



The London Estates Delivery Unit

Frequently Asked Questions

1. What is the London Health and Care Estates Strategy?

London has some of the world's most advanced health and care facilities, but at the same time, many of our health and care buildings are in need of repair, or are no longer fit for purpose.

Currently in development by the [London Estates Board - made up of around 20 partners and stakeholders](#) - the London Health and Care Estates Strategy will describe how partnership working can transform and repurpose the quality of the facilities in which Londoners receive health and care.

The strategy will address issues such as:

- Repurposing unused land
- Repairing current property
- Transforming sites into world-class health care facilities
- Optimising community care.

This strategy will be continually updated and improved as we embark on the journey to create world class facilities for our capital city.

2. Why do we need this strategy?

Health and care decision-making was devolved to London in 2017 when the Health and Care Devolution [Memorandum of Understanding](#) (MoU) was signed. Through this, it has been agreed that money from the sale of land owned by NHS trusts will be re-invested in London, subject to some conditions.

The strategy brings together work undertaken across London to shape a collaborative plan on delivering dramatic improvements in value for money through providing care in the right setting, lower repair bills and buildings that reflect London's position as a global health leader. It is the first time that we will have an overarching view of NHS estates in London, helping to better plan and use NHS buildings and land.

3. How will the strategy benefit Londoners?

This will be the first London-wide estates strategy for health and care.

Facilities management has a direct bearing on patient experience, and ensures premises are safe, welcoming, warm and clean environments for staff and patients.

The strategy will bring together all local estates work undertaken across London through a 'one estates' approach. This will connect up the estates strategies of all London public services so that we can spot opportunities to improve health and care delivery by sharing and supporting each other, for the benefit of all Londoners.

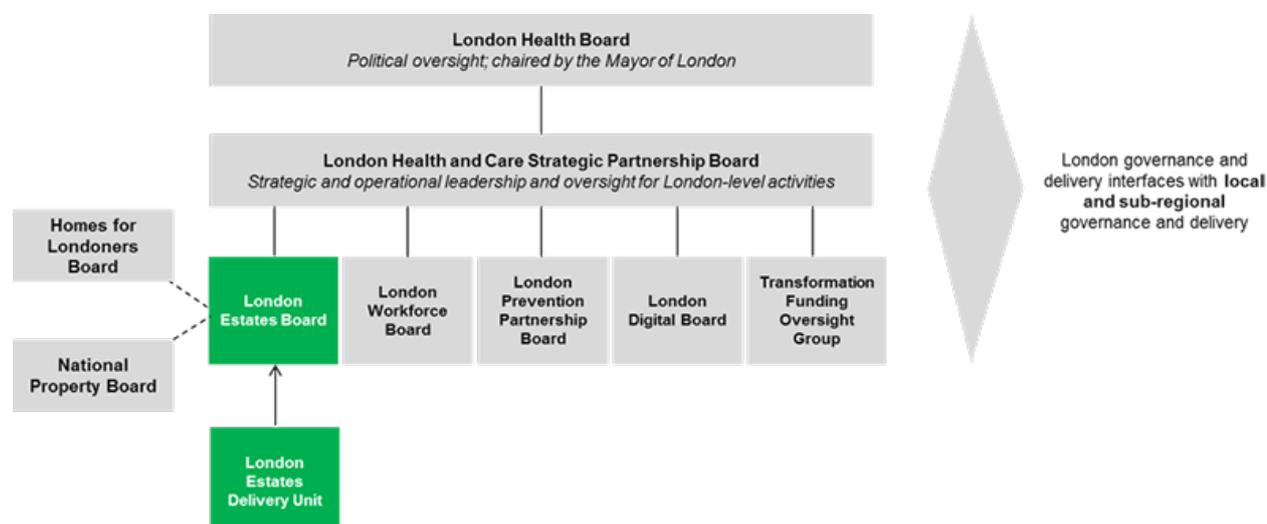
4. Who is leading the estates programme?

The London Health and Care Estates Strategy was developed by the London Estates Board (LEB) which was formed in December 2016. The LEB provides a single forum for estate discussions in London and brings together expertise from across London. The LEB includes representatives from Sustainability and Transformation Partnerships (STPs), local areas and national partners, including NHS Property Services, Community Health Partnerships, HM Treasury, Department of Health and One Public Estate. You can see more in the LEB [operating framework](#).

The membership of the LEB allows organisations to access resources and expertise that may not have previously been available to them, and help them develop innovative solutions to ensure they have the premises they need. This is particularly important at a time when national capital is scarce.

The LEB is supported by the London Estates Delivery Unit (LEDU), is a pan-London partnership of resource and expertise, including the Healthy Urban Development Unit (HUDU) and Strategic Estates Partnership (SEP). The unit brings together regional and national resource to enrich local and NHS trust estate expertise, planning and delivery capability. The LEDU works in partnership with the GLA's Housing and Land team, the NHS in London, London local government, national and central government partners, and also works in partnership with key national and regional organisations to enable a wider 'virtual' delivery team to function effectively.

5. How do the London Estates Board and London Estates Delivery Unit fit with wider governance in London?



6. What is the role of the London Estates Board?

The LEB will not take estates decisions away from those who provide the services. Plans for the use of land will continue to be developed locally by those responsible for providing health and care services, in collaboration with service users, staff and local communities.

We believe that these provider organisations (supported by their local commissioners) are in the best position to understand the needs of their local service users and corresponding estates requirements.

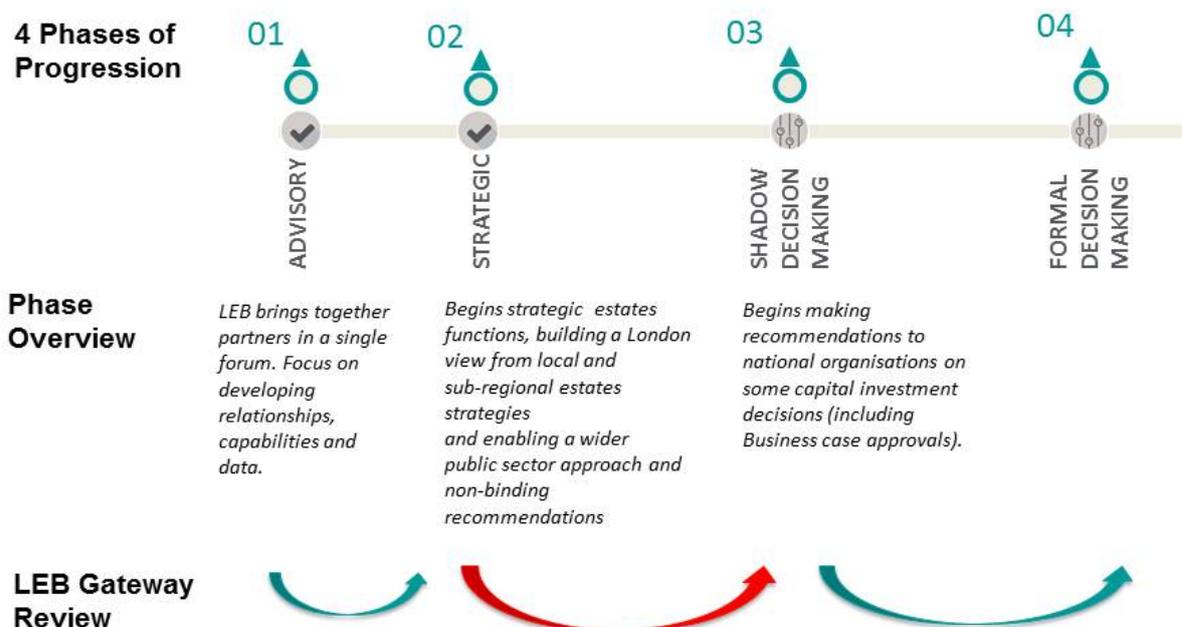
The LEB will:

- encourage and support those who provide services to Londoners to work in a more collaborative way so that land – and money made from the sale of land – is used in a way that best serves the local community. For example, this might include supporting a number of service providers to join up services, so Londoners can access help, support and advice in one place.
- provide a way for these decisions to be taken with greater transparency and acceleration, informed by views and expertise from across the city's health and care partners. For example, in some cases the law or government policy means that decisions cannot be made locally. Some hospital trusts will be required to prepare a business case which explains how they will use the money they get from selling land. These business cases will then need approval from NHS England and/or NHS Improvement and sometimes also the Department of Health and HM Treasury.

These processes are in place to ensure that best use is being made of public money, but can be lengthy and create uncertainty for the land owners.

7. Will the membership of the LEB evolve?

The London estates transformation will be progressed in four phases. ([We are currently in phase II](#)). As we move through the current strategic phase towards the decision-making phases of the strategy (III & IV), the membership of the LEB will change based on operational need, i.e. when it progresses to take on a level of delegate decision-making functions, including delegate business case approvals and capital allocation considerations (in so far as statutory powers permit this, and within national approval thresholds).



8. Who will decide about the future of NHS owned buildings and land?

There are a number of organisations who make decisions about NHS-owned buildings and land. The London Estates Board (LEB) brings these organisations together with shared aims: to make considerable improvements in the way NHS buildings and land are used and – where these are truly surplus to requirements – to release money to reinvest in London’s health and care system. Legally, different organisations will remain accountable for different

decisions. However, the LEB enables better informed, accelerated and transparent decisions.

9. Will the Mayor be making decisions about NHS owned estate?

The LEB brings together organisations from across London who have an interest in estates. This includes representatives from the GLA land and housing teams. The Mayor is not a member of the LEB, but through the London Health Board – which he chairs – has oversight of their work. The Mayor and the GLA already have a role to play in some decisions about the NHS estate and will work in partnership with NHS organisations to support release of land and delivery of estate strategies where appropriate.

The views of the GLA members of the LEB will help inform wider decision-making processes in a way that has not happened previously. This is not a case of moving decisions from one organisation to another, but taking these decisions together.

10. Has this work been undertaken already at a local level?

Yes, each of London's five STPs has developed and submitted its own estates strategy. Plans for the use of land will continue to be developed locally by those responsible for providing health and care services, in collaboration with service users, staff and local communities.

The London Health and Care Estates Strategy will connect the estates strategies of all London public services. As well as spotting opportunities to improve care, this will help share the skills and different legal powers of London boroughs in financial management, planning and regeneration to accelerate and improve delivery plans for the new health and care facilities that Londoners need.

The strategy is being created by thinking collaboratively about solutions that span across all of London's public services. The strategy's overarching aim is for London to become a best practice example of what the health and care service of a global city with a vastly increasing population should deliver in the 21st century and beyond.

11. How can I feedback on the strategy?

The London Estates Delivery Unit (LEDU) has undertaken an extensive engagement period with over 200 partners and stakeholders to seek feedback on the strategy. The strategy will be continually updated and improved as we embark on the journey to create world class facilities for our capital city.

For further information please contact the London Estates Delivery Unit by [emailing Healthy London Partnership](#).

12. How about social care?

This will be the first London-wide estates strategy for health and care, and will be continually updated and improved as we embark on the journey to create world class facilities for our capital city. Health and Social Care integration is emerging and a key commissioning priority. As we see health and social care delivery becoming more closely integrated, the strategy will be updated to reflect this to ensure an appropriate emphasis on social care.

13. What is the ‘capital pipeline’?

The London capital pipeline is the consolidated list of all future and potential capital projects across London. It includes capital investment and re-investment commitments from each STP area. Based on the ‘do something’ capital plans of the five STPs in July 2018, London’s aggregated capital requirements over a period of 10 years is approximately £7 billion.

Each STP area has undertaken a local prioritisation exercise. The pipeline from each STP must be ratified and supported through local governance. In addition, STP estate strategies identified a potential of £2 billion being achieved via the release of surplus land and the delivery of up to 12,500 new homes. The delivery of these new homes and the release of surplus land is dependent on the funding of the total capital pipeline.

14. What if our STP doesn’t secure a Wave 4 capital bid?

The LEDU brings together local and national resource and expertise. The LEDU will support all STPs to secure alternative models of funding should they not receive a Wave 4 capital bid.

15. What does ‘surplus land’ mean?

Where NHS surplus land and/or buildings are referenced in the strategy, this simply outlines sites that can be disposed of or retained and used for housing. However, this does not mean that surplus land will be disposed of or developed – in many cases this will just remain unused.

Greater efficiency and flexibility in how NHS estate is used will help reduce waste, improve usage and release truly surplus assets for disposal, generating capital receipts which could be invested into improvements in the quality of the London health and care estate.

16. Will there be more new houses built as a result of disposing of ‘surplus land’?

The strategy sets out ambitions to encourage organisations to look outside their own priorities, needs and estate and consider how the wider public estate can best serve the local community. Where land is truly surplus to NHS requirements, the LEB will enable it to be released more quickly in order that it can be put to better use and the proceeds of sale can be reinvested into health and care. Surplus land could be used to support the delivery

of 12,500 homes for Londoners, including for health and care workers, subject to investment being available over 10 years.

17. Will all the money from the sale of land stay in London? Who will spend it?

Through the [Devolution MoU](#), it was agreed that money from the sale of land owned by NHS Hospital Trusts and Foundation Trusts will stay in London, subject to some conditions. The MoU describes an approach which sees Trusts work with other local health and care organisations to look at how their combined estate can best serve the local community. The LEB has a role in collating these local plans to develop a single London capital plan to inform the use of sale proceeds within London. This process enables all organisations and the public to have confidence that the MoU commitments will be implemented in a way which is of greatest benefit to Londoners.

18. How is the strategy being communicated?

The latest draft of the strategy is being prepared and will be shared in early 2019. A comprehensive Communications and Engagement Plan for the strategy has been developed and will guide the extensive liaison with partners and stakeholders at the appropriate stages of the strategy's development. Through the work of the LEB and LEDU, more regular communications are maintained with represented partner organisations. Additionally, the LEDU leadership team have also engaged with partners at local meetings and through the London Health Board.

19. Who do I contact for further information?

For further information please contact the London Estates Delivery Unit by [emailing Healthy London Partnership](#).