

# Ayrshire and Arran NHS Board

Monday 3 December 2018



## Strategic Assessment for the Re-provision of NHS Estate to Support an Integrated Health and Care System in Ayrshire & Arran

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### Sponsoring Director:

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**Date:** 12 November 2018

### Recommendation

The Board is asked to:

- note the strategic context and model of care;
- note the drivers for change and challenges with our existing estate; and
- approve submission of the Strategic Assessment to Scottish Government Capital Investment Group.

### Summary

Key Messages:

- NHS Ayrshire & Arran is following the Scottish Capital Investment Manual business process to secure funding to support a proposal to re-provide NHS estate to enable the delivery of an integrated health and care system in Ayrshire and Arran.
- The SA for Ayrshire identifies a need to transform both clinical services and the estate, adopting a whole system approach rather than the traditional project by project basis.
- The SA for Ayrshire identifies the scale of the whole system approach and will be underpinned by many other SAs for individual projects as they are identified

### Glossary of Terms

SCIM	Scottish Capital Investment Manual
SAs	Strategic Assessments
PAMS	Property and Asset Management Strategy

## 1. Background

1.1 In 2010, the Scottish Government outlined in the “Quality Strategy” its vision to deliver sustainable quality in the delivery of health care services. That healthcare should achieve the three quality ambitions, providing person centred, safe and effective care. In 2011, the Scottish Government described the strategic vision for the delivery of health care services in Scotland in the “2020 Vision”. This provided the context for implementing the Quality Strategy, recognising the need to be transformative in approach to build an NHS in Scotland fit for the future.

1.2 *Our Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.*

- *We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management.*
- *When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.*
- *Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.*

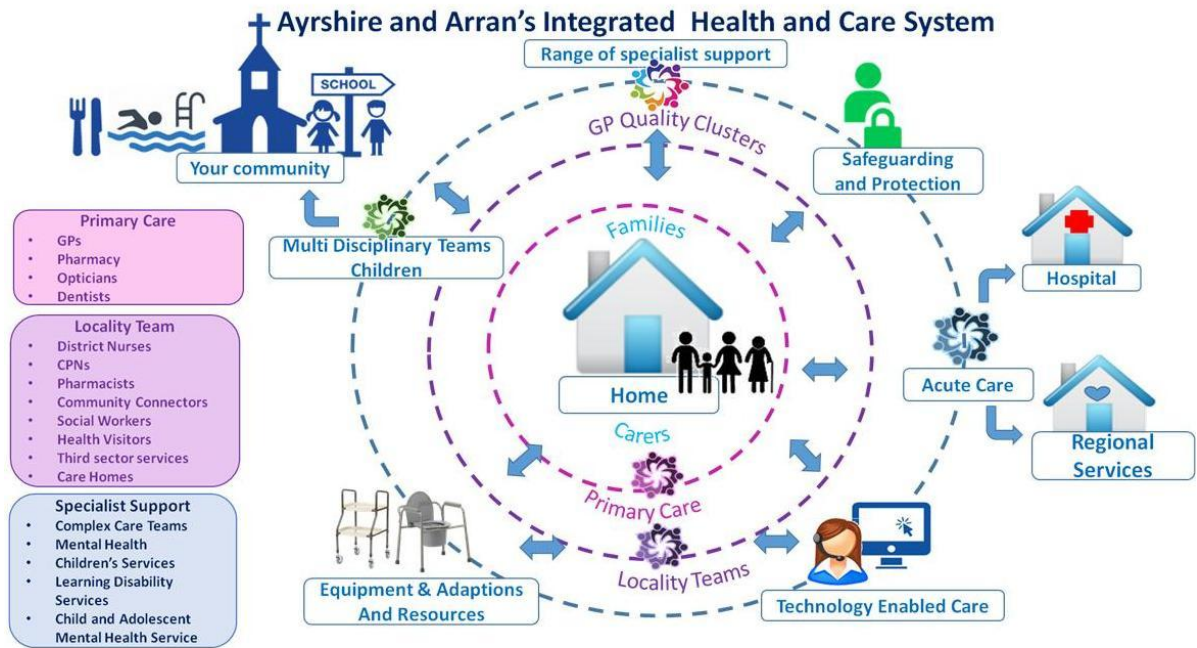
*There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.*

1.3 Since 2011, a number of national drivers have defined the wider changing landscape in which health and social care services would be provided in the future. NHS Ayrshire & Arran has acknowledged this framework in a series of papers developed over this period, from “Our Health 2020” presented to the NHS Board in 2014 and most recently in 2016 in the “Delivering a Balanced Health and Care System” paper that was presented to the NHS Board.

1.4 In September 2016, NHS Ayrshire & Arran described its intention to set out a programme of significant transformational change that will deliver health and social care designed to meet the needs of the local population. This Transformation Change Improvement Plan is set against the national policy and strategic context outlined above and also reflects the direction more recently expressed in the ‘Health and Social Care Delivery Plan’, acknowledging the intention to deliver a Regional approach to service planning moving forward.

1.5 Locally, a model for delivering an Integrated health and Care System in Ayrshire & Arran has been defined as follows.

1.6



1.7 Improving the health of the population is a challenging process, especially in an economic environment that mitigates against the determinants of good health. Of fundamental importance is the recognition that health and health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage such as poor housing, insecure employment, low income, lower educational attainment, poor access to services or are living in fear are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. Addressing these underlying determinants is essential if we are to sustain an improvement in health status and a reduction in health inequalities in the longer term.

1.8 Supporting people to choose a healthy lifestyle can have an impact on their health and wellbeing. For example, smoking remains the single most preventable cause of ill health and addressing alcohol issues is important for individuals, families, communities, local services and society in general. Recognising that it is easier for some sections of society to make healthy lifestyle choices than it is for others, the NHS has an important role to play in improving health, preventing ill-health and supporting optimum health for those with long-term conditions.

1.9 People living in Ayrshire will live at home, supported by their families and communities. Health and social care partners, including those from third sector organisations and the independent sector, will work together with communities to strengthen resilience and ensure local services that maximise people's independence and support families. We will achieve this joined-up approach to community health and social care by building the services that people need around health and social care hubs.

1.10 Our aim is that everyone should live a healthy life and where necessary will access the high quality care they require to live a safe, active and healthy life – either at home or in a homely setting. We will draw on support from neighbourhood organisations and local communities – groups and networks. This extensive network of health and social care services will operate on a shared care and inclusive basis.

- 1.11 Where planned interventions are required, diagnosis and treatment will be delivered from an accessible diagnostic and ambulatory centre. To complement this, regional specialist centres will be developed where people can access experienced specialist professionals and skilled care. Following diagnosis and treatment, people will return for rehab and intermediate care at a local centre as close to home as possible.
- 1.12 In cases of emergency and trauma, those requiring access to specialist major trauma care will travel to the nearest major trauma centre or trauma unit for the acute period of their care, returning for rehab and intermediate care at a local centre as close to home as possible. More generally, unplanned care will be provided from a District General Hospital. Patients will be assessed and treated in an assessment unit and only those critically ill patients will be admitted to the hospital for ongoing diagnosis and treatment.
- 1.13 To enable this vision for health and social care, extensive use of technology enabled care will be employed.
- 1.14 A key enabler to successful delivery against this national strategic and local context is through the re-provision of the NHS estate.

## **2. Drivers for Change and Challenges with Existing Estate**

- 2.1 The Acute facilities within NHS Ayrshire & Arran are ageing and no longer fit for purpose. Both District General Hospitals make up 41% of the whole estate and an increasing level of backlog maintenance and associated risk, especially at University Hospital Crosshouse, is unsustainable.
- 2.2 Whilst there has been recent investment in the community estate many of the current facilities are no longer fit for purpose. New models of care associated with integrated health and social care renders much of the estate obsolete. Increasing levels of backlog maintenance only adds to the poor estate performance.
- 2.3 The sustainability of GP Practices within NHS Ayrshire & Arran has been a significant challenge. Many of the issues are directly linked to the ownership of premises. The new GP Contract and associated Code of Practice for GP Premises requires Health Boards to gradually take over GP premises by way of secured loans or by acquiring their leases. Therefore in order to avoid increasing the number of substandard properties, and to provide sufficient space for multi disciplinary teams, it will be necessary to develop replacement facilities that are fit for purpose, sustainable and meet the requirements of the new contract.
- 2.4 In order to provide an efficient, safe and patient centred estate, it must be planned and designed with a whole system approach.

## **3. Scottish Capital Investment Process**

- 3.1 NHS Ayrshire & Arran is following the SCIM business process to secure funding to support a proposal to re-provide NHS estate to enable the delivery of an integrated health and care system in Ayrshire and Arran.

- 3.2 NHS Ayrshire & Arran and the three Health and Social Care Partnerships have prepared the SA at Appendix 1 in accordance with the SCIM guidance for endorsement and approval through local governance processes before submission to Scottish Government.
- 3.3 The proposal encompasses estate that currently supports the provision of NHS Services including, District General Hospital, Community Hospital, Community and Primary Care services.
- 3.4 The SA sets out at a high level in accordance with the guidance, the need for change, what benefit will be gained through addressing these needs and what solutions may be required. It acknowledges the recognised challenges we have within our existing estate from a District General Hospital level, through to Community Hospital and Community and Primary Care estate. It sets out what benefit would be gained both to the service user and in terms of creating an efficient and sustainable estate and suggests a solution and associated provisional cost.
- 3.5 The SA is the first stage in the SCIM process and will formally mark NHS Ayrshire & Arran's intention to progress with the necessary capital developments to support an integrated health and care system.

#### **4. Recommendations**

- 4.1 The NHS Board is asked to:
- Note the strategic context and model of care;
  - Note the drivers for change and challenges with our existing estate; and
  - Approve submission of the SA to Scottish Government Capital Investment Group.

## Monitoring Form

<b>Policy/Strategy Implications</b>	The SA for Ayrshire will be underpinned by all local, regional and national clinical strategies and the NHS Board's approved Property & Asset Management Strategy.
<b>Workforce Implications</b>	The SA for Ayrshire will be underpinned by a number of project specific SAs. The development of the project specific SAs and continuation through the SCIM for the development of the Business Cases will require a significant resource commitment from service users and key stakeholders. With such a significant focus on asset performance, data collection, clinical leadership and stakeholder engagement, the Board will be significantly challenged to deliver Business Cases that will ultimately provide new or repurposed facilities.
<b>Financial Implications</b>	Each of the projects identified within the SA for Ayrshire will have significant capital and revenue funding implications and will be set out in the Capital Investment Plan.
<b>Consultation (including Professional Committees)</b>	Wide ranging clinical and non clinical engagement and consultation will take place with all stakeholders as the Business Case progresses. The SA for Ayrshire has been presented at Estate, Environment & Sustainability Group, Corporate Management Team and at a Board workshop. The draft SA for Ayrshire has also been presented to Scottish Government officials who supported the direction of travel and provided financial support.
<b>Risk Assessment</b>	The resource implications for staff managing the process and for those involved in informing the Business Case development are recognised as are the financial challenges in funding the required changes to the estate and other assets.
<b>Best Value</b>	
<ul style="list-style-type: none"> <li>- <b>Vision and leadership</b></li> <li>- <b>Effective partnerships</b></li> <li>- <b>Governance and accountability</b></li> <li>- <b>Use of resources</b></li> <li>- <b>Performance management</b></li> </ul>	<p>Yes: As set out in the NHS Board's Health and Social Care Delivery Plan and approved Property and Asset Management Strategy (PAMS)</p> <p>Yes: HSCPs / Shared services / shared premises.</p> <p>Yes: Estates, Environmental &amp; Sustainability Group; Capital Programme Management Group, Corporate Management Team.</p> <p>Yes: As identified within the PAMS document.</p> <p>Yes: New Programme Board to be established.</p>
<b>Compliance with Corporate Objectives</b>	(1) Clinical Service Improvements; (2) Staff Health Safety and Wellbeing; (3) Transformation.
<b>Single Outcome Agreement (SOA)</b>	Quality and accessibility; Sustainability; Shared services / premises.
<b>Impact Assessment</b>	It has not been possible to carry out an Impact Assessment as the SA is a statement of need and does not predetermine what the solutions are. Only once business cases are further developed could Impact Assessments be sensibly carried out.

