan Making (Planning Policy Formation)

Clearly communicating NHS requirements within planning policy and evidencing infrastructure requirement responding directly to planned housing and population growth. Ensuring flexibility is built into the planning system to support evolving NHS requirements.



Maximising Developer Contributions (S106/CIL)

By evidencing health infrastructure requirements at the plan making stage, Humber & North Yorkshire ICB will be in a much stronger position to request and justify funding, land and new buildings from new developments to mitigate the impact on local health services



Healthy Places

Ensure localised health and wellbeing principles are embedded in planning policy and at the forefront of decision making, helping to guide new development to improve health outcomes and respond to identified health disparities



Site Promotion

Promote NHS land and buildings through planning policy to gain early support for delivering the Estate Strategy priority projects, ensuring flexibility in the NHS estate, and securing principle of new health buildings and alternative or mixed use sites



Homes For NHS Staff

Working with the town planning system and key partners to identify opportunities and solutions to meeting evidenced need for homes for NHS staff

Population Projections - Planning Data

Detailed review has taken place of local authority planned housing projections. These are more certain in the near term than over a longer timeframe, but the table below seeks to summarise the information available, and the potential impact of housing growth using a number of different data sets. A recommendation is included of next steps for engagement in order to maximise planning gain in each area.

Local Planning Authority	Known Deliverable Housing Growth 1-15 Years – All Sites	Emerging Local Plan Housing Growth (various dates 2032-2040)	Population Impact Housing Projections	%change population	ONS % Projection (to 2037)	Potential implications for healthcare delivery vs ONS projections
East Riding of Yorkshire Council	6,550	20,990	45,980	6.09	3.4	Higher – monitor and engage LA
Hull City Council	3,640	11,702	26,915	10.03	0.2	Substantially higher – engage LA
North East Lincolnshire Council	2,394	3,390	7,458	4.66	-0.8	Substantially higher – engage LA
North Lincolnshire Council	2,651	7,937	18,255	10.49	1.7	Substantially higher – engage LA
City of York Council	5,485*		12,067	5.71	2.2	
CYC Revised		13,872	30,518	14.44		Substantially higher – Implement strategy
North Yorkshire Council	15,852					
Hambleton		6,930	15,246	16.67	1.2	Substantially higher – engage LA
Harrogate		13,377	29,429	18.28	0.5	Substantially higher – Implement strategy
Richmondshire		3,060	6,732	12.59	-1.0	Substantially higher – engage LA
Ryedale		3,000	6,600	11.63	7.9	Higher – monitor and engage LA
Scarborough		9,450	19,845	18.04	3.1	Substantially higher – engage LA
Selby		7,728	17,774	19.12	9.9	Substantially higher – implement strategy
TOTAL	31,087	101,436	236,819			

HNY ICS - Planning Policy Context

Local Planning Authority	Adopted Development Plan	Emerging Local Plan	
		Document	Status
East Riding of Yorkshire Council	<ul style="list-style-type: none"> Strategy Document (Adopted 2016) Allocations Document (Adopted 2016) 	Local Plan Update (Submission) – Strategy Document Update (2022) and Allocations Document Update (2022)	Submitted for Examination 31st March 2023.
Hull City Council	<ul style="list-style-type: none"> Hull Local Plan 2016 to 2032 (Adopted 2017) 	<i>No emerging plans in preparation.</i>	<i>No emerging plans in preparation.</i>
North East Lincolnshire Council	<ul style="list-style-type: none"> Local Plan 2013 to 2032 (Adopted 2018) 	North East Lincolnshire Local Plan Review (Draft)	Ongoing Draft Consultation (until 8th March 2024).
North Lincolnshire Council	<ul style="list-style-type: none"> Core Strategy (Adopted 2011) Housing and Employment Land Allocations DPD (2016) 	North Lincolnshire Local Plan – Publication Draft (2021)	Submitted for Examination 11th November 2022.
City of York Council	<ul style="list-style-type: none"> City of York 4th Set of Changes (Development Management) Local Plan (Adopted 2005) - has no statutory status and has only been approved for development control purposes. Yorkshire and Humber Plan: Regional Spatial Strategy to 2026 (Adopted 2008) 	City of York Local Plan – Publication Draft (2018)	Submitted for Examination 25th May 2018 – still under examination as of 6 th March 2024.
North Yorkshire (Unitary Authority) <i>(Note this Council was formed in 2023 and replaced the following Councils: Craven District Council, Hambleton District Council, Harrogate Borough Council, Richmondshire District Council, Ryedale District Council, Scarborough Borough Council, and Selby District Council)</i>	<p><i>Comprises previous individual authority areas Local Plans:</i></p> <ul style="list-style-type: none"> Craven Local Plan 2012 to 2032 (2019) (within West Yorkshire ICB) Hambleton Local Plan (2022) Harrogate District Local Plan 2014 to 2035 (2020) Richmondshire Local Plan 2012 to 2028 (2014) Ryedale Local Plan Strategy (2013) The Helmsley Plan (2015) - for Helmsley parish, Ryedale Ryedale Local Plan Sites (2019) Yorkshire and Humber Plan: Regional Spatial Strategy to 2026 (2008) - part of south Ryedale is in the York Green Belt Scarborough Local Plan 2011 to 2032 (2017) Selby District Core Strategy Local Plan (2013) Selby District Local Plan (2005) - Saved Policies 	North Yorkshire New Local Plan North Yorkshire Call for Sites (ongoing) Selby New Local Plan Selby New Local Plan Pre-Submission consultation (now closed – 19 April)	<p>Consultation on Revised Pre-Submission Local Plan (Anticipated Q1 of 2024)</p> <p>Pre-Submission Revised Publication draft consultation close 19 April 2024</p>

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Published Five Year Housing Land Supply Positions

Local Planning Authority	Known Deliverable Housing Sites (All Categories)	Period Covered	Date of Last Published Update
East Riding of Yorkshire Council	6,550	1 st April 2023 to 31 st March 2028	1 st October 2023
Hull City Council	3,640	1 st April 2023 to 31 st March 2028	1 st September 2023
North East Lincolnshire Council	2,394	1 st April 2023 to 31 st March 2028	1 st April 2023
North Lincolnshire Council	2,651	1 st April 2023 to 31 st March 2028	1 st April 2023
City of York Council	5,485	1 st April 2022 to 31 st March 2027	1 st May 2022
North Yorkshire Council <i>(As the unitary authority was formed in 2023 the five year supply is counted by former local authority areas and not tallied together into a single total)</i>	2,831 (Hambleton) 4,623 (Harrogate) 982 (Richmondshire) 897 (Ryedale) 2,892 (Scarborough) 1,830 (Selby)	1 st April 2023 to 31 st March 2028	1 st September 2023

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Infrastructure Delivery Plan By Authority

EAST RIDING

Infrastructure Delivery Plan (Submission) (2023)

Notes the Council working with the Humber and North Yorkshire ICS and engagement with the Vale of York and East Riding of Yorkshire CCG to determine GP service provision.

Suggests that there is an overall need for additional capacity which can be met through increasing utilisations and improving working efficiencies on existing premises and new developments coming forward is anticipated to have minimal impact overall.

Additional clinical floorspace required (sqm):

- Beverley: 0
- Bridlington: 2187.5
- Cygnet: 3534.5
- Harthill: 4910
- Holderness: 2286.6
- River and Wolds: 1468.1
- Yorkshire Coast and Wolds: 2202.3

Improvements have been recently completed on Spalding Moor GP Surgery (Holme), Montague Practice (Goole), Brough Surgery, the Old Fire Station (Beverley) and Snaith and Rawcliffe Surgery (Snaith).

HULL CITY

Infrastructure Delivery Programme – Hull Local Plan (2017)

Notes discussions with the Hull Public Health Team and identifies Hull CCG as being the lead delivery agency.

Identifies a city-wide need for additional GP provision with no specific projects/areas/practices provided. The Hull Public Health Team considered there is adequate health provision to meet needs of new housing based on investment in LIFT centres.

Where GP providers raise the requirement for new provision, discussions will be taken with the NHS North Yorkshire and Humber Area team to consider options for expansion of existing practices or developing new facilities.

The cost of this is currently unknown and therefore there is no identified gap in funding.

NORTH EAST LINCOLNSHIRE

Infrastructure Delivery Plan (2017)

Outlines collaboration with the North East Lincolnshire CCG (which is working in partnership with the North Lincolnshire CCG).

Due to the recent extensive estates investment in Primary Care Centres, there are no known shortages of GP facilities. Capacity issues are primarily related to staffing issues and a need to optimise the use of existing stock of practices.

Should capacity issues arise as a result of future development, NHS England and the CCG will seek to pool and share resources and commissioning arrangements will move away from smaller GP surgeries to larger practices.

The IDP identifies a borough wide:

- Provision of additional GPs at existing surgeries
- Rationalisation of GP surgery sites – utilising spare capacity in existing health care centres by relocating existing practices where practicable

There are no specified plans to increase health provision through the creation of new GP practices, but rather through optimising existing capacity through rationalisation.

The delivery mechanism identified is via secured NHS Capital and revenue funding, the cost of which is unknown.

Infrastructure Delivery Plan By Authority

NORTH LINCOLNSHIRE

Infrastructure Delivery Plan (Regulation 19) (2021)

Identifies North Lincolnshire CCG as strategically working with the Local Authority.

Assessment of primary health care accommodation requirements based on new Local Plan allocation numbers identified no new build GPs will be required. Instead the existing estate would need to be adapted and extended.

The assessment identified 26.4 additional clinical rooms space would be required in light of future housing growth.

Additional Clinical Room requirement (no. Of rooms):

- Scunthorpe: 15.43
- Barton upon Humber: 2.23
- Brigg: 4.01
- Kirton in Lindsey: 2.31
- Winterton: 1.09
- Crowle: 0.65
- Barrow upon Humber: 0.68

Calculation to secure developer contributions through S106 are set at **£670.80 per dwelling on developments of 10 or more dwellings**. Where contributions secured do not cover the full cost of provision, funding will be managed by health partners including GPs and CCGs.

CITY OF YORK

Infrastructure Delivery Plan (Submission) (2018)

Notes the role of NHS Vale of York CCG and responsibility for health infrastructure delivery and discussion with the CCG.

The York Teaching Hospital NHS Foundation Trust and former North Yorkshire and York PCT identified the risk to healthcare service provision to meet needs directly arising from new development as being low and existing healthcare providers can accommodate some expansion in patient numbers.

It is noted but does not specify projects/sites that some expansion may be needed (particularly through the Strategic Sites). This further identifies the ways additional capacity can be provided including: expansions, branch surgeries, extended opening or alternative services.

The Trust has identified an increased demand for new clinical accommodation and will seek to provide sufficient new build to accommodate the increase on the District Hospital site.

Sources of funding identified for healthcare infrastructure includes developer conditions or contributions (also private investment and public sector funding).

York Council is currently preparing an updated IDP. The ICB has responded to the Council, identifying 18 planned health projects which would deliver additional or consolidated healthcare provision through alterations to existing facilities or creation of new facilities.

With respect to funding sources, S106 contributions are stated as a source for 15 of the projects.

Infrastructure Delivery Plan By Authority

NORTH YORKSHIRE (HAMBLETON)

Infrastructure Delivery Plan (2020)

Identifies working with the Hambleton, Richmondshire and Whitby CCG.

The NHS and CCG identified a need for the following:

- Easingwold – new healthcare facility
- Thirsk – medical centre expansion
- Stokesely – medical centre expansion

Further notes that the CCG has not indicated there being a particular requirement for additional healthcare facilities within (new) development.

NORTH YORKSHIRE (SELBY)

Infrastructure Delivery Plan (Pre-Submission) (2024)

Acknowledges the methodology of York and North Yorkshire ICB for high-level assumptions. This includes an average of 2.3 new patients per new household.

In light of future development, it has identified a need for the creation of additional clinical space in Tadcaster and Selby Urban Areas using existing public access buildings.

No project sites specified for Primary Care.

NORTH YORKSHIRE (HARROGATE)

Infrastructure Delivery Plan – Submission Update (2018)

Notes discussion with Harrogate and Rural CCG and Harrogate NHS.

Identified need for the establishment of 3 Community Care Teams in Harrogate, Knaresborough and Ripon. Growth in Nidderdale and Boroughbridge would require existing practice buildings to be redesigned and modified to service a ‘virtual hub’.

There is an opportunity for new health infrastructure to be funded through CIL, where it is adopted.

Specific infrastructure projects identified and their indicative costs comprises of:

- West Harrogate – New Hub (Community teams and GP services): **£7 million**
- Ripon – New Hub (Community teams and GP services): **£8.8 million**
- Knaresborough – New Hub (Community Teams and GP services): **£7 million**
- Mowbray Square (Harrogate); Boroughbridge; and Nidderdale – Redesign and modification of existing GP Services: **£600,000**

Sources of funding identified NHS and developer funded, including CIL.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Infrastructure Delivery Plan By Authority

NORTH YORKSHIRE (RICHMONDSHIRE)

Infrastructure Delivery Plan (2014)

Notes current and continuing discussions with North Yorkshire Primary Care Trust.

Does not identify infrastructure projects for healthcare and does not specify developer contributions will be secured as sources of funding for healthcare infrastructure.

NORTH YORKSHIRE (RICHMONDSHIRE)

Infrastructure Delivery Plan (2018)

Identifies discussions will be made with the CCG where necessary.

There are no current capacity issues/constraint identified in Melton and Norton, Pickering, Kirkbymoorside and Helmsley.

Derwent Surgery in Malton and Norton and a local surgery in Pickering has raised capacity concerns. The Council will seek to consider allowing CIL money to support necessary expansion identified.

NORTH YORKSHIRE (SCARBOROUGH)

Infrastructure Study and Delivery Plan (2016)

Notes consultation and collaboration with NHS Scarborough and Ryedale CCG.

Existing health infrastructure currently operating above capacity and cannot absorb further impact of additional proposed homes, and the impact of new residential development will be significant. Identified Scarborough, Scalby, Filey and Eastfield as the areas which cannot absorb further pressures.

Eastfield Surgery in particular is identified as seeing the greatest impact.

Cost impact for additional new facilities prioritised as 'Essential' assessed as being around £5,063,932. Distributed across 5 main service areas:

- Scarborough North: £1,088,301
- Scarborough Town Centre: £76,149
- South Central (Middle Deepdale and South Cayton): £3,344,226
- Western Villages: £171,336
- South (Filey/Hunmanby): £383,920

Indicates developer contributions has been sought for health, with c.£400,000 already contributed towards the total cost impact, leaving a current shortfall of £4,663,932.

S106 / CIL Data (2022/2023 IFS Data)

Local Planning Authority	CIL Position	CIL Data (Total Collection)	S106 Funds Data (Total – All infrastructure)	
			Secured	Received
East Riding of Yorkshire Council	No CIL currently in place	Not applicable.	Total Secured: £3,884,489 ○ For Health: Not specified.	Total Received: £6,587,991 ○ For Health: Not specified.
Hull City Council	CIL adopted in 2018	Total Demand Notices: £0 Total Receipts: £0	Total Secured: Not specified. ○ For Health: Not specified.	Total Received: £1,400,000 ○ For Health Specifically: Not specified.
North East Lincolnshire Council	Not published 22/23 IFS Data. No CIL currently in place	Not applicable.	Not specified.	Not specified
North Lincolnshire Council	No CIL currently in place	Not applicable.	Total Secured: £7,022,577.24 ○ For Health: £49,533.60	Total Received: £1,458,835.95 ○ For Health: £0
City of York Council	No CIL currently in place	Not applicable.	Total Secured: £1,251,345 ○ For Health: Not specified.	Total Received: £372,744 ○ For Health: Not specified.
North Yorkshire Council	Hambleton Council	CIL adopted in 2015 *	Total Demand Notices: £2,976,698.87 Total Receipts: £1,786,179	Total Secured: £45,566 ○ For Health: Not specified. Total Received: £21,097 ○ For Health: Not specified.

**this will be replaced by the North Yorkshire Council CIL Charging Schedule*

Source: 2022/2023 Infrastructure Funding Statement returns (Where Available)

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

S106 / CIL Data (2022/2023 IFS Data)

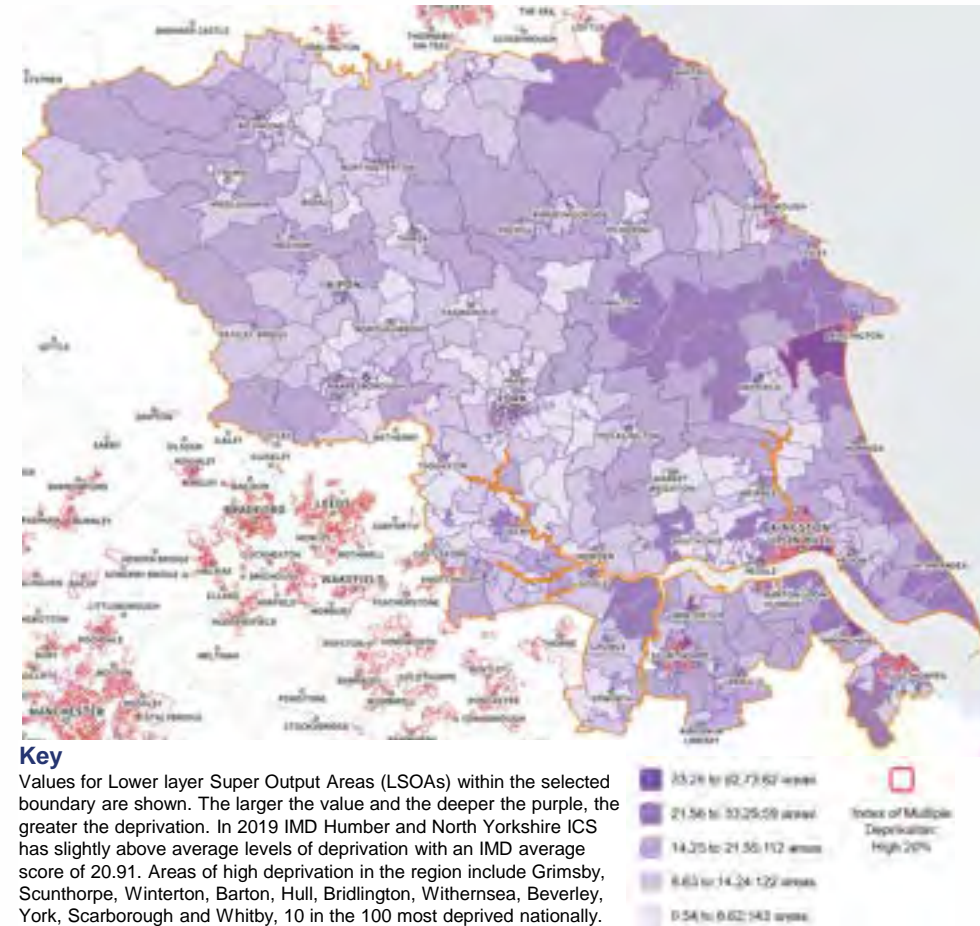
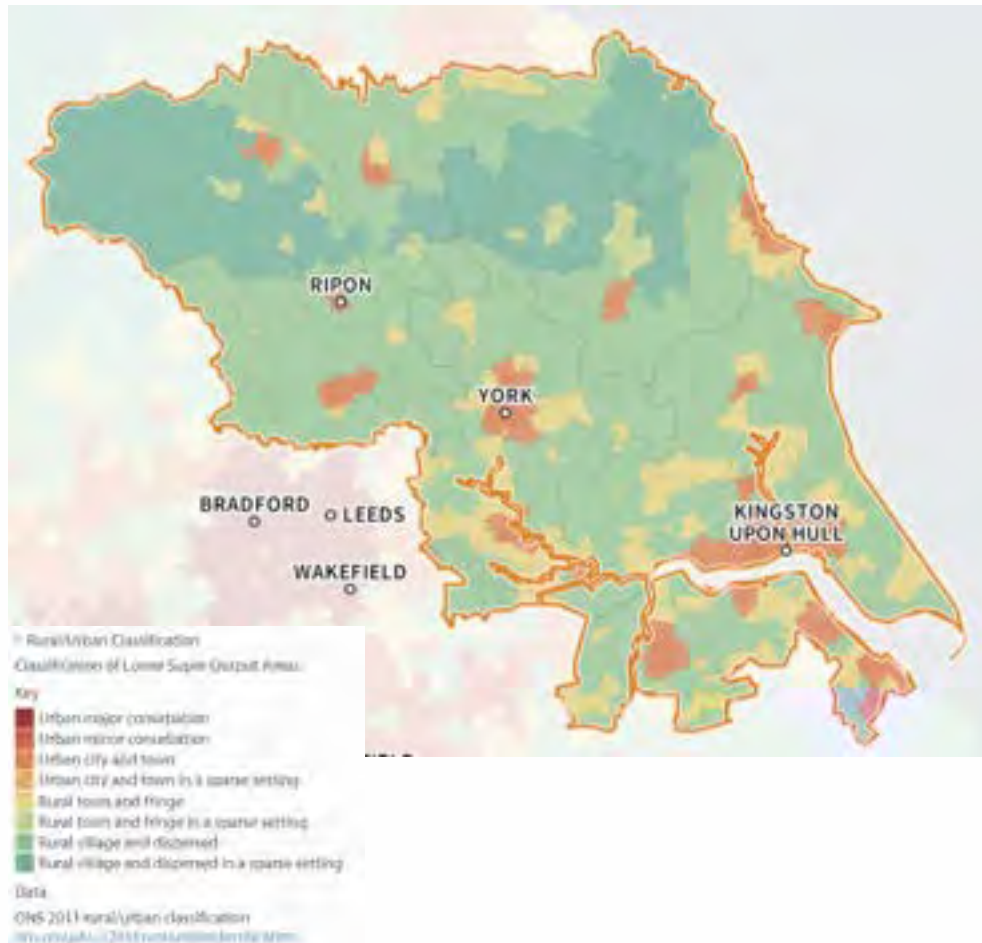
Local Planning Authority		CIL Position	CIL Data (Total Collection)	S106 Funds Data (Total – All infrastructure)	
				Secured	Received
North Yorkshire Council	Harrogate Council	CIL adopted in 2020 *	Total Demand Notices: £148,467 Total Receipts: £136,742	Total Secured: £919,914 ○ For Health: Not specified.	Total Received: £2,855,328 ○ For Health: Not specified.
	Richmondshire Council	No CIL currently in place*	Not applicable.	Total Secured: £23,600 ○ For Health: Not specified.	Total Received: £47,400 ○ For Health: Not specified.
	Ryedale Council	CIL adopted in 2016 *	Total Demand Notices: £162,869 Total Receipts: £264,095	Total Secured: £0 ○ For Health: Not specified.	Total Received: £1,757,985 ○ For Health: Not specified.
	Scarborough Council	No CIL currently in place*	Not applicable.	Total Secured: £581,258 ○ For Health: Not specified.	Total Received: £533,500 ○ For Health: Not specified.
	Selby Council	CIL adopted in 2016 *	Total Demand Notices: £568,126 Total Receipts: £462,564	Total Secured: £10,850 ○ For Health: Not specified.	Total Received: £326,341 ○ For Health: Not specified.

**this will be replaced by the North Yorkshire Council CIL Charging Schedule*

Source: 2022/2023 Infrastructure Funding Statement returns (Where Available)

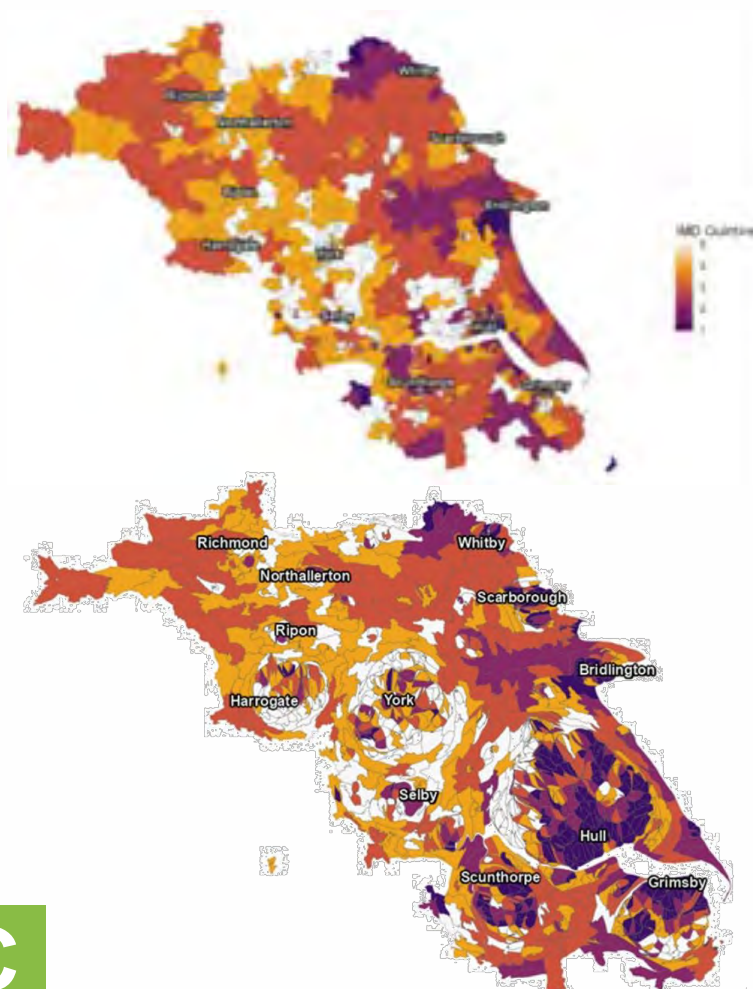
Population Data – HNY Context

The maps below demonstrate the ICS context, large areas of dispersed rural alongside urban city and town. Deprivation is focussed on some of the urban areas but also in coastal populations.



Deprivation across the ICB

There are areas of significant deprivation across the ICB, with 10 LSOA areas across the ICB in the most 100 most deprived nationally. The maps below show the deprivation in two levels of detail. The second map showing that there are pockets of deprivation in less deprived areas which can mask local patches of need.



LA	Locality	Local Area	IMD	Rank
Kingston upon Hull	Kingston upon Hull 017E	Marfleet, Hull	82.194	21
North East Lincolnshire	North East Lincolnshire 002C	East Marsh, Grimsby	81.738	22
North East Lincolnshire	North East Lincolnshire 006A	Grant Thorold, Grimsby	81.548	23
Kingston upon Hull	Kingston upon Hull 029D	Linnaeus Street Area, Hull	78.371	40
Kingston upon Hull	Kingston upon Hull 017D	Southcoates, Hull	78.352	41
Kingston upon Hull	Kingston upon Hull 030B	Dairycoates, Hull	78.298	42
East Riding of Yorkshire	Bridlington - ERY005C	Bridlington Harbour	78.1	44
North East Lincolnshire	North East Lincolnshire 002A	Grimsby Docks, Grimsby	77.552	53
North East Lincolnshire	North East Lincolnshire 019C	Nunsthorpe, Grimsby	76.316	68
North East Lincolnshire	North East Lincolnshire 006B	Grant Thorold, Grimsby	75.879	78

Source: © Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors | SHAPE [SHAPE Place](#) • [Index of Multiple Deprivation: high 20%](#) ([shapeatlas.net](#))

Population health across the ICB

The table below is the draft population health outcomes indicator framework for the ICB which shows the population health outcome indicators which will be used to monitor progress against the strategic ambition.

Our ambition	Unit	Date	ERY	Hull	NE Lincs	N Lincs	N Yorks	York	HNY	Y&H	England	
Live longer, healthier lives	Healthy life expectancy - females	years	2018-20	67.9	67.2	67.8	66.4	64.6	63.5	61.1	63.9	
	Healthy life expectancy - males	years	2018-20	65.3	63.8	65.7	64.1	65.3	62.7	61.1	63.1	
	Gap in HLE - females	years	2018-20						11.5			
	Gap in HLE - males	years	2018-20						13.5			
Shining a light												
Reducing harm from cancer	Under 75 mortality from cancer	DSR per 100,000	2022	115.6	103	105.8	130.6	104.6	124.1	123.6	130.3	122.4
	Cancer diagnosed at stages 1 or 2	%	2021	55.0	48.4	54.8	52.6	53.2	52.6	52.8	52.9	54.4
	Bowel cancer screening coverage	%	2023	74.4	68.0	71.6	73.1	78.1	77.1	74.7	73.9	72.0
	Cancer 5-year survival (index of all cancers)	%	2016							55.5	55.0	55.7
Cutting cardiovascular disease	Under 75 mortality from all circulatory diseases	DSR per 100,000	2022	68.1	108.4	100.7	102.1	70.7	75.0	85.5	98.6	77.8
	Last BP 140/90 or less (with hypertension, aged <80)	%	2022/23	60.7	65.2	68.7	67.8	70.3	65.5	66.5	67.8	65.7
	Type 2 diabetes with blood glucose 58mmol/mol or less	%	2022/23	64.8	63.5	60.7	65.3	66.2	61.1	64.0	63.2	64.0
	Smoking prevalence in adults (18+)	%	2022	10.2	10.9	10.4	15.4		8.7		13.1	12.7
Living with frailty	Emergency admissions due to falls, aged 65+	DSR per 100,000	2021/22	1,634	1,951	1,512	1,512		2,065		1,901	2,100
	Emergency admissions for hip fracture, aged 65+	DSR per 100,000	2022/23	549	472	566	562	503	535	560	572	558
	Frailty index											
Enabling mental health and resilience	Polypharmacy											
	Suicide rate	DSR per 100,000	2020-22	11.4	11.8	8.0	8.7	11.4	12.9	11.1	11.1	10.3
	People with a low satisfaction score	%	2022/23	7.3	6.3	5.9	5.4		3.7		6.4	5.6
	Mental health QOF prevalence	%	2022/23	0.95	0.99	0.94	0.82	0.91	0.85	0.85	0.96	1.00
Every child has the best start in life	Depression: QOF incidence	%	2022/23	1.7	1.4	1.9	1.7	1.1	1.1	1.7	1.4	1.4
	Infant mortality	crude per 1,000	2020-22	2.8	4.2	3.5	4.0	3.1	3.1	3.3	4.4	3.9
	Emergency admissions <18	crude per 1,000	2021/22	68.8	69.6	105.7	84.1	80.0	86.9	86.3	114	70.7
	Good level of development at then end of Reception	%	2022/23	68.7	65.6	68.8	66.8	70.3	69.7	68.7	68.1	67.2
	MMR 2 doses at age 5	%	2022/23	94.4	85.6	91.6	85.5	90.3	86.5	89.6	87.1	84.5
Overweight and obesity in Year 6	%	2022/23	35.5	36.4	33.6	36.6	34.5	34.5	36.2	38.1	36.6	

- Significantly worse than England average
- Significantly better than England average
- Not significantly different from England average
- Significantly lower than England average
- Significantly higher than England average

Source: OHID Fingertips



Population health across the ICB

The Quality and Outcomes Framework prevalence data provides an insight into the conditions affecting the patients across Humber North Yorkshire. The majority of indicators are in higher than the national prevalence.

Indicator group code	Indicator group name	Register	Patient list size	Prevalence %	National average
AST	Asthma	120,553	1,693,721	7.12	6.57%
AF	Atrial fibrillation	48,068	1,789,778	2.69	2.13%
CAN	Cancer	74,067	1,789,778	4.14	3.48%
CKD	Chronic kidney disease	69,567	1,456,479	4.78	4.26%
COPD	Chronic obstructive pulmonary disease	42,205	1,789,778	2.36	1.92%
CHD	Coronary heart Disease	69,208	1,789,778	3.87	3.06%
DEM	Dementia	15,016	1,789,778	0.84	0.76%
DEP	Depression	190,305	1,456,479	13.07	13.29%
DM	Diabetes mellitus	111,910	1,475,962	7.58	7.82%
EP	Epilepsy	13,500	1,456,479	0.93	0.82%
HF	Heart failure	20,431	1,789,778	1.14	1.00%
HYP	Hypertension	297,954	1,789,778	16.65	14.76%
LD	Learning disability	10,257	1,789,778	0.57	0.57%

Indicator group code	Indicator group name	Register	Patient list size	Prevalence %	National average
MH	Mental health	15,755	1,789,778	0.88	1.05%
NDH	Non-diabetic hyperglycaemia	112,664	1,456,479	7.74	7.20%
OB	Obesity	181,950	1,456,479	12.49	11.84%
OST	Osteoporosis	7,612	772,783	0.99	0.83%
PC	Palliative care	11,507	1,789,778	0.64	0.50%
PAD	Peripheral arterial disease	14,010	1,789,778	0.78	0.59%
RA	Rheumatoid arthritis	13,055	1,495,698	0.87	0.78%
STIA	Stroke and transient ischaemic attack	41,149	1,789,778	2.3	1.87%

List size		Prevalence	
All Ages	1,789,778	Above national average	
18+	1,495,698	Similar to national average	
17+	1,475,962	Better than national average	
16+	1,456,479		
50+	772,783		

Source: SHAPE: QOF recorded prevalence 22/23

Our Workforce Strategy



Our 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.

Our aim is to build strong foundations transforming people services and supporting the people profession. We will lead co-ordinated workforce planning using analysis and intelligence. We will focus on social and economic development.

Our strategy pillars are;

Be the best place to work

- Looking after our people
- Belonging in the NHS
- Supporting staff health and wellbeing
- Supporting inclusion and belonging

Grow and Train our Workforce

- Growing for our future
- Growing the workforce of the future and ensuring adequate workforce supply
- Educating, training and developing people and managing talent

Demonstrating System Leadership

- Valuing and supporting leadership at all levels
- Supporting system design and development

Embrace new ways of working

- New ways of working and delivering care
- Workforce transformation and planning
- All sectors workforce transformation including VCSE
- Carers and volunteers

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Workforce

Practical delivery of the objectives is progressing through programme workstreams with oversight from system level committees. The programme for 2023/24 is Breakthrough HNY.

BREAKTHROUGH HNY
Our Workforce Transformation Programme 2023/24

Inclusive health and care careers	Flexible workforce, agency and bank	Leadership, talent and succession	Stay and thrive, retaining our staff	OD Lab for system effectiveness	Care at Home workforce redesign	Children's and young people's workforce redesign	Oral health workforce redesign	Volunteers at the heart of the system	Enabling colleague movement	One system, recruiting together
Careers support menu in deprived schools Work experience placements bank, employer toolkit and virtual offer Disability confident Veterans	Design HNY system collaborative bank Deliver 23/24 NHSE bank and agency objectives Create HNY bank and agency dashboard	Create best practice programmes for leaders at all levels Explore common induction Deliver career progression curriculum Work with region 4+1 on senior level talent	Co-design and launch flexible working strategies New starter induction prevention tools Exit intelligence Stay conversations	Create cutting edge OD toolkit to support system effectiveness involving and developing Place, Collaborative and Function leaders and teams	Map VCSE Care at Home workforce at Place Streamline Care at Home roles Amplify direct care provider voice Care at Home digital vision	To be developed with Director of Children's Services	To be developed with Dental commissioners and professional leaders	Apply 160 Days research findings Design and progress HNY volunteer hub Research volunteering in social care	Define and negotiate portability agreement and process Employee passports	HNY attraction campaign and front offer Shared recruitment Charter and principles Pilot joint recruitment campaigns and recruitment innovation

System level Committees driving medium term change

- System Inclusion Assembly
- Health and Wellbeing Sub-Committee
- Education and Training Sub-Committee
- Ethical International Recruitment Sub-Committee
- People Story Sub-Committee

Recent progress updates on the programme are included below

Our work to retain colleagues system-wide

- Creating an equitable flexible working offer for the system
- Early career retention initiatives
- Developing a consistent exit process and collaboratively gathering and analysing exit data

Progress towards an HNY Collaborative Bank

- Collaborative project structure
- Progress towards system architecture and operating model
- Workforce engagement and growth dimensions to be addressed via imminent bank staff survey
- Collaborative procurement expected Q1/2 24/25

Ethical International Recruitment

- Survey of partner organisations to establish a baseline for international recruitment in the system
- From April 2022 to Dec 2023, 804 colleagues recruited from 11 different countries worldwide, to

work in 9 professional groups

- We also assessed partners' satisfaction and confidence in their organisational international recruitment practice, and identified:
 - Best opportunities to add value through whole system working on: recruitment process; pastoral care, particularly equipping clinical leaders to provide effective mentorship; sponsorship
 - Strong partner confidence in existing onboarding processes
 - Cost of living, access to and cost of vehicles required for work and lack of affordable accommodation are significant barriers

Health & Wellbeing

- As a system community, we have secured NHSE Scaling People Services Vanguard status to explore the creation of a System Occupational Health and Wellbeing solution.

Our EFM workforce

During the development of this strategy a specific workforce principle has been developed - *'We will develop our EFM workforce for the future. We will identify the resources needed to delivery infrastructure programmes and projects, building capacity and capability as a system.'*

The ICB's existing workforce plan is designed to cover all aspects of the health and social care workforce. The [NHS Estates and Facilities Workforce Action Plan \(WAP\)](#) sets out how we will fulfil the ambitions of the NHS People Plan and NHS People Promise for our estates and facilities workforce across England over the next 10 years. It highlights 4 priorities; developing our people, building the next generation of estates and facilities management people, embedding equality, diversity and inclusion and improving the health and wellbeing of our people. These priorities are consistent with the ICB approach.

The ICB have a Careers Hub which promotes different roles and pathways including EFM. The number of roles and pathways are continuing to expand. A series of podcasts are being developed for careers and a social media campaign is planned to highlight career opportunities. The ICB also have an active Ambassadors programme.

Individual Trusts have apprenticeship programmes, however there is no specific ICB monitoring around the roles specific to EFM.

The ICB have funded two projects in areas of deprivation focused on improving life chances through employment;

- Hull & East Riding – targeted programme working with 27 schools and colleges in deprived areas to promote roles working in the NHS, including EFM roles
- North East Lincolnshire – **Grow your own at Place**, focussed on encouraging adults into work in health and social care

Next Steps

In order to improve the understanding of EFM sector workforce issues an action arising from this strategy is to 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.

Case Study – Work Placements

Have you ever considered offering a potentially life changing work placement to a student with learning disabilities?

Northern Lincolnshire and Goole NHS Foundation Trust, we have been proudly supporting [Project Search](#) for more than a year, offering placements with our Estates and Facilities team at the Diana, Princess of Wales Hospital in Grimsby. Working in partnership with [Linkage Community Trust](#) and North East Lincolnshire Council, we have seen first-hand the benefits these placements have brought, not only for the young people but for our organisation too.



Regan at work with the Trust

Our Digital Strategy

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 End their lives well.'

- The Humber and North Yorkshire Health & Care Partnership response to the COVID-19 pandemic saw changes to the way digital and data are deployed, at a pace and scale that was previously unthinkable
- Working collaboratively with our partner organisations the digital strategy was produced in 2022/23 and identified our strategic priority areas, organised against the following themes: - Well led - Smart foundations - Safe practice - Support people - Empower citizens - Improve care - Healthy populations.
- Digital will be an enabler and not just a means to an end and as the Partnership strategy develops and evolves, so will our digital strategy.
- Specifically for this strategy, focused work with Estates to ensure digital integration in estates planning, including SMART buildings.
- There is a need for integration of estates and digital to act as an enabler.

Digital Strategy Objectives



Use digital to improve the way services are designed, delivered and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.



Optimise the value of data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.



Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.

Digital Strategy

HNY Health & Care Partnership will embed digital transformation as an integral part of our clinical, business and population health strategies.

We will;

- Use digital to improve the way services are designed, delivered and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.
- Optimise the value of data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.
- Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation

Strategic Priorities for Digital

Our strategic priorities for digital build on our Digital Fast Forward Plan and positioned within the Digital Health & Wellbeing Charter for Yorkshire and Humber. Working collaboratively with our partner organisations, we have identified our strategic priority areas, organised against the following (WGLL) themes:

Well led

- Ensure our leadership is digital
- Build knowledge, governance and consensus,
- Build digital into all our ICS planning including HR and estates
- Build digital into financial plans.

Smart foundations

- Support the digital ambitions of ICS and our partner organisations through our Digital Hub
- Build consistency and accountability
- Invest in Digital Education for multidisciplinary teams
- Develop a skilled and diverse workforce
- Deliver Green plan objectives and use digital to reduce carbon footprint.
- Invest in IT infrastructure levelling up across organisations and using clinical systems.
- Work with Estates to ensure digital integration in estates planning, including SMART buildings.
- Grow our Shared Care Record - Across the Partnership, we have connected our ShCR with our acute and mental health trusts and 3 of our local authorities. GP Connect information is now linked in and we are currently deploying a new version of the browser into each GP practice.

Digital Strategy

HNY Health & Care Partnership will embed digital transformation as an integral part of our clinical, business and population health strategies.

Strategic Priorities for Digital

Safe practice

- Support cyber security across the Partnership
- Data privacy, safety and management

Support people

- Increased utilisation of digital to enable flexible working, both clinical and non-clinical.
- Digital First programme in primary care
- make digital an enabler
- Invest in digital tools and training
- ensure that we are digitally inclusive
- agree priorities for piloting and adoption of Artificial Intelligence (AI) and Robotic Process Automation (RPA)

Empower citizens

- Citizen need drives digital investment and development
- Commitment to digital inclusion
- A consistent digital experience
- Implement our wider programme of digital consultations to increase accessibility, including creating digital hubs in the community for primary and secondary care.

Improve care

- our shared care record is being used by our partner organisations, the expansion of virtual wards, remote consultations, and 111 to emergency department booking system to enable anywhere-to-anywhere booking for unplanned care
- recognise digital as an enabler, such as in providing more diagnostic services in the community is all possible through collaborative, digitally enabled working. We are using technology to integrate acute and community diagnostic services, with a single booking system that identifies where there is capacity across the system. We are also a leader in Scan for Safety (S4S) and Electronic Point of Care Traceability (EPOCT)

Healthy populations

- Use data to drive population health
- Leaders in place-based care
- Drive collaborative innovation

Next Steps

- Achieve “levelling up” of digital maturity across our Partnership
- Carry out detailed planning to ensure digital aligns to key ICS strategic developments
- Re-establish the Digital Strategy Committee in our ICS governance framework
- Consolidate our strategy into a clear roadmap for delivery over the next four years

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Greening the NHS

Sustainability has been defined by the United Nations Brundtland Report (1987) as: "...development that meets the needs of the present without compromising the ability of future generations to meet their own needs..."

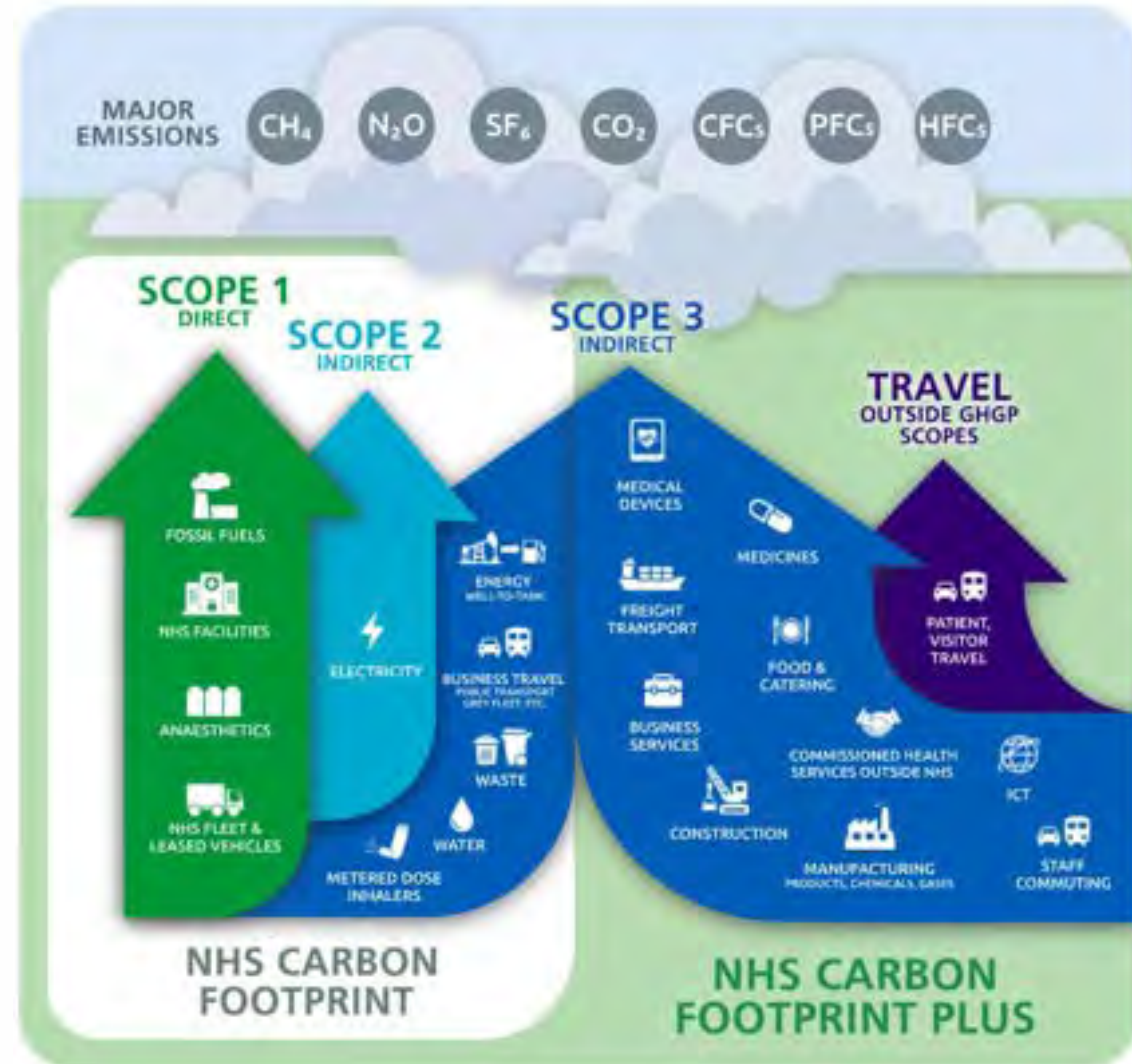
In July 2022, the NHS became the first health system to embed Net Zero carbon into legislation through the Health and Care Act 2022. Targeting Net Zero by 2040

In response Humber and North Yorkshire created a 'Green Plan' outlining the sustainability strategy for the years 2022 -2025

The NHS Net Zero Carbon Estates Delivery Plan has four steps to achieve this:

1. Making every kWh count: Investing in 'no regrets' energy saving measures
2. Preparing buildings for electricity-led heating: Upgrading building fabric
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources
4. Increasing on-site renewables: Investing in on-site generation

The following outlines the infrastructure implications and new requirements since the development of the Green Plan.



NHS England carbon footprint targets

Humber North Yorkshire ICB Approach

Our commitment towards achieving net-zero emissions is embedded in the values, mission statement and principles of our organisation.

Governance

HNY ICS to become a signatory to the “The Yorkshire & Humber Climate Action Pledge” publicly committing to work with regional partners to:

- protect our communities from climate impacts
- commitment to work towards net zero
- boost nature, enhancing our region’s fantastic natural assets
- promotes taking climate action in a fair way that involves everyone

Enable an enhanced Net Zero carbon training program, equivalent to Accredited Carbon Literacy Training, for senior leadership throughout the healthcare system to foster sustainability knowledge and commitment

Promote the adoption and broad utilisation of the e-learning course entitled "Environmentally Sustainable Healthcare" to all staff to encourage the integration of environmentally conscious practices across the healthcare sector

Establish and promote 'green' staff benefits, including cycle-to-work schemes and access to electric vehicles and promote home energy improvements and low carbon goods/services

Investments 2024/25

Three Trusts have been awarded a share of over £4 million from the NHS Energy Efficiency Fund (NEEF). This funding will help them upgrade their lighting infrastructure to energy-saving LEDs and install additional solar panels. This will benefit the local facilities by;

- Improving the staff and patient environment from better-quality lighting.
- Lower energy bills and reduced maintenance costs will free up resources for frontline services.
- The switch to solar power will help the NHS meet its sustainability goals.

The funded trusts include:

- Y&SNHSFT £2.04m (LED)
- NLaG - £0.94m (LED)
- HUTH - £1,09m (LED + Solar PV)



Hull University Teaching Hospitals PV Installation

Roadmap to a Greener NHS – NHS Activities



New Developments

Biodiversity Net Gain

Biodiversity net gain (BNG) is a way to contribute to the recovery of nature while developing land. It is making sure the habitat for wildlife is in a better state than it was before development. This will apply from November 2023 for developments in the Town and Country Planning Act 1990, unless exempt. It will apply to small sites from April 2024.

- If you're a land manager, you can get paid by selling biodiversity units.
- If you're a developer, you must try to avoid loss of habitat to a piece of land you plan to do development work on. If you cannot do this, you must create habitat either on-site or off-site.

Local Area Energy Planning

Local Area Energy Planning (LAEP) is a data driven and whole energy system, evidence-based approach that sets out to identify the most effective route for the local area to contribute towards meeting the national net zero target, as well as meeting its local net zero target.

Local Nature Recovery Strategies

Local nature recovery strategies (LNRS) are a system of spatial strategies for nature and environmental improvement required by law under the Act. Each strategy must:

- agree priorities for nature's recovery
- map the most valuable existing areas for nature
- map specific proposals for creating or improving habitat for nature and wider environmental goals

The main purpose of the strategies is to identify locations to create or improve habitat most likely to provide the greatest benefit for nature and the wider environment.



Hull University Teaching Hospitals Solar Farm



Replacement of Coal fired boilers at Goole District Hospital with gas fired steam raising boilers

ICS Green Plan Objectives

HNY Estates Strategy will deliver a net zero carbon estate by 2040, in line with guidance incorporating actions and targets from the NHS Estates NZC Delivery Plan and Technical Annex.

- Promote awareness, training and support for the implementation of the “Net Zero Buildings Standard” for all eligible developments.
- Identify and implement decarbonisation interventions across the primary care estate to deliver benefits to the sector via optimising building usage, onsite generation of renewable energy and heat, building fabric and heating upgrades.
- As far as reasonably feasible, all electricity purchased is from Renewable Sources
- Maintain oversight of estates decarbonisation performance across HNY, including specific support to primary care, signposting to and providing support with access to existing and emerging funding opportunities.
- Encourage collaborative partnerships among organisations to maximise the potential of renewable technology opportunities.
- Enhance the skills of the workforce in energy and waste management across all sectors of the healthcare system, and foster collaboration opportunities to improve overall sustainability



Pathway to Net-Zero Carbon

ICS Green Plan Objectives

Supply chain and procurement

Integrate sustainable procurement practices within the process of commissioning to achieve sustainable and net zero carbon supply chains. The NHS supplier roadmap is clear: the NHS will only procure from suppliers that match our net zero commitments and deliver our targets.

Procurement is typically evaluated based on financial savings, quality, and availability of inventory. Environmental sustainability and net zero carbon criteria will now be included in all procurements.

To track our progress and make meaningful comparisons across sustainable procurements, we will create reliable and consistent sustainability-focused metrics.

Nominate an ICS lead for sustainable supply chain and procurement to incorporate sustainability into foundations of ICS delivery, ensuring the procurement governance structure aligns to the Greener NHS “Sustainable Procurement” roadmap and programme, and ensure Trusts and other partners are ready for implementation of the Net Zero Supplier Roadmap requirements, including supporting national and local action to improve supplier readiness for this requirement.

Building net zero into NHS procurement – the Supplier Roadmap



*To account for the specific barriers that Small & Medium Enterprises and Voluntary, Community & Social Enterprises encounter, a two-year grace period on the requirements leading up to the 2030 deadline, by which point we expect all suppliers to have matched or exceeded our ambition for net zero

ICS Green Plan Objectives

Trusts and ICBs to ensure all new procurements include the Carbon Reduction Plan requirement aligning with Procurement Policy Note (PPN) 06/21.

Trusts and ICBs to adopt PPN 06/20 so that 100% of new NHS procurements where relevant and proportional include a minimum 10% net zero and social value weighting and develop a robust process for managing 'continuous improvement' and Net Zero commitments

Develop and implement a sustainability impact assessment to guarantee the inclusion of social, economic, and environmental factors in the evaluation process for all new financial decisions or investments.

Training for all finance and procurement teams in the application and development of meaningful social value criteria, as per PPN 06/20, to develop an understanding of the broad principles of the policy, how to evaluate social value in the context of procurement, and how to integrate these considerations into procurement practices.

Adoption of Evergreen Supplier Framework as a mechanism to benchmark suppliers and shift those that actively support the NHS sustainability principles.

Travel, transport and air quality

- Ensure the infrastructure is available to **enable the transition to active and Ultra-low / zero emission vehicles.**
- Maximise the environmental sustainability of commissioned goods and services transportation across the system, including patient transport, courier services, and deliveries, to ensure minimal ecological impact.

Climate change adaptation

- Work together with local stakeholders to **identify major climate change risks**, including threats such as flooding and severe weather conditions. This collaboration ensures that our immediate emergency strategies and long-term plans are jointly developed and effectively coordinated.
- Humber and North Yorkshire ICB and all associated provider organisations include climate risks in their risk registers considering both clinical needs and estate and supporting infrastructure.
- Coordinate a joint effort with all Integrated Care System (ICS) partner organisations to create a regional strategy for long-term adaptation to climate change.
- Training programs addressing the handling of extreme weather events, such as heatwaves and flooding, are accessible to our workforce

Green space and biodiversity

- Initiate a comprehensive baseline evaluation of the current provision and quality of green spaces in healthcare, including the assessment of natural capital asset value, to identify and prioritise potential opportunities.
- Play an active role in Local Authority biodiversity initiatives
- Actively encourage healthcare providers to develop and enhance incidental green spaces and implement small biodiversity measures such as tree planting, pocket parks, bat/bird boxes and beekeeping programmes, identifying relevant funding pots wherever possible.
- Advocate for and actively participate in the Centre for Sustainable Healthcare's NHS Forest project to maximize their contribution to health, wellbeing, and biodiversity, as well as to foster engagement with nature.

Appendix D – Clinical Strategy



The information in the following pages is a summary of the Humber North Yorkshire Health and Care Partnership published system plans.

Acute Providers

We will ensure people to get the care they need, when they need it, and not get passed back and forth or forgotten about.



The collaborative is focussed on ‘at-scale’ programmes covering more than one acute trust. The trusts that make up the collaborative are:

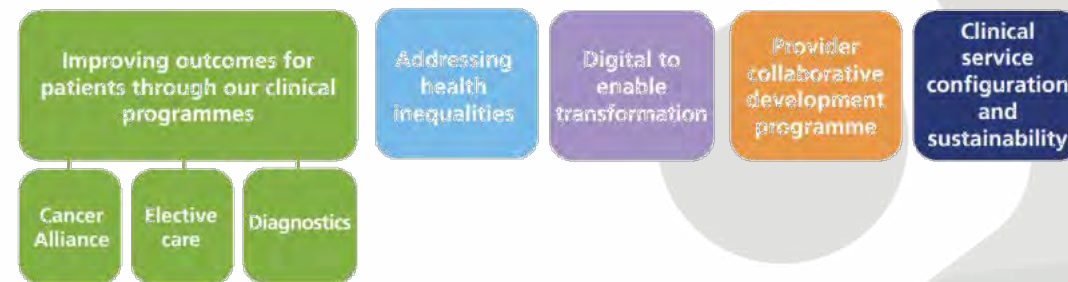
- Harrogate and District NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- York and Scarborough Teaching Hospitals NHS Foundation Trust

The main purpose of the Collaborative is to use our collective expertise and resources to ensure that our people have timely access to the same standard of acute care and are supported to achieve their best health.

Our vision and aims

- Ensure quality and safety: to collectively deliver the highest quality hospital services across our four trusts, focused on the patient and reducing unwarranted variation, so all patients across Humber and North Yorkshire can access the same high quality levels of care, wherever they live.
- Transformation and innovation: to transform services to ensure the safest, most effective and most efficient care within the resources available.
- Collaboration and partnership: to be excellent partners in our health and care systems and to work together where collaboration will bring benefit to patients, staff or the best use of resources.
- Social responsibility: to play our full part in reducing health inequalities within Humber and North Yorkshire and to optimise our impact as anchor institutions

Our priorities



Primary Care

We will ensure people can live well and age well by making sure that people get the care that they need and don't get passed back and forth and that people only need to go into hospital when absolutely necessary. People will feel on top of their condition and know what to do if they need help. Our investment in primary care workforce will support meaningful employment. We will invest in health and wellbeing programmes and so that people can stay active and keep healthy.

The demands on general practice have never been greater, with record numbers of appointments being delivered. Supported by investment, we will focus on delivering the plan that responds to patient feedback and sets out measures that will make a difference now to staff and patients, focusing efforts on taking pressure off teams, and supporting general practice to manage the 8am rush, and restore patient satisfaction with improved experience of access. Working across our six places we will support practices and primary care networks to deliver on the requirements of the 2023/24 GP contract. We will continue to work with our community pharmacy colleagues to expand their vital role by consulting on a Pharmacy First Service. We will embed the oral contraception and blood pressure services alongside the Pharmacy First Service. We will:

Increase access to services

- focus on digital inclusion in collaboration with the voluntary sector and promote the benefits of the NHS app increasing further from 51% of the eligible population registering for the app
- make it easier for people to contact a GP practice so that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- we will increase access to primary care by providing additional

- appointments and increasing the number of appointments available
- we will continue to increase access to dental services with continued investment through procurements and flexible commissioning models

Develop our workforce

- we will continue to share best practice across our ICB through a range of forums, showcase events, videos and case studies
- We will invest in our workforce:
 - in 23/24 we will offer every newly qualified GP and practice nurse access to our Fellowship Programme
 - we will fully utilise our Additional Roles Reimbursement Scheme (ARRS) budget recruiting an additional 217 individuals across our Primary Care Networks (PCNs)

Promote health and wellbeing and reduce health inequalities

- we will continue to develop our Core20PLUS5 Programme with our Core20PLUS Ambassadors
- we will continue to develop our Neighbourhood Teams
- we will continue to invest in health and wellbeing programmes



Community Health and Care

To deliver person centred care closer to home wherever possible, through a shared sense of ambition thus creating a common narrative in relation to the expectations of “integration.” That treats all with the same equity and values the contribution others can bring to collective working we aspire to, in a partnership and in integrated way to deliver a true Primary Health Care Approach and improves population health care outcomes and addresses inequalities.

The CHCC brings together system leaders across the Integrated Care System to facilitate and promote collaboration through giving visibility to inequalities and variation, adopting a system approach to the redesign of specific pathways of care to support care closer to home.

The core purpose of the collaborative is to support large scale system transformational at pace with a specific focus on:

- alternative community pathways that avoid admission to hospital
- support the wider elective recovery agenda by having a clear focus on discharge transformation
- embed digital innovation to support admission avoidance and improve discharge (Optica, wider remote monitoring and virtual ward expansion)
- increase system-wide visibility to the community resources and how we reconfigure these resources to deliver our system efficiency ambitions
- support all age palliative end of life care through co-production with people with lived experience
- support wider system learning and education – do things once and do it well to improve the quality of care and services that we provide

Our priorities



Voluntary, Community and Social Enterprise

The Collaborative will work strategically with VCSE organisations to enable them to support the ICS Strategy by helping people to stay active and keep healthy, to feel included and to feel on top of their condition and know what to do if they need help.

The VCSE sector covers nearly 15,000 organisations across HNY, over 23,000 full time equivalent employees and estimated to be worth £4.2bn combined social and economic value. These organisations support and work with individuals and communities largely around supporting health and wellbeing.

The VCSE sector collaborative has six representatives linking into each ICB place. The sector collaborative also supports coordination of health messages and captures work, impact and thoughts of the VCSE sector to influence planning decisions.

As a collaborative our ambition is to:

- promote greater understanding of the VCSE sector – knowing itself better and ensuring that the ICS is better able to work with us effectively
- ensure that the VCSE sector is a strategic and equal partner, involved in planning and design as well as delivery
- advocate for increased investment and long term contracts to deliver on health agendas and support sustainability within the sector
- support greater links to key communities, giving people and communities a voice to work with based on their needs and wants
- work with key partners to improve outcomes, address health inequalities by shaping service design and representing people's voice
- support and contribute to the delivery of operational priorities within the NHS England Long Term Plan and other operational and ICB priorities

Our priorities



Mental Health, Learning Disabilities and Autism

We will ensure that people can get the help they need when they are struggling, know what to do if they need help and can get the care they need when they need it. We will support people to age well and to get advice and support for their health at home or nearby through diagnostic pathways for dementia.

The Humber and North Yorkshire Mental Health, Learning Disabilities and Autism Collaborative is comprised of health and care partners, including (VCSE and third sector) responsible for the commissioning and delivery of mental health, learning disability and autism services across our ICB footprint.

The Collaborative has been in existence for five years, initially as a partnership aiming to improve services and then developing into more formal arrangements with a nominated lead provider (Humber Teaching NHS Foundation Trust). We have worked closely with local places and providers throughout the existence of the collaborative and have developed strong working relationships that promote transparency despite the challenging wider financial and service delivery environment.

The Collaborative works with partners to collectively:

- lead on system-wide transformation programmes
- improve quality and safety and monitor performance
- enhance partnership working including establishing robust links with colleagues across the local authority, VCSE sector, primary and secondary care
- share best practice
- deliver value for money by achieving economies of scale
- jointly bid for ICB level funding to enhance the delivery of ICB objectives

Our priorities



ICS Wide Programmes

Urgent Care & Emergency

Ambition: To provide patients with safe, effective and easily accessible UEC services, with limited variation and as standardised as possible, whilst recognising the needs of our diverse population.

Each Place within HNY has developed their own UEC Improvement Plans based on local pressures, the UEC Programme has selected three key priorities from these plans to deliver across the system, providing support and best practice to delivery.

- Improve and simplify access
- Urgent Treatment centre implementation
- Same day emergency Care

NHS 111 - We know we have many entry points to the Unplanned Care System which can lead to confusion. Often the public access the service that they are familiar with which may not be the service that could be most appropriately meets their needs. NHS 111 should be instrumental in signposting and helping the public navigate the right service to minimise any delay. We will focus on

- continuous improvement to the Directory of Services
- work with Yorkshire Ambulance Service to maximise integration with urgent care services
- directing patients to the right service or care advice across HNY

Our priorities



ICS Wide Programmes

Population Health – Prevention & Health Inequalities

Ambition: We will help people to start well, live well and age well by ensuring that people feel included and know what to do if they need help.

We will deliver this through six workstreams;

1. Core20Plus5 Adults - co-ordinate and oversee delivery of the system's approach to Core20PLUS
2. Core20Plus5 Children - link with system partners to reduce healthcare inequalities for children and young people
3. Prevention and Risk Factors - oversee the ICB delivery of long term plan priorities of alcohol / tobacco / obesity
4. Public Health Functions - oversee the winter vaccination programme and support the transition of public health commissioning.
5. Population Health Intelligence - oversee the implementation of Population Health Management (PHM) tool.
6. ICP Building Blocks - support the ICP to carry out its function to improve population health and reduce inequalities

Personalised Care

The comprehensive model of personalised care helps to establish a whole-population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes.

In Humber and North Yorkshire we have established our system approach to personalised care. Personalised care is a holistic approach integral to our approach to population health and reducing health inequalities.

Case Study – Micro Support

We are working in partnership with **Carers Plus Yorkshire** in North Yorkshire and **Yorkshire in Business** in East Riding who are hosting the co-ordinator roles. They have created Rural East Riding and North Yorkshire community based 'micro support' businesses/social enterprises which will deliver local personalised care including home care and day services. This increases access to appropriate, responsive and quality personal support, developing local business opportunities and reducing staff travel time and related carbon emissions.

ICS Wide Programmes

Children and Young People

Ambition: The vision for all our Children & Young People is to start well, enabling them to live and age well and if their life is shortened, to end their life well.

The Children & Young People's Alliance oversees the delivery of the service innovation and improvement with a specific focus on integration and long-term conditions such as asthma, diabetes and epilepsy.

The ICB-wide Children and Young People's Engagement and Co-production Strategy will support work to develop and deliver a consistent and effective voice and influence for children and young people.

Vulnerable children and young people are being identified as part of all workstreams, with particular focus on those with increased risk including those with protected characteristics. These include ethnic minority communities, inclusion health groups, people with learning disabilities and autistic people, coastal communities with pockets of deprivation hidden amongst relative affluence and protected characteristic groups.

Perinatal and Neonatal Care

Ambition: To ensure that it is easy for parents to get the care and support they need for their children and has the care and support they need.

The Local Maternity and Neonatal System (LMNS), works across maternity and neonatal providers to support the various workstreams going on at Place and combine those required regionally and nationally to reduce duplication and improve consistency.

From the three-year plan:

- Listening to women and families with compassion which promotes safer care
- Supporting our workforce to develop their skills and capacity to provide high-quality care
- Developing and sustaining a culture of safety to benefit everyone
- Meeting and improving standards and structures that underpin our national ambition
- Locally we also prioritise prevention and population health; reducing inequalities across our communities and ensuring underrepresented groups have a voice.

ICS Wide Programmes

Victims of Abuse

The ICB will undertake duties in relation to serious violence and work with other specified authorities to prevent and reduce serious violence including sexual violence and domestic abuse. We will work with partners to:

- Respond to Audit of Domestic Abuse Support in Healthcare Settings
- Map models of intervention for domestic abuse to adopt best practice
- Strengthen existing governance and strategic processes re domestic abuse
- Working with partners at place further develop pathways for non-fatal strangulation, honour and faith-based abuse, FGM and forced marriage
- Respond to children as victims of domestic abuse through early intervention programmes such a PITSTOP
- Ensure meaningful data collection from within the NHS

The ICB will support our staff to discharge their duty to safeguard children and vulnerable adults by:

- Developing an ICB wide learning culture through which recommendations from national and local statutory reviews including Domestic Homicide Reviews are utilised to improve practice
- Ensuring safeguarding training is of a high quality, and enables staff to recognise and respond to signs of abuse, including domestic abuse and sexual violence, in a timely fashion
- Supporting staff who are victims of domestic abuse, and ensure managers and HR teams are equipped with the skills and knowledge to offer the right support when staff disclose abuse

We will publish our Serious Violence Strategy for each local government area by 31 January 2024.

Cancer Alliance

Humber North Yorkshire Cancer Alliance have active programmes of work including roll out of new clinical technologies and enhancements to screening programmes. The Targeted Lung health Check programme using mobile CT scanners will continue to roll out over the 6 Places in 24/25. There are also key developments in diagnosis, testing and treatment. A summary of 2024/25 plans is included below.



ICS Wide Programmes

Humber Acute Services Review

The Humber Acute Services Programme is about finding the best way to organise our hospital services so we can deliver better care in the future. This can address the challenges we face of:

- shortages and skills gaps in our workforce
- services not meeting clinical and waiting time standards
- buildings, equipment and digital infrastructure not being up to scratch

In 2022 we involved clinical teams, patients and the public to design and evaluate different solutions. In 2023/24 we developed a set of proposals to consult with the public on. The decision on which model of care to implement will only be taken after consultation for implementation from 2024 – 2030.

A proposal for a £750m bid was submitted to New Hospital Programme to replacement of crumbling hospital buildings in Scunthorpe with a new hospital and new inpatient accommodation for high acuity and specialised services (including Neurosurgery, Major Trauma, Hyper Acute Stroke, Vascular Surgery and Renal Medicine) that are currently provided from the ageing tower block at Hull Royal Infirmary.

Public Health – Screening and Immunisation

Commissioning will be central to the NHS meeting the challenges it faces today and in the future, and in ensuring that the NHS delivers the triple aim of improved population health, quality of care and cost-control. In order to deliver the triple aim, commissioning will need to continue to develop as it has since its inception.

There will be a need for commissioners to work more closely together, aligning their objectives with providers and taking a more strategic, place-based approach to commissioning. Integrated Care Systems will all play key roles working with NHS England commissioners to secure the benefit of working together across a system to deliver for patients. Specifically, improving quality of care, reducing inequalities across communities and delivering best value.

For NHS public health functions (screening (cancer and non-cancer), immunisations including COVID-19 and flu, and Child Health Information Systems) commissioning responsibility will remain with NHS England. We still have detailed work to do due to the complexity of the services commissioned by NHS England for screening and immunisation pathways. Over the course of 2023/24 national and regional NHS England teams will support progress towards joint working.

ICS Wide Programmes

Planned Care – 5 Year Strategy

Collaborative of Acute Providers (CAP) partners will develop a planned care strategy during 2023/24. The strategy will aim to:

- improve access and patient health outcomes
- refocus planned care services with a focus on productive, efficient models
- build an ICS model that is able to meet the demand of the population
- address health inequalities and reduce variation
- improve system resilience and system working
- build on digitally enabled care solutions
- based on place wherever possible

Our future models will consider how to maximise existing dedicated elective facilities and develop high volume, low complexity (day case) hubs and specialist inpatient elective hub(s).

In 2023/24 we will undertake detailed modelling and engagement to build the case for change. We expect the programme will be over five years starting in 2023/24.

Pharmacy, Optometry and Dental Services

In April 2023 commissioning of pharmacy, optometry and dental services was delegated to ICBs. Delegation provides an opportunity to support increased autonomy at a local system level, backed up by appropriate regional and national support, which can improve access to services and improve health outcomes.

In Humber and North Yorkshire there are approximately 170 general dental service providers for our population. Oral health inequalities exist in:

- those in the most deprived areas experience poorer oral health across all age groups
- vulnerable children known to the social care system, individuals with severe physical and/or learning disabilities, those with poor mental health, older adults, homeless, asylum seekers, refugees and migrants

In 23/24 we will understand current services, effectiveness and risks, improve access, prevention with a focus on 2-11 year olds, residents of care homes and inclusion health services. We will use data and clinical input to prioritise actions, focus on workforce recruitment and retention.

We will continue to work with our community pharmacy and optometrists to maximise the skills and capacity to support our patients in accessing care close to home.

System Developments

Community Diagnostic Centres

The National Policy for Community Diagnostic Centres will enable investment to increase diagnostic capacity and reduce elective – especially cancer – waiting list times, reduce health inequalities and deliver a better more personalised experience for patients. This will be delivered through a ‘hub and spoke’ model.

In Humber and North Yorkshire demand is expected to increase significantly over the next 10 years and so we need to develop our diagnostic service at scale and over an extended period and we will need to maximise the use of national funding.

In 2023/24 we submitted business cases for our hub and spoke model for the ICB plans are shown on the map opposite.

1. West and Hessle, Kingston Upon Hull
2. Scarborough
3. Scunthorpe
4. Askham Bar, York
5. Selby War Memorial
6. East Riding Community Hospital, Beverley
7. Friarage, Northallerton
8. Ripon Community Hospital
9. Grimsby CDC



2 CDC: Standard Hub: Live
1 CDC: Standard Hub: Not live

5 CDC: Spoke: Live
1 CDC: Spoke: Not live

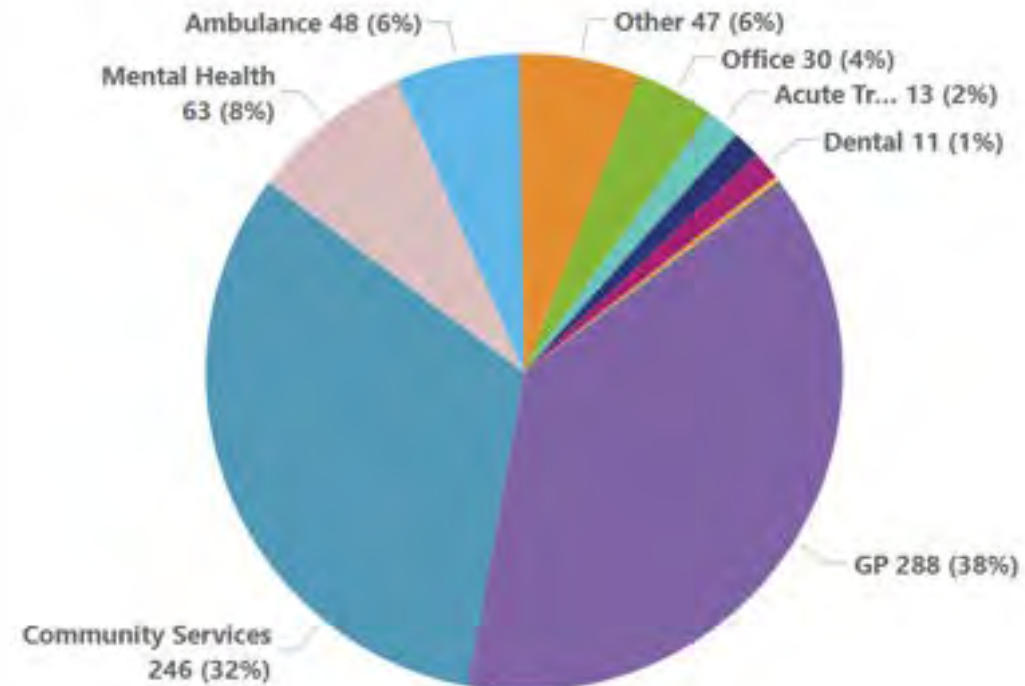
Source: SHAPE: CDC Register Jan 2024

Appendix E – Understanding Our Estate (including Capital & Disposal Plans)

Overview of our Estate

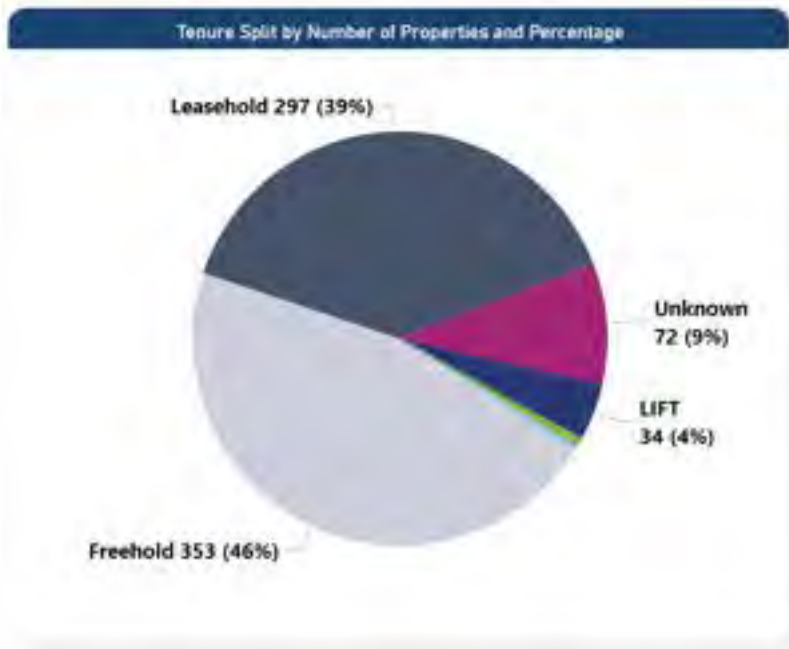
Data has been drawn from SHAPE for general practice, ERIC for Trusts, NHS Property Services and CHP data sets, plus additional information from providers across the system. Further work is required to complete all data fields and cross check some details.

Service Type	Number of properties occupied	NIA (sqm)	Total costs (£m pa)	BLM (£)
Acute	13	480,628	212	292,958,673
Ambulance	48	10,468	>1	1,334,700
Community Inpatient	11	15,719	7	180,322
Community Services	246	93,172	38	16,293,692
Dental	11	612*	>1	-
GP	288	115,177	21	2,601,965
Mental Health	63	56,376	18	18,397,342
Office	30	19,320	5	10,215,411
Other	49	13,214	1	133,252
Private (ISTC)	1	1,419	>1	-
Residential	1	2,125	>1	402,983
Totals (rounded)	724	808,230	303	342,518,340



Overview of our Estate - Tenure

The pie charts below show the tenure recorded for each property. A substantial proportion of the estate is Freehold both in terms of numbers and floor area. Further validation is required to complete the data set and confirm accuracy of tenure information.

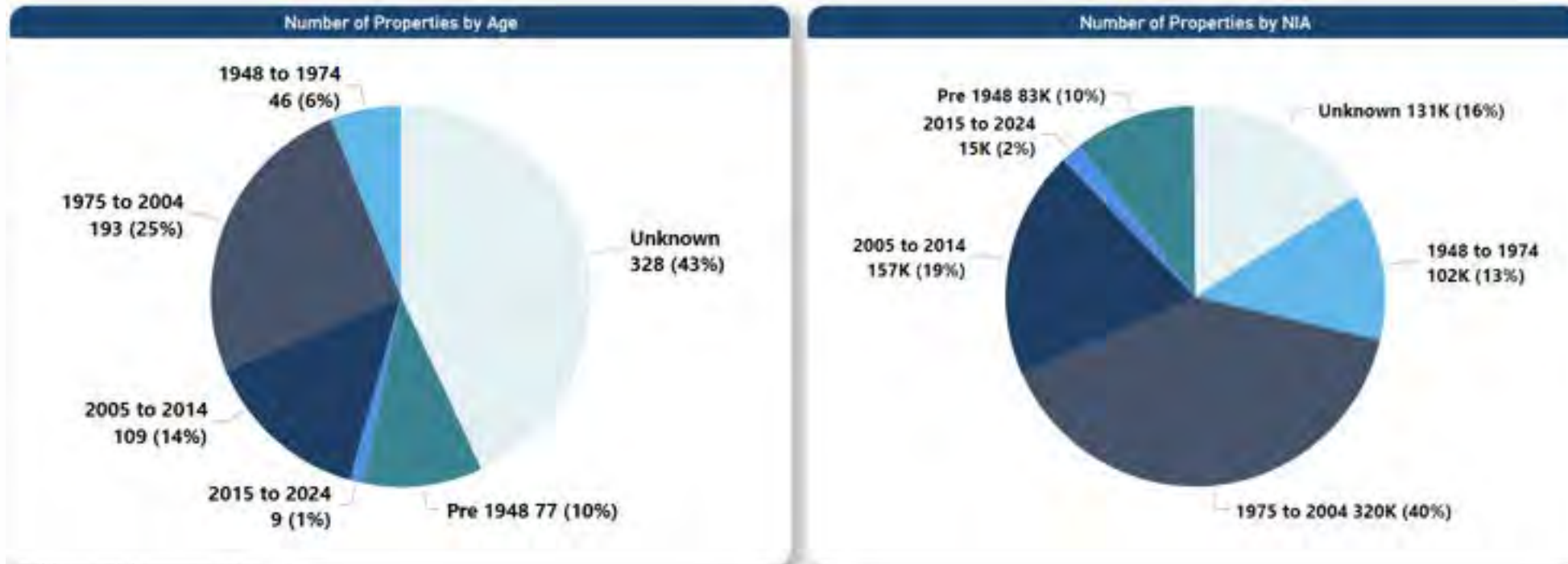


Tenure	Property Count	NIA
Freehold	353	517,221
Freehold_part PFI	2	151,900
Ground Lease	5	5
Leasehold	297	102,924
LIFT	34	27,543
Unknown	72	8,637
Total	724	808,230

NB. There is some overlap of tenure types as the number of properties is based on property name and in some instances, organisations have different names for the same property. This is most obvious on the LIFT estate where there are only 13 properties, but it appears in the property count 34 times. The NIA has been adjusted to account for duplicate records.

Overview of our Estate by Age Profile

Age data is available for 57% of the properties, this is largely from ERIC, PCDG and NHSPS data sets. Where property age is provided 77 properties, 83,159 sqm NIA or 10% of the estate is pre-1948.



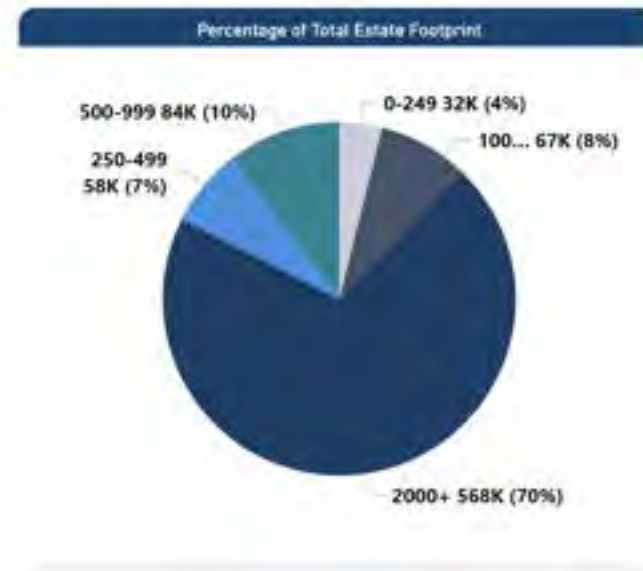
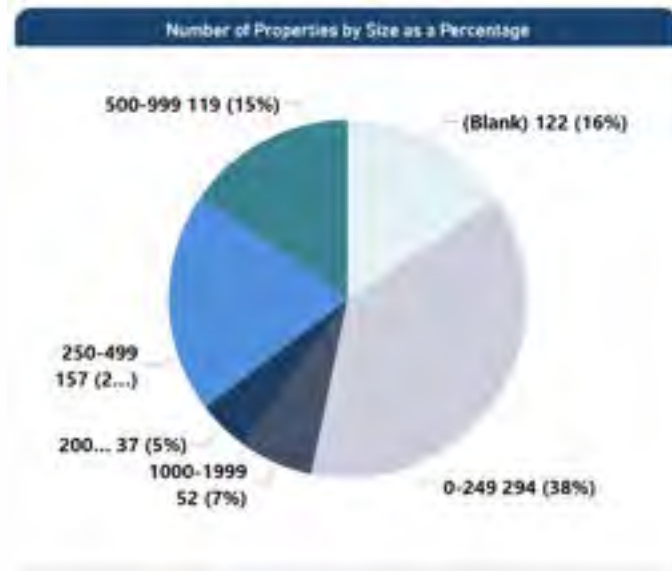
Property Age Banding	Property Count	NIA	% Estate Footprint
1948 to 1974	46	102,018	12.62%
1975 to 2004	193	319,893	39.58%
2005 to 2014	109	156,989	19.42%
2015 to 2024	9	15,103	1.87%
Pre 1948	77	83,159	10.29%
Unknown	328	131,068	16.22%
Total	724	808,230	100.00%



Overview of our Estate by Size Split

There is a mix of reporting across the properties, some with NIA and some with GIA, or none recorded. In some instances, floor areas have been removed to avoid double counting. Further work is required to complete the data set.

Where floor area is known 70% is in properties over 2,000sqm NIA, suggesting that a focus on this element of the estate has more potential to release savings or improvements in operational costs.

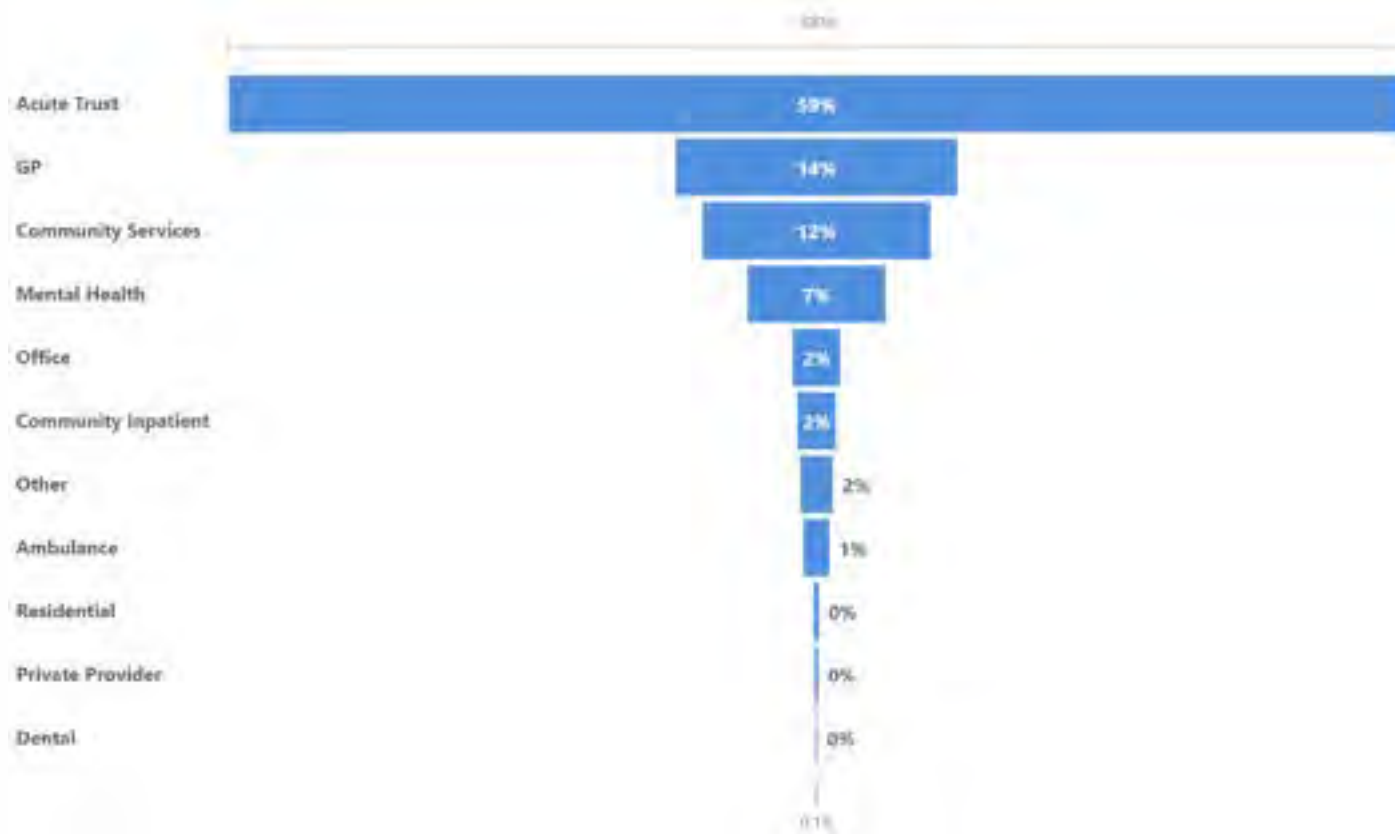


NIA Grouping	Property Count	NIA Total (sqm)	% estate footprint
0-249	294	31,663	3.92
250-499	157	57,853	7.16
500-999	119	83,685	10.35
1000-1999	52	67,220	8.32
2000+	37	567,836	70.26
Unknown	122	0	0
Totals (rounded)	724	808,230	100

Overview of our Estate by Usage

The largest number of properties are used for the delivery of general practice services but these only represent 14% of the floor area. The ERIC reported acute estate makes up 61% of the property NIA.

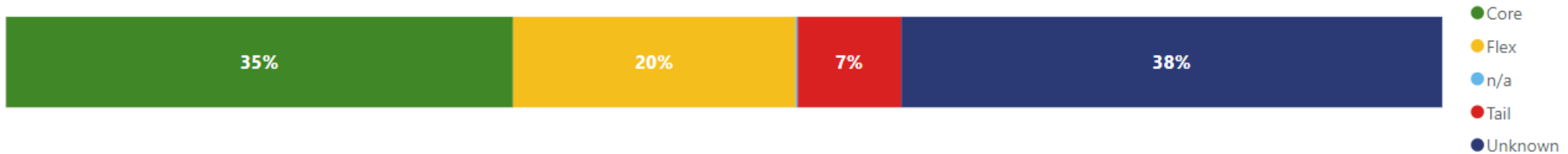
Property Usage by Floor Space



Service Type Category	Property Count	NIA Total (sqm)	% estate footprint
GP	288	115,177	14.25
Community Services	246	93,172	11.53
Mental Health	63	56,376	6.98
Ambulance	48	10,468	1.30
Acute Trust	13	480,628	59.47
Community Inpatient	11	15,719	1.94
Other (incl. Dental)	92	36,690	4.54
Totals (rounded)	724	808,230	100

Core, Flex, Tail – Portfolio view

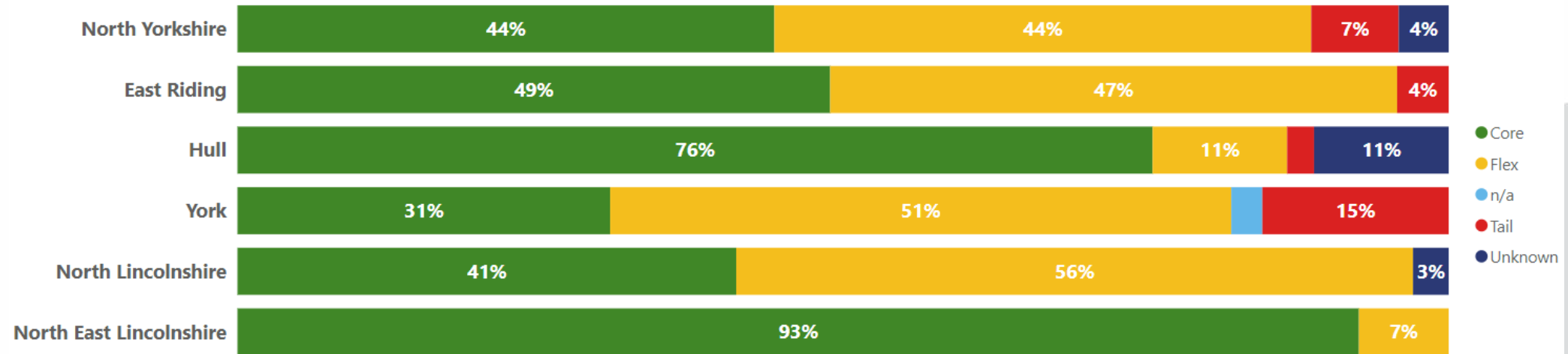
Currently Core Flex and Tail assessment is in place for 75% of the properties. Many of the properties without an assessment are in the community portfolio, it will take time and resource to resolve this and is suggested as an activity to conclude during 2024/25.



Core, Flex, Tail	Property Count	NIA	% Estate Footprint
Core	269	515,729	63.81%
Flex	150	60,221	7.45%
n/a	1	113	0.01%
Tail	55	27,116	3.35%
Unknown	287	205,051	25.37%
Total	724	808,230	100.00%

Core, Flex, Tail - Primary Care

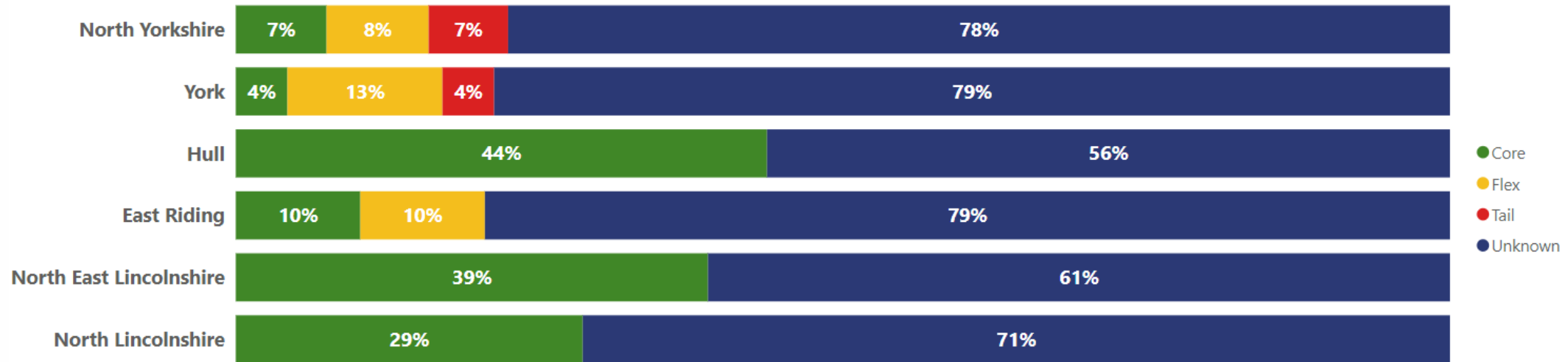
There is an extremely high level of C-F-T assessment for the general practice estate due to the investment and work undertaken as part of PCN toolkit programme. There are only small proportions of tail properties noted, the largest proportion in York linked to planned or proposed hub developments. There is no tail estate in North East Lincolnshire due to general practice being in modern leasehold properties.



Core, Flex, Tail	Property Count	NIA	% Estate Footprint
Core	150	76,723	66.61%
Flex	111	33,562	29.14%
n/a	1	113	0.10%
Tail	16	2,703	2.35%
Unknown	10	2,076	1.80%
Total	288	115,177	100.00%

Core, Flex Tail – Community Services

This graph shows the relatively low levels of categorisation of the community estate in terms of C-F-T. All NHSPS properties have an assessment which is interim subject to ICB validation. CHP have proposed all LIFT properties as core estate. Further work is required to categorise the remaining properties, and this is proposed to be undertaken in 2024/25.



Core, Flex, Tail	Property Count	NIA	% Estate Footprint
Core	44	48,376	51.92%
Flex	19	10,177	10.92%
Tail	9	3,413	3.66%
Unknown	192	31,206	33.49%
Total	246	93,172	100.00%

Disposal Pipeline

The table below shows the Freehold disposal programme for HNY ICB area based on the Surplus Land Register. This includes disposal information from Trusts and NHSPS. Since 2019 8 property disposals have taken place with a disposal value of just under £11m.

Disposal Status	No. of Sites	Land Area (Ha)	Building Floor area m ²	Estimated Disposal Value £m	Total # est. Housing Units	# Housing Units NHS Staff	Gross running cost reduction £m	Cost to achieve vacant possession (where known) £m
1. Vacant and Declared Surplus and Disposal Transaction in Progress	6	11.83	9,435	6.6	4*	0	0.76	0.08
2. Vacant and Declared Surplus/ Disposal subject to marketing								
3. Vacant but not declared surplus								
4. Site occupied by BC approved to achieve vacant possession and dispose								
5. Future opportunity subject to strategy/ feasibility	12	3.79	11,280	9.44	86	0	N/R	11.43
	18	15.62	20,715	16.04	86	0	0.76	11.51
Completed 2018-2024	20	30.44	23,705	24.88	542		1.62	

Primary Care Estate

Background

- 288 practice sites (including 128 branch practices) serving a registered list of 1,797,512. The largest practice is Priory Medical Group with 58,541 patients and the smallest The Killingholme Surgery with 1,585 patients.
- A floor area of 115,177sqm (NIA) and more than 2,200 clinical rooms in use for the delivery of general practice services.
- The rent for the GP occupied estate is more than £21.10m per annum.
- Approximately 60% (174) premises are GP Freehold with floor area of 56k NIA. Leasehold and LIFT properties represent 38% (105) premises and 55k NIA. The leasehold estate is made up of larger, generally more modern properties.
- 61% considered Core premises, 32% Flex 3% Tail and the remainder unknown.
- Backlog maintenance c£2.6m, but reporting level is only 69%. Critical Infrastructure risk is c£1.1m. The bulk of backlog cost is reported against the GP Freehold estate (£2m).
- capital investment required to meet population growth c£175m (as detailed in Primary Care WET Toolkit)
- 4,860 FTE staff work in general practice.
- Predicted Population Growth from New Housing is c250,000 people over the next 10 - 15 years. This compares to ONS Population Growth is showing a much smaller increase of 31,812 through to 2032.
- Practices across the ICB have engaged with the PCN Toolkit, or a similar activity and produced individual strategies. These are summarised in the Place documents at Appendix F and provide details of proposed investment requirements in general practice. The outputs of that will support the ICB identify estates and capital investment over the short, medium and long term.

Capital Investment

The Primary Care Estates Group meet regularly, with representatives from each Place. They hold a pipeline of investment activity across the ICB areas. For 24/25 HNY ICB have a pre-commitment of BAU capital against several priority schemes that have commenced this financial year including

- Gilberdyke Surgery and Leven Surgery in East Riding,
- Laurbel Surgery in Hull
- West Ayton Surgery in North Yorkshire and
- Old School Medical Practice in York

All schemes were identified as high priority by the ICB in 23/24 and have since been further identified as priorities through the PCN Estates and Planning toolkit programme. The larger PCN areas, hubs or towns that are current ICB priorities for investment are;

- Catterick Integrated Care Campus – joint project with the MOD
- York Central – significant housing development, opportunity to consolidate and develop the primary care estate to meet those demands
- Bridlington – area of deprivation and workforce pressures. A number of Practice closures and mergers have taken place with the existing estates not supporting the PCNs model of care.
- Harrogate and Rural District – Significant housing growth across Harrogate, Ripon and Knaresborough, ageing estate and lack of land for development. Practice mergers being considered which may provide opportunities.
- Scarborough – estates in need of modernisation and development, area of high deprivation.

NHS Property Company Estate

Community Health Partnerships Ltd (CHP) and NHS Property Services Ltd (NHS PS) are a wholly owned by the Department for Health and Social care. The NHSPS and CHP portfolios are largely primary and community services facilities

LIFT estate

The LIFT Estate is managed by Community Health Partnerships who act as Head Tenant for the portfolio. They also hold the NHS interest in the LIFT companies and are represented on their boards. There are 13 LIFT properties in HNY, all of these are in the Hull area. The annual operating budget is £18.66m. A detailed slide is included in the Hull Place pack in Appendix F. The LIFT buildings are all modern facilities and maintained in condition B.

- 98 vacant rooms, 1,740 sqm void across 7 properties in the Hull place
- Total Cost £1.920m per annum
- Percentage of portfolio: 5%

NHS Property Services

NHS PS is a landlord and facilities management provider to the NHS. There are 107 NHSPS properties across HNY, 66 Freehold - 52,487 sqm (GIA) and 41 leasehold - 21,541 sqm (GIA). The holdings include land, carparks, health centres and community hospitals. Some sites include multiple buildings.

NHSPS have a mixed portfolio with mixed condition. All properties have been rated core flex tail and these ratings need to be agreed with HNY. NHS PS will focus its investment on core properties and seek to dispose or exit tail properties to release capital. There is an active disposal programme which has been very successful releasing funds for reinvestment in York and North Yorkshire.

There is 14ksqm vacant in the NHSPS portfolio, 10k for disposal leaving 3.7k (c. 5% of the total) available This represents 5% of the portfolio.



NHS Community Estate

Community services are provided by a mix of Trusts and Social enterprises across the Humber North Yorkshire footprint. Services are often provided in multi-provider facilities with a mix of landlords including GPs, Trusts, Local Authorities and NHS Property Companies.

Community Services sites

The level of data held on the community services locations is probably the least comprehensive of any category. Due to the mix of small occupations and variety of sites this is often rolled up to other reportable sites category on ERIC and there are also a lot of multi-occupancy locations.

There are 246 sites reported with a NIA of 93k sqm and annual operating cost of £38m. Backlog across the reported sites is £16.3m. This figure is probably an underestimate. These figures do not include the community inpatient estate which is a further 16k sqm NIA, further details on the next page.

Based on floor area the portfolio is 40% freehold, and 57% leasehold (incl. 20% LIFT). Where assessed 64% is considered Core, 8% Flex and 3% tail.

Our community estate represents 12% of our total health estate (by floor area) in the ICS and 12% of our annual estate cost

The key issues within our Community estate are:

- Clear indication from stakeholders that utilisation could be improved, but this is subject to agreeing effective sharing processes between organisations. Effective cross organisational booking, digital and access arrangements would also be required.
- Data on the full scope of the community estate needs to be gathered to inform future plans for neighbourhood teams.
- Details of the community interest company estate needs to be further developed.

Key strategies relating to estates of our provider Trusts are detailed in Appendix G

Community Hospital Estate

There are 11 community hospital sites spread across the HNY area. Those with beds tend to provide rehabilitation, step up and step-down from acute care and also elements of palliative and end of life care. They are often also a focus for outpatient activity serving local geographies.

Not all facilities are at maximum utilisation, and they may provide opportunities for developing neighbourhood services. Recent work by the ICB and Grant Thornton has highlighted the community portfolio as an area of focus for cost saving or cost avoidance.

Humber FT have specifically highlighted activities linked to the community hospital sites in their strategy including delivery of the One Public Estate programme for Bridlington, the masterplan for Alfred Bean Hospital and increasing usage of Hornsea Cottage Hospital & Whitby Hospital. Bridlington, Beverley and Driffield will also be impacted by housing growth leading to demand for primary care capacity.

North Yorkshire Place are developing proposals around the future use of The Friary and Ripon Community Hospital.

During 2024/25 a dedicated workstream should be commenced to;

- Understand existing strategies
- review of the site utilisation
- Link primary care requirements and housing growth
- Develop recommendations and delivery plan for 2025 – 2027 to maximise the community hospital capacity



NHS Mental Health Trust Estate

There 4 Mental Health Trusts operating across HNYICS area. Several Trusts operate cross boundary and may not participate in the relevant provider collaboratives.

- North East North Cumbria ICS hosted - Tees Esk and Wear Valleys NHS FT
- South Yorkshire ICS hosted – Rotherham, Doncaster and South Humber NHS FT
- West Yorkshire ICS hosted – Leeds York Partnership NHS FT

Mental Health sites

Mental health facilities are provided by a mix of NHS Trusts and Social Enterprises. Humber NHS FT is based in HNY ICS area. Navigo, CHCP and CarePlus are locally based social enterprises who all provide some mental health services including inpatient and nursing facilities.

There are 63 sites reported with a NIA of 56k sqm and annual operating cost of £18.2m. The floor areas and costs are under-reported as this information is not available for all of the social enterprise sites.

Backlog across the reported sites is £18.3m. This figure is probably an underestimate as it does not include figures for all sites.

NHS capital funding is currently not available to social enterprises, so they fund changes and expansion through operating profits or high street borrowing.

Our mental health estate represents 7% of our total health estate (in terms of floor area) in the ICS and 6% of our annual estate cost

The key issues within our Mental health estate are:

- Humber NHS FT have identified the need to replace the adult mental health facilities serving the Humber area to support the transformation and expansion. Mental health needs and demands are high and increasing given significant adverse economic and social impacts of Covid.
- RDASH are developing plans to enhance the utilisation of Barnard House.
- Navigo have identified a requirement for improvements at The Gardens. This property is owned by NHSPS so plans will need to be developed jointly.
- LYPFT have identified a requirement for improvements at Clifton Men's Low Secure unit in York. An initial feasibility is required to confirm the scope and cost of improvements with NHSPS the landlord.

Key strategies relating to estates of our provider Trusts are detailed in Appendix G

NHS Acute Trust Estate

There are 5 Acute Trusts and 2 Ambulance Services Trust operating across HNYICS area. Several Trusts operate cross boundary and may not participate in the relevant provider collaboratives.

- Derby & Derbyshire ICS hosted – East Midlands Ambulance Service
- North East North Cumbria ICS hosted - South Tees NHS FT
- West Yorkshire ICS hosted – Yorkshire Ambulance Service

Acute Hospital sites

The following pages provide brief summary of hospital sites above 10k sqm.

- Friarage Hospital, Northallerton
- Harrogate Hospital
- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Hull Royal Infirmary
- Castle Hill Hospital
- Diana, Princess of Wales Hospital
- Goole District Hospital
- Scunthorpe Hospital

There are also a substantial number of community hospital sites and mental health inpatient facilities which are summarised on the previous pages.

Our acute estate represents 59% of our total health estate (in terms of floor area) in the ICS and 70% of our annual estate cost

The key issues within our secondary care estate are:

- Substantial Backlog Maintenance challenges extending to £293m across the 10 major sites (22/23 ERIC plus updates from HUTH & NLaG).
- Consultation is in progress on the longterm service model at Scunthorpe and Diana Princess of Wales (Grimsby) and how they interact with the tertiary services at Hull Royal Infirmary.
- Elements of HRI and Castle Hill are PFI which revert to the Trust 2030-2036
- Harrogate & Districts NHS FT have RAAC in parts of their site. The removal has been partially funded and works are progressing.
- A number of sites are in areas of potential impact from environmental change especially those in the Humber estuary.
- While Trusts have been successful at securing and deploying programmatic capital and Salix funding, no local trusts are included in the New Hospital Programme suggesting significant change in the estate is not likely before 2035

Key strategies relating to estates of our provider Trusts are detailed in Appendix G

NHS Trust Estate

Friarage Hospital



Trust: South Tees
Floor area (GIA): 28,855 m²
Total cost £11.43m pa

Backlog Maintenance
£18.90m (£666.42 per sqm)

Critical Infrastructure Risk:
£0.26m (£9.17 per sqm)

Model Hospital Target areas
Opportunities in Hard FM and Soft FM costs, utilities and waste costs. High Quartile on backlog maintenance.

Harrogate Hospital



Trust: Harrogate and District
Floor area (GIA): 63,188 m²
Total cost: £24.57m pa

Backlog Maintenance
£53.14m (£875.80 per sqm)

Critical Infrastructure Risk:
£21.69m (£357.42 per sqm)

Model Hospital Target areas
Non-clinical space – 50% of Trust staff are employed in community provision which may have impacted this measure.

York Hospital



Trust: York & Scarborough Teaching Hospitals
Floor area (GIA): 75,849 m²
Total cost: £31.87m pa.

Backlog Maintenance
£8.37m (£111.23 per sqm)

Critical Infrastructure Risk:
£2.98m (£39.64 per sqm)

Model Hospital Target areas
Hard FM, Soft FM energy & waste costs. Backlog costs upper quartile but so is investment. 10 RIDDOR incidents.

Scarborough General Hospital



Trust: York & Scarborough Teaching Hospitals
Floor area (GIA): 41,465 m²
Total cost: £20.03m pa

Backlog Maintenance
£14.68m (£354.61 per sqm)

Critical Infrastructure Risk:
£12.13m (£292.87 per sqm)

Model Hospital Target areas
Hard FM, waste and cleaning and energy costs. Backlog costs in upper quartile but investment underway. 7 RIDDOR incidents.

Bridlington Hospital



Trust: York & Scarborough Teaching Hospitals
Floor area (GIA): 16,996 m²
Total cost: £4.69m pa

Backlog Maintenance
£5.83m (£343.72 per sqm)

Critical Infrastructure Risk:
£3.74m (£220.10 per sqm)

Model Hospital Target areas
Backlog maintenance and energy costs. Empty space (11%) and proportion of clinical / non-clinical space.

Photo: BBC

Photo: East Yorkshire Groundworks

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

NHS Trust Estate

Hull Royal Infirmary



Trust: Hull University Teaching
Floor area (GIA): 101,662 m²
Total cost: £42.77m pa

Backlog Maintenance
£72.78m (£715.85 per sqm)

Critical Infrastructure Risk:
£37.01m (£364.03 per sqm)

Model Hospital Target areas
Hard FM costs, utilities and waste. Backlog top quartile as is investment to address. Nine clinical service incidents due to estates and infrastructure failure.

Castle Hill Hospital



Trust: Hull University Teaching
Floor area (GIA): 97,156 m²
Total cost: £37.39m pa

Backlog Maintenance
£16.20m (£184.15 per sqm)

Critical Infrastructure Risk:
£5.19m (£58.95 per sqm)

Model Hospital Target areas
Opportunities on energy and waste costs as well as unused space. Upper quartile on backlog and critical infra. Risk.
Photo: Frank Shaw Architects

Diana, Princess of Wales Hospital



Trust: North Lincolnshire and Goole
Floor area (GIA): 77,195 m²
Total cost: £25.51m pa

Backlog Maintenance
£25.30m (£336.24 per sqm)

Critical Infrastructure Risk:
£21.09m (£280.33 per sqm)

Model Hospital Target areas
Opportunities on energy and waste costs as well as unused space. Upper quartile on backlog and critical infra. Risk.

Goole & District Hospital



Trust: North Lincolnshire and Goole
Floor area (GIA): 20,374 m²
Total cost: £4.06m pa

Backlog Maintenance
£14.79m (£727.66 per sqm)

Critical Infrastructure Risk:
£11.68m (£574.49 per sqm)

Model Hospital Target areas
Opportunities on waste costs as well as unused space. Upper quartile on backlog and critical infra. Risk.

Scunthorpe DGH



Trust: North Lincolnshire and Goole
Floor area (GIA): 65,713 m²
Total cost: £19.95m pa

Backlog Maintenance
£61.90m (£942.09 per sqm)

Critical Infrastructure Risk:
£43.18m (£657.16 per sqm)

Model Hospital Target areas
Opportunities on energy and waste costs as well as unused space. Upper quartile on backlog and critical infra. Risk.
Image: the Lincolnite

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

ICB Office Estate

HNY ICB undertook an initial review of their office portfolio in 2022/23 and are commencing an update and refresh. It is likely that this will lead to some consolidation and recurrent revenue savings. The ICB and its predecessor bodies have taken opportunities to co-locate with local authority partners where this is possible and effective eg West Offices in York. The ICB currently occupy the following offices:

Property Name	Landlord's Name	Lease Start Date	Lease Expiry	Break date if applicable	Annual Cost 22/23	NIA sqm	Number of Desks	Other
Warehouse 8, Guildhall Road, Hull, HU1 1HJ	Hull City Council				£22,500		22	
110a Calvert Lane, Hull, HU4 6BH	CHP			N/A	£107,299			
Health House, Grange Park Lane, Hull, HU10 6DT	NHSPS			TBC	£224,000	965		
Health Place, Wrawby Road, Brigg, DN20 8GS	NHSPS	N/A	TBC	TBC	£231,171	977		
Ironstone Centre, West Street, Scunthorpe, North Lincolnshire, DN15 6HX	NHSPS				£15,000	47		
North East Lincolnshire Municipal Offices, Town Hall Square Grimsby	NE Lincolnshire Council				£100,000			
St James – Unit 1 Grimbald Crag Court, Knaresborough HG5 8QB	NHSPS	28/03/2013	27/04/23		£113,564	115		Lease expiry 27/04/2023
St James – Unit 2 Grimbald Crag Court, Knaresborough HG5 8QB	n/a		30/04/23		£43,007	57		Lease Terminated

ICB Office Estate (continued)

The ICB have noted the importance of a suitable working environment for ICB staff. Any plans for change in the estate should respond to workforce strategy and consider approach to hybrid working, digital tools and also opportunities to maximise space using booking platforms.

General Practice are increasingly considering how they manage back office functions as are acute and mental health providers. There may be opportunities for sharing best practice in terms of digital tools, access arrangements and sharing of space.

Property Name	Landlord's Name	Lease Start Date	Lease Expiry	Break date if applicable	Annual Cost 22/23	NIA sqm	Number of Desks	Other
Second floor, Kingswood Surgery, 14 Wetherby Road, Harrogate	NHSPS		20/08/31		£84,829	151		
County Hall, Racecourse Lane, Northallerton, DL7 8AD	North Yorkshire Council				£25,000	162		12 months licence, 4 years paid upfront so no further costs until 01/05/2025
Castle House, 10-14 Elders Street Scarborough, YO11 1DZ	North Yorkshire Council				£38,160	TBC		13 Month Licence
West Offices, Station Rise, York, YO1 6GA	City of York Council				£246,888		60	Tenancy at Will
West Offices, Station Rise, York, YO1 6GA	City of York Council				£83,498			Referral Support Services
Total Costs					£1,333,316			

Appendix F – Place Reviews

PLACE 1 REVIEW: North Yorkshire

- Place Strategy
- Key insights
- Place on a Page Overview
- PCN Toolkit Review
- Housing Growth summary
- Priority Infrastructure requirements



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 1 : Clinical Strategy Summary

Our Ambition

For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, ‘adding years to life and life to years’

- **think ‘people’**: In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need
- **think ‘place’**: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life
- **think ‘population health and prevention’**: In North Yorkshire, we will improve the health of all our residents by prioritising interventions that will make the most difference and that make sense to do at scale.

Where we are now

- people already affected by health inequalities before the pandemic have been disproportionately affected by COVID-19, leading to even greater inequality
- over three fifths of adults are overweight or obese – similar to the national average
- healthy life expectancy (number of years lived without serious illness) for women is below the England average, and over the past nine years, has not increased
- 25% of our population is estimated to have a life-long illness
- our population is ageing – one and four people in North Yorkshire is over 65
- people who live in the wards with the highest life expectancy live 12.6 years (women) and 15.4 years (men) longer than those in the wards with the lowest life expectancy

Our priorities



Place 1 – North Yorkshire: Key Insights

Provider (acute and mental health)

There has been substantial investment in facilities at Scarborough General Hospital and The Friarage to enhance facilities and capacity. CDCs are complete in Northallerton (Friarage), Ripon and activity being delivered at Selby and Scarborough. ED works are nearing completion at Scarborough and Elective capacity has been expanded at the Friarage.

Harrogate FT are undertaking works to improve their main site in Harrogate and also had £12.3m funding for RAAC removal.

TEWV have delivered North Moor House in Northallerton (£5.5m) which brings mental health and learning disability services from the Friarage, Brompton House and Gibraltar House, together, under one roof.

Community Hospitals

There are 6 community hospitals across North Yorkshire which should be reviewed to maximise utilisation as a community resource. There are currently proposals for redevelopment at

- The Friary – proposed redevelopment of existing leasehold premises to consolidate general practice sites alongside Frailty Hub
- Ripon Community Hospital – medium term replacement with a new build hub (subject to funding)
- St Monica's – Discussions with stakeholders on future plans for the community Hospital and nearby renal unit at Tanpitt Lodge.
- Whitby Hospital – Highlighted in Humber FT strategy due to requirement to maximise utilisation.

- Malton Community Hospital – provides UTC and community beds - utilisation to be reviewed as part of community service bed model assessment across the ICB.
- Selby Community Hospital – recent addition of diagnostic capacity linked to CDC programme. A relatively modern facility in an area impacted by significant housing growth. Discussion is underway around delivery of an integrated model of health and social care in Selby including urgent treatment and frailty.

Primary Care

The North Yorkshire Place is a large dispersed rural and coastal area which requires services to be located across the rural community. The area has had limited investment over an extended period and therefore the estate ranges in quality and suitability, with a number of former converted domestic premises forming part of the primary care estate. In many instances the nature of the estate limits the ability to expand.

The PCN toolkit has identified the following key points

- Additional space is required in primary care to accommodate and embed ARRS roles.
- Due to the large number of holiday homes/caravan sites, particularly around the Filey area, there is an increase in temporary patients during the summer period.
- North Yorkshire Place has a good rate of online consultations; however the digital infrastructure would benefit from improvements to support this.

Place 1 – North Yorkshire: Key Insights

Demographics – Housing Growth

ONS Projections suggest substantial population growth in Ryedale and Selby however emerging local plans suggest substantial housing impacts across the North Yorkshire Place. In some areas general practice is already seeing the impact of housing led population growth and this is causing pressures (Harrogate, Ripon, Selby, Thirsk).

There has been some work on engaging LA planning teams and some planning gain has been achieved. The North Yorkshire Place team have secured amounts for Knaresborough (£78k received, a further £38k anticipated) which will be used to the 3 local surgeries.

Agreement is in place for £220k in central Harrogate to be used for general practice expansion. A series of further claims for **£4.25m** of contributions, which are in process, to deal with housing growth at;

- Ripon Barracks (Ripon & Masham PCN)
- West of Harrogate (Heart of Harrogate PCN)
- Kingsley Road (Heart of Harrogate PCN)
- Knox Lane (Heart of Harrogate PCN)
- Water Lane, Knaresborough (Knaresborough & Rural PCN)
- Swinton Road, Masham (Ripon & Masham PCN)
- 2 x Ripon new care homes (Ripon & Masham PCN)
- Four developments Killinghall & Jennyfields (Heart of Harrogate PCN)

The anticipated population growth of 95,000 (17%) makes it critical for North Yorkshire Place continue that work with the planning authorities and ICB support for development of a consistent approach across the area and an agreed pipeline of primary care investment.

North Yorkshire Council have commenced work on developing a new local plan for the merged areas, North Yorkshire Place need to actively engage in this process.

The population mix is also changing with the number of children reducing and the over 85 population increasing by circa 12,990 (68%) by 2037. The population 65-84 will also increase by 35,855 (29%) over the same period while the working age population reduces.

Additional Information

- The new Catterick Integrated Care Campus is currently under construction and will replace current facilities at Catterick health Centre and Colborn branch surgery as well as created a new locality hub for TEWV and significant integration for Defence Healthcare.
- Potential requirement for new surgery for garden village at Heronby, Selby.

Place Overview: North Yorkshire Estate

Included below is a summary of the existing estate across North Yorkshire and a summary of key factors that will influence future requirements in the next 10 years. The following pages provide summaries for individual PCNs and a summary of other key Place based estates activity.

Supply Insights	
No. PCNs	14
General Practice / Community Care:	
• No. GP Practice locations	90
• Total GP Floor Area (NIA – incomplete data)	27,911
• No. Community Sites (incl Community Hospitals)	42
• Total Community Care Floor Area (GIA)	31,500
Acute Hospitals	3
No. Mental Health Sites	15
No. Pharmacies	66
Planned/Funded Major Estate Projects	(£000)
• Catterick ICC	24,200
• Sherburn (mix of NHS capital & Sec 106 funds)	1,750
• West Ayton	236
• West Harrogate (new general practice)	12,000
• The Friary	(Revenue)
Capital Investment Priorities (PCN Toolkit)	(£000)
• Ayton and Snainton Medical Centre	1,200
• South Milford Surgery extension	tbc
• Scarborough Medical Group (new build)	2,900
• Ripon Hub – (Pipeline)	30,000
• Church Road (new build)	3,000
• Moss Practice (Jennyfield)	2,527
• Stillington Surgery extension	tbc

Demand Insights		
Population (ONS 2021)	558,556	
List Size (SHAPE)	561,510	
Demography:	2021	2037
• Under 10	56,205	51,836
• Aged 10 - 64	376,176	367,983
• Aged 65 - 85	122,714	158,569
• 85+	18,919	31,909
Deprivation:	Scarborough 012B	
• LSOA – most deprived	70.85	
Healthy Life expectancy gap (years)	F: +2.9 / M: +4.6	
Housing / Population change:		
• Local Plans based increase	38,044 (6.8%)	
• Emerging Local Plans increase	95,626 (17.1%)	
PCN Increase to meet 2032-2040 demand	Population changes will create demand for additional space for PCNs. Full details slide 149.	
	NIA	
South Hambleton and Ryedale	356	
Filey and Scarborough	330	
Whitby Coast and Moors	323	
North Riding Healthy Community	299	
Hambleton North	283	
Other PCN requirements	1,777	
Total	3,368 sqm	

North Yorkshire : PCN /Neighbourhood reviews

Strategic indicators									Overall priority
PCN name	Number of properties	Population Data (ONS 2021)	GP patient list size (SHAPE April 23)	% Housing Popn to 2032 (SAVILLS)	Estate suitability (C,F,T)	Deprivation Score	Workforce (under-doctored)	Additional Space Indication (sqm)	
Filey and Scarborough	5		32,876	7.04	C: 1 F: 4	26.94	1,324	330	
Hambleton North	5		45,932	4.86	C: 2 F: 3	13.32	1,091	283	
Hambleton South	4		30,027	5.85	F: 4	12.19	1,880	245	
Heart of Harrogate	8		52,769	6.89	C: 3 F: 2 T: 3	10.50	1,294	219	
Knaresborough & Rural	11		58,454	8.78	C: 4 F: 7	11.58	1,254	231	
Mowbray Square	1		30,403	5.54	C: 3	10.68	1,855	150	
North Riding Healthy Community	9		40,118	6.84	C: 3 F: 4 T: 2	15.43	1,307	299	
Richmondshire	10		43,013	5.86	C: 5 F: 5	13.19	1,654	181	
Ripon & Masham	5		30,286	11.10	F: 5	11.53	1,296	99	
Scarborough Core	4		50,311	9.33	C: 4	27.64	2,175	280	
Selby Town	7		52,399	10.04	C: 4 F: 2 T: 1	13.48	1,475	216	
South Hambleton & Ryedale	8		37,127	9.06	C: 6 F: 2	12.98	1,313	356	
Tadcaster and Selby Rural	6		30,843	6.08	C: 3 F: 3	10.42	1,692	156	
Whitby Coast & Moors	7		26,952	5.71	C: 7	27.13	954	323	
	90	563,801	561,510	7.50%	C: 45 F: 41 T: 6			3,368	

Estate Suitability Key

GP to list size ratio:



0-1800



1801-2400



2401-3000

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Place 1 : Summary

Filey and Scarborough

Priority areas and next steps:

Key findings:

- The registered patient population for Filey and Scarborough is expected to grow by 1.26% (ONS Projection) from 2022 to 2032. The PCN is also affected by large numbers of temporary residents who stay in nearby caravan homes.
- The Practices within the PCN are struggling for both clinical and admin space with Practices reporting they are often carrying out virtual appointments from home.
- The PCN is also struggling to accommodate ARRS roles which is adding significant pressure to an already over-utilised estate.

Recommendations/next steps:

- Filey Surgery has identified that there is potential for an extension in their wrap around car park.
- Scarborough Medical Group have expressed a desire for a new build as their current estate is no longer fit for purpose. It is recommended that they undertake a feasibility study into a new build. It is also recommended that they continue talks with the council into vacant space owned by the council for admin space.

- Hackness Road Surgery is recommended to undertake a feasibility study to explore the possibility for a purpose-built surgery on the vacant land at the Rugby Club.

[Contents](#)[Foreword
and
Executive
Summary](#)[Introduction](#)[ICS
Priorities](#)[Where are
we now?](#)[Where do
we want to
be?](#)[How do we
get there?](#)[Appendices](#)

Place 1 : Summary

Hambleton North

Priority areas and next steps:

Key findings:

- The registered patient population for Hambleton North is expected to grow by 0.32% from 2022 to 2032. The PCN is already reporting that they are struggling for space which has been compounded by ARRS.
- Currently Stokesley Surgery is operating over the utilisation target of 60% and by the 2032 it will be operating over this target by 14% if their clinical capacity doesn't increase.
- The estate across the PCN is generally in a poor state with some Practice buildings reporting that they have rotting windows, roof leaks, broken lifts etc.

Recommendations/next steps:

- Across the PCN it is recommended for the following Practices to undertake refurbishment feasibility studies to create additional clinical and admin space: Mayford House Surgery, Mowbray Group, Mowbray Group: Hutton Rudby Surgery.

- Mowbray Group: Hutton Rudby Surgery should undertake a feasibility study to install a lift to allow patients access to the upper floors.
- Mayford House Surgery is recommended to explore the opportunity to extend above the Co-op.

Additional Information (non-toolkit)

- A substantial £2m investment in Stokesley was achieved through ETTF and NHSPS landlord investment. This increased the number of clinical rooms and enhanced the environment for staff. A records room was created and subject to digitalisation this creates potential for additional space.
- There is also OpenSpace capacity at the Stokesley site which could provide flexible clinical capacity or could revert to GMS space.

Place 1 : Summary

Hambleton South

Priority areas and next steps:

Key findings:

- The registered patient population for Hambleton South is expected to decline by -0.04% however, the Practices within the PCN will still be operating above the patient facing usage target of 60%.
- Currently all Practices within the PCN except Lambert Medical Centre (58%) are operating above the 60% patient facing usage target. Topcliffe Surgery is currently operating at 71% indicating they are stretched beyond their means. If measures are not brought forward to increase clinical and admin space, by 2032 they will be operating at 85%.
- The condition of the estate within the PCN varies however, all practices report a lack of space some Practices have deteriorating windows/roofs and require reconfigurations/extensions to increase their clinical and admin capacity.
- The introduction of ARRS has added to the existing pressures on the practices.

Recommendations/next steps:

- Thirsk Doctors Surgery is recommended to carry out a feasibility study for a potential two storey extension.
- Glebe House Surgery is also recommended to carry out a feasibility study for a possible extension.
- Practices within the PCN are recommended to explore possibilities to digitalise medical records/await national funding programmes.

Additional Information (non-toolkit)

- There was significant investment at Glebe House in Bedale as part of ETTF delivering an extension allowing the disposal of Bedale HC and co-location of primary and community services.
- Thirsk Health Centre has had investment to reduce backlog and address maintenance issues

Place 1 : Summary

Heart of Harrogate

Priority areas and next steps:

Key findings:

- The registered patient population for Heart of Harrogate is expected to increase by 5.84% from 2022 to 2032 which will add significant pressure to an already over-utilised estate.
- Currently, The Leeds Road Practice is the most stretched Practice which according the capacity modelling is operating at 196% for patient facing usage. All Practice within the PCN are currently operating above the 60% patient facing usage target.
- The Estate within the Heart of Harrogate PCN is in the right place for patients however, it is inadequate for modern times and requires investment to bring it up to higher standards.

Recommendations/next steps:

- Practices within the PCN have identified opportunities to improve their running costs and long-term sustainability: Window replacements (Church Avenue Medical Group), LED lighting (Kingswood Surgery), Roof upgrades (The Moss Practice).

- Practices are recommended to explore a range of options redevelopment of the Jennyfield site, funding a new build west of Harrogate utilising Section 106 monies

Additional Information (non-toolkit)

- Jennyfield HC - An options paper for the expansion of Jennyfield HC was considered by the ICB in 2022 but not progressed due to funding constraints. TEWV have indicated an intention to exit the site by 2026 which would release 100m².
- The ICB have secured contributions from planned housing growth and are in discussions regarding development and expansion of general practice premises linked to growth at
 - West of Harrogate
 - Kingsley Road
 - Knox Lane

Place 1 : Summary

Knareborough Rural

Priority areas and next steps:

Key findings:

- The registered patient population size is expected to increase by 16.46% from 2022 to 2032 which is expected to add pressure to an already struggling estate.
- The PCN has reported that a lack of space within the Estate has made recruitment and retention harder and has resulted in a higher turnover in staff.
- The PCN has reported that the introduction of ARR has compounded these problems as they are struggling on space to accommodate them.
- There are big housing developments ongoing in the PCN area and more being proposed including Ambretone Park.

Recommendations/next steps:

- It is recommended that Practices undertake feasibility studies to increase their clinical and admin space: Eastgate Medical Group, Stockwell Road Surgery and Springbank Health: Tockwith Surgery.
- It is recommended that Practices pursue methods of funding to make

the PCN Estate more sustainable using solar panels and air sourced heat pumps to replace oil boilers.

- Across the PCN there are opportunities to improve the accessibility of the Practices and bring them up to higher HBN standards.

Additional Information (non-toolkit)

- The ICB have secured contributions from planned housing growth (Water Lane, Knareborough) and are in discussions regarding development of a new general practice premises in Knareborough

Place 1 : Summary

Mowbray Square

Priority areas and next steps:

Key findings:

- The registered patient population size is expected to decrease by 0.3% from 2022 to 2032 although most Practices will still be operating above the patient facing usage target of 60%.
- The estate of the PCN is relatively good. However, the PCN has flagged that there are opportunities to improve the sustainability of the estate through the replacement of old boilers and installation of solar panels. This would also help to improve the running costs of the estate which is quite high for a new build.
- The Practices have received architectural plans to show remodelling of internal space which could create additional clinical space, helping to relieve current pressures on space.

Recommendations/next steps:

- The Practices are to reengage with the Landlord PHP to progress forwards the PID to create additional clinical space.

- Feasibility studies to be carried out to convert notes rooms on the 2nd floor into clinical space.
- Pursue funding to replace outdated boilers and unreliable patient lifts.

Additional Information (non-toolkit)

- The ICB have secured contributions from planned housing growth and are in discussions regarding development and expansion of general practice premises linked to growth at
 - West of Harrogate
 - Kingsley Road
 - Knox Lane

Place 1 : Summary

North Riding Healthy Community

Priority areas and next steps:

Key findings:

- The registered patient population is expected to grow by 4.36% from 2022 to 2032.
- Practices within the PCN are working close to or over the 60% target for patient facing usage and this expected to worsen as population grows and housing developments in the area complete.
- The PCN has struggled with the introduction of ARRS and being able to accommodate them within the Practices. This has added pressure on the practices which are already struggling with limited clinical and admin space.
- Recently, Ampleforth Surgery suffered an arson attack which has taken the building out of operation resulting in other Practices having to pick up patients, adding further pressure to the estate.

Recommendations/next steps:

- Derwent Practice is recommended to undertake a feasibility study into remodelling administration space to better utilise the space and increase the clinical capacity.
- Sherburn & Rillington: Rillington Practice are recommended to apply for funding to improve their heating systems to make it more efficient and reduce running costs.
- PCN is to explore the possibility of an overflow facility at Derwent Practice.

Additional Information (non-toolkit)

- Ayton and Snainton Medical Centre - plans in place for 3 new consultation rooms and 1 large treatment room, WC and storage. Funding has been allocated towards these works from the ICB subject to completion of necessary documentation.

Place 1 : Summary

Richmondshire

Priority areas and next steps:

Key findings:

- The registered patient population is expected to grow by 10.8% from 2022 to 2032.
- All Practices within the PCN are situated within small buildings which are struggling with clinical and admin space which is impacting the PCNs ability to recruit and retain staff. The introduction of ARRS has compounded these constraints.
- Practices within the PCN are already undergoing pieces of work to improve their estate such as The Friary Surgery, Quakers and Harewood.
- Within Richmondshire the MOD have identified Catterick as a super garrison which see a rationalisation of other MOD sites in England and Europe with a consolidation at Catterick. This will result in the town's population growing significantly over the next 10 years from military personnel and their dependents. The area has also been impacted by Housing Growth but no planning gain has been secured

to date to support expansion of general practice capacity.

Recommendations/next steps:

- Refurbishment feasibility studies should be undertaken by all Practices to ensure they remain compliant and meet HBN standards and other statutory requirements.
- Practices should explore funding streams and grants to pursue net zero initiatives.

Additional Information (non-toolkit)

- Catterick ICC (£24m) development under construction, Harewood Practice to relocate in mid 2026, review of Colburn Surgery required.
- PID being resubmitted for The Friary redevelopment, proposal for single general practice hub linked to the community hospital in Richmond.

Place 1 : Summary

Ripon & Masham

Priority areas and next steps:

Key findings:

- The registered patient population is expected to grow by 15.45% from 2022 to 2032.
- Practices within the PCN are struggling for space with staff having to work remotely and have reviewed and adapted the accommodation to utilise their space as much as possible.
- The estate is limited by external limitation's such as Park Street Surgery which is a grade 2 listed building which impacts its ability to undertake works to increase clinical capacity.
- The Practices within the PCN are operating close to the 60% patient facing usage target with the exception of Kirkby Malzeard & Masham Surgery which is operating at 87%.

Recommendations/next steps:

- A new build feasibility study is recommended for Ripon Spa Surgery.
- A feasibility study is recommended to see whether it is practical for all practices within the Ripon area to be consolidated into one site.
- Kirkby Malzeard is to await the ICB's decision on changing the layout of their Practice to allow for an additional clinical room.

Additional Information (non-toolkit)

- Investment in 2023 for GP access base and CDC spoke at Ripon Community Hospital (RCH). Consider utilisation at RCH to support some PCN or General practice activity.
- Project underway to establish viability of new build hub encompassing the merged Ripon practices and services from Ripon Community Hospital on a new site in Ripon.
- Progress on securing contribution for investment in general practice via Sec106 linked to housing growth.

Place 1 : Summary

Scarborough Core

Priority areas and next steps:

Key findings:

- The registered patient population size is expected to grow by 12% from 2022 to 2032.
- The Practices within the PCN are suffering from a lack of clinical and admin space which has resulted in them having to have staff work remotely. This is made worse in summer times where there are influxes of temporary residents in holiday parks.
- There is significant housing developments proposed and under development in the PCN area which will add more pressure to the Practices. There is an estimated 10,000 additional patients expected to impact the practice at Eastfield due to housing developments.
- There is also a big increase in the asylum seeker population in the area which is impacting the Practices, as they are having to spend longer on appointments.

Recommendations/next steps:

- Vacant properties have been identified for potential expansions for Practices to increase their clinical rooms i.e. Castle Health Centre and Brook Square.
- Refurbishment studies to bring Castle Health Centre and Central Healthcare up to HBN standards.
- Explore alternative accommodation for York House which is currently being used by both clinical and non-clinical staff from 2 PCNs.

[Contents](#)[Foreword
and
Executive
Summary](#)[Introduction](#)[ICS
Priorities](#)[Where are
we now?](#)[Where do
we want to
be?](#)[How do we
get there?](#)[Appendices](#)

Place 1 : Summary

Selby Town

Priority areas and next steps:

Key findings:

- Selby Town PCN provides primary medical care services to over 52,000 people, this patient list size makes it one of the largest PCNs in the locality. This PCN consists of 4 main practices and 3 branch practices.
- The PCN is already working towards maximum capacity and there is a lot of pressure on the existing surgeries. The practices regularly move staff around to accommodate for clinical space. The majority of the PCN appointments are face-to-face, however they still have demand for virtual appointments post pandemic.
- There is significant pressures on space for clinical and admin staff. Additional pressure on space is expected due to local population growth as well as ARRS roles. The PCN also has ineffective provision of shared spaces, training and seminar facilities across the practices.
- The PCN expects an estimated 3,500 new patients in the next 10 years. There are plans for a new village (Heronby) of 3,000-4,000 properties located between Selby and York which will impact practices Escrick Surgery.
- Capacity modelling suggests the Beech Tree Surgery (69%), Posterngate Surgery and Escrick Surgery are above capacity. The future housing will mean these practices will certainly be over utilised.
- Across the PCN, some of the practices are experiencing issues with the IT infrastructure and the Wi-Fi being insufficient.
- A range of scenarios were considered to provide short, medium and long term solutions, a series of recommendations have been provided based on this work.

Recommendations/next steps:

- All sites - All practices to consider digitalisation of patients records primarily where there is potential to release space for clinical or administrative use; All to investigate sustainability options to improve the EPC rating and running costs.

- Beech Tree Surgery - Carry out a feasibility study to adapt the existing building to accommodate the anticipated increase in patient numbers.
- Escrick Surgery - Carry out an options appraisal to explore the possibility relocating or constructing a new purpose-built surgery; Explore the possibility of an extension to accommodate the future developments.
- Posterngate Surgery - Conduct a feasibility study into the extension of the practice to create additional consulting rooms. Land next to the practice has been identified as a possible solution.
- Scott Road Medical Centre - Upgrade Wi-fi at the premises; Carry out a feasibility study to adapt the existing building to provide more space for the anticipated increase in patient numbers.

Additional Information

- There is a rising demand for urgent care consistent with national trends and rising demand for appointments. The lack of same day appointments in general practice and lack of capacity in UTC are linked and impact each other. Our urgent treatment centre has staffing challenges. This pushes people out to UTCs out of area and into general practice. Our more disadvantaged populations are more heavily impacted by this – further driving inequalities. Management of urgent/same day demand would be better delivered from accommodation allowing for the co-location of the UTC and PCN same day teams. If suitable space could be identified a multi-disciplinary team model, including the homeless team, Care Co-Ordinator, Social Prescribing Link Worker, Voluntary Sector, Social Care, Benefits, First Contact Mental Health Practitioners, etc
- There is a requirement for satellite space for the newly established Frailty/Elderly Care team at Selby War Memorial Hospital to better integrate with primary care and community teams.

Place 1 : Summary

South Hambleton and Ryedale

Priority areas and next steps:

Key findings:

- South Hambleton & Ryedale provides primary care services to an estimated 37,000 patients. The registered patient population is expected to grow by 2.55% from 2022 to 2032.
- The PCN reports that their geographical spread is a disadvantage as patients find it difficult to travel to practices; this is made worse by public transport routes not being easily accessible to practices.
- The condition of the estate is varied across the PCN, with some newer buildings being more energy efficient and lower running costs such as Tollerton Surgery and Millfield Surgery, whereas older buildings such as Kirkbymoorside Surgery and Stillington Surgery are less efficient and higher running costs due to higher ceiling and large windows.
- Accessibility across the estate is relatively poor, with some practices requiring funding to make them more accessible such as Stillington Surgery which has applied for funding to get automatic doors installed.
- The PCN is being affected and will be affected by large housing developments within the area. This will add additional pressures to the Practices which are already struggling for clinical and admin space.
- Practices are having to seek alternative accommodations for services/admin such as Stillington having a portacabin on site for staff

meetings and Kirkbymoorside Surgery is using two hubs for patients with accessibility issues.

Recommendations/next steps:

- Refurbishment studies to bring Practices up to HBN Standards: Pickering Medical Practice and Stillington Surgery.
- Feasibility studies into installation of a lift to create and utilise clinical space on first floors: Helmsley Surgery and Terrington Surgery.
- Feasibility studies into possible extensions above the Practice or into surrounding land of the Practice: Pickering Medical Practice, Tollerton, Kirkbymoorside Surgery and Terrington Surgery.
- Practices should explore vacant space in surrounding buildings in the public and private sector for the use of admin space and potential clinical space: Galtres Centre, Easingwold Health Centre and Tanpit Lodge.

Additional Information (non-toolkit)

- Plans in place for PCN space at Easingwold Health Centre
- YSTHFT reviewing options for St Monica's Community Hospital and Acorn Court (Renal facility) at Tanpit Lodge to improve quality and efficiency of facilities.

Place 1 : Summary

Tadcaster and Selby Rural

Priority areas and next steps:

Key findings:

- Tadcaster and Selby Rural provide primary health care services to over 30,000 people. The registered patient population for the PCN is expected to grow by 6.6% from 2022 to 2032.
- Housing developments in the PCN area will add increasing pressure on practices that are already struggling with existing patient list sizes and in some cases, practices have not been consulted on proposed housing developments such as Micklefield.
- All practices are currently operating above the HBN target of 60% for patient facing usage with South Milford being the most overutilised at 111%.
- Practices have tried to apply for Section 106/CIL funding with varying success. South Milford Surgery: Mickleford Surgery has tried to apply for S106/CIL but have not been successful in being granted any from Leeds City Council. Sherburn Group Practice have been successful in acquiring support from Selby Council for funds to improve their estate.

Recommendations/next steps:

- South Milford Surgeries are to have their PIDs rewritten for proposed extensions as they are now likely out of date and costs are no longer reflective. South Milford Surgery is to continue to pursue avenues of funding for extensions to their properties i.e., S106/CIL.

- South Milford Surgery is to progress forwards after PID to feasibility stage to acquire funds for an extension.
- South Milford Surgery: Micklefield Surgery is to progress forwards with a feasibility after PID stage to acquire funding for an extension.
- PCN is recommended to approach NHS Digital team to apply for funding to upgrade and replace existing IT equipment and software for Practices.
- Sherburn: Old Hungate Hospital is recommended to seek funding options to repair the roof.
- Tadcaster Medical Centre is recommended to pursue aspirations to acquire space from Tadcaster Health Centre to house ARRS roles, freeing up space in the Practice.

Additional Information (non-toolkit)

- Sherburn Group practice are completing a large scale extension and reconfiguration of Sherburn Surgery (£1.75m) which was partially funded by sec106 contributions due to housing growth.

Place 1 : Summary

Whitby Coast & Moors

Priority areas and next steps:

Key findings:

- The registered patient population size is expected to grow by 2.36% from 2022 to 2032.
- The PCN is under increasing pressure from increasing population growth and housing developments. Sleights and Sandsend Medical Practice will be impacted the most from housing developments.
- The PCN has requested the ICB to amend the practices' catchment boundaries.
- The condition of the estate is generally good and remain compliant however, some practices could benefit from more sustainable measures such as replacement of oil boilers and solar panels. These measures are expected to reduce the running costs of the estate and improve efficiencies.

Recommendations/next steps:

- Practices should continue with installing air source heat pump and pursue further energy efficiency measures: Egton Surgery, The Danby Practice, Whitby Group Practice, Whitby Group Practice:

Robin Hoods Bay Surgery.

- Extension feasibility studies to be carried out to allow for additional clinical and admin space to be created: Whitby Group Practice, Sleights and Sandsend, Staithes.
- PCN is recommended to explore the possibility of having mobile primary care unit that could travel around the PCN area to more rural areas.
- Explore the possibility of bringing back community services in Village Halls which was stopped during Covid.

Additional Information (non-toolkit)

- Whitby Community Hospital is not fully utilised, Humber FT strategy highlights the need to enhance utilisation as does the PCN strategy.

North Yorkshire (Hambleton) – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2036 – Hambleton Local Plan (Feb 2022)
Planned Housing Growth	2,831	6,930
Expected Additional Population Growth (based on 2.2 people per dwelling)	6,228	15,246

Location of Local Plan (2022) Key Housing Growth sites



Key Housing Growth Sites

Hambleton Local Plan (2022)

- The Council will seek to provide for a minimum of **6,930 dwellings over the period 2014 to 2036**.
 - Majority of housing development requirements will be met from development located at Northallerton and Thirsk as well as market towns Bedale, Stokesley and Easingwold.
- Winton Road, Northallerton – **c.485 dwellings – 20/01687/OUT Phase 1 Granted permission subject to conditions**
 - North of the Stripe, Stokesley – **c.205 dwellings – No extant consents for development**
 - Northeast of Easingwold Community Primary School, Easingwold – **c.125 dwellings – 20/02538/FUL Granted permission for 154 dwellings subject to conditions**
 - Station Road, Thirsk – **c.110 homes – No extant consents for development**
 - Northeast of Ashgrove, Aiskew - **c.85 dwellings – 20/00497/FUL Granted permission for 85 dwellings**

Key Proposed Housing Growth Sites

North Yorkshire New Local Plan

There are no existing drafted allocations as part of the emerging Local Plan for Hambleton.

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2020)

CIL in Demand Notices: £2,976,698.87
CIL Total Receipts: £1,786,179

There is an identified need for the following:

- Easingwold – new healthcare facility
- Thirsk – additional expansion of medical centres
- Stokesley – additional expansion of medical centres

CCG indicates there is no further particular requirement for additional healthcare facilities within (new) development.

Population growth

89,100 (2011) 90,700 (2021)
▲ 1.7%

Source: Office for National Statistics (2021)

Population trajectory (est)

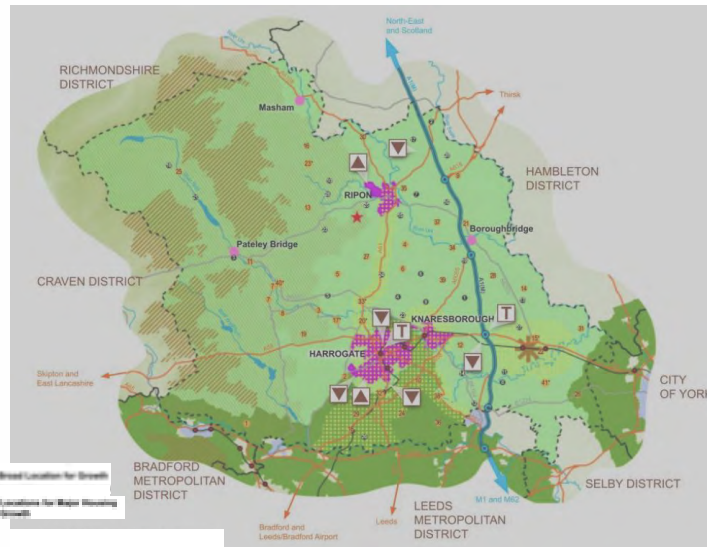
91,749 (2022) 92,274 (2027)
▲ 0.5%

Source: Office for National Statistics - Subnational population projections for England: 2018-based

North Yorkshire (Harrogate) – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2035 – Harrogate Local Plan (Dec 2020)
Planned Housing Growth	4,623	13,377
Expected Additional Population Growth (based on 2.2 people per dwelling)	10,171	29,429

Location of Local Plan (2022) Key Housing Growth sites



Key Housing Growth Sites

Harrogate Local Plan (2020)

- The Council will seek to provide for a minimum of **13,377 dwellings over the plan period 2014 to 2035**

 - Deverell Barracks and Laver Banks (Claro Barracks), Ripon – **c.1,300 dwellings (allocated 464) – Awaiting Decision: 20/02973/EIAMAJ Outline application for mixed-use development of up to 1300 dwellings**
 - Windmill Farm, Harrogate – **c.776 dwellings – Awaiting Decision: 22/00089/EIAMAJ Hybrid Planning Application for 770 dwellings**
 - Land at Highfield Farm, Knaresborough – **c.402 dwellings – Granted permission: 18/04456/EIAMAJ Outline Planning Application for up to 402 dwellings**
 - Land at Stumps Cross, Boroughbridge – **c.397 dwellings - Granted permission: 21/03683/REMAJ Reserved Matters application under Outline Permission 17/04319/OUTMAJ for the erection of 256 dwellings (Phase 1)**
 - Land at West Lane, Ripon – **c.390 dwellings – Granted permission: 21/02625/REMAJ Reserved matters for 390 dwellings pertinent to planning application ref. 16/05621/EIAMAJ allowed at appeal.**
 - Lane east of Whinney Lane, Harrogate – **c.230 dwellings – Granted permission: 19/02342/REMAJ Reserved Matters application for up to 130 dwellings under Outline Permission 17/05595/OUTMAJ**

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2018)

CIL in Demand Notices: £148,467

CIL Total Receipts: £136,742

Specific infrastructure projects identified and indicative costs:

- New Hub in West Harrogate (£7m), Ripon (£8.8m) and Knaresborough (£7m)
- Redesign and modification of existing GP services in Mowbray Square (Harrogate), Boroughbridge and Nidderdale (totalling to £600,000)

Sources of funding identified NHS and developer funding (contributions) including CIL.

Population growth

157,900 (2011) 162,700 (2021)
▲ 3.0%

Source: Office for National Statistics (2021)

Population trajectory (est)

160,954 (2022) 161,212 (2027)
▲ 0.2%

Source: Office for National Statistics - Subnational population projections for England: 2018-based

Key Proposed Housing Growth Sites

North Yorkshire New Local Plan

There are no existing drafted allocations as part of the emerging Local Plan for Harrogate.

North Yorkshire (Richmondshire) – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2028 – Richmondshire Local Plan Core Strategy (Dec 2014)
Planned Housing Growth	982	3,060
Expected Additional Population Growth (based on 2.2 people per dwelling)	2,160	6,732

Location of Local Plan (2022) Key Housing Growth sites



Key Housing Growth Sites

[Richmondshire Local Plan – Core Strategy \(2014\)](#)

- The Council will seek to provide for a minimum of **3,060 dwellings over the plan period 2012 to 2028**

No specific site allocations identified in the Local Plan.

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2014)

No CIL currently in place.

No health infrastructure projects identified, and there is no indication of sources of funding (S106) specified.

Population growth



Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Key Proposed Housing Growth Sites

[North Yorkshire New Local Plan](#)

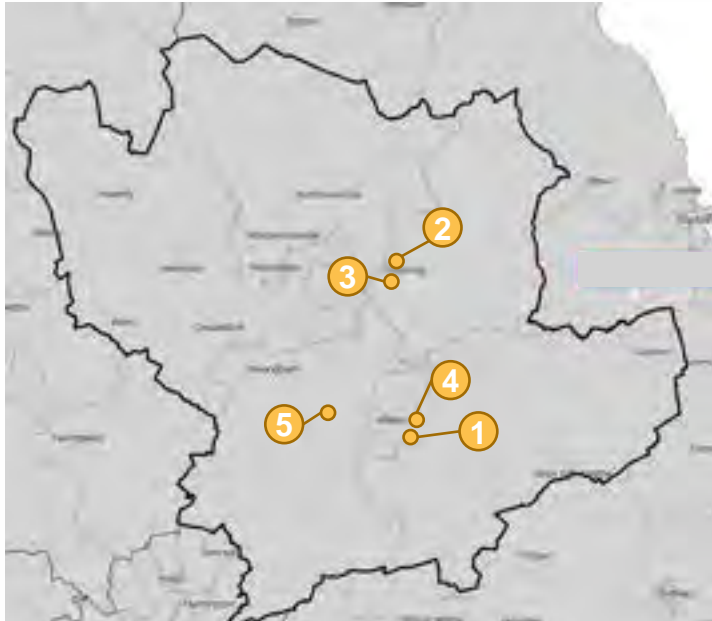
There are no existing drafted allocations as part of the emerging Local Plan for Richmondshire.

Source: North Yorkshire Council

North Yorkshire (Ryedale) – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2027 – Ryedale Local Plan: Local Plan Strategy (Sept 2013)
Planned Housing Growth	897	3,000
Expected Additional Population Growth (based on 2.2 people per dwelling)	1,973	6,600

Location of Local Plan (2022) Key Housing Growth sites



Key Housing Growth Sites

Ryedale Local Plan – Strategy (2013)

- The Council will seek to provide for a minimum of **3,000 dwellings over the plan period 2012 to 2027**

Local Plan Sites (Allocations) (2019)

- Land to the east of Beverley Road, Malton and Norton (Policy SD3) – **c.600 dwellings – Awaiting Decision: 21/01115/MOUTE Hybrid Planning application for 672 dwellings**
- Land to the east of Whitby Road, Pickering (Policy SD5) – **c.239 dwellings – Granted permission: 17/01220/MFUL For 239 dwellings**
- Land to the west of Malton Road, Pickering (Policy SD6) – **c.110 dwellings: Awaiting Decision: 22/01401/MOUT Outline planning application for 3.70ha of residential development (no quantum included)**
- Land at Old Maltongate (Ryedale House Site), Malton and Norton (Policy SD4) – **c.60 dwellings – No extant consents for development.**
- Land to the south of Amotherby Primary School, Amotherby (Policy SD10) – **c.40 dwellings - Granted permission: 21/01530/MFUL For 58 dwellings**

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2018)

CIL in Demand Notices: £162,869

CIL Total Receipts: £264,095

No current capacity issues/constraints identified in Malton and Norton, Pickering, Kirkbymoorside and Helmsley.

Identified capacity concerns in Malton and Norton (Derwent Surgery) and in a local surgery in Pickering. Council will consider amending the CIL Regulation 123 list to allow CIL money to support any necessary expansion.

Population growth



Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Key Proposed Housing Growth Sites

North Yorkshire New Local Plan

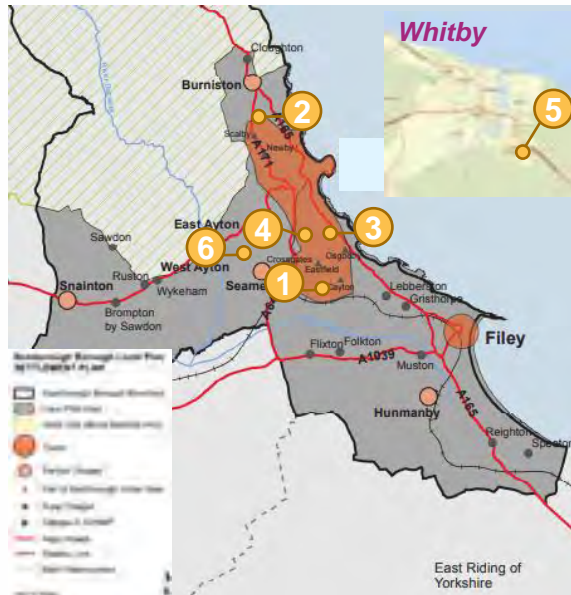
There are no existing drafted allocations as part of the emerging Local Plan for Ryedale.

Source: North Yorkshire Council

North Yorkshire (Scarborough) – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2032 – Scarborough Local Plan (Jul 2017)
Planned Housing Growth	2,892	9,450
Expected Additional Population Growth (based on 2.1 people per dwelling)	6,073	19,845

Location of Local Plan (2017) Key Housing Growth sites



Source: North Yorkshire Council

Key Housing Growth Sites

Scarborough Local Plan (2017)

- The Council will seek to provide for a minimum of **9,450 dwellings over the plan period 2011 to 2032**

 - Land to the south of Cayton Strategic Growth Area, Cayton – **c.2500 dwellings – Pending Consideration: 19/01102/OL Hybrid Planning Application for 1,400 dwellings**
 - Land to the east of Lancaster Park, Scalby – **c.900 dwellings – No extant consents for development. (22/00154/SCRREQ Screening opinion request for 900 dwellings)**
 - Land to the north of Middle Deepdale (east of Deep Dale Valley), Eastfield (HA 8) – **c.600 dwellings – Granted permissions: 21/00052/OL (Phase 1) Hybrid Planning Application for 107 dwellings. Outline permission for 493 dwellings.**
 - Land to the north of Middle Deepdale (west of Deep Dale Valley), Eastfield (HA 10) – **c.500 dwellings - No extant consents for development.**
 - Land opposite Whitby Business Park and to the south of Eskdale Park, Whitby (HA 18) – **c.320 dwellings – Pending Consideration: 22/02513/FL Full Planning application for 241 dwellings**
 - Land to north of Beacon Road and west of Napier Crescent, Seamer (HA 30) – **c.225 dwellings – Granted permission: 17/00452/FL Full Planning application for 241 dwellings**

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2016)

No CIL currently in place.

Identifies impact of new residential development to be significant and additional new health facilities in the following areas prioritised as 'Essential':

- Scarborough North: £1,088,301
- Scarborough Centre: £76,149
- South Scarborough (Middle Deepdale and South Cayton): £3,344,226
- Filey/Hunmanby: £383,920
- Western Villages: £171,336

TOTAL: £5,063,932

- Anticipated sources of funding from developer contributions: **£400,000**
- Gross cost funding gap: **£4,663,932**

Population growth



Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Key Proposed Housing Growth Sites

North Yorkshire New Local Plan

There are no existing drafted allocations as part of the emerging Local Plan for Scarborough.

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

North Yorkshire (Selby) – Future Housing Growth

Timeline/ Impact

	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2040 – Pre-Submission Revised Publication Selby Local Plan (Mar 2024)
Planned Housing Growth	1,830	7,728
Expected Additional Population Growth (based on 2.3 people per dwelling)	4,209	17,774

Location of Local Plan (2013) and publication draft Local Plan (2024) Key Housing Growth sites

- Existing Housing Growth Sites
- Proposed Housing Growth Sites

- Principal Town
- Local Service Centres
- Designated Service Villages
- Secondary Villages with defined development limits



Key Housing Growth Sites

Selby Local Plan (2013) and Selby District Local Plan (2005)

- The Council will seek to provide for a minimum of **5,340 dwellings over the plan period 2011 to 2027 for housing land allocations**
- Of which, 5,302 dwellings will be delivered through the allocation of new sites (Policy HG1).

- Olympia Park Strategic Development Site (SP7) – **c.1000 dwellings – No extant consents for development.**
- No extant consents for development.**
- East of Bawtry Road, Selby (SEL/2) – **c.920 dwellings – partly developed, Granted permission: 2015/0452/EIA for 215 dwellings**
- Low Street, Sherburn in Elmet (SHB/1(B)) – **c.900 dwellings – Cross Hills Lane, Selby (SEL/1) – c.450 dwellings – Pending approval: 2022/0099/FULM For part of the site for 183 dwellings (site is now included as part of wider allocation SELB-BZ in the proposed Local Plan)**
- Selby Road, Eggborough (EGG/3) – **c.210 dwellings – Pending approval: 2021/0243/FULM For 114 dwellings**

Local Planning Authorities North Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP (2024)

CIL in Demand Notices: £568,126
CIL Total Receipts: £462,564

- Identified additional clinical floorspace required in Tadcaster and the Selby Urban Area
- No project sites or required funding specified

Population growth

157,900 (2011) 162,700 (2021)
▲ 3.0%

Source: Office for National Statistics (2021)

Population trajectory (est)

160,954 (2022) 161,212 (2027)
▲ 0.2%

Source: Office for National Statistics - Subnational population projections for England: 2018-based

Key Proposed Housing Growth Sites

Selby New Local Plan – Revised Publication (2024)

- Land west of Kellington Lane, Eggborough (EGGB-Y) – **c.1015 dwellings**
- Cross Hills Lane, Selby Urban Area (SELB-BZ) – **c.1015 dwellings**
- Industrial Chemicals Ltd Canal View, Selby Urban Area (SELB-B) – **c.450 dwellings**
- Land adjacent to Prospect Farm, Milford Road, Sherburn in Elmet (SHER-H) – **c.380 dwellings**
- Land on the Former Rigid Paper Site, Denison Road, Selby Urban Area (SELB-AG) – **c.330 dwellings**

Place 1 : Priority infrastructure requirements

Community Hospital

Redevelop The Friary as Frailty Hub and co-locate GP services for Richmond on single site. (subject to revenue affordability).

P

New Build Health Hub

£24m funding secured for Catterick ICC - 2,900m2 of clinical space for Primary Care, Community Services, Mental Health and GP OOHs service.

C

Health Hub Ripon

Single general practice for Ripon +/- replacement of Ripon Community Hospital, subject to funding.

P

Harrogate Primary Care Expansion

Developments for Leeds Rd, Church Ave, Moss Practice to respond to Housing Growth, subject to funding.

P

Harrogate Hospital

Continue programme of upgrades and complete RAAC works.

C

Selby Primary Care Expansion

Identify a solution including for proposed new village at Heronby or alternative with 9k additional population impact.

P

Scarborough Primary Care Expansion

Aspirations from Hackness and Scarborough practices for new builds and housing growth of 20k residents (18%), establish strategy for growth.

P

Scarborough General Hospital

Complete £47m+ redevelopment including ED

C

Primary Care Expansion Hambleton

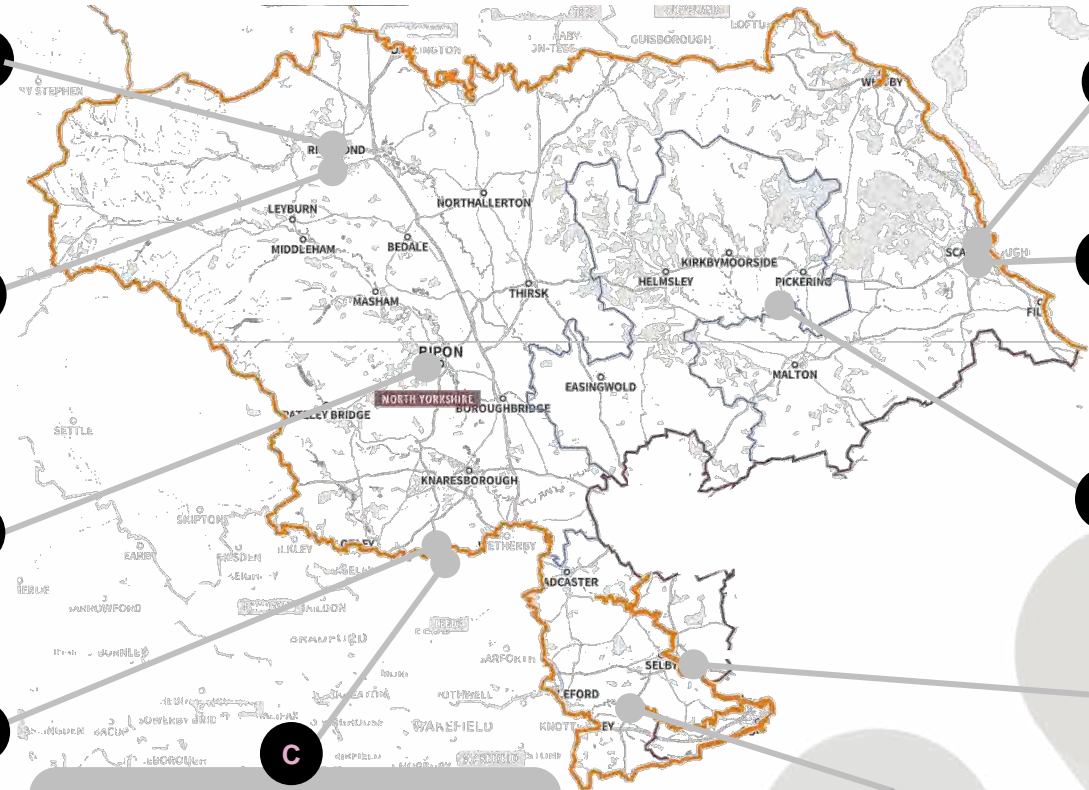
Review impact of housing growth across North Yorkshire and target extensions and expansion Hambleton & Ryedale areas.

P

Selby Integration

Joint approach to urgent treatment and frailty using Selby Community Hospital

P



Project Driver

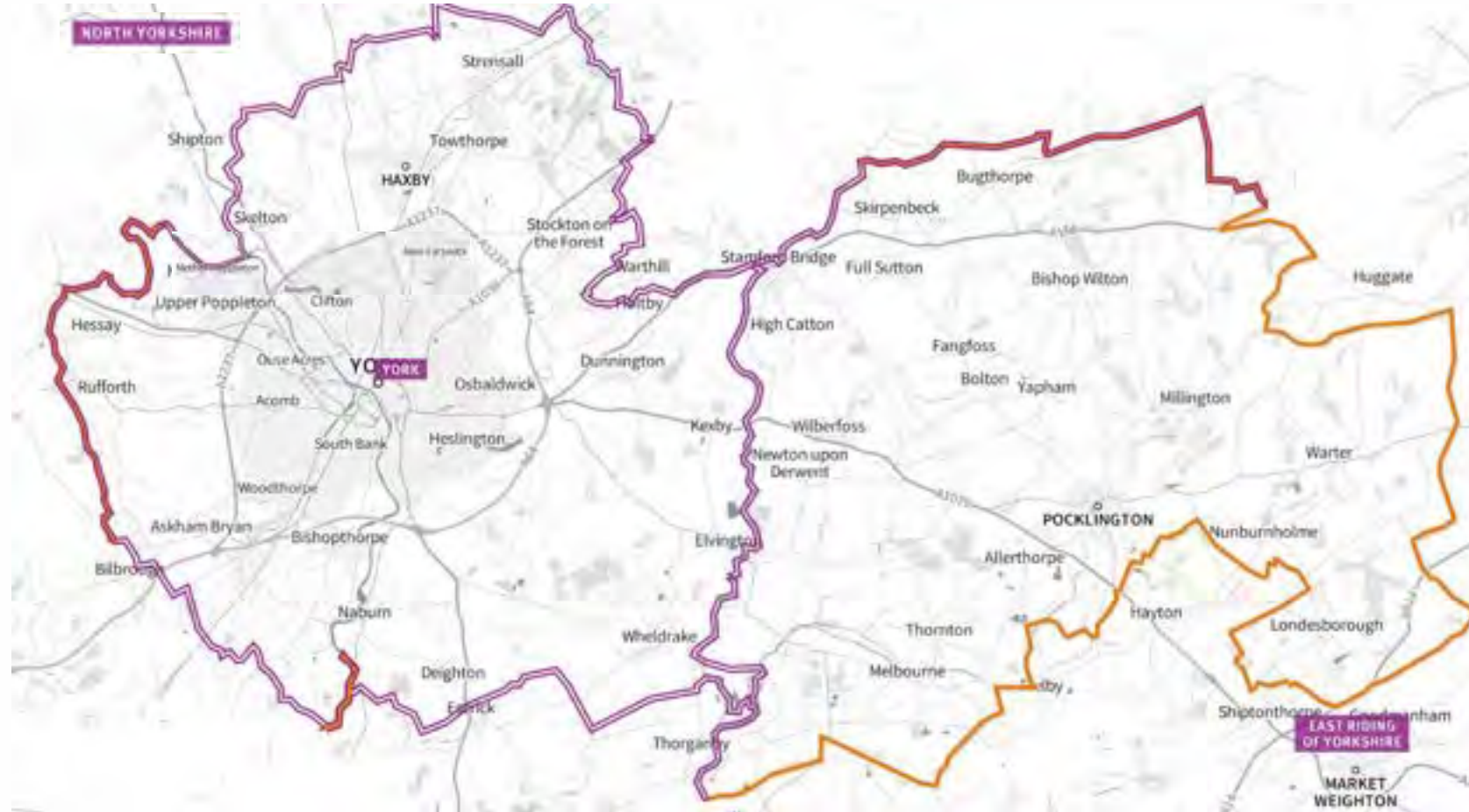
- Housing
- Primary Care & Community (capacity and OoH)
- Mental Health and Learning Disabilities
- Acute / Secondary Care
- Office estate

Project Status

- C Committed
- U Pipeline (Urgent)
- P Pipeline

PLACE 2 REVIEW: York

- Place Strategy
- Key insights
- Place on a Page Overview
- PCN Toolkit Review
- Housing Growth summary
- IDP Plan York
- Priority Infrastructure requirements



== City of York Council Boundary
== North Yorkshire Council Boundary
== East Riding ICB Place Boundary

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Place 2 : Clinical Strategy Summary

Our Ambition

Over the next decade, York will become healthier, and that health will be fairer.

York Place will support delivery of the six big ambitions of our Health and Wellbeing Strategy 2022-2032:

- become a health generating city
- prevent now to avoid later harm
- start good health and wellbeing young
- make good health more equal across the city
- work to make York a mentally healthy city
- build a collaborative health and care system

Where we are now

- York has an ageing and growing population, with increases in hospital care, social care and GP usage
- York's red flags are alcohol consumption, multiple complex needs, drug related deaths and student health
- one in nine people in York have more than one long-term condition, and there is an elective backlog across primary and secondary care.
- Under 18 admissions for mental health need with a high prevalence of common mental health illness, high suicide and high self harm rates
- one in ten people smoke, two in three adults are overweight or obese and one in seven live with depression
- York has a widening inequalities gap in healthy life expectancy, health of those living with a learning disability and school readiness

Future Service Delivery Model

The York Health and Care Partnership is developing the City's locality model to support the future service delivery model for health, care and prevention. Our ambition to deliver integrated services with our people will inform how estate and wider infrastructure could be shaped. This will help professionals from lots of different organisations working together in multi-agency and multi-disciplinary teams – including carers, networks of peer support, voluntary and community organisations and independent sector providers, as well as public sector bodies.

Our Priorities:



Future Service Delivery Model

A vision is developing for the future delivery model for health, care and prevention in York – and how local estate and infrastructure might be shaped to realise this....

Think **person**: how is it going to feel?

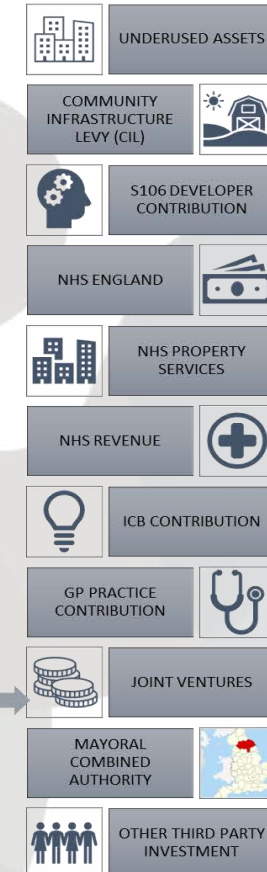
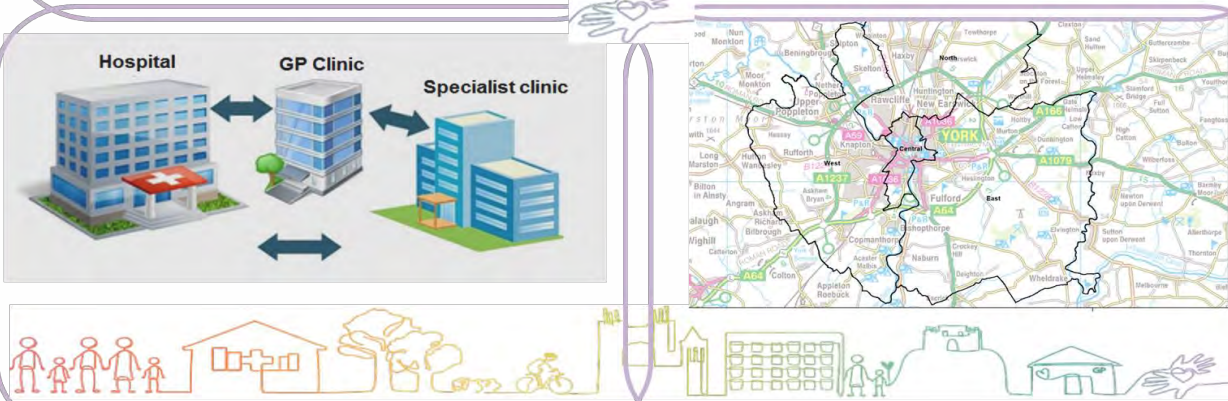
- 1) Digitally *enabled* care by default
- 2) Care is
 - a) predictive & preventative
 - b) timely (early intervention)
 - c) personalised
 - d) participatory
- 3) Access more support from home or community settings
- 4) Care is holistic and integrated

Think **local**: how is it going to look?

- 1) Services delivered in fewer, larger, flexible and digitally enabled buildings
- 2) Integrated community teams will deliver a wide range of services under one roof
- 3) Shift total place expenditure to key priorities over time
- 4) Shared governance and stewardship

Think **together**: how are we going to get there?

- 1) Commit to **collective responsibility** for the vision, funding, planning
- 2) More **acute and mental health services** in the community that don't require hospital build environment
- 3) Team **Directory of multiple professionals and teams in each locality** (GP, community & social care, prevention, carers and peers)
- 4) "Get under the nails of the local area" – build up a profile of the population, **look at the available estate** in communities
- 5) Think **10 years ahead**, but also fix the things that drive change in a coherent direction.
- 6) Explore **phasing & finance sources**
- 7) Option to **test the model with Burnholme**
- 8) Make this work with as **little structural reorganisation** as possible.



Future Service Delivery Model

The York Health and Care Partnership is developing the City's locality model to support the future service delivery model for health, care and prevention. A summary of this model is provided below describing the graphic representation on the previous slide.

Consensus Service Model

- Help people **live well and independently** at home for longer
- **Prevent people becoming ill** or adopting unhealthy behaviours where possible
- Enable people to be **active participants** in their own health management
- Reduce **health inequalities**
- Improve patient experience through **reducing hand-offs**
- Reduce **inefficiencies** in the organisation and delivery of care
- Provide the **data** to enable case finding and population stratification to enable best use of scarce resources
- Address **wider determinants** of health
- Drive **social and economic** development

Key Features

- Think **person**: how is it going to feel?
- Digitally *enabled* care by default
 - Care is
 - a. predictive & preventative
 - b. timely (early intervention)
 - c. personalised
 - d. participatory
 - Care delivered 'closer to home'*
 - Care is holistic and integrated
- Think **local**: how is it going to look?
- Services delivered in fewer, larger, flexible and digitally enabled buildings
 - Integrated community teams deliver a wide range of services under one roof
 - Shift total place expenditure to key priorities over time
 - Shared governance and stewardship models

How do we get there?

- Commit to **collective responsibility** for funding, planning and jointly delivering services organised/contracted locally
- Commit to **collective working** on a shared vision
- Deliver more **acute and mental health services** in the community that don't require the hospital built environment to **free up land-locked hospital estate**
- Joined up working across multiple professionals and teams in the community (e.g. general practice, primary care, community, social care, LTC services etc)
- "get under the nails of the local area" – build up a profile, use your insights about the local population, **look at the available estate** between all partners
- Think **10 years ahead**, but also use it to fix the things that broadly drive change in a coherent direction.
- Make this work with as **little structural reorganisation** as possible.

Next Steps

- Build on the locality model work and **public involvement** - Summer 24
- Refresh governance to drive collective delivery (York Health and Care Collaborative)
- Connect partners across sectors, including community champions – **'team York directory'**
- Develop an implementation plan with phasing
- Explore **estate assets** and **finance sources** to support build/re-development
- Build in **co-production with residents to develop the York offer** and function of integrated teams
- Option to go further/faster where the energy is high: **Burnholme test bed**
- The system aspiration is to have 5 neighbourhood hubs by 2042

Place 2 – York: Key Insights

The York Health and Care Partnership has an ambition to align partner estate strategies and delivery plans to combat a number of the challenges set out in this York Place Review and put it in the best position possible to deliver integrated, locality-based health, care and prevention.

Primary Care

York Place will be challenged to respond to the significant level of new housing proposed in the emerging local plan. The impact of this is already being felt, but a further 40,000 population impact is planned to 2040. Practices have been challenged to accommodate the workforce associated with service model change (ARRS roles) and there has been limited investment in primary and community estate for an extended period, therefore there is a range in the quality and suitability of premises. York Place has a good rate of online consultations; however the digital infrastructure would benefit from improvements to support this.

Acomb Gables was redeveloped in 2022 using NHSPS capital from disposals and with revenue support from the ICB. This created 20 additional rooms for PCN and local service delivery co-ordinated via Nimbuscare.

Demographics – Housing Growth

A thorough review by York Place has identified existing and additional requirements totalling £81m through to 2040. These have been included in the City of York Council Infrastructure Delivery Plan and propose contributions from housing gain of £18m leaving a funding gap of £60m. Delivery of this programme of work will require dedicated and specialist resource and significant programme commitment. Activity is underway to prepare clinical strategy and understand joint approach to localities and hubs.

The York Local Plan is progressing through review processes.

Pocklington and Stamford Bridge surgeries are in the East Riding of Yorkshire local authority area. Impacts from housing growth are expected at Pocklington (2.29 clinic rooms by 2039), Stockton on-the-Forest and Dunnington practices with an increase of 0.8 clinical rooms each.

Provider (acute and mental health)

There has been substantial investment in facilities at York Hospital including the redevelopment of the Emergency Department and the VIU. There has also been development of elective capacity at Clifton ITC and CDC at Askham Bar. The development at Askham Bar is in relatively short-term leasehold premises.

TEWV have completed a series of investments since 2019 including the delivery of a £41m, 72-bed inpatient facility at Foss Park in April 2020. They also secured £4m capital to support a CAMHS scheme at Orca House. The Trust developed Huntington House at Monks Cross which has some capacity to share with other providers, subject to ways of working.

York & Scarborough Teaching Hospitals have highlighted that due to the age and constraints of the existing site they have an ambition for a new Hospital site in 10-15 years. The Trust have also invested in relocating a number of services off the acute site to community locations, but particularly to the Stadium development at Monks Cross.

Workforce

There is an identified workforce issue in York in all elements of health and social care that front-line staff cannot afford housing costs in the city. Practices are challenged to recruit to reception roles and is one factor in the desire to consolidate to a smaller number of premises and consolidate back office activities were possible. Provision of key worker housing is considered a priority in York Place.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place Overview: York

Supply Insights

No. PCNs	5
General Practice / Community Care:	
• No. GP Practice locations	38
• Total GP Floor Area m ² NIA	14,498
• No. Community Sites (incl. hospitals)	16
• Total Community Care Floor Area	10,055
Acute Hospitals	1
No. Mental Health Sites	10 – 16,971m ²
No. Pharmacies	40
Key Priority Projects	
Planned/Funded Major Estate Projects	£m
• Old School Medical Practice	1.00
• Burnholme Health Hub	11.30
• Neighbourhood Hub delivery programme (5)	tbc
• York Central	12.20
• Elvington (Langwith)	4.60
Capital Investment Priorities (PCN Toolkit)	£m
• York Medical Group: Monkgate Medical Practice	1.00
• Priory Medical Group: Fulford Surgery	1.50
• Huntington expansion	tbc
• My Health (2 clinical rooms)	tbc
• York Medical: Water Lane (2 clinical rooms)	tbc
• Haxby HC expansion	4.75

Demand Insights

Population (ONS 2021)	202,821
List Size (SHAPE)	245,007
Demography:	2021 2037
• Under 10	18,517 18,383
• Aged 60 - 85	44,508 51,148
• 85+	5,481 9,132
Deprivation:	
• LSOA – ranked lowest 10%	York 018B – 44.52
Healthy Life expectancy gap (years)	F: -1.1+ / M: +2.6
<i>Comparison of Place to HNY ICS</i>	
Housing / Population change:	Houses / People
• Local Plans based increase to 2027	5,485 / 13,872
• Emerging Local Plans increase to 2033	13,872 / 30,518
PCN Increase to meet 2032-2040 demand	
<i>Population changes will create demand for additional space for PCNs. detail slide 178.</i>	
West Outer and North-East York	NIA
York East	333
Priory Medical Group	327
York City Centre	241
York Medical Group	236
Total	188
	1,325

York: PCN /Neighbourhood reviews

Strategic indicators									Overall priority
PCN name	Number of properties	Population Data (ONS Census 2021)	GP patient list size (SHAPE April 23)	Population growth from new housing by 2032 (growth as a %) (SAVILLS April 22)	Estate suitability (C,F,T)	Deprivation (IMD Score)	Workforce (under-doctored)	Additional Estates Requirement to be addressed (sqm)	
Priory Medical Group York	9		58,541	4.87	F: 4 T: 5	11.89	3,448	241	
West Outer and North East York	10		40,723	4.55	C: 2 F: 8	11.19	964	333	
York City Centre	6		56,288	7.49	C: 2 F: 4	12.23	1,610	236	
York East	5		44,591	8.10	C: 4 F: 1	8.62	1,274	327	
York Medical Group	8		44,864	6.20	C: 4 F:3 T: 1	12.51	1,441	188	
TOTAL	38	202,821	245,007	6.25	C: 12 F: 20 T: 6			1325	

Estate Suitability Key

GP to list size ratio:



0-1800



1801-2400



2401-3000

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

York: PCN /Neighbourhood reviews

The PCN Toolkit Programme was to enable the 43 PCNs in Humber & North Yorkshire ICB to identify and prioritise their estate optimisation, disinvestment, and subsequent capital investment requirements to address population health priorities and future service needs. It is also to support the production of capital investment plans for PCNs and Places and help the ICB aggregate and prioritise local primary care investment requirements against other system demands for capital.

Completed in December 2023, the PCN Toolkit programme proposed 275 projects, across 43 PCNs. Each of these projects then went through an enhanced scoring exercise led by Place, Primary Care, Estates and Finance leads to review and consider the PCN proposed projects across the Place to allow for system input and co-production. Not only did this streamline the needs and requirements for the future based on key criteria such as Population Benefit, Service Integration & Strategic Alignment, Operational Benefit and Value for Money, but it also rationalised the proposals by removing any duplicate projects that were already in train or required a joint solution.

The result was a prioritised list of projects broken down as Immediate, medium term and longer term priorities.

All requirements were considered against a list of planning scenarios

1. Increase operational hours to 50 hours per week
2. Consider digitisation of patient records to create space
3. Consider internal remodelling
4. Use underutilised space in wider health and social care and public sector
5. Extend existing premises (subject to costs and vfm)
6. New facility (last resort)

It is pertinent to note that all projects proposed by the PCN remain as part of the exercise with its original scores and ranking maintained alongside the updated scores with clear and concise narrative to support all results.

York Considerations

- Overall utilisation is very high across York Place with an average of 83% across 38 properties and a list size of 253k by 2032.
- Projects that are already captured in the ICB/Place pipeline projects need traction, with any constraints addressed as soon as possible.
- There are 9 upgraders proposed with no digitisation of medical records proposed.

York Regeneration Programmes:

- **Bootham Park** – (former Bootham Park hospital site) planning application submitted by Enterprise Retirement Living to provide a 170 home independent living retirement community for older people.
- **Our City Centre** - a new 10-year strategic vision for York city centre was relaunched by the council's Executive in October 2023. This project will now focus on delivering the vision and there will be further opportunities for residents and businesses to get involved and to help to shape the city centre.
- **Germany Beck** - a 'reserved matters' application for housing was approved in 2013. Priory Medical Group: Fulford Surgery is part of the plans.

The following pages summarise the outputs from the toolkit work.

[Contents](#)[Foreword and Executive Summary](#)[Introduction](#)[ICS Priorities](#)[Where are we now?](#)[Where do we want to be?](#)[How do we get there?](#)[Appendices](#)

Place 2 : Summary

Priory Medical Group

Priority areas and next steps:

Key findings:

- Priory Medical Group York provides medical care services to over 58,000 people in York. The PCN consists of one main practice and 8 branch practices.
- Across the PCN the majority of the appointments are carried out face-to-face and virtual appointments have fallen since covid. The PCN is already working over capacity and is facing a lot of pressure on its existing practices.
- The PCN has reported that they will be under sustained pressure from forecasted population growth, which will compound existing challenges further in the future. The PCN expects an estimated 8518 new patients over the next 10 years with the majority of new patients deriving from the new housing population. It is worth noting that the PCN believes that this figure will be a lot higher as they are already dealing with increasing patient list size.
- The capacity modelling shows that the PCN is already operating over capacity and it is over-utilised in its current estate at 87%.
- Upon reviewing the estates of the PCN it is clear that some of the buildings require heavy amounts

of investment and in some cases are no longer a strategic fit for the PCN. Additionally, there are wider PCN plans to have an integrated healthcare centre encompassing 3 of the existing practices. Feasibility studies and subsequent business case applications will be required to adapt or relocate the other surgeries. This needs to be fully explored to plan for the future to relieve the over utilisation pressure on this PCN.

- While the PCN's requirements for patient-facing space have been identified, there is light touch review of administrative areas.

Recommendations/next steps:

- All sites - All practices to consider patient records digitalisation.
- Priory Medical Group - Feasibility of future options for this practice.
- Priory Medical Group: Clementhorpe - Await future plans for the estate due to York Central/Teardrop development which has a requirement for a new 4 GP surgery to be built.
- Priory Medical Group: Lavender Grove Surgery - Feasibility of future options for this practice.
- Priory Medical Group: Rawcliffe Surgery -

Feasibility of future options for this practice.

- Priory Medical Group: Heworth Green Surgery, Tanghall Lane Surgery, Park View Surgery - Continue with the Business Case plan to have a new purpose-built health centre and dispose of this estate.
- Priory Medical Group: Fulford Surgery - Await future plans on a potential expansion to the estate/redevelopment due to local plan developments and community expansion at Germany Beck.
- Priory Medical Group: Victoria Way Surgery - Feasibility of future options for this practice.
- PCN - Explore the possibility of acquiring a mobile clinical unit to provide service to more rural locations.

Additional Information:

- PID submitted for Burnholme scheme (£11.3m)
- Cost indications for expansion at Fulford (£1.5m) included in emerging local plan for contribution sec106
- Feasibility study prioritised for 24/25

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 2 : Summary

West Outer and North East York

Priority areas and next steps:

Key findings:

- West Outer and North East York provides primary medical care services to over 48,000 registered patients in York. The registered patient population is expected to grow by 1.86% from 2022 to 2032 (ONS).
- Housing developments in the PCN areas are expected to have an impact on the Practices patient list sizes adding more pressure to the estates. Haxby Group Practice Surgeries are expected to be impacted the most by future housing developments.
- Practices within the PCN are relatively in good condition however some surgeries could benefit from internal redecoration: Front Street Surgery, Haxby Group Practice: Gale Farm Surgery and Haxby Group: Earswick Surgery.
- Some Practices within the PCN have identified opportunities for additional clinical and admin space through extensions and/or remodels.
- According to the capacity modelling, currently only Old School Medical Practice Surgeries are operating above the HBN target of 60% on patient facing target at 71%. Front Street Surgery and Haxby Group Practices are near to 60% at 49% and 52% respectively

Recommendations/next steps:

- It is recommended that Haxby Group Practice, Huntington Surgery and the Old School Medical Practice undertake a strategic outline case for possible extensions.

- It is recommended that Front Street Surgery, Gale Farm Surgery and New Earswick Surgery redecorate their Practices to be more patient friendly and a better environment for staff to work in.
- It is recommended that the following practices explore the possibility of using underutilised space within the wider health and social care: New Earswick and The Old Forge Surgery.

Additional Information

- Old School Medical practice have developed plans for expansion of their premises at Copmanthorpe (£1m). This will link to the closure of Bishopthorpe branch surgery. The extension will be supported in part by sec 106 contributions.
- WONE strategy concurs on requirement for hubs for mental health and women's healthcare as well as same day acute access GP service.
- Internal reconfiguration works for Front St Surgery have been prioritised by the ICB in 24/25.
- An extension at Haxby & Wiggington Health Centre (£4.75m) is proposed to respond to substantial housing growth. This is included in the emerging local plan and discussions are underway with Housing developers to secure sec106 contributions.

Place 2 : Summary

York City Centre

Priority areas and next steps:

Key findings:

- York City Centre PCN provides primary care services to over 54,000 patients in York. The registered patient population is expected to grow by 16.93% from 2022 to 2032. This population growth is mostly driven by local housing developments in the area with Unity Health expected to see a 21.56% increase in the 10-year period.
- Due to rising patient list sizes and housing developments, practices within the PCN are becoming stretched for clinical and admin space across the estate. This has resulted in some staff having to work remotely and using clinical rooms for administrative tasks. The capacity modelling for the Practices indicate all but Unity Health are overutilised, Unity Health is very close to the target, at 53%.
- The PCN estate is generally in good condition and remain compliant however, they still require investment to bring them to a higher standard and fit for the future.
- Sustainability has been identified as possible opportunities for improving energy efficiencies and reducing running costs across the estate. Jorvik Gillygate Estate would benefit from such investments, in particular, solar panels, energy efficient windows and doors and a

new boiler.

- There are ongoing discussions with the ICB to potentially relocate some services from Jorvik Gillygate Practice: Southbank and East Parade Surgeries into a new Burnholme Health Hub.

Recommendations/next steps:

- Feasibility studies into space acquisition (Unity Health), extensions(Unity Health, Dalton Terrace Surgery) and relocation of services (Southbank and East Parade Surgeries).
- Explore funding options to green estates across the PCN through solar panels, LED lightings, energy efficient windows and doors: Dalton Terrace Surgery, Jorvik Gillygate Practice(main) and East Parade.
- Explore funding options to make the Practices more accessible and compliant through the installation of a permanent patient ramp (East Parade and Southbank), a new lift (Jorvik Gillygate Practice), and removal of carpet in GP consulting rooms (Jorvik Gillygate Practice).

Place 2 : Summary

York East

Priority areas and next steps:

Key findings:

- York East PCN provides primary care services to over 44,000 registered patients in the York area. The registered patient list size is expected to grow by 2.83% from 2022 to 2032. The increase in patient population is mostly driven by housing developments and the PCN increase in patient population will likely be higher based on draft local plan.
- Currently, the Practices within the PCN are operating near or above the HBN target of 60% patient facing usage (MY Health Group 65% and Pocklington Group Practice 72%, Elvington Medical Practice 58%).
- Practices within the PCN are generally in good condition and remain compliant to NHS and HBN standards. Some practices could benefit from investment to improve the estate and make them more energy efficient and sustainable for the future. MY Health Group is operating in a converted school, not environmentally friendly and no improvement plan in place. There is no central funding from NHSE for the green agenda.
- MY Health Group has been identified as an option to create additional consultation rooms through the conversion of two existing examination rooms.

Recommendations/next steps:

- All Practices - All practices consider patient records digitalisation to release space and convert it into additional clinical or administrative areas; engage with NHS Digital to improve WI-FI and equipment for Practices; explore the use of vacant space within the wider health and social care estates.
- Pocklington Group Practice - Feasibility study to investigate options to alleviate the over utilisation

- MY Health Group - Proceed with the conversion of two examination rooms into consultation rooms for the use of Pharmacists including new clinical furniture within the rooms
- MY Health Group: Stamford Bridge Medical Centre - Explore options for this branch to ensure it is fit for the future, providing available space and sustainable
- MY Health Group: Huntington Surgery - Explore sustainable measures and efficiency measures to improve the Practice's EPC rating
- Elvington Medical Practice - Explore measures to improve the Practice's EPC rating; carry out an extension feasibility study to relieve pressures on admin and clinical space; pursue sec106 development monies associated with the new village development (Langwith) and Wheldrake.

Additional Information (non-toolkit)

- Dunnington Surgery has been closed for some time so removed from PCN summary of properties.
- Engagement commenced with LA and developers regarding new build for 8,000 residents at Langwith (£4.6m, propose to secure £4.3m from sec 106), included in IDP and project profiled for 2037/38.
- Pocklington and Stamford Bridge surgeries are in the East Riding of Yorkshire. Impact from housing growth will create a requirement for Pocklington (additional 2.29 rooms) by 2039, the Beckside Centre could be explored as a potential solution. Stamford Bridge development will impact Stockton on-the-Forest and Dunnington (increase of 0.8 clinic rooms) rooms each.

Place 2 : Summary

York Medical Group

Priority areas and next steps:

Key findings:

- York Medical Group PCN provides primary medical care services to over 44000 people in York. The PCN is made up of one main practice and seven branch practices.
- The PCN mostly conducts its appointments face-to-face however, they continue to offer virtual appointments to their patients. The PCN is already working over the HBN standard capacity target of 60%.
- The PCN has reported that there are large scale housing developments within the City of York area which will have a significant impact on the PCN. The PCN has also reported that it is already struggling with current and previous housing developments that have and continue to put pressure on the PCN's capacity. Figures from the ONS estimate that there will be an increase of 6,584 registered patients (16.50%) for the PCN associated with new housing. However, the PCN believes that this figure will be significantly higher.
- York Medical Group PCN we can see that they are operating at 68%. This shows that they are already over utilised and under pressure. Therefore, any increase in the registered patient population will have a significant impact on the PCN.
- Practices within the PCN are generally in good condition and remain compliant to NHS and HBN

standards however, some Practices could benefit from some redecorations to make them better. These include but are not limited to: Monkgate Medical Practice, Tower Court Health Centre and Woodthorpe Surgery. Additionally, some Practices have signalled that they would benefit from extensions and refurbishments/remodels. These include 32 Clifton Surgery, Monkgate Medical Practice, Tower Court Health Centre, Water Lane Surgery.

Recommendations/next steps:

- All sites – All practices to consider patient records digitalisation, mainly where there is potential to release space and convert it into additional clinical or administrative areas
- York Medical Group - increase operational hours from 50 hours per week to 55 hours per week; Feasibility study into an extension in the surrounding carpark to increase capacity
- York Medical Group: Monkgate Medical Practice Explore funding options for a £1m refurb of the existing site and to reconfigure the space to increase the capacity; Feasibility study into a possible second storey extension
- York Medical Group: Woodthorpe Surgery - Explore funding options to modify the car park to make it more accessible for patients and staff and to improve the flow of traffic

- York Medical Group: 32 Clifton Surgery - Explore funding options to make the estate more suitable for back-off accommodation and to help release clinical space in other Practices in the PCN
- York Medical Group: Water Lane Surgery - Undertake minor remodelling to increase space within the Practice; Feasibility study of second storey to increase capacity
- York Medical Group: Tower Court Health Centre - Increase operational hours from 50 hours per week to 55 hours per week; If records can be digitalised pursue remodelling of reception (conversion to 4 consultation rooms as outlined in the lease renewal); Undertake a feasibility study into a possible extension into the carpark surrounding the estate
- PCN - Explore the possibility of an integrated site on the carpark of Monkgate car park or Monkbar car park

Additional Information:

- Practice consider development of a call handling hub would be beneficial.
- Monkgate interim scheme developed and could move into delivery subject to settlement of debt & leasing.
- Feasibility for Tower Court prioritised 24/25

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

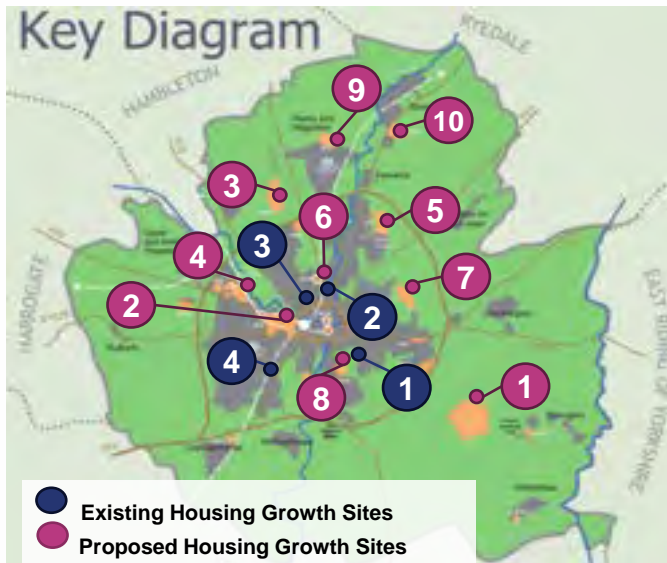
How do we
get there?

Appendices

City of York – Future Housing Growth

Timeline/ Impact	By 2027 (5 years) Defined 5-year Housing Land Supply (All Sites) (May 2022)	By 2033 – City of York Local Plan (Publication Draft) (Feb 2018)
Planned Housing Growth	5,485	13,872
Expected Additional Population Growth (based on 2.2 people per dwelling)	12,067	30,518

Location of Local Plan (2005) and draft Local Plan (2018) Key Housing Growth Sites



Key Housing Growth Sites

Development Control Local Plan (2005)

The Council seeks to make provision for at least **9,866 dwellings from the plan period 1998-2011**. 4,491 of which through housing allocations.

- Germany Beck, Fulford - **c.700 dwellings – Granted permission: 12/00384/REMM RM application under granted outline permission 01/01315/OUT For 655 dwellings.**
- Hungate – **c.600 dwellings – Granted permission: 12/02282/OUTM Outline application for 720 dwellings (application to extend time period to original permission under 02/03741/OUT).**
- York Central up 2011 – **c.600 dwellings – No extant consents for development.**
- York College, Tech site – **c.350 dwellings – Granted permission: 07/00752/REMM For 360 dwellings (appears to already be completed)**
- Donnelly's – **c.250 dwellings (no exact location/address provided)**

Local Planning Authorities: City of York Council

2022/23 Infrastructure Funding Statement and IDP (2018)

No CIL in place.

- Existing healthcare provision meeting the needs arising from future developments identified to be at low risk.
- The Trust intends to meet increased demand for new clinical accommodation to be met by new build on the Hospital site.

CIL proposal in development:

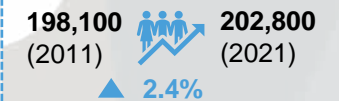
York Council is currently preparing an updated IDP and the ICB has identified 18 planned health projects. S106 contributions are stated as a source for 15 of the projects.

Key Proposed Housing Growth Sites

City of York Local Plan – Publication Draft (2018)

- Land west of Elvington Lane (**c.3,339 dwellings**)
- York Central (**1,700-2,500 dwellings**)
- Land west of Wigginton Road (**c.1,348 dwellings**)
- British Sugar/Manor School (**1,200 dwellings**)
- Land north of Monks Cross (**c.968 dwellings**)
- Nestle South (**863 dwellings**)
- Land east of Metcalfe Lane (**c.845 dwellings**)
- Imphal Barracks, Fulford Road (**769 dwellings**)
- Land north of Haxby (**c.735 dwellings**)
- Queen Elizabeth Barracks (ST35) (**500 dwellings**)

Population growth



Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Place 2 – Infrastructure Delivery Plan Projects

The housing trajectory developed as part of the LDP work has been converted to show population impact based on 2.4 residents per household. The annual impact is shown below in orange and the cumulative impact over time in blue.

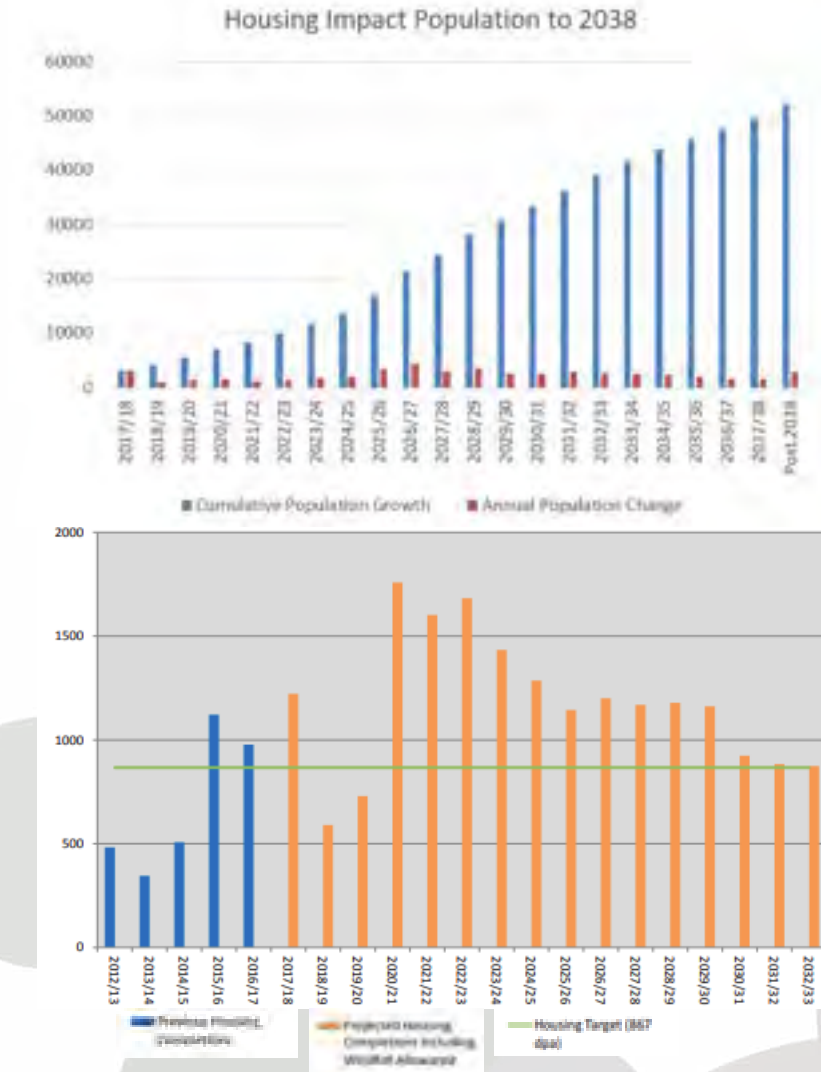
York Place have provided an IDP submission setting out 18 projects required to meet future primary healthcare requirements, 15 requiring financial contribution from housing developers totalling £18m+. The programme has an impact of £81m capital or alternatively £2m+ of annual recurrent revenue funding.

A 15-year outline delivery programme has been developed commencing in 23/24 but programmatic resources will be required to support delivery. The plan would see creation of 7 strategic hub locations across the city and a new practice at Elvington. Delivery of the proposals would see a reduction from the current 44 premises to only 22 sites. The proposals have been developed with the support of general practice and key stakeholders at Place.

The proposed general practice consolidation / hub locations identified were

- Acomb - £15m for delivery 2038/39
- Burnholme - £11.3m for delivery 2025/26, anticipated revenue impact +306k pa
- Haxby - £4.75m for delivery 2027/28
- Huntington - £7.2m for delivery 2035/36
- Monkgate - £15.15m delivered in 3 phases, 2024/25, 2027/28 and 2037/38
- York Central – interim space £220k, new build £12m in 2 phases 2031/32 and 2037/38
- York South – £1.5m interim 26/27, £5.4m new build by 2037/38

Delivery of this plan will require dedicated resources and funding commitment from Place and support of City of York Council planning.



Place 2 : Priority infrastructure requirements

Extend Haxby & Wiggington Health Centre
Extension of existing HC to respond to housing growth. £5.4m by 2027/28

U

Acomb Health Hub
A construction cost of £15m consolidation of 7-8 healthcare premises in Acomb to form a strategic H&S delivery hub.

P

York Central Hub
Interim provision £220k then new health facility as funds are available from sec 106. £12m phase 1 2031/32, phase 2 2037/38

P

Old School Medical - Copmanthorpe
Redevelopment of OSM to increase clinical capacity and consolidation to single site. Cost circa £1m of Sec 106 and capital.

C

2042 Neighbourhood Hub Programme
Aspiration to deliver 5 health hubs in 2042 as part of system wide programme at Place.

P

Acute Hospital
York & Scarborough THFT have identified a requirement for a replacement for York Hospital and identification of a suitable site.

Huntington Health Hub
A construction cost of £7.2m consolidation of multiple healthcare sites and response to housing growth for 2035/36

P

Burnholme Health Hub
A construction cost of £11.3m but anticipated that this will be delivered via 3PD, £360k revenue impact.

P

Monkgate Health Hub
Redevelop Monkgate site for general practice, community and GUM services consolidating tail sites. Construction costs of £15m over three phases

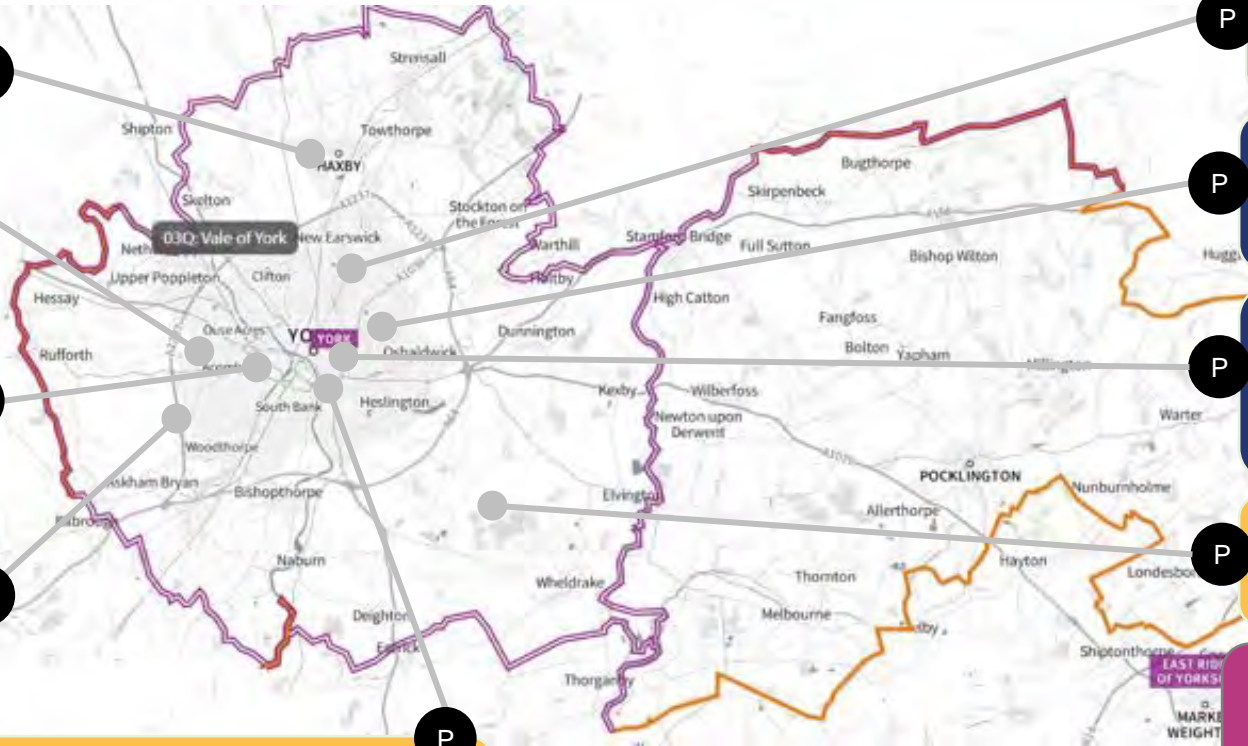
P

New General Practice
New GP practice to serve new village at Langwith £4.6m by 2038/39

P

Mental Health
There is an aspiration for CYC and TEWW to replicate and develop the mental health hub currently in place at Clarence St.

P



- Project Driver**
- Housing
 - Primary Care & Community
 - Mental Health and Learning Disabilities
 - Acute / Secondary Care
 - Office estate

- Project Status**
- C Committed
 - U Pipeline (Urgent)
 - P Pipeline



PLACE 3 REVIEW: East Riding of Yorkshire

- Place on a Page Overview
- Key insights from PCN Toolkit Review
- Housing Growth summary
- Other key insights
- Priority Infrastructure requirements



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 : Clinical Strategy Summary

Our Ambition

An East Riding where all residents are supported to enjoy their maximum potential for health, wellbeing and participation throughout their lives:

- children and young people enjoy good health and wellbeing
- working age adults reduce their risk of ill health
- residents achieve healthy, independent ageing
- health inequalities are reduced

Where we are now

- people in East Riding are dying years earlier than they should
- we don't have the things we need like warm homes and healthy food – we are worrying about making ends meet
- this can result in increased stress, high blood pressure and a weaker immune system
- this doesn't impact on people equally

Our population health approach has resulted in a proposed set of multi-year programmes that are based around improving the health of the population, reducing inequalities and ensuring access to high quality services.

Our Priorities:



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 – East Riding of Yorkshire: Other Key Insights

Demographics – Housing Growth

The emerging local plan suggest substantial housing impacts with 8k additional houses and circa 46k population growth by 2039. There is reference to the impact on health although no specific projects are identified. This level of housing growth would suggest a significant floor area growth will be required for general practice, an indicative increase of 3,830m². This suggests an additional capital investment requirement of £23m (2024 prices), and if via third party investment an annual revenue pressure for rent of £850k. There will be significant impacts at Beverley, Bridlington and Driffield.

To date house building in Beverley and Bridlington does not appear to be creating pressures however there is a lot of growth in Howden from Leeds commuter belt and this is creating issues for Cygnet PCN.

Provider

Acute services are provided by a range of providers across this dispersed area including York & Scarborough FT, Hull University Hospital FT and North Lincolnshire & Goole FT.

Castle Hill has seen significant investment and expansion of elective surgical and rehab facilities. A further phase of day case surgery development is underway.

NLaG have undertaken a substantial programme of investment over the last 5 years, making improvements to facilities at Goole.

A CDC spoke (£1.4m) was developed at East Riding Community Hospital Beverley including a mobile CT/MRI facility.

Goole hospital has a significant backlog maintenance issue with £14.79m (£727.66 per sqm) of which £11.68m (£574.49 per sqm) is critical infrastructure risk.

City Health Care Partnership (CHCP) CIC provides some community services in the East Riding area. The Community Interest Company structure provides alternative financing and balance sheet approaches which are outside IFRS16 rules. The ICB are keen to investigate the benefits of this structure.

Mental Health Services

Humber FT provide acute mental health and community services. They operate from sites across East Riding.

The Trust have identified a requirement to construct of a new adult and older adult mental health inpatient treatment campus on NHS land at Willerby Hill including

- 4 x 15 bedded adult ward,
- 1 x 12 bedded older adult functional mental health ward and
- 1 x 12 bedded older adult dementia ward, plus
- 10 psychiatric intensive care beds (94 beds in total).

The project will also involves major refurbishment of Miranda House to provide a 12 bed mental health assessment and decision unit. The indicative cost of this development would be £90m. The development will support the transformation and expansion of mental health services in the Humber area, where needs and demands for mental health services are high and increasing. The project represents a key part of the Humber area's multi-organisational response to the significant adverse economic and social impacts of Covid.

Place 3 – East Riding of Yorkshire: Other Key Insights

Primary Care

The East Riding of Yorkshire Place is a large dispersed area which requires services to be located across the rural community. The estate ranges in quality and suitability, with a number of former converted domestic premises forming part of the primary care estate. There has been recent investment for approved for

- Leven Surgery – While funding has been agreed to create an extension (5 clinical rooms) at a cost of circa £850k there are challenges related to concluding this scheme and it may not prove deliverable in its current form.
- Hessle Surgery - the Practice is expanding onto the first floor of the building, which is currently vacant but funded. This will provide the PCN with an additional 14 clinical rooms and supportive space. Funding of £300,000 has been approved by the ICB to remodel the areas in order to ensure compliance with the IPC standards.

Plans were originally developed for a health hub in Bridlington but these did not progress due to revenue and other constraints. A joint proposal is now being developed for the Bridlington Live Well Campus which would provide an integrated mixed use town centre solution including for general practice. Temporary capacity is currently being provided with portacabins.

Housing growth implications will place challenges on the Place team in terms of developing strategic plans and supporting practices in the development and delivery of solutions. Support will also be required to agree and secure planning gain from housing to assist in funding expansion of primary care capacity.

Further demand is possible as practices in Hull restrict their patient registration to residents within their boundary. Currently around 15k patients are resident

in East Riding but registered in Hull. This impact is expected to be gradual as patients move and are forced to re-register with East Riding practices.

There are concerns about NHS PS operational approach and the impact this has on general operation and delivery of change within the East Riding system. NHSPS are not considered an effective system partner and having bureaucratic and unresponsive processes. On this basis there is a preference for more local control of healthcare assets.

Community Hospitals

There are a number of community hospital facilities across the area including Alfred Bean, Beverley, Bridlington, Hornsea and Withernsea with varying levels of activity and utilisation. Humber FT have identified opportunities to improve utilisation of facilities, especially the at Alfred Bean and Hornsea.

York FT have undertaken investment at the Bridlington site to decarbonise using Salix funding (£4.7m)

OPE

There is a strong OPE partnership in place and this has resulted in effective joint working across the ERY area. It has also resulted in consideration of co-location opportunities in council estate including leisure centres. There are also interesting pilots such as social prescribers travelling with library buses which resulted in a number of positive outcomes.

Office

There has been some local consolidation of office activity at Health House and further review may take place as part of the ICB Office strategy work. Humber have invested in improving their HQ site to support modern working.

Place Overview: East Riding of Yorkshire

Supply Insights

No. PCNs	7
General Practice / Community Care:	
• No. GP Practice locations	46
• Total GP Floor Area (NIA)	15,133
• No. Community Sites	
• Total Community Care Floor Area	
Acute Hospitals	3
No. Mental Health Sites	3
No. Pharmacies	59
Key Priority Projects	£000
Planned/Funded Major Estate Projects	
• Mental health adult inpatient facility (Humber)	90,000
• Ridings Medical – Hessle Surgery expansion	300
• Leven Surgery	850
Capital Investment Priorities (PCN Toolkit)	£000
• Drs Reddy & Nunn Bridlington	revenue
• Howden Medical Group (new build feasibility)	
• Molescroft Surgery (refurb)	tbc
• Holderness Health	tbc

Demand Insights

Population (ONS 2021)	342,215	
List Size (SHAPE)	314,474	
Demography:	2021	2037
• Under 10	32,056	30,127
• Aged 60 - 85	103,952	124,729
• 85+	11,463	19,999
Deprivation:	ERY005C South Cliff Deprivation = 78.1 Rank = 44th	
• LSOA – ranked most deprived		
Healthy life expectancy gap (years)	+2.6 Male +4.4 Female	
<i>Comparison of Place to HNY ICS</i>		
Housing / Population change:	Houses / Population	
• Local Plans based increase	6,550 / 14,410	
• Emerging Local Plans increase	20,990 / 45,980	
PCN Increase to meet 2032-2040 demand		
Population changes will create demand for additional space for PCNs.		
Cygnets	NIA	
Beverley	531	
Holderness	460	
Yorkshire Coast & Wolds	318	
Other PCNs	252	
Total	540	
	1,932 sqm	

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

East Riding of Yorkshire: PCN Reviews

Strategic indicators										Overall priority
PCN name	Number of properties	Population Data (ONS 2021)	GP patient list (SHAPE April 23)	% Housing Popn Growth to 2032 (SAVILLS)	Estate suitability (C,F,T)	Deprivation Score	Workforce (under-doctored)	Patients per total clinical staff FTE	Additional Space Indication (sqm)	
Beverley	8		53,398	7.26	C: 4 F: 4	11.08	1,421	830	460	
Bridlington	5		41,343	4.91	C: 3 F: 1 T: 1	31.63	2,961	936	169	
Cygnets East Riding	7		52,031	5.59	C: 4 F: 3	15.45	1,803	822	531	
Harthill East Riding	6		36,042	4.38	C: 4 F: 1	14.43	2,689	1,006	175	
Holderness	6		34,141	3.80	C: 1 F: 5 T: 1	20.90	1,595	420	318	
River & Wolds East Riding	5		46,264	6.01	C: 3 F: 2	9.49	1,540	675	196	
Yorkshire Coast & Wolds	9		50,425	9.23	C: 3 F: 6	15.75	1,575	631	252	
	46	343,143	313,644	6.10	C:22 F:22 T:2				2101	

PCDG Infrastructure Measures

GP to list size ratio:

■ 0-1800
 ■ 1801-2400
 ■ 2401-3000

Clinical FTE to list size ratio:

■ 0-1200
 ■ 1201-1500
 ■ 1,500+

Place 3 : Summary

Beverley

Priority areas and next steps:

Key findings:

- The registered patient list size is expected to grow by 1.02% by 2032 which will have an impact on the PCN which is already experiencing space shortages and overutilization of their estate. The Practices most impacted by this are Greengates Medical Group sites and North Beverley Medical Centre.
- Limited administrative and clinical space means the PCN is not able to offer a wider range of services, take on more ARRS roles and it is more difficult to integrate with secondary care and community sector providers.
- Opportunity to introduce virtual consultation spaces amongst all practices to reduce the number of virtual consultations in patient-facing rooms.

Recommendations/next steps:

- Greengates Medical Group: Molescroft Surgery potential to explore funding options to purchase part of Molescroft Surgery and to dispose

of Walkergate Surgery.

- Extension feasibility studies for Minstergate Surgery and North Beverley Medical Centre.
- Potential for PCN to explore utilising underutilised/vacant space i.e. Beverley Community Hospital or ERY Council owned estate.

Additional Information

- Previous plans for hub not progressed as it was not possible to develop a viable scheme.
- Substantial housing growth will have an impact. The ICB have provide the local planners with projections for additional space to respond to housing growth, but no specific schemes have been confirmed.
- A lease renewal decision is required for North Beverley Medical Centre (600m²)

Place 3 : Summary

Bridlington

Priority areas and next steps:

Key findings:

- Patient list size is expected to grow by 9.03% by 2032 - the PCN provides services to 13% of all patients in the East Riding of Yorkshire locality.
- experiencing space shortages which is preventing it from expanding its service provision and delivering the PCNs contractual offerings.
- struggling to recruit clinicians due to poor facilities which is also impacting the training placements they can offer.
- Humber Primary Care would welcome a consolidation of its sites as they are currently dispersed across a large geographic area leading to inefficiencies in service delivery.
- Drs Reddy and Nunn are in the process of acquiring additional space (2 patient-facing rooms) at the East Riding Leisure Centre Bridlington.

Recommendations/next steps:

- Feasibility study to explore sites' consolidation for Humber Primary Care.
- Drs Reddy and Nunn to finalise a decision regarding additional space at the Crown Building.

- Drs Reddy and Nunn to finalise a decision regarding the rental/purchase of portacabins to create additional patient-facing rooms in the Medical Centre's car park.

Additional information

- Dr's Reddy and Nunn have acquired 2 rooms at the East Riding Leisure Centre
- An interim space solution of rental of two Portcabins (5 year term) has been agreed for Drs Reddy and Nunn.
- Crown buildings have been secured and are in use as PCN space
- The feasibility for Humber Primary Care has been superseded and a PID is being developed for a joint health and well-being facility in Bridlington (£15-20m)
- Bridlington Hospital – maximise utilisation for secondary and elective activity to serve the local population, links to Scarborough, step down for post-acute stroke, potential end of life services

Place 3 : Summary

Cygnets East Riding

Priority areas and next steps:

Key findings:

- Patient list for Cygnets PCN is expected to grow by 10.34% by 2032.
- PCN estate does not meet current or anticipated needs, across the majority of the surgeries there is insufficient clinical and administrative space to efficiently deliver both the contractual arrangements or deliver plans to expand services.
- Clinical and administrative staff are having to work from home or travel between sites to find available space leading to inefficiencies in service provision and a lack of collaborative working.
- The majority of the Practices are training practices but due to pressures on space the PCN does not feel there is adequate space to continue to facilitate placements for medical students, ensuring adequate trainees' supervision.

Recommendations/next steps:

- New Build Feasibility Study or Business Case for Howden Medical Practice.

- Extension feasibility study at Snaith Surgery.
- Remodelling void lift space to create 2 additional clinical rooms at Gilberdyke Health Centre.
- Extension feasibility study at Old Goole Surgery.

Additional information

- Substantial housing growth will have an impact. The ICB have provide the local planners with projections for additional space to respond to housing growth, but no specific schemes have been confirmed.
- Consider leisure centre site, or council sites in town centre – not currently funded.
- Consider use of space at Goole Hospital or health centre

Place 3 : Summary

Harthill East Riding

Priority areas and next steps:

Key findings:

- Patient list for Harthill East Riding PCN is expected to grow by 8.45% by 2032.
- Additional clinical rooms will be required to meet demand resulting from the planned housing developments and population growth.
- Harthill PCN's practices are either reaching or already are at their maximum capacity with utilisation rates between 48% and 105%.
- PCN sites are dispersed across a large rural area and their remoteness may have an impact on the surgeries' integration and co-operation. This particularly affects the surgery in Market Weighton, which is the most isolated of all practices.

Recommendations/next steps:

- Potential for a refurbishment study at Anlaby Surgery to explore the potential for an internal remodelling of the reception and to explore options to take on additional space within Haltemprice Leisure Centre.
- There is potential for an extension feasibility study at the Mitchell

Practice.

- There is potential for an extension feasibility study at Park View Surgery

Additional information

- Additional space within Haltemprice Leisure Centre has been acquired
- Explore options for PCN space in local health and partner premises

Place 3 : Summary

Holderness

Priority areas and next steps:

Key findings:

- Patient list of Holderness PCN is expected to grow by 5.4% by 2032, they provide services to 11% of all patients registered in ERY.
- Existing estate does not meet current or anticipated needs of the PCN, this is their most significant strategic and operational challenge. Across all surgeries there is insufficient clinical and administrative space to efficiently deliver the contractual arrangements or expand services. The premises are very small and generally do not meet the NHS design standards, they lack of flexibility and functionality and there are access issues as disabled car parking spaces cannot be provided near the main entrances of most of the buildings.
- The limited space in the Holderness Health PCN's premises is reflected in the Capacity Model, which shows that the patient-facing areas are utilised at 72%, which means the estate is over-utilised.

Recommendations/next steps:

- Commence public consultation with regards to Prospect Surgery closure.
- Continue to be open to discussions regarding use of under-utilised space e.g. Rosedale Community Unit or Withernsea Community Hospital with the aim of matching practice requirements with an affordable solution that meets value for money expectations.

Place 3 : Summary

River & Wolds East Riding

Priority areas and next steps:

Key findings:

- Patient list expected to grow by 1.2% by 2032 - the PCN provides services to 15% of all patients in ERY.
- As the PCN develops and recruits more ARRS roles, practices may be further limited with clinical and administrative space.
- PCN has already centralised a lot of functions and implemented hot-desking, clinical and administrative staff travel between sites to find available rooms, with some of them working remotely to ease pressure on the office space.
- According to the Capacity Model, the PCN's estate is over-utilised at 69%.
- The PCN are expanding onto the first floor of their Hessle Surgery, which will ease some pressures following the completion.

Recommendations/next steps:

- Digitalisation of patient records could free up clinical space in Brough

Surgery, Hessle Surgery and South Cave Surgery.

- PCN to monitor utilisation at Bubwith Surgery and consider potential disposal if running costs remain high.
- South Cave Surgery - Explore the funding options to bring the surgery up to the IPC standards; Internal remodel and Extension Feasibility Study

Additional Information

- Hessle Surgery - the Practice is expanding onto the first floor of the building, which is currently vacant but funded. This will provide the PCN with an additional 14 clinical rooms and supportive space. Funding of £300,000 has been approved by the ICB to remodel the areas in order to ensure compliance with the IPC standards.

Place 3 : Summary

Yorkshire Coast & Wolds

Priority areas and next steps:

Key findings:

- Patient population is expected to grow by 7.02% by 2032, Yorkshire Coast & Wolds PCN provides services to 16% of all patients in ERY.
- PCN is keen to continue to grow, improve and develop but old premises, limited estate capacity, and workforce are the most significant strategic and operational challenges.
- Practice managers are under significant pressure to ensure there is sufficient room for clinical staff to work and see patients. Due to ARR's workforce there is additional strain on the already limited estate, and this is limiting the ability to further expand this workforce.
- Eastgate Medical Group are a teaching practice - training sessions for medical students, foundation doctors and GP registrars puts additional pressure on space utilisation. Due to a lack of rooms, other practices are unable to fulfil their aspiration of facilitating doctors' training.

Recommendations/next steps:

- Eastgate Medical Group: explore potential for internal remodel to create clinical space eg ground floor medical records into 2 clinical rooms.
- The Medical Centre: New build feasibility study for the Yorkare development. Explore options to dispose of Cranwell Surgery, dependent on the outcomes of the feasibility assessment.

Additional information:

- Leven and Beeford Surgery - Funding has been agreed to create an extension (5 clinical rooms) at a cost of circa £850k however there are challenges to the affordability and deliverability, and this is currently under review.

East Riding of Yorkshire – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Oct 2023)	By 2039 – Emerging Local Plan Update: Strategy Document (Mar 2023)
Planned Housing Growth	6,550	20,900
Expected Additional Population Growth (based on 2.2 people per dwelling)	14,410	45,980

Location of Local Plan (2016) and emerging Local Plan (2022) Key Housing Growth Sites



Key Housing Growth Sites

[East Riding Local Plan: Strategy Document \(2016\)](#)

- The Council will make provision for a minimum of **23,800 dwellings over the period 2012-2029** (Policy S5).
- Largest allocation of dwellings distributed across the Major Haltemprice Settlements (3,550 across 4 settlements), Beverley (3,300), Bridlington (3,300), Driffield (2,300), Goole (1,950) and Pocklington (1,250).

[East Rising Local Plan: Allocations Document \(2016\)](#)

1. *Land south of Beverley (West of Railway) - c.1,820 dwellings – Granted Permissions: 18/03823/STPLF Hybrid application for 255 dwellings (Full) and 175 dwellings (Outline). 19/00054/STREM (183 dwellings). 19/03454/STREM (22 dwellings). 20/03206/STREM (146 dwellings). 20/03207/STREM (257 dwellings). 21/01492/STPLF (297 dwellings). 21/02196/STPLF (31 dwellings).
2. Land north of Rawcliffe Road - c. 1,183 dwellings – Granted permission: 15/00305/STOUT For 600 dwellings. 19/00225/STREM For 206 dwellings.
3. Land at Pinfold Lane - c.910 dwellings - Granted Permissions: 17/02823/STPLF For 163 dwellings. 19/03370/STPLF (106 dwellings). 20/01338/STREM (54 dwellings)
4. Land south of Beverley (East of Railway) - c.813 dwellings – Granted permissions: 21/01330/STPLF For 259 dwellings. 20/03894/REM (35 dwellings). 16/02784/STPLF (503 dwellings).
5. Land north east of Driffield - c.810 dwellings - Granted permissions: 18/00742/STREM For 293 dwellings. 17/04066/STPLF (165 dwellings).

East Riding of Yorkshire – Future Housing Growth (cont)

Local Planning Authorities:
East Riding of Yorkshire Council

2022/23 Infrastructure Funding Statement and IDP
(2023)

No CIL currently in place

No specified health projects but identifies a total of 16,589sqm** of additional floorspace required:

- Beverley: 0sqm
- Bridlington: 2187.5sqm
- Cygnet: 3534sqm
- Harthill: 4910sqm
- Holderness: 2286.6sqm
- River and Wolds: 1468.1sqm
- Yorkshire Coast and Wolds: 2203.3sqm

** NB – calculations in infrastructure funding statement and IDP use a basis of calculation inconsistent other ICB areas. Based on common measures there would still be significant floor area growth required for general practice, but this is anticipated to be **3,830sqm** (based on 46k population increase). This suggests an additional capital investment requirement of £23m (2024 prices), and if via third party investment an annual revenue pressure for rent of £850k.

Key Proposed Housing Growth Sites

East Riding Local Plan Update: Proposed Submission Allocation Documents (2022)

1. Land south of Beverley (West of Railway) (78.47Ha) - **c.1,930 dwellings**
2. Land north east of Howden (109.34Ha) - **c.1400 dwellings** - *No extant consents for development*
3. Land north east of Driffield (45.88Ha) - **c.900 dwellings**
4. Land south of Beverley (East of Railway) (36.79Ha) - **c.900 dwellings**
5. Land at Pinfold Lane (34.96Ha) - **c.845 dwellings**

Population growth

334,654
(2011)



342,200
(2021)

▲ 2.4%

Source: Office for National Statistics (2021)

Population trajectory (est)

344,654
(2011)



349,960
(2021)

▲ 1.5%

Source: Office for National Statistics - Subnational population projections for England: 2018-based

Place 2 : Priority infrastructure requirements



Project Driver

- Housing
- Primary Care & Community (capacity and OoH)
- Mental Health and Learning Disabilities
- Acute / Secondary Care
- Office estate

Project Status

- C Committed
- U Pipeline (Urgent)
- P Pipeline

PLACE 4 REVIEW: Hull

- Place Strategy
- Key insights
- Place on a Page Overview
- PCN Toolkit Review
- LIFT Portfolio
- Housing Growth summary
- Priority Infrastructure requirements



Prepared by: NHS Property Services Ltd
& Shared Agenda Ltd

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3: Clinical Strategy Summary

Our Ambition

Integration

- Embed a population health approach to understanding our population across primary care, working with partners in the system i.e. local authority, VCSE sector, citizens advice, which will focus on the Core20PLUS5, all ages
- integrated pathways will be prioritised to improve benefits from services and efficient use of resources to support the improvement of patient experience
- Implement Integrated Neighbourhood Teams

Primary care Priorities

- Workforce
- Improve primary care access
- Population health & inequalities – Core20PLUS5, all ages Inequalities

Inequalities

- Supporting self care to help people live longer in good health in the community, reducing the mortality gap in Hull
- Improve access to health services, integrated provision in health and social care

Where we are now

- 17% of population currently smokes – though the prevalence has generally been decreasing the rates vary widely
- for males, around 42% of the life expectancy gap between the most and least deprived wards within Hull is made up of circulatory disease and cancer
- 71% of adults are classified as overweight or obese. 28% of children in reception are overweight or obese
- 55% of adults are physically active
- 71% of people are in employment
- 47% GCSE attainment 8 score
- 33% of children are in relative low income families

Our Priorities:



Place 3 – Hull: Other Key Insights

Primary & Community Care

Hull has benefitted from investment in primary care through the LIFT programme. In addition, the West Hull Hub was completed in 2022. There are still some premises which are not fit for purpose. The PCN toolkit has identified the following key points:

- Requirement for further feasibility work and that some PCNs continue to be challenged with lack of space.
- Additional space is required in primary care to accommodate and embed ARRS roles.

Approximately 4% of the Hull LIFT Estate is currently void; void space is funded by Hull HCP. There is the potential to maximise use of the Hull LIFT bookable space. The LIFT estate is currently challenged with some aged debt and SDLT issues; both issues to be resolved before any other estates proposals can be considered.

A project is underway which will see services move into Wilberforce HC in city centre by June 2024. These services are exiting a poor-quality NHS PS property, Westbourne, which will be disposed allowing proceeds to be recycled back into the NHS.

Demographics – Housing Growth

ONS Projections are for very low population growth in Hull, however emerging local plans suggest housing impacts with 27k population growth by 2032. There appears to be a mismatch between ONS population figures and the registered patient list sizes in Hull due to cross boundary flows. The PCNs have large areas of cross coverage so any impacts will need to be assessed on a geographical basis. There is some capacity in the LIFT estate which may make applications for planning gain challenging.

Provider (acute and mental health)

The Humber Acute Services Review (HASR) is looking at the provision of hospital services across the HUTH and NLaG Trusts, affecting estate in Hull, East Riding, North Lincs and North-East Lincs. Hull have had an active investment programme, details contained p44-47. CDC construction is underway at Albion Square. HRI has a significant backlog maintenance issue with £72.78m (£715.85 per sqm) investment required and critical Infrastructure risk of £37.01m (£364.03 per sqm). In 22/23 nine clinical service incidents were reported due to estates and infrastructure failure.

Humber NHS FT are developing the business case for the redesign of adult inpatient services, which affects properties across Hull and East Riding. The Trust also completed the Inspire CAMHS Unit in 2020 and are undertaking works at their HQ site which is in East Riding.

Community Interest Company (CIC)

City Health Care Partnership (CHCP) CIC is the key provider of community services in Hull, along with pharmacy, dental and GP services. The Community Interest Company structure provides alternative financing and balance sheet approaches. The ICB are keen to investigate the benefits of this structure.

Ambulance Service

Yorkshire Ambulance Service (YAS) has identified a requirement for a make ready base and a call centre in Hull. A site is required, and discussions are underway with the LA about options.

Workforce

PCNs across Hull have low rates of general practitioners per patient. Six out of eight have more than 2,400 patients per GP FTE with Modality Partnership at 6,257 patients per GP FTE. However, non-GP workforce numbers are higher than the average for England. In 2024/25 further ARRS Staff will be recruited as PCNs fully utilise their ARRS entitlement.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 – Hull: Other Key Insights

One Public Estate – Hull Place Pilot

The Hull Place Pilot has been underway for almost 12 months. The table opposite showcases partners are collaboratively working together and that projects are making significant strides forward.

Three working groups have been established

- Housing and Regeneration - LCR and Hull City Council Co-Chairs
- Health - ICB and Hull City Council Co-Chairs
- Sustainability - Hull University and Hull City Council Co-Chairs

Partners have committed to our shared objectives, and are excited about the continued growth and development of the Hull Place Pilot.

Mini Masterplans

Hull City Council partnered with Mace in November 2023 to create Mini Masterplans for four local centres in East and North Hull, aiming to optimise public sector services by ensuring they are delivered in the right building and to enhance the surrounding public realm.

Over 40 public sector and VSCE partners attended a partnership workshop discussing assets and service delivery strategies in **Bransholme**, **Longhill**, **Bilton Grange** and **Elmbridge Parade**. This has been followed up with over 600 engagements within the community. The next milestone is presenting the draft mini masterplans to key partners in May. An initial £1m HCC capital funding has been secured to start delivery against the plans.

Area of Scope	Projects	Partners
Data Analysis and Mapping	Core Flex and Tail analysis model of public sector land and assets	All
	Scoping Land Commission and Partnering Agreement/ MOU	All
Hull Royal Infirmary/ Anlaby Road	Feasibility study for the repurposing of the HRI Towerblock	HUTH, ICB, HCC
	Scoping study for the development of keyworker housing	HUTH, HCC, NHS England
	Feasibility public sector co-locations and expanding R&D facilities with partners	Hull University, HCC, Office Business and Trade, Office of Life Sciences, Northern Powerhouse
Community Diagnostic Centre	Delivery of a CDC at Albion Square	HUTH, NHS England, HCC
Colonial Street Land Assembly	Masterplanning and Technical Feasibility Studies	HCC, LCR, GPA, DWP, British Land
Local Centres Mini Masterplans	North Point Bransholme, Elmbridge Parade, Bilton Grange and Longhill Mini Masterplans	HCC, ICB, Hull College, Hull University, Humberside Fire and Rescue, Humberside Police
Joint Strategic Travel Action Plan	Produce costed options to reduce emissions, reduce car parking estate, increase greener travel, joint partnering arrangements with public and private sector, co-location EV charging points - aligned to future estate 2030	HCC, HUTH, Hull College, Hull University

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Place Overview: Hull

Supply Insights

No. PCNs	8
General Practice / Community Care:	
• No. GP Practice locations	49
• Total GP Floor Area m ²	15,314
• No. Community Sites	40
• Total Community Care Floor Area m ²	33,485
Acute Hospitals	
• Hull Royal Infirmary	1
No. Mental Health Sites	10
No. Pharmacies	61
Key Priority Projects	
Planned/Funded Major Estate Projects:	(£000)
• Hull CDC	18,000
Capital Investment Priorities (PCN Toolkit)	(£000)
Marfleet Group Practice	15
Orchard 2000 Group	20
Campus Health	35
Sutton Manor Surgery	408
Princes Medical Group	169
Kingston Health (Hull)	16

Demand Insights

Population (ONS 2021)/ List Size (SHAPE)	267,100 / 311,351
Demography:	
• Under 10	33,745
• Aged 60 - 85	48,785
• 85+	4,603
Deprivation:	Kingston Upon Hull is ranked fourth most deprived LA of 326
• 2019 Index of Multiple Deprivation	
Healthy Life expectancy gap (years)	F -5.6 M -8.9
<i>Comparison of Place to HNY ICS</i>	
Housing / Population change:	Houses / Population
• Local Plans based increase	3,640 / 8,372
• Emerging Local Plans increase	11,702 / 26,915
PCN Increase to meet 2032-2040 demand	
<i>Population changes will create demand for additional space for PCNs. The top five are listed below and full detail provided next slide.</i>	
Haxby	GIA (m²) 461
Venn	380
Hull Modality	341
Acclaim	339
HASP	274
Other PCNs	437
Total	2,232

Hull: PCN Reviews

Strategic indicators										Overall priority
PCN name	Number of properties	Population Data (ONS 2021)	GP patient list size (SHAPE April 23)	Housing Popn growth to 2032 (SAVILLS)	Estate suitability (C,F,T)	Deprivation (IMD Score)	Workforce (under-doctored)	Patients per total clinical staff FTE	Additional Estates Requirement to be addressed (sqm)	
Acclaim NHS	5		38,865	1727	C: 4 F: 1	40.8	2,234	tbc	339	
HASP	8		34,071	1176	C: 6 F: 2	45.2	2,494	1,328	274	
Haxby Hull Group	5		37,409	2167	C: 5	38.5	1,275	679	461	
Hull Hull Family Practice	5		37,882	2087	C: 4 T: 1	46.1	1,671	930	98	
Hull Modality Partnership	5		56,831	1860	C: 4	31	6,257	1,013	341	
Hull Symphonie	6		32,458	1222	C: 5 F: 1	49.1	2,669	1,258	166	
Marmot	3		23,431	871	C: 2 F: 1	54.2	3,827	929	173	
Venn	12		50,404	2944	C: 8 F: 2	51.1	2,602	1,217	380	
	49	267,100	311,351	5.26%	C: 38 F: 7 T: 1	40.56			2,232	

PCDG Infrastructure Measures

GP to list size ratio: ■ 0-1800 ■ 1801-2400 ■ 2401-3000
Clinical FTE to list size ratio: ■ 0-1200 ■ 1201-1500 ■ 1,500+

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Place 4: Summary

Acclaim NHS

Priority areas and next steps:

Key findings:

- Patient list growth in this area is predicted to rise by 4.98% by 2032
- The PCN has a combination of buildings, some fit for purpose and some older buildings which are restricted in terms of potential expansion.
- There is an opportunity for the Campus Health Centre, which is located in Newland Health Centre, to take on some additional space owned by the same landlord. Feasibility assessment required to establish costs and benefits.
- Clifton and The Avenues, former residential properties, are restricted in terms of expansion or reconfiguration.
- In the only purpose-built premise in the PCN, Marfleet Health Centre, there is the opportunity to utilise a kitchen space for the provision of a community kitchen service to help tackle obesity.

Recommendations/next steps:

- Feasibility study for Marfleet Health Centre to refurbish the available space (former dental) into usable and fit for purpose clinical space for primary care.
- Feasibility work for Campus Health centre to identify the scope of works to make the available additional space usable for both Practice and PCN service delivery, and whether this can suitably act as a PCN hub.
- Feasibility for Clifton and The Avenues to explore the long-term future of these properties.
- Investment is required for Marfleet Group Practice's branch site, Hauxwell Grove, to improve the buildings condition and ensure they meet the statutory compliance requirements and IPC Standards.

Place 3 : Summary

HASP

Priority areas and next steps:

Key findings:

- Patient list growth in this area is predicted to rise by 3.46% by 2032, PCN provides services to 17% of all patients within the Hull locality.
- The practices within the PCN are concerned about space limitations which is impacting their ability to deliver contractual arrangements and expand services.
- Goodheart Surgery facilitates training, which puts additional pressure on the already limited space. It is, therefore, impossible to provide accommodation for any of the ARRS staff.
- According to the Capacity Model, all of HASP PCN premises are overutilised- **66%** at Kingston Health, **69%** at Dr Raut Partnership, Goodheart Surgery, **79%** at Orchard 2000 Group and **99%** at Laurbel Surger

Additional Information

- OPE Mini Masterplanning exercise underway in Bransholme.

Recommendations/next steps:

- All practices to consider patient records digitilisation, particularly where there is potential to release space and convert it into additional clinical or administrative areas.
- Dr Raut Surgery may consider taking on additional space available at Highlands Health Centre (four rooms in total).
- Minor improvements and refurbishment required at Dr Raut Partnership's Branch site, Littondale Surgery, to improve the building's condition.
- Kingston Health Hull (Wheeler Street)
 - Explore funding options in order to redecorate Wheeler Street surgery and bring it up to the IPC standards.
 - Refurbishment Feasibility study to assess the potential of capacity increase by an internal remodel. Including conversion from administrative to clinical space on the first floor.
 - Consider services' relocation upon the lease expiry – there is the potential option to on additional space in the nearby LIFT Building – The Calvert Centre.
- Laurbel Surgery – seek preliminary approval from the ICB to continue to work up the scheme for ground floor extension.
- Orchard 2000 Group – Extension Feasibility Study at the main Site.

Place 3 : Summary

Haxby

Priority areas and next steps:

Key findings:

- Patient list predicted to reduce by -1.47%, Haxby PCN provides services to over 35,000 patients in Hull approx 12% of all patients in the locality.
- Burnbrae Medical Practice holds a GMS contract while the other surgeries hold APMS contracts.
- Two sites do not have leases in place, The Calvert Centre (expired in March 2023) and Kingswood Health Centre (expired in December 2022).
- The PCN is working at a maximum capacity and the limited space is the most significant strategic and operational challenge faced by all the surgeries. The limited estate is a blocker to meeting the increasing patient demand, responding to the changing needs of their local population and continually improving patient outcomes.
- Even though able to recruit additional staff, the PCN has had to turn down new employees due to a lack of suitable space and available rooms.
- The practices operate an agile working model with staff moving between member practices to find rooms to work from and see patients.
- Target utilisation of patient-facing areas is 60%, currently they are utilised at 100%.
- The Capacity Model for the Haxby Hull Group PCN demonstrates that both Burnbrae Medical Practice and Newington Health Centre are overutilised- at 81% and 78% respectively while Kingswood and Orchard Health Centres are reaching their capacity at 58% .

Recommendations/next steps:

- All sites to consider patient records digitalisation to release space and convert it into additional clinical or administrative areas
- Newington - Feasibility study to assess the potential of remodelling non-clinical space to clinical at the Health Centre.
- Calvert Health centre - Address lease renewal issues; potential to exit Calvert Health Centre and relocate to Newington Health Centre, subject to feasibility study
- Kingswood Health Centre - Address lease renewal issues; feasibility study to assess the potential of remodelling non-clinical space to clinical at the Health Centre; Explore the potential to utilise available space in the LIFT estate
- Orchard Centre - Address lease renewal (lease due to expire in 2024)

Additional Information

- SDLT costs are potential blocker to lease renewal at these cannot be supported by the ICB under the Premises Cost Directions.

Place 3 : Summary

Hull Family Practice

Priority areas and next steps:

Key findings:

- Patient list growth 4.98% by 2032, Hull Hull Family Practice PCN provides services to 37,952, patients, which is 12% of all patients in Hull.
- Sydenham Group Practice joined the PCN resulting in a significant increase in the patient list size and the estate.
- The Capacity Model suggests a limited capacity for both Practices' sites- **71%** for Sydenham Group Practice and **78%** for East Hull Family Practice, as a whole, the estate is well utilised. Currently, it has sufficient capacity to accommodate the workforce and meet the current patient demand.
- The PCN is considering the premises' consolidation and disposal of Victoria Dock Surgery. Therefore, an alternative solution will be required to ensure sufficient accommodation to meet the growing patient demand and continue to provide training. The Capacity Modelling suggests that by 2032, the estate's utilisation levels will go up to **75%** for Sydenham Group Practice and **85%** for East Hull Family Practice.

Recommendations/next steps:

- Park health Centre - Feasibility Study to convert Records Room into patient-facing areas.
- Victoria Dock - Feasibility Study to dispose of the surgery and consolidate estate.

Place 3 : Summary

Modality

Priority areas and next steps:

Key findings:

- The registered patient population growth in this area is predicted to rise by 3.37% by 2032,
- Modality PCN provides primary medical care services to over 56,000 people, which is 18% of all patients in the Hull locality.
- While still providing remote consultations, there are more and more face-to-face appointments offered at all surgeries.
- There is sufficient clinical space at most surgeries, however, Alexandra Health Centre is the PCN's main pressure point. Due to a lack of accommodation, it is challenging to meet the growing patient demand. What is more, access to ARRS roles at the health centre is not as good as at other surgeries.
- As there is a high number of patients, whose first language is not English, the average appointment time is often twice as long as an interpreter is required. This affects both face-to-face and remote appointments.
- Office space is also limited and frequently staff have to work from home.
- Training is provided across all surgeries, therefore, there are large volumes of training sessions held for medical students, foundation doctors and GP registrars. This puts increasing pressure on space utilisation.
- As per Health Building Notes, the target utilisation of patient-facing areas is 60% (based on two sessions a day (four hours each) and time spent on note-taking). It means that if the rooms patients are seen in are utilised at 60%, they are, in fact, utilised at 100%.
- The Capacity Model. shows that the utilisation level at Modality Partnership's

surgeries has reached **61%**.

- The PCN feels that while Bilton Grange Surgery has some extra space that could be used, there is no demand as the Surgery has the smallest patient list size.
- New Hall Surgery was flooded in 2022 and following building works, it was remodelled to create three additional clinical rooms.
- In order to increase efficient working, none of the clinicians have their own rooms and the PCN has introduced hot desking with triage calls taking space outside of clinical space.
- With all PCN's patient records stored offsite, the Practice has already maximised usable space; therefore, there are no more opportunities for further conversions.
- By 2032, with the forecasted population growth in the area and growing patient demand, it is likely to increase to **63%**.

Recommendations/next steps:

- Alexandra – Explore the opportunity to take on more space in Alexandra Health Centre; Seek funding routes to increase the availability of an interpreter at Alexandra Health Centre
- New Hall - Extension Feasibility Study - This option should be considered as the last resort as the PCN feel the lease's terms are not advantageous to the Surgery.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 : Summary

Symphonie

Priority areas and next steps:

Key findings:

- Patient list growth in this area 3.46% by 2032, Hull Symphonie PCN provides services to over 30,000 people, approximately 13% of all patients in the Hull locality.
- Most surgeries within the PCN are under pressure with insufficient capacity resulting from growing population demand and ARRS workforce is an additional strain on the already limited estate.
- Until recently, PCN ARRS staff occupied 3 clinical rooms and an office at Wilberforce Health Centre, funded through Winter Access Monies. Since funding ended the space was vacated resulting in more pressure at the remaining sites and problems with ARRS staff's accommodation.
- Wolseley Medical Centre facilitates training, which increases the premises' utilisation.
- Overall, the PCN's estate is in good condition, except for The Oaks Medical Centre which faces various compliance issues. There is still carpet and non-compliant sinks in clinical areas. The site also requires disabled access with automatic doors.
- To improve the operating model and create efficiencies the PCN would like to vacate Newington Health Centre and consolidate services into Elliott Chappell HC.
- The Capacity Model shows that the patient-facing areas are already overutilised at **89%** at The Oaks Medical Centre, **88%** at Hastings Medical Centre, **75%** at Wilberforce Surgery, **70%** at St Andrew's Surgery while

Wolseley Medical Centre, at **57%**, is reaching their maximum capacity.

- By 2032, with the forecasted population growth in the area and growing patient demand, it is likely to increase.

Recommendations/next steps:

- All sites - All practices to consider patient records digitalisation to release space and convert it into additional clinical or administrative areas; Explore the potential of using underutilised/ vacant space in the LIFT estate and the wider health and social care system.
- The Oaks - Renew lease at The Oaks Medical Centre (expired 2021); Explore funding options in order to redecorate and bring it up to the IPC standards; Extension Feasibility Study to explore the scope for potential extension or installation of modular/portacabin in the car park to ARRS staff to work from.
- Wilberforce Surgery - Renew the lease at Wilberforce Surgery (expired 2016).
- St Andrews Surgery - Renew the lease at Elliott Chappell (expired in 2021); Seek the ICB's approval to vacate Newington Health Centre and consolidate into Elliott Chappell Health Centre to improve the service model; Explore options to take on available space in Elliott Chappell Orchard Health Centre.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 : Summary

Marmot

Priority areas and next steps:

Key findings:

- The registered patient population is predicted to reduce by -0.27%, Marmot PCN provides services to around 22,814 patients in Hull.
- Practices are currently working at a maximum capacity and the estate is recognised as a barrier to improved service delivery and expansion. Across all sites there is insufficient clinical and administrative space to efficiently deliver the contractual arrangements or planned expansion.
- There are daily struggles to find accommodation for staff, who must often work from home or in unsuitable conditions, such as sharing desks. This is neither appropriate nor promotes collaborative work and can lead to inefficiencies. Lack of access to appropriate on-site staff facilities, such as break-out rooms, impacts morale and affects staff well-being.
- The PCN would like to recruit more ARRS roles but this is not possible due to the limited space. Princes Medical Centre cannot accommodate any PCN staff, which means patients must travel to Bransholme Health Centre for their appointment with ARRS staff.
- According to the Capacity Model, all of Marmot PCN premises are over-utilised with Princes Medical Centre at **67%**, James Alexander Family Practice at **68%** and Dr Hendow's at **125%**. If all surgeries increased virtual appointments to 33% and reduced remote consultations from patient-facing rooms from 80% to 50%, the premises would still be over-utilised.

Recommendations/next steps:

- All sites - . All practices to consider patient records digitalisation, to release space for additional clinical or administrative areas; Explore the potential of using underutilised/ vacant space in LIFT estate and the wider health and social care system (i.e. Highlands Health Centre); Explore the possibility of extending operational hours to include weekends.
- Dr Hendow - Take on additional space at Bransholme Health Centre, subject to the outcomes from the currently developed Feasibility Studies.
- James Alexander - Address the lease renewal for the practice and consider taking on additional rooms on the third floor; Await outcome from Feasibility Study and potentially take on additional space at Bransholme Health Centre.
- Princes Medical - Explore funding options in order to redecorate the surgery and bring it up to the IPC studies standards; explore an internal remodel to create 2 additional clinical rooms, and/or take on additional space in the building outside of the practices current demise.

Additional Information

Aged debt and expired leases create a barrier to change and potential funding in LIFT portfolio.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 3 : Summary

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Venn

Priority areas and next steps:

Key findings:

- Patient population growth prediction to rise by 5.88% by 2032, Venn PCN provides services to over 50,000 patients approx. 17% of all patients within the Hull locality.
- The PCN has recently consolidated sites, CHCP vacated Kingston Medical Centre, splitting their services between Riverside and the Quays while East Park Practice vacated the Park Health Centre, relocating to Wilberforce HC.
- City Health Practice Marfleet site is an administrative hub with no consultations carried out on site.
- PCN has concerns over the Practices' ability to deliver the contractual arrangements or expand services efficiently. ARRS has resulted in additional strain on the already limited estate. The PCN would like to recruit more ARRS roles but finding suitable accommodation for the new staff is difficult.
- The Bridge Group Practice, Riverside Medical Centre and Sutton Manor Practice are training practices and therefore, require sufficient training estate capacity to continue to offer placements to medical students.
- The PCN is in discussions about four extra rooms at Wilberforce Health Centre.
- The limited space across Venn PCN's estate is evidenced in the Capacity Model, patient-facing areas are utilised at **over 100%** at City Health Practice, CHCP City Centre as well as East Park Practice and at over **60%** at the Bridge Group Practice with The Sutton Manor Surgery reaching its capacity at **56%**. By 2032, with the forecasted population growth in the PCN's catchment area and growing patient demand, the utilisation levels are likely to increase

considerably.

Recommendations/next steps:

- All sites: All practices to consider patient records digitalisation, to release space and convert it into additional clinical or administrative areas; Explore the potential of using underutilised/ vacant space in the wider health and social care system or within the private sector.
- Bridge Group - renew the lease at Elliott Chappell Health Centre (expired in 2021); Explore options to take on any available space in Orchard or Elliott Chappell Health Centre.
- CHCP City centre - progress discussion to take on more space in Wilberforce Health Centre (4 rooms).
- CHP: Bransholme - await outcomes from The Bransholme Feasibility study and potential remodel of admin to clinical space.
- Field View - Explore funding options in order to redecorate the surgery and bring it up to the IPC standards.
- Sutton Manor - Extension Feasibility Study to create three additional patient-facing rooms; Feasibility Study to assess the potential to convert a digital records rooms into a patient-facing room; Identify and consider additional space at Park Health Centre (freed up via CHP service redesign) and/ or at Bransholme Health Centre as an interim solution (subject to the space availability and VfM).

LIFT Estate

The LIFT portfolio is focussed at the Hull Place. Community Health Partnerships (CHP) hold the headlease interest for the NHS and sublet to NHS providers. The LIFT portfolio is made up of 13 properties with an annual budget of £18.66m. The properties were built between 2005 and 2013 except for the Jean Bishop Centre which was built in 2018.

The LIFT properties contain bookable space ranging from 48% at the Jean Bishop Centre to 2% at Alexandra Health Centre. The annual cost of the bookable space is £3.85m.

In the dedicated spaces the largest proportion of occupiers are GP tenants followed by non-NHS Bodies (CHCP).

There are areas of void in 7 of the properties, totalling 1,920sqm and £1.74m annual cost.

The LIFT properties start to reach initial lease end in 2030. As with the PFI estate any proposed action at the end of the lease term would require substantial lead time (up to 7 years). At present the LIFT properties are proposed as Core estate by CHP. The lease end profile is;

- 2030 – Marfleet
- 2031 – Newington, Alexandra, The Calvert Centre
- 2032 – Park health, Longhill
- 2034 – Bilton Grange, Kingswood, Orchard park
- 2036 – Wilberforce
- 2037 – Bransholme
- 2038 – Elliot Chappell Centre
- 2043 – Jean Bishop ICC

As lease terms come to an end an additional consideration will be SDLT and CDEL implications of new lease arrangements in the Hull system.

Total GIA	No. Properties	Cost Per SQM
33.86K	13	£551
Total Void Space SQM	No. Exclusive Void Units	Annual Void Cost
2K	119	£1.74M
Total Bookable Space SQM	No. Exclusive Bookable Units	Annual Bookable Cost
4K	159	£3.85M
Tenants On Direct Payments	Tenants With 90+ Days Debt	Total Demised Space Cost
22	26	£13.07M

Tenant Type	Active	Expired	Undocumented	Unregularised	Total
Dental Services				1	1
GP	11	10	2	1	24
NHS Foundation Trust	1	1	1		3
NHS Trust	3				3
Non-NHS Body	5	13			18
Other	4		1	1	6
Total	24	24	4	3	55

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

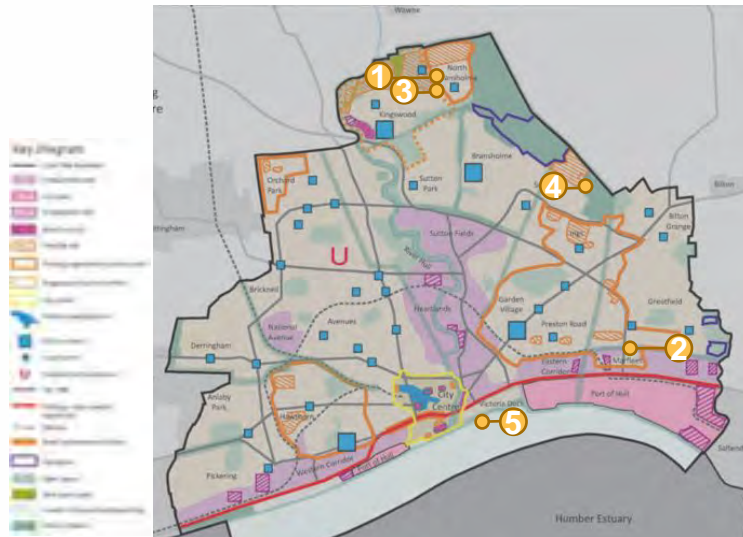
How do we
get there?

Appendices

Hull City – Future Housing Growth

Timeline/ Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Sept 2023)	By 2032 – Hull Local Plan (2017)
Planned Housing Growth	3,640	11,702
Expected Additional Population Growth (based on 2.3 people per dwelling)	8,372	26,915

Location of Local Plan (2017) Key Housing Growth Sites



Source: Hull City Council

Key Housing Growth Sites

Hull Local Plan (2017)

- The Council will make provision for a minimum of **11,700 dwellings over the plan period 2016-2032**
- Largest total allocations will be distributed across the city centre (2,500 dwellings), the Newington and St. Andrews Area Action Plan (AAP) area (1,100 dwellings), the Holderness Road Corridor AAP area (2,000 dwellings) and Kingswood AAP (remaining 2,900 dwellings)

- Kingswood Land parcel Wawne View 41/19B - **520 dwellings – part of wider site Hybrid Application 16/00601/FULL for 750 dwellings (Phase 1) and Outline Planning application for new residential properties (Phase 2)*. Granted permission.**
- Land south of Preston Road and east of Marfleet Lane - **500 dwellings – Planning Permission granted. 86 dwellings completed on site, 406 dwellings remaining.**
- Kingswood Land parcel Wawne View – **500 dwellings – part of wider site Hybrid Application 16/00601/FULL for 750 dwellings (Phase 1) and Outline Planning application for new residential properties (Phase 2)*. Granted permission.**
- Land to north of Danby Close, Howdale Road Part 1 – **432 dwellings – No extant consents for development.**
- Land at Tower Street/St. Peter Street, east Bank of the River Hull (south) - **390 dwellings – No extant consents for development.**

* - As of September 2023 ([SHLAA 2023 Report](#)) 'Land parcel Wawne View Phase 2' has a remaining development capacity of 650 dwellings with 14 dwellings completed on site.

Local Planning Authorities: Hull City Council

2022/23 Infrastructure Funding Statement and IDP (2017)

CIL in Demand Notices: £0

CIL Total Receipts: £0

Existing GP capacity considered to be adequate. The need for expansion of existing services or new GP provision will be reviewed when current GPs raise the need for new provision.

Population growth



Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Place 1 - Hull: Priority Infrastructure Requirements



Hull Royal Infirmary
Address backlog £73m especially critical infrastructure risk £31m

- Project Driver**
- Housing
 - Primary Care & Community (capacity and OoH)
 - Mental Health and Learning Disabilities
 - Acute / Secondary Care
 - Office estate

- Project Status**
- C Committed
 - U Pipeline (Urgent)
 - P Pipeline

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

PLACE 5 REVIEW: North Lincolnshire

- Place Strategy
- Key insights
- Place on a Page Overview
- PCN Toolkit Review
- Housing Growth summary
- Priority Infrastructure requirements



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want
to be?

How do we
get there?

Appendices

Place 5 : Clinical Strategy Summary

Our Ambition

North Lincolnshire will be the best place for all of our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing, delivered through our community first approach. People will:

- enjoy good health and wellbeing at any age and for their lifetime
- live fulfilled lives in a secure place they can call home
- have equality of opportunity to improve their health, play an active part in their community and enjoy purpose in their lives

Where we are now

- adult smoking rates continue to fall and were less than the England average in both 2020 and 2021. We will study this reduction and ensure that the pattern continues
- 4.2% adults have coronary heart disease compared to England average of 3%
- recorded prevalence of depression is 14.3% compared with England average of 12.3%
- the local population of over 65s is expected to grow by a further 30% by 2042
- adult smoking rates have dropped from 17.8% in 2019 to 12.3% in 2021
- 72% of the population were overweight or obese in 2019/20 up from 67% in 2015/16
- 16.9% of women smoking at the time of giving birth compared to England average of 9.1%

Our Priorities:



Place 5 – North Lincolnshire: Other Key Insights

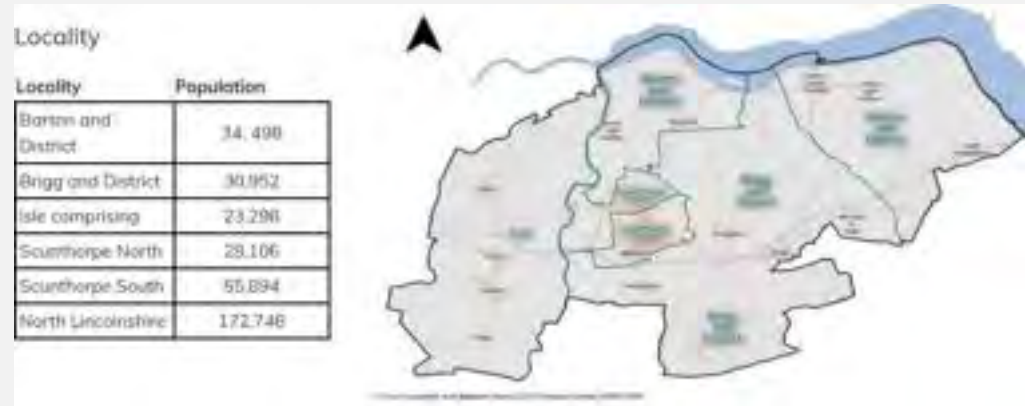
North Lincolnshire is a rurally spread region, focused on the main town of Scunthorpe, where the hospital is located. The primary and community facilities across the region in the rural village locations are required to serve the local patient population.

The North Lincolnshire Health & Care Partnership have developed a Community First Approach. It is focussed around the following outcomes;

- People are safe and have good quality provision
- People have urgent needs met quickly
- People are enabled to keep well
- Community
- Person and family

A single Neighbourhood based Planning Tool based on our population management approach will be used by all the organisations to understand need and inform proactive approaches to designing and delivering support that will improve people's health and wellbeing. This means that care and support can be better tailored to meet people's need, health and care services will be more joined-up and better use of public resources will be achieved. The specific implications for infrastructure are

- a set of identified Neighbourhoods
- a Single Workforce Strategy
- Digital Enablement and Innovation
- Collective Use of Resources - a single Place based approach to capital planning and estates utilisation
- Strong Organisational Change and Transformational Change Management Approaches
- Sustainability



North Lincolnshire Regeneration Programmes

There are a number of regeneration activities underway in the Place.

- **Towns Deals project** - £5m funding made available for upgrades to the A15 from Barnetby top to the Humber Bridge, including funding for education and healthcare.
- North Lincolnshire Council has already launched a number of infrastructure projects – including the development of a new motorway junction on the M181, the re-development of a prime 2.5 acre development site in Scunthorpe town centre and an environmental enhancement along the Queensway.
- In 2021 North Lincolnshire Council submitted an ambitious £90m bid to the Government for investment in three key areas: employment, town centre regeneration and housing. The three project areas are based in Scunthorpe, Brigg and Goole as well as the wider North Lincolnshire area.

Place 5 – North Lincolnshire: Other Key Insights

Demographics – Housing Growth

The emerging local plan suggest substantial housing impacts with 8k additional houses and circa 18k population growth by 2038. The CCG funded a detailed report on the impact of housing growth to support engagement with LA planners. The local plan references the impact on health with an indication of a requirement for 26 additional clinical rooms to be delivered by extensions and reconfigurations rather than new build premises. The CCG suggests a development cost impact of £5.4m. The key impacts are;

- Scunthorpe (42 development sites) – potential increase of 6,115 patients
- Lincolnshire Lakes, west of Scunthorpe – potential increase of 5,280
- Brigg (10 development sites) - potential increase of 2,400 patients

The most significant impact is from the Lincolnshire Lakes Development and health will need to commit resources to secure planning gain and develop and deliver a solution in support of local practices.

Office

A strategy is required to address the long-standing vacant space at Health Place / Scawby House (400sqm). Church Square House (LA) may provide an option. It is anticipated that this will be reviewed as part of the ICB Office strategy work.

Primary & Community Care

There are 34 practice premises and 4 PCNs. There are many premises which are not fit for purpose. GP ownership levels are high with 76% of properties in GP ownership. Condition is noted as a particular issue in Scunthorpe where additional space is also required due to the significant housing development.

The PCN toolkit has identified a range of small-scale extensions and reconfigurations to respond to pockets of housing growth across the area. The

ICB prioritisation has identified the immediate priority is to mitigate for high utilisation in practices with average list size of circa 14,000. The top priority project at Kirton Lindsey and Scotter Surgery and will involve refurbishment of additional space for health use. Planning permission has been granted for 300 houses and discussions are underway with the practice and LA.

Provider (acute and mental health)

Scunthorpe General has a significant backlog maintenance issue and recent six facet survey work has provided updated figures. The current backlog is £61.90m (£942.09 per sqm) of which £43.18m (£657.16 per sqm) is critical infrastructure risk. NLaG have undertaken a substantial programme of investment over the last 5 years, improving facilities at Scunthorpe General Hospital. This does not address the fundamental issues which will require a long-term solution.

The Trust bid have been successful in securing Public Sector Decarbonisation Scheme (PSDS) funding, under Phase 3C. This project is structured over two financial years, with the bulk of the grant funding allocated for FY25/26.

The scheme encompasses a comprehensive approach to carbon reduction, including the replacement of steam-generating boilers, which represent one of the highest infrastructure risks at SGH. The project's scope covers the main blocks of the hospital, focusing on demand reduction, on-site generation, and decarbonisation.

The project encompasses several key initiatives:

1. BMS Improvements for demand reduction
2. Solar PV installation for on-site generation
3. Window replacement to reduce energy demand

Place 5 – North Lincolnshire: Other Key Insights

4. Roofing replacement for improved insulation
5. AHU optimisation to enhance energy efficiency
6. Implementation of electrical heat sources for decarbonisation

This comprehensive approach demonstrates SGH's commitment to significantly reducing its carbon footprint while improving its infrastructure and energy efficiency with anticipated Total Annual Direct Carbon Savings: 3,616.87 tonnes.

The total project cost is £27.1m, £20.6m PSDS and £6.5m NLaG contribution.

The trust are also leading on the construction of a Community Diagnostic Centre. This £19m facility is in central location at Lindum Street, Scunthorpe.

Acute and community mental health services are delivered by RDaSH and from a number of community sites with inpatient activity at the relatively modern Great Oaks Inpatient Unit. They are challenged to meet all needs locally and wish to improve utilisation at Barnard Court.

NLaG provide the bulk of community services. They have identified some opportunities to improve utilisation of facilities including Ashby and Epworth clinics and the Ironstone Centre. Ironstone is the main community asset and maximising utilisation, enhancing the condition and potentially facilitating as a centre for training is seen as a priority.

NLaG provide 346 beds of staff accommodation in Grimsby & Scunthorpe which supports training posts.

Place Overview: North Lincolnshire

Supply Insights

No. PCNs	4
General Practice / Community Care:	
• No. GP Practice locations	34
• Total GP Floor Area (m ² NIA)	9,879
• No. Community Sites	6
• Total Community Care Floor Area (m ² GIA)	5,504
Acute Hospitals	1
No. Mental Health Sites	1
No. Pharmacies	33
Key Priority Projects	
Planned/Funded Major Estate Projects:	£m
• CDC in construction Scunthorpe	19.10
• Ancora Medical Practice extension	
• Decarbonisation of Scunthorpe General Hospital (PSDS)	27.1
Capital Investment Priorities (PCN Toolkit)	£000
• Kirton Lindsey and Scotter Surgery – Housing RAF Scampton	tbc
• Central Surgery Village Surgery & West Town Surgery – Feasibility for an extension (5 clinical rooms)	681
• Trent View Medical & West Common Lane	153
• South Axholme Practice (new build) at Garden Centre, Epworth	revenue
• Oswald Rd Surgery – reconfiguration (3 clinical rooms)	145
• Church Lane Medical Centre - extension (2 clinical rooms)	603
• Winterton Medical – extension (5 clinical rooms)	272
• Trent View Skippingdale HC – reconfiguration (2 clinical rooms)	680
• Lincolnshire Lakes, west of Scunthorpe – increase 5,280 patients	tbc

Demand Insights

Population (ONS 2021 Census Area Profile)	169,681
List Size (SHAPE)	184,433
Demography:	2021 2037
• Under 10	18,093 16,754
• Aged 60 - 85	43,964 52,701
• 85+	4,724 7,735
Deprivation:	
• LSOA – most deprived	Westcliff 70.66
Healthy life expectancy gap (years)	
<i>Comparison of Place to HNY ICS</i>	-4.0 - Male -7.1 - Female
Housing / Population change:	Houses / People
• Planned increase to 2026/27	2,651 / 6,098
• Emerging Plan increase to 2038	7,937 / 18,255
PCN Increase to meet 2032-2040 demand	
Population changes will create demand for additional space for PCNs. Toolkit projections are based on Savills projections.	
	NIA
South	320
North	304
West	295
East	134
Total	1,053 sqm

North Lincolnshire: PCN Reviews

Strategic indicators									Overall priority
PCN name	Number of properties	Population Data (ONS 2021)	GP list size (SHAPE April 23)	% Housing Popn to 2032 (SAVILLS)	Estate suitability (C,F,T)	Deprivation (IMD Score) SHAPE PCDG	Workforce (under-doctored)	Additional Space Indication (sqm)	
North Lincolnshire East	8		30,937	6.98	C: 3 F: 5	18.81	1,596	134	
North Lincolnshire North	5		33,886	5.75	C: 2 F: 3	17.36	1,759	304	
North Lincolnshire South	11		73,244	9.97	C: 1 F: 10	25.08	1,624	320	
North Lincolnshire West	10		46,366	5.87	C: 8 F: 2	22.29	2,089	295	
	34	169,681	184,433	7.66	C: 14 F: 20			1053	

Estate Suitability Key

GP to list size ratio:



0-1800



1801-2400



2401-3000

Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices

Place 5: Summary

North Lincolnshire East

Priority areas and next steps:

Key findings:

- Registered population expected to grow by 12.97% by 2032, services to over 31,000 people, around 17% of all patients in the locality.
- PCN would like to recruit more ARRS roles to offer a wider range of services and has several vacancies but admin and clinical space restricted
- Riverside and West Town Surgeries facilitate training, which puts even more pressure on the premises' utilisation. The practices would like to take on more medical students, registrars, and other trainees but have no option to do so without extra rooms. In order to meet the aims of the NHS Long Term Workforce Plan (June 2023), the practices will require sufficient accommodation to support the increase in the number of training places.
- Additional clinical rooms will be required to meet the increasing patient demand and the forecasted population growth. There is a large amount of housing developments planned in the PCN's catchment area, with 2,500 dwellings alone for West Scunthorpe, as part of the Lincolnshire Lakes Development. As a result, it is unlikely that the local practices (Trent View Medical Practice Keadby and Trent View Medical Practice, Skippingdale) will be able to absorb the additional number of patients.
- All three of the Trent View Surgery sites have seen little investment in recent years and require funding to improve the buildings' condition.
- Barnetby Medical Centre requires modernisation and investment to comply with the statutory compliance requirements.

Recommendations/next steps:

- Option to extend the following premises would provide improvement: Barnetby Medical Centre, Riverside Surgery Brigg, Riverside Surgery Broughton, West Town Surgery.
- Option to Explore funding options in order to redecorate Barnetby Medical Centre and bring it up to the IPC standard
- Potential Extension Feasibility Study at both sites to create additional clinical capacity. This could provide sufficient space for a PCN Hub at the main site in Brigg.

Additional Information

- Following ICB prioritisation Barton has been identified as a priority area. There is no space to extend Central Surgery as it is landlocked. Place will need a feasibility study to determine how best to support the demand. The feasibility work will include West Town practice.
- Trent View Medical Practice: Crowle Medical Centre & Skippingdale Health Centre – a medium-term priority identified to undertake a feasibility study for remodelling the left wing of the building into usable clinical space

Place 5: Summary

North Lincolnshire West

Priority areas and next steps:

Key findings:

- Registered population expected to grow by 9.73% by 2032, PCN provides services to over 45,300 people, 24% of all patients in the locality
- South Axholme Epworth Surgery - the current estate is a barrier to improved service delivery and expansion.
- Epworth Surgery requires redecoration and the patient-facing rooms need to be brought up to the IPC standards.
- Church Lane Medical Centre and South Axholme Practice facilitate training, which puts more pressure on the premises' utilisation.
- According to the Capacity Modelling, all of West PCN premises are overutilised.

Recommendations/next steps:

- South Axholme Practice - explore funding options to redecorate and meet IPC standards. Progress discussions with developer for new build scheme for Epworth.
- Oswald Road Medical Surgery - explore funding options to redecorate and meet IPC standards. Seek funding for the two rooms which are not currently covered by rent reimbursements. Feasibility study to remodel first floor into usable clinical space to support the practice and PCN.

Additional Information

- Following ICB prioritisation addressing the South Axholme requirements at Epworth has been identified as a priority for 24/25 year.
-

Place 5: Summary

North Lincolnshire North

Priority areas and next steps:

Key findings:

- Registered population growth 12.13% by 2032, PCN operates from 5 sites, delivering services to 33,000 patients, which is approximately 18% of all patients registered across the entire North Lincolnshire. .
- The PCN is facing considerable challenges not only in delivering the PCN's contract but also in expanding services. The limited estate is a blocker to meeting the increasing patient demand, responding to the changing needs of their local population and continually improving patient outcomes.
- Barton-Upon-Humber and Brigg have seen significant housing growth in recent years, which has added additional pressure on the existing surgeries. There are another 600 dwellings planned in the PCN's catchment area in the near future. By 2032, with the forecasted population growth in the area, the utilisation rates are likely to increase to **105%** for Bridge Street Surgery, **81%** for Central Surgery and **62%** for Winterton Medical Practice.
- Central Surgery is considering and reviewing a triage system, which would also be adopted by the other two surgeries. Due to the lack of suitable space, doctors have to share rooms whilst triaging. The majority of patients are seen in person and remote consultations are carried out in patient-facing rooms. The PCN would welcome virtual consultation spaces (i.e. hot-desking, virtual consultation areas) in order to decrease the number of virtual consultations from patient-facing rooms; however, there is no suitable alternative space.
- The PCN's estate requires investment to improve the overall condition of

the buildings and furnishings and make them fit to deliver healthcare now and in the future.

- Short term options include: extending opening hours, digitization of records and an internal remodel.
- Longer term options include extension to Winterton Medical Practice-branch site in Burton-upon-Stather and Central Surgery- Branch Site.

Recommendations/next steps:

- Explore the potential of using underutilised/ vacant space i.e. Baysgarth Community Hub
- Potential for expansion of Central surgery branch site by liaising with North Lincolnshire Council to explore any options for utilising Council owned estate, such as job centre or Baysgarth Community Hub. Subject to options above, potential New Build Feasibility Study or Busines

Additional Information

- Following ICB prioritisation Barton has been identified as a priority area. There is no space to extend Central Surgery as it is landlocked. Place will need a feasibility study to determine how best to support the demand. The feasibility work will include West Town practice.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 5: Summary

North Lincolnshire South

Priority areas and next steps:

Key findings:

- Registered population growth 15.31% by 2032, PCN offers services to nearly 73,000 people, 40% of all patients in North Lincolnshire
- PCN lacks adequate estate to support multidisciplinary teamworking, including staff employed via ARRS.
- There are not enough rooms to facilitate training, West Common Lane Teaching Practice and Ancora Medical Practice have nearly reached their capacity while all other surgeries are already overutilised.
- Short term options include: increase operational hours, ARRS funding, virtual consultation, digitization of records.
- Longer term options: internal remodel, extension or new facility.

Recommendations/next steps:

- Feasibility of West Common Lane, Ashby Turn Primary Care Centre, and Cambridge Avenue Medical Centre.
- Explore funding options in order to redecorate the surgeries, and ensure all practices operate from sites which meet the IPC standards.
- Seek location and funding for additional space to accommodate ARRS staff

Additional Information

- An extension is underway at Ancora Surgery
- Trent View Medical & West Common Lane Teaching Practices - The Place team have prioritised the requirement for a new build feasibility/business case to assess opportunity for new build health facility at the land next to the surgery, owned by the practice.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

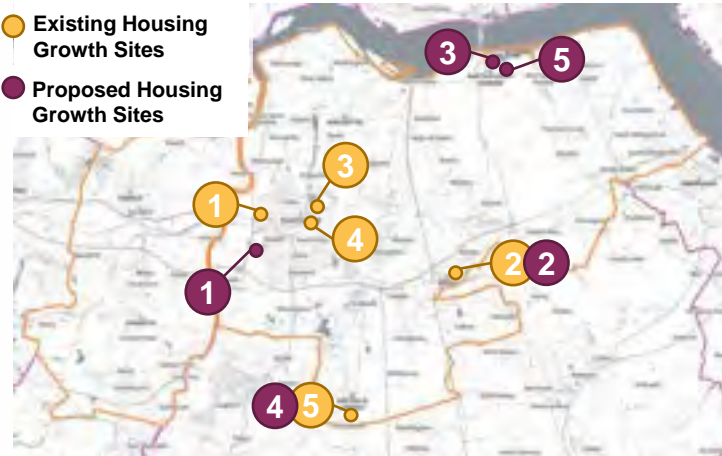
How do we
get there?

Appendices

North Lincolnshire – Future Housing Growth

Timeline / Impact	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Apr 2023)	By 2038 – North Lincolnshire Local Plan (Publication Draft) (Oct 2021)
Planned Housing Growth	2,651	7,937
Expected Additional Population Growth (based on 2.3 people per dwelling)	6,098	18,255

Location of Local Plan (2011) and Draft Local Plan (2021) Key Housing Growth Sites



Source: North Lincolnshire

Key Housing Growth Sites

North Lincolnshire – Core Strategy (2011)

- The Council will seek to make provision for **15,700 dwellings over the plan period 2004-2026**
- The main areas the Spatial Strategy (CS1) will focus on are Scunthorpe (9,892 dwellings) and the market towns (2,171 dwellings).

- Land north of Doncaster Road, Scunthorpe – **c.1,264 dwellings – No extant consents for development.**
- Land at Wrawby Road Phase 2, Brigg – **c.333 dwellings – part of applications Under Consultation: PA/2023/1236 For 290 dwellings; and Awaiting Decision: PA/2023/1425 For 266 dwellings.**
- Land at the Glebe, Scunthorpe – **c.302 dwellings – No extant consents for development.**
- Land at Church Square, Scunthorpe – **c.300 dwellings – No extant consents for development.**
- Land at former RAF, Kirton in Lindsey – **c.300 dwellings – No extant consents for development.**

Local Planning Authorities: North Lincolnshire Council

2022/23 Infrastructure Funding Statement and IDP (2021)

No CIL currently in place.

No new GP facility provision identified to address housing growth, instead existing facilities are to be adapted and extended to provide a total of 26.4 additional clinical room space across:

- Scunthorpe: 15.43
- Barton upon Humber: 2.23
- Brigg: 4.01
- Kirton in Lindsey: 2.31
- Winterton: 1.09
- Crowle: 0.65
- Barrow upon Humber: 0.68

Key Housing Growth Sites

North Lincolnshire – Publication Draft (2021)

- West of Scunthorpe (Lincolnshire Lakes), Scunthorpe – **2,150 dwellings**
- Wrawby Road Phase 2, Brigg – **333 dwellings**
- Pasture Road South, Barton upon Humber – **319 dwellings**
- Land at former RAF, Kirton in Lindsey – **302 dwellings**
- Land off Barrow Road, Barton upon Humber – **225 dwellings**

Population growth



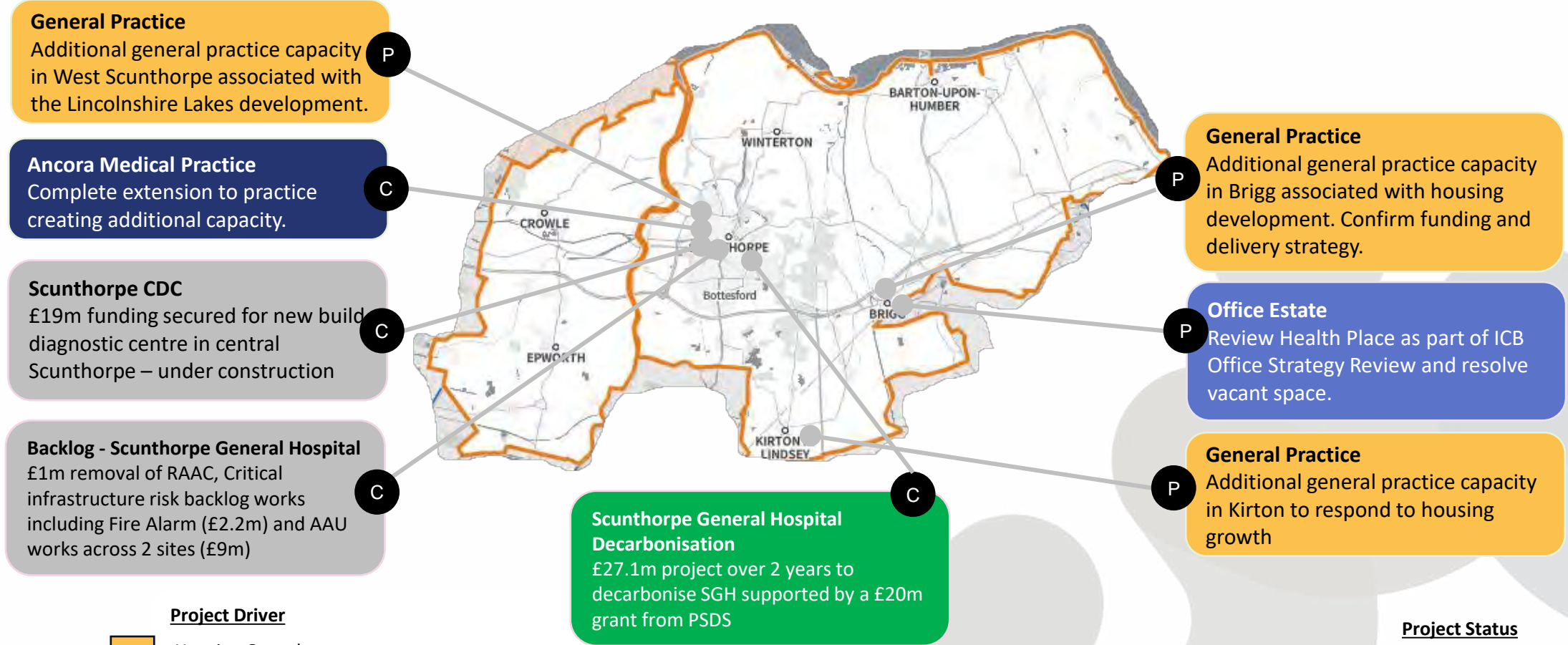
Source: Office for National Statistics (2021)

Population trajectory (est)



Source: Office for National Statistics - Subnational population projections for England: 2018-based

Place 5 : Priority infrastructure requirements



Project Driver

- Housing Growth
- Primary Care & Community (capacity and OoH)
- Mental Health and Learning Disabilities
- Acute / Secondary Care
- Office estate

Project Status

- C Committed
- U Pipeline (Urgent)
- P Pipeline

PLACE 6 REVIEW: North-East Lincolnshire

- Place Strategy
- Key insights
- Place on a Page Overview
- PCN Toolkit Review
- Housing Growth summary
- Priority Infrastructure requirements



Prepared by: NHS Property Services Ltd
& Shared Agenda Ltd

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 6 : Clinical Strategy Summary

Our Ambition

Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove and this has benefitted local people for many years.

Our Health and Care Partnership enables partners to work together where a multi-agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery.

Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together for both children and adults. As a place we will continue to work in an integrated way to deliver better outcomes for our population, linking in on a system and collaborative level, where working together in this way supports better outcomes for our population.

We will work together to reduce unfair and avoidable differences in health across the population, with a focus on reducing inequalities, and ensure that our residents are at the heart of all we do. We will come together across population groups in Accountable Care Teams using a population health approach to do this.

Our Outcomes:



Where we are now

- North East Lincolnshire (NEL) has a 156,940-resident population of mostly coastal and urban communities. NEL has variation in inequalities and deprivation: 37.7% of population live in 20% most deprived areas
- in the 2021 census 43.1% of the population reported very good health compared to 48.5% nationally. 35% reported good health compared to 33.7% nationally
- NEL is in the highest 10% nationally for fuel poverty at 21%. Across the area it ranges from 7.6% in the least deprived up to 26% in the most deprived areas
- NEL has the highest premature birth rate in England and 1 in 4 children live in poverty

Place 6 – North-East Lincolnshire: Vision

Vision

The North East Lincolnshire Health and Care Partnership is dedicated to pioneering an exemplary model of health, care, and prevention services for our local communities. Our ambition is to deliver truly integrated services that put our people at the heart of everything we do. We recognise that access can be an issue for our communities and this is a cross-cutting theme.

This vision will shape how we develop our estates and wider infrastructure, creating environments that:

- Foster collaboration between professionals from diverse organisations
- Support multi-agency and multi-disciplinary teams
- Integrate carers, peer support networks, and voluntary organisations
- Accommodate independent sector providers alongside public sector bodies

By reimagining our physical spaces and resources, we aim to:

- Provide facilities that are fit for purpose now
- Create flexible environments adaptable to future challenges
- Enhance service delivery and patient outcomes
- Promote innovation in health and social care

Through this approach, we will ensure our estates and infrastructure not only meets current needs but are also primed to tackle the evolving demands of healthcare in the years to come. Our commitment is to build a resilient, integrated, and forward-thinking health and care system that serves North East Lincolnshire for generations to come.

Delivery

As a system we have developed a roadmap towards a place based system wide estates strategy to meet the future aspirations of the HCP, along with the identification of some quick wins which could be delivered in the next 6 to 12 months. Broadly, the recommendations cover three key areas:

- 1) Mapping the existing assets at a system level and putting in place a future plan for the operational management of those assets
- 2) Aligning the assets and opportunities more closely to new models of care
- 3) Developing a System wide Strategic Asset Management Plan (SSAMP) and full 3-5 year estates strategy.

In support of this we have developed a set of principles on which to base an HCP wide estates strategy. These principles are shown below.



Place 6 – North-East Lincolnshire: Other Key Insights

Primary Care

North-East Lincolnshire has benefitted from investment in the primary care estate with a range of purpose-built primary care health centres. While there are some concerns around space pressures practices are not currently over capacity based on PCN toolkit metrics. Previous work has taken place to understand utilisation levels, but this needs to be supported by an agreed plan for changes and resource to support implementation.

The general practice estate is wholly leasehold with a number of key lease events in the next 5 years. In some premises none of the current practice partners are named on the lease, unless this issue is resolved it is not possible to secure licence to alter or effectively manage the property. There are also sites where basic property management information is not available. Resolution of these issues should be a priority. The Place wish to explore options for establishing a strategy for commercial approach to leases. There would also be a requirement to use specialist knowledge and skills for the negotiation of the best possible outcome. This could create opportunities for redevelopment and investment including linking to areas of work such as decarbonisation.

NEL Place are in the process of completing the PCN Toolkit programme, early outputs from this work are included in the body of this document.

Providers (acute and mental health)

There has been significant investment at Diana Princess of Wales hospital since 2019 including;

- CT, MRI and endoscopy suite (2021)
- new emergency department (2022)
- Upgrade theatres, Fire Alarm and Oxygen Infrastructure (2021-2023)
- Same Day emergency care and AAU (2024)
- Gamma Camera Suite (2023)

As part of the expansion of diagnostic capacity a CDC (£9.98m) is currently being developed at Freshney Place Shopping Centre in Grimsby.

Mental Health services are delivered by Navigo and community services by CarePlus. As Social Enterprises they are developing a range of facilities to meet their service requirements and taking innovative approaches to the delivery of health and care.

Navigo have plans for investment - A proposed £1m investment in mental health rehabilitation capacity is in feasibility stages. Investment is also needed in complex emotional needs (personality disorder) an emerging workstream potentially some bed based investment, with a focus on delivery to a young adult population. Pathway development is underway. There is also an investment requirement for older adult acute services. A £250 – 500k right sizing project is needed at The Gardens (NHSPS owned facility).

Discussions are underway with Navigo and Care Plus group on a requirement for Learning disability and autism residential bed based service linked to Transforming Care partnership. There is potential for bespoke LD facility to support North, North Linc and parts of Hull, this would be a 5-10 year development and is likely to be a revenue requirement, with no CDEL implications for the system.

CPG have a plan for proposed investment in solar panels, this will proceed based on access to funding and achieving an appropriate return on the investment. CPG have identified that Weelsby View is not fit for purpose and this property may require redevelopment and reprovision for all of the current occupiers, especially as the lease end is approaching. This requirement is also linked to the delivery of cardiology services using the connected health network approach.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
PrioritiesWhere are
we now?Where do
we want to
be?How do we
get there?

Appendices

Place 6 – North-East Lincolnshire: Other Key Insights

Navigo are exploring the potential for delivery of services as part of the new Youth Zone development in Grimsby.

The process for inclusion of social enterprise capital plans within the ICB 10-year capital plan is a key issue and will be explored with NHS England. Social enterprise structures provide alternative financing and balance sheet approaches. The ICB are keen to investigate the benefits of this structure.

Workforce

There are challenges in terms of general practice workforce but these are being balanced with development of alternative roles in primary care. There is also planned expansion of GP training capacity across Northern Lincolnshire with requirement for 14 additional training spaces.

OPE

There is an active OPE programme in NEL with health involvement. Specific projects include;

- improving public realm areas within both Grimsby and Cleethorpes, with the aim of improving the aesthetics of the area, but also to encourage people get out and utilise this space (walking, cycling, etc);
- Using Sports England and Lawn Tennis Assn funding to improve sports and tennis facilities within the borough;
- Pier Gardens (LUF) introduction of activity-based facilities that may again encourage people to exercise/get active;
- within Freshney Place (LA owned shopping centre) working with health colleagues to introduce a Community Diagnostic Centre; and,
- a new project to retrofit c.60 properties on the East Marsh funding housing improvements, warmer/drier housing should impact on health.

There is recognition that health has a role as an anchor institution and can play a beneficial role in regeneration. A strong local approach to estates and infrastructure planning puts the system in a good position to progress joint goals. One of these goals is the Strategic System Asset Management Plan (SSAMP). A system SSAMP would ensure that the HCP has visibility overall stakeholder plans and an implementation plan for a wider estates strategy. It will identify the investment, savings, opportunities and challenges of creating an estate to deliver future service aspirations.

There is a requirement to understand all of community buildings and understand what is possible, much broader than just health and care. This would include VCSE and wider partners and multi agency approach.

A system SAMP will require all partners to agree some sort of governance and assurance arrangements, potentially with a financial risk and reward share agreement, to allow individual partners to make decisions in the best interests of the wider system. We would also want to consider sustainability/greener plans for the centres.

Grimsby Town Centre Masterplan 2022 – 2030 - Plans to continue with the reinvention of **Cleethorpes** have taken a major step forward as North East Lincolnshire Council (NELC) secured more than £18.4m of Levelling Up grant monies for the resort. In June 2022 NELC submitted two further Levelling Up Fund bids, one for Grimsby and one for Transport. The Grimsby LUF bid was successful.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
PrioritiesWhere are
we now?Where do
we want to
be?How do we
get there?

Appendices

Place 6 – North-East Lincolnshire: Other Key Insights

South Humber Industrial Investment Programme (SHIIP)- this has delivered major infrastructure investments, industrial sites and employment creation in North East Lincolnshire. Working in partnership, NELC and EQUANS are delivering SHIIP over a period of 5-10 years. This includes:

- A fully serviced, 64-hectare Business Park,
- a new Humber Bank link road - an £8m highway has been built to provide a vital link between the ports of Grimsby and Immingham, cutting journey time, providing an alternative to other busier routes and opening up undeveloped land, which lies within the EZ and an Ecological Mitigation Site – Cress Marsh.

NEL council have £150m investment pot and are developing a series of proposals. An element of this is around decarbonisation of the LA estate.

Sustainability

Green Healthcare: Leading the Energy Transition

North East Lincolnshire, part of the UK's 'Energy Estuary', is leveraging its strategic location to revolutionise healthcare delivery. As our region shifts towards green industries, we're committed to developing climate-ready, resilient health and care infrastructure. Our goals are to

- Pioneer sustainable healthcare solutions.
- Reduce our carbon footprint through innovative technologies.
- Power facilities with locally generated green energy.
- Adapt flexibly to long-term climate trends.

By aligning our health services with the area's green industrial revolution, we aim to improve health outcomes, attract investment, and set a national example for sustainable healthcare. North East Lincolnshire is determined to lead in providing world-class care through environmentally responsible facilities,

ensuring our community's health needs are met both now and in the future.

Greener Journeys, Cleaner Air, Healthier Lives

We're partnering to create climate-ready transport infrastructure that:

- Adopts clean technologies.
- Enhances cycling and walking routes.
- Encourages active travel for staff and patients.
- Supports electric vehicle use.

By prioritising sustainable travel, we're reducing emissions and promoting healthier lifestyles for all.

Seamless Digital Integration

Our wireless infrastructure empowers all partners to work efficiently across shared estates, maximising space utilisation and enabling strategic rationalisation.

Centralised Energy Insights

Our novel digital dashboard project aims to consolidate building "Energy Performance Certificate" (EPC) and "Display Energy Certificate" (DEC) data, enabling informed decision-making to optimise the estate's energy efficiency.

Climate Adaptation Case Study

The Peaks Lane Surface Water Flood Mitigation Project

A local partnership has been formed to address the growing threat of surface water flooding on Peaks Lane in Grimsby. This risk, significantly exacerbated by climate change, poses a serious danger to the area's critical health facilities and road network. The partnership aims to develop strategies to mitigate this increasing climate-driven flood risk.

Place Overview: North-East Lincolnshire

Supply Insights

No. PCNs	5
General Practice / Community Care:	
• No. GP Practice locations	27
• Total GP Floor Area (NIA)	16,186
• No. Community Sites	21
• Total Community Care Floor Area (NIA)	4,280
Acute Hospitals	1
No. Mental Health Sites	15
No. Pharmacies	33
Key Priority Projects	
Planned/Funded Major Estate Projects	£000
• Grimsby CDC	9,985
• Clee Medical – reconfiguration	30
• Open Door – reconfiguration (3 rooms)	90
Capital Investment priorities (PCN Toolkit)	
• Develop a system strategic asset management plan	
• Create additional capacity Apollo PCN	
• Create training capacity Meridian Health	
• Options developed Keelby HC	

Demand Insights

Population (ONS 2021)	156,966	
List Size (SHAPE)	173,908	
Demography:	2021	2037
• Under 10	17,968	16,339
• 10 - 59	95,945	89,826
• 60 - 85	38,705	45,517
• 85+	4,348	7,109
Deprivation:	East Marsh, Grimsby 81.738 – 22 Grant Thorold, Grimsby 81.548 – 23	
• LSOA – ranked lowest nationally		
Healthy life expectancy gap (years)	Male: -7.5 Female: -6	
<i>Comparison of Place to HNY ICS</i>		
Housing / Population change:	Houses / People	
• Local Plan increase to 2026/27	2,394 / 5,267	
• Planned increase to 2031/32	3,390 / 7,458	
PCN Increase to meet 2032 demand	NIA	
The toolkit review does not indicate a requirement for additional space for projected ONS demand. There is a requirement to review the configuration and utilising of the existing space to meet changing service needs.		

North-East Lincolnshire: PCN Reviews

Strategic indicators										Overall priority
PCN name	Number of practice premises	Population Data (ONS 2021)	GP patient list size (SHAPE May 24)	% Housing Popn growth to 2032 (SAVILLS)	Estate suitability (C,F,T)	Deprivation (IMD Score)	Workforce (under-doctored)	Patients per total clinical staff FTE	Additional Space indication (sqm)	
Apollo	4		24,725	5.71	C: 4	29.78	3,399	847	0	
Freshney Pelham Nel	3		36,955	4.96	C: 3	31.60	2,151	845	0	
Meridian Health Group NEL	5		40,684	7.03	C: 3 F: 2	29.51	2,083	578	0	
Panacea	12		47,211	5.44	C: 12	30.36	2,264	1,074	0	
SLC Medical Group	3		24,333	7.74	C: 3	30.81	2,127	934	0	
	27	156,966	173,908	6.07	C: 25 F: 2	31.34			0	

PCDG Infrastructure Measures

GP to list size ratio: ■ 0-1800 ■ 1801-2400 ■ 2401-3000
Clinical FTE to list size ratio: ■ 0-1200 ■ 1201-1500 ■ 1,500+

Place 6: Summary

Apollo

Priority areas and next steps:

Key findings:

- The PCN comprises of four GP Practices with a registered population of 24,479 (April 2023), anticipated 6.5% population growth over the next 1-5 years resulting in an increase of 1,600 patients (SHAPE data based on ONS population projections).
- 4 sites covering 3,086m2. Annual estates costs £631,684pa
- PCN is short of space at Beacon Medical, and there are occupancy issues to sort out regarding utilisation of rooms. There is ongoing engagement with the ICB and NHS Property Services.
- Raj Medical have identified that they would like a teaching suite for year 4 and 5 students in their premises.

Recommendations/next steps:

- Beacon Medical - change two rooms into clinical space (£15k)
- Raj Medical - create additional training facilities (£45k)

Additional Information:

- The ICB have prioritised identifying additional capacity for Apollo PCN

Freshney Pelham

Priority areas and next steps:

Key findings:

- The PCN comprises of three GP Practices with a total registered population of 36,961 (October 2023) anticipated 4.9% growth by 2032.
- 3 sites covering 5,895m2. Annual estates costs £1,088,633pa
- Church View Medical Centre operates from a purpose-built medical centre, there is shell space with potential for expansion at the site. There are issues with heating and cooling which need to be resolved.
- The PCN has identified the specific need for additional space for delivery of its proposed diabetes, spirometry services and leg ulcer services, together with a dirty utility to meet IPC requirements for the leg ulcer service.

Recommendations/next steps:

- Toolkit recommendations to follow.

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Place 6: Summary

Meridian Health Group

Priority areas and next steps:

Key findings:

- The PCN comprises of four GP Practices with a total registered population of 40,093 (July 2023). The PCN projected increase 2,853 people by 2033 (7.1%)
- 5 sites covering 3,403m2. Annual estates costs £734,559pa
- Weelsby View Health Centre design does not function well there are space constraints and also issues of vandalism and anti-social behaviour. The lease expiry in 2027 may offer an opportunity to address some issues.
- Keelby Health Centre - discussions with the Brocklesby Estate on potential new build health centre in Keelby subject to ICB support.
- Open Door Medical Centre/Quayside lease is with a social enterprise at a nominal rent. There is potential for conversion of meeting space for clinical use, but overheating issues also need to be addressed.
- The PCN feels it has access to sufficient space within its existing estate. The space would benefit from reconfiguration to create additional clinical capacity and to work more closely with key stakeholder partners, e.g. alcohol and substance misuse agencies that work closely with the PCN's homeless communities.

Recommendations/next steps:

- Open Door Medical Centre: consider options for internal reconfiguration.

Additional Information

- An options paper is being produced regarding Keelby HC.
- Open Door Medical have approval for £90k investment for reconfiguration
- Training capacity for Meridian PCN has been identified as a priority

Panacea

Priority areas and next steps:

Key findings:

- The PCN comprises of eight GP Practices with a total registered population of 47,114 patients (April 2023), Registered population expected to grow by 5.55% by 2032.
- 12 sites covering 5,704m2. Annual estates costs £1,477,782pa
- Birkwood Medical Centre has underutilised capacity but issues with overheating
- Clee Medical Centre and Cromwell Road Primary Care Centre lack space which is exacerbated by demands for space for training.
- Weelsby View Health Centre design does not function well there are space constraints and also issues of vandalism and anti-social behaviour. The lease expiry in 2027 may offer an opportunity to address some issues.
- The PCN has highlighted the need for a dedicated site in a central location to base the ARRS team, serving as a hub for regular meetings and interactions, enhancing collaboration and co-ordination.

Recommendations/next steps:

- Birkwood Medical Centre: large car park with potential to provide space for an expansion.
- Clee Medical Centre: potential to knock through into Minor Surgery room D from adjacent room E. **£30k funding approved**
- Cromwell Road Primary Care Centre: hot desking in office space to make more efficient usage.

Place 6: Summary

SLC Medical Group

Priority areas and next steps:

Key findings:

- The PCN comprises of one practice, established on 1 April 2023, with a total registered population of 24,071 (July 2023) and projected to increase by 1,875 people by 2033 - an increase of 7.8%.
- 3 sites covering 3,949m². Annual estates costs £716,821pa
- The PCN needs additional space to deliver its clinical priorities as lack of estates capacity adversely impacts on the availability of PCN services to the patient population and ARRS staff becoming embedded in the wider practice team. There is potential to create additional capacity at Church View and Taylors Avenue.
- The carpark at Church View is small and can get congested at busy times, an adjacent plot of land is vacant and could be purchased to expand parking.
- The PCN would benefit from group room space at each of its sites for patient consultations, together with open plan clinical space for staff to come together to provide a multi-disciplinary patient-centred approach

Recommendations/next steps:

- Clean utility at Taylors Avenue could be converted into an additional clinical room

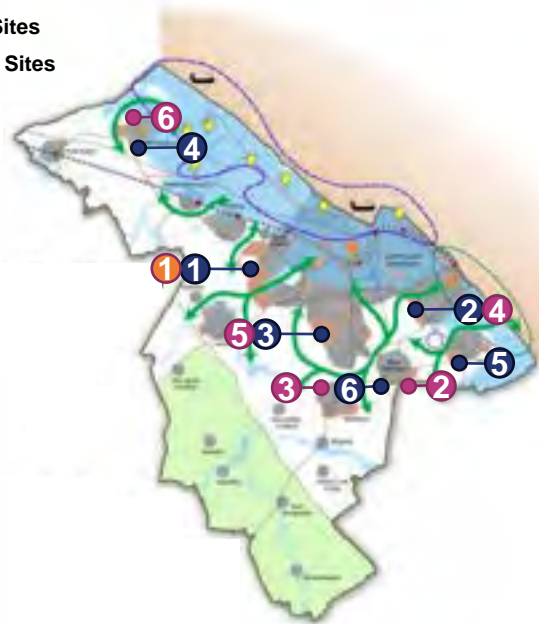
North-East Lincolnshire – Future Housing Growth

Timeline / Impact

	By 2028 (5 years) Defined 5-year Housing Land Supply (All Sites) (Apr 2023)	By 2032 – North East Lincolnshire Local Plan Review (Dec 2023)
Planned Housing Growth	2,394	3,390
Expected Additional Population Growth (based on 2.2 people per dwelling)	5,267	7,458

Location of Local Plan (2016) and draft Local Plan update (2022) Key Housing Growth Sites

- Existing Housing Growth Sites
- Proposed Housing Growth Sites



Source: North-East Lincolnshire

Key Housing Growth Sites

North East Lincolnshire Local Plan (2018)

The Council seeks to make provision for at least **13,340 dwellings** over the plan period 2013-2032 (Policy 2).

1. Grimsby West Urban Extension, Grimsby – **c.3,337 dwellings** – *No extant consents for development.*
2. Land West of Humberston Road, Grimsby – **c.1,708 dwellings** - **Granted permission: (part of site) DM/0552/21/FUL For 122 dwellings.** *No other extant consents for development for the rest of the allocation site.*
3. *Scartho Top, Grimsby – **remaining 971 dwellings** – **Granted permission: DM/1049/16/REM pursuant to DM/1201/15/FUL for 845 dwellings.**
4. Land to the east of Stallingborough Road, Immingham – **c.660 dwellings** – **Granted permission: DM/0728/18/OUT for up to 525 dwellings and up to 80 units for the elderly.** *As of April 2023 there is a remaining capacity of 605 dwellings to be delivered.*
5. *Land at and rear of 184 Humberston Avenue, Humberston – **425 dwellings** – **Granted permission: DC/107/12/HUM Outline application for up to 400 dwellings and DM/0433/21/FUL for 72 care home dwellings.**
6. Land west of Louth Road and south of Toll Bar School, New Waltham – **c.400 dwellings** – **Granted permission: DM/0118/15/OUT For up to 400 dwellings.** *As of April 2023, there is a remaining capacity of 366 dwellings to be delivered.*

**Sites are under construction – quantum of dwellings are estimated units remaining to be constructed as of 1 April 2017*

North-East Lincolnshire – Future Housing Growth (cont)

Local Planning Authorities:
North-East Lincolnshire Council

2022/23 Infrastructure Funding Statement and IDP
(2017)

2022/23 IFS data not published. No CIL in place.

No specified health projects on latest Infrastructure List and no capacity issues identified. Where capacity issues arise as a result of new development, there is preference towards rationalisation of GP surgery sites instead of the creation of new facilities.

Key Proposed Housing Growth Sites

[North East Lincolnshire Local Plan Review \(Draft\) \(2022\)](#)

1. Grimsby West Urban Extension, Grimsby – **c.3,378 dwellings**
2. *Land South of New Waltham (Millenium Farm) - **3,000 to 3,500 dwellings**
3. Land to the west of Fallowfield Road, Scartho, Waltham – **c.1,700 dwellings**
4. Land north and west of Pennells Garden Centre, Cleethorpes – **c.1,500 dwellings**
5. **Scartho Top, Grimsby – **remaining 840 dwellings**
6. Former Immingham Golf Course, Immingham – **c.764 dwellings**

**This site extends to the East Lindsey District Council area boundary*

***Sites are under construction – quantum of dwellings are estimated units remaining to be constructed as of 1 April 2017*

Population growth

159,600
(2011)



157,000
(2021)

▼ 1.7%

Source: Office for National Statistics (2021)

Population trajectory (est)

159,852
(2011)



159,291
(2021)

▼ 0.3%

Source: Office for National Statistics - Subnational population projections for England: 2018-based

Place 6: Priority infrastructure requirements

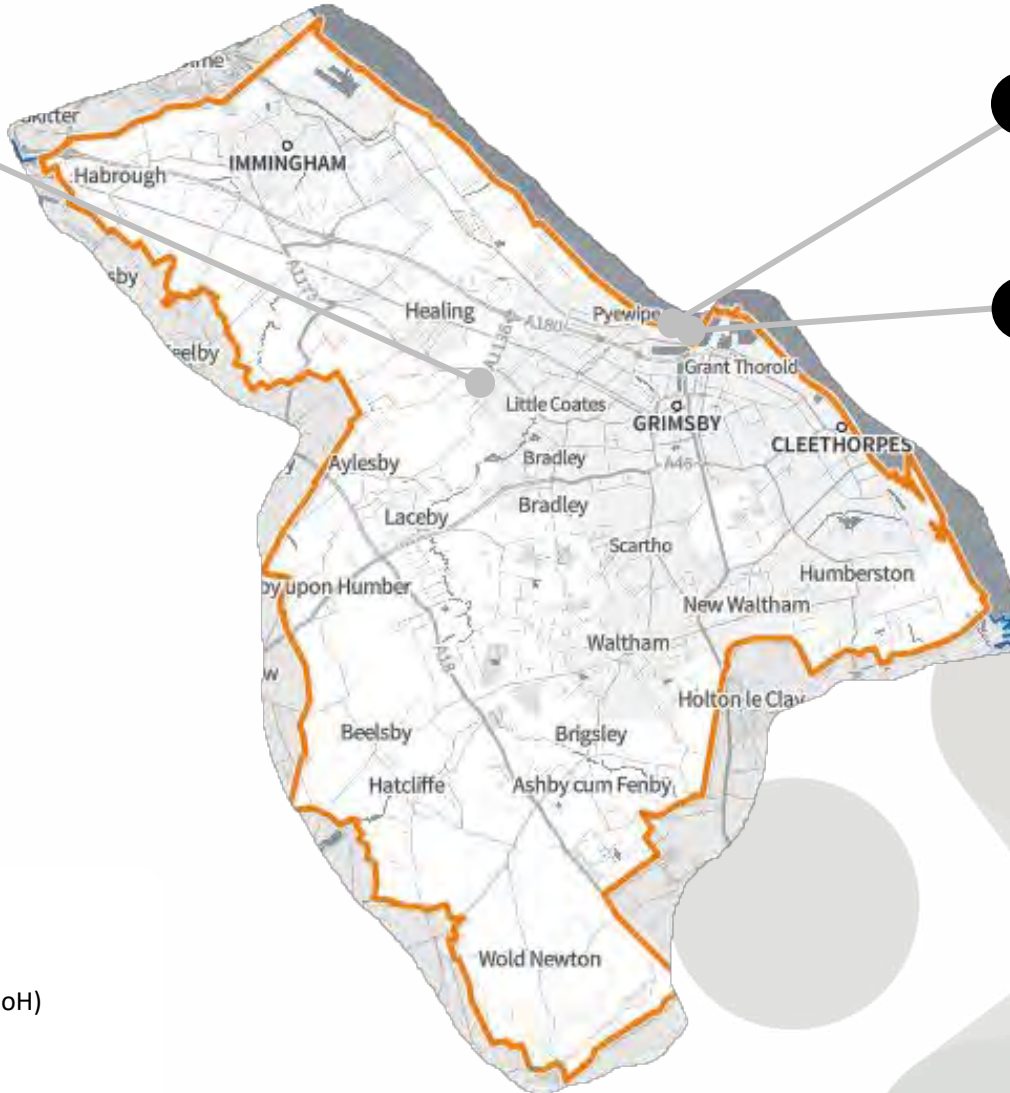
System Strategic Asset Management Plan
Develop a strategic asset management plan identify the investment, savings, opportunities and challenges of creating an estate to deliver future service aspirations.

P

Leases
Confirm status of general practice leases and provide support to practices to resolve tenancy arrangements.

U

Residential LD facilities
Explore opportunities for a bespoke LD facility to support North, North Linc and parts of Hull providing Learning disability and autism residential bed based service linked to Transforming Care partnership.



Grimsby CDC
Complete delivery of new CDC (£9.98m) at Freshney Green Shopping Centre

C

Diana Princess of Wales Hospital
Continue to reduce backlog

C

Transport infrastructure planning
Undertake joint work with partners on planning local transport infrastructure to support effective healthcare delivery.

- Project Driver**
- System Working
 - Primary Care & Community (capacity and OoH)
 - Mental Health and Learning Disabilities
 - Acute / Secondary Care
 - Office estate

- Project Status**
- C Committed
 - U Pipeline (Urgent)
 - P Pipeline

Appendix G – Provider Estates Strategies

Appendix G – Provider Estate Strategies

Trust name	
1	East Midlands Ambulance Service NHS Trust
2	Harrogate & District NHS Foundation Trust
3	Humber NHS Foundation Trust
4	Hull University Teaching Hospitals Foundation Trust
5	Leeds and York Partnership NHS FT
6	North Lincolnshire & Goole Hospitals NHS Trust
7	Rotherham Doncaster & South Humber NHS FT
8	South Tees Hospitals NHS Foundation Trust
9	Tees, Esk & Wear Valleys NHS Foundation Trust
10	Yorkshire Ambulance Service NHS Trust
11	York & Scarborough Teaching Hospitals NHS Trust

Provider Name	
13	Care Plus Group
14	CHCP
15	Navigo

1. East Midlands Ambulance Service NHS Trust

Delivering Care in Partnership

Across the 4.8 million people and 6,452 square miles that we serve, EMAS delivers care across six integrated care systems;

1. Joined Up Care Derbyshire
2. Nottingham and Nottinghamshire
3. Greater Lincolnshire (Lincolnshire)
4. Humber North Yorkshire (North and North East Lincolnshire)
5. Leicester, Leicestershire and Rutland
6. Northamptonshire

As a provider within each of these ICSs, EMAS has a role in supporting the system to deliver its four key requirements;

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development

Our strategy has been developed in partnership with each of our ICSs, reflecting national and local priorities and our role in contributing to delivery of these.

Emergency and non-emergency ambulance services are just one part of a wider patient pathway, and it is important that we work with partner health, care and wider blue light organisations to ensure the best use of our shared health and care resources to support the best possible outcomes for our patients. As such collaboration underpins every part of our strategy.



Estates

We will maximise our estate including the opportunities of shared premises with other NHS providers and one public estate/blue light collaboration. Undertake an estates review to ensure:

- Safe and appropriate estate and reduced critical infrastructure risk
- Estate in line with our revised clinical strategy and operating model
- Explore opportunities for better sharing of estate within EMAS and with other NHS providers and the one public estate/ blue light collaboration
- Reduced carbon footprint through both effective estate and effective location of our bases.

2. Harrogate & District NHS Foundation Trust

Harrogate and District NHS Foundation Trust employs more than 5,000 people, caring for a wide range of people providing essential hospital treatments as well as community health services. They operate across 3 ICB areas with annual income of £352 million (22/23). They are the largest employer in Harrogate and district with a hospital catchment of 200k and a community services catchment of c620k. The Trust occupy a floor area of 63k sqm across 177 sites, only 28 sites meet the criteria for reporting on ERIC so the trust are dealing with large numbers of small dispersed sites.

Our strategic objectives for 2022-23 were:

- Best Quality, Safest Care
- Person Centred, Integrated Care; Strong Partnerships
- Great Start in Life
- At Our Best: making HDFT the best place to work

These objectives were supported by our enabling ambitions:

- An environment that promotes wellbeing: Deliver the 2022-23 estates programme including: Emergency Department reconfiguration; multiple wellbeing projects; the SALIX carbon reduction programme
- Digital transformation to integrate care and improve experience: Start the process to replace our Electronic Patient Record; Deliver the 2022-23 digital programme including: Luna - Referral To Treatment (RTT) tracking, eRostering, Datix Cloud, Maternity Electronic Patient Record, Somerset (Cancer Tracking), Yorkshire & Humber Care Record
- Healthcare innovation to improve quality: Establish a Harrogate Innovation Hub; Deliver our National Institute for Health and Care Research (NIHR) portfolio research activity; Start to develop research into Children's Public Health Services

Our Services

Acute & Community Services for Harrogate and District, and wider North Yorkshire:

- Harrogate District Hospital
- Ripon Community Hospital
- Harrogate & Rural Alliance
- North Yorkshire Specialist Community Services

Children's Public Health (0-19) Services

- 9 local authorities in North East and Yorkshire
- Looking after over 500,000 children
- The largest provider of 0-19 services in England



2. Harrogate & District NHS Foundation Trust

In 2018 HDFT established a wholly owned subsidiary company, Harrogate Healthcare Facilities Management Ltd to provide it with estates and facilities services. The company currently trades as Harrogate Integrated Facilities (HIF) and, while the vast majority of its activity directly supports the Trust to deliver its services, the company has begun to offer services to external organisations such as the Duchy Hospital and a number of dental surgeries.

Capital Investment Activity

During 2022/23 the Trust undertook a £22m capital programme. There were 2 large schemes

- EPR readiness and infrastructure £7.8m
- TIF - elective recover £2m

Other recent investments include;

- Emergency Department upgrade and reconfiguration £1.5m
- Wensleydale Ward & Medical Enhanced Care Unit (digital exemplar ward) £5m
- Aseptics Unit £2m
- Orthopaedic Fracture Clinic and MSK Therapies Department £1.9m
- SALIX Carbon Reduction investment (windows, air handling, heat pumps, boreholes) £15m

The Trust have identified RAAC in some areas of their main site. An initial tranche of £2m in 23/24 and further stages in 2024/25 for demolition and rebuild of Block C at £15.3m including £9.5m RAAC funding, £5.8m trust capital.



Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

3. Humber NHS Foundation Trust

Humber Teaching NHS Foundation Trust is a leading provider of integrated healthcare services across Hull, East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. We operate from 79 property interests in a range of settings including specialist forensic units, community hospitals, inpatient mental health units, health centres, GP practices and in people's own homes.

The Trust have recently completed a redevelopment moving their HQ into modern fit for purpose office estate. They have also delivered a successful CAMHS development in Hull – Inspire.

Key Strategic Objectives

- Deliver a new, purpose-built mental health inpatient facility
- Delivery of the One Public Estate programme for Bridlington
- Deliver on the masterplan for Alfred Bean Hospital
- Increase usage of Hornsea Cottage Hospital & Whitby Hospital
- Increase in the number of services co-located or partners' services



Primary Care

The Trust's strategic direction for Primary Care is to continue to develop our portfolio of primary care practices. This approach will enable us to develop sustainable models of care through the use of multi-disciplinary Teams and deliver back-office efficiencies within larger practices. Transformation opportunities based on the model of the merger of the Hallgate and Chestnuts practices in Cottingham may allow estate rationalisation.



4. Hull University Teaching Hospitals Foundation Trust

HUTH is the largest teaching hospital trust in the Humber and North Yorkshire Health and Care Partnership, with circa 9,900 staff delivering care to over one million patient contacts each year. We provide a range of acute and specialist services to the people of Hull, East Riding of Yorkshire, North and North East Lincolnshire and beyond.

Our key ambitions include:

- Provision of outstanding quality of care and better access to our services for all of our patients
- Developing and supporting our remarkable workforce
- Development of our specialist service portfolio
- Delivery of our environmental sustainability programme
- To build and sustain partnerships
- To build on our exciting research and innovation programme

The Trust operate from 55 sites, 9 of which are included in ERIC. The Trust occupied GIA is 192,000m², 21% of that is PFI.

The Trust strategy has been revised and identified the intention to develop an ambitious estates plan to;

- replace our oldest clinical facilities
- reflect our ambitious clinical service development programme
- work as part of a wider system to offer the best possible clinical and non-clinical space to carry out our work and that of our partners
- join forces with our local partners to maximise the use of clinical and non-clinical space.

Our ambition is to be a digital first and digital exemplar organisation and to maximise our opportunities to transform and optimise the way we work through use of digital technologies. We will build on our work with our partner organisations to develop and streamline our digital capability.



4. Hull University Teaching Hospitals Foundation Trust

HUTH have delivered an extensive range of capital and sustainability schemes since 2019. These are summarised at pages 43-49. They have undertaken schemes in innovative and cost-effective ways.

The Trust Estates & Facilities cost is £459.51 per sqm ERIC 22/23 which is considered mid-low quartile, an improvement since 2015/16 benchmark year in the Trust Estates Strategy. It still has some opportunities for improvement in Hard FM, waste and utilities costs.

The Trust Backlog total is £84.59m (highest quartile) increased from £64.4m in 2017, £47.01m is critical infrastructure risk. In 2022/23 there were 22 clinical service incidents caused by estates and infrastructure failure.



5. Leeds and York Partnership NHS FT

In total LYPFT operate from 55 sites, 9 of which are included in ERIC. The occupied GIA is 192,000m², 21% is PFI.

The trust provide mental health services in West Yorkshire and HNY ICB areas. The summary below covers HNY properties.

The Trust operate men's and women's low secure services from Clifton in York and a CAMHS facility at Mill Lodge in York. These sites are both leased from NHSPS. These properties will need additional investment in the period, particularly in relation to the provision of appropriate seclusion facilities at Clifton House, which is currently a significant risk to the Trust and the service due to the current level of seclusion facilities available.



The Regional Deaf CAMHS service are based in York, using office facilities at the university and utilising clinical space at TEWV CAMHS facility Orca House.

The Trust strategy has been revised and identified the intention to develop an ambitious estates plan to;

- replace our oldest clinical facilities
- reflect our ambitious clinical service development programme
- work as part of a wider system to offer the best possible clinical and non-clinical space to carry out our work and that of our partners
- join forces with our local partners to maximise the use of clinical and non-clinical space.

Our ambition is to be a digital first and digital exemplar organisation and to maximise our opportunities to transform and optimise the way we work through use of digital technologies. We will build on our work with our partner organisations to develop and streamline our digital capability.

6. North Lincolnshire & Goole Hospitals NHS Trust

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) covers a wide geographical area providing health services to a population of 450,000 across North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire.

The Trust has a total of 860 beds with a gross floor area of 142,535m². They operate from three main hospital sites and 15 community premises. The three acute hospital sites include:

- Diana Princess of Wales Hospital (DPoW), Grimsby
- Scunthorpe General Hospital (SGH), Scunthorpe
- Goole District Hospital (GDH), Goole

The majority of the current buildings are not appropriate for delivery of modern healthcare services and the estate backlog maintenance figure of £105.89m (£638/m²) and Critical Infrastructure risk of £78.15m (£471/m²).

The Trust are an active partner in the Humber Acute Services Review and in 2023 entered into joint management arrangements with Hull Teaching NHS Trust.

The Trust has been successful at securing funding and delivering investment since 2019. There have been substantial upgrades at DPoW and Scunthorpe to improve wards and theatres as well as STP wave 4 funding for emergency department works. Salix funding has also been secured and works completed.

The Trust estates strategy identified key themes and priorities.

Key themes

- Improving utilisation of clinical space and reducing non-clinical estate
- Improving the efficiency of long-term assets through disposal, demolition or reconfiguration
- Technology led and enabled environment to enhance productivity and utilisation
- Reducing operating costs
- Risk based approach to physical condition of the estate

Strategic Priorities

1. Integrated Urgent & Emergency Care
2. Transformed Outpatients / Building Better Services
3. Work in partnership with PCNs
4. Reconfigure Specialties to One site where appropriate
5. Restructured Cancer Services
6. Create a Sustainable Hospital at Goole



Scunthorpe Emergency Department



DPoW Emergency Department, Grimsby

7. Rotherham Doncaster & South Humber NHS FT

Rotherham Doncaster and South Humber NHS Foundation Trust provide a wide range of mental health services in North Lincolnshire. These services include Learning Disabilities, mental health and children's services.

The Trust occupy 5 sites across the North Lincolnshire place with a combined floor area of 5,000sqm all of which are freehold buildings. This includes a mental health inpatient facility at Great Oaks in Scunthorpe.

Total reported running costs for this estate is £6.3 Million per annum with a backlog maintenance liability of £2.8 Million (ERIC). This is in the mid to lower quartile for this sector.

Estates and facilities costs for the Trust for 2022/3 are £339.46/m² and sit in the lower quartile in comparison to the peer median of £361.03/m². (Source: NHS England Model Hospital)

Key Themes:

1. In 2024 RDaSH will support the delivery of integrated neighbourhood teams with a focus on treating patients as close to home as possible.
2. Work with community organisations and primary care teams to respond to the specific needs of rural communities.

Strategic Priorities:

1. Nurture partnerships with patients and citizens to support good health.
2. Create equity of access, employment and experience to address differences in outcome.
3. Extend community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services.

4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.

5. Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.



© The Local Data Company

8. South Tees Hospitals NHS Foundation Trust

South Tees NHS FT is based in North East North Cumbria ICS (NENC) area but provides services into the North Yorkshire Place of HNY ICB. STFT do not have a current estates strategy as they are redeveloping this as a joint strategy with North Tees and Hartlepool NHS FT. The two Trusts have recently moved to a combined Chair and Chief Executive appointment and are aligning on a number of functions.

STFT have a number of occupations in North Yorkshire, most are small leasehold interests with GPs or NHSPS. They have an acute hospital site at Northallerton, Friarage Hospital. This facility has been the focus of significant recent and ongoing planned investment as a diagnostic and surgical hub.

Surgical hub

Approved plans for £35.5million NHS investment for the creation of the new modern operating theatres. The creation of the state-of-the-art surgical hub at the Friarage will enable the hospital to almost double the number of planned operations it carries out each year from just over 5,000 to almost 10,000. Construction is underway, planned completion in 2025.

Diagnostic Hub

In September 2022 the investment of £5m for an endoscopy and urology diagnostic hub that provides a one-stop-shop service for patients and provides capacity for 60 more patients each week to receive endoscopy tests. A further £3m investment in the radiology department as part of the Community Diagnostic Centre programme provided two CT scanners, a new cannulation room, two new ultrasound rooms and a new dental scan room as well as new changing facilities and an accessible toilet.

The Friary

Plans are underway for the redevelopment of The Friary Hospital site in Richmond. The intention is to consolidate general practice and hospital services on one site creating a Frailty Hub for North Yorkshire. This is at PID stage and will not require capital but may require CDEL cover for leasehold interest if it proceeds.



9. Tees, Esk & Wear Valleys NHS Foundation Trust

Background

The Trust have 24 properties in North Yorkshire and York, 26,000sqm footprint at a cost of £7.34m pa. The Trust spans two ICS's but TEWV's capital allocation flows entirely via the North East and North Cumbria ICB. TEWV have recently updated their estates masterplan to cover the period 2023-2028. A brief summary of key considerations is provided below.

Since 2019 the Trust has completed significant schemes at Foss Park in York (£39m) and North Moor House (£7.5m) in Northallerton. They have been successful in securing £4m capital to support a CAMHS scheme at Orca House (£4m) and £3.5m from mental health urgent and emergency care programme.

Leased Estate

Opportunities for economies of scale through co- location or increased utilisation will be explored in line with lease expiry dates or break clauses. We aim to identify solutions within the wider public sector estate in the first instance. Utilisation of NHS Property Service's buildings will be ceased where possible due to high costs which are increasing year on year. The Trust have recently increased utilisation Worsley Court in Selby, progressing a capital scheme to move the CAMHS services in, vacating Selby cabins and improving the operational environment for CYP, their families and staff.



North Moor House, Northallerton



Foss Park Inpatient Facility, York



Challenges

- Cross Lane Hospital, Scarborough accommodates a mixture of inpatient and community/corporate spaces. It is situated on a reasonably sized site with future development potential. Its location on the East Coast leads to recruitment challenges to roles in Scarborough & represents a key risk for consideration of any additional development.
- Valley Gardens (Windsor House), Harrogate - space pressures due to investment in community services and a lack of parking.
- Orchards, Ripon - space pressure due to investment in community services and issues with alignment of teams to catchment areas.
- Anchorage, Whitby - space pressures due to increase in community services and poor layout of building – therapy rooms on the first floor.
- Eastfield Clinic, Scarborough – poor condition

Opportunities

- Undertake a community review at Harrogate (potential release Jennyfield)
- Occupy Catterick ICC – release Colburn and Innovate

10. Yorkshire Ambulance Service NHS Trust

The YAS Estate Strategy is currently being redeveloped. The previous strategy set out a series of options and including a Hub and Spoke programme designed to allow for effective delivery of vehicles and staff while maximising the distribution of available vehicles at all times. This approach was designed to ensure the most effective response for patients. A key part of the estates strategy was the realisation of capital for re-investment in the estate and also the removal of potential backlog and liability attached to older stations. A series of disposals, co-location and relocation opportunities were identified.

Priority	Proposed Hub Locations HNY	Sites Released	Current Status
1	Scarborough Ambulance Station	Scarborough - Leasehold PTS Parking - Leasehold	£20m scheme currently paused
2	Hull	Hull East – Freehold Hull West – Freehold Sutton Fields – Freehold Hamburg Road (PTS) – Leasehold Fleet Workshop – Freehold	Site to be identified
3	York	York - Freehold Haxby - Freehold	



In addition to the hub requirements YAS also have a requirement for our call centre and training estate. Recruitment and retention is difficult for us and we feel we have saturated the market in West Yorkshire area for call centre staff for both 999 and 111 services. After reviewing the candidate pools in other areas, we have identified Hull as an area for a call centre and training estate. The Trust are due to meet with Hull Council to discuss possible locations, but affordability may be a blocker in terms of Capital / CDEL.

The Trust are faced with limited capital investment to keep pace and develop our estate with demands increasing significantly. Our capital priority has to be to provide vehicle vehicles when we receive funding for frontline staff but no funding for our estate or vehicles. This has resulted in an aged and over-crowded estate, aging fleet with an increase in vehicle off road and limited funding to resolve.

11. York & Scarborough Teaching Hospitals NHS Trust

Trust Summary

York and Scarborough Trust operates Our Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

The Trust has a Back Log Maintenance liability of £34.9million and Total Critical Infrastructure Risk of £22.5million. They operate from 13,900 sqm NIA. York Teaching Hospital Facilities Management (YTHFM) was created in 2018 and is a wholly owned subsidiary of York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) providing a range of Estates and Facilities Management services.

Strategic Priorities

- Clinically led, excellent hospital and integrated community services
- Keeping people well, reducing health inequalities and improving end of life care.
- Research, innovation and education to drive quality improvement.
- Safe, open and empowering culture and working environment
- Contributing to delivering a net zero NHS
- Optimal use of our resources

Key Projects

- £2.1m Cancer care centre redevelopment at York Hospital funded by Macmillan.
- £2.5m Intensive Care unit, York Hospital
- £4.3m decarbonisation scheme for York Hospital site.
- £47 million new Urgent and Emergency Care Centre at Scarborough Hospital. (Due to open summer 2024)
- York Hospital Emergency department and SDEC development £15m (Jul 2023).
- Development of a range of services and facilities at York Stadium
- Creation of elective capacity at Clifton ISTC in York in partnership with Ramsay Healthcare £3m
- Delivery of CDC hubs at Selby Community Hospital, Bridlington, Scarborough and Askham Bar in York
- Carbon Reduction schemes at Bridlington (£4.7m) and York £4.3m grant funded by Salix grants.



York Emergency Department redevelopment

12. Care Plus

Care Plus are directly commissioned from ICB to deliver a diverse range of health and social care services within NE Lincolnshire. Services include community nursing, intermediate care and rehabilitation. One of our subsidiary companies' operates a general practice called Open Door. Other services include an adult autism service and a Care Home.

They have three freehold properties, and the balance are leasehold space in GP practices, NHS Property Services and local authority buildings. Their strategy is to reduce their leasehold premises, especially those with significant maintenance liabilities.

In 2020 Care Plus purchased Cambridge Park a 52-bedded facility in Grimsby. It provides step down, intermediate care and rehabilitation. They have recently purchased Westgate Park to rationalise their estate and use their freehold properties for service delivery.

A summary from the annual report 22/23 is included for reference.



Contents

Foreword and Executive Summary

Introduction

ICS Priorities

Where are we now?

Where do we want to be?

How do we get there?

Appendices



13. City Health Care Partnership CIC

CHCP are a Community Interest Company based in Hull and operating in Hull, East Riding, North Lincolnshire and Merseyside.

They have an annual turnover of £140m, an operating profit of £0.71m and assets of £69.2m (2024). They deliver a wide range of community services including rehabilitation, intermediate care, community nursing and community dental. They also deliver allied health, urgent care and integrated sexual health services. Their HNY ICB contract was renewed in March 2024 for a further 10-year term.

CHCP employ 2,115 people with approximately half part time. They had 2.4 million contacts in 2023/24.

CHCP have a significant number of community sites and operate from

many NHSPS and CHP sites. As a CIC they are not required to report their properties on ERIC.

In September 2023 their subsidiary acquired Alderson House Care home, adding 42 beds to their residential care services. They also began operating Rossmore Community Rehabilitation Centre a 60-bed modular care unit developed by Hull Royal Infirmary as a discharge to assess facility.

Data on their sites has been included in the HNY data set and discussions are underway with NHSE regarding the use of NHS capital to support social enterprises where they are key to system delivery.



Staff working in the Rossmore Community
Rehabilitation Centre

14. Navigo

NAVIGO Health and Social Care CIC is a not-for-profit organisation that provides mental health services across North East Lincolnshire and is owned by its staff. Additional income is generated through NAVIGO's business trading arms, including Grimsby Garden Centre. Any profit made from trading goes back into providing NHS services free at the point of care. Navigo have developed the map below showing their locations and range of services.



Their strategy overall is to buy where possible and control their own facilities rather than renting. They seek to rationalise their estate where possible and have a focus on agile working. Sustainability is a key area of focus and they have an active Green Plan. Some key elements of this are;

- **Cars:** Our NHS fleet is capped at 75g carbon or less and beginning to electrify our fleet
- **Purchasing:** buy as local as we can and moving towards Evergreen framework
- **Buildings:** LED programme and moving to solar across our estate
- **Food:** FareShare goods used in our cafes
- **Land:** all sites have bee friendly gardens and we are working on bio-diversity.
- **People:** we are part of sustainability groups across our region

Case Study - Wilder Grimsby

An initiative looking at how areas of the town can be adapted to increase sustainability, including appropriate planting in flood risk areas.

As part of this project Grimsby Garden Centre has been asked to work with local schools on setting up a series of planters. Not only will they supply the appropriate plants but also run a series of workshops for local children. This project is ongoing and include street planting in which the garden centre will also play a major role.

As part of Wilder Grimsby Navigo will be working with local organisations, including St Hugh's Hospital, St Andrew's Hospice and the local authority to offset ground water flooding risks. One such area, Peaks Lane, directly affects Navigo and plans are afoot to redevelop and replant an area of land to reduce this risk.

Appendix H

- Glossary of Terms
- Data Sources & Assumptions

Glossary

Term	Definition
3PD	Third Party Developer
A&E	Accident & Emergency
APMS	Alternative Medical Services Contract
ARRS	Additional Roles Reimbursement Scheme
BLM	Backlog Maintenance
CDC	Community Diagnostic Centre
CHCP	City Health Care Partnership
CHP	Community Health Partnerships
CIC	Community Interest Company
CIL	Community Infrastructure Levy
DHSC	Department for Health & Social Care
EPC	Energy Performance Certificate
ERIC	Estates Returns Information Collection
EMAS	East Midlands Ambulance Service NHS Trust
GIA	Gross Internal Area
GP	General Practitioner

Term	Definition
GMS	General Medical Services Contract
HDFT	Harrogate & District NHS Foundation Trust
HUFTH	Hull University Teaching Hospitals NHS Trust
HFT	Humber NHS Foundation Trust
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
ICP	Integrated Care Partnership
IMD	Index of Multiple Deprivation
KPI	Key Performance Indicators
LA	Local Authority
LSOAs	Lower layer Super Output Areas
LYPFT	Leeds & York Partnership NHS Foundation Trust
NHSE	NHS England
NHSPS	NHS Property Services
NIA	Net Internal Area

Glossary

Term	Definition
NZC	Net Zero Carbon
NLaG	North Lincolnshire & Goole Hospitals NHS Trust
NEL	North East Lincolnshire Place
OPE	One Public Estate
PCDG	Primary Care Data Gathering
PCN	Primary Care Network
PFI	Private Finance Initiative
PLS	Patient List Size
PMO	Project Management Office
PMS	Personal Medical Services
PNA	Pharmaceutical Needs Assessment
POAP	Plans On A Page
RAAC	Reinforced Autoclaved Aerated Concrete
RDaSH	Rotherham Doncaster & South Humber NHS FT

Term	Definition
SHAPE	Strategic Health Asset Planning and Evaluation
STFT	South Tees Hospitals NHS Foundation Trust
TEWV	Tees, Esk & Wear Valleys NHS Foundation Trust
TIF	Targeted Investment Fund
VCSE	Voluntary, community and social enterprises
YAS	Yorkshire Ambulance Service NHS Trust
YSTHFT	York & Scarborough Teaching Hospitals NHS Trust

Contents

Foreword
and
Executive
Summary

Introduction

ICS
Priorities

Where are
we now?

Where do
we want to
be?

How do we
get there?

Appendices

Data Sources

Primary Care Data

Primary Care list size is based on Feb 2024 as held within **SHAPE** using the Primary Care Data Gathering Layer and the outputs from the PCN Toolkit. Access was provided by the ICB. The base data set was taken Feb 2024 but some elements were supplemented during the development of the strategy. PCN toolkit validation data was added to the core data set to improve core data set for the strategy, and we used the output of the PCN toolkit prioritisation undertaken at Place.

Primary Care capital expenditure and plans provided by ICB.

Secondary Care

Secondary care data was taken from ERIC 22/23 with additions provided by trusts where this was considered appropriate. Model Health was used for comparison on performance of services and costs and on backlog and other measures. NHS Data pack also reviewed.

Community Data

Data on the community estate was gathered from NHS Property Services and CHP data sets, Trust reported sites on ERIC, additional site data from Trusts, social enterprises, publicly available sources.

Mental Health Data

Data was gathered from ERIC, Model Health System, self-reported information by Trusts, social enterprises, NHSPS and CHP.

Ambulance Service Data

Provided by Yorkshire Ambulance and East Midlands Ambulance.

Planning Data

Planning data was gathered and collated from publicly available information by the NHS Property Services Town Planning team.

Population Data

2021 Population figures – we used [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

Population projections - Data was based on ONS 2018-based subnational principal population projections for local authorities and higher administrative areas in England

Place based projections may differ from ICB place boundaries and there is some variation noted between populations and list size. The amalgamation of North Yorkshire Authorities made it necessary to amalgamate data for the prior council areas. Data was used for Hambleton, Ruyton, Ryedale, Scarborough, Selby and Harrogate. Data for Craven was excluded.

Deprivation data

Data on deprivation was gathered from a combination of SHAPE mapping of deprivation data to each LSOA, calculation of deprivation score by PCN is from the PCDG data set.

Local deprivation ranks are from Ministry of Housing, Communities and Local Government English Indices of Deprivation 2019 Index of Multiple Deprivation (IMD2019).

Disposals

Data was used from the Surplus Land Register cross referenced against the previous ICB strategy and NHSPS disposal data.

Assumptions

A number of assumptions have been made in the preparation of the document and these are summarised below.

General Practice Development Cost assumptions

General calculations of costs for GP premises expansion were on the basis of

- £6,000 per sqm for new build project costs
- General practice space calculations were on the basis of the rate of 0.0833m² per patient which is from 2013 Premises Maxima profile
- Rental levels are assumed to be in the range £220 - £240 per m² per annum.

Housing Growth

Population growth related to Housing is based on published information from local authorities. Links to the information are provided.

North Yorkshire is covered by the summaries of each of the authorities which previously issued local plan information excluding Craven which is included in West Yorkshire ICB strategy.

Property Data Set

Work has been undertaken to cross reference properties and remove or reduce floor areas and costs where there is duplication. This has not been exhaustive, some duplication remains and figures should be taken as directional rather than definitive.

Organisational Names

Humber NHS Teaching Foundation Trust and North Lincolnshire and Goole NHS Trust are now part of a Group – NHS Humber Health Partnership. This was formalised during the preparation of this strategy document, but for the purposes of this strategy are referred to by their previous names as this links with existing asset ownership.