



## Medway and Swale Health and Care Partnership

### Interim Estates Strategy

APRIL 2024 to 2029

## Introduction

Local health and care providers and key partners such as the NHS, local government and the voluntary sector across Medway and Swale are working together to meet the many challenges we face around the health and wellbeing of our communities. Many of the challenges we face are not unique to Medway and Swale and are reflected across Kent and Medway and nationally, the area does have significant areas and levels of deprivation coupled with transport and geographical challenges which will influence the needs of the population and care requirements.

The needs and future of the care requirements require us to understand our health and care demands in the context of our local population health, demography and place-based requirements so that the scale and complexity of the challenge we face can be truly understood. Our estate strategy therefore considers current population needs and how the capacity, type and utilisation of spaces will need to change in the future to meet the current and future requirements of our population.

To influence the health outcomes of the population and provide an integrated offer to people and communities the estates need to act as a key enabler to meet the strategic objectives and priorities. This will only be delivered through integrated working with other partners and the communities to deliver an environment and infrastructure that supports excellent patient care through a place-based model that is fit for purpose and flexible to meet current and future demands alongside local, regional and national priorities (including the Long Term Plan, Fuller Stocktake and the Greener NHS programme).

With competing demands over public health finance, it is essential that property assets are suitable, sufficient, and sustainable whilst being as efficient as possible. Opportunities to align assets to deliver the needs of the population is paramount. To achieve this the asset portfolio should be subject to regular reviews aligning the Estates Strategy to the Medway and Swale Health and Care Partnership's objectives alongside the wider Kent and Medway Integrated Care Board's objectives and ensuring that assets are fit for purpose.

The Medway and Swale Health and Care Partnership's Vision is:

*To put local people at the heart of the services we design and deliver, helping local people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.*

5 areas are identified as enablers to the Partnership's Vision and the Estates Strategy needs to ensure that it acts as an enabler for these through the utilisation and development of assets. Three of the five areas have been identified that the Estates Strategy can support which are:

- Listening to local people and our staff to design and develop responsive, effective, equitable evidence-based care pathways.
- Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health).
- Shifting the focus of care from treatment to prevention.

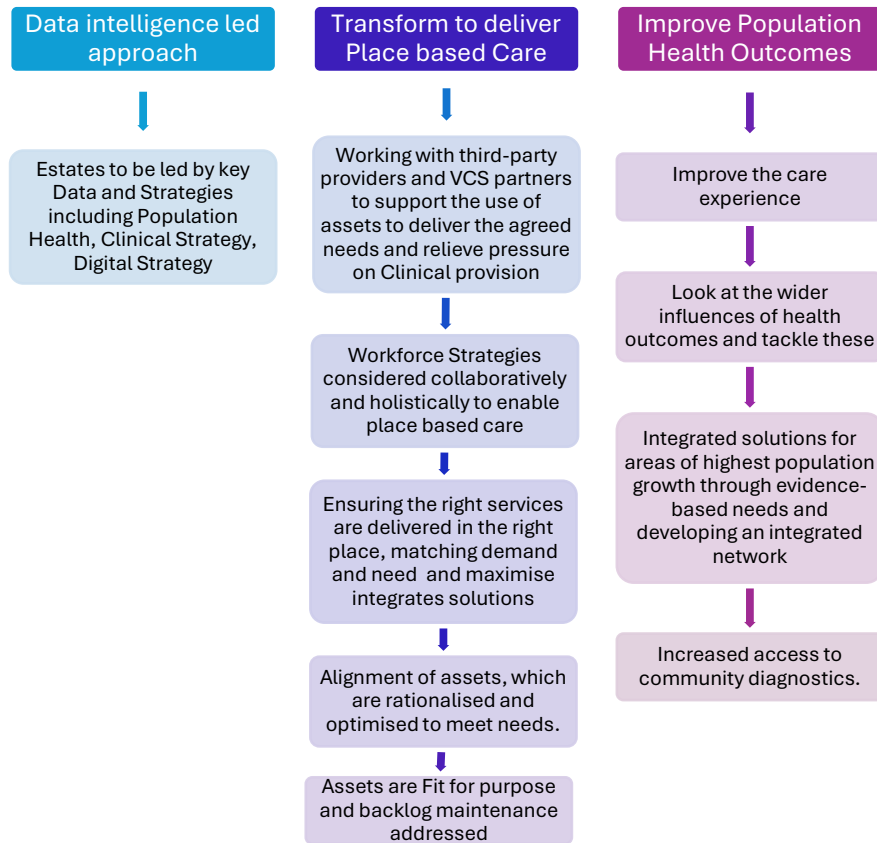
The Medway and Swale Health and Care Partnership's Estates Strategy has been developed in conjunction with all partners with a view that it will feed into the wider Kent and Medway Estates and Infrastructure Strategy to inform the estates decisions for the region as a whole.

The Strategy needs to outline our direction of travel for our assets including our intentions to allow us to determine what we want to achieve, how we make decisions along the way and what actions we intend to complete to ensure our assets enable improvements to the health and wider needs of the population.

The Estates objectives and principles will remain constant for the term of the Strategy to provide a consistent approach to decision making. The Action Plan will be reviewed annually to ensure it is still relevant and the data reviewed at regular points to ensure effective decisions making.

## Our Estates Objectives

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.



## Our Estates Principles

To deliver the objectives of the Estates Strategy in a consistent manner it is important to have established guidance on what principles are to be applied in making decisions and providing solutions to health need requirements. These principles will support the management of assets and allow us to control the development and transformation of the estate to ensure that any changes directly meet the requirements of patients, visitors and staff.



## Where are we now?

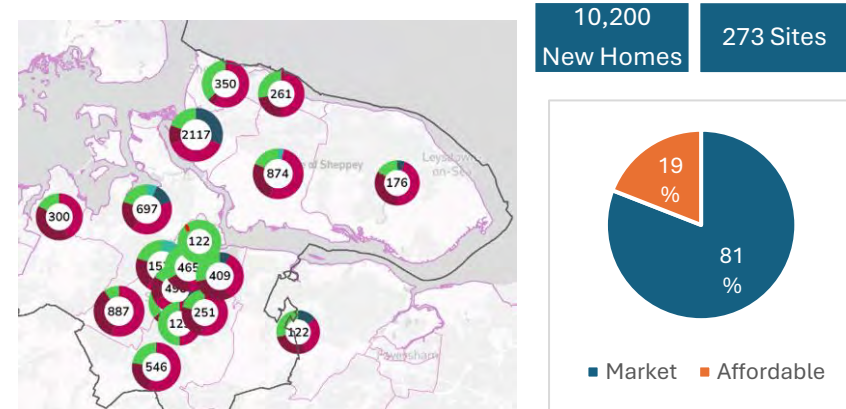
Medway and Swale is a large geographical area within Kent serving a population of approximately 436,000 which is 23% of the overall population in the NHS Kent and Medway area. The population in the region is younger on average when compared to England, and Kent and Medway as a whole. 22% of our patient population are aged under 18 years, 60% are aged 18 to 64 years, and 17% are aged 65 years and over. Most of the population is also classed as White British, with the next largest ethnic group being Asian.

Current predictions available show that the population will grow by up to 8.8% in the next 15 years and the current forecasts show the biggest increase will be in the 65+ age profile and the 15-24 age category. Local Plans for Medway and Swale Councils set out how development in the region will be prioritised and best benefit areas including setting housing requirements for the future population. In addition, they also aim to tackle factors that impact upon the health of the population and look to reduce inequalities and improve the health and wellbeing of residents. The Estates Strategy needs to take into account the priorities set out in each Local Plan now and throughout the term of the Strategy.

Medway Council are in the process of consulting on their new Local Plan which sets out the vision for Medway's growth up to 2040 with a view to adopted this by the Autumn of 2026. Medway 2035 is a document that will complement the new Local Plan and set out the future growth and how it will be delivered. It highlights the growth in the Hoo Peninsula and its villages including Hoo St Werburgh, Grain and Kingsnorth and also the progression of a £170m infrastructure bid dedicated to this area. Medway Council predict that they need to provide an additional 28,500 homes by 2040.

Swale Council have currently paused their Local Plan formal consultation while they await the updated Governments intentions on the Local Plan making. The current Local Plan recognises the concentrations of deprivation on Sheppey and in Sittingbourne. Developments will target the reduction in deprivation within communities and developments aimed at Sittingbourne, Queensborough and Rushenden and Faversham. At the time estimates a target of 13,192 new homes to be delivered by 2031 with 85% of these to be in Sittingbourne and the Isle of Sheppey.

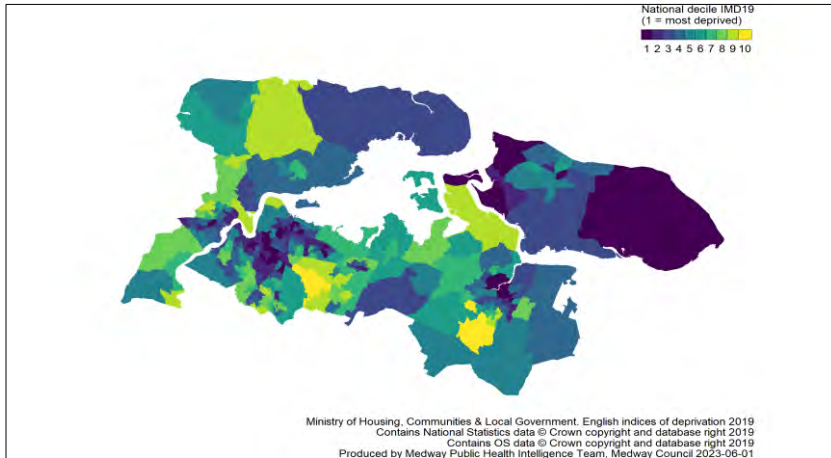
Data collated from the current Local Plans shows that over the next 15 years there will be in excess of 10,000 new homes built and these will be mainly located across the Eastern side of the Region.



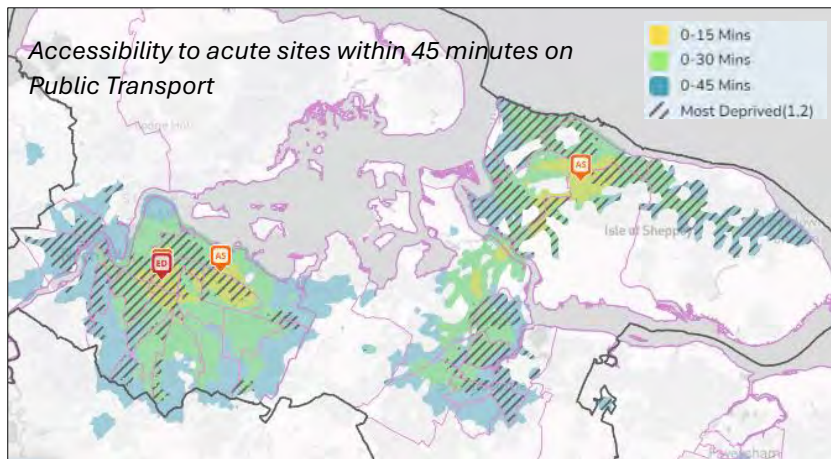
There are differences in health outcomes between males and females, older and younger people, and across geographical areas. These health inequalities are unfair and there are avoidable differences in health status between groups of people or communities. Medway and Swale has some of the highest levels of deprivation in the UK with some wards being in the 20% most deprived areas in the country. 23% more people have an unplanned admission for a chronic condition that could be managed out of hospital, compared to the national average and one year cancer survival rates are 5% lower than the national average.

Deprivation in Medway	Deprivation in Swale
<ul style="list-style-type: none"> <li>On average 34.5% of households in Medway are deprived in one dimension, though this is as much as 47.8% in some LSOA's</li> <li>14.8% of households in Medway are deprived in two dimensions, reaching as high as 40.0%</li> <li>21.4% of Children live in low income families.</li> <li>People in the most deprived 10% have multiple morbidities equivalent to people 10 years older in the least deprived decile</li> </ul>	<ul style="list-style-type: none"> <li>On average 35.2% of households in Swale are deprived in one dimension, though this is as much as 41.6% in some LSOA's</li> <li>15.8% of households in Swale are deprived in two dimensions, reaching as high as 39.6%</li> <li>4.4% of households in Swale are deprived in three dimensions, reaching as high as 18.5%</li> </ul>

Some areas such as Chatham and Gillingham are very densely populated, and others such as the Hoo peninsula and Sheppey by contrast, are quite remote with access to services often difficult for patients, especially for those from hard-to-reach local populations.



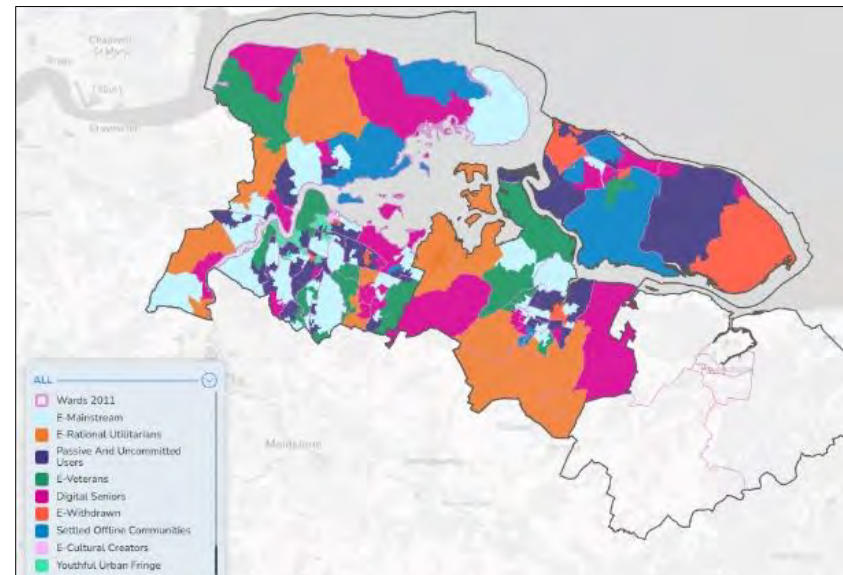
There are inequalities in provision and access across Medway and Swale, typically in the more deprived communities. Access to services for patients can often be difficult for those without their own transport.



Patients who live on Sheppey face a 20-mile journey to Medway Hospital; depending on traffic this can result in a 30-minute drive. Data shows there are lower levels of car ownership which corresponds with higher levels of deprivation on Sheppey, which means accessing services at Medway Hospital via public transport for example, will take longer and incur a cost that many on low incomes may struggle to afford.

Data also suggests that patients from Sheppey are reluctant to travel off the Island. This could be due to a combined lack of access to their own transport, poor public transport or financial constraints.

Digitally excluded people can lack skills, confidence, and motivation, along with having limited or no access to equipment and connectivity.



Digital poverty across the HaCP also needs to be understood to ensure that the Estates Strategy considers this alongside any Digital Strategies. Data collated from The Digital Exclusion Risk Index (DERI) in March 2023 visualises the risk and likelihood of digital exclusion, with the overall DERI score based on three component scores: demography, deprivation and broadband.

This show that Sheppey East, Strood Rural, Peninsula and River areas have the highest levels of digital exclusion.

## What is the Data Telling us – Where is the need?

England's Chief Medical Officer's 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 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.

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.

Work has been undertaken to address health inequalities through our Core20PLUS5 programme. The Core 20+5 programme which is a specific NHS focus to address inequalities in the 20% of the English population who are most deprived. This has helped to identify how estates can support improved models of care and access. The Core20PLUS5 programme is working to tackle health inequalities in the HaCP and has projects aimed at cancer screening and awareness and respiratory services such as spirometry and home oxygen.

Joint Strategic Needs Assessments (JSNA) look at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area. Data is produced by the Public Health Intelligence Teams from Medway Council and Kent Public Health Observatory along with the HaCP and ICB.

Public Health conducted a comparison review with the previous set of priorities (as informed by the Medway and Swale profile v2.1 (2021) with the latest Medway and Swale profile v4.1 (2023) to indicate priorities for the

Health and Care Partnership going forward, examining what has changed and comparing with national averages.

RAG rating compared to England in 2023 vs 2021 which shows that many indicators are now worse than they were 2 years ago as shown in the first column and the shaded squares.

	<b>Worse than England 2023</b>	<b>Similar to England 2023</b>	<b>Better than England 2023</b>
<b>Worse than England 2021</b>	Childrens Excess weight Epilepsy admissions <19 Bowel cancer screening Hypertension prevalence Depression Prevalence ACSC admissions Under 18 conceptions Life expectancy (female)	Adults excess weight Physical inactivity adults	
<b>Similar to England 2021</b>	AE attendance (0-4) Diabetes admissions <19 Breast cancer screening Life expectancy (male) Circulatory mortality <75	Asthma admissions <19 Prescribed antibiotics Low birth weight Smoking prevalence Infant mortality Mental Health Admissions (0-17)	
<b>Better than England 2021</b>	Self-harm admissions (10-24)	Osteoporosis prevalence Substance misuse admissions (15-24) Suicide rate (persons) Suicide rate (male)	Cervical cancer screening CHD prevalence (all ages) CHD prevalence (18+) Stroke prevalence Falls admissions >65 SMI prevalence

The population health data for Medway and Swale shows the current themes:

The local survival rates for cancer are among the lowest in the country with premature mortality from cancer in Medway being higher than England.	Local survival rates for cancer are among the lowest in the country with two lowest lung cancer survival rates.	A third of children aged 10 to 11 are overweight or obese and these children are more likely to stay obese into adulthood.
Over two-thirds (69%) of adults in Medway are classed as being overweight or obese.	In Swale, over a fifth (21%) of people smoke, which is significantly higher than England (14%). Medway's is similar to the national average.	The HCP has a high prevalence of hypertension (high blood pressure); and the prevalence of diabetes has been consistently higher than the average for England for a number of years.
There is a higher rate of suicide, particularly in men, than nationally and there is a 2% higher prevalence of depression	The rate of adults (aged 18+) classified as overweight or obese in Medway and Swale is worse (70%) than England (63%).	For every mile travelled between Sittingbourne and Sheppey) the life expectancy reduces by 255 days resulting in 8.3 years difference in life expectanc.
48.8% of people in Sheppey are economically inactive compared to the UK national average of 21%.	Across Sheppey, the percentage of people having 'very good health' is lower than the national average.	By 2038, 25.3% of homes in Swale will require an adaption to deal with health and care demands
Life expectancy in Medway is significantly worse - Smoking, obesity, alcohol and poor mental health are lifestyle issues which impact on health inequalities	It is estimated that approximately 16% of people in Medway have a common mental health disorder such as depression or anxiety (similar to the England average).	

### Current Trends for Highest Concern Areas:

Information extracted from the Medway & Swale Health and Care Partnership Profile v4.1 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 ICS region.

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

Following a review of the data and the individual indicators alongside the severity of change between data sets and the possible causes a number of priorities were recommended to the HaCP Board. In support of the data the following clinical pathways are being prioritised in 2024/25 for the region:

- ACSC (CVD, COPD & Heart Failure)
- Diabetes
- Cancer, early diagnosis
- Self-harm 10-24 years
- Frailty

## Emerging Themes and Headlines

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.

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

## Current Estate Picture and implications

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. An Estate that isn't fit for purpose, which is under-utilised and that has outstanding 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 region, direct investment strategically, and encourage the occupation of better-quality assets and the disposal of poorer quality estate over time.

The current Estate across Medway and Swale includes the following:

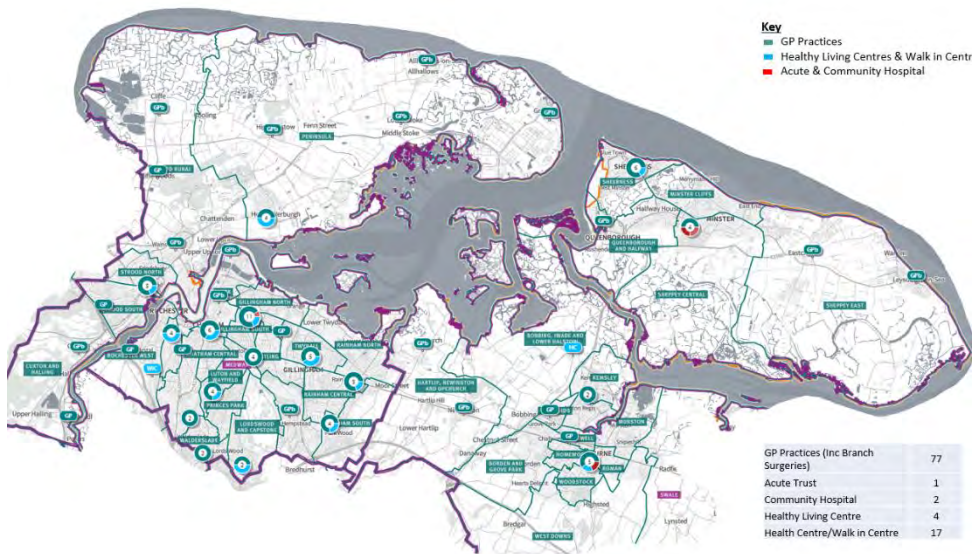
Asset Category	Number of Assets
GP Practices (Inc Branch Surgeries)	77
Acute Trust	1
Community Hospital	2
Healthy Living Centre	4
Health Centre/Walk in Centre	17

The ownership of the Estates across the region is varied and work is being undertaken to verify the asset information, but the following table shows the most recent Estates Returns Information Collection (ERIC) data and the asset ownership for the Regio and its providers:

Ownership	Number of Assets
NHS Property Services	26
CHP	4
Medway Foundation Trust	3
Medway Community Healthcare	3
Kent Community Health NHS Foundation Trust	2
Kent and Medway NHS Partnership Trust	2
Soth East Coast Ambulance Service	2
North East London NHS Foundation Trust	
Other	26



The map below shows the spread of the estates across the region and illustrates the density of facilities in the central regions.



Medway NHS Foundation Trust (MFT) provides Acute care in Gillingham mainly from its single Acute Site. The current Estates centres around an ageing building that is not fit for purpose and has a backlog maintenance requirement of £120,000,000. MFT have recently undergone an Estates Review to provide an accurate informed picture of their assets. This will inform an action plan that will look to provide care in fit-for purpose assets in-line with their Clinical Strategy.

Medway Community Healthcare (MCH) are a social enterprise that provides a wide range of high-quality community services, both NHS and non-NHS, across health and social care. MCH provides clinical care across 23 sites which are mainly leased and have the benefit of the 4 purpose-built Healthy Living Centres.

Kent and Medway NHS Partnership Trust (KMPT) provides a wide range of adult mental health and learning disability services to the local population of

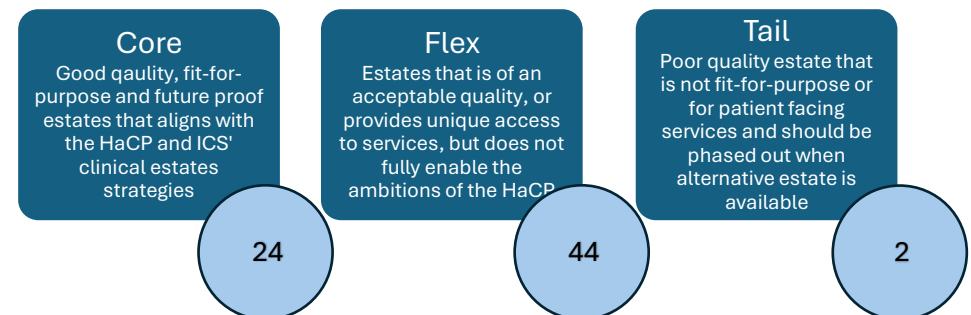
1.8 million people in Kent and Medway, as well as specialist services for adults in Sussex and Surrey.

Kent Community Health NHS Foundation Trust (KCHFT) provides care for people in the community and in a range of different settings, including people's own homes, nursing homes, health clinics, community hospitals, urgent treatment centres and mobile units. They one of the largest NHS community health providers in England, serving a population of 3.6million across Kent, East Sussex and London.

Organisation	Gross Internal area (m2)	Total void space (m2)	Non-Clinical Space (m2)	Backlog Maintenance Cost	Operational running cost
<b>KCHFT*</b>	44,617	609	23,249	£30,952,379	£16,323,024
<b>KMPT</b>	7,640	2,268	-	£2,469,033	-
<b>MCH</b>	4,008	769	950	-	-
<b>MFT</b>	97,385	11,679	27,975	£120,000,000	£22,500,000

\*Data taken from Kent and Medway ICS Interim Estates Strategy.

Work has been completed to categorise the Estate, including GPs, into three groups 'Core', 'Flex' and 'Tail' in line with the NHS Estate Toolkit. This will inform investment prioritisation; directed to the right assets, drive efficient building use and disposal of estate which is no longer suitable. The Health and Care Partnership need to review this initial categorisation and then use this data to drive transformation of services and assets from 'Tail' to 'Core'.



N.B Numbers taken from latest ERIC data submissions and reflect those assets that have been given a rating.

## GP Estate

There are currently 51 GP practices across Medway and Swale and work has been done to review the GP Estate with the use of the PCN Estate Toolkit. This has shown the current profile as follows:

Area	No. of Practices	No. of Premises *	NIA (m2)	% estate owned by GPs	Backlog Maintenance Cost **	Core/Flex / Tail ***
General Practice – Medway	34	59	14,800	39%	£766,343 (64.4% of Practices)	42 Core 17 Flex
General Practice - Swale	12	18	5,000	33%	£231,674 (55.5% of Practices)	10 Core 8 Flex

\*Count based on practice premises – this will count some buildings more than once where more than one practice is located in same building (i.e. HLC)

\*\* Backlog Maintenance as captured in the surveys for Current and forward maintenance as at 2022

\*\*\*Tail category used only where approved closure or outline/full Business Case approval received and clear timeline for build.

## Healthy Living Centres

There are four Healthy Living Centres across the Medway & Swale regions hosting 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, was initiated to enhance primary and community care facilities.

The four buildings based in Medway are:

Site	% of VOID & Bookable Space
Balmoral Gardens	9.6%
Lordswood	14.5%
Rainham	22.9%
Rochester	15.5%

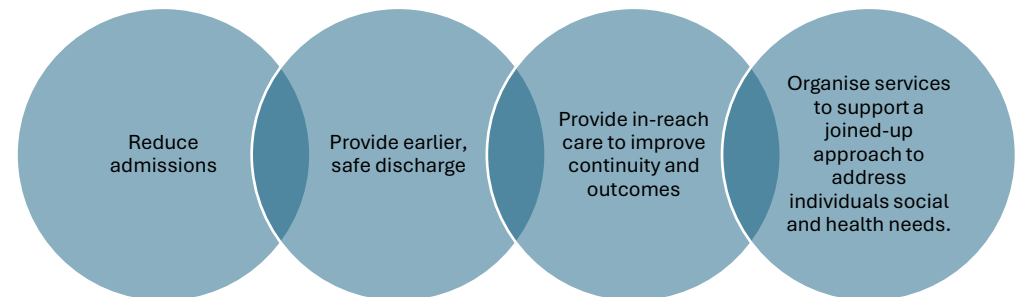
These properties are good quality, purpose-built health accommodation but as the table above shows there is known VOID space, and the bookable space is not used effectively. Currently an area of focus is the opportunity to maximise the utilisation of these sites and this needs to be a consideration along with VOID space across the region as the first solution for new space request through the Estates Forum.

## Medway and Swale Local Care Model

Primary care networks include groups of general practices working together, and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services to offer more personalised, coordinated health and social care. There are currently 10 Primary Care Networks (PCNs) that cover the area with 8 located in Medway and 2 located in Swale.

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 that should 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.

In line with the vision of Integrated Neighbourhood Teams (INT), 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:



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.

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”. 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.

To enable locally driven coordination of services working with the geographical structures of PCNs and their member practices, Integrated Neighbourhood Teams need to be organised to deliver care closer to home, working with local primary care practice teams and aligning to practices within PCNs, Healthy Living Centres and reduce the need for patients to travel across Medway and Swale. To enable the community Neighbourhood teams to work with primary care networks in Medway these can be structured into six localities for Medway and Swale:

- Strood and Peninsula
- Gillingham
- Rainham
- Lordswood, Wayfield and Weeds Wood
- Rochester and Chatham Central
- Swale



## Estates as an Enabler - Priorities from our Strategies

### Our Estates as an Enabler

Our estates should act as an enabler to allow delivery of high-quality care and support in the right place that is fit for purpose facilities and improves the experience for our residents.

Through the understanding of the condition of our estate along with the needs from the population health data and clinical strategies we can co-ordinate and prioritise our Estates Actions across the region. The Estates Strategy will deliver a real impact on health outcomes in the region by working collaboratively to agree and commit to progressing the actions when we recognise that there will be various and sometimes competing requirements across the region.

### Asset Intelligence

Understanding how the current estate portfolio is performing is important and requires high quality data for each asset, matched against expected performance criteria and an effective reporting methodology. Embedding this approach into the way we work and developing greater intelligence about the asset portfolio will be a key focus for the Health Care Partnership to ensure that the estate is sufficient.

The Estate should be reviewed on an ongoing basis to ensure that the right assets are in the right place to deliver services. Establishing whether an asset is right for the needs of the Health Care Partnership and its needs should be based on the population health data and just be limited to the asset performance as there is a need to test the sufficiency of the asset to fit with outcomes and needs of the population.

The focus on developing a more flexible and agile estate and workforce means there is a need to be data and intelligence driven to ensure decisions are evidence based. An environment that is encouraging and enables

innovation requires flexible spaces for services to collaborate with other partner organisations, the wider one public estate and the voluntary sector.

## Digital Enablement to improve Population Health Outcomes

The Health Care Partnership recognise the importance of their digital strategies and the ambition to develop digital solutions that will impact on the use and number of assets required to deliver effective health care services.

The ICS Digital and Data Strategy is being developed with a view to ensure that the digital and estates strategies are aligned. The Digital Strategies for each provider will be developed and will take into consideration the adoption of new technology but also feed into the consideration on the suitability and need to retain assets.

In line with NHS England design principles moves should be made to ensure a public cloud first approach to remove on premises data centres and reduce the carbon footprint of our estates. The Estates Strategy needs to facilitate the creation of places that support improved digital access to systems to provide easy, accessible patient experiences and embrace emerging digital technologies that have a proven record of delivery.

## One Public Estate and Voluntary Sector Collaboration

Medway and Swale Health and Care Partnership is committed to supporting engagement with our One Public Estate Partners and the voluntary sector to explore potential co-location options and optimisation of our joint assets to meet the needs of the population. Working collaboratively, we can explore the potential for creating efficiencies across organisational assets. Through the current Medway and Swale Voluntary and Community Sector Strategic Framework we will look to build strong and resilient communities supported by a thriving Voluntary and Community Sector putting prevention at the heart of health and care services. The framework is seen as essential by the Medway and Swale Health and Care Partnership (H&CP) and that the skills and capacities of the VCSE are recognised and supported in order that VCSE

organisations are acknowledged as having distinct features which enable it to make contributions to health and wellbeing within the local communities. There is recognition that we need to strengthen our collaboration with the VCSE to change our local infrastructure and respect and accept the different and valuable skills that each organisation provides.

This framework will build on the work of the Memorandum of Understanding (MoU), a written agreement between statutory, public, voluntary and community sectors and other partners of how they will co-operate aims to go further in setting out a number of actions that will help us achieve our shared aim of strong and resilient communities supported by a thriving Voluntary and Community Sector (VCS).

### *Local Government Partners*

Medway Council are developing their Integrated Hubs Review project which aims to improve the range of services offered to Medway's communities by:

- Using data from across the Council to forecast future needs to enable structured, informed prioritisation and planning, delivering value for money for the Council.
- Identifying potential options for co-location, consolidation and repurposing of services

The scope of the project is to expand the services and reach of front facing hubs through asking a number of questions:

- How can their Hubs allow residents the ability to access Council services (in person or through digital means)?
- How can they deploy their resources better to match the needs of our communities?
- How can their services make better use of the Hubs to increase and improve their reach into communities?

It is recognised that this is a long-term project, which will have several phases of work, which may include developing a business case for capital investment if it is decided that purpose-built premises may offer better opportunities.

In November 2023, Kent County Council approved the Kent Communities Programme. This programme used a data-led approach to identifying the level of need for services across the County and then set an estate strategy around that need. This led to, the potential disposal of a number of assets to deliver revenue savings and focussed service delivery in areas of corresponding need. Kent County Council will continue to monitor need through the use of data, will seek to combine understanding and analysis with key partners in order to develop a collaborative approach to estate utilisation.

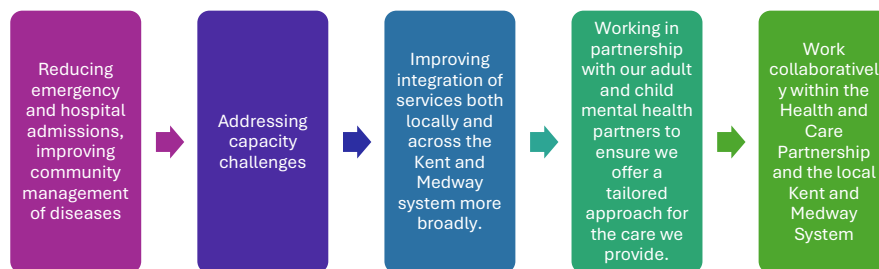
## Clinical and Provider Strategies

MFT as the Acute provider have recently published their revised Clinical Strategy which sets their direction for the next 10 years defining how they intend to advance and innovate to provide the best possible healthcare services for the people of Medway and Swale (Sittingbourne and Sheppey).

The Clinical Strategy also looks to offer care in new and accessible community-based settings for the patients of Medway and Swale alongside the development of the hospital site to treat and provide more complex treatments and emergency care to ensure patients receive timely treatment in the most appropriate and accessible location.

It recognises that they will be a data driven organisation and they will look to drive care through patient pathways to ensure the provision of the right care in the right place each and every time. This approach will ensure close links are fostered with colleagues in public health to promote health and prevent illness and health inequalities.

Their strategy uses a Patient First ethos and methodology by:



KCHFT have set out their ambitions in their 'We Care Strategy' that outlines their vision for their services. Their Ambitions look to deliver their care through putting their communities first to reduce Health inequalities and provide better access to care. Through the focus on recovery and rehabilitation pathways, development of Integrated Neighbourhood working and rethinking their community hospital model to ensure that patients get the right care in the right place. Finally, their sustainable care drivers will look to make better use of their estates and take advantage of digital transformation.

KMPT have set their intentions in their Strategy to deliver brilliant care through brilliant people. Their Ambitions seek to drive their services to person-centred care that provides improved access, work with Partners to focus on location-based care that delivers the right care in the right place and at the right time.

## Digital Strategies

The landscape of Health Care has shifted since COVID-19 and the changes that were made by the sector in response at that time. Digital strategies need to be integral to the providers and regions priorities to act as an enabler to deliver wider improvement. Digital transformation should address the most important needs of patients, our wider population health needs, and our staff. Proven new technology that is focused on its delivery in and backed by a clear vision for the future that can support the delivery of high-quality care to the population of Medway and Swale, using digital, data and technology to improve safety and efficiency, reduce inequalities and improve access to healthcare. The Estates Strategy should enable integrated care systems to securely share patient data and other health related information across our providers. This will enable and support agile working to allow access across all the regions sites and providers to provide Place Based Care where it is needed.

Current feedback on the new Strategy have outlined six things that to achieve:



## Workforce Strategies

Introducing a collaborative approach between all Partners to the right workforce planning and management will be key to enabling the right care in the right place. A Workforce Strategy for the Health and Care Partnership should be developed, aligned to the other key Strategies, which recognises the challenges and issues for the region with particular reference to Workforce shortages, predicted future workforce needs and to further enhance collaborative working with wider partners to provide non-clinical care.

## Green Plans

All NHS providers are required to set out their plans to deliver the targets set in Delivering a Net Zero NHS, to be net zero by 2040 for all emissions under our control with an ambition to reach an 80% reduction by 2028. In addition, there is a target to be net zero by 2045 for emissions we can influence with an ambition to reach an 80% reduction by 2036. To achieve these targets, we will need to embrace new ways of working and our estates are key to the delivery of this. The Green Plan outlines how we will aim to reduce our emissions and improve our monitoring and reporting of emissions. It also provides actions to be taken relating to each module of the Sustainable Development Assessment Tool (SDAT). Clear targets have been set out and include the driver to reduce direct emissions from owned or directly controlled sources. Estates implications that need to be considered are wide ranging but include areas such as:



# Current Programmes and considerations

Medway and Swale are already delivering projects to help address some of the issues across the region and some examples are below.

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 of Minster Medical Practice (currently located in the Healthy Living Centre)  
Estimated to complete in 2025

Chatham Healthy Living Centre This project will provide purpose-built space for two general 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" providing footfall and supporting regeneration, whilst also providing healthcare to a region with significant health inequalities.  
Estimated to complete in 2025

Balmoral Healthy Living Centre - Investment into the site to create a paediatric audiology suite for the local population to help reduce the current long waiting lists.  
This is due to be complete in 2024.

Medway Marke Ready Centre is a new fit for purpose Ambulance Station in Gillingham that will allow Medway Ambulance Station move to a new operating model and deliver significant time savings for ambulance crews.

Rochester Health Living Centre – Phase two of the Community Diagnostic Centre (CDC) spoke project to support CDC Hub at Sheppey Community Hospital. This project seeks to increase diagnostic provision in the community, improve accessibility, support integration of care across primary and deliver a better and more personalised diagnostic experience for patients. Works will involve reconfiguring the facility to enable diagnostics to be delivered matched to the local need with the priority initially to provide MRI capacity and then in the longer term to accommodate areas such as mobile CT, breast screening making the best use of the space at the site.

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 complete and now open to patients.

The Frank Lloyd Unit in Sittingbourne was subject to a review in 2020 as a result of the work to improve the clinical model of care for dementia patients. At the same time work a review was undertaken around the demand and capacity needs in Sittingbourne, which focused on the provision of healthcare but excluded general practice, the review concluded that there was no need for additional facilities for care provision in Sittingbourne.

The Frank Lloyd Unit is currently unoccupied, but it should be noted that it forms part of the Sittingbourne's Memorial Hospital site. Therefore, the future of this asset needs to be considered as part of the Estates Strategy action plan. Work should be undertaken to review the potential utilisation of this unit, its functional suitability and any issues arising from the Population Health Management data. An options appraisal is required for the site taking into account the previous reviews and their recommendations but also the current wider needs for primary care.

The HCP is currently exploring a number of possible options for the Frank Lloyd building to be occupied and discussions are at an early stage with a small group currently reviewing these.

MFT are currently working through a proposal to develop an elective surgical hub in the former Debenhams building in Chatham.

## Current Priorities

The following are current known priorities and schemes that may require capital investment through the ICB Capital Prioritisation process or alternatively may require non-capital funding through the relevant provider.

- Increase in endoscopy capacity, Medway Hospital
- Elective theatre provision, Chatham Town Centre
- Phase 2 Rochester Community Diagnostics Centre - Rochester Healthy Living Centre
- Elective Surgical Hub requirements for MFT
- Increased bed numbers to be achieved.
- The Chestnuts Surgery, Sittingbourne– New premises requirement, options being explored (PID supported by former CCG)
- The Medic Care Surgery –options appraisal being undertaken for relocation of the surgery back to the Teynham area (currently temporarily located in Sittingbourne Memorial Hospital)
- Matrix Medical Practice –proposal to relocate to premises in Hempstead.(PID supported by former CCG)

## Healthy Living Centres

Immediate Actions: Collaborate between CHP and the ICS to gain a comprehensive understanding of the services and activities delivered at the LIFT buildings. This data will support a business case analysing current options for the remaining lease term, focusing on:

- Population Health Needs: Review population health data and map it against current sites to assess alignment.
- Space Optimisation: Analyse void space and look at ways to maximise occupancy.
- Flexibility: Review bookable spaces and consider options for reducing costs and improving flexibility and utilisation.

- Lease Efficiency: Review current lease arrangements, exploring potential efficiencies and renegotiations.

Long-Term Considerations: Through a business case process, initiate review of options available at lease expiry (subject to future government policy).

Current considerations available to the Head Tenant include:

- Vacating Premises: Allow the Head Lease to expire and vacate the premises.
- Lease Renewal: Negotiate the renewal of the Head Lease either through or CHP or directly through the ICB.
- Asset Purchase: Exercise the option to purchase the asset.

This work should align with relevant strategies, including the clinical strategy and the data-driven Estate Strategy, to determine the necessity of retaining assets to meet post-2031 population health needs. It is important to note that the Capital Departmental Expenditure Limit (CDEL) needs to be considered as part of the option appraisal.

Community Health Partnerships, through its “Securing the Future” programme will offer support as part of this process to review the long-term future of the portfolio and acting as a key co-ordinator between the DHSC, NHSE, LIFT Cos, ICB and building occupiers.



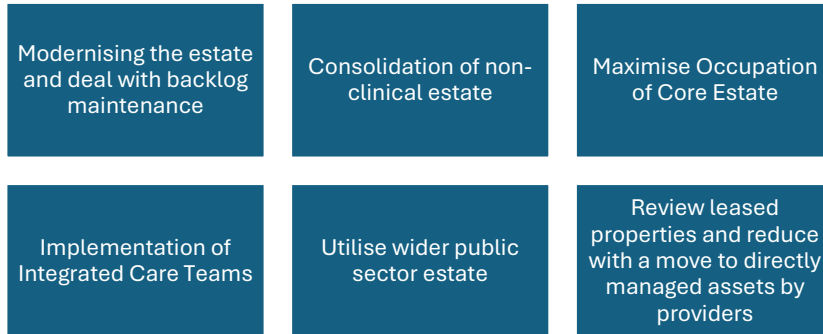
## Risks

Risk Identified	Mitigating Actions
Pressure to reduce budgets across the NHS sites leading to savings targets impacting on ability to make improvements to assets as required. This may impact on the ability of providers to meet their objectives	<ul style="list-style-type: none"> <li>Collaboratively develop space optimisation strategies with NHS Property Companies, ICB, NHS E, and Service Providers to maximise the potential of the existing NHS Estate, reducing the need for additional asset and improvements while still meeting patient needs.</li> <li>Funding will be targeted on maintaining patient and staff safety and will target most critical backlog maintenance.</li> </ul>
Revenue impact of capital investment impacts their affordability	<ul style="list-style-type: none"> <li>Focus on making the best use of existing assets (via utilisation data, sharing of space (booking/charging systems) and refurbishments (rather than new buildings)) The development of all new capital investments proposals will require detailed business cases that set out both capital and revenue affordability. A capital prioritisation process will ensure that the most critical investment proposals are prioritised to receive necessary investment using the limited available funding.</li> </ul>
PHM, ERIC and Asset Data is inaccurate or out of date	<ul style="list-style-type: none"> <li>All partners consistently working to ensure that data input is accurate</li> </ul>

Risk Identified	Mitigating Actions
Backlog Maintenance at MFT of £120,000,000 and no current funding identified to resolve issues	<ul style="list-style-type: none"> <li>Medway Foundation Trust has undertaken a detailed assessment of its backlog maintenance costs and has identified the critical risks associated with this backlog. Using the limited capital available, the Trust has highlighted the most critical areas for investment to ensure patient and staff safety is not compromised.</li> </ul>
OPE Partners all need to make Budget Savings – may lead to cross charging for share spaces and limiting Collaboration opportunities	<ul style="list-style-type: none"> <li>Partners will work together to ensure there is greater collaboration and increased opportunities for sharing space. All projects will be appropriately assessed by project teams whose membership will include finance professionals who will ensure there is no cross charging.</li> </ul>
Failure to meet Net Zero Targets outlined by the NHS due to lack of funding for asset improvements	<ul style="list-style-type: none"> <li>Continue to identify all opportunities to bid for additional decarbonisation funds. Explore invest to save opportunities that will support carbon reductions. Identify all opportunities to reduce and recycle and to procure from more sustainable suppliers</li> </ul>
Higher costs for GP premises developments is leading to schemes not being assessed as value for money resulting in delays to business case approval and delivery of premises schemes.	<ul style="list-style-type: none"> <li>Case by case review of schemes through local and national process.</li> </ul>

## Enabling actions

Developing our 'hub and spoke' locality model of health and care service delivery aligned with the new integrated care networks will see us move towards the right care in the right place.



## Pilot Based Approach

The delivery of an Estate that will drive health outcomes will be approached through an optimised process that is proven to enable change.

The Population data needs to drive forward the decision making but in addition it is recognised that flexibility and joint working are critical to the success of any changes.

Work needs to be done with Medway Council, Swale Council and Kent County Council to review the data and look to deliver a pilot approach where appropriate to drive forward change and deliver a working model for the future. This will allow us to develop an Action Plan to drive forward the required changes.

## Utilisation of Estates

Increasing utilisation of existing estate is a priority for the HCP. As a principle, space in existing estate will be considered for any 'new' space requests before any alternative options are explored.

In Medway, this will include a specific focus on the Healthy Living Centres as it is acknowledged they are currently underutilised. Understanding the barriers to utilising this space will inform options for consideration by the ICB to encourage use of flexible bookable space by all providers including voluntary organisations.

## Decision Making and Governance

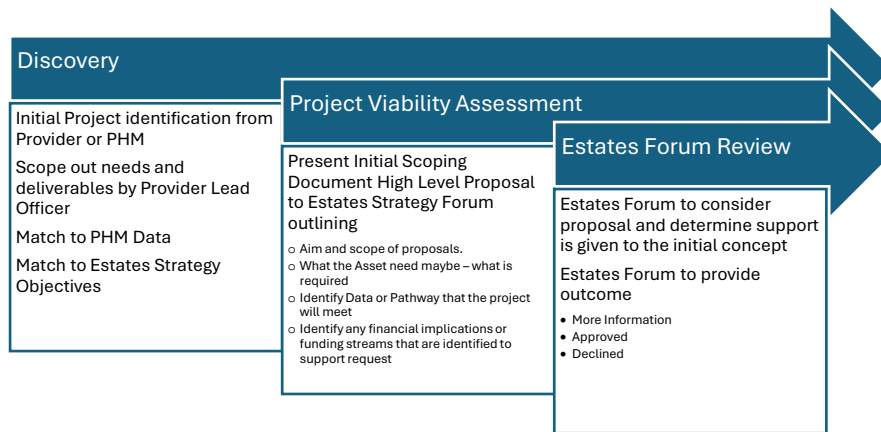
### The Decision-Making Process

A key principle of this Estate's strategy is to ensure that Assets are managed effectively through the adoption of a streamlined 'way of working' for the delivery of the projects, so that time, resources, and investment are directed to the right schemes by:



*We will identify the right projects to take forward at the right time.*

A draft Decision-Making Process is outlined below:



## Action Plan

The Strategic Action Plan describes the specific activities that are needed to achieve our objectives. The actions have been categorised under three key thematic headings – Approach, Place and Data actions. The Asset Management Strategy will be reviewed as required, whilst the Strategic Action Plan will be managed, monitored, and updated continuously to report on progress and achievements.

### Approach

- Agree Top Priority areas and agree a Pilot Project to develop collaborative working.
- Link to Clinical Pathway works being delivered in particular.
- Engage with Local Authorities and VCSE and review joint needs and requirements.
- Establish assets across the region for all of the One Public Estate Partners

### Place

- Review the HLC leases and current offer for the way forward from CHP and develop an independent Business Case to determine the best way forward for these sites and the terms and conditions.
- Undertake an options appraisal for the future of the Frank Lloyd Unit in Sittingbourne
- Undertake a review of all assets and complete an assessment to categorise them into Core, Flex and Tail in line with the NHS Estates Toolkit
- Review all current external leases and identify opportunities to reduce the number of commercially leased properties and/or bring properties back in house and managed by the relevant local provider.
- Improve the utilisation of clinical space and maximise the use of higher quality assets.

### Data

- Determine void and utilisation across all estates.
- Determine space required clinical/non-clinical.
- Challenge the holding of assets and their use.
- Establish Premises Whole Costs and maximise occupancy of lowest cost fit for purpose assets.
- Develop SIDM data to provide a one true version of the data to determine requirements.

# Conclusion

This strategy sets out the shared ambitions of the health and care partnership stakeholders to optimise the estate and ensure the right fit for purpose place-based care is developed. The strategy is outlining the objectives and priorities for the next 5 years to help us deliver the ambitions of the HCP but also those of the wider Kent and Medway ICS strategy.

Translating strategy to delivery is always challenging, it will be necessary to dedicate resources to work with partner organisations to develop the priorities, progress the action plan and undertake an appraisal of local place options for implementation as pilot schemes.

The estate strategy needs to be connected to other system strategies and operational plans (clinical, workforce, digital etc).

Multiple Data sources have been reviewed and it is difficult to get a comprehensive understanding of the issues The data needs to be developed further to ensure that Estates are developed to meet the population health need.

Progress is being made to co-ordinate data with the introduction of the SIDM system, but the data does not cover the entire estate and systems are independent of each other with different requirements and purposes.

The estate data and occupancy is a work in progress and provides a directional overview of our current estate but further work is required.

Continued work with One Public Estate partners to develop a pilot approach to help understand the needs across all organisations and not in a silo approach to ensure that we meet the requirements of the regio with common data and establish a 'one truth'.

Maximise occupancy of our Health Living Centres assets.

Prioritise backlog maintenance on the Core Estate to ensure its Fit for Purpose.

All data used is subject to further verification.