

To: Health and WellBeing Board

Subject: One Public Estate Initiative

Classification: Unrestricted

Submitted by: Director of Infrastructure

Date: **15 July 2015**

Summary: Kent County Council has been a part of the One Public Estates (OPE) Initiative since September 2014, which builds upon the work undertaken to date bringing opportunities for all parts of the Public Sector across Kent to work collaboratively with regard to public property and land. This paper identifies the opportunity for the OPE initiative to work across the Health Estates in Kent and support the delivery of Kent's Joint Health and Wellbeing Strategy 2014-17.

Recommendations

The Board is asked to take note of the benefits and examples of how OPE has supported health and social care integration in other parts of the country and consider whether this should be explored further with regards to Kent's delivery of Health and Social Care.

If the board feel that they would like to develop the opportunities that OPE could present to them they are asked to endorse the creation of an asset collaboration mechanism through a sub group. The group would provide a place and space for partners to work through estates issues to achieve outcomes such as joint accommodation strategies, develop design principles and guidance for estates decisions and explore opportunities for a framework of charges across the estates.

1 Background

1.1 The One Public Estate (OPE) programme is designed to facilitate and enable public sector bodies to work collaboratively on property and land matters. It is felt that by adopting the principles of OPE, the Kent Health and Wellbeing board will enable collaboration opportunities to be identified and encourage outcomes such as joint accommodation strategies across the Health Estates in Kent to be achieved. It will also provide a platform to analyse whether Estates management can sometimes be a barrier to integration or indeed whether it is actually a tool that can be used to instigate it. The proper utilisation of the health and care estate was identified during the roundtable discussion with Simon Stevens in January considering how to tackle the barriers to achieving the Five Year Forward

View in Kent as one of several key areas that need to be looked at in detail. The strategic benefits of considering estates across Kent are wider than the benefits of any particular scheme.

1.2 The Department of Health (DoH) has recently published the Local Estate Strategy requirements which set out the need for all CCGs, by the end of 2015, to have plans in place that cover the primary care estate along with community care and non-clinical estate. The strategy provides a guide to CCGs as to how the DoH sees engaging and working with public stakeholders as a key driver to delivering their 5 year forward view and the associated New Models of Care. There will be a need for Local Estate Forums (LEFs) to be developed across Kent, the DoH strategy does recognise that there may already be suitable forums set up in which the LEF can slip into. It also makes clear the links with the One Public Estate Programme and that local health economies are expected to participate in exploring opportunities across the wider public sector.

1.3 Over the last two years KCC Property Services and various Estates partners within the NHS have endeavoured to work collaboratively with all internal and external partners across Kent ensuring that opportunities to work in a coordinated manner are identified and progressed. Asset collaboration has taken place between KCC and NHS partners such as NHS Property company, KMPT and KCHT and has involved:

- sharing data regarding the assets within each portfolio
- mapping all data
- identifying opportunities for rationalisation or joint projects
- Reviews of all KCC assets, and where possible looking for opportunity for integration of services

1.4 In May 2014 KCC made an application to be a part of Round 2 of the One Public Estate Programme. It was confirmed on 5 August 2014 that KCC was successful and in September 2014 the 2nd round of the programme was launched to help promote cross public sector land and property rationalisation.

2 What is One Public Estate?

2.1 The OPE Programme is an initiative funded by the Cabinet Office Government Property Unit (GPU) and delivered on their behalf by the Local Government Association (LGA). The programme is designed to facilitate and enable local authorities to work successfully with central government and local agencies on public property and land issues through sharing and collaboration. KCC's responsibilities under the programme include supporting the development of centralised mapping (e-PIMS) and the creation of a suitable property forum(s) with strategic local partners to drive delivery of identified projects.

The OPE programme has four main objectives:

- Create economic growth – to enable released land and property to be used to stimulate economic growth, regeneration, new housing and jobs.
- Generate capital receipts – to release land and property to generate capital receipts.
- Reduce running costs – to reduce the running costs of central and local government assets.
- Deliver more integrated and customer focused services – to encourage publicly funded services to co-locate, to demonstrate service efficiencies, and to work towards a more customer- focused service delivery.

3. What could the benefits of OPE be for health and social care integration?

3.1 By utilising an extensive network of public sector partners, OPE could be used as a tool to support the delivery of Kent's Health and Wellbeing Strategy and assist in developing a fit for purpose estate that can deliver the Better Care Fund across Kent.

3.2 OPE complements the DoH Local Estate Strategy and LEFs that it advises are to be set up by CCGs. OPE could provide a platform to link the work that LEFs do into the wider public sector property estate and will promote joint working with central and local agencies on public property and land matters.

3.3 There are already various examples and case studies across the country where other local authorities have incorporated supporting health and social care in their OPE work programme:

- Essex has been undertaking locality reviews with their districts looking at housing opportunities. Part of this has been to identify sites which can be used for specialist housing for adults with disabilities to reduce the need for moving people into care and relieve pressure on the NHS.
- Manchester has linked the OPE programme to the Citywide Integrated Health Estates programme. The Integrated Estates programme is supporting the delivery of Living Longer Living Better strategy which sees integration between Health and Social care services. OPE being linked into the programme is creating good linkages with health partners and enabling sharing of resources including mapping of all public estate property in the city of Manchester and they are working on aligning the health and estates strategies.
- Leeds City Council and Leeds Community Health have partnered to develop and deliver an integrated health and social care service across the city, leading to the co- location of around 900 staff in various city wide hubs. Each team will have a main integrated office location with additional touchdown facilities located in other council and health

buildings. A working group has been set up which has developed a joint accommodation strategy, produced detailed design principles and guidance for estates decisions, together with a framework for charging and re-charging the costs of integrated service accommodation. They examined how the programme would enhance the service delivery, generate capital receipts through disposal of buildings and reduce the running costs across both organisations.

3.4 Assets have already been mapped across all public sectors in Kent, via OPE and e-pims, and these can be overlaid with Central Government assets to identify opportunities in which all public sector property can provide integration and collaboration solutions to delivering the local clinical strategies. The data that is mapped can be as high level or detailed as is required and can drill down to ward by ward level to identify a comprehensive picture of assets that are currently used or could potentially be used to deliver integrated health and social care.

3.5 OPE could add support and further increase the local profile of the integrated work that is already being undertaken across Kent. It equally could provide opportunities such as accessing procurement frameworks via Teckal arrangements between public sector partners.

3.6 Care pathways could be identified to show how local commissioning plans can be delivered and OPE can provide support to this process by showing how estates can assist with the delivery as well as identify what property is required and how this will be developed.

4. Recommendation to the Board:

4.1 The Board is asked to take note of the benefits and examples of how OPE has supported health and social care integration in other parts of the country and consider whether this should be explored further with regards to Kent's delivery of Health and Social Care.

4.2 If the Board feel that they would like to develop the opportunities that OPE could present to them they are asked to endorse the creation of an asset collaboration mechanism through a sub group. The group would provide a place and space for partners to work through estates issues to achieve outcomes such as joint accommodation strategies, develop design principles and guidance for estates decisions and explore opportunities for a framework of charges across the estates.