NHS
Southwark
Clinical Commissioning Group

# STRATEGIC ESTATE PLANNING IN SOUTHWARK

Southwark
Lambeth
Greenwich
Lewisham
Bexley
Bromley

The Borough

Bermondsey

Newington

Borough and Walworth Locality

● 18 GP Premises
● 2 Health Centres

Bermondsy and Rotherhithe Locality

● 9 GP Premises
● 4 Health Centres

Peckham

Peckham and Camberwell Locality

● 11 GP Premises
● 2 Health Centres

Nunhead

Herne Hill

Dulwich Locality

● 10 GP Premises
● 1 Health Centres

Dulwich

## September 2016

**Important Notes**

**1. With regard to any need to undertake service change and comply with various statutory duties:**

*The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.*

**2. In respect of any request for disclosure under the FoIA:**

*This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.*

# Contents

# Appendices

# Executive Summary

This Local Estates Strategy is an essential element of the approach of Southwark CCG to support the delivery of new models of care. It is important to understand our capital assets, estates, and facilities across the borough so we can use them in the best way and support the delivery of future health care to the people of Southwark.  The strategy has been compiled by engaging with the Local Authority, GPs, Providers, and the NHS Property Companies. The collaborative input from all of these healthcare stakeholders will ensure we have a robust plan for our estate and that it can be an enabler for beneficial change.

NHS Southwark is working with other SE London CCGs to deliver an ambitious transformation programme that will see significant changes in the way health services are provided in community settings. This will be delivered through the Local Care Networks (LCNs), bringing together local care providers in delivering effective, efficient, and co-ordinated services.  These changes need to be buttressed by changes both to the buildings that accommodate these services, and the way they are used.

The local estates plan seeks to address the following three key challenges:

- The transformation agenda across SE London – seeking to provide a greater range of health service activity in community settings,
- The regeneration programme in Southwark, which will bring over 60,000 additional people into the borough over the next 20 years,
- The variable quality of the primary care estate across the borough.

This means that the primary and community estate will, in the future, be required to accommodate significant additional activity and a wider range of services.  The approach we expect to take is:

- Maximise the utilisation of existing clinical space through extending hours of operation where possible, and providing alternative spaces for non-face-to-face clinical activity,
- Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations,
- Support the development of up to three Community Hubs, which can accommodate increased primary care activity, services provided by Local Care Networks (LCNs) and the wider out-of-hospital services requires across a locality,
- Identify other 'support hub' facilities which can also accommodate locality services provided by Local Care Networks,
- Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population,
- Focus investment in areas where the population increase is greatest.

The analysis we have undertaken of the existing estate has identified areas in the borough where there will be a shortfall in capacity for the provision of primary care. Community services facilities on the whole have the capacity to be able to absorb the additional activity that will be generated by the additional population.  Phased development of the community hubs will allow us to determine the additional capacity required in each locality as the transformation agenda develops.  The three Community Hub sites – with their support hubs - proposed are set out below.

**Community Hubs**

- Dulwich Health Centre (south) – due to open 2019
- Elephant and Castle (north and west) – feasibility stage
- Old Kent Road/New Rotherhithe Road (east and north) – feasibility stage

**Support Hubs**

- Lister Health Centre (existing facility with possible extension)
- Aylesbury Health Centre – in development ?due to open 2019-20
- Surrey Docks Health Centre (existing facility)
- Albion Street Health Centre/Canada Water (feasibility stage)

In addition, we have a number of proposed practice-led developments which could provide improved or entirely new purpose-built accommodation which enable increased primary care service provision, as well as delivering an enhanced service user experience.

- Blackfriars
- BLM2 - Decima Street
- Acorn/Gaumont
- Commercial Way
- Nunhead
- Penrose Surgery

Our estate cannot remain the same.  We know it will be inadequate for the needs of Southwark people soon if change does not occur.  However, as resources are finite, we also need to prioritise those developments which will have maximum impact.

Our proposals to implement a Local Care Network approach with Hubs and Hub Support sites and where possible an improved Primary Care estate will produce clear results for the people of Southwark. This will be supported by:

- **Better utilisation** much of the exiting estate can be used to meet the increased demand in community premises.  It will also help to ensure that primary care premises, where expanded, are the right size.
- **Linking to Opportunity Areas** and likely or known development plans.  This will ensure that care is in the right place for population growth
- **Investing wisely**, using Community Infrastructure Levy, Section 106 agreements and the funding available via ETTF and Improvement Grants to ensure Value for Money in our estate.

# 1| Introduction and Strategic Context

## 1.1 Introduction

A number of drivers and issues are shaping the strategic context for provider organisations in south east London, including Southwark. The key issues and drivers for providers include the following:

- A constrained financial environment
- Local service integration including primary care and integrated community care
- New workforce models
- Information Management and Technology, a key enabler
- Increasing demand for services, across all levels of care.

A number of Local Care Networks (LCNs) are being developed to support everyone across south east London. Each borough is developing its own Local Care Networks to respond to the different needs and characteristics of its community, and the details of how they will work is being decided locally.

LCNs are intended to bring together all providers of health and social care to improve services in the neighbourhoods in which they are based. They are being rolled out across the entirety of south east London due to the *Our Healthier South East London* (OHSEL) strategy, which calls for improvements to be made to the delivery of community care.

Southwark CCG's vision is to have two Local Care Networks, comprised of the following healthcare localities:

- North – Borough & Walworth and Bermondsey & Rotherhithe
- South – Peckham & Camberwell and Dulwich.

To support the LCNs, we propose a small number of integrated hub sites housing a range of health, social care and other services 7 days per week. All hub sites should be fit-for-purpose, flexible, adaptable, and accessible able to facilitate the shift of services out of hospital into the community. These centres need to be proactively managed, so utilisation is maximised.

Our Local Estate Strategy is presented in this document to show how this exciting concept can deliver real change to healthcare in Southwark and enable our estate to help bring the change. The figure below illustrates our goal.

**Figure 1.1: Local Care Networks - Patients at the Heart**
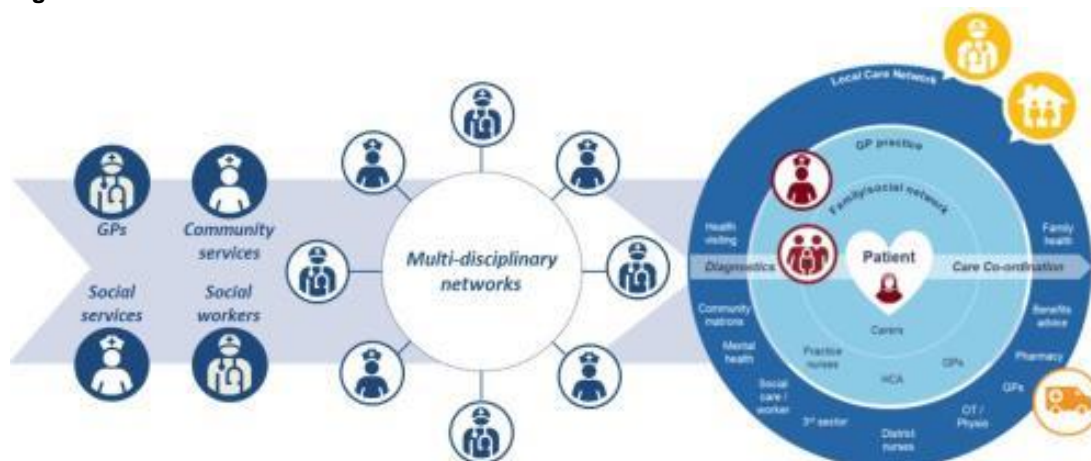
## 1.2   Objectives and Rationale

NHS Southwark is working with other SE London CCGs to deliver an ambitious transformation programme that will see significant changes in the way health services are provided in community settings. This will be delivered through the Local Care Networks bringing together local care providers in delivering effective, efficient, and co-ordinated services.  The CCG is a member-led organisation that seeks to involve its members, and engage with patients and carers in decision making and transforming services.

The transformation programme must be supported by changes to buildings that accommodate services, and to the way we use those buildings.  This document sets out the local estates strategy to achieve these changes.  It shows how we will get the estate needed to deliver services in the right places, for the benefit of the people of Southwark.

This strategy links to and supports the delivery of the national vision for the NHS, and is an important plan underpinning the delivery of the Mission, Values, and Commissioning outcomes of NHS Southwark CCG, the regional South East London Estate Strategic Framework and Five Year Forward View (FYFV) for transformation.

This document sets out a picture of our estate and its needs over the following sections:

- This section, **Strategic Context**, briefly outlines the strategic context, drivers and vision for the development of the estate
- Section 2 briefly looks at the **Estate We Have**
- Section 3 discusses the **Estate We Need**
- Section 4 presents an analysis of **the Gap** between now and the future
- Section 5 outlines **Our Plan to Get There**, including an action plan to achieve this.

The strategy has been compiled by engaging with stakeholders including: the Local Authority, GPs, Provider Trusts and the NHS property companies. It has been developed over the last few months following strategic local estate forum meetings and workshops.

The collaborative input from all of these groups will go some way to ensuring that this is a fully functioning working estates strategy for the Borough that shapes the way that the estate is used an enabler for change.  More information on the approach to compiling the strategy is provided in Section 1.7.

## 1.3   Organisational Context

NHS Southwark CCG's mission is to commission high quality services that improve the physical and mental health and wellbeing of Southwark residents and result in a reduction in health inequalities. Our mission statement is "*The best possible health outcomes for Southwark people.*"

We will achieve this with our partners, using two critical tools:  implementing the Our Healthier South East (OHSEL) and the implementation of Local Care Networks.  This will involve change to *where* we provide services, the *way* we provide services, and *how* we structure our contracts for healthcare services.

### 1.3.1 Our Healthier South East London

Our Healthier South East London is about responding better to people's needs by providing an alternative high quality model of care focused on improved outcomes for everyone. The care models are focused on prevention, early intervention and keeping people healthy and out of hospital.

This is not about closing a hospital, but about avoiding the need to build a new one – which we could not afford – by improving health and outcomes and delivering services which better meet the needs of Southwark's people.  Six areas of healthcare have been identified as the priorities for improvement:

- Community-based care
- Planned care
- Urgent and emergency care
- Maternity
- Children and young people
- Cancer.

Mental health in all its aspects is included within each of these areas as it is relevant to all of them. We are using this integrated approach to make sure that mental health is addressed in all our plans.

Much of this work is underway locally. This means we can begin to support people to live healthier lives as soon as possible.


### 1.3.2 Local Care Networks

Commissioners in Southwark are committed to improving the health and wellbeing of local people. The experience of staff, service users, and carers suggests that the existing systems do not consistently deliver the best outcomes for people, and that there could be significant improvements if we worked together in new ways.  We want a system that is built around people rather than traditional approaches which start from provider silos and historic service models.

The LCN model comes from the desire to encourage stronger emphasis on prevention and early action as well as stronger integration across health and social care, and wider council services (including education).   To support this change it will increasingly bring together commissioning budgets and contracting arrangements to incentivise system-wide improvement. It will focus on specific populations and the outcomes achieved rather than the quantity of inputs or activity delivered. This will mean moving away from contracting with lots of different institutions for specific services and towards inclusive contracts which cover a specific cohort of people with similar needs.

The Local Care Networks will ensure that services are joined up and working well together around the needs of the patient.  They will all share a number of core elements:

- involvement of all general practices working at scale within a geographical area, with a single shared IT system
- community pharmacies
- voluntary and community sector involvement
- community nursing for adults and children
- social care
- community mental health teams
- community therapy,
- community-based diagnostics,
- patient and carer engagement groups,
- a leadership team for the whole Local Care Network.

These Local Care Networks may change over time and may even be called different things, such as neighbourhood or community networks, but their core elements, ways of working and focus on local

people will remain the same.  The figure below summarises our goal to transform care in Southwark using our OHSEL and LCN tools.

**Figure 1.2: Southwark CCG's Vision and Approach**
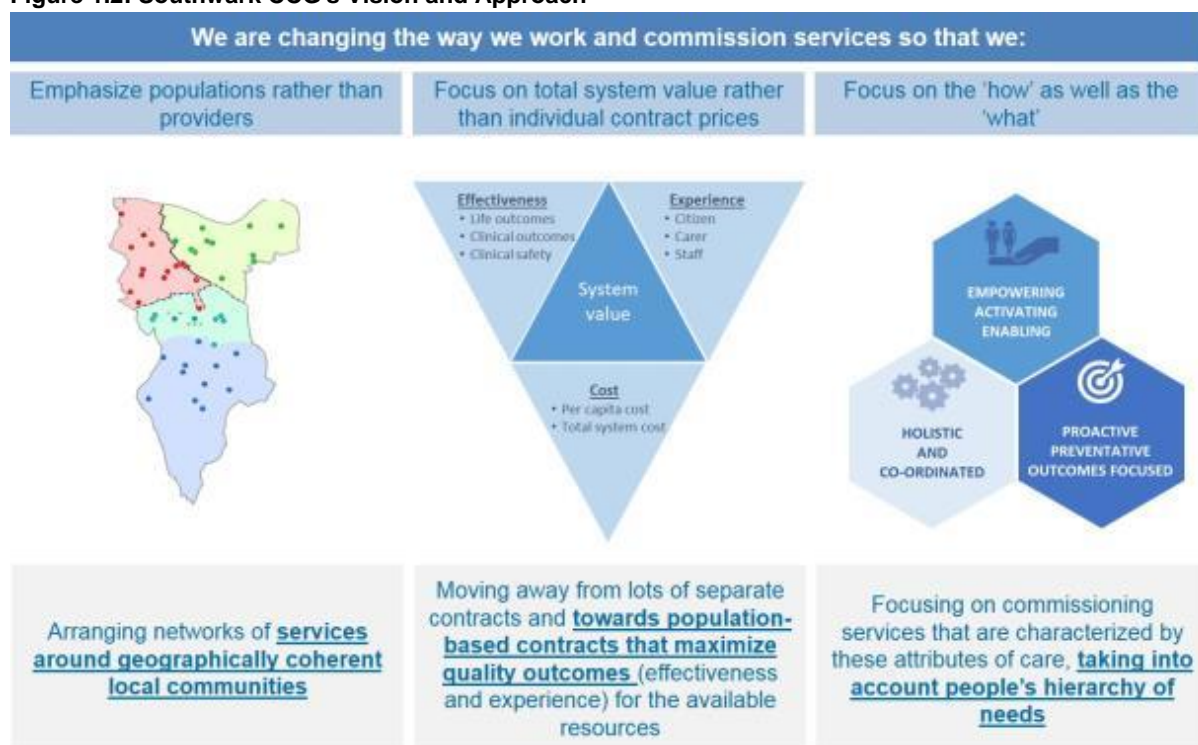


# 1.4  Policy Context

Our mission, vision and values are consistent with national priorities, vision, and outcomes and also the vision and priorities of the South East London Commissioning programme strategy.  The tables below briefly summarise the core organisations, their policies and the drivers for the healthcare that form the starting point of our analysis of our estate and how it needs to change.

### 1.4.1  National

**Table 1.1: National Strategies**

| Document title | Key Points for Estates |
|---|---|
| *Everyone counts: planning for patients 2014/15 – 2018/19*, NHS England, 2013 | • Stronger focus on the integration of general practice, community pharmacy and other primary care services as the core of community based services with the aim of improving health outcomes<br>• A widespread need for new models of primary care that focus on providing care around the most frail, often elderly patients with complex health needs<br>• Providing more proactive, holistic and responsive services for local communities |
| *Five year forward view*, NHS England, 2014 | • Barriers removed to care provided by family doctors, hospitals, physical and mental health and health and social care<br>• In future more services delivered locally but others in specialist centres |

| Document title | Key Points for Estates |
|---|---|
|  | • More support for patients with multiple health conditions<br>• Future radically different care delivery options including integrated hospital and primary care providers |
| *Business plan*, NHS England, 2015 | • Upgrading the quality of care and access to mental health and dementia services<br>• Strengthening primary care services<br>• Transforming commissioning by providing new locally-owned care models |
| *General practice forward view*, NHS England, 2016 | • Supplement growth in General Practice and the CCG, enabling support to shift care and resources into the community<br>• Support local practices to redesign the way primary care is offered to patients by encouraging new models of care<br>• Support to increase the use of technology within General Practice including investment to support the take up of online consultation systems in every practice |
| *The "Carter report" (Operational productivity and performance in English NHS acute hospitals: Unwarranted variations)*, 2016 | • Primarily focused at the acute sector, but SEL intends to align with Carter recommendations<br>• Need to maximise the productivity of all the estate, with the aim to reduce costs and achieve better value for money by increasing utilisation<br>• Action is imperative – the NHS can no longer continue operating services and the estate without change due to limited resources |

### 1.4.2 Regional

**Table 1.2: London and SE London Strategies**

| Document title | Key Points for Estates |
|---|---|
| *Better health for London*, The London Health Commission, Nov 2014 | • People with long term conditions wanted support to maintain their independence rather than solely to live longer and the report recommends systems are set up with improved general practice and improved community services including pharmacy, allied health professionals, district and community nursing.<br>• The quality of GP practice estate is raised; is a high proportion of practices are unable to provide accessible facilities. |
| *Transforming primary care in London: a strategic commissioning framework*, London Primary Care Transformation Board, 2015 | • Quality of general practice estate is highly variable and poor quality results in a poor patient experience, poor working conditions and sometimes lost opportunities to improve healthcare. |
| *Our healthier South East London: improving health and care together*, Sustainability and Transformation Plan, November 2014 | • Change to meet the emerging needs of the ageing population with long term conditions<br>• Delivery of services out of hospital through delivering better integrated care and the development of local care networks<br>• Community based care |
| *SE London sustainability and* | • Transformation of community based care through holistic care |

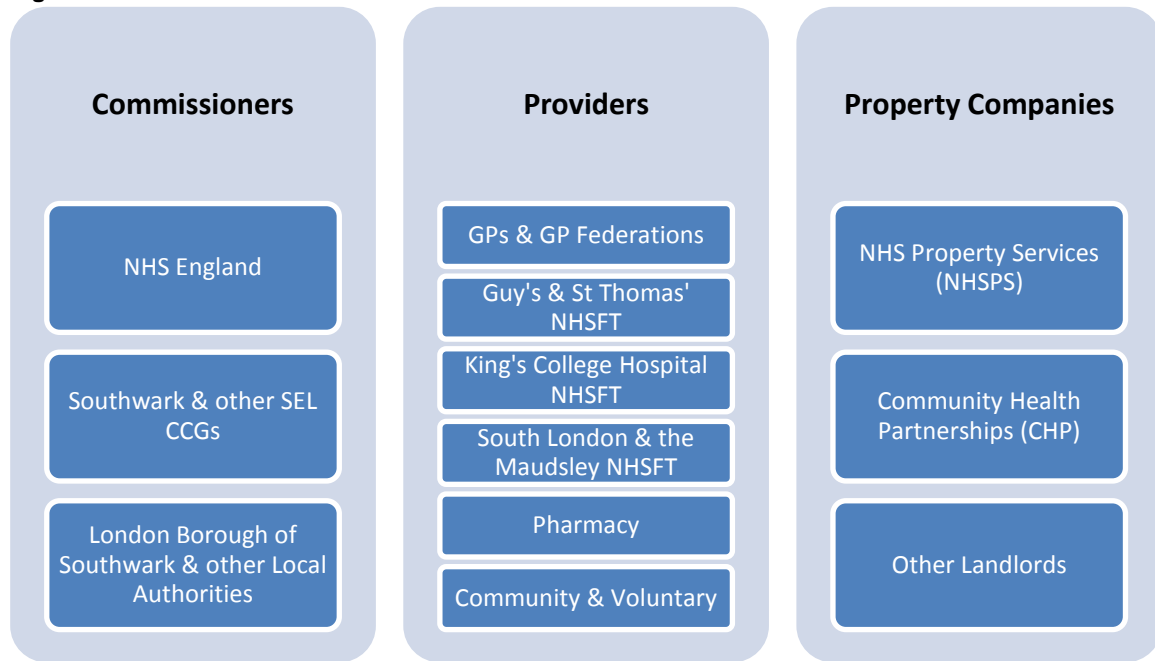| Document title | Key Points for Estates |
|---|---|
| *transformation plan,* Our Healthier South East STF, April 2016 | delivered by Local Care Networks<br>• Application of the London Strategic Commissioning Framework beyond individual GP practice levels<br>• Vibrant, sustainable general practice collaborating across the health and social care system delivery of at-scale primary care models |

### 1.4.3 Local

**Table 1.3: Southwark Strategies**

| Document title | Key Points for Estates |
|---|---|
| *Health and wellbeing strategy 2015-2020*, London Borough of Southwark | • Improve detection and management of long term conditions including self-management & support<br>• integrating health and social care that is personalised and co-ordinated<br>• support community care |
| *Southwark primary and community care strategy 2013/14 – 2017/18,* NHS Southwark CCG, 2013 | • Improving access<br>• Integrating services<br>• Providing more care out of hospital<br>• Development of community hubs |
| *Southwark CCG's integrated plan - the best possible outcomes for Southwark people,* NHS Southwark CCG, 2012 | • Better outcomes for people with Long Term Conditions<br>• Improving patient experience and the VFM of outpatient services<br>• Improving early diagnosis and quality of life for those affected by cancer or at the end of life<br>• Develop a well-integrated and high quality system of urgent care<br>• Support more people to stay healthy and prevent ill health<br>• Improve outcomes for mental health<br>• Embed clinically and cost effective prescribing |
| *Operating plan 2016-17*, NHS Southwark CCG, 2016 | • Emphasise populations rather than providers<br>• Focus on total system value (effectiveness, experience, cost) rather than individual contract prices<br>• Focus on how services are provided as well as what they are |

## 1.5  Estate Partners

Local Care Networks will bring together a number of general practice, primary, community, social care and voluntary sector organisations to provide holistic patient centred care.  We have been engaged through LEF meetings and workshops to discuss the estate needs of the integrated LCN approach with our partners.  The figure below presents a summary of the partners and their roles.

**Figure 1.3: Estate Partners**

| Commissioners | Providers | Property Companies |
|---|---|---|
| NHS England | GPs & GP Federations | NHS Property Services (NHSPS) |
| Southwark & other SEL CCGs | Guy's & St Thomas' NHSFT | Community Health Partnerships (CHP) |
| London Borough of Southwark & other Local Authorities | King's College Hospital NHSFT | Other Landlords |
| | South London & the Maudsley NHSFT | |
| | Pharmacy | |
| | Community & Voluntary | |

# 1.6   The Borough of Southwark

Southwark is an inner London Borough, situated to the South of the River Thames.  It is bordered by the London Boroughs of Lambeth (to the West), Lewisham (to the East) and Bromley (to the South East). Southwark has four distinct areas, which have been identified as important localities. These are:

- Borough and Walworth (North West)
- Bermondsey and Rotherhithe (North East)
- Peckham and Camberwell (Central)
- Dulwich (South).

Southwark generally has excellent transport links and infrastructure.  Additional transport projects are planned for completion by 2032, including an extension to the Bakerloo Line and an additional river crossing at Rotherhithe for pedestrians and cyclists. The table below gives a snapshot of the main issues facing the borough.

**Table 1.4: Southwark Snapshot**

| *Population*[1] | *Demographics* |
|---|---|
| • Southwark population was 289,400 in 2011<br><br>• **By 2025, population is expected to be c. 350,000 – more than 21% growth since 2011. It could be over 400,000 by 2035 (39% growth)**<br><br>• There is a higher percentage of working age people compared to London overall<br><br>• **By 2025 the 65+ age group is predicted to grow the fastest (by 32%)**, and the 20-39 age group is predicted to grow the slowest (by 9%) | • **In the top ten (England & Wales) for population density**<br><br>• Ethnically diverse with high proportion of people identifying as Black African and Black Caribbean; 'Black Other' group predicted to increase by 41% by 2025<br><br>• 12th most deprived of London's 33 boroughs<br><br>• **More than one-third of Southwark people live in the most deprived local areas of England.** The most deprived wards are Livesey and East Walworth |

| *Health*[2] | *Regeneration* |
|---|---|
| • In October 2015, there were 324,748 people registered to GP practices in Southwark<br><br>• Life expectancy has improved since 2010<br><br>• Outcomes have improved for infant mortality, the end of life care and people living with HIV<br><br>• **There is still a difference in life expectancy between the richest and poorest in our population of 9.6 years (males) and 7.7 (females)**<br><br>• Our areas of focus to improve health outcomes include:<br><br>  o Heart disease – higher than London<br><br>  o Respiratory disease – COPD & lung cancer<br><br>  o Diabetes – significant variation in effective management & low diagnosis rates<br><br>  o Alcohol & liver disease – preventable early deaths significantly higher than London<br><br>  o Mental illness – high prevalence & poor outcomes<br><br>  o Obesity – very high for children, high for adults<br><br>  o Dementia diagnosis - significant variation in effective management & lower than expected diagnosis rates<br><br>  o Acute admissions for older people – higher than London<br><br>  o **Access to GP appointments – consistent messages that it's hard to get an appointment** | • The London Plan has four Opportunity Areas in Southwark for brownfield development<br><br>• Area Action Plan for Old Kent Road<br><br>• Bakerloo Line extension<br><br>• New Thames crossing at Rotherhithe<br><br>• **Regeneration schemes could add c.35,000 people by 2025 and 30,000 more by 2036 (GLA projections), primarily in the north of the borough**<br><br>• Regeneration has already started on the Aylesbury and Elmington estates. The first new homes are to be delivered in 2017<br><br>• Three areas of cross-boundary growth: Cathedrals / Bishops (Lambeth), Surrey Docks / Evelyn and Livesey / New Cross (Lewisham)<br><br>---<br><br>*Housing*<br><br>• **London Plan establishes a minimum target of 27,360 new homes by 2025. This is a rough population increase of 64,000, and exceeds GLA projections (and excludes regeneration schemes above)**<br><br>• Housing Land Supply report identifies 12,000 active permits for new homes (2015) and 16,850 more homes by 2020<br><br>• Southwark Council has the largest Council home building programme in the country. The Southwark Regeneration in Partnership Programme aims to deliver 11,000 new council homes by 2043, with the first 1,500 homes by 2018 |

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[1] ONS, Crown Copyright licenced under the Open Government Licence v3.0 and © GLA 2014 Round of Demographic Projections, SHLAA Capped
[2] Joint Strategic Needs Assessment, London Borough of Southwark, 2014

# 1.7 Local Estates Strategy Process

Historically, public sector departments and organisations have tended to work in silos, which meant there was little transparency about the size, cost, tenure, condition, and utilisation of the respective estates. A Local Estates Strategy, covering all health and social care premises, allows, for the first time, the CCG and its partners the opportunity to understand the whole estate across a borough.

Local Estates Strategy development must include primary, secondary, tertiary care providers and the Local Authority so that a truly holistic approach is taken to estates planning across the borough. Each strategy should look to include:

- Primary and community care estate
- Non-clinical estate, such as office/administrative bases
- Engagement with secondary and tertiary care estate
- Engagement with wider public sector estate.

Commissioners must produce high quality local estates strategies in collaboration with a wide range of local stakeholders (including the wider public estate). The Local Estates Forum (LEF) will include secondary and tertiary care and wider public sector partners, as they will have their own strategic estates plans and the LEF can ensure these are aligned.

This estates strategy is due to be approved in August 2016 but it is intended that it will be a "living" document and will be refreshed from time to time.

Since June 2015 and with the assistance for CHP, Southwark CCG has engaged and collaborated with its various partners and providers to develop this estates strategy. Local Estates Forum meetings and two workshops have been held and the output is included in this document. Additionally, three locality workshops have been held analysing with stakeholders the combined NHS and LA estate in the following localities:

- Borough & Walworth
- Bermondsey & Rotherhithe
- Peckham & Camberwell and Dulwich.

Also, a joint workshop with Lambeth CCG is to be arranged to discuss cross-border and other issues. A similar event is likely to be required with Lewisham CCG, as it has two, high growth northern wards that adjoin the borough boundary with Southwark.

Data gathered during the process is being uploaded to the Public Health England (PHE), Strategic Health Asset Planning and Evaluation (SHAPE) database. It is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy.

The figure below summarises the process. This was set out by the DH publication '*Local Estates Strategies: a framework for Commissioners'* (June 2015).

# The  Delivery Process



**Demand for Property & Service Requirements**

JSNA Public Health Data

H&WB Boards CCGs Trusts

**Service Need**

Financial allocations

**Resources**

Service contract

Commissioning Plans Service Plans National Policy QIPP plans

Local Authorities CCGs NHSE Trusts GPs

**Commissioning & Service  Plans**

**Supply of Property**

Estate surveys Condition surveys

**Estate Condition**

Occupation & utilisation Costs Location Ownership

**Estate Use**

NHSPS CHP LIFTCos

**Estate Capacity**

**Gap Analysis and Hypothesis Development**

Agreed Objectives / Evaluation Criteria

Location Rationalisation Utilisation Integration

Challenge Centre Management Accountability Benefit realisation

**Hypothesis Testing & Revision**

Approvals Risk/benefit sharing Change management

**Estates Strategy & Delivery Plan**

# 2| The Estate We Have

## 2.1 Overview

This section gives a brief overview of the estate we have now.  Additional detail is provided in Appendix C.

The borough is divided into four localities, which are shown below, within the two Local Care Networks.

| North LCN | South LCN |
|---|---|
| • Borough & Walworth (B&W) | • Peckham & Camberwell (P&C) |
| • Bermondsey & Rotherhithe (B&R) | • Dulwich (D) |

The care we commission takes place across a total of 99 premises.  This includes GP surgeries, health/medical centres, community and mental health premises.  The table below provides a summary of all premises by locality.

**Table 2.1: Southwark Premises Summary**

| Locality | Number of premises | Total Floorspace Occupied (NIA sqm) | GP Patient List Size (Apr 2016) | Tenure Summary |
|---|---|---|---|---|
| Borough & Walworth | 33 | 11,360 | 98721 | |
| Bermondsey & Rotherhithe | 27 | 5,206 | 72799 | • 53 Leaseholds<br>• 24 Freeholds<br>• 5 Licences<br>• 14 Sessional arrangements |
| Peckham & Camberwell | 24 | 7,874 | 70021 | |
| Dulwich | 15 | 4,784 | 71792 | |
| **Total** | **99** | **29,223** | **313334** | |

A range of supporting services is provided across nearly 150 sites in the community, including:

- Pharmacies (62 sites)
- Dental services (40)
- Care homes (30)
- Opticians (16).

### 2.1.1 Primary Care Summary

GPs in Southwark have 313,334 registered patients and an average list size of 7,121.  The high-level details of the GP estate include:

- 44 Practices, including 9 single handers
- 48 separate demises
- 40% of premises are in converted residential or retail premises (2012) – these are less likely to be sufficient and/or fit for purpose
- 55% need compliance work (2012), particularly infection control and/or DDA.  Some of these issues will have been resolved
- Premises costs differ widely – this is due to age, ownership structures (e.g. LIFT) and size
- Updated 6-facet information is being compiled and will assist with in-depth analysis during 2016/17.
- GP enhanced access services offering additional GP appointments 8am to 8pm, seven days a week are available at two locations
- There is a GP-led Urgent Care Centre at Guy's Hospital that manages both minor injuries and urgent medical problems open 8am-8pm, year-round

Additional analysis regarding the locations, size, cost and condition of the GP estate is provided in Appendix C.

### 2.1.2   Community and Mental Health Summary

The community and mental health providers in Southwark are Guy's & St Thomas' NHSFT (GSTT), King's College Hospital NHSFT (KCH) and South London & the Maudsley NHST (SLaM). They provide a range of health services from a number of locations within the borough which are summarised below. Additional detail on the locations and services is provided in Appendix C.

- GSTT provides community services from 31 locations across the borough – community nursing, specialist clinics for long term conditions, health visiting, foot health and more.  Many of these locations will be within or alongside existing primary care facilities
- KCH provides community services from 6 locations across the borough – dental, dialysis, midwifery and physiotherapy
- SLaM provides outpatient mental services from 17 locations across Southwark, from their own, and Local Authority, premises
- Information (gathered through informal surveys) is incomplete but indicates an estate in relatively good condition
- Premises costs vary widely, due to age, size and ownership structures (e.g. LIFT)
- Premises with higher costs, predominately LIFT sites, have the capacity for higher utilisation.

Site fact sheets buildings are located in Appendix C.  Details of other properties for the delivery of community or mental health services are provided in Appendix C.

## 2.2   Utilisation and Capacity Issues

We know that the estate can accommodate additional activity in existing premises, particularly community facilities.

### 2.2.1   Primary Care Estate

In an informal survey, almost half of the GPs across the 48 premises indicated an ability to use their existing space more efficiently.  This indicates capacity to increase activity without significantly expanding the Primary Care estate. Additional survey work in 2016/17 will help identify opportunities.

### 2.2.2 Community and Mental Health Estate

This is a core area for focus in providing the physical setting for care across the LCNs.  Utilisation of community and mental health premises is thought to be low but more data is needed for robust analysis.  For example, in July 2015, a utilisation study of Sunshine House Children & Young People's Development Centre was conducted and showed that the facility had a 34% utilisation, weekdays only.

To help inform strategy for improving LIFT utilisation, CHP has been undertaking a pilot scheme in Lambeth. The project started in June 2015 and is showing early results in improving utilisation and FM services delivery.  We will implement the lessons in Southwark.

### 2.2.3 Local Authority Estate

We are working with the LA and providers to identify the real opportunities for the delivery of integrated services.  After initial meetings, a list of potential opportunities for integration and co-location is provided in Appendix C.

## 2.3 Condition

Condition data needs to be updated.  The analyses suggest, in 2011 at least, the majority of patients would be consulted in accommodation listed as condition amber or green as defined in the Six Facet matrix.  Additional detail and analysis is available in Appendix C.

## 2.4 Estates Drivers

The issues and drivers for the healthcare estate include the following:

- A constrained financial environment
- An estate that can act as a catalyst and support for changes in service provision
- Increasing demand for services, across all levels of care
- The ability to increase utilisation, especially in community premises.

# 3| The Estate We Need

## 3.1 Overview

Our estate needs to:

- Be in the right locations for the population (where)
- Be in flexible, modern, facilities (what type)
- Support multi-agency working (what type)
- Have the capacity and capability to accommodate growing services (how much)
- Be configured to support the LCN concept of healthcare (what type).

## 3.2 Where – Localities

The borough is divided into the four localities for analysis on a more local scale. This division of the borough enables a more accurate application of the locality model, which focuses on population-based care within specific geographic locations – approximately 50,000-130,000 people per neighbourhood as has been proposed as a guide by OHSEL. Southwark CCG serves a resident population of nearly 310,000 (Source: GLA 2015), however Southwark is a net importer of patients, as the table below shows.

**Table 3.1: Patient List Size per Locality**

| Southwark Locality | (Weighted) Patient List Size (at 01/04/2016) | Projected Patient List Size by 2026 | Projected Patient List Size 2031 |
|---|---|---|---|
| Borough & Walworth | 98721 | | |
| Bermondsey & Rotherhithe | 72799 | | |
| Peckham & Camberwell | 70021 | | |
| Dulwich | 71792 | | |
| **Total** | **313334** | **370,000** | **410,000** |

## 3.3 How Much – Demand Modelling

We know that population growth will exert the following influences on our estate:

- Increased demand for primary care
- Increased demand for community services
- A need to transform the estate to match the changes in demand and the new ways of delivering services.

The following paragraphs and figures present an analysis of current capacity and projected demand, using the best available information.  Additional detail on the approach to modelling taken is provided in Appendix D.

### 3.3.1 Population Growth Projections - GLA

The figure below presents the GLA population projections to 2036.  An important point to note about the GLA population projections:  the latest available **do not** include the impacts of major regeneration

developments around Old Kent Road.  We have shown the impact of the Old Kent Road regeneration by adding GLA projections for the development to the graph.

It shows that, although projections show some slowing of population growth between 2025 and 2035, a relatively steep upward trend is expected overall.  The impact of Old Kent Road schemes starts around 2020.  By 2036, over 40,000 additional persons are expected to live in Southwark.

**Figure 3.1: Southwark Population Trends, excluding Old Kent Road growth**
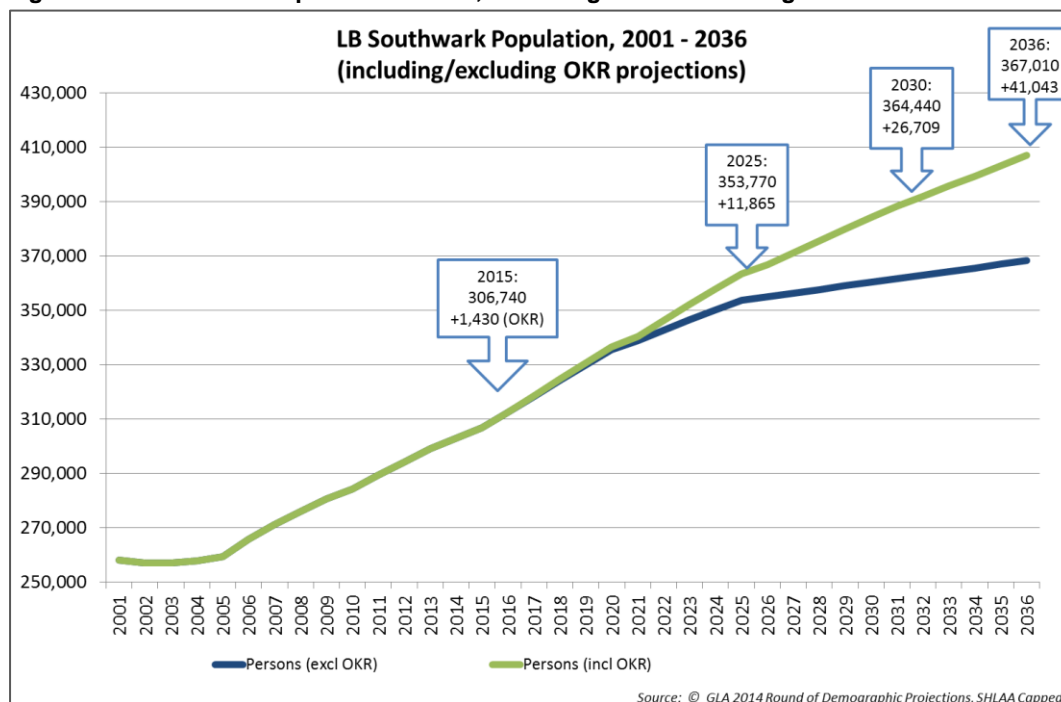


Ward-level analysis has some overlapping geographies. The general trend is for a higher proportion of population growth in the north of the borough.

### 3.3.2    Demand and Capacity Analysis – Primary Care

To understand the impact of population growth on the demand for services and, therefore, the capacity of the estate, our starting point was to use Health Building Notes (HBN) assumptions in conjunction with 2015 GP list sizes. HBN 11 sets out guidance for the size and types of accommodation required to provide primary health care services.  It uses the following set of parameters and assumptions:

- Access rate: 5,260 per 1,000 population consult/examination (CE) rooms
- with 20% of patients requiring Treatment rooms
- 100% of these consultations use consult/examination (CE) rooms; with 20% of patients also requiring Treatment rooms
- Availability: 50 weeks per year
- Appointment time: CE rooms 15 minutes; Treatment rooms 20 minutes
- Building operational: 60 hours per week
- Room utilisation: 60% (this equates to room available 36 hours per week).

We considered 60% utilisation specified by HBN 11 to be low. We modelled alternative utilisation at 80%, which is more in line with the CCG's expectation of future primary care estate utilisation. This enabled modelling of low and high utilisation scenarios.

Another important consideration relates to the need for administrative space for non-face-to-face work, which is required in each facility. GPs currently spend approximately one-third of their clinical time in non-face-to-face clinical work: telephone triage, phoning patients or other health care professionals about patient care, managing referrals and test results, for example. This needs confidential space, but not the full 14.5-16m2 required for a modern clinical room. New buildings, and where possible others too, will be built to accommodate this non-face-to-face clinical care more efficiently, allowing the clinical rooms to be used by other practitioners. Unless this space can be provided, higher utilisation rates are unlikely to be achievable.

The graphs below look at demand issues in overview and by locality.

**Figure 3.2: Primary Care Room Demand Overview**
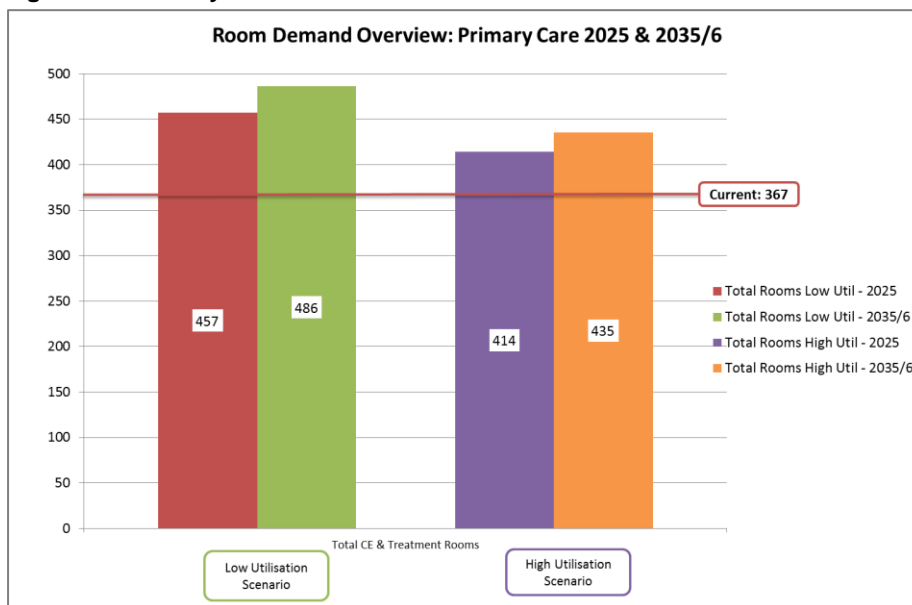


The chart above shows total numbers of Consulting/Exam and Treatment rooms required once population growth trends were applied to the HBN 11 methodology. It presents the current (2015) total number of rooms, and total rooms for 2025 and 2035/6, in high and low utilisation scenarios. It includes the demand expected from the Old Kent Road developments.
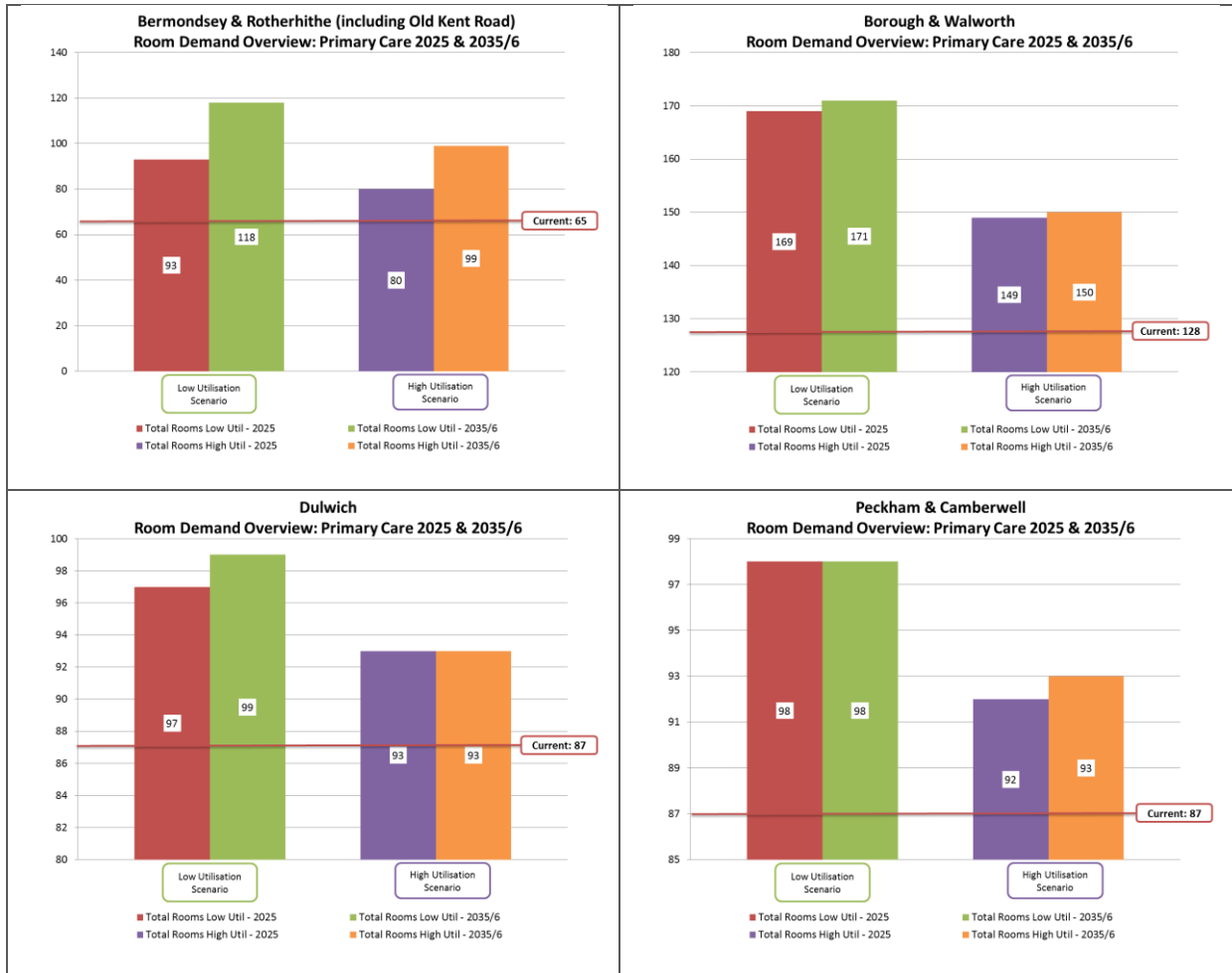
Key points from the chart:

- In low utilisation scenarios, around 90 additional rooms are needed by 2025, with 29 more (for a total of 486) by 2035/6.
- In high utilisation scenarios, this figure is halved and the model indicates 47 and 17 additional rooms, respectively, for a total by 2035/6 of 435 rooms
- Higher rates of utilisation could accommodate increased demand with fewer rooms: the difference by 2035/36 is 68 rooms. As mentioned above, this is dependent on the provision of non-face-to-face clinical space.

The figure overleaf analyses capacity and demand on a locality basis, using the same approach, for each of the four Southwark localities:

- Bermondsey & Rotherhithe (including Old Kent Road regeneration effects)
- Borough & Walworth
- Dulwich
- Peckham & Camberwell.

**Figure 3.3:  Primary Care Demand Modelling by Locality**



Key points from the charts:

- Highest increases in demand will be in Bermondsey & Rotherhithe locality – this reflects the planned regeneration around Old Kent Road – a total of 53 rooms (low utilisation) / 34 rooms (high utilisation) by 2035/6
- Borough  Walworth also has significant demand increases – 43 (low) or 22 (high) rooms during the period
- Other localities expected to experience increases early in the time period presented, then stabilise
- Dulwich and Peckham & Camberwell will experience relatively less population growth, as evidenced by relatively low increases in demand from current.

The analysis shows how estate needs could be minimised by improving utilisation.  Increasing the number of days buildings are open to patients could produce further improvements in utilisation of GP premises and reduce the number of additional rooms required in the future.  To achieve these potential improvements, the following will need to be targeted but, may not be achievable in all GP buildings:

- Maximise utilisation
  - Encourage new ways of working in General Practice,
  - Creating additional administrative space for non-face-to-face clinical work
  - Extended hours
- Creating additional clinical space (where necessary and only once justified).

As our plans take shape, we will explore how to achieve this in the estate.

### 3.3.3   Community

Utilisation studies and strategic analysis shows relatively low average utilisation rates in community health premises (i.e. Trust provider occupations), therefore it is assumed that anticipated population increase can be managed within the existing capacity.

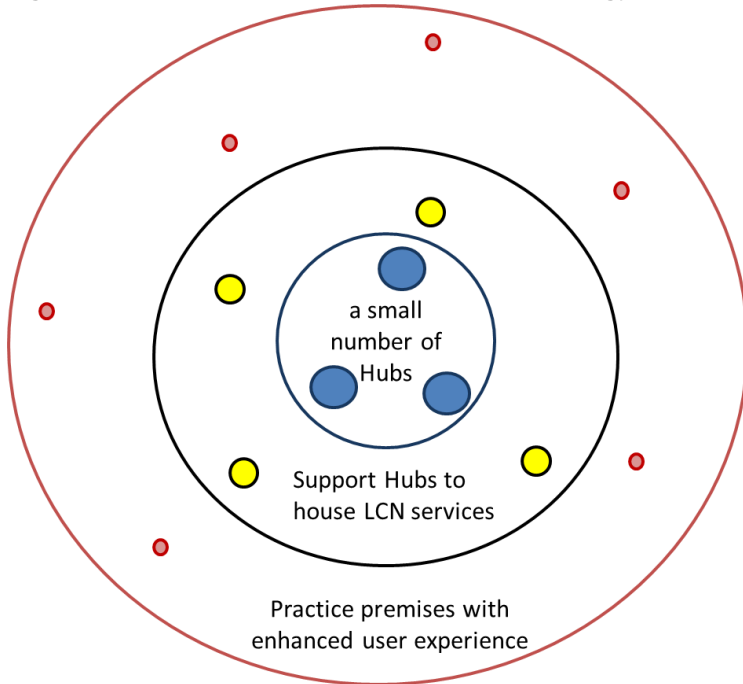### 3.3.4   Transformation Activity

This is to be created within community hubs as they develop and as our understanding of what is possible develops.  More work needs to be done around utilisation to ensure assets are used to the maximum before investment is made in additional accommodation.

## 3.4   What Type – Investment Strategy

In order to meet the increasing demand and changes to the provision of services, our premises will need to be flexible, adaptable and accessible facilities that can accommodate a number of services in line with the LCN model.  Four types of site are identified from this and illustrated in the figure below:

- Core Hub sites – suitable for long term use and able to meet future requirements with only routine adaption
- Hub Support sites – suitable for long term use and likely to meet future requirements, but only with major investment and change
- General practices operating out of fit-for-purpose accommodation
- Sites with potential for disposal/disinvestment – unlikely to be suitable long term.

**Figure 3.4: Future Provision – Our Investment Strategy**

a small
number of
Hubs

Support Hubs to
house LCN services

Practice premises with
enhanced user experience

# 4| Gap Analysis

The analysis we have undertaken of the existing estate has identified areas in the borough where there will be a shortfall in capacity for the provision of primary care. Community services facilities on the whole have the capacity to be able to absorb the additional activity that will be generated by the additional population. The phased development of the community hubs will allow us to determine the additional capacity required in each locality as the transformation agenda develops.

Based on the analysis of current provision, future demand and future service delivery we have identified the gap in our estate as follows.  The map overleaf shows proposed locations in the borough.

The proposed hub and support hubs are:

| |
|---|
| **Community Hubs** <br> • Dulwich Health Centre (serving the south LCN) <br> • Elephant and Castle (serving the north and west- largely the north LCN) <br> • Old Kent Road/New Rotherhithe Road (serving the east & north- the eastern parts of both LCNs and the ) |
| **Support Hubs** <br> • Lister Health Centre (existing facility) (south LCN) <br> • Aylesbury Health Centre (north LCN) <br> • Surrey Docks Health Centre (existing facility- north LCN) <br> • Albion Street Health Centre/Canada Water (north LCN) |

In addition, we have a number of practice-led developments which will provide improved or entirely new purpose-built accommodation which will be of benefit to the increased level of service provision, required under our community based care STP proposals, as well as delivering an enhanced service user experience.
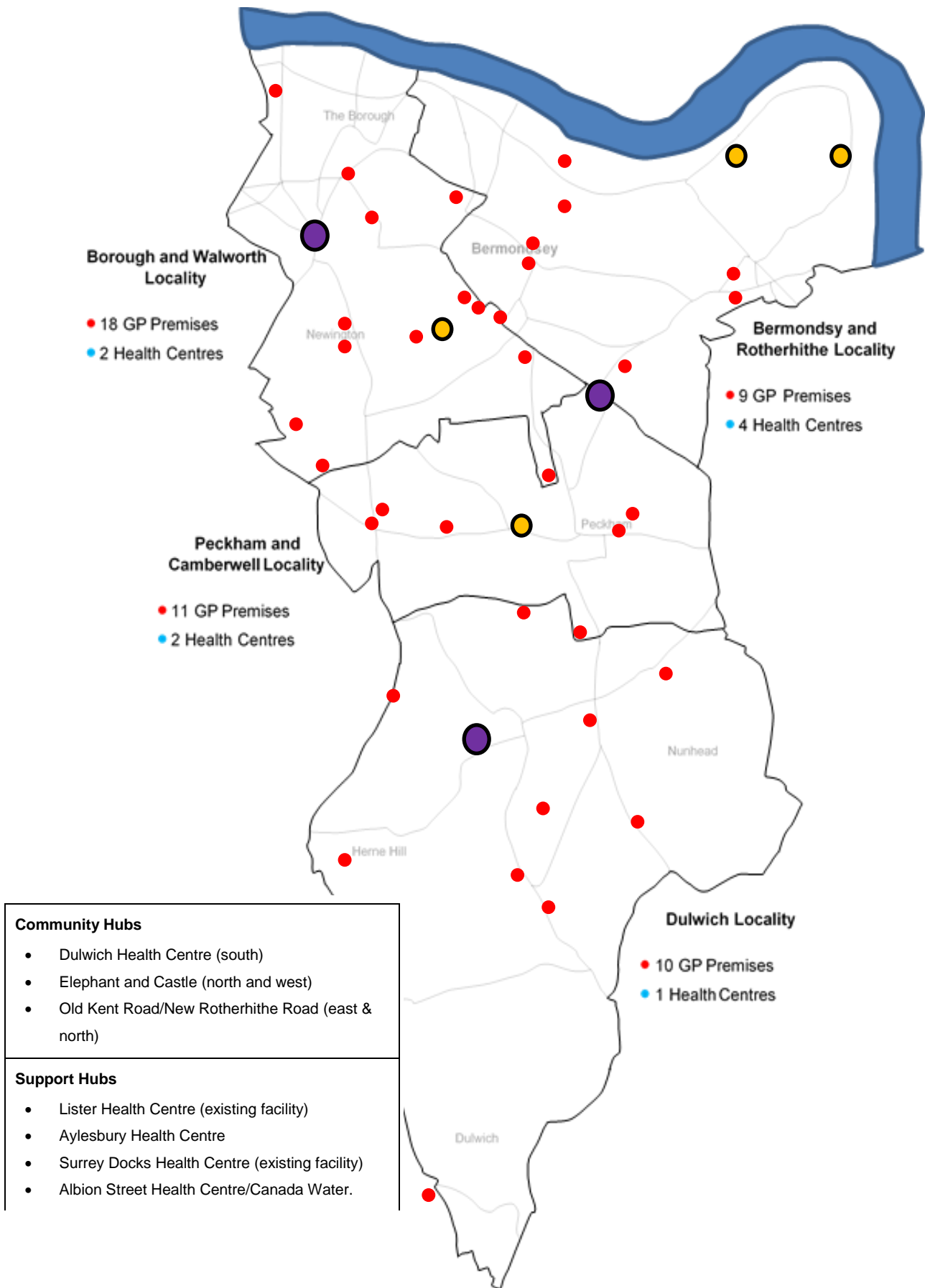
**North LCN**
- BLM2 - Decima Street
- Blackfriars
- Penrose Surgery

**South LCN**
- Acorn/Gaumont
- Commercial Way
- Nunhead

**Figure 4.1: Future Provision - Proposed Locations**



**Borough and Walworth Locality**

- 18 GP Premises
- 2 Health Centres

**Bermondsy and Rotherhithe Locality**

- 9 GP Premises
- 4 Health Centres

**Peckham and Camberwell Locality**

- 11 GP Premises
- 2 Health Centres

**Dulwich Locality**

- 10 GP Premises
- 1 Health Centres

**Community Hubs**

- Dulwich Health Centre (south)
- Elephant and Castle (north and west)
- Old Kent Road/New Rotherhithe Road (east & north)

**Support Hubs**

- Lister Health Centre (existing facility)
- Aylesbury Health Centre
- Surrey Docks Health Centre (existing facility)
- Albion Street Health Centre/Canada Water.

# 5| Our Plan to Get There

Our primary and community estate will, in the future, be required to accommodate significant additional activity and a wider range of services.

## 5.1 Our Approach

The approach we expect to take is:

- Maximise the utilisation of existing clinical space through extending hours of operation where possible, and providing alternative spaces for non-face-to-face clinical activity
- Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations
- Support the development of up to three Community Hubs, which can accommodate increased primary care activity, services provided by Local Care Networks (LCNs) and the wider out-of-hospital services requires across a locality
- Identify other 'support hub' facilities which can also accommodate locality services provided by Local Care Networks
- Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population
- Focus investment in areas where the population increase is greatest.

The remainder of the estate requires further assessment against agreed criteria for assessing sites long term suitability and potential investment and we propose the criteria outlined below.

It is important that NHS PS, CHP, the Trusts', the LA and the GP Federations all have an input throughout the process as they are major stakeholders, key decision makers and enablers of change.

Information and IT will be a key enabler for the transformation strategy. Specifically, it can support staff in new ways of working, leading to a reduction in the need for accommodation and empower patients to be active participants in their care. Key considerations for understanding the IM&T requirements to support the strategy and any gaps are:

- National and London initiatives and policies: There are a number of National and local initiatives and policies that may support the implementation of the strategy.
- CCG IM&T strategies: Each CCG has its own IM&T strategy and implementation plans, which have been reviewed and initial assessments made to determine support for the strategy.
- Identifying uniformities at a south east London level so there are consistent ways of working. For example, adopting the same data quality standards, and staff identification processes for who should be viewing/editing data and design principles
- Gaps and any investment costs: Understanding where these are not currently accounted for in CCG and or provider plans, and are needed to implement the strategy.
- A primary requirement to enable the strategy is for health and care systems across south east London to be interoperable. This working across organisational boundaries.

## 5.2 Evaluation Process

We suggest that all sites should be initially assessed on the basis of the NHS England ETTF criteria (more details on ETTF in the next section). The formal guidance indicates four criteria:

- Increased capacity for primary care services out of hospital

- Commitment to a wider range of services as set out in commissioning intentions to reduce unplanned admissions to hospital
- Improving 7 day access to effective care
- Increased training capacity.

Other criteria (for detailed analysis) to include:

- Evidence of patient involvement
- Consistency with the local estates strategy
- Clear identified need
- Deliverable between April 2016 – March 2019
- Sustainable in the long term
- Flexible design.

Local criteria for projects include the following:

- Identified in the Local Estates Plan – all projects will be specifically identified in the final draft of the plan
- Support the development of services provided by Local Care Networks – project supports the development of truly integrated services provided by Local Care Networks, and the vision set out in the NHS Southwark Five Year Forward View
- Support development of services operating at scale – project is part of proposals to offer services provided at scale
- Be able to manage some areas of significant population increase within regeneration areas
- Accessible – in terms of geography and by public transport
- Be as efficient as possible – uses existing buildings, or those where there are well-developed plans; Supports service and financial efficiencies through practice mergers/co-locations or other service co-locations; demonstrates good value for money; demonstrates efficiency of space utilisation
- Be fit for purpose – statutorily compliant; meet the needs of a redesigned workforce; flexible for future uses

# 5.3  Sources of Investment

The Local Estates Strategy seeks to coordinate and make best use of all available funding for premises development. Estate and Technology Transformation Fund (ETTF) and Improvement Grants, NHSPS customer and landlord capital, CHP investment and NHS Trust capital investment, and Section 106 developer contributions (financial and in-kind) and Community Infrastructure Levy.

### 5.3.1   Section 106 / Community Infrastructure Levy

Developers building additional housing are required to contribute to the mitigation of the impact on social infrastructure of an increased population. This is through S106 payments or more recently through the Community Infrastructure Levy which is negotiated through the planning application process.

As of March 2016, £20m of s106 health contributions have been negotiated, and £6.3m collected so far. £2.4m has been earmarked for the Aylesbury HC development, a further £3m potentially available to support the Elephant & Castle, and other sums for developments across the north of the Borough.

A new health centre of 2,100m2 is proposed on the Aylesbury Plot 18 Site to accommodate the existing Aylesbury Medical Centre and community services currently provided in the Aylesbury Health Centre. The new health centre will provide additional capacity to accommodate an additional 7,000

patients. It will be funded from £1,519,890 from the Aylesbury s106 Infrastructure Tariff and £1,562,890 of s106 funds pooled from 29 nearby developments.

- £147,760 of s106 funds have been released to contribute towards a replacement health centre on land close to Princess Street GP practice in Elephant & Castle.

- The borough introduced its CIL in March 2015. The CIL Regulation 123 List identifies infrastructure projects and themes towards which CIL will wholly or partly contribute. It is intended to allocate CIL towards health projects unless they are already identified as a s106 planning requirement. Therefore, there is a need to link local authority and NHS infrastructure, estates planning, and monitor growth to identify where and when investment is needed.

### 5.3.2 The Estates and Technology Transformation Fund (ETTF)

NHS England launched the ETTF fund in June 2016, to establish a three-year pipeline of investment in primary care estates and technology.  CCGs submitted applications during June 2016. CCGs were required to prioritise submissions and ensure that the schemes supported are consistent with their Local Estates Strategy.

The fund is established to contribute to improving access to effective care and may be used for refurbishment of under-utilised premises, of extensions to existing facilities used for primary medical care (and APMS), construction of new premises, to facilitate the co-location of practises (mergers) to facilitate primary care at scale or to promote patient access to a wider range of services.

Bids will be considered by NHSE against a number of "core criteria" which were set out in the previous section. The outcome of this bidding process is expected in November 2016.

# 5.4  Risks and Dependencies

Delivery of the Local Estates Strategy will require the co-operative action of a number of parties in the borough and in the SEL network.  Managing these relationships and ensuring that the strategic vision of the CCG is achieved will require the monitoring a number of strategic and estates risks.

### 5.4.1 Strategic Risks

The table below highlights strategic risks to achieving the CCG's estate set out in this document.  It is intended to identify main issues, but is not exhaustive.

**Table 5.1: Strategic Estates Risks**

| Risks | Mitigations |
|---|---|
| National economy and housing market | No mitigation |
| NHS funding – changes in priorities | No mitigation |
| Inadequate and/or poor data | Work with providers of data to make it as reliable as possible |
| S106/CIL contributions | Ensure good engagement with LA to make sure health requirements are built into local development plans. |
| Poor engagement from LA, Providers and others | Ensure strong leadership and buy-in from all parties to the value of working together. |

### 5.4.2    Estate Risks and Dependencies

There are a number of challenges that stakeholders will have to address in order to create an efficient health estate in Southwark. The estates challenges should be able to be mitigated to create opportunities.

**Table 5.2: Estate Risks and Dependencies**

| Challenges | Mitigation |
|---|---|
| A clear understanding of the estate in terms of size, cost, age, compliance, condition and utilisation. | Development of shared estates database, accessible to all stakeholders |
| How to create an effective system that allows different organisations to share space and facilities, effectively. | Development of a proactive management and room booking system |
| Lack of capital for development/reconfiguration | Local Estate Strategy will identify investment schemes for funding though the Estates and Technology Transformation Fund (ETTF), S106 or CIL and other funding mechanisms. |
| Constraints of leases and budgets | Creating a flexible lease framework for service providers. |
| Rationalisation versus population growth | Where appropriate rationalise assets no longer fit for purpose while ensuring adequate provision is planned for growth areas. |
| Population distribution and health inequalities | Ensuring hubs and spokes are accessible for all. |
| Lack of transparency within each agency | Creating a local estate forum with key estate stakeholders. |
| Better utilisation of clinical buildings | Relocation of office accommodations.  Conversion to clinical where appropriate. |
| GP Freeholds and retiring partners | Early engagement with practice over succession planning/Practice mergers etc. |
| Cross-border issues with Lambeth and Lewisham | Early engagement with the adjoining CCGs to agree a way forward. |

# 5.5  Conclusions and Actions

Our estate cannot remain the same.  We know it will be inadequate for the needs of Southwark soon if change does not occur.  There is a need to change what we do and how we do it.  Our plan for the estate must take account of the following factors:

- A constrained financial environment.
- Local service integration including primary care and integrated community care.
- New workforce models in response to the need for ambulatory up-skilling and staff shortages within the existing workforce.
- Information Management and Technology, which will be a key enabler of change for providers, but will require time and investment.
- Increasing demand for services, across all levels of care

Our proposals to implement a Local Care Network approach with Hubs, Hub Support sites and an improved Primary Care estate will produce clear results for the people of Southwark.  This will be supported by:

- **Better utilisation** much of the exiting estate can be used to meet the increased demand in community premises.  It will also help to ensure that primary care premises, where expanded, are the right size.
- **Linking to Opportunity Areas** and likely or known development plans.  This will ensure that care is in the right place for population growth
- **Investing wisely**, using CIL, Section 106 and ETTF opportunities to ensure Value for Money in our estate.

### 5.5.1  Next Steps

We believe the following medium and long term actions will need to be progressed, across the following headings.

Locality analyses:

- Test the gap analysis at local level
- Develop a timeline for the proposed new housing developments
- Roll out procurement of project managers, health planners and design team for working up refurbishment projects or new schemes, potentially to be led by CHP
- Options appraisal and business case development for core ETTF projects that require investment

Joint working:

- Develop communications plan for engaging with stakeholders
- Develop work stream for providers and LA to discuss and agree co-location and integration opportunities, Procure condition surveys of core buildings requiring investment
- Investigate voluntary and community use of buildings with the LA
- Arrange meetings with adjoining CCGs to discuss and agree cross-border issues Continuation of the LEF, plus setting up of a project management office (PMO) and individual project governance for new schemes
- Identify best practice and knowledge share across SEL

Capacity building in the estate:

- Ongoing development and maintenance of the SHAPE database
- Further engagement with Local Planning Authority to ensure CCG and stakeholders have early warning of development proposals and to give them time to consider the health impact and to apply for S106/CIL contributions. Identify and start planning pilot projects and quick wins
- Integration of estates, ICT, and workforce workstreams to ensure communications between the three key change enablers
- Delivery of improved utilisation at core sites