



Whittington Health

NHS Trust

Estate Strategy 2020



WHITTINGTON HEALTH

Estate Strategy

2020

(A refresh of the 2016 Estate Strategy)

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Trust profile

Whittington Health NHS Trust is an integrated care organisation providing hospital and community care services to a population of approximately 500,000 people living in the London Boroughs of Islington and Haringey, as well as other London Boroughs including Barnet, Enfield, Hillingdon, Camden and Hackney. We have an annual income of c. £320 million and employ over 4,400 staff. Hospital services are provided mainly from our Whittington hospital site (Figure 2), and from over 40 locations across the community (Figure 3).

The most recent CQC report for the Trust was published in May 2020. The Trust retained its overall rating of 'Good' from its previous inspection and community services improved from 'Good' to 'Outstanding'.

The Trust was rated 'Outstanding' in the Caring domain and 'Good' in the Well Led domain.

Islington and Haringey strategic drivers

Population is projected to increase particularly those over 65 across both boroughs.

Age profiles in Islington and Haringey show similarities and have higher proportions of younger people than other London boroughs. There are strong parallels in terms of age demographic. This has implications on the type and volume of services we provide and those provided by other health and social care partners.

Life expectancy has marked inequalities: men living in the most deprived areas of Islington and Haringey have an average life expectancy 6.4 and 7 years fewer than those in the best off areas. Similarly, for women living the difference is 7.3 years in Islington and 4 years in Haringey.

Ethnicity is diverse across both boroughs, with more than 100 languages spoken in Haringey.

Health and wellbeing issues show poor performance in areas relating to smoking-related conditions and deaths, substance misuse and mental health issues in young people.

North Central London Integrated Care System and Clinical Commissioning Group:

The priorities for the system include increasing prevention programmes; providing care closer to home so people only go to hospital when it is clinically necessary and to attract people to live and to work in North London ([Appendix 1](#)).

Our Strategy

[Our Strategy](#)¹ was published in 2019 and states

Our vision is “Helping local people live longer healthier lives.”

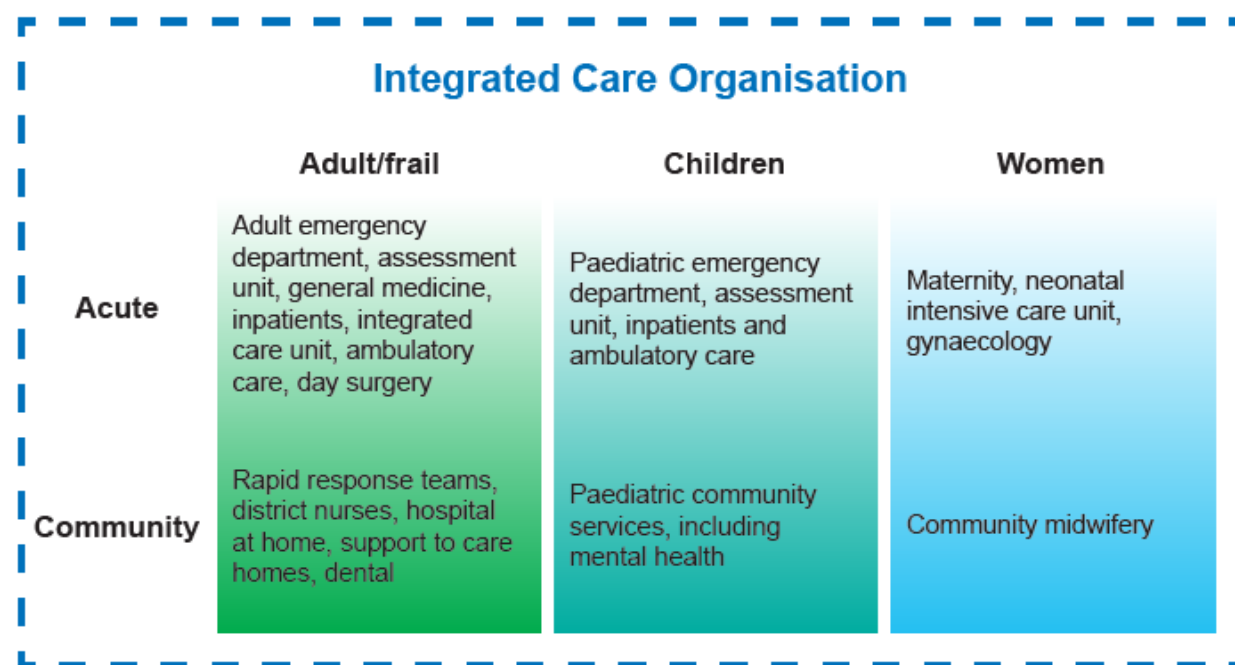
What we do: Lead the way in the provision of excellent integrated community and hospital services

Our values: Innovation, Compassion, Accountability, Respect, Excellence

Our objectives:

- Deliver outstanding, safe compassionate care
- Empower support and develop engaged staff
- Integrate care with partners and promote health and wellbeing
- Transform and deliver innovative financially sustainable services

Figure one: Clinical priorities — Whittington Health supports our population health needs by providing “outstanding community services” and integrating care in all settings across three core pillars:



¹ Whittington Health NHS Trust's 2019 – 2024 Strategy

Our Estate Strategy

We have a clear strategy for our estate:

“To provide high quality, patient and staff focussed environments that support our vision to help local people live longer healthier lives”

The document below describes how our estate will help us deliver our four strategic objectives and sets out our plan to make sure we have the right facilities to deliver our services, both now, and in the future. It also provides a framework, for future investment and decision making on the development and management of the Trust’s estate for the period 2020 to 2030.

This document refreshes our previous Estate Strategy, approved by the Trust Board in 2016.

Where are we now – the challenge?

Our analysis shows that our estate provides a good foundation for meeting our patients’ future needs, provides a number of opportunities to further transform, but also has considerable deficiencies that need to be addressed.

Archway hospital site

Our hospital site, located in Archway, is the currently the main site for delivery of our acute clinical services and our Trust headquarters. The site is bisected by an access road. It has good transport links with a number of buses and an underground station nearby.

The hospital site has a number of clear investment needs, including backlog costs to bring the estate up to national condition B standard of c. £15m. The hospital estate also has significant functional layout deficiencies and constraints which do not allow for reconfiguration to meet 21st century standards and expectations.

These backlog and functional layout deficiencies and constraints are clearly evident in the facilities within which we deliver our maternity and neonatal services. These services are located within the third of the hospital building which was built in the late 19th century.

These Victorian era buildings with long and narrow Nightingale ward layouts are configured over four levels; the departments as a whole are disjointed resulting in inefficient staffing as well as being confusing in terms of wayfinding. The maternity labour ward provides poor

accommodation for women and families, with no ensuite facilities to the delivery rooms and poor provision for storage both within the rooms and for equipment not in immediate use. Staff facilities are limited, with poor changing rooms, rest spaces and office accommodation. The facilities are not compliant with Health Building Note (HBN) space standards.

Neonatal services are also delivered within the same buildings, hence constrained by the same challenges as the maternity functions. This creates an increased pressure on the management of infection control and does not provide a parent friendly environment.

Our emergency department (ED) service is delivered from facilities built in 1977 in space designed for 50,000 attendances, but which currently manages 108,000 attendances each year, with predictions of growth year on year. The building that houses these facilities also carries significant backlog.

Office and staff accommodation

A considerable portion of our office accommodation is in the 1848 Grade II listed Jenner building which has many small rooms that are not conducive for the delivery of effective modern agile working.

During 2021 our core education and training facilities will be relocated to a temporary building in the NE area of the hospital site to facilitate the relocation of the Camden and Islington Foundation Trust mental health inpatient beds. A permanent long-term solution for the training and education facilities will be required.

Site Infrastructure

The current electrical power infrastructure supplying the existing buildings does not have the capacity to support the redevelopment of the acute site and also carries significant backlog risk and is unable to provide the full redundancy that would be ideal. The provision of thermal energy for heating and hot water serving the existing Victorian estate including the Jenner Building will need to be moved as part of the redevelopment of the site.

Both these major infrastructure constraints provide a positive opportunity to determine a low carbon and cost efficient solution that will demonstrate Whittington Health's long term commitment to a sustainable and environmentally credible future.

Therefore as part of the vision set out in this document, significant investment in infrastructure will be required to support the creation of new buildings.

PFI (Private Finance Initiative) Buildings (A & L Block)

The large proportion of Whittington Health's core beds are exclusively located within the ex-PFI buildings, now under direct Trust management and responsibility.

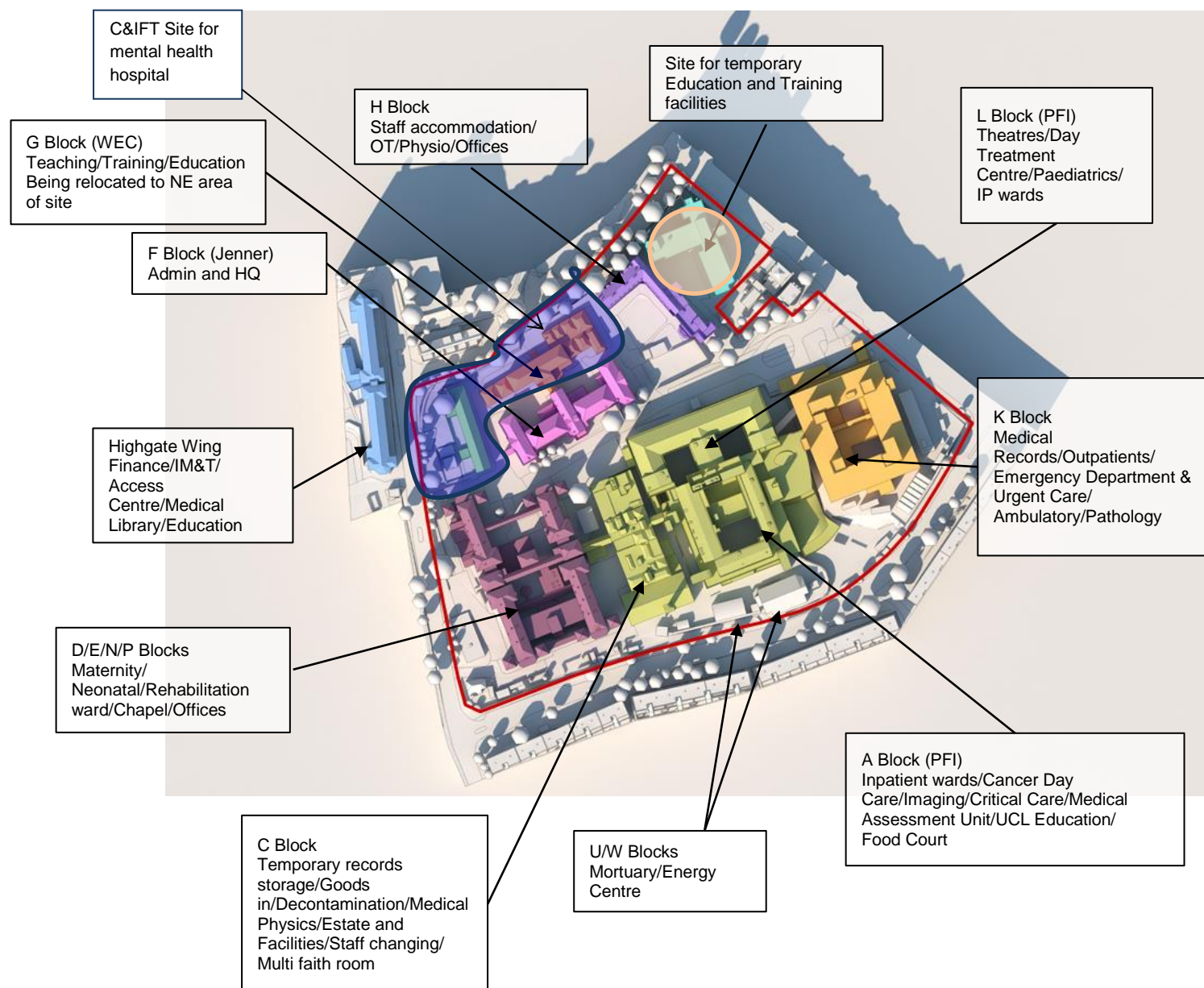
Block A and L require improvements which have been identified following a fire in January 2018. A full remediation plan is currently in planning. This project is likely to take many years, and is reliant on a decant strategy that will involve additional bed capacity being created either on or off site. The risks are currently being mitigated through staffing and management solutions.

Within the ex-PFI building is our theatre complex which is situated over two floors. Ideally, with appropriate adjacencies we would co-locate theatres on one floor to enable the most efficient use of space and effective flow of patients. In doing this we would also solve the issues around capacity of endoscopy and the need for more flexibly designed treatment rooms. In addition the layout and size of the wards is not ideal for efficient staffing models.

Staff accommodation

We currently provide around eighty units of staff accommodation housed within an 1890 Victorian building. These facilities do not have ensuite bathroom facilities or common rooms and the self-catering food preparation areas facilities are cramped. We would like to be able to provide modern and welcoming accommodation for our staff. We would also like to provide access to significantly more accommodation units.

Figure 2: Whittington hospital site – key buildings

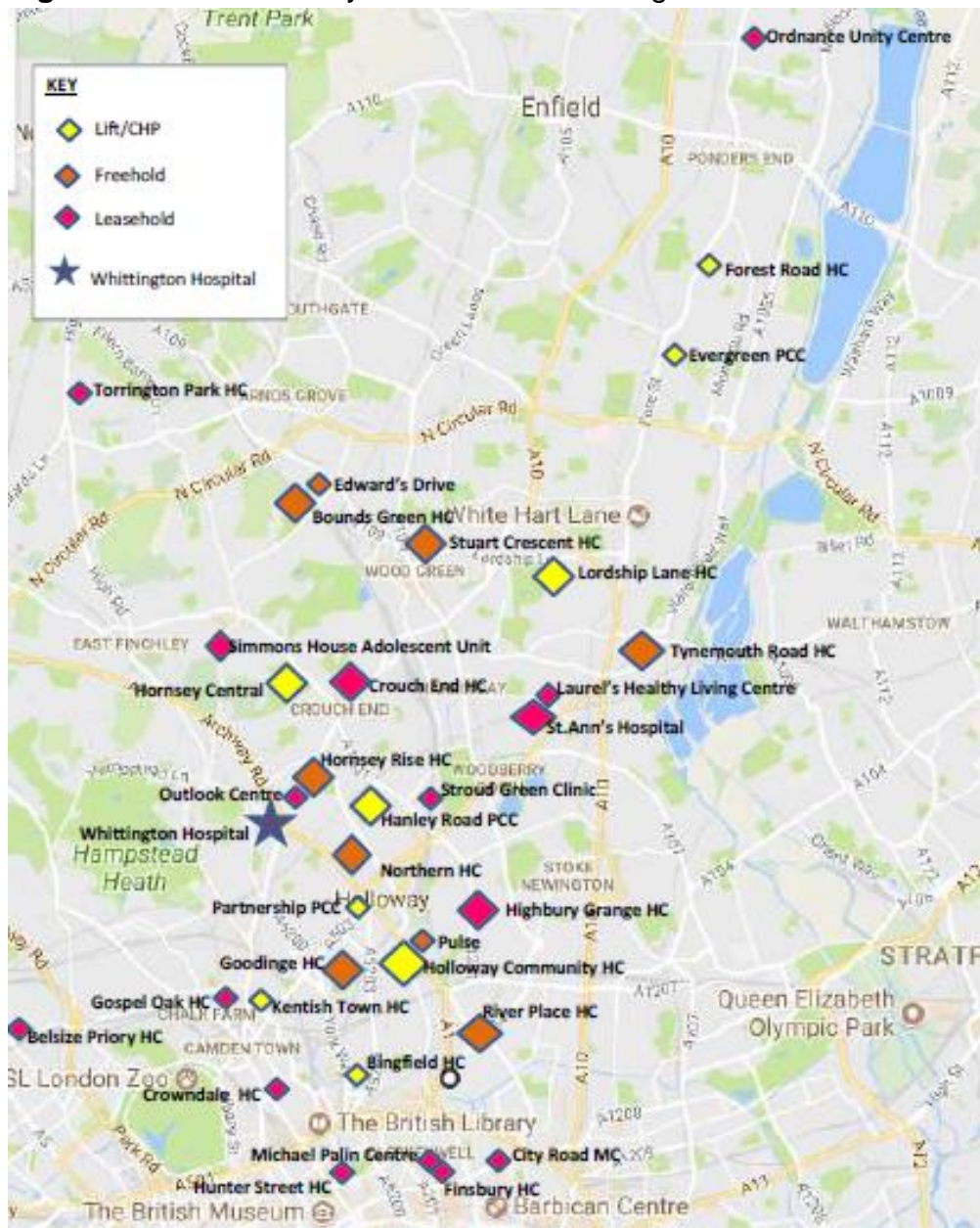


Community estate

The Trust is occupying space, in addition to the Archway hospital site, in more than 39 community premises, nine of which are freehold and eight are Local Improvement Finance Trust (LIFT) premises. Our community estate is mainly spread throughout Haringey and Islington and requires an investment of c.£5m to bring it up to national condition B standard. The locations of our sites are not always optimal for travel, nor are the buildings large enough or purpose built to allow effective use of space; or integrated working with other service providers; or expected growth as a result of 'care closer to home'. This issue is

particularly acute for our community children's services in the Northern Health Centre, where the building is not optimal for these services.

Figure 3: The community estate in local boroughs



COVID-19

Naturally these days we must consider COVID-19 in any update of an Estate Strategy. However, we believe the long term nature of our vision means that the impact of COVID-19 will only be a catalyst for the change we have already been planning. For example:

- Infection prevention control – COVID-19 has put extra burdens on the estate in relation to social distancing in waiting areas and inefficiencies built into processes and

procedures carried out in clinical areas. We believe that although some waiting areas may need to be expanded, the overall impact on our long term plans will be limited.

- Virtual by default – COVID-19 has precipitated a huge shift towards virtual clinics and working from home. This is a faster positive shift towards goals that were already in the draft Estate Strategy. As a result, further work is required to ensure we are being bold enough in our assumptions, but we do not need to change the longer term plans because we still need to prioritise a new maternity unit and we still need to reduce the number of sites we work out of. The changes brought on by COVID-19 may make it possible to do this faster and easier.

Our transformation vision for our services in the future

Our transformation vision for services in the future in relation to estate can be summarised as follows:

- everything residents need for general care is provided by us in a seamless way with partners in the community
- more care is provided in the community
- more treatment is ambulatory care and day case work
- more outpatients are delivered virtually and through greater use of technology .

This will be enabled by:

- digitally enabled staff that can work flexibly from any site and from home
- roles that are constantly evolving to provide development and the right skills
- an estate that is up-to-date and situated in the right place, accessible by public transport, with co-location of community services where possible
- IT capabilities that join up services and patients seamlessly.

Principles to guide the development of the estate

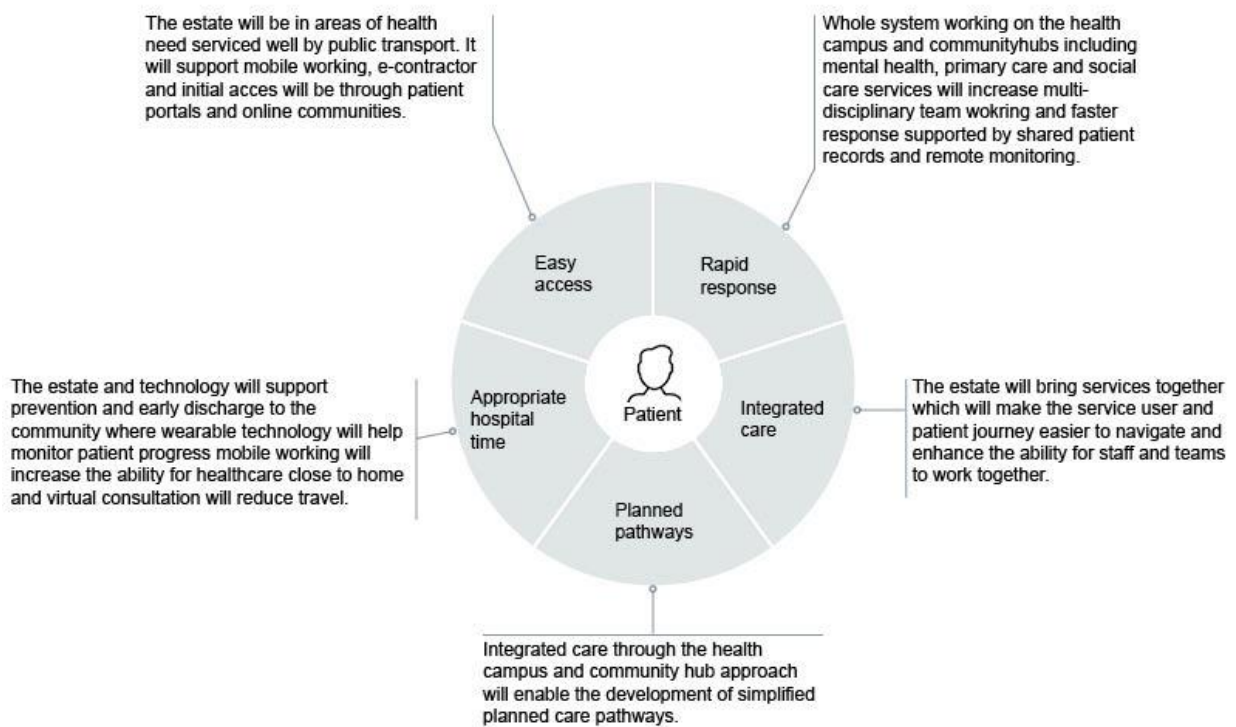
Figure 4: Estate Strategy Principles

Estate Strategy Principles
<p>Patient centred Improve the estate to be patient/client centred with ease of access to care both physical access and transportation access; supporting the co-location of services to enable integrated care through the development of networks/hubs.</p>
<p>Quality, Pride and Staff Wellbeing Improve the quality of the estate to meet patient and staff expectations, engender pride in the organisation, and support staff wellbeing.</p>
<p>Effective use of assets Maximise the effective use of the estate to support clinical service delivery.</p>
<p>Design, Technology and IT Ensure that we have flexible and modern space in all our buildings, that it has the correct digital infrastructure, and is future proofed for new innovation and technologies in care provision.</p>
<p>Capacity Ensure that the Trust's estate has the capacity to meet demand for healthcare in the right places, while also factoring in efficiencies and technological advances that reduce space requirements.</p>
<p>Statutory and non-statutory compliance Continue to manage estate risks and meet all necessary standards</p>
<p>Environmental and financial sustainability Ensure that the delivery of the Estate Strategy supports the future sustainability of the organisation in terms of quality, finance (reduced expenditure and contributing to a reduction in debt), effective working and environmental sustainability. We want to create a low carbon campus.</p>
<p>Partnerships and engagement Maximise the opportunity of partnerships and engagement with our local community and ensure Trust plans align with wider health economy plans. Also to work with the Greater London Authority (GLA) and local authorities to get the best value from our estate for the wider public sector priorities such as housing.</p>

Transformation opportunities

Patient centred

Figure 5: Patient-centred development



Care delivered in the most appropriate location

Figure 6: Service delivery locations



Home

Some services can be provided in patients' homes, for example through nursing care or telephone support. Services like telecare can enable people living with long term conditions to live more independently at home for longer.



Primary care centre/ GP practice/ other local locations

Patients will be registered with their GP and use them as their main point of access to the health system.

Primary Care Centres/GP practices can deliver the full range of core services and can offer a variety of systems for walk-in access, telephone triage, same day and prebooked appointments. Primary Care Centres/GP practices may also provide a range of other services.

Primary Care Centres/GP Practices can provide facilities and space for other services to be provided locally and in places of need.

Services can also be provided in other appropriate local locations, such as schools and children's centres.



Locality hub/ health and wellbeing centre

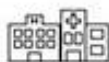
Locality hubs/health and wellbeing centres can enable and support the delivery of a wider range of services at a locality level. They can be achieved by:

- hosting locality level services (eg low volume/specialist equipment) that people need for illnesses and injuries
- integrating and joining up clinical services alongside others, such as social care, to intervene earlier along the patient pathway and reduce hospital admissions over the longer term
- providing the appropriate infrastructure so that some services currently delivered in hospital can be delivered locally.



Network

Health networks can enable the provision of services within a local setting, but not necessarily in every Primary Care Centre/GP practice.



Hospital/ health campus

A hospital/health campus can provide acute care and provide locality and/or borough hub/health and wellbeing centre services.



Local communities

Local communities can provide the focus for a broader range of health and wellbeing activities and provision, including housing, employment, local authority services and voluntary sector support and provision.

Reducing acute burden through early diagnosis treatment, and preventative locality working

We want to prevent health issues arising and treat them early, through more integrated public services and more resilient local communities.

This means:

- a simpler, more joined up local system that offers the right support at the right time, that manages the growth in demand and reduces duplication in the system
- integrated, multi-disciplinary teams from across the public sector, working together on the same geography and supporting the whole resident, focused on relationship-building and addressing the root causes of issues
- a workforce who feel connected to each other and able to work flexibly, better able to meet people's needs
- a new system partnership with the voluntary sector to coordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities.

This will mean fewer GP and outpatient attendances and fewer ED attendances, and shorter lengths of stay and our vision for community hubs set out below will deliver the spaces for these things to happen.

As an example we have started doing this in the Lordship Lane health centre where Haringey Council run a 'connected communities' service which includes housing, debt advice, voluntary sector etc working out of a 'health' building.

Improving utilisation and realising value from the estate to reduce cost

We want to work collaboratively with partner organisations to achieve:

- more effective use of our existing estate
- reduced running costs
- a reconfigured estate to better meet service delivery needs
- agreements to share property (particularly between health and social care and wider public sector)
- realise value from the estate to generate capital for reinvestment or a revenue stream
- effective future investment.

Optimising outpatient space and time requirements through digital transformation

We will progress virtual outpatient models including:

- video conference calls where appropriate
- video advice and guidance to patients and staff within community hubs
- telephone appointments
- patient portals to allow access to results before appointments
- diagnostics completed before appointments reducing wasted time.

This will mean that we free up space in the acute hospital site for other needs such as reconfiguration of the ED and same day emergency care space.

Reducing office requirements through flexible mobile working enabling improved education space

We will progress our plans for staff to be able to work remotely and from any setting through mobile devices and hot-desking docking stations. We will also look to use council and other sites for offices, including expanding programmes such as the colocation of district nursing office space with the social workers' office space in Newington Barrow Way. Some of our non-clinical support staff will also be able to be based in buildings away from the Archway site. All this will mean that we can free up critical space in the hospital and community for clinical space and/or education space. For example we plan to free up space within the Jenner Building (currently an office building) to be the permanent home of the new education centre.

Integrating emergency and primary care with acute services through co-located primary care

Our transformation vision for emergency demand is to bring primary care onto the Archway site. The reconfiguration plans for the site will create opportunities to locate a community and primary care centre on the Archway site. This will be close to, but not in the same building as, the ED, allowing us to create three distinct streams a) an urgent care and redirecting service run by primary care b) a normal ED c) an ambulatory care unit. This means we will be able to manage the ever increasing demand on ED without having to continually increase the size of the department.

Enabling expansion of step down beds/care home beds

As an integrated care organisation we are uniquely placed to support the wider North Central London system to solve the problem of insufficient care home, or step down capacity. The reconfigured estate may generate opportunities for other uses, including step down beds, nursing homes, or care homes. Depending on future business cases these may or may not be run by ourselves.

Enabling delivery of wider system priorities such as staff accommodation, wellbeing and housing needs

The reconfigured hospital and community estate will also generate opportunities for more innovative future use such as health services and community hubs on the ground floors and key-worker, social and private housing on other floors. Our close working with the councils and our memorandum of understanding with the GLA will hopefully make this an exciting opportunity for all parties and enable us through partnerships to deliver greater access to affordable staff accommodation.

Priorities and proposals for change

Our analyses of the condition of the estate, in line with the principles above, lead us to the following priorities. The phases are indicative only:

Phase One

New maternity & neonatal unit: we will build a new or refurbished maternity and neonatal unit that will be large enough for any demand. Using the height of the site or in-filling of gaps, we will be able to put more space on a smaller footprint.

Infrastructure: we will create a new site-wide power infrastructure that will be large enough to cope with more load and be state of the art to reduce our carbon footprint.

Locality based integrated community hubs: we plan to reduce the number of our sites, while investing in better located buildings to enable the clinical vision of integrated, efficient community services as above. This may also release some value or different use of existing land as per Phase Two.

Office and education facilities: we will work to provide innovative, agile and fit for purpose office and education facilities that empower our staff to deliver exemplary healthcare services.

Rectification of the PFI: we will create a plan to rectify the PFI deficiencies as quickly as possible.

Phase Two

Children's services delivered from 'fit for purpose' accommodation: we will explore options to rehouse community children's services in single borough locations, one of which may be on the Archway site and the other potentially a refurbishment of Tynemouth Road.

Primary and urgent care on the Archway campus: this will enable fit for purpose environments for ED.

Make the most of the value of our estate through working with the GLA and councils to support wider public sector requirements such as housing, and/or care home beds, and generate needed investment capital.

Improved access to low cost, high quality staff accommodation: we will work with partners to improve the numbers and quality of our staff accommodation either on site or elsewhere.

Phase Three

Phase Three could include work to improve the theatre complex including the endoscopy unit and the ward configuration to improve flexibility, enable efficient staffing models and improve the use of space. This is dependent on the requirements in the local health system.

What will this look like?

The Archway campus

Figure 7: The Whittington Health Archway campus



A number of fixed points on the site have been identified:

- Block A is a fixed point to remain.
- Block L, originally built in 1992, since being refurbished under phase two of the PFI contract in the last 10 years, is intrinsically linked to the main clinical core of Block A and hosts a significant area of clinical activity.
- Jenner building (Block F) to remain due to Grade II listing.
- The disposal of site occupied by Blocks G and S to Camden & Islington Foundation Trust

The principal options that were explored, included physical functions and build forms, that should be considered for Blocks C, D & E, H, J and K. All potential areas for refurbishment,

relocation of displaced services and/or disposal in varying degrees formed part of the options for the site.

Testing of the options against critical success factors identified a preferred way forward for the future development of the Archway Campus. The picture below shows our preference should a business case for a new maternity unit be approved. If a refurbished option proves to be more cost effective then only the top right corner will be available for other use.

Figure 8: Preferred way forward for the Archway Campus (hospital site)



Community sites

In the community our development control plan (DCP) sought to investigate how we could deliver the community services from fewer sites, while retaining a presence at a very local, locality hub, and borough hub levels.

The DCP work concentrated on providing viable options for the hub locations, based on a cohort of three adult hubs per borough across Islington and Haringey and a children's hub in each. Very local services can still be provided with services delivered from rooms in other local health provider accommodation. Focusing on six potential adult hubs, and two children's hubs, offers the opportunity to:

- enable modern fit for purpose hubs that can support integrated working
- develop clinical treatment spaces as identical pods with standard consult/exam rooms, treatment and interview rooms
- operate from fewer sites which would reduce revenue expenditure. The current leased community estate has a lease burden of circa £8m per annum. The current freehold estate carries £5m of backlog, is energy inefficient and generally does not meet the functional suitability criteria
- ensure that the facilities can be used in an adaptable and flexible manner.

Opportunities to realise value and create recurrent savings or revenue opportunities

The Trust believes there are significant opportunities for delivering value from the hospital and freehold community sites, to support the required investment.

The Trust's is working with the GLA and councils to consider the options to realise the land value of some of our sites through a mixture of affordable/private housing. In addition, opportunities may arise for step down/care home beds and alternative models to address the demand for emergency care services through investment in primary and urgent care.

The GLA has been involved in the preparation of the Trust's estate development control plan and has indicated an interest in working with the Trust to secure the delivery of land for housing, possible through the use of the Land Assembly Fund (currently being committed to a number of London projects by GLA).

- Reducing the number of community sites we work out of will
 - reduce the backlog maintenance costs

- reduce recurrent revenue costs of managing the buildings.
- Reconfiguring the way we work clinically and non-clinically will
 - reduce the amount of office space needed so reducing recurrent and capital costs
 - reduce the clinical space required to allow us to free up some buildings or land for other use.
- Reducing our overall foot print will
 - allow us to realise the value of that land giving us capital and revenue income to help fund the investment in maternity and neonatal services
 - allow us to work with other partners to develop parts of our site for multi-use so the council and the GLA or others can develop sites the buildings of which we can then use (eg development of primary care on the Archway Campus could be made possible through GLA development of the site).

What is required?

From the analysis of where we are and where we want to be to deliver the best service to patients, there are a number of key deliverables required:

- **Targeted capital investment** is required for a new maternity and neonatal unit with supporting site infrastructure to ensure the estate supports the delivery of high quality clinical services and generates opportunities for more efficient and flexible use of the site, including provision of staff accommodation. Some of this investment will be enabled by the points below.
- **Reconfiguration of the community estate portfolio** is required to support the development of locality hubs; provision of care closer to home; provision of high quality clinical and patient care environments; more efficient service delivery; and the realisation of value to support investment elsewhere.
- **A change in working practices** as per the transformation opportunities above is required to enable the estate to be reconfigured so that it can be used more efficiently and the value of some sites can be better realised to help fund the needed investment.

What about the short-term?

In the short-term we have plans to continue to deliver improvements to our estate including:

- Finish the temporary Whittington Education Centre (WEC) on the Waterlow site.
- Improve integrity and safety within PFI buildings.

- Continue refurbishment and backlog maintenance plans.
- Refurbish and improve the emergency department environment.
- Work with Camden and Islington Foundation Trust to deliver a new mental health hospital on the Archway Campus.

The next steps

The Trust will progress the delivery of this strategy through a number of strands of work:

1. **Preparation of a strategic outline case for investment on the health campus site to deliver facilities for maternity and neonatal services;** potentially create flexible space for further health development; and potentially generate opportunities for more efficient, and flexible use of the site.
2. **Continue engagement with commissioners and a range of partners to develop a community estate delivery plan** that will enable the Trust to progress the development of integrated locality hub sites and delivery of services at a local level where appropriate, realising value from the estate as per above opportunities.
3. **Investing in staff:** we will produce further business cases to provide expanded staff accommodation and innovative, agile and fit for purpose office and education facilities that empower our staff to deliver exemplary healthcare services.
4. **Investment to deliver the Digital Strategy as a key enabler** to changing working practices to deliver efficiencies in estate usage.
5. **Further development of service models** to ensure any investment in the estate is targeted at the most efficient and effective use; and that staff are supported to make changes to working practices, eg to reduce the need for office space through agile working and premises sharing, and for clinical space through MDT working and virtual outpatient services.
6. **Continued communication and engagement** with internal and external stakeholders.
7. **Renewing the Energy and Engineering Strategy** through a six facet survey.

Conclusion

This strategy confirms that there are a number of opportunities open to the Trust that will allow us to create the high quality, patient focussed environments we need for delivery of excellent services. Our strategy provides direction for future estate development, allowing flexibility to accommodate evolving service delivery plans.

There is now a need to transform and invest in our estate to support the clinical strategy, reduce the cost of occupation and release capital for re-investment.

Appendix 1: Strategic drivers

This section of the document outlines the factors that will drive changes to our estate in the future, as a result of enabling the delivery of our Trust strategy; building on digital innovation, listening and working with our stakeholders; addressing issues with the existing estate; and responding to developments in the healthcare environment.

Whittington Health Digital Strategy (Appendix B)

Advances in digital technology are having a fundamental impact on the delivery of health and care services and the future shape of the estate. Whittington Health approved a Digital Strategy in 2017 with the following vision and mission:

Vision:

To become the most digitally integrated care organisation in the NHS, which will enable the delivery of patient centred, high quality, safe and sustainable care to our community.

Mission:

To empower patients and staff to securely access information anytime, anyplace, on any device.

Figure 9: The vision is underpinned by four key digital themes

Digitally connected patients	Empower patients to actively manage their health and care
Digitally enabled workforce	Enable staff to access shared health and care records
Business intelligence and analytics	Insight driven culture to improve quality, outcome and research
Digital infrastructure	Provide secure access and interoperability

Recent progress (2018/2019) with implementation of the Digital Strategy has included:

- The introduction of Care Flow Vitals: an electronic observation and decision support system designed to improve patient safety and outcomes. It monitors and analyses patient vital signs to identify deteriorating conditions and provide risk scores to trigger escalation pathways.

- The introduction of Care Flow Connect: a secure and mobile clinical communication platform designed to facilitate faster/safer care co-ordination.

Delivery of the Digital Strategy is essential for transforming the future shape of the estate.

National and local drivers for change

The NHS is undergoing further change. In developing a strategy, it is important to be aware of the direction of national policy and the key national drivers of change.

Although there is increasing demand for healthcare fuelled by a rising population and long-term and complex health conditions, alongside an increasing focus on quality and standards, there is no real growth in funding. Transformation programmes are expected to change 'how and where' NHS Trusts deliver their services. This is coupled with significant financial and performance challenges posed by existing needs to produce efficiency savings.

National Strategy

On 7 January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years. In summary, the plan sets out the following:

The NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals.

Five significant changes to the NHS service model to bring this about over the next five years:

- boost 'out-of-hospital' care, and dissolve the primary and community health services divide, through NHS organisations working with their local partners as integrated care systems
- redesign and reduce pressure on emergency hospital services
- people will have more control over their own health, and more personalised care
- digitally-enabled primary and outpatient care will go mainstream across the NHS
- local NHS organisations will increasingly focus on population health through

- preventing illness and tackling health inequalities.

The delivery of the long-term plan will be through the Sustainability and Transformation Partnerships (STPs) and developing Integrated Care Systems (ICSs), who are required to develop and implement their own strategies to set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of their communities

London

A number of key London themes are described in the North Central London (NCL) Estate Strategy as follows:

- London Health and Social Care Devolution: memorandum of understanding signed November 2017.
- Strategic framework to redress the under-funding in primary care and improve issues with workforce, workload, infrastructure, care design and sustainability in general practice.
- Framework to redress the lack of house building in London, where the annual supply is far outstripped by need and demand resulting in an affordability crisis.
- Targets have been set for each borough, including the redevelopment of surplus or under-utilised public sector owned sites.
- 50% of all homes should be affordable.
- In 2015, all London Clinical Commissioning Groups (CCGs) came together as London Partners to work together on initiatives such as 'devolution pilots' of which Estate in North Central London is one.

North London Partners in Health and Care (NCL STP) Integrated Care System

Whittington Health is one of the NHS provider organisations working in partnership with the five councils of Barnet, Camden, Enfield, Haringey and Islington as North London Partners in Health and Care. (North Central London's sustainability and transformation partnership - NCL STP.)

NCL is a diverse area covering five local authorities and Clinical Commissioning Groups, 12 Trusts and 209 GP practices.

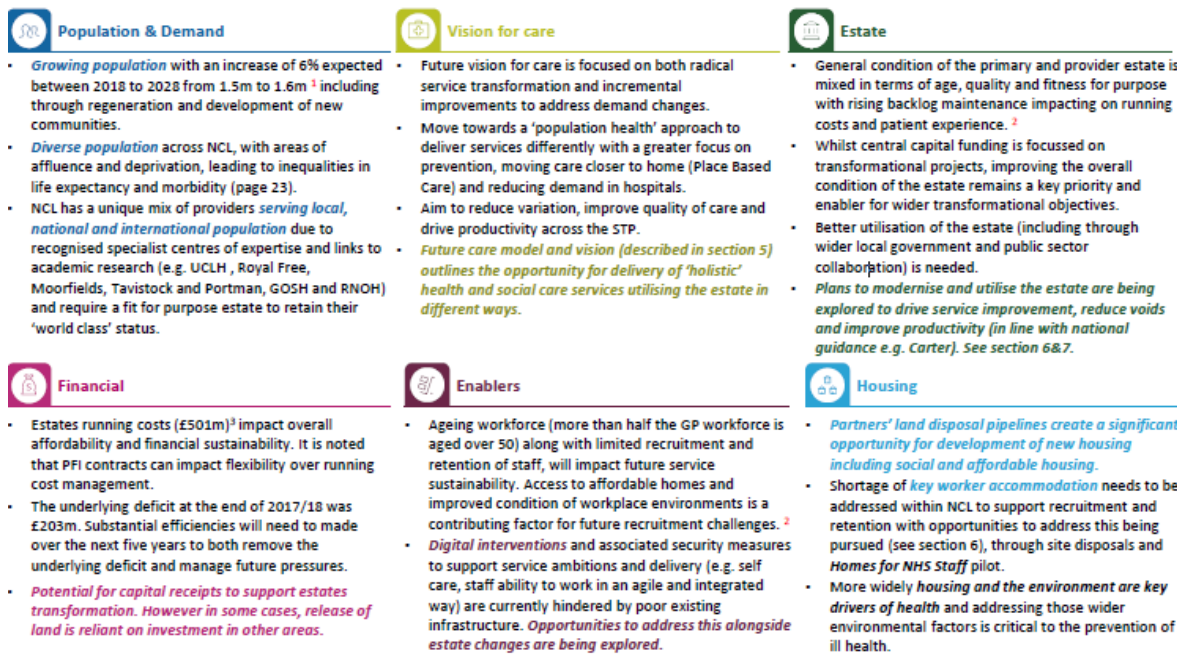
The stated aims of the partnership are as follows:

- To increase prevention programmes with the aim of supporting people to stay well and when people become unwell, to recover quickly.
- To partner with people and organisations to help residents to remain independent for as long as possible as they age, and to have more control over their own health and wellbeing.
- To give children and their mothers, families and their care givers the right support so they can have the best possible start in life.
- To provide care closer to home so people only go to hospital when it is clinically necessary.
- To give mental health services equal priority to physical health services.
- To improve cancer services.
- To provide a consistent standard of care available to everyone and reduce variation.
- To attract people to live and to work in North London to have the best possible workforce to deliver high quality services to our community.

NCL drivers and opportunities for change

Figure 10: NCL drivers and opportunities for change

In addressing health & wellbeing, care & quality, and financial sustainability, NCL faces both significant challenges and opportunities around its estate. These are summarised below and described in more detail on later pages. Our approach to addressing these recognises the interdependencies between them, eg taking a place based approach to support delivery of care closer to home can optimise use of assets, reduce running costs and release surplus space for development.



NCL Estate Strategy

The NCL Estate Strategy states:

'Our vision for care services looks to improve the health and wellbeing of our population through reduced health inequalities, addressing the wider determinants of health and supporting care closer to home through a neighbourhood based approach to services, all whilst ensuring that when hospital care is needed, it takes place in high quality buildings in the right configuration.'

'The Estate is a core enabler to the delivery of this vision. We want to work towards a high quality, flexible and accessible estate, which is appropriately utilised. We know that if we get this right, the estate can have a truly positive impact on the physical and mental health and wellbeing of our communities and staff.'

The STP estate priorities are described as follows:

- To develop a place based approach to support service delivery and optimise use of assets, drawing on the principles of One Public Estate.

- To respond to care requirements and changes in demand by putting in place a quality estate, further enabling us to tackle health inequalities and wider determinants of health in the STP.
- To increase the operational efficiency of the estate –improving utilisation; tackling backlog maintenance; and optimising running costs.
- To enhance delivery capability –supporting wider changes in health care delivery, alongside workforce and digital enablers, including supporting opportunities to create Homes for NHS staff.
- To enable the delivery of a portfolio of estate transformation projects which support the implementation of vision for care and further development of social and affordable housing in the STP.

Clinical Commissioning Groups (CCGs)

Strategic priorities

The strategic drivers for NCL CCG are described below.

- Offer person-centred care through improved integration of services across health & social care, across physical health and mental health, across adults' and children's.
- Transform inpatient care for residents experience mental illness; deliver parity of esteem.
- Transform urgent and emergency care across acute and community pathways.
- Transform primary care through common standards and reduced variation; ensure accessible, coordinated, proactive care.
- Ensure services are high quality, cost effective, clinically safe delivering a positive experience of care.
- Improve use and impact of public estate supported by devolution pilot.
- Connect health and care providers and patients by developing an integrated digital care record and person held record.
- Improve capacity and capability of health and care workforce.

CCG led estate planning — Local Strategic Estate Plans

Since June 2015, Clinical Commissioning Groups have led the development of Local Strategic Estate Plans through Local Estate Groups/Forums.

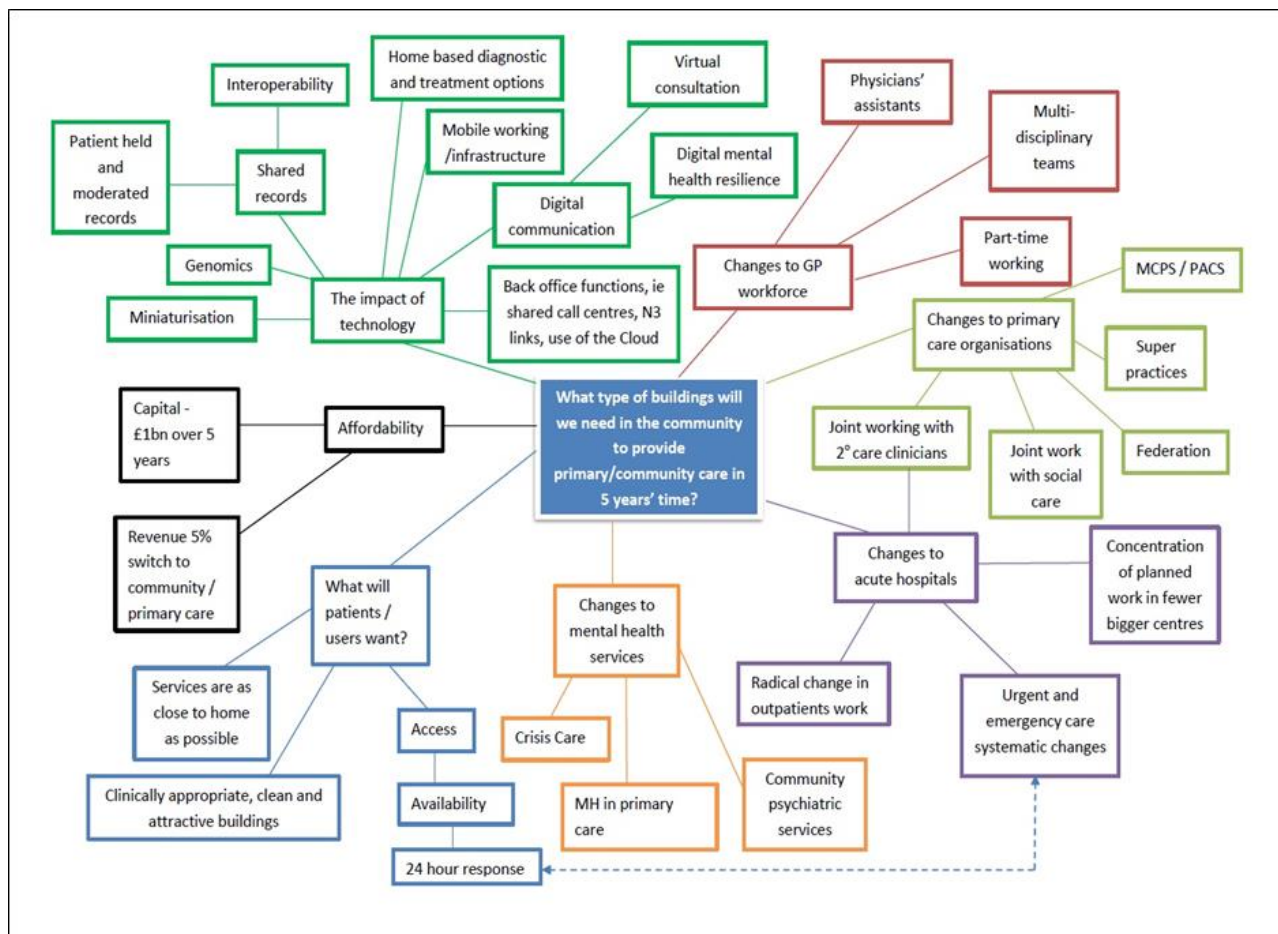
The Local Strategic Estate Plan is intended to support the health economy to create a fit for purpose estate at less cost, specifically addressing:

- changes in demography and population demand
- changes in the way that health care services are provided – specifically reflecting plans for integrated health and social care, greater levels of care within communities and new commissioning models
- challenges in funding and affordability.

Representatives from CCGS, local authorities and local provider trusts have been meeting as the Haringey and Islington Estate Group (and now Borough-based Estate Forums) to develop strategic estate plans.

Some of the complexities of the issues that have been identified through this work are described in the figure 13. These issues are not specific to Haringey and Islington, but provide an overview of some of the issues the strategies need to address.

Figure 11: CCG Estate Strategy Development – complexities map



Stakeholder engagement – internal and external to the Trust

We understand the importance of both working with our stakeholders and keeping them informed. We have been talking to many of our stakeholders during the refresh of the Estate Strategy in order to inform the shape our future direction. This engagement will continue as we shape and progress the detail of our delivery plans.

Partnerships exist in many forms, through the more formal, membership of established partnerships, through to the day to day relationships that clinicians form with patients, carers and service users.

Whittington Health has many partnerships and relationships in place including the following:

NCL CCG, London Borough of Islington, London Borough of Haringey and NHSE/I

Whittington Health has on-going close contractual arrangements with a number of commissioners of which the most significant are NCL CCG, Borough of Islington, London Borough of Haringey and NHS England and NHS Improvement.

In addition Whittington Health works closely with Islington Social Services through a long established Section 75 partnership, focused on the provision of integrated services for adults and older people.

Haringey and Islington Borough Partnerships

Whittington Health is a member of the Haringey and Islington Borough Partnerships, which bring together local authorities, commissioners and providers to work together to deliver a better and more integrated services for the residents of Haringey and Islington. A number of specific areas have been progressed, in particular: frailty, diabetes, respiratory and intermediate care. We are now working on innovative ways we can organise ourselves around smaller localities (around three per borough).

Haringey and Islington GP Federations

The Trust has signed a memorandum of understanding with the two local GP Federations to work together for the benefit of our populations. The Trust has been working closely with GPs and commissioners in Haringey and Islington to develop new ways of working as they begin to work more at scale through primary care networks. Examples of this have been the new integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community, and the Trust team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorate.

North London Partners in health and care (NCL STP)

Whittington Health is one of the NHS provider organisations working in partnership with the five councils of Barnet, Camden, Enfield, Haringey and Islington as North London Partners in Health and Care (North Central London's sustainability and transformation partnership (NCL STP)).

GLA

Whittington Health has a memorandum of understanding in place, from December 2018, with the GLA that establishes a working relationship between the two organisations to support improvements to the health and wellbeing of residents in Islington and Haringey through: the transformation of the Trust estate and improved clinical services; and by considering possible opportunities to deliver housing.

University College London Hospitals NHS Foundation Trust

The Trust collaborates with UCLH in a number of clinical areas, including breast services, maternity, and general surgery. One particular success has been that patients with

abscesses now come to Whittington Health for their day surgery instead of being admitted to a bed at UCLH.

North Middlesex University Hospital NHS Trust

The Trust has signed a memorandum of understanding with NMUH with the view to collaborating on clinical pathways and other areas where the organisations can improve quality and efficiency better together.

University College London Medical School

Whittington Health is one of the three main teaching sites of UCL Medical School. A teaching hospital for several decades, it has always been highly regarded for the educational experience it offers students in their clinical years.

Camden & Islington NHS Foundation Trust

The plans to build a new mental health hospital alongside the Whittington Health hospital based services, is providing WH and Camden and Islington Foundation Trust with an important opportunity to work more closely together for the benefit of staff and patients. Co-locating physical and mental health services can break down barriers to provide better coordinated care for people with physical and mental health conditions and increase opportunities for staff to learn and share skills with each other.

Patients and Carers

In February 2019, Whittington Health agreed a new Patient Experience Strategy to strengthen and expand on the Trust's previous 2014 strategy. Three ambitions have been established to enable staff and services to truly work in partnership with patients and carers.

- We will improve the information we provide to patients and carers to enhance two-way communication.
- We will work in partnership with patients, families and carers to build a foundation for co-design and service improvement.
- Improve our patients' journey ensuring we provide integrated holistic care, from the first contact and throughout their care.

The ambitions were developed through discussions with patients about what is important to them and analysis of existing information and feedback regarding patient experience.

These ambitions will drive and shape the Trust's engagement with patients and carers as we develop our plans to transform our estate.

Local Communities

The importance of engaging with the local community is recognised by Whittington Health. The Trust has set out the purpose and objectives for the engagement:

- to have greater input from our community to inform our decisions
- to encourage our community to work collaboratively with us on future decisions and/or changes
- to inform our local community about what Whittington Health is doing and encourage them to join in celebrating our successes
- to play a more visible role in the community
- to promote public health messages and help people live healthier lives.

A number of key audiences in our local communities have been identified:

- local residents
- community groups and charities
- local Healthwatch
- local representatives – including MPs and councillors
- people in key council positions – chief executive, leader and health representative
- local voluntary sector organisations
- local campaign groups
- schools.

The Trust is committed to engaging through different channels:

- face-to-face communication
- existing networks and events
- website
- social media and networks
- written digital communication
- local media.

Recent communications and engagement activity to inform the development of the refreshed Trust strategy has included:

- meetings with the London Boroughs of Islington and Haringey
- regular meetings with the local Healthwatch and with Bridge Renewal Trust
- regular meetings with the Defend the Whittington community group
- presentation to CCG Council of Governors on a couple of occasions
- presentation to Joint Health and Care Committee

- involvement in partnership working to develop more integrated public services
- local community focus groups arranged by Bridge Renewal Trust and Healthwatch Islington

Going forward we are working with Bridge Renewal Trust, Manor Gardens and The Peel to create workshops with residents focussed on this strategy and the potential implications.

Internal partners – the staff community

Whittington Health believes that the people that work at Whittington Health are the Trust's greatest asset and the heart and soul of the organisation.

This is recognised in the recently refreshed Trust strategy objectives, which state the need to empower, support and develop an engaged staff community.

Engagement with staff has and continues to take place in many forms:

- Chief Executive blog
- Chief Executive-led monthly staff briefing – available face to face and online
- attendance at Trust Partnership Group
- weekly staff newsletter
- intranet
- whole staff surveys
- open meetings
- targeted work groups.


The Trust encourages two-way communication and is committed to responding and acting in an open and transparent way, with an emphasis on learning, continuous improvement, collective well-being and compassionate leadership.

The findings from the engagement opportunities to date demonstrate a wide spectrum of views on the future of our estate. There is recognition of the need for investment and change, supported by innovative and creative thinking.

Figure 12 summarises and links the strategic service drivers with the estate principles and Trust objectives, to describe appropriate estate responses and indicators of success.

Figure 12: Where do we want to be?

Service Drivers		Estate Principles	The Vision: Where do we want to be?	Measures of success and priorities
Quality <ul style="list-style-type: none"> ▪ Expectations from patients and regulators of a high quality service ▪ Competition for patients based upon patient choice ▪ The need to provide care close to home ▪ Continued access to high quality emergency and urgent care ▪ The availability of new investigations and treatments 		Patient centred Quality Capacity	Objective 1: Deliver outstanding safe, compassionate care We will provide clinical services in high quality accommodation that supports the provision of outstanding safe, personal, coordinated care for the community we serve.	<ul style="list-style-type: none"> ▪ Maternity & neonatal unit redeveloped ▪ Locality based integrated networks/hubs in place for service delivery across Islington & Haringey ▪ Children's services delivered from 'fit for purpose' accommodation ▪ Fit for purpose environments for: theatres; wards; outpatients and ED
Staff <ul style="list-style-type: none"> ▪ The need to attract and retain high quality staff ▪ The need for high quality facilities to train and develop staff 		Design	Objective 2: Empower, support and develop engaged staff We will have an estate that supports the recruitment, development and retention of our employees and enables them to work effectively in teams.	<ul style="list-style-type: none"> ▪ Access to low cost, high quality staff accommodation
Financial <ul style="list-style-type: none"> ▪ The need to achieve financial balance ▪ Limited access to capital to support investment ▪ Population growth not matched by similar increases in funding 		Effective use of assets Statutory and non-statutory compliance	Objective 3: Transform and deliver innovative, financially sustainable services We will have generated additional (capital and revenue) income and minimised our costs through the effective and efficient use of our	<ul style="list-style-type: none"> ▪ Non-clinical support space utilisation -reduce footprint ▪ Comply with all legal and regulatory requirements ▪ Capital investment programme in place and

<ul style="list-style-type: none"> ▪ The need to obtain value for money through smart procurement 		Future sustainability	estate assets supported by digital innovation, in order to make our healthcare services financially sustainable.	funded to enable refurbishment and redevelopment <ul style="list-style-type: none"> ▪ Carbon reduction
Meeting local health needs <ul style="list-style-type: none"> ▪ Rising activity levels ▪ The prevalence of health inequalities ▪ A relatively young population ▪ An ethnically diverse population ▪ The need to support prevention of ill health 		Partnerships and engagement	 Objective 4: Integrate care with partners and promote health and wellbeing We will have continued to develop partnerships with other organisations in the local healthcare community in order to provide a wide range of effective services to our patients and users.	<ul style="list-style-type: none"> ▪ Partnerships in place ▪ WH estate as local community asset and making the most of the value that asset to support housing priorities and investment requirements
Structural <ul style="list-style-type: none"> ▪ The need to continue to integrate services across the acute and community estate ▪ Working in partnership with other members of the local health and social care economy to support wider public sector needs such as housing 				