



Title:	Draft London Estates Strategy and approach to Capital Plan
Author:	Marianne Brook, Interim Director, London Estates Delivery Unit

Strategic Partnership Board

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1. Purpose

- 1.1. SPB members received an outline Estates Strategy in March, including the proposed development approach and content. In April, the Board received an early draft of the London Estates Strategy. This paper provides further detail on the emerging Strategy and approach to developing the capital plan.

2. Action required by Board members

- 2.1. To **endorse** the emerging London Estates Strategy and high-level approach to developing the capital plan.
- 2.2. To **comment** on the emerging drafts, following the meeting.
- 2.3. To **discuss** approaches to wider system engagement, to ensure that the final strategy and capital plan has wide ownership by health and care leaders in London, at operational and political level.

3. Partnership considerations

- 3.1. The London Estates Board (LEB) and London Estates Delivery Unit (LEDU) work across local, STP, London and national partners. Recognising that estates enables wider health and care transformation, the LEB provides reports to the SPB to enable effective oversight of health and care.

4. Background

- 4.1. The LEB has committed to develop a London Estates Strategy with partners, bringing together the emerging 5 STP Strategic Estates Plans, the work that has been completed to date by the London Estates Delivery Unit (LEDU) and estate aims and targeted outcomes for the LEB.
- 4.2. The LEB is progressing through operational phases, as described in the LEB Operating Framework. To unlock progression to the next phase of operation, *shadow decision making (Phase 3)*, the LEB is required to:

- i. Demonstrate a robust London estates strategy, built up from STP plans
- ii. Develop an associated capital plan that describes capital requirements, expectations for release and an associated capital pipeline¹.

4.3. The draft London Estates Strategy was developed by the LEDU and reviewed by the LEB in March 2018, with feedback sought on:

- Content and scope;
- Data sources and additional availability;
- Approach to partnership and stakeholder engagement;
- Key comments and contributions.

4.4. The LEB identified the need for the strategy to relate to different audiences and provide reference to all partners. The strategy has therefore now been shortened with detailed information included as part of the annex. The annexes are likely to be updated on a periodic basis. The LEB also discussed the importance of ensuring the most recent and accurate estates data is included. Efforts to update the data are underway.

For discussion: Board members are asked to endorse the latest draft London estates strategy (see 02B - Annex – Draft London Estates Strategy). Any detailed comments are welcomed.

5. Developing the associated London Capital Plan

5.1 The development of a capital plan for London is of crucial importance to inform discussions with national partners about capital requirements and expectations, consistent with the commitments contained within London's health and care devolution Memorandum of Understanding.

5.2 The priority for LEB up to April 2018 has been to support local and sub-regional areas to develop their estates strategies. This work has been undertaken in partnership with the strategic estates support from Strategic Estates Planning (SEP). The development of local and sub-regional estates strategies requires a coherent health and care strategy and also a holistic view of health and care estate, taking a wide 'one public estate' view. It is therefore dependent on wider system engagement and support.

5.3 Draft sub-regional strategies were submitted by STPs to the LEB in April 2018. These include priority primary and community estate sites as well as acute hospital projects. STPs are continuing to refine and engage on these plans locally.

5.4 The LEB and LEDU are now working to aggregate these five sub-regional plans into a clear capital plan for London. This aims to describe a capital pipeline and provide clarity on capital availability, requirements and expectations for release both regionally and within each STP area. The pipeline will include both smaller sites

suitable for primary care development and larger, strategic sites where the business case development requires 'once for London' sophisticated property expertise.

5.5 In tandem, NHSE and NHSI are developing a joint investment prioritisation framework which is expected to be completed in May 2018. The LEB and LEDU are seeking to achieve a collaborative approach to this work to ensure complementarity and consistency with locally developed plans.

5.6 A draft capital strategy is expected later this month, to enable iteration with STPs, the LEB, SPB and wider partners ahead of publication in the summer.

5.7 To inform this process, the draft estate strategies, and work to date on capital plans and prioritisation for each STP have been shared with the LEB and LEDU to enable discussion and development of the London Capital Plan. These plans and site lists are draft documents and, as such, are being treated in confidence at this time.

For discussion: STP leads will provide summaries of the estates issues and opportunities in respective sub-regional areas. The Board is asked to endorse the approach to develop the London capital plan.

6. Ensuring wider system engagement

6.1 The London estates strategy and capital plan aim to support local, sub-regional and London-wide planning and discussions with national partners. This requires accuracy and ownership of the priorities and approach described in the final documents.

6.2 Over the coming months, it will be crucial to ensure wide health and care system engagement to test the emerging drafts and enable iteration as required.

6.3 The London Health Board discussed the emerging approach at the April meeting and members emphasised the importance of ensuring engagement with political as well as operational system leaders.

For discussion: Board members are invited to discuss approaches to wider system engagement, to ensure that the final strategy and capital plan has wide ownership by health and care leaders in London, at operational and political level.

ⁱ Additional Gateway criteria are set out in the London Estates Board Operating Framework and have previously been reported to the SPB