A 'blueprint' approach to healthcare estates: developing estates which enable integration in Plymouth

Introduction

The biggest healthcare challenges we face today are aging, multiple long-term conditions, and lifestyle factors. However, our healthcare estates are not set up to address these challenges, rather they were designed to deliver interventions when people need immediate 'help'. Most of our healthcare estates are large acute hospital sites designed to deliver interventions when people are already ill. Unfortunately, these estates leave us ill-equipped to tackle the modern challenges of supporting people in managing chronic conditions, preventing illness, and reducing health inequalities.

To address this issue, The PSC has – in partnership with the Plymouth Local Care Partnership – co-developed a 'Blueprint' approach to designing estates which both meet population needs and enable integration of care.

Blueprint – alignment with the New Hospitals Programme (NHP)

- The NHP provides an opportunity for **redevelopment of the acute state to deliver transformation** of health and care .
- Whilst the NHP is about "hospitals", the purpose of this major capital investment is not just to improve buildings, but also support and enable the transformation of the healthcare sector.
- **The NHP** therefore requires providers to articulate a compelling case for change, with the identification of new models of care **aligned to the needs of the whole population now and in the future**.
- New models of care in the acute setting **cannot be developed in isolation** – systems must consider how to develop coherent, integrated models of care across community and primary settings centred around population need. It is this thinking which underpinned the Blueprint approach developed by the PSC and the Plymouth LCP.

The Blueprint Approach

The Blueprint approach comprises four key steps:

1. **Identifying the population need:** Understanding the health, care, and wellbeing needs within a population, including segmenting the population and prioritising key population cohorts.

2. **Agreeing common principles for models of care:** Building on existing organisational clinical strategies and national policy to establish common principles for models of care that meet the needs of prioritised population cohorts.

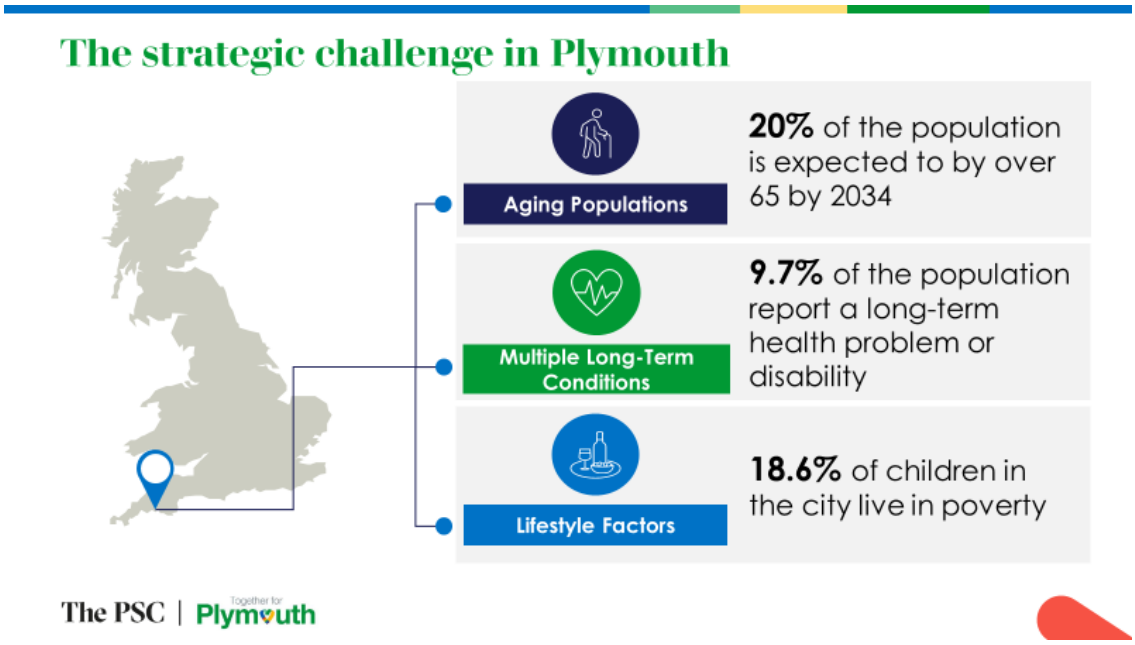
3. **Developing an estates masterplan for key population cohorts:** Conducting a gap analysis between the current estate and a fit-for-future estate that supports the desired models of care for key population cohorts.

4. **Identifying projects, business cases, and funding:** Detailed planning to convert the vision for estates into action, including selecting priority projects and securing funding.

Importantly, these steps should be delivered collaboratively with key stakeholders in the local health and care system. In Plymouth, this has meant working with stakeholders from University Hospitals Plymouth, the community health provider, Plymouth City Council and primary care providers.

The Blueprint in Practise in Plymouth City Centre

The key healthcare challenges found globally are evident in Plymouth. By 2034, over 20% of the population will be aged over 65. Meanwhile, 9.7% of the population reports long-term health problems or disabilities, and there is higher-than-average prevalence of most chronic conditions, including asthma, coronary heart disease, and diabetes. Moreover, Plymouth faces high rates of smoking, drug and alcohol dependency and obesity, alongside significant health inequalities between the most and least deprived areas.



These challenges have created a mismatch between Plymouth's health and care estates and the needs of the population. Most notably, there is a shortage of flexible spaces that enable seamless,

efficient care and collaboration, and a lack of community infrastructure to offer services to people with chronic conditions and preventative services.

These factors, among others, have created significant pressure on University Hospitals Plymouth's (UHP's) acute services, exceeding current capacity. UHP has been allocated funding under the NHP for redevelopment of the site, but plans for the hospital could not be developed in isolation; new hospitals must be right-sized for future demand, and reserved for the acutely unwell. Assumptions for how preventative, proactive models of care can reduce acute pressure must be supported by concrete plans enabled by the wider health and care estate. UHP saw a critical need to develop a shared, system view of the acute site's future role in the provision of health and care in Plymouth, meeting the long-term needs of the population.

To address these issues, we focused on sub-localities within Plymouth instead of looking at needs across the entire city. This approach allowed us to recognise the unique characteristics and needs of different neighbourhoods. For example, the city centre has a higher prevalence of complex needs, including alcohol and drug dependency, but a lower proportion of residents aged 65+ compared to other areas.

The development of our estates Blueprint for the Plymouth City Centre demonstrates the four steps of the Blueprint approach in practice.

1. Identifying the needs of the local population: We began by assessing health and wellbeing in the City Centre, quickly developing a picture of a sub-locality with high deprivation and a high prevalence of long-term conditions. From this insight, we prioritised three particular population cohorts:

- **Children and young people:** Due to worse rates of family vulnerability, child poverty, educational outcomes, and childhood obesity compared to Plymouth as a whole.

- **People with mental health needs and addiction:** Due to high prevalence of mental health needs, worse outcomes than the rest of Plymouth, and high rates of addiction, loneliness, and homelessness.

- **The unplanned care cohort:** Due to particularly high demand for unplanned care.

2. Agreeing common principles for models of care: We then established common principles for models of care for each cohort based on system, organisational, and national plans. For example, within Mental Health and Addiction, we identified a range of principles, including:

- **A bio-psycho-social model** with integrated working across primary care, acute service, community services, social care, and the voluntary sector, recognising that health is impacted by a range of factors.
- **Options to access crisis care** outside of hospital emergency departments.
- **Promoting community engagement** to promote good mental health and wellbeing.

3. Developing an estates masterplan for key population cohorts: These principles for models of care have clear implications for the health and care estate in Plymouth. By comparing the gap between the current estate and the future estate needed for mental health, we prioritised multi-disciplinary team (MDT) clinics, pathways for urgent care (such as crisis care), and social spaces in non-clinical settings.

4. Identifying projects, business cases and funding: Finally, we translated the vision for estates into three practical recommendations for estates investment:

- **An expanded wellbeing hub**, enabling co-location of services in accessible location.
- **Extending primary care practices** to accommodate specialist mental health input and social support.
- **A new integrated health and wellbeing hub** serving as the central hub of integrated primary, secondary, social, and voluntary care.

We followed the same process for Children and Young People, and Unplanned Care, identifying care principles, estates implications, and concrete priorities to pursue.

The Impact of the Blueprint Approach

The Blueprint programme has transformed Plymouth LCP's approach to strategic estates planning. The LCP no longer evaluates their estate based solely on its condition, utilisation, and cost. Instead, the estate is recognised as a critical enabler for service integration and delivery of care aligned to population needs.

As a result, the LCP's planning is now coordinated, targeted, cost-effective, and avoids siloed and reactive approaches of the past. The LCP is also better positioned to seize future funding opportunities by developing a strong case for change rooted in local needs and aligned with national policy.

Finally, while the LCP's primary objective was transforming their estate, the collaborative development of key care principles will also support other aspects of health and care system planning. The LCP therefore expects ongoing benefits from this work over the coming years.

> "The Blueprint programme has transformed our approach to strategic estates planning in Plymouth."
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> "Our planning is, therefore, coordinated as a system, and targeted where it is most needed. This will provide us better value for money for our investment, and prevent the siloed, reactive approaches of the past."
>
> - **Plymouth Local Care Partnership**

The PSC can assist health and care organisations and systems across the UK in developing strategic estate plans using the blueprint approach. For further discussion, please contact Smriti.Singh@thepsc.co.uk and Samuel.Rose@thepsc.co.uk.