

**NHS Kent and Medway Strategic Estate and Infrastructure Interim Strategy
Briefing for Kent Health Overview Scrutiny Committee
7 December 2023**

This briefing is for the Committee's assurance.

Summary

1. At its November public meeting, the ICB Board approved the Kent and Medway Strategic Estate and Infrastructure Interim Strategy and accompanying Technical Reference Document – **attachments 1 and 2**.
2. This is the first time the NHS across Kent and Medway has had an estates strategy that covers the whole county. The strategy is currently an 'interim' document, as the four local Health and Care Partnerships are developing their local estates plans which should be available in early 2024. The Kent and Medway strategy will then be updated to reflect these local plans.

Context

3. 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 individual partner can do alone. We face many challenges including population growth, an increasingly elderly population, changes in societal behaviour and in some areas, poor quality ageing infrastructure. All this at a time when budgets are severely constrained, and public organisations are having to make extremely difficult decisions.
4. In terms of buildings and estate, an example of the challenges the NHS currently faces in Kent and Medway can be demonstrated in the amount of backlog maintenance our main NHS providers are faced with, which equates to well over £250million. This is just to maintain our existing buildings.
5. As noted, Kent and Medway is already seeing significant housing growth and other developments which requires additional capacity to be delivered across acute, community, mental health and primary care services. Also, on-going clinical and technological advancements mean that how we work and provide services has changed considerably over the last decade. Climate change is also much more at the forefront of everyone's agenda and societal behaviour and demographics particularly within younger age groups have also shifted. And, during this time, much of our existing infrastructure and estate has remained the same and been far less adaptable to these developments.

6. The attached NHS Kent and Medway Estates and Infrastructure Interim Strategy and accompanying Technical Reference Document considers how we, along with our partners, address these challenges and start to deliver more high quality, fit for purpose, accessible, sustainable, and efficient estate, within a limited financial arena.
7. The strategy has been developed in partnership with local health and care colleagues and compliments similar work underway in the local authorities and other agencies. 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. The strategy also highlights the opportunities of working with wider public sector partners (through the One Public Estate agenda) and with partners such as the voluntary sector and local enterprise.
8. As previously noted, this is an interim strategy and will be further informed as the Kent and Medway clinical strategy and service sustainability and transformation plans are developed. It will also be further informed by the local Health and Care Partnership estate strategies as they are finalised during early 2024.
9. 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' and Section 106/CIL funding, in support of true partnership working and integration (also see further below); and
 - and a prioritisation framework that will help staff and decision-makers determine the viability of proposals at an early stage.
10. The strategy also highlights examples of key existing programmes of work that are planned to be developed over the next two to three years, and commits to explore opportunities for new innovative developments such as the development of additional elective surgical and diagnostic hubs in the community, outside of a hospital settings.
11. It will, for the first time, ensure a coordinated and consistent approach is taken to planning health and care estate infrastructure in Kent and Medway.

Section 106 (S106) and Community Infrastructure Levy (CIL) arrangements

12. Historically, engagement with district and borough council Local Plan developments and associated securing of S106 and CIL investment, has been focused predominantly around the impact on general practice and not wider

healthcare services. Also, we recognise there was not a consistent approach across the 8 former clinical commissioning groups, and this led to variation in both engagement and funding contributions secured for health, with some areas subsequently losing available development funding. We have been actively working to change that and now have robust and effective arrangements in place, working closely with local authority planning departments and officers.

13. As noted, population growth in Kent and Medway is a major challenge and the ICB recognises the importance of engaging early with district and borough councils, both informally through regular liaison meetings and formally as part of the Local Plan development process and responding to planning applications – examples of this include Otterpool Park and south Ashford garden community. Local Plans will continue to inform our own strategic planning within each of our Health and Care Partnership areas, which will in turn identify infrastructure and funding required to mitigate the needs of the developments.
14. Our estates and infrastructure interim strategy details how we are developing a more strategic and system-wide approach to engaging with councils as Local Plans are developed and the shift to a place-based focus will support this at a local level. Our Health and Care Partnerships have commenced engagement with district and borough councils as part of their estates strategy development and we expect the engagement to continue on a regular basis going forwards. We will focus on maximising the use of S106 and CIL, where it is held, to support priority projects. This will include working with local councils to most effectively use these funds in a flexible way across health and care services, both where existing agreements allow this and when considering future development applications.
15. The ICB has also recently invested in a sophisticated health and infrastructure planning tool in recognition that the NHS's historic approach to estate and infrastructure planning has not always been fit for purpose and has been primary care focused, rather than taking a collective health and care system approach. We are in the early stages of implementing this tool and have already engaged with Kent County Council and district and borough councils as part of this initial phase and once rolled out, the NHS and council planning teams will benefit from access to standardised data driven tools and models.

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