

**NHS Medway**  
**Estate Strategy**  
**2010 – 2020**

DRAFT

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## Executive Summary

Our vision is that Medway is a great place to live, work and thrive and we will work with our partners to shape the local environment to enable this. Our shared estate is key in developing this vision and this Estate Strategy sets out where we are, where we want to be and how we will get there.

We know that our current infrastructure across all our health partners is not of the standard we want it to be. In the past 10 years we have made substantial improvements to our Estate. We have provided twelve new premises incorporating 18 GP practices and have supported major improvements in a further 19 practices and three community sites. However despite this nearly 70% of our GP premises and over 40% of our community facilities still require significant investment or replacement at a time when NHS funding is increasingly challenging.

We have a portfolio of plans for new or refurbished facilities to address health need, poor and temporary infrastructure and new populations arising from the regeneration agenda locally. We know that our current Estate is in the right place and that our proposed developments are in the right locations although our service model may need changing to reflect the needs of specific populations. We are also keen to ensure local access and our aim is that the majority of our population will be within 10 minutes walk of local services e.g. their GP practice and 10 minutes drive from a wider range of services.

Value for money is essential in the development of this strategy and we will ensure this through a range of mechanisms including working with our partners to ensure appropriate use of all facilities locally; maximising the occupancy usage of our estate; seizing opportunities to rationalise it and endeavouring to make developments as cost neutral as possible e.g. through the use of third party income. We will also ensure we embrace principles around sustainability and carbon reduction.

We have in place in Medway a partnership with the private sector, Medway LIFTCo Ltd and have worked with them to develop the three centres referred to above and are currently constructing a fourth centre which will be open in summer 2010. Together with LIFTCo and with other partners we need to develop specific skills to enable us to more effectively manage the demands of our Estate.

We intend to develop our Estate in ongoing consultation with our partners and local community. We would like your views around the principles set out in this document.

## 1. INTRODUCTION

After our staff, our estate is the major factor which can affect our ability to commission and deliver world class services. It is therefore vital we have a clear strategic direction for our estate. This Estate Strategy sets out the key principles to inform and ensure delivery.

In 2007 the NHS Medway Board approved the following principles around the estate with the intention of incorporating them into a comprehensive estate strategy:

- The development of community hubs providing access to health and other services and leading to greater integration.
- Improved utilisation of accommodation
- Improved training opportunities, impacting positively on recruitment and retention.

This Strategy will develop these principles and enable us to:

- **Identify appropriate locations and facilities for the population of Medway to deliver our commissioning requirements.** These intentions have been agreed to meet local health need with local access as a key principle where appropriate
- **Fully utilise our estate to ensure maximum value for money and appropriate use of resources.**
- **Balance the need for investment in facilities at a time when public spending will be increasingly under challenge.** Where possible to ensure new developments or changes are cost neutral or cost minimal and that overall the programme of investment is value for money.
- **Ensure all facilities from which services are provided are fit for purpose.** Within this will be a need to balance investment where current infrastructure is poor or has limited capacity against opportunities for development to enable innovative service provision.
- **Address national policies around carbon efficiency and sustainability.**

## 2. SCOPE

This estate strategy takes a whole health economy perspective. It covers NHS and non NHS facilities where these affect the delivery of care including:

- **Primary Care Facilities** i.e. GP premises, dentists and pharmacists

- **Community Facilities** including bases for peripatetic services such as district nursing
- **Specialist Community Services** e.g. Children's services and Intermediate Care Beds
- **Acute General Hospital facilities** for both outpatient and inpatient services. We will need to factor into these discussions the desire for local access whilst ensuring greater efficiency and maintaining appropriate control over acute capacity
- **Mental Health Services** for community, outpatient and inpatient services
- **The Voluntary and Charitable sector** especially around the opportunities for co-location and integrated working e.g. the community cafes in the Healthy Living Centres
- **Social Care and Education services where these are best collocated with health.** Opportunities for co-location and collaboration with Medway Council e.g. with Social Services, Education etc

Continual engagement with our partners will need to be undertaken to understand their aspirations and marry them with our own. However this collaboration will provide us with the opportunities to rationalise the use of the wider estate whilst maintaining local access It is consistent with national policy around ensuring better use of facilities e.g. through the "Total Place" explored further in section 3 and "Single Conversation" initiatives. This is a significant piece of work and will not necessarily result in short term solutions but over the ten year period of this strategy will be an influencing factor in the transformation of the estate.

### 3. LOCAL AND NATIONAL TRIGGERS

#### Strategies

NHS Medway's key strategies have been instrumental in shaping this strategy. They include:

- A Healthier Medway (the 10 year strategy for the PCT)
- Strategic Commissioning Plan 2008 – 2013
- Primary Care Strategy 2009
- Health and Wellbeing Strategy

These set out our vision for Medway i.e. for a healthy, safe and productive population where individuals are empowered to take control of their own well being and where individuals and communities have access to the very best quality of health care. These strategies set out

how we will achieve this vision and this estate strategy sits alongside them to complement and enable their delivery.

### **Development and Regeneration Locally**

Medway Council's Local Development Framework Core Strategy and regeneration proposals will see increased development and a growing population in Medway. This brings both challenges and opportunities. Greater collaboration with Medway Regeneration Unit is needed to ensure plans are consistent and that opportunities for funding can be explored and maximised.

NHS Medway has agreed with Medway Council principles around receiving contributions from developers in respect of new housing developments which place demands on existing resources and / or create new demand. The right for a contribution can be either through money or development of a new facility. Medway Council will need to consider whether to implement the new Community Infrastructure Levy which sets a nationally defined figure for contributions. NHS Medway will wish to work closely with the Council in consideration of this.

### **Transforming Community Services**

Transforming Community Services establishes that the Commissioning Authority should maintain ownership and control of the Estate. This is essential to enable delivery of our commissioning intentions especially in utilising new and different providers.

NHS Medway in line with other PCTs is looking to transfer the operational management of the estate to its main provider, Medway Community Healthcare (MCH) as the provider best placed in the immediate future to manage the operational demands. To ensure the effective operational management of the Estate there will need to be a clear understanding of roles and responsibilities. MCH will need to work in close partnership with NHS Medway, Kent and Medway Facilities and Medway LIFTCo as appropriate to achieve this.

### **Total Place**

"Putting the Frontline First" is a government initiative aimed at improving public service outcomes whilst achieving fiscal consolidation. It builds on the recommendations of the Operational Efficiency Programme (OEP) that was published alongside the Budget in 2009. This set the agenda for improving back office, procurement, property and asset management practices. There are three central actions:

- To drive up standards by strengthening the role of citizens and civic society
- To free up public services by recasting the relationship between the centre and the frontline.

- To streamline the centre of government, saving money for sharper delivery

Total Place is part of the third action, and includes managing assets more effectively to release value from public sector assets and state owned property with a more strategic approach to office location.

There are currently five pilots in progress nationally, one of which is in Kent. Medway has had little involvement in Total Place discussions to date as this is currently Kent County Council led and the focus to date has been on asset management within their boundaries. Both NHS Medway and Medway Council are intending to become more involved with this initiative in 2010.

Taking this principle further we will also explore alternative accommodation for delivering and providing services e.g. there are good examples of health provision in retail outlets i.e. pharmacies in supermarkets. Where we can ensure appropriate standards are met, we will look to deliver services from a range of facilities where this enables local access

### **GP Practices**

In respect of GP Practices, NHS Medway's role is to:

- Ensure facilities meet appropriate standards through a mix of support, facilitation and contractual obligation.
- Consider requests for investment to develop individual facilities. This requires a strategic approach, especially as requests can be made at any time and may not be consistent with PCT priorities. As part of this strategy it is proposed that a process be established setting out how requests for investment will be considered and assessed.
- Consider requests for closure and relocation of main and branch surgeries. A revised protocol will be developed which clarifies our requirements and process.
- Work with the Deanery around the expansion of training practices locally. There needs to be greater collaboration between the Deanery and PCT to ensure developments meet strategic objectives A protocol will be developed to address this

### **Medway LIFTCo Ltd**

NHS Medway established Medway LIFTCo (Local Improvement Finance Trust Company) in 2005. This vehicle is a Public Private Partnership whose remit is to develop new or refurbished estate over the next 25 years. Medway LIFTCo has the exclusive right to submit costed plans for new facilities and then to deliver those facilities if they meet the following key requirements:-



- are fit for purpose
- meet our affordability cap
- are value for money
- are not against the law

To date LIFTCo has completed three Community Healthy Living Centres at Rainham, Rochester and Lordswood and have commenced building works at Balmoral Gardens. The PCT is discussing with them new facilities at Canterbury Street, Chatham and Luton. The Strategic Services Development Plan (SSDP) 2006 sets out a range of other developments under consideration. These will be explored further in this strategy. The SSDP is attached at Appendix 1

One of the challenges for LIFTCo will be how they can sustain and develop their business at a time of increasing financial restrictions. They will need to adapt their business to respond to this challenge and to develop their customer base. We will explore with them opportunities for greater collaboration e.g. delivering and assisting in the delivery of schemes through our capital programme and also through the provision of facilities management services to our wider estate. We will work with both Kent and Medway Facilities and MCH around this latter point.

#### **4. VALUE FOR MONEY**

Medway pledges to maximise value for money of our estate by:

- Maximising use of the estate. This will include:
  - Ensuring optimal use of all the facilities in the health economy locally. We will participate in the Total Place initiative which is considering opportunities for co-utilisation of public sector facilities
  - Rationalising the extent of the estate where it can be demonstrated that facilities are not needed or require such significant investment that replacement is more viable
- Determining where new facilities are required and where existing facilities can be refurbished. This is important not just to ensure value for money but also in recognition of the principles surrounding sustainability. It is therefore a key principle of this strategy that refurbishment rather than rebuilding will be aimed for unless it can be demonstrated that this is not appropriate.
- Seeking to make developments as cost neutral as far as possible through rationalising the estate and through third party income. Overall we will seek to ensure our developments deliver cost savings. Our partners in LIFTCo will have a key role to play in this

## 5. PRINCIPLES RE LOCATION OF FACILITIES

Our overarching principle is that:

- Everyone requires a full range of services
- some people will require more services
- a lesser number of people will require a greater number of services

NHS Medway will relate strategic commissioning intentions to the Joint Strategic Needs Assessment and this will be a key factor in the location of facilities.

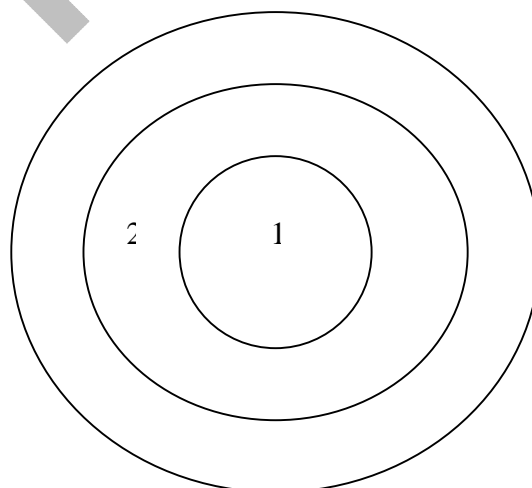
To achieve this, a 3 tier model which builds on the model set out in the SSDP will be adopted and flexed to ensure the estate matches the range of needs people have on a geographical basis.

### Services in Rural Areas

The 3 Tier principal works well in an urban area. However it is less appropriate for the rural element of the patch and further work will be undertaken to consider how best the demands of this area can be met. This might include mobile facilities. Consideration will be given to how other parts of rural England manage service provision to see what lessons can be learnt.

### The 3 Tier Model

The 3 Tier model is based on concentric tiers of service as illustrated below with tier 1 the generic local services and tier 3 for specialist care on a regional basis.



## **Tier 1**

This relates to mostly single units, eg a GP practice, a community pharmacy, dental practice etc.

Essentially these are core neighbourhood facilities and in urban areas would ideally be within a 10 minutes walk. This principle is based on work carried out in Liverpool when developing their primary care strategy. The travel times have been amended for Medway in recognition of public transport issues locally.

Some of these units could accommodate some out of hospital services and primary mental health services.

To achieve this NHS Medway will work with providers to identify which facilities whether owned or leased could be used for this provision of services. A rental reimbursement framework will need to be developed to ensure fairness, transparency and consistency.

We have used a national database, SHAPE (Strategic Health Authority Planning and Evaluation) to undertake a range of different mapping of sites showing defined catchment areas. Mapping of GP practices showing the 10 minutes walk radius can be found at Appendix 2. This identifies good cover other than in the more rural parts of the PCT in particular the Hoo Peninsula and surrounding countryside. Mapping a 10 minutes drive in this area does demonstrate good coverage as can be seen at Appendix 3. We are also mindful that data from the 2002 census indicates that over 15% of households in this area do not have access to a car or a van and we are aware of the public transport limitations. We will aim to work with our local transport providers to see how best we can support the local community who need to rely on public transport to access our services.

## **Tier 2**

This relates to a wider range of co-located services i.e. those typically found in a Community Healthy Living Centre, together with out of hospital services which do not require admission or specialist facilities. This would also include community mental health services. GP practices could be accommodated within these. Taken together these services and centres will become an integral part of the local community. It is not our intention to set out the detail of services to be accommodated in each Tier 2 facility at this time, as this will invariably change as time progresses; rather we will work very closely with our key partners to determine the exact services provision model for that facility during its development phase. .

We would expect that all residents would be within 10 minutes drive of these facilities and mapping of this indicates blanket coverage of the

entire PCT area. We will work further to develop an appropriate measure for access by public transport.

This mapping, which has been split to show existing and proposed Tier 2 sites, can be found at Appendix 4, which also includes an analysis of the population's health, economic status and deprivation indicators. This population profile shows us that not all our residents will have access to a car. Taking the number of households within the travel distance of these proposed developments, nearly 25% of households do not have access to a car or van according to 2002 census data. However in the more deprived areas this percentage can be as much as 33 % of the households. We are also very conscious of our responsibilities to promote healthier lifestyles e.g. by encouraging exercise and to promote principles around reducing carbon footprint.

Consequently whilst the 10 minutes drive principle applies we will also make sure that in the urban areas our population will be no more than a 25 minutes walk from a Tier 2 facility. For many of our population this will offset the challenges associated with using public transport although we are conscious of the difficulties our less mobile patients may encounter.

Mapping of the proposed developments set out in the SSDP and showing the 25 minutes walk can be found at Appendix 5. These developments are explored in greater detail in section 11 and Appendix 9.

### **Tier 3**

This relates to acute and emergency care, including mental health and also community in-patient facilities e.g. intermediate care beds, palliative care beds and inpatient facilities for elderly mental ill patients. These would be centrally available.

## **6. DATA AND SKILLS AVAILABILITY**

Information is available around the estate but more quantified data is needed in respect of actual usage. Work will be undertaken to develop Key Performance Indicators for occupancy and usage of buildings. This will need to balance maximum utilisation of facilities against the need to enable provision of services by new service providers.

Kent & Medway Facilities (KMF) on behalf of all customer organisations in Kent is responsible for maintaining much of the information around the estate. A tool recently purchased, MICAID, once populated will provide real time information. Key pieces of work need to be undertaken to enable this population.

Between NHS Medway, Medway LIFTCo and KMF we have a range of skills which are essential in the delivery of new builds and

refurbishments and in the day to day operation of the Estate. However we need to further develop these skills and acquire new competencies especially around occupancy and usage of the Estate to ensure maximum benefit. We will work with our partners to see how best these skills can be developed and provided.

## **7. ENVIRONMENTAL ISSUES AND SUSTAINABILITY**

There is a requirement to comply with national targets around carbon efficiency and sustainability. This includes a requirement to achieve a BREEAM “excellent” rating for new builds and “very good” rating for refurbishments. BREEAM (British Research Establishment Environmental Assessment Method) is the leading and most widely used environmental assessment method for buildings. It sets the standard for best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance.

Principles around sustainability will be enshrined in future estate development and a carbon strategy will be produced for adoption by NHS Medway. To ensure this we aim to participate in the Carbon Trust support programme for NHS Trusts 2010. This will enable us to produce a Carbon Management Plan which will deliver reductions in energy use and significant cost savings.

The Green Travel Plan developed for the Community Healthy Living Centres needs to be reviewed and consideration needs to be given to a Trust wide Green Travel Plan. We will aim to strike a fair balance between ensuring local access and supporting healthier lifestyles, especially in regard to the level of parking provision at individual sites. To enable this, discussion will be held with Medway Council and other key stakeholders. This will feed into the work Medway Council is undertaking to develop a Local Transport Plan

## **8. DEMOGRAPHIC CHANGES**

Medway Council have been working hard to regenerate the Medway area. “Renaissance” projects have been developed for Chatham, Rochester, Stood and Chattenden which all include substantial housing developments. In addition significant underlying housing growth is expected throughout the patch.

This estate strategy responds to this expected growth by identifying the need for new health facilities in likely growth areas.

The strategy also considers other demographic changes such as the aging of the population the NHS serves and the demographic changes in the health service work force.

Specific factors considered include:

- Population growth estimated at a minimum of 4.6% by 2018. Within this the number of people aged 65 years or older is projected to grow by 29% and those over 85 years growing by 32%
- Regeneration plans and housing developments in current brownfield areas i.e. where services do not currently exist e.g. Rochester Riverside and Chattenden
- Opportunity to expand existing facilities utilising funds from housing developers e.g. expansion of GP practices
- Age and location of single-handed GP practices and retirement intentions, with potentially 33% of all GPs retiring in the next 5 – 10 years

Accommodation needs to be appropriate and capable of flexible use. Consideration needs to be given to how this can be achieved within a legal framework. There will also be a greater use of hot desking for domiciliary staff and those who spend less than fifty percent of their time in the office to ensure increased usage of space. It is our intention that one desk for every four members of staff will be provided in these circumstances but adequate meeting space will be made available

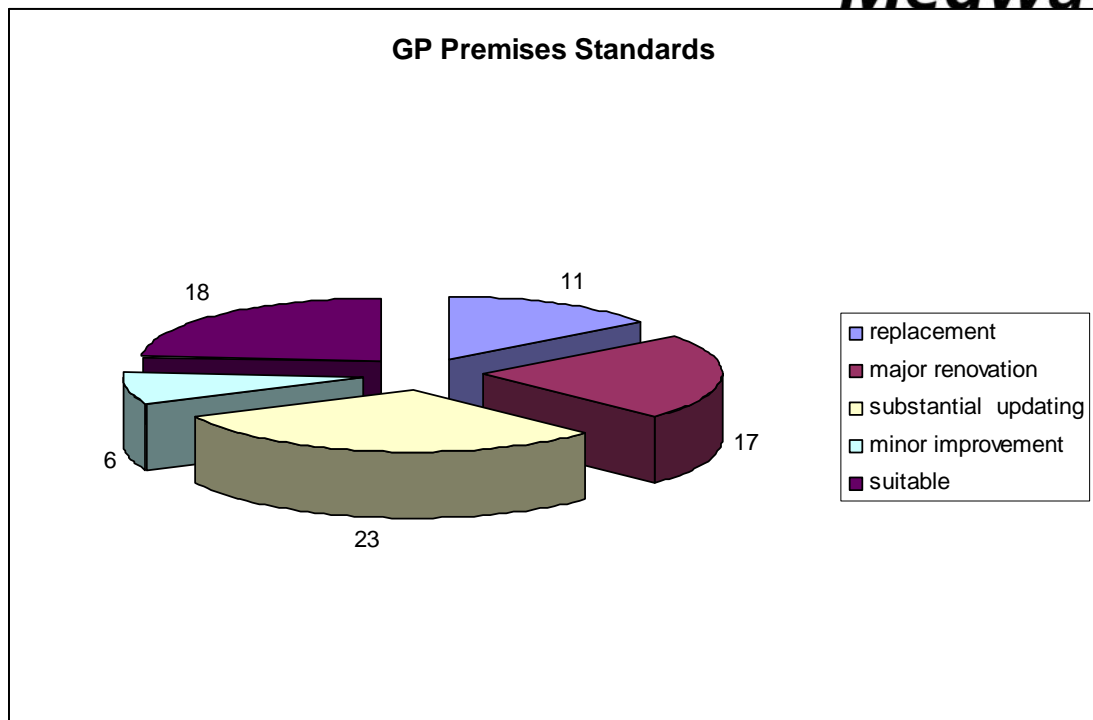
## **9. WHERE ARE WE NOW?**

### **Primary Care Facilities**

#### **GP Facilities**

GPs provide services from over 70 locations and of these under 50% are purpose built. These facilities include owner occupied, GP leased and PCT owned or leased premises. Despite significant resource having been invested into primary care facilities over the past 10 years the standards still vary greatly and more investment is required.

The following chart provides an overview of the condition of these facilities:



This indicates that nearly 70% of GP premises still require substantial investment although it is important to note that the past 10 years has seen over 10 new or substantially refurbished facilities and significant investment in a further 20 sites covering nearly 40 practices in total. There will need to be further investment by both NHS Medway and the individual GP practice to improve the condition of the estate.

Appendix 6 develops this overview further. The three maps show:

- The condition of GP practice and community facilities mapped against ward deprivation levels
- Weighted wards based on the condition of GP practice and community facilities
- The need to develop premises for reasons other than condition e.g. time limited planning approval

Between them these maps provide a rationale for investment and prioritisation of that investment. Section 11 and Appendix 9 will set out how we intend to address these issues in more detail

We are also aware that the requirements of the Care Quality Commission are likely to impact heavily on some facilities. Where facilities do not meet the standards required and as long as local access can be maintained, the principal approach will be to seek to relocate these practices into PCT controlled facilities. Contractual sanctions will be applied where practices do not comply with standards.



**Dental Practices**

NHS Medway has good access to dental practices and conditions are monitored by the PCT. It is proposed that a further NHS Surgery be established on St Mary's Island Chatham to meet demand in that particular area.

The main issue likely to affect dental practices is new decontamination guidance due to be published shortly. Funding will be required to support practices in meeting the requirements and a view will need to be taken where practices do not or cannot meet them.

As part of this strategy it is proposed that a more robust process be established for setting out how requests for investment will be considered and assessed.

**Pharmacies**

There are strict protocols governing the siting of pharmacies save where a pharmacy provides services for over 100 hours a week. Standards are monitored by the Royal Pharmaceutical Society and NHS Medway.

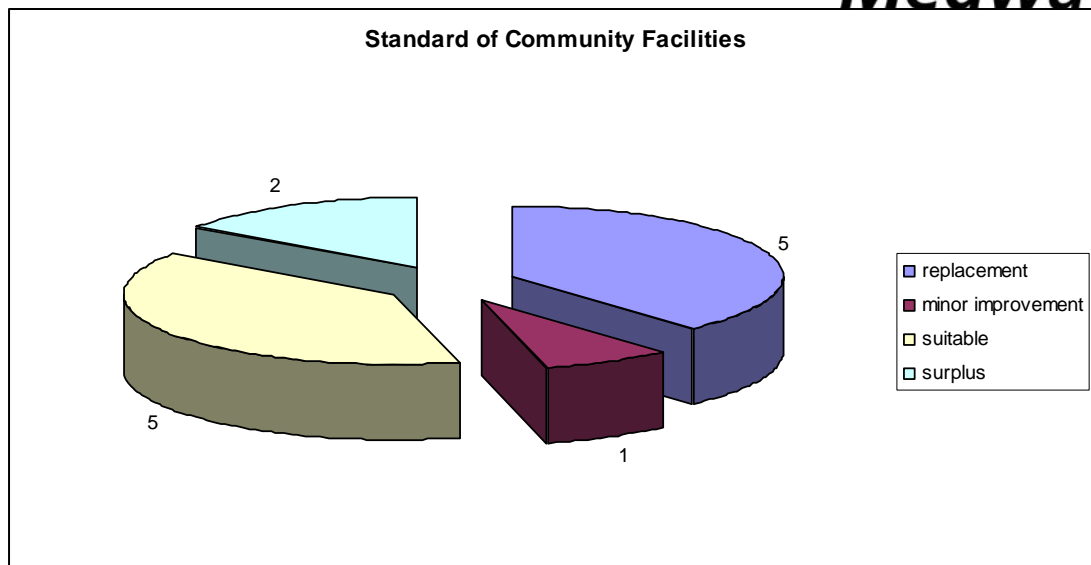
A protocol is in place governing siting pharmacies in new health developments to recognise the need to balance patient access, opportunity for revenue to support the development and the need not to destabilise existing pharmacies. This protocol should be subject to regular review. This protocol is attached at Appendix 7

As part of this strategy it is proposed that a process be established setting out how requests for investment will be considered and assessed.

**Community Facilities**

There has been significant investment in the past 10 years into PCT community facilities. Of the 13 sites owned or leased by NHS Medway, the condition can be summarised as set out in the following chart:





The maps attached at Appendix 6 and referred to above depict this on a ward basis. Plans for the sites requiring replacement or those that are surplus to requirements will be discussed further in section 11 and Appendix 9

### Specialist Services

Services for Children with Disabilities have been temporarily housed in a number of locations including the Community Healthy Living Centres and a ward at Medway Foundation Trust following a move from its previous accommodation in early 2009. A permanent solution has been identified and planning work is underway to address this.

### Acute Services

There has been significant investment in the accommodation at Medway Foundation Trust, our major provider of acute services but further investment is needed especially in relation to the inpatient areas.

Medway Foundation Trust has an estates plan that envisages the investment of over £350 million to refurbish and improve the entire estate over the next 20 year period. The work would be carried out in a number of phases and the detail around this will be the subject of an outline business case to be presented to the Trust Board in early 2010. The Trust is aware that the viability of any option depends on affordability and that the overall plans may need to be changed to refurbishment or rationalisation of the existing estate

Phase one of the proposed options is to reprovide Accident and Emergency and also the medical wards so that they have single room accommodation and en-suite facilities, which will better tackle gender issues and infection control. This will enable demolition of the original

Edwardian building currently housing these facilities. It is due to be completed in 2012 but may be nearer 2013/2014 and the estimated cost is circa £80 million.

.NHS Medway has discussed the plan and support in principal the need for improved facilities at Medway Maritime Hospital. Current plans have not identified a funding source for the redevelopment work. Additional revenue of an estimated £5 million would be needed for Phase 1 alone.

More work is needed in collaboration with the Foundation Trust to be clear on a practical way forward. In the light of current government finances a refurbishment option should be drawn up. This could give significant benefits to patients on a relatively short timescale with less substantial demands on capital.

## **Mental Health Services**

### **Inpatient Services**

Mental Health Services are provided by a range of different providers depending on the type of service. NHS Medway launched the “*Modernising Mental Health Services in Medway and Swale*” review and redesign project in September 2008 to set out clear models for the safe and effective delivery of mental health services to adults of all ages in West Kent. It is intended that significant changes be made, leading to the replacement of hospital beds with more appropriate community based services.

The review and redesign of acute mental health services for Medway and Swale is addressing three challenges:

- Identifying the number of acute mental health beds needed for the local population – making sure that there is the right balance of investment in community and acute services.
- Specifying the location of these beds and the quality of facilities available to in-patients.
- Improving the operation of the acute care pathway as a whole by making sure that there are real alternatives to in-patient admission.

Inpatient facilities are currently provided at Medway Foundation Trust in A Block under the care of Kent and Medway Partnership Trust, however the Foundation Trust has expressed a desire for these beds to be relocated and further work is needed around this.

The review of mental health services at A Block does not include or recommend any beds for older people with dementia, which leaves a significant gap in service provision, particularly for those with very challenging behaviour. However a review of Darland House residential

nursing home for elderly mentally ill patients is due to be completed in January 2010, and is likely to propose that it be used for:

- Short term intensive management beds (8 weeks duration). Currently patients have to be referred to Frank Lloyd home in East Kent.
- Assessment beds
- Rehabilitation beds
- Respite beds – there are currently none available in Medway

If Darland House is to be used for this provision, beds for long-term residential/nursing care need to be made available elsewhere. The Churchlands development of 112 beds for older people is expected to be completed in January 2010. Medway Council will be commissioning 96 of these beds and there is the opportunity to develop the facility as a centre of excellence for dementia, particularly for those requiring long-term residential care. This would need to be negotiated by Commissioners, but would fill the gap mentioned above, and could also help local organisations to adopt Total Place recommendations.

### **Community Services**

Community mental health facilities are provided out of a number of sites, including Barts Hospital, and Kingsley House in Gillingham. Generally however there is a lack of suitable facilities for community mental health facilities especially for dementia services and some of these needs have been reflected in the service brief for the proposed development at Canterbury Street. Further provision should also be included in future developments as the number of people with dementia is estimated to grow significantly over the next 15 years.

Services for older people with a mental health condition are also provided from Elizabeth House, Rainham which is surplus to PCT requirements.

### **Learning Disability Services**

NHS Medway currently has ownership of 18 properties used for Learning Disability residential accommodation. Recent guidance from the Department of Health has recommended that Local Authorities should take on overall responsibility for Learning Disability. Funding of around £8 million has already transferred to the Medway Council and it is intended that ownership of these properties will transfer to Medway Council by March 2011.

### **Voluntary and Charitable Services**

We are keen to provide accommodation opportunities for the voluntary sector and charitable services in our estate although currently this provision is limited. We provide accommodation in the Community

Healthy Living Centres for the provision of Community Cafes by a charitable organisation and we have a GP practice based in a facility managed by a charitable organisation. We also provide accommodation in a number of our centres for community and self help groups to meet.

We will work with the voluntary sector and charitable organisations to see how we can more effectively support them either through use of facilities on a sessional basis or by co-location of services. We appreciate that funding restraints can make long-term commitments difficult for these services and will work with them to see how best this can be overcome.

### **Medway Council**

Medway Council's Asset Management Plan contains the detailed implementation programme for the Council's Estate Strategy. This is mostly concerned with reducing sites through estates rationalisation and sharing property, mainly with the Police. Although they have had little involvement with the Total Place initiative to date it is their intention to become more involved in 2010.

There is already good joint working between NHS Medway and Medway Council, particularly around LIFT developments, and sharing of sites for current and future developments with the Council and Medway Community Healthcare staff sharing accommodation in a variety of buildings, such as Integrated Community teams.

It is intended to commission an integrated falls strategy with Medway Council and Medway Foundation Trust to establish a better care pathway. This will require better out-patient clinic facilities for education, drug reviews etc. Some can be accommodated in the flexible consulting/clinical rooms in the Community Healthy Living centres but some specialist facilities will also be required.

## **10. COST NEUTRALITY AND BENEFITS ANALYSIS**

In the current financial environment it will only be possible to replace old estate by making changes as cost neutral as possible. This will be done by,

- Ensuring new estate is well used throughout the day
- Selling estate that is not required
- Encouraging staff to work peripatetically wherever this is appropriate
- Attracting Third Party income where this is possible
- Minimising the running cost of estate.

It will be necessary to carry out a financial benefit of the developments set out in section 11 to understand this but the following scenario serves as an example:

**Problem**

Part of the PCT's patch is an area of with high health needs but with no purpose built facilities within the desired catchment area. Located adjacent to it are two community facilities which are under-utilised and have significant backlog maintenance requirements. There are also 4 local GP practices in facilities which do not meet disability access requirements and cannot be refurbished to ensure compliance. The area is part of a regeneration area and there is a potential site which has opportunities for mixed use. Significant housing developments are planned for this area

**Solution**

The PCT purchases the site and relocates services from the 2 community facilities along with the 4 GP Practices. The sites these services were in are closed and sold. Space is made available for commercial concerns in the new facility. These are complementary to the services commissioned by the PCT e.g. a pharmacy  
Retail space and extra care housing space is also provided.

**Finances**

The annual revenue costs from the services are applied to this facility i.e. rent, rates  
The revenue from the sale proceeds are used to offset some of the costs of the build  
The third party income is used to offset some of the build costs and also some of the annual revenue costs  
Developer's contributions were used to offset the capital cost thereby reducing annual revenue costs

We will seek to utilise funding from a range of sources e.g. through our Capital Funds, through our partners in LIFT and using contributions from housing developers

We will also consider for each development the impact of it not proceeding as we know that estate can be a key factor in the modernisation of services and our ability to attract and retain staff. We will understand and assure ourselves of the risks of not refurbishing or building facilities.

## 11. PLANNED DEVELOPMENTS

The Strategic Service Development Plan 2006 set out intentions in respect of development in the following locations:

- Barts Hospital
- Canterbury Street, Gillingham
- Chatham Town Centre and potentially Bryant Street
- Hempstead
- Hoo and Chattenden areas
- Keystone and Gun Lane
- Luton
- Parkwood
- Twydall
- Wainscott
- Wayfield area

Since 2006 NHS Medway has been working very closely with Medway LIFTCo to develop proposals for a number of these sites and other sites have undergone extensive refurbishment through the PCT's capital programme in recent years.

In addition to these developments we also need to take into consideration:

- Rochester Riverside where there is to be a substantial new housing development as part of the regeneration initiative
- The greater Hoo peninsula (not just the Chattenden area) because of the rurality of the patch and associated needs and due to the condition of the infrastructure

These proposed developments have been reviewed taking into account the information available through the mapping referred to in sections 5 and 9 and also the condition of the estate as set out in section 9. This has confirmed that our proposed developments are in the right location but that our model of service may now need to be reviewed. It also identifies opportunities for site rationalisation. Due consultation will be undertaken to consider this further. The overview of the analysis around site retention / disposal can be seen at Appendix 8

The detail around the developments set out above can be found in Appendix 9. However it is proposed that the following locations still require facilities sufficient to meet the 10 and 25 minutes principles:

### **Tier 1 Facility - 10 minutes walk**

- Canterbury Street – accommodation for 3 possibly 5 GP practices; community mental health services and out of hospital services



- Hempstead to accommodate 2 GP practices
- Hook Meadow serving Wayfield area accommodating 2 GP practices in collaboration with Medway Council's re-provision of the Community Centre
- Rochester Riverside to provide a facility for a new GP practice for a new population and relocation of an existing practice in unsuitable accommodation
- Wainscott utilising contributions from the Developer to re-provide the existing GP practice
- A solution to the issues on the greater Hoo peninsula accommodating between 4 – 5 branch surgeries

In total this work (see also Tier 2 below) will provide between 22 and 26 new or refurbished GP surgeries.

### **Tier 2 Facility – 25 minutes walk**

- Chattenden providing co-located services for the population of the peninsula (but also Tier 1 and Tier 3 accommodation for a new GP practice for a new population and potential for intermediate care beds currently based at Barts Hospital)
- Chatham Town Centre – a major facility providing accommodation for a wide range of services (including Tier 1 services for a minimum of 2 GP practices but depending on the options analysis potentially 5 GP practices. Tier 3 services could potentially also be accommodated through the re-provision of community beds currently based at Barts Hospital)
- Luton accommodating community, mental health and out of hospital services as well as Tier 1 services through 2 or possibly 3 GP practices.
- Twydall accommodating community, mental health and out of hospital services but also including Tier 1 services for 4 GP practices.
- Children's specialist services based at the community healthy living centres and a new centrally located building.

In total this work will provide 4 new healthy living centres and a children's specialist services centre.

### **Tier 3 Facilities –centrally available**

- Replacement or refurbishment of intermediate care beds currently at St Bartholomew's Hospital, Chatham
- Major refurbishment or replacement of acute mental health inpatient beds at A Block at Medway Maritime Hospital
- Major refurbishment or replacement of general acute mental health beds and A & E at Medway Maritime Hospital

In total this work will lead to replacement or refurbishment of 3 major bed based services for intermediate and acute care.

Within this there are invariably some areas of overlap but these tend to be in areas of greater health and social care need or where geographical and / or social boundaries preclude population movement

Having established these as the developments requiring investment over the next 10 years, it is still necessary to determine the priority order for investment. The SSDP set out the following criteria for determining investment priorities:

- The need and opportunity to address health inequalities and associated factors using the Index of Multiple deprivation as guidance
- Deliverability e.g. availability of land, planning issues, construction issues, window of opportunity
- Cost in terms of actual costs (e.g. construction, land, lifecycle, planning etc), affordability and opportunities for third party revenue and regeneration
- Geographical equity
- Strategic Partnering Board stakeholder support
- Public/community views
- Regeneration opportunities
- Infrastructure e.g. premises below minimum standards/Disability Discrimination Act (DDA) and health and safety requirements
- Opportunities for integrated working and partnership with other agencies
- Strategic impact and relevance of the scheme i.e. the impact the scheme will have on the modernisation of services or new ways of working
- Support of other agencies/partners

It is intended that these priorities are reviewed for appropriateness and then that the developments set out above are assessed against them to determine the order of investment over the next 10 years.

## **12. FINANCE**

This section looks at how the strategy could be funded.

Whilst the 2008-09 Strategic Commissioning Plan together with the 5 Year Financial Strategy had funding available for 3 medium sized healthy living centres, this position is now under review as a consequence of the financial challenges we now face The 2010-11 update is currently being drafted but it is unlikely that sufficient funding will be available to fully finance these facilities. It will be critical to the



implementation of these developments to ensure other sources of funding e.g:

- Developer contributions as set out above are available under Section 106 of the Town and Country Planning Act. In particular land has been made available by developers at Wainscott and land and / or a purpose facility is likely at Chattenden.
- Capital receipts from land sales are another important source of funding which are expected to be an important element in the reprovision of intermediate care beds.
- Batching of a number of developments affording the opportunities to realise sufficient capital receipts, reallocate existing revenue funding and attract third party income will need to be investigated in detail
- Use of NHS Medway's capital funds

A summary of the funding position for the schemes set out in Section 11 is set out below.

Scheme	Strategic Commissioning Plan	Developer Contributions	Provider Financed	Capital Receipts	Unknown at Present
<b>Tier 1</b>					
Canterbury Street	X	X		X	
Hempstead					X
Hook Meadow					X
Rochester Riverside		X			X
Wainscott		X			X
Greater Hoo Peninsula					X
<b>Tier 2</b>					
Chattenden		X			X
Chatham Town Centre	X	X		X	
Luton	X	X		X	
Twydall		X			X
Specialist Children's Services	X				
<b>Tier 3</b>					

Intermediate Care Beds		X		X	
Mental Health Acute Beds			X		
Medway Maritime Hospital Rebuild / Refurbishment			X		

We will need to do further work to identify the actual revenue and capital costs.

### 13. CONSULTATION

NHS Medway informs and consults with users, staff and local communities around the development of new facilities to ensure that stakeholders' views are taken into consideration. This engagement and consultation happens on a continual basis and through a range of mechanisms including:-

- discussions with patient representatives and ward councillors around the proposals
- engagement with patient representatives, ward councillors, users including staff and local community representatives in terms of the design
- formal engagement as appropriate with Overview and Scrutiny Committee
- Open days to display designs and secure feedback.
- Public meetings to inform of proposals.

A formal engagement and communications strategy will be developed as part of this strategy.

A protocol has been established governing specialist and technical input into new developments / refurbishments to ensure that the facilities are operationally fit for purpose. This protocol is included at Appendix 10

## Glossary

BREEAM	British Research Establishment Environmental Assessment Method
DDA	Disability Discrimination Act
KMF	Kent and Medway Facilities
LIFTCo	Local Improvement Finance Trust
MCH	Medway Community Healthcare
OPE	Operational Efficiency Programme
SHAPE	Strategic Health Authority Planning and Evaluation
SSDP	Strategic Service Development Plan

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