

Telephone: 01744 457237  
Fax: 01744 624188

Email: [sthelensccg.foi@nhs.net](mailto:sthelensccg.foi@nhs.net)

**Our Ref: FOI 7970**

**Date:** 3<sup>rd</sup> October 2019

Dear Sir/ Madam

**Re: Freedom of Information Request**

Further to your recent Freedom of Information request regarding Estates Spend, please see below our response to your request.

Request:

As part of a research project I would be grateful if you could provide details regarding funding received by your CCG(s) for capital projects **since 2013**. The information does not need to be too prescriptive, but please provide information on the following:

1. Type of project – for example: GP premises improvement, NHS Property Services premises improvement, Information Technology project, Trust project / improvement supported by the CCG (e.g. development of an urgent care centre) etc.
2. Please also provide the cost of the project and the source of funding – this may be (but not limited to) Primary Care Infrastructure Funding (PCIF), Estates Technology Transformation Funding (ETTF), Prime Ministers Fund, Local Authority (joint funding / joint schemes), Private Finance Initiative / 3PD, (PFI / Third Party Developer) etc.
3. Can you also advise who compiles project bids for your organisation to secure the funding – i.e. are your bids developed by an in-house estate team, or do you use an external consultancy (if you do, please provide their details).
4. Please advise whether the funding was approved via a Project Initiation Document or whether a Business Case was required (I am aware that this is dependent on the level of funding required).
5. As you are aware it is a requirement that all CCGs have in place a strategy to support their estate plans, therefore can you please provide a hyper-link to the latest copy of your Estate Strategy.
6. Also, your delegated committee are responsible for approving schemes and their associated cost implications - notional rent, utilities etc., please provide hyper-links to the project papers presented to the Committee seeking approval.
7. Finally please provide copies or hyper-links to the PID(s) and Business Case(s) (where required) that secured the funding.

**Working in partnership with**



**and**



Response:

The CCG has not received any capital funding for estates from 2013 to date. Please find attached a copy of the CCG's latest Estate Strategy.

Should you require any further information or clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

We also wish to take this opportunity to inform you that a formal complaints and internal review process is available, which will be managed by a FOI Appeals Officer.

This can be formally requested and must be done within a reasonable period of time (3 calendar months) from the date this response was issued.

Where you are not satisfied with the response to a request for information that falls within the Environmental Information Regulations, you should make a representation for a review to FOI Appeals Officer, [sthelensccg.foi@nhs.net](mailto:sthelensccg.foi@nhs.net) within 40 days of receipt of the response.

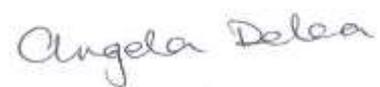
If you are not satisfied with our review under the Freedom of Information Act or the Environmental Information Regulations, you may apply directly to the Information Commissioners Office (ICO) for a review of your appeal decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure.

The ICO can be contacted at;

ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF  
[www.ico.gov.uk](http://www.ico.gov.uk)

Should you need any further clarification or assistance, please do not hesitate to contact me quoting the above reference.

Yours sincerely,



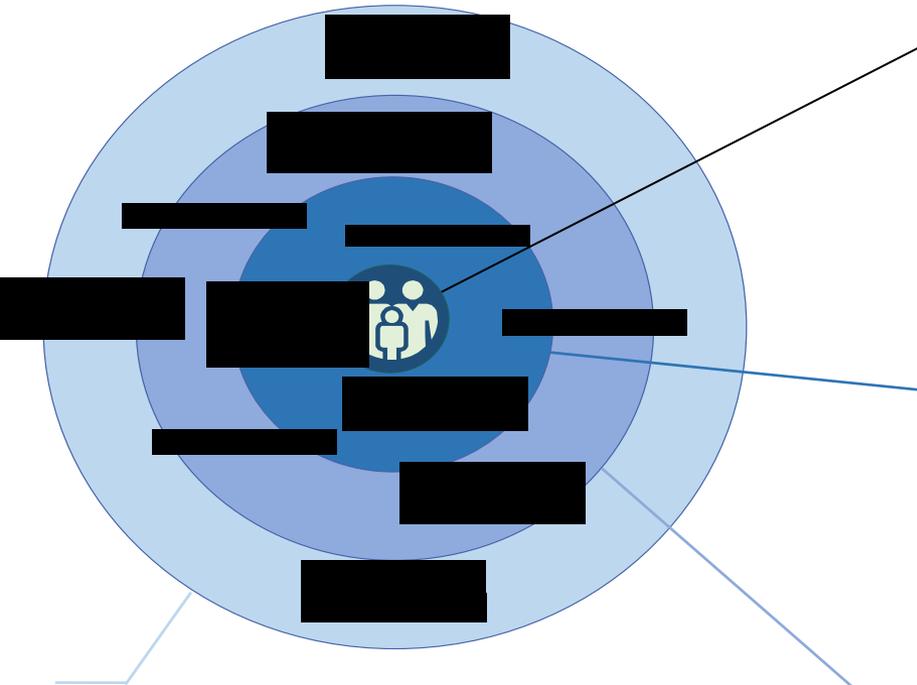
**Angela Delea**  
**Associate Director – Corporate Governance**  
**NHS St Helens Clinical Commissioning Group**











## Centred around the individual and communities

St Helens Cares will encourage and promote self care and individual resilience. However, some people will need short or long term intensive support and the intention is to deliver this in the most effective way

## Full partners

All the services of some partners will fall in the remit of St Helens Cares. Full partners would include commissioners, i.e. the CCG and the council and health providers, including the acute, primary care, community and mental health providers. This also includes services directly provided by the Council, e.g. public health and children and adult social care. Partners will work together to break down unnecessary provider/commissioner barriers.

## Underpinning partners

There will be a number of community groups and networks which provide an essential capability and resource in order to make this work. These would include faith groups, volunteer groups and formal and informal community organisations such as sports clubs.

## Other partners

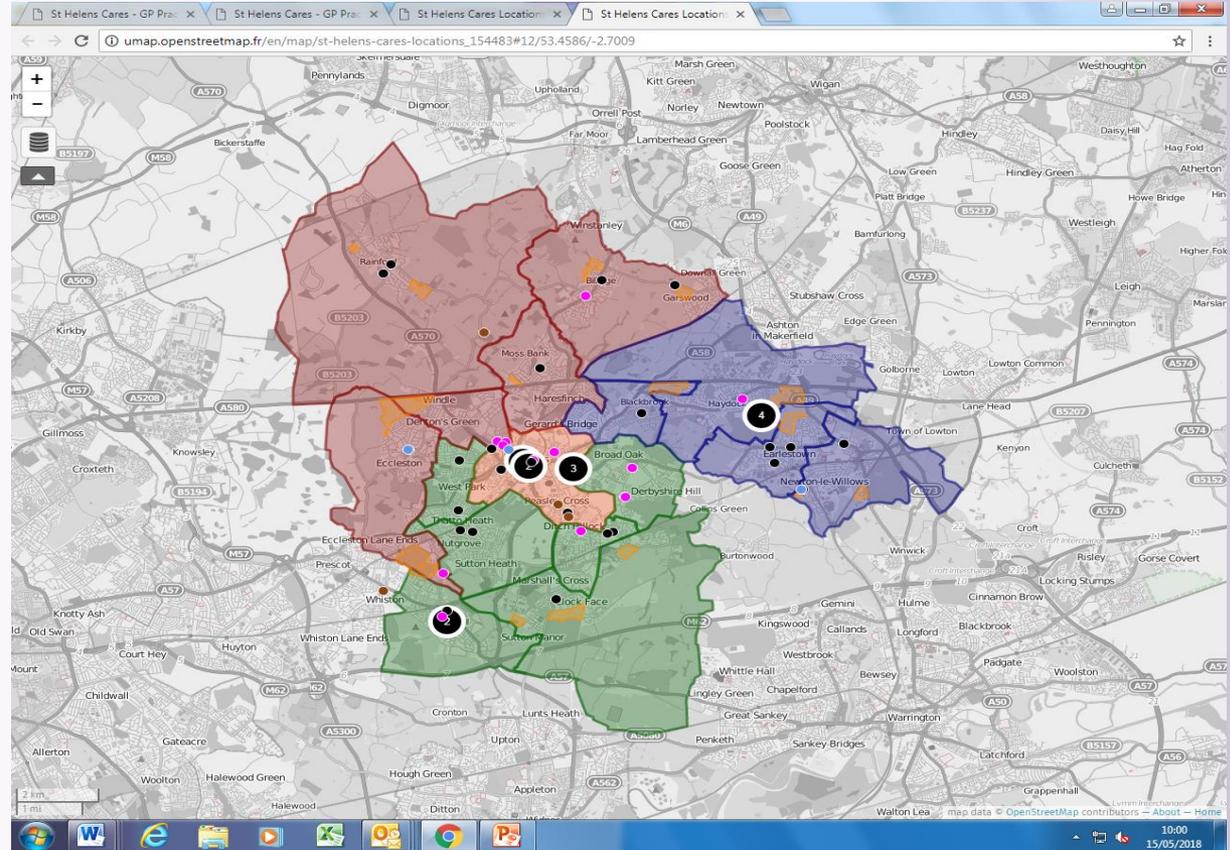
Some partners will deliver a range services which directly contribute towards the objectives of St Helens Cares, while their primary purpose is not explicitly in the delivery of health and social care, they contribute to and/or are influenced by the health and wellbeing of the population. As such, they will be partially responsible for the outcomes defined by the People's Board. This includes organisations such as the police; the fire service; schools; commissioned voluntary services; probation; housing providers and registered social landlords; and some providers of social care.

## Current Estate :

- Utilisation of LIFT sites 30-40%
- High Quality LIFT sites
- Poor quality primary care estate
- £4.3m cost of LIFT sites
- £0.45m cost of NHSPS sites
- Acute sites – 2 PFI sites

## Planned Estate :

- It is the intention to utilise the estate to drive transformation of care, rather than reduce estate.
- 35% non-clinical by March 2020
- 2% unoccupied by March 2020
- Community accommodation: improve utilisation to 60% by March 2019 and 80% by March 2020
- Office estate: Move towards GPU target of 0.8 desks per FTE



### Additional notes to support the map above

The map highlights the 4 localities within St Helens Borough. The dots on the map represent hospital sites, community clinics and health centres and GP practices. The orange colouring represents future proposed housing developments. The key hospital that serves the population is located just outside the borough borders in Whiston. Other key acutes serving the borough are the Royal Liverpool, Warrington, Wigan and Fairfield Independent Hospital. Data is also available for all the partners of the Local Care System eg Local Authority property, libraries, schools, housing, nursing homes.

Additional high level narrative of St Helens Place, e.g. Any details of community / health and wellbeing hubs, primary care initiatives, or other proposals for working with Social Care and the Local Authorities etc.

- Work progressing with implementing the locality model,, which will be based on 4 localities across the borough. Key sites are being identified as part of the Community Hub Model so that in each locality there will be integrated community teams available at key premises. The aim is to better manage patients within the community and therefore minimise the need for unplanned hospital admissions. Utilisation studies are being updated across key sites to support this work. Some change of use of buildings is likely to accommodate the needs of the clinical strategy of locality working
- Federated GP working across localities. Currently this is being developed in the Central/Town centre locality but is expected to be extended across the borough as federations develop. This will promote primary care resilience. The GP Forward View also highlights further developments in primary care, such as extended access in primary care. This will mean that estates will have to accommodate additional evening and weekend surgeries.
- Development of the A&E site at Whiston to ensure that those attending A&E are efficiently managed eg development of GP in A&E space, development of ambulatory care models and frailty models, review and development of urgent care treatment centre where appropriate
- Review of community bed alternatives to A&E admission to act as step up beds, or step down beds to ease the flow of patients through the acute site. This may involve change of use of buildings, and use of buildings that are in use within other sectors eg housing facilities.
- The future proofing of infrastructure to accommodate the new housing developments in the borough by considering the long term impact of this on health and care.

## Governance and Reporting

The overall governance of St. Helens Cares is in development. The integration of commissioning is better developed and it is the intention to have a formal section 75 covering the integration arrangements developed within the financial year.

In addition a lead provider arrangement is being developed by October 18 and governance and contracting arrangements for this will be developed by that date.

All partners within the system, both providers, commissioners, LA and housing attend the St. Helens Strategic Estates Group.

The St. Helens SEG is well represented by all partner organisations. Engagement of all partners at the SEG is really strong and there is a true collaboration across health and care partners.

The SEG reports in to each partner organisations committee structures as defined by governance for each organisation. For example at the CCG the Finance, Governance and Risk Committee receive SEG updates.

The SEG then reports to the Cheshire and Mersey Strategic Estates Board, and representatives from St. Helens SEG attend this board.

# Place Estate Strategies by Organisation

Supporting Estate Strategies by partner organisations, including strategy details or links to document(s)

Name of Place partner organisations	Estate Strategy (Yes / No)	Status (Live / Draft)	Date of last Board Approved Estate Strategy	Comments / link to document
St Helens and Knowsley Trust	Yes	Live	20 08 2015	
				Microsoft Word Document
St Helens CCG	Yes	Live	19 04 2016	
Local authorities	In development			Adobe Acrobat Document

# Prioritised Place Estates Projects 1

Capital investment pipeline – listed in Place priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
A&E Redevelopment	STHK	Development of frailty unit and ambulatory areas to better use A&E capacity	Critical – Non Elective admissions are the biggest problem for the St Helens Economy. This would allow better management of patients	20/21 - £2.5m 21/22 -£4.33m 22/23 - £6.96m 23/24 - £7.1m (all reductions)	19/20-£1.2m 20/21-£1.3m 21/22-£1.5m	To be completed over 3 year phased period	2019/20 - 21/22	STP Capital	
Community step up/down beds	STHK	Development of sites to put step up/down beds to avoid hospital admissions and the use of escalation beds	Critical – Unnecessary costs are incurred every winter by paying premium rates for escalation beds. The beds would avoid this need and also avoid unnecessary admissions by having a community alternative	19/20 - £632k 20/21- 2585k 21/22-£2642k 22/23-£5371k (all reductions)	19/20-3m 20/21 - £3m 22/23-£1.5m	To be completed over 3 year phased period	2019/20 – 22/23	STP capital	
Utilisation of key condition premises	CCG (CHP/NH SPS)	Increased use of LIFT and key condition premises	Critical – the out of hospital agenda relies on having premises available. This may involve some change of layout/use of space	-120k per annum	300k year 1 and 150k year 2	March 2019 for LIFT sites, March 2020 for NHSPS sites	2018/19 (LIFT sites) and 2019/20 (NHSPS sites)	STP Capital	
Four Acre Development	CCG – Capital grant to Torus	To develop a locality hub in the Four Acre site	High – the development of this site will allow for a community hub in the South locality. This will allow patients to be better managed in the community and avoid hospital admission	-270k per annum	800k one off investment	March 2020	2019/20	STP capital	

**NB: Please give an explanation for why the schemes have been prioritised in that order.**

All schemes are aimed at reducing the level of non elective admissions and improving A&E performance.

The A&E reconfiguration is a longer term project but is critical to ensure that A&E is used as effectively as possible and admissions are avoided where possible. By having dedicated space for a frailty unit and development of ambulatory care, patients attending that fall within these categories could avoid a potential admission by being treated in these areas.

Availability of step up beds in the borough is also critical as this would also avoid admissions where an alternative community bed is available. Beds will also then be available instead of using escalation beds in the acute setting as step down facilities. This will ease flow through the acute site and allow costs of expensive escalation beds run at premium rates to be avoided

Utilisation is critical. Currently LIFT and NHSPS sites are underutilised. Studies show the extent of this utilisation and the SEG is reviewing utilisation. Development of a locality model and community hubs is a key priority within St Helens Clinical Strategy for the borough. This is dependant on utilisation of key condition premises being increased significantly. This may involve change of use would attract a cost. The impact of these changes will be effective and integrated management of patients in a community setting therefore avoiding the need for unplanned admissions

Four Acre – St Helens South locality has no key condition premises. However, it has a site at Four Acre where there is a GP practice, a library, children's centre and community properties all in a very close proximity. Development of these premises would provide an ideal base for a community hub for the St Helens Locality. The impact of these changes will be effective and integrated management of patients in the South Locality avoiding the need for unplanned admissions

# Headline Financial Impacts 2



## Provider own-Capital Position

Trust / FT Name	Own estates capital forecast over the next 5 years to 2022/23 (£m)	Proposed main strategy proposals (> £10m) of own generated capital	CURRENT Backlog Maintenance		FORECAST Backlog Maintenance at end of 5 year period 2022/23	
			All categories (£m)	High / significant (£m)	All categories (£m)	High / significant (£m)
St Helens and Knowsley		As the sites are PFI sites, the own capital plan is not estate related but links to replacement of equipment				



## Surplus Land & Housing

Disposal Status	No. of Sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Total # Estimated Housing Units	# Housing Units for NHS Staff	Gross Running Cost reduction £m	Cost to Achieve Vacant Possession (where known ) £m
1. Vacant and Declared Surplus and disposal transaction in progress [A1]								n/a
2. Vacant and Declared Surplus/ disposal subject to marketing [A1]								n/a
3. Vacant but not yet Declared surplus [A2]								n/a
4. Site occupied but OBC approved to achieve vacant possession and dispose [B, C ,D]								
5. Future opportunity subject to strategy/ feasibility [B, C ,D]								
<b>Totals</b>								

### Summary by Financial Year (estimated year of disposal completion)

Deliverable / Financial Year	2017 – 18	2018 – 19	2019 – 20	2020 – 21	Remaining Years
Land Area (Ha)					
Estimated disposal value £m					
Estimated Housing Units					
Gross Running Cost reduction £m					



## Critical Decisions & Activities

Decision/ Activity Required	Significance/ impact on STP strategic objectives	Timeline	Owner	Action By:
Utilisation reports to be completed	Increase utilisation of premises	July 2018	St Helens SEG	CCG/Renova
Architect survey at Four Acre - Site survey to finalise potential site layout	Locality development – reduction of non elective admissions and place based care out of hospital	Summer 2018	St Helens SEG	Torus

# Place Leadership Sign Off



I confirm that this reflects the current position of [insert place name]. This remains a draft strategy subject to further work and engagement.

**Place Estates Lead name:**

email:

**Place Finance Lead name:**

email:

**Place SRO name:**

email:

**Place SRO signature:**

**Date:**



# Annex 1: Other Estates Information

## Other STP Estates Information

- *e.g. Estates directory, other local plans or initiatives not otherwise captured*

**OPTIONAL SLIDE**