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Birmingham and Solihull

Transforming the Community Based Estate:
Delivering the NHS Long Term Plan
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Transforming the estate: what it about?

- Its not about buildings
- Its about services
- Its not about todays services
- Its about the service vision of the future
- Its about people
- Its about technology
- Its about CHANGE!

A Whole System Approach

- To transform services we work on three levels:
- System level (the hospital estate)
- Neighbourhood level (PCN estate)
- Place based level – where transformation takes place

BSOL Principles for estates transformation

- We will make effective use of space and more efficient use of buildings through improved space utilisation and agile working and new ways of working
- We will promote internal and external collaboration
- We will only invest in substantial capital development works where these are supportive of strategy delivery
- We will only undertake new build where opportunities to rationalise and maximise use and efficiency of the existing public estate have been realised or where such developments deliver a whole life cost saving versus continuing use of the current estates.
- The implementation of the strategy will be led by the new system vision, enabling more effective delivery of services at scale whilst having a place based and locality focus where appropriate

The BSOL estates programme approach

- Inclusive – all partners are active in the estates programme (Trusts, CHP, NHSPS, LIFT Co, Las)
- Shaping the estate to the new clinical model
- Making the estate work harder
- Driving efficiencies from the estate
- Harnessing technology

Managing ICS complex, multi stakeholders

- Very diverse range of organisations and individuals
- Workshops
- Create interactive approach
- Different organisations will have different needs
- But...Share a common purpose
- Collaborative nature, build mutual trust and respect
- Understanding that participants both contribute and gain something
- Sharing risks and responsibilities
- Working with diverse actors will achieve more than working alone
- What are the pain points and what's the cause?

Leadership style to drive collaboration

- ▶ Participative leadership
- ▶ Build consensus through participation
- ▶ Ideas exchanged freely
- ▶ Discussion
- ▶ Creativity
- ▶ Risks: unclear roles; communication failures, incomplete projects

Managing the Programme workstreams

- Programme Management Organisation - giving people clear roles, responsibilities, leadership and lines of communication. There is a Sponsoring Group of senior executives including the Programme Director with ultimate accountability
- Programme planning - using a Programme Plan to ensure that control is established and maintained
- Benefits management - identifying, optimising and tracking expected benefits to ensure they are achieved
- Stakeholder management - ensuring all interested parties are appropriately involved in the programme
- Issue management and Risk management - having strategy for dealing with current and anticipated problems
- Quality management - ensuring that the end products of the programme are fit for purpose
- Configuration management - keeping monitoring information about the programme up-to-date and accurate
- Audit - ensuring that technical, statutory, contract and accounting standards are used

Key blockers to delivery

- Clarity on expectations
 - Technical resources – activity and finance modelling
 - Assurance process
 - Clarity on management of receipts, recycling, investment routes
 - Alignment of incentives for delivering at an ICS level
 - Effective governance arrangements
 - Effective collaboration
 - Effective change management processes

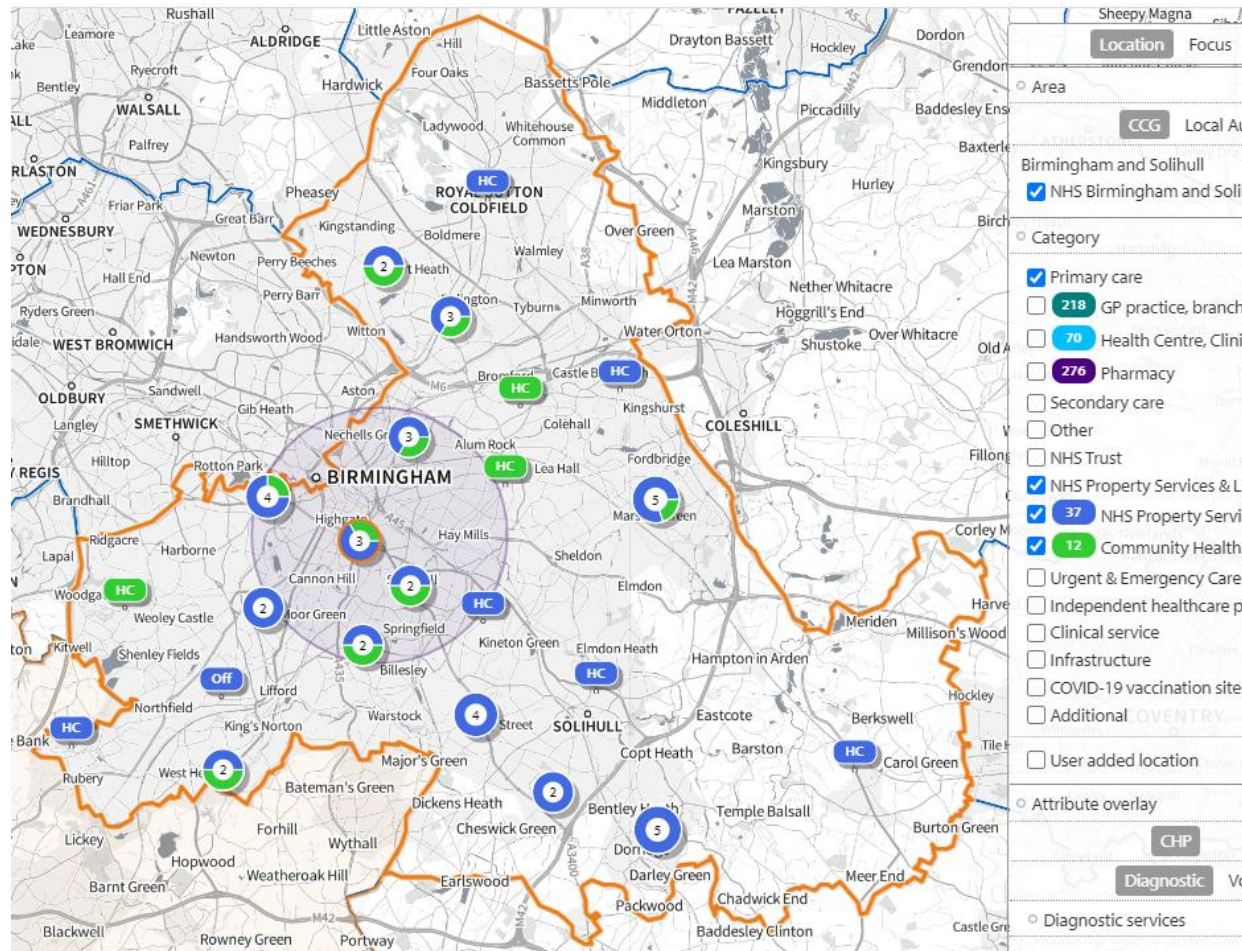
CHP BSOL project

- A formal partnership to attack the three biggest voids in BSOL
- Each building had around 30% void space
- Voids timeline was 10 years plus
- Original business cases revisited
- Challenge to CCG re use and service need

Optimising the Estate Data

Opportunities to consider:

- Clinical /non clinical split within each building
- Capacity modelling to support service changes
- Use of room sensors in sessional and demises areas
- Health planning to determine options to vacate other estate or exit leasehold premises
- Support for PCN estates requirements



Service need

- Through engagement with partners two service needs highlighted
- Forward Thinking Birmingham adolescent mental health services provided from premises not fit for purpose
- National community diagnostic centre programme

Washwood Health

- Top quality build in very deprived area
- Huge kitchen and café area never used
- Building designed for X Ray and had lead lined room
- Project groups formed
- Business cases developed

Washwood Heath Case Study

- Area of very high deprivation, population do not access health services
- Current void space **230sqm at a cost of £217,385**
- *The void space in the CHP estate is currently 2569 sqm, at a cost of £2.3m2 (void space in the NHSPS estate is currently 2383 sqm, at a cost of £656k)*
- 21 bookable rooms, generally low usage
- Room sensors used within bookable areas to support the delivery of the Community Diagnostic Hub and maximising the use of demised areas
- Unused Community Café opportunity to create c100sqm of space for Forward Thinking Birmingham to deliver their 0-25 years advocacy service
- Void costs removed by the two projects, health outcomes should be improved, health inequalities addressed.

To conclude

- Transforming the estate, when implemented, should provide a modern, flexible, functional and effective estate to support the ICS to deliver the key priorities over the coming years and improve service to the public despite the need to make financial savings.