



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board



Estates Infrastructure Strategy 2024 - 2034



Foreword and Purpose



Disclaimer

1. The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.
2. In respect of any request for disclosure under the FoIA: This is a document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.



Contents

Section	Page
1. Introduction	9
2. National Context	13
3. Our ICS Priorities	21
4. Where Are We Now?	30
5. Looking Forward - Where Do We Want To Be?	73
6. How Do We Get There? Finance and Capital	113
Appendices	123



Version Control

Version	Date	Authors	Reviewed by
Draft v1.0	07 Aug 2024	Lexica	HWE ICB/ICS
Draft v2.0	08 Aug 2024	Lexica	HWE ICB/ICS
Draft v3.0	08 Aug 2024	Lexica	HWE ICB/ICS
Draft v4.0	19 Aug 2024	Lexica	HWE ICB/ICS
Draft v5.0	22 Aug 2024	Lexica	HWE ICB/ICS
Draft v6.0	29 Aug 2024	Lexica	HWE ICB/ICS
Draft v7.0	03 Sept 2024	Lexica	HWE ICB/ICS
Draft v8.0	25 Sept 2024	Lexica	HWE ICB/ICS



Foreword

In March 2018 NHS England and NHS Improvement asked all Integrated Care Systems (ICSs) to undertake a strategic, system wide review of estates, developing a plan in line with various reports (including the NHS Five Year Forward View, Naylor Report and Carter Report) that supported a reduction in backlog maintenance, investment in integrated care models, maximised the sharing of assets, and the disposal of unused or underutilised estate.

A mandatory template workbook (“Estate Strategy”) was prepared by NHS England and NHS Improvement and health systems were scored as either Strong, Good, Improving or Fair. In 2019 all systems that achieved a Fair or Improving banding were required to prepare an updated “Checkpoint” Estate Strategy document. Hertfordshire and West Essex (HWE) STP scored well in 2019. In November 2020 NHS England and NHS Improvement published “Integrating Care: Next steps to building strong and effective integrated care systems across England” which built on the route map set out in the NHS Long Term Plan and required all parts of a health and a care system to work together as ICSs from July 2021.

Infrastructure is a key enabler to deliver transformation of health and care services and therefore, an updated Infrastructure Strategy can be used to set an ICS’s shared estates and infrastructure commitments and roadmap to support integrated working between teams across partner organisations and support significant housing growth planned in Hertfordshire and West Essex.



Purpose

Across HWE, our organisations continue to work collaboratively to meet the increasing demands placed on our workforce and infrastructure, brought about through a combination of population growth, changes in demographics, evolving healthcare needs, and an ageing population. Through analyses of our system infrastructure within the context of our current and future challenges, our estate strategy considers how the capacity, type, utilisation, and collaborative use of spaces will need to adjust in order to facilitate the HWE healthcare system to efficiently meet the current and future needs of our population.

Our estate ambitions are a key enabler for the successful delivery of the ICS strategic objectives and, if achieved will support our aspiration to enhance our integrated offer to people and communities, and more explicitly direct strategic system priorities and objectives. We believe that an efficient and effective estate is the foundation to fully support us in delivering an environment that supports excellent patient care and is fit for our current and future workforce. To be affordable, the strategy needs to be radical and capable of being delivered across a 5 to 15-year period, considering local, regional and national priorities, including but not limited to the Long-Term Plan, the Naylor and Carter reviews, The Fuller

Stocktake and Net Zero NHS. The strategy should align with Adopted Local Plans, Neighbourhood Plans and Infrastructure Delivery Plans.

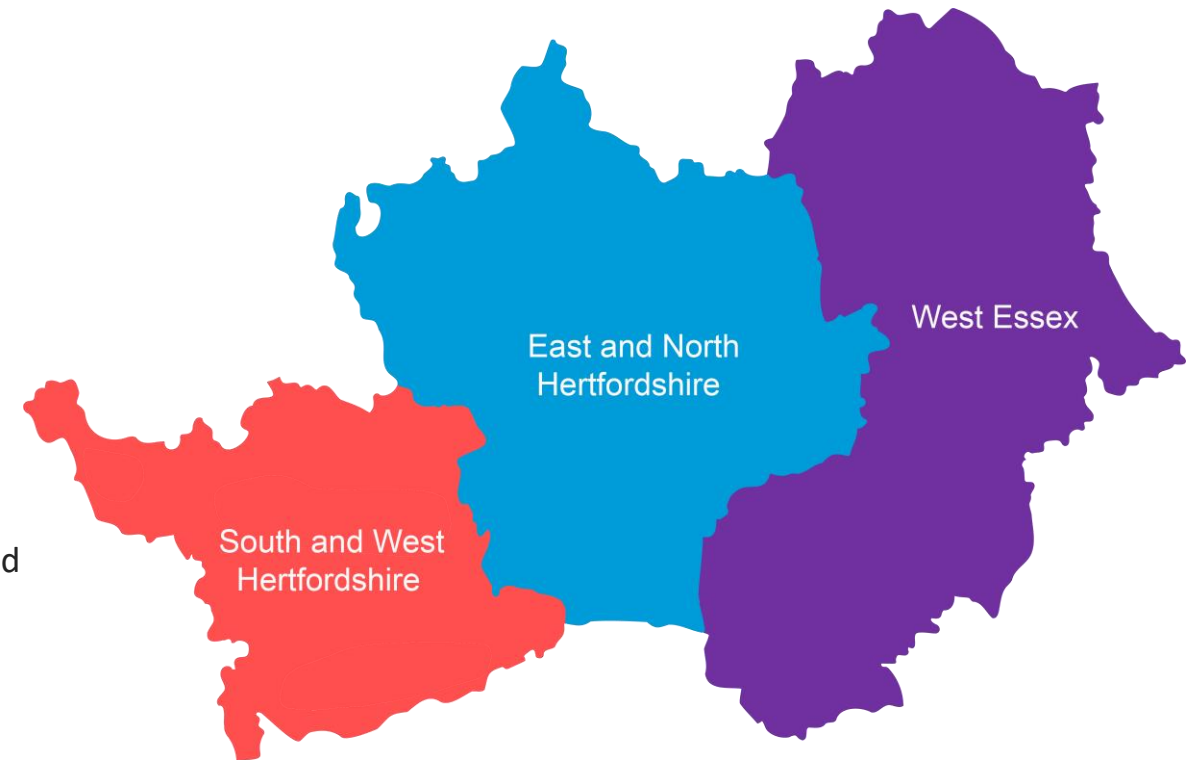
In common with other areas of England, our ICS faces significant challenges and opportunities. A high proportion of our residents are in good health with life expectancy for both men and women higher than the national average. However, the system has the challenge of an ageing population, with people who live longer often having a greater need for health and care. In addition, the health and care system is under immense strain, with increased demand for mental health services, the elective care backlog, access to primary care, long waiting times for urgent care among many pressing issues. Although the health and wellbeing of our population is similar or better than in England as a whole, there is variation within our ICS and there are some areas that experience poorer outcomes, including areas in Harlow, Stevenage, Broxbourne Watford and Welwyn Hatfield districts. There is greater detail on growth later in this Strategy.



Purpose *cont.*

Many of these challenges have been exacerbated by the COVID-19 pandemic which had a significant impact on our population, worsened the inequalities that exist in our communities, and caused immense strain on our services. The current cost of living crisis is likely to further impact people's livelihood and health, widening further the divisions that exist in our geography, and creating additional pressure on health and care services. This is particularly pertinent in our area as, while levels of deprivation are generally low, the local population experience significant challenges in housing affordability that are expected to be worsened as a result of the cost-of-living crisis.

Our system priorities are to: give every child the best start in life, support our communities and places to be healthy and sustainable, support our residents to maintain healthy lifestyles, enable our residents to age well and support people living with dementia, improve support to people and families living with life-long conditions, long term health conditions and physical disabilities, and improve our residents' mental health and outcomes for those with learning disabilities and autism.



You can read more about our plans in our approved [Integrated Care Strategy](#)





1. Introduction



1.1. Overview – Our Integrated Care System

Our Hertfordshire and West Essex Integrated Care System partners (shown opposite) plan and deliver health and care services to people living in Hertfordshire and Essex in 13 district borough and council areas.

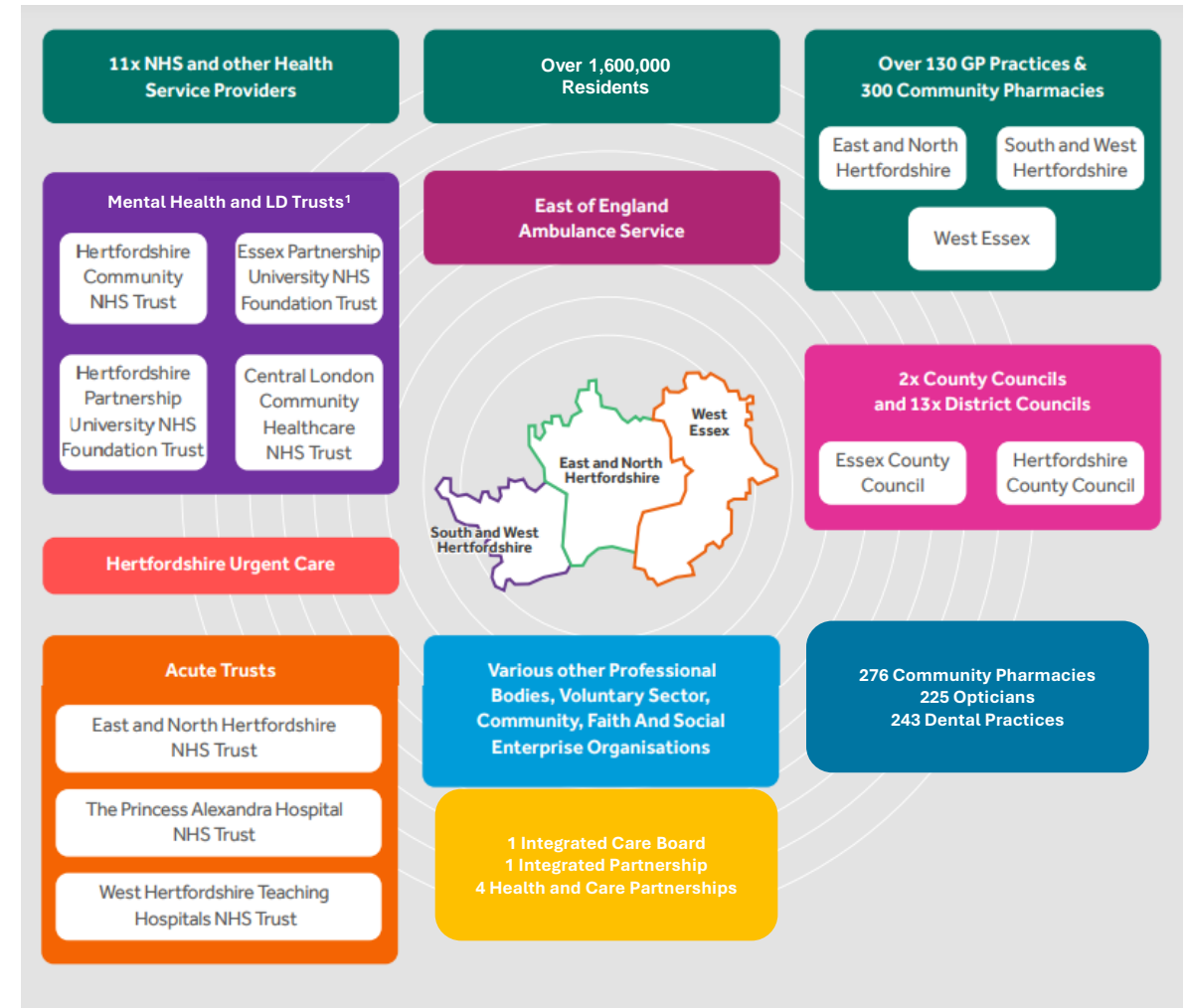
We support a population of around 1.6 million people. It is a growing and increasingly diverse population and home to some of the healthiest people in the country with life expectancy for both men and women higher than the national average. However, we also face the challenge of an ageing population, with people who live longer often having a greater need for health and care.

We bring together a wide range of organisations that are committed to working together to improve the health and wellbeing of local people. The figure on the right provides an overview of our system partners.

Our ICS Estate Infrastructure Strategy has been developed within the context of the following:

- Key ICB/ICS strategies and the Hertfordshire and West Essex Joint Forward Plan 2024 – 2029
- Existing, or in development estate strategies for each of the key provider Trust organisations (shown opposite).

¹LD: Learning Disabilities



1.2. HWE ICB Strategic Framework

Our medium-term priorities are detailed within the ICB Strategic Framework summarised below. We will work directly to deliver improvement in the areas within its remit, such as access to services, and in partnership to achieve those priorities that need a whole system partnership approach to be delivered. Our estate infrastructure ambitions are a key enabler for the successful delivery of the ICS strategic objectives and transformation of our health and care services.



1.3. HWE ICS Governance Structure

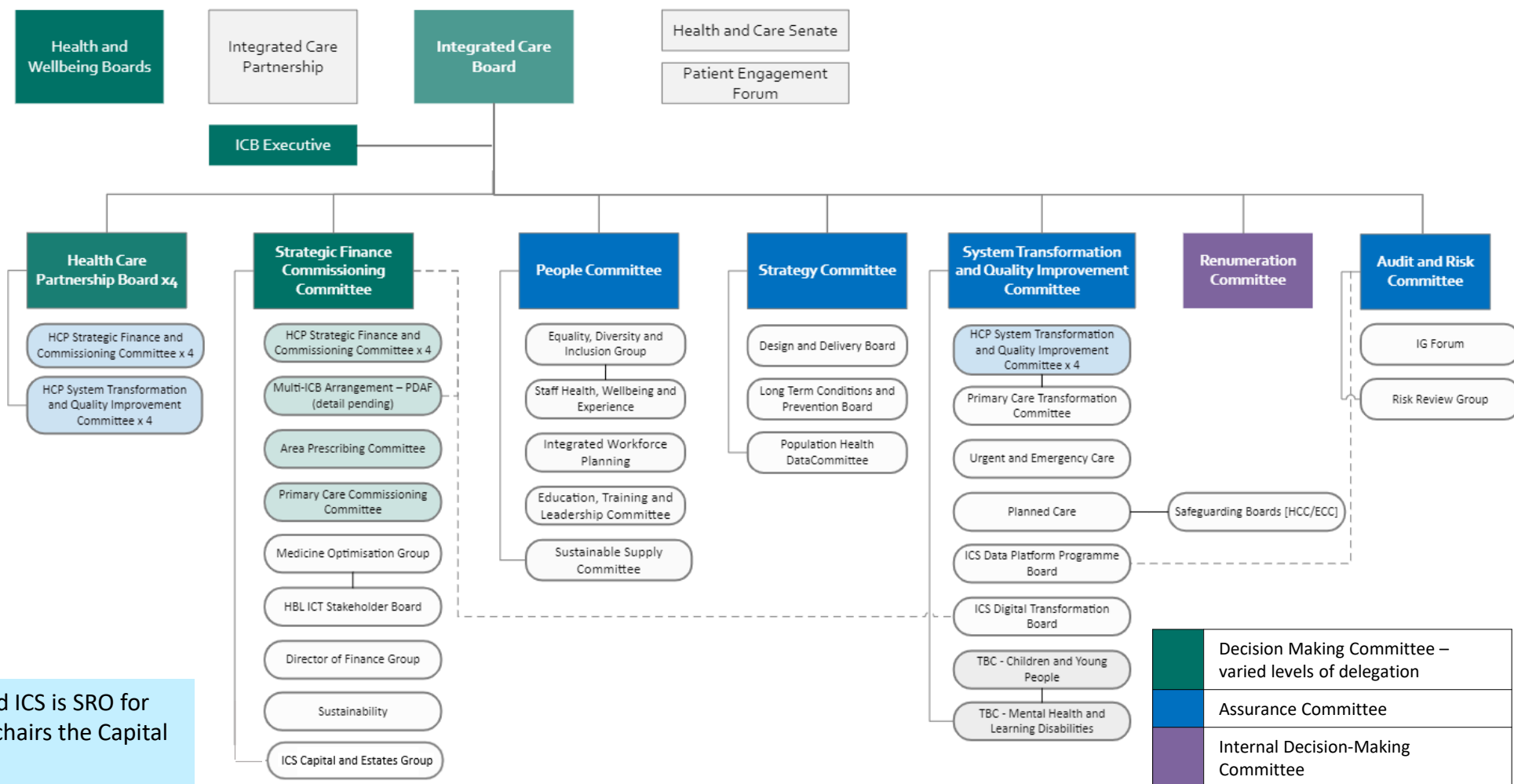
Our ICS has a strong, engaged and accountable leadership for infrastructure enabling effective decision making aligned with key objectives, national policies and local strategies.

Our ICS organisations work in partnership to develop and deliver a robust estate infrastructure strategy via key groups reporting into the Strategic Finance and Commissioning Committee (who meet bi-monthly).

Key groups include:

- ICS Capital and Estates Group
- Sustainability Group
- ICS Digital Transformation Board

The Chief Finance Officer for the ICB and ICS is SRO for the Estates Infrastructure Strategy and chairs the Capital and Estates Group.





2. National Context



2.1. National Context and Policy Frameworks

2.1.1 Overview

This section considers the key national strategic context with which the estate infrastructure strategy must align to support delivery of the vision and strategy. Our ICS provider clinical strategies/key enabling strategies will take account of other relevant strategies not reviewed here. For the estate, we consider the components addressed within this section to be the most pertinent.

2.1.2 The NHS Long Term Plan sets out how the NHS will tackle the pressure its staff are facing while making extra funding go as far as possible. As it does so, it must accelerate the redesign of patient care to future proof the NHS for the decade ahead. It also sets out four major, practical changes to the NHS service model, to be delivered over the following 5 years:

1. Boosting 'out of hospital' care and joining up primary and community health services
2. Reducing pressure on emergency hospital services
3. Digitally enabled primary and outpatient care
4. Increasing focus by local NHS organisations on population health and local partnerships

The estate specific aims of the NHS Long Term Plan are summarised opposite.

Estate Specific Aims - NHS Long Term Plan



Improve quality, productivity, energy efficiency and dispose of surplus to requirement land enabling reinvestment and support target to build new homes

01

02

System providers working together to reduce amount of non-clinical space freeing up space for clinical activity



NHS needs to exploit opportunities for consolidation of non-clinical estate to improve efficiency

03

04

Increase provision of diagnostic equipment and services including digitalization of service



Improve utilisation of clinical space, sustainable work and maintenance, releasing unwanted properties

05

2.1. National Context and Policy Frameworks *cont.*

2.1.3 Fuller Stocktake Report

The Fuller Report recognises the important role Primary Care plays in the health and care system acting as a first point of contact for people accessing the NHS and providing an ongoing relationship to those who need it. The report outlines the new visions for primary care that reorientates the health and care system to local population health through building neighbourhood teams, streamlining access and helping people to stay healthy.

Key findings and proposals include:

- Co-design and put in place the appropriate infrastructure and support for neighbourhood teams including estates, digital, and data. Baseline the existing capacity for primary care across the ICS to ensure systems can undertake core operational and transformational functions
- Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care, taking a 'one public estate' approach and maximising the use of community assets and spaces
- DHSC and NHSE should provide additional, expert capacity and capability to help offer solutions to the most intractable estates issues, as well as building ICS estates expertise
- DHSC and NHSE should ensure that primary care estate is central in the next integration of the Health Infrastructure Plan

The key areas to achieve this are highlighted in the image on the right.



2.1. National Context and Policy Frameworks *cont.*

2.1.4 The Naylor Review

There is a large disparity and variation across the NHS estate, with nearly 20% of hospital trust estate predating the formation of the NHS (1948) and circa £5bn in backlog maintenance. The Naylor Review details these issues, presents 17 recommendations and outlines a vision for the future of the NHS. The recommendations include:

- As a minimum the Department of Health should provide assurance to ICSs that any sale receipts from locally owned assets will not be recovered centrally provided the disposal agrees with ICS plans; ICSs should develop affordable estates and infrastructure plans
- Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff where there is a need
- Substantial investment is needed to deliver service transformation in well evidenced ICS plans

This Estate Infrastructure Strategy must ensure that the relevant recommendations from the Naylor Review are achieved where possible.

2.1.5 Carter Report

The Carter Report was developed by Lord Carter, 2016, and details how efficiencies can be achieved across the NHS, specifically focused on unwarranted variation.

Key findings from the review:

- ✓ Identified £5 billion of “unwarranted variation” across various functions, including estates and facilities
- ✓ Identified £700 million of potential savings in procurement
- ✓ In terms of estates and facilities, the following recommendations ensure that resources are used in a cost-effective manner:

Trusts should operate at or above the benchmarks agreed by NHS Improvement for the operational management of their estates and facilities functions; with all trusts having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space

Trusts should rationalise their corporate and administrative functions to ensure their costs do not exceed 6% of their income (or have plans in place for shared service consolidation with, or outsourcing to, other providers)



2.1. National Context and Policy Frameworks cont.

2.1.6 One Public Estate (OPE)

The OPE programme supports locally-led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs. It provides technical support and funding to councils to deliver ambitious property focused programmes in collaboration with central government and other public sector partners. To date, OPE has supported over 800 projects. The three core objectives of OPE are:



Creating economic growth (new homes and jobs)



Delivering more integrated, customer focused services



Generating efficiencies through capital receipts and reduced running costs

By 2023, OPE partnerships have delivered over 40,000 jobs releasing land for almost 38,000 new homes raising £576m in capital receipts and reducing running costs by £99m.

2.1.7 NHS Long Term Workforce Plan and the Estates and Facilities Workforce Action Plan

These plans identify a number of themes for focus including how we look after our people, create a sense of belonging in the NHS, alter the way we work and deliver, and how we plan for the future. To support future delivery of services and capital plans, as a system we need to align to the four key priorities and the nine key actions in the NHS Estates and Facilities Workforce Action Plan. This will help us to embed equality, diversity, and inclusion, improve staff health and wellbeing, and develop and build the next generation of Estate and Facility Management workforce.

People Plan Themes	EFM Priorities *	Actions
Looking after our people	Improve the health and wellbeing of our people	<ul style="list-style-type: none">• Boost wellbeing and improve the work environment
Belonging in the NHS	Embed equality, diversity and inclusion	<ul style="list-style-type: none">• Make NHS EFM an inclusive place to work• Create new career pathways
New ways of working and delivering care	Develop our people	<ul style="list-style-type: none">• Future proof our skills• Embed data driven decision making• Develop our managers
Growing for the future	Building the next generation of EFM people	<ul style="list-style-type: none">• Recruit the best talent• Be the UK's EFM employer of choice• Invest in what matters to our people

*EFM – Estates and Facilities Management



2.1. National Context and Policy Frameworks cont.

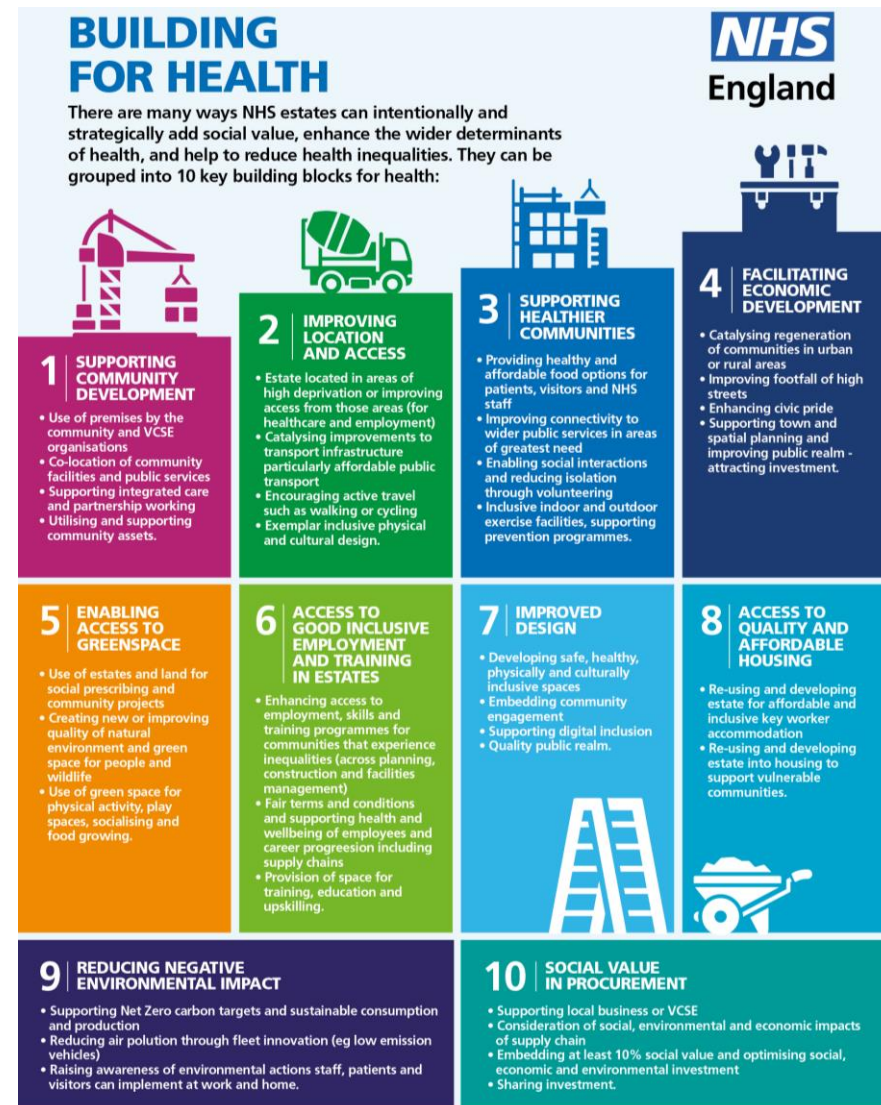
2.1.8 Anchor Institution – The role of estates in reducing health inequalities

Taken as a whole, the NHS is one of the largest landowners in England. Through its role as an anchor institution, the NHS has an opportunity to intentionally manage its land and buildings in a way that has a positive social, economic and environmental impact.

A well-maintained and well-designed estate is a bedrock on which clinical services are delivered. It is essential that facilities meet current and future service needs, provide a good patient experience, offer a high-quality healing environment, and support the NHS and governments' net zero carbon strategies.

The keyways estates and facilities can play their role in enhancing the wider determinants of health, reducing health inequalities, and adding social value are demonstrated opposite in the 10 key building blocks for health. The building blocks can be applied to the concept, detailed design, and construction and operation stages, plus all aspects of estate management including:

- Delivery of new healthcare buildings e.g. New Hospital Programme
- Modernisation of NHS facilities
- Privatisation of NHS facilities
- Management of the use of NHS buildings and spaces
- Disposal or repurposing of facilities the NHS no longer needs



2.1. National Context and Policy Frameworks *cont.*

2.1.9 Net Zero Agenda

Our ICS should adopt system wide priorities to update existing health infrastructure, transition to new low emission smart hospitals, optimise energy use, increase data digitalisation, work with suppliers to reduce their carbon emissions, and realise energy efficiencies across the ICS networks.

The ambition of having a greener NHS structure is central to all our future plans. We have until 2040 for our NHS to reach net-zero carbon, and infrastructure will play a significant role in achieving this – whether this is changes we make to our buildings, the energy we use or how we use our land.

A greener infrastructure is not just about meeting targets; reducing our impact on climate change means the NHS is making a difference to planetary and population health.

As an ICS, we need to consider the two main areas of action for the NHS and its partners in our region to progressively remove carbon emissions from all operational activities and strategy decision making:

- Direct interventions within estates and facilities, travel and transport, supply chain and medicines
- Enabling actions, including sustainable models of care, workforce, networks and leadership and funding and finance mechanisms

- The NHS produces 5.4% of the UK's greenhouse gas emissions
- The NHS is also responsible for 3.5% of all road travel in England.
- The NHS accounts for around 40% of public sector emissions
- The wider NHS supply chain involves 80,000 suppliers



Energy



Business services



Travel



Procurement of
goods

Delivering a net zero NHS has the potential to secure considerable benefits for the population, and particularly for vulnerable and marginalised groups, with the co-benefit of addressing existing health inequalities.

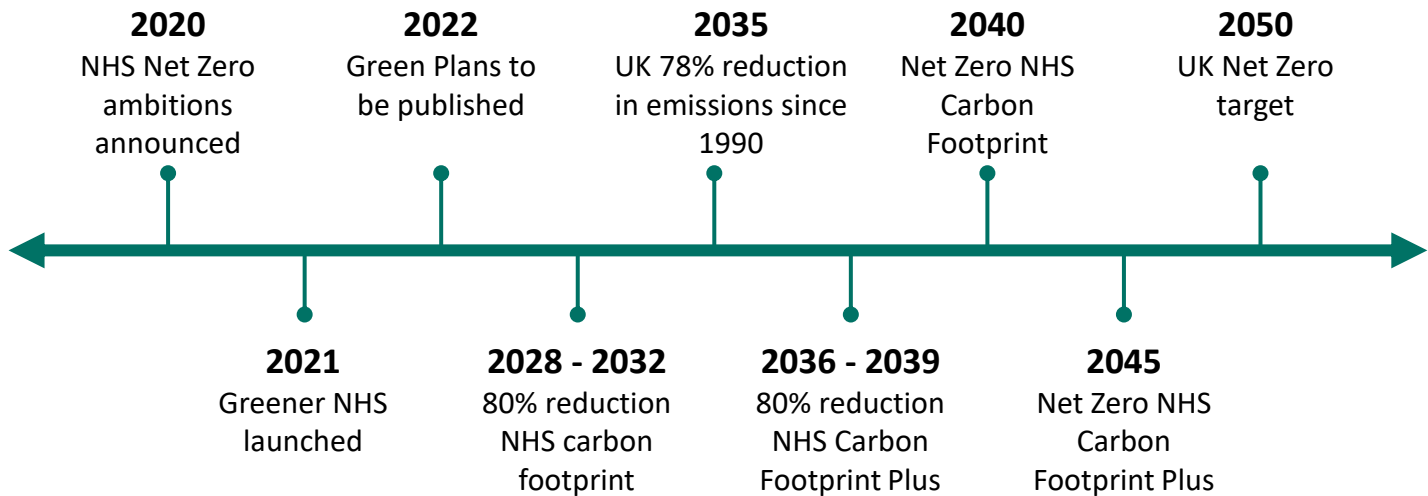
2.1. National Context and Policy Frameworks *cont.*

2.1.10 Delivering a Net Zero National Health Service

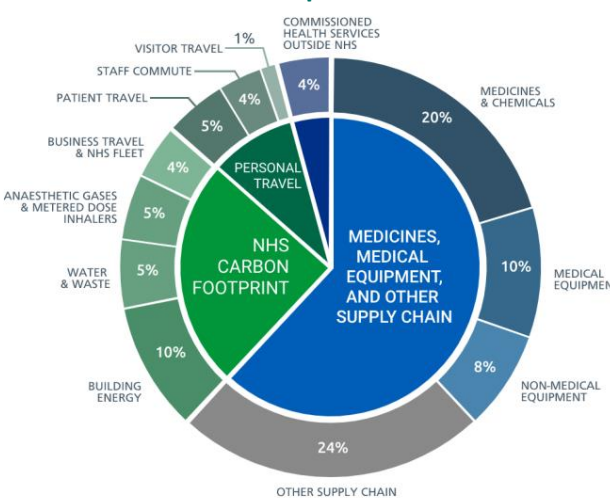
In response to the UK government’s call to become a low carbon economy, the NHS published the ‘*Delivering a Net Zero NHS*’ report (2020) that set out the ambitions to achieve a net zero target by 2050. The two main goals in the report are:

- Net zero by 2040 for emissions that the NHS directly controls (the NHS Carbon Footprint), with an 80% decrease by 2028 to 2032.
- For emissions, the NHS can influence (NHS Carbon Footprint plus) net zero by 2045, with an 80% decrease by 2036 to 2039.

For the ICS and its partners in our region to progressively remove carbon emissions from all operational activities and strategic decision making, we must focus on direct intervention opportunities within estates and facilities, travel and transport, supply chain and medicines.



2020 NHS Carbon Footprint Plus – 24.9 mtCO₂e





3. Our ICS Priorities



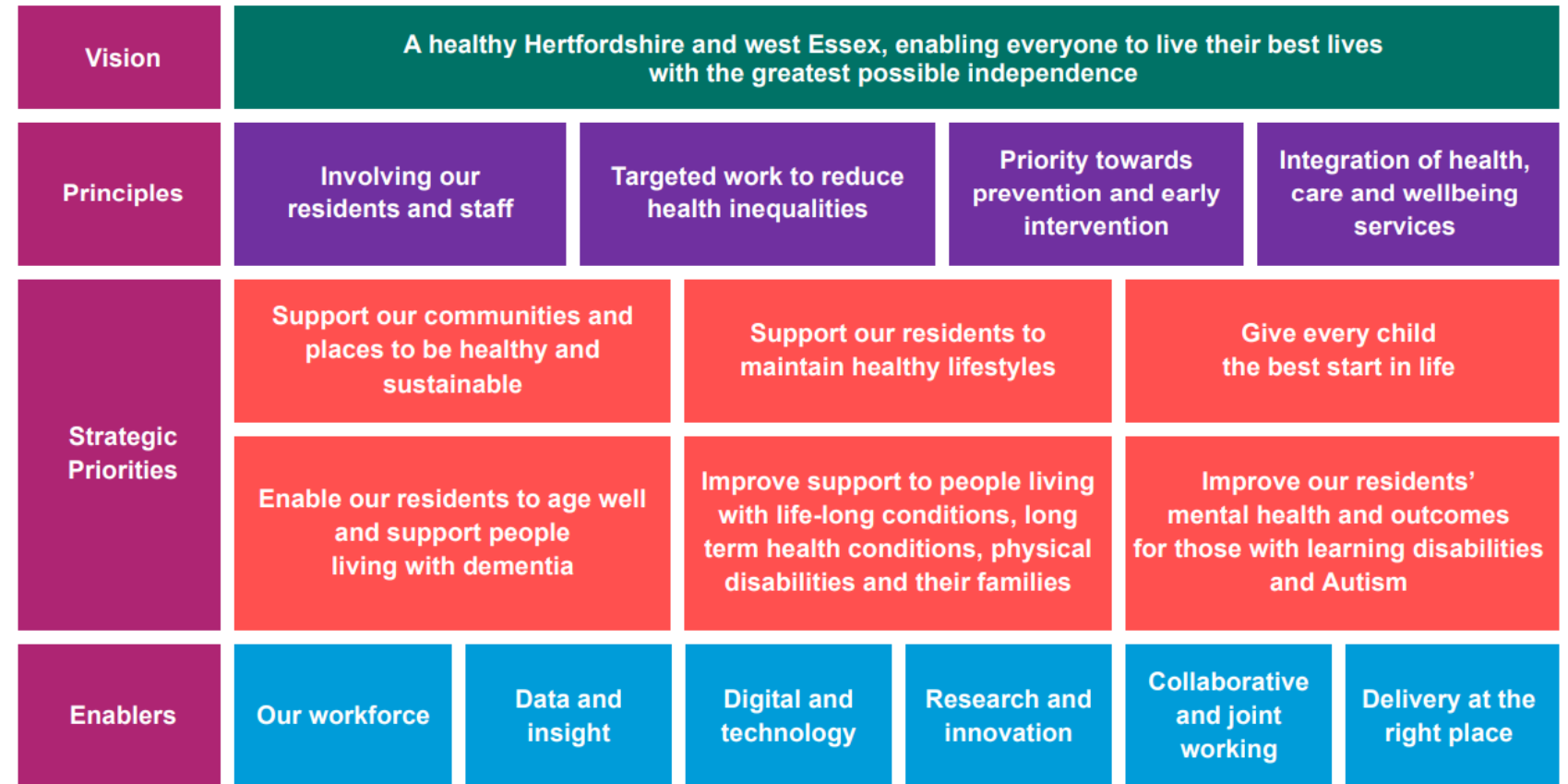
3.1. HWE ICS 10-Year Integrated Care Strategy

Our HWE Integrated Care Strategy sets out how we will work together over the next 10 years to create healthy and safe communities where everyone's contributions are valued, and we all have the opportunities and support we need to thrive.

A summary of our Integrated Care Strategy (opposite) highlights the key principles, strategic priorities and enablers key to delivery of our vision.

The way in which we use our estate across our Integrated Care Partnership organisations will be pivotal to support these enablers and enable successful delivery of our strategic objectives.

Our Integrated Care Strategy has informed the development of our ICB Five Year Joint Forward Plan.



3.2. HWE ICB Strategic Framework

Since the Hertfordshire and West Essex Integrated Care Board (ICB) was formed in July 2022, we have made strong progress together across a number of areas. However, as a system, we are facing an unprecedented demand for many of our services and a constrained financial situation. Alongside this, we have projected changes in the demographics of our communities which will make both of those challenges greater.

Our Joint Forward Plan 2024 – 2029 sets out the key actions to be taken over the next 5 years. Our plans have in part been guided by our Medium Term Operational and Financial Plan. Both these plans are underpinned by the changes we need to make as a system to:

- Reduce health inequalities
- Have a more anticipatory, community-based model of care
- Deliver true integration of our services
- Support patients to engage in self-management and collaborative care planning
- Deliver annual financial plans which will ensure we are able to sustainably maintain and improve our services whilst delivering our wider priorities.

Our ICB medium term priorities for 2024-2030 are detailed within the ICB

Strategic Framework summarised below. The ICB will work directly to deliver improvement in the areas within its remit, such as access to services, and in partnership to achieve those priorities that need a whole system partnership approach to be delivered.

Our Estate Infrastructure Strategy is a key enabler for the successful delivery of the ICS strategic objectives and transformation of our health and care services.

HWE ICB Strategic Framework

Our Mission	Better, healthier and longer lives for all				
We will achieve this by	Improving physical and mental health across our population	Tackling unequal access, experience and outcomes	Enhancing productivity and value for money	Ensuring the NHS supports broader social & economic development	
In the first 3-5 years we will	Increase healthy life expectancy, & reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
The ICB will deliver by	Setting direction for NHS in Herts and West Essex	Allocating NHS resources fairly and effectively	Supporting, equipping and empowering our people	Working with and pooling resources with partners	Enable improvement & drive change with focus on quality
				Using data & evidence to generate insight & access impact	



3.3. NHSE New Care Model

NHSE has developed its New Care Model which is consistent with the Long Term Plan – in response to this HWE ICS has adopted its Urgent and Emergency Care Strategy

Key points from the new care model:

The model must change by 2036/37 or there will be at least 20% fewer beds than needed

We need to develop and resource a new model of care that can reduce demand for acute bed base and improve overall population health

Adopting the model could potentially close the acute care gap by 2030/31

Successful implementation of the new model of care will require a carefully planned and managed approach at regional, system and place levels

It makes sense to do things once and in the right place at the right time

It is recommended that every system will establish a Managed Care Hub transitioning from the already established Urgent Care Hub model

Integrated neighbourhood working will be critical to delivery of the proactive, personalised care locally that underpins much of the new model of care



3.4. Urgent and Emergency Care Priorities

The six core urgent and emergency care (UEC) strategic priorities are summarised opposite.

Guiding principles during our recovery and transformation of UEC are:

- To move care as close to home as possible, where safe and appropriate, to meet patients' UEC needs
- To co-ordinate and efficiently use resources to provide access to out-of-hospital providers
- To shift to a more preventative and proactive approach – move care away from emergency admissions and crisis response.

The impact of this should be to stem the ongoing growth and pressure on our acute bed demand so that people in HWE will experience urgent care as close to home as possible to avoid harm of hospital stays and minimise disruption to their lives.



3.4. Urgent and Emergency Care Priorities *cont.*

Urgent and Emergency Care Strategy Estate Implications

Delivery of some of the key UEC priorities will have interdependencies with our estate such as:

- Maximising the estate across our healthcare settings to support delivery of Same Day Emergency Care (SDEC)
- Optimising the use of existing capacity across our Urgent Treatment Centres (UTCs) and Minor Injury Units and consideration of the future changing estate requirements to support urgent and same day access pathways for future population needs
- Ongoing intermediate and long-term care demand and capacity planning using data to map our population's short to long-term care needs to ensure both intermediate and long-term care services are fit for future ageing population and supports flow throughout the UEC pathway

“For everyone in Hertfordshire and west Essex to be able to understand and rapidly access safe, tailored, high quality, and sustainable urgent and emergency care which is received at the right place and time for them to remain well and independent.”

- Our Vision, UEC Strategy 2024-2029



3.5. Planned Care Strategy

3.3.1 Planned Care Principles

To further support “Right Place For Right Procedure”, the system has and continues work on understanding the estate usage and support the reduced pressures on acute care settings in its Planned Care Strategy, summarised opposite.

Delivery of some of these key planned care priorities will have key interdependencies with our estates and will require enabling estate changes such as:

- Provision of additional estate capacity
- Improving the quality, safety, and functional suitability of estate
- Improving access and supporting provision of the right services in the right place

A key part of the planned care strategy involves the scoping of opportunities to ensure delivery of services in the right location e.g. within the community rather than on acute sites. The Planned Care Team are investigating the feasibility of delivering such services from existing treatment rooms within community estate assets across the ICS.

Key Principles (patients and staff)

Quality, Safety,
Experience,
Right People,
Right Place,
Right Time

Key Priorities

Patients will wait less time for care and receive results and treatment more quickly



Excellence in delivery and quality ensuring safe care every time



Services will use innovation and learn from best practice



Future provision and new service commissioning will be aligned to the health needs of our population



Pathways will be clear and streamlined for both providers and patients. Access to services will be equitable and consistent across our places and populations



We will have efficient workforce models and staff have access to training and development



Key Outcomes and Actions

- Demand and capacity balance
- Consistently productive services with implemented GIRFT recommendations
- Use of patient portals/ patient record
- Minimise delays between appointment, tests, results and treatment

- Reducing clinical risk

- Work with clinical networks to share best practice and innovation
- Ensure staff have access to the latest equipment and software to support them in their role
- Consider use of AI and digital tools where appropriate

- Current and future provision linked to known population health dynamics and prevention priorities

- Avoiding duplication and unwanted variation
- Reducing inequalities
- Clear communications and link to GP
- Efficient (best practice) pathways in place including learning across providers
- High quality referrals from primary care
- Use of one stop shops where appropriate









- Workforce leadership
- A flexible system wide workforce
- Engagement with wider workforce transformation programme
- Implement new roles
- Career development and access to training at all level

3.5. Planned Care Strategy *cont.*

3.3.2 Planned Care Estate Strategy Requirements

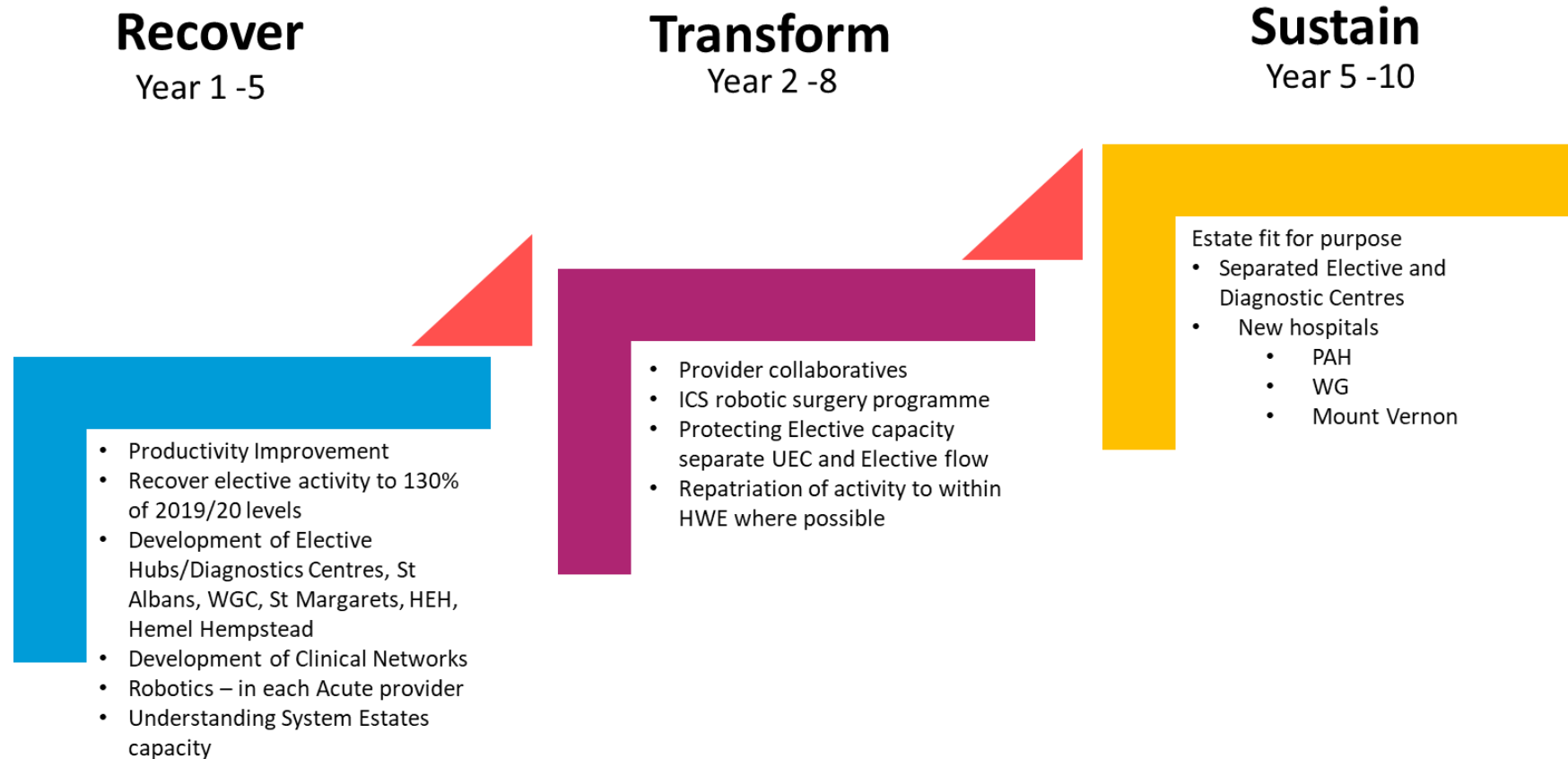
Delivery of some of these key planned care priorities will have key interdependencies with our estate and will require enabling estate changes such as:

- The ring-fencing of, or provision of additional, elective and diagnostic estate capacity
- Improving the condition and compliance of some of our existing estate that poses a current risk
- Optimising the use of existing capacity
- Using a better data driven approach to understand current capacity and future capacity requirements
- Providing the right sized estate to deliver our services in the right location

Estate Refresh	Protecting Elective Activity	Demand and Capacity Planning	Procedure Rooms	Improving patient pathways	Digital	Sharing Expertise	Innovation
 <p>Protecting elective and diagnostic capacity, reducing risk of aging estate:</p> <ul style="list-style-type: none"> • Theatres WGH, PAH, MVCC • Outpatient facilities, PAH, Lister WGH • Radiology and Diagnostics aging equipment 	 <p>Separation of urgent care and elective pathways, allowing elective work to continue all year around</p>	 <p>Planning through good demand and capacity planning, understanding what capacity exists (estate) and where. Making better use of existing capacity</p>	 <p>Development of procedure rooms for minor procedures</p>	 <p>Improvement to patient pathways, treatment closer to home, repatriation to HWE of elective activity</p>	 <p>Digitalisation of clinical pathways, sharing of data including pathology and radiology, use of remote consultations and patient portals</p>	 <p>Provider collaboratives speciality level sharing expertise and reducing service vulnerabilities</p>	 <p>Develop service innovation to improve patient outcomes, quality and safety:</p> <ul style="list-style-type: none"> • Robotic surgery • PET CT scanning • AI image analysis

3.5. Planned Care Strategy Delivery: The Next 5 to 10 Years

Delivery of our planned care strategy will require focus on key activities and capacity delivery to enable recovery of planned care activity to pre-COVID levels, transformation of existing programmes and collaborative ways of working, and delivery of new, sustainable estate that is fit for purpose and future proof. The high level timeline for delivery of the planned care strategy is summarised below:





4. Where Are We Now?



4.1. Recent Estate Achievements

4.1.1 Summary

Over the last five years, we have delivered a substantial number of infrastructure projects with varying values and sources of funding across our ICS care settings. In addition to investment into backlog maintenance, some key investment achievements include:

- Primary Care: 11 Estates Transformation Technology Fund (ETTF) schemes completed
- New joint health and well-being hub at The Marlowes in Hemel Hempstead
- Development of the Community Diagnostic Centre (CDC) project at St Margarets Hospital in Epping with completion expected in June 2026
- West Hertfordshire Teaching Hospital Trust (WHTH) and Princess Alexandra Hospital (PAH): development of New Hospital Programme schemes and business cases

4.1.2 Primary Care

More detailed examples of recent progress on primary care estate is shown opposite and on the following page.

PRIMARY CARE 11 ETTF Schemes completed c£13m	NATIONAL PRIMARY CARE NETWORK TOOLKITS
<ul style="list-style-type: none">• Puckeridge• Parkway/Garden City• Herts and Essex Hospital (Kitwood Unit, 2 x practices)• Gossoms End• Dolphin House• Thaxted• Crocus Medical Centre• Markyate• Lattimore & Village Surgery• Parkwood Surgery• Stanmore Road	<ul style="list-style-type: none">• HWE engaged in the National Primary Care Data Gathering which included 3 Facet Surveys on GP Premises and also NHSE Programme on PCN Toolkits• 34 Primary Care Network Clinical Strategies were produced helpfully supported by Health Integration Partners (HIP)• Prior to the National PCN programme, HWE ICB’s Premises Team produced 34 PCN Workbooks which are linked to live data and used to inform planning and decisions• ICB’s PCN Workbooks are kept up to date – MH HCP does not use the PCN workbooks• Now being utilised in the three newly formed Healthcare Partnerships and emerging Neighbourhood planning



4.1.2. Recent Estate Achievements – Primary Care



Dolphin House Surgery:

- A renovation and major extension of the old fire station in Ware enabled both the main and two branch premises to be moved into a sustainable building under one roof
- **Outcome:** 18 CE rooms and increased NIA by 350m²



Summerfield Health Centre:

- Development of a new premises that provides better space utilisation and offers greater energy efficiency
- **Outcome:** compliant CE/treatment rooms and increased NIA by 676m²



Crocus Medical Practice:

- By disinvesting in The Old Rectory, Castle Street premises, we invested into a significant refurbishment project at Saffron Walden Community Hospital and relocated the practice and patients
- **Outcome:** doubled number of CE rooms, treatment rooms and increased NIA by 480m²

Local Achievements:

The HWE ICB has a live project which considers the storage of paper patient records and where there is benefit to store the records off-site or electronically store the records and repurpose the space, spaces have been adapted for clinical and administrative purposes. See the next slide for more information on the outcomes of this project which has already seen improved utilisation and cost benefits.

4.1.2. Recent Estate Achievements – Primary Care

GP Surgery Space - Repurposing Patient Records to date

Repurposing of space vacated by moving patient records to offsite storage has taken place at ten practices in the East and North Hertfordshire and two practices in west Essex, see opposite rooms which were once used for storing paper records and how they have been repurposed:

The records of six practices were removed during the design stage of new purpose-built premises to avoid building in space and expensive storage units that would soon be redundant. Using the rooms and spaces for consulting rooms and improved utilisation. The majority of spaces have been repurposed for use by clinical and administrative staff employed under the Additional Roles and Reimbursement Scheme (ARRS) and to meet increased demand on Primary Care.

In the South and West of Hertfordshire 320,798 patient records have been scanned and uploaded into EMIS from 25 surgeries.

To date over 60 desk spaces and 5 new clinical rooms have been achieved from this project.



4.1.3. Recent Estate Achievements – Community & Mental Health

COMMUNITY AND MENTAL HEALTH	COMMUNITY DIAGNOSTICS
<ul style="list-style-type: none">• In 2018/19 Hertfordshire Community Trust (HCT) and Hertfordshire Partnership University Trust (HPFT) opened a new joint health and well-being hub at The Marlowes in Hemel Hempstead. HCT have advanced plans to extend and improve Danesbury Neurological Rehabilitation Unit, Hoddesdon Health Centre and Peace Children’s Centre.• HPFT and East and North Hertfordshire NHS Trust (ENH) are working in concert on the delivery of additional seclusion facilities at ENH; subject to national funding. In the interim HPFT and ENHT completed a triage unit.• Central London Community Healthcare Trust (CLCH) were awarded the Adult Care Contract for SW Herts in 2019 and have completed extensive works at Langley House and Harpenden Memorial Hospital.• HWE ICS seen as an exemplar on Virtual wards.	<ul style="list-style-type: none">• Princess Alexandra Hospital (PAH) are advancing the CDC project at the NHS PS owned St Margarets Hospital in Epping with completion expected in June 2026. With further CDC plans at Hertfordshire and Essex Community Hospital.• A modern home dialysis unit at East and North Hertfordshire NHS Trust (ENHT) is underway.• West Hertfordshire Teaching Hospital (WHTH) are investing in a new endoscopy unit and Community Diagnostic Centre at the St Albans City hospital.



The Marlowes Health and Wellbeing Hub



PAH CDC project (completion expected June 2026)



4.1.3. Recent Estate Achievements – Community & Mental Health

Lister Hospital Site

HPFT continue to work with East North Hertfordshire Hospital Trust (ENHT) in developing a Mental Health Urgent Care Centre in Stevenage which adjoins other mental health services on the Lister Hospital Site.

Whilst the unit partially opened in 2023/24 there will be further investment in 2024/25 to allow it to become fully operational and this will redirect service users in crisis from Emergency Departments via an alternative pathway and provide an improved patient experience.

HPFT has a deficit of 40-50 adult acute beds compared to national benchmarks. In addition, the Trust has some bedded estate that doesn't reach the standards expended for this patient group.

HPFT was unsuccessful in a bid for national funding to build a 54 bedded unit in Stevenage. However, the Trust is assessing options for increasing its bed base and improving estate quality across a number of wards, in particular those in Stevenage and St Albans. To date the Trust is unable to secure the external capital necessary for these works to progress – redevelopment has been estimated upwards of £20m, which in the context of CDEL £9m is not feasible.



New CAMHS Sensory Garden:

- Refurbishment and establishment of a sensory garden that includes a play feature, meditation space and an outside meeting space
- **Outcome:** recipient of the Better Healthcare Awards 2023



4.1.3. Recent Estate Achievements – Community & Mental Health

Essex Partnership
University Hospital
NHS Foundation
Trust



4.1.3. Recent Estate Achievements – Community & Mental Health

Central London Community Healthcare NHS Trust – Recent Estate Achievements



Potters Bar Community Hospital

Works

- Refurbishment
- Elimination of twin bedrooms
- New PV solar panels to roofs



Before

After



Langley House, Watford

Works

- Refurbishment of all wards
- Elimination of twin bedrooms
- Replacement of windows
- Upgrade of fire compartments
- New PV solar panels
- Improvements to all patient bedrooms
- New staff facilities



Before

After



Harpenden Memorial Hospital

Works

- 'Saved the building' with complete internal refurbishment
- Replacement of heating systems
- Renew of flat roofs
- Created new office base for community teams, HQ etc
- New Community Neuro Centre



Before

After



Elstree Way Clinic

Works

- Internal refurbishment
- Renewal of heating systems
- Replacement of all external windows, doors and cladding
- Creating of additional Consulting Room from underused office



Before

After

4.1.3. Recent Estate Achievements – Mental Health (MIND Network)

✓ Circa £1.3m NHSE and Voluntary funded

Crisis Café

- The overarching aim of this Crisis Café is to support and divert individuals from acute emergency departments into alternative community crisis support.
- This new location in Welwyn or Hatfield locality will ensure that more people can access timely support in their local community

Collaborative Crisis Infrastructure Improvements

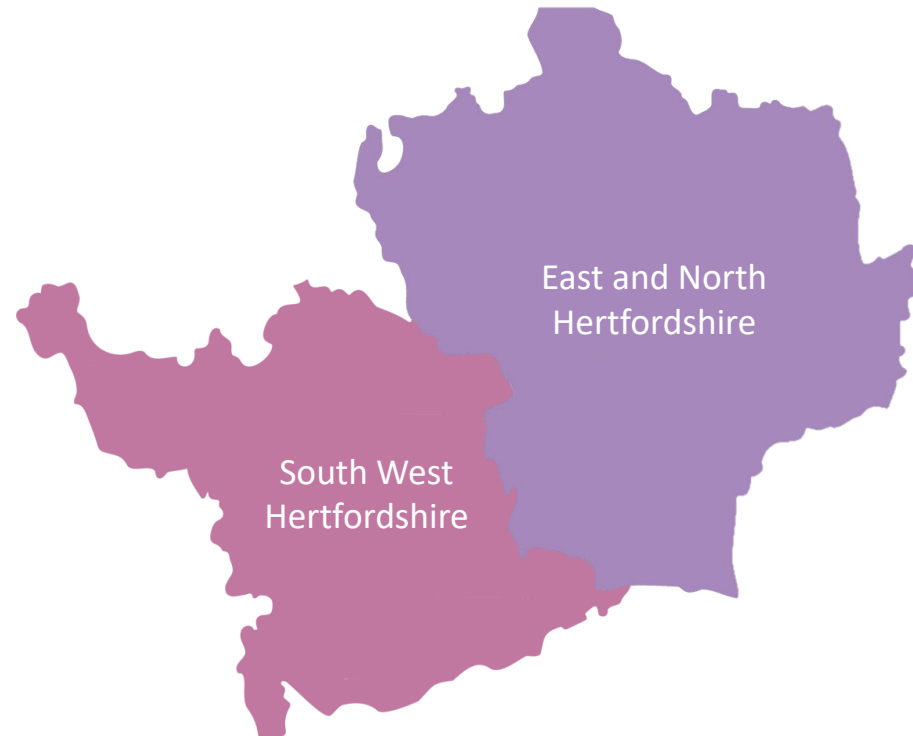
- Shared programme of works across Herts MIND Network, MIND in Mid Herts and MIND in West Essex to create high quality, safe, and better equipped welcoming buildings

MIND in Mid Herts Programme of Works

- Improve/refurbish the 4 centres and enhance the IT infrastructure to improve service provision and pathways

Infrastructure improvements across the HWE local MIND network

- Shared programme of works across Herts MIND Network, MIND in Mid Herts and MIND in West Essex to improve the crisis alternative pathway across the ICS



Herts MIND Network Centre Refurb

- Replacement and repair of fire alarm, fixtures and fittings

Enhancement of Day Service Provision

- Improve/refurbish x 2 of centres

Recording equipment to provide videos of the Hertfordshire Nightlight service

- Equipment to enable delivery of promotional/marketing strategy, raising awareness of crisis alternatives across Hertfordshire

Carver Barracks Sanctuary Satellite (Mind In West Essex)

- MIND in West Essex partnership with Carver Barracks improving mental health of army service personnel, their spouses and families

Dacorum Wellbeing Centre

- Relocation of Dacorum staff team and service provision to new premises following the expansion of Crisis House

Collaborative MIND Crisis Infrastructure

- Shared programme of works across Herts MIND Network, MIND in Mid Herts and MIND in West Essex to improve the crisis alternative pathway across the ICS

4.1.3. Recent Estate Achievements – Mental Health (Other)

PAH - Mental Health Safe Space Reconfiguration

- Refurbish existing side room capacity to enhance patient experience and staff safety whilst patients experiencing mental health crisis wait and receive specialist assessment

WHHT - Mental Health and Patient Safe Rooms

- The scheme will provide safe space rooms that will be used to care for patients attending the hospital in mental health crisis.

ENHT - Mental Health Safe Space Reconfiguration

- The scheme will provide safe space rooms that will be used to care for patients attending the hospital in mental health crisis.



West Essex sanctuary - Moving to an improved and more appropriate building in Harlow

- The main output of the scheme will be the provision of a fit for purpose welcoming and accessible safe space in a central Harlow location.

Buildings improvements for the Hertfordshire Nightlight Crisis bases

- Upgrade of facilities at the Watford Wellbeing Centre



4.1.4. Recent Estate Achievements – Acute Care

NEW HOSPITAL PROGRAMME	ACUTE CARE
<ul style="list-style-type: none">• West Hertfordshire Teaching Hospital Trust (WHTH) and Princess Alexandra Hospital (PAH) were confirmed in the Cohort 3 New Hospital Programme (NHP).• WHTH obtained Town Planning consent and discharged the planning conditions in September 2023. The land was acquired in December 2023. Construction will commence in 2026.• PAH are advancing with their planning application and land acquisition.• Both schemes under further review by the government.	<ul style="list-style-type: none">• The additional theatre capacity at St. Albans City Hospital is soon to complete.• Hybrid theatre for vascular surgery soon to complete at ENH and plans for a modular X-ray solution at Lister Hospital for adult UTC.• In addition to the NHP, PAH are building two new intensive care units.• The cancer centre at Mount Vernon Hospital which has been in many plans over several years has recently been given approval to scope options.



West Hertfordshire Teaching Hospital Trust – New Hospital Programme



Princess Alexandra Hospital – New Hospital Programme



4.1.4. Recent Estate Achievements – Acute Care



Hemel Hempstead Hospital: Developments 2023-24

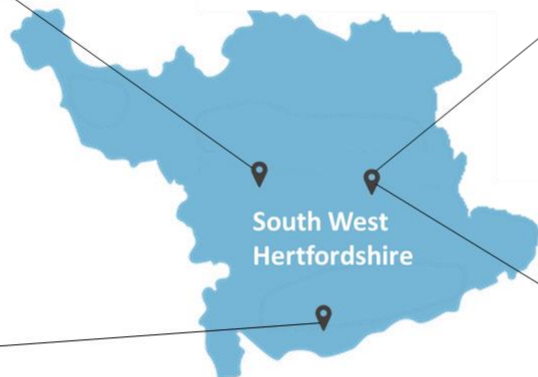
- Upgrade to endoscopy and pathology
- Feasibility study for new Hemel Health Hub



St Albans City Hospital: Developments 2023-24

- New elective care hub for ICS
- New community diagnostic centre
- Major upgrade to HV power supply
- Construction of 120 additional car park spaces

West Hertfordshire Teaching Hospitals Trust



Watford General Hospital: Developments 2022-24

- Upgrade and expansion of theatre complex
- New interventional radiology suite
- Major upgrade to neonatal unit
- New fracture and phlebotomy clinics
- ED upgrade



New Watford Hospital: Enabling Works 2023-24

- Land purchase completed to secure site for new hospital
- New pathology essential lab and mortuary
- Relocation of VIE (oxygen plant)
- Provision of 44 in-patient beds



4.1.4. Recent Estate Achievements – Acute Care



Urgent Treatment Centre

The conversion of office space into clinical space to create an Urgent Treatment Centre has significantly impacted the urgent care department seeing on average 80 patients a day which has reduced pressure on front line services and improved patient waiting times and experience.



Maternity Ward Improvements

Major refurbishment of maternity wards introducing comfort cooling and improving energy efficiency and aesthetics. Works have greatly improved the environment and therefore the patients and staff experience.

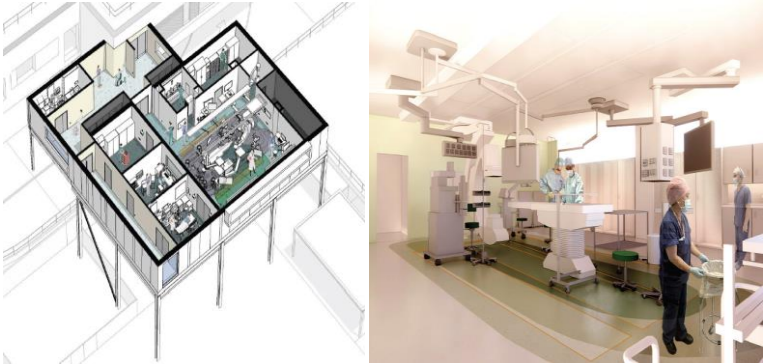


East and North
Hertfordshire
NHS Trust



SPECT CT

Refurbishment of Nuclear Medicine Outpatients to accommodate replacement SPECT CT scanner which was beyond its usable life and refurbishment of associated support facilities including new reception space and reprovision of displaced admin office.



Vascular Hybrid Theatre

Major modular construction and extension of existing theatre block for new 88m² Vascular Hybrid Theatre with integrated scanning facilities as part of a new operating suite and refurbishment of existing Vascular ward as a hub for the new Vascular Network between ENHT, PAH and WHHT. Completion due summer 2024



4.1.4. Recent Estate Achievements – Acute Care



Changing Places

Construction of our first Changing Places, a specialist accessible toilet and changing facility. This provides changing facilities for disabled people who require them in a modern, purpose-built room fully equipped with changing bed and hoist.



Replacement Reverse Osmosis Machine

Replacement and modernisation of equipment showing commitment to continual improvement of the trusts plant and infrastructure. This reduces downtimes of the existing aged infrastructure would close theatres for significant periods whilst awaiting repairs.

East and North
Hertfordshire
NHS Trust



East and North
Hertfordshire

Other Achievements

Banned Gas replacement

The replacement of a significant number of chillers across the trust which has reduced the risk of gas escaping if there were to be a failure. Equipment can now also be re-gassed as and when needed

Vacuum Plant replacement

Upgrades to medical vacuum plant across site to reduce risks associated with failure.

Removal of Nitrous Oxide

As part of the national sustainability agenda A risk assessment of all nitrous oxide on site was carried out and agreement was reached with clinical teams to remove. The removal reduces maintenance costs and staff and patient risks.

Fire Remediation

Comprehensive door adjustment and replacement program throughout the tower block including fire stopping holes in the voids above ceiling level to improve the safety of the patients throughout the tower. Works carried out with minimal disruption in a live working environment.

Cath Lab AHU

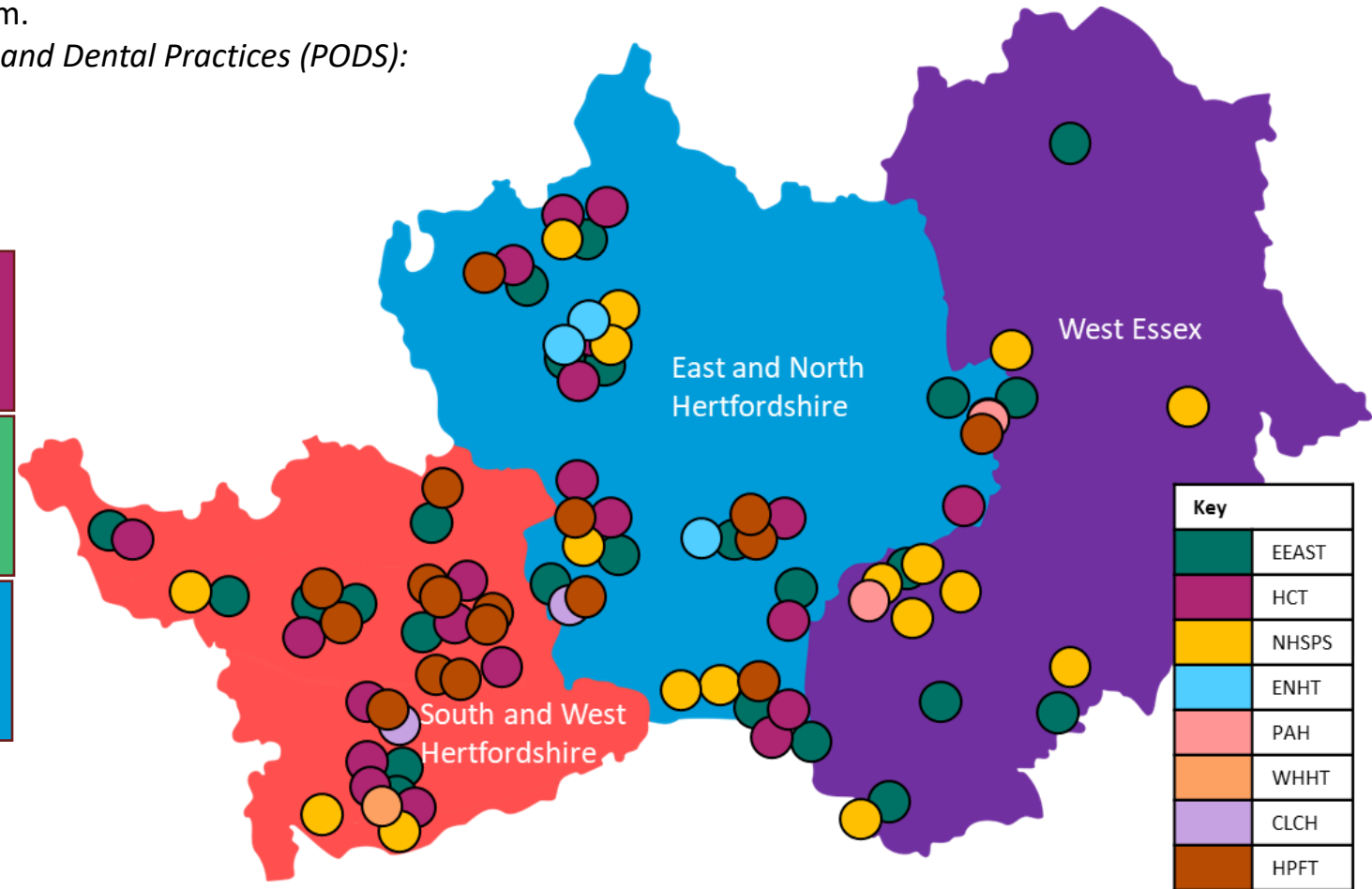
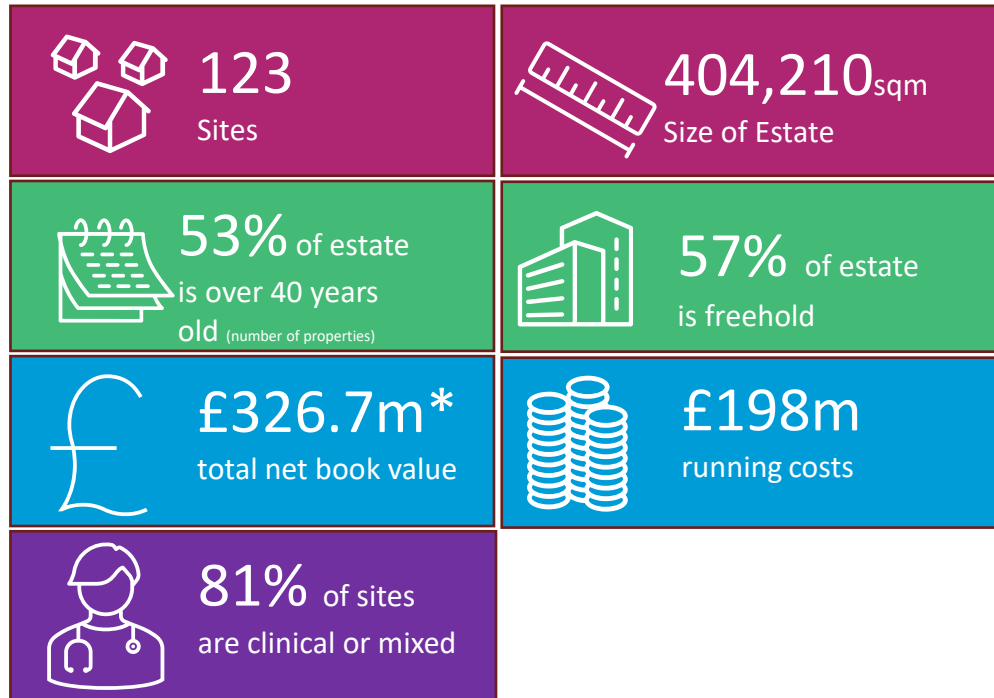
This was a piece of aged infrastructure which was consistently failing, the replacement of which has facilitated a reduction in cancelled procedures and improved the environment for patients and staff.

4.2. Overview - Our Health Estate

Acute and community services are provided from circa 123 sites across Hertfordshire and West Essex with a total Gross Internal Area (GIA) of 404,210sqm.

Please note, this does not include GP's, Pharmacies, Opticians, and Dental Practices (PODS):

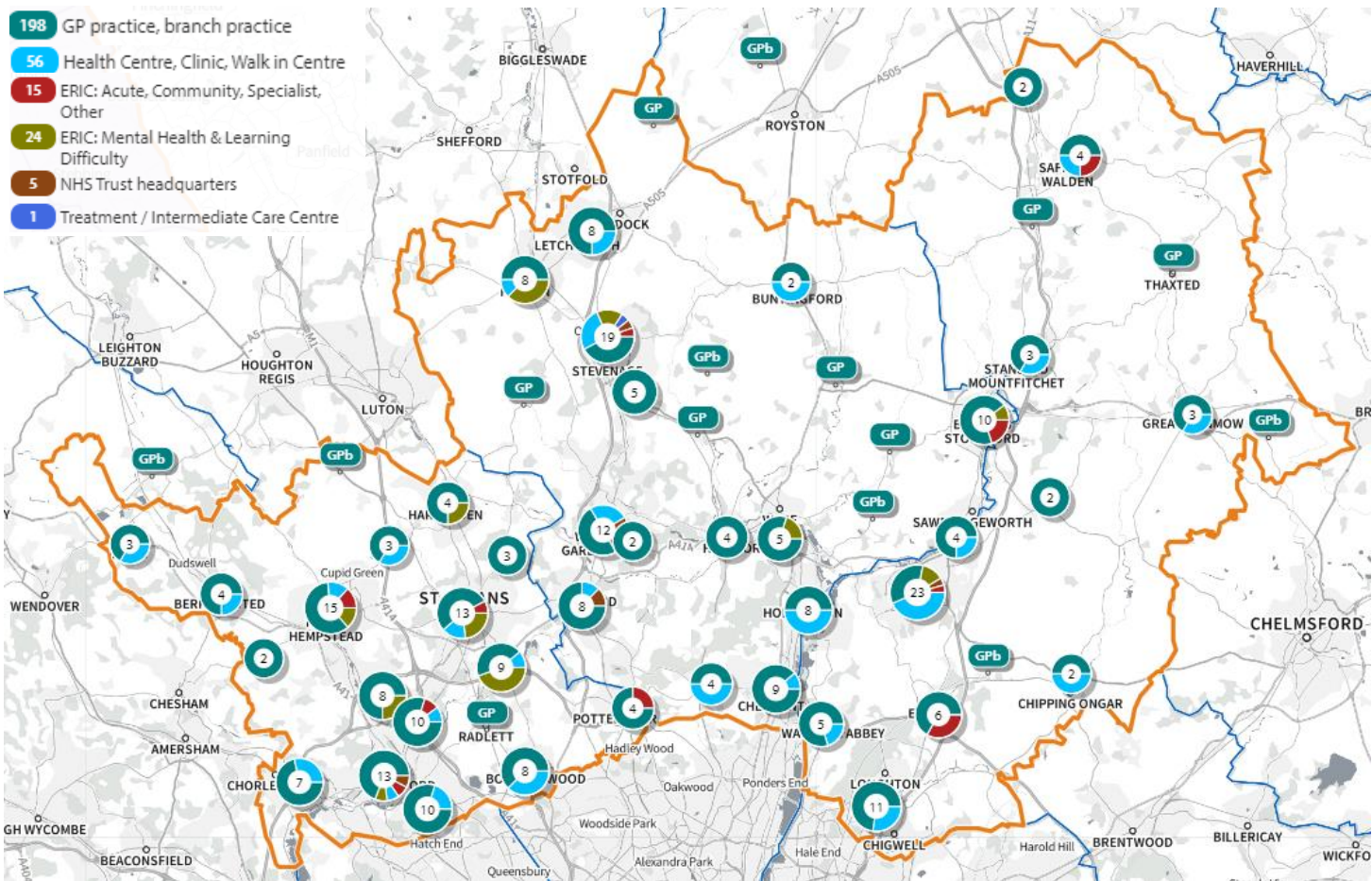
- 276 Community Pharmacies
- 225 Opticians
- 243 Dental Practices
- Circa 130 GP Practices



**Excluding NHSPS properties, ENHT and EEAST – no data received*

4.3. Distribution of our ICS healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



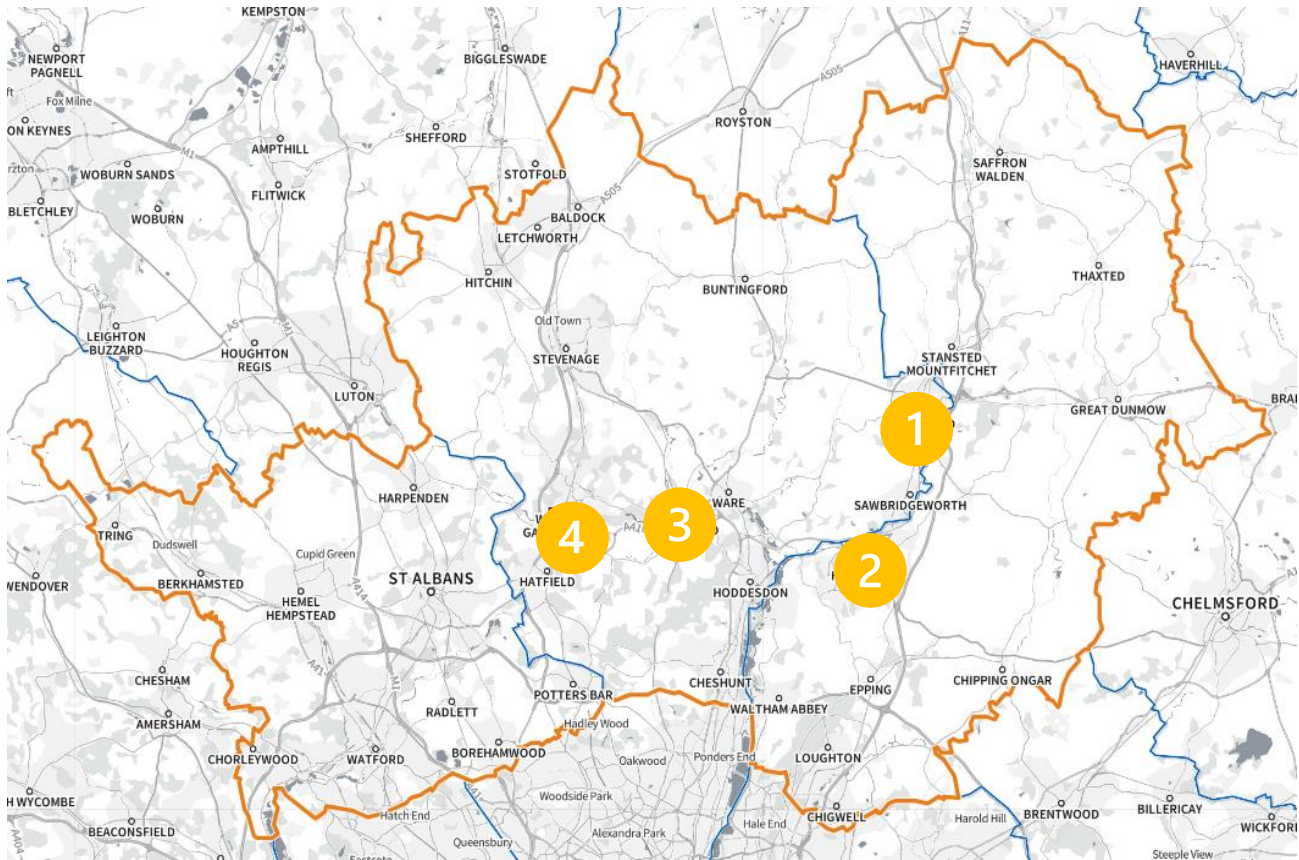
The adjacent map which derives from SHAPE, highlights the distribution of healthcare estate across Hertfordshire and West Essex ICS. See maps in the appendices for locations by organisations. Note that SHAPE has collected data on assets at each site therefore hospital sites will have a number of entries at each location.

There is a concentration of services around the key towns of Harlow, St Albans, Stevenage, Hemel Hempstead and Watford, and are predominantly aligned to the main areas of population in the southern parts of Hertfordshire and the Essex/London borders.



4.4. Distribution of our PFI / LIFT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The map highlights the distribution of the PFI / LIFT healthcare estate across Hertfordshire and West Essex ICS.

As the HWE PFI contracts will expire within the next ~ 10 years, preparation for PFI contract expiry will be a major strategic issue for the system. The scale and complexity of achieving successful PFI hand back represents a significant corporate workstream or initiative noting that all assets are multi-tenanted and the end of contract finance arrangements. All PFI and LIFT assets are designated as Core.

	Managing Organisation	PFI	Contract Expiry
1	NHSPS	Herts and Essex Community Hospital	March 2033
2	NHSPS	Epping Forest Unit, St Margaret’s Hospital	April 2035
3	East North Hertfordshire NHS Trust	Hertford County Hospital	May 2033
4	East and North Hertfordshire NHS Trust	QEII Hospital (LIFT)	March 2040



4.5. Overview – Acute and Community Estate

An estate diagnostic was undertaken to provide a baseline reference for key estate condition and performance metrics and to identify key challenges and opportunities offered by the existing estate (source data: 2022/23 Estates Returns Information Collection (ERIC)).

HWE ICS performance for key metrics compared to national benchmark and peer group* medians is shown in the adjacent table.

Key highlights:

- The ICS's cost of occupancy per m² is slightly below peer median, while higher than the national benchmark.
- The ICS's energy costs per m² are well below the peer group and slightly below the national benchmark.
- The ICS's is currently performing slightly over the recommended Carter Benchmark of no more than 35% of non-clinical space.
- The total of the empty/under-utilised space is ~ 0%. Based on this, the ICS complies with the Carter Benchmark that states that sum of the empty/under-utilised space should not be higher than 2.5%.

■ Performance better than national benchmark
 ■ Below national benchmark (no judgement whether more desirable)

■ Performance below national benchmark
 ■ Above national benchmark (no judgement whether more desirable)

*Buckinghamshire, Oxfordshire and Berkshire West ICB, Frimley ICB, Hampshire and Isle of Wight ICB, Mid and South Essex ICB, Surrey Heartlands ICB – the recommended peer group from NHS Model Hospital.

Metric	HWE	Peer Median	National Benchmark
Gross internal area (m ²)	404,210	534,130	526,470
Occupied floor area (m ²)	395,590	446,010	473,590
PFI Occupied floor area (m ²)	5,073	61,246	90,959
Percentage PFI occupied floor area (%)	1.3%	13.7%	14.1%
Estates & Facilities cost (£ per m ²)	£502	£513	£490
Energy costs per m ² (£/m ²)	£41	£54	£45
Amount of non-clinical space (%)	36.23%	30.35%	30.79%
Amount of empty space (%)	0.04%	1.81%	1.22%
Amount of under-utilised space (%)	0%	0.43%	1.27%
General administration space (%)	4.98%	4.72%	5.80%
Staff accommodation (%)	0.19%	1.29%	1.35%

4.5. Overview – Acute and Community Estate

Backlog maintenance costs are the total costs that are required to bring the estate assets to 'Condition B'. Condition B is the minimum acceptable condition that must be achieved to avoid backlog costs - sound, operationally safe and exhibits only minor deterioration.

These can be split into critical infrastructure risk (CIR) and non-critical risk (non-CIR), as seen in the adjacent table.

Key highlights:

- The ICS's total backlog maintenance costs cost per m² are slightly higher than peer median, but significantly lower than the national benchmark. Circa 42% of the total backlog is of high and significant risk (Critical Risk).
- HWE ICS has a lower total non-CIR and non-CIR per m² (£70.93m and £183 respectively) compared to their peer median. Circa 58% of the total backlog is attributed to non-CIR.
- The ICS has prioritised investment into CIR to address the backlog. The ICB has invested ~ £22M to address CIR, vs £10M invested (on average) by their peers.

■	Performance better than national benchmark	■	Below national benchmark (no judgement whether more desirable)
■	Performance below national benchmark	■	Above national benchmark (no judgement whether more desirable)

Note: NHSE are considering a national programme on 6 facet surveys as it is widely recognised that the ERIC data is inconsistent. WHTH has recently completed 6 facet surveys and the findings are that the backlog maintenance is higher than reported in the ERIC return.

Metric (FY22/23)	HWE	Peer Median	National Benchmark
Total backlog maintenance costs (£m)	£122.81	£107.17	£180.42
Total backlog maintenance (£ per m ²)*	£317	£311	£418
Total critical infrastructure risk (£m)	£51.88	£50.27	£101.74
Total non-critical infrastructure risk (£m)	£70.93	£56.90	£79.75
CIR risk (£ per m ²)	£134	£113	£184
Non-CIR risk (£ per m ²)	£183.02	£202.11	£206.08
Investment to reduce backlog maintenance (£)	£81	£14	£20
Investment to reduce backlog maintenance (£ per m ²)	£208.74	£27.34	£34.18
Investment to reduce backlog maintenance – CIR (£m)	£22	£10	£11
Investment to reduce backlog maintenance – Non-CIR (£m)	£59	£3	£6
Investment to reduce backlog maintenance as a % of total backlog maintenance (%)	66%	10%	9%
Investment to reduce backlog maintenance - CIR (£) as a % of CIR	42%	21%	14%
Investment to reduce backlog maintenance - Non CIR (£) as a % of Non-CIR	84%	5%	6%

*Based on the sum of the CIR risk and non-CIR risk (£ per m²)

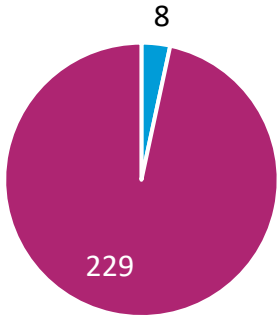
4.5. Overview – Acute and Community Estate

Backlog maintenance cost issues will contribute to estates and facilities safety incidents and clinical service incidents. We have significantly more estates and facilities safety incidents compared to our peers. Circa 55% of these relate to Critical Infrastructure Risk. However, we experience less clinical service incidents caused by estates and facilities infrastructure failure (compared to peers). In total, we had ~ 900% more safety incidents compared to our peers, with PAHT contributing to 68% of the total and WHHT contributing to 32%.

Safety Incidents

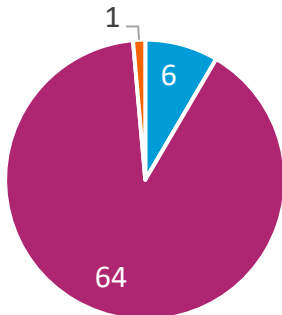
Number of estates and facilities related incidents related to Critical Infrastructure Risk (2022/23)

Peer Median	National Benchmark	HWE
16	12	237



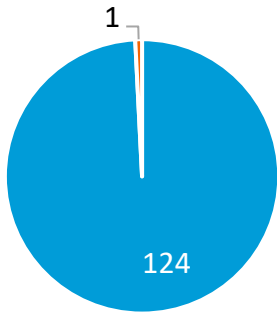
Number of estates and facilities related incidents related to Non-Critical Infrastructure Risk (2022/23)

Peer Median	National Benchmark	HWE
8	14	71



Number of estates and facilities related incidents related to other (2022/23)

Peer Median	National Benchmark	HWE
19	46	125



Princess Alexandra Hospitals NHS Trust West Hertfordshire Hospitals NHS Trust East North Hertfordshire NHS Trust

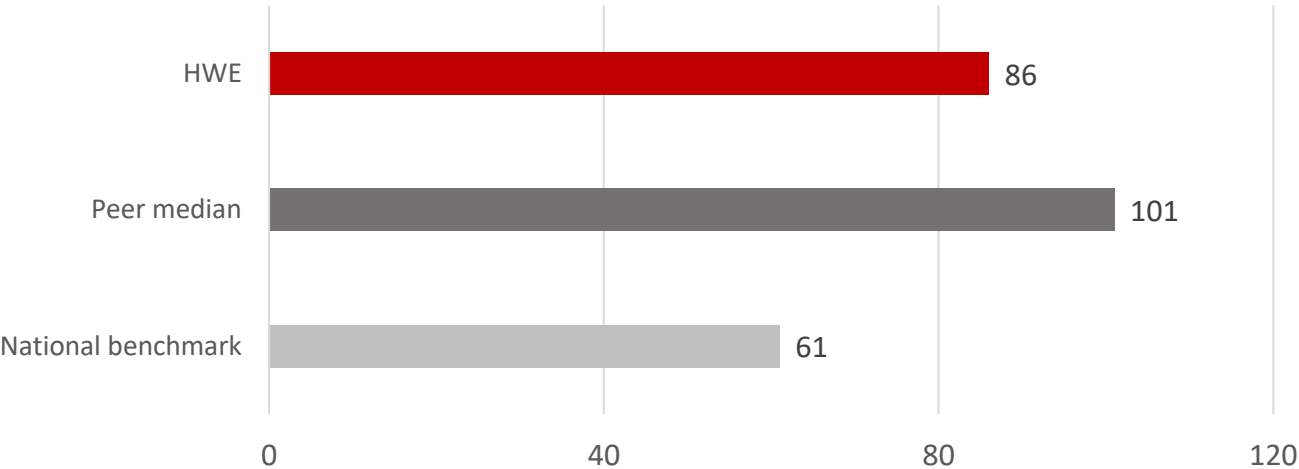
*These metrics are based NHS Model Hospital; however, they may require further validation.

4.5. Overview – Acute and Community Estate

As mentioned above, we have significantly more estates and facilities safety incidents compared to our peers. However, we experience less clinical service incidents caused by estates and facilities infrastructure failure (compared to peers).

Clinical Service Incidents

Total clinical service incidents caused by estates and infrastructure failure (2022/23)*



In contrast to the above, we experienced 15% less clinical service incidents caused by estates and infrastructure failure compared to our peers, based on the ERIC data returned.

Note: NHSE has recently undertaken a pilot study examining the effect of estates and facilities incidents on operational down time in terms of cost, hours, days, and loss of clinical activity. The pilot is now being rolled out to an additional 10 -15 Hospital Trusts.

*These metrics are based NHS Model Hospital; however, they may require further validation.

- Performance better than national benchmark
- Below national benchmark (no judgement whether more desirable)
- Performance below national benchmark
- Above national benchmark (no judgement whether more desirable)



4.5.1. RAAC and Estate Issues

One of the major estate issues facing the NHS comes in the form of the presence of RAAC (Reinforced Autoclaved Aerated Concrete). This is a lightweight bubbly form of concrete that was often used in the construction of schools, colleges and healthcare buildings from circa 1960 to 1990. It is usually found in roofs and occasionally in walls and floors.

RAAC has become problematic because it is weaker than traditional concrete and poses risk that could have serious consequences. There have been ceiling collapses over recent years in education establishments as a result of RAAC building materials failing. The government has therefore issued new guidance on what building owners should do.

NHS has requested assurance for all Primary Care Buildings that RAAC planks and associated building materials have either:

- Not been used in the construction of the building or
- Have been used in the construction of the building and a suitable and sufficient monitoring programme is in place to adequately monitor their structural integrity

The ICS reported there is no evidence of RAAC in its Secondary Care Estate or within the GP portfolio*. A desktop survey is currently being undertaken on all Pharmacy, Optometry and Dentist Assets.

Whilst there may not be RAAC within the ICS estate, there is a need to focus on the circa £52m critical infrastructure risk associated with the failing estate within the ICS. The following pages will highlight the key estates issues from some of our system providers that need to be addressed to keep our hospitals safe and a further slide summarises the key issues.



**RAAC was found in a plant room at Saffron Walden Community Hospital and NHS PS undertook removal and full eradication*

4.5.2. Key Estate Risks and Challenges (CLCH NHS Trust)

CLCH has a small amount of backlog maintenance as the Trust have spent a large amount of money in bringing the estate back to a good condition. The four HWE sites have a backlog maintenance of circa £3m, with no high-risk items based on ERIC return.

Hertfordshire Site Specific Priorities

Site	Strategic Plan	Priority	Update February 2024
Langley House	Decarbonisation project planning approval	1	Planning approved. Programme established to complete in 24-25 financial year.
Langley House	Reviewing options with commissioners for revised model of care for a cohort of patients	1	Part of an on-going strategic bed review
Potters Bar	Rationalizing accommodation for Moorfields	2	Working with Moorfields requirements.
Hemel One	Potential relocation	1	Ongoing
Sexual Health sites	New contract been awarded therefore sites need upgrading through capital investment	2	Upgrade of reception at Southgate (Stevenage) in procurement,
Skidmore Way	Improving staff facilities, possible addition of consulting room	1	Ongoing, delivery Q2/Q3 2024
Hemel Hempstead Hospital, Respiratory	Reviewing options for main staff base location as accommodation/space at the hospital is poor	1	Part of on-going Divisional review of office accommodation in 2024/25


Hertfordshire Estates Priorities 2024 - 2025



Priority	Strategic Driver	Detail	Sites in scope/impacted	Timeline for Delivery
Bed Strategy	St Peter's will be decanted from the main hospital as part of the new hospital development. The acute Trust is reporting 26 beds short from 2025	Modelling work required to determine resolution and develop a bed strategy which meets the inpatient rehab needs of population.	St Peter's Ward	Ongoing
Compliance Works	Improving compliance on fire strategy and overall big 6 compliance themes for the freehold sites inherited from HCT in 2019.	Final phases of Langley and Potter's Bar fire strategy plan and improvement works	Langley, Potter's Bar	Q2 24 - 25
Elstree Way	Working with ICB on options around potential development of the Elstree Way Corridor	ICB and council led regeneration project which CLCH have offered to support / lead as required	Elstree Way	To be developed
Watford/St evenage	Town Centre Development	Continue to work with partners on town	Southgate Health Centre, Watford Sexual Health	Ongoing
Hemel One	Project to relocate Hemel One in September 2024	Scoping exercise via Estates / Facilities to identify alternatives within Dacorum. Suitable block within BRE viewed January '24. Detailed plans currently being established for programme setup.	Hemel One	Notice required by March for September 2024
Harpenden	Backlog works	Roof repairs, resurfacing car park, creation of 10No additional parking spaces, replacing windows to Red House	Harpenden	Due for completion Q4 2024
Potters Bar	Backlog works	Refurbishment of patient toilets, ward corridors, ward drug rooms and other communal facilities	Potter's Bar	Q4 2024
Elstree Way Clinic	Fire compliance works	Fire doors, fire compartmentation	Elstree Way clinic	Q4 2024

4.5.2. Key Estate Risks and Challenges (HPFT and HCT)

Overall, the HPFT and HCT estate is in fairly good condition with limited estates issues. The below estates issues have been identified in the HPFT and HCT 10 year capital plan and are to be completed in 2024/25.




Schemes related to patient safety



-  CCTV Works
-  Swift Abscond Works
-  Replacement WC's (inpatient anti-lig)
-  Fire compliance




Backlog Maintenance



-  General Works
-  St Paul's Plant Room
-  Lambourn Grove Heating

Sustainability



-  LED Lighting
-  Photo Voltaic/Solar
-  Building Management System Upgrade
-  EV Chargers (2 sites)

The table on the right illustrates the discretionary (including planned-over commitment) schemes that have also been identified in the HPFT and HCT 10 year capital plan.

Discretionary (including planned-over commitment) schemes

Scheme	Years 1 – 2 2024/26 (£'000)
Kingfisher Court (CC works)	£50
Crusader Park	£428
Aston Ward works	£100
Warren Court astro turf	£400
Warren Court standby generator	£1,000
Beech ward bedroom refurb	£619
SRS bungalows ED service	£30
Telecoms (high priority 98k)	£148
SE Hub (fees only)	£50
Potential EUPD Unit (fees only)	£50
4 Bowlers Green Female Forensic	£1,150
Little Plumstead car park	£50



4.5.2. Key Estate Risks and Challenges

The HWE estate is facing many risks and challenges, particularly with the limited funding available. A summary of these main risks and some of the highlighted challenges are listed below (not in order of priority) including patient safety and backlog maintenance. These risks and issues need to be considered to ensure that all accommodation and service delivery sites are safe and fit-for-purpose, supported by the appropriate levels of investment into the estate to continue to address current and emerging issues.



Patient Safety

CCTV works, WC replacements, fire compliance

01

Estates and Facilities Management workforce

National shortfall in the EFM workforce

02

Capacity

Lack of system capacity to support recovery and reform. Additional facilities may be required in areas of deprivation

03

Backlog Maintenance

General works, plant rooms, heating, lifts

04

Sustainability

LED lighting, Building Management System upgrade, solar

05

PFI Contract Expiry

2033 – Herts and Essex Community Hospital and Hertford County Hospital
2035 – Epping Forest Unit, St Margaret's Hospital; 2040 – QEII Hospital (LIFT)

06

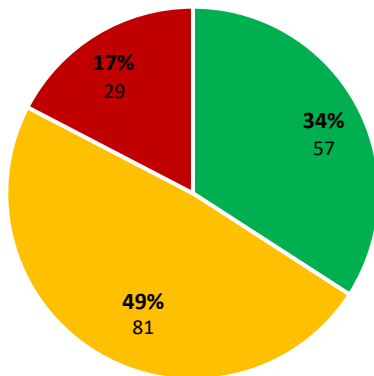
4.5.3. Core, Flex and Tail – Existing Acute and Community Estate

In accordance with NHSE guidance, categorisation of our existing acute and community estate (by number of properties) into core, flex and tail (as per definitions below) indicates that 34% of the estate is core, 49% is flex and 17% is tail. This categorisation enables strategic decisions to be developed, investments to be focused and rationalisation to occur. *Note that the below highlights the 167 properties, carparks and land that sit within the 123 HWE sites.*

CORE

Good quality, fit-for purpose and future proof estate that aligns with the LTP and the ICS's clinical strategy.

All Trusts Total Area – By No of Properties

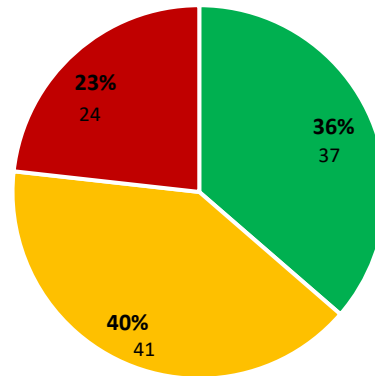


■ Core ■ Flex ■ Tail

FLEX

Estate that is of an acceptable quality, or provides unique access to services, but does not fully enable the ambitions of the LTP.

All Trust Freehold – By No of Properties

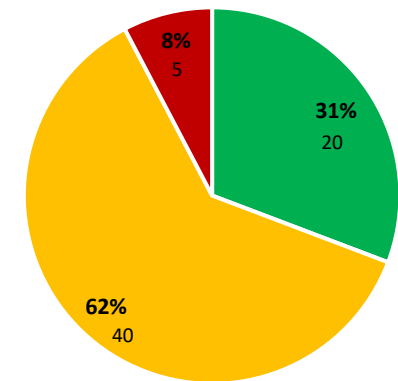


■ Core ■ Flex ■ Tail

TAIL

Poor quality estate that is not fit-for purpose or for patient-facing services and should be phased out when alternative estate is available.

All Trust Leasehold – By No of Properties



■ Core ■ Flex ■ Tail

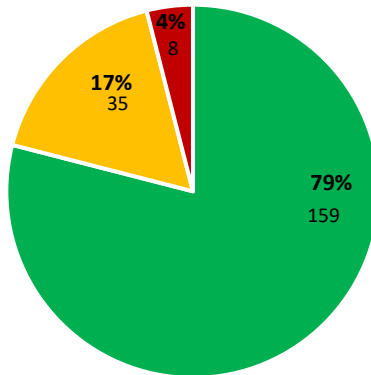
4.5.3.1 Core, Flex and Tail – Existing Primary Care Estate

Categorisation of our existing primary care estate (by number of properties) into core, flex and tail (as per definitions below) indicates that 79% of the primary care estate is core, 17% is flex and 4% is tail.

CORE

Good quality, fit-for purpose and future proof estate that aligns with the LTP and the ICS's clinical strategy.

Primary Care Total Area – By No of Properties

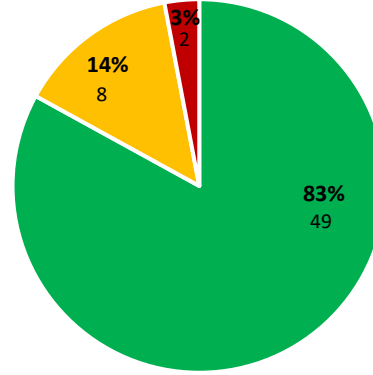


■ Core ■ Flex ■ Tail

FLEX

Estate that is of an acceptable quality, or provides unique access to services, but does not fully enable the ambitions of the LTP.

Primary Care Freehold Estate – By No of Properties

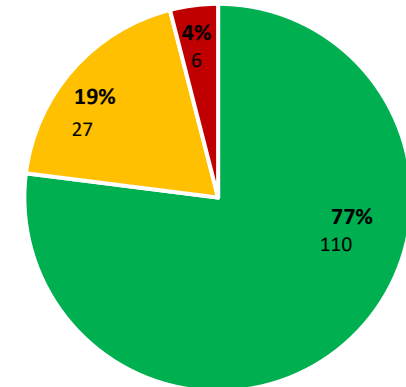


■ Core ■ Flex ■ Tail

TAIL

Poor quality estate that is not fit-for purpose or for patient-facing services and should be phased out when alternative estate is available.

Primary Care Leasehold Estate – By No of Properties



■ Core ■ Flex ■ Tail

4.5.4. Disposals

The below list of land / properties have been confirmed across our ICS as surplus to requirements and have therefore been added to the disposals list. It is necessary to refer to HBN0-08 regarding Surplus Land and Disposals. It is a requirement of HBN0-08 Part B that:

- 4.2. Only land and property that is required to enable Foundation Trusts and Trusts to fulfil their function as healthcare providers should be retained
- 4.3. The estate should be reviewed regularly to identify surplus property
- 4.4. A surplus property should be sold as soon as possible and not retained

Properties Identified for Disposals

Registered on e-Pims	Land/Property/Building Name	Address	Region	Tenure	Forecast Receipt / Valuation
Yes	Harper Lane	145/147 Harper Lane, Radlett	East	FH	£1,200,000
No	Holly Lodge	45 Church Lane Cheshunt	East	FH	£1,600,000
No	SRS Bungalow(s)	Harper Lane	East	FH	£1,000,000
Unknown	Land Adjacent to Saffron Walden Hospital	Radwinter Road	West Essex	FH	TBC

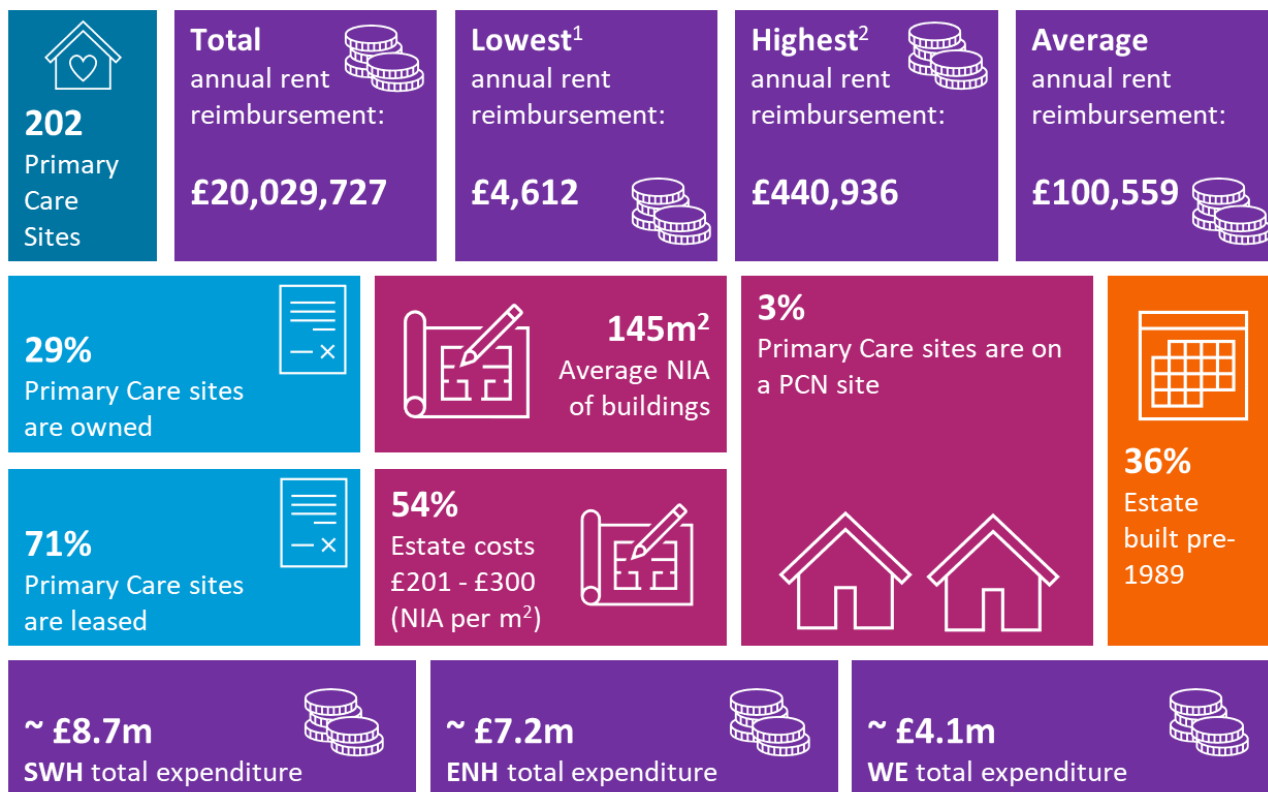
The below properties have also been marked for disposals:

- Hemel Hempstead Hospital when Market Square is developed
- Princess Alexandra Hospital when the new hospital is delivered
- Charter House when an exit arrangement and alternative arrangements are confirmed

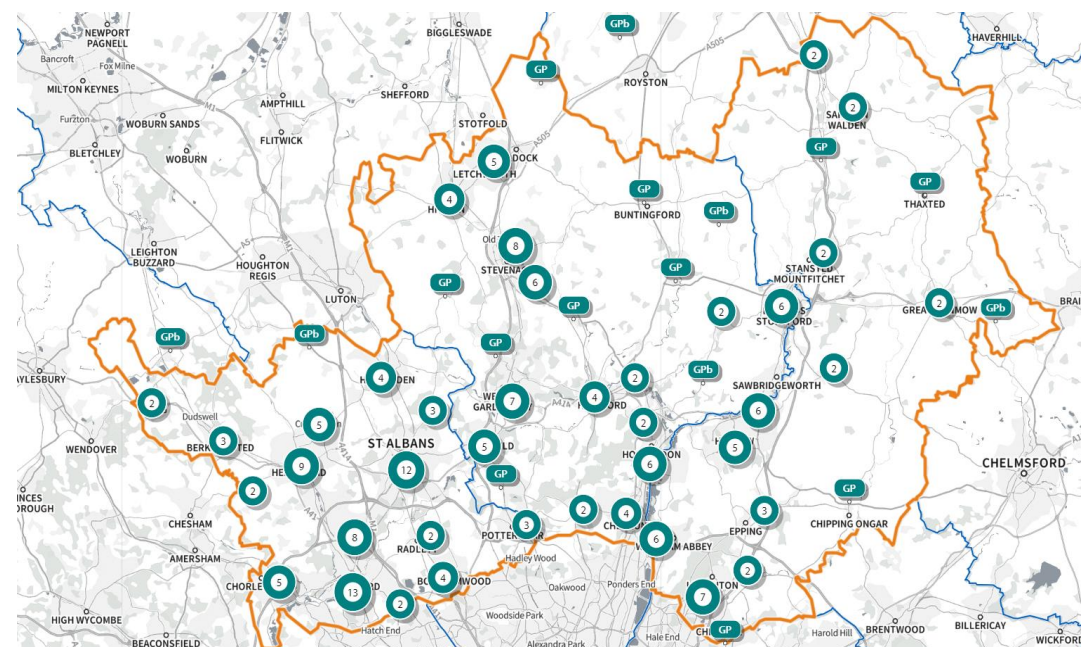
Future disposals will continue to require on-going effective collaboration and engagement between ICS partners to review and agree opportunities for property disposals and lease exits. Outputs include creating opportunities to reinvest disposal proceeds into our health and care system to support improvements and upgrades, address backlog maintenance issues and support new ways of working whilst contributing to reduced running costs.

4.6. Overview – Our Primary Care Estate

- 202 primary care sites across the 3 Health Care Partnerships (HCPs) (excluding the Mental Health Place), with 36% of the estate pre-dating establishment of the NHS.
- Between the 3 HCPs, South and West Hertfordshire has the highest total expenditure (~ £8.7m), followed by East and North Hertfordshire (~ £7.2m) and finally West Essex (~ £4.1m).
- Majority of the sites are leased (71%), with a total annual rent reimbursement of ~ £20m.



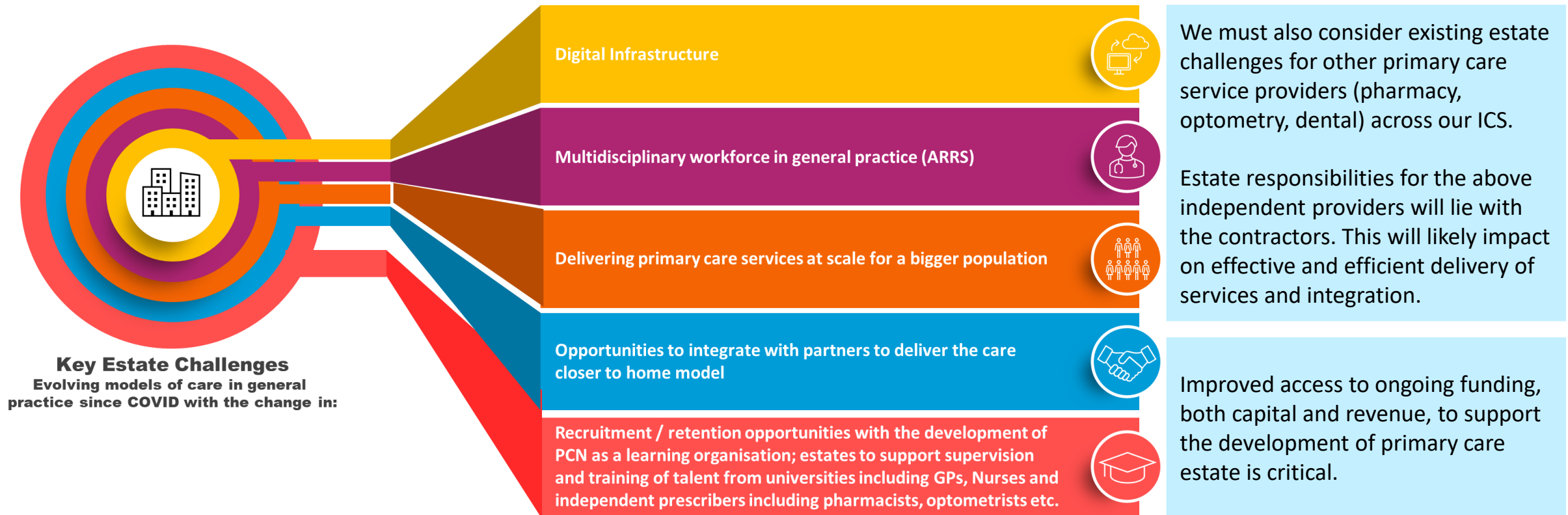
Locations of our ICS primary care estate



Note: In 2022/23, HWE ICB were funded on 3 Facet Surveys on 70% of the Primary Care Estate as part of a national programme.

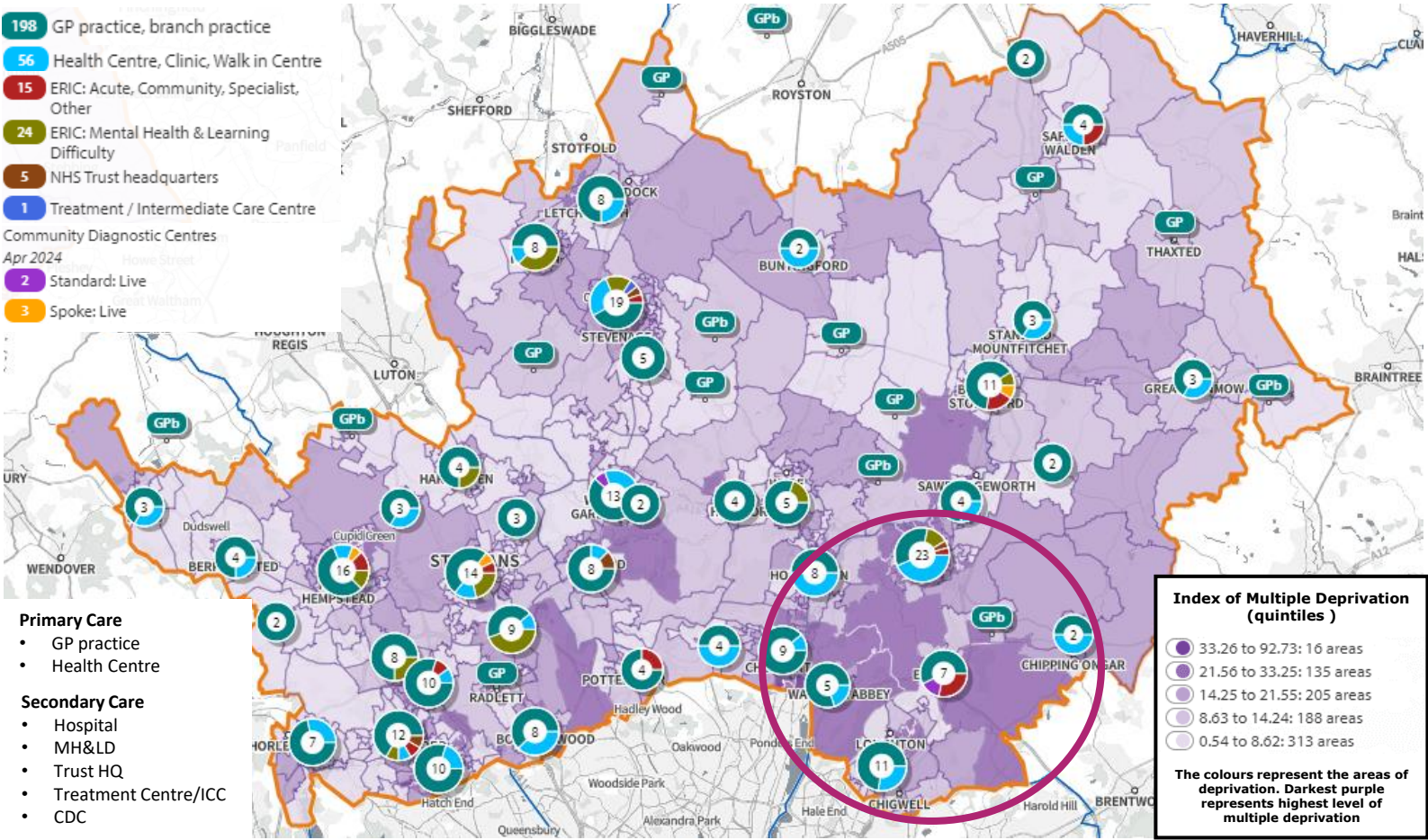
4.6.1. Primary Care – Key Estate Challenges

Primary care estates are fundamental to the healthcare system, providing essential services that support the health and wellbeing of communities. A key estate challenge since COVID 19 is the evolving models of care in general practice. Several of these changes are listed below:



4.7. Distribution of our ICS healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



Primary care and secondary care services are delivered from a significant number of properties across HWE.

The map opposite highlights the distribution of healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

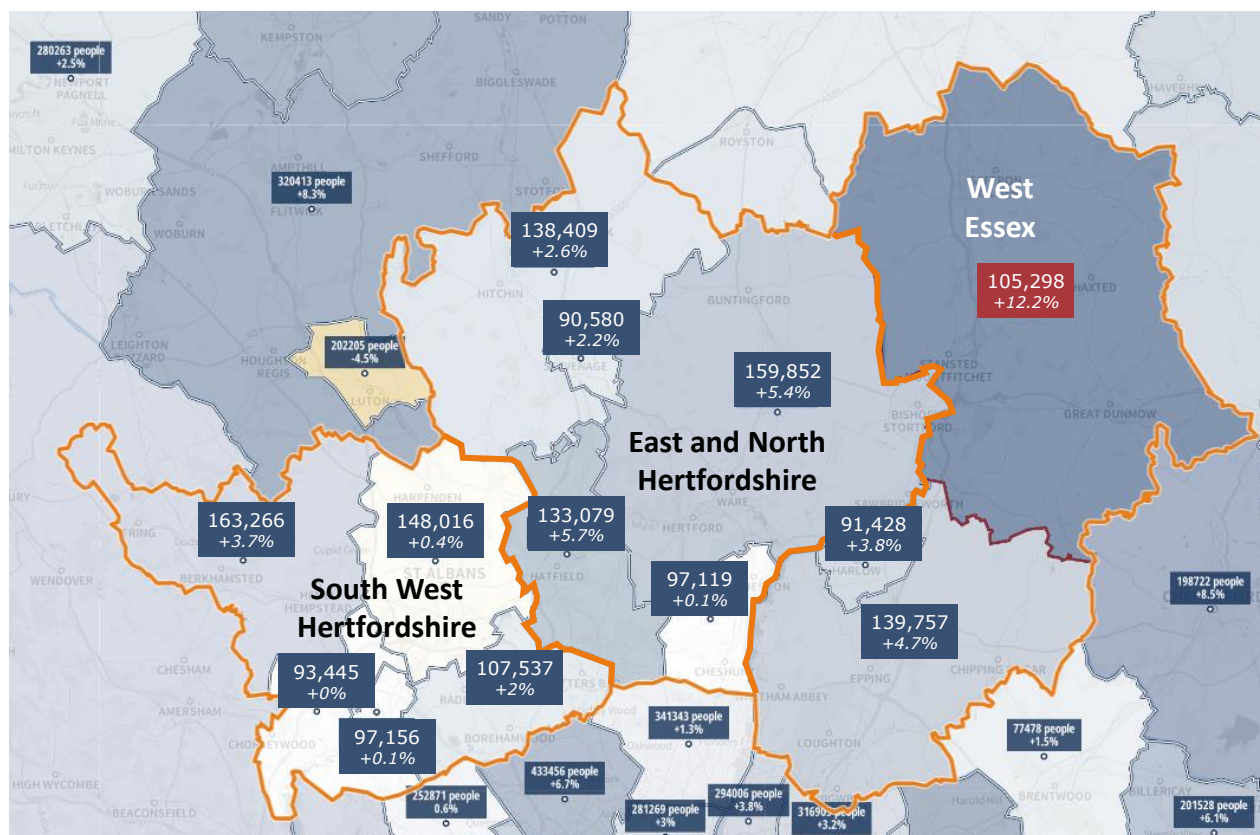
This shows the following key trends:

- There are a number of areas of moderate deprivation across localities
- Some areas of deprivation have limited access to healthcare facilities, particularly in the southern corner of West Essex and circled on the adjacent map.

This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

4.8. Hertfordshire and West Essex Population Projections

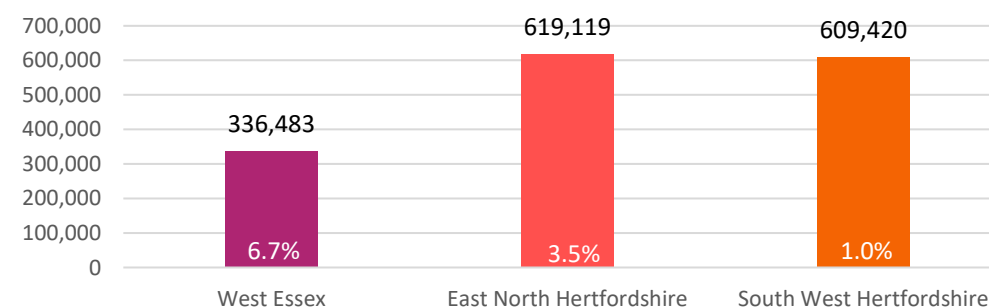
Our area, which already has a higher proportion of residents aged over 85, will see further steep growth in our older population over the coming years. The combination of health inequalities and an ageing population mean that the demand faced by our health and care services outstrips their capacity, and this will only worsen without action.



The adjacent map and graph below highlights the population growth across HWE (2022 – 2037)*:

- ✓ West Essex has the highest percentage increase in population growth, but the lowest population
- ✓ ENH and SWH have a similar projected population, however, ENH has a higher percentage increase in population growth
- ✓ Overall, HWE can expect a population growth of 3.2%

Population in 2037 with % growth from 2022 (all ages)



The figure above is based on ONS Mid 2022 Population estimates and 2018-based Population projections and does not take housing projections into account. When including housing, the population growth is expected to reach ~ 19%, as discussed in the section below.

4.9. Planning and Growth in Hertfordshire and West Essex

The rate of population and housing growth across our ICS area is projected to continue to outpace the wider UK, increasing to 19% population growth by 2031 in Hertfordshire and West Essex when incorporating the projected number of new homes. This unprecedented rate of growth will mean that demand for land will be driven not only by commercial interests, but also by a high demand and level of housing need. Through taking a collaborative approach with local authorities, we can forward plan for future health infrastructure needs.

Hertfordshire	Essex
<p>Hertfordshire is the second most densely populated county in the country and faces unprecedented growth over the next decade.</p> <p>In Hertfordshire over 100,000 new homes and 100,000 new jobs are planned by 2031 (based on 2021 predictions). This includes over 30 major housing/mixed use development schemes across the county, each with over 500 new homes. The scale of growth expected beyond 2031 will be at least the same again.</p> <p>In Hertfordshire c100,000 new homes equates to c240,000 new patients by 2031.</p>	<p>Similarly, over 100,000 new homes (based on 2021 predictions) are in the development pipeline across Essex, ranging from allocated sites, to sites under construction. Of the 100,000 new homes, c30,000 new homes are planned within Uttlesford, Epping Forest and Harlow (West Essex) by 2031.</p> <p>Within these three Local Authorities there are over 15 major housing locations, each with over 500 new homes which are in the development pipeline (Please note, these 15 sites do not include Uttlesford’s Regulation 18 Local Plan allocations).</p> <p>In West Essex c30,000 new homes equates to c72,000 new patients by 2031.</p>

Note: the EIS has been developed on the basis of known housing growth at the time of writing. However, in light of the Government’s proposed planning reforms, which will affect the quantum and location of housing growth planned in Hertfordshire and West Essex, the EIS and the implications on capital investment will be revisited, noting that specific areas such as St Albans will see increased targets of 30% based on the new method of calculations which are under consultation.



4.9. Planning and Growth in Hertfordshire and West Essex cont'd

4.9.1 Local Plans

There are **13 Local Authorities** that fall within Hertfordshire and West Essex ICB. Each Local Authority has a statutory duty to produce, in consultation with statutory consultees and local communities, an up-to-date **Local Plan** that sets out the vision and framework for the future development of their area. Local Plans not only set out the policies to address the strategic priorities for development in a district/borough, but they are also the starting point for determining local planning applications.

Within Hertfordshire and West Essex:

- Seven Local Authorities have an up to date, adopted Local Plan.
- One Local Authority has a Local Plan that has recently become out of date (but where a five-year housing land supply can be demonstrated).
- Five Local Authorities are in the process of updating their Local Plans.

Please refer to the following pages on the status of Local Plans in Hertfordshire and West Essex.

The Revised National Planning Policy Framework (NPPF) was published in December 2023 and introduced a number of reforms to housing delivery. Of particular note, Local Authorities do not need to continually demonstrate a deliverable five-year housing land supply if their adopted Local Plan is less than five years old. This revision to the NPPF seeks to provide a strong incentive for Local Authorities to keep their Local Plans up to date.

These revisions to the NPPF, and the progress now being made by the five local authorities to ensure they have an up-to-date Local Plan by 2026, will positively help the HWE ICB in forward planning for future health infrastructure needs, thus avoiding the reactionary and piecemeal approach to health infrastructure planning and delivery seen within these local authorities in response to speculative planning applications coming forward in the absence of an up-to-date Local Plan.

Note: The NPPF is currently under consultation covering topics such as: a new standard method for calculating housing need, brownfield, grey belt, green belt and affordable housing, with the intention of ensuring the delivery of up to date Local Plans, meeting local housing needs and speeding up housebuilding and infrastructure delivery. We can anticipate further changes to housing targets and associated infrastructure developments, and thus potential increases in the long run for healthcare services.



4.9. Planning and Growth in Hertfordshire and West Essex cont'd

4.9.2 Infrastructure Delivery and Investment Plans

Local Planning Authorities produce Infrastructure Delivery Plans (IDPs) as part of the evidence base to the Local Plan. IDPs are 'living' documents which are continually updated, which identify the strategic infrastructure requirements across a district/borough to deliver the growth planned for in a Local Plan. In addition to identifying what health infrastructure projects and investment is needed, where and when, it includes projects covering transport, waste, education, utilities, culture, sports, emergency services and green infrastructure.

The HWE ICS and healthcare partners work closely with Local Planning Authorities to ensure the right health infrastructure is identified and prioritised in their IDPs. These projects will align with our own investment strategies and infrastructure programmes as set out in this Estates Infrastructure Strategy.

Please refer to the previous pages on the status of IDPs in Hertfordshire and West Essex.

4.9.3 Joint Working

The HWE ICB is a statutory consultee and fully engages in Local Plan-making, to ensure the capacity of existing health infrastructure and services to accommodate new population/housing growth, is captured, quantified, with any gaps in provision identified. The HWE ICB also coordinates system partner engagement resulting in a single NHS HWE ICB/ system partner response to Local Authorities.

The HWE ICB meets twice yearly with individual Local Planning Authorities to discuss amongst other matters Local Plan/IDP updates, timeframes for the delivery of strategic allocations and strategic planning consultations. These meetings are invaluable, strengthening relationships and collaboration between the HWE ICB and the Local Authorities.

In addition, a Joint Health and Growth Working Group meets quarterly involving key stakeholders across Hertfordshire and West Essex.



4.10. Local Plans and Infrastructure Delivery Plans Status, April 2024

Area	Current Adopted Local Plan & Plan Period	Approx. Housing Figures	Draft Emerging Plan	Draft Local Plan Housing Figures	Next Deadline	Housing Figures Source
Borough of Broxbourne	Adopted in April 2020/Plan Period 2018 - 2033	7,718	No formal review proposed yet. However, the Council is undertaking a partial review of the Local plan which will not affect planned housing figures. There are no plans as yet to update the Infrastructure Delivery Plan (IDP).	NA	NA	Adopted Local Plan 2018 - 2033
Dacorum Borough Council	Core Strategy Adopted in September 2013/Plan Period 2006 - 2031	10,750	Regulation 18 Local Plan consultation ended in December 2023. The IDP is currently being updated.	Proposing 14,344 homes over the Plan Period 2024-2040	Regulation 19 Consultation anticipated September 2024	Dacorum Local Plan Revised Strategy for Growth (2024 - 2040) Consultation Documentation
East Hertfordshire District Council	Adopted in October 2018/Plan Period 2011 - 2033	18,458	No formal review proposed yet. There are no plans as yet to update the IDP. However, the Harlow and Gilston IDP was updated in November 2023.	NA	NA	Adopted District Plan 2011 - 2033
Epping Forest District Council	Adopted in March 2033/Plan Period 2011-2033	11,400	No formal review proposed yet. The Harlow and Gilston IDP was updated in November 2023. Part B Report (Infrastructure Delivery Schedule) was published in December 2017.	NA	NA	Adopted District Plan 2011 - 2033
Harlow District Council	Adopted in December 2020/Plan Period to 2033	9,200	No formal review proposed yet. The Harlow and Gilston IDP was updated in November 2023.	NA	NA	Adopted Harlow Local Development Plan, December 2020
Hertsmere Borough Council	Adopted in January 2013/Plan Period 2012-2027	3,990	Decision in April 2022 to set aside the current Regulation 18 draft Local Plan. A new draft Local Plan is being progressed. Part 2 of the IDP was published in September 2021.	Unknown	Regulation 18 Local Plan Consultation anticipated April 2024	Adopted in January 2031/Plan Period 2012 - 2027

4.10. Local Plans and Infrastructure Delivery Plans Status, April 2024 cont.

Area	Current Adopted Local Plan & Plan Period	Approx. Housing Figures	Draft Emerging Plan	Draft Local Plan Housing Figures	Next Deadline	Housing Figures Source
North Hertfordshire District Council	Adopted in November 2022/Plan Period 2011 - 2031	13,000	No formal review proposed yet. The IDP is currently being updated.	NA	NA	Adopted District Plan 2011 - 2031
Stevenage Borough Council	Adopted in May 2019/Plan Period 2011 - 2031	7,600	No formal review proposed yet. However, a partial review of the Local plan is planned which will not affect planned housing figures. The IDP is currently being updated.	NA	NA	Adopted District Plan 2011 - 2031
St Albans City & District Council	Adopted in 1994	Out of date, refer to draft Regulation 18 proposed housing figures	Regulation 18 Local Plan consultation ended in September 2023. The IDP is currently being updated.	Proposing 15,096 homes over the Plan Period to 2041	Regulation 19 Consultation anticipated October 2024	Draft Local Plan 2041 Regulation 18 Consultation Documentation
Three Rivers District Council	Adopted in October 2011/Plan Period 2011-2031	4,500	Regulation 18 Local Plan consultation ended in December 2023. The IDP is currently being updated.	Proposing 4,852 homes over the Plan Period 2024-2040	Regulation 19 Consultation anticipated September 2024	Regulation 18 Local Plan Consultation Documentation
Watford Borough Council	Adopted in October 2022/Plan Period 2021-2038	13,328	No formal review proposed yet. The IDP was published in 2021.	NA	NA	Adopted District Plan 2021 - 2038
Welwyn Hatfield Borough Council	Adopted in October 2023/Plan Period 2016-2036	15,200	The Council to undertake an early review of the Local Plan. A draft IDP was published in 2017.	NA	Unknown	Adopted District Plan 2006 - 2036
Uttlesford District Council	Adopted in 2005	Out of date, refer to draft Regulation 18 proposed housing figures	Regulation 18 Local Plan consultation ended in December 2023. The IDP is currently being updated.	Proposing 5,076 homes over the Plan Period to 2041	Regulation 19 Consultation anticipated July 2024	Regulation 18 Local Plan to 2041 Consultation Documentation

4.11. Planning Obligations & Infrastructure Funding Statements *cont.*

The HWE ICB closely monitors local planning applications and requests funding from applicable developments for healthcare infrastructure requirements via S106 developer contributions. The list below, which spans multiple years, shows the status across all 13 Local Planning Authorities. Planning applications are defined as total responses to major planning applications. The planning applications amount is further subdivided into Funding Agreed and Called In. HWE ICS recognises developers' contributions as a valuable funding source.

Local Authority	Planning Applications	Funding Agreed	Called In
Broxbourne Borough Council	£8,527,930.37	£981,960.94	£554,401
Dacorum Borough Council	£7,592,744	£1,021,963	NIL
East Hertfordshire District Council	£20,319,100.19	£3,835,523.42	£551,994.93
Epping Forest District Council	£1,193,569	£523,335.40	£19,740
Harlow Council	£2,725,553	£732,772	NIL
Hertsmere Borough Council	£5,761,494	£28,986.11	NIL
North Hertfordshire District Council	£4,221,451.42	£239,377.75	£30,000
Stevenage Borough Council	£4,539,446.38	£1,107,733.40	£248,600.44
St Albans City & District Council	£6,101,972	£890,991	£1,124,347
Three Rivers District Council	£4,073,450	NIL	£311,601
Watford Council	£2,353,197	£406,746	NIL
Welwyn Hatfield Borough Council	£14,494,368.72	£754,567.08	£944,099.51
Uttlesford District Council	£5,719,192	£4,006,155.14	£323,428.31
Totals	£87,623,468.08	£14,530,111.24	£4,108,212



4.12. Planning and Growth Challenges

The planning and growth challenges are mostly centred around the ageing population, planned housing growth and gaps in the location of healthcare facilities. Further details can be found below.

1 The level of planned growth in Adopted and Emerging Local Plans presents challenges to the NHS in respect of the consequential need to expand health service infrastructure to support a larger population.

2 Meeting the health care needs of an older population expected to grow at a faster rate than the working age group, places greater demand on care and support services.

3 The Estates Infrastructure Strategy covers a 10 Year period. In comparison Local Plans/Infrastructure Delivery Plans must look ahead to a minimum of 15 years. It is therefore crucial the Estates Infrastructure Strategy is kept under review, as a 'live' document, with flexibility to respond to changes to the quantum and distribution of housing growth.

4 The scale of local planned housing growth and capacity assessments of existing health infrastructure and services to accommodate new population/housing growth, shows there will be gaps in health provision. Planned and accelerated housing delivery requires new health facilities in integrated neighbourhood settings (hubs). Securing developer contributions towards the capital cost of new facilities is critical.

5 Ensuring the timely delivery of new health infrastructure in the right location, which delivers a net zero carbon NHS estate, while ensuring assessments of the demographic profile and health needs of new residents, arising from housing site allocations, meet the actual health service needs of future residents/new communities.



4.13. Government’s Planning Reforms

As a result of the latest change in government, the new government is pledging to restore mandatory housing targets. Local councils will be expected to meet their housing targets using a proposed new standard housing methodology (currently subject to consultation), which will be subject to annual monitoring. The table to the right highlights some of the new government’s main planning reform headlines.

The government also intends to relax the Green Belt strategy to open these areas up for development. The government has labelled this the ‘grey belt’ which is poor quality, disused land areas. New rules will also potentially require half the dwellings built to be affordable homes. This will have a greater impact on health and social services.

As a result of these planning changes, we are likely to see more speculative planning applications for housing coming forward.

A key risk to the revised and higher housing targets is establishing where the capital funding will come from to support new health infrastructure.

The new government pledged to build 1.5m new homes over next parliament
Vowed to reform planning system – revisiting housing targets, strengthening the presumption in favour of sustainable development, recruiting more planning offices and giving mayors new planning powers
All Chief planning officers told unless LPA has an up-to-date Local plan in place, LPA must approve planning applications for housing development unless strong material planning considerations say otherwise
Planning reform is the first policy area in a list of five ‘priorities’ aimed at ‘national renewal’
Planning reform packaged in new ‘Take Back Control Bill’ includes new powers for mayors over transport, skills, enterprise, energy, planning, high street and generating growth in towns and cities
‘Planning Passports’ for urban brownfield delivery aimed at fast tracking planning approval and high-density development
The government has committed to introducing 300 new planning officers across the country to improve ‘public sector capacity to expedite planning decisions’
Build new towns and reform compulsory purchase compensation rules relating to hope value



4.14. CIL, Planning Obligations & Infrastructure Funding Statements

There are five Community Infrastructure Levy (CIL) Charging Local Authorities in Hertfordshire and West Essex:

- ✓ Dacorum Borough Council
- ✓ Hertsmere Borough Council
- ✓ Stevenage Borough Council
- ✓ Three Rivers District Council
- ✓ Watford Borough Council

Welwyn Hatfield Borough Council intends to introduce CIL and in 2023 consulted on their draft CIL charging schedule.



Local Authorities collect CIL charges and secure financial contributions for infrastructure provision to support the development of the Local Plan, based on published CIL charging schedules. The HWE ICB is liaising closely with these Local Authorities to understand the governance arrangements and bidding processes in place, with the intention to submit CIL bids for identified strategic health projects in line with health investment plans, as set out in this Estates Infrastructure Strategy.

The HWE ICB seeks Section 106 contributions from developers where there is a clear impact on health infrastructure arising from proposed development and has been and continues to be successful in securing planning obligations.

The HWE ICB recognises the importance of securing financial contributions from CIL and planning obligations and continues to prioritise timely engagement with Local Authorities in the development of IDPs, ensuring that identified health infrastructure projects and investment are identified early and prioritised.



4.15. Current Estates and Facilities Management Workforce Profile and Skills Gap

The national overview for the Estates and Facilities Management workforce in HWE is:

- Low representation of BAME and female staff
- High number of staff 55 years or over
- Lower number of young workforce joining the NHS in HWE footprint

Issues and challenges

System partners which included the ICS Workforce lead and having regard to the HWE ICS People Plan have identified workforce as an issue and have started to create a HWE E&F Workforce Strategy, one workshop has been held with further workshops planned.

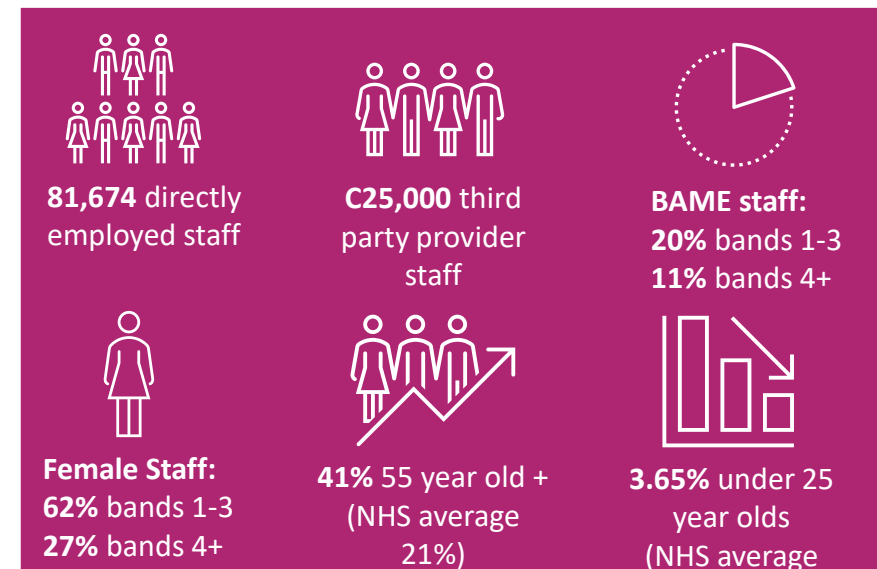
Understanding the national issues the group are measuring national metric against HWE ICS and identifying areas for improvement, succession planning and future sustainability.

Agreed principles and outcomes

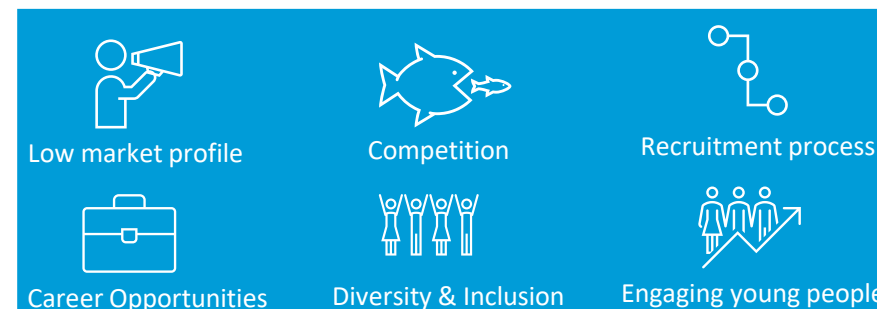
- Agree the common vision.
- Update and discuss what additional information we need for baselining.
- Understand what has been achieved on their current People Plan and which processes have been put in place to avoid duplication
- Governance
- Roadmap to achieving the ambitions and priorities
- Estates and Facilities Management Workforce Strategy

The next slide summaries what the workforce plan will focus on to develop the Strategy, noting this workstream is at its infancy.

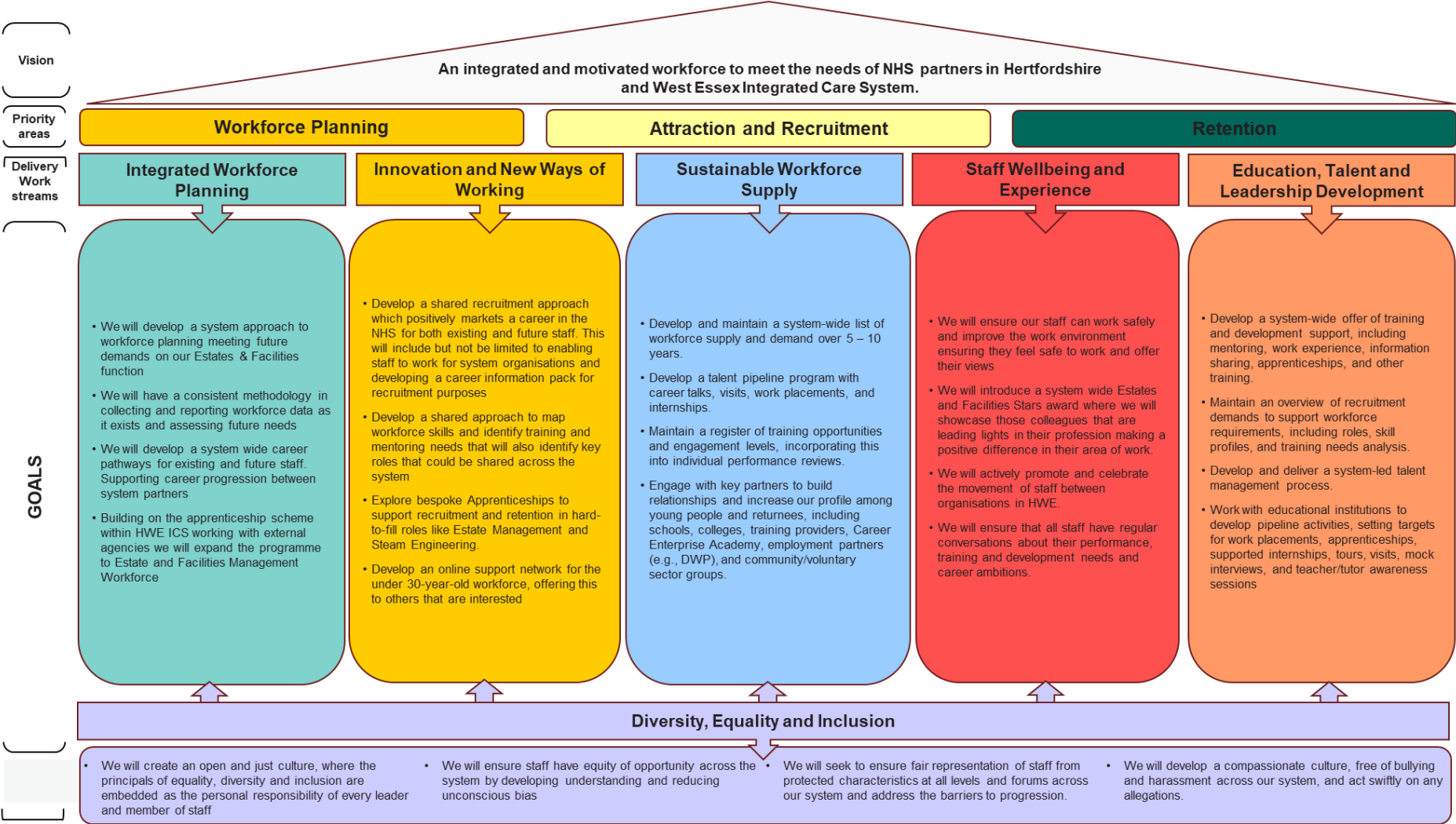
National EFM Workforce Overview



Our Key Challenges



4.16. Estate and Facilities Workforce Ambitions (draft, work in progress)





5. Looking Forward - Where do we want to be?



5.1. HWE ICS Investment Principles and Key Objectives

The Investment Principles below outline the key estates objectives that the HWE ICS aims to address. These objectives extend across population health, quality and efficiency, and have been developed in line with the guiding principles of the HWE Integrated Care Strategy.

The Investment Principles support the three Health Care Partnerships (HCPs).

POPULATION HEALTH 	QUALITY 	EFFICIENCY 
<ul style="list-style-type: none">• Address health inequalities by providing good quality facilities in areas of greater deprivation, noting that HWE is generally below the national average.• Planning for population growth and demographic trends and forecasts to ensure appropriate care.• Providing services having regard to accessibility, notable public transport.• Facilitate Integrated Service Delivery in Places and Neighbourhoods.• Support and encourage co-location of multi-disciplinary teams.	<ul style="list-style-type: none">• Facilitate high quality service delivery.• The infrastructure to support digital service delivery.• Create the environment to recruit and retain staff.• Create the environment for training and development.	<ul style="list-style-type: none">• Optimise the use of the existing good quality estate and premises, offering extended hours and additional services.• Rationalise spaces such as multiple reception areas, waiting areas, staff areas and administration spaces.• Disinvest from assets classified as ‘tail’ to reduce the footprint where running costs are non-efficient.• Work towards an environmentally net carbon zero and financially sustainable estate.



5.2. West Essex HCP at a glance

The table on the right highlights how West Essex HCP compares to the ICB average against key clinical priorities.

Areas of opportunity identified across the West Essex HCP are as follows:

- *Childhood obesity in Year 6*
- *Admissions for asthma and epilepsy in children*
- *Observed versus expected prevalence of Cardiovascular Disease (CVD)*
- *Annual review completed for LTCs*
- *Secondary prevention CVD who are on high intensity statins*
- *Diabetics with all 8 care processes completed*
- *Admissions for hip fractures in the over 75s*
- *Identification of SMI, LD and depression*

A practice breakdown of the PCNs can be found within the PCN packs published on the website.

Clinical Priority	Metric	Place compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↓
	% of children in Year 6 who are overweight	↑
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↑
	Admissions for Asthma (Children)	↓
	Admissions for Wheeze (Children)	↓
	Admissions for Diabetes (Children)	↔
	Admissions for Epilepsy (Children)	↑
Prevention and health inequalities (Premature mortality for CVD)	Lifestyle risk factors: Smoking	↔
	Observed versus expected prevalence	↓
	Annual Reviews completed for Long Term Conditions (LTC)	↓
	% of people with AF treated with Anti Coagulant	↔
	Control of hypertension	↔
Preventative, Proactive care models for Long Term Conditions	Identification of hypertension	↑
	% of people for secondary prevention CVD who are on high intensity statins	↑
	% of diabetics with all 8 care processes completed	↓
	Reduction in emergency admissions of ACS conditions	↓
	Admissions for falls (75+)	↓
Preventative, Proactive care models for frailty and End of Life (EoL)	Admissions for Hip Fractures (75+)	↑
	Prevalence of Mental Health Conditions including LD	↓ SMI, LD, Dep
Mental Health	Admissions for Self-Harm	↓



5.2.1. Our Plans to Address Growth in West Essex

Below outlines the ICS's plans to address growth in West Essex. The plans extend across a range of localities and are tailored to best address the demands of the population in those specific areas. In some instances, work is already underway (e.g. launch of Mental Health Urgent Care Centre). The following slides have been split into acute, community and primary care.

Acute

Princes Alexandra Hospital

- The new hospital will provide emergency and specialist services for the West Essex and surrounding areas including East Herts. The main construction is due to commence in 2026 (tbc) with the new hospital planned to open in 2030.
- 2 Storey Modular Build Decant Pathology on car beside Cell-Path building
- Community Diagnostic Centre
- Main Theatre Suite
- Maternity & Additional Ward (Decant and refurb)
- MRI Scanners
- New Hospital (CPO, enabling works, fees and programme)
- Theatres & rest of main site - UPS/IPS
- UTC Refurbishment
- X-ray rooms refurbishment



Community

Kao Business Park

- Administration rationalisation

Sydenham House

- Exploring opportunity to use Sydenham House estate space. Working with NHS Properties services marketing the opportunity to HCP partners

Community Diagnostic Centre

- Community diagnostics services are planned at St Margarets Hospital building, which will help deliver planned medical services for patients with long-term or multiple conditions who need specialist hospital treatment. Facilities will include x-ray, ultrasound, MRI and CT among a range of non-invasive tests.

St Margaret's Hospital

- PFI asset as core
- Continue with Stakeholder Group on master planning work for entire site
- Investigate potential to relocate The Limes on site
- Beech Ward refurbishment

5.2.1. Our Plans to Address Growth in West Essex cont.

Primary Care and Developments

- Barbara Castle (Branch of Addison House)**
 - Extended and improved surgery premises
- Chigwell Medical Centre**
 - Extended premises
- Felsted (John Tasker Branch)**
 - Improvements to branch premises
- Gold Street, Saffron Walden**
 - Extended and improved surgery premises or new build
- Great Dunmow Development (John Tasker & Angel Lane)**
 - Extended and improved surgery premises or new build
- Gilston (10,000 Homes)**
 - Major Housing growth



- Harlow Garden Community (Excluding Gilston 7,000 Homes)**
 - Major Housing growth
- Latton Priory and North Weald (2,100 Homes)**
 - Major Housing growth
- Loughton Surgery**
 - Extension
- Maynard Court**
 - Extended and improved surgery premises or new build
- Old Harlow Health Centre**
 - Extended and improved surgery premises
- Takeley (2,000 Homes)**
 - Major Housing growth



5.3. East North Hertfordshire HCP at a glance

The table on the right highlights how East and North Hertfordshire HCP compares to the ICB average against key clinical priorities.

Areas of opportunity identified across East and North Hertfordshire HCP are as follows:

- *Admissions for epilepsy in children*
- *Observed versus expected prevalence of LTC*
- *Secondary prevention CVD who are on high intensity statins*
- *People living with diabetes with 8 care processes completed*
- *Identification of dementia and depression*

A practice breakdown of the PCNs can be found within the PCN packs published on the website.

Clinical Priority	Metric	Place compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↔
	% of children in Year 6 who are overweight	↓
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↔
	Admissions for Asthma (Children)	↓
	Admissions for Wheeze (Children)	↓
	Admissions for Diabetes (Children)	↔
	Admissions for Epilepsy (Children)	↑
Prevention and health inequalities (Premature mortality for CVD)	Lifestyle risk factors: Smoking	↔
	Observed versus expected prevalence	↓
	Annual Reviews completed for Long Term Conditions (LTC)	↔
	% of people with AF treated with Anti Coagulant	↔
	Control of hypertension	↔
Preventative, Proactive care models for Long Term Conditions	Identification of hypertension	↔
	% of people for secondary prevention CVD who are on high intensity statins	↑
	% of people living with diabetes with all 8 care processes completed	↓
	Reduction in emergency admissions of ACS conditions	↓
Preventative, Proactive care models for frailty and End of Life (EoL)	Admissions for falls (75+)	↓
	Admissions for Hip Fractures (75+)	↔
Mental Health	Prevalence of Mental Health Conditions including LD	↓ Dem, Dep
	Admissions for Self-Harm	↓

5.3.1. Our Plans to Address Growth in East and North Hertfordshire

Below outlines the ICS's plans to address growth in East and North Hertfordshire. The plans extend across a range of localities and are tailored to best address the demands of the population in those specific areas. In some instances, work is already underway (e.g. launch of Mental Health Urgent care Centre). The following slides have been split into acute, community and primary care.

Acute

Lister Hospital

- Co-Located Urgent Treatment Centre at Lister
- Hybrid Vascular Theatre
- Launch of Mental Health Urgent Care Centre
- SDEC (Medical and Surgical) & Assessment
- Lister Elective Surge Hub
- Main theatres (compliance and reconfiguration)
- Maternity services – reconfiguration
- Radio pharmacy replacement
- Radiotherapy satellite suite – subject to consolidation
- Renal home therapies Unit / Satellite
- Upgrading Aston Ward
- Year 1, 2 and 3: New block to house (as a minimum); Paediatric services (inpatient / outpatient), diagnostic centre, pharmacy services (including aseptic unit, radio pharmacy), audiology services, outpatients, medical day unit



Herts and Essex Hospital PFI

- Minor Injuries Unit
- Newly refurbished and work ongoing. Upgrades includes modernised X-Ray Rooms

5.3.1. Our Plans to Address Growth in East North Hertfordshire *cont.*

Community

- Hoddesdon Health Centre**
 - Refurbishment
- Queen Elizabeth II**
 - New Community Diagnostic Centre
- North Hertfordshire:**
 - Proposals to secure funding for a CDC Spoke in North Hertfordshire have been unsuccessful, however gaps in geographic coverage are being considered
- Letchworth**
 - Redevelopment
- Royston Clinic**
 - NHS Redevelopment - Royston sits within Cambridge and Peterborough ICS but close to HE border and some patient flows



- Cheshunt Minor Injuries:**
 - Procurement is likely to take place in 25/26 (TBC), reviewing plans to maximise the use of this site to better match projecting increase in demand
- Eastern Hub for HPFT**
- Abel Smith House**
 - Relocation
- Danesbury Health Clinic**
 - Extension
- Danestrete**
 - Replacement as part of the SG1 regeneration scheme



5.3.1. Our Plans to Address Growth in East North Hertfordshire *cont.*

Primary Care and Developments

Abbey Road Surgery

- Extension and Improvements

Baldock Surgery

- Extended and improved surgery premises

Birchall Garden Suburb and Panshanger

- Major housing growth

Bishops Stortford Town Centre – Goods yard

- Shared GMS Facility

Buntingford Medical Centre

- Extended and improved surgery premises or new build

Chestnut Lakeside Development

- Major Housing Growth

Manor House & King George

- Extended and improved surgery premises or new build

Northdown

- New branch premises

SG1 (Central: 2,700 – 4,000 flats)

- Major housing growth
- Replacement of Danestrete



Spring House Medical Centre

- Currently accommodated in temp units. Longer term solution with primary care. NHSPS and EEAST.

Stevenage (West A1M – 1,350 – 5,000)

- Major housing growth

Stevenage North (SBC) & Gravelly NHDC

- Major housing growth

Stort Valley & Villages PCN (HEH) – Part A & B – Void Space

- Utilisation of PFI void to address need

The Limes – Additional space in existing building

- Extended GMS

Ware North (3,800 Hones)

- Major Housing growth

4 x Letchworth Practices

- New integrated health centre accommodating primary & secondary services

5.4. South West Hertfordshire HCP at a glance

The table on the right highlights how South West Hertfordshire HCP compares to the ICB average against key clinical priorities.

Areas of opportunity identified across the South West Hertfordshire HCP are as follows:

- *Admissions for asthma and wheeze in children*
- *Lifestyle risk factors: smoking*
- *Observed versus expected prevalence of LTC*
- *Control of hypertension*
- *Secondary prevention CVD who are on high intensity statins*
- *Admissions for Chronic Ambulatory Care Sensitive Conditions*
- *Admissions for falls in the over 75s*
- *Identification of Dementia*
- *Admissions for self-harm*

A practice breakdown of the PCNs can be found within the PCN packs published on the website.

Clinical Priority	Metric	Place compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↔
	% of children in Year 6 who are overweight	↓
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↓
	Admissions for Asthma (Children)	↑
	Admissions for Wheeze (Children)	↑
	Admissions for Diabetes (Children)	↔
	Admissions for Epilepsy (Children)	↓
Prevention and health inequalities (Premature mortality for CVD)	Lifestyle risk factors: Smoking	↑
	Observed versus expected prevalence	↓
	Annual Reviews completed for Long Term Conditions (LTC)	↔
	% of people with AF treated with Anti Coagulant	↔
Preventative, Proactive care models for Long Term Conditions	Control of hypertension	↓
	Identification of hypertension	↔
	% of people for secondary prevention CVD who are on high intensity statins	↑
	% of diabetics with all 8 care processes completed	↑
	Reduction in emergency admissions of ACS conditions	↑
Preventative, Proactive care models for frailty and End of Life (EoL)	Admissions for falls (75+)	↑
	Admissions for Hip Fractures (75+)	↓
Mental Health	Prevalence of Mental Health Conditions including LD	↓ Dem
	Admissions for Self-Harm	↑

5.4.1. Our Plans to Address Growth in South-West Hertfordshire

The tables below outline the ICS’s plans to address growth in SWH. The plans extend across a range of localities and are tailored to best address the demands of the population in those specific areas. In some instances, work is already underway (e.g. West Herts Teaching Hospital Trust redevelopment). The following slides have been split into acute, community and primary care.

Acute

West Herts Teaching Hospital Trust redevelopment

- This hospital will provide emergency and specialist services for the whole of west Hertfordshire
- The main construction is due to commence in 2026 with the new hospital planned to open in 2030

West Herts Teaching Hospital Trust

- Emergency Department refurbishment
- Imaging – MRI Replacement
- Installation of grey water system
- Installation of new 54 DIA medical gas oxygen ring main pipework to site for resilience and increased capacity transfer all remaining wards onto new supply
- Installation of new generation solar panels on flat roof areas into site systems
- Installation of sitewide car parking shelters with solar panels NCZ
- LED lighting renewal across site Phase 3 NCZ
- Main theatre suite
- Maternity & Additional Ward (Decant and Ward Refurb)
- MRI scanners



St Albans City Hospital

- West Herts Teaching Hospital’s planed care site for surgery and cancer services.
- From late 2024 two new operating theatres will open at St Albans and City Hospital and will offer hip and knee surgery, spinal injections and minor ear, nose, and throat (ENT) operations

Albany Lodge – St Albans City Hospital

- ICS ECH at St Albans City Hospital
- Increase and improve parking
- New endoscopy unit
- Pathology
- Replacement Moynihan
- Urology Centre



5.4.1. Our Plans to Address Growth in South West Hertfordshire *cont.*

The tables below outline the ICB’s plans to address growth in SWH. The plans extend across a range of localities and are tailored to best address the demands of the population in those specific areas. In some instances, work is already underway (e.g. West Herts Teaching Hospital Trust redevelopment). The following slides have been split into acute, community and primary care.

Community

Watford Health Hub

- The Watford Town Hall Quarter Programme will see the current Avenue Clinic knocked down and a new health facility built on an existing council car park.

Community Diagnostic Centre

- Community diagnostics centre at Hemel Hempstead Hospital

St Albans Community Diagnostic Centre:

- A new MRI and CT scanner



Watford Avenue Clinic

- Redevelopment – part of the OPE Watford Scheme

An Integrated Health Campus at Market Square:

- A new Health Campus will provide an opportunity to combine many different health and social care services in Hemel Hempstead town centre

South West Hub for HPFT



5.4.1. Our Plans to Address Growth in South West Hertfordshire cont.

Primary Care and Developments

- Attenborough (Bushey)**
 - Increased GMS
- Bowmans Cross (6,000 Homes)**
 - Major Housing Growth
- Gade Surgery**
 - Extended and improved surgery premises or new build
- Garston Medical Centre**
 - Extended and improved surgery premises or new build
- Grovehill Surgery**
 - New Premises
- Hemel Garden Community**
 - Major Housing growth/New Garden Community
- Holywell Surgery**

Extended and improved surgery premises of new build
- Manor View (Borehamwood)**
 - New Premises



- Market Square (Hemel)**
 - New integrated health centre accommodating primary, acute and secondary services as part of a regeneration schemes with County and Borough Authorities
- Midway Surgery**
 - Extended and improved surgery premises or new build
- New Road Surgery**
 - Extended and improved surgery premises or new build
- Rothschild House Surgery**
 - Extended and improved surgery premises or new build
- The Maltings**
 - Extended and improved surgery premises or new build
- Vine House Health Centre**
 - Extended and improved surgery premises or new build
- Hertsmere Urgent Care**
 - Primary Care led minor illness service for Hertsmere patients



5.5. Our Plans to Address Growth – Mount Vernon Cancer Centre

Mount Vernon Cancer Centre provides specialised cancer services to a population of over 2 million across Hertfordshire, Bedfordshire in the East of England, North-West and North-Central London, and Buckinghamshire and Berkshire in the South-East, with small numbers of patients attending from other areas. The Centre primarily affect Hertfordshire and West Essex ICB (HWE) and Bedfordshire and Luton and Milton Keynes ICB (BLMK) as patients from other ICBs flow into other cancer centres.

Relocating the Mount Vernon Cancer Centre is a **regional priority** for the East of England which accounts for the largest share of patients attending the cancer centre. Proposals have been developed jointly with ICBs in the East of England and in London and the Southeast whose populations the cancer centre also serves. In March 2024, the Chief Finance Officer for NHS England confirmed his support for the scheme to proceed to consultation subject to formal endorsement by the national Strategy, Planning, and Investment Committee.

There are a number of factors that will influence the consultation, more so because of the number of organisations that are involved; however a time frame of August 2024 – March 2025 has been set.



5.6. Mental Health Development – Key HPFT Plans

Below are the strategic investment needs which have been identified by HPFT in their 10-year capital plan to address population growth and needs.

Scheme	
Create Integrated MH Hub at Lister. Including new ward and s136 suite (underneath Aston ward)	Reconfigure existing wards for alternative use
Community Hub - West	More partnership working for adults (different provider models)
Integrated social care rehabilitation (care home) environment - step down support facility	Community sites - overhaul - Borehamwood - reprovision/expansion (<i>Lease?</i>)
Eradicate mixed sex wards – Aston, Waverley and stand alone	Community sites - overhaul - Hemel Hempstead - expansion (<i>Lease?</i>)
Consolidated facility for older people's inpatients	Build in flexibility - e.g. KFC refurbishment
Implement latest ligature risk measures - equipment and technology	Autism - more sensory rooms
LD capacity integrated therapy services - hub to accommodate these services (<i>Lease?</i>)	EUPD - crisis hub in the community
Neurodiversity in community settings	Another Cherry Tree Lodge for adults
Additional clinical space for IAPT and other therapies (<i>Lease?</i>)	MH UCC (Watford)
New build needs to accommodate 54 beds (<i>May also need to include children?</i>)	s136 suites attached to MH UCC (x2)
Springbank-type model	

5.6.1. Our Plans to Address Growth Mental Health

The below represents priority development for Hertfordshire County Council for supported living. This represents current thinking but remains in development and is subject to ongoing discussions with District and Borough Councils. There are a total of 90 dwellings for supportive living.

Stevenage Centre

- 12 x Clustered self-contained units, step down shared property, highly bespoke/purpose built
- Young people enabling independent skills
- Specialist/bespoke support
- Ground floor (LD with PD)

Welwyn Garden City

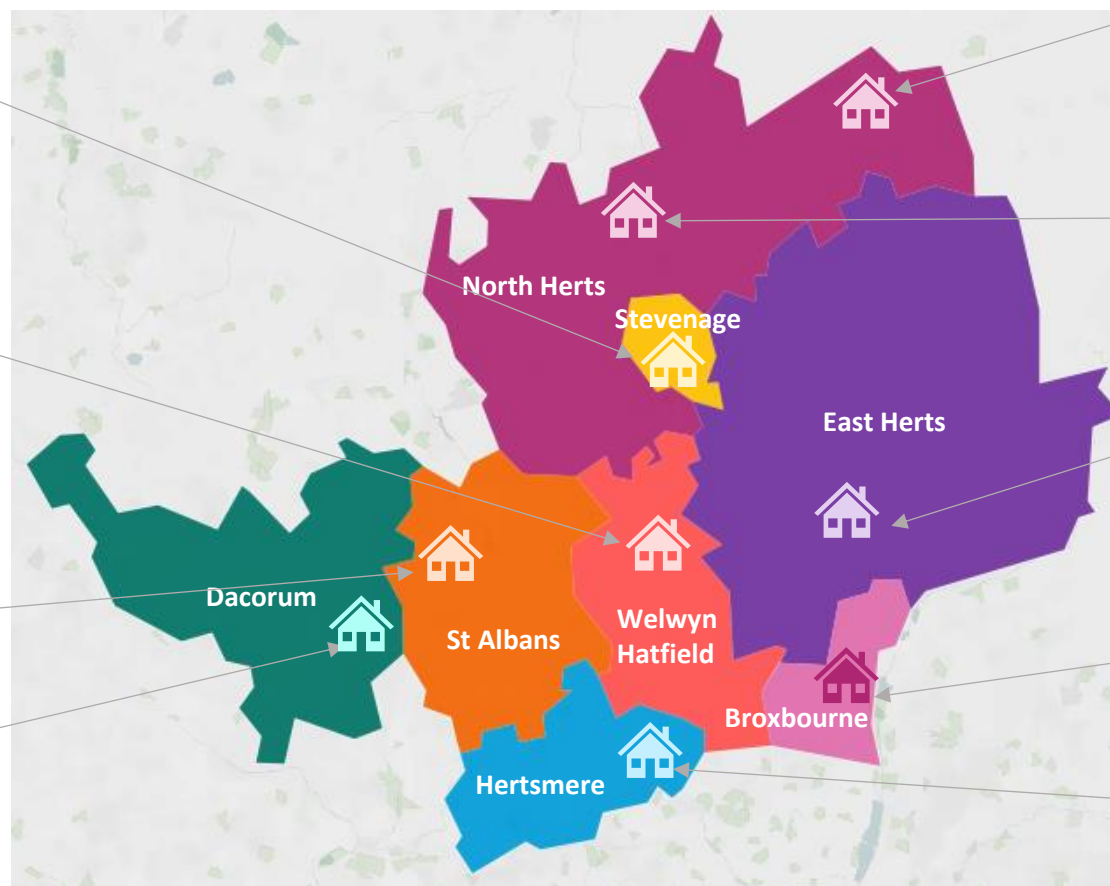
- 12 x Clustered self-contained units, step down shared property, highly bespoke/purpose built
- Young people enabling independent skills
- Specialist/bespoke support
- Ground floor (LD with PD)

Redbourn

- 6 x clustered self-contained units
- Capacity for people waiting with standard or enhanced level needs

Hemel Hempstead

- 10 x clustered self-contained units
- Young people enabling independent skills
- Specialist/bespoke support
- Ground floor (LD with PD)



Royston

- 6 x self-contained units
- Capacity for people waiting with Standard or Enhanced level needs

Letchworth & Baldock

- 12 x self-contained units & step-down shared property
- Capacity for people waiting with Standard or Enhanced level needs
- Young people – enabling skills development

Herford & Ware

- 12 x clustered self-contained units & step down/shared property
- Capacity for people waiting with Standard or Enhanced level needs

Wormley & Turnford

- 8 x Clustered self-contained units
- Capacity for people waiting with Standard or Enhanced level needs

Potters Bar

- 6 x Clustered self-contained units
- Capacity for people waiting with Standard or Enhanced level needs

TBC semi-rural 6 x highly bespoke/purpose-built units for specialist bespoke support for autistic people with behaviours of distress

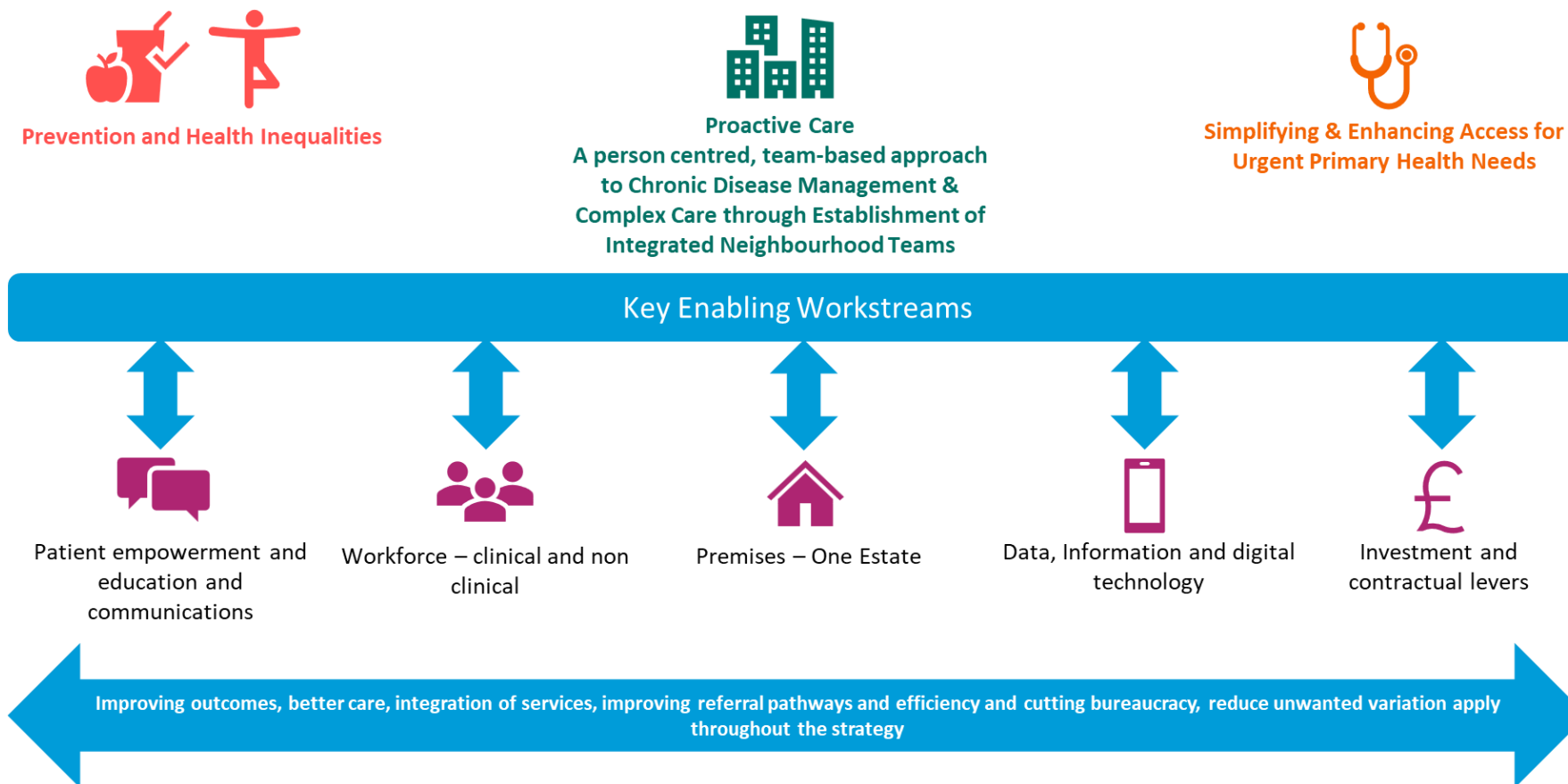
5.7. Overview Primary Care

Primary Care includes general practice, community pharmacy, dental and optometry (eye health) services. These services provide the first point of contact in the healthcare system, acting as the front door of the NHS. We have set out three key transformation objectives:



5.7.1. Primary Care – Strategic Primary Care Delivery Plan

Estates, digital technology, and workforce are all key enablers outlined in the national publication of the Fuller Stocktake and our ICB approved Primary Care Strategic Delivery Plan 2023-2026.



The Delivery Plan has 3 key transformation objectives:

1. **Proactive management** to support routine and complex care through establishment of Integrated Neighbourhood Teams (INTs)
2. **Simplifying and enhancing access** for urgent primary health needs
3. **Continued focus on prevention and health inequalities** - helping people to stay well for longer. At all times the patient/citizen is at the centre of care.

5.7.2. Primary Care – Strategic Primary Care Delivery Plan

The below summarises the Strategic Primary Care Delivery Plan. The main themes focus on improving access to services, increasing collaboration and integration between primary, community and mental health with PCN's, and levelling-up capital investment into primary care versus secondary care.

Greater collaboration between primary and community with PCN's



This will provide a vehicle for delivering the collaborative working amongst health and care workers through a population health management approve improving outcomes for our population

Improved access to a range of extended services



This will be across the patch meeting the local needs; recruit and retain a whole range of multi professional workforce who is best placed to deliver the care for that population and integrate primary care through delivery and digital information sharing with the wider health and community services to meet the objectives of the ICB

Increased integration of primary, community, mental health and care with specialist



May influence the size and type of the wider community estates and this may differ from one PCN to another in line with the geography and how accessible the services are.

Need to change the focus of capital investment being weighted towards secondary care



The focus of capital investment has been weighted towards secondary care – something that now needs to change.

Opportunity for ICS to take a 'one public estate' approach and think creatively about primary care estate



Developing primary care estates plans for the perspective of access, population health and health inequalities – making use of local authority, third sector and community assets (places of worship, allotments) and making creative use of void space in the NHSPS and CHP portfolio. Opportunities for locating primary care on the high street as part of local economic regeneration

Commitment to ensure stronger partnership working across all partners



With a golden thread with local planning and evolving new models of care with the multidisciplinary workforce moving away from the traditional primary care model requires the need to constantly evolve the needs on estates.

Collaboration in delivering services at scale for their population



There are pockets of general practice and wider primary care estates not fit for purpose for the future in light of the evolving models of care with the development of practices collaborating in delivering services at scale for their population as well as testing new consultation models such as group consultations with patients for some long term condition management

5.7.3. Primary Care – Emerging Themes, Enablers and Physical Location

To achieve the PCN visions statements, a set of actions have been developed by Place based on the key emerging themes which have been identified across the 35 PCN's.

Key Emerging Themes

West Essex

South & West Herts

East and North Herts

Improving Same Day Access



- Establish PCN service hubs
- Improving IT infrastructure
- Extend workforce e.g. upskilling
- Review and monitor demand data
- Review best practice, explore triage models
- PCN wide triage model for same day access

- Establish place-based Hubs
- Replicate in-hours care model to enhanced access
- Work with system partners to explore urgent care hub with emergency department team

- Continue to develop same day minor illness hubs
- Offer more appointments on the day
- Cross working with established primary care teams – review and monitor demand data
- Work with partners to explore urgent care hub

Managing Long Term Conditions



- Develop integrated services around population need in Integrated Neighbourhood teams
- Improve access, care and outcomes
- Closer coordination with district council health and wellbeing
- New Population Health Management System

- Extending benefit of group consultations
- Expand social prescribing for LTC patients maximising community and voluntary sector
- Enhancing holistic care approach
- Work to develop outreach programmes

- Development of personalised care plans empowering patients to manage their conditions
- Explore joint home visits with LA LD team
- Care coordinators to increase scope to engage with non-engaging patients

Creating a thriving and resilient workforce



- Colocation of services where feasible
- Monthly PCN development sessions
- Sharing of knowledge and skills
- Recruitment of a PCN management team
- Training needs of current & future roles
- Increase training capacity of workforce

- Create skilled workforce to interface within the PCN e.g. specialist skills that are hard to recruit
- Increase training capacity
- Start PCN organisation development sessions
- Develop Clinical Pharmacists skills/roles

- Develop satisfying working environment offering strong teamwork, collaboration, sense of identity
- Optimising ARRS through effective skill mix
- Ensure all roles are integrated into the business
- Continue organisational development sessions

5.7.3. Primary Care – Emerging Themes Enablers and Physical Location *cont.*

Key emerging themes

West Essex

South & West Herts

East and North Herts

Reducing health inequalities



- Working with multi-agency i.e. MIND
- Develop 'personalised care team' Create consistent digital messages to screening on all digital signs

- Understand what support is available to support health inequalities
- Analysing and targeting people with needs that are no being addressed
- Cascade all service information through PPG's

- Identifying vulnerable, isolated people in the community using data and local intelligence
- Recruit personalised care plan team
- Expand the Young Person's Social Prescriber role
- Extend training and development to other staff

Prevention and proactive anticipatory care



- Investigate cancer screening rates
- Work with local faith leaders to increase cancer screening in specific communities
- Work with local partners to educate parents with young children

- Explore ways of extending anticipatory care model in care homes for housebound patients
- Further develop holistic personalised care
- Integrated working in home visiting teams
- Provide holistic care: working with patients goals

- One place for a range of staff to come together
- Identifying patients with complex / escalating risk
- Maintain continuity of care where possible
- Delivering proactive, personalised and holistic care

Improving mental health across HWE



- Working with partners to scope resources required to meet demand
- alignment of existing pathways between primary and secondary care for mental health
- Work with partners to review existing pathways and explore alternative pathways

- Working with partners to scope resources required to meet demand
- Work with secondary care to streamline process
- Help identify pressure points across pathways
- Exploring appropriate digital resources e.g. apps
- Build on health and wellbeing coaches

- Recruitment of mental health/well-being coaches
- Working with voluntary sector to ensure optimum use of existing community assets
- Exploring digital resources e.g. apps to sign post
- Work with partners to develop scope of growing mental health needs in children and young adults

5.7.3. Primary Care – Emerging Themes Enablers and Physical Location *cont.*

The adjacent image outlines the key enablers and implications of the emerging themes and physical location mentioned above, across West Essex, South & West Hertfordshire and East & North Hertfordshire.

These enablers and implications will be supported by digital and cross functional working.

Key physical implications for West Essex, South & West Herts and East & North Herts



Community Spaces for larger group sessions



Fit for purpose estate in line with current capacity requirements



Ongoing digital solution for patient notes



Physical points of access to information and support by local communities

Key Enablers for West Essex, South & West Herts and East and North Herts



Partnership working with community voluntary services and local community



Work in partnership with public health to target public health campaign



Local authority & ICB support to identify community spaces across patch for lifestyle sessions



Sufficient IT/Digital equipment and connectivity



Mental Health demand and capacity analysis



Access to high quality population health data

5.7.4. Project Pipeline – Primary Care Estates

The Primary Care estate across HWE has faced pressures due to a variety of factors, as seen below. HWE aims to support these pressures and the delivery of primary care through extension and improvement projects, grants and new premise projects.

Theme	Issue/Opportunity	Action
Each local authority continues to be tasked with delivering their Local Plans and addressing housing supply.	Global economic issues are affecting the construction market and amendments to national planning policy housing delivery is variable – this uncertainty makes planning healthcare infrastructure more problematic; LPAs tend to focus more on Primary Care.	<p>Work continues with practices on new premises projects, significant extensions and improvements to existing premises and smaller improvement grants to support the delivery of primary care:</p> <ul style="list-style-type: none"> • PID in progress: 23 • PID Approved: 14 • FBC/OBC in progress: 23
Over the past eighteen months, developers and agents have pushed for higher market rents to meet the inflated construction costs, seeking rents based on development appraisals rather than market rents.	This has seen a slow down on new development projects and recognition that the Primary Care Model needs radical reform.	
Workforce has increased in general practice via the ARRS programme with practices and PCNs struggling to accommodate some of the staff and activities.	Many practices and PCNs are working on improved space utilisation and shared space and resources to manage the additional role programmes.	
Limited NHS capital continues to be problematic, and the Estate Technology Transformation Fund (ETTF) has ended.	The system and its partners await the details of the next round of funding with an indication from NHSEI that funds will be directed towards PCNs that have developed clinical and Estate Strategies.	

5.8. Hertfordshire Growth Board Vision and Missions

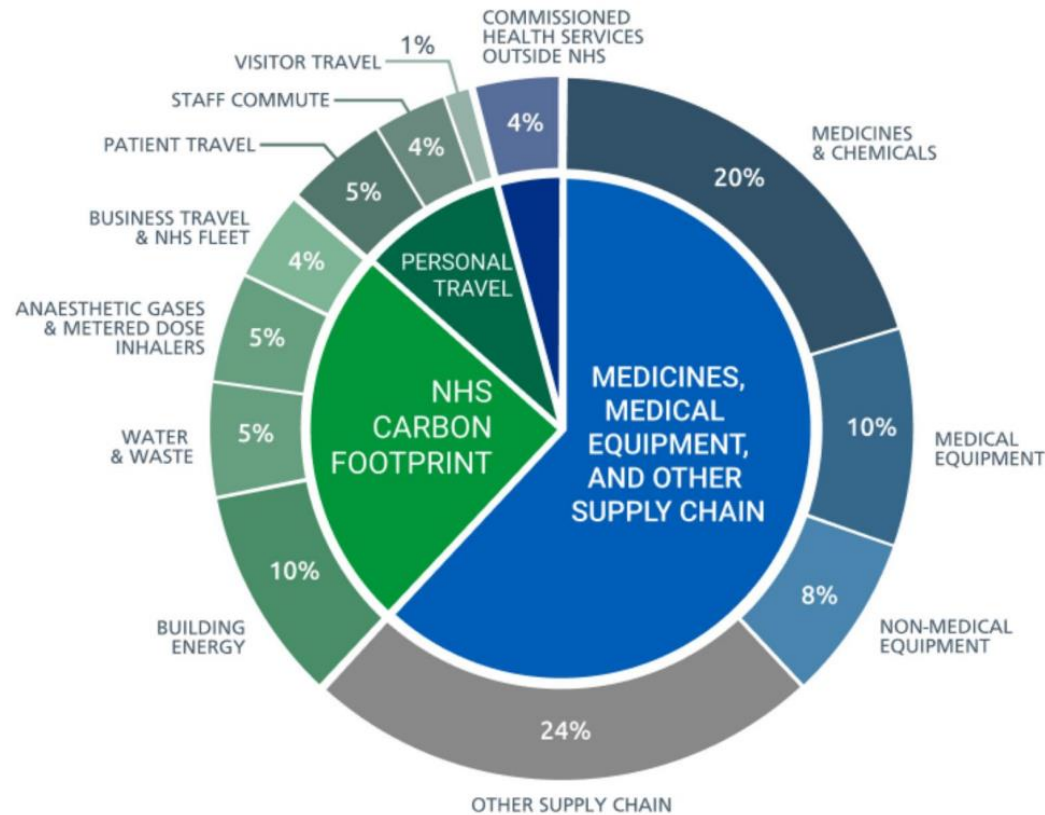
Hertfordshire Growth Board (HGB) is setting a new vision and mission for how Hertfordshire's leadership across local government, health, business and policing will work together around shared countywide goals that will deliver sustainable good growth for residents, communities and businesses for years to come. HGB will respond to county-wide growth challenges that matter to its residents, whilst recognising the need to evolve and be agile to changing political, environmental, societal and economic contexts and demands.

Note: Essex County Council is working towards developing a Growth Board.



5.9. HWE ICS Green Plan (2022 – 2025)

In response to the NHS net zero targets, we have developed the first Green Plan (2022 – 2025), which will be refreshed at the beginning of 2025 to take our system forward, outlining the ICB's goals and plans to meet their sustainability commitments under the NHS Long Term Plan and the NHS Standard Service Contract. In line with the targets mentioned above, the ICS's carbon footprint must decrease by 80% by 2032 from a 2020 baseline and reaching net zero by 2040. Also targeting a net zero plus by 2045.



Additional supporting documents:

- Health and Care Act 2022
- NHS Net Zero Building Standard
- ICS Partner Organisations' Green Plans
- NHS Travel and Transport Strategy
- Biodiversity Net Gain

“A Greener healthcare system in Herts and West Essex – a step change in behaviour and system so that healthcare is delivered with zero emissions and significantly improved other environmental impacts by 2045, to the health and wellbeing benefit of our people”

5.9.1. HWE ICS Green Plan

In the life cycle of this Estates Infrastructure Strategy we will see the end of the first Green Plan (2025) and the creation of three further Green Plans ('25-'28/'28-'31/'31-'34) to reflect and react to our progression towards the NHS net zero targets, to take our system forward, outlining the ICB's goals and plans to meet their sustainability commitments under the NHS Long Term Plan and the NHS Standard Service Contract. The EIS is a key part in recognising that the NHS estate is an enabling factor in many other elements of the NCZ strategy.

To meet this target, our Green Plan's key goals include:



In line with the targets mentioned above, the ICS's carbon footprint must reach 106,896 tonnes per annum by 2032 (reduced from an estimated 2020 baseline of 534,480 tonnes per annum).

∞ ∞ ∞

Until the analysis of the first Green Plans is complete, we will not have a clear view of the progress we have made in empirical terms, while we know from discussion and consultation that figures are moving in the right direction, however we do not know by how far or how fast and this data is required to provide assurance.



5.9.1. HWE ICS Green Plan (2022 – 2025) – Estates & Facilities Focus

Approximately 15% of the NHS's carbon footprint is driven by estates and facilities through building's energy, waste and water use. Efficient use of the estate will not only improve quality and performance but also align with the targets of the ICB's Green Plan and wider NHS Strategy. In order to reduce carbon emissions from estates and facilities, we will explore opportunities to share buildings, spaces, and resources, gaining efficiencies and reducing energy and resource consumption. There have been funding opportunities that have allowed different partners to develop and install improvements including LEDs, solar panels and air source heat pumps in different locations. Our key areas of focus are shown below:



“Princess Alexandra Hospital NHS Trust are planning to deliver the first net zero hospital building in the UK. Although the impact of the embodied carbon footprint from construction works will significantly increase their overall carbon footprint for the period, a pathway to net zero has been identified, covering Scope 3 and construction emissions.” - *HWE ICS Green Plan*



5.9.1. HWE ICS Green Plan (2022 – 2025) – Estates & Facilities Focus *cont.*

Travel and Transport

Sustainable travel and transport have been identified as a key priority area and the introduction of the NHS Travel and Transport Strategy embedded this in our approach. We will be reducing travel where possible through models of care and digital interventions, while also making sure the

As an ICS, we will support our partners to deliver on their Green Travel Plans and collaborate as a group to share knowledge and best practice on the implementation of ultra-low emissions vehicles, zero-emissions vehicles and electronic vehicle charging networks – these charging networks will be provided at all relevant estate in line with sustainability targets.

Following the travel & transport strategy the ICS and region wide EV network across the NHS estate is essential, reflecting the restriction on procurement to only non-combustion vehicles from 2027 for Trusts (including staff salary sacrifice schemes) and ambulances from 2030. The EV infrastructure is essential to facilitate Trust, staff, visitor and Blue-light transition.



Ongoing Green Plan Implementation Schemes

The two sites ear-marked in the new hospital programme are essential for HWE to meet its net carbon zero commitment, and the list below reflects those sites and this is a list of the net zero schemes identified in the 10-year capital plans returns that will enhance our estate:

West Hertfordshire Teaching Hospitals NHS Trust
Additional EV chargers across site to meet Green Travel Plan
Installation of air/ground source heat pumps to non-clinical campus areas
Climate Adaptation & Mitigation Works
Installation of Grey Water Utilisation, where possible
Net Zero Conversion to Heat Pumps at Hemel Verulam
De-steaming of SACH site & conversion to heat pumps
Princess Alexandra Hospital NHS Trust
Additional EV chargers across site to meet Green Travel Plan
Air/ground source heat pumps to non-clinical campus areas
Installation of grey water system
Installation of new generation solar panels on flat roof areas into site systems
Installation of sitewide car parking shelters with solar panels NC
LED lighting renewal across site Phase 3 NCZ

5.10. Digital Strategy

The ICS Digital Strategy 2022-2032 sets out our ambitious plans to transform how our clinicians will be able to deliver better care with improved patient outcomes and will enable our patients and residents to use technology to interact with health and care services by empowering them to control their care journey. Digital innovation will enable us to transform how we use our estate infrastructure in a way that without technology would previously be impossible.

- **Electronic Records** – by the end of 2025, all acute and mental health trusts will have new electronic patient records
- **Information sharing** – have deployed a data rich shared care record of system patient information. Subject to finding will deploy a shared care plans system in 2024/25
- **Automation and Robotics** – introducing artificial intelligence and robotics technology
- **Patient empowerment** – provide patients with access to their health care data and allow them to interact with health and care services
- **Avoidance and choice** – investing in assertive technology where we monitor patients at home or in care homes
- **Barrier and challenges** – funding and the freedom of how we can utilise it to support our ambition and local challenges

Digital Vision

Working together
for a healthier future



'Our teams come together to deliver an effortless, integrated digital experience without boundaries to improve health and care outcomes for all people'

Our Digital Goals

- We will work together to maximise the opportunities to coordinate system wide digital solutions, and provide the right care at the right time, through multi-disciplinary health and social care teams.
- We will bring together the essential connectivity, information, intelligence and data for all care settings as needed by service users, residents and care professionals to improve the overall health and well being of our population.
- We will use digital technology to help keep people well in their homes and improve their overall life chances, at the same time addressing the twin challenges of demand and capacity across the system.
- We will encourage targeted investment and digital innovation at the front line that has potential scaleable benefits to improving health and care outcomes. We will involve Academic Health Science Networks (AHSNs), universities, and the private sector where it makes sense, and we can afford it.
- We will improve the inclusion of our population in accessing their health and care needs digitally where appropriate and will build a digitally confident and skilled workforce.



5.11. Affordable Housing/Keyworker Housing

The availability of affordable and key worker housing is a national issue and tied up to the planning system. Hertfordshire and West Essex not only suffers from a shortage of affordable homes whether that is social rents, affordable rents, home ownership, shared ownership but for many, especially our workforce, affordability is a major issue.

HWE ICB and its predecessors have recognised this for several years and in recent years wrote to all Registered Social Landlords (RSL) to seek support with NHS staff getting onto housing lists and has a list of RSL's that are given to staff looking for homes in the area. HWE ICB via Local Planning Authorities' Policy routes and Local Plan making has also highlighted the issue and sought co-operation from LPAs for inclusion of ensuring keyworker and affordable homes in all Local Plans.

Some speculative planning applications for residential, especially those requiring additional special circumstances to gain planning approval include key worker homes in the applications, but demand continues to outstrip supply.

Existing Accommodation

West Hertfordshire Teaching Hospital Trust	<p>Watson Court 'Wrap Building' (agreement with Origin Housing)</p> <ul style="list-style-type: none"> • 16 x flats (staff flats) - accommodates 32 staff • 11 x flats (SGU Students) • 15 x flats (UCL Students – Junior Doctors) <p>Riverwell Development</p> <ul style="list-style-type: none"> • Trust are in conversation on the provision of key worker housing in the various residential accommodation units that are planned to the south of the hospital site <p>St Albans</p> <ul style="list-style-type: none"> • Trust has lease and nominations agreement in place with Stadium Housing Association for 51 units (flats and houses) adjacent to the St Albans site - managed independently to Trust <p>Hemel Hospital Site</p> <ul style="list-style-type: none"> • Current no accommodation available at or near the site
Princess Alexandra Hospital Trust	<p>Trust has accommodation located adjacent to Lister Hospital - managed by Clarion Housing:</p> <p>Walnut – Blocks 2 to 5</p> <ul style="list-style-type: none"> • 24 flats (6 in each with 4 en-suite rooms in) <p>Chestnut – Blocks 1-10</p> <ul style="list-style-type: none"> • Mixture of 3 – 4 bedroom houses with shared facilities <p>Cherry</p> <ul style="list-style-type: none"> • 5 x houses (4 bedrooms with shared facilities) • 6 x 3 bedroom flats with shared facilities • Occupant are a mix of clinical staff, medical students and office-based staff
East & North Hertfordshire Hospital Trust	<p>Trust has accommodation located adjacent to Lister Hospital - managed by Origin Housing 29 houses of mixed sizes</p> <ul style="list-style-type: none"> • Flats providing 245 rooms • Occupants are a mix of clinical staffing, medical students, office based <p>Trust is undertaking deep dive into the utilisation and management of the units to better understand supply and demand</p> <p>Trust is located next to Premier Inn where the Trust has a discounted rate and can use this option for additional on call rooms if overcapacity</p>

5.12. HWE ICS Office Accommodation 2021 & 2024 update

5.12.1 The reduction in office space required

Occupancy and utilisation of administrative bases and allocated office areas have not resumed to pre-COVID levels, but we are seeing a gradual increase in administration use over the last two years. Nevertheless, there is an acceptance that hybrid working is now the new normal.

Whilst some work within HWE ICS has been completed to reduce and reallocate some spaces (detailed on the next page), staff surveys along with usage data on some assets suggest there is still potential to further reduce office space.

As an ICS, we are advancing gathering data on administrative areas specifically looking for void areas in the first instance and utilisation under the next stage; void areas are discussed at the HWE ICS Estates and Capital Group as well as sub meetings that take place across the system.

The aim is further reducing and redirecting the usage of admin spaces to obtain improved usage, cost savings and where appropriate repurposing to best meet future need.

At the time of writing, we have an incomplete data set on void areas in the thirteen Local Authority Civic Offices, although it's known that Broxbourne Borough Council, Dacorum Borough Council, Epping Forest District Council, Hertsmere Borough Council and Uttlesford District Council all have void areas; work will continue improving utilisation. Over recent years, it is the lack of capital funding that has been the single blocker to undertaking a significant refurbishment programme at Uttlesford District Council's Civic Office to enable a nearby practice to relocate from privately leased, outdated premises.



5.12. HWE ICS Office Accommodation 2021 & 2024 update *cont.*

5.12.2 Completed Work

Significant reductions in HWE ICB Administrative Offices

Across the HWE ICB there are three main administrative offices:

1. Charter House in Welwyn Garden City
2. Kao Park in Harlow in Essex
3. The Forum in Hemel Hempstead.

Additionally, there was some space at Epping Forest Civic Offices.

In order to better utilise estate and reduce costs, an investigation and utilisation review was undertaken in 2023 to ascertain current and future requirements with a view to reducing space at these locations.

After a full examination, along with successful staff engagement and consultation, the HWE ICB was able to surrender the Epping Forest location entirely, and significantly reduce space at The Forum and Kao Park, resulting in revenue savings and a more efficient use of remaining spaces.

Charter House, our largest remaining admin office base, also accommodates an HBLICT data centre - they provide services to Bedfordshire, Luton & Milton Keynes (BLMK) and HWE together with their Practices and the community and mental health Trusts in Hertfordshire.

At the time of our office review there was no alternative economically viable option to relocate the data centre to. However, the ICB is continuing to work up alternative plans and a viable exit solution.



5.13. HWE ICS Optimisation

The ICB is picking up an annual liability on NHS PS void areas (3,750 m²), although work has advanced to remove 2,650 m², saving a further £725k once this work completes. Work continues on further reduction.

Trust	Address	Tenure	Type of property	Type of void (e.g. office space, clinic room etc)	Notes	Void /sessional /subsidy	Net Internal Area of Void
NHSPS	Dunmow Clinic	F/H	Community Clinical Space	Office	Ground Floor, 2no office and store room First Floor, 2no store rooms	Void	48
NHSPS	Addison House Health Centre	L/H Part (Holding Over)	GP Clinic	Clinical and office	Lease events in process of new lease agreement to remove vacant space	Void	151
NHSPS	Church Langley Community Clinic	L/H Part (LE 2028)	GP Clinic	Clinical and office	PCN identified for the space - ICB looking at relocations of other tenants to maximise potential	Void	303
NHSPS	Garston Clinic	F/H	GP Clinic	Clinical	In process of letting to PCN	Void	244
NHSPS	Gossoms End Clinic	F/H	GP Clinic	Clinical and office	Interest in some rooms from perspective tenants	Void	165
NHSPS	Nazeing Valley Health Centre	L/H Whole	GP Clinic	Clinic and office		Void	150
NHSPS	Nuffield House Health Centre	L/H Part	GP Clinic	Clinical and office	NHSPS propose to take headlease, potential for PCN to take more space	Void	197
NHSPS	Ongar War Memorial Medical Centre	F/H	GP Clinic	Clinical and office	Some vacant space to be added to open space Aug 2024	Void	178
NHSPS	Oxhey Health Centre	F/H	GP Clinic	Clinical	Space now occupied by GP, to be backdated as part of lease agreement - in process	Void	93
NHSPS	Rectory Lane Health Centre	F/H	Mixed HC	Office		Void	7
NHSPS	Spencer Close 1 2 and 3 St Margarets Community H	F/H	Mixed HC	Office	Potential for stage 2 of CDC, in discussion	Void	1,002
NHSPS	Spencer Close Unit 4 SMCH	F/H	Mixed HC	Office	Going to be CDC	Void	860
NHSPS	Waltham Abbey Health Centre	L/H Whole	GP Clinic	Office & clinical		Void	221
NHSPS	Herts and Essex	PFI	PFI		Ground floor NHSPS Vacant	Void	118
NHSPS	Epping Forest Unit	PFI	PFI		Ground floor retained and funded	Void	11
Total							3,750

5.13. HWE ICS Optimisation

5.12.2 NHSPS Void and Open Space

NHSPS has provided us with headline information on their void space and space that is available across their properties.

NHSPS Void - Headlines



Total void floor space within ICB area in NHSPS premises totals 3,750sqm equating to £1.32m (includes rent, rates, service charge and FM costs)



NHSPS and system partners are currently in discussions to remove 2,650sqm which will save £725k in void costs for ICB once complete



NHSPS and ICB working together to encourage service providers who have requirements for additional space to consider NHSPS void space to help reduce ICB costs and improve utilisation

Open Space

Low utilisation (c.31%) of Open Space rooms represents an opportunity for optimisation



Dunmow Community Clinic

No. of Examination Rooms: 3
No. of Group Rooms: 1
Open Space Booked Rate: 42.87%
Open Space Room Booked Utilisation: 28.54%
Open Space non booked utilisation: 7.56%

Two of Open Space Rooms will be off boarded for PAH who use the rooms on a permanent basis



Saffron Walden Community Hospital

No. of Examination Rooms: 11
No. of Group Rooms: 1
No of Offices: 1
Open Space Booked Rate: 47.10%
Open Space Room Booked Utilisation: 25.98%
Open Space non booked utilisation: 7.90%

One room is used by the midwives who were homeless following the Crocus Development



Rectory Lane Health Centre

No. of Examination Rooms: 2
No. of Group Rooms: 1
Open Space Booked Rate: 2.95%
Open Space Room Booked Utilisation: 1.17%
Open Space non booked utilisation: 1.50%

One room is used by the midwives who were homeless following the Crocus Development

In addition to the above, there are future plans to onboard Waltham Abbey and Gossoms End (TBC)



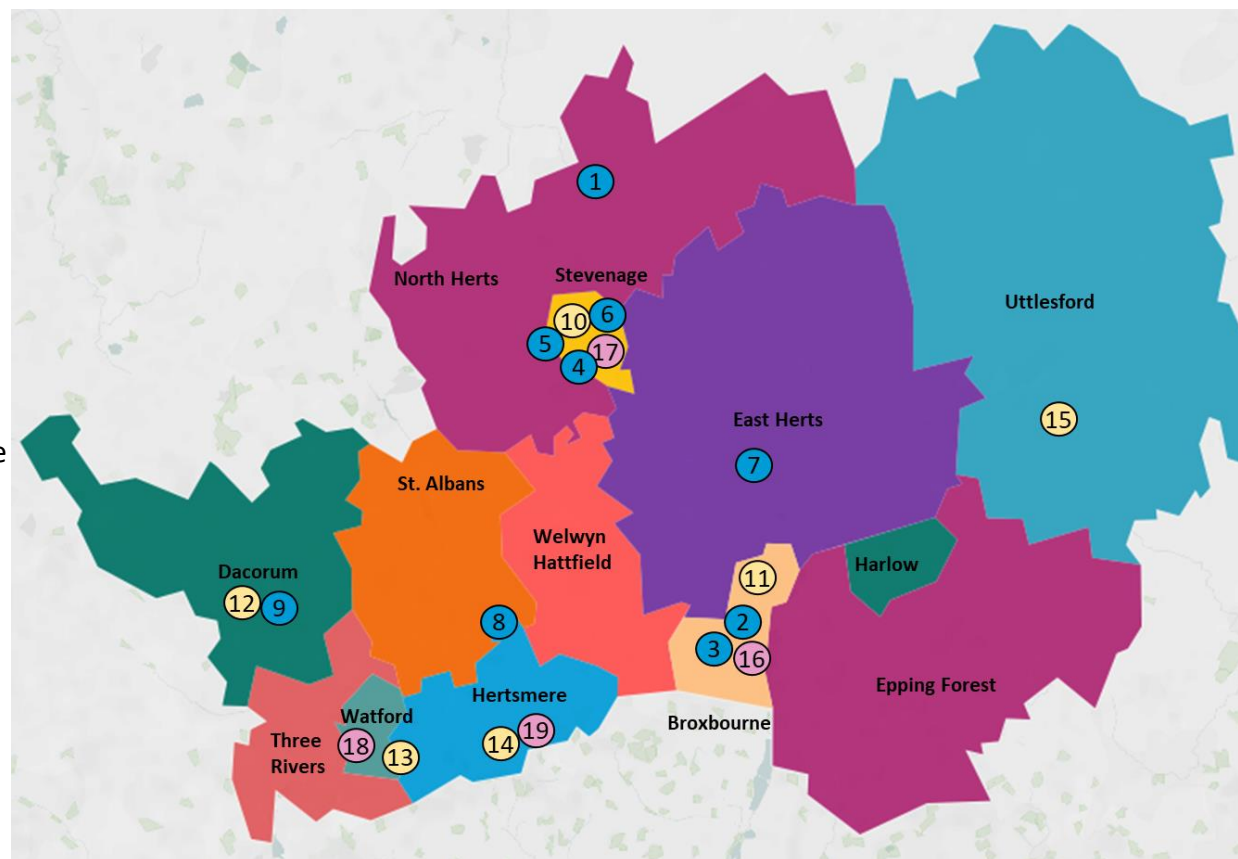
5.14. Hertfordshire and West Essex OPE and Major Developments

The Map below shows the range and distribution of County, District and Borough projects across Hertfordshire which has successfully received OPE funding as well as major developments that are in the pipeline.

OPE is an established national programme delivered in partnership by the Office of Government Property. It provides practice and technical support and funding to councils to deliver ambitious property focused programmes in collaboration with central government and other public sectors. The three core objectives of OPE are:

- Creating economic growth (new homes and jobs)
- Delivering more integrated, customer-focused services
- Generating efficiencies through capital receipts and reduced running costs.

The map to the right highlights both Hertfordshire and West Essex OPE and other major developments that are in the pipeline.



Map Key

Major Growth Schemes

1. Baldock Urban Extension
2. Brookfield Garden Village & Brookfield Riverside
3. Cheshunt Lake Development
4. SG1 Central
5. Stevenage West
6. Stevenage North and Gravelly NHDC
7. Ware North
8. Bowmans Cross
9. Hemel Garden Community

Regeneration Projects

10. Stevenage Centre
11. Harlow and Gilston
12. Hemel Hempstead
13. Watford Town Centre Cultural Hub
14. Borehamwood
15. Takeley

Service Integration

16. Brookfield Public Sector Hub
17. Stevenage Public Sector Hub
18. Watford Dome
19. Elstree Way Corridor

5.14.1. East and North Hertfordshire – OPE and Major Developments

The following pages detail the OPE projects across Major Growth Schemes, Service Integration and Regeneration in East and North Hertfordshire.

Major Growth Schemes

Baldock Urban Extension

- 3,300 new homes
- 2 primary schools and 1 secondary school
- 600,000 sq.ft employment space



Brookfield Garden Village and Riverside

- 250 apartments and elderly person accommodation
- New civic hub, offices, workspace
- Enhanced transport and appropriate parking
- Up to 1,250 new homes including 40% affordable
- A blue light service hub



Birchall Garden Suburb

- 1,950 home development
- Mix of starter homes, family homes and specialist homes
- Affordable homes will be provided
- Community facilities including primary school, community centre, healthcare facilities, children's centre, community space



Cheshunt Lake Development

- 1,725 homes, 19,000sqm of office and commercial space



SG1 Central

- 2,700 – 4,000 flats
- Integrated public services hub
 - State of art health centre
 - Library
 - Registry office
 - Exhibition space
 - Civic offices
- Plans to replace Danestrete Health Centre as part of regeneration scheme



Stevenage West

- 1,500 new homes including 30% affordable
- Residential care home, mixed use local centre, GP surgery, primary school

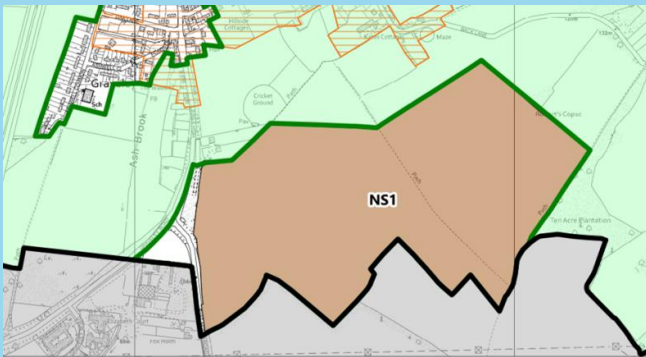


5.14.1. East and North Hertfordshire – OPE and Major Developments *cont.*

Major Growth Schemes

Stevenage North and Gravelly NHDC

- Identified in North Herts adopted Local Plan as an allocated site for the development of approximately 900 homes and supporting infrastructure
- Number of requirements for the site mentioned in the local plan:
 - Two form entry primary school
 - Links into pedestrian, cycle and public transport networks
- Masterplan is being finalised and was presented to councillors for approval in July 2024



Ware North

- 1,800 homes on former green belt in Ware (40% affordable), a care home, sheltered properties
- The development includes proposals to set aside for:
 - Public open space
 - New and expanded primary school
 - New secondary school provision
 - Healthcare
 - Outdoor sports facilities
 - Three hectares for employment and retail opportunities



Service Integration

Brookfield Public Sector Hub

- Collaboration between Hertfordshire County Council and Broxbourne Borough Council
- The new town centre will be a major mixed use sustainable destination with retail, leisure, hotel, civic, workspace and food and beverage uses, together with assisted living, mixed residential and parking.



5.14.2. South and West Hertfordshire – OPE and Major Developments

The following pages detail the OPE projects across Major Growth Schemes, Service Integration and Regeneration in South and West Hertfordshire.

Major Regeneration Schemes

Bowmans Cross

Exact scale of the development will be set by Local Plan process, but proposals would provide:

- No more than 6,000 homes
- Up to 2,400 supporting local families with affordable homes
- Up to 5 primary schools, 2 secondary schools and nurseries
- New health centre, pharmacy and additional health and social services
- Community centres, shops, cafes



Hemel Hempstead

- Delivery of modern integrated health centre delivering improved benefits to patients as part of wider regeneration scheme at Hemel Hempstead
- WHTH faces significant challenges due to the age, layout and condition of estate which does not meet expectations of patients or clinical staff
- WHTH was selected among 48 hospital to be built by 2030-part of Governments Health Infrastructure Plan



Hemel Garden Community

- 11,000 new homes by 2050 including affordable
- 10,000 new jobs will be created in Hertfordshire Innovation Quarter
- Healthcare Services e.g. GPs, dentists, chemists

Watford Town Centre Cultural Hub

- It aims to increase footfall, make Watford more attractive, improve parking and build new quality homes
- It is also generating over £300,000 savings each year for the council as the scheme will significantly reduce the space used in the Town Hall, opening it up for other purposes.



5.14.2. South and West Hertfordshire – OPE and Major Developments *cont.*

Service Integration

Elstree Way Corridor

The redevelopment of land at Elstree Way appears to offer a way for the public sector partners to develop new operational assets using the development value from associated residential property development:

- A new fire and rescue station
- A new health care asset
- Key worker housing



Regeneration Projects

Borehamwood

- Borehamwood has been developed extensively by the private sector with apartment blocks being built over recent years.
- It is anticipated the fire rescue will be moved to release value from the existing site and the new health asset with key worker housing to be incorporated into the new development.



5.14.3. West Essex – OPE and Major Developments

The following pages detail the OPE projects across Major Growth Schemes, Service Integration and Regeneration in West Essex.

WE Regeneration / Housing Growth Schemes

Harlow and Gilston Garden Town Centre

Regeneration of Harlow Town Centre is already underway, will encompass:

- Arts and cultural quarter
- New transport hub
- Transformation of market square

A total of 16,000 (including the three villages in West Essex) houses will be delivered over next 9 years in four new garden villages. Gilston is the village that will be delivered in East Hertfordshire:

Gilston

- 10,000 homes
- Associated infrastructure for seven new villages
- 6 of villages (8,500 homes) are owned by Places for People and the seventh (1,500 homes) on books of Taylor Wimpey
- Currently working with developers on Section 106

Water Lane (Epping Forest)

- 2,100 new homes and community facilities

Latton Priory (Epping Forest)

- 1,050 new homes and community facilities

East of Harlow

- 3,350 new homes (2,600 in Harlow and 750 in Epping) and new community facilities



Takeley

- Plans for 2,000 homes and community facilities





6. How Do We Get There? Finance and Capital



6.1. Estate Infrastructure Finance and Capital Pipeline

The information in this section explains the system capital allocation for 2024/25 based on resources available, an overview of progress on schemes in progression, business cases in transit, system working and a forward plan for a system prioritised capital pipeline that is derived from a scoring matrix across a number of considerations but focused on investing capital where there is the best system benefit. The system recognises that available capital is significantly less than available capital and will prioritise and spend within controlled totals.

Estate Infrastructure Overview

Based on Estates Returns Information Collection (ERIC) 2022/2023 the secondary healthcare estate within the ICB comprises 123 sites with a Gross Internal Area of 404,210 sqm, an annual running cost of c£198m and backlog maintenance totalling £123m. The Primary Care Estate within the ICB comprised of 202 (Branch, Main and PCB sites) General Medical Services Premises with a Net Internal Area of 80,000 sqm and an annual running cost of £20m.

National/Central Capital Programmes include:

- New Hospital programme for WHTH & PAH
- Community Diagnostic Centres
- Endoscopy Unit
- Vascular Surgery Hub
- Elective Hub
- Front Line Digitisation
- Diagnostic Digital Capability Programme

System Capital Available – FY2024/25

Funding Resources	FY 2024/25
Provider Capital Allocation	£61.875M
IFRS 16 Allocation	£15.439M
ICB GPIT Capital Allocation	£2.448M
System Performance Capital Allocation	£3.654M
System bonus capital for delivering a small surplus	£0.039M
WHHT bonus capital for UEC performance	£1M
Total System Capital Allocation	£84.455M
National Capital	£61.683M
Technical Adjustment	£0.144M
Total System Capital Available	£146.282M



6.2. Overview of Ongoing Scheme Progression

Our system partners are focused on delivering estate transformation through a series of targeted capital investment projects which range in size, scale and deliverability from refurbishments, extensions and Community Diagnostic Centres, through to substantial new hospital developments proposed in the NHP programme.

Princess Alexandra Hospital and **West Hertfordshire Teaching Hospital NHS Trusts** are both in the National New Hospital Programme advancing plans for the delivery of two new hospitals by 2030; this is under further review following the announcement on 30 July 2024 by the Chancellor of the Exchequer. West Hertfordshire Teaching Hospital NHS Trust has secured planning consent and acquired the land for its new hospital. Therefore, investment at both sites needs to be managed and minimised as much as possible whilst having regard to patient and staff safety.

Princess Alexandra Hospital (PAH) is investing in a Community Diagnostic Centre, frontline digitisation to improve patient flow and experience, building two new intensive care unit beds, introducing pharmacy robots to increase efficiency of prescribing and reducing waste, refurbishment of the maternity ward to comply with Ockenden requirements and an additional staff car park due to the existing facility no longer being available.

East and North Hertfordshire NHS Trust (ENHT) will complete the development of a hybrid theatre for vascular surgery providing crucial extra vascular capacity for the ICS and improve elective recovery capacity at WHTH and PAH. ENHT will also create a compliant and modern Home Dialysis Unit with the aim of preventing in-centre infections and carry out refurbishment works to enhance LINACs purchased in 2023/24. ENHT will also add a modular X-ray solution to improve patient pathway at Adult UTC at the Lister Hospital, relocate paediatric ward and invest in digital infrastructure including electronic Bed and Capacity Management System (eBCMS).

Hertfordshire Community Trust (HCT) will invest in building an extension to Danesbury Neurological Rehabilitation Centre and refurbish Hoddesdon Health Centre, and carry out ventilation works to Peace Children's centre. HCT will also invest in Robotic Process automation, net zero road map, fire safety and carry out routine maintenance to community dental facilities.

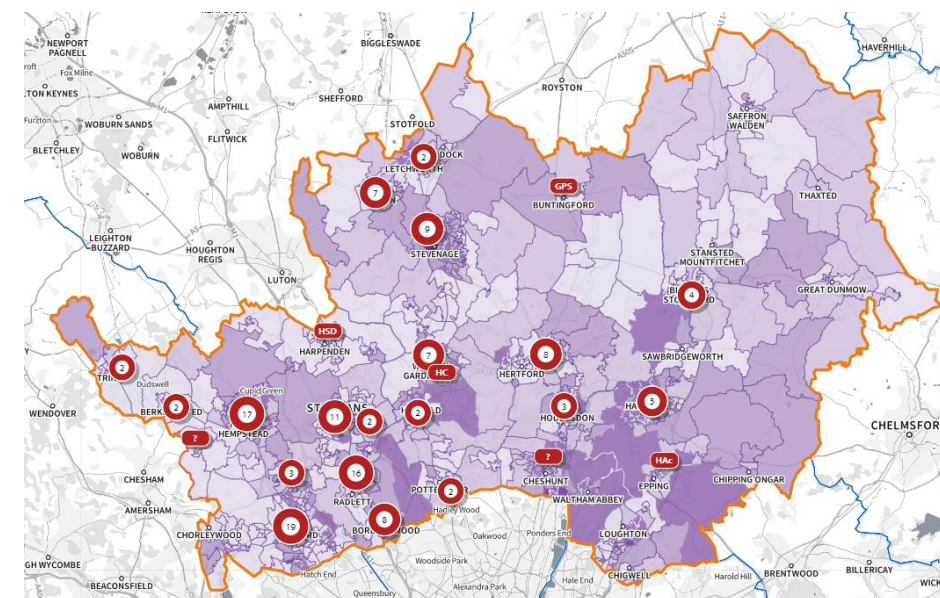


6.2. Overview of Ongoing Scheme Progression *cont.*

Hertfordshire Partnership University NHS Trust (HPFT) continue to work with ENHT in developing a Mental Health Urgent Care Centre in Stevenage which adjoins other mental health services on the Lister Hospital site. Whilst the unit partially opened in 2023/24 there will be further investment in 2024/25 to allow it to become fully operational and this will redirect service users in crisis from EDs via an alternative pathway and provide an improved patient experience.

HPFT has a deficit of circa 40-50 adult acute beds compared to national benchmarks and has for several years commissioned private hospital beds to meet service user needs. In addition, the Trust has some bedded estate that does not reach the standards expected for this patient group. HPFT was unsuccessful in a bid for national funding to build a 54 bedded unit in Stevenage; However, the Trust is assessing options for increasing its bed base and improving estate quality across several wards, in particular those in Stevenage and St Albans. To date the Trust has been unable to secure the external capital necessary for these works to progress – redevelopment works have been estimated to cost upwards of £20m, which in the context of Internally generated Capital Departmental Expenditure Limit (CDEL) of c£9m is not feasible.

HPFT is continuing its programme of investment in digital infrastructure including electronic Patient Record (EPR), Electronic Prescribing and Medicines Administration (EPMA) and Bed Management System (BMS).



The distribution of HPFT healthcare delivery sites across HWE.

6.2. Overview of Ongoing Scheme Progression *cont.*

Risks and Impacts

- Risks around the supply chain, increased labour costs, higher inflation and higher borrowing costs were notable in previous years and are ongoing into the current year although the supply chain shows signs of improvement notwithstanding the potential consequences of global conflicts.
- Inflation, even being on a downward trajectory has and will continue to impact the cost of investments widely and business cases have become out of date (in terms of cost), where delays in agreement have occurred.
- System capital can be used to mitigate against this, but impacts/reduces the provision of backlog maintenance projects, causing further delay to Trusts projects and programmes.
- Each provider leads the monitoring of their programmes and projects and reports to their organisations, the ICB, ICS and NHS England as appropriate.

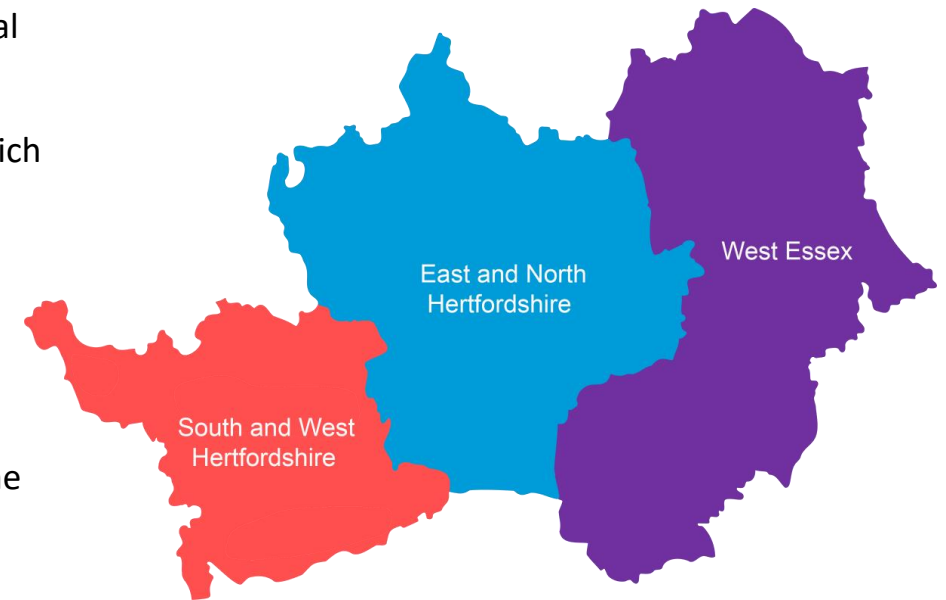
Business Cases 24/25

- As mentioned earlier, two of the hospital trusts within the ICS, subject to ongoing support from the government, are in the National New Hospital Programme for delivery of two new hospitals by 2030.
- Business cases are currently being considered by NHSE in relation to Community Diagnostic Centre (CDC) MRI and Ophthalmology investment. Additionally, a business case for endoscopy is currently awaiting feed-back from NHSE.
- A further business case for phase 2 of the CDC plan is being developed within West Essex.
- Work around the Elective Hub business case is on-going.
- The system is considering the development of a business case to support the green agenda.



6.3. Cross System Working

- ✓ The joint capital plan and 10-year capital pipeline has been agreed at a system level, taking account of capital priorities across the system, although the list will require updating on 24/25 to accommodate the available allocation. The system creating one vascular hub and one elective care hub for caseloads of all three acute trusts demonstrate system level capital and operational planning.
- ✓ We are improving the system capital planning by agreeing a capital prioritisation matrix which will be embedded for 2025/26 planning round, subject to concluding governance arrangements.
- ✓ The system works to maximise the use of the capital it has available, with organisations working together to optimise this – for example, where potentially one Trust may have unforeseen delays, another will be able to make use of this unexpected underspend.
- ✓ The system will work to maximise investment and value for money for its population and the population it provides services to. Where this requires investment outside of the HWE geography, discussions take place to ensure services are prioritised appropriately for investment and to agree how investment will be made to maintain such services.
- ✓ In Watford, Borehamwood, Hemel Hempstead, Stevenage, Baldock and Harlow NHS partners and Local Authorities are working collaboratively on regeneration and new town projects and whilst these are not in the 24/25 period, this demonstrates system planning; please refer to such schemes in the OPE section.



6.4. Capital Planning and Prioritisation

The ICB holds a bi-monthly Capital and Estates Group chaired by the CFO of HWE ICB and HWE ICS, deputised by HWE ICB’s Director of Estate and Capital which is represented by all system partners. This ensures a balanced and continuing dialogue across all parties.

Membership for the Group ensures that all key system partners are represented by those responsible for the estates and facilities function within their respective organisation. Further core members are co-opted according to specific topics. Membership of the group include:

Membership	
<ul style="list-style-type: none">• HWE ICB CFO (Chair)• HWE ICB Director of Capital and Estates (Deputy Chair)• HWE ICB Associate Director of Finance• HWE ICB Digital lead• West Herts Hospital NHS Trust• East & North Herts Hospital NHS Trust• Princess Alexandra Hospital NHS Trust• Hertfordshire Partnership University NHS Foundation Trust	<ul style="list-style-type: none">• Hertfordshire Community NHS Trust• Essex Partnership University Foundation Trust• Central London Community NHS Trust• Hertfordshire County Council• Essex County Council• One Public Estate• NHSE Strategic Estates Lead• NHS Property Services

- From the perspective of capital investment, it is recognised that investment in the HWE ICS health and social care infrastructure is possible via several different routes, different organisations and financing regimes. Oversight to ensure consistency and achievement of key HWE strategic priorities is both desirable and essential. It is desirable as it builds the concepts of system partnership, but for NHS organisations it is also essential regarding NHS England’s expectations and the management of the NHS Capital Departmental Expenditure Limit (CDEL).
- Systems are allocated a capital envelope which should be used for all Provider back-log maintenance. Systems manage their capital allocation internally within the system and report to NHSE via the monthly PFR reports.
- Systems are also allocated a capital envelope to be used for lease capital falling within the scope of IFRS16, which should be managed together with the operating capital allocation mentioned above, at a system level. IFRS16 costs are included in the HWE ICS 10-year capital pipeline.



6.4. Capital Planning and Prioritisation *cont.*

Whilst many parties contribute to the overall infrastructure development in the HWE ICS, the NHS organisations will manage capital investment on a system wide basis (HWE ICS), to the CDEL as notified by NHSE.

The system is developing a capital prioritisation matrix to support system level capital planning and prioritisation, aiming to put this in place from April 2025. All investment and prioritisation decisions will be based on meeting the ICB/ICS strategy and achieving value for money, amongst other things. These include balancing health inequalities, deliverability, number of patients impacted, supply chain issues, maintaining safe services and achieving performance requirements.

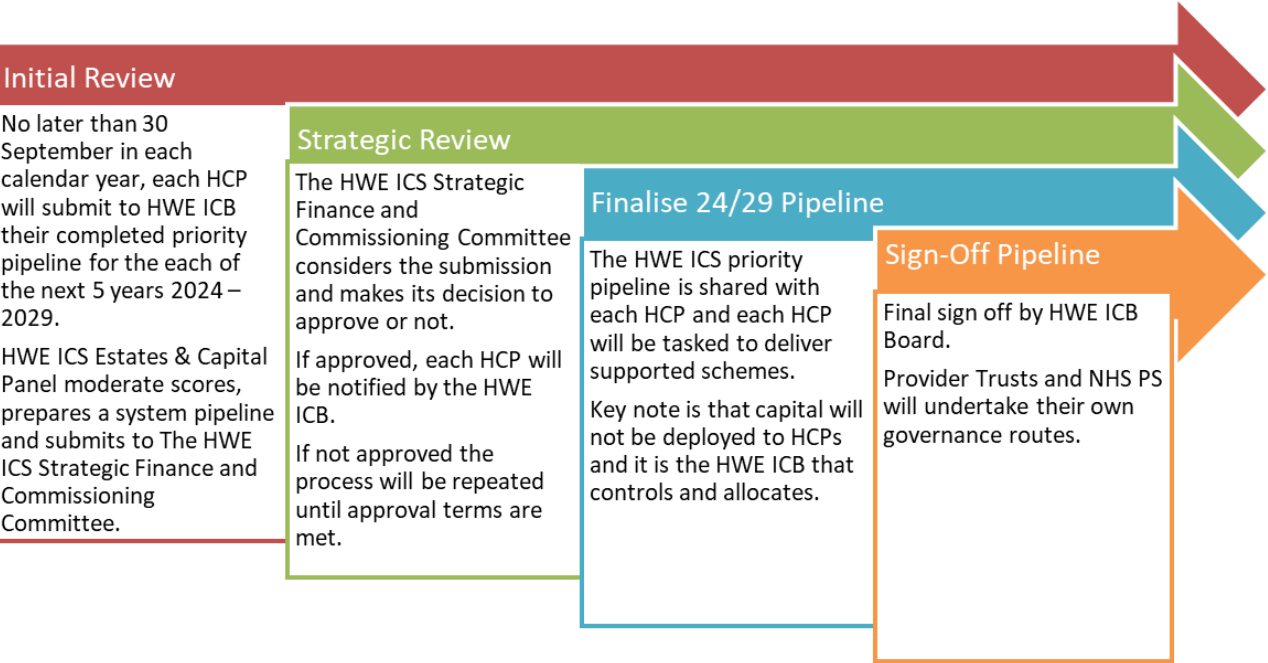
The sources of NHS capital finance can broadly be attributed to the following four streams:

Internally generated finance	Capital PDC (distressed financing)	Capital PDC (Mandated Programmes/allocations)	Capital PDC (Infrastructure allocations)
<ul style="list-style-type: none">•The “business as usual” process where an NHS organisation is operating at a revenue breakeven or surplus and is generating cash (from their operational depreciation expenditure) to fund their capital expenditure. Internally generated funding could also come from disposal of surplus assets/estate or 50% sale receipt of NHS PS assets and where NHS PS remain a party to the asset	<ul style="list-style-type: none">•Where an NHS organisation is operating at a deficit it may not be able to fund its essential capital maintenance and asset replacement from internally generated resources.•Trusts may require finance by DHSC through the normal course of business loans, or system capital support PDC.	<ul style="list-style-type: none">•Nationally mandated programmes of investment are often accompanied with capital resource. These programmes have a variety of different arrangements e.g., “Match Funding” where the Trust or system identifies half the funds and the PDC is “matched” to the same value to create the full allocation.•On occasions these investments are provided on the understanding a Trust delivers the proposed investment and other times Trusts, or systems, are required to bid for the capital via a business case process. Examples of these are Health Infrastructure Plan (HIP2) and Provider Digital/NHSX.	<ul style="list-style-type: none">•These allocations are similar to the above but are more specific and higher in value. These are bid for via the DHSC Outline Business Case process, usually in conjunction with the regional office.



6.5. Capital Process and Criteria

The below infographic and table outline the possible capital process and criteria for future proposals – priority pipelines are submitted to HWE ICB before submission to the HWE ICS Strategic Finance and Commissioning Committee.



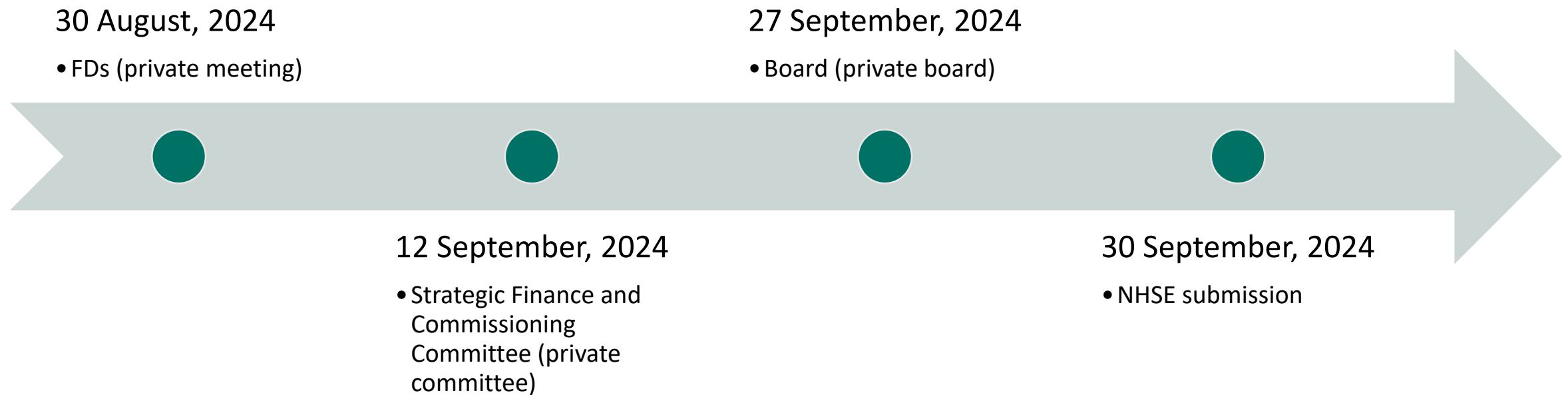
Criteria		Weight	Good evidence consists of:
1	Leadership	10	Strong evidence of stakeholder engagement and/or plan. High degree of support from the proposing organisation
2a	Activity & Demand	10	Evidence and explanation of current activity / baseline, and future demand assumptions
2b	System Demand Management	10	Demonstration of how scheme support system approach to managing activity & demand at the appropriate level of acuity. Demonstrates positive impacts on managing demand
3	Transformation, patient benefit, and workforce benefit	50	Scheme will substantially transform the service model, patient care or integration; enables transformation across clinical pathways; enables new ways of working; helps address health inequalities
4	Estates / Infrastructure Issues	20	Scheme offers quality improvements to the estate or releases value to support clinical priorities. This includes schemes aimed at resolving backlog, quality or compliance issues and meeting NCZ, Sustainable and Green Agendas and Targets
Total		100	

*HCP: Health Care Partner (not Health and Care Partnerships that operate across a Place within the ICS)



6.6. Estate Infrastructure Strategy Document Governance and Approval

Below is a summary of the Estate Infrastructure Strategy document governance, approval process and key dates



Appendices



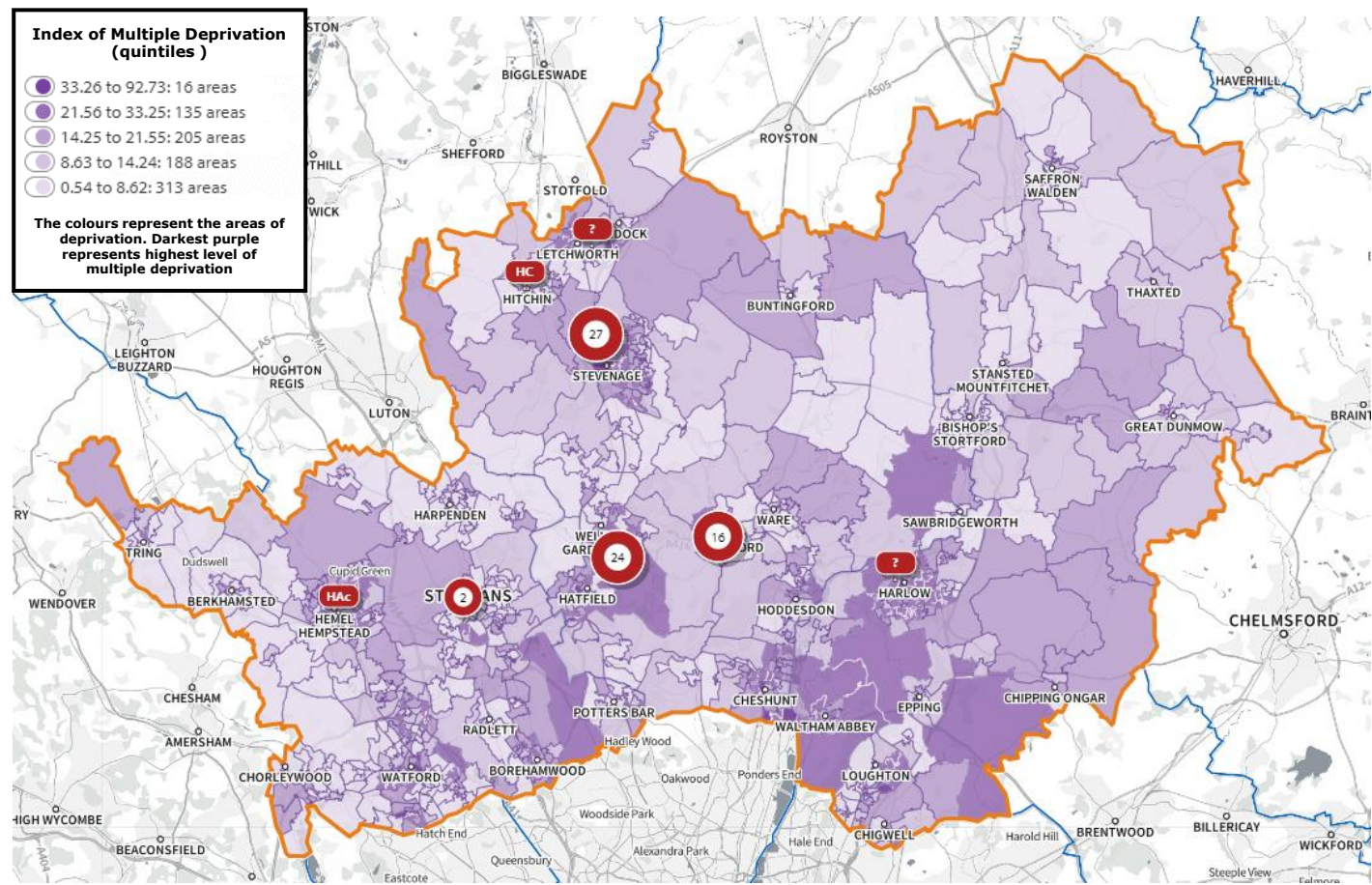


Appendix 1 Healthcare Delivery Locations



Distribution of our ENHT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of East and North Hertfordshire NHS Trust healthcare delivery sites across HWE.

The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

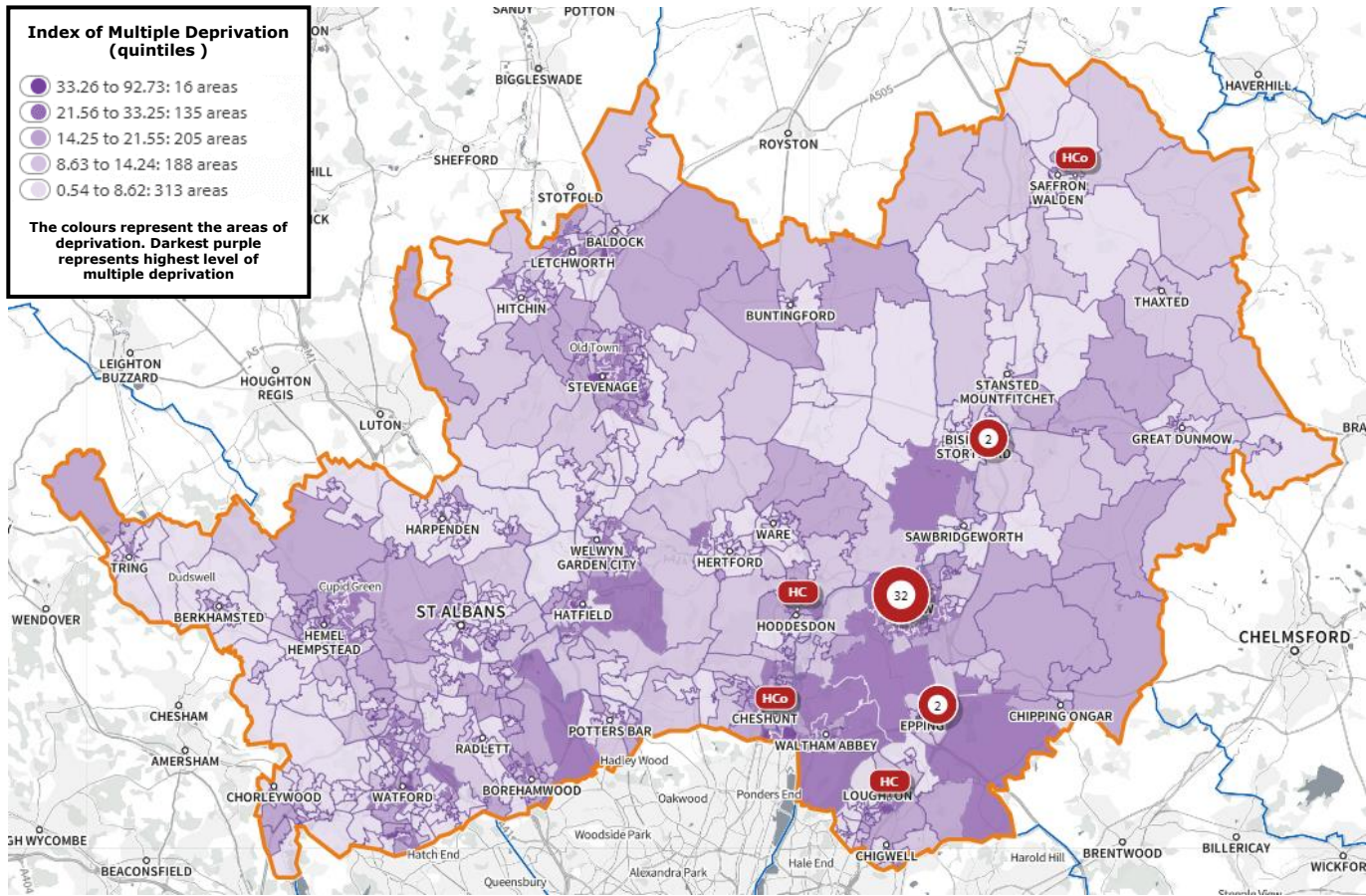
This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e.. ?) has been included.



Distribution of our PAHT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of The Princess Alexandra Hospital NHS Trust healthcare delivery sites across HWE.

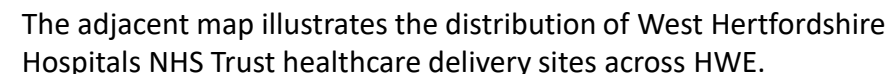
The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e., ?) has been included.



HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



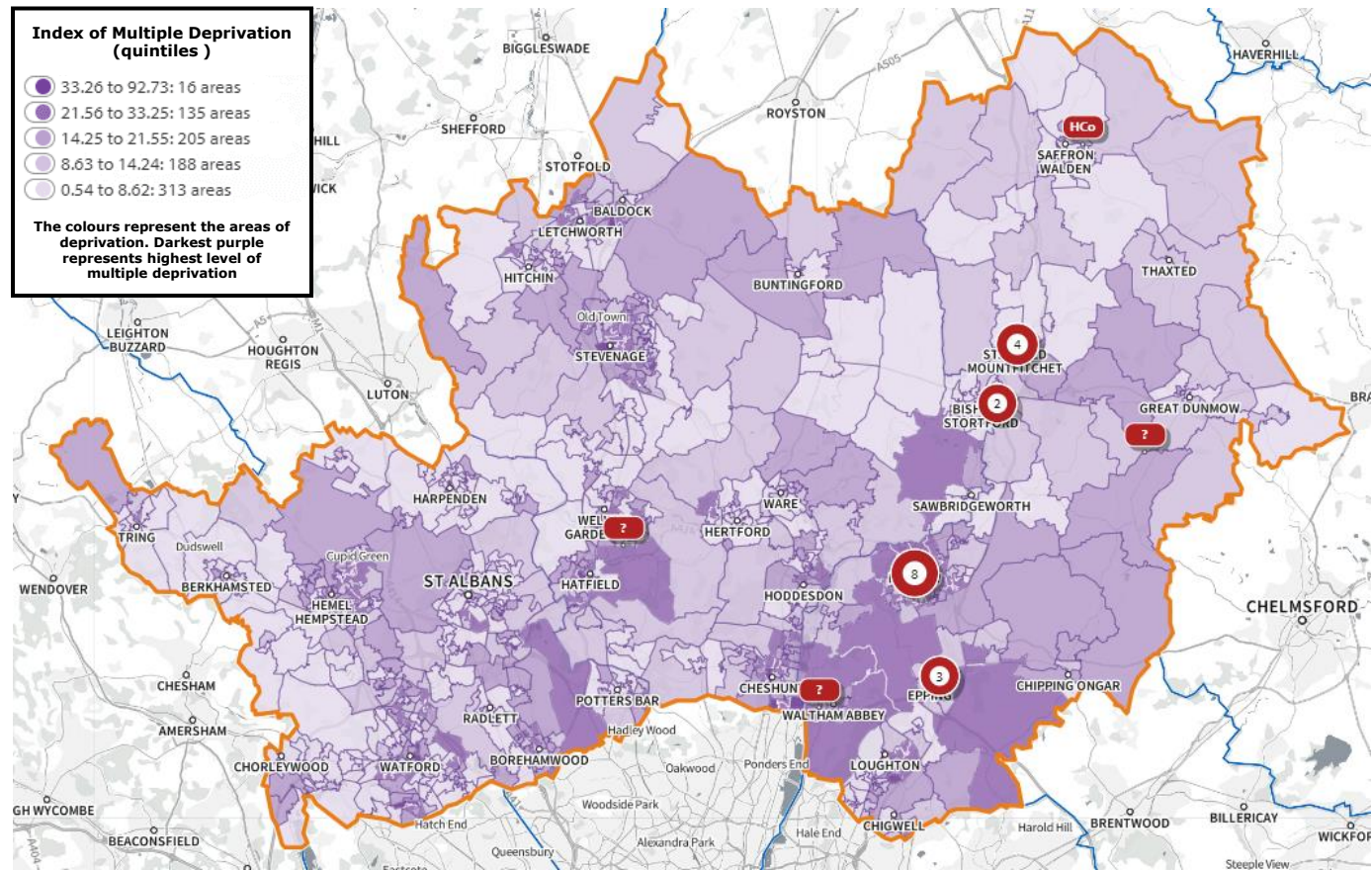
The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e.. ?) has been included.

Distribution of EPUT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of Essex Partnership University NHS Foundation Trust healthcare delivery sites across HWE.

The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

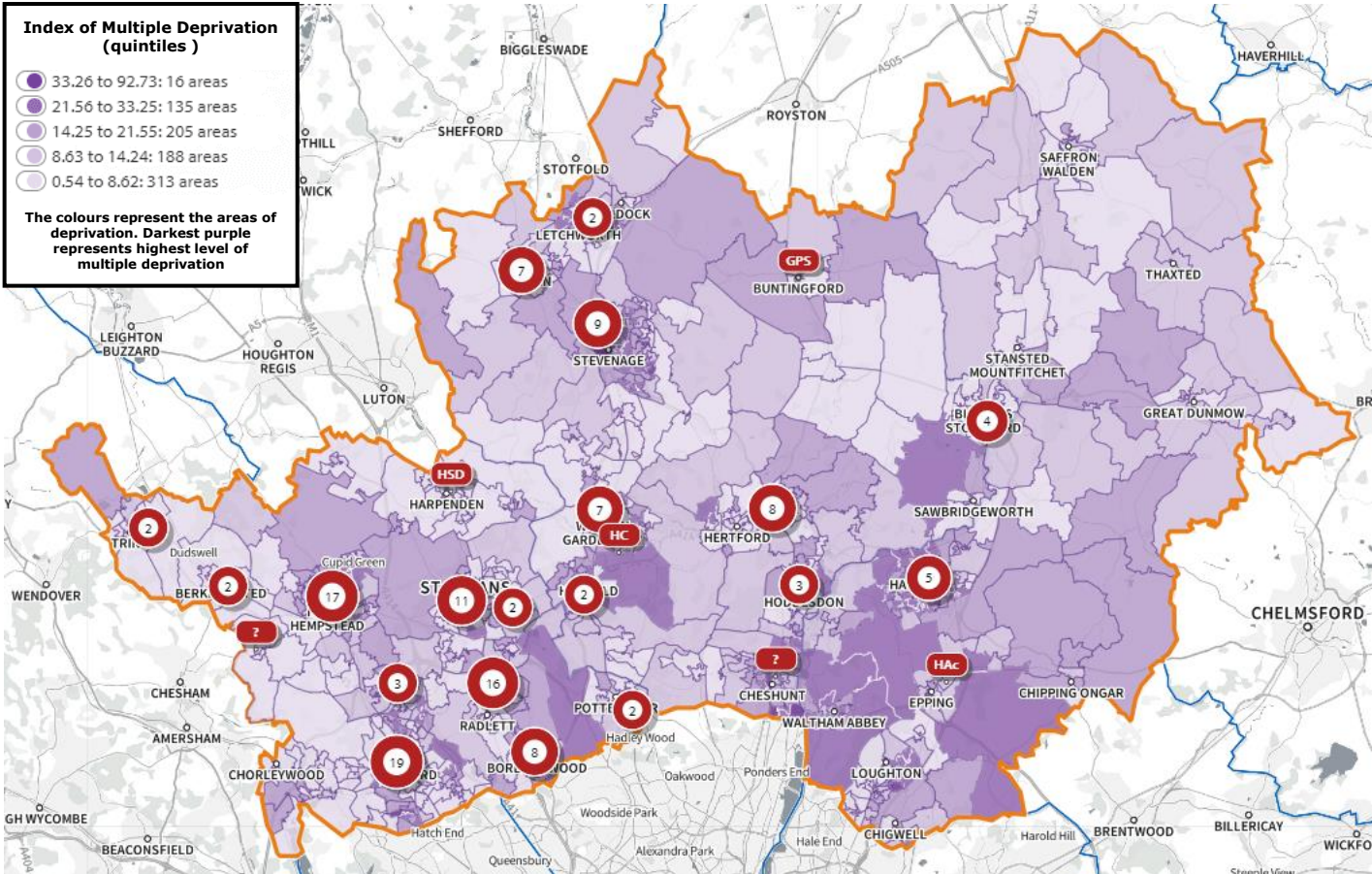
This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e.. ?) has been included.



Distribution HPFT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of Hertfordshire Partnership University NHS Foundation Trust healthcare delivery sites across HWE.

The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

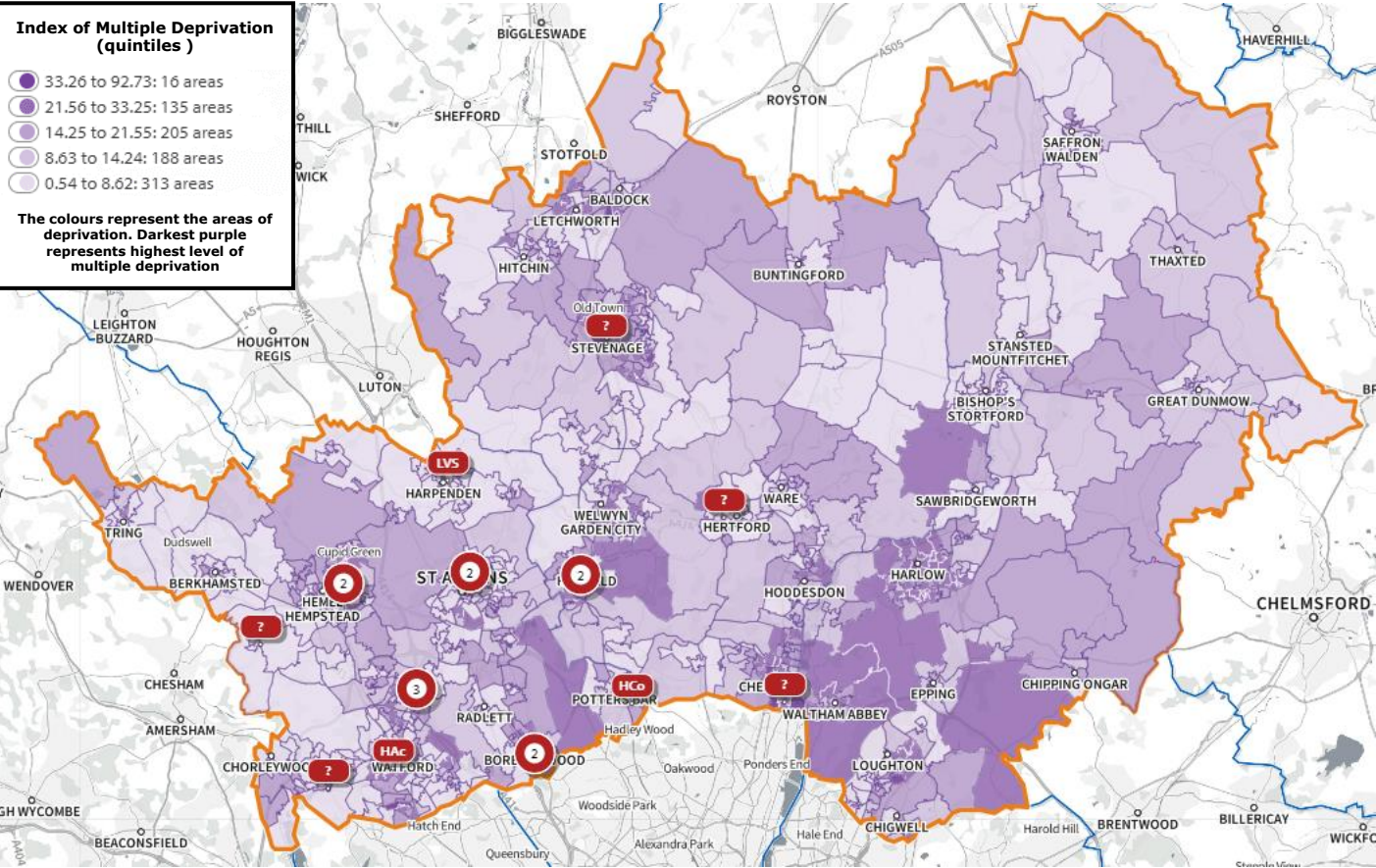
This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e. ?) has been included.



Distribution CLCH healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of Central London Community Healthcare NHS Trust healthcare delivery sites across HWE.

The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

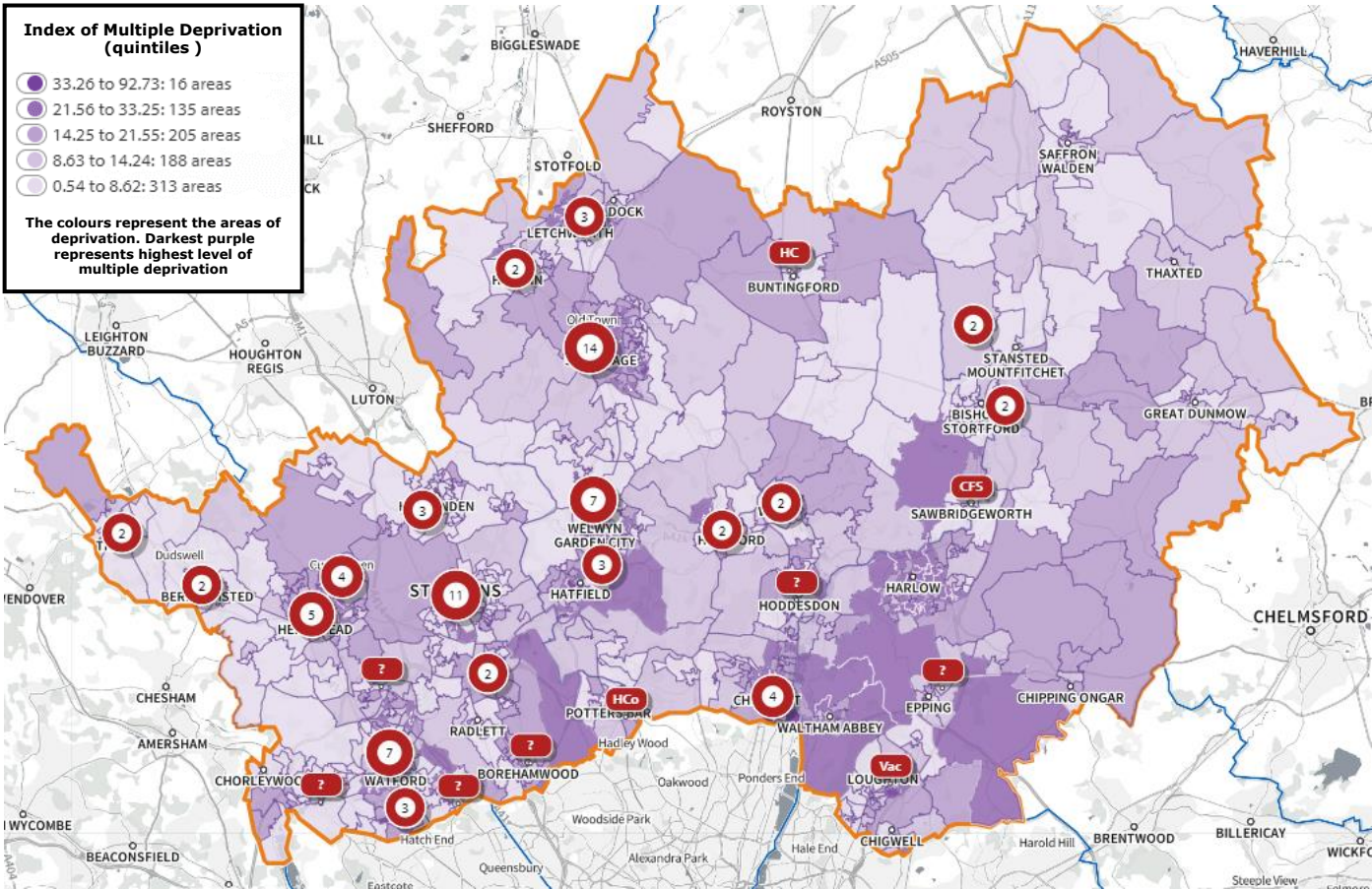
This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e.. ?) has been included.



Distribution HCT healthcare delivery sites

HWE Healthcare Provision – Strategic Health Asset Planning and Evaluation (SHAPE) Tool (June 2024)



The adjacent map illustrates the distribution of Hertfordshire Community NHS Trust healthcare delivery sites across HWE

The map highlights the distribution of the healthcare estate across Hertfordshire and West Essex ICS, together with the Index of Multiple Deprivation (IMD) (purple areas; darkest are the most deprived).

This illustrates that there are areas of HWE that experience both significant economic and health access deprivation. This may be a particular issue as areas of economic deprivation are likely to have significant health needs.

The numbers in red circles represent the number of healthcare delivery sites that have been provided by HWE SHAPE. If unknown, an alternative symbol (i.e.. ?) has been included.

