



Optimising joined-up care through integrated estates and technology solutions



Integrated
Healthcare
Properties



Socitm
advisory

NHS and Local Government partners are ambitious to integrate and coordinate care together across the health care system.

Many local areas have a clear vision for how they will transform the delivery of person centred care enabled by technology, data and estate.

However, these functions have often been managed as discrete areas rather than as integral to plans for wider change and there are a number of challenges to how they are delivered including funding, ownership, partnerships and how to ensure affordability.

Integrated Healthcare Properties and Socitm Advisory have come together to offer an approach that optimises joined-up care through integrated estates and technology solutions and overcomes the barriers.

Our approach has the potential to deliver new, affordable and optimised space solutions that are better for local people and staff, smarter, and help you transform the way care is delivered and experienced.



www.integratedhealthcareproperties.co.uk

IHP help the public sector to develop affordable estates solutions.

We collaborate with Local Authorities, Clinical Commissioning Groups, Trusts, GPs and STPs and help take them through a turnkey process to create new properties. IHP is a specialist in creating public sector owned and led healthcare property joint ventures. The joint ventures are serving to integrate healthcare estates, reduce cost pressures and make capital available, helping sustain local services.



www.advisory.socitm.net

Socitm Advisory provide digital and ICT advisory services for the public sector.

We have undertaken and delivered a vast variety of projects, with programmes ranging from ICT review, strategy/TOM design and technical consultancy, to business transformation of major service areas and complex commercial review. Though our traditional footprint is within the local government sector, we have also delivered programmes from 'blue light', health and third sectors, and central government.

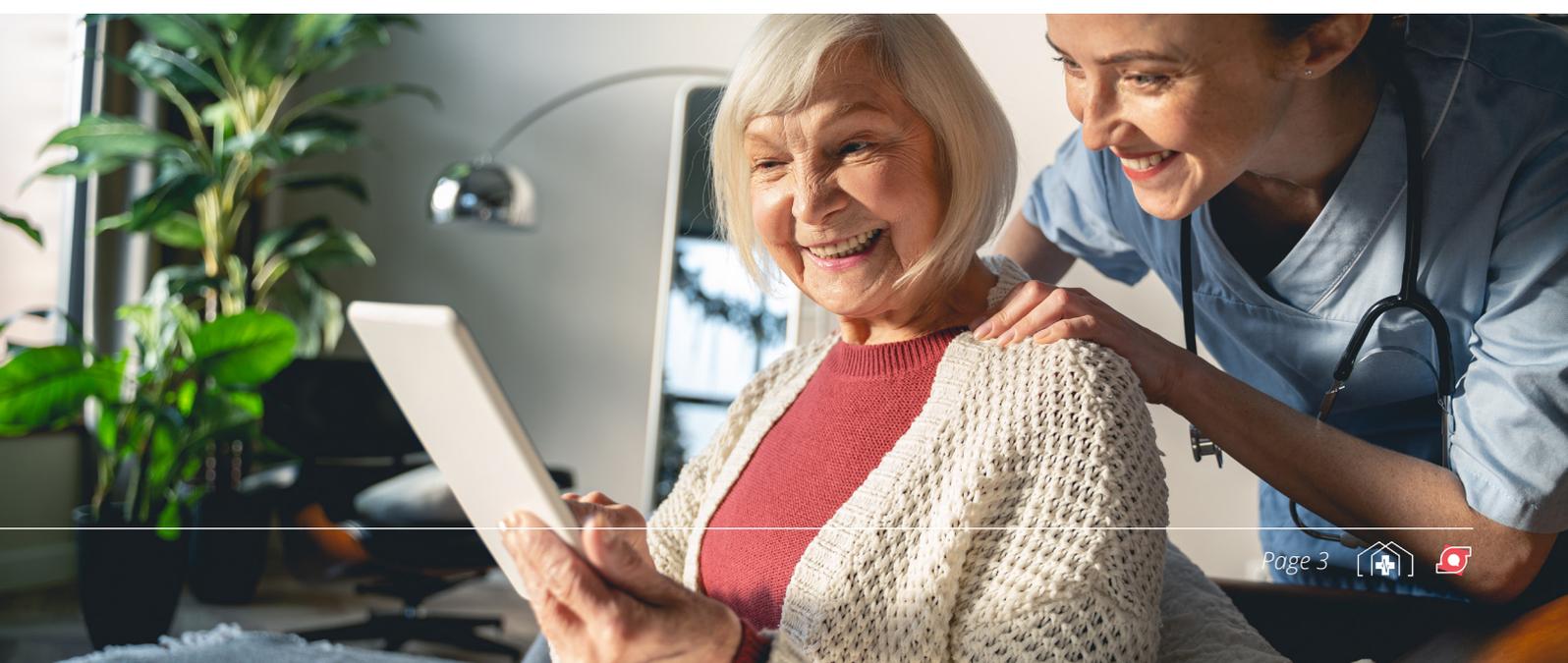
Where we are now

The primary care, community and local government estate is in particular poor order, with aged and often decaying buildings, many of which are not fit for modern practice, and wholly unsuitable for hub working, new technology or the housing of multi-disciplinary teams.

Capital spending to address these issues has seen a 7% real-terms reduction in the last decade. Private finance initiative (PFI) schemes have also fallen out of favour. These build-and-maintenance deals with private sector partners have kept NHS capital spending off Treasury balance sheets but are unaffordable. Treasury is supportive of finding new ways to attract private finance, but no new solutions are emerging centrally leaving local systems in a challenging space.

In direct contrast to estates national policy has over recent years placed technology at the centre of its commitments. The NHS Long-Term Plan describes an NHS where an increasing amount of activity is moved from the physical space into the digital space. It commits to every patient having the option to access digital-first primary care (such as online and video consultations) by 2023/24. There is also a commitment to significantly redesign services, reducing outpatient visits by up to a third over the next five years. By 2020/21, the long-term plan wants people to be able to access their care plan and communications through the NHS app.

At local level, technology and the estate have until recently remained near the bottom of organisations' priority lists, managed as discrete areas rather than as integral to plan for wider change. Little attention has been paid to the interaction between the estate and technology, and to how developments in one area affected the other leading to increased risk, and sub-optimal change management.



However, over the last 6 months we have seen how a pandemic has reminded us of the important and fundamental role estates and technology play in the delivery of care and has led to fast-tracked innovation and care transformation in both areas.

We have seen:

- The rapid deployment of technologies that have been waiting for adoption for a long time including the digitalisation of home working, the use of remote consultation platforms, virtual care home ward rounds by video, digital advances to improve access and empower patients;
- The rapid redesign of care pathways and business processes including the risk stratification processes including the risk stratification of facilities into different zones, the separation of hot Covid-19 sites and non-Covid-19 clinics, the changed use of community spaces;
- The importance of data and evidence and the critical role served by public health to inform priorities and action;

We know that the challenges will continue after the virus has passed - there will be more demand for local services, linked to an ageing population and increasing numbers of people with long-term conditions and unmet needs.

This will place significant demands on the NHS, Local Government and the third sector at the same time as they face increased economic and funding pressures.

Continuing with existing models of care will not address these challenges; instead, the health service and local councils will need to work differently, breaking down barriers between organisations to join-up services and authentically engaging and empowering local communities to improve population health.

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We know the challenges

The case to transform primary, community and social care through joint technology and estates solutions is very clear, however we know there are real barriers that prevent progress.

Funding

Significant capital investment is required to develop new buildings while cloud-based technology transformation increasingly requires revenue funding. However, the system for allocating and demonstrating appropriate returns and value for money for both funding streams is not clear.

The NHS Estates and Technology Transformation Fund (ETTF) provides funding in both areas to increase capacity. However, the prioritisation process for investments in technology and the estate are different and in practice, many projects have focused on one area or the other.

Even if funding is secured PCTF and ETTF monies are limited, short term and insufficient to enable large scale change and come up against Treasury's Capital Departmental Expenditure Limit (CDEL) limits making borrowing difficult, or even impossible, to get an otherwise compelling scheme approved.

Ownership

The property ownership model, payment methods and incentives are misaligned and fragmented in the current system which make it extremely difficult to make major changes to properties and for local partners to work effectively together for common benefit.

Technology and data ownership arrangements can be equally challenging and one of the hardest areas to resolve. Information governance and risk management policies are often used within

both the NHS and local government as reasons to prevent information sharing often to the detriment of the people they serve.

Place-based Partnerships

The underpinning theory for successful change is that the most effective engagement and the best decision-making happens as close as possible to where services are delivered. On this basis developing a health and care Hub requires joint commitment between local NHS providers, commissioners and local authorities to develop mature and collaborative partnerships focused on a common purpose at a place level.

However, the national priority has been the development of system relationships and arrangements. This has often meant that place-based governance and formal partnership arrangements have remained under-developed.

Affordability

Misaligned and separate technology and estates funding models have often meant missed opportunities to demonstrate the combined economic efficiencies and clinical benefits of transforming buildings and technology together through the implementation of a new care model e.g. smart technologies and diagnostics.

Estates and digital business cases have often been developed in silos by different teams which has led to increased overall cost and a lack of affordability which has stopped decision makers committing to large scale and long-term developments.

Your vision

The achievements we've seen during the epidemic have been incredible. Real service and care transformation that would have previously taken a year or more has been delivered at pace through new collaborations and partnerships.

Health and Care leaders need to make the good bits stick. There's now a huge opportunity to use imposed transformation to catalyse and develop and deliver a model of integrated, place-based care enabled by joined up estates and technology across social care, community health services, public health and primary care. Many place-based organisations are collaborating to design local care models that are tailored for local population needs:

Where care is organised around the patient's needs, involves and empowers the patient, is integrated between agencies, with a single point of access, is provided locally where possible, meets the best practice quality standards, and provides value for money.

In which organisation work collaboratively with other agencies and maximise effective use of scarce and specialist resources across systems and in places.

Where artificial barriers that impede the seamless delivery of care are removed, bringing together not only health and social care, but a range of other services that are critical to supporting the population to live healthy lives.

Where patients and the community are empowered to use the access health and care data for different purposes: individual care, proactive care, planning and improvement, and research and development.

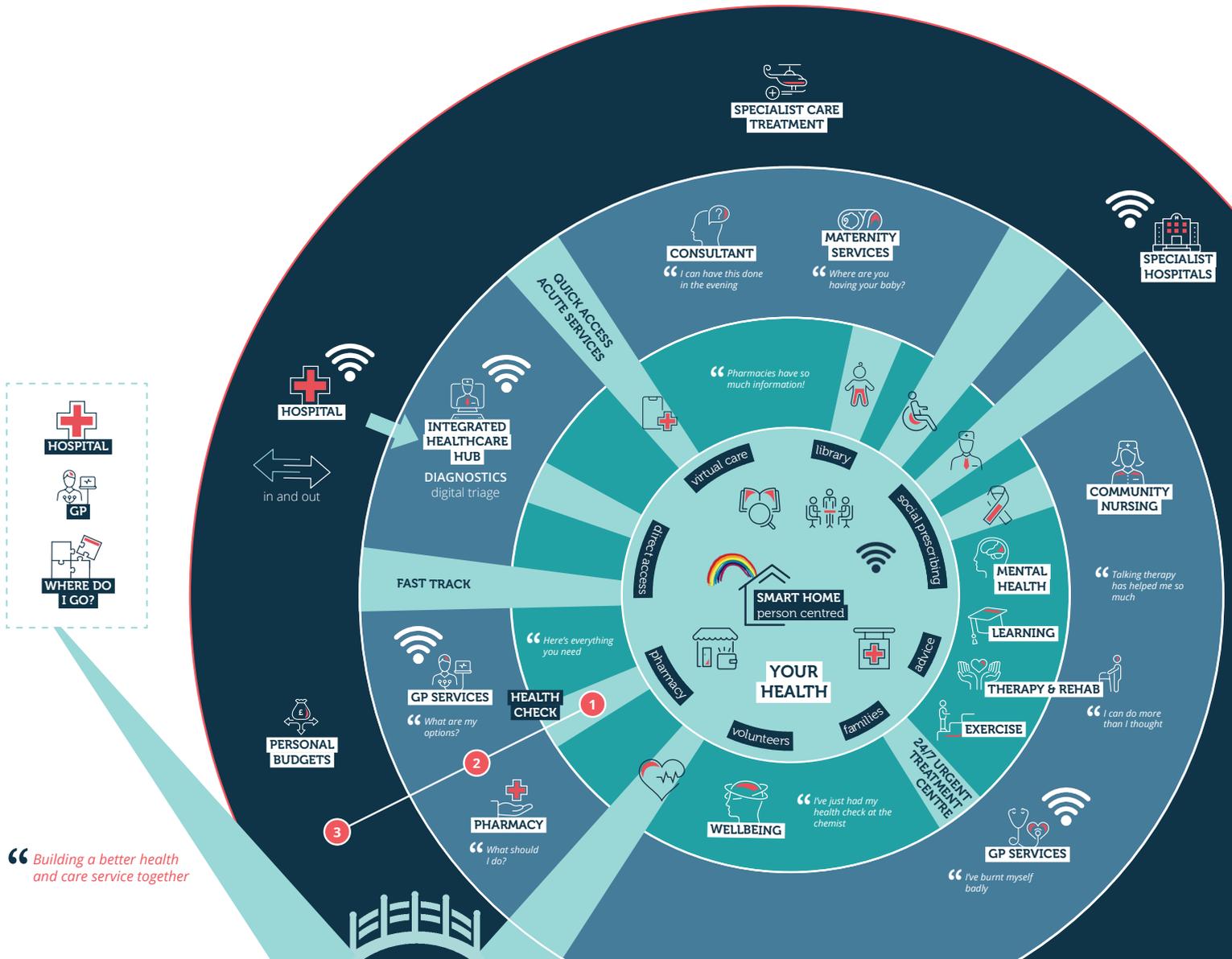
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Integrated Primary and Community Health Care building Hubs will be critical to the successful delivery of the new Care Model.

They will offer services ranging from wellbeing advice and signposting to voluntary sector support, through to services that might previously have been offered in acute hospitals e.g. x-rays, physiotherapy, diagnostic tests, community beds and urgent care services.

These new smart and technology-enabled buildings have GPs at the core and have broad primary and social care affiliation.



A Health and Care Hub is a technology-enabled, integrated health care, social care and community health centre serving populations across a geography with agreed parameters. The services offered will be delivered physically on-site virtually from site or network, and remotely at resident's locations and providers point of care e.g. care homes, domiciliary care teams, other GP practices, etc.

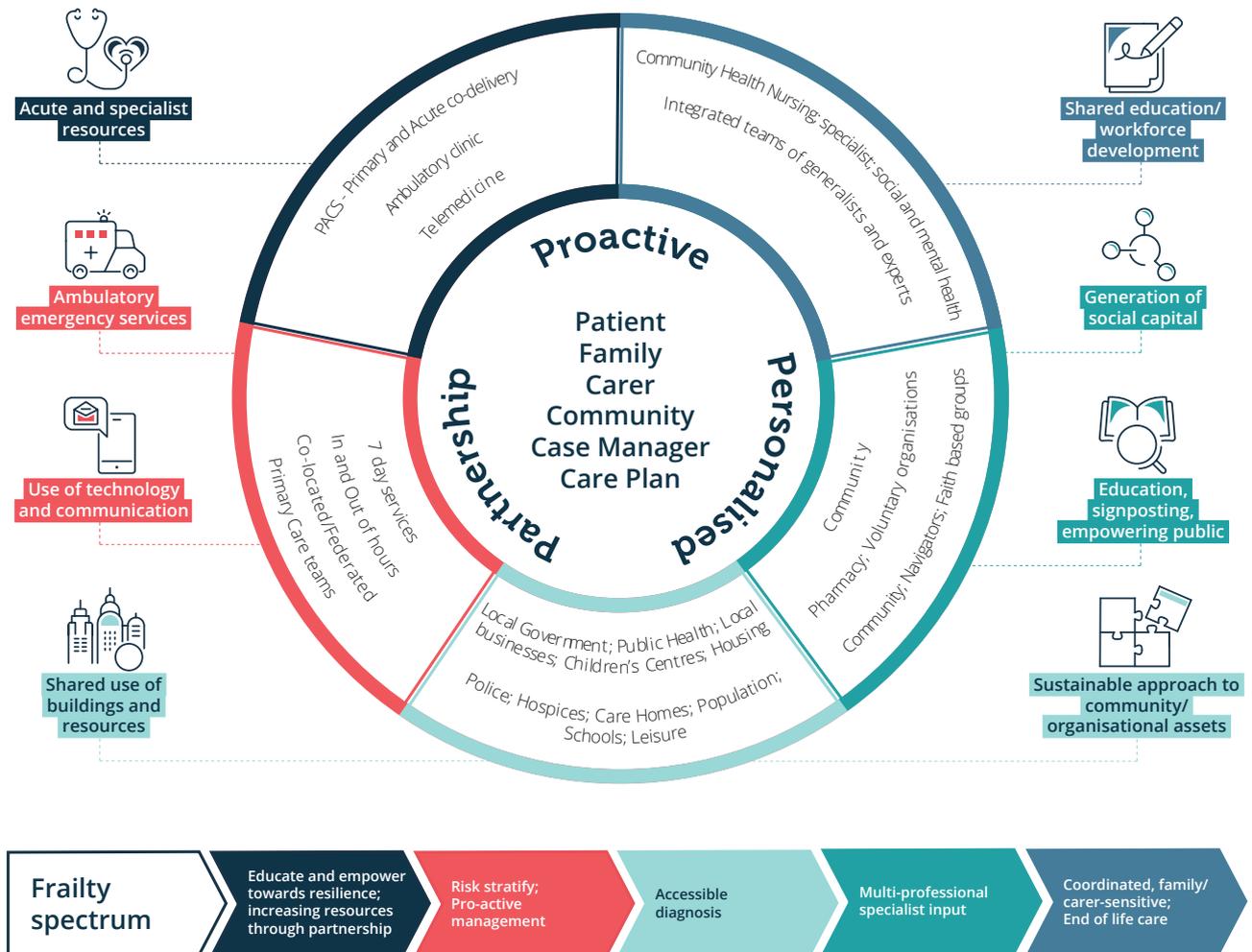


Fig.1 An example of joined-up care for a specific cohort (people with complex health and social care needs)

The Health and Care Hub is where health, care and wellbeing services converge and align in a place, where flexible joined-up care proactively support population segments and where partnership governance and ennoblement supports multi-organisation working.

The Hubs are enabled by new technologies such as AI and automation, robotics, the 'internet of things' and shared platforms that support population health management and remote patient and user care monitoring.

The integrated hub strategic outline case solution

IHP and Socitm Advisory have come together to offer a unique and innovative Strategic Outline Case solution that optimises place-based joined-up care through an integrated Hub estates and technology planning and co-design process.

Our approach comprises of 4 stages:

1 Validating the care and place operating model

We will engage with you and all local stakeholders your place-based care model, your progress to date and the outcomes you wish to achieve for a defined population.

From, this we will work with you to determine the contribution the health and care Hub will make to achieving your joint outcomes and end state vision.

We will work with you to capture a list of all the activities and services that will fall within the Hub network and building and will flush out how you plan to do things differently and to optimise local flexibility.

2 Modelling the Hub requirements

Having captured the Hub services and activities we will undertake a robust and comprehensive analysis and generate an interactive data model that allows you to adjust and test the Hub technology and estates requirements.

We will analyse:

- Service activity estimates based on current and redesigned technology enabled care pathways adjusted for population demand growth and workload changes;
- Ways of working and workforce estimates to deliver the new care pathways including number and length of face to face and remote consultation appointments;
- Space requirements including number and type of rooms required, space and technology requirements of rooms and the building.

3 Co-designing the Hub building operating model

We will work with you and the key Hub stakeholders to take the requirements and work together to co-design these into a building operating model that aligns how workforce, technology and space solutions are connected and operate together to maximise value and the care benefits.

This will include:

- The services or functions you intend to offer, including internally and to any external clients;
- The structure, roles and capabilities about how service will work;
- How the clinicians, practitioners and teams will operating including remotely where you will need secure mobile solutions;
- Your critical relationship including number of customers, partners and suppliers you work with and how you work with them;
- The technology and data legacy systems you have/will have need to integrate with your future Hub systems.

4 Consolidating the Hub building options

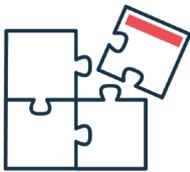
Finally, we will bring together our findings and set out the different options that deliver an integrated care model, workforce, technology and estates appraised against your goals to: address current and future population health needs and service workload; align with your place-based vision and care strategy; and demonstrate affordability.

The process includes:

- A clear definition and analysis of in scope organisations, service lines and budgets/costs;
- The long list, both capital and revenue, including a do-nothing and/or do-minimum option;
- A clearly identifiable investment and benefit objectives for the target model;
- The critical success factors against which each option has been assessed and reasons for rejection of any options;
- A description of the short-listed options, including their estimated capital and additional revenue costs and benefits, including any net savings.

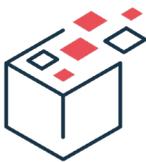
Our approach is different - we maximise the combined impact and benefits delivered by taking a joint approach to service, estate and technology planning both for an individual building and across a local place. The benefits of our methodology are multi-layered.

We align all the key elements for maximum impact



- Functional enablers - technology, data and buildings;
- All stakeholders - NHS and local government, staff perspectives, investors and tenants;
- Population health needs with service delivery, workforce and space requirements;
- Neighbourhood, place and system.

Our Hub space solution provides optimal flexibility



It enables you to adapt a technology develops and as population needs change over time - whether that be for health and care services, retail or key worker accommodation.

We take a long-term approach enabling you to adjust and adapt as the context change and to remain resilient when new and unexpected challenges emerge.

It is highly sustainable



Costs are minimised and benefits are maximised through:

- Reduced cost of capital;
- Greater property efficiencies;
- Improved digital and building space utilisation;
- Effective use of new technology and data;
- and better clinical productivity and Patient experience.



Our work

Newham Health and Care Space

Newham Health and Care partners recognised that their rapidly growing and ageing population was driving unprecedented increased in workload and service demand. They agreed that they needed to act but struggled to find an affordable solution that aligned all the core stakeholders.

The local CCG, Council, community provider and GP Federation worked with Integrated Healthcare Properties to develop an innovative, unique and alternative approach that delivers an affordable, locally owned and state of the art Primary and Community Care estate together with affordable key worker housing.

Using its proprietary model IHP worked with the local authority and NHS over a 15-month process to co-design, create and establish the first Alternative Finance Organisation (AFO) in the country - Health and Care Space Newham. Delivering fit for purpose, efficient and

flexible Primary and Community estate that meets the changing health and care needs of their population became a top priority and a fundamental requirement for how they would deliver integrated and optimal care.

In less than 2 years, Health and Care Space Newham is already delivering quality, service and financial benefits:

- It has raised £60m from the treasury's Public Loans Board and has started to build the first new Health and Wellbeing sites and is in the process of acquiring 3 local properties for development;
- New build rents forecast to come in below DV CMR providing a direct benefit to local health economy;
- Health and Care Space Newham are planning to own and manage 25 fit for purpose sites including 11 new builds and 4 health and care network hubs to serve the whole population.

“ This pioneering venture will ensure access to high quality care in purpose designed facilities. Providing affordable homes will attract skilled staff to work in local health and social care services

Marie Gabriel; Former Chair, East London NHS Foundation Trust

Our work

Digital pathfinder for urgent care centres

A GP Super Partnership wanted to shift the traditional model of urgent care delivery in a newly designed building into more optimal channels e.g. online, telephone and face to face. Their aim was to improve choice and access, help manage demand and make primary care more productive.

Socitm Advisory managed the delivery of this innovative new care delivery model. The newly designed UCC accommodation would help facilitate the public's adoption of technology that enabled a new way for them to interact with centre staff and medical practitioners.

By using computer tablets at arrival, patients were able to record their symptoms and then be signposted to where treatment best be provided within the centre such as observation pods, consulting rooms or to external medical services for self-help, non-urgent care e.g. pharmacy.

The approach included:

- Active engagement of staff and patients using eConsult to design and promote new service;

- Ensuring new technology was available fully tested with appropriate back-up solutions/processes in place and all operational staff made aware;
- Enabling patients to be successfully diverted to where their healthcare needs were best met.
- We helped to deliver the following benefits:
 - Improved patient experience through reduced waiting times, quicker diagnosis and better outcomes/ closures and increased patient satisfaction;
 - Consultation times reduced providing a seamless, streamlined service to patients and practitioners;
 - Increased provider efficiency and productivity savings via an improved integrated service;
 - Commissioning cost savings from reduced tariffs due to remote closure e.g. 30% managed from home, with a 70% closure rate, reducing walk-ins i.e. patient self-presenting by 20%.

“ They provided sound guidance and project management skills to enable us to go-live in an accelerated timeframe. Given they are able to work professionally across Trust staff, clinicians and technologists I would definitely commission them again in the right circumstance

Dr Murray Ellender; GP Partner, Hurley Group



Technology and the physical estate are more critical than ever to sustaining and transforming local health and care services.

Integrated Healthcare Properties and Socitm Advisory have come together to offer an approach that optimises joined-up care through integrated estates and technology solutions and overcomes the barriers to delivering change and scaling new care models.

Our approach has the potential to deliver Hubs that are better for patients and staff, smarter, and more integrated.

We would be delighted to understand your challenges and how we can help in any way.



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