South East London
Integrated Care System

South East London ICS Estates and Infrastructure Strategy

Summary - Autumn 2023

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South East London Integrated Care System

NHS South East London

1.0 Introduction

1.1 Our Key Estate Objectives

Our health and care estate in South East London is vitally important to us all and represents a core component in the future delivery of health and social care transformation (recovery, reform and resilience).

Our estate is vast. Much is old, in poor condition, underutilised, costly, and inefficient. There is a clear requirement to invest.

Our estate infrastructure strategy envisions a modern, adaptable estate, underpinned by 3 key ambitions:

- Stronger, safer, and greener buildings
- Better and smarter infrastructure
- A fairer allocation of investment and more efficient use of resources

Four key pillars support these ambitions:

- Strong Leadership
- People and Capability
- Data driven decisions
- Strategic investment

Our key estate infrastructure objectives and priority actions are summarised below.

1.1 Our Key Estate Objectives

South East London Integrated Care System

Maintain an estate that is fit for purpose

By addressing issues with the condition, location and configuration of the current estate.

- Prioritise reduction in backlog
- Invest in acute, community, and primary care estate

Create net zero estate by 2040

Implement Green Plans and align Estate Strategy to the national NHS Net Zero vision.

- Update infrastructure, transition to new low emission smart facilities
- Optimise energy use and efficiency
- Increase digitalisation
- Reduce waste and disposal emissions

Work as a system to maximise the value from the SEL estate

Using it collaboratively across all ICS stakeholders to optimise utilisation and efficiency.

- Reduce empty/void space.
- More accurate measurement of space use to optimise utilisation

Support modern clinical care

By expanding capacity and recognising our patients' needs when estate planning.

- Deliver more primary care capacity
- Deliver additional acute capacity (beds, theatres, etc.), key worker housing, agile working space

Support the delivery of place-based care

Enabling integrated, multi-disciplinary working.

- Prioritise better co-location of primary care and community services and delivery of primary care at scale
- Address GP workforce plan requirements and further primary care accommodation pressures

Making 'smart' use of our estate

Taking advantage of digital technology and new ways of delivering care.

Ambition is to have a digitally mature ICS, supported by appropriate digital infrastructure

Enable the wider ICS/Partner strategies

Including releasing pressure on the acute estate whilst improving waiting times and pathways.

- Decompress acute sites
- Proximal ambulatory hubs, CDCs, developing other community facilities
- System wide optimisation
- More flexible, scaleable estate

Ensure value for money and affordability of health and care facilities

Complement and support the provision of high-quality services: rationalise the estate to enable reinvestment.

- Prioritise capital projects
- Disinvest in tail assets not meeting needs of patients, carers or workforce
- Reinvest money into better quality spaces

1.2 Document Structure

Our South East London ICS Estate Strategy aligns to the framework proposed within the NHSE Infrastructure Strategy Toolkit.

NHS England's Infrastructure Strategy Toolkit guidance sets out a framework by which the NHS can produce a National Strategy for NHS Estates Infrastructure. This will be the culmination of 42 Integrated Care System developed infrastructure plans.

The Infrastructure Strategy Toolkit guidance is intended to support Integrated Care Systems to achieve their infrastructure strategy ambitions while taking into consideration local priorities, population growth and demographics in their geographical region.

Guidance within the framework, which is based on the 'Where are we now, where do we want to be, how do we get there?' format (as shown opposite) has been followed to develop this estate strategy.

Where are we now?
Build a firm foundation informed by data and evidence driven understanding of need, supply, and condition of existing estate.

Categorise assets into core, flex and tail by analysing:

- Clinical services delivery
- Population and local system context
- Existing estate, assets, condition and performance
- Interdependencies such as workforce, clinical data

Where do we want to be?
Infrastructure strategy aligned to ICS wide clinical vision and strategy, in line with NHS long term plan.

Achieve infrastructure strategy objectives:

- Stronger, safer and greener buildings
- Better and smarter health and care infrastructure
- Fairer and more efficient allocation and use of resources

How do we get there?
Ensure robust governance and assurance in delivery of strategies focusing on:

- Leadership
- People and capability
- Data driven decisions
- Investment

South East London Integrated Care System

NHS South East London

2.0 Where are we now?

2.1 South East London ICS Health and Care Services Profile

South East London Integrated Care System

Health and care services are delivered from a significant number of properties across South East London.

Acute, community, mental health and learning disabilities, and primary care services are delivered from a significant number of properties across South East London.

Key providers delivering health and care services within our ICS include:

- Guy's and St. Thomas' NHS Foundation Trust (GSTT)
- King's College Hospital NHS Foundation Trust (KCH)
- Lewisham and Greenwich NHS Trust (LGT)
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust (SLaM)
- Bromley Healthcare

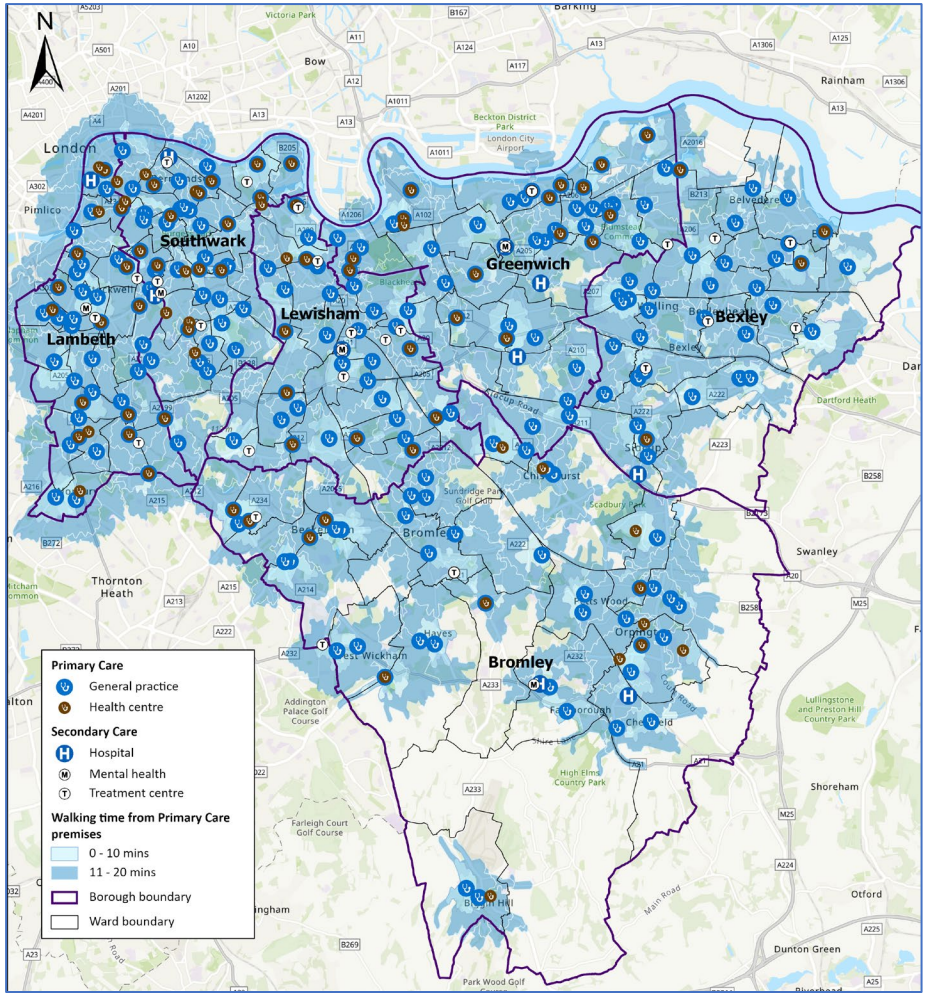
GSTT also delivers services from the Royal Brompton Hospital and Harefield Hospital acute freehold sites located outside South East London. The Royal Brompton and Harefield Hospital are also partners in the North West London ICS. In addition, GSTT delivers specialist heart and lung outpatient and diagnostic services from 77 Wimpole Street in Westminster.

Primary care services are delivered from c.243 sites across South East London.

Services are also delivered by various voluntary, community and social enterprise sector organisations (VCSE)*.

*The Voluntary, Community and Social Enterprise (VCSE) sector in South East London is wonderfully diverse and vast (estimated to be well over 6,000 VCSE organisations). Charities, community groups, social enterprises, faith groups are all considered to be part of the VCSE sector. Some of these organisations provide vital health and care services, whereas others are focused on addressing the wider determinants of a person's health such as employment and homelessness. Some organisations also provide advocacy services for local people and communities. As a result, the VCSE sector is key to preventing people becoming unwell and requiring access to hospital services. It is a vital partner in our work to address health inequalities.

South East London Healthcare Provision – NHS HUDU Aug 2022



2.2 Population and Deprivation Overview

South East London Integrated Care System

Three years of pandemic and cost of living crisis are having an adverse effect on our local people and staff.

There are pockets of significant **deprivation** across South East London*:

- Four of our local authorities are within the 20% most deprived in England
- 12 neighbourhoods in the most deprived 10% of all areas in England

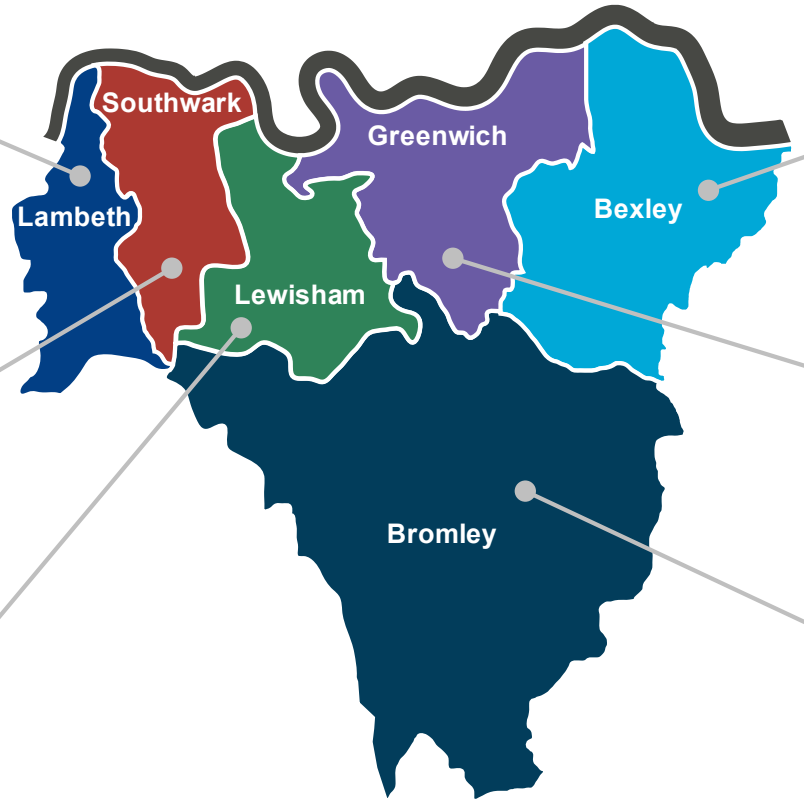
Our health and wellbeing strategies highlight the growing challenges parents and carers face in supporting **young families**. The assessments also highlight the large numbers of children, young people and adults struggling with **mental health problems**, and people across our communities struggling to **live healthy lives**.

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.

Lambeth
- 322k population
- High rates of deprivation
- Low population growth but high (>50%) for over-50s
- High population density
- Large BAME and LGBTQ+ populations

Southwark
- 307k population
- Very young population – 2 years below London average
- Significant deprivation – particularly amongst the young
- High rates of STIs and HIV

Lewisham
- 301k population
- Young population
- Among 20% most deprived local authorities nationally
- Health issues include LTCs, cancer, circulatory disease and respiratory problems



Bexley
- 244k population
- Split between older, ageing south and younger north
- Issues include frailty, emergency admissions for children and young people, mental health

Greenwich
- 289k population
- 13.6% growth since 2011, including 15.6% in over-65s
- High levels of deprivation
- Health and economic inequalities
- Health issues include MH

Bromley
- 331k population
- 6.3% growth by 2027
- London's second-oldest population
- Disparities in life expectancy
- 17.7 years average poor health

*source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government

2.3 Overview – Acute and Community Estate

South East London Integrated Care System

We have the second largest acute and community estate portfolio in London. 61% of our estate is over 40 years old. Our backlog maintenance costs (total and cost/m^2) are the second highest in London. While recent investments to reduce backlog have been significant, action is required to ensure that our estate is safe and fit for purpose.

Our ICS
c.*190 properties (acute and community)

6 Acute sites

2 Mixed service hospitals

2 Other inpatient hospitals

48 Mental health and learning disabilities facilities

102 Community facilities

6 Community hospitals

2 Specialist hospitals

15 Support facilities

c.1.1m m^2 GIA
Total size of the South East London secondary care estate

61%
Estate is older than 40 years

Total cost of occupancy
£523m
(£475/m^2)

£726m
Total backlog Costs
(£695/m^2)

30%
Amount of non-clinical space

4.9%
Underutilised / empty space

4.53m tCO_2e
carbon footprint
(Clinical and Non-Clinical)

£72.6m
Investment to reduce backlog (2021/22)

South East London ICS has:

- Second largest acute and community estate portfolio in London
- A mix of property types, from large acute hospitals to community facilities
- An ageing estate (c.61% greater than 40 years old)
- Total backlog maintenance costs of £726m
- Backlog/m^2 cost of £695
- PFI estate: c.16% of total acute and community estate occupied floor area
- LIFT estate: c.4% of total acute and community GIA

Further high level estate diagnostic information for acute and community properties within our estate portfolio is provided below.

* 190 sites in total; 177 reported on ERIC; 13 not reported; within the 190 properties are 51 NHS Property Services properties and 10 Community Health Partnerships LIFT properties

2.3 Overview – Acute and Community Estate

South East London Integrated Care System

Key estate diagnostic messages for our acute and community estate are summarised below.

Site & Area

- ICS services are delivered from fewer sites compared to peers and the national benchmark
- While South East London ICS sites are fewer than our peers, our total estate GIA m^2 is larger
- GSTT and KCH occupy c.66% of our total acute and community GIA of c.1.1m m^2
- Percentage of PFI occupied floor area is comparable to peer and benchmark values (c.14 – 16%).

Costs

- Our cost of estate occupancy is higher than the national benchmark but similar to our peers
- Hard FM and Soft FM costs are similar to peer median while typically higher than benchmark

Productivity

- Our space use for non-clinical space is lower than the 35% maximum non-clinical space Carter benchmark
- We have more empty and underutilised space compared to peer and national benchmarks
- We have a slightly higher percentage of space used for administrative, IT and staff space functions compared to our peers and national benchmark
- There are opportunities across our estate to use energy more efficiently and invest in better technology

Quality & Safety

- Our total backlog maintenance is significantly higher than our peers and national benchmark
- Backlog maintenance costs at GSTT comprise 64% of total ICS backlog
- Recent investment to reduce our backlog costs is higher than peers and national benchmark

Sustainability

- There are opportunities across our estate to use energy more efficiently and enhance sustainability
- Our disposal of waste disposal is less cost efficient and has a greater negative environmental impact

2.4 Overview - Primary Care Estate

South East London Integrated Care System

South East London ICS has the third largest primary care estate portfolio in London. Most primary care properties are freehold, with 54% of properties being owned by GPs. 54% of our estate is over 40 years old, with 30% pre-dating creation of the NHS. For 2021/22, the total annual primary care cost for rent and other reimbursement was c.£22.5m.

Our ICS
c.254
Total GP sites

200
Main GP sites

54
Branch GP sites

21%
Sites occupied by multiple providers

Tenure
75% Freehold
13% Leasehold
8% LIFT
3% Third Party
1% Other

54%
Properties GP owned

c.77,200 m^2 NIA
Total size of the South East London primary care estate

54%
Estate is older than 40 years

39%
Estate built pre-1948

Rent reimbursement
£21.6m

89%
Estate with EPC/DEC rating of E or below

1,781
Clinic rooms (consultation/exam, and treatment rooms)

93%
CQC rating good or outstanding

Other reimbursement
£856,000

South East London ICS has:

- Third largest primary care estate portfolio in London (North West London ICS and North East London ICS have estates of c.84,200 m^2 NIA and 83,900 m^2 NIA, respectively
- Primary care estate that is mostly freehold, with 54% of properties being owned by GPs
- An ageing estate (c.54% is greater than 40 years old, with 39% built pre-1948

Further high level estate diagnostic information for primary care estate within our estate portfolio is provided below.

Within the 254 properties are c. 30 NHS Property Services properties and 10 Community Health Partnerships LIFT properties.

2.4 Overview - Primary Care Estate

Key estate diagnostic outputs for South East London primary care estate are summarised below. The identified key actions should be considered to address current issues highlighted by the estate diagnostic.

GP primary care is delivered from 254 sites across South East London ICS, mostly form facilities providing only GP services	Many GP practices are located within outdated, energy inefficient accommodation	Most GP sites are freehold, and GP owned	Clinical accommodation is spread across many sites, mostly rated 'Good' by CQC
Key Action We must prioritise initiatives to enable better colocation of primary care and community services and delivery of primary care at scale	**Key Action** 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	**Key Action** • 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 • We must prioritise initiatives to deliver more primary care capacity to address to current and future shortfall in supply	**Key Action** • 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

SHAPE Data Outputs

2.5 Core / Flex / Tail – Acute and Community Estate

South East London Integrated Care System

Categorisation of existing acute and community estate (by m^2) into core, flex, and tail (as per definitions below) indicates that 55% of the estate is core, 40% is flex, and only 5% tail. The majority (by m^2) of core and flex estate is freehold. Further validation of some Trust information will be undertaken via establishment of a dedicated workstream.

CORE
Good quality, fit for purpose and future proof estate that aligns with NHS Long Term Plan (LTP) and ICS clinical strategy

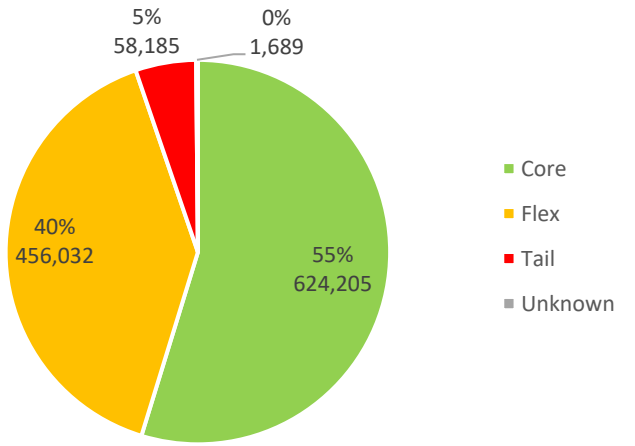
FLEX
Estate that is of an acceptable quality, or provides unique access to services, but does not fully enable the ambitions of the LTP or can be relocated, replaced or redeveloped in the future

TAIL
Poor quality estate that is not fit for purpose in its current form or for patient facing services and should be phased out when alternative estate is available or can be developed in the future

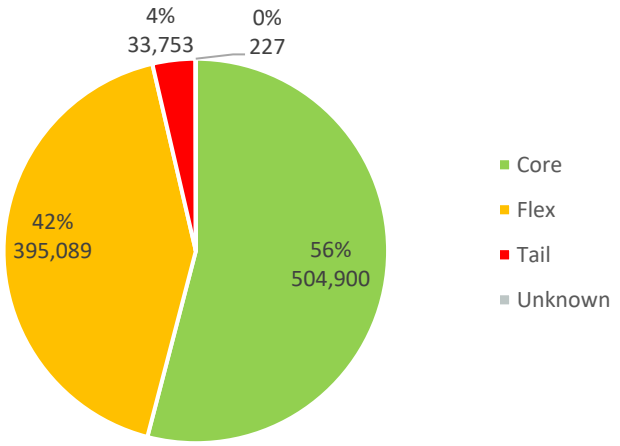
Investment in some 'flex' estate may result in re-categorisation as 'core', where this aligns with strategic clinical and estate plans

Some flex estate will never be suitable for 'core' allocation and should not be prioritised for large scale investment unless the land can be developed. Some of our tail estates sits on valuable land. We will only invest in tail if it can be redeveloped or significantly improved subject to affordability.

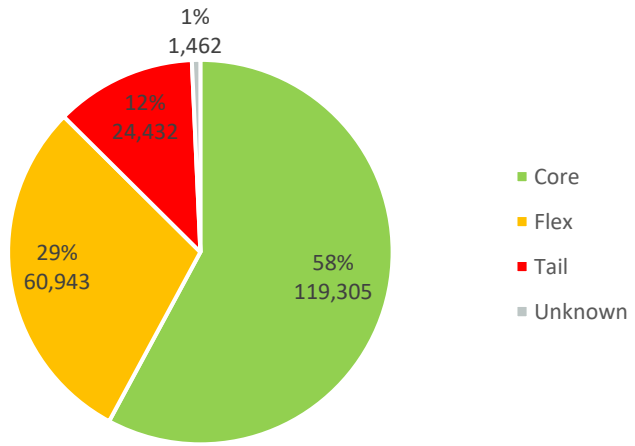
All Trusts Total Area - Core, Flex & Tail (total m2)



All Trusts Freehold - Core, Flex & Tail (total m2)



All Trusts Leasehold - Core, Flex & Tail (total m2)



Validation of baseline data and core/flex/tail categorisation of estate has not been completed for GSTT. Therefore, a workstream will be established to enable providers to validate the baseline data and agree the core/flex/tail categorisation of the estate.

2.6 Core, Flex and Tail – Primary Care Premises

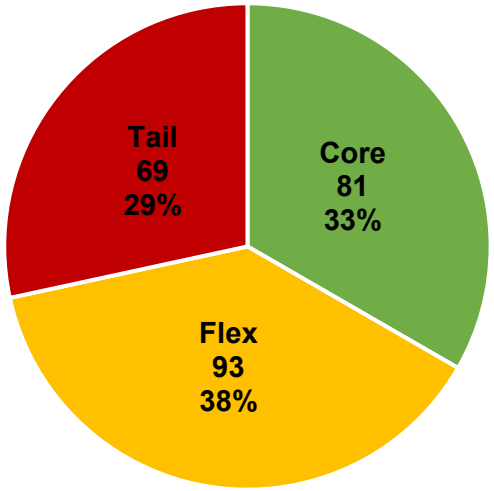
29% of our primary care premises are categorised as tail (most within Bexley and Greenwich)

South East London PCN estate strategies (2022) identify *243 primary care sites. Of these, 69 (29%) are categorised as Tail, with Bexley having the highest proportion of Tail sites (53.1%).

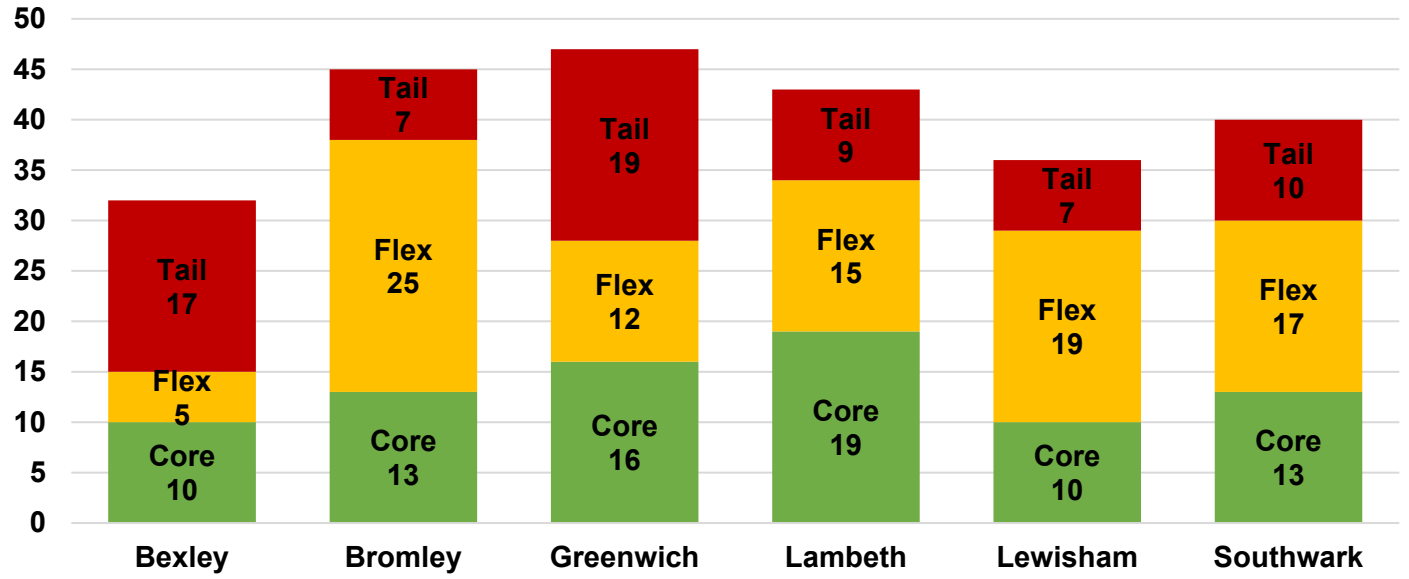
Of the Core sites, Lambeth has the highest proportion (44.1%), but all South East London boroughs have >25% Core sites.

Core plus Flex sites makes up >70% of all sites in 4 boroughs; the exceptions are Bexley (46.9%) and Greenwich (59.6%).

Current premises - Core, Flex and Tail - ICS



Current premises - Core, Flex and Tail - by Borough



*Note, SHAPE data (Nov 2022) identifies 254 GP practice sites; as SHAPE is a live system, this may explain the disparity in the number of sites recorded within the PCN estate strategies.

2.7 Key Workforce Considerations – EFM

The NHS workforce across South East London is facing the same challenges as the rest of the NHS nationally, with the added challenge that London's population has higher turnover and London competes on the international as well as national market.

Estates and Facilities Management (EFM)

Nationally, there are major shortfalls in the EFM workforce, making competition for staff very intense. We therefore need to have a compelling and competitive offering to compete. There are major career opportunities in EFM at all levels. There is recognition within the system (and nationally) that the sector is not marketed as being sufficiently attractive. Key issues with the current EFM workforce strategy include:

- **Unclear career pathways:** An example of this is in graduate recruitment, where NHS bodies find it hard to recruit as there are no clear pathways and training schemes, particularly offering key training and qualifications e.g. RICS
- **Competition:** The NHS in London faces competition from a range of potential employers, including 'big name' consultancies with established career paths
- **Reward:** The NHS is to some extent hamstrung by the national Agenda for Change (A4C) pay framework. For example, a skilled role such as a plumber is an A4C band 2 which makes recruiting and retaining quality staff challenging given the level or remuneration. Consequently, other staff (such as managers) may be required to undertake the work, or work may be outsourced to private firms.

The system needs to review opportunities to overcome the inflexibility of NHS structure – ideally at a pan-London level.

Key Action

- South East London ICS must prioritise initiatives to address the national shortfall in the EFM workforce
- A compelling and competitive offering is required to recruit, train, reward and retain valued EFM staff

2.8 Key Actions - Where Are We Now?

South East London Integrated Care System

Key Actions Identified – Acute and Community Estate

Key Action – Site and Area

- We must prioritise the reduction of empty and underutilised space within our estate

Key Action – Productivity / Sustainability / Costs

- We must prioritise attempts to increase energy efficiency across our estate. Our lower energy productivity appears to be driven by the largest variation (compared to peers) at GSTT estate.
- While this may be influenced by use of higher technology equipment across the GSTT estate, this may represent an area of particular focus

Key Action – Quality / Safety / Costs

- When compared to peers and national benchmarks, our estate has significantly higher total backlog and backlog/m^2 costs
- Backlog costs/m^2 (and Critical Infrastructure Risk/m^2) variation from peer values are highest for GSTT, LGT, and SLaM estate
- There has been significant recent investment to reduce backlog maintenance costs, and this must continue to ensure safe provision of services
- Opportunities to reduce backlog costs across the GSTT, LGT, and SLaM estate should be considered for prioritisation

Key Action - Sustainability

- Opportunities to use more green energy should be prioritised; consumption of green energy appears to be low at all ICS providers except KCH
- Potential opportunity to reduce carbon emissions by increasing the use of sevofluorane anaesthetic, particularly at GSTT (KCH and LGT use greater than peers /national median)
- Opportunities should be identified to reduce flood occurrences across our estate as these pose an increased risk to business as usual
- Disposal of waste is less cost efficient than our peers, particularly the disposal costs for GSTT and KCH (compared to peers); we must prioritise identification of opportunities to reduce waste disposal costs at GSTT and KCH sites
- Opportunities should be identified to reduce carbon emissions from clinical waste, which are significantly above peer values for GSTT, KCH, and above peer values for LGT

Key Action – PFI Expiry

Preparation for PFI contract expiry will be major strategic issue for Trusts as the scale and complexity of achieving successful PFI hand back represents a significant corporate workstream or initiative.

2.8 Key Actions - Where Are We Now?

South East London Integrated Care System

Key Actions Identified – NHSPS Estate

Key Action – Utilisation

- We must prioritise initiatives to decrease void space at Gallions Reach, Greenwich Peninsula Health Centre, Jenner Health Centre, Orpington Health & Wellbeing Centre, and West Norwood Health & Leisure Centre
- Efforts to increase the use of underutilised space for sessional/Open Space booking should be prioritised
- We must prioritise initiatives to address NHSPS properties identified as flex

Key Action – Utilisation/Commercial

- Focus should be on deceasing void space at Baldry Gardens, Waldron Health Centre, Akerman Health Centre, and Lakeside Health Centre
- Intensify use of LIFT space: claw back ‘wasted’ reimbursable costs to encourage providers to either relinquish space or drive more appointments
- Commission providers into relinquished space
- Increase the number of tenants on direct payments

Key Actions Identified – CHP LIFT Estate

Key Action – Clinical Space

We must prioritise initiatives to increase the provision of clinical space across most LIFT facilities.

Key Action – Utilisation/Commercial

- Extend opening hours at most LIFT facilities
- Experiment by place-based commissioning of sessional users (avoid exclusive use); convert some to clinical to support this

Key Action – LIFT Expiry

Preparation for LIFT contact expiry represents a significant workstream or initiative that must be established by the ICB, providers and CHP.

2.8 Key Actions - Where Are We Now?

South East London Integrated Care System

Key Actions Identified – Primary Care Estate/Workforce

- 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
- There is a risk to services from GPs retiring and selling current premises; we must prioritise opportunities to address GP workforce plan requirements and further primary care accommodation pressures.
- We must prioritise initiatives to deliver more primary care capacity to address the current and future supply shortfall
- 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; we must prioritise initiatives to deliver more primary care capacity to address the current and future shortfall in supply
- 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 delivery of primary care at scale

Key Actions Identified – EFM Workforce

- South East London ICS must prioritise initiatives to address the national shortfall in the EFM workforce
- A compelling and competitive offering is required to recruit, train, reward and retain valued EFM staff

South East London Integrated Care System

NHS South East London

3.0 Where do we want to be?

3.1 Key Messages – Where Do We Want to Be?

South East London Integrated Care System

Key messages emerging from the 'Where do we want to be?' national context review are summarised below.

Fuller Stocktake Report

- Fuller calls for a "system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place based teams delivering integrated primary care, taking a 'one public estate' approach and maximising the use of community spaces"
- To address the challenges raised in Fuller, and address the issues within the South East London estate, recognising the resource constraints in place, South East London is creating an action plan, linked to the emergent clinical strategy. We will:
  - Take pragmatic, low-cost opportunities to repurpose existing space, within local funding streams
  - Work with partners and wider system stakeholders to make the most effective use of the potential in existing accommodation
  - Work with our colleagues in the six Boroughs to take advantage of Local Authorities' ability to raise capital beyond NHS limits to fund new estates
  - Develop a pipeline for low cost quick wins
  - Identify opportunities for locating primary care onto the high street as part of local economic regeneration

Core20PLUS5

The estate has a role to play in addressing inequality, by making services more accessible, local and visible to patients.

The Hewitt Review

Of particular relevance to our infrastructure strategy's contribution to the core purposes of an ICS are the Review's following recommendations:

- An increase in ICS budgets targeted to prevention
- Development of a minimum data sharing framework (interoperability across partners)
- The creation amongst a number of ICSs of High Accountability and Responsibility Partnerships (HARPs) with greater autonomy
- A new framework for GP primary care contracts
- Greater financial freedoms and more recurrent funding mechanisms
- A cross-government review of the NHS capital regime (noting that "a lack of capital, inflexibility, and the layering of different capital allocation processes are major barriers to improvement and productivity")

Anchor Institutions

- There are many ways NHS estates can intentionally and strategically add social value, enhance the wider determinants of health, and help to reduce health inequalities
- Through its role as an anchor institution, the NHS has an opportunity to intentionally manage its land and buildings in a way that has a positive social, economic and environmental impact

NHS Net Zero Targets

- Our ICS should adopt system wide priorities to update existing heath infrastructure, transition to new low emission smart hospitals, optimise energy use, increase data digitalisation, work with suppliers to reduce their carbon emissions, and realise energy efficiencies across the ICS networks
- For the ICS and its partners in our region to progressively remove carbon emissions from all operational activities and strategic decision making we must focus on direct intervention opportunities within estates and facilities, travel and transport, supply chain and medicines

3.1 Key Messages – Where Do We Want to Be?

Key messages emerging from the ‘Where do we want to be?’ South East London context review are summarised below.

South East London Green Plan 2022-2025

The South East London NHS carbon footprint is estimated to be 769,652 tCO2e a year:

- Building Energy is around 10% of the total NHS footprint
- Staff, patient and visitor travel represents another 10%
- There are major opportunities to reduce carbon through the improvement of the performance and configuration of the estate

Our Green Plan highlights 11 Areas of Focus to be addressed to improve the sustainability of health and care in South East London and to contribute to the mitigation of climate change. Key actions around Estates and Facilities are:

- **Buildings**: Sustainable design for new build/refurbishment
- **Energy**: Increase building energy efficiency to reduce carbon emissions e.g. low carbon heating systems, LED lighting
- **Waste**: Reduce amount of waste sent to landfill and waste emissions

Digital Transformation

- Better and smarter use of health and care infrastructure is a key theme to our estates’ contribution to recovery, reform and resilience
- Our infrastructure across health and care should provide a person-centred estate that serves the needs of all its users. The estate must be the right size and configuration to enable delivery of transformational models of care, enabled by technology
- Where possible, we need to optimise our existing estate and any new developments to enable multi-disciplinary collaboration at every level, improve access and support joined up care
- Digital transformation is a pivotal enabler in our ambition to deliver better and smarter health and care infrastructure
- Our ambition is to have a digitally mature ICS, supported by appropriate digital infrastructure. We will use innovative ways to digitise across the lifecycle of infrastructure assets to deliver more and improved capacity out of built and other assets.
- The importance of digital is flagged in the Fuller report, recognising the key role data plays in enabling devolved models of care and multidisciplinary collaboration

3.1 Key Messages – Where Do We Want to Be?

Key messages emerging from the 'Where do we want to be?' South East London context review are summarised below.

Estates and Facilities Management Workforce

- South East London ICS must prioritise initiatives to address the national shortfall in the EFM workforce
- A compelling and competitive offering is required to recruit, train, reward and retain valued EFM staff

South East London Drivers for Change

The local and national strategy, and consultation through this process with key stakeholders has identified the following key drivers for change:

- Decompressing acute sites
- Development of proximal ambulatory hubs
- Delivery of Community Diagnostic Centres
- Community properties: using the existing stock of buildings, and developing new facilities, to enable routine care (e.g. outpatients) to be shifted closer to patients
- Enhanced collaborative working across South East London; acute and community providers, and local authorities working together to make better use of resources (system wide optimisation)
- Borough priorities - Provider, Local Care Partnership, Borough, and VCSE

Key Themes from Provider Estate Vision/Strategy

- Decompressing acute sites - shifting care out of hospital to proximal locations, Community Diagnostic Centres, or community properties (and creating additional capacity to achieve this)
- Maximising use of the estate to address supply deficits, particularly beds and theatres
- Opportunities to reconfigure to deliver more coherent sites, consolidation of pathways and services, better zoning
- Concentrate specialised care around existing heavily engineered facilities and deliver lower acuity care in a more distributed, less engineered and digital model
- Role of the estate to support the ICS – site development planning, opportunities to increase activity
- Developing more flexible, scalable estate
- Optimising use of the estate - maximise utilisation, reduce proportion of non-clinical space provided
- Delivering the right services in the right location, right space, right scale

3.1 Key Messages – Where Do We Want to Be?

Key messages emerging from the 'Where do we want to be?' South East London context review are summarised below.

Key Themes from Provider Estate Vision/Strategy

- Infrastructure and sustainability – reduce backlog and maintain safety, prioritise decarbonisation and increase resiliency, prioritise key infrastructure investments
- Experience and placemaking – prioritise investments on improving the spatial experience and wellbeing for all (patients, visitors, staff, researchers, students)
- Disinvest in spaces that are no longer meeting needs of patients, carers or workforce (tail assets); reinvest money into better quality spaces and places
- Ensure core spaces enable delivery of more flexible working
- Provision of space to support more virtual, agile working
- Reinvest capital into reconfiguring spaces to meet increased capacity / utilisation for clinical purposes and modern workplace requirements
- Focus on a partnership approach to provide safe, high quality spaces (therapeutic and work) and a flexible estate that responds to net zero targets
- Repurpose estate to release value, improve the quality of accommodation, maximising clinical space and reduce office accommodation
- Provision of NHS staff housing capacity* will be critical, particularly given the increased focus on international recruitment

LCP 5 Year Forward Views – Key Estate Enablers

- Partnership approach to estate planning: collaboration and joint working to achieve transformation (local estate planning with local partners)
- Rationalisation of the current estate
- Improve the quality of the existing estate
- Provide estate that enhances the user experience and enables smarter and efficient working
- Integration and more effective use of the estate of all partners e.g. One Public Estate approach
- Alignment of estate plans with clinical strategies
- Deliver estate to improve access and support integrated care in more deprived areas
- Support the system to increase digitally enabled working and virtual expansion
- Incentivise services to relocate into underutilised, modern facilities
- Delegation to Place for estate decision making

*An NHS staff key worker accommodation action plan will be developed following on from this estate strategy.

3.1 Key Messages – Where Do We Want to Be?

Key messages emerging from the 'Where do we want to be?' South East London context review are summarised below.

PCN Estate Strategies

- Every South East London PCN now has a strategy; this sits alongside the borough-level strategic investment plans
- PCN 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%
- Over £51m (41.0% of the total £125m investment) is proposed to be invested in 'Tail' properties (mostly new build as per below). Investment in Core properties totals only c.£28m (22.6%). This may reflect both quality of some current accommodation and lack of opportunities to exit tail properties.
- A high percentage of proposed investment in 'Tail' properties is New Build (83.1%), presumably replacement of the existing asset. Most of the Tail investment is in Bromley (59%) and relates to two properties (Downham and The Woodlands).

London Ambulance Service Estates Vision

- The London Ambulance Service (LAS) is currently updating its estates and service strategy; however, previous findings indicate that there may be strategic opportunities for our ICS to work with LAS to identify opportunities for other NHS services to be co-located on LAS sites

Borough Estate Priorities

- Estate priorities for each of the South East London boroughs have been identified following stakeholder engagement with providers and Local Care Partnership representatives
- Borough priorities have informed the ICS prioritised pipeline of projects

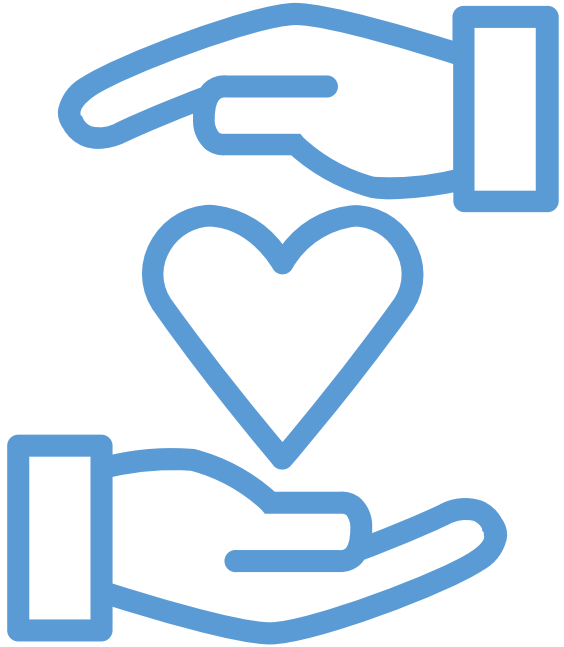
3.1 Key Messages – Where Do We Want to Be?

Potential property disposals or lease exits

To realise value from unused and underutilised South East London health and care estate, we will:

- Release land for redevelopment from underused and under-utilised estate, including building new homes for key staff
- Reinvest disposal proceeds into the health and care system to support necessary improvements and upgrades, address backlog maintenance issues and support new ways of working
- Contribute to addressing our financial performance by reducing running costs and exiting costly rental properties

This will require on-going effective collaboration and engagement between ISC partners to review and agree opportunities for property disposals and lease exits.



3.2 Key Objectives of the Estate Strategy - High Level Summary

South East London Integrated Care System

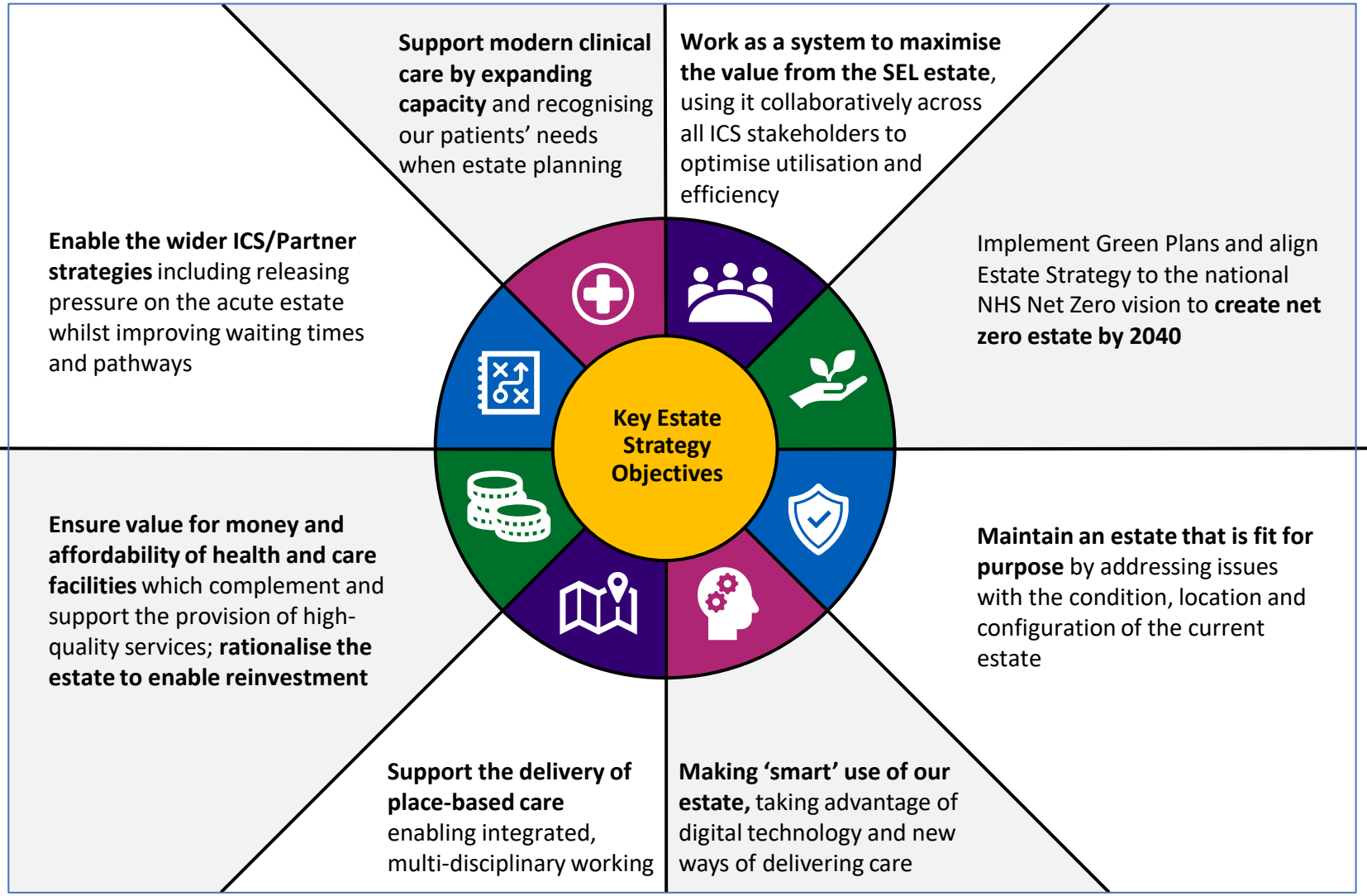
The key objectives to inform the estate strategy (summarised opposite) were identified through relevant strategic policy review and targeted engagement with ICS stakeholders*.

The 2020 ICS estate strategy established the following four key objectives:

- Improve estate utilisation and efficiency through collaborative working
- 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

Five priority workstreams were established to achieve the above objectives; these continue as a local priority.

We will further establish SMART estate strategy objectives as implementation plans (that incorporate key actions and additional new workstreams) are developed for the estate strategy.



*Representatives from the following ICS organisations were engaged with: Providers; Local Care Partnerships; ICB representatives; Acute Provider Collaborative; NHSPS; CHP; ICS Estates Group

South East London Integrated Care System

NHS South East London

4.0 How do we get there?

4.1 Key Messages – How Do We Get There?

South East London Integrated Care System

Key messages emerging from the 'How Do We Get There?' review are summarised below.

Leadership

- The ICS has a strong, engaged and accountable leadership for infrastructure enabling effective decision making aligned with key objectives
- The ICS Estates Board has a clear governance structure that demonstrates how estates fits into the wider ICS
- The ICS Partnership Board is responsible for the alignment of system priorities and for approving the ICS Estates Strategy
- We have well established Local Estates Forums to collaboratively identify and prioritise estate opportunities
- Our ICB currently has a robust risk management framework, with risks relating to ICS business managed through the Board Assurance Framework (BAF), which is informed by LCP and ICB risk registers. However, estate related risks are currently not sufficiently visible on LCP and ICB risk registers

People and Capability

- The Estates and Facilities Management (EFM) workforce are key to deliver the core aims of our ICS. It is vital that we identify and utilise the right skills and experience required to complement infrastructure planning and ensure delivery of benefits
- We need to align to priorities and actions of the NHS Estates and Facilities Workforce Action Plan to help us embed equality, diversity, and inclusion, improving staff health and wellbeing, and developing and building the next generation of EFM workforce
- Fairer allocation of investment with more efficient use of resources is key to our estates' contribution to recovery, reform and resilience. Successful collaboration between health and care providers and local government is key to promoting effective investment decision making.
- By continuing to build on our already successful collaborative working to deliver more integrated and coordinated health and wellbeing services we will speed up care and reduce inequalities across South East London

Data and Evidence

- High quality data and analytics are essential to build a robust evidence base to determine transformative change programmes that will facilitate integrated care and prioritise local health needs

Investment

- Our goal is to align capital funding, management and maintenance of estates across all sectors while establishing a long-term pipeline of significant infrastructure priorities that deliver care in the most optimal setting
- To ensure a sustainable future, we must make data evidenced decisions when considering the economic and financial sustainability of our ICS infrastructure and the impact of the estate on our workforce, services, and system
- As a system we are currently in financial deficit, with an additional short term requirement for ICBs to reduce running costs by 30%. There is an urgent requirement to make efficiency savings by identifying opportunities to rationalise estate and reduce revenue costs
- In addition, currently there are tight constraints on capital allocation (and CDEL) for the ICS and no easy route to bid for capital funds outside of the ICS. As a system, we must investigate and seek alternative funding options for capital schemes
- We have identified prioritised system capital projects (funded and unfunded) that benefit all South East London ICS partners, and provided indicative capital spend required to develop these priorities in FY23/24

4.2 Key Actions – How Do We Get There?

South East London Integrated Care System

Leadership - Key Actions and Next Steps

- Challenge of system working and prioritisation of investments; requirement to be clear on the governance process to support levelling up
- Clarify the requirements of leadership versus governance; development of workstream that identifies how we are supporting people at different levels of the ICS level to become good leaders
- Leadership: clarity required around delegations and governance and link with local needs / local authority priorities
- ICS leadership: further clarify the level of authority around decision making at the various governance levels
- Finance and governance: need to consider the governance route to more system capital
- Leadership development: establish a workstream to identify what additional development is required for ICS leaders (e.g. the 6 Local Estate Forum Chairs) and what else the ICS could provide to strengthen arrangements

Risk Management - Key Actions and Next Steps

- Clarify requirements of the ICB regarding oversight/assurance of ICS estate related risk (by provider; borough level; ICS level) and agree how to recognise the impact of risk at a corporate level
- Establish criteria to determine whether estate risks should sit on the ICB risk register and BAF and what risks should be visible on LCP risk registers

People and Capability - Key Actions and Next Steps

ICB and provider organisations to establish a priority workstream focused on developing the EFM workforce; use the Essentia Academy model as a framework and consider the following initiatives:

- Work with HR teams on EFM recruitment strategy and better promotion of opportunities; how to make EFM careers more attractive to graduates
- Demonstrate clear development pathway within the EFM functions
- Examine current NHS Graduate programmes and bolt on EFM opportunities; NHSPS graduate programme may be an example to replicate
- Use the Essentia Academy model as a framework to build on as an ICS and secure good buy-in
- Optimise apprenticeship opportunities to develop the next generation EFM workforce
- Investigate further opportunities to pool talents and encourage development across ICS organisations
- Focus on the key actions and sub-actions identified in the EFM Workforce plan; establishment and monitoring of Key Performance Indicators

Data and Evidence - Key Actions and Next Steps
(for ICB, Providers and Corporate Landlords)

- Identify common sets of key data across the ICS and create relevant feeds to enable decision making (demonstrate that the ICS has control over data and knows what data is available)
- Implement a standardised ICS approach to ERIC; ensure use of one approach to ERIC data gathering and returns across the ICS to enable better benchmarking across sites and identification of opportunities
- Establish a consistent data gathering and reporting approach for community and primary care properties, applying lessons learned from ERIC approach

4.3 Delivering the Vision – What next? From now on and over the next 10 Years

We are developing a clear prioritised plan for the next 10 years. Some of this is funded and therefore known, and other projects are subject to capital and revenue Investment.

Over the next 12 - 24 months we will prioritise our investment in our smaller projects that are funded. There are some larger funded projects may not be finished in the short term but will be managed appropriately. For the medium to longer term priorities that are not funded, we will get 'business case ready' and apply for funds as they come to us but we will also strive to investigate every possible funding source and promote and lobby for those areas in greatest need. Our strategy is our anchor point and particularly the priority schemes that we as providers

Prioritisation
- PM funded projects
- Develop pipeline with a focus on financial criteria, Non-financial criteria and Prioritisation methodology

Targeted deep dive analysis

For example:
- Utilisation, access and promotion of voids
- Equity

Collaborative delivery
- Integrated partnership approach
- LCPs / Local Authorities
- VCSE sector
- Applications for funds and lobbying for areas in greatest need of investment

Managing delivery
- Leadership, people and capability
- Data driven decisions; Business cases
- Investment and ongoing business case development
- Continued application for funds
- Iterative implementation of strategy

From now on and over the next 24 months

2 years and beyond - the next 10 years

Strategy Alignment
- National
- ICB Clinical, Digital, Workforce, Agile
- Providers
- PCNs

Continued engagement and consultation
- Stakeholders, staff, communities
- Further develop estate requirements and implementation plans
- Formal consultation may be required

Repurpose, Reconfigure Rationalise
- In response to ICB strategies
- Improve patient pathways
- Contribute to net zero

Measuring success
- Monitoring of KPIs
- Improvement dashboard
- Review targets/strategy and update

South East London
Integrated Care System