Cheshire and Merseyside STP Estates Summary

October 2016 Submission





STP Estate & FM Enabling Work stream

Membership:

Lead:

Paul Fitzpatrick – Liverpool CCG

LDS Members:

Alliance; David Sweeney - Halton CCG/Borough Council

Cheshire & Wirral; Kevin Eccles – Countess of Chester Hospital

North Mersey; Paul Fitzpatrick – Liverpool CCG

Local Government Reps:

Nick Flanagan - Liverpool

Kathryn Jones - Cheshire West & Chester

Strategic Estates Advisor Support:

Andy Muir - CHP

Mark Owens - NHS PS



STP Estate & FM Enabling Work stream overview

The estate across Cheshire and Merseyside is of a diverse nature. In some areas there has been significant investment in both hospital and community premises, in particular through PFI and LIFT initiatives. Other areas by comparison have been subject to a more piecemeal approach with limited investment.

As a consequence there is a significant retained estate which requires either:

- Major strategic investment for replacement
- Substantial on-going business as usual expenditure to sustain its use
- Clarity regarding disinvestment and disposal decisions

Strategic decisions are required in the short term with investment and a programme of works over the next 10 years to ensure the required healthcare estate is available and fit for purpose to respond to the evolving service strategies.

It will be essential to change how we work together across the STP and LDS's and some key actions will be:

- Review clinical service requirements and operational plans for future delivery analysing potential opportunities to rationalise the estate; reducing footprint and cost.
- Review any service change proposals, present and future; identifying the return on investment to be delivered, including from no or low cost capital solutions and including consideration of all potential funding routes.
- Developing an overarching Estates Strategy for LDS and STP footprints to ensure alignment and VFM investment decisions.
- Working through initiatives such as OPE to work with Local Authorities to release public sector land for wider beneficial use.
- Review of FM service requirements and joint procurement in light of operational plans for future delivery of clinical services.

To track progress dash boards will need be developed as a starting point the following Model Hospital KPI's can be considered.

• Estate Running Costs: Target - National average or 5% reduction {-£19m}

Non-Clinical Space: Target - 35% GIA {-75k sqm}
 Unoccupied Space: Target - 2.5% GIA {-5k sqm}
 Functional Suitability: Target - 95% GIA {+40k sqm}

Condition: Target - Reduce BM by 35% {-£62m}

- Reduce high or significant by 50% {-£25m}





STP Background and Context

Recent examples of investment / initiatives across the STP Footprint include:

St Catherine's Community Hospital redevelopment 2011
32 LIFT buildings across the Alliance and North Mersey LDS areas
Mersey Care expansion of service provision at Clock View in 2014
New Urgent Care & Trauma Centre for C&M on the Aintree Campus 2015/16
Walton Centre investment 2015/16
New CWP CAMHS development opened September 2016 on the Countess of Chester Health Park
New Alder Hey Children's Hospital, opened 2016
Central Cheshire Integrated Care Partnership, delivering the community services contract across South Cheshire & Vale Royal from October 2016
New Royal Liverpool Hospital development, opening 2017/18
Significant infrastructure investment in Primary Care, in particular in the Unified Cheshir and the Alliance LDS areas
Clatterbridge Cancer Centre based on Royal Liverpool campus, due for completion 2019

