Department of Health

Local Estates Strategies

A Framework for Commissioners

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Contact details: Robert.Oldham@dh.gsi.gov.uk Rob Oldham Department of Health Room 2W41 Quarry House Quarry Hill Leeds LS2 7UE

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Local Estates Strategies

A Framework for Commissioners

Prepared by Property Branch in Commercial Division

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Executive summary

Achieving the efficiencies required by the Five Year Forward View will mean all parts of the health service will need to work with greater agility and greater co-operation. Good quality strategic estates planning is vital to making the most of these changes and will allow the NHS to:

- fully rationalise its estate,
- maximise use of facilities,
- deliver value for money, and
- enhance patients' experiences.

In order to realise these benefits, commissioners should produce high quality local estates strategies in collaboration with a wide range of local stakeholders (including the wider public estate). The formation of a Local Estates Forum (LEF) will be key to developing a sufficiently robust understanding of the available estate and aligning it to commissioning intentions to extract maximum value from NHS resources and reduce wastage.

To support commissioners, strategic estates advice is now available from NHS Property Services (NHS PS) and Community Health Partnerships (CHP), to guide and co-ordinate development of the commissioner –led strategies. Local estates strategies have the potential to support commissioners as they develop new models of care quickly, and start to dissolve the historic divide between primary, community care and hospitals, including those delivering secondary and tertiary care.

It is vital that service and estates planning are integrated to ensure that the best estate is available to deliver the best healthcare services and make wise, well founded investment decisions. In this way, best use can be made of existing property, new estate can be developed to meet service needs and surplus estate can be sold.

By the end of December 2015, the majority of CCGs should have plans in place that cover primary and community care estate and non-clinical estate. The Department will continue to support commissioners through CHP and NHS PS as local estates strategies evolve alongside commissioning strategies.

Introduction

NHS England's Five Year Forward View (5YFV) set out the stark financial challenge facing the NHS alongside the actions that need to be taken to meet the challenge. Consequently, more funding has been made available to upgrade primary care infrastructure and the scope of services it can deliver. Complementing this move, commissioners will also soon have the option of more control over the wider NHS budget as a means of promoting a more integrated local health economy and expanding the number of traditionally secondary care services that can be provided in a primary or community care setting. In May 2015, the Secretary of State confirmed the direction of travel by setting out his biggest priority as transforming care outside of hospital.

Achieving the efficiencies required by the 5YFV will mean all parts of the health service will need to work with greater agility and greater co-operation. Good quality strategic estates planning is vital to making the most of these changes and will allow the NHS to:

- fully rationalise its estate,
- maximise use of facilities,
- deliver value for money, and
- enhance patients' experiences.

In order to realise these benefits, commissioners should produce high quality local estates strategies in collaboration with a wide range of local stakeholders (including the wider public estate). The formation of a Local Estates Forum (LEF) will be key to developing a sufficiently robust understanding of the available estate and aligning it to commissioning intentions to extract maximum value from NHS resources and reduce wastage.

This does not mean that there should be a specific plan for each CCG, it could mean that several CCGs work together to develop a plan. Local circumstances must dictate what is appropriate for local health economies. The plan should reflect the footprint that makes sense locally.

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

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

In particular, secondary and tertiary care and wider public sector partners may already have their own strategic estates plans so the LEF should be used to ensure all of these are aligned.

To support commissioners, strategic estates advice is now available from NHS PS and CHP, to guide and co-ordinate development of the commissioner –led strategies. They will also be able to assist in commissioning specific pieces of work that might be required to inform development of the strategies e.g. data analysis, utilisation studies, the cost of which will have to be met by commissioners. The individuals assigned to each geographical area are listed in Appendix A. This service, built upon successful work around the country, is provided to commissioners free.

To make the most of this service, commissioners should ensure that a member of their own team is identified who can engage with the strategic estates lead.

Why has this approach been developed?

Whilst England is too diverse for a 'one size fits all' care model, and different solutions will be relevant for each local strategy, making the best use of property is a key part of making the NHS deliver services more efficiently, improving patient safety and patient experience and the principles offer a strategic approach to tackle constraints and harness opportunities within each health economy.

Commissioning itself can be used as a mechanism to drive forward estate efficiencies. When commissioning services through a tendering process, providing fair access can be provided to all parties who are likely to make a bid, the property for delivery can be named in a tender. This is important in allowing commissioners to plan for the best use of the estate within the local health economy. Clarity about the available estate is therefore essential to underpin this approach.

What are the benefits?

Some NHS owned and occupied estate may no longer be suitable for the delivery of healthcare services or it may be underutilised, vacant, or used to deliver back office functions. Conversely, some estate may be under pressure to deliver more services. It is therefore vital that service and estates planning are integrated to ensure that the best estate is available to deliver the best healthcare services and make wise, well founded investment decisions. In this way, best use can be made of existing property, new estate can be developed to meet service needs and surplus estate can be sold. Used effectively, the estate can be an enabler, rather than a block to the delivery of new healthcare models. Comprehensive alignment of commissioning and associated estates requirements will ensure more effective investment and timely disinvestment

In addition, strategic estate planning has clear financial benefits. Identifying potential for greater efficiency in running the estate and improving utilisation leads to savings which can be ploughed into service delivery.

What are the costs/savings?

There are many costs associated with running NHS owned and occupied estate, which comprises about 25 million square metres. Estate is often cited as the third largest cost after staffing and medicines, covering amongst other things utilities, maintenance, security, rent, and depreciation. Most of this ultimately falls to commissioners to fund through service provider contracts. Strategic estates planning provides a significant opportunity to identify estate cost savings by making better use of the NHS estate, to reduce running costs and dispose of any surplus property. The planning process also provides opportunities to work with other public sector bodies, including local and central government, to examine opportunities to save estates costs, particularly for non-clinical accommodation. This could be particularly helpful where clinical provision needs to expand e.g. relocating non-clinical functions off the NHS campus to release space that could be converted to clinical service use.

This links with the One Public Estate programme run by Cabinet Office and the Local Government Association (LGA). The initiative encourages local councils to work with central government and other public sector organisations on a geographical rather than departmental basis to share buildings and re-use or release surplus property and land. It also enables the

sharing of services and supports regeneration. It is envisaged that all local health economies will participate in these opportunities across the wider public sector.

The strategic planning process

Moving forward

Strategy development is by its nature an iterative process. The aim now is to produce initial local estates strategies during the course of this year. These will form a sound base for further in depth plans in future years which can incorporate outputs from the learning from pilots for emerging care models, currently in train. The strategic planning process is outlined in Appendix B.

By the end of December 2015, the majority of CCGs should have plans in place that cover primary and community care estate and non-clinical estate. Of the remainder, we expect a significant minority of CCGs to have sufficiently strong and well established relationships with the wider healthcare sector that will allow them to develop their strategy across the whole local health economy. Only the most advanced CCGs are expected to have sufficient maturity and engagement to be able to develop strategies that bridge to the wider public sector.

The Department will continue to support commissioners through CHP and NHS PS as local estates strategies evolve alongside commissioning strategies. The intention is to share learning from the leading CCGs during 2016, with the Department developing an overarching longer term strategy towards the end of the year.

Appendix A: list of strategic estates advisers

MIDLANDS AND EAST

Name of CCG	Strategic Estates Adviser		Organisation
	Name	Contact Details	
Basildon & Brentwood	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Bedfordshire	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Birmingham Cross City	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel:07950803964	CHP
Birmingham South & Central	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel:07950803964	CHP
Cambridgeshire & Peterborough	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Cannock Chase	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel:07950803964	CHP
Castlepoint, Rayleigh and Rochford	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Corby	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Coventry & Rugby	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Dudley	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
East & North Herts	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
East Leicestershire & Rutland	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS

East Staffordshire	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Erewash	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Great Yarmouth & Waveney	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Hardwick	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Herefordshire	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
Herts Valleys	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Ipswich & West Suffolk	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Leicester City	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Lincolnshire East	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Lincolnshire West	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Luton	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
Mansfield and Ashfield	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Mid-Essex	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Milton Keynes	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Nene	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS

Newark and Sherwood	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
North Derbyshire	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
North East Essex	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
North Norfolk	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
North Staffs	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Norwich	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Nottingham City	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Nottingham North & East	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Nottingham West	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Redditch & Bromsgrove	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
Rushcliffe	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Sandwell and West Birmingham	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
SE Staffs & Seisdon	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Shropshire	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
Solihull	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS

South Lincolnshire	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
South Norfolk	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
South Warwickshire	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
South West Lincolnshire	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS
South Worcestershire	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
Southend	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Southern Derbyshire	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Staffs and Surrounds	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Stoke on Trent	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Telford & Wrekin	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
Thurrock	Ian Greggor	i.greggor@communityhealthpartnerships.co.uk Tel: 07983716762	CHP
Walsall	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Warwickshire North	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS
West Essex	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
West Leicestershire	Anthony Smith	anthony.smith@property.nhs.uk Tel: 07867467714	NHSPS

West Norfolk	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
West Suffolk	Ian Burns	ian.burns@property.nhs.uk Tel: 07785393853	NHSPS
Wolverhampton	Simon Barnes	s.barnes@communityhealthpartnerships.co.uk Tel: 07950803964	CHP
Wyre Forest	Kiran Williams	kiran.williams@property.nhs.uk Tel: 07825048874	NHSPS

NORTH

Name of CCG	Strategic Estates Adviser		Organisation
	Name	Contact Details	
Airedale, Wharfdale & Craven	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Barnsley	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Bassetlaw	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Blackburn & Darwen	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Blackpool	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Bolton	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Bradford City	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Bradford Districts	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Bury	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Calderdale	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Central Manchester	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Chorley and South Ribble	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS

Cumbria	Mike Chambers	m.chambers@communityhealthpartnerships.co.uk Tel: 07775915831	CHP
Darlington	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHSPS
Doncaster	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Durham Dales, Easington & Sedgefield	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
East Lancashire	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
East Riding of Yorkshire	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Eastern Cheshire	Mark Owens	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS
Fylde & Wyre	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Greater Huddersfield	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Greater Preston	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Halton	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Hambledon, Richmondshire & Whitby	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Harrogate & Rural District	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Hartlepool & Stockton-on-Tees	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP

Heywood, Middleton & Rochdale	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Hull	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Knowsley	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Lancashire North	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Leeds North	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Leeds South and East	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Leeds West	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
Liverpool	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Newcastle Gateshead	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
North Durham	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHSPS
North East Lincolnshire	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
North Kirklees	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
North Lincolnshire	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
North Manchester	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
North Tyneside	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP

Northumberland	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHSPS
Oldham	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Rotherham	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Salford	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Scarborough & Ryedale	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Sheffield	Martin Rooney	m.rooney@communityhealthpartnerships.co.uk Tel:07775905512	CHP
South Cheshire	Mark Owens	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS
South Manchester	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
South Sefton	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
South Tees	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHSPS
South Tyneside	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHSPS
Southport & Formby	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
St Helens	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Stockport	Mark Owens	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS
Sunderland	Andrew McMinn	andrew.mcminn@property.nhs.uk Tel: 07768321258	NHS PS

Tameside & Glossop	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Trafford	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Vale of York	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Vale Royal	Mark Owen	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS
Wakefield	Thomas Britcliffe	thomas.britcliffe@property.nhs.uk Tel: 07785954829	NHSPS
Warrington	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
West Cheshire	Mark Owens	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS
West Lancashire	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
Wigan	Neil Grice	n.grice@communityhealthpartnerships.co.uk Tel: 07908732782	CHP
Wirral	Mark Owens	mark.owens@property.nhs.uk Tel: 07920766269	NHSPS

SOUTH

Name of CCG	Strategic Estates Adviser		Organisation
	Name	Contact Details	
Ashford	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Aylesbury Vale	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Bath & NE	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Bracknell & Ascot	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Brighton & Hove	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Bristol	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Canterbury & Coastal	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Chiltern	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Coastal West Sussex	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Crawley	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Dartford, Gravesham & Swanley	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Dorset	Janet Kearney	janet.kearney@property.nhs.uk Tel: 07545423110	NHSPS
East Surrey	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS

Eastbourne, Hailsham & Seaford	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Fareham & Gosport	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Gloucestershire	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Guildford & Waverley	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Hastings & Rother	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
High Weald Lewis Havens	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Hotrsham & Mid Sussex	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Isle of Wight	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Kernow	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Medway	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
N & W Reading	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
NE Hampshire & Farnham	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Newbury	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
North Hampshire	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
North Somerset	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP

North, Eastern and Western Devon	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
NW Surrey	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Oxfordshire	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Portsmouth	Janet Kearney	janet.kearney@property.nhs.uk Tel: 07545423110	NHSPS
SE Hampshire	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Slough	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Somerset	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
South Devon & Torbay	TBC	Please contact Andrew Strange at NHSPS: andrew.strange@property.nhs.uk Tel: 07900570254	NHSPS
South Gloucestershire	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
South Kent Coastal	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
South Reading	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Southampton	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
Surrey Downs	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Surrey Heath	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Swale	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS

Swindon	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Thanet	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
West Hampshire	James Bawn	j.bawn@communityhealthpartnerships.co.uk Tel: 07950803942	CHP
West Kent	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Wiltshire	Bryn Howells	bryn.howells@property.nhs.uk Tel : 07825060523	NHSPS
Windsor, Ascot & Maidenhead	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS
Wokingham	James Page	james.page@property.nhs.uk Tel: 07887832284	NHSPS

LONDON

Name of CCG	Strategic Estates Adviser		Organisation
	Name	Contact Details	
Bexley	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Bromley	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Greenwich	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Lambeth	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Lewisham	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Southwark	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
City & Hackney	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Newham	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Tower Hamlets	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Waltham Forest	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Camden	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Islington	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Barnet	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Haringey	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP

Enfield	Nicola Theron	n.theron@communityhealthpartnerships.co.uk Tel: 07710737709	CHP
Barking & Dagenham	Andrew Ulyett	andrew.ulyett@property.nhs.uk Tel: 07788 423 701	NHSPS
Havering	Andrew Ulyett	andrew.ulyett@property.nhs.uk Tel: 07788 423 701	NHSPS
Redbridge	Andrew Ulyett	andrew.ulyett@property.nhs.uk Tel: 07788 423 701	NHSPS
Wandsworth	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Croydon	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Kingston	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Richmond	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Merton	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Sutton	Shahheen Saiyed	shahheen.saiyed@property.nhs.uk Tel: 07884 074607	NHSPS
Ealing	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
Hammersmith & Fulham	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
Hounslow	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
Brent	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
Harrow	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS

Hillingdon	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
Central London	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS
West London	Sunita Burke	sunita.burke@property.nhs.uk Tel: 07795475163	NHSPS

Appendix B: the strategic planning process

Once fully developed, a local estate strategy should include the current context, vision, gap analysis, initiatives, clear delivery plans, and an achievable timetable. It should also identify risks, a process for in-year monitoring of delivery, and the measures for success and accountability. Development of the plan is likely to progress through the following six steps:

1. Getting Prepared
2. The Estate that you have
3. The Estate that you need
4. Gap Analysis
5. Options Identification and Testing
6. The Local Estate Strategy

A brief summary of each step is highlighted below. CHP and NHS PS Strategic Estates Advisers will be available to help you through each part of the process in detail.

Step 1 – Getting Prepared

Strategic Estates Planning must operate within a clear framework. A steering group is set up that is known, for the purposes of this document, as a Local Estates Forum (LEF). However, the name is not important and in most cases, local areas will already have structures into which this activity fits quite naturally. Such structures might be:

- Strategic Partnering Boards in LIFT areas,
- Estate Strategy Groups, or
- Estates work streams as part of major system change programmes

The LEF takes responsibility for developing and agreeing a Local Estates Strategy for the local area – and then also oversees implementation of the plan. Good governance requires that the Local Estates Forum should:

- comprise all the main stakeholders,
- include senior level representation,
- meet regularly (normally monthly),
- act on behalf of the whole local health and social care system,
- work to agreed terms of reference,
- developing the outline programme timeline for completing the strategy, and
- be directly accountable to the executive leadership of the local health and social care system.

Strategic Estates Planning should be part of business as usual and not a one off activity. Each local area can decide how the strategy fits into what is already happening locally, as long as it meets all of the key characteristics detailed above.

Step 2 – The Estate that you have

Start with a broad brush analysis of the whole estate to get a sense of the overall scale and general perspective. This can usually be done early on from data that is available. It can be refined later when the full data has been collected. This quick overview also helps to focus attention on those sites whose cost and size make them key to any analysis. It can be helpful to know early on the proportions of the estate that are dedicated to certain functions (acute, community, primary, admin etc.), that are held by particular owners (trusts, NHS PS, CHP, local authority etc.), and that are part of major sites.

Step 3 – The Estate that you need

Identifying the estate you need is probably the most important stage of the process because it aims to define the shape of services in the future that the estate must support. It is also likely to be the most difficult task. You will have to work closely with all key stakeholders, particularly commissioners and providers. All key outputs are likely to need discussion and agreement in workshops or similar.

Step 4 – Gap Analysis

The outputs from Steps 2 and 3 will enable you to compare the existing estate with what will, ideally, be needed in the future. This next step begins to identify the discrepancies between the present and future and to set out the key priorities for change.

In practice, much of the existing estate will probably continue in broadly the same configuration and use, subject to the usual requirements for periodic updating. Step 2 will already have highlighted the priority issues with existing buildings. These will have to be addressed when now looking at what needs to change. The output from this stage will be a number of key priority areas where the estate will need to change over the next five years. These might include, for instance:

- closing a site and moving activity elsewhere where there is spare capacity to reduce operating costs and free up capital for reinvestment,
- substantially consolidating activity on a site to reduce operating costs and release land for disposal and capital for reinvestment,
- replacing a number of poor quality buildings that are no longer fit for purpose with a new facility that can support a wider range of services, or
- providing a new facility in a particular locality to meet changed models of care and service delivery.

Step 5 – Options Identification and Testing

This step aims to develop an initial proposals for each of these key priority areas. These options will then need very high level appraisal to test them for viability, strategic fit and for their financial implications. Here are the types of questions that could be asked about particular options:

- What would be the impact on clinical services and patient care?
- How does it fit in with commissioning and provider strategic plans?
- Would it be easy to implement?
- Would wider stakeholders find the proposal acceptable?
- Does it offer strategic flexibility?
- What is the impact on annual revenue?
- How would capital budgets be affected?
- Would the changes provide opportunities to create housing?

Step 6 – The Local Estates Strategy

The final step is the preparation of the Local Estates Strategy. This will pull together all the key elements of the process, including:

- The strategic planning process (steps 1 to 5), summarising how each was carried out and detailing the conclusions.
- How the existing estate needs to change to meet the future health and social care requirements in the local area.
- The future strategic direction of the estate.
- Immediate priorities in terms of particular sites. For example, it might identify opportunities for investment or disinvestment which could be taken forward quickly to business case and formal consultation, if required.
- Longer term priorities for other sites where the future is less certain and requires further detailed study.
- The five year capital investment plan.
- The financial impact of the proposed changes at system level over the next five years.
- Detail of how the conclusions and recommendations should be implemented.

Delivery considerations

Key dependencies

Development of the strategy will inevitably have a high number of critical dependencies which can be managed through capturing:

- Major barriers or risks to implementation,
- Key assumptions that may be subject to change, and
- Key dependencies on others for delivery.

Assessment of implementation risk

To capture the risks as they emerge, commissioners are advised to develop and articulate:

- a risk register,
- the cumulative risk exposure, and
- the overall risk management strategy.