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Introduction:

Assura plc welcomes the opportunity to submit evidence to the Health Devolution Commission. We have provided answers in response to some of the specific questions raised by the commission and would be pleased to help with any further information as required. We respond as the long-term owner of more than 570 GP surgery, primary care, diagnostic and treatment centre buildings around the country. Those buildings serve more than five million patients, accommodating a wide range of NHS services in communities from general practice to diagnostic and treatment services including x-ray, renal dialysis and MSK physiotherapy; dentistry; acute consultant clinics and space for other community services and social prescribing routes such as council fitness facilities and healthy cooking sessions.

We work with patients, GPs, CCGs and NHS Trusts to expand, reconfigure and improve existing primary care buildings, and to create new premises needed for the future - supporting the work to free up space on acute sites and to grow access to services in the wider community.

To what extent does health devolution accelerate integration within the NHS and between health and social care services, and help make the NHS Long Term Plan a reality?

In answering this question, we have drawn from an essay written by our CEO, Jonathan Murphy, in 2019 as part of the "Is devolution the future of health and social care?" series[i].

High quality health care facilities are central to strong delivery for patients. The NHS Long Term Plan is predicated on the prevention of poor health, primary and community health services and access to mental health support. It will require significant capital investment to create the capacity and facilities for tens of thousands of additional professionals to move into primary care, and for the delivery of services, tests and treatments which the NHS wants to offer away from hospital. In turn, this will allow hospitals to plan the complex schemes to upgrade and improve their buildings for managing the most serious healthcare needs.

Before the coronavirus pandemic took hold, Government had begun to set out its direction for addressing the NHS estate's many challenges with the publication of the Health Infrastructure Plan[ii], which included a much-welcomed pledge to introduce a new, five-year, rolling programme of investment in NHS infrastructure – responding to the consistent calls for a long-term approach to and view of capital funding. Government had pledged that next steps for the programme, beyond the initial

announcement of investment in hospital projects, would look at investment to 'modernise our primary care estate' and 'invest in diagnostics and technology'.

As we move into the COVID-19 recovery phase, there is an opportunity to assess the performance of the NHS estate in supporting clinicians dealing with the crisis, to study the impact of the rapid acceleration in the use of remote consultation and digital diagnostics and to explore the potential to build and future-proof the physical capacity of primary and community infrastructure for the future.

Greater Manchester's 'Taking Charge' plan stated in 2015 that: "Estates is a critical enabler of the GM health and social care transformation programme which must continue to be fully informed and led by frontline service strategy." It sat alongside issues such as the design of contracting and payment systems as essential foundations for the project. As the plan went on: "The estate varies significantly in terms of quality, condition and suitability. Some of the estate is in excellent condition providing state of the art facilities, whilst at the other end of the scale there are a lot of properties that are in very poor condition and no-longer fit for purpose."

Some five years later, we can explore the question of whether Greater Manchester's increased autonomy has allowed it to accelerate improvement to its healthcare infrastructure.

The initial tasks for transforming Greater Manchester's health estate, 'Taking Charge' stated, were to bring together a Strategic Estates Planning Board, develop a framework for making investment decisions and to draft local strategic estates plans: take stock of the existing estate, assess how it was performing, how it could be improved or better used, and identify what needed to be completely replaced. The Greater Manchester Health and Social Care Partnership's annual report for 2016-17[iii] marked these as complete – as well as the creation of a capital financing strategy and local ways of working with organisations such as NHS Property Services. The partnership reported that it had also been master planning for acute sites, working to improve the use of space in community health centres and, crucially, bringing together local working groups to "drive the delivery of estates projects" and prioritise development needs[iv].

These are vital aspects of estates planning and analysis. As the Nuffield Trust's work on the challenges and opportunities of robust NHS estates strategies puts it: "Effective estates planning is a pivotal requirement of delivering integrated care and financial sustainability. It needs to be positioned 'centre stage', along with financial and workforce planning, if the goal of integrated care is to be achieved. While the interdependencies between estates and finance are obvious, the relationship between estates and workforce are perhaps less so. Yet the location and design of facilities – especially technology – can help resolve some of the workforce pressure points being experienced by providers, just as shifts in the shape and functionality of the workforce can have a powerful and positive influence on the infrastructure required.[v]"

From our experience of working with CCGs, NHS Trusts and STPs all over the country, Greater Manchester is perhaps further ahead than many on embracing those principles. It has focused the first years of health devolution on analysing what's needed, and where; which estates projects must come first and which must wait longer. It's impossible to say whether that's an output of the devolution process, of organisational partnerships which are more mature than those elsewhere or simply a necessity for a city region facing such huge health inequalities and demographic pressures on its health

system, but Greater Manchester should have strong evidence and process in place for strategic estates transformation.

Where there is still huge opportunity for devolution is in capital financing strategy for NHS estate. As the centre looks for new investment routes to fund social and community infrastructure – no doubt with even greater emphasis as the recovery from COVID-19 progresses – health devolution could offer a fertile testing ground for creative solutions within local communities and across different sectors.

How does health devolution affect policies to empower individuals to have more control over their health and social care services and their outcomes?

From our work around the country, we observe that some of the underlying principles of health devolution - echoed in the NHS Long Term Plan and the progress towards more integrated care via first Sustainability and Transformation Partnerships and, later, via Integrated Care Systems and Primary Care Networks - are in evidence in many estates improvement projects. By their nature, these projects are driven by the commitment to improve the experiences of and outcomes for patient care. The environments in which we receive our care are key[vi], and a study by the Picker Institute highlights NHS staff views that efficiency, recruitment, communication and job satisfaction[vii] – all fundamental issues for the NHS workforce – are importantly affected by the design of their workplaces..

The focus on integrated care over the last five years has seen local leaders and stakeholders looking differently at geographies, organisational boundaries and access to services, and this way of thinking is translating into the planning, commissioning and application of NHS estate improvements – albeit that there is no 'one size fits all' and that there is clear potential to go further.

Examples of these underlying principles in action:

The new Canterbury Medical Practice development in Canterbury will be home to its GP team but is co-located on the Kent and Canterbury Hospital site with its own dedicated patient car park, allowing the GPs and their patients to benefit from a greater co-ordination of primary care services and improved access. It is one of the first new-build GP premises in the country to have received capital funding from NHS England's Estates and Technology Transformation Fund (ETTF) and has been identified as a priority scheme for NHS Canterbury and Coastal CCG for a number of years.

Opened in 2018, the creation of Durham Diagnostic and Treatment Centre was led by City Hospitals Sunderland to give patients across Durham easier access to key services such as renal dialysis, ophthalmology and day surgery without the need to travel to Sunderland Royal Hospital or Sunderland Eye Infirmary - with a focus on removing pressure on other NHS services, increasing capacity for care and reducing patient waiting times. Services which had previously been provided through hospitals, GP practices and health centres across Durham moved to the new centre which, in addition to a dialysis unit, also houses a day case theatre, recovery area, outpatient procedure room, consultation rooms and X-ray facilities.

Hereford Medical Centre, another ETTF project currently under construction and the biggest single investment in primary care for Herefordshire, will see five GP practices working from the hub on its completion and has been a priority scheme for the Herefordshire and Worcestershire STP[viii].

Bournville Primary Care Centre is the fourth and final stage of the £50m College Green care village in Bournville, and will bring together GPs with clinical pharmacists, social prescribers, physiotherapists, physicians associates and community paramedics.

[i] https://devoconnect.co.uk/2019/07/02/devoconnect-launches-new-collection-of-essays-on-health-devolution/

[ii] https://www.gov.uk/government/publications/health-infrastructure-plan

[iii] GMHSC Partnership Annual Report 2016-17: Greater Manchester Combined Authority, 2018

[iv] Greater Manchester Health and Care Board Estates Strategy, 2018

[v] Delivering Robust Estates Strategies: Challenges and Opportunities: The Nuffield Trust, 2018

[vi] https://www.patients-association.org.uk/news/gp-premises-the-patient-perspective

[vii] https://www.picker.org/wp-content/uploads/2014/10/Designing-GP-Buildings-staff-and-patient-priorities-forthe-design-of-community-h.pdf

[viii] https://practicebusiness.co.uk/building-for-the-future-new-hereford-medical-centre/