DRAFT – POLICY IN DEVELOPMENT

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

Transformation underpinned by system thinking
and local action

## Delivery Plan 5 of 8:

# Estates Infrastructure

# Contents





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# Initiative map

Through the STP we have discussed the best level at which each proposed scheme should be led and delivered within the health and care system. We have done this based on the partnerships and scale required to best implement the specific projects

## NEL STP Level

- Reflecting estate implications of NEL clinical workstreams
- Consolidation of local strategies
- Common themes and cross-borough interdependences
- Opportunities for inter-agency collaboration
- Portfolio level investment requirements and devolved receipt potential
- As required, co-ordination relating to multi-borough projects
- Escalation of issues relating to project barriers

## Local Area Level

- Hackney Devolution Pilot
- BHR ACO programme
- Transforming Services Together (WEL)

## CCG / Borough Level

- Bringing together local partnerships, federations and networks
- Local estates strategies
- Local projects business cases
- Local projects implementation and delivery
- Better Care Together (Waltham Forest)
- Tower Hamlets Together Community Health Services

## London-wide

- London Devolution Pilot



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# Delivery Plan on a Page

## Vision

*To develop good quality and cost effective estates infrastructure that meets the complex needs of a diverse and relatively transient population. Our estates will need to be flexible, to support the delivery of new models of care over the next 5 – 20 years*

## Background and case for change

- There is wide variety in the quality of our estates infrastructure, from buildings that are more than 100 years old and no longer fit for purpose, through to the most modern acute and primary care facilities.
- Medical and technological advances, an increasing population, and changes to our models of care will mean that we need to modernise our infrastructure.
- Lord Carter's review of productivity identified a number of areas where improved efficiency in estates could lead to reductions in running costs, improved utilisation of space, and disposal of facilities that are no longer required, or fit for purpose.
- Investment will be needed to deliver a modern estate, and capital receipts from estates disposal are an important funding source for investment
- Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population

## Priorities and Objectives

- As we develop our detailed plans we will further develop our governance, respecting the principles of subsidiarity agreed within the STP, taking account of the governance arrangements for providers, commissioners and local authorities.
- Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure.
- The foundation of our model is primary care collaboration at scale with hubs, networks and federations treating populations of up to 70,000 people, accessible 8am-8pm, 7 days a week where appropriate.
- Provider organisations, together with commissioner and partner organisations are working across North East London (NEL) in an ambitious programme to redesign the delivery of health and social care services across the whole footprint including Whipps Cross, King Georges, Queens, St Georges, Newham, Homerton and Mile End hospitals. Major health and wellbeing community facilities are proposed for St Georges, Whipps Cross, Mile End and St Leonards sites.
- Create a costed, consolidated NEL Estates Strategy with an enabling programme of work with key milestones / deliverables

## Expected Impact

- Provide system oversight for the development and delivery of local infrastructure programmes
- Providing sufficient capacity to meet health needs arising from substantial population growth.
- Anticipating the estates impact of new models of care, particularly the planned shift of care from hospitals to community.
- Securing financial sustainability within economic context for the NHS and the local health economy
- Improving productivity and efficiency of estates usage
- Better health and care outcomes through the transformation of health and social care delivery, based in a fit for purpose estate
- Dispose of inefficient or functionally unsuitable buildings and sites in conjunction with estates rationalisation.
- OPE partnerships of councils and the wider public sector to deliver land and property initiatives, delivering jobs, homes, income and savings.(Successful Waltham Forest bid, expression of interest submitted for B&D and Havering)

| Workstreams | 16/17 | Q1/2 17/18 | Q3/4 17/18 | 18/19 | 19/20, 20/21 |
|---|---|---|---|---|---|
| NEL Estates Strategy | Define governance structures | Develop NEL Estates Strategy | Develop implementation plan<br>Agree appropriate delivery form | | |
| Utilisation and Productivity | Define benchmarking analysis | Define utilisation improvements | | | |
| Disposals | Refine scope for disposals and define opportunities | | Implementation Plan | | |
| Additional Capacity | Review priorities and opportunities from clinical workstreams | Capital financing need and plan for investment, disinvestment, reinvestment and disposal | | Business Case development and approval | Implementation: Capability and mechanisms in place to manage changing estate |
| Assurance | Synthesize output from clinical case and other portfolios, savings and receipts, costs, counterfactual scenario, demand and capacity implications | | | | |

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# Detailed Plan – Workstream 1 : *Utilisation and Productivity*

## Vision

*Improve patient access to a wider range of services for longer through increased utilisation and co-location. Identify savings opportunities from reduced voids*

| | |
|---|---|
| **SRO:** | *Alwen Williams, CEO, Barts Health* |
| **Delivery lead:** | *Sven Bunn, Deputy Director of Strategy, Barts Health* |

## Case for change

- Lord Carter's review of utilisation identified a number of areas where improved efficiency in estates could lead to savings: running costs and improved utilisation of space
- Trusts have been told to plan to operate with a maximum of 35 per cent of non-clinical floor space and 2.5 per cent of unoccupied or underused space, where appropriate. We hope to embed the recommendations of the Carter Review on utilisation through joint working, home-working and improvements in IT, in addition to using devolution as an enabler to facilitate improvements.
- Barts Health Trust reported 18% unoccupied or underused space as % of total and confirmed it is working to make better use of its surplus space, but pointed to its large education and training facilities as one cause of its high proportion of non-clinical space.
- Our core community estate is poorly utilised (approx. 35%) with void costs of approx. £3.5m p.a.

## Objectives

- To increase the operational efficiency of the estate and maximise utilisation of the core estate;
- Optimising the utilisation and costs of the health and care estate.
- Better health and care outcomes through the transformation of health and social care delivery, based in a fit for purpose estate

| Initiatives | | Benefits and Metrics | Deliverables |
|---|---|---|---|
| 1 | Develop benchmarking data across NEL | Identify savings opportunities from reduced voids, reduce running cost, increased utilisation and co-locations | Achieve a consolidated view for utilisation and productivity / PFI opportunities |
| 2 | Improve utilisation and productivity of acute estates (Carter review) | Identification of opportunities for shared use of accommodation – which could include office and back office functions, public facing space (eg leisure centres and libraries) | Improving and utilising estates to deliver quality care including Whipps Cross redevelopment, development of urgent care and ED facilities as part of the reconfiguration of the KGH ED, St Georges Hospital redevelopment, Thorpe Coombe redevelopment. |
| 3 | Improve utilisation and productivity in core primary and community care | Identify and anchor in 100% tenants with all sessional use space being booked and managed centrally by one solution across NEL to free up capacity currently limited by national under lease regularisation programme | Additional capacity created in core community and primary care estate allowing further rationalisation and consolidation of older, poorer quality buildings. All buildings in NEL operate, look and feel the same for patients, staff and the public through delivery of whole system solution for operational management |
| 4 | Improve utilisation and productivity of mental health inpatient estate | New ways of working, eg shared booking systems | Review the location of acute inpatient mental health services to improve productivity and provide more flexibility for the delivery of other services across acute sites in NEL |
| 5 | Use Technology to reduce demand for estate | More efficient working and reporting, reducing the need for notes write-up desk space and similar measures. | Innovative approaches to the delivery of healthcare services reducing demands on the healthcare estate, e.g. use of technology |
| 6 | Increase clinical capacity by reducing non clinical estate | Potential sharing of "back office" functions with local authorities through One Public Estate and other initiatives. | More clinical operational capacity over longer operating hours. |



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# Detailed Plan - Workstream 2: *Disposals*

**Vision**

*Release of surplus buildings and land for reinvestment and housing*

*Reduce overall cost of the estate and overall cost per msq which could be delivered though new build and better utilisation (7 days working)*

| | |
|---|---|
| **SRO:** | *Alwen Williams, CEO, Barts Health* |
| **Delivery lead:** | *Sven Bunn, Deputy Director of Strategy, Barts Health* |

## Case for change

- Department of Health has a target to release land across England with capacity for 26,000 homes by 2020
- Investment will be needed to deliver a fit for purpose estate, and capital receipts from estates disposal are an important funding source for investment
- A particular focus for the Devolution Programmes is to look at ways of freeing-up NHS estate and assets
- The vast majority of the NHS estate is owned by hospital trusts, and NHS Property Services. The size and value is considerable and there is an opportunity to make vast improvements the way NHS buildings and land are used and – where these are surplus to requirements – to generate money to reinvest in NEL's health and care system

## Objectives

- Providing sufficient capacity to meet health needs arising from substantial population growth before any land/estate is being declared surplus to requirements.
- Anticipating the impact and infrastructure requirements of new models of care, particularly the planned shift of care from hospitals to community before any release of surplus estate.
- Dispose of inefficient or functionally unsuitable buildings and sites in conjunction with estates rationalisation.
- We ask to recycle the proceeds of sales including NHS Property Service buildings (Devolution areas C&H/BHR)

| Initiatives | | Benefits and Metrics | Deliverables |
|---|---|---|---|
| 1 | Use existing site surveys and productivity analysis to identify scope for disposals | Use demand and capacity modelling to develop estimates for future requirements before enable any release of estate | Establish detailed implementation plan for 2016/17 and beyond to reflect opportunities for savings and investments as well as demand and supply implications resulting from other workstreams and demographic factors |
| 2 | Develop consolidation strategy | Create an overview of the disposals programme and projects within NEL | Achieve a consolidated view for disposals opportunities and requirements |
| 3 | Agree appropriate delivery form | Release of surplus estate/land for developments/housing units | Reducing the amount of unoccupied land in NEL. |
| 4 | Identify revenue savings | Releasing capital for re-investment in health and care transformation in NEL | Facilitate the release of surplus assets and reinvestment of the capital receipts. |
| 5 | Potential developments and disposal opportunities | Maximise the potential benefits/ receipts in retaining and developing and/or disposal of some of the existing surplus land opportunities. | Potential development/disposal opportunities include some land at:<br>• Royal London Hospital<br>• King Georges<br>• St Georges<br>• Goodmayes<br>• Thorpe Coombe<br>• Whipps Cross<br>• Mile End<br>• St. Leonards |



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# Detailed Plan - Workstream 3: *Additional Capacity*

**Vision**

*Ensure sufficient, fit for purpose estate is available to cater for growing population*

| | |
|---|---|
| **SRO:** | *Alwen Williams, CEO, Barts Health* |
| **Delivery lead:** | *Sven Bunn, Deputy Director of Strategy, Barts Health* |

## Case for change

- High population increase and high birth rate means that we may need to increase our physical infrastructure.
- In order to provide safe, sustainable care for the growing population in NEL, we need all of our acute sites to continue to deliver high quality care. We also know these sites will need to work together in new ways to ensure that specialist and emergency care is of the highest possible quality. Developing the strategy for the future of Whipps Cross University Hospital (WX) and implementing the approved changes at Queens, King Georges and Newham are therefore central to the longer term sustainability of the local NHS.

## Objectives

- Providing sufficient capacity to meet health needs arising from substantial population growth.
- Anticipating the impact of new models of care, particularly the planned shift of care from hospitals to community.
- Only undertaking new build where opportunities to rationalise and/or maximise use and efficiency of the existing estate have been realised or where such developments deliver a whole life cost saving versus continuing use of the current estate
- Additional capacity to meet the health, social care and wellbeing needs of our residents

| Initiatives | | Benefits and Metrics | Deliverables |
|---|---|---|---|
| 1 | Scoping of requirements based on population growth | Use demand and capacity modelling to develop estimates for future requirements | Establish detailed implementation plan for 2016/17 and beyond to reflect opportunities for savings and investments as well as demand and supply implications resulting from other workstreams and demographic factors |
| 2 | Analysis of model of care mitigations | Improved ability to meet current / future demand | The new model of care is expected to create additional capacity to ensure primary and secondary care can cope with future expected growth. |
| 3 | Analysis of productivity mitigations | Any additional capacity we propose will need to be financially affordable and deliver lasting benefits to the local area. | Capacity across sites may not align with growth – need for further analysis of rightsizing the estate |
| 4 | Provide context for existing development plans (Whipps Cross, King George's) | Deliver a better experience of care, closer to home wherever possible for our patients | Achieve a consolidated view for new capacity opportunities and requirements |
| 5 | Identify high level costs | May serve patients from a wider catchment area | Explore sources of capital, working with NHS and Local Authorities, for example: One Public Estate. |
| 6 | Identity investment strategy | Disinvestment from not fit for purpose estate not suitable for modern health care provision and not compliant with infection control requirements | Review the need for additional maternity and new-born facilities resulting from the projected increase in the number of births in NEL |

# Expected Benefits & Metrics

| Benefit description (Health & wellbeing, care & quality or financial) | Measurement (metric) | Current performance | Target performance | Target date (default 2020) | Linked workstreams |
|---|---|---|---|---|---|
| • Create a costed, consolidated NEL Estates Strategy with an enabling programme of work with key milestones / deliverables | The aim is to have a costed NEL strategy at different delivery levels. | 50% | 100% | 2017 | Clinical STP workstreams and enablers |
| • Use demand and capacity modelling to develop estimates for future requirements | Demand and capacity model in development across NEL | 50% | 100% | 2017 | Modelling workstream, modelling outputs to be used to forecast additional capacity requirements |
| • Create an overview of the capital programme and projects within NEL | Next 5 years Capital Plan | 50% | 100% | 2017 | Explore sources of capital, working with NHS and local Authorities, for example: One Public Estate. |
| • Identify savings opportunities from reduced voids, increased utilisation and co-locations | Target to reduce known void by consolidation and co-location | Improve utilisation by 5% by 2021 and 10% by 2026 | 75% Utilisation of properties and no void space | 2021 | Productivity |
| • Commission assurance for investment and savings assumptions | Identify savings opportunities and options in reducing PFI cost | Investment requirements identified | Deliver approved schemes/projects | 2021 | Productivity |
| • Dispose of inefficient or functionally unsuitable buildings and sites in conjunction with estates rationalisation. | Disposals opportunities identified, to be developed further following the outputs of the NEL capacity model | Disposal opportunities identified | Dispose of surplus land/estate | 2021 | Modelling workstream / Productivity / Transformation |

# Resources & Delivery Structure

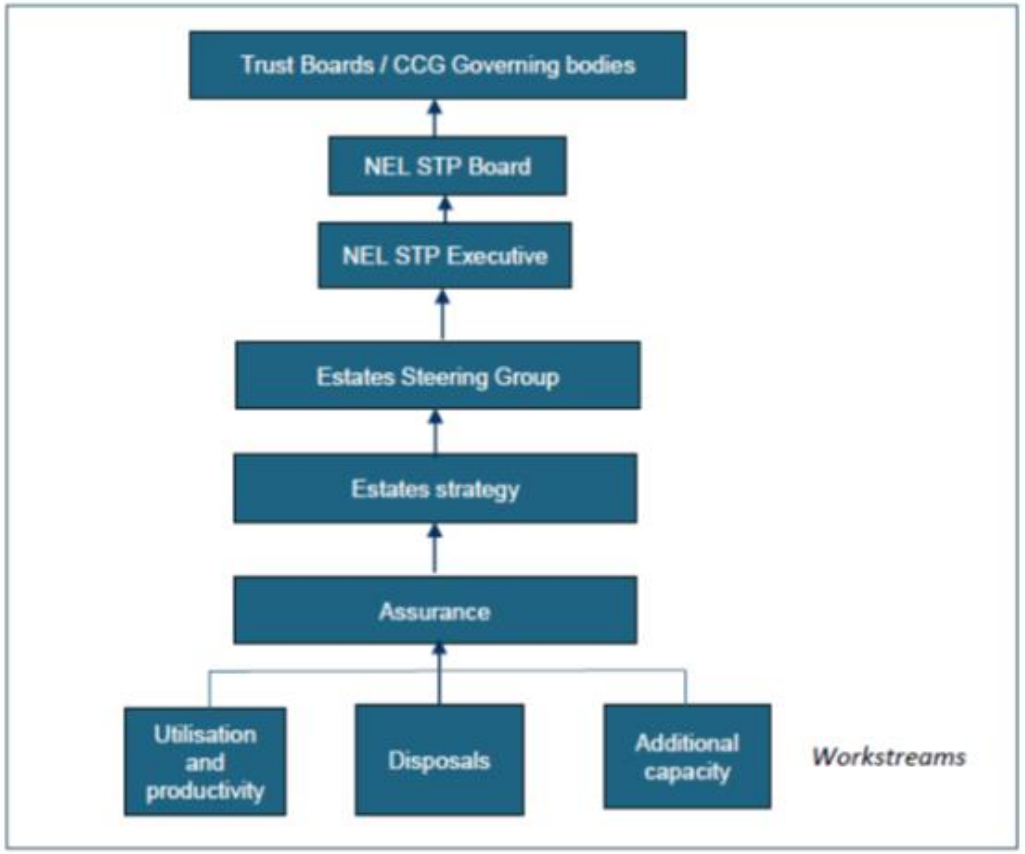
Trust boards will sign off ultimate proposals and plans recommended to them by their representatives on the Infrastructure Steering Group, with additional support as needed

- The NEL STP Board is sighted on plans, making sure they are coherent with the overall plans across the STP
- The Estates Steering Group manages the portfolio, ensuring that the work done is aligned and ambitious.
- Workstreams do the detailed work and make recommendations to the Productivity Steering Group. Workstreams include wider group of stakeholders, including Directors of Estates, Strategy Directors etc.

## Resources

| | SRO | Delivery Lead |
|---|---|---|
| **Delivery Plan** | Name: Alwen Williams, Role: CEO Organisation: Barts Health | Sven Bunn, Deputy Director of Strategy, Barts Health |
| **Workstream 1: Utilisation and Productivity** | Name: Alwen Williams Role: CEO Organisation: Barts Health | Sven Bunn, Deputy Director of Strategy, Barts Health |
| **Workstream 2: Disposals** | Name: Alwen Williams Role: CEO Organisation: Barts Health | Sven Bunn, Deputy Director of Strategy, Barts Health |
| **Workstream 3: Additional Capacity** | Name: Alwen Williams Role: CEO Organisation: Barts Health | Sven Bunn, Deputy Director of Strategy, Barts Health |

## Delivery structure



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# Risks

| Risks | | | |
|---|---|---|---|
| **Workstream** | **Description: impact** | **Mitigating action** | **RAG** |
| **Infrastructure** | Due to complexity of the estates system, including the number of organisations and the differences in governance, objectives and incentives between each organisation-type: organisations often work in silos | Bringing partners together – to provide greater co-ordination and easier escalation to tackle barriers which can be addressed through improved local joint working | A |
| **Infrastructure** | Sources of funding to support development of Whipps Cross, urgent care and ED facilities as part of the reconfiguration of the KGH ED, St Georges Hospital redevelopment, Thorpe Coombe redevelopment.<br>ETTF for Primary Care allocation and availability of funding. The national allocations have been decided that London will only get 16% of the national pot across the 3 years. This equates to c.£70m across London (NEL requested c.£52m) | Working with NHS E to confirm sources of funding and agree prioritisation of the NEL projects. | R |
| **Disposals** | Affordability: retention of receipts, budget "annuality" and access to capital investment for re-provision; | This will provide greater incentives to dispose of surplus property for organisations which do not currently retain receipts and will enable greater efficiency and flexibility in the estate, reducing voids and improving utilisation and co location, to deliver financial benefits. Working with partners across NEL to understand best route/delivery and impact | R |
| **Infrastructure** | Complexity of business cases: getting the right balance of speed and rigour and the different approvals processes facing different organisation types, for example, different capital approval regimes operating across the NHS and local government | Our ask will be for delegation of business case approval, coupled with the retention of capital receipts within the NEL /London systems and the ability to make local decisions relating to the reinvestment of capital receipts. | A |
| **Utilisation and Productivity** | Immovable agreements already signed up to (LIFT/PFI) limit ability to exit from sites. Current leasing arrangements put in place by NHS PS and CHP limit flexibility for providers, do not allow subletting and lock up potential capacity. | In order to maximise the use of these multi-occupancy sites we need NEL control over the leasing and management of space allocation through a whole system solution to building management and room booking system. | R |
| **Additional Capacity** | Demand modelling still in draft and not completed to enable analysis of additional infrastructure/capital requirements. | Using national guidance to estimate additional capacity based on demand modelling, also working with NHS E and partner organisations to confirm sources of funding for development of new capacity required based on population growth | A |



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This is a list of the highest-rated risks. Additional risks identified at a lower mitigated risk rating

# Dependency map

This dependency map highlights where this delivery plan is linked to another delivery plan within our STP.

| | Prevention | Access to care close to Home | Accessible quality acute services | Infrastructure | Productivity | Specialised Services | Workforce | Digital |
|---|---|---|---|---|---|---|---|---|
| **Workstream 1**<br><br>**Utilisation and Productivity** | | Deliver services closer to home from fit for purpose premises | Improved utilisation of existing facilities | | Working together with social care.<br>Pathology: need for infrastructure<br>Corporate:<br>Consolidation of back-office function – release of capacity<br>Joint procurement of FM contracts | Suitable out-of-hospital premises for community dialysis | Workforce plans in place to support 7 day working, better utilisation of current estate | Electronic care records will enable release of storage capacity and better utilisation of space |
| **Workstream 2**<br><br>**Disposals** | | | | | Use productivity analysis to identify scope for disposals | | | May release storage existing records storage capacity |
| **Workstream 3**<br><br>**New Capacity** | | Additional capacity required based on population growth | Additional capacity required based on population growth | | Shared back-office function and administrative services | | Additional workforce will require additional capacity | Systems that will allow access to electronic care records rather than store on premises |

# Summary of Financial Analysis

The basis for the financial modelling has been the five year Operating Plans prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, growth and efficiencies. The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. In the June submission the starting point for this modelling was the 16/17 operating plans. This has since been refreshed to be the month 6 forecast outturn.

The NEL STP financial template summarises the:

- Latest financial gap projection
- The anticipated financial impact of the workstreams on closing the gap
- The "Business As Usual (BAU)" effect on closing the gap
- The capital requirements for the STP
- The investment requirements including 5 year forward view investments

While substantial progress has been made on the financial and activity modelling for the NEL STP, the finance and activity plan for the October 21st submission should *not* be regarded as the final position. Further detailed worked-up analysis will follow over the coming months.

**Work done since 30th June**

- Expanded the Transforming Services Together capacity and activity model across the whole NEL STP footprint
- Updated the new capacity and activity model to include the BHR ACO schemes
- Refined the capital investment requirements
- Incorporated the estimated costs for the delivery of the 5 Year Forward View requirements
- Refreshed the underlying financial calculations to be based on month 6 forecast outturn
- Agreed the STP resourcing requirements
- Commenced detailed analysis of the financial and activity impact of the workstream initiatives
- Applied the capacity and activity model to calculate the capacity requirements for the Whipps Cross capital business case

**Planned future work**

- Update the new capacity and activity model to include Hackney Devolution pilot
- Identify opportunities to obtain additional funding from national investment funding sources (e.g. the Mental Health 5 Year Forward View)
- Undertake more detailed modelling of the financial and activity implications of workstream initiatives
- Reach agreement on the STP wide system control total (taking into account organisational control totals).
- Agree the implementation of the system control total, including handling of key dependencies (e.g. the NHS E specialised commissioning)

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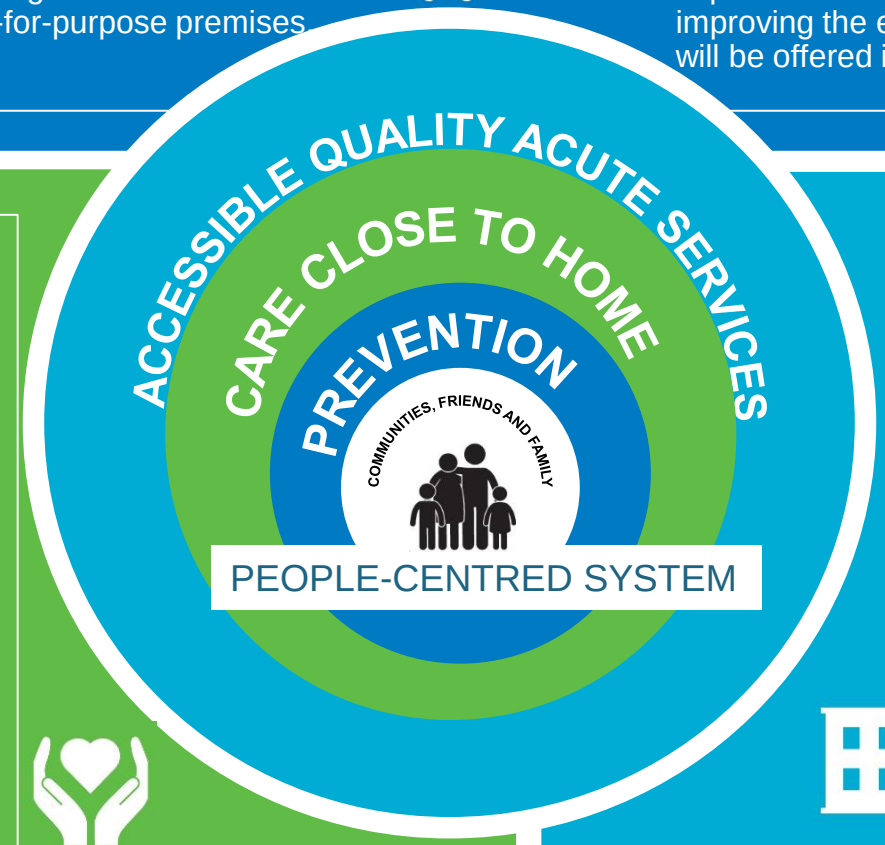
# Contribution to our framework for Better Care and Wellbeing

This delivery plan sets out how it will deliver improvements against the core areas of prevention, out-of-hospital care and in-hospital care.

**Promote prevention, and personal and psychological wellbeing in everything we do**

Implementing our vision would result in primary care offering a high quality and consistent service that meets the population's needs.
Primary care will be working at scale through multidisciplinary teams working together across organisational boundaries, in fit-for-purpose premises

The current buildings and infrastructure fail to meet current and future needs. There are many examples of poor general practice facilities which do not support multi-disciplinary team working and contribute to a poor patient experience. Working together in shared facilities and improving the estate: this is fundamental to the way care will be offered in the future.




NEL has a high number of single handed practices , some of which are not run from fit-for-purpose premises.
Whilst estates improvements to these practices could be made, investment would be significant and may not be beneficial to implementing a primary care model in which multidisciplinary working is the norm.
This would mean better quality of care for patients and also help the system become more sustainable because it would greatly reduce pressure on hospital beds at sites.
The improved facilities will enable services out of hospital to be commissioned closer to home, increasing the range of diagnostic and community services to be available more locally.

**Promote independence and enable access to care close to home**

Our acute sites are broadly operating at, or close to capacity in their current configurations.
We have some buildings that are not suitable to deliver today's standards of care, let alone in the future. Some buildings also create inefficiencies in service delivery and impact on patient experience. Whipps Cross Hospital in particular presents some key challenges that are currently being addresses.
Improving and utilizing estates to deliver quality care including Whipps Cross redevelopment, development ofredevelopment, Thorpe Coombe redevelopment.
There are opportunities to consolidate and dispose of parts of the estate that are not efficient, or which are sited in locations where they hold considerable value to a residential or commercial market.

**Ensure accessible quality acute services for those who need it**

# Addressing the 10 Questions

## Q1. Prevent ill health and moderate demand for healthcare

- Prevent admission by improving primary care infrastructure and access
- Right size estate capacity in the right place

## Q2. Engage with patients, communities & NHS staff

- Estates strategies have been developed by engaging with out patients, communities and staff members

## Q3. Support, invest in and improve general practice

- Delivering new models of primary care at scale will require modern, fit-for-purpose and cost-effective infrastructure.
- Seek sources of funding to deliver capital projects

## Q4. Implement new care models that address local challenges

- North East London (NEL) in an ambitious programme to redesign the delivery of health and social care services
- Implementing any changes from new models of care including surgical centres of excellence and primary care delivered at scale.

## Q5. Achieve & maintain performance against core standards

- Contribution towards A&E waits by improving infrastructure

## Q6. Achieve our 2020 ambitions on key clinical priorities

- Enable and support implementation of our clinical model

## Q7. Improve quality and safety

- Improve utilisation and access of our existing premises (7 days access)
- Develop additional capacity to meet expected growth

## Q8. Deploy technology to accelerate change

- Innovative approaches to the delivery of healthcare services reducing demands on the healthcare estate, e.g. use of technology

## Q9. Develop the workforce you need to deliver

- Additional capacity may be required to support additional and new workforce models

## Q10. Achieve & maintain financial balance

- Reduce estates running costs
- Improved operational productivity
- Review PFI contracts where they have been identified as a significant barrier to financial sustainability
- Invest receipts from disposals to support investment



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# Addressing the 9 Must Dos

## 1. STPs

- This delivery plan outlines our agreed STP initiatives and milestones and the timeline for delivering them. We have also begun to map out the metrics against which we will measure our progress

## 2. Finance

- We are working collaboratively to develop a flexible estate that will enable delivery of the proposed new models of care where this will deliver value for NEL;
- Iniatives are in place to develop a NEL sustainability estates plan that will enable investment in our infrastructure to deliver modern healthcare

## 3. Primary Care

- Enable better utilisation of primary and community care estate by increasing access / opening times
- The new model of care is expected to create additional capacity to ensure primary care can cope with future expected growth.

## 4. Urgent & Emergency Care

- Providing more urgent-care appointments in the community, including in the evenings and at weekends will require a better utilisation/improvement of our infrastructure

## 5. Referral to treatment times and elective care

- Review the need for additional maternity and new-born facilities resulting from the projected increase in the number of births in NEL

## 6. Cancer

- Provide fit for purpose facilities to support cancer model of care

## 7. Mental health

- Improve utilisation and productivity of mental health inpatient estate
- Review the location of acute inpatient mental health services to improve productivity and provide more flexibility for the delivery of other services across acute sites in NEL

## 8. . People with learning disabilities

- Improve Infrastructure/access for people with learning disabilities

## 9. Improving quality in organisations

- In order to provide safe, sustainable care for the growing population in NEL, we need all of our acute/ primary and community care sites to continue to deliver high quality care by investing in improving the infrastructure require for modern healthcare



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