

Item: 7.2

Report to:	Primary Care Commissioning Committee
Date of Meeting:	29 th June 2018
Title of Report:	Estate Strategy and Planning Tool
Presented by:	Phil Davis, Head of Primary Care Tim Wigglesworth, Chief Operations Officer, Citycare
Author:	Richard Clark, Head of Estates Planning, Citycare Tim Wigglesworth, Chief Operations Officer, Citycare

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the Hull Estate Strategy and recommendations on how to maintain the datasets behind it.

RECOMMENDATIONS:
It is recommended that the Primary Care Commissioning Committee:

- Approve the maintenance of a single consistent health service and premise database to provide accurate data to support continued future decision making and integrate with all public services, rather than rely on individual study commissions to update the data within individual pieces of work. This will reduce the cost of future reporting, studies etc. and allow focus to be on the strategic planning rather than the data collection;
- Consider commissioning an annual contract for the leadership and management of the health property and service distribution data management service from our estate partners - Community Health Partnerships.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE (See guidance notes on page 4)

Integrated Commissioning

Short summary as to how the report links to the CCG's strategic objectives

The Estate Strategy work and estate mapping tool supports reducing duplication and provides opportunities to improve efficiency across the public sector in the city.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	Financial implications are outlined in the report.
HR	None
Quality	None
Safety	None

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

The estate strategy is being developed following consultation with practice groupings and individual practices.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

Estate Strategy and Planning Tool

1 INTRODUCTION

The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the Hull Estate Strategy and recommendations on how to maintain the datasets behind it.

2 BACKGROUND

Community Healthcare Partnerships, on behalf of the CCG are undertaking a strategic estate review of the health estate within the NHS Hull CCG area to provide an update on the 2015 Hull CCG Estate Plan and produce an updated Hull Health Estate Strategy which consolidates into one single document all the previous estate planning commissions and updates the estate planning to align with the latest Hull Health and Care Place Plan 2018-19. This will align and direct the estate infrastructure decisions to provide a coherent strategy that aligns with both the Hull Place Plan and the Humber Coast and Vale Health and Care Partnership (formerly STP) plans.

Previous estate planning and data management mechanisms meant it became difficult and slow to obtain up to date data for analysis and reporting to inform the reports. The data was often stored in file types such as Excel and Word that were not fit for large data integration, and was stored with different agencies which lead to a lack of awareness of who has what and where to find the current data. This led to fragmented and inconsistent data that had a mixed validation age and where almost 80% of the study time spent on chasing information rather than focusing on strategic planning based on an accurate dataset.

This also echoed the national and regional asset mapping and planning data, which is pulled together periodically for both regional and national papers and once collected was not maintained which leads to duplications in collection and incurs agency resources on every commission.

This resulted in the existing nationally available SHAPE (Public Health England) being based on unvalidated local data resulting in users having little faith in using this tool for estate planning use due to the inaccuracy and inability to directly correct it, blaming the tool and not the data quality despite the underlays below the assets locations in the SHAPE mapping being excellent and critical to estate planning. It is important that it overlays correct, up to date, validated information to gain the optimum benefits from the tool and subsequent decision making - this has been achieved locally, by connecting the functionality of the existing tool to a locally controlled data repository.

3 INFORMATION

3.1 Estate Strategy

The purpose of the strategy is to determine the future requirements for the next 5 years of estate planning and proposed solution to enable the most efficient estate response for the

long-term, in line with clinical service strategies and in keeping with the drive towards making best use of integrated public sector assets.

The key outputs of the Hull Estate Strategy will be to provide a base to inform decision making along with a considered plan which supports the Humber Coast and Vale STP plans and service strategy priorities within Hull. The estate strategy will focus on responding to a deep understanding of the delivery of future transformation of health and social care services.

The strategy will not purely focus on estates but will consider the correct distribution of accommodation for services relative to the service demand and how this will transform in the future. This will ensure that investment in premises and accommodation align with prioritisation of service transformation and the accommodation becomes an enabler in supporting delivery of Hull's care model.

Milestone programme

Date	Key Milestone	Timescale
1/6/18	Data Collection and engagements with all commissioned services and infilling holes in estate data.	6 weeks
16/7/18	Populate and analysis of data.	1 weeks
16/7/18	Finalise data and meeting to discuss the direction of the strategy	2 week
30/7/18	Draft report	2 weeks
13/8/18	Draft Report issued	

3.2 Health Estate Asset Mapping Tool

In order to achieve maximum output from the Estates Strategy ongoing maintenance of the locally controlled SHAPE estates tool (database and mapping toolset) is required. This will support the development of the ongoing service and estate planning in Hull, provide an up to date live database and retain a single ongoing health asset and service distribution data source. This will prevent sporadic data collections, duplications and inaccuracies, and will enable integrated service and property planning and analytics across public sector boundaries. The access to the database allows not only geographical presentation of the data, but allows you to query the data to produce tables, figures, network diagrams and charts.

The unique abilities this provides is that the information being displayed is from the local validated data source and also allows service distribution to be displayed. However this is dependent on the continued maintenance of this data.

The scope of this service would include:

- Continued lead and collaboration with all providers and commissioners to ensure the central dataset is up to date and consistent. Meeting attendance, collection, uploading and updating central dataset. Estimate: 28hrs per month
- Providing reports, tables, maps, charts as required for out of hospital service distribution and estate data. Estimate: 8hrs per month.

Therefore, it is estimated that a 36hrs per month service would have an annual cost of in the region of £20,000+VAT.

5 RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

- a) Approve the maintenance of a single consistent health service and premise database to provide accurate data to support continued future decision making and integrate with all public services, rather than rely on individual study commissions to update the data within individual pieces of work. This will reduce the cost of future reporting, studies etc. and allow focus to be on the strategic planning rather than the data collection;
- b) Consider commissioning an annual contract for the leadership and management of the health property and service distribution data management service from our estate partners - Community Health Partnerships.