

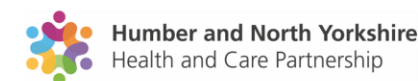
# ICB Estates Planning Reflecting System and Place priorities

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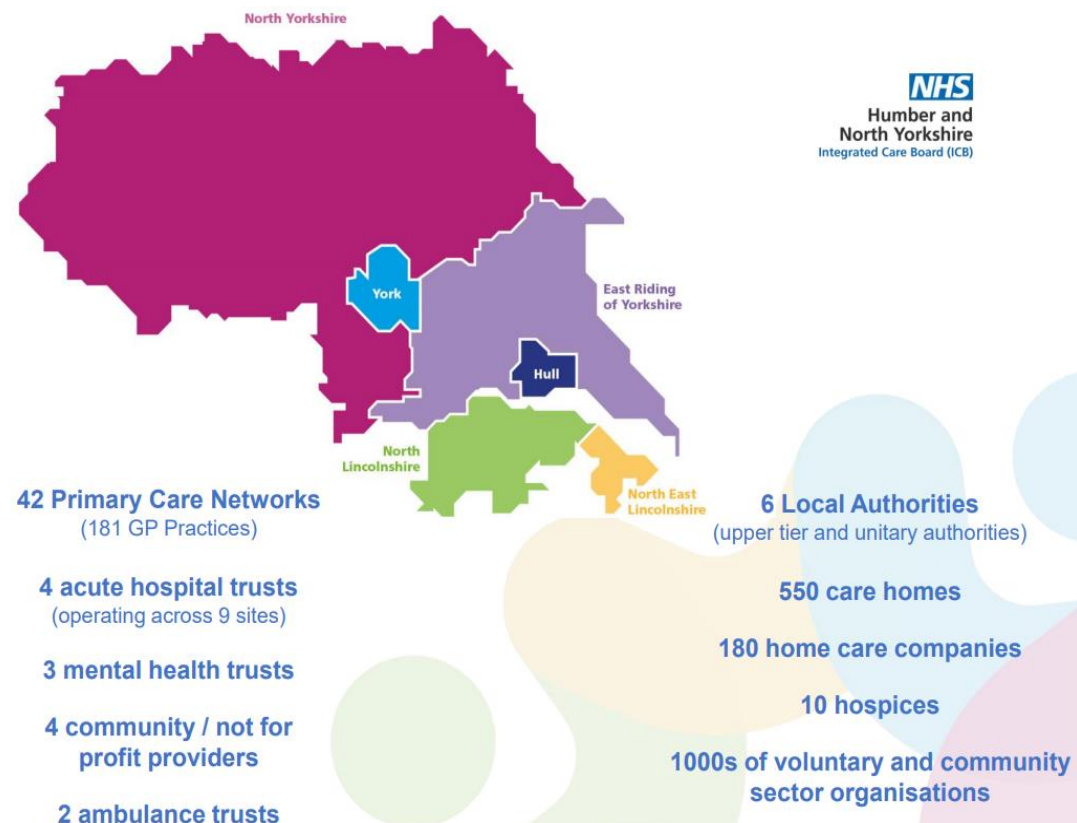
# The Ask

- Traditional Estates Planning
- Estates as an enabler for service change
- System not organisation – in an ICS
- Integration
- Its more than Buildings – think equipment and digital
- Its broader than ‘hospitals’ – think primary care/community/social care
- Alternative funding models

# Humber and North York ICS



- NHS spend and performance for 1.7million people
- one of 42 Integrated Care Systems
- Six Places
- Produced its estates stocktake in 2019, requirement for all ICBs to produce next version by December 2023



# Traditional Estates Planning

Firstly its by organisation, with the express purpose of:

- Understanding and prioritising investment, responding to known backlog maintenance and future planned growth and service changes
- Includes on main sites, masterplanning to support rationalisation and development zones
- Understanding and managing the risks about funding estates infrastructure
- First stage in any business plan/pre-requisite to approval of bids

Often data rich supporting the performance of the estates including comparisons with others

Should articulate the route to achieve national targets ie Net Zero



# Estates infrastructure – Kings Fund

- In 2018/19, the total cost of tackling the backlog of maintenance issues in NHS trusts rose by 8.4 per cent to £6.5 billion. And of this over half, £3.4 billion, was for issues that present a high or significant risk to patients and staff
- The costs of tackling the backlog of maintenance problems has risen further and at the end of 2020/21 stands at £ 9.2 billion
- Ageing medical equipment is also leading to higher costs and poorer care for NHS patients

Whilst there are some positives, with the New Hospital Programme; Community Diagnostic Centres and some early investment in partnership schemes via the One Public Estates programme, the overall picture on investment in estates, often makes grim reading, with both capital and revenue funding being specific barriers – so the integration agenda via ICS/Bs is taking on an even greater prominence.

# Where are we now – what is the ICB focus

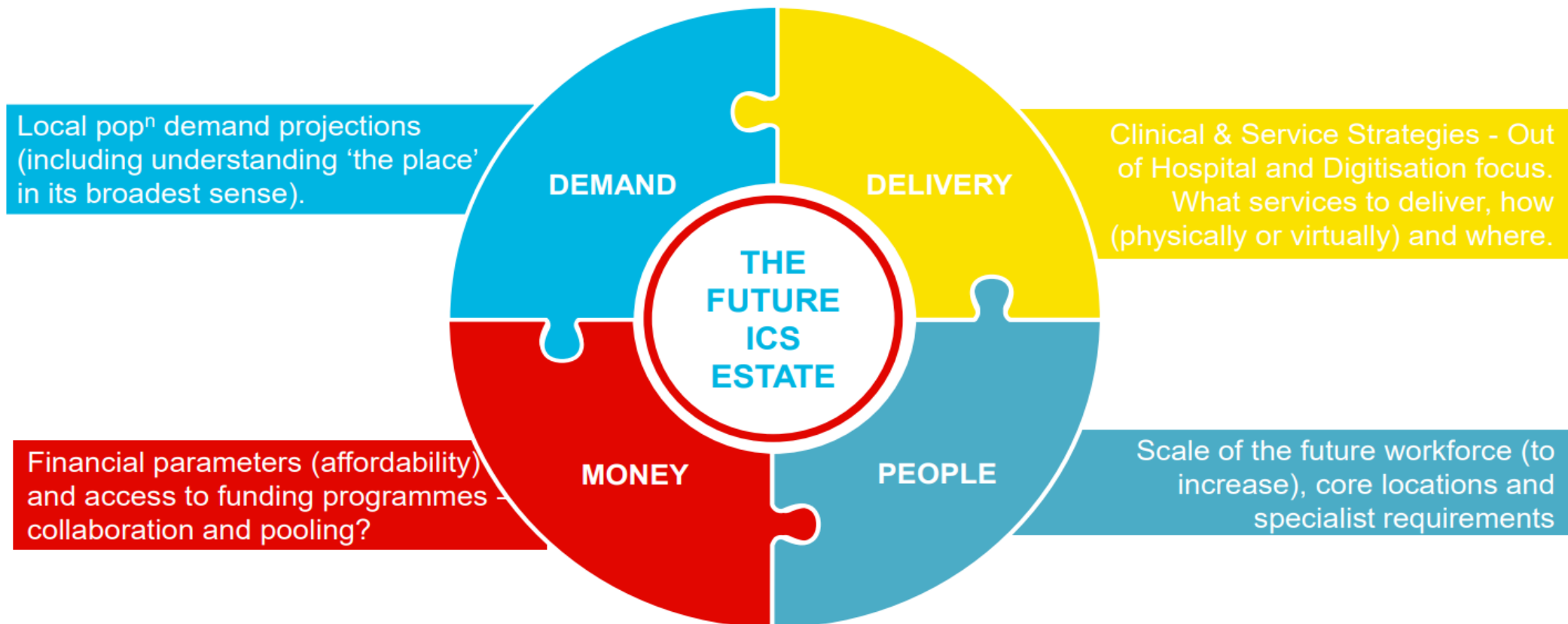
- Assurance
- Approval processes
  - Decisions at Place, partners working to problem solve in innovative ways
  - Role of partners, particularly Local Authorities
- Prioritisation – transparent information from Places to enable timing decision making to support funding decisions
- Achieving the planned benefits
  - Supporting service integration/transformation
  - Hitting benefits in relation to budgeted projections
- Manage expectations about speed of change

# Where do we want to be – ICB focus

- Integration Agenda with partners – goal is to have mature systems which are able to develop holistic estates plans designed to deliver integrated health and care systems.
- Proposals and plans which have proposals which address Health Inequalities at the heart of the plans.
- Achieve specific targets around sustainability/net zero.
- ICBs have a specific role to plan in facilitating alternative funding models to achieve affordability

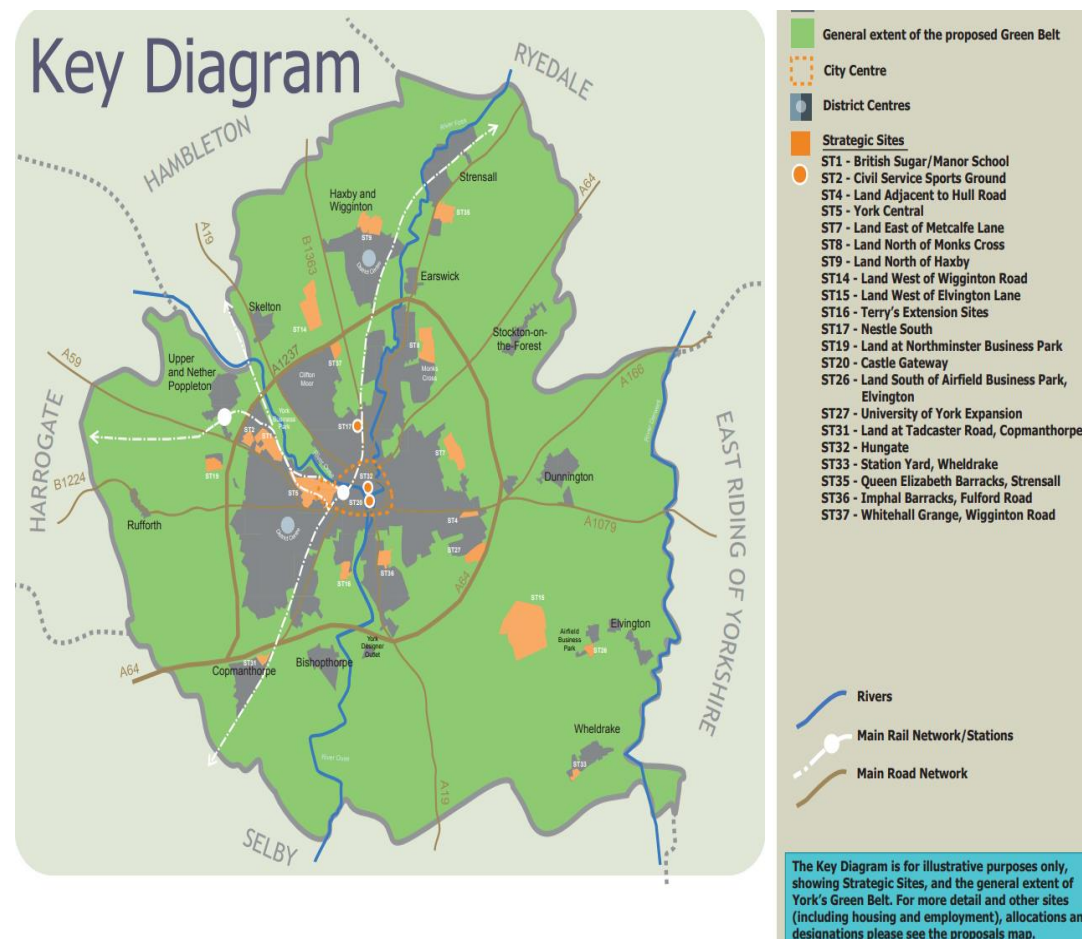


# FACTORS INFLUENCING THE FUTURE ICS ESTATE...



# York Place – an Example

- City of York Council are in the process of developing a new Local Plan. Once adopted, the new Local Plan will determine how the city develops over the next 15 years and beyond.
- Planning a 20% increase on the current population over 10-12 year period
- That's 40,000 addition residents



- Over the next 10 years, population modelling predicted a growth in York’s population of 2% (~4,000 people). However, this does not account for housing developments and the increased residents this will bring into the city.
- If we apply the population modelling evenly taking into consideration the housing growth – we are looking at close to 18% growth and this needs to be planned for in services and estates

Year	2023	2028	% change 23 - 28	2033	% change 23 - 33
People aged 0-17	35,020	36,301	3.7%	37,169	6.1%
People aged 18-24	29,956	35,662	19.1%	39,217	30.9%
People aged 25-34	25,332	25,773	1.7%	27,165	7.2%
People aged 35-44	24,731	28,017	13.3%	29,378	18.8%
People aged 45-54	23,968	24,697	3.0%	26,548	10.8%
People aged 55-64	24,612	26,261	6.7%	25,535	3.7%
People aged 65-74	19,554	23,170	18.5%	26,449	35.3%
People aged 75-84	14,218	16,775	18.0%	18,055	27.0%
People aged 85 and over	5,761	7,061	22.6%	8,840	53.4%
<b>Total population</b>	<b>203,151</b>	<b>223,718</b>	<b>10.1%</b>	<b>238,355</b>	<b>17.3%</b>

# Impact on services – primary care

Primary care services will be put under increasing pressure with an increased population. The table below assumes that the population growth at 5 and 10 years will be spread evenly across the city. In reality, the impact will more concentrated on specific practices based on the housing development location.

The table shows the number of appointments over a 3 month period in early 2023, which was 339,170. By 2028 the number of appointments will need to increase by **34,256** and by 2033 by **58,676**.

Across the 5 PCN's, 86.3% of appointments were within 14 days. The remaining 13.7% were over 14 days. This equated to **46,521** appointments. Assuming practices could maintain current service levels, by 2033 it would mean **54,569** appointments each quarter were over 14 days wait.

Practice (PMG and YMG are both a practice and a PCN)	Jan-Mar 2023 Appointments	10.1% increase (2028 population)	17.3% increase (2033 population)
PRIORY MEDICAL GROUP (PCN)	89437	98470	104910
HAXBY GROUP PRACTICE	38075	41921	44662
THE OLD SCHOOL MEDICAL PRACTICE	8043	8855	9434
FRONT STREET SURGERY	12197	13429	14307
WEST OUTER AND NORTH EAST PCN	58315	64205	68403
DALTON TERRACE SURGERY	11619	12793	13629
UNITY HEALTH	10327	11370	12114
JORVIK GILLYGATE PRACTICE	27292	30048	32014
YORK CITY CENTRE PCN	49238	54211	57756
POCKLINGTON GROUP PRACTICE	30533	33617	35815
MY HEALTH GROUP	22389	24650	26262
ELVINGTON MEDICAL PRACTICE	13938	15346	16349
YORK EAST PCN	66860	73613	78427
YORK MEDICAL GROUP (PCN)	75320	82927	88350
<b>TOTAL</b>	<b>339170</b>	<b>373426</b>	<b>397846</b>

# Impact on services – hospital

Snapshot of service utilisation at York and Scarborough NHS Trust (based on York residents only) – single day modelling.

- Beds (general and acute) – 509 occupied, 551 available (92% occupied). By 2033, (assuming no change in number of beds available), **597 beds** would be occupied, i.e. a **shortfall of 46 beds**.
- On the day in question there were 4,218 planned outpatient appointments of which 3014 were attended (71%). By 2033 there would need to be 5,178 planned appointments of which **3,703 would be attended**. This is an increase of **689** attended appointments per day.

A&E Age Group	Number of people 2023	Population change 23-33	Extra people in 2033	Total people in 2033
0 -17	46	6.1%	3	49
18 - 65	137	15.0%	21	158
66+	81	34.9%	28	109
Total	264		52	316

There were 264 A&E attendances in a single day. By 2033 this would rise to 316 per day, with the biggest rise among older people (aged 66+). There would be an additional **52 patients** attending A&E each day, of which **28 would be aged 66+**.

# Impact on services – ASC and mental health

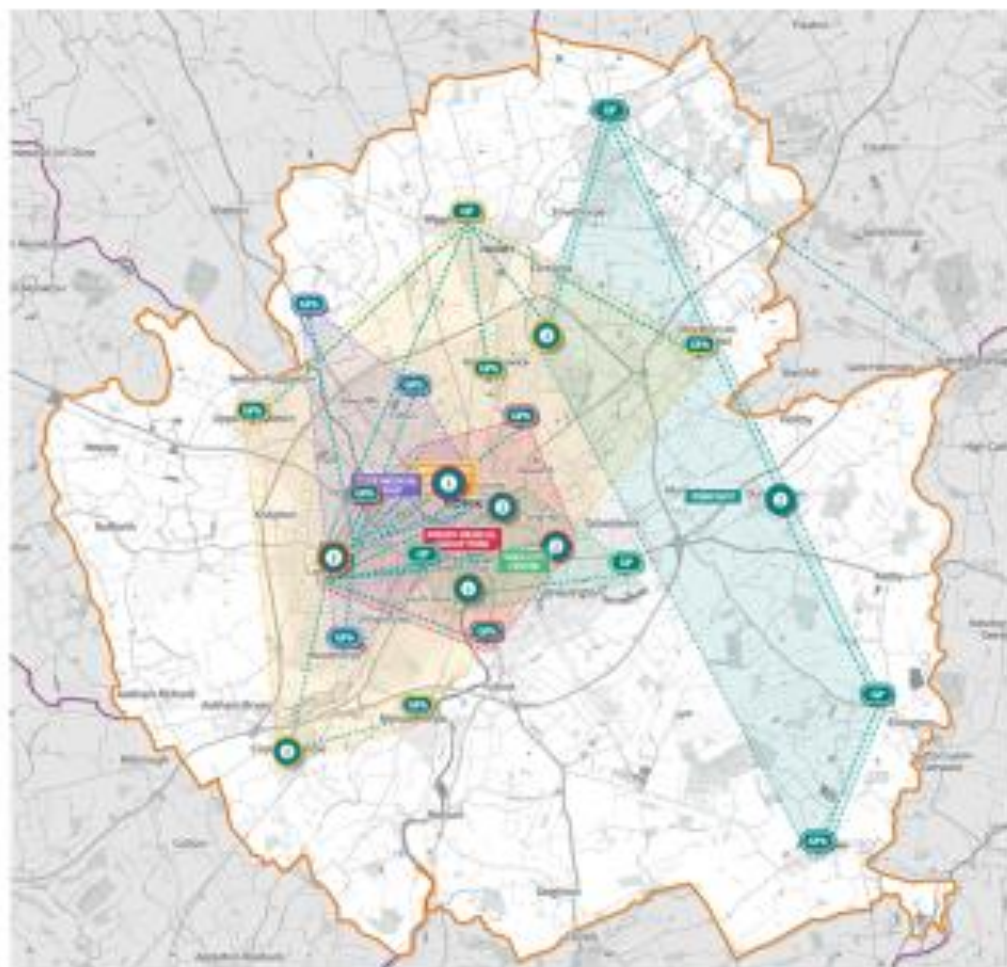
ASC Age band	Number of people 2023	Population change 23-33	Extra people in 2033	Total people in 2033
18-64	860	12.9%	111	971
65-74	258	35.3%	91	349
75-84	412	27.0%	111	523
85+	542	53.4%	290	832
<b>Total</b>	<b>2072</b>		<b>603</b>	<b>2675</b>

By 2033, Adult Social Care will have to see an **extra 600 people** per year. Of the overall caseload (2675), a third will be aged 85+ (832).

In Mental Health services, by 2033 there will be an **extra 1235 patients** seeking care. The largest rise will be seen in the Older People's service (MHSOP), with an additional **363 (+34.9%) patients**. Large increases will also be seen in Adults and IAPT.

Mental Health Services	Number of people 2023	Population change 23-33	Extra people in 2033	Total people in 2033
Adult Community Mental Health (18-64)	2058	15.0%	309	2367
Older People Community Mental Health (65+)	1041	34.9%	363	1404
Community Learning Disability Team (18+)	249	19.7%	49	298
IAPT (16+)	1851	19.0%	352	2203
Child and Adolescent Mental Health Service (0-17)	2665	6.1%	163	2828
<b>Total</b>	<b>7864</b>		<b>1235</b>	<b>9099</b>

# Provision mapping against Local Plan



Do partners understand the LDP?

Do partners have their own estates strategy which reflects the LDP projected growth?

How do we utilise the existing estate to respond to our areas of greatest health inequalities?

How does the estate be an enabler for service change which supports services being delivered in the community to prevent residents needing acute sector support or reduces the need to access hospital services?

# Summary – ICB Estates Plan

1. Estates Audit – baseline of where we are, for HNY the stocktake of 2019 will be the starting point, with additional support for Primary Care, which was less defined at that time.
2. Locations – as a output of the service planning and potentially collaborative work, there could be a strategy about core locations (linked to health inequalities, and/or key worker developments)
3. Review of options to support identified gaps at Place and then an overview to support prioritisation
4. Pipeline of key, deliverable solutions.