

NHS Kent and Medway Estates and Infrastructure Interim Strategy

2023-2028/33





Introduction

As an Integrated Care System (ICS), we are committed to making health and wellbeing better than any partner can do alone. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates to enable high quality care and support in fit for purpose facilities that improve the experience for our residents.

We have made good progress in recent years investing in modern facilities that enable high quality integrated care delivery. Nevertheless, we still face many challenges including significant population growth, an increasingly elderly population, ever-evolving clinical and technological advancements, changes in societal behaviour and, in some areas poor quality ageing health infrastructure. All this at a time when budgets are severely constrained and organisations are having to make extremely difficult decisions.

A comprehensive reference document supports this strategy and provides considerable backing information, including detail on national and local context, population health and demographic information, where we currently are and where we want to be, our priorities and plans, and how we will apply a consistent approach to planning in the future.

The reference document should be read alongside this strategy.

About this strategy

This strategy sets out how we address these challenges, whilst also delivering high quality, fit-for-purpose, patient-focussed, sustainable and efficient estate solutions, that will support and enable delivery of our Integrated Care Strategy. It provides a consistent approach to the planning and prioritisation of new estates proposals, that will help staff and decisionmakers determine the viability of proposals at an early stage. It sets out guiding principles to be adopted when developing plans and commits partners to work together to optimise the capacity and utilisation of our collective estate.

The strategy has been developed in partnership with local health and care colleagues and complements similar work underway in the local authorities and other organisations. As such, and where appropriate, the strategy includes information from the local authorities for comparison purposes and to highlight both the scale and opportunities working together brings.

This is an interim strategy. It will need to be further informed as the Kent and Medway clinical strategy and plans are developed. Whilst some services and facilities will, by their nature, need to be planned on a pan-county basis, the majority of services can and should be developed on a more local basis. This strategy will support local Health and Care Partnerships (HCPs) in the development of their own strategic plans by the end of this year.

National and local context

Our approach is founded on the NHS Long Term Plan, and key national goals for infrastructure...



 Consolidating non-clinical estate (as set out in the 2015 Carter Report)



• Raising funds for investment through disposing of surplus estate (recommended in the 2017 Naylor Report) and



• Building integrated care teams at neighbourhood level (as set out in the 2022 Fuller Stocktake Report)



 Driving sustainability and delivering a Net Zero NHS (reflected in our own Green Plan)

...as well as our specific local context in Kent and Medway:

- **Inequality:** Kent and Medway is home to some of the most affluent areas of England, but we also have some of the most (bottom 10%) socially deprived areas in England.
- **Geography:** Kent and Medway has over 350 miles of coastline and a mix of rural and urban areas. Road and rail infrastructure and travelling times for patients, staff and visitors all have an impact on how we plan our estate and the services we provide from it.
- **Population growth:** Our population of 1.9m is expected to grow by 5.4% within the next ten years. Some localities will see much higher growth linked to large scale housing developments. This has implications for how we plan and where we locate our services.
- **Care Strategy:** Our interim Integrated Care Strategy, published in December 2022, sets out our strategy for delivering six shared outcomes. Our estate and infrastructure plays a key role in supporting delivery of these outcomes. For example, a system-led network solution for community diagnostic centres aims to reduce time to diagnosis through improved patient flow. Urgent Treatment Centres and facilities that can provide Same Day Emergency Care are also able to redirect people who would otherwise have visited an emergency department.

The following partners have contributed to development of this strategy:

- Community Health Partnerships (CHP)
- Dartford and Gravesham NHS Trust (DGT)
- East Kent Hospitals University NHS Foundation Trust (EKHUFT)
- HCRG Care Group
- Kent Community Health NHS Foundation Trust (KCHFT)
- Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Kent County Council (KCC)
- Maidstone & Tunbridge Wells NHS Trust (MTW)
- Medway Community Healthcare (MCH)
- Medway Council (MC)
- Medway NHS Foundation Trust (MFT)
- NHS Property Services (NHSPS)
- NHS South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- North East London NHS Foundation Trust (NELFT)
- Kent and Medway Primary Care

Our current estate and infrastructure

At almost 750,000 square metres, the space in our buildings* is the equivalent of approximately 2 times the size of Terminal 5 at Heathrow Airport.

There are also 183 general practices occupying almost 100,000 square metres in 280 health facilities.

Good progress has already been made to ensure the estate portfolio continues to support excellent care for the population of Kent and Medway. One example is tackling the pressures on Accident and Emergency (A&E), moving some hospital services into community settings, and creating centres of clinical excellence for specialist services.

Over recent years we have shifted our focus towards a shared, co-located estate, which can be used by all organisations within the ICS. This will lead to improved utilisation and general estates efficiencies. We have also started to categorise the estate into three groups to help inform investment prioritisation:

- **'Core'** buildings that will remain in operation for at least the next 10 years.
- **'Flex'** needed for at least the next five years but may not be needed longer-term as the clinical model evolves.
- 'Tail' buildings that are likely to be disposed of within the next five years.

Work is also underway on a number of schemes to progress towards our Net Zero targets to achieve 80% reduction by 2028 to 2032 for emissions we control directly.

Work has also been undertaken to address health inequalities through our Core20PLUS5 programme. This has helped to identify how estates can support improved models of care and access. Examples of some of our recent improvement projects Hospitals' A&E extensions at Over £1m investment in Urgent Medway Hospital, William Harvey **Treatment Centres, reducing** Hospital and Queen Elizabeth The pressure on Emergency **Queen Mother Hospital. These** Departments and delivering more extensions have provided much appropriate care, faster and closer needed additional capacity and to the patient's home. greatly improved both patient and staff experience. As of June 2023, a total of £12.2 million of capital funding **Stand-alone Community** had been invested across nine **Diagnostic Centres in each of** schemes within general practice. the 4 HCPs providing elective Detail of each has been outlined in diagnostics and one stop shop Appendix A. This investment MRI, PET-CT, ultrasound and will provide increased capacity, x-ray helping to support ICS improved patient access and elective recovery. improved patient experience. In April 2022, a new, state of the art critical care unit opened at William Harvey £13.5m investment in Edenbridge Hospital, designed to provide the best Memorial Health Centre, a purpose built one-stop-shop for health experience for patients and their loved and wellbeing services, replacing ones. The unit contains four six-bed areas. old estate and enabling service including side rooms and bays. There are integration. Set to complete also rooms for family and visitors, and dedicated staff facilities, including rest Winter 2023. areas, changing rooms and workspaces.



SOLD

The Case for Change

Funding

Funding for estate transformation will be constrained for the foreseeable future as we concentrate on our financial recovery plan. When evaluating competing priorities, all initiatives will be carefully reviewed and prioritised.

System leaders will adopt a systematic and strategic approach to agreeing capital investment, based on many factors. Before any new initiative commences, an initial viability assessment will be required.

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Disposals

£70.2m has already been realised within the last 5 years. A further **£8.8m** has been identified to the end of the financial year 2025/26.

Greater collaboration around the One Public Estate agenda is likely to identify further opportunities to rationalise estate through greater utilisation of our good estate and disposal of estate that is no longer suitable or does not represent value for money.

SOLD

Partnerships

Parts of our estate are privately owned and have varied occupancy arrangements in place.

Four healthy living centres were constructed through the Local Improvement Finance Trust (LIFT) programme. These are among the region's best healthcare estates, with modern facilities and zero backlog maintenance. Our current focus is on increasing the utilisation of these assets.

As we move beyond 2025, we need to consider what happens next as they near the end of their current lease terms (2031 onwards). Similar consideration will be given to our three hospitals procured through Private Finance Initiatives (PFI).

More than three quarters of our GP facilities are privately owned, either by GPs themselves (40%) or other private or third parties (47.5%). Furthermore, almost a quarter (24%) of the GPs in our region are aged 55 and over. It is, therefore, important that we work with our practices to address any premises-related risks that could impact on the delivery of patient care.

Backlog Maintenance

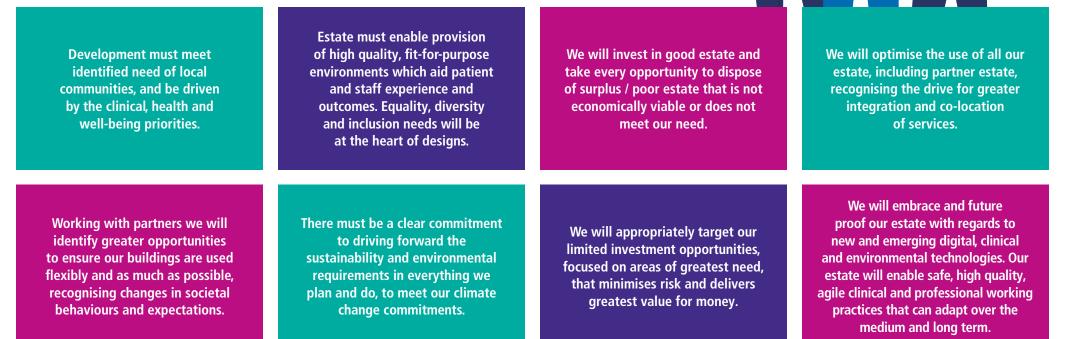
Backlog maintenance – the cost to bring estate assets that are below acceptable standards up to an acceptable condition – is a significant challenge for older parts of our estate. Across our healthcare estate, the total backlog is valued at £252m. This means that some critical elements of buildings' infrastructure remains very fragile, and this may impact on future service delivery. Each provider has business continuity plans with appropriate contingency arrangements in place. NHS Kent and Medway will continue to work with these providers to help mitigate these risks.

East Kent Hospitals has been identified as the South East Region's top priority for capital investment, and we will continue to work closely with the Trust and the national team to secure much needed national investment to improve its estate and support its services.

Our Vision

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition. This will enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future.

To achieve our vision, we will make sure that all estate and infrastructure initiatives, investments and frameworks align with our **8 principles**:



How will we get there?

We will:

- make sure our estate is flexible for use by a wide range of services.
- ✓ work collaboratively with partners across Kent and Medway to ensure use is optimised to achieve maximum benefit.
- **dispose of estate** that we no longer need, and re-invest the proceeds to develop improved fit-for-purpose, patient-focussed estate.
- develop locality-based, system-wide estates plans through our health and care partnerships, to ensure that we have fit-forpurpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos.

- ✓ work with our practices to understand potential issues and risks, and develop plans or contingencies to address any premises-related risks that could impact on the delivery of patient care.
- explore opportunities to develop health on the high street models, providing quality care as close to our populations as possible.
- ✓ work with all partners to further develop centres of excellence where there are clear clinical benefits from doing so.
- ensure that our digital and data ambitions are considered as part of the Digital and Data strategy development.



Case studies

Folca New Medical Centre

Plans are being developed to create a new medical centre on the Folca site in Folkestone high street. Folkestone and Hythe District Council made a successful bid to the government's Levelling Up Fund for just under £20 million to transform Folkestone Town Centre. This will partly support the refurbishment of the Art Deco section of the Folca building; with the other part of the building proposed for the medical centre (capital funding via a third party medical centre developer). If approved, the scheme is estimated to complete in 2025.

Chatham Healthy Living Centre

This project is still in the design phase, but, if approved, will provide purpose-built space for two primary care practices as well as a comprehensive array of community health, outpatient clinics, public health services, and minor diagnostics. This initiative will be an excellent illustration of "Health on the High Street" functioning as an anchor tenant in a shopping centre, increasing footfall and supporting regeneration, whilst also providing healthcare to a region with significant health inequalities.

How will we get there? (continued)

We will:

- deliver on the new estates developments and improvement projects that are underway.
- continue to work up the detailed plans and business cases to secure funding to progress other schemes.
- ✓ follow a consistent approach, guided by clear principles and a prioritisation framework.
- continue to work with partners and stakeholders to undertake a range of sustainability projects, including:
 - ✓ working collectively, at pace and at scale to reduce our carbon footprint, targeting high emission generating activities with systemwide carbon reduction priorities.
 - decarbonising our estate, electrifying our fleet vehicles, working to reduce travel and transport emissions and improving air quality.

- continue to work hard to secure national capital to support the delivery of sustainable acute hospital services in east Kent and more widely, to improve the quality of care and experience we provide to our citizens.
- continue to work hard with our partners to secure funding and other obligations due from developers.
- ✓ have a clear definition around the prioritisation of proposed new projects set against the availability of capital and continue to monitor the benefits delivered from our capital investments.
- ✓ plan for the long-term future of the NHS LIFT and PFI estates portfolio.
- **optimising estates utilisation** and acting as a key co-ordinator between partners.

The Community Diagnostic

Case studies

Centre project is currently being undertaken and implemented by all 4 HCPs within Kent and Medway.

This extensive project is a core element of the diagnostics and imaging network programme and is integral to the success of the recovery and reformation of diagnostic services as stated within the Richard's review.

A key aim of this programme is to implement standalone community diagnostic centres providing elective diagnostics and new onestop-shop pathways.

Maidstone Theatre complex

The Kent & Medway Orthopaedic Centre (KMOC) at Maidstone Hospital will expand elective orthopaedic capacity for Kent and Medway. The £39.1m facility will open in spring 2024 and include three laminar flow theatres in a "barn" theatre block with a predicted capacity of over 5,000 elective adult orthopaedic patients per year, a 14-bed inpatient ward, and a 10-trolley day care area.

The facility will also generate almost 30,000 outpatient appointments per annum.

How we will work with our system partners

This strategy complements the work of our local authorities.

For example, the homes and environment that we live in have a fundamental impact on our health and wellbeing. Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home. Key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will also work closely with our local councils and developers to ensure provision of affordable housing for our workforce. We want to make sure our strategic plans are fully aligned across the Kent and Medway system. We also want to use this strategy as a springboard for working with other partners such as the voluntary community and social enterprise (VCSE) sector and appropriate local businesses where this makes sense.

To deliver this strategy and support greater integration, we will work with our health and care partnerships at place level to ensure that our priorities and ambitions are aligned, and that robust implementation plans are developed with the system partners holding each other to account.



Case studies

Sheerness Revival Project

Swale Borough Council has been awarded £20 million to improve health, education, leisure, and employment opportunities in Sheerness.

The Sheerness Revival project has been awarded the money from the Government's Levelling Up Fund. The scheme will include the relocation and expansion of Minster Medical Practice (currently located in the Healthy Living Centre) and is estimated to complete in 2025.

Ebbsfleet Development

Located in the north of Kent by Dartford and Gravesham, this development aims to create a 21st century garden city and will see over 15,000 homes built over the next 15 years.

3,383 homes have already been built housing over 7,600 new residents.

Health partners are working closely with Ebbsfleet Development Corporation and health and care partners to ensure that health facilities are designed and funded to support the anticipated future needs of the growing population.

How we will support growth

As the population of Kent and Medway continues to grow, we will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities. This includes good transport links, highspeed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Securing the right health and social care infrastructure is a key priority for the major residential developments in:

- Otterpool
- Ebbsfleet Garden City
- South Ashford Garden Community
- Paddock Wood

New residential schemes have an impact on our already challenged system, so new planning consents on residential sites create opportunities to secure planning obligations for healthcare. This could be land, buildings or financial contributions. We are focusing on ensuring we develop a more strategic and system-wide approach to engaging with councils' local plan developments and securing planning obligations.

Developer obligations New residential schemes have an impact

stage and planned to be delivered over the next 15 years. Health partners are collaborating closely with the local council to ensure that health and care facilities are provided to support the anticipated future healthcare demand and the delivery of integrated health care.

South Ashford Garden Community Development

Having obtained Garden Community designation and funding from Homes England in 2019, a holistic programme of activities were set in place to masterplan three major development sites. Together they represent 7,250 homes (2,175 affordable), a 142-hectare public park along with new schools, healthcare facilities, play spaces and ecological areas to be protected. These new homes being built over the next 20 years.



How we will manage our impact

Social value is a critical consideration for the NHS estate as it encompasses the wider financial and non-financial impacts of estate programmes, interventions, and the organisations responsible for delivering them.

The NHS and its partner organisations across Kent and Medway share this commitment to promoting social value and strive to maximise the use of the built environment for this purpose.

There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. We will continue to work hard to minimize our environmental impact and promote sustainable practices across the system. Our vision is bold: It is to **embed sustainability at the heart of everything we do**, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste. Our new buildings will also be designed to reduce negative environmental impacts and to be energy efficient.



Health Based Places of Safety (HBPoS)

NHS Kent and Medway are working with system partners, to develop proposals to improve the current Mental Health Urgent and Emergency Care (MHUEC) pathway. Part of these proposals, which are still in development and subject to approval, is the implementation of centralised Health Based Places of Safety (HBPoS) which is anticipated to have system wide benefits that include reduction in time and travel commitments for Kent Police and SECAmb meaning resources can be used to support the local population elsewhere. It will also enable better use of clinical workforce as dedicated medical resource will see patients in the HBPoS and other mental health wards, and doctors will not be pulled from the wards to support the Mental Health Act assessment.

East Kent Hospital solar arrays

These have already generated more than 1,500Mwh since commissioning, saving 1,579t CO_2 , as well as significant financial savings.

How we will prioritise scarce resources

We have a large range of estates projects and programmes across our system currently at different stages. We recognise that capital and revenue funding is a scarce resource, and its allocation will need to support evidence-based interventions that improve health outcomes, as well as ensuring equitable access to healthcare services and interventions across the population.

Our estates strategy and programmes of work will enable delivery of our strategic objectives, clinical priorities and service transformation.

This allows us to provide high quality patient experience, by prioritising and allocating investments that maximise benefit and minimise risk.

We will have a clear definition around the prioritisation of projects set against the availability of funding and other key criteria.

Before any project is undertaken, an initial viability assessment (IVA) will be required, which considers a range of factors to assist with prioritisation.



Our roadmap

The timeline shows **some** of the many schemes that we plan to deliver to support our current strategic and clinical priorities.



Developing business cases for Otterpool, Paddock Wood, Ebbsfleet and South Ashford Garden Community

Categorisation and disposal of surplus sites

Conclusion

This interim strategy sets out the plan for our estate in Kent and Medway for the next 5 years and beyond, based on our integrated care strategy, current clinical and professional priorities, and service sustainability and transformation plans.

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition to enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future.

This strategy sets out the actions we will take to achieve this vision. It is grounded in robust analysis of the current estate and builds on the progress made in recent years. We highlight how we will tackle a number of challenges, such as backlog maintenance, workforce availability, and a lack of readily available capital. For example, we will dispose of estate that is no longer fit-for-purpose; and adopt a consistent set of principles to shape and prioritise new projects. We set out a range of commitments to enable our clinical priorities for excellent, patient-focused, integrated care, such as exploring health on the high street models, and centres of excellence, and ensuring delivery of a number of projects already underway.

The NHS and its partner organisations share a commitment to promoting social value and strive to maximise the use of the built environment for this purpose. We will continue to work hard together to minimize our environmental impact and promote sustainable practices across the system.

As the population of Kent and Medway continues to grow, we will work together to plan housing development and regeneration in a way that secures the right health and social care infrastructure for new and existing communities.

The needs of our local populations are paramount. Each Health and Care Partnership will create its own local estates strategy based on the principles and guiding framework of this strategy, which will optimise the local health and care estate for the needs of the local population. Once they are completed, we will review and update this strategy to ensure it fully reflects the areas highlighted at HCP level.

