

Overview

In SEL, it is important that our estate is good quality, offers flexible accommodation, in the right place, to enable delivery of health and social care services to our communities. We need to understand local, regional and national priorities, and seek external funding where possible to facilitate and continually improve this. We need to plan for the future and have published our ICB estates and infrastructure strategy which sets out our estate ambition in SEL. We have refreshed our local priorities, and our programme and project plans to ensure our SEL estate is in the right place.

Strengths / opportunities

In SEL we have strong established estates partnerships working across health and local government. We have forums where we come together and share estates plans and work together on opportunities to review priorities, rationalise, transform, collaborate, and co locate where it make sense to do so.

There is significant property development, particularly housing growth, in our boroughs and we are financially supported with Community Infrastructure Levy (CIL), s106, One Public Estate (OPE), Brownfield Land Release Funds (BLRF), and central NHS capital.

We are developing our knowledge and implementing a SEL estate database, sensor and utilisation intelligence and a portal for promoting void and bookable space. This will enable us to manage our estate more effectively.

Challenges

- Lack of capital and revenue
- Increasing construction costs and constrained rents
- CDEL restrictions
- Lack of skilled property and estates professionals
- Lack of investment in digital and digitization of records
- We have some poor quality estate that should be either exited, redeveloped or re provided.

Our vision

The NHS estate in South East London plays a **key role as an enabler** through the provision of good quality buildings in the right place to improve access, tackle inequalities, improve outcomes, enhance productivity and value for money to support broader social and economic development.

We continually encourage all key acute, community, primary care, mental health social care, local government, voluntary, and third sector to come together to share estates plans and strive to work together to promote integration, collaboration, and transformation.

Our key objectives – what we want to achieve over the next five years

The ICB will not manage partners' business as usual activities, but where it makes sense, we will provide support and **work as a system and in partnership** to deliver an estate that is efficient and supports the delivery of the ICB Forward View Plan and our own estates and infrastructure plan. Our key estate objectives are:

- Maintain an estate that is fit for purpose
- Create a net zero estate by 2040
- Work as a system to maximise value from the SEL estate
- Support modern clinical care
- Support the delivery of place based care
- Making smart use of our estate
- Enable the wider ICS Partner Strategies
- Ensure value for money and affordability of health care facilities

Estates: Our priority actions

Our priority actions – what we will do

Objectives of the estates work:

We strive to work with all of our public partners to share property plans, to ensure our services are easily accessible in good condition, well managed and where possible in community settings.

1 Working Together:

Our partners come together to share and develop joint estates plans in two important groups, the Local Estate Forums and ICS estates leads group. These groups specifically review assets alongside need and population health and need to ensure that not only core services can be provided but also specific locality needs are catered for. Place Based and Local Care Partnerships are also here to facilitate.

These groups contributed to our estates and infrastructure strategy.

Part of working together is also sharing strategic business cases, applying for and obtaining external sources of funding such as OPE, BFLRF, s106, CIL and other NHS Capital and sharing resources.

We will jointly procure across SEL where it is sensible to do so.

2

We will **manage the delivery of national and regional supported projects** such as CDC, Out of Hospital, Midwifery/Better Births and all PCN plans, prioritise them with place based teams and establish a programme of prioritised money and delivery

3

We will strive to have an efficient estate: and continue to address voids and underutilisation, install sensors, create a SEL data base for property, and provide infrastructure to enable the shared use of estate.

We will continue to consolidate our corporate office in all of our property and support the development of new ways of working.

Our estate should be fit for purpose and in good condition.

Estates priority action 1: working together

Working together

Working Together:

There are so many benefits to work collaboratively in SEL with all of our partners.

When plans and strategies are shared, we can spot opportunities to rationalise, co locate, jointly fund, avoid duplication and most important understand the specific needs and pressures in each locality and how we can support each other with estates planning. By working together we can also ensure that the provision of estates for health and care is financially sustainable.

How we will secure delivery: - Actions completed in 23/24

SEL estates and infrastructure strategy published

Sharing thinking, proposals and plans around the development of health and care estate at an early stage, including any plans for disposal, lease exits, redevelopments and refurbishment, so that it can inform and align with system wide developments

Providing on-going support for the partners with estate planning and decision making

1 Ensuring that estate planning takes into account wider strategic aims for health and care and supports the transformation, improvement and delivery of both acute, primary and community based care and the delivery of new models of care

Seek opportunities to improve the use of our estates by working more closely together and sharing estates information

Ensuring our estate is fit for purpose, flexible and accessible, contributes to a positive health and care experience for residents and a positive working experience for staff.

Actions for 24/25

2 Apply for external sources of funding when they are announced

Track all planning applications so that appropriate applications for CIL and OPE can be made.

Keep in touch with our LGA and Cabinet office partners to continue to apply for OPE and BLRF

Keep in touch with our regional and national colleague to bid for national NHS monies when available

Establish a central function for procurement and jointly procure where it is appropriate to do so.

Intended outcomes in 5 years time:

3 We have a clear SEL ICS estates an infrastructure strategy with clear next steps and therefore the next 5 years is about prioritisation and delivery

We will have an up to date SEL capital plan

Continue our Local Estates Forums and SEL Estates Leads Group to keep up to date

Get various project business case ready so that when further local, regional and national funds are released our schemes are business case ready.

Delivery of Nationally, Regionally and Locally supported schemes

ICBs received various sources of funding to deliver either nationally or regionally supported such as Community Diagnostic Centres (CDCs)/Out of Hospital, Better Births Initiative, Primary Care Network plans and progressing schemes that have been supported by OPE, BLRF, S106 and CIL.

1

How will we secure delivery: - Actions completed 23/24

Programmes and projects are appropriately resourced
Responded to all opportunities and applied for external funds
Priority schemes are business case ready
Innovate to find ways to enable projects and avoid duplication

2

Actions for 24/25

Continued delivery of all priority projects
Improve the utilisation and efficiency of the health and care estate in SEL, releasing land for development where appropriate
Identify joint opportunities to share estate between health and care
Bringing forward health and local government land to provide affordable housing for residents and staff where possible as well as health and care facilities.

3

Intended outcome in 5 years

Better Births: The implementation of the hub strategy for our providers in SEL noting some of this work is complete or underway.

CDC

There will be a CDC in Eltham in August 24, with activity starting in March April 23.

The business cases for potentially another CDC at Queen Mary's Sidcup will continue to be developed.

PCNs: The primary care network estates and infrastructure plans are complete, summarised and the capital investment asks will be prioritised and where possible various projects will commence.

Estates priority action 3: efficient estate

Efficient Estate

The management and planning around estates is complex and the ICB will continue to work with colleagues elsewhere to help us achieve our aims for the use and development of our estates. These other partners include our providers of acute and community services, our landlords NHS Property Services and Community Health Partnerships, One Public Estate, HUDU and LEDU. Working with our Local Government partners in housing and regeneration, we are also committed to achieving the goals of the Government's One Public Estate initiative to stimulate economic growth; provide integrated and customer-focused services; generate capital receipts; and reduce estates and facilities running costs.

1

How will we secure delivery: - Actions for 23/24

- Install Sensors in all CHP and NHSPS estate
- Establish a SEL property database
- Develop a portal to promote available health estate – void/bookable and property that can be shared to public and private end users
- Joint mapping of estates in all boroughs – all public sector partners

2

Actions for 24/25

- Move sensors to other buildings in SEL as and when needed, as appropriate
- Continue to monitor opportunities that are presented
- Create a more efficient estate
- Appropriately resource the priority programmes and projects
- Create a more sustainable estate and strive towards net zero

3

Intended outcome in 5 years

- Alignment of estates plans with clinical strategies and early identification of estates requirements within programme and delivery plans.
- Improve the utilisation and efficiency of the health and care estate in SEL releasing land for development where appropriate. Good quality data about utilisation, property events and voids.
- Provision of incentives to encourage services into underutilised but modern facilities. Support each other to exist accommodation that is not fit for purpose.
- Buildings which enable smarter and efficient working practices, including digital infrastructure, and which contribute to patient/resident experience and satisfaction.
- Support to manage facilities costs and accommodate flexible use (both clinical, partners, back office, and Voluntary, community and social enterprise sector groups).
- Reduce running costs by addressing high maintenance and poor quality buildings
- Reinvest disposal proceeds into the local health and care systems
- Identify joint opportunities to share estate between health and care
- Estate mapping with our Local Authorities to bring forward both affordable housing for residents and staff where possible as well as health and care facilities.

Supporting programme and place delivery

These are the current strategic workstreams coming out of the 23/24 estates strategy. The strategy highlights the work to do and future priorities where we will work together to promote integration, collaboration, and transformation.

Acute care

- Continued investment in technology and new ways of working :
- maintaining good community presence :
- outpatient modernisation:
- improving research and education :acute specialist functions expansion + infrastructure and sustainable place making and better patient experience.
- Addressing beds and theatres capacity:
- Ensure that only what is needed (as practically possible) is on an acute setting

Mental Health/LDA

- Improved quality of accommodation for the benefit of staff and patients:
- Maximise space for clinical activity vs office space:
- Reduce estates costs to reinvest in frontline services:
- Monitored and bookable, rather than owned and protected:
- Disposals to re-invest:
- Creating living well centres/hubs

Community care

- De-compressing busy acute settings to create other opportunities:
- Prioritise services that can relocate to other community areas care closer to home

Primary care

- Prioritise the infrastructure plans and providing the support to the new ARRs roles:
- Support with modernising ways of working and
- Supporting the need for investment in primary care.

Key pathway transformation programmes

- Each provider will have their own redevelopment/strategy delivery board however the ICB will use the 2 important groups, LEF and ICB Estates Leads who drive forward system projects.