

# The achievements and progress of the London Estates Delivery Unit

2018-2021  
Final



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# About this review

**London health and care partners commissioned a review of the London Estates Delivery Unit (LEDU) to shape future resourcing and funding arrangements. The aim of the review, which was conducted between the end of July and December 2021 has been to gather, summarise and understand the achievements of the LEDU, the experiences and perceptions of partners in relation to its work and to identify the potential for any changes to future direction. The review has been led by the Independent Chair of the London Estates and Infrastructure Board (LEIB) with support from an independent consultant to assist with writing up the report and recommendations. Key partners and stakeholders have participated in the review, providing both their experience of working with LEDU and their insights into its effectiveness and future potential.**

## The scope

On commissioning this review, it was agreed that:

- The review should reflect on the achievements and progress made by the LEDU since its establishment
- The review should reflect on the role the LEDU has played in responding to the immediate estate requirements thrown up by the COVID-19 pandemic and highlight the lessons learnt about both the acute and primary care/community estate that will help shape future service transformation
- Progress should be reflected against the aims and ambitions of the Memorandum of Understanding and the LEB Operating Framework
- The review should be informed by background research, a review of key documentation (workplans/minutes/toolkits), interviews with key stakeholders and the production of a report
- The report should identify the opportunities for the work of the LEDU moving forward reflecting the emergence of Integrated Care Systems, the New Hospital Programme, changes to estates strategies, a new Mayoral term and the Health and Social Care White Paper
- The report should also reflect on the hosting arrangements, budgetary requirements and resourcing of the team, recognising that the LEDU now incorporates the London element of the national NHS estates delivery team and is the lead regional interface with the New Hospital Programme team.



# Foreword

It has been a very interesting few months reviewing the work and achievements of the London Estates Delivery Unit (LEDU). As the Independent Chair of the London Estates and Infrastructure Board (previously named the London Estates Board) for the past three years, I have been working closely with LEDU, but I have enjoyed taking the time to carefully consider the progress being made in London and I'm delighted to share my findings with the wider health and care system.

I have been struck by the extraordinary collaboration, across health and care, politics, services, and settings in London and the role that the LEDU has played in supporting and leading this. Throughout the Review process, I was reminded of the strong and shared commitment to improving the delivery of high-quality primary, community, mental health, and social care premises, securing a hospital estate fit for the needs of Londoners, to sustaining an exemplar health and care system and to creating space and land for Londoners to live.

This has been the most successful multi-agency partnership I have ever had the good fortune to work with. The LEDU was established to support the wider "virtual" Health and Care estates system and to advise the London Estates and Infrastructure Board (LEIB). The team is hosted by the Mayor of London and Greater London Authority (GLA), based within the Housing and Land Directorate, and jointly funded for an initial three years by the NHS London Region and the GLA. As we approach the end of the third year, I was asked to undertake this review and to make recommendations for the priorities for the future. This report summarises the achievements of the LEDU since its creation and sets out some of the issues and feedback from contributors that shaped the recommendations.

Overall, I was impressed by the strong support from all partners and stakeholders for the role the LEDU has undertaken and particularly for the leadership from Sue Hardy, the LEDU Programme Director. You will see the list of achievements supported by the LEDU but delivered by partners across the "virtual estates team" throughout this report. The successes include supporting both major and smaller estate projects, as well as long term enablers: the first ever

London Estates Strategy, several toolkits, and the creation of new data systems.

Of course, some progress has been interrupted by COVID-19, but the LEDU has also made a crucial contribution to the estates and infrastructure requirements of London's response to the pandemic.

This review is specifically about the LEDU, but I believe there is scope to revisit the LEIB terms of reference and operating framework in line with the evolution of the role of Integrated Care Systems (ICSs). When the Board was established the devolution agreement envisaged that the capital budget for the London NHS would be devolved to the LEB and on a multi-year basis. This has not happened and many contributors to the Review shared their frustrations about this. It is clear that partners want to maintain the commitment to subsidiarity and to have decisions about London happening in London and for there to be effective engagement at pan London, ICS and local authority levels.

From July, London's five ICSs will operate as statutory bodies, although it is not yet clear what responsibilities for capital and the estate will be delegated to them. The ICSs are already voting members of the LEIB, but I think the Board and wider partners will want to review its role and relationship with the ICS estates boards. Ensuring the LEIB and London Estates Strategy continues to address the key London-wide strategic priorities and supports ICSs to lead and address sub-regional issues will be integral to making progress and tackling the estate challenges.

I have endeavoured to capture the scale of London's ambition in my recommendations, and I hope this report provides a focus for on-going conversations and decision making.

I am immensely grateful to the review's contributors for finding the time to share their thoughts, feedback, and ideas with me. And, finally, I would like to thank Sue and the wider LEDU team for all their efforts over the past three years and for their support to collaboration between partners to help ensure that our shared vision is realised. I commend partners on all that has been achieved.

**Geoff Alltimes**  
**Chair, London Estates and Infrastructure Board**

# 1. Introduction

Several important steps have been taken towards greater system-working and collaboration across health and care in London in recent years. In 2017, the Health and Care Devolution Memorandum of Understanding (MoU) was signed by the Secretary of State for Health and Social Care, Her Majesty's Treasury (HMT), chief executives of key national bodies and all the main health and care partners in the capital, including the Mayor of London. The MoU outlined an agreement that decisions about London's NHS Estate should be taken by London for London.

The intention, with subsidiarity as an underpinning principle, was to give the Mayor, local authorities, and health leaders more control over key decisions, with political oversight and leadership being exercised through the London Health Board.

A lot has changed since the signing of the MoU including national, mayoral and borough elections, changes in leadership of national government, a structural change to NHS governance through the unification of NHS England and NHS Improvement into a single entity, the appointment of Sir David Sloman as the new NHS England London Regional Director<sup>1</sup>, the establishment of Integrated Care Systems and the COVID-19 pandemic. Taken together, these have impacted in different ways on the progress it has been possible to make on the mandate set out for London Estates Delivery Unit (LEDU) in 2017.

As part of the original MoU, new arrangements to oversee key strategic issues were introduced through founding the London Estates Board (LEB) made up of NHS London, GLA, London Councils, One Public Estate (OPE), Department of Health and Social Care, and Her Majesty's Treasury representatives. It has evolved to include the NHS

London Regional Director and Medical Director and five ICS Chairs as members and the remit has also expanded to include digital and wider infrastructure leading to a change in name to the London Estates and Infrastructure Board (LEIB).

As part of the scope of the MoU, a key enabler of London's health and care transformation plans was the development of 'a shared strategic approach to estates planning, including NHS capital investment decision-making'. Through establishing the Board, partners committed to working in more transparent and collaborative ways and agreed the purpose of the LEIB would be to facilitate joined-up, strategic decision-making on London's NHS estate and wider infrastructure.

The LEDU – a dedicated, small core team with the ability to support a wider virtual team – was successfully established in 2018. It was designed to help coordinate and align regional and sub-regional NHS resource and provide strategic oversight to support local estates planning and delivery efforts.

The Mayor of London, with endorsement from the London Assembly agreed to host and employ the core LEDU as part of the GLA's Housing and Land team. The NHS and GLA agreed to jointly fund the team (£800,000 per annum in total) as part of a shared commitment to bring resources together. The shape of the team has developed over the period of its existence with the LEDU Programme Director (Sue Hardy) also assuming the London Regional Estates Delivery Director role for NHS England. LEDU now operates as a pan London partnership of expertise, including the Healthy Urban Development Unit (HUDU) and NHS Estates Delivery Team (previously called NHS Strategic Estates Planning Service). Since April 2021, the LEDU Programme Director has assumed the role of SRO for primary care estates in London along with the associated workforce and programme management responsibilities. Overall, the shared resources total circa £2million per annum.

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<sup>1</sup> Sir David Sloman has since been appointed as Chief Operating Officer for NHSE/I. Andrew Ridley has been appointed Interim Regional Director for London.

# 1.1 Original ambitions set out in the MOU

The terms of the MoU stated that the team must create the first-ever London Estates Strategy, which identified three overarching requirements of the LEIB:

Ambition	Progress
Support delivery of £8 billion of investment in health and care estate by 2028	£3.8b delivered to date 2019/20 - £1.1b 2020/21 - £1.5b 2021/22 - £1.2b
Support release of surplus NHS land (with a value of circa £2 billion) for alternative use over a ten-year period	Since reporting on surplus land released by London based NHS organisations began in 2017/18, approximately 79 hectares of land have been released to March 2021 at a value of £500m
Support delivery of 12,500 new homes for Londoners by 2028.	Using the London Plan Annual Monitoring Report (v16) as a data source and the density of residential completions for an urban outer central London borough as an average across the portfolio, land released by London NHS organisations to date has the potential to deliver 7,500 homes.  This represents significant progress towards the ten-year aspiration of releasing surplus NHS land capable of supporting the delivery of 12,500 homes by 2028.

The immediate priority for the LEIB was to support the successful delivery of the STP capital wave 1-4B schemes.

To achieve these priorities the LEDU, in addition to its role to support the development of the Board, works in partnership with:

- Integrated Care Systems (ICS) to establish a robust capital investment plan and joint Estates Strategy for London
- The GLA Housing and Land team and other local government partners to take forward projects for new homes for Londoners, including high levels of affordable homes
- The NHS in London and other national and central government partners to establish robust and transparent business planning, project decision making processes and assurance frameworks

- National and regional organisations to facilitate project development and delivery at pace and at scale.

Throughout 2020 and 2021, the LEDU has been focusing on leading and supporting London's health and care partners to respond to the COVID-19 pandemic.

Despite a range of challenges over the past three years, London has achieved significant progress by collaborating on NHS estate opportunities including new housing at St. Ann's Hospital, via a part purchase of the site by the GLA, acquisition of surplus land at North Middlesex Hospital Homes for Staff pilot scheme at Finchley Memorial Hospital and supporting Whittington Health Trust with master planning and estate strategy development.

## 2. Progress and achievements

Contributors to this review reflected on significant achievements by the LEDU team since its creation. There was a collective view that the strategic leadership of estates work in London from the LEDU and the LEIB has demonstrated what could be achieved through system and partner-wide collaboration. Many contributors commented on the benefits of having a regional estates team to help navigate complex governance and national structures for example, through providing insights and support to the Trusts in the National Hospital Programme.

### Case study: St Ann's Hospital

Successful collaborative working between the GLA, Haringey Council, Barnet, Enfield and Haringey Mental Health NHS Trust enabled the first use of the Mayor's land fund to acquire part of the St Ann's Hospital site on 31 March 2018. This deal – facilitated through the LEB and LEDU – is enabling the redevelopment of the hospital site delivering new state-of-the-art mental health facilities and will deliver over 900 new homes, with 60% being affordable. The GLA uses in-house technical expertise to procure a development partner through London Development Panel 2 (LDP2).

Developing the London Estates Strategy is widely regarded as a significant step towards enabling collaborative decision making and leveraging the potential from NHS and local government partnerships.

Originally, the MoU envisaged a phased implementation of devolved decision making over a two-year period. LEDU was initially tasked with supporting the Board through four gateways: Advisory, Strategic, Shadow decision making and Formal decision making. All of which have been achieved except the final stage which was on track until interrupted by the pandemic.

The LEDU has also successfully delivered against other key aspirations outlined in the MoU including the development of asset registers, coordination of all capital programmes, oversight and monitoring of surplus land opportunities, right-first-time business case guides, clarity of the capital's investment requirements via the creation of a single London Estates Strategy and capital pipeline. All activities have enabled a wider public sector approach and non-binding recommendations, a single shared point of contact and bringing strategic leads together.

In relation to COVID-19, the team played a key role throughout a very challenging time. It is widely understood that the pandemic had a significant impact on Londoners and the health and care infrastructure. The NHS and wider health and care system prioritised responding to the pandemic and inevitably this meant that activities and initiatives unrelated to the health crisis were paused or slowed down. It was also acknowledged, however, that despite these challenges the LEDU progressed several key projects through governance milestones and developed toolkits to support the London system with COVID-19 planning, as detailed in the next section.

## 2.1 Snapshot of LEDU activities and achievements since 2018

Many of the ambitions set out in the Health and Care Devolution MoU for estates are being delivered by the LEIB and the LEDU and are outlined below. As acknowledged earlier in this report, progress and focus shifted for all partners in early 2020 in response to the COVID-19 pandemic. As an established, trusted, and shared London resource, LEDU was well positioned to lead on many logistical and infrastructural priorities on behalf of health and care partners. Collaboration through the LEDU meant that a rapid shared strategic and systematic approach could be taken to the estates issues around rolling out vaccinations, developing the Nightingale Hospital site, managing the oxygen supply chains, patient transportation and much more.

## 2.2 New Hospital Programme (NHP)

There are five London schemes in the national New Hospital Programme (NHP):

Whipps Cross Hospital

Epsom, St Helier, and Sutton Hospitals

The Hillingdon Hospital

St Mary's Hospital, Charing Cross Hospital (including Hammersmith Hospital)

Project Oriel (Moorfields Eye Hospital)

The programme is nationally led by the DHSC and seeks to establish best practice repeatable designs accredited by input from qualified healthcare professionals to ensure the highest quality facilities. These are based around four key strands including clinical briefing in estate planning, achieving net zero carbon in healthcare, standards on repeatable design and a digital blueprint for new hospitals. In addition to the national ambitions some the schemes in London also create the opportunity to release land for alternative use, specifically housing, and all contribute to wider economic regeneration in addition to improving access to healthcare for the local population. The London Estates Strategy made it easier to identify London's key strategic sites for the programme and LEDU provides strategic input, coordination, and support to the five trusts as well as contributing to the regional governance and assurance process.

## 2.3 Partnership working across organisations and localities

The strong working relationship formed between the LEDU, the GLA Housing and Land team and the NHS has led to multi-partner and cross-organisational working and is widely welcomed across the partnership. This approach has led to faster solutions to maximise the release of NHS owned surplus land. St. Ann's Hospital and North Middlesex Hospital are examples of what can be achieved through the LEDU and a joined-up approach across the partnership.

### Case Study: King George & Goodmayes Hospitals

The GLA & LEDU were involved with the initial master planning process in 2019, with the LEDU now leading a post COVID review of the stakeholder aspirations and masterplan. Collaborative working between Barking Havering & Redbridge University Trust, North East London Foundation Trust, the LEDU, the GLA, TfL, Redbridge Council and the North East London Integrated Care System is in place to enable a fully considered site specification to underpin future master planning work and SOC.

## 2.4 Homes for NHS Staff

The LEDU has actively contributed to the policy, planning and delivery of NHS Staff Homes, working with NHS and Local Government policy makers to ensure positive outcomes for NHS and Key Workers when delivering housing across London. In development of the Homes For NHS Staff pilot which was led by One Public Estate (OPE) and the GLA, they commented on the key role the LEDU played and how they worked collaboratively with the Public Land team. This led to the development of evidence and requirements for NHS staff housing in North Central London providing clarity on need which contributed to how homes are delivered on specific sites including Finchley Memorial Hospital. This successful pilot has created shared learning opportunities across London and beyond and is expected to provide a blueprint for other NHS organisations to roll out.

Additional resources including the Homes for NHS Staff Toolkit and Homes for NHS Staff Guidance have been developed in London through LEDU and OPE, and rolled out nationally, helping to provide local systems with a methodology.

The LEDU and GLA policy officers regularly work together around key worker policies and definitions, and Homes for NHS staff outcomes. The team continues to support a range of opportunities to deliver Homes for NHS Staff on both publicly and privately owned sites.

### Case Study: North Middlesex University Hospital

The GLA has purchased surplus land on the North Middlesex University Hospital site and has worked jointly with the Trust and LEDU to procure a multi-disciplinary, design-led master planning team to support delivery of enhanced clinical facilities, Trust office space, and around 280 homes (including at least 50% affordable). The LEDU also worked with GLA colleagues to secure a minimum of 10 of the London Living Rent homes to be reserved for NHS key workers.

## 2.5 London Health and Care Estates Strategy

The publication of the first ever shared London Estates Strategy in LEDU's first year of existence was a milestone achievement for partners involved and a major success for the team. The ICSs have just refreshed their original 2018 STP estates strategies which will inform an updated London Estates Strategy including revised pipeline and investment requirements.

## 2.6 Homes for Londoners

The LEDU reports to the Homes for Londoners Board on behalf of the London Estates and Infrastructure Board including updating on the joint working opportunities between the GLA and NHS, land release opportunities and delivery of mixed-use developments. Participants in this review reflected that there was scope to build on the successes to date and to work proactively together to identify more opportunities for new housing and potentially commercial solutions ideally at a London-wide level.

## 2.7 The Mayor's Six Tests

The LEDU continues to work with the GLA health team to support the application of the [Mayor's six assurances](#) for ICSs. Since inception, these assurances have been applied to the South West London public consultation proposal for Improving Healthcare Together, Project Oriel, and CCG mergers.

## 2.8 One Public Estate (OPE) opportunities

In September 2020, the OPE Programme invited expressions of interest for its eighth round of funding, offering £10 million to support collaborative property-based projects. The funding provided support to early-stage project costs and land and property projects that demonstrate collaboration across local government, central government, and wider public sector bodies. Successful projects and programmes must contribute to homes, jobs, capital receipts and reduced running costs. The LEDU and Public Land Team have been working with local health and local government colleagues to successfully identify schemes that meet the necessary criteria. Feedback from discussions as part of this review suggests an appetite from NHS partners to do more of this, considering the wider public estate footprint in development of their pipeline of future projects across London.

The latest [prospectus for OPE Phase 9](#) was launched at the end of Sept 2021, with applications received from across London including Barnet & Enfield, Waltham Forest, Lewisham, West London and South London OPE partnerships. The LEDU continues to support partners with this process.

### One Public Estate in London

OPE currently works with 28 London Boroughs, in 14 partnerships, with some multi borough partnerships, such as West London and South London.

Since 2013, OPE has supported 114 projects across Greater London and to date has delivered £170 million in capital receipts, £6.6 million in reduced running costs, released land for 2,334 new homes and created 1,472 jobs. Health partners are involved in over 70 live projects which will deliver substantial additional benefits.

Supported by LEDU, health partners in London have been keen champions of the OPE programme to date and are involved in over 50% of the programme's projects including:

- Waltham Forest - Whipps Cross Hospital – master planning/business case development
- Lewisham – Health and Care hubs and Lewisham Hospital – options appraisals/ feasibility studies
- Brent - Northwick Park Hospital - master planning
- Barnet - Osidge Lane, options appraisal/ viability studies Croydon - Croydon University Hospital – feasibility studies
- Sutton - London Cancer Hub - master planning and marketing advice
- Hackney - St Leonards Hospital – service planning
- Ealing - The Limes – options appraisal

OPE collaborates closely with LEDU and the GLA's public sector land team on pipeline development and project delivery and is keen to work with all public sector asset holders on innovative approaches to support service transformation across London.

## 2.9 Primary Care

**The LEDU has supported the delivery of the London Estates and Technology Transformation Fund (ETTF) programme which to date has overseen the successful delivery of 209 primary care schemes at a total value of £128m. In addition to the LEDU Programme Director's role as SRO for Primary Care Estates, the LEDU also supports the London GP Improvement Grant programme and is in the process of recruiting two programme managers (funded by the five ICS and the London region) to support and provide oversight of the development and delivery of all primary care estates schemes in London (including those funded by Local Government and S106/CIL arrangements plus third-party developers).**

The LEDU has also developed, at the request of partners, the Primary Care Estates Toolkit [Add Link], to aid strategic planning at a local, borough and ICS level. The toolkit is designed to help translate current and projected activity data into future estate requirement. The toolkit was launched in May 2021, users have been invited to register onto the platform and begin using the tool. To date there are 28 active users, and the tool is currently being further developed to enable user search scenarios to be automatically shared with the Healthy Urban Development Unit (HUDU) team to assist with planning support and advice on developer contributions.

To coordinate and streamline the significant volume of estates related data available across London the LEDU has developed and introduced a range of data sets. The data sets bring together the available information in a format that can aid strategic estates planning. London is the first region to introduce a single

estates programme management system and discussions are underway regarding rollout of a similar approach nationally.

Investment in primary care estate is a key priority for the region to ensure London has fit for purpose estates that will support future ways of working. To support this, the London Primary and Community Care Estates (PCCE) programme was created, with an ambition to develop:

- A single methodology for evidence-based planning used by all local and ICS partners to enable the LEIB to make effective and strategic decisions about plans that are comparable
- Consistently developed local plans from all boroughs to allow the LEIB to have the 'whole picture' of primary care estates across London
- Ongoing, practical support to ensure all boroughs can move at pace, from plan development through to project delivery. LEDU supports users with access, queries and issues as well as providing demos and training of the toolkit. The team is also responsible for capturing feedback and making updates to the toolkit and other strategic planning tools as required by the ICS.

The London region has also recently established a Primary Care Board, which has recognised the development of Primary Care Estate as a key strategic enabler for the broader ambitions for Primary Care in London. The PCCE working group will feed into the Primary Care Board. Our ambition is to develop a clear strategic direction for the future configuration and investment. requirements of our community-based estate. Each ICS will be embarking on the production of PCN level estate plans which will feed into an overarching ICS primary care estate strategy.

Emerging plans should be socialised and ideally be reflected in local policy and infrastructure plans through the well-established borough-based estates forum. This work will continue to be supported by HUDU and the wider LEDU team.

In addition to the above, the LEDU has developed and produced the following tools to support the health and care system:

## **2.10 BUBBLE Programme Management System**

The LEDU has worked with software provider Bubble to develop a Programme Management system to act as a strategic planning tool for the London Estates and Infrastructure Board, LEDU, ICSs and wider devolution partners. The key objective of this project is to centrally manage a reporting system in London for all NHS capital estates projects. Currently there are 90 active users, and this is expected to increase as the system is rolled out across the region and remaining portfolios. Reporting through Bubble is used to respond to NHS England and Improvement (NHSEI)/National, Capital and Cash and DHSC data requests.

## **2.11 Estates Asset Database**

There is currently no single point of access to NHS estate data across London. LEDU is creating a single NHS estates database for London which allows users to view and edit records, query data and generate reports. The project has been split into three phases with the final requirements for the first of these phases agreed and approved. Testing is currently being undertaken with a target go live date in December. The data held is commercially sensitive (and not available in this format elsewhere) and therefore will not be directly available to all partners but will inform the ICS estate board discussions and planning.

## **3. Conclusions**

Through reviewing the progress of the LEDU and speaking to stakeholders and partners from local government, the NHS, GLA and Mayor's Office, it is clear the team is seen as playing a fundamental role in driving shared estates priorities and is an essential part of the London system. There is a strong appetite to build on what has already been achieved through the LEIB and the leadership of the LEDU.

The first ever London Estates Strategy published in July 2019 was a significant achievement, bringing together the five STP strategies and reflecting an enormous amount of work across the London health and care systems. From the outset, it was intended as a live document to be reviewed regularly to reflect the progress made and changes in strategic estates priorities.

Inevitably, this was delayed by the COVID-19 pandemic, but each of the ICSs has recently updated their estates strategies and capital investment pipelines and these are currently being reviewed to update the overarching London Estate Strategy.

However, as outlined throughout this report, London is making great progress towards delivering against the ambitions outlined in the 2017 devolution agreement. The release of almost 80 hectares of NHS land, resulting in the opportunity to deliver 7,500 homes is a significant achievement and testament to partnership working. The next meeting of the LEIB will consider the draft updated LES and the detailed capital pipeline recommended by the Capital Investment Committee, led by Ann Johnson, Director of Finance for the London Regional Team, and the ICS Chief Financial Officers.

## 3.1 The link with the local Borough estate strategies

When the London Estates strategy was first published, Health & Wellbeing Chairs in councils reported that they had not seen their STP Estates Strategy or knew how it affected their borough. This review has found that there are now active estates partnership meetings in most if not all boroughs.

These are usually referred to as Local Estates Forums (LEFs), although often have longer individual titles. They are meeting approximately every two months and reporting back to both the recently formed Place-based Partnerships and the ICS Estates Board. Membership now seems generally to include senior representatives from the borough council and NHS staff representing Primary Care Networks, estates and commissioning roles, NHS Property Services and Community Health Partnerships (CHP). One Public Estate is also often engaged, providing grant support to several schemes.

At their best, these forums are great examples of collaboration between council and NHS estates leads, sharing local maps of development opportunities under consideration, identifying under-utilised or void spaces, highlighting the potential for co-location of health and care staff and sharing of council spaces for key workers.

In some cases, this has led to the development of a joint pipeline of potential sites being fed

into the overall ICS pipeline. Many of these sites offer opportunities for new affordable housing to meet council priorities.

Clearly, there is a lot of hard, joint work at individual borough LEFs, but without a mechanism to share or find out what is happening in other LEFs even in the same ICS. Contributors to this review commented on whether it would be helpful to look collectively at sharing borough-level estates plans (as happens with ICS estates strategies) to identify best practice both in content and format.

This is currently being discussed with colleagues in London Councils, GLA and OPE aiming to accelerate progress London wide on smaller sites. If each of the Local Estate Forums identify sites with available surplus land, this could make a significant contribution to our affordable housing ambition including homes for key workers and NHS staff.

Moreover, whilst there is no doubt that progress has been made, there is also now an opportunity to develop a refreshed focus and renewed priorities that take account of the impact of the pandemic, the Capital's plans for social and economic recovery and for a strategic approach to estates to play a key part in that work.

The LEIB provides a single forum for estate discussions in London and ensures early involvement of London government partners. The Board continues to aspire to provide a forum within which NHS capital investment decision-making, including delegated business case approvals and capital allocation considerations, could be exercised within a multiyear capital budget. The question is whether this will now be implemented through the future delegation of capital budgets to ICSs.

Partners agree that a shared strategic approach to estates planning, including NHS capital investment decision-making would ensure there was more flexibility to achieve positive change more quickly. This would be a key enabler in supporting and prioritising care for Londoners who most need it whether that is through community and primary care, mental health, or social care. Recommendations for consideration to build on the success of the past three years are outlined in the next section.

## 4. Recommendations/opportunities to explore further

Theme	Recommendation
1. Continue and extend the LEDU partnership	Given the wide-ranging support for the role the LEDU has played over the past three years, the existing hosting and funding arrangement should be continued, with the commitment to take forward the following recommendations to accelerate progress made to date.
2. Workforce and succession planning	<p>Participants in the review identified the need to continue to promote estates as a career opportunity creating a development path across the estates and facilities management environment.</p> <p>The LEDU should help to promote this both by showcasing its work and the career paths of its team but also by building on the lobbying that has led to a national apprenticeship scheme being created for the profession.</p> <p>The LEDU should lead work across partner organisations, including NHS workforce leads, Local Government and the two Property Companies, to establish further opportunities such as graduate schemes, mentoring programmes and trainee roles.</p>
3. Additional central resource/ access to expertise	<p>Partners acknowledged the value of the LEDU as a central resource of expertise and would like more.</p> <p>The LEDU should work with partners to identify the skills and areas of additional expertise that would be of value and explore how this could be sourced both from public sector partners and the private sector.</p>
4. Raising awareness and communicating the work of the LEDU	<p>The LEDU currently has no online presence and is not consistently communicating the work it is involved with. The LEDU's 'place' within the London system is also not clear.</p> <p>A comms and engagement plan should be developed for the LEDU and an online platform created to support this.</p>
5. Supporting Local Estates Forums and Place-based Partnerships	<p>Several of the NHS and Council led estates forums are creating joint programmes to develop new and shared premises as well as opportunities to meet local housing need.</p> <p>LEDU with London Councils and ICS estates leads should support Local Estate Forums to develop their programmes at greater scale and pace and to ensure they are part of the London Estate Strategy capital pipeline.</p>
6. Future Strategic direction	<p>The past 18 months have created significant change in working practices that would ordinarily have taken years to make happen, partners would like to build on this change and create a fluid process to delivery outside of a significant event.</p> <p>The need to regard the estate and digital infrastructure as one enabler is a common theme along with the need to think wider than the NHS.</p> <p>With the implementation of the new statutory ICSs, the LEIB needs to review and refresh London's long term estates ambitions and priorities and to articulate these with NHSE and DHSC.</p>
7. Broader Strategic Partnerships	<p>The LEDU has demonstrated many successes through collaborating with partners to achieve greater benefit. This has been most evident in the work with OPE and with the GLA.</p> <p>However, it is believed that more and wider benefit is achievable by being more ambitious and innovative in this area of work.</p> <p>The LEDU should lead further scoping and identification of opportunities for collaboration between the NHS and the wider public sector regarding their estate. This will need the ongoing partnership support of the GLA Housing and Land team, OPE and Local Government.</p>
8. Primary Care	<p>The LEIB has identified the need to prioritise the estates and infrastructure needs of Primary and Community based care. But this can only be taken forward with an understanding of the emerging clinical strategy.</p> <p>A joint approach with regional and ICS commissioners and clinical colleagues has now been agreed. It will be crucial to prioritise specific LEDU support for this over the next 12 months and beyond.</p>

# Contributors

Department of Health and Social Care

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London Councils

Local Government

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