NHS
Kent and Medway

Comprehensive Reference Document to

Kent and Medway Estates and Infrastructure Interim Strategy

This Comprehensive Reference Document should be read alongside the Kent and Medway Estates and Infrastructure Interim Strategy. It provides detailed information, on national and local context, population health and demographic information, where we are now and where we want to be in the future, our priorities and plans, and how we will apply a consistent set of principles and approach to planning in the future.

Contents

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Kent and Medway Estates and Infrastructure Interim Strategy

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Overview

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions for healthcare services. It is also responsible for bringing partner organisations and partners at a system and place level together in a collaborative way to improve health and care outcomes, putting patients at the centre of healthcare delivery. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates as an enabler to delivering high quality care and support in fit for purpose facilities that improve the experience for our residents.

As an integrated care system (ICS), our local health and care organisations across Kent and Medway are committed to making health and wellbeing better than any partner can do alone. We 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. As an example of the challenges, across healthcare providers in Kent and Medway, our estates backlog maintenance requirement is over £252m.

This NHS Kent and Medway Interim Estates and Infrastructure Strategy therefore considers how we, along with our ICS partners, address these challenges, while also delivering high quality, fit for purpose, patient-focussed, sustainable and efficient estate solutions, that will support and enable delivery of the Kent and Medway Integrated Care Strategy.

This strategy has been developed in partnership with local health and care colleagues and compliments 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 service sustainability and transformation plans are developed.

Importantly, the strategy provides a framework for applying a consistent approach to the planning, prioritisation and the delivery of strategic estate programmes across Kent and Medway. It includes:

- guiding principles to be adopted when developing plans
- commitments of how we will work together to maximise utilisation of our ‘one public estate’ in support of true partnership working and integration
- and a prioritisation framework that will help staff and decision-makers determine the viability of proposals at an early stage.

While some services and facilities will, by their nature, need to be planned on a pan-county basis, it is expected that most services can and should be developed on a more local basis.

This strategy will support local health and care partnerships in the development of their own strategic plans which are expected to be developed by the end of this year.

Chapter one – introduction

As an integrated care system, our local health and care organisations across Kent and Medway are committed to working together to make health and wellbeing better than any partner can do alone.

In December 2022, the Integrated Care Partnership published its Interim Integrated Care Strategy. It sets out the shared ambitions of the NHS, local authorities, voluntary sector and health and care organisations in Kent and Medway for improving the health and wellbeing of the people who live and work here. This was followed up by the production of the NHS Five Year Joint Forward Plan in March 2023. Both the Interim Integrated Care Strategy and the Joint Forward Plan are underpinned by and respond to the Joint Strategic Needs Assessments for Kent and Medway.

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions for healthcare services as well as bringing partner organisations and partners at a system and place level together in a collaborative way to improve health and care outcomes. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates as an enabler to delivering high quality care and support in fit-for-purpose facilities that improve the experience for our residents.

This Kent and Medway Estates and Infrastructure Strategy has been developed by NHS Kent and Medway working closely with its partners across the system. Its purpose is to set out how we can deliver efficient and effective estate solutions that support the overarching strategy for integrated care across Kent and Medway.

This strategy considers current and future population needs, and how the capacity, type and use of spaces will need to adapt in response. It also sits alongside the NHS Capital Plan for the next two years.

Our goal is to enable the shared outcomes outlined in the Integrated Care Strategy through the provision of fit-for-purpose, high quality, financially viable and sustainable estate that allows the right care in the right place to be provided wherever you live in Kent and Medway.

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 and 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 governance arrangements

Kent and Medway partners have worked together to develop the interim strategy, with appropriate governance processes established to make sure there is a clear and agreed framework for managing estate across our system. Each of the four health and care partnerships (HCPs) have also established local estates groups, with appropriate representation from local stakeholders to develop and oversee similar plans at a local level.

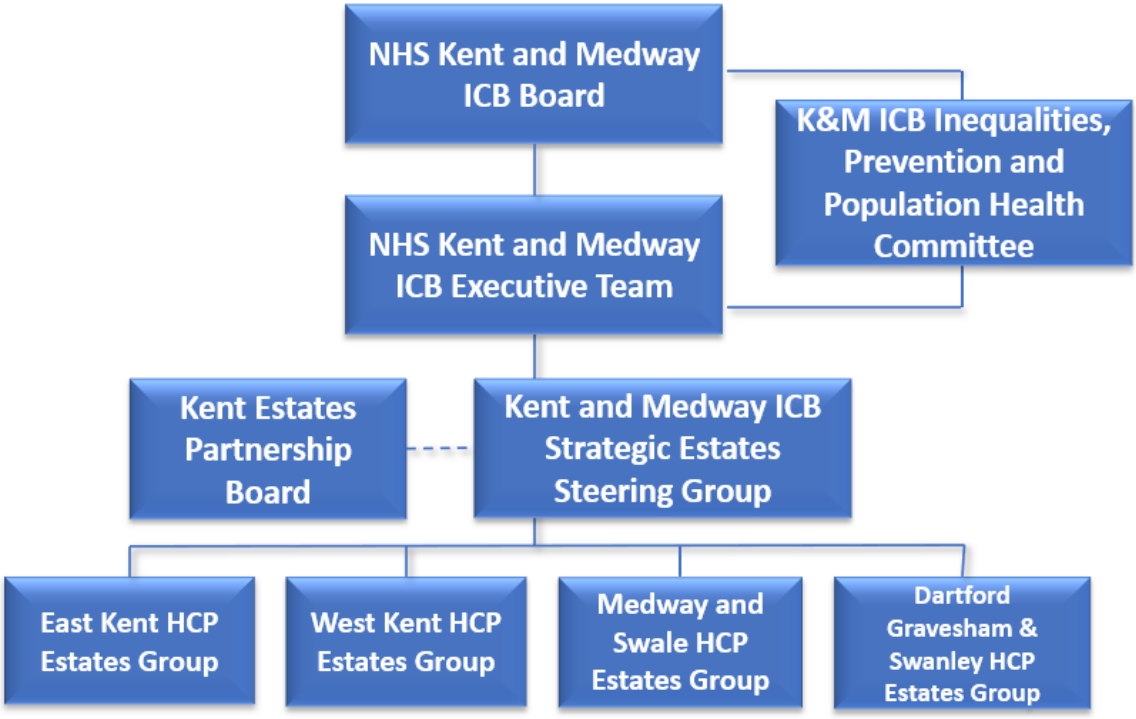
These groups report into the Kent and Medway Strategic Estates Steering Group, which has oversight for the development and implementation of this strategy. The steering group is also responsible for overseeing strategic projects and making sure there is a co-ordinated joint approach to health and care estates management across Kent and Medway. This includes understanding key strategic estate risks and providing mitigating direction where appropriate.

The NHS Kent and Medway Executive Director for Corporate Governance chairs the steering group and reports back to the NHS Kent and Medway Executive Team and the ICB Board.

The steering group works alongside the Kent Estates Partnership (the Kent chapter of One Public Estate (OPE)).

The group meets every two months, and will monitor progress against the estates strategy, identifying opportunities to use the partnership's shared estate portfolio to support integrated care and joined up service delivery across organisations.

It will also aim to drive innovation and be a catalyst for positive change to optimise estates infrastructure efficiencies and effectiveness thus optimising benefits for the communities across Kent and Medway.



Progress to date

Good progress has already been made in making sure the estate portfolio supports aspects of the interim estates strategy, for example, 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 the estates focus has shifted towards a shared, co-located estate, which can be used by various organisations within the ICS, leading to improved use and general estates efficiencies, in line with the OPE initiative.

We have made significant efficiencies through disposals and release of leased properties at break clauses to improve utilisation. Work is also underway on several schemes to progress towards our Net Zero targets to achieve 80 per cent reduction by 2028 to 2032 for emissions we control directly.

Work has also been carried out to address health inequalities through our Core20PLUS5 programme identifying how estates can support improved models of care and access.

However, many of these schemes have been funded via specific NHS England capital sources, such as Targeted Investment Fund, and work is ongoing at an NHS Kent and Medway level to develop a comprehensive and cohesive plan for capital funding allocation of future schemes moving forward.

A summary of recent improvement projects

Reduction in surplus office accommodation – 900 sqm at Amberley Green released by Medway Community Healthcare in March 2023 reducing revenue costs by £500k per annum. In the past three years NHS Kent and Medway has reduced its offices down from 14 rented offices to five.

More than **£1 million** invested in urgent treatment centres, reducing pressure on emergency departments and delivering more appropriate care, faster and closer to the patients' home.

Hospitals' A&E extensions at Medway Maritime Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. These extensions have provided much needed additional capacity and greatly improved both patient and staff experience.

As of June 2023, **a total of £12.2 million of capital funding had been invested across nine schemes** within general practice. Detail of each has been outlined in Appendix A. This investment will provide increased capacity, improved patient access and improved patient experience.

Stand-alone **Community Diagnostic Centres** in each of the four HCPs providing elective diagnostics and one stop shop MRI, PET-CT, ultrasound and x-ray helping to support ICS elective recovery.

£13.5m investment in Edenbridge Memorial Health Centre, a purpose built one stop shop for health and wellbeing services, replacing old estate and enabling service integration. Set to complete winter 2023.

In April 2022, a new, **state-of-the-art critical care unit opened at William Harvey Hospital**, designed to provide the best experience for patients and their loved ones. The unit contains four six-bed areas, including side rooms and bays. There are also rooms for family and visitors, and dedicated staff facilities, including rest areas, changing rooms and workspaces.

East Kent Hospital solar arrays, which have generated more than 1500Mwh since commissioning, saving 1,579t CO2, as well as significant financial savings.

Five Heat Decarbonisation Plans commissioned and delivered to provide road mapping for decarbonisation of heat sources at Tonbridge Community Hospital, Hawkhurst Community Hospital, Sevenoaks Hospital, Victoria Hospital (Deal) and Queen Victoria Memorial Hospital (Herne Bay).

Chapter two – national context

In November 2020, building on the road map outlined in the NHS Long Term Plan (LTP), NHS England and NHS Improvement published Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems Across England. This document mandated that all components of a health and care system collaborate as integrated care systems beginning in July 2021.

As infrastructure is a crucial enabler for delivering the transformation of health and care services, our updated infrastructure strategy will be used to outline our shared estates and infrastructure commitments, and roadmap to facilitate integrated working across all partner organisations' teams.

By using several national policies as the foundation of our strategy, we have developed a thorough plan that addresses all aspects of our estate and infrastructure initiatives.

As we place a high priority on sustainability, our estates strategy will reflect this by working to meet the NHS's net zero objectives. To make this possible, we want to develop and adapt buildings in accordance with the most recent standards and, in collaboration with others, seek renewable energy options to maximise efficiency and resilience. We will also look for chances to reduce reliance on fossil fuels, develop our green space and grow more trees.

In the following chapter, we outline the series of activities that we intend to do over in the coming years to address the recommendations outlined in these national policies.

Our system plans

- Build estate models and facilities that can align and support the ambitions set out within the **NHS Long Term Plan** in addition to using our estates in a more efficient and effective way.
- Encourage co-design to make sure the correct and essential infrastructure is in place to support the operation of workforce, population management, digital, and clinical initiatives enabling us to deliver against the **joint forward plan** and encouraging collaborative teamwork among teams from affiliated organisations.
- Embrace equity, diversity, and inclusion, train and develop the next generation of estate and facilities management staff and enhance our employees' health and wellbeing by utilising the **NHS estates and facilities workforce action plan.**
- Take full advantage of opportunities to consolidate non-clinical estate as recommended by the **Carter Report** to increase the productivity of our NHS Trust and deliver significant savings where possible. In addition to raising funds towards the implementation of the **Naylor Report 2017** recommendation to invest more in NHS estates to support the Five Year Forward View (new models of care) for the NHS.
- Create a system-wide estates plan to assist neighbourhood and place teams in delivering integrated primary care, adopting a **one public estate** approach, and optimising the use of community resources and spaces in fit-for-purpose facilities.
- Collaboratively embrace the challenges of climate change, looking at all opportunities to decarbonise our estate in line with **Estates 'Net Zero' Carbon Delivery Plan**

- Implement recommendations outlined in the **Fuller Stocktake Report** by:
    - increasing integration of primary and community services to provide our communities with services closer to home
    - facilitating the development of PCNs into neighbourhood teams
    - supporting primary care to work with other providers at scale
    - closing gaps in service provision, especially for underserved communities
    - supporting multidisciplinary teams to work together in neighbourhoods to improve the quality of estates.

Chapter three – local context

Kent and Medway overview

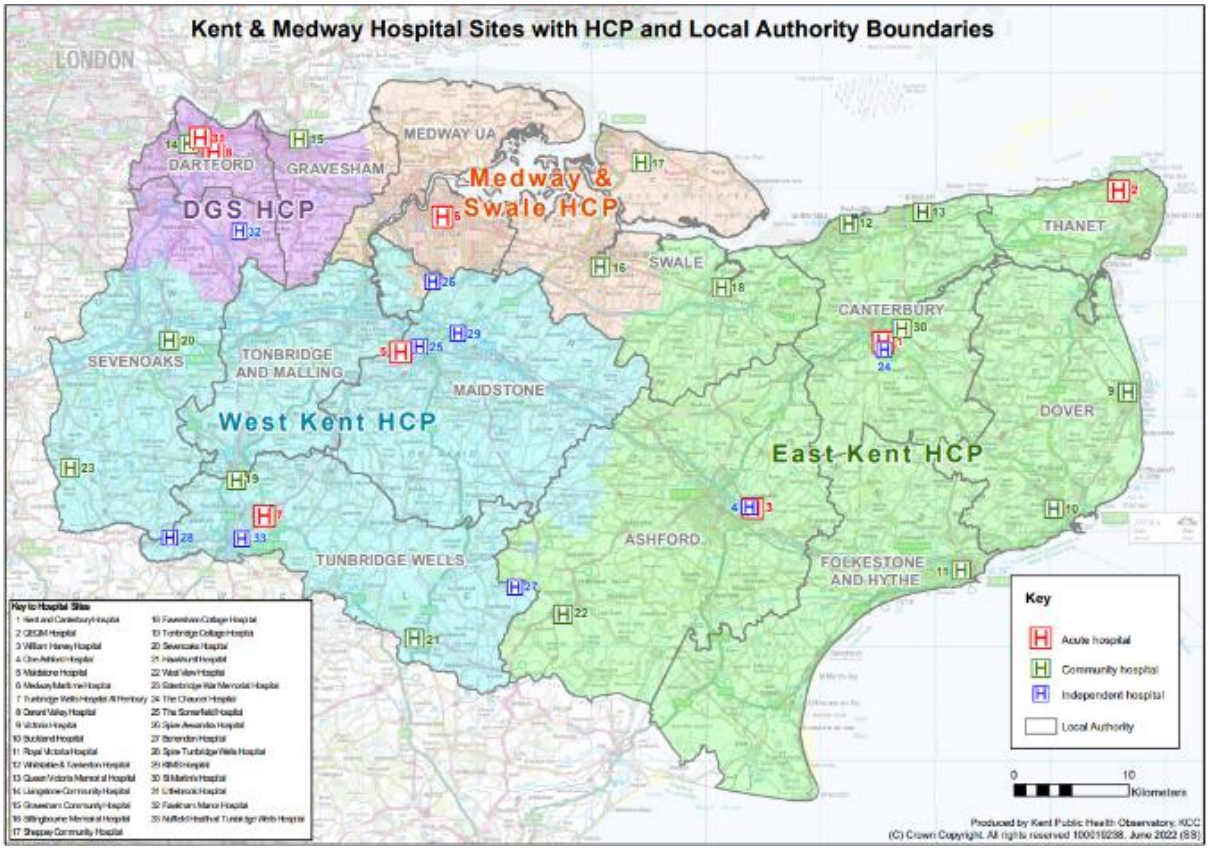
NHS Kent and Medway serves approximately 1.9 million residents and currently spends more than £3.9bn on health each year. It is essential we deliver care in a way that make best use of our collective resources, including our physical infrastructure.

Kent and Medway is an attractive place for so many who choose to live here. Known as the 'Garden of England' because of its abundance of orchards, hop gardens, agricultural and green spaces, it is home to some of the most affluent areas of England. It is also home to some of the most (bottom 10 per cent) socially deprived areas in England.

With over 350 miles of coastline, and its close proximity to London and mainland Europe, its mix of rural and urban areas present a range of challenges in terms of access to care.

Demand for health and social care services is at higher levels than ever before, as evidenced by our Joint Strategic Needs Assessment.

- In Medway and Swale, local survival rates for cancer are among the lowest in the country.
- Life expectancy at birth in Medway, Swale and Thanet is below the England average for both men and women.
- 12 per cent of people in west Kent smoke, compared to over a fifth (21 per cent) in Swale.
- Although women's life expectancy is higher than men, women spend more years, and a greater proportion of their lives, in poor health (23 per cent vs 19 to 22 per cent).

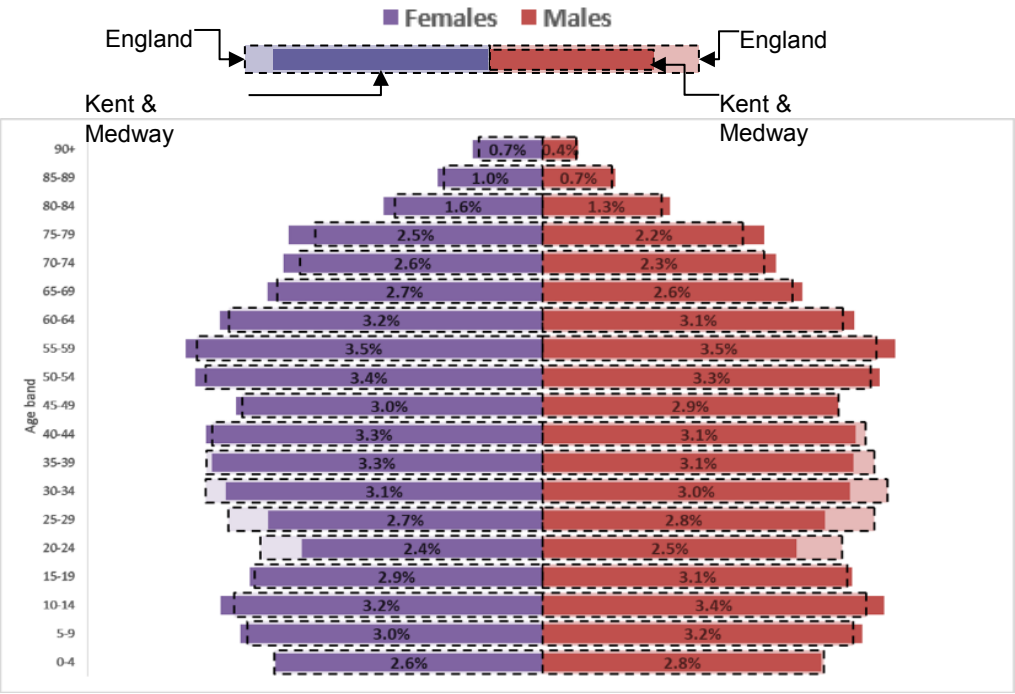


England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities have multiple, overlapping but addressable health problems.

Our population overview

Kent and Medway has a population of approximately 1.9 million. Compared to the rest of England, it has a higher proportion in the over 50 and under 15 age bands.

Over the next 10 years, the population in Kent and Medway is projected to grow by 5.4 per cent. This is largely driven by growth in the '15 to 24' age group, and even more so, the over 65 age groups, both in percentage and absolute terms. This ageing population will create increased pressure on health and care services for frailty, complexity of condition, cancer and multiple comorbidities.

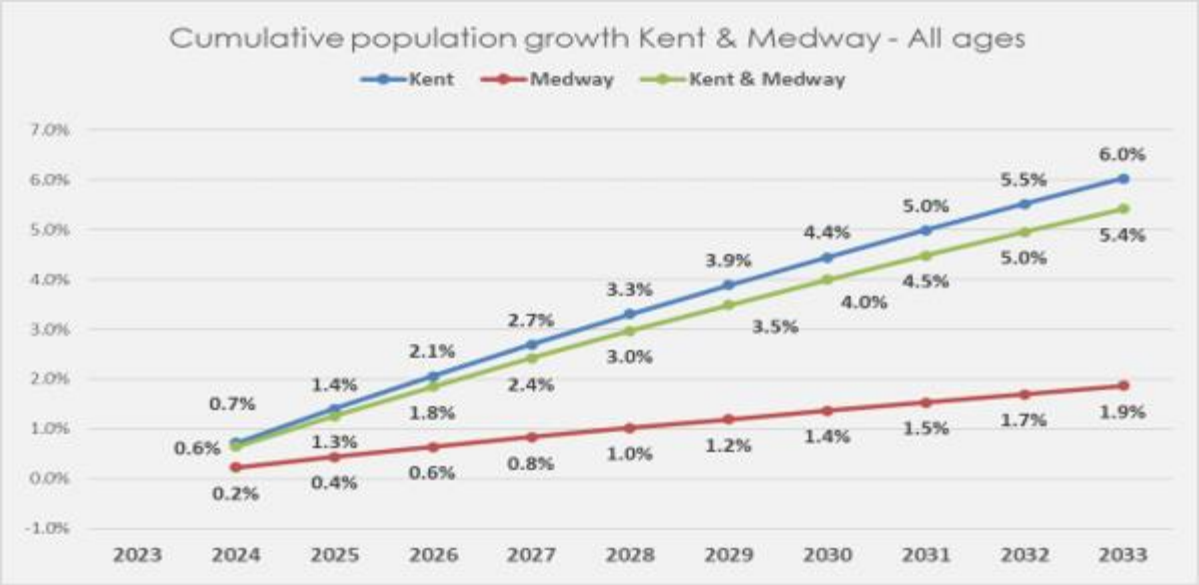


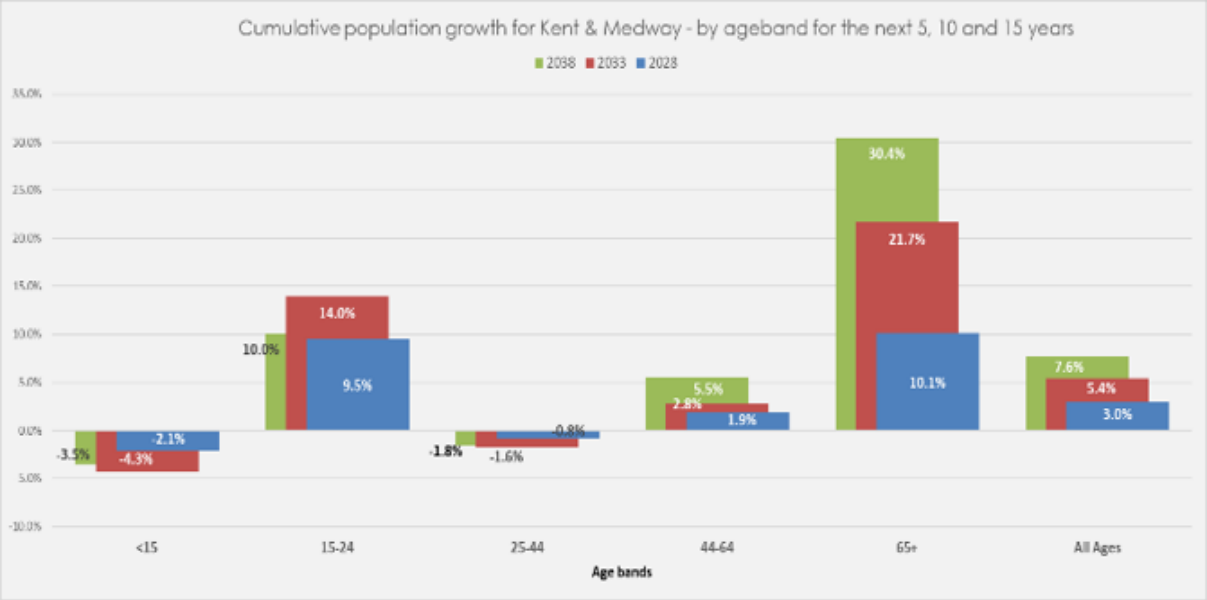
Source: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration

Our Joint Strategic Needs Assessments and Core20PLUS5 obligations help us understand the health needs of our population and where to target health provisions for different demographic's requirements.

Life expectancy is significantly shorter for some groups of people, including homeless, people with learning disabilities, or severe mental illness compared to the general population.

Another important group is children in care, who are at significant risk of being disadvantaged in several ways and that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.





Sources: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration

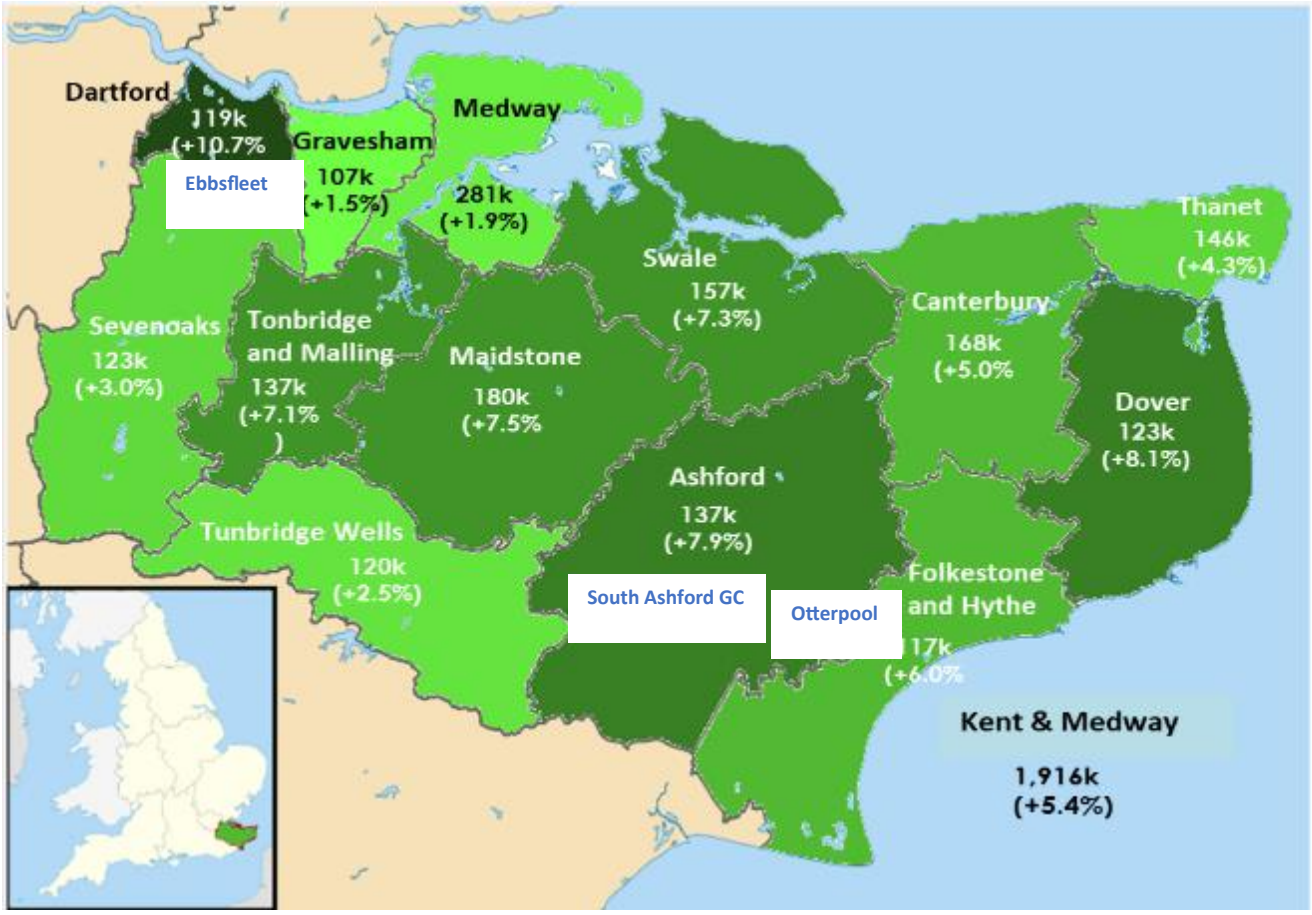
Our changing population – location

Population growth will be experienced unevenly across the region, and this will have implications for where we locate our healthcare estate and infrastructure.

In the next 10 years, the highest population growth is expected to be in the Dartford area (+10.7 per cent by 2033) driven by a 28 per cent increase in 15 to 24-year-olds.

Many other parts of Kent will see growth of more than seven per cent by 2033. Some of the major new developments that are in process include:

- **Otterpool** – a new garden city development being built just north of Hythe. It will see the development of 10,000 homes over the next 25 years and an increase in population of around 25,000. Full planning permission for the first 8,500 homes has been granted.
- **Ebbsfleet Garden City** – located in the north of Kent by Dartford and Gravesham, this development will see over 15,000 homes built over the next 15 years. 3,383 homes have already been built housing more than 7,600 new residents.
- **South Ashford Garden Community** – made up of three areas of development, this will see 7,250 new homes being built over the next 20 years.
- **Paddock Wood** – significant growth is expected in this area (up to c3,500 homes) as part of the new local plan.



Current population with projected 10-year growth for each area (in brackets).

There are also many other smaller community housing developments underway across the region. As system partners, we are working to understand the impacts associated with these

developments, including securing potential developer financial contributions through s106/Community Infrastructure Levy (CIL) arrangements that support the provision of additional healthcare services and facilities for local growing populations.

Our road and rail links

Much of the current road infrastructure in Kent and Medway consists of rural A and B class roads meaning travel times between towns and cities can be lengthy, and public transport is often limited. This is particularly the case when travelling north/south across the geography. Road infrastructure and travelling times for patients, staff and visitors also impacts how we plan our estate and the services we provide from it.

The region's two motorways (M20 and M2) link the M25 with the Channel terminals at Dover and Folkestone.

The rail infrastructure in Kent serves many markets and communities including commuters in and out of London and linking major towns and cities such as Canterbury, Ashford and Dover. The network also serves channel routes to Europe and has the UK's first domestic high-speed service (HS1), with high volumes of domestic, holiday and freight traffic.

The Lower Thames Crossing route, source: https://nationalhighways.co.uk

The proposed new Lower Thames Crossing construction will link to the A2 and M2 in Kent with the tunnel crossing being located to the east of Gravesend. Once completed, the Lower Thames Crossing will be the longest road tunnel in the UK, stretching 2.6 miles, including 14.3 miles of new road connecting the M2/A2, A13 and M25 with approximately 50 new bridges and viaducts.

During construction, the project may have a minor impact on local hospitals. Construction workers will be treated for minor injuries and illnesses at the project's own medical facility, while serious injuries will be taken to one of the Medway or Dartford area hospitals. Once it is finished, it is anticipated that the crossing will make it easier for Kent residents to commute to Essex for medical treatment and vice versa. However, this has not yet been modelled in detail.

Our integrated care strategy

Estates as an enabler to our integrated care strategy

Our estate and infrastructure play a key role in supporting delivery of the outcomes in our ICS strategy. For example, the location of services can have a significant impact on health equality: by prioritising locations with good, low-cost access as close to the population as possible, we can help to improve access for vulnerable or disadvantaged groups.

Demand on our emergency departments is at an all-time high nationally. We have invested in A&E extensions at Medway Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. These extensions have provided much needed additional capacity and greatly improved both patient and staff experience. Embedding new models and services will allow us to not only reduce pressure on emergency departments but also deliver more appropriate care faster and closer to the patient's home. Certain investigations and treatments which could traditionally only be provided in hospital, will increasingly be available in primary care, enabled through primary care networks with wider skill mixes, more estate options and extended hours. A system-led network solution for community diagnostics 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.

Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration. Voluntary Community and Social Enterprises (VCSE) are our strategic partners in various workstreams throughout the ICS and have a vital role to play in supporting people to manage their own health and wellbeing. This could include exploring opportunities to share premises to improve utilisation, efficiency and integrate services.

Maintaining and developing our estate requires a strong workforce. We want to create a great environment for our staff. We want our workforce to work together and have opportunities to develop in their jobs and across health, care and voluntary sector. We want our teams to be empowered, engaged and enjoy their work, so they can be excellent at what they do.


Kent and Medway
Integrated Care System
SYMPOSIUM
28th October 2022
TOGETHER, WE CAN
"DEVELOPING a MOVEMENT ACROSS KENT & MEDWAY"
WORKING in the INTEREST of the PEOPLE we serve!
•Addressing the SOCIAL DETERMINANTS of HEALTH & WELLBEING
•CREATING SOLUTIONS ROOTED in PEOPLE, COMMUNITY and PLACE!
we have a LEGISLATIVE MANDATE & do things DIFFERENTLY!
we will only SUCCEED if ALL PARTNERS make it WORK!
•PROVIDING SOLUTIONS with, not to, MEMBERS of the COMMUNITY
ENGAGING PEOPLE in the way they PREFER!
•RECOGNISE PEOPLE are COMPLEX and UNPREDICTABLE.
LISTEN, TALK and LEARN from EACH OTHER!
•RESEARCH, INNOVATION & DATA
•WE MUST BUILD TRUST in RESEARCH and RESEARCHERS.
•BARRIERS: -DATA SETS -LACK of AWARENESS of or the RESEARCH in the REGION.
•FOCUS on RESULTS that ENABLING INNOVATION
•PEOPLE WANT to WORK in REGIONS that ENCOURAGE RESEARCH.
•WE need QUALITATIVE and QUANTITATIVE DATA.
•ALL PARTNERS WORKING TOGETHER AT PACE...
...to create BETTER and FAIRER health OUTCOMES across our COMMUNITIES.
•Working with a SHARED PURPOSE...
...and a COMMON ASPIRATION.
WE are FACING MANY CHALLENGES
-SPENDING RESTRAINT
•INCREASED NEED
...BUT we have LEARNED many LESSONS on how to WORK TOGETHER during COVID.
OUR VISION
•ENSURING CHILDREN have the BEST POSSIBLE START in LIFE.
•HELPING the MOST VULNERABLE and DISADVANTAGED.
•HELPING PEOPLE manage their own HEALTH
•SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS.
•ENSURING HOSPITALS are AVAILABLE to those who NEED them.
•MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.
•MIND & BODY
•HOLISTIC SUPPORT to REDUCE INEQUALITY
•GET the DATA RIGHT!
•HOUSING SAFETY & QUALITY & HEALTH IMPACTS
•ENCOURAGING PEOPLE to ACCESS SERVICES.
•SHARED DATA RECORDS.
•WORKING with VOLUNTARY ORGANISATIONS.
•ONE AGENCY NEEDS to LEAD!
•creating EMPLOYMENT & ATTRACTION.
•MULTI-PARTNER APPROACH- like a WEB?
•NO ONE ORGANISATION can ADDRESS our CHALLENGES on their OWN!
...we need to EMBRACE new ways of WORKING TOGETHER!
We must SHARE DATA BETTER...
...Creating a SINGLE SOURCE of TRUTH!
•MOVING from being a SICKNESS SERVICE to a HEALTH SERVICE -this will require TRUST from MANAGEMENT.
FOCUS on WHOLE SYSTEM CHALLENGES
CAPTURING the VOICE of EVERY PART of the COMMUNITY!
•ADDRESSING HEALTH INEQUALITIES across the REGION
•ECONOMICS & SHARED PROSPERITY
•JOINED UP STRATEGY is REQUIRED
•GIVE YOUNG CHILDREN EXPERIENCE of HEALTH & SOCIAL CARE.
•IMPROVE the IMAGE of the AREA.
•CAREER ADVICE & SKILLS for SCHOOL CHILDREN
•ANCHOR INSTITUTIONS.
ADDRESS INCOME GAP.
•We need MUTUAL RESPECT & TRUST between LOCAL AUTHORITIES & VOLUNTARY ORGANISATIONS
INVEST in our PEOPLE to BUILD MORALE
•AS LEADERS we must learn to LISTEN DIFFERENTLY
...learning from FRONTLINE STAFF and VOLUNTARY ORGANISATIONS.
•VOLUNTARY SECTOR
-EMPOWERING COMMUNITIES
...& MAXIMISING COMMUNITY INSIGHT!
•It's about ENGAGEMENT!
...working communities in CO-DESIGNING SOLUTIONS.
JOINING the DOTS between SMALL VOLUNTARY ORGANISATIONS
REFER KENT!
MANY SMALL VOLUNTARY ORGANISATIONS CANNOT GATHER QUALITATIVE DATA on their PROJECTS.
•IDENTIFY and REPLICATE BEST PRACTICE wherever it HAPPENS!
PREVENTION is BETTER than CURE!
it will be the KEY to our SUCCESS!
•DELIVERING FOR LOCAL PEOPLE.
•HEALTH EDUCATION is KEY!
•MOST PEOPLE AREN'T INPATIENTS!
•BE PREPARED to PUSH BACK vs GOVERNMENT & TAKE RISK.
•LESS REPORTING & MORE DOING
STRATEGY ACTION PLAN & PRIORITISE.
LOOK AFTER our WORKFORCE as well as the COMMUNITY.
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What does this mean for our ICS estates strategy?

The ICS strategy and the ICB's objectives linked to the NHS Joint Forward Plan raise some key questions that our estate and infrastructure must address:

Key demand-side questions.

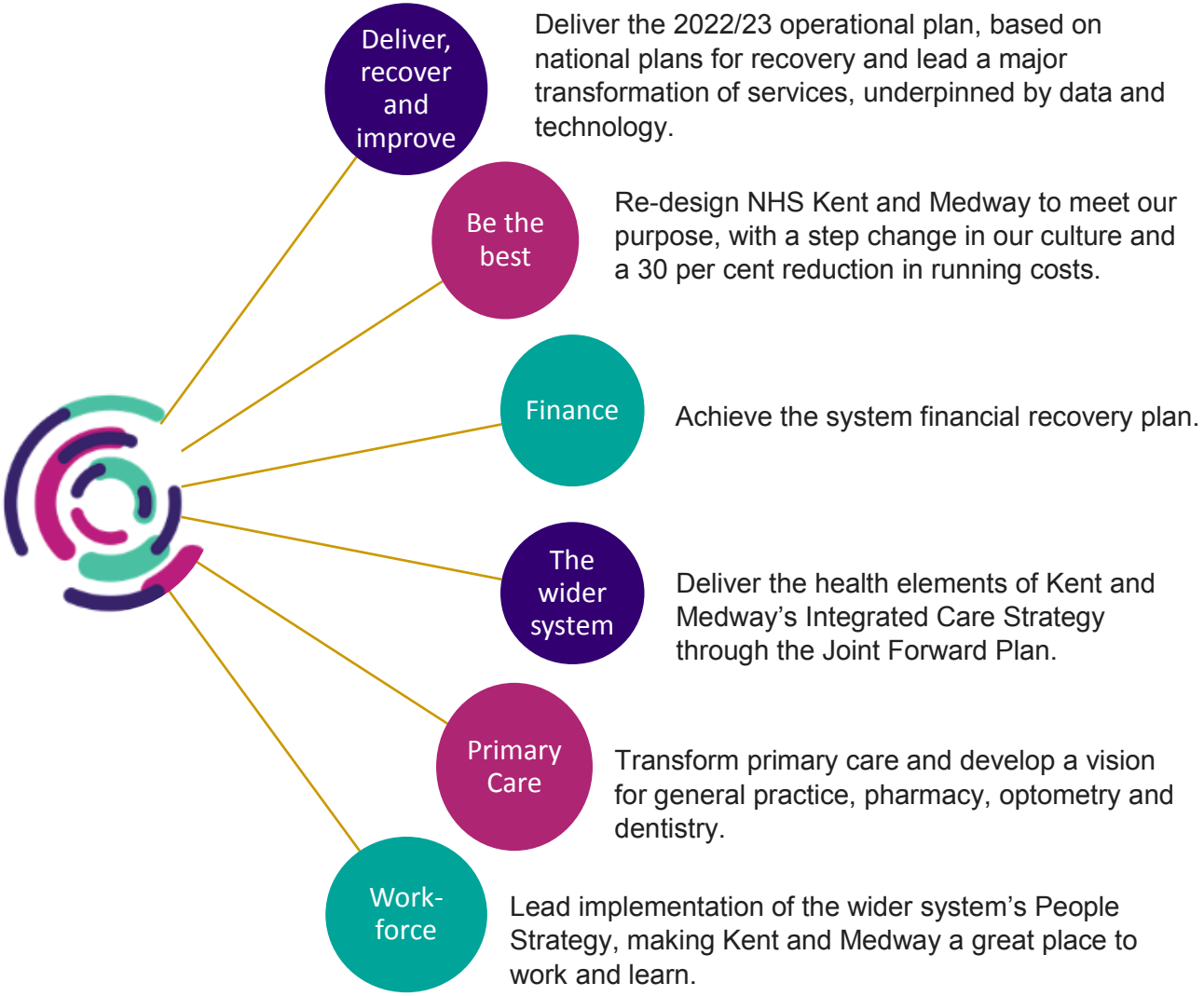
- How do we support and enable our clinical and professional strategy for new models of care and transformation of services, including increased focus on prevention and wider determinants of health, such as social and economic development?
- What capacity (acute, community, mental health, social and primary care) is needed to support the changing population?
- How will our estate support a new vision for primary care, including changes in workforce and working practices such as Additional Roles Reimbursement Scheme (ARRS) and the vision for integration set out in the Fuller Stocktake Report?
- How does our digital strategy affect the estate requirements?

Key supply-side questions

- What is the current estate (capacity and condition) and level of flexibility to adapt to future requirements?
- How do we meet our financial challenges while still providing excellent care and a great environment to work and learn?
- How can we work more closely with our partners to provide a truly integrated system?
- How far is the estate from achieving net zero?

NHS Kent and Medway's six objectives for 2023/24

These objectives are supported by seven cross-cutting enablers, of which estate and sustainability are one.



Chapter four – where are we now?

Kent and Medway healthcare estate currently comprises four acute hospital trusts (with seven acute hospital sites (two of which are PFI hospitals)), 13 community hospitals, 14 mental health facilities.

Estates data for NHS trusts has been drawn from the NHS Estates Information Returns Collection (ERIC) reports and validated by the trusts. It covers the estate owned and operated by providers. In addition, data has been supplemented by information from Kent County Council, Medway Council and non-NHS providers. Data on the size of the primary care estate has been sourced from national estate data mapping toolkit, SHAPE, and is presented separately.

Baseline data shows that the non-primary care estate occupies a total GIA of 749,379 square metres, equating to approximately two times the size of Terminal 5 at Heathrow airport.

180,805 square metres (or 24 per cent)*** is assigned to non-clinical space. In addition, NHS Kent and Medway leases five properties. The total operational running cost of the estate is almost £380 million per annum.

Void space, in most cases, is low with around nine per cent of space not currently fully utilised. There are opportunities to improve the percentage of time that a space is physically in use against the time available.

Organisation	Gross internal area (m^2)	Total void space (m^2)	Non-clinical space (m^2)	Backlog maintenance cost	Operational running cost of estate
DGT	70,427	902	22,834	£0	£16,500,000
EKHUFT	192,663	12,098	55,301	£125,138,198	£230,572,067
HCRG	6,997	0	1,500	N/A	£3,661,598
KCHFT	44,617	609	23,249	£30,952,379	£16,323,024
KMPT	64,851	25,622	8,055	£17,289,992	£12,385,815
MCH*	4,008	769	950	Not provided	Not provided
MFT	97,385	11,679	27,975	£76,949,474	£22,500,000
MTW	132,823	6,903	30,980	£647,605	£9,095,641
NELFT	4,389	Not provided	1,628	£1,200,000	£1,750,000
SECAMB	40,000	N/A	N/A	£0 **	£15,000,000
CHP	9,340	200	2,242	£0	£5,155,680
NHSPS	75,488	7,251	7041	Not provided	£22,120,000
Subtotal	**742,989**	**65,264**	**180,805**	**£252,177,648**	**£355,063,825**
KCC	441,154	52,160	434,764	£165,000,000	£24,297,747
Medway Council	3,596	0	Not recorded	£0	£348,180
Total	**1,187,739**	**117,424**	**615,569**	**£417,177,648**	**£379,709,752**

*Excludes leased properties from CHP and NHSPS listed under their returns.

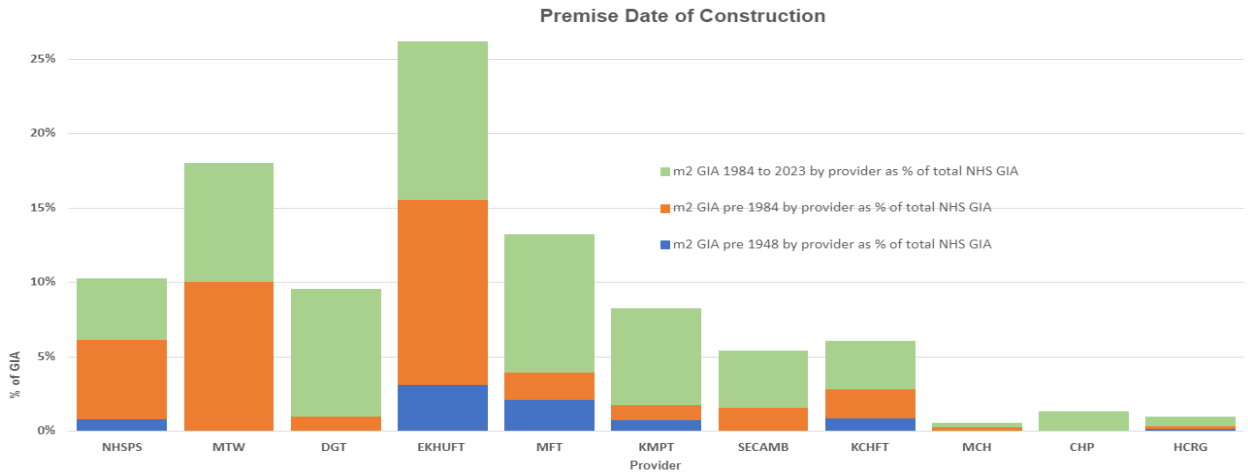
** Maintenance cost related to high-risk backlog maintenance

*** Excludes KCC and Medway Council

Challenges and risks

The age profile of the estate varies significantly, with 43.71 per cent of the NHS estate by footprint built before 1985. This percentage varies by different providers.

Backlog maintenance remains a challenge for the ICS, with total backlog valued at £252m. This represents the cost to bring estate assets that are below acceptable standards up to an acceptable condition. All providers invest annually in addressing their backlog maintenance focussing on health, safety and security compliance, critical infrastructure and capitalisable responsive maintenance.



Three providers have significant backlog maintenance costs

Medway NHS Foundation Trust (MFT) sited at Medway Maritime Hospital in Gillingham, Kent provides emergency and planned clinical services for the populations of Medway and Swale of around 405,000 people. MFT is a core part of the healthcare services system in the area. Backlog maintenance is valued at £77m, although only £16m is considered critical infrastructure risk cost. MFT have reported that they may have Reinforced Autoclaved Aerated Concrete (RAAC) in one of their buildings. They have commissioned further survey work on this.

Kent Community Health Foundation Trust (KCHFT) has identified £31m backlog maintenance cost, with £23m critical infrastructure risk cost.

East Kent Hospitals University NHS Foundation Trust (EKHUFT) has an ageing hospital estate, much of which is over 70 years old, costly, and no longer supports high-quality care. Backlog maintenance is valued at over £125m, with critical infrastructure risk of £88m.

Since 2015 NHS Kent and Medway, East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public have worked closely on a review of hospital services. In July 2021, East Kent Hospitals submitted an expression of interest to secure £460m capital as part of the New Hospitals Programme (NHP). The scheme was highlighted as NHS South East region's top priority for capital investment.

The aspiration was that the three hospital sites in East Kent would be developed and bring together a broader set of health and care services to support more innovative approaches to improving the health and wellbeing of the local population.

In May 2023, it was confirmed that the application was unsuccessful in being selected for the NHP.

Disparate community provision

We acknowledge and identify that across our region there is currently insufficient provision of community services in some areas to adequately cater for the needs of our population. This sometimes results in care being delivered primarily within acute settings as opposed to in the community where it may be more clinically appropriate.

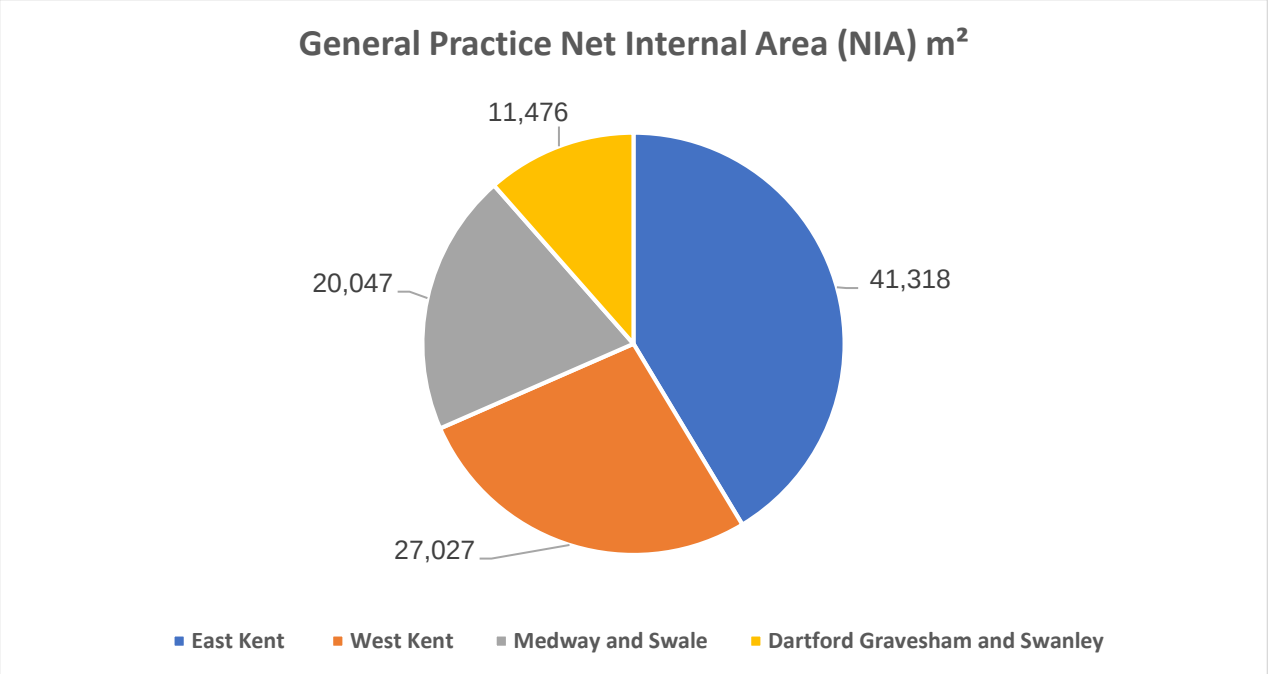
Workforce

There is a general lack of qualified estates and facilities professionals. With Kent and Medway's proximity to London, many trusts face competition from London-based providers, as well as local employers, often resulting in a reliance on interim staff. Some trusts also face the challenge of an ageing workforce, and the succession planning challenges which that creates.

Our primary care estate

Across Kent and Medway there are:

- 42 Primary Care Networks (PCNs) – see Appendix B
- **183 general practices** caring for a combined patient list of 1,992,789 people (June 2023)
- These practices occupy **280 health facilities**, totalling NIA of **99,734 square metres**
- **79.9 per cent of practices are rated 'good' and 5.4 per cent as 'outstanding' by CQC** (June 2023)



We are aware that the state of our estate affects the experiences of those who work or get care there. We acknowledge that the quality, ownership, and size of our primary care estate varies and does not always match the standard that our patients and staff deserve.

Recent developments in Coxheath, Tonbridge, Canterbury and Southborough provide modern and well-equipped amenities. In comparison, there are other older areas of our primary care estates which have substantial maintenance backlogs, resulting in high operating expenses.

79 per cent of the estate is more than 20 years old, with 14 per cent more than 50 years old. Some of our older estates do not meet modern day standards in terms of specification. We also have properties that are underused because they lack the appropriate, flexible infrastructure required to align with new operational delivery models of care.

The outputs of the national PCN Service and Estate Toolkit programme, which commenced in September 2022, will be used to inform our wider estates planning within our HCPs. We have carried out an initial categorisation of our estates into 'core', 'flex' and 'tail' groups to help inform planning and investment prioritisation at HCP level. This will be reviewed with our practices as part of the HCPs' estates planning work.

Health and Care Partnership Area	Core	Flex	Tail	Total
East Kent	64	22	0	86
West Kent	42	28	3	73
Medway and Swale	56	25	2	83
Dartford Gravesham and Swanley	26	12	0	38
Total	**188**	**87**	**5**	**280**

Core – Buildings that will remain in operation delivering primary care services for at least the next 10 years.

Flex – Buildings that will be providing primary care services 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.

Our general practice estate – further challenges

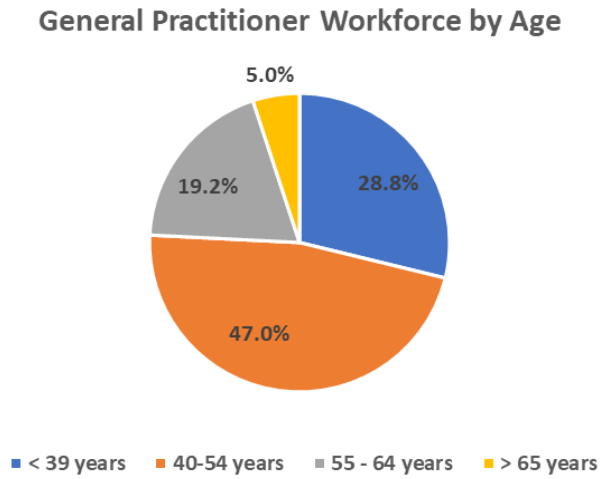
It is not just the physical nature of our primary care estate which impacts on how we manage it.

More than three quarters of our GP facilities are privately owned, either by GPs themselves (112, 40 per cent) or by other private or third parties (133, 47.5 per cent); a smaller number of practices occupy NHS (NHSPS or CHP) buildings (35, 13.5 per cent). While this poses the overarching difficulty of managing supply, our strategy needs to respect and work with a model where parts of our estate are privately owned and have varied occupational arrangements in place.

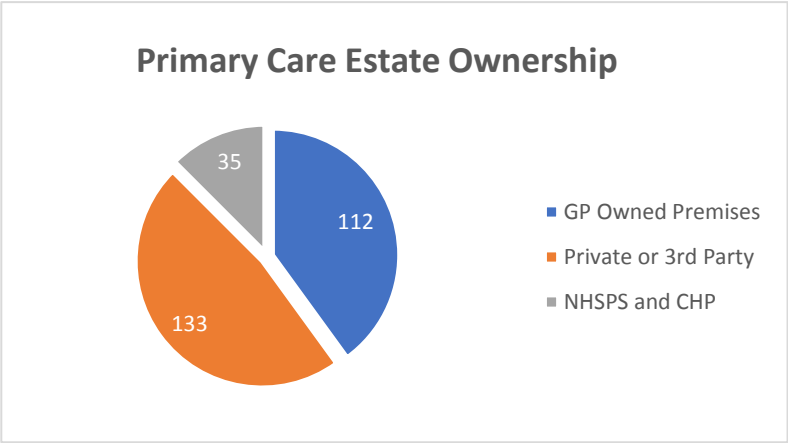
Given the number of premises owned by general practitioners, many proposals to enhance, expand, or replace their estate originate from the practices themselves. Not all practices are able to expand even when there is unmet demand.

Our data also shows that almost a quarter (24 per cent) of the GPs in our region are aged 55 and over. It is, therefore, important that we work with our practices to understand potential issues (retirements, lease breaks/expiries, retiring property owner's decision to sell) so we can have plans or have contingencies in place to address any premises related risks that could impact on the delivery of patient care.

For example, many younger GPs who enter the profession and join partnerships do not want the burden and risks associated with owning their own GP premises, and are looking to work from rented accommodation.



Data source: NHS Digital April 2023 GP Workforce data – Exc. Trainees and Locums



Data source: SHAPE June 2023 (with additional validation). Note, it will include multiple GP occupancies in the same building.

LIFT and PFI properties

The current Public Private Partnership agreements and Private Finance Initiative (PFI) estate is held or managed by a variety of organisations including, NHS trusts, NHS Property Services, community health partnerships/LIFT, local authorities and other stakeholders.

The NHS LIFT Buildings

The NHS LIFT programme was established in 2000 as a public-private partnership to improve primary and community care facilities in England. Four healthy living centres were constructed in Kent through the LIFT programme, which are among the region's best healthcare estates. While they are well received by both tenants and patients, there is vacant capacity which is currently being reviewed. These buildings are maintained to estates code condition B and have zero backlog maintenance, in line with contract requirements.

The ICB's current focus is on increasing the use of these core assets, however, as we move beyond 2025, consideration must also be given to the treatment of these buildings as they near the end of their lease term. Three have lease terms expiring in 2031 and one in 2035.

At the end of the lease term, and subject to future government policy, three options are available to the local system:

1. purchase the asset

2. extend the lease on negotiable terms, or

3. return the building to the LIFTCo.

If the clinical strategy supports the retention of the Healthy Living Centres post 2032, then we will need to consider the model of ownership and the financial impact of the purchase or the lease extension. Both options 1 and 2 will impact the Capital Departmental Expenditure Limit (CDEL). The CDEL is the maximum amount of money that a government organisation can spend on capital projects and investments in a fiscal year. It helps control and prioritise capital expenditures while maintaining fiscal responsibility. However, it also reduces the amount that organisation can spend on its estate.

Community Health Partnerships (CHP) will support NHS Kent and Medway in planning for the long-term future of the portfolio, optimising estates use and acting as a key co-ordinator between the Department of Health and Social Care, NHSE, LIFTCos, and occupiers.

The PFI estate

Similar consideration will have to be given to our PFI assets. **Darent Valley Hospital,** run by Dartford and Gravesham NHS Trust, was the first hospital procured under PFI in 1997, and it opened in 2000. Although the contract term does not finish until 2032, preparatory work is already underway with condition surveys being completed in 2023. This will set the programme of works to be completed by the PFI company before 2032.

Gravesham Community Hospital PFI contract expires in April 2034. NHS PS holds the headlease and NHS Kent and Medway will need to work closely with NHSPS and Kent County Council (which occupy approx. 50 per cent) to agree a strategy post 2034.

Pembury Hospital which is operated by Maidstone and Tunbridge Wells NHS Trust was also built under PFI and expires in September 2042.

Chapter five – where do we want to be?

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.

To achieve our vision, we will ensure that all estate and infrastructure initiatives, investments and framework align with **our eight principles.**

1. Development must meet identified need of local communities, and be driven by the clinical, health and well-being priorities.
2. Estate must enable provision of high quality, fit for purpose environments which aid patient and staff experience and outcomes. Equality, diversity and inclusion needs will be at the heart of designs.
3. We will invest in good estate and take every opportunity to dispose of surplus/poor estate that is not economically viable or does not meet our need.
4. We will optimise the use of all our estate, including partner estate, recognising the drive for greater integration and co-location of services.
5. Working with partners we will identify greater opportunities to make sure our buildings are used flexibly and as much as possible, recognising changes in societal behaviours and expectations.
6. There must be a clear commitment to driving forward the sustainability and environmental requirements in everything that we plan and do to meet our climate change commitments.
7. We will appropriately target our limited investment opportunities, focused on areas of greatest need, that minimises risk and delivers greatest value for money.
8. We will embrace and future proof our estate with regards to new and emerging digital, clinical and environmental technologies. Our estate will enable safe, high quality, agile clinical and professional working practices that can adapt over the medium and long term.

Providing efficient, adaptable and sustainable premises

We need to make sure our estate, whether it be existing, new, or refurbished, is flexible for use by a wide range of clinical and professional services. Our ICS strategy is also about creating environments which give people the opportunity to be as healthy as they can be and put in place prevention measures to improve mental health and wellbeing. Indeed, one of the Fuller Stocktake Report recommendations was to put more emphasis on preventative care, using primary care locations to create healthier communities. So, we should look to wider opportunities to use our space in a way that a wide range of activities can take place which can help improve people's health or wellbeing, whether it is prescribed or not.

With ever increasing pressures on the public purse, efficient use of our estates is vital. If it is no longer needed for the delivery of services, then we need to dispose of it and recycle the capital or revenue to where it is better used. Underused estate also gives us the opportunity to look at how we can more creatively use parts which we cannot dispose of, to deliver our wider ambitions.

Medway Council has recently agreed to work with the ICB and Medway and Swale HCP colleagues, to review the combined community estate in the Unitary Authority area and develop where appropriate, joint plans for improved use, co-location of services and staff, and asset rationalisation.

Kent County Council is reviewing how commissioned care can best provide services for the needs of its children, young people and adult residents and will collaborate closely with health care partners to ensure best outcomes. It is acknowledged that a seamless approach should be adopted where possible for residents needing care with clear leadership and responsibilities being applied. NHS and partners will work collaboratively across service and real estate provision to achieve this.

Shared Workspace is a project running, between Kent County Council and partner organisations including district councils, Blue Light services, NHS services and universities.

The Shared Workspace project not only allows staff from across organisations to work in each other's buildings, it provides an alternative to travelling to their own place of work, allowing for savings in time, energy, improved work life balance and increased collaboration with partners.

The Shared Workspace offices currently open and available to use are:

- Medway Council offices, Chatham
- Gravesham Council offices, Gravesend
- Ashford Borough Council offices
- Sevenoaks Council offices
- Invicta House, Maidstone
- St Peter's House, Broadstairs
- Folkestone and Hythe Council offices
- ICB offices at Chatham, Maidstone and Ashford

In the right location and condition

We recognise the importance of **providing quality healthcare as close to our populations as possible** and we will continue to plan our services in such a way as to enable this to happen. Some hospital services will continue to move to community-based settings. For example, during the Covid-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

Our community hospitals and 'home with support' pathways in east and west Kent do not always meet the needs of our patients. We also know patients often stay too long in a hospital bed and risk deconditioning as they are not in the most appropriate setting to enable optimum rehabilitation. Our ambition is to **improve overall system flow**; improve outcomes for patients and provide a better environment for staff through a New Model of Care. This includes offering a wider range of bedded rehabilitation services, from sub-acute treatment to transitional enablement, helping us provide the **right space in the right condition in the right location.**

The **high street** occupies a pivotal role in our communities. They are economic, social and cultural hubs that shape the vibrancy, wellbeing and prosperity of where we live and work. As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. There are real opportunities for the NHS to become directly involved in the high street policy agenda, including:

- running health services from vacant properties, including vaccination programmes
- broadening the range of services provided within communities
- supporting and participating in the design of healthy communities and places.

Local authorities also have a particularly important role to play in developing and embedding **health on the high street** principles. The NHS is well placed to work with them to assist in developing an approach that better understands the social and economic potential of health, as well as strengthening the role of communities in decision making, and ownership and use of high street spaces. However, this also needs to be considered alongside maximising existing facilities in the area where they remain suitable and being affordable and good value for money.

There is compelling evidence that creating **centres of clinical excellence** provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical and professional adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff and enhance clinical and research and innovation.

In Kent and Medway, we have already established several centres of excellence. We are also in the process of creating Hyper Acute Stroke Units. We will continue to work with partners to further develop centres of excellence where there are clear clinical benefits from doing so.

Meeting the needs of Kent and Medway communities

A number of challenges and opportunities are already known.

Dartford, Gravesham and Swanley (DGS)

Current health care services in the area are already under increased strain due to population growth. This demand is projected to rise further as Ebbsfleet Garden City continues to grow. To meet the rising demand and relieve acute, community and primary care services, the system needs significant general outpatient and diagnostic capacity.

DGS HCP is working with partners to optimise and repurpose clinical and non-clinical space. We are also working closely with Ebbsfleet Development Corporation to develop plans for a significant health facility in Ebbsfleet in response to rising demand.

Medway and Swale (M&S)

Health inequalities are of particular importance in M&S. The areas has some of the largest health inequalities within the country. Added to this, there is a clear difference in clinical outcomes dependent on the demographic of areas. Working closely with Medway Council, the ICB has secured capital funding to develop a Healthy Living Centre in the Pentagon Centre in Chatham. Subject to further approvals, this new development, which is due to be completed by March 2025 builds on the Health in the High Street model, bringing health services together and making services more accessible to the local population.

Pentagon Centre Chatham Healthy Living Centre

West Kent

This has a diverse population with a broad range of need over the geography of the area, and while it can be seen as relatively affluent there are areas of deprivation that require levelling up. West Kent also has an ageing population and has a high number of nursing and care homes placements.

There is a drive to not be so dependent on a new and an ever-increasing estates portfolio to meet the needs of our population. While there are some notable estates projects in progress, such as the West Kent CDC, the Edenbridge Health Centre and the Kent and Medway Orthopaedic Centre, there are also opportunities to consider how new and existing estates can be maximised to support new models of care such as that of Integrated neighbourhood Teams.

East Kent

EKHUFT has been working with NHS Kent and Medway for several years to improve its ageing estate and reconfigure services to make them more sustainable. The trust has more than £76m backlog maintenance of which £56m is identified as high risk. East Kent's health services are also under increasing pressure from a growing and ageing population. Additional capacity is required for primary care, acute care and diagnostics. Cancer services at Kent and Canterbury Hospital are also in need of significant investment.

The trust was unsuccessful in securing national capital funding from the New Hospitals Programme. As a result, the health and care partnership will be working with the ICB to identify alternative sustainable service and estate solutions across acute and community services.

Health and care facilities for everyone

Population health needs should be understood to inform service redesign and workforce planning which in turn informs potential estates requirements.

Across the ICS, work is underway to understand the estate required to support the Core20PLUS5 approach, facilitating a reduction of health inequities and targeting health and care services to those most in need.

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Our key goal will be to make sure a whole system collaborative approach to Population Health Management, reducing avoidable unfairness in people's health and wellbeing outcomes. Our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged.

While some planning and service design is done once across all of Kent and Medway, we will empower our local neighbourhood and place-based partners to tailor services and interventions to meet the needs of their communities.

Improved design for SEND

Thinking is shifting around design principles to create more engaging, inclusive places in all areas of the built environment for children and young people with special education needs and/or disability. For instance, designers are considering the major factors that affect how young people with autism spectrum conditions experience their surroundings.

Designing for Specialist Educational Needs and Disabilities (SEND) needs a holistic approach, thinking how buildings can have a positive impact on health and wellbeing, boost confidence and motivation, adapt to an individual's daily experiences, learning and physical needs while providing the right environment to safeguard them. By more closely considering the needs of SEND children and young people in the design or procurement process, and working to understand operational and management requirements, buildings provide a welcoming, inclusive, accessible, secure, positive and sustainable environment that will have the inherent flexibility to cater for a wider array of SEND requirements, both now and in the future.

Facilitating economic development

The ICS strategy has an increasing recognition of the role it could have in wider community issues, such as influencing the social determinants of health and building sustainable communities. This can be done in ways that make our high streets more economically and socially sustainable and the services themselves more accessible.

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 Minster Medical Practice (currently located in the Healthy Living Centre).

Excellent, integrated health and social care

Our Kent and Medway Primary Care Strategy will outline a direction of travel that will align with national policies and guidelines. A model of care that links to HCP strategies will also be part of this plan. The increased integration of primary, community, mental health and social care staff may influence the size and type of wider community estate.

To integrate primary care, enhance access, and improve outcomes for our communities, the **creation of integrated neighbourhood care hubs** from new and existing community-located assets is envisaged. The intention is to develop system-wide estates plans for primary care to ensure that we have fit for purpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos.

Taking a one public estate approach will enable us to maximise the use of community assets and spaces. The health and care estate will be expanded to include more integrated areas in community settings. Our hubs will also seek to optimise digital technologies and solution to promote estate efficiency.

By adopting the NHS England Cavell Centre principles, we will seek to consolidate all health and social care services under one build, integrating primary care, improving access, experience and outcomes for communities which centres around four main principles.

1. Providing an integrated and broad service offer that is wrapped around primary care.
2. Providing community hubs that address health inequalities, support the health and wellbeing needs and aspirations of residents, as well as supporting and strengthening healthy and resilient communities.
3. Making sure services are future proofed and sustainable.
4. Providing high quality, fully utilised and flexible clinical and non-clinical space that:
    - can meet the changing needs of the community and service providers
    - maximises the amount of shared space – clinical and non-clinical, including; single reception; shared and activated waiting room space; meeting/group rooms; and shared office spaces
    - takes a creative approach to ensuring flexibility and use of floor space to maximise activity that supports and promotes patient wellbeing
    - provides flexible clinical space that is not determined by any single model of care
    - provides the opportunity to reimagine the traditional delivery of healthcare provision to include the health generating potential of place making, the creative arts and a co-designed, purpose-built building that embeds wellbeing into the fabric of spatial design.

Virtual wards and consultations

During the Covid-19 pandemic, virtual wards and virtual consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services. This proved so successful, we plan to continue with these initiatives.

Patients can get the care they need at home safely and conveniently, rather than being in hospital, thanks to virtual wards and virtual consultations, enabled by telemetry and wearables.

Support is delivered by a multi-disciplinary team at a distance. Treating patients in virtual wards also means we don't need to accommodate these patients at an acute hospital setting. This frees up this much needed capacity for patients that need acute hospital care.

Virtual consultations also mean patients no longer travel to their appointments. This saves time and helps to reduce carbon emissions, so it’s great for the environment too.

Further integration and collaboration opportunities

Other activities planned to achieve our aims will involve:

- using local authority, third sector and community assets
- taking advantage of vacant and unused space in the portfolio of community health partnerships and NHS Property Services
- identifying opportunities for co-locating primary care, while developing secondary care estate plans
- identifying opportunities to repurpose existing spaces
- exploring opportunities for locating primary care onto the high street as part of local economic regeneration
- making sure health infrastructure needs are considered from the outset in residential developments
- consider ownership models for new estate.

As our integrated system matures, we will increasingly look to collaborate on our estate to enable partnership working, and further efficiencies.

Providing excellent, integrated health and social care – examples of current projects in each HCP area

We continue to make solid progress with delivering against our current plans, making sure services are delivered in the right location and in the right condition for our populations. The following pages provide examples of the projects currently underway together with their estimated timescales for delivery. It should be noted most of these schemes are subject to further development and business case approvals.

All HCPs

Health Based Places of Safety (HBPoS)

NHS Kent and Medway is working with system partners, to develop proposals to improve the current Mental Health Urgent and Emergency Care (MHUEC) pathway including Section 136. Part of these proposals, which are still in development and subject to approval, is the implementation of centralised Health Based Places of Safety (HBPoS).

This 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. Due to be completed in March 2025.

The Community Diagnostic Centre project is currently being carried out and implemented by all four HCPs within Kent and Medway.

The 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 one stop shop pathways.

Dartford, Gravesham and Swanley

Greenhithe Medical Centre is currently in the planning stage, if approved, the project will provide modern, efficient accommodation replacing three branch surgeries for two practices and will support integrated working across the PCNs as well as growth in the area. The scheme is estimated to complete in 2025.

Dartford, Gravesham and Swanley | Medway and Swale

Winter pressures beds – ACTIF

Two projects approved and underway and due to be completed by end of 2023.

Additional 15 bed capacity being developed at Darent Valley Hospital through the conversion of non-clinical office space.

Additional 20 bed capacity being created at Medway Hospital through the conversion and refurbishment of the former mental health Ruby ward whose patients have relocated to the new facility in Maidstone.

East Kent

Folca New Medical Centre is in the design phase where two General Practices in Folkestone are developing an outline business case to be submitted to the ICB for new premises 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. The other part of the building proposed is for the medical centre (capital funding via a third party medical centre developer). If approved, the scheme is planned estimated to complete in 2025.

Medway and Swale

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.

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 Minster Medical Practice (currently located in the Healthy Living Centre) and is estimated to complete in 2025.

Reprovision of Ruby Ward

Due to the national eradication of dormitory style accommodation the Ruby Ward (a dormitory style accommodation at Medway Maritime Hospital) will be replaced with a new build facility on the Priority House site in Maidstone. This will enable several mental health services to be provided from one site. The build is due to complete in November 2023 with patients occupying by January 2024.

West Kent

Edenbridge Health Centre is currently under construction. Once complete, it will provide general practice and community health services, with the potential for outpatients, as well as flexible mental health services. The scheme is due to be open in December 2023.

Maidstone Theatre complex

The Kent and Medway Orthopaedic Centre (KMOC) at Maidstone Hospital will expand elective orthopaedic capacity for K&M. 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 5,030 elective adult orthopaedic patients per year, a 14-bed inpatient ward, and a 10-trolley day care area.

The facility will also generate 28,923 outpatient appointments per annum. It will be ring-fenced for orthopaedic green pathway (covid negative) elective activity and operate 60 hours a week for 48 weeks a year, following GIRFT recommendations.

By being ring-fenced and by operating to GIRFT guidelines, the unit will make a significant impact on the forecasted medium-term Kent and Medway demand and capacity gap and create capacity to help system-wide elective recovery.

As part of the supporting strategy, MTW also proposes to reconfigure several other orthopaedic theatre sessions on the Maidstone Hospital site. This will provide an opportunity for other surgical specialities to refine their planned theatre sessions.

Kent and Medway wide

The Kent and Medway Stroke Programme aims to reconfigure acute stroke services across Kent.

The Kent and Medway Stroke Review was instigated in 2014 by local healthcare professionals, including senior doctors, nurses and care professionals.

The plan is to establish hyper-acute stroke units (HASUs) and acute stroke units (ASUs) operating 24 hours a day, seven days a week, to care for all stroke patients across Kent and Medway.

Following the development of options, options appraisal and public consultation, the Joint Committee for stroke agreed that three HASU/ASUs would be established at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital.

The programme is to be delivered in two phases, with MTW and DGT going live in phase one and EKHUFT in phase two. Works on phase one are due to start by July 2023 for completion in 2024. This will deliver many benefits for patients, most notably improved survival rates and have improved quality of life and independence.

Chapter six – how do we get there?

Meeting the future needs of our communities

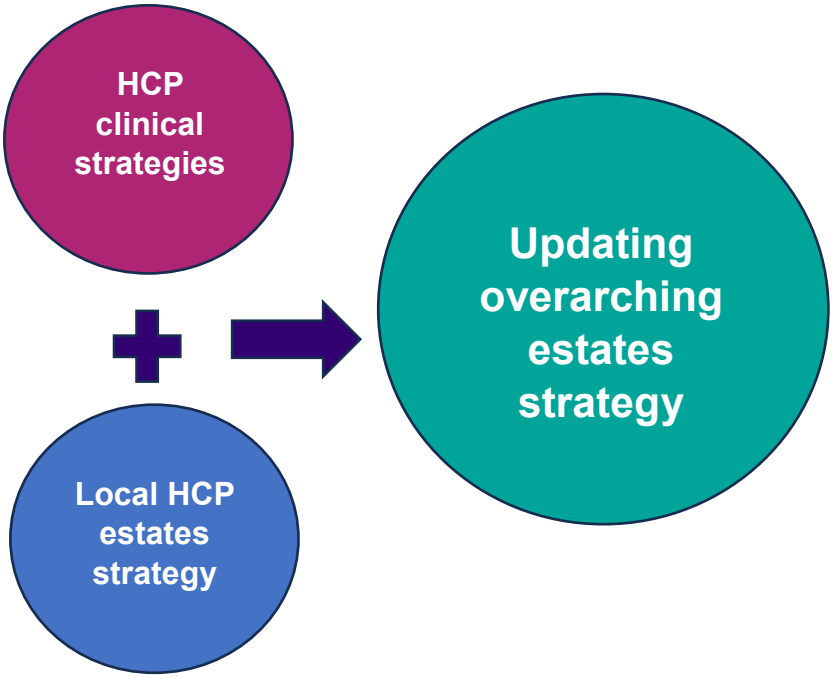
This strategy provides the framework for applying a consistent approach to planning, prioritisation and the delivery of facilities across Kent and Medway. Some services and facilities will, by their nature, need to be planned on a pan-county basis. However, most services can and should be developed on a more local basis.

The four place-based HCPs are now a critical part of our system architecture, bringing together health and care partners, including district councils and VCSE colleagues, in each area to work as one. HCPs can and should design and deliver services to meet the needs of everyone they serve based on their local population and context.

Over the next six months, each HCP will be developing its own local estates strategy, based on population need and on local clinical and professional strategies and plans. These strategies will inform estates plans and further inform the local authority Infrastructure Delivery Plans (IDP) regarding future healthcare infrastructure plans and requirements.

Going forwards, HCPs will be responsible for working with all partners to develop and make best use of the local health and care estate. Once the HCPs have produced their estates strategies, NHS Kent and Medway will refresh this overarching strategy.

As HCPs consider their strategies, and any new proposals are brought forward, **we will adopt a strategic approach to prioritisation, with NHS Kent and Medway playing its role as system leaders.**



We will make sure our estate is flexible for use by a wide range of services and we will work collaboratively with partners across Kent and Medway to make sure use is optimised to achieve maximum benefit. We will dispose of estate we no longer need, and we will look to re-invest the proceeds to develop improved fit for purpose, patient-focussed estate.

Through our health and care partnerships, we will develop locality-based, system-wide estates plans to make sure we have fit for purpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos. We will 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.

We will explore opportunities to develop health on the high street models, providing quality care as close to our populations as possible. Where there are clear clinical benefits from doing so, we will work with all partners to further develop centres of excellence.

We will make sure the eight digital and data ambitions, identified to make sure digital priorities and estates plans are aligned, are considered as part of the digital and data strategy development.

We will deliver on the new estates developments and improvement projects that are underway and we will continue to work up the detailed plans and business cases to secure funding to progress other schemes in the pipeline. We will follow a consistent approach to this, guided by clear principles and a prioritisation framework outlined in this strategy.

We will continue to work with partners and stakeholders to carry out a range of sustainability estates improvement projects. We will continue to work at pace and at scale to deliver a combined approach to reducing our carbon footprint, targeting high emission generating activities with system-wide carbon reduction priorities. We will continue to decarbonise our estate, electrify our fleet vehicles, and work to reduce travel and transport emissions.

We will 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.

We will continue to work hard with our partners to secure S106 and CIL funding due from developers. We will 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.

We will plan for the long-term future of the NHS LIFT and PFI portfolio, optimising estates and acting as a key co-ordinator between partners.

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.

We have a large range of projects 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, ensure 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, allowing us to provide high quality patient experience, by prioritising and allocating investments that maximise benefit and minimise risk.

Transformation programmes and estate and digital enables

	Estates enablers	Digital enablers
Primary care	Primary care and same day access hubs. Greater integration of primary and community care facilities. Development of pharmacy, optometry and dentistry strategies.	Digital implementation plan to support model of care.
Urgent and emergency care	Urgent treatment centre design. Acute care coordination and same day emergency.	Digital implementation plan to support model of care, including SPOA and teletracking. Review of digital platforms for virtual wards.
Mental health	Further development of safe havens and crisis houses. Health-based places of safety. Community mental health clinical space in all four HCP areas. Psychiatric liaison clinical triage space in acute hospitals. Space for 24hr crisis support telephone line and memory assessment clinics.	Mental health digital strategy. Exploring use of EROS for community.
Learning, disabilities and autism		LDA digital strategy. Exploring use of EROS for community.
Elective care	Expansion of Kent and Medway Orthopaedic capacity at MTW. Development of elective surgical hubs and outpatient capacity in acute hospital and community settings	Elective digital strategy.
Cancer services	Replacement programme for Linear Accelerators (LINACs).	Cancer digital strategy to be reviewed – includes single PTL for Endoscopy.
Diagnostics/pathology	Community Diagnostic Centres. Development of large-scale endoscopy centres with training and research facilities.	Diagnostic digital strategy. Order Comms.
Cardiovascular disease pathways	Acute/Hyper Acute Stroke Units.	Review of pathway systems to be completed to underpin new models of care.
Aging well, end-of-life and community	Better use of beds – intermediate care and transfer of care hubs. Greater integration of primary and community care facilities.	Four digital pilots – Ageing Well strategy.
Specialist commissioning	Review of specialist commissioning services and strategies to include estates planning.	Digital review as part of any delegated commissioning.

Mental health and LDA collaborative

Social care, primary care and community collaborative

Acute collaborative

Four health and care partnerships

Our estates development priorities for the next few years

Partner organisations that make up Kent and Medway Integrated Care System have been proactive in planning for the population growth and managing the ongoing estates related challenges for many years. As a result, there is a long list of estates projects already underway. Many of these schemes will help us to address the pressures we are currently experiencing as well as helping us address some future challenges.

Over the next two to five years, **we will focus on delivering the current new estates developments and improvement projects, including:**

- Completion of the new Edenbridge Health and Wellbeing Centre by December 2023.
- New health and care hub in Thanet by March 2025.
- New health and care hub in New Romney by March 2025.
- New Healthy Living Centre in Chatham by March 2025.
- Completion of the Hyper Acute Stroke Units at Dartford and Maidstone by April 2024 and in east Kent by 2025/6.
- Completion of the Community Diagnostic Centres in all four HCP areas by 2024/25.
- Completion of the new Kent Elective Surgery Centre in Maidstone by March 2024.

We will look for **alternative innovative sources of funding** streams, alongside our mainstream sources, working with other partners including other public and commercial organisations to maximise funding opportunities, whilst taking a risk-based, value for money approach.

We will also **explore developments and opportunities that accelerate delivery and on-going sustainability** of our health and well-being priorities. This will include programmes such as:

- the establishment of centralised endoscopy services to deliver high volume care; and
- planned care hubs to increase capacity for procedures which can be completed outside of a hospital setting.

Alongside delivering the current estates developments, **we will continue to work up detailed plans and business cases to secure funding** to develop:

- a new health and care facility in Ebbsfleet to provide a range of health services as a result of the new housing growth.
- new health and care facilities in Otterpool as part of the new housing development.
- new health and care facilities for the new South Ashford Garden Community and Paddock Wood developments.
- improved cancer centre for east Kent at Kent and Canterbury Hospital.

Examples of schemes – and how we get there…

East Kent

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.

The three development areas include Chilmington Green, Court Lodge Road and Kingsnorth Green. Together they represent 7,250 homes (2,175 affordable), a 142-hectare public park along with new schools, a primary healthcare space, play spaces and ecological areas to be protected. These new homes being built over the next 20 years.

Otterpool development

This is a large garden community housing development currently in design and planning stage and planned to be delivered over the next 15 years. Health partners are collaborating closely with the local council to ensure that health facilities are designed and funded through a S106 agreement to support the anticipated future of integrated health care delivery.

New Cancer centre at Kent and Canterbury Hospital

East Kent's oncology service re-provision has been ongoing for five years. Four options are being considered alongside the Do Nothing. To deliver any of the options the system will need to be approached for capital funds to invest in new estate at the Kent and Canterbury Hospital. An Outline Business Case is currently being finalised. East Kent residents will benefit from an enhanced and sustainable outpatients, radiotherapy, and chemotherapy facility.

Dartford, Gravesham and Swanley

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.

Managing the wider social and economic impact of our work

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. NHS Kent and Medway is leading the way in promoting social value and environmental sustainability. **We will continue to work with partners and stakeholders to undertake a range of sustainability improvement estates projects**, such as developing and increasing accessibility to green spaces, and improving access to the estate for community activities. All of this is done with the goal of enhancing the wellbeing of individuals and communities, as well as the environment and social capital.

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.

By prioritising social value in the context of the NHS estate, we can make a positive and sustainable impact on the health and wellbeing of our local communities. By addressing the 10 building blocks included in NHS England's 'Building for Health' recommendations, **we will be looking for ways to make sure that our estates support our ICS strategy. We will look for opportunities to integrate each building block into all our estate management plans** such as:

- The modernisation of our facilities.
- Prioritisation of our investments.
- Delivery of new healthcare buildings such as Community Diagnostic Centres, which are already in the implementation process.

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. They can be grouped into 10 key building blocks for health:

1 SUPPORTING COMMUNITY DEVELOPMENT

- Use of premises by the community and VCSE organisations
- Co-location of community facilities and public services
- Supporting integrated care and partnership working
- Utilising and supporting community assets.

2 IMPROVING LOCATION AND ACCESS

- Estate located in areas of high deprivation or improving access from those areas (for healthcare and employment)
- Catalysing improvements to transport infrastructure particularly affordable public transport
- Encouraging active travel such as walking or cycling
- Exemplar inclusive physical and cultural design.

3 SUPPORTING HEALTHIER COMMUNITIES

- Providing healthy and affordable food options for patients, visitors and NHS staff
- Improving connectivity to wider public services in areas of greatest need
- Enabling social interactions and reducing isolation through volunteering
- Inclusive indoor and outdoor exercise facilities, supporting prevention programmes.

4 FACILITATING ECONOMIC DEVELOPMENT

- Catalysing regeneration of communities in urban or rural areas
- Improving footfall of high streets
- Enhancing civic pride
- Supporting town and spatial planning and improving public realm - attracting investment.

5 ENABLING ACCESS TO GREENSPACE

- Use of estates and land for social prescribing and community projects
- Creating new or improving quality of natural environment and green space for people and wildlife
- Use of green space for physical activity, play spaces, socialising and food growing.

6 ACCESS TO GOOD INCLUSIVE EMPLOYMENT AND TRAINING IN ESTATES

- Enhancing access to employment, skills and training programmes for communities that experience inequalities (across planning, construction and facilities management)
- Fair terms and conditions and supporting health and wellbeing of employees and career progreesion including supply chains
- Provision of space for training, education and upskilling.

7 IMPROVED DESIGN

- Developing safe, healthy, physically and culturally inclusive spaces
- Embedding community engagement
- Supporting digital inclusion
- Quality public realm.

8 ACCESS TO QUALITY AND AFFORDABLE HOUSING

- Re-using and developing estate for affordable and inclusive key worker accommodation
- Re-using and developing estate into housing to support vulnerable communities.

9 REDUCING NEGATIVE ENVIRONMENTAL IMPACT

- Supporting Net Zero carbon targets and sustainable consumption and production
- Reducing air polution through fleet innovation (eg low emission vehicles)
- Raising awareness of environmental actions staff, patients and visitors can implement at work and home.

10 SOCIAL VALUE IN PROCUREMENT

- Supporting local business or VCSE
- Consideration of social, environmental and economic impacts of supply chain
- Embedding at least 10% social value and optimising social, economic and environmental investment
- Sharing investment.

Sustainability and our journey towards net zero

Kent and Medway Integrated Care System is taking the impact of climate change on health and inequalities very seriously. Partners across the system are working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing.

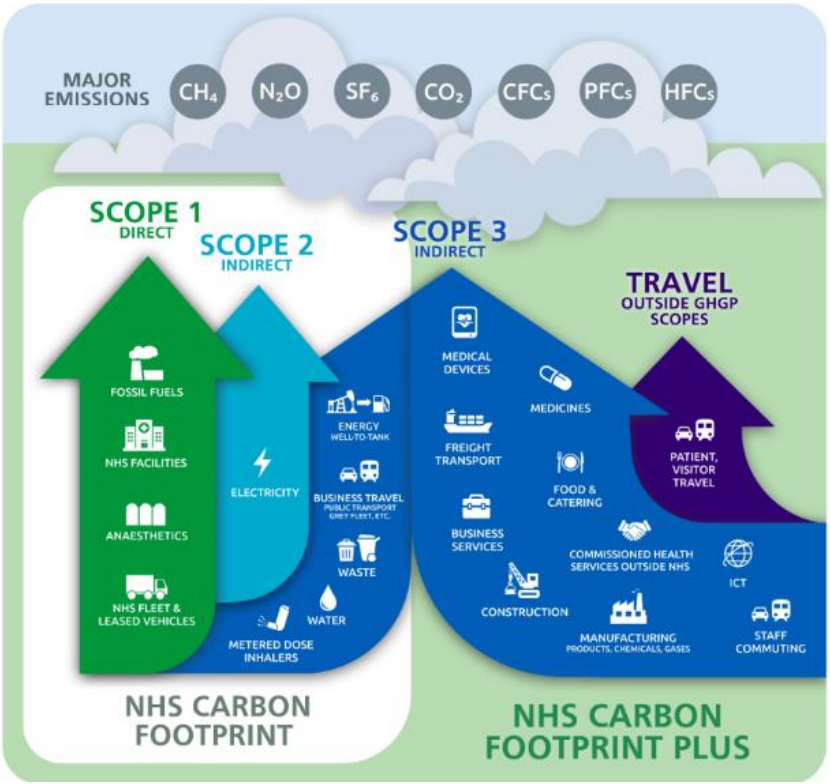
Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

We will continue to work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our green plan, and beyond.

The ICS hosts KM-SHARe (Kent and Medway Sustainable Health and Research network) – a collection of local and national partners who are coming together to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our green plan.

Our four steps to decarbonising our estate

1. Making every kWh count: Investing in no-regrets energy saving measures.
2. Preparing buildings for electricity-led heating: Upgrading building fabric.
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources.
4. Increasing on-site renewables: Investing in on-site generation.



In 2023/24, NHS Kent and Medway commissioned a piece of work to detail the carbon foot printing for much of the NHS estate across Kent and Medway. These reports provide an accurate baseline of each provider's carbon emissions by category including estates, travel and waste. The reports also enabled us to understand our current estate's efficiency in terms of energy consumption, fuel types and Energy Performance Certificate (EPC) ratings.

We will target high emission generating activities with system-wide carbon reduction priorities. By re-running these reports quarterly, we will be able to accurately track our carbon reduction initiatives.

These actions link in closely with this strategy, which will be updated to include further actions at the next review. **We will continue to decarbonise NHS Kent and Medway estate, electrify our fleet vehicles, and work to reduce travel and transport emissions.**

We will also need to explore innovative solutions to secure the necessary capital to support the decarbonisation of our estates.

Appendix C provides an outline of some of the projects currently in the planning stage that aim to support NHS Kent and Medway achieve its net carbon zero target.

Enabling efficiency through digital and data strategies

The advantages of utilising data and digital technologies to manage our estates more efficiently, particularly across vast geographic regions, have been increasingly demonstrated in recent years. We recognise that using the initiatives and strategies stated in the ICS Digital and Data Strategy will be crucial if we are to realise our future estates goals.

The ICS Digital and Data Strategy sets outs a three-year road map that makes sure the priorities in the Digital Plan align with refreshed strategic priorities, NHS Kent and Medway's strategy and Joint Forward Plan. The Digital and Data Strategy, which has been developed collaboratively with health and care partners, places more focus on delivery and is driven by the vision for Kent and Medway to become the best integrated care system (ICS) we can be.

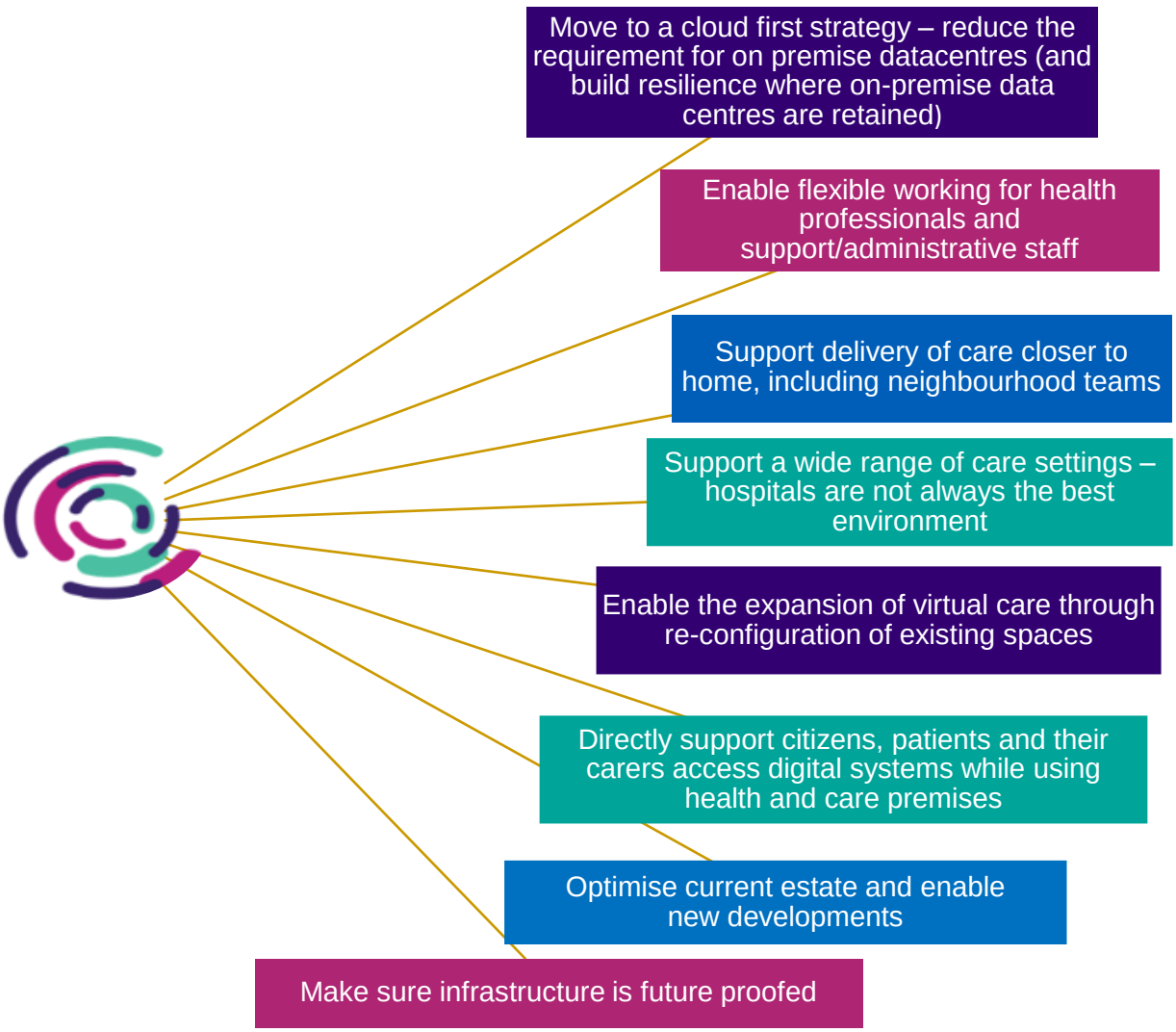
Our estates strategy aspires to facilitate collaborative and integrated working. The digital and data strategy recognises the need to develop an ICS technical architecture that provides the interoperability, systems, servers and networks required for Kent and Medway ICS to progress digitally.

This will include:

- seamless access and flexible work environments for all staff
- integration and collaboration as the default way of working
- digital innovation to support creativity and experimentation in a safe environment which can support blueprints and rapid scaling-up.

In advance of the ICS Digital and Data Strategy being developed, we have identified **eight ambitions** to make sure digital and estates strategies are aligned.

These ambitions will be further developed as part of digital and data strategy development process.



Opportunities for disposal of estate

We will make best use of our estate and look to dispose of buildings we no longer need.

The Naylor review in 2017 identified a potential £1.8bn capital receipt opportunity across the NHS estate in England. Following that report, each Sustainability and Transformation Partnership (STP) area was given a target receipt for disposals.

Kent and Medway was allocated a Naylor Fair Share for capital receipts of £85,435,502.

The current programme shows an estimated capital receipt of just over £79m, of which £70.2 m has already been realised, leaving a pipeline of £8.8 to the end of the financial year 2025/26. Many of the “easy” disposals have now been completed and future sales will require a higher level of enablement.

Year	Number of sites	Estimated capital receipt (000's)
23/24	**10**	**£5,420**
24/25	**4**	**£2,900**
25/26	**1**	**£500**
Total	**15**	**£8,820**

To keep up the momentum, each HCP will monitor the disposals programme with regular reporting from the property owners and escalation of blockers and issues. There is a very close working relationship with the Strategic and Property Optimisation Teams from NHS PS which has recently helped the release of two further sites for disposal. We will also work closely with NHS PS and our partners to make better use of void or unused space through further colocation and integration of teams and their services.

Disposal status	No.	Estimated disposal value (000's)
Vacant and declared surplus and disposal transaction in progress	**0**	**£0**
Vacant and declared surplus/disposal subject to marketing	**5**	**£3,520**
Vacant but not yet declared surplus	**1**	**£250**
Site occupied but OBC approved to achieve vacant possession and dispose	**3**	**£1,650**
Future opportunity subject to strategy/ feasibility	**6**	**£3,400**
Totals	**15**	**£8,820**

Core, flex and tail

We will proactively manage our estate to make sure its fit-for-purpose.

ICS partners have been working to classify buildings within their estate into core, flex, and tail.

Categorising our estate into ‘core’ ‘flex’ and ‘tail’ helps us to make sure we are investing in the right estate, using buildings more effectively and disposing of estate which is no longer suitable to meet the needs of our clinical strategies. Each HCP will work closely with its component provider partners to identify opportunities for rationalisation in the “flex” estate and support the release of those properties in the “tail” estate.

Where required, proposed disposals will be subject to public consultation at the appropriate time. Although no capital receipts will be realised, opportunities to rationalise estate at the end of leases will also continue to be sought.

Category	Number of buildings
Core	66
Flex	75
Tail	10

NHS National Capital Allocation Projects

In the past five years, we have been allocated a total of £203.3m funding from NHS national capital to invest in our estates and infrastructures across our system. We will continue to work to secure national capital allocation.

The capital we have received has been used to fund a total of 21 projects from 2020 through to 2025.

A total of £46.5m has been allocated to the implementation of four Community Diagnostic Centre (CDC) Hubs:

- CDC Hub - Hermitage Lane Maidstone – Maidstone and Tunbridge Wells NHS Trust
- CDC Hub and Spoke – Sheppey Hospital and Rochester Healthy Living Centre –- Medway NHS Foundation Trust
- CDC Hub at Livingstone Hospital, Dartford – Dartford and Gravesham NHS Trust
- CDC Hub at Buckland Hospital, Dover – East Kent Hospitals University NHS Foundation Trust

£30m has also been allocated towards the expansion of William Harvey Hospital (WHH) and Queen Elizabeth The Queen Mother Hospital (QEQM) A&E Departments, with the work at WHH expected to complete in summer 2023, and the work at QEQM expected to complete in winter 2023.

The demand for capital outstrips the available funding and therefore our trusts are largely dealing with urgent and significant estate related service risks. Health and care partnership's estates groups have been set up to better understand how we use our estates.

While capital is constrained nationally, the ICB Board has approved c.£73m annually for capital plans, system investments for maintenance and additional improvements to infrastructure and the estate, replacement of medical and IT equipment.

We spend c.£6.5m of our system capital allocation on digitalisation to improve how we deliver patient care and supporting the transformation of services to improve patient outcomes.

We will work hard with our partners to secure S106 and CIL funding due from developers and use this to support the development of health and care facilities required for the growing population.

Benefit realisation

While some projects are still in the process of implementation, benefits have already been realised from many of the completed projects, demonstrating significant improvements in service efficiency, performance, as well as in the experience of our workforce and population. Appendix D provides more details.

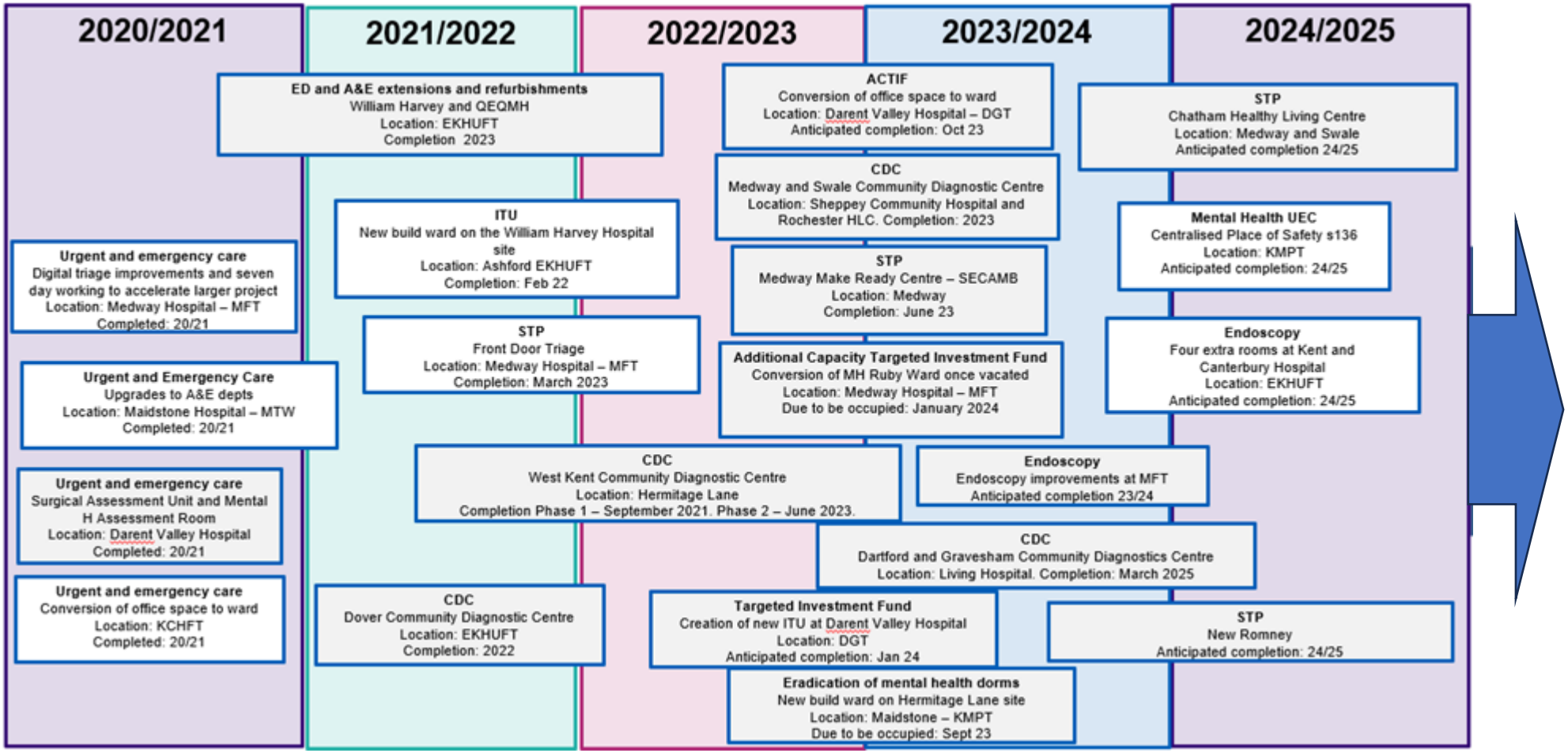
Benefits captured to date include:

- improved patient flow during Covid -19

- acceleration of significant emergency department projects.
- improved flow, and relocation of, paediatric patients at Maidstone Hospital.

NHS National Capital Allocation project timeline

See Appendix D for more information.



Prioritisation, funding challenges and opportunities

With organisations focusing on financial recovery plans, system capital for estate transformation will be limited at least for the medium term. Resources must be spent on initiatives that are most likely to succeed and provide the greatest benefit to the overall system. To be affordable, any plans will have to be rigorously assessed and prioritised, and make the most of any and all sources of funding available to us:

- disposal – recycling
- developer contributions – S106/CIL
- organisation capital –Trusts/NHSPS/CHP
- private capital
- other

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 carried out, an initial viability assessment (IVA) will be needed, which considers a range of factors to help with prioritisation.

The IVA will enable both decision-makers and individuals/organisations who are considering future developments, to map proposals against the criteria at an early stage and determine whether scarce time and resource should continue to be applied to the initiative or ceased as it is unlikely to be prioritised and come to fruition.

This is an important component of the strategy, as too many times in the past, a lot of time, money and energy has been spent on estate programmes that have not delivered. A copy of the prioritisation matrix is provided at Appendix E.

The overarching aim of our capital allocation process is to make sure we make the most efficient use of our limited resources. Capital allocation will support evidence-based interventions that have been shown to be effective in improving the health needs of our citizens, giving equitable access to healthcare services and interventions across the population, with particular attention to disadvantaged or underserved communities. It will also be aligned with our broader strategic objectives and clinical strategies, enabling us to improve patient experience as well as making sure we mitigate our known risks, allocated in a way that will give our investments the greatest potential benefit with the least amount of risk.

Given the timescales involved in delivery of estates projects, capital is fully allocated for the next two years.

Developer obligations

Recognising the demands that new residential schemes have on our already challenged system, new planning consents on residential sites create opportunities to secure planning obligations for healthcare; this could be land, buildings or financial contributions.

We have already been successful in obtaining financial contributions (through s106 and CIL) to invest in healthcare infrastructure and are now focusing on ensuring we develop a more strategic and system-wide approach to engaging with council local plan development and securing planning obligations. This will allow us to identify the most beneficial opportunities for delivery of new buildings or capital investment created by new residential developments that will support delivery of our estates and infrastructure strategy.

Key strategic estates risks

Workforce is often recognised as a key challenge to the delivery of our ambitions. For every programme and project, we are bringing together the relevant expertise from our local, regional and national healthcare teams making sure the right solutions are put in place for our communities.

Our short- term workforce priorities

- Developing our Health and Care Academy hub and bespoke model with a range of activities to grow workforce skills, partnership working with colleges, schools, voluntary organisations and providers to promote careers, hold joint recruitment events and attract to hard-to-recruit roles.
- A range of developmental opportunities that support inclusive cultures and compassionate, inclusive leadership including shared talent and mentoring programmes, debiasing recruitment, cultural intelligence and leadership development programmes across Kent and Medway.
- Maximising our health and wellbeing offers including a range of offers to health and care colleagues and shared programmes to improve retention, such as flexible working programme, new starter champions, talking wellness hub and an increase in mental health first aiders to support workforce wellbeing.
- A workforce efficiency programme to maximise existing resources and reduce temporary staffing cost.

Backlog maintenance and critical infrastructure failure

- Several trusts have highlighted critical infrastructure risks and the subsequent impact that this has on addressing ongoing backlog maintenance. The continued limited availability of system capital means that providers are often faced with challenging decisions about how best to spend their very limited capital. It also means that some critical elements of buildings' infrastructure remain very fragile, which may impact on future service delivery. NHS Kent and Medway is working with these trusts to help mitigate this risk. Each trust also has a business continuity plan with appropriate contingency arrangements in place.

Shortage of capital and investment

- There is no doubt that the most significant risk we face is a lack of investment and available capital. This is likely to remain a challenge for the foreseeable future. However, we are working to ensure we make the best use of our scarce resources and deliver best possible value for taxpayers funding.

The population of Kent and Medway is growing at a higher rate than many other parts of the UK. Our population is also ageing. The demographic challenges vary by HCP but they pose a number of risks for the buildings we need to deliver services from over the coming years.

Through the development of their clinical strategies, each HCP will tailor services to meet the needs their local populations. By the end of Q3 2023, each HCP will need to have created its

own local estates strategy, based on the principles and guiding framework of this strategy, which will optimise the local health and care estate.

Conclusion

This strategy sets out NHS Kent and Medway's plans for the next five years and beyond. It provides high-level information about the current NHS estate, its use and condition. It also sets out the significant challenges associated with backlog maintenance and securing capital investment.

It sets out how we, along with our integrated care system partners, intend to address these challenges, while also delivering high-quality, patient-focussed, fit for purpose, sustainable and efficient estate that will enable delivery of the Kent and Medway Integrated Care Strategy, our five year Joint Forward Plan and associated sustainability and transformation programmes.

Working together with our partners, we have a wide range of exciting opportunities to increase the size of our estate through investment received from S106 and CIL funding as well as NHS capital.

We will also continue to work with the System Capital Working Group, chief finance officers and wider system partners to think of innovative ways to secure additional funding. Together, this will enable us to further develop our longer-term timeline of future estates developments.

Our continued focus will also be to develop the business cases for key strategic programmes which will help us to secure the additional capital and revenue needed to progress our plans. We will also work with our HCP colleagues to deliver the range of smaller, but equally important, individual schemes.

We will initiate the roll out of principles and prioritisation matrix supported by a new Initial Viability Assessment process for managing new estates project proposals.

Work will also continue to roll out the Primary Care Toolkit, and we will soon begin to see some early results from this work.

We need to make best use of our existing estate too, and we will work with local authority partners and other key stakeholders to map out utilisation and identify further efficiencies and disposal opportunities.

We will work closely with our local councils and developers to ensure provision of affordable housing for our workforce.

We will work with our partners across the system, creating a coordinated plan of activity to maximise the effect of our collective action in tackling climate change, working at pace and at scale to deliver a combined approach to sustainability.

We will continue to decarbonise the NHS Kent and Medway estate, electrify our fleet vehicles, and work to reduce travel and transport emissions, and explore innovative solutions to secure the necessary capital to do this.

We are aware of the estates related risks and challenges faced in Kent and Medway and will continue to work through these with partners to make sure we are delivering high-quality, fit-for-purpose, sustainable and efficient estate.

Over the next few months, we will work closely with HCPs to establish sustainable estates working groups to develop their local estates strategies by the end of 2023. These HCP estate strategies will address local need and will enable us to update this ICS Estate Strategy in early 2024 to ensure it accurately reflects local estate's needs.

Appendices

Appendix A: NHS Capital Investment for GP extension/new build schemes

Appendix B: List of Primary Care Networks

Appendix C: Proposed net zero carbon schemes

Appendix D: List of investments and benefits realised

Appendix E: NHS Kent and Medway Estates Prioritisation Matrix

Appendix A: NHS Capital Investment for GP extension/new build schemes

All schemes were completed early 2021 – March 2023

Scheme name	Project type	NHSE capital source	Total capital investment (£)
St Andrews Medical Centre	New Build	ETTF	4,260,000
Ivy Court Surgery	Extension	ETTF	3,800,000
Canterbury Medical Practice	New Build	ETTF	1,183,295
Whitstable Medical Practice – Chestfield Health Centre	Extension	ETTF	544,581
Newton Place Surgery	Extension	ETTF	765,864
Sandwich Medical Practice	Extension	BAU	761,000
Devon Road Surgery	Extension	BAU	393,593
The Elms Medical Centre	Extension	BAU	263,832
Old Parsonage Surgery	Reconfiguration / expansion	BAU	146,803
TOTAL		Nine schemes	**12,118,968**

Appendix B: List of primary care networks

Health and care partnership	Primary care networks	
Dartford Gravesham and Swanley	Dartford Central Dartford Model Garden City Gravesend Alliance	Gravesend Central LMN Swanley
East Kent	Ashford Medical Partnership Ashford Rural Mid Kent Canterbury North Canterbury South Herne Bay Whitstable Deal and Sandwich	Dover Town Folkestone, Hythe and Rual The Marsh Total Health Excellence East Total Health Excellence West Care Kent Margate Ramsgate
Medway and Swale	Sheppey Sittingbourne Strood Rochester Gillingham South	Medway Central Medway Peninsula Medway South Medway Rainham MPA
West Kent	Athena ABC Maidstone Central The Ridge Malling	Sevenoaks Tonbridge Tunbridge Wells The Weald

Appendix C: Proposed net zero carbon capital schemes

Trust	Project progress and description
East Kent carbon reduction	EKHUFT has been working with Breathe Energy and 2gether Support Solutions to identify further carbon reduction schemes that could be commissioned in the coming years (subject to funding). The trust, with 2gether Support Solutions, has produced a business case which identifies the installation of heat pumps on the three acute sites and with recent public sector grants being announced an application for funding has been submitted.
Kent Community Healthcare Foundation Trust	Nationally leading KCHFT-led 'SitePulse' programme piloted at Queen Victoria Memorial Hospital, providing crucial data for energy and environmental management, and baselining for validation of future projects. To be deployed across clinical spaces to benefit patient care. Prioritising securing funding to undertake retrofit and upgrade works on sites with Heat Decarbonisation Plans towards reducing emissions and improving suitability of spaces. Establish an adaptation lead position with responsibilities including to investigate and understand climate-change based risk to estate portfolio to inform adaptation measures. Position Sustainability Team to collaborate with integrated care system partners to deploy KCHFT innovations and share expertise. Trust-wide sustainability policy to be ratified with relevant requirements including: All sites to have standardised waste management facilities, require that all capital projects meet set BREAAM criteria, requiring sites have facilities supporting active travel where appropriate and that energy performance of sites be actively monitored and optimised.
Kent and Medway Social Care Partnership NHS Trust	Through the trust's adoption of hybrid working patterns, it is seeking to reduce non-clinical estate by 30 per cent some of this will be relocated to clinical accommodation and some will result in potential disinvestment or disposal releasing resources for reinvestment in retained estate. Currently seeking funding support for the development of a Heat Decarbonisation Plan to inform opportunities

Kent and Medway sustainability projects funded through national schemes

Trust	Type of funding	Description	Funding Received/Applied for
Kent Community Healthcare Foundation Trust	**Low Carbon Skills Fund (Salix)**	HDP, detailed design at QVM, thermal modelling, building surveys, feasibilities, and desktop assessment.	£98,000 *(applied for)*
Dartford and Gravesham	**Phase 3b Public Sector Decarbonisation Scheme (Salix)**	To upgrade the Children's Resource Centre at Darent Valley Hospital, a service which provides healthcare for children. An air source heat pump and an electric boiler will be installed to replace the existing fossil fuel boilers, and wall insulation will be installed to improve the energy efficiency of the building.	£543,167 *(received)*
Kent Community Healthcare Foundation Trust	**Healthier Futures Action Fund (Greener NHS)**	Solar-Powered Public Health: Converting a public health outreach vehicle to use clean mobile power.	£8,827.39 *(received)*

Appendix D: List of investments and benefits realised

Kent and Medway projects with central NHS capital

Programme/project	Allocation £000s	System capital required in addition £000s	Date completed	Benefits
Upgrade to Urgent Treatment Centres at Sevenoaks, Folkestone and Deal – Kent Community Health NHS Foundation Trust (KCHFT)	1,500		2020/21	Improvements to patient flow and patient experience during Covid.
Digital triage improvements and seven day working to accelerate larger project – Medway NHS Foundation Trust (MFT)	548		2020/21	Major Emergency Department project was accelerated.
Upgrades to A&E departments – Maidstone and Tunbridge Wells NHS Trust (MTW)	2,817		2020/21	Improved patient flow, relocation of Paediatrics Emergency Department at Maidstone Hospital.
Direct booking and e-triage East Kent Hospitals University NHS Foundation Trust (EKHUFT)	25		2020/21	Improved efficiencies and patient experience
Expansion of William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital Emergency Departments – (EKHUFT)	30,000	4,200	Ongoing	Greatly improved patient flow and patient experience and outcomes. Much needed additional capacity. Improved staff wellbeing
Surgical Assessment Unit and Mental Health Assessment Room – Dartford and Gravesham NHS Trust (DGT)	2,553		2020/21	Improved patient flow and patient experience

New build ward on Hermitage Lane site – Kent and Medway NHS and Social Care Partnership Trust (KMPT)	7,773	3,200	Sep-23	Due to be occupied September 23 - all dormitory accommodation eradicated. Improved patient and staff experience
Centralised Place of Safety s136 – (KMPT)	3,785		2024/25	Improved patient experience and outcomes
New ITU at William Harvey Hospital – (EKHUFT)	14,000	4,632	Feb-22	Increased ITU beds. Improved outcomes, staff and patient experience
New ITU at Darent Valley Hospital – (DGT)	7,978	2,978	Jan-24	Currently using theatre space as ITU, so will allow full usage of theatres. Improved efficiency
Kent and Medway Planned Surgery Theatre (MTW)	31,490	7,610	Mar-24	Improved efficiency supporting elective recover

Conversion of office space to ward (DGT)	2,501		Oct-23	15 additional general and acute beds.
Conversion of Mental Health Ruby Ward, once vacated (MFT)	3,854		Nov-23	20 additional general and acute beds.
Four additional Endoscopy rooms at Kent and Canterbury Hospital (EKHUFT)	15,000		Awaiting approval	Business case due in summer 2023.
CDC Hub – Hermitage Lane Maidstone (MTW)	9,872		Ongoing	First phase (mobiles) completed. Second phase in construction.
CDC Hub and Spoke – Sheppey Hospital and Rochester Healthy Living Centre (MFT)	10,535		Ongoing	In construction.
CDC Hub at Livingstone Hospital (DGT)	19,640		Ongoing	First phase (mobiles) due to complete by December 23. Second phase in design.
CDC Hub at Buckland Hospital (EKHUFT)	6,483		Ongoing	First phase operational.
Front Door Triage (MFT)	1,000		2022/23	Part of larger emergency department/urgent treatment centre reconfiguration.

Medway Make Ready Centre – South East Coast Ambulance NHS Foundation Trust	13,320	1,706	Jun-23	Large Make Ready Centre with 111 centre.
Chatham Healthy Living Centre	14,500		Awaiting approval	
New Romney	1,500		Awaiting approval	
Margate	2,500		Awaiting approval	
Total	**203,398**			

Appendix E: NHS Kent and Medway Estates Prioritisation Matrix

SCORE	**Health needs of the population** Capital allocation should be driven by evidence-based interventions that have been shown to be effective in improving health needs of the population such as disease prevalence, demographic profile, and the most significant health threats.	**Strategic fit** Capital allocation should be aligned with broader strategic objectives, clinical strategies, improving patient experience, integration or achieving specific health outcomes.	**Equity** Capital should be allocated in a way that ensures equitable access to health services and interventions across the population, with particular attention to disadvantaged or underserved communities.	**Deliverability** clinical, capacity, capability, funding / capital availability (where and how much), revenue consequences. This may involve prioritising investments that offer the greatest potential benefit with the least amount of risk.	**Efficiency / cost avoidance / resource utilisation** alternative solutions have been fully and objectively considered. There is a clear and convincing explanation about it being the best, most efficient use of resources	**Risk mitigation** Capital allocation decisions should be focussed on mitigating the highest risks within an organisation or system such as addressing legal requirements, H&S uncertainties and patient safety concerns.	**Ensuing impact** Capital allocation should consider the likely negative impacts on other services as a consequence of the proposal, and the should include a clear and costed plan for voids left behind.
5	Clear evidence that the proposal **delivers a specific and tangible** improvements for and addresses the needs of the K&M population	The proposal has **clear evidence** that it aligns with the ICB's strategic objectives and **is fully aligned** with ICB and HCP clinical strategies.	Clear evidence that the proposal **delivers a range of specific improvements** in equitable access for disadvantaged or underserved communities	**Clear evidence** that the proposal can be delivered **and** required capital can be secured. **There are the resources readily available to deliver** this and the **risks for delivery are very low**	**Clear evidence that the proposal makes the best use of resources** and **will deliver further efficiencies. Clear rationale** that sets out the other options. All costs associated with do-nothing will be avoided.	The proposal will mitigate at least one **Very high** risk score (20 or above) as per the ICB's and/or HCPs Risk Matrix	The proposal will have **no negative impact on any other services.** The **proposal includes a clear, costed plan for vacated or void space** and are affordable
4	Clear evidence that the proposal **directly drives a specific and tangible** improvement for and addresses the needs of (at least) the HCP population	The proposal has **evidence that it broadly aligns** with the ICB's strategic objectives and **aligns** with ICB and HCP clincial strategies	Clear evidence that the proposal **drives a specific improvement** in equitable access for disadvantaged or underserved communities	**Very good evidence** that the proposal can be delivered if required capital can be secured. The **resources to deliver this proposal can be made available** but not yet and the **risks for delivery are low**	Some evidence that the proposal makes **good use of resources** and **may deliver further efficiencies. Good rationale** and sets out the other options. All costs associated with do-nothing will be avoided.	The proposal will mitigate at least one **High** risk score (15-20) as per ICB's and/or HCPs Risk Matrix, or a very high risk score for a single provider	The proposal will **potentially have a minor negative impact** on any other services which can be mitigated and the proposal **includes a clear, plan** for vacated or void space
3	Clear evidence that the proposal **directly drives** the delivery of improvements and supports the needs of local population	The proposal **has evidence that it aligns with some** of the ICB's objectives and **generally aligns** with HCP clinical strategies	Some evidence that the proposal **influences** improved equitable access for disadvantaged or underserved communities	**Good evidence** that the proposal can be delivered if required capital can be secured. There are **issues identifying the resources** to deliver this and the **risks for delivery are medium**	Some evidence that the proposal **may deliver** some **efficiencies. Alternative options** have been **explored**. Costs associated with do-nothing may still need to be bourn but these are minor.	The proposal will mitigate at least one **Medium** risk score (9-14) as per ICB's /HCPs Risk Matrix, or a high risk score for a single provider	The proposal will have a **moderate negative impact** on any other services which should be able to be mitigated and the proposal includes an outline **plan** for vacated or void space
2	Evidence that the proposal **influences a specific** element of the needs of local population	The proposal **has limited alignment with** the ICB's objectives and **aligns** with some HCP clinical strategies	Some evidence that the proposal **supports** improved equitable access for disadvantaged or underserved communities	**Some evidence** that the proposal can be delivered if required capital can be secured. There are **a number of issues identifying the resources** to deliver this and the **risks for delivery are medium to high**	Little evidence that the proposal **may deliver efficiencies. Alternative options** have been **explored. Stated savings may be challenging to deliver**. Costs associated with do-nothing may still need to be bourn but these are minor.	The proposal does not impact on ICB / HCP risk score, but reduces an individual providers Medium risk score (9-14)	The proposal **may** have a **high negative impact** on any other services. The proposal does consider vacated or void space
1	Some evidence that the proposal **supports** (but does not influence or drive) the delivery of improvements for the local population	The proposal **has** limited alignment **with both ICB Objective's and** HCP clinical strategies	**No clear evidenc**e that the proposal **supports any** improvements in equitable access for disadvantaged or underserved communities	There are **difficulties to overcome trying to deliver** the proposal either because of resources or funds. The **risks of delivery are high**	Very little evidence that the proposal **will deliver efficiencies. Alternative options** have been **explored but are not viable. Stated savings are very unlikely to be delivered**. Costs associated with do-nothing remain and these are high	The proposal has **limited impact on risk**	The proposal will have a **high negative impact** on any other services and the costs for dealing with **vacated or void space are low**
0	**No evidence that the proposal will have a positive impact** on delivering improvements for the local population	The proposal **does not align** with the ICB's broader strategic objectives or the HCP's strategies	Clear evidence that the proposal **reduces** equitable access for disadvantaged or underserved communities	**It is very likely that delivery of the proposal will be very difficult. This is a very risky proposal**	It is **clear** that **the requested resources could be put to better use. No efficiencies will be delivered** from the proposal. Other options have not been explored. There are no costs associated with do-nothing	The proposal does **not mitigate any** material **risks** identified by the ICB, HCP or individual provider	The proposal will have a **significant negative impact** on any other services and the **costs for dealing with vacated or void space are high**
Weighting	20%	20%	15%	15%	12%	9%	9%
Raw Score							
Weighted Score	0	0	0	0	0	0	0

Glossary

Term	Explanation
Backlog maintenance (BLM)	BLM is the cost to bring estate assets that are below acceptable standards in terms of their physical condition or do not comply with mandatory fire safety requirements and statutory safety legislation, up to an acceptable condition.
Core20PLUS5 model	Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies 'five' focus clinical areas requiring accelerated improvement.
Gross Internal Area (GIA)	The whole enclosed area of a building within the external walls taking each floor into account and excluding the thickness of the external walls.
Health and Care Partnership (HCP)	HCPs bring together all provider health organisations in each area to work as one. They can design and deliver services to meet the needs of everyone they serve based on their local population, focusing services on areas of greatest need.
Integrated Care System (ICS)	ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services.
Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
Local Improvement Finance Trust (LIFT)	The NHS LIFT Programme is a partnership of public and private sectors, that delivers lasting transformation of the NHS primary care and community health estate.

Net Internal Area (NIA)	The usable area within a building measured to the face of the internal finish of perimeter or party walls ignoring skirting boards and taking each floor into account
One Public Estate (OPE)	The OPE programme supports locally-led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs, helping partners to repurpose surplus public estate for housing, regeneration, and other locally determined uses.
Private Finance Initiative (PFI)	The PFI funds public capital projects such as NHS hospitals, using private sources of money to pay for the costs of their design, build and maintenance upfront. The costs are repaid annually over the lifetime of the contract.
Primary Care Networks (PCN)	GP practices working with community, mental health, social care, pharmacy, hospital and voluntary services, providing integrated services to meet local need.
Section 106 (S106) and Community Infrastructure Levy (CIL) funding	Developer contributions obtained through the town planning system that can contribute to meeting the cost of new or improved infrastructure because of new development in an area.
Void	Space not occupied or paid for by a tenant.
Virtual Wards	Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital.