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To: **Health and Wellbeing Board – 22 November 2017**

Subject: **Kent and Medway Growth and Infrastructure Framework – 2017
Update**

Summary: This report provides an overview of the emerging Kent and Medway Growth and Infrastructure Framework (GIF); particularly focussed on the draft narrative and infrastructure costings for the ‘health and social care’ chapter in the GIF.

Recommendation: The Board is asked to consider and make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF.

1) INTRODUCTION

- 1.1 In 2015, KCC published the Kent and Medway Growth and Infrastructure Framework (GIF); a first of its kind assessment showing the predicted levels of housing and economic growth for the county and the infrastructure needed to support this. The analysis showed a significant gap between the funding required and that anticipated/secured from central government, developer contributions and other investment.
- 1.2 The GIF gives us a platform from which to engage with Government and other partners, including private sector investors, around how we address the funding gap. It has been used to attract investment, working with local partners, key infrastructure providers and Government to find ways of making the most of the resources we have, find innovative ways to secure funding and investment and unlock the value we can create from development.
- 1.3 Work is now well underway with preparing a 2017 update of the GIF. This update is being developed in collaboration with the districts. The updated GIF will also provide a longer term view and vision for the infrastructure the county needs to support sustainable growth – looking beyond the previous timetable for the GIF to 2050 and provides a series of recommendations to ensure that Kent is well equipped to providing sustainable communities that meet the forecast population growth.
- 1.4 **The Board is requested to note that this report is written before the emerging GIF housing, population and infrastructure figures have been finalised, and which therefore may change. In addition, the report is written prior to being shared at Kent Chiefs and Kent Leaders meetings later in November.**
- 1.5 This report sets out the draft narrative for the ‘health and social care’ chapter of the GIF, together with the approach for providing the total infrastructure costs associated with housing growth across Kent and Medway.

1.6 As Kent and Medway work towards implementation of the NHS' Sustainability and Transformation Plan (STP), future GIF iterations will be able to align infrastructure calculations with the STP priorities using a more structured approach and a demand modelling tool.

1.7 **The draft GIF Update currently uses theoretical costings to determine an overall infrastructure figure (set out in more detail below). These may be refined, as discussions with KCC colleagues and local partners progress.**

2) THE GIF – BACKGROUND AND CONTEXT

2.1 The GIF sets out the level of growth forecast up to 2031, using district and borough Local Plan figures, alongside the infrastructure required for that growth, and its cost. The GIF examines the range of infrastructure requirements; broken down into the following sections:

- Transport;
- Education;
- Health and social care;
- Community and culture; and
- Utilities and environment.

2.2 The emerging calculations indicate that the population, housing and jobs forecasts are increasing for the same GIF period (2011-2031) and the infrastructure funding gap remains a challenge.

2.3 The table below sets out the GIF 2015 figures, alongside the **emerging** figures for the 2017 GIF Update, from which the infrastructure costs are being calculated.

Kent and Medway Growth and Infrastructure Framework		
	2015 figures	Emerging 2017 figures
New homes	158,500	178,600
New people	293,300	396,300
New jobs	135,800	170,300

3) THE HEALTH AND SOCIAL CARE CHAPTER

3.1 The content for the 'health and social care' chapter has been sourced from a range of existing documents, including:

- Kent and Medway Case for Change (2017)
- Sustainability and Transformation Plan (STP) (2016)
- Clinical Commissioning Group (CCG) Strategic Commissioning Plans; and
- Kent's Accommodation Strategy for Adult Social Care - Better Homes: Greater Choice (2016).

3.2 The chapter will be structured around providing narrative on the current situation and headlines, and will set out theoretical infrastructure costings, based on the forecast

population and housing growth. The narrative of the chapter will incorporate narrative around the following text.

- 3.3 As the population grows, with more people living longer, the demands on the services are increasing; making it harder to keep up with rising costs. Challenges vary across CCG areas, however, some key themes facing the County are:

An ageing population

- 3.4 Older people (aged 80+) are the fastest growing group of people in Kent and Medway. Older people have a higher level of service use compared to other age groups, particularly hospital admissions and use of community services.

Primary care workforce challenges

- 3.5 Fragility within primary care is characterised by low numbers of GPs and practice nurses per head of population, high vacancy rates and high stand-in use. Primary care is struggling with practices closing, workforce issues and variable infrastructure.

The transformation agenda

- 3.6 At a national level, health and care economies across England are being encouraged to become Accountable Care Systems (ACSs) as the next step in supporting the delivery and implementation of sustainability and transformation plans. ACSs will be an 'evolved' version of the partnerships that are in place now, to better integrate health and care locally. The 'accountable care systems' are intended to support NHS organisations (both commissioners and providers) work in partnership with local authorities to take on collective responsibility for resources and population health, providing better integrated and coordinated care.
- 3.7 In Kent and Medway, work is now underway to look at how health and care commissioners and providers can operate in a more integrated way. There is agreement amongst health and social care leaders that there should be one single strategic commissioner for Health across Kent & Medway. There are also proposals for two Accountable Care Partnerships to plan, buy and deliver services for local people across this geographical area (one in East Kent, the other for Medway and North West Kent).

Maximising the estate

- 3.8 The age profile of the hospital estate by area comprises of newly constructed facilities less than 10 years old (24%) with the bulk of the estate constructed 10 to 30 years ago (57%) and a proportion of the estate built more than 30 years ago (19%).
- 3.9 There are new public finance initiative (PFI) hospitals - Tunbridge Wells Hospital in Pembury, Darent Valley Hospital in Dartford and the Gravesham Community Hospital.
- 3.10 However four out of the seven major hospitals have been developed and grown over time in a piecemeal fashion, resulting in a range of buildings with differing age and condition profiles that are often difficult to navigate and are less efficient in the use of space.
- 3.11 There is a large proportion of mental health estate that is dated and not fit-for purpose (e.g. Thanet Mental Health Unit). At present, there is not a complete picture

of the GP estates to understand the quality. CCGs are at different stages of assessing the quality of GP practices in each CCG area.

- 3.12 Engagement through Local Plan consultations is needed to ensure that there is adequate primary care services planned as part of future developments and adequate section 106 and CIL contributions are secured.
- 3.13 Furthermore, it is understood that there is a high level of under-utilisation within the community estate. In many community hospitals, for instance, up to half of the bed spaces are not used. Overall, **13%** of the total bed space is either under-used or empty.
- 3.14 The STP work programme includes a workstream dedicated to estates which has a role to identify ways we can get best value from our estate and to consider the accommodation we need to support new ways of working in health and social care.

Prevention and integration

- 3.15 A focus on prevention and early intervention is very important in improving health and wellbeing for local people, particularly those in more deprived areas. Despite this, only 2% of health and social care funding is spent on public health in Kent and Medway.
- 3.16 A suite of preventative measures during and beyond the five year STP period is likely to bring a substantial financial and societal benefit to the Kent system, if delivered at the pace and scale with the participation of the wider health, social care and wider public sector workforce. Preventative measures could include green space, outdoor gyms etc. that are available for the community to use to keep active and healthy.
- 3.17 The development of local community service hubs is a key enabler for the planned shift of services away from secondary provision and the demand for greater integration of health and social care. The STP plan is to reduce the total number of beds in main hospitals by 10%, which will help to reduce some of the high costs associated with hospital-based care.
- 3.18 This growing focus on bringing primary care into a single point within the community means the creation of multi-disciplinary hubs. In order to develop hubs, the preferred approach would be to relocate an existing practice or merge a number of practices into a new facility that, with the wider growth planned, may also include a number of different services that can all be accessed within one location. This will depend on the needs of the population being served and the accessibility for patients. Hub working will not replace GP services, but will be additional to GP services.
- 3.19 In Kent and Medway, the picture of existing health services will require significant redesign and modernisation to move towards an integrated care strategy. This will place additional pressures on consolidation and refreshing existing healthcare infrastructure. An integrated Health and Social Care model could look like the proposed vanguard development at Estuary View in Whitstable (a case study on Estuary View will be included).

WHAT COULD THIS MEAN FOR KENT AND MEDWAY?

- 3.21 The “Delivering better healthcare for Kent”¹ discussion document supports and encourages community integrated health and social care. KCC is considering how the lessons learned from Estuary View can be applied to the delivery of future health and social care facilities in Kent.
- 3.22 Theoretically, the health and social care village hub is expected to serve a population of between 40 and 50,000 people, although many of the services listed are accessed from a larger population base. The additional population forecast in Kent and Medway to 2031 would require the equivalent of nine to ten additional Health & Social Care Villages.

Adult social care

- 3.23 “Kent’s Accommodation Strategy for Adult Social Care (*Better Homes: Greater Choice*)”² indicates that estimates show that 30% of beds in care homes are occupied by people who could be better treated in their own homes or supported accommodation, such as extra care housing. It also predicts greater focus on care home provision for dementia services, with and without nursing care. Design is crucial. The vision is that people should live independently in their own home receiving the right care and support. There is real need for investment from the independent sector for larger, modern, fit for purpose services designed for people with complex dementia. However; there is an overprovision of standard general frailty care home provision, particularly around the East Kent coast.
- 3.24 For Medway, there will be increases in the number of younger adults with learning disabilities and an increase in the number of older adults. These adults from age 85 onwards are likely to have social care needs, including dementia. This increase is projected to grow exponentially to 2035.

Summary of total costs/funding for Health and Social Care

- 3.25 As Kent and Medway work towards implementation of the STP, future GIF iterations will be able to align infrastructure calculations with the STP priorities, using a more structured approach and a demand modelling tool. However, for the draft GIF 2017 Update, the overall infrastructure cost uses the following theoretical assumptions using NHS bed standards for acute healthcare and mental healthcare. For primary healthcare, a combination of multi-purpose primary healthcare facilities and maternity requirements have been used. For adult social services, the emerging model for the Accommodation Strategy for Adult Social Care is used.
- 3.26 The condition, suitability, and the ability to expand current provision varies significantly across the County and the total cost of delivering a fit for purpose infrastructure to support Health and Social care is estimated to require in excess of £6 billion of investment over the life of the GIF. As the STP Acute and Primary Care models develop further, a more accurate approximation of costs will be able to be gained. The various workstreams of the STP will publish their vision for the delivery of care and services over the forthcoming months, which will not only indicate running costs, but also the capital required for the estate to deliver these services from. Capital Programme opportunities from Central Government and associated schemes can then be assessed and applied for to help reduce any funding gaps that may

¹ [Delivering Better Healthcare for Kent](#)

² [Kent’s Accommodation Strategy for Adult Social Care \(Better Homes: Greater Choice\)](#)

exist. These iterations should help to give a more accurate insight into any funding gaps.

3.27 Emerging Health and Social Care infrastructure costs which have been identified to date arising directly from growth are set out below:

Total Cost = £1,652,191,000
Total Funding = £791,103,000

Secured Funding = £9,688,000
Expected Funding = £781,416,000

Funding Gap = £861,088,000

4) Conclusion and next steps

4.1 In compiling a county-wide data source and in working on the GIF actions will be informed by the data, the GIF has a crucial part to play in ensuring that infrastructure planning in Kent is delivering better outcomes for residents, communities and businesses and more widely, it will have wide-ranging influence and support in supporting the economy and the health and wellbeing of Kent's residents.

4.2 A draft GIF Update will be taken to Joint Kent Chiefs (16 November) and Kent Leaders (30 November), with the intention of publishing the final GIF Update in Winter 2017/18.

Recommendation:

The Board is asked to consider and make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF

10. Background Documents

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/environment-waste-and-planning-policies/growth-and-infrastructure-framework-gif>

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