

Appendix 1

NHS Southwark CCG – Local Estates Plan refresh – 2018 version 3

<p>Introduction to Southwark and background to the local estates strategy</p> <p>Process for the refresh</p>	<p>Introduction to Southwark:</p> <p>Southwark is a young and culturally diverse borough with large numbers of working age adults and residents from a wide range of ethnic backgrounds. Home to some 312,000 people, Southwark has a comparatively young population, the median age (32.9 years) is two years younger than London. This stems not from a large number of children, but from a large number of young working age residents: over 40% of the Southwark population is aged 20 to 39, compared to just 34% in the rest of London. The population of Southwark is growing rapidly, with projections suggesting there will be an additional 63,000 people in the borough by 2026. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, South Bermondsey, Elephant and Castle and Canada Water.</p> <p>Background to the estates strategy:</p> <p>The Southwark Local Estates Strategy was developed early in the spring of 2016 through a series of multi-agency workshops. This included representation from the CCG, all provider trusts, the NHS property companies, local general practice and local authority. This group:</p> <ul style="list-style-type: none"> • Developed a set of principles for the estate of the future and where we should be investing • Looked at what the existing capacity was, and where • Looked at future demand – generated by both the increasing population and the expectation that more services will be provided in a community/primary care setting • Pooled local knowledge on a locality by locality basis and • Proposed a future configuration of community health hubs and community health support hubs <p>This group (the Local Estates Forum or LEF) has continued to meet, and has now embarked on a refresh of that strategy. This has consisted of:</p> <ul style="list-style-type: none"> • Redefining the context • Reviewing the population projections and seeing how they have changed • Considering changes to the provider landscape • Noting progress on projects
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	<ul style="list-style-type: none"> • Updated the principles for investment and ensuring they are still consistent with the SE London principles • Considering the changes to the policy context • Reviewing the development of the vision for community hub developments and as a result of this • Reviewing the location of the proposed community health hubs.
Author/s	
Contents	<p>This document sets out, at a high level, the following:</p> <ul style="list-style-type: none"> • The context for health and wellbeing in Southwark • A summary of the 2016 LES Strategy priorities • An update on key changes/developments since 2016 • Key Strategic activity • Key priorities for funding support • Next steps • STP Integration
Context	<p>Southwark is a young, diverse, and changing borough – a borough of communities – whose diversity, history and people make it a special place to live, work and play. Home to some 312,000 people, Southwark is also growing fast. Estimates suggest that the population of Southwark will increase by 20% by 2026, especially in and around areas of redevelopment such as Old Kent Road, South Bermondsey and Elephant and Castle. Current GLA population projections to 2035, while less reliable, are suggesting there will be 83,000 additional people living in the borough.</p> <p>Despite the improvements made in recent years, Southwark remains one of the most deprived local authorities in the country, with two in five residents living in communities ranked in the 20% most deprived areas nationally. This is a great concern, as deprivation has a profound impact on health.</p> <p>Whilst life expectancy is continuing to increase, social inequalities have led to unequal health outcomes across the borough, with some of our residents living longer, healthier lives than others. For example, between the most and least deprived wards in the Borough, there is a 5.5 year life expectancy gap among women and a 9.5 year difference among men.</p> <p>Key health challenges and opportunities for improvement are:</p>

	<ul style="list-style-type: none"> • Childhood obesity: children in Southwark have some of the highest levels of excess weight in England with 43% of 11 year olds currently overweight or obese. In deprived parts of the borough, children are 120% more likely to be obese than children from affluent areas • Sexual health: Southwark has the second highest prevalence of HIV in England and over 8,000 new STI diagnoses each year • Mental health: in Southwark, just under 50,000 adults are thought to experience anxiety or depression. Approximately 4,000 people have a severe mental illness such as schizophrenia or bipolar disorder • Long-term conditions (LTCs): the most common LTCs diagnosed in Southwark are Hypertension, depression, and diabetes. Approximately 1% of the registered population have three or more chronic conditions • Air Quality: There are over 80 deaths each year in Southwark attributable to poor air quality <p>Informed by those key health challenges, the Health and Wellbeing Board has identified a number of key priority areas for the borough:</p> <ol style="list-style-type: none"> 1. Best start in life for every child and young person 2. Tackling the root cause of ill health and enabling healthier and more resilient communities by focusing on wider determinants of health, healthier streets and places, and prevention and early intervention 3. Improved outcomes for vulnerable groups and supporting independent living 4. Integration for better health and wellbeing outcomes focusing on integrated health and social care that is personalised and coordinated in collaboration with individuals, families and carers and a shift from reliance on acute care towards primary and self-care
Summary of the 2016 LES Strategy	<p>The estates challenge for Southwark is three-fold. We need an NHS estate that is:</p> <ul style="list-style-type: none"> • fit for the future delivery of transformed services, • able to accommodate a projected increase of 83,000 people over the next 15-20 years, and • supports the wider health and wellbeing of the population and the integration of public and voluntary sector services. <p>The strategy across SE London is to focus a wider range of services in community health hubs and support hubs which will provide care closer to people's homes, and support a reduction in the demand on acute services. This grew out of the proposals for a place-based approach that focussing on local neighbourhood populations and the development of Local Care Networks.</p> <p>In Southwark we proposed a similar network, focussed on the areas where population increase was expected to be</p>

	<p>greatest. This resulted in the following proposed locations:</p> <p>Community Health Hubs:</p> <ul style="list-style-type: none"> • Elephant and Castle (new), • Old Kent Road (new) • Dulwich <p>Community Health Support Hubs:</p> <ul style="list-style-type: none"> • Surrey Docks (existing) • Canada Water (new) • Aylesbury (new) • Lister Health Centre (existing – possible extension)
<p>Key changes since 2016 strategy - context</p>	<p>A number of things have changed since 2016:</p> <p>1. Population projections have increased The total increase across the borough by 2035 is now estimated to be an additional 83,000 people.</p> <ul style="list-style-type: none"> • The increases are focussed in the north: <ul style="list-style-type: none"> ○ Borough and Walworth (Elephant and Castle and Blackfriars) - +23,000 people, with bigger increases in people of working age ○ Bermondsey and Rotherhithe (SE end of the Old Kent Road and Canada Water) – 57,450 people again with bigger increases in people of working age • In the south of the borough the picture is very different: <ul style="list-style-type: none"> ○ Peckham and Camberwell - modest increases overall (+5236) with a decrease in younger people offset by a larger increase in older people ○ Dulwich – small decrease overall (-2214) also with a decrease in younger people in part offset by an increase in older people <p>2. Social regeneration in Southwark</p> <ul style="list-style-type: none"> • Southwark continues to have a proactive regeneration programme aimed at creating more homes, strengthening the local economy, and improving the wellbeing of individuals and communities across the

borough.

- The new Southwark Council Plan (FY18/19-FY21/22) includes ambitious commitments to making Southwark a place to belong, vibrant and healthier. It includes a number of relevant commitments including:
 - i. Continue to ensure that every new development has access to enough primary and community based health services (including GPs), school places and parks to support residents
 - ii. Build at least 1,000 more council homes and secure 1,000 new homes at London Living rent by 2022
 - iii. Build a new library and health centre on the Aylesbury Estate and secure funding to support residents through regeneration
 - iv. Improve high speed internet access across the borough
 - v. Open new nursing homes
 - vi. Build extra care housing
- Southwark Council has also prioritised social regeneration as a strategic priority. Defined as an approach which prioritises “ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so that people have better lives, in stronger communities, and achieve their potential”.
- The Council is now increasing its efforts to ensure that health and wellbeing is a primary outcome for all regeneration work, recognising that the extensive urban redevelopment of large parts of the borough presents opportunities to re-shape the built environment to improve health and wellbeing.

3. Changes to the provider landscape

- Provider trusts have consolidated into fewer premises, especially in the north
- Loss of 2 poor quality GP premises with another 1 possible – all in the north
- Southwark GP federations (IHL and QHS) have developed cluster/neighbourhood population-based delivery models (9 across the Borough).
- Mergers –
 - 1 super-practice in the north
 - Practice numbers reducing as APMS practice tenders increasingly bring smaller lists together where possible

4. Progress on existing projects

- Dulwich (future Community Health Hub) – financial close completed and now on site – due to open April 2020

- Aylesbury – business case close to completion – due on site end 2018 and opening early 2021
- Acorn/Gaumont – refurbishment and creation of additional clinical space
- Nexus@Decima Street – creation of additional clinical space

5. Changes to the policy context

The 2016 strategy was based on a policy context of:

- OHSEL plan which sought to expand community-based care instead of building another 750 bed hospital.
- Local Care Network development
- Development of GP Federations

Since then there has been growing attention given to

- Digital first
- A possible provider Joint Venture
- Embracing the wider social regeneration/health and wellbeing agenda

6. Developing vision for Community Hubs and support hubs

- Discussions are on-going with council colleagues about how we can maximise the benefits of co-locating health, council and voluntary sector services to support a more holistic approach to both health and wellbeing both in the new and the existing communities.
- Initial conversations between the CCG and Council have encouraged a broader, more inclusive and more holistic view of Community Hubs be explored and prioritised. Key principles include:
 - Viewing hubs as an opportunity to co-locate & integrate NHS, council, voluntary sector and other local community assets
 - Recognise that interested parties within the Council for this co-location go beyond traditional partners (eg social care) but may include other parts of the council which interface with local communities
 - Understand that hubs can be both physically as well as virtually co-located and connected and that discussions on hubs should take an individual and community-centered approach into what integrated services are required to improve wellbeing more easily, effectively and engagingly
 - The acknowledgement that while the Hub services may vary by geographic locality, there should be a commitment to developing a robust, 'basic package' of integrated services available at all hubs with 'enhanced support services' being developed and added to reflect local needs and local assets
 - The ambition that hubs serve to support and enhance a stronger community based offer that

	<p>improves the health and wellbeing outcomes for Southwark residents and supports the development of resilient communities</p> <ul style="list-style-type: none"> ○ Finally, it is important that these hubs are seen as being part of local communities and that the principles of community engagement and empowerment are employed as far as possible to involve local communities in shaping their hubs, participating in its development and future sustainability.
<p>Key changes since 2016 strategy - projects</p>	<p><u>Community hubs and support hubs</u></p> <p>Following the work by the LEF, it was agreed that there was no argument for changing the locations of the community hubs and support hubs. As before, these are as follows:</p> <p>Community Hubs</p> <p>Elephant and Castle</p> <p>This is an area with a fast increasing population and some poor quality primary care premises. The population is projected to grow by 18,000. There are two possible options for a location for a community health hub:</p> <ul style="list-style-type: none"> • Joint development of Walworth Town Hall and Larcom House (previously Walworth Clinic) offering an integrated health, social care and wellbeing centre. There is currently an expression of interest with the council for this joint project. The site is well located on the Walworth Road • Redevelopment of an existing GP premises to form a Community Health Hub. This is a site which is slightly away from the main roads, but the new landlord is keen to progress a development either as a GP surgery or as a community health hub depending on the need. • Possible joint work with LSBU on site close to Skipton House. This offers a good amount of space in a location very close to the Elephant and Castle. <p>Next steps and key decisions We are waiting on the imminent council decision in relation to the Walworth Town Hall and there are also discussions to be had in relation to the breadth of the service offering and the extent to which the council will consider the co-location of services and the wider social regeneration agenda. We will be undertaking a site options appraisal and then working through the business case process.</p> <p>Old Kent Road</p>

This is a brownfield/ex-industrial area which will within 5 years be being redeveloped with an expected additional population of 32,000. The options for a community hub location are:

- Community Health Hub as part of a larger development on the south side of the Old Kent Road. This would be a 'shell and core' for fit-out
- Redevelopment of existing GP premises to form a Community Health Hub to the north of the Old Kent Road – this would probably be a separate building

Next steps and key decisions We are waiting council information about the pace of the development of this area so that we can identify the trigger point by which there needs to be additional capacity. There are also discussions to be had in relation to the breadth of the service offering and the extent to which the council will consider the co-location of services and the wider social regeneration agenda. We will also be undertaking a site options appraisal and then working through the business case process.

Dulwich

This is a development on the Dulwich Hospital site. Financial Close was reached on 1 May 2018 and contractors are now on site, with a scheduled completion of April 2020.

Community Health Support Hub options:

Canada Water options:

This is an area where the population is projected to grow by 13,000. The CCG is working with British Land, who are the largest of the three developers to identify a possible site. Discussions are also on-going with the regeneration team in the council and the planning team about how to ensure appropriate facilities in the future that serve both the three new populations as well as the existing one.

Next steps and key decisions We have started discussions with local GP practices about the potential sites. This will lead into a site options appraisal after which we will progress to working through the business case process.

Aylesbury Health Centre

As part of the regeneration of the Aylesbury estate both the Aylesbury Medical centre and the Aylesbury Health Centre will be demolished. The council are re-providing the facilities in a new integrated health centre as part of the 'town

centre' for the new development. It has been sized to accommodate the increased population in the area. This is now at FBC development stage and the CCG awaits completion of the lease discussions between the council and GSTT. This is funded by the council and with some S106 funding. Unfunded elements are the FF&E and the ICT.

Lister Health Centre options:

The population of the Peckham and Camberwell area is now only expected to grow by around 5000. Some of this can be addressed through the development of the Gaumont, and the remainder through the more efficient use of existing premises and a possible extension of the Lister health centre to offer additional clinical accommodation.

Next steps and key decisions We are reviewing the utilisation of this site with a view to assessing whether there needs to be additional capacity built on. This needs to take into consideration the longer-term availability of local practice premises and the changing primary care provider landscape in that area.

Improving utilisation of existing buildings

There is an on-going task group working on ways of improving the utilisation of Sunshine House – the Child Development Centre in the centre of the borough.

Council Assets for HWB (i.e. leisure centres, etc)

There are other council resources and assets that can greatly contribute to the Health and Wellbeing of the local population. These should not be overlooked. A preliminary list of council assets with an interest in health and wellbeing is below:

Parks and Leisure:

- Southwark has five major parks and 34 local parks (and many more pocket parks or squares):

North: 2 major parks; 15 local parks

Central : 1 major park; 12 local parks

South: 2 major parks, 7 local parks

	<ul style="list-style-type: none"> • 5 main leisure centres (many with meetings rooms and consultation rooms) • 1 fitness and water sports centre (with studios and meeting rooms) • 1 athletics track (new pavilion planned so currently no building) • 5 football facilities with pavilions (St Pauls, Burgess, Homestall, Pynners, Southwark Sports Ground) • 1 multi outdoor sports facility with pavilion (Geraldine and Mary Harmsworth) • 1 Tennis centre and café • 1 BMX track • There are approximately 516 play areas for children and young people. This figure includes both private, parks and housing play areas. <p>Culture</p> <ul style="list-style-type: none"> • 12 libraries (with meeting rooms available) <p>Children's and Adults' services</p> <ul style="list-style-type: none"> • 22 youth centres • 3 Social care hubs – two existing and one in development <p>Health and Wellbeing</p> <ul style="list-style-type: none"> • Southwark Wellbeing Hub (largely mental health)
Key Strategic activity	<p>Southwark GP Federations and Neighbourhood Southwark Five year forward view - Community based Care and Local care networks</p> <p>NHS Southwark CCG and Southwark Council have agreed to a new joined up approach to the commissioning of health</p>

and care services. We have called it Bridges to Health and Wellbeing Southwark, reflecting our desire to join up services that all too often operate in silos. The key features of the approach are that it:

- Is focussed on delivering agreed outcomes for the people of Southwark by meeting the “whole needs” of key population segments, rather than separate agencies trying to meet different needs in an often uncoordinated way
- Has a particular focus on improving outcomes for those with the worst outcomes whom traditional service approaches have had insufficient impact
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- Improves impact, quality, value for money and whole system sustainability by spending the “Southwark pound” in a co-ordinated way between different agencies
- Improves people’s experience as different services are more user focussed and better co-ordinated to meet people’s needs and deliver their outcomes.

Local Care Networks

Local Care Networks (LCNs) bring together local health and social care providers alongside voluntary sector and local people to work collaboratively to improve the health and wellbeing for the people of Southwark. LCNs are part of our whole-system response to deliver on the ambitions set out in the Southwark ‘Five Year Forward View’.

Over the last 18 months, LCNs have brought together provider partners, people with lived experience and the voluntary and community sector to design and deliver a care coordination pathway for people with three or more long-term conditions that has been rolled out across all GP practices in Southwark. As we move into the next phase of the programme we need to build on this foundation, increasing the scope and scale of this model.

The Southwark Community Based Care Programme

From June, we are mobilising new arrangements for how we work together with partners to transform how community

based care is delivered in Southwark. This is in recognition of a need for increased scope and scale for LCNs, more formalised collaborative arrangements between providers and commissioners, and the move to commissioning based on populations and outcomes.

The Southwark Community Based Care Programme will bring together:

- **‘Commissioning development’** workstreams that support Council and CCG commissioners moving towards commissioning for populations and outcomes based on our Southwark Bridges to Health and Wellbeing segmentation model
- **‘System development’** workstreams to enable service re-design and delivery within effective provider partnerships and accountability arrangements.
- **A focus on neighbourhoods with services and professional working together in alliances that are formal and informal to deliver a specific population based focus.** The cluster/neighbourhood footprint is accepted as the basis to redesign services across organisation boundaries (through the Local Care Network, Joint Venture(s) and Community Based Services Southwark. The estates strategy needs to enable this new way of working and ‘joined up’ delivery of services.

NHS Southwark CCG’s work is consistent with the SE London Sustainability and Transformation Plan (STP) whose key issues are:

- Better community based care including: extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots
- No closures of any A&E and maternity departments – we want to make sure they all meet high standards of care in the future
- Better maternity care – dedicated midwives supporting mothers throughout pregnancy, better advice and choice on birth options
- Developing world-class orthopaedic services – fewer cancelled operations, shorter waiting times and more procedures carried out
- All the different parts of local health and care services working together to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021
- Faster cancer diagnosis – new £160 million purpose built cancer centres at Guy’s Hospital and £30 million centre at Queen Mary’s Sidcup, launch of dedicated oncology support phone line, dedicated clinical nurse

	<p>specialists for all patients</p> <ul style="list-style-type: none"> • All the different parts of local health and care services working together to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021 <p>The SE London estates strategy underpinning this is predicated on the establishment of a network of community health hubs across the area. These will not only add capacity where there are significant population growth but also accommodate services being provided outside the acute sector.</p> <p>Key CCG-level issues:</p> <ul style="list-style-type: none"> • The CCG is continuing to invest more in mental health services. • For the coming year we will continue to invest in improving the quality of community and primary care services, and achieve safety and quality improvements in all our contracts. • We are working closely with all our local providers including local GP Federations, to deliver improved quality and consistency of services to all residents on a population basis. • We are committed to both enabling and participating in the development of strong partnerships between our providers and with Southwark council in order that we can maximise the benefits to the residents of Southwark.
Key priorities	<p>The principles to which the CCG and our partners are working are:</p> <ul style="list-style-type: none"> • Principle 0 – Driving forward – continuing with existing rationalisation plans - Continuing with rationalisation plans where the case has already been made (informed by a shared and up to date understanding of our current estate and planned future requirement). • Principle 1 – Digital First: Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations • Principle 2 – Community Hubs: Support the development of up to three Community Hubs, which can accommodate increased primary care activity, community-based care services provided by local care networks (LCNs) and the wider out-of-hospital services required across a locality. These are the focus of a network of services to a locality which will include community support hubs as well as general practice and community clinics. • Principle 3 – Logistics Hubs: Support providers in using their sites as effectively as possible, with non face-to-face work taking place away from clinical standard spaces. Encourage new ways of working which utilises admin space as efficiently as possible.

	<ul style="list-style-type: none"> • Principle 4 – Integrating with the wider public sector Integration with wider public and voluntary sector to maximise use of both clinical and non-clinical space through sharing across organisations. Consider the co-location of wider public and voluntary sector services to maximise wider health benefit and draw on the wider public estate where required. • Principle 5 – Flexibility - Develop flexible, generic space and buildings with appropriately flexible occupation agreements that can be used by any specialty or service, so integrating health and mental health with social care and voluntary sector services to enable us to provide accessible, holistic and person-centred care. • Principle 6 – Maximising the value of the estate: Maximise the utilisation of existing clinical space through new ways of working and extending hours of operation where possible. • 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 • Principle 7: Maximising population health - Work with wider public and voluntary sector in considering wider health and wellbeing benefits of co-locating and sharing accommodation across a wide range of social regeneration initiatives, encouraging social connection and cohesion. • Principle 8: Addressing health inequalities - Focus investment in areas where the need and the population increase are greatest.
Funding support	<p>S106 – The CCG is working with the council to secure S106 resources to support the development of health and wellbeing facilities.</p> <p>IG – A small amount of improvement grants were awarded in Southwark to general practice.</p> <p>ETTF – Funding has been made available for non-recurrent revenue costs, ICT and some FF&E for Dulwich.</p> <p>It is noted the Southwark Council have not pursued OPE support.</p>
Next steps	<p>The key issue for the CCG at the moment is the resourcing of the work on developing schemes in the Elephant and Castle, Canada Water and the Old Kent Road.</p>
STP Integration	<p>NHS Southwark CCG is well represented and involved within the South East London STP.</p>