

Estates (1/2)

Vision

The key objectives of our estate strategy focus on working as a system to optimise use of, and maximise value from the estate, to maintain an estate that is fit for purpose, supports modern health and care delivery, aligns with all relevant system and partner strategies, and helps contribute to net zero carbon targets

Deliverables / Improvements since 2023/24

We have:

- Published our SEL estates and infrastructure strategy with clear deliverables
- established a system sustainability property group to identify areas to save money within the property portfolio and soft FM/hard FM contracts.
- Developed a priority plan to deliver a variety of projects/actions
- Installed sensors in our core CHP and NHS PS primary care estate to monitor utilisation
- Developed a list of core flex and tail estate with a plan to exit as much tail estate
- Refreshed every PCN estates and infrastructure strategy

Key Challenges / Opportunities Remaining

Improve estate utilisation and efficiency through collaborative working and analysis of sensor data

- Maximise opportunities to enhance community-based care by establishing community hubs
- Maximise opportunity through coordinated estate rationalisation to reinvest in local estate
- Expand estate capacity to meet growing demand for care
- Every South East London PCN now has a strategy; this sits alongside the borough-level strategic investment plans
- These strategies highlight the challenges within the primary care estate in South East London, but also set out potential investment opportunities
- While the primary care estate will ultimately need to respond to the developing primary care clinical strategies, better integration and consolidation of primary care with more services delivered locally across fewer individual sites will require a new estates model
- PCN Estate Strategies have identified opportunities for improving the way in which South East London's estate can be used more efficiently and effectively (improve utilisation; smarter working; system, not practice focus; long term planning)
- Analysis has identified that c.524 additional consulting rooms will be needed across South East London to meet future demand
- A major issue for the PCNs and Boroughs is the quality of the primary care accommodation; total long term investment requirements of £125m are projected (73% relates to long-term investment such as extensions, replacements, etc, with over half of this requirement in Bromley)
- The majority of the total £125m investment requirement is for New Build, at nearly £92m (73.4%); however, Extensions represent a further 21.8%

Estates (2/2)

Please describe any other key priorities for your area in 2025/26

 <p>Maintain an estate that is fit for purpose</p> <p>By addressing issues with the condition, location and configuration of the current estate</p> <ul style="list-style-type: none"> • Prioritise reduction in backlog • Invest in a cute, community, and primary care estate 	 <p>Create net zero estate by 2040</p> <p>Implement Green Plans and align Estate Strategy to the national NHS Net Zero vision</p> <ul style="list-style-type: none"> • Update infrastructure, transition to new low emission smart facilities • Optimise energy use and efficiency • Increase data digitalisation • Reduce waste and disposal emissions 	 <p>Work as a system to maximise the value from the SEL estate</p> <p>Using it collaboratively across all ICS stakeholders to optimise utilisation and efficiency</p> <ul style="list-style-type: none"> • Reduce empty/void space • More accurate measurement of space use to optimise utilisation 	 <p>Support modern clinical care</p> <p>By expanding capacity and recognising our patients' needs when estate planning</p> <ul style="list-style-type: none"> • Deliver more primary care capacity • Deliver an additional acute capacity (beds, theatres etc), key worker housing, agile working space
 <p>Support the delivery of place-based care</p> <p>Enabling integrated, multi-disciplinary working</p> <ul style="list-style-type: none"> • Prioritise better colocation of primary care and community services and delivery of primary care at scale • Address GP workforce plan requirements and further primary care accommodation pressures 	 <p>Making 'smart' use of our estate</p> <p>Taking advantage of digital technology and new ways of delivering care</p> <p>Ambition is to have a digitally mature ICS, supported by appropriate digital infrastructure</p>	 <p>Enable the wider ICS/Partner strategies</p> <p>Including releasing pressure on the acute estate whilst improving waiting times and pathways</p> <ul style="list-style-type: none"> • Decompress acute sites • Proximal ambulatory hubs, CDCs, developing other community facilities • System wide optimisation • More flexible, scalable estate 	 <p>Ensure value for money and affordability of health and care facilities</p> <p>Complement and support the provision of high-quality services; rationalise the estate to enable reinvestment</p> <ul style="list-style-type: none"> • Prioritise capital projects • Disinvest in tail assets not meeting needs of patients, carers or workforce • Reinvest money into better quality spaces

How will this contribute to system sustainability?

Estates is already an established programme within system sustainability. Overarching objective to oversee and drive development of strategic estates and facilities proposals which will contribute towards closing the £300m system sustainability gap; target of £30-50m savings

Soft Facilities Management working group	Hard Facilities Management and Utilities working group
<ul style="list-style-type: none"> • Responsible for exploring opportunities and developing proposals related to soft FM • Scope to cover: cleaning, catering, laundry and linen, portering, patient transport 	<ul style="list-style-type: none"> • Responsible for exploring opportunities and developing proposals related to hard FM • Scope to cover: estates and property maintenance, equipment maintenance, gas and electricity. • Detailed review of System-wide contract alignment • Procurement / commercial / legal input required.
Estates / Property working group	
<ul style="list-style-type: none"> • Responsible for exploring opportunities and developing proposals related to Estates and Property • Scope to cover: all NHS owned estate and leased estate to identify opportunities for disposal / property exit (including opportunity around office space) • Commercial, contracting and legal input required. 	

How will this contribute to population health and inequalities?

South East London has a **growing population**, particularly older people who are coping with poor physical and mental health, frailty and challenges in daily living. People from some communities have suffered more than others over the last few years, further increasing the **differences in levels of health and wellbeing** within our communities. We must prioritise initiatives to enable better colocation of primary care and community services and delivery of primary care at scale. We must prioritise opportunities to enable delivery of primary care estate that is fit for purpose, supports care models, and is energy efficient to reduce costs and contribute to sustainability targets

Across our ICS, there is a current clinical room deficit of c.36 rooms, projected to rise to a deficit of c.376 rooms in the long term. On average, only 7 clinical rooms (consult/exam, treatment, and group rooms) are provided per site. We must prioritise initiatives to enable better colocation of primary care and community services and deliver of primary care at scale. We must prioritise initiatives to deliver more primary care capacity to address to current and future shortfall in supply