

Health and Adult Social Care Overview and Scrutiny Committee

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Healthy Living Centres

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Summary

In July 2024 the Committee received a paper on the Kent and Medway Strategic Estates plan. As part of that discussion, the Committee requested a future update on the healthy living centres, and in particular actions to improve utilisation. This paper provides the current update on this matter.

1. Recommendations

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

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. Healthy Living Centres in Medway

3.1. There are currently four Healthy Living Centres across Medway: Balmoral Gardens in Gillingham, Lordswood, Rainham and Rochester. These four healthy living centres host a variety of primary, community and diagnostic services for the local population. They 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 in the early 2000's, to enhance primary and community care facilities.

- 3.2. The current four healthy living centres are among Kent and Medway's best healthcare estate, offering modern, fit-for-purpose, quality facilities. The buildings are kept to a high standard as part of the LIFT Co¹ programme and have no backlog maintenance as this is included with the current contractual arrangements.
- 3.3. Community Health Partnerships (CHP) are the head tenant for the four healthy living centres. CHP is an NHS company owned by the Department for Health and Social Care (DHSC). Similar to NHS Property Services, CHP has responsibility for managing various estate assets and in 2013 took responsibility for the 308 LIFT Co properties across England, following the cessation of Primary Care Trusts.
- 3.4. The lease for three of the four healthy living centres is due to expire in 2031, with Balmoral Gardens lease due to expire in 2035. This may seem a long way away, but discussions have already commenced with regards to future planning for these and the other +300 buildings. Currently, under legislation there are two options: the NHS purchase these buildings from the owners at the end of the initial lease; or the buildings are handed back to the owners. There is currently no ability to extend or take out a new lease for these properties, although discussions on this at a national level have commenced.
- 3.5. A fifth Healthy Living Centre in the Pentagon Centre in Chatham is currently under construction. 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 be completed 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. Increasing the utilisation of existing estate

- 4.1. In terms of occupation or usage, there are two ways that services can occupy the four healthy living centres. These are through leasing and 'bookable space'. Leasing provides services with medium to long term occupation of the accommodation and also provides certainty with regard to income and service

¹ LIFT Co – Local Improvement Finance Trust Company – established in 2001 as a public private finance initiative to fund the development of local NHS capital estate programmes.

provision, and for these reasons is much preferred. Short term leasing is also available.

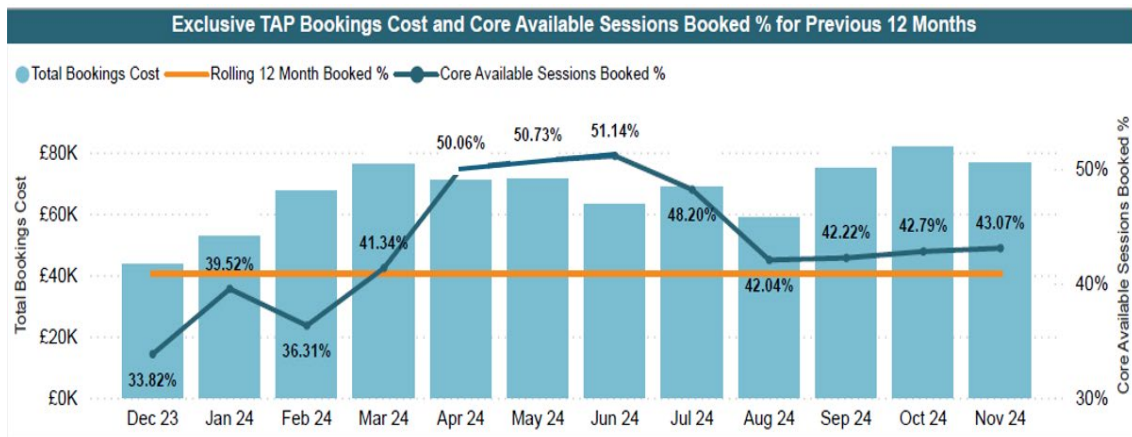
- 4.2. Bookable space provides greater flexibility for services users, but has historically been more expensive and reliant on space being available. Bookable space can either be booked on an ad-hoc basis or block-booked - a number of services block book accommodation over short to medium time periods in preference to leasing.
- 4.3. Table 1 below provides information (as at December 2024) on how the four healthy living centres are currently managed.

Table 1 – Percentage split of internal accommodation

Site	Net Internal Area sqm	Leased / Demised area	Void area	Bookable area
Balmoral Gardens	1,773	88.20%	9.40%	2.40%
Lordswood	2,176	77.80%	1.80%	20.50%
Rainham	2,441	64.70%	20.10%	15.20%
Rochester	2,155	77.01%	4.10%	18.80%

- 4.4. Void space is internal space within the building that is not leased or occupied as bookable space. This includes for example, public areas such as receptions, toilets, cafes, etc. Average void (unused) space is around 13% of total space, but this varies between each site as shown in the Table 1 above. Void space at Rainham is particularly high because there are large reception and open areas within the building that cannot be individually booked. We are currently reviewing how best to address this issue – see further below.
- 4.5. For “bookable space”, which includes all exclusive bookable units along with any bookable space contained with shared areas, utilisation averages out at around 40%, however this is seasonal and varies between 34% to 51%. Fluctuation is also dependant on national and local clinical initiatives such as national screening and vaccination programmes, and specific initiatives to reduce waiting times. Figure 1 below shows the fluctuation across a twelve-month period. More recently, there has been a small increase in the utilisation of bookable space on the back of increased advertising of these facilities within healthcare organisations. However, utilisation is still lower than we would want it to be and remains an area of focus.

Figure 1 - Bookable Space utilisation (all Healthy Living Centres)



- 4.6. The low utilisation of the healthy living centres is primarily due to on-going increases in service charges and other contractual costs relating to inflation, plus the fact that rent for these buildings also includes contributions to manage backlog maintenance, rather than to let it grow, which has historically been the case in many other NHS and public sector buildings². Under-utilisation is not a localised issue and is impacting on buildings across the NHS.
- 4.7. Any unused space (void and unused bookable space) has to be paid for by NHS Kent and Medway. This is an obvious waste of public money and the ICB and Medway and Swale Health and Care Partnership are currently working 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 local voluntary sector and Medway Council.

Pilot utilisation project – Rainham Healthy Living Centre

- 4.8. Rainham Healthy Living Centre is the least utilised of the four properties. It has large void areas, and whilst bookable space is higher than the other three properties this still only averages 52% usage. The ICB is therefore establishing a focused programme of work to improve utilisation rates at this property. This will include how we might best free up some of the current void space to enable it to be bookable or leased on a smaller scale, and also how we might spread service charge costs more effectively amongst users and the ICB to encourage greater occupation, also working with partners including the voluntary sector and local authority. We plan to conclude this work within the next four months and will then use this as a 'blueprint' for maximising utilisation elsewhere.

² Current backlog maintenance across NHS Kent and Medway amounts to over £400m

Medway NHS Foundation Trust

- 4.9. Medway NHS Foundation Trust (MFT) is in the process of developing its estate strategy. This is due to be approved by the Trust's Board later this year. It is evident that there will not be any nationally allocated capital forthcoming from government to enable a new hospital to be built in Medway in the foreseeable future. There is also a significant drive within the NHS to increase care in the community and reduce reliance on acute hospital care where this is not the best interest of patients or services.
- 4.10. This initiative is part of the broader strategy outlined in the Government's 2025 mandate to NHS England. The plan emphasises three major shifts: moving care from hospitals to the community, transitioning from analogue to digital systems, and focusing on prevention rather than just treatment. The aim is also to improve access to primary care, cut waiting times, and enhance urgent and emergency care services. This approach is expected to make the NHS more responsive to patients' needs as well as be more efficient.
- 4.11. As a result, NHS Kent and Medway is currently working closely with Medway NHS Foundation Trust to explore opportunities to deliver more services in the community, particularly within the healthy living centres, freeing up much needed capacity to improve the acute hospital site.

Community Diagnostic Centre (CDC) update - Rochester Healthy Living Centre

- 4.12. An example of permanently improving the utilisation of our healthy living centres is the development of the Community Diagnostic Centre (CDC) in Rochester. As previously reported to the 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.
- 4.13. Not only will this provide an important new service locally, the establishment of the CDC could also act as a springboard to encouraging other (related) services to work from the same facility.
- 4.14. Phase 1 of the Rochester CDC completed last summer, and phase 2 is scheduled to be operational by end of March 2025. Once phase 2 of this project is completed, it will help to increase the utilisation of the Rochester Healthy Living Centre.

Paediatric Audiology – Balmoral Gardens

- 4.15. Building work is at long last due to commence shortly at Balmoral Gardens Healthy Living Centre to create a new paediatric audiology suite. This fairly small development has taken some time to work up, due to contractual

issues that have needed to be resolved, but is expected to be completed and operational by the summer of 2025.

5. Conclusion

- 5.1. The four healthy living centres in Medway are amongst the best community estate in the county. However, they are underutilised, resulting in inefficiency and less than optimal access for local patient and community care. This is primarily a result of increased service charge costs over a number of years discouraging tenants to lease the buildings on a medium to long terms basis. There are also large void areas in some of the buildings. Initiatives are currently underway, to address these issues and encourage services to better use these properties. This includes working with the Council and local voluntary sector. Improving utilisation, and through this, the long-term future of the healthy living centres in Medway is a priority for the ICB.

6. Risk management

- 6.1. There are no significant risks to the Council arising from this report

7. Financial implications

- 7.1. There are no financial implications for the Council arising from this report.

8. Legal implications

- 8.1. There are no legal implications arising from this report.

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Appendices

None

Background papers

None