

Health and Adult Social Care Overview and Scrutiny Committee

20 August 2024

Medway and Swale Interim Estates Strategy and Healthy Living Centres

Report from: Medway and Swale Health & Care Partnership, NHS Kent and Medway ICB

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Summary

This paper sets out to provide an update to the Committee on the Medway and Swale Interim Estates Strategy being developed through the Health and Care Partnership, Healthy Living Centres and Community Diagnostic Centres.

1. Recommendation

1.1 Members are asked to note the update and progress achieved.

2. Budget and policy framework

2.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Medway & Swale Health and Care Partnership Interim Estates Strategy
 - 3.1 Local health and care providers in Medway and Swale, in collaboration with the NHS, local government, and the voluntary sector, are addressing significant health and wellbeing challenges. These challenges, influenced by health inequalities, a growing and increasingly elderly population and other social and economic issues, reflect broader trends seen across Kent and Medway and nationally. The aim is to understand and meet the population's health and care demands through a comprehensive local estates strategy that adapts to current and future needs, recognising dynamic and ever-changing societal, clinical and technological advancements. The Medway and Swale Interim Estates Strategy is one of four across Kent and Medway, all of which have a clear relationship with the overarching NHS Kent and Medway Strategic Estates Plan. This is the first time that such strategies have existed. They have been developed alongside, and informed by, local authority estates and development plans. They recognise the critical relationship required between health and care services and local authorities to ensure high quality, affordable, efficient, fit for purpose and sustainable infrastructure is in place to meet the needs of local people.
 - 3.2 The interim estates strategy focuses on optimising property assets to support strategic health objectives, ensuring they are suitable, efficient, and sustainable. This involves regular reviews to align with the Medway and Swale Health and Care Partnership's (HaCP) goals and the broader NHS Kent and Medway Integrated Care Board's ("The ICB") objectives.
 - 3.3 A copy of the strategy is attached at Appendix A.
 - 3.4 The Health and Care Partnership's vision is to prioritise local people's needs, helping them live healthier, independent lives. The interim estates strategy supports this vision by:
 - Designing responsive, evidence-based care pathways based on feedback.
 - Delivering high-quality health and care services across all care levels.
 - Shifting the focus from treatment to prevention.
 - 3.5 The Medway and Swale Health and Care Partnership's Interim Estates Strategy has been developed in conjunction with all partners with a view that it will feed into the wider Kent and Medway Estates and Infrastructure Strategy to inform the estates decisions for the region as a whole.
 - 3.6 Across the NHS estate there are many assets that are not fit-for-purpose, and this is also seen in parts of the estate across Medway and Swale. Estate that is not fit for purpose, which is under-utilised and that has considerable back-log maintenance, will not support the delivery of our ambitions, and therefore poses a risk that it will perpetuate health inequalities and unequitable access to services for patients. It is therefore critical that the strategy drives improvements in the quality of the care estate across the area; directs investment strategically; and encourages the occupation of better-quality assets and the effective disposal or replacement of poorer quality estate over time.
 - 3.7 Our Health and Care Partnership Interim Estates Strategy aims to enable the delivery of high-quality care and support in suitable facilities, enhancing residents'

experiences. By understanding population health information, clinical and care strategies, local population need, and the condition of our infrastructure, we can prioritise and coordinate estate priorities accordingly. The interim estates strategy aims to improve health outcomes by collaboratively committing to actions, whilst recognising varying and competing requirements, particularly in relation to capital and revenue financing, including developer contributions.

3.8 Both the ICB and Health and Care Partnership partners fully support the focus in the recent Regulation 18 Local Plan consultation that provision is made through the Local Plan for investment in expansion/upgrade of existing healthcare facilities and additional healthcare facilities to support a growing and changing population. We will work with Medway Council through the Local Plan development process to inform and secure future healthcare infrastructure plans and requirements as part of the healthcare infrastructure estates strategy for Medway.

Our Estates Objectives

3.9 The strategic objectives listed below will provide focus and establish a clear direction to deliver the Health and Care Partnership’s Vision. The objectives have been developed to reflect the needs of all the Partners, recognising that collaboration will be key to the success of transforming the health outcomes for the people of Medway and Swale. A collaborative longer-term asset planning model through the Estates Strategy will lead to a more flexible, maintained, and responsive property portfolio.

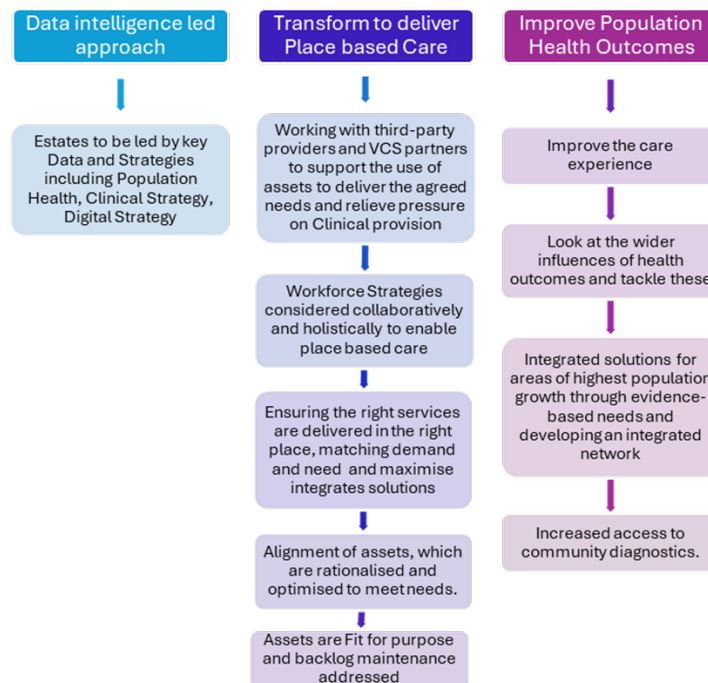


Figure 1 – H&CP Estate Objectives

3.10 Significant work has been undertaken across the area to consult with all stakeholders and our residents. This has provided some consistent themes and high-level priority areas that are in line with the information that the current data is showing. The below outlines these findings:

Figure 2 – High Level Priority Areas

Data and Strategies	Place	Approach
<ul style="list-style-type: none"> • The estate strategy needs to be connected to other system strategies and operational plans (clinical, workforce, digital etc). • Further linkages needed to VCS, OPE, NHS Trust and LA data • Further work to be undertaken on data validation and existing filling data gaps • Ensuring buy in from all system stakeholders. • Create conditions to respond quickly to meet estate need. • Consider needs based on the whole HaCP and not individual needs • Create an effective governance and prioritisation system 	<ul style="list-style-type: none"> • Ensure there is the correct geographical reach based on population health. • Support of NHS Trusts to sign up to the Hub & Spoke model. • Aligned approach with wider primary care services: integrated neighbourhood teams • Modelling for key system estates scenarios, with discussions on options and prioritisation. • Facilitate multi-occupancy of shared space via innovative approaches, with shared risk models. • Develop flexibility • Reduce VOID space and remove charging mechanisms that are barriers 	<ul style="list-style-type: none"> • A pilot based approach to be adopted to inform the development and maturity of the Estates Strategy • To continue developing links with the community and the One Public Estate agenda to maximise the outcomes to deliver health priorities • Financial charging principles for OPE agreed as not for profit but on a charge through basis or reduced cost to enable VCS to provide services. • Community based care approach • Pathways reviewed to provide effective end to end patient care

VCS = Voluntary and Community Sector
 OPE = One Public Estate
 LA = Local Authority

- 3.11 Medway’s Joint Strategic Needs Assessments and the NHS Core20PLUS5 approach to support the reduction of health inequalities, identifies the most deprived 20% of the national population; PLUS groups which are identified at local level such as people with learning disabilities, multiple long term health conditions and ethnic minority communities; and identifies 5 clinical focus areas requiring accelerated improvement.
- 3.12 Our CORE20PLUS5 obligations help us understand the health needs of our population and where to target health provision for different demographic requirements. Up to 80% of health outcomes are socially and economically determined through non-clinical factors, being the conditions people are born into, grow in, live in, work in and the drivers that influence these such as economic strain, food insecurity, health literacy, transportation barriers. Traditional social determinants of health data alone do not provide the insights to develop a clear, actionable patient profile to achieve equitable care.

Local Trends for Highest Concern Areas:

- 3.13 Information extracted from the Medway & Swale Health and Care Partnership Profile v4.1 sourced via Medway Council shows that Medway Central, Gillingham and Sheppey have the worst health indicators compared to England averages but also compared to the wider Kent and Medway Integrated Care System (ICS) region.

Gillingham South	Isle of Sheppey	Medway Central
<ul style="list-style-type: none"> • Unemployment is 6.7% higher than England • Life Expectancy • Children excessive weight • Breast Cancer screening • Asthma admissions are 59% higher than the average • Self-harm in young adults is 91% higher than the average • Unplanned hospitalisation for chronic ACSC • The rate of premature mortality from all causes 	<ul style="list-style-type: none"> • Unemployment is 7.3% higher than England • Life Expectancy • Children excessive weight • Bowel Cancer Screening • Asthma admissions are 38% higher than the average • Self-harm in young adults is 70% higher than the average • Unplanned hospitalisation for chronic ACSC • The rate of premature mortality from all causes 	<ul style="list-style-type: none"> • Unemployment 7.4% higher than England • Life Expectancy • Children excessive weight • Cancer Screening for Breast, Cervical and Bowel • Self-harm rates for 10-24 year olds is 3x the England Average • Unplanned hospitalisation for chronic ACSC • The rate of premature mortality from all causes

ACSC = Ambulatory Care Sensitive Conditions

Figure 3 – Poorer health and care indicators

- 3.14 The interim estates strategy will support several of the 5-year priorities, as agreed by the Health and Care Partnership, particularly the Social Regeneration and Integrated Neighbourhood Teams programmes, both of which focus on place-based solutions and utilising our resources differently, including our collective assets, to support our communities' health and wellbeing.

Social Regeneration

- 3.15 The primary objective of the social regeneration programme is to address health and wellbeing of our communities by rethinking our approach and focusing on place-based solutions that fit outside of statutory health and care provision and in the wider determinants of health. This is because we know the impact of health outcomes is heavily determined by the wider determinants of health, which impacting 80% of a person's health outcomes, opposed to 20% which are determined by clinical care.
- 3.16 As part of this programme, we are working in collaboration with wider system partners, including businesses, and all sectors to address the wider determinants of health, working together to build capacity and resilience within our communities, matched by mechanisms that ensure the effective delivery.
- 3.17 Our social regeneration approach is rooted in inclusivity, collaboration, and sustainable development. By actively engaging with stakeholders, listening to the voices of our residents, and forging strategic partnerships, we aspire to co-create innovative solutions that bring about lasting change for communities.
- 3.18 The interim estates strategy will support this work programme and presents us opportunities to collaborate with all system partners around estate usage and the potential to deliver holistic interventions, beyond health within our asset base.

Through this work programme and new relationships with wider partners, we also have the potential and opportunity to expand our current asset base and delivery of health in alternative, community settings which aren't currently captured within our estate assets.

Integrated Neighbourhood Teams

- 3.19 As outlined in the Fuller Stocktake report in 2022 there is a vision to help transform primary care through the introduction of integrated neighbourhood teams (INT) that aim to lead change. At the heart of integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. Medway Community Healthcare have been exploring their operating model and looking at future form to align with the emerging health and care vision.
- 3.20 In line with the vision of INTs, building on the success of collaborative working with primary care, and adopting a self-empowered and integrated team approach, a new operating model is under development to deliver integrated, person-centred care out of hospital to achieve the following aims:
- Reduce admissions.
 - Provide earlier, safe discharge.
 - Provide in-reach care to improve continuity and outcomes.
 - Organise services to support a joined-up approach to address individuals social and health needs.
- 3.21 Widescale transformation will be managed through the INT clinicians and supporting teams. The new model will seek to support patient pathways, drive efficiencies, look to enhance current ways of working and achieve health improvements for the local population based on population health need.
- 3.22 Local care will be delivered by health care teams that operate across primary and community care settings, responding to the specific needs of their "neighbourhood".
- 3.23 This will see us bring health, care, voluntary sector, and wider services together to provide services at a local level (at locality level) through the co-location of multi-disciplinary professionals and organisations as neighbourhood teams.
- 3.24 The new INTs that will support current PCN framework across Medway have been agreed as:
- Strood and Peninsula
 - Gillingham
 - Rainham
 - Lordswood, Wayfield and Weeds Wood
 - Rochester and Chatham Central.
- 3.25 The diagram below shows a visual representation of the vision of Integrated Neighbourhood Teams:



Figure 4 – Integrated Neighbourhood Teams

Acute Hospital services

3.26 The NHS Medway Foundation Trust Estates and Facilities Strategy followed the launch of their Clinical Strategy. A key strand underpinning the estates strategy is a fully integrated development control plan which aims to enhance site access and connectivity, both internally and externally.

3.27 The strategy prioritises improving functional flow and spatial quality within hospital facilities while integrating green infrastructure. An extensive hospital maintenance programme, green and sustainable programme and demanding capital programme has been incorporated into these plans as well as key priorities such as Endoscopy provision, car parking, access and reduction in carbon emissions. The Trust's overarching goal is to create a more accessible, efficient, and sustainable hospital environment that enhances the well-being of patients, staff, and visitors.

4. Medway Healthy Living Centres

4.1 The interim estates strategy for Medway and Swale outlines utilisation of the four existing Healthy Living Centres across Medway. The healthy living centres currently host a variety of primary, community and diagnostic services situated in Medway. These facilities were established and built through the NHS LIFT programme, a collaboration between public and private sectors, and were initiated during the life of Primary Care Trusts, to enhance primary and community care facilities. The healthy living centres are Lordswood, Rochester, Rainham and Balmoral Gardens in Gillingham.

4.2 A fifth Healthy Living Centre has recently been approved in the Pentagon Centre in Chatham. This new £15m development builds on the Health in the High Street model and will provide purpose-built space for two primary care practices as well as a comprehensive array of community health, outpatient clinics, and other health and care services, making services more accessible to the local population. It is scheduled to complete by the autumn of 2025. Unlike the four existing healthy living centres, this has been funded primarily through central NHS capital funds with some additional funding from Medway Council and Section 106 contributions. It is

an excellent example of the NHS and local authority working collaboratively to address health care needs for the local population.

- 4.3 These properties are among Kent and Medway's best healthcare estate, with modern facilities and minimal backlog maintenance, as this is funded through the current contractual arrangements with the LIFT Co.
- 4.4 However, it is recognised that utilisation rates within these centres have decreased and are currently poor, with considerable void (unused) space - 9% in Balmoral Gardens raising to 22% in Rainham. This is primarily due to recent increases in service charges and other significant costs relating to inflation, plus the fact that rent for these buildings also includes funding to manage backlog maintenance, rather than let it grow which has historically been the case in many other NHS and public sector buildings. This is not a localised issue and is impacting on buildings across the NHS.
- 4.5 Void space has to be funded by NHS Kent and Medway. This is a waste and the ICB and Health and Care Partnership are currently undertaking a piece of work to identify potential options to support current and future tenants and significantly improve utilisation, whilst also recognising the need for contractual equity across providers. We are also looking at how best utilisation can be improved through greater collaboration with other partners such as the voluntary sector and Medway Council.

5. Medway and Swale Estates Mapping

- 5.1 Increasing utilisation of existing estate is a priority for the Health and Care Partnership. A mapping exercise was undertaken early in 2024 to understand the estate available across both Medway and Swale and the current services that take place in each of the Primary Care Network (PCN) areas.
- 5.2 Through information supplied by Medway Voluntary Action the Health and Care Partnership were also able to identify the voluntary services across Medway and Swale and break these down further to show the number of Voluntary and Community Sector (VCS) groups being provided in each Primary Care Network area (PCN). A database has been created which identifies the estates available to hire across Medway and Swale, owned by the Voluntary Organisations. This enables collaboration between health and the VCS, providing support to the sector bringing additional services within communities.
- 5.3 As a principle, space in existing estate will be considered for any 'new' space requests before any alternative options are explored.

6. Sustainable developments and securing developer contributions

- 6.1 It is our responsibility to ensure health services and all future proposed developments are sustainable from a revenue affordability, capital investment and workforce perspective. We must ensure that, wherever possible, we maximise the delivery of care close to where people live, and that existing and neighbouring residents' access to NHS health and care services is not disadvantaged by new developments.

- 6.2 Developer contributions play a key part in the delivery of sustainable development, ensuring that health infrastructure is delivered in a timely manner, and is appropriately situated and accessible. Put differently, developer contributions are needed to fund health and care infrastructure which supports sustainable population growth.
- 6.3 Historically, Kent and Medway commissioning organisations have had variable results in securing Section 106 funding and Community Infrastructure Levy (CIL) funding. In areas where this funding has not been secured, it has inevitably resulted in lost opportunities. More recently however, considerable effort has been made to develop strong partnership arrangements with local planning departments across the county and this is now starting to bear fruit. In particular, the Primary Care Team have developed good relationships with local planning departments to help secure funding for GP practices. However, we are also starting to move away from developing individual organisational establishments and more towards multi-purpose buildings with primary, community, mental health and other services all being under one roof.
- 6.4 Both the Ministry of Housing, Communities & Local Government (MHCLG) and NHS England have clearly highlighted the potential for NHS Trusts and ICPs to gain greater contributions towards healthcare through S106 and CIL funding of up to £200m across all the ICSs per year. This can be achieved through effective engagement with local authorities and data driven models to quantify demand across multiple healthcare services. Current tools and methods used to secure contributions are limited and out of date, leading to an increase in reliance on external consultancies to provide evidence on a case-by-case basis. This is not only expensive, but also limits an ICS's ability to capitalise on the significant opportunity to secure much needed funding towards healthcare.
- 6.5 Therefore, to promote sustainable development and secure maximum developer contributions, NHS Kent and Medway is in the process of finalising the production of a Developer Contributions Guide, which will set out the developer contributions that may be required by the NHS to support population growth brought about by the significant increase in housing developments, thus mitigating any adverse impacts on local health and care services. The ICB is currently seeking the input and comments of local planning departments and a final version of the Developer Contributions Guide will be published in early autumn.
- 6.6 Alongside the production of the Developer Contributions Guide, NHS Kent and Medway is also rolling out its 'sidm health' healthcare planning tool. Sidm Health is a unique data analytics platform designed to support integrated healthcare estates planning with a population health-led approach. Over the last 6 months, we have been working with local councils' planning departments and provider NHS Trusts to populate the toolkit with the necessary baseline information. Each of the councils' planning departments have been provided with a number of licences to enable them to use the toolkit, and super-user training is currently being rolled out. The ICB and Health and Care Partnerships have already started using this information in earnest to inform local authority Plans and required developer contributions, providing much greater clarity on local requirements to maintain effective levels of health and care services.

6.7 Together, we expect the new Developer Contributions Guide and the sidm health estates planning toolkit to deliver the much needed investment into health and care infrastructure across Kent and Medway.

7. Sustainability and our journey towards net zero

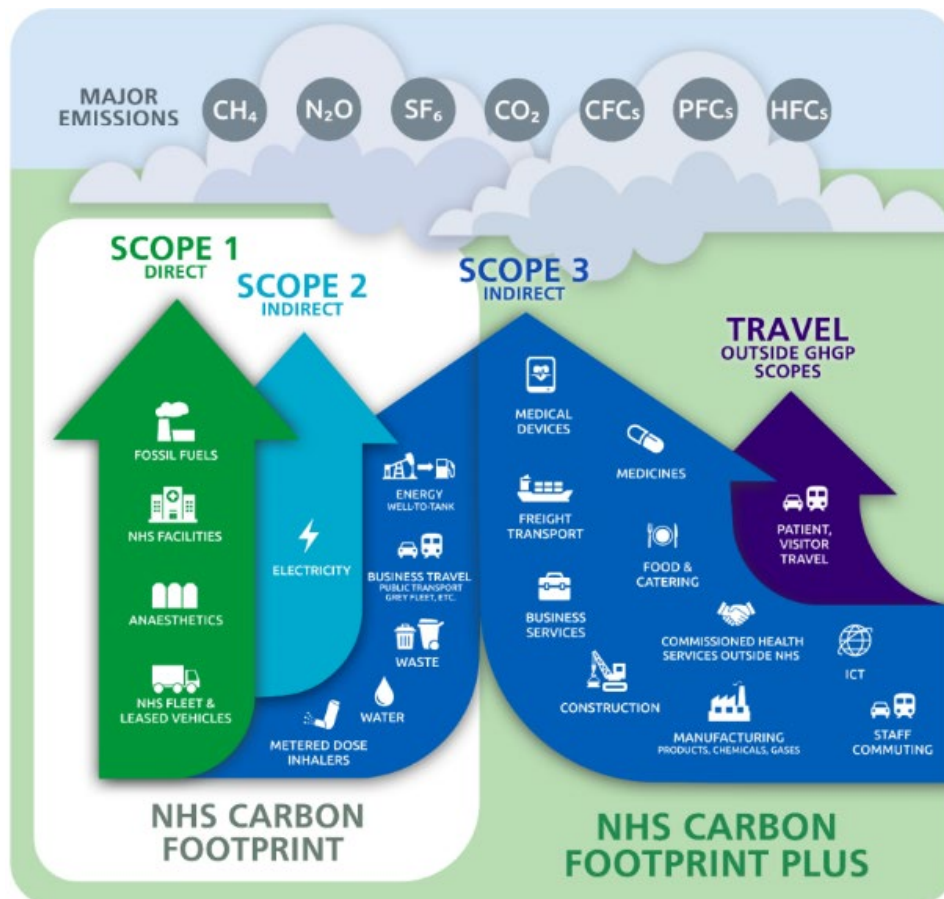
7.1 The NHS in Kent and Medway is taking the impact of climate change on health and inequalities very seriously. Partners are working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions,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

7.2 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.

7.3 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.

7.4 Some of the buildings in Medway are already energy efficient, but many others are not. Our providers are making significant progress in reducing our carbon footprint, though the installation of energy efficient boilers, LED lighting, insulation, but in our much older buildings including for example at Medway Foundation Trust, this is much more difficult. There are four steps to decarbonising our estate:

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



- 7.5 In the last year we commissioned a piece of work to detail the carbon foot printing for much of the NHS estate across Kent and Medway. We are the first system in the country to do this. 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 are now looking to 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.
8. Community Diagnostic Centre (CDC) update for Rochester Healthy Living Centre
- 8.1 As previously reported to this Committee, the vision for CDCs is to enable patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. By delivering a broad range of elective diagnostic services away from acute settings, CDCs provide easier and quicker access to tests and greater convenience to patients. The services are separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation, leading to improved patient experience and outcomes.
- 8.2 Our plan to have a two-site hub and spoke model in Medway and Swale ensures maximum coverage for patients across both geographical areas, with the central hub providing a full range of coordinated services for patients that require multiple diagnostic testing, and the spoke offering additional capacity, the hub to meet the needs and requirements of the local population.

8.3 Rochester phase 1 is operational with phase 2 aiming to be operational by end of March 25.

9. Risk management

9.1 The Medway and Swale Health and Care Partnership Interim Estates Strategy has been drafted with input from Medway Council colleagues. Closer working relationships with both planning officers and other officers of the council will result in greater collaboration and potential utilisation of assets, thereby de-risking both NHS and Council liabilities.

10. Consultation

10.1 There are no consultation requirements related to this report.

11. Climate change implications

11.1 The narrative above and attached interim estates strategy detail how the Health and Care Partnership and NHS in Kent and Medway plan to deliver net zero in line with statutory NHS requirements.

12. Financial implications

12.1 There are no direct financial implications or recommendations relating to the Council in this report.

13. Legal implications

13.1 There are no direct legal implications or recommendations relation to the Council in this report.

Lead officer contact

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Appendices

Appendix 1 – Medway and Swale Health & Care Partnership Interim Estates Strategy

Background Papers

None