

# Sutton

## Sutton Place - Borough Health & Care Estates Strategy

*Final Version 15<sup>th</sup> March 2021*

### **Ambitions and Aspirations**

Our ambition mirrors that of the London Estates Board, that is for all people in South West London, regardless of their background or where they live, to have access to world class health services in world class facilities.

Sutton's estates strategy brings the borough's health and care partners together to achieve this ambition locally.



# Introduction. The Sutton Partners

- South West London CCG (SWLCCG) and Sutton CCG (SCCG) until March 2020
- London Borough of Sutton (LBS)
- Epsom & St Helier University Hospitals NHS Trust (ESTH)
- South West London & St George’s Mental Health NHS Trust (SWLStG)
- Sutton Health & Care (SH&C)<sup>(1)</sup>
- The Royal Marsden NHS Foundation Trust (RMH)
- NHS Property Services Ltd (NHS PS)
- Community Action Sutton (CAS)<sup>(2)</sup>
- London Ambulance Service (LAS)

## Working with:

- One Public Estate (OPE)<sup>(3)</sup>
- London Healthy Urban Development Unit (HUDU)<sup>(4)</sup>

- (1) A partnership comprising the GP federation in Sutton, London Borough of Sutton, South West London and St George’s Mental Health Trust and Epsom and St Helier Hospitals.
- (2) A membership organisation that supports, develops and promotes the voluntary sector in the London borough of Sutton.
- (3) A joint initiative between the Cabinet Office, the Ministry of Housing, Communities & Local Government and the Local Government Association.
- (4) An organisation formed to help NHS understand and respond to demographic change in the capital.



**South West London**  
Clinical Commissioning Group



**South West London and**  
St George’s Mental Health  
NHS Trust



London Healthy Urban Development Unit:



## Disclaimer

The options set out in this document are for discussion purposes. The involved NHS bodies understand, and will comply with, their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a mandate from NHS Improvement/NHS England or commitment to any particular course of action on the part of the organisations involved.

In respect of any request for disclosure under the Freedom of Information Act 2000 (“FoIA”): This is a confidential document for discussion purposes and any application for disclosure under the FoIA should be considered in accordance with disclosure obligations under the Act, including against potential exemptions such as those contained in s.22 (‘Information intended for future publication’), s.36 (‘Prejudice to effective conduct of public affairs’) and s.43 (‘Commercial Interests’). Prior to any disclosure under the FoIA, the party which has received the request is invited to discuss the potential impact of releasing such information with NHS Improvement/NHS England, and any other relevant parties.

## Document Version Control



Issue Ref.	Date	Status / Summary of Changes	Author
		<i>From draft v0.4 reviewed by Sutton Estates &amp; Investment Group</i>	
0.5	20.3.20	Edits by SCCG (LN); incorporated all comments received post-Sutton EIG mtg on 3.3.20	BM
0.6	24.3.20	Various edits by BM	BM
0.7	30.3.20	Additional information received from multiple partners; prioritised capital schemes; TM comments; draft Exec Summary	BM
0.8a	9.4.20	Incorporated comments from Simon Keen and Alison Navarro; circulated to Sutton EIG for review.	BM
0.8b	20.7.20	Incorporated comments made at Sutton EIG mtg 16.7.20. N.B. at this stage the document does not include any assessment of estates implications of COVID-19 pandemic, but highlights some areas where work being done to re-plan post-pandemic estate	BM
0.9	15.12.20	Incorporated results of capital prioritisation done Sept 2020; other updates, mostly re pandemic response.	BM
1.0	16.2.21	Incorporated SWLStG comments, updated position re Cheam Priory Day Centre, minor edits throughout to bring up to date.	BM
1.1	15.3.21	Incorporating final comments from EIG members.	BM

BYFH	Building Your Future Hospitals programme	LAS	London Ambulance Service NHS Trust
CAS	Community Action Sutton	LBS	London Borough of Sutton
CHP	Community Health Partnerships, <u>or</u>	NHSE&I	NHS England & Improvement
CHP	Combined Heat & Power	NHS PS	NHS Property Services Ltd
CSR	Comprehensive Spending Review	OBC	Outline Business Case
EIG	Sutton Health & Care Estates & Investment Group	OPE	One Public Estate
ERIC	Estates Returns Information Collection	PCN	Primary Care Network
ESTH	Epsom & St Helier University Hospitals NHS Trust	RMH	Royal Marsden NHS Foundation Trust
FoIA	Freedom of Information Act, 2000	SECH	Specialist Emergency Care Hospital
GIA	Gross Internal (floor) Area	SH&C	Sutton Health & Care
HUDU	London Healthy Urban Development Unit	StHH	St Helier Hospital
ICR	Institute of Cancer Research	SWLCCG	South West London CCG
ILT	Integrated Locality Team	SWLICS	South West London Integrated Care System
IoT	Internet of Things	SWLStG	South West London & St George's Mental Health NHS Trust

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# Executive Summary



This Estates Strategy for Sutton Place outlines the priorities for investment in the health, care and Local Government estate that will support the South West London Integrated Care System and the delivery of the Sutton Health and Care Plan. The goal is to use estate assets to help develop services that are organised around the needs of local communities. In line with the NHS Long Term Plan (2019), the strategy is aimed at using the estate to support integrated working between health and care agencies.

There is an urgent need to re-plan the health and care estate in response to the COVID-19 pandemic, and the pandemic has highlighted a need for greater resilience of facilities.

The Sutton Health and Care Plan aims to help Sutton's people to start well, live well and age well, through integration between providers of Primary Care, acute, community health, Mental Health, Social Care and voluntary sector services. This will not only ensure services are more responsive to individuals' needs - "wrapped around the patient" - but will also offer the opportunity to improve operational efficiency across Sutton's health and care system, to make optimum use of estate assets and financial resources.

Sutton is not among the most deprived London Boroughs, but has pockets of disadvantage on the Roundshaw and St Helier estates, and elsewhere, and areas where Health, Care, Local Government and voluntary services can make a big difference in helping people live longer, healthier and more fulfilling lives, and stay out of hospital.

The Estates Strategy summarises the health and care needs of Sutton's population. It puts these in the context of forecasts of population growth and housing provision. It then describes the current make up of the health and care estate (building locations, size, condition and suitability), identifying the challenges presented, e.g. under-sized Primary Care premises, and a high level of backlog maintenance at St Helier Hospital.

The Estates Strategy explains how planning started at the level of Primary Care Networks (PCNs), with workshops for each PCNs, and then Borough-wide, that were well represented by the Borough Council, CCG, and health & care providers. In section 3.1, it lists the priority capital projects that have emerged from this process, the joint highest priorities being a Primary Care development at St Helier Hospital and a Health & Wellbeing Hub in Cheam. The Estates Strategy also describes the day-to-day challenges that still need to be addressed, such as Primary Care capacity in some areas, poor functional suitability of some healthcare premises and the need to reduce risks relating to the condition of buildings infrastructure. The Estates Strategy also summarises how the partners are working to achieve environmental sustainability.

The Sutton Estates & Investment Group ("the EIG") remains committed to supporting partners in delivering strategic developments that have already been approved, e.g. Epsom & St Helier's Building Your Future Hospitals programme (Specialist Emergency Care Hospitals and district hospitals).

# 1. Context

We want to greatly enhance the experience for people in the London Borough of Sutton needing health and care in hospitals, community and primary care settings so that they are seen, treated and cared for in modern facilities, with the latest equipment and digital infrastructure.

# 1.1 Context – National and London



## **The COVID-19 Pandemic**

The pandemic has had a great impact on how NHS and Social Care services are delivered. Partners have redesigned models of care as emergency measures, and for the long-term. Additional Critical Care “surge capacity” was made available rapidly. Some reconfiguration has been made to provide COVID-19 zoning, and more digital consultations have been enabled. Facilities at multiple sites host vaccinations. PCNs have been at the heart of the Sutton partners’ response to the challenges presented by the pandemic, building on pre-existing collaboration.

This Estates Strategy was largely developed before the pandemic. The estates implications of COVID-19 are not yet fully assessed, but have already led to: (i) acceleration of the digital programme, particularly in relation to “virtual” consultations; (ii) a fresh focus on infection prevention and control, including improved zoning, flow and social distancing; (iii) reconsideration of space and capacity planning, to make better use of space in managing a virulent and highly transmittable virus, e.g., providing “video pods” for virtual consultations; and (iv) ensuring that practices can accommodate the additional Primary Care workforce brought about by the pandemic. Provision of office space will be widely reviewed in line with an anticipated long-term increase in flexible and home working.

## **NHS Long Term Plan (2019)**

The LTP sets out expectations for estates to support new, more integrated, models of care. It calls for estates planning to be collaborative between health and social care bodies, better standardised designs, capital costs to be reduced by 20%, non-clinical space to be reduced by a further 5%, and freeing up space for disposal or reconfiguration. Capital funds will be prioritised to support service transformation and reduce critical infrastructure backlog maintenance. The LTP emphasises Local Government’s role in health and care estates strategies.

## **Lord Carter of Coles Review (2016) and Naylor Review (2017)**

The Carter Report highlighted opportunities to improve operational productivity in acute hospitals, and set targets for these. The Naylor Report recommended DHSC release £2bn of property assets to deliver land for new homes.

## **The King’s Fund’s “Clicks and Mortar” Report (2019)**

Advancing technology is affecting the estate. These changes could lead to an estate that is better for patients and staff, smarter and more integrated. Technology and agile working are likely to result in a differently-configured estate.



# 1.1 Context (continued) - SW London and Sutton



## Re-thinking of the NHS's approach to the Primary Care Estate

The 2019 GP Practices Premises Review recommended ways to boost financing of major developments for Primary Care, including use of private capital. This was supported in a paper by the think-tank 'Reform' in Feb 2020.

## London Estate Strategy (2019)

This is the first London-wide estate strategy in the history of the NHS. It identifies the need to take a long term holistic view of acute, mental health, community and primary care estates.



## South West London Estate Strategy (2019)

Tackling backlog maintenance and improving the infrastructure of hospitals, community and primary care facilities is a key priority across the SWL Integrated Care System (SWLICS), to ensure we have a fit for purpose health and care estate to meet the needs of our population. The demand for capital currently outstrips available funding and SWL providers had deferred £100m of expenditure from 2019/20 into 2020/21.

The South West London Estates Strategy has been rated as 'Good' by NHSE



## Agreed Priorities for Sutton

- Development of the estate should be driven by people's health and wellbeing needs, with fit for purpose buildings, appropriately located, making coordinated and seamless working easier between Sutton partners.
- Enabling delivery of the Sutton Health & Care Plan (2019).
- Supporting the major developments such as ESTH's Building Your Future Hospitals (BYFH) and the London Cancer Hub led by LBS and ICR.
- Redesigning Models of Care in response to the COVID-19 pandemic.
- Supporting Providers' other estates developments.

# 1.1 Context (continued) - SW London and Sutton



Sutton Health and Care - themes from the borough workshops, reflecting these priorities:

- **Health & Wellbeing Hub approach.** Taking health and care closer to the population.
- **Condition of our estate.** Need to refresh much of this estate – “business as usual” not sustainable beyond the short to medium term. In redeveloping the estate so we have the opportunity to deliver more integrated health and wellbeing services in line with the Sutton Health & Care Plan. This includes plans to **co-locate out of hospital health services with Council and voluntary sector services** as part of the redesign of health and care premises. Achieving this requires collaboration.
- Working together to support **regeneration of the high street.** This has become more important, with the impact of the COVID-19 pandemic on high streets.
- Ensuring the **Primary Care estate has sufficient capacity and appropriate facilities** for the future.
- **Supporting the partners in delivering their agreed capital schemes and supporting the London Cancer Hub.**
- **Opportunity to re-plan St Helier Hospital,** including a GP Surgery on the site.

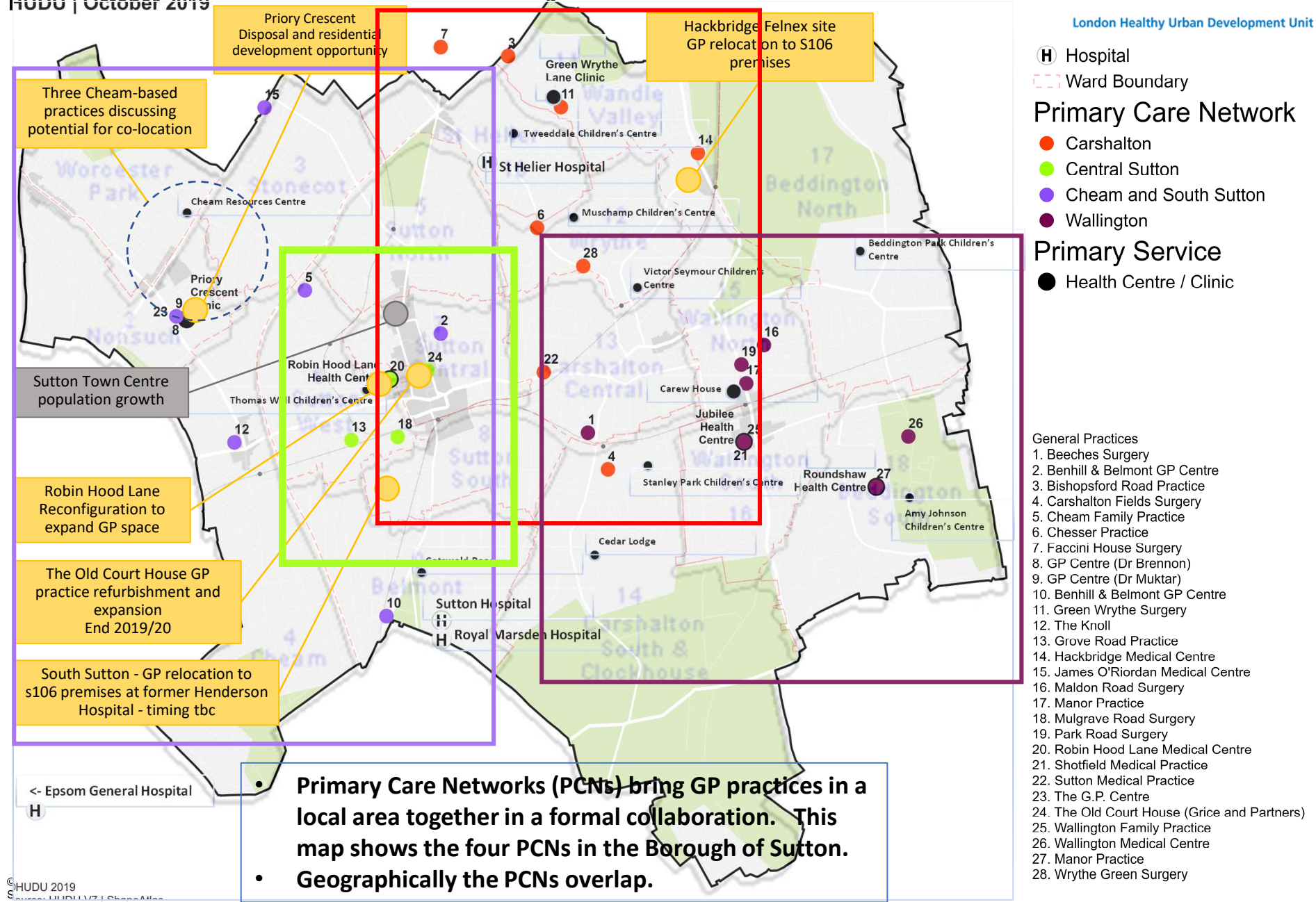
# 1.1 Context (continued): Primary Care Networks

## Sutton Primary Care Networks by GP with Acute Services

HUDU | October 2019



London Healthy Urban Development Unit

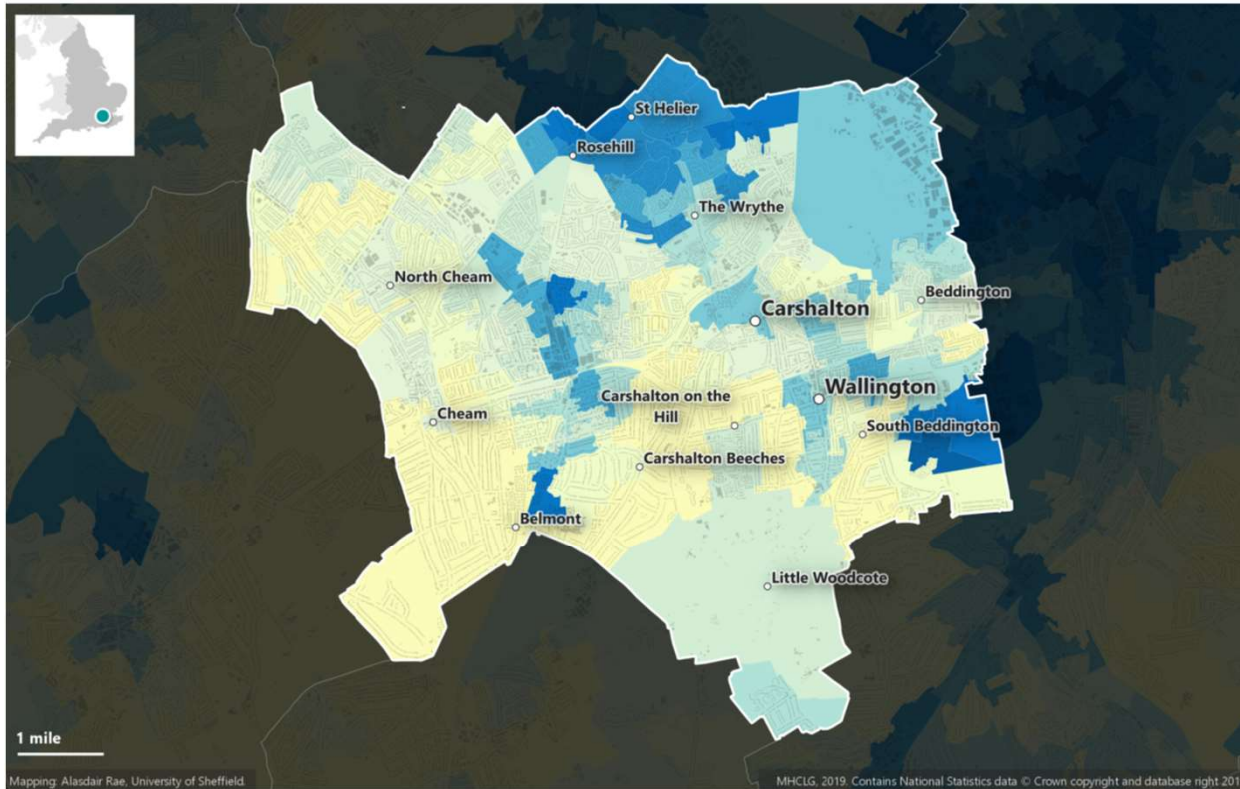


©HUDU 2019  
Source: HUDU V7.1, Shere Atlas

# 1.2 Sutton's Health and Care Needs - Socio-economic Profile of the Borough English Indices of Deprivation 2019



## SUTTON



### Local deprivation profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

1	0.8%
2	5.0%
3	6.6%
4	5.8%
5	5.8%
6	9.1%
7	16.5%
8	15.7%
9	15.7%
10	19.0%

LESS DEPRIVED

### What this map shows

This is a map of Indices of Deprivation 2019 data for **Sutton**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).





# 1.2 Sutton's Health and Care Needs (continued)



## General Health and Wellbeing in Sutton

- 4.1% of people self-reported as being in bad or very bad health, compared with London average of 4.9%.<sup>(1)</sup>
- Infant Mortality Rate is above the London and national averages<sup>(1)</sup>
- Estimated that two-thirds of deaths among those aged under 75 could be avoided by:
  - Lifestyle changes
  - Tackling the wider social determinants of health
  - Healthcare interventions such as early diagnosis
- Smoking prevalence at age 15 is above London average.<sup>(1)</sup>
- % of physically active adults is below the London average.<sup>(1)</sup>
- Suicide rates in Sutton are around the London average, though this represents a relative worsening of Sutton's position since around 2005.
- Young people's suicide is an area of concern for the CCG.
- Recorded COVID-19 cases and mortality in Sutton are lower than the average for England. (2,065 cases and 95 deaths per 100,000 population at 15.12.20, compared with England's average of 2,846 and 111 respectively.)<sup>(2)</sup>

## Population Trends

- The borough's population is approximately 210,000. Growth forecasts: slightly below London average, higher than England.
- Growth in the young population (< 20 years) forecast to be higher than London average. Growth in the > 65 population to be slightly lower than London average.

## Impact of the Pandemic on Health and Wellbeing

- SWLStG has highlighted research that shows the effects of economic downturns are significantly associated with poor mental wellbeing, increased rates of common mental disorders, substance-related disorders, and suicidal behaviour.

(1) <https://data.sutton.gov.uk/health-and-social-care/>

(2) <https://coronavirus.data.gov.uk/details/>

## Sutton's Strategic Priorities in Response

- **Start well** – improve young people's mental health, improve the support provided to parents of children with special education needs and disability, develop the universal offer to make sure all children are ready for school regardless of their socioeconomic status.
- **Live well** – improve the specialist care provided for adults with learning disabilities, improve how we encourage adults to make healthy lifestyle choices, improve the support for people with both a long term physical and mental health condition.
- **Age well** – improve how we combat loneliness and social isolation among older people, improve how we support older people when they leave hospital.

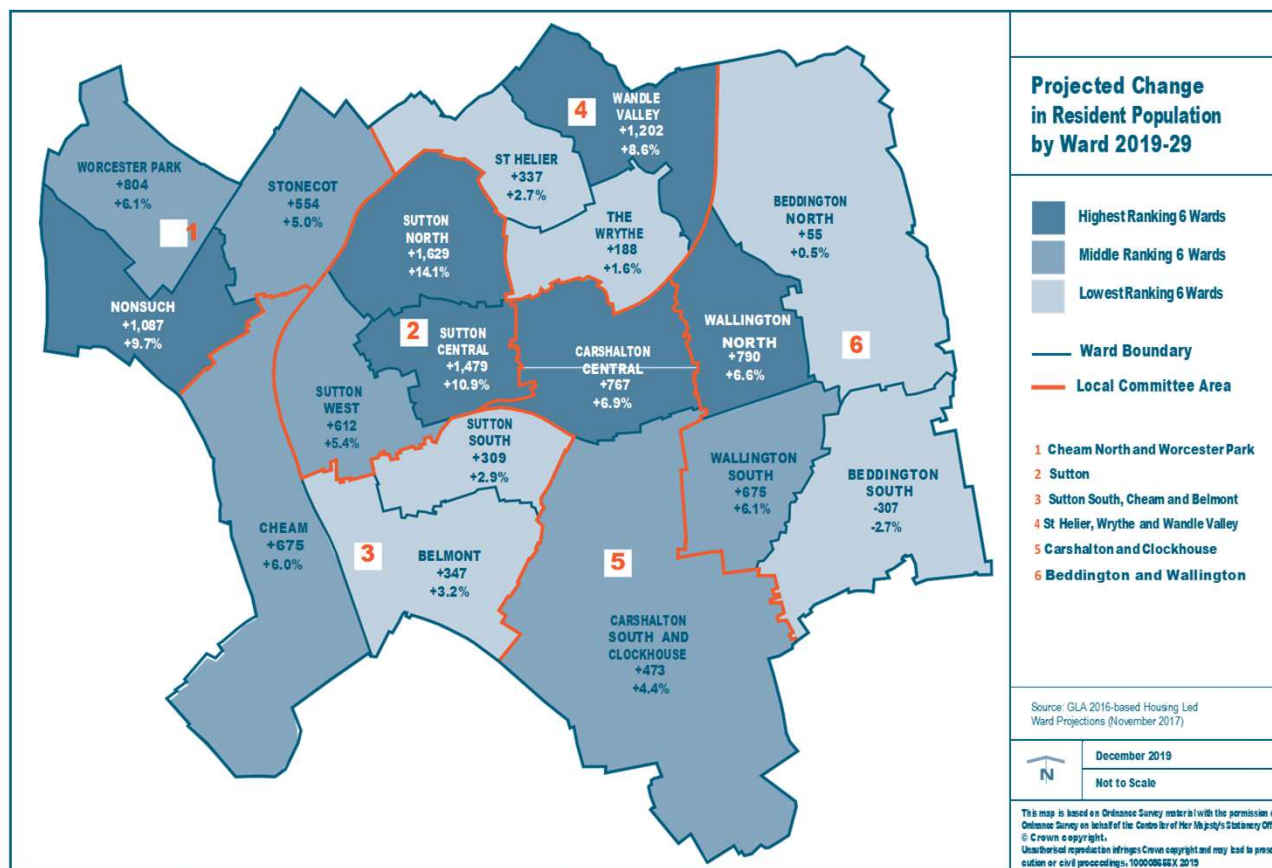
## One vision

*We want to sustain and develop the good quality of life, access to decent jobs and services, and strong communities that we know are Sutton's strengths. We also want to ensure that these benefits are shared by everyone in our community, tackling the inequalities experienced by some of our residents.*



# 1.2 Sutton's Health and Care Needs (continued) Population

## Demographic Forecasts, 2019 - 2029



### Summary

- The Borough's population is forecast to grow by 12,290 (6%) from 2019 to 2029.
- The highest forecast growth is in the wards Sutton North, Sutton Central, Nonsuch and Wandle Valley (all forecast above 8.5%).
- The over 65 age group is forecast to grow at a slower pace than the population as a whole.
- N.B. HUDU has subsequently issued a lower forecast for Sutton's population growth, which is not broken down by ward.

# 1.2 Sutton’s Health and Care Needs (continued) - Housing

## Forecasts for the Availability of New Housing in Sutton

- The Borough’s housing needs are forecast to grow at > 1,700 new homes per year.
- LBS’s draft forecast of the supply of new housing is summarised In the following table. This is based on detailed analysis of over 100 sites in the Borough.

### Projected New Housing Availability (Nos. of Units)

Zone	Deliverable Sites (April '19 - Mar '21)	Developable Sites (April '21 - Mar '29)
Sutton Town Centre	635	2,760
Hackbridge	507	528
Wallington District Centre	116	274
Other District Centres	26	276
Rest of Borough	226	303
<b>Total</b>	<b>1,510</b>	<b>4,141</b>
<b>Average number per annum</b>	<b>755</b>	<b>518</b>

# 1.2 (continued) – Summary of Drivers for Change and Opportunities



## Health and Care Needs and Service Drivers

- Areas of poor health
- Infant mortality
- Physical inactivity
- Suicide
- Young people’s mental health
- Supporting adults with learning disabilities
- Loneliness and isolation
- Population growth and new housing expected

## Estates Drivers

- Space shortages for GPs
- Poor functional suitability of much of acute and Primary Care estate
- Need to improve sustainability of building assets and reduce running costs
- At height of pandemic, a lot of the healthcare estate found to be unsuitable for safe social distancing, zoning and flows, particularly Primary Care and some health centres.

## Opportunities

- The pace of the integration already taking place
- PCNs planning multi-practice developments, e.g. Cheam
- St Helier district hospital reconfiguration
- Potential developer contributions to funding of new projects (Section 106 & CIL)
- One Public Estate and other sources of seed funding for Hub developments
- Sustainable investments becoming more attractive
- Greater interest in careers in healthcare
- Digital technology enabling different ways of working



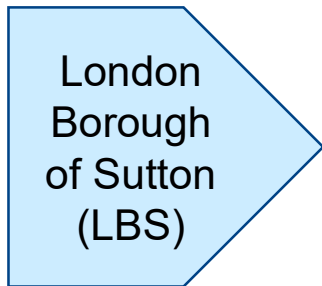
# 1.2 (continued) – Sutton Partners’ Strategies



The Sutton Health and Care Plan aspires to:

- ✓ collaborate on a better system of health and social care that provides responsive, seamless, personalised and affordable services for all of those that need them - reducing the need for expensive in-hospital care.
- ✓ further promote single point of access services that are easy to navigate and offer the right care at the right time.
- ✓ build upon existing initiatives to increase individual and community resilience

- Joint highest Primary Care estates priorities are: (i) Primary Care @ St Helier - this cannot start to be implemented until 2025/26 after the SECH has opened and space becomes available; (ii) Cheam practices co-location, with discussions between Cheam Family Practice, James O’Riordan Medical Centre and Cheam GP Centre about co-location of their four surgeries and development of holistic Health & Wellbeing PCN Hub.
- Primary Care developments either current or recently completed: Hackbridge (new-build Practice premises, Carshalton PCN); Belmont (new-build Practice premises, Cheam & South Sutton PCN); Robin Hood Lane & Old Court House (two reconfiguration/expansion schemes, Central Sutton PCN)
- Adding pharmacists, paramedics, physician associates and others to the primary care team generating need for more space as Primary Care Networks develop.



- “Ambitious for Sutton” (2018) 5-year plan. Outcome-based commissioning plan, four strands: (i) being active citizens; (ii) making informed choices; (iii) living well independently; (iv) keeping people safe.
- Over-arching programme of service redesign, to improve efficiency and use digital opportunities where possible. LBS is committed to using the borough's assets efficiently.
- Committed to high street regeneration; & securing developer contributions to health & care.
- London Cancer Hub is among the Council’s highest strategic priorities. In Feb 2020 the project secured £8.4m from London Strategic Investment Pot, to prepare land for development and establish infrastructure for first wave of commercial life-science buildings.
- The Sutton Local Plan (2018) supports provision of new or improved healthcare facilities in the borough. The forthcoming review of the Local Plan will take into account updated health needs and site requirements in line with CCG requirements.

# 1.2 (continued) – Sutton Partners’ Strategies



## Epsom & St Helier (ESTH)

- New build Specialist Emergency Care Hospital (SECH) at Sutton Hospital site. This is in the Government’s New Hospitals Programme with funding earmarked, subject to Business Case). At least 85% of current services at St Helier will remain there.
- Public consultation completed early 2020. SECH location decision was made July 2020. Outline Business Case (OBC) submitted to Government in Jan 2021.
- Under the same programme, the St Helier site will be reconfigured as a district hospital with substantial investment to improve patient accommodation and eradicate critical infrastructure risk backlog.
- Other St Helier capital projects in 2020/21: (i) CHP to be brought on-stream; (ii) Ward C5 refurbishment; (iii) ITU/HDU works; (iv) Phlebotomy; (v) CT Scanner.

## South West London & St George’s

- (Outside Sutton) FBC approved Dec ‘19 for Estates Modernisation Programme, with major redevelopment of Springfield Hospital site. Completion of works due Summer 2022.
- A need for high street premises in Sutton for Mental Health services.
- Looking for opportunities to move Sutton Uplift from Jubilee Health Centre to Sutton Town Centre. (Uplift is an accessible service for symptoms of stress, anxiety and depression).
- Need to consider the Sutton specific priorities in light of planned community mental health transformation and funding that will flow in 2021/22.

## Sutton Health & Care (SH&C)

- Co-location of Integrated Locality Teams (community nursing and therapy) with Social Care and/or the Voluntary Sector located within the PCN areas – based around a digital hub. Wallington ILT is SH&C’s highest priority for capital funds.
- More use of space for community clinics - adults and children including outpatient clinics.
- Integrated Children’s teams: HV and SN, midwifery, children’s community nursing, therapy.
- Strongly support Primary Care focused Health & Wellbeing hub model.
- Office space could be more efficiently used, to optimise space for patient contact.
- SH&C researching what patient contacts could be “virtual” in future.

# 1.2 (continued) – Sutton Partners’ Strategies



<p>Royal Marsden</p>	<ul style="list-style-type: none"> <li>• Construction of the Oak Cancer Centre is in progress on site, completion due Dec. 2022.</li> <li>• Oak Cancer Centre will unlock redevelopment of the site to modernise the estates assets, e.g. vacating building stock that enables expansion of Imaging.</li> <li>• RMH is responding to LBS &amp; ICR on masterplan for Sutton site, including London Cancer Hub, and working with ESTH on land arrangements to enable construction of the SECH.</li> </ul>
<p>NHS PS</p>	<ul style="list-style-type: none"> <li>• Priory Crescent freehold now vacant and has been declared surplus to requirements.<sup>(3)</sup></li> <li>• Elsewhere the NHS PS estate in Sutton is in modern, fit for purpose buildings, with rolling programme of compliance &amp; minor improvements to ensure upkeep to this standard.</li> <li>• Initiative to improve efficiency of use and reduce voids.</li> </ul>
<p>LAS</p>	<ul style="list-style-type: none"> <li>• LAS has two ambulance stations in the Borough: Sutton (Dorset Road, Belmont), and St Helier (Bishopsford Road). There might be opportunities for redevelopment on part of the StHH site.</li> <li>• LAS plans to reduce the No. of ambulance stations by approx. two-thirds across London.</li> </ul>
<p>Community Action Sutton</p>	<ul style="list-style-type: none"> <li>• Community Action Sutton is developing Hill House (Bishopsford Rd, on the St Helier Estate) as a community hub. It hosts a wide range of services and community activities. CAS would welcome chances to work with and co-locate with partners, for any services that could be made more accessible and make a difference to the wellbeing of people in the local community.</li> </ul>
<p>Technology</p>	<ul style="list-style-type: none"> <li>• Continue expansion in the use of digital consultations.</li> <li>• Wireless 4G to be installed in all premises, with ability to accommodate Internet of Things (IoT) developments as they arise from working group (potentially requiring 5G).</li> <li>• Further roll-out of agile working, to enable more intensive use of prime clinical space for clinical services. Administrative staff working from home at least some of the time.</li> <li>• LBS has arranged IoT workshops for the health &amp; care partners.</li> <li>• Major investment in new Electronic Patient Record system (EPR) by ESTH.</li> </ul>

(3) See note at 3.5.

# 1.2 (continued) Sutton's Health and Care Plans, and Implications for the Estate

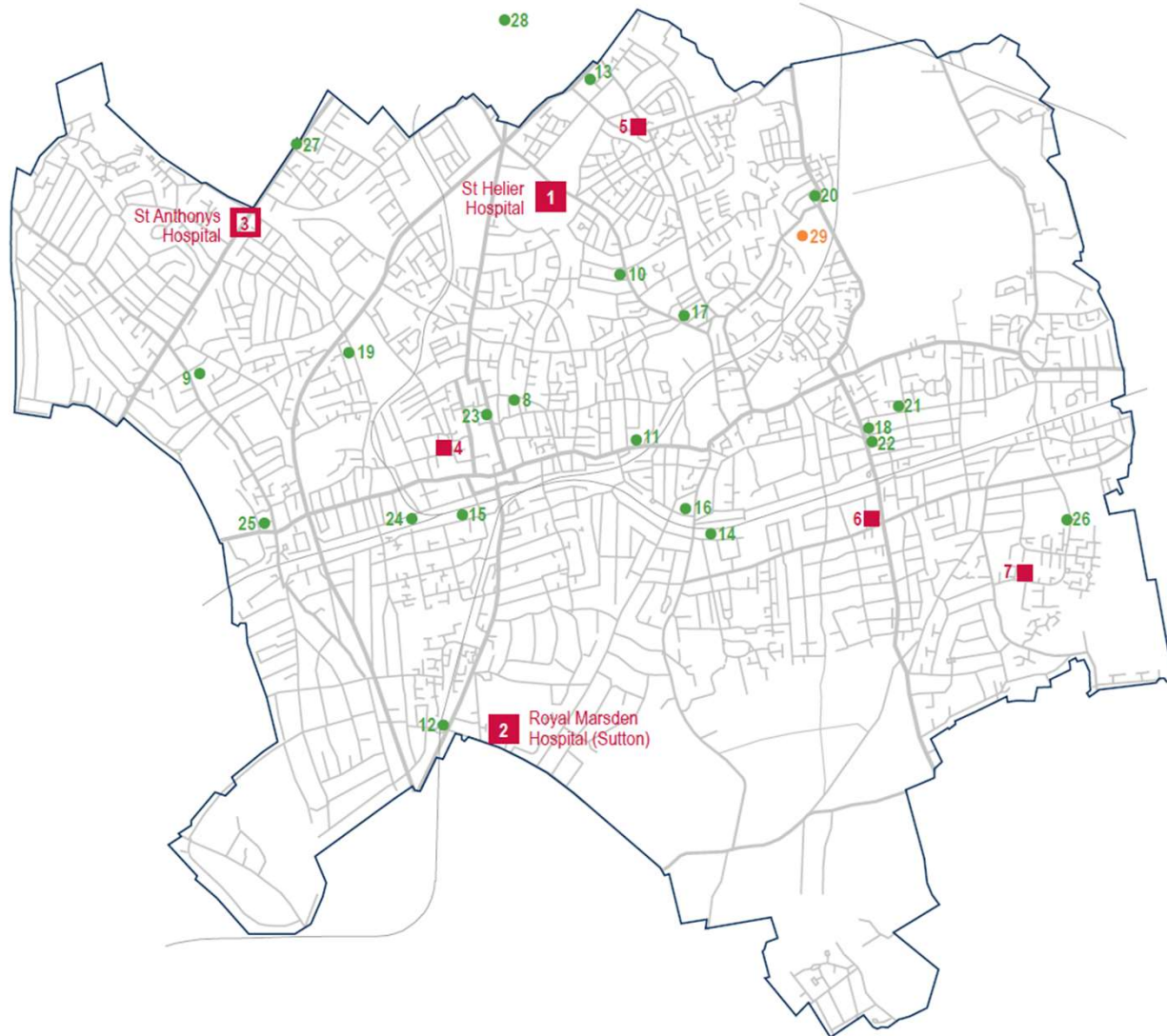


Health & Care Plan Requirements	Implications for the Estate
<p>A new way of working through establishment of an Integrated Care Place – Sutton partners working together to develop transformation plans that will ensure that the right care is delivered in the right place for local residents.</p>	<p>We will need a high quality, fit for purpose estate which offers flexibility, accessibility and supports integrated teams to maximise the co-location of local service offer for residents. Every PCN should have a hub to support evolving new models of care.</p>
<p>Implement the NHS Personalised Care model for people of all ages and their carers, give people choice and control over the way their care is planned and delivered.</p>	<p>The local estate should provide space to deliver the elements of personalised care; patient choice, shared decision making, supported self management, social prescribing and community based support, personalised support and care planning.</p>
<p>Deliver services with a strong focus on self-care, health promotion and prevention.</p>	<p>Residents should recognise Sutton Health and Care estates as a place to access information, advice and resources and support. The estate should where possible accommodate group consultations, education events, and digital support tools.</p>
<p>Tackle the social determinants of health and reduce health inequalities.</p>	<p>Where identified, support services should be located within areas of deprivation, to ensure access for those adversely affected by the wider determinants of health.</p>
<p>Integrate health, care and community and voluntary sector services, where it is right to do so, to support Sutton to be financially and clinically sustainable.</p>	<p>Estates in Sutton will need to be efficiently utilised and organised in such a way as to reduce overhead costs whilst supporting the integration agenda.</p>
<p>Social prescribing through voluntary sector organisations.</p>	<p>Social prescribers and other services which support the wellbeing agenda should be flexibly provided from within numerous community-based estates and co-located with other services where it makes sense to do so.</p>
<p>Digital transformation</p>	<p>Improving the digital landscape in Sutton will enable increased accessibility and improved space efficiency across multiple estates, e.g. with more video consultations. Estates must be planned and designed to support/enable digital transformation.</p>
<p>COVID-19 pandemic response</p>	<p>Implications are emerging, as models of care are re-designed. Need for separate “hot” and “cold” areas (infectious and non-infectious), one-way flows, surge capacity, etc.</p>

# 1.3 Summary of the Healthcare Estate in Sutton

Location of healthcare premises

Hospitals, Health Centres, and GPs in L.B. Sutton



- Hospital
- Private Hospital
- Health Centre / Clinic / GPs
- General Practitioner
- Proposed General Practitioner

**Health Services**

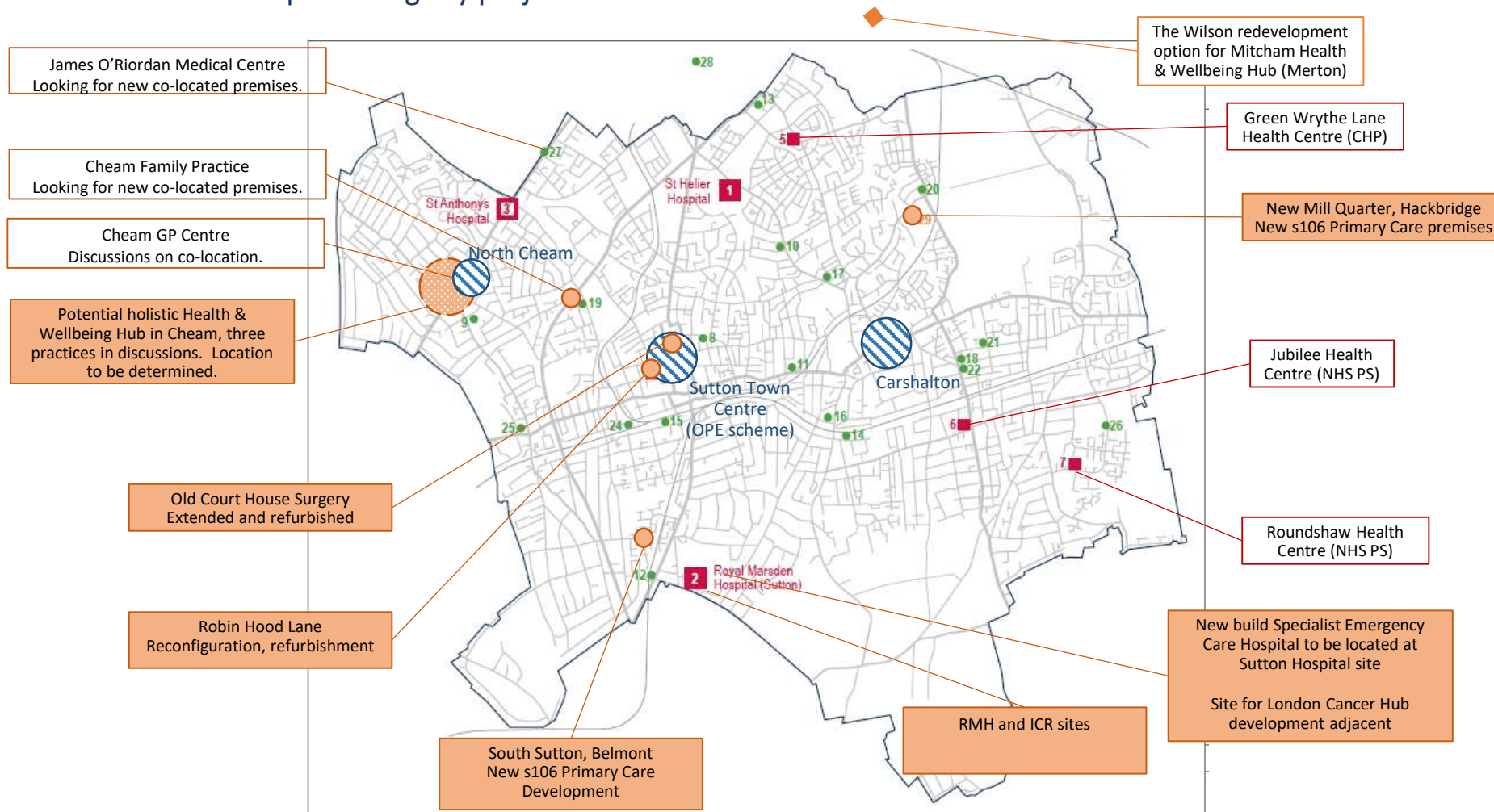
- 1 St Helier Hospital, Wrythe Lane
- 2 The Royal Marsden, Downs Road, SM2 5PT
- 3 St Anthony's Hospital, 801 London Road, SM3 9DW
- 4 Robin Hood Lane Health Centre, Robin Hood Lane, SM1 2RJ
- 5 Green Wrythe Surgery, 411a Green Wrythe Lane, SM5 1JF
- 6 Shotfield Medical Practice and Wallington Family Practice Jubilee Health Centre, Shotfield, SM6 0HY
- 7 Roundshaw Health Centre, Mollison Drive, SM6 9DW (including Manor Practice branch)
- 8 Benhill & Belmont Practice, 54 Benhill Avenue, SM1 4EB (Benhill branch)
- 9 The GP Centre, 322 Malden Road, SM3 8EP
- 10 The Chesser Surgery, 121 Wrythe Lane, SM5 2RT
- 11 Sutton Medical Practice, 181 Carshalton Road, SM1 4NG
- 12 Benhill & Belmont Practice, 1 Station Approach SM2 6DD (Belmont branch)
- 13 Bishopsford Road Surgery, 191 Bishopsford Road, SM4 6BH
- 14 Carshalton Fields Surgery 11 Crichton Road, SM5 3LS
- 15 The Surgery, 48 Mulgrave Road SM2 6LX
- 16 The Beeches Surgery, 9 Hill Road, SM5 3RB
- 17 The Wrythe Green Surgery, Wrythe Lane SM5 2RE
- 18 Park Road Medical Centre, 1a Park Road, SM6 8AW
- 19 Cheam Family Practice (branch), 263-5 Gander Green Lane SM1 2HD
- 20 Hackbridge Medical Centre, 138-40 London Road, SM6 7HF
- 21 Dr Sugumar & Partner, 35 Malden Road, SM6 8BL
- 22 Manor Practice, 57 Manor Road, SM6 0DE
- 23 Old Court House Surgery, Throwley Way SM1 4AF
- 24 Grove Road Practice, 83 Grove Road, SM1 2DB
- 25 Cheam Family Practice (main), The Knoll, Parkside, SM3 8BS
- 26 Wallington Medical Centre, 52 Mollison Drive, SM6 9BY
- 27 James O'Riordan Medical Centre, 70 Stonecot Hill SM3 9HE (Sutton CCG)
- 28 Facchini House Surgery, 64 Middleton Rd, SM4 6RS (Sutton CCG)
- 29 New Mill Quarter Development, SM6





# 1.3 Summary of the Healthcare Estate in Sutton (continued)

Health assets map showing key projects



## 1.3 Summary of the Estate in Sutton (continued)



Sector	No. of Sites	Site Area (Ha)	GIA (m <sup>2</sup> )	Comments
Acute and Specialist Hospitals	5	19.94	180,195	Includes Epsom General Hospital and RMH Chelsea, both outside the borough, but reported in Sutton.
Mental Health	2		2,339	
Community provider	10		94	Includes some sites outside the borough, e.g. satellite dialysis centres managed by ESTH in neighbouring administrative areas.
Primary care - GP owned & 3rd party leased	24		8,463	
NHS Property Services - primary and community	4		5,100	SH&C delivers services from these sites (not included in the 10 above).
Community Health Partnerships (LIFT schemes)	2		3,795	SH&C delivers services from one of these sites (not included in the 10 above).
Provider office bases	3		2,886	Includes 70 East St & Horizon Hse, Epsom, outside the borough but reported here.
<b>Healthcare Total</b>			<b>202,872</b>	
"In scope" Local Authority estate	18			
"In scope" Voluntary sector estate	1			

### Key issues:

*Revalidation of data pending*

- Building condition (e.g. extensive backlog maintenance at St Helier Hospital) and poor functional suitability (e.g. 14 out of 26 General Practice premises are residential conversions).
- Shortage of primary care space. 17 of 26 General Practice premises are below the 60m<sup>2</sup> per 1,000 patient list benchmark. Overall, there is a space shortfall of approximately 4,000 m<sup>2</sup> on this basis. Revenue to service additional space is not plentiful, so the cost effectiveness of the estate needs to be improved.
- Inefficiency: more than 60 separate sites in the Borough where health, care, leisure and wellbeing services provided.
- HUDU's August 2020 analysis found that Sutton's health & care estate would require an additional 3,000 m<sup>2</sup> of space to meet the 10-year population growth forecast, and that providing this space would need £16m approx. of capital investment.

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# 1.3 Estates Baseline Summary (continued): Primary Care Premises Survey 2020

In February 2020 the project team carried out a questionnaire-based survey of Sutton’s GP practices. 20 out of the 23 Practices responded. The results are summarised below.

<p>Only 50% of practices (that responded) believed their premises were fit for purpose and enabled them to deliver current and future models of care</p>	<p>The main reasons why practices answered ‘No’ were insufficient space, and lack of ability to expand service offering</p>
<p>45% of practices that responded said they had no space to expand their premises</p>	<p>20% of practices had space for expansion and had already drawn up plans</p>
<p>100% of practices that responded expressed interest in collaborating with other practices in their network to deliver services</p>	<p>55% of practices answered that they ‘Definitely would’</p>
<p>55% of practices had space available to host additional services on behalf of their PCN</p>	<p>This identified a number of treatment rooms, consulting rooms and small &amp; large meeting room/interview rooms that could be used.</p>
<p>We asked the practices: <i>“If an opportunity was available to move/co-locate into new, purpose built health and wellbeing premises, how interested would you be in exploring this?”</i></p>	<p>On the whole only moderate interest was expressed. On a scale of 0 (not interested at all) to 100 (extremely interested), the average score was 36. Cheam PCN gave a much higher score than the average. 70% of Cheam’s practices either definitely or probably would be interested in exploring options for estate opportunities on the hub model.</p>
<p>Practices identified which Providers they thought would be best co-located with Primary Care in a Health &amp; Wellbeing Hub</p>	<p>85% identified Community Nursing and Mental Health services. 70% identified Children’s Services and Health Promotion. 65% identified Community / Voluntary sector organisations. 45% identified other services, either Council services (e.g. housing support, Social Care), or CAB</p>

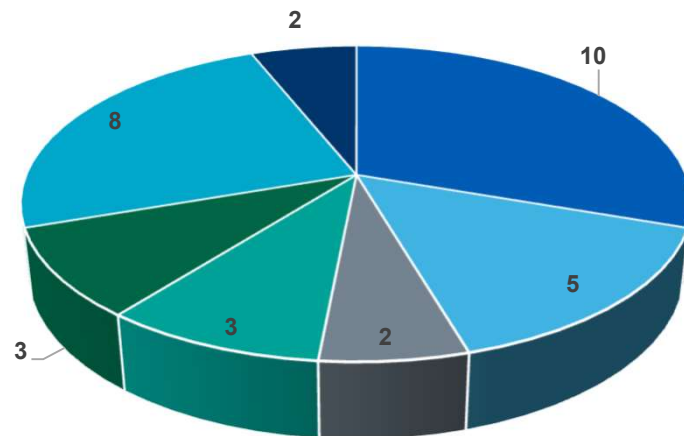


# 1.3 Estates Baseline (continued): Primary Care Premises Survey



"Do you feel your premises are fit for purpose and enable you to deliver current and future models of care?"

The practices answered:

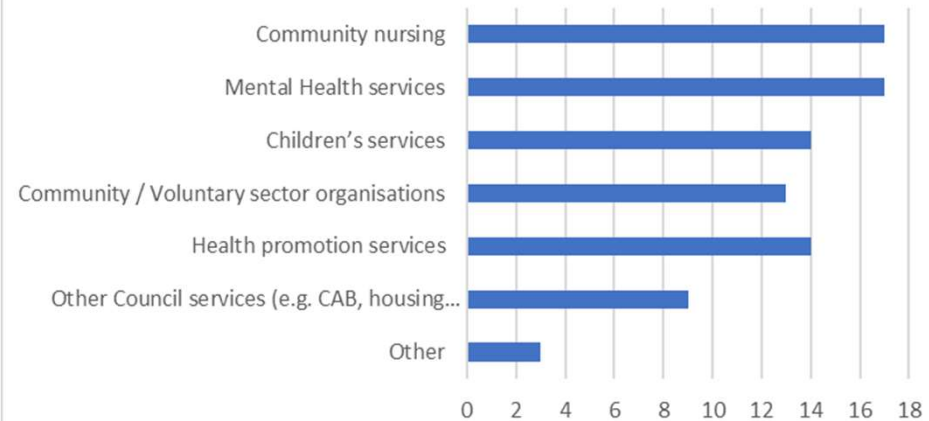


- Yes
- No - insufficient space
- No - not CQC compliant
- No - in disrepair / requires significant investment
- No - not fully accessible
- No - prevents expansion of service offering
- No - other reason

Since the survey: several practices have found their premises unsuitable for zoning and social distancing to manage COVID-19 transmission risk.

Practices were asked: "Which 'other providers' do you think would be best co-located with Primary Care in a health and Wellbeing Hub?"

The answers were:



## Conclusions

- Only half of the Practices have premises that are fit for purpose and sufficient size.
- Practices are already hosting and sharing services within their PCNs, and are looking to do more of this.
- Practices in Cheam, and to a lesser extent Central Sutton, express strong interest in co-location in new Health & Wellbeing Hubs. In the other PCNs there is little interest.
- Practices are most interested in co-location with community nursing and Mental Health services

# 1.3 Summary of the Estate in Sutton (continued)



## SWOT Analysis

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• All the NHS provider organisations are rated at least 'GOOD' overall by CQC, and RMH is rated 'OUTSTANDING' overall</li> <li>• Some of the building stock is modern and high quality (e.g. Jubilee &amp; other Health Centres, RMH recent developments)</li> <li>• Government's BYFH funding commitment</li> <li>• Academic strength of RMH, ICR, ESTH and teaching practices</li> <li>• LBS &amp; ICR secured £8.4m to prepare land for development for Cancer Hub first phase</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• High levels of Backlog Maintenance, particularly StHH</li> <li>• Poor functional suitability of some estate</li> <li>• Parking constraints</li> <li>• Some 3PD Health Centres are expensive to operate</li> <li>• Widely dispersed and inefficient Public Sector estate</li> <li>• Mental Health locations lack accessibility</li> <li>• Limited expansion space</li> <li>• Separate funding streams remain a barrier</li> <li>• Historical under-investment</li> <li>• Estates development expertise is thinly spread</li> <li>• Financial position – NHS deficits</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Integration of Primary Care, community, Mental Health, Soc Prescribing, Local Government, and voluntary services, particularly in Wallington</li> <li>• Government drive for "subsidiarity" and local decision making</li> <li>• New build hub would improve patient experience</li> <li>• London Cancer Hub, potential transport improvements</li> <li>• Site at former Sutton Hospital secured by LBS</li> <li>• Shared facilities between Cancer Hub, RMH, ICR &amp; ESTH</li> <li>• StHH could provide accommodation for other services, including Primary Care</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Access to capital is constrained</li> <li>• Population growth, particularly pockets of high growth and their implications for Primary Care service provision</li> <li>• Limited remaining public sector estate that can be made surplus, for disposal and residential development</li> </ul>

This SWOT was completed before the pandemic, which has underlined some of the weaknesses of much of the current estate, e.g. congested space standards, narrow corridors, inadequate provision for one-way flow through health & care spaces, under-provision of single rooms at St Helier Hospital.

# 1.3 Summary of the Estate in Sutton (continued)

## SWOT – so what? TOWS Analysis

The purpose of the TOWS Matrix is to take the results of the SWOT analysis and move it forward by linking the internal factors (strengths and weaknesses) with the external ones (opportunities and threats) in turn, to see what strategies are suggested.

### Strengths to Opportunities Strategies

*Strategies to capitalise on our strengths*

- Capitalise on the environmental quality of the Jubilee Health Centre by intensifying use of space there, to facilitate the Wallington “campus” discussed at the PCN network workshop.
- Use the partner organisations’ capabilities (as evidenced by CQC ratings) to take opportunities offered by “subsidiarity”.

### Weakness to Opportunities Strategies

*Pursue opportunities, to reduce internal weaknesses*

- Developing the Health & Wellbeing hub model would allow some outmoded building stock to be vacated and either sold, demolished or converted, reducing the quantity of functionally unsuitable space and backlog maintenance.
- Developing hubs will also allow efficiency and accessibility of the estate to be improved.

### Strengths to Threats Strategies

*Using internal strengths to avert threats*

- Use the partnership working that is already established, e.g. in Sutton Health & Care, to pool resources and overcome or at least mitigate financial constraints.
- Use the Government’s commitment to fund the BYFH programme to draw up site development options that if possible identify disposal opportunities.

### Weaknesses to Threats Strategies

*Defensive actions*

- Use the space constraints/limited expansion space to drive efficiency of use.
- Mitigate the operational costs of the most expensive real estate (e.g. Jubilee) by intensifying use of its space.

# 1.4 The Capital Challenge - Funding Sources



## Context and the Challenge

- There has been limited investment in the Borough’s estate in the past decade.
- The Government’s announcement of £511m (subject to business case) for ESTH’s Building Your Future Hospitals programme is excellent news, but outside the acute sector, capital funds likely to continue to be constrained.
- We do not know what other funds might be available for capital investment projects.

Source	Comments, existing and proposed implementation
Central NHS Sources	STP Wave 5 capital bidding and future funding, ETTF, IGs and other.
S106 and CIL	NHS bodies to work with LBS Planning colleagues to obtain best value from s106 agreements and CIL, where major developments are being carried out (e.g. potential healthcare space in Victoria House North Cheam, Sutton Civic Centre redevelopment and Benhill Estate redevelopment).
NHS PS site redevelopment	Release value from the community estate owned by NHS PS by developing mixed use schemes providing housing and new health space [redevelopment opportunities].
NHS PS capital	Landlord capital (minor works projects to keep properties compliant in line with landlord obligations), or customer capital for major new builds/extensions/refurbishments if requested by customers.
Partnerships	Working between local partners to pool resources on joint developments.
Prudential Borrowing	LBS able to apply to Public Works Loan Board lending facility, subject to the Prudential Code.
Public Private Partnerships	Local Improvement Finance Trust (LIFT) or other forms, subject to NHS Centre’s assent.
One Public Estate (OPE)	No new OPE proposals but opportunities will always be sought. Would require more than one public sector body involved and reasonable chance of generating disposal receipts and/or housing units. OPE is supporting the London Cancer Hub development.
Other seed funds	South West London seed funding for project feasibility, for the Cheam Hub, and potentially, smaller scale Primary Care and out-of-hospital projects.
Charitable funds	Royal Marsden Cancer Charity capital funding of projects at Royal Marsden Sutton.
Disposals	Disposal receipts directed to investment. Priory Crescent currently planned. (N.B. not guaranteed that NHS PS can reinvest receipts locally). Further provider disposals possible in future.

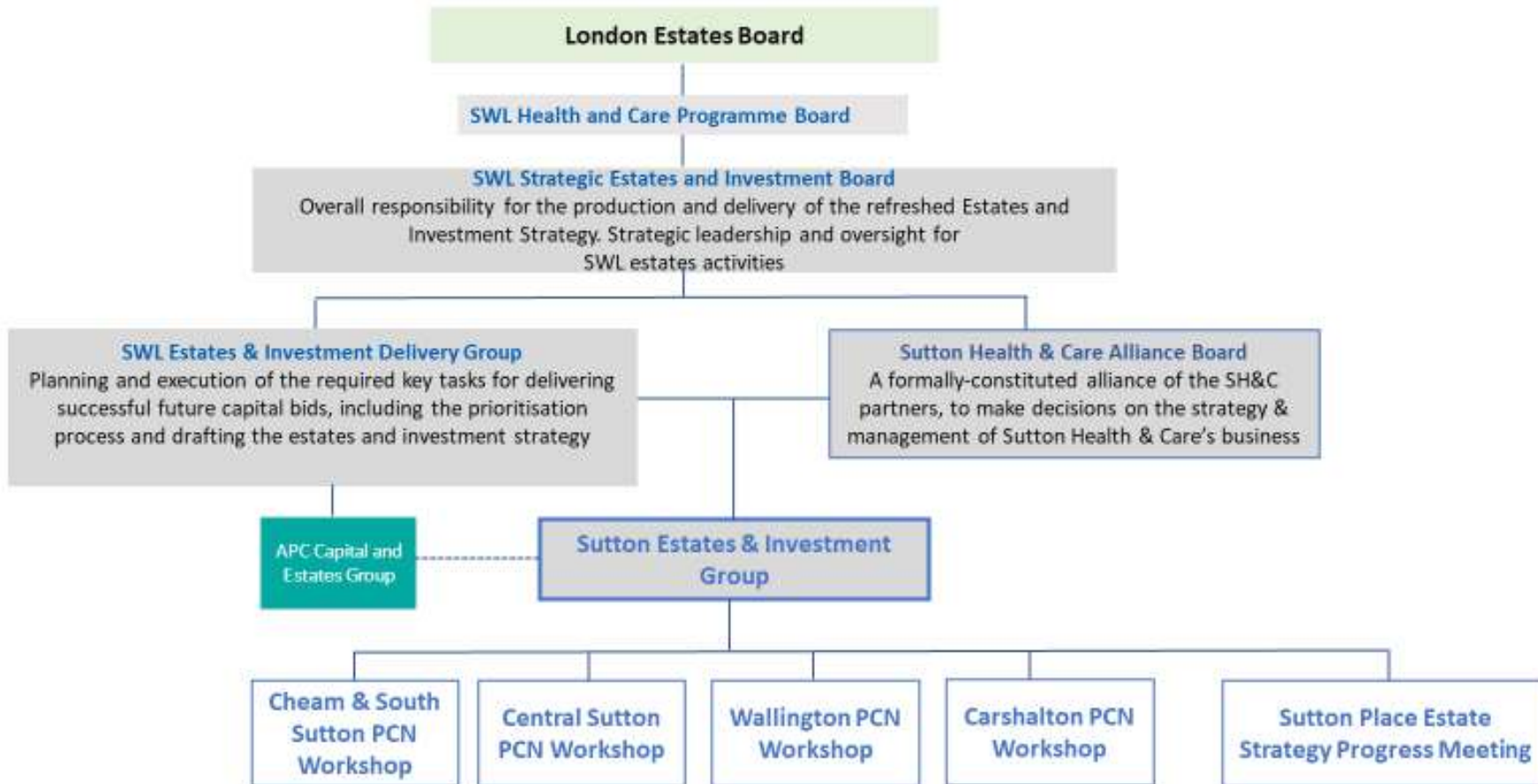
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## 2. Our Progress so Far

# 2.1 Governance

The Sutton partners have agreed and adopted the governance arrangements shown below.

## Sutton Place Estates - Summary of Governance Arrangements Revised after Sutton EIG Review, 3.3.20



## 2.1 Governance (continued)

### Narrative:

The governance arrangements have been set up to support:

- **Engagement.** All partners are invited to attend meetings of the Sutton Health & Care Estates & Investment Group (the EIG – see Appendix 1 for its Terms of Reference). PCN Planning workshops are tasked with identifying the needs at the local Network level, and feeding this in to the development of the Estates Strategy. The feedback from people attending the Sutton Health & Care Plan public events in November '18 forms an important part of the development of the Estates Strategy.
- **Prioritisation.** The project team will convene to assess and score each of the proposed projects, according to the national template. The results will then be reviewed at Sutton EIG, and the schemes put in priority order.
- **Decision making.** ESTH's Director of Estates, Facilities and Capital Projects has been appointed as SRO, and senior representation agreed from the other partners on the Sutton EIG.
- **Resource planning.** The resources needed to develop feasibilities and business cases for the prioritised capital projects will be discussed and agreed at the Sutton EIG meetings.
- **Escalation of issues.** Via the SRO, to either the Sutton Health & Care Alliance Board, or the SWL Estates & Investment Delivery Group, depending on the nature of the issue.
- **Principle of partnership working.** The partners have committed to overcoming the organisational barriers to making joint decisions.

Terms of Reference of the Sutton Estates & Investment Group are attached at Appendix 1.



## 2.2 Major Capital Projects Completed Recently



Basic Scheme Information			Financials	Outcome
Lead Organisation	Title of Scheme	Scheme Description	Total Capital Invested (£)	Comments
CCG	Hackbridge Primary Care development	New GP surgery within former Felnax site development		Capital funding includes S106 money
ESTH	St Helier site Combined Heat & Power (CHP)	New & more energy efficient means of power, heating & hot water	£12m	Forecast to reduce carbon emissions by > 3,000tCO <sub>2</sub> e p.a. and energy cost by > £800k p.a.
ESTH	ITU/HDU Phase 2	Provision of new Critical Care Unit in C2	£3.9m	
ESTH	Renal inpatients	Refurbishment	£1.3m	
ESTH	Endoscopy	Refurbishment	£1.7m	Completion December 2020
RMH	McElwain Genomics	Refurbishment	£1.5m	Completed Oct 2020
RMH	Cyberknife	Installation of Radiosurgery device for treatment of tumours	£1.4m	Completed Dec 2019
RMH	Cellular Therapies (Stem Cell)	New laboratory	£2.1m	Completed Sept 2019

- The partners have a good track record of getting priority capital projects approved, funded, designed and delivered.
- ESTH and RMH both deliver capital investment programmes valued in the tens of millions each year. NHS PS, LBS, SWLStG and LAS all have extensive capability in programme management and delivery of varied capital projects, some large in scale. SWLStG is progressing works on site for its very extensive Estates Modernisation Programme.
- All partners have made changes to their estates and equipment in response to the pandemic, particularly by physically separating COVID-19 infectious and non-infectious patients. In Primary Care this was particularly difficult due to the space constraints summarised in section 1.3. In the acute sphere, ESTH rapidly made additional critical care capacity available.



## 2.3 What people have told us about our health and care estate in Sutton



People attending our borough health and care plan events in November 2018, told us that:

1. A lot of NHS buildings are in poor repair.
2. Some hospitals and some wards are very old and need to be upgraded to bring them up to modern standards. A poor environment can affect people's mood and general wellbeing.
3. **We should be working with councils to look for opportunities to solve some of our estate's challenges.**
4. **Services need to be more flexible and offer different levels of support to people in their own homes.**
5. The idea of having more locally provided care is supported, but there are concerns that the local NHS does not have the capacity and resources to manage the change towards a more local care model.

90% of St Helier Hospital, was built before 1948. Its design means beds are too close together, making it more difficult to control infections, and to reconfigure services to support integration with community care. In public engagement on BYFH, in 2018, comments about the quality of buildings, particularly St Helier Hospital, have informed the development of proposals. ESTH's ERIC<sup>(4)</sup> information collated in March 2019 supports this picture, of the acute building stock lacking functional suitability for provision of modern healthcare.

Patient feedback in Primary Care during the first (Spring) wave of the pandemic showed that patients found the emergency measures more efficient, with shorter waiting times. This is one of many points to learn from with regard to the pandemic.

33 | <sup>(4)</sup> *Estates Returns and Information Collection*

## 3. Our Focus and Actions

### **Decision making focused on cost effective service delivery**

Sutton is moving forwards with projects within a decision-making framework that prioritises the greatest need and best use of the assets available. This directs investment into key properties and maximises their use, and enables the release of surplus for sale.

# 3.1 Our Focus and Actions



## Discussion on Capital Investment Priorities

- The partners held a workshop on 21.1.20, which agreed the approach of developing the estate strategy.
- PCN level estates planning workshops were held in Feb 2020. Each workshop reviewed the local health & care needs in the PCN, and highlighted the highest priority estates schemes and proposals.
- Sutton Health & Care and ESTH carried out fresh space utilisation surveys at the Health Centres.
- After a hiatus due to the pandemic, the priority assessment of projects was completed in Sept 2020.

## Criteria for Assessing Capital Investment Priorities and Potential Bids

In line with the London evaluation template, the criteria are: (i) alignment with ICS requirements; (ii) leadership, capacity to deliver and deliverability; (iii) estates, equipment and digital infrastructure; and (iv) value for money.

## Summary of Prioritisation Discussions

- The proposals identified at PCN level were discussed by the Sutton EIG, which agreed five priority projects.
- A panel involving system leaders reviewed and scored the priority projects on 24.9.20. The results are that: (i) Primary Care development at St Helier Hospital; and (ii) a Cheam Health & Wellbeing Hub, are the joint highest priority projects for Sutton Place and will be the subject of a future ICS capital funding bid and business case.
- Projects to address Primary Care capacity and facilitate shared services across PCNs were also agreed to be high priorities for future capital bids. Primary Care and Mental Health co-location also well supported.

## COVID-19 Response

- The partners continue to re-plan their estates in light of the pandemic. E.g. ESTH has increased the number of single rooms in the developing design for the SECH. PCNs have collaborated under “buddy” arrangements to optimally use Primary Care capacity despite the unsuitability of some of the premises. Short-term measures implemented include alterations for safer social distancing, zoning and flows, enabling of more digital consultations (with video pods) and more home working.
- It is too early to determine what the overall effect will be on the future shape, size and configuration of the estate. The project team understands that Health Building Note (HBN) design guidance is being re-written with COVID-19 in mind.

## 3.1 Our Focus and Actions (continued)



### Health & Wellbeing Hubs

- The South West London Estates team has a Hubs Task & Finish Group, which has agreed a vision of what a Health & Wellbeing Hub should be and do. It might be housed in a single building, or be “virtual”.
- Cheam & South Sutton PCN has been identified as a potential location for a new-build, holistic Health & Wellbeing Hub. Two of the Practices in this PCN (with three surgeries) are in poor quality premises with insufficient space, these Practices are keen to co-locate in a new facility. The CCG has had initial discussions with Lord Mawson about developing a community hub which would go far beyond the provision of Primary Care. Community Action Sutton should be involved on behalf of the voluntary sector.
- SWLStG is keen to consider how integrated working in a Hub can support expansion of Mental Health services.

### Estates and Technology Working Together

- The NHS Long Term Plan requires local partners to make better and more connected use of digital technology to reduce duplication and increase efficiency.
- The King’s Fund’s 2019 report “Clicks and Mortar” calls for technology and the estate to be planned in an integrated way, for example through:
  - Patients being able to access services remotely (this is already happening)
  - Allowing staff to work more flexibly, supporting them to mitigate the risk that they become isolated
  - More intelligent Estates & FM performance data and tracking.
- South West London Health & Care wants to use digital technology to transform the way care is delivered, so that: (i) patients are better able to care for themselves and access the most appropriate services when they need to; (ii) clinicians can make more accurate and timely clinical decisions and provide the very best care; and (iii) its organisations will be able to share accurate information across the health and care system.
- This built on NHS South West London’s 2016 Local Digital Roadmap, which identified five technology developments required to support the ICS: (i) digitally-enabled self-care; (ii) access to health services via telephone, online or video conferencing; (iii) shared Information Systems between agencies for point-of-care; (iv) information sharing for whole-system health intelligence; and (v) mobile infrastructure.
- The COVID-19 emergency will inform the next generation of the model of care, which will see: more use of wearable technologies; more home working enabled, including by clinicians who might be shielding or looking after children; and investment in digital infrastructure and devices, so premises can be used more flexibly.

## 3.1 Our Focus and Actions (continued)



### Sustainability

- LBS has adopted an Environment Strategy, with a vision for Sutton to become London's most sustainable borough by 2025. The Environment Strategy aims to reduce energy usage, tackle climate change, bring about cleaner air in Sutton, and through these measures improve people's health and wellbeing. Since April 2019, more than 5,000 people have participated in biodiversity events, sustainable drainage systems (SuDS) have been installed at two schools, and over 600 Sutton residents have registered for solar panels under the Solar Together group buying initiative.
- LBS has declared a climate emergency, and has held a series of public events to get residents' thoughts on how to tackle the emergency.
- ESTH has taken £20m of loans from the Mayor's Energy Efficiency Fund to replace heating and hot water plant in both St Helier and Epsom Hospitals with new Combined Heat & Power (CHP) plant and Low Temperature Hot Water systems. These will reduce the carbon footprint by several hundred tonnes CO<sup>2</sup> p.a., with a large reduction in energy bills. ESTH has also installed LED lighting throughout StHH, bringing a 6% reduction in electricity consumption. The new-build SECH is being designed to be carbon "net zero".
- RMH uses the CAAS compliance FM system to make comprehensive self-assessments of its Hard FM compliance and sustainability. RMH's sustainability score in CAAS is currently 77%, giving a green rating. RMH is currently installing CHP plant at its Chelsea site.
- LAS has replaced old vehicles in its fleet with much cleaner and less polluting ones. In the current year it aims to increase the proportion of its vehicles that are compliant with the Ultra-Low Emissions Zone (ULEZ) from 52% to 72%, with non-compliant ambulances to be phased out by 2023.
- In April 2020 NHS PS commenced two new energy contracts: one providing 100% renewable electricity, the other natural gas. These cover all NHS PS properties, and nationally are forecast to offset 37,000 tCO<sup>2</sup> p.a. and deliver a Year 1 saving of £5m approx. NHS PS has reduced landfill waste to 0.5% of all its waste.
- SWLStG has very little estate in Sutton, but at its main Springfield Hospital site it will install CHP plant to provide the site's future energy needs.
- The local NHS organisations are all striving to meet the NHS Long Term Plan target of reducing the NHS's carbon footprint in the current year by one third from 2007 levels.
- 37 | A key part of emissions reduction strategies will be how to find the right balance between reducing patient travel, and the system-level efficiency of centring services in hospitals.



## 3.1 Our Focus and Actions (continued)

### Workforce

- Outside the remit of the Estates & Investment Group, work is taking place in the partner organisations to identify the changing workforce needs of developments such as:
  - Health & Wellbeing Hubs and other ways of moving Secondary Care into the Primary Care realm.
  - The impacts of digital and other technological developments on the workforce, particularly where this means that members of clinical staff may no longer have access to designated workstation desk.
- The Sutton Health & Care Plan outlines how improved work flow should be supported through PCNs to engage the skills of pharmacists, nurses and the wider primary care workforce, and how working “at scale” in Primary Care will improve the capability of the Sutton’s health and care staff.
- The age profile of key staff might present a problem.
- Having a significant proportion of the GPs as owner-occupiers nearing retirement presents a challenge, and the “last man standing” problem.
- In addition, there is the need to improve recruitment and retention, and provide the best care for staff’s wellbeing that we can. Improving the quality of the building stock, e.g. with the proposed new build Health & Wellbeing Hub in Cheam that would replace converted houses that are no longer fit for purpose, is expected to be very helpful in this regard.
- The estate needs to support extended working hours and be accessible outside traditional weekday hours.

### Further Engagement with the Community

- [More information to be added to the Estates Strategy document on the process and timescales for engagement with the local community].

### Consistency with London Borough of Sutton Local Plan

- The Sutton Local Plan (which looks forward 15 years and is reviewed every 5 years) supports provision of new or improved healthcare facilities in the borough. The forthcoming review of the Local Plan will take into account updated health needs and site requirements in line with the CCG’s strategy.

# 3.1 Sutton Capital Pipeline

This section focuses on the key service strategies and the current and future capital projects that support delivery of these priorities.

## 1. Acute and specialist hospital sector - major schemes

Acute and specialist hospital sector funded major schemes						
Key health & care service strategy	Title and description of schemes	Lead org	Total capital Requirement	Business case status	Delivery years	Comments (inc funding source details)
Building Your Future Hospitals	New build SECH, district hospital projects & enabling schemes	EstH	£511m	OBC submitted	2025/26 2026/27	HIP1 capital funding approved subject to Business Case
Fitness for purpose of buildings	Eradication of Critical Infrastructure Risk backlog at St Helier	EstH	£50m		2029/30	Internally-generated capital
Fitness for purpose of buildings	New lift for B Block, St Helier	EstH	£1m		2021/22	Internally-generated capital
Strategic project	Oak Cancer Centre	RMH	£100m	Approved	2022/23	Charitable funds
Diagnostic	MRI projects	RMH			2021/22	Internally-generated capital
Energy efficiency	Site-wide Combined Heat & Power (CHP) RMH Chelsea	RMH	£7m	Approved	2021/22	Salix/Mayor's Energy Efficiency Fund loan

Funded – within organisation’s capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (eg s106/CIL)	Unfunded
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# 3.1 Sutton Capital Pipeline (continued)



## 2. Primary Care, community and out of hospital services - major schemes

Primary care, community and out of hospital services funded schemes						
Key health & care service strategy	Title and description of schemes	Lead org	Total capital Requirement	Business case status	Delivery years	Comments (inc funding source details)
Primary Care capacity; estate modernisation	Hackbridge Medical Centre fit-out of new build	SWLCCG		Approved	2020/21	
Primary Care capacity	Belmont Branch surgery new-build	SWLCCG		Approved	2020/21	
Primary Care capacity	Old Court House Surgery expansion	SWLCCG		Approved	2020/21	
Primary Care capacity	Robin Hood Lane ground floor reconfiguration	SWLCCG		Approved	2020/21	
Total						
Primary care, community and out of hospital services unfunded schemes						Comments and priority rank
Primary Care capacity; estate modernisation	St Helier Primary Care development	SCCG		Pre-Business Case stage		Priority No. 1=. Space would become available after the SECH opens in 2025/26.
Health & Wellbeing Hub; modernisation of Primary Care premises & Primary Care at scale	Cheam Health & Wellbeing Hub	SCCG		Pre-Business Case stage		Priority No. 1=.
Integrated community teams	Wallington Locality Team (DNs and Adult Soc Care) – new accommodation	SH&C				Priority No. 3. Current co-location in Wallington Library is beneficial, but cramped.
Primary Care capacity	Wrythe Green Surgery extension and lift to 1st flr.	GP		Feasibility		Priority No. 4.
Primary Care capacity	Grove Rd Surgery extension	GP		Feasibility		Priority No. 5.
Health & Wellbeing Hub; modernisation of Primary Care premises & Primary Care at scale	Health & Wellbeing Hub within Civic Centre site redevelopment	LBS		Pre-Business Case stage		A long-term scheme
Total						

Funded – within organisation’s capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (eg s106/CIL)	Unfunded
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# 3.1 Sutton Capital Pipeline (continued)



## 3. Mental Health & Learning Disabilities - major schemes

These ideas are at an early stage of development.

Key health & care service strategy	Title and description of schemes	Lead org	Total capital Requirement	Business case status	Delivery years	Comments (inc funding source details)
Combatting loneliness & social isolation; supporting people to be physically, economically and socially active	Consideration to Sutton Uplift team move to Sutton Town Centre (CeSu02)	SWLStG				
	High street premises in Sutton for Mental Health services (CeSu03)	SWLStG				
Further development of Primary Care Networks within Sutton	Potential co-location of Mental Health and Primary Care services (AllS01)	PCNs				
		Total				



# 3.1 Capital Pipeline Summary and Prioritisation



## The Pipeline

- BYFH represents the largest healthcare capital project in the local area since St Helier Hospital was built in the 1930's. The central capital funds of more than £500m are a huge investment in the NHS locally, and will enable ESTH to transform its services.
- RMH also has a large capital investment programme planned for the Sutton site estate, centred on the Oak Cancer Centre, for which work started on site in late 2020, and which will be largely funded by the Royal Marsden Cancer Charity.
- All partners have capital programmes for their estate which aim to help Sutton's people to start well, live well and age well, aid integration of health and care services, meet the Sutton Local Plan, and meet the organisational objectives of the partners.

## Capital prioritisation

Priority	Project
1=	Primary Care @ St Helier
1=	Cheam Health & Wellbeing Hub
3	Wallington Integrated Locality Team
4	Wrythe Green Surgery Extension
5	Grove Rd Practice Extension

## Prioritisation Process

- The PCN estates planning workshops identified five priority projects. The Sutton health & care system leaders assessed and scored these against the criteria set out by NHS England, with the outcome shown in the table to the left, in priority order.
- Primary Care @ St Helier was scored highest, fractionally ahead of the Cheam Health & Wellbeing Hub project (86.7 against 86.0). In view of the closeness, Sutton EIG agreed that the two should be viewed as equal highest priority.
- These projects will be the subject of future bids and business cases for STP/ICS capital funds, as NHSE&I's bidding process and available funds allow.

### Prioritisation: Explanatory Note

In relation to the GP surgery extension projects, Sutton EIG agreed that there needs to be a review of the longer-term balance between face-to-face and virtual appointments, capacity, and demand. The CCG is also looking at ways to enhance the Primary Care skill-mix, e.g. with more use of Paramedics.

# 3.2 Sutton Delivery Plan



## Outline of Planned Timescales for Delivery of Priority Projects

The timing of all schemes is dependent on availability of funding and the development of Business Cases.

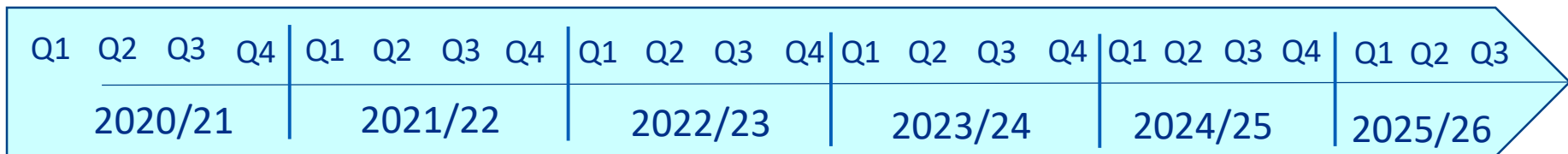
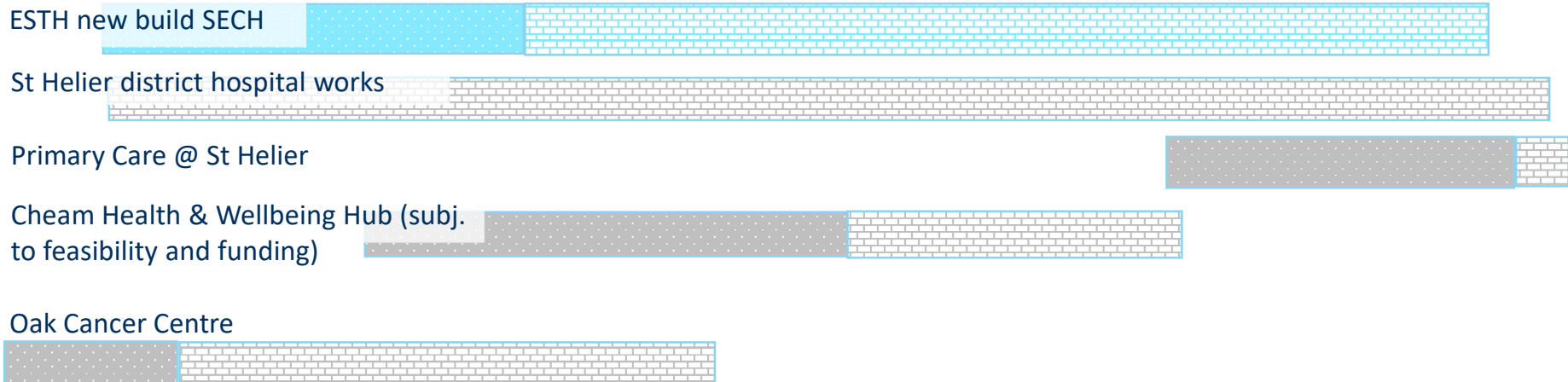
Agree priorities

Resourcing

**Key**

- Programme preparation activities
- Feasibility, business case, Planning & design stage
- Construction & operational commissioning stage

### Major Projects:





### 3.3 Sutton Resourcing Plan

The Sutton project team has discussed the resources needed to take forward the prioritised projects. All will require funds up-front to develop feasibilities, business cases and carry out initial healthcare planning.

#### Resources to Participate in Project Development

- The partners need to make senior staff available, with a proportion of their time “ring-fenced”, to participate in the development of options, feasibilities, business cases, designs, specifications.
- Where this happens, “back-fill” resources will need to be considered.
- NHS PS expertise in estates development and asset management can be used, assisting in, e.g., the development and analysis of site options, Town Planning, legal and procurement Services.

#### Specialist resources to be procured to develop project feasibilities

• Business Case specialists	• Cost Managers (Quantity Surveying)
• Project Managers	• Surveyors
• Community engagement and participation specialists	• Town Planning advisors
• Transformation planning and implementation specialists	• Travel Planning consultancy
• Healthcare Planners	• Project/construction safety specialists
• Designers	

Some of these specialists will be available in the NHS Provider organisations, LBS, the CCG and HS PS. The project team will consider whether it should establish a means of cross-charging a proportion of the payroll costs of the personnel involved, and whether to create a “floating” team of skilled professionals within South West London which could be assigned to any particular project. Other resources will have to be procured from framework suppliers. Primary Care is not traditionally equipped with these sort of specialist project resources, and this is where the greatest need is, particularly in relation to Primary Care @ St Helier and the Cheam Health & Wellbeing Hub.

## 3.4 Vacant and Under-utilised Space in Sutton

### Summary table

N.B. source data is subject to validation

Property	Vacant Space (m <sup>2</sup> GIA)	Comments
Priory Crescent	305	Has been declared surplus to healthcare requirements
ESTH "Aggregate" sites	284	
Stanley Park Children's Centre	24	
Green Wrythe Lane Health Centre	64	
Jubilee Health Centre	24	
<b>Total</b>	<b>701</b>	

Data on under-used floor area will be updated when ERIC 2019/20 output is available.

## 3.5 Sutton Disposals of Surplus Land and Buildings

There is one current property disposal, which is NHS PS's freehold site at Priory Crescent, Cheam. This property, formerly a local clinic, and subsequently Sutton's CCG's office base, is aged and did not meet modern standards as either a health centre building or an office base. It is vacant and has been declared surplus to further health requirements. The property is currently being marketed as surplus land for sale in order to achieve "best value" to allow reinvestment back into the NHS, and to facilitate the release of land for housing development in line with Government policy, with proceeds benefiting both national and local healthcare estate. The disposal is currently at the conclusion of Pre-application Planning ahead of sale.

## 3.6 Delivery of Estates Efficiencies



Area of focus	Commentary
<p>Examples of estates efficiencies planned and how this will support reinvestment in frontline services.</p>	<ul style="list-style-type: none"> <li>• One of the two equal highest priority projects, a Cheam Health &amp; Wellbeing Hub, would co-locate two or potentially three Practices in Cheam &amp; South Sutton PCN (three to four current surgery premises), with diagnostic services, alongside acute, community health, mental health, social and voluntary services.</li> <li>• Disposal of Priory Crescent and possible future rationalisation of StHH site after multi-storey car park built, reducing land area required for parking.</li> <li>• More space to be shared between partners, including Health &amp; Wellbeing Hubs, bookable rooms in health centres; PCN joint service developments for existing premises; Sutton town centre premises, e.g. The Sound Lounge on the high street, with volunteer centre.</li> </ul>
<p>How the borough health and care plan supports capital investment that will lead to cost efficiencies.</p>	<ul style="list-style-type: none"> <li>• The Sutton Health &amp; Care Plan set out the intention to use investment to help build the link between Primary Care and the wider community health, care and social offering, which the prioritised projects in this Estates Strategy aim to achieve.</li> </ul>
<p>How energy efficiency and environmental sustainability initiatives have been considered and are contributing to clinical and financial sustainability.</p>	<ul style="list-style-type: none"> <li>• ESTH’s LED lighting installation programme has seen electricity consumption fall by approx. 6%. ESTH has also replaced approx. 600 no. 1930’s “crittal” single-glazed steel-framed windows at StHH with uPVC double-glazed windows, replaced three boilers and is installing Combined Heat &amp; Power (CHP) plant, all of which will yield a substantial reduction in carbon emissions and energy costs.</li> <li>• RMH is also installing CHP at its Chelsea site.</li> <li>• Other partner organisations can point to similarly successful measures to improve sustainability.</li> <li>• The new SECH at the Sutton Hospital site will be designed and built to achieve “net zero” carbon.</li> </ul>
<p>Is there a sustainable development management plan (SDMP) in place across the healthcare organisations in the Borough?</p>	<ul style="list-style-type: none"> <li>• There is not a shared SDMP in place across the local NHS organisations. 3.1, p36, describes the partners’ aims and targets for sustainability, and their progress towards those.</li> </ul>





## 3.7 Delivery: Risks and Mitigation

The project team has identified the following risks, and proposed the mitigation measures shown in the table.

Risk	Mitigation
Risk that the Sutton Estates & Investment Group will not have sufficient resources to develop and prioritise a capital pipeline that reflects how the borough's needs will unfold over the medium term	Each of the partner organisations has appointed a designated lead for the project. Workshops arranged at PCN level with Clinical Directors committing time for each PCN. Consultant from Artelia appointed to support the SRO and facilitate.
Risk that capital funding will not be secured for the highest priority capital projects identified by the Group	The team to consider the widest possible range of potential funding sources, and develop lower scope options that might require less capital but still key targeted benefits to be attained.
Risk that the priority capital projects identified by the EIG will not be affordable in revenue terms	Thorough financial appraisal of each scheme as part of the business case. Unaffordable investments would not be signed-off in any case.
Risk that the separate governance arrangements of the partners are unable to agree capital priorities	Sutton EIG meetings at which the whole group can discuss the priorities; senior representation from the partners on the EIG.
Risk that a lack of further asset disposal opportunities will hinder accessibility of OPE etc funds	Pursue possibilities of seed funding (for feasibilities) from NHS SWL and NHS PS, and any other potential sources.
Risk that key stakeholders will not support the Estates Strategy and the prioritisation of capital schemes	The Sutton Estates & Investment Group set up with a wide range of internal stakeholders in its membership, and senior involvement from the partner organisations. Ensure the priority schemes respond to the main points raised during earlier public engagement.
Risk that the Estates and Technology developments will not be developed in sympathy with each other	Invite SWL Technology Lead to join membership of the Sutton EIG. Have technology on the agenda for PCN and Borough workshops.
Risk that the Estates Strategy cannot be fully developed in the time available	Dedicated leads identified from each partner organisation. Consultant resource identified to facilitate workshops, collate information and draft the Strategy document.
Risk that COVID-19 pandemic and counter measures will divert too many resources away from Estates & Investment Group development work for satisfactory progress to be made	Senior representation from the partner organisations at the EIG. Re-scheduling of Estates Strategy work.
Risk of insufficient patient/community engagement in both the development and use of the services	The Estates Strategy to be reviewed by Sutton System Leaders' group and Health & Wellbeing Board prior to approval. Clear articulation of the engagement plan to be a condition of the approval.

## 4. Measures of Success

### **A new way of working**

Local Health and Care plans across all boroughs in South West London were developed from November 2018 to drive the South West London Estates Strategy. Sutton Estates & Investment Group has developed this Estates Strategy to support delivery of the Health & Care Plan.



# 4.1 What Does Success Look Like?

1. Current projects delivered on time and on budget	<ul style="list-style-type: none"> <li>To demonstrate the team’s credibility for delivering projects and achieving beneficial changes</li> <li>To free up project resources for the new priority projects</li> </ul>
2. Baseline Estates & FM data is clear and accurate	<ul style="list-style-type: none"> <li>Detailed baseline data on the partners’ whole estate to be shared</li> </ul>
3. Governance arrangements adopted across the partners, encouraging partnership working	<ul style="list-style-type: none"> <li>SRO appointment &amp; role agreed; Sutton EIG membership to involve all partners; PCN workshops involving GP Clinical Directors and partner organisations</li> </ul>
4. A clear road map is set out, showing next steps	<ul style="list-style-type: none"> <li>Presentation of priorities, milestones and responsibilities</li> <li>Prioritised schemes have PID, feasibility, realistic funding route, show they are affordable &amp; provide value for money.</li> </ul>
5. Prioritised schemes show they can help achieve the Sutton Health & Care Plan	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate that projects can fulfil the list of health &amp; care plan requirements on p. 20 of this document. To include metrics on service user experience, public health and access to services.</li> </ul>
6. Prioritised schemes demonstrate they are supported by all partners and help meet their plans	<ul style="list-style-type: none"> <li>Letters of support and/or an approval check sheet</li> </ul>
7. Prioritised schemes show they can achieve measurable quality improvements and demonstrably meet the needs of the local community	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate measurable quality of care improvement targets, subsequently evidenced in Post-Project Evaluations</li> </ul>
9. Prioritised schemes show they can reduce carbon emissions	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate schemes can help achieve the NHS Long Term Plan target of 33% reduction, subsequently evidenced in Post-Project Evaluations</li> </ul>
10. Prioritised schemes show they can measurably raise the efficiency of the estate	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate schemes can help reduce the proportion of non-clinical space by 5%, in line with the NHS Long Term Plan</li> </ul>
11. Resource plan agreed, with funding identified	<ul style="list-style-type: none"> <li>Resource plan signed-off by the Sutton Estates &amp; Investment Group &amp; Sutton Health &amp; Care Alliance Board, including forecast costs and funding sources</li> </ul>
12. Improved staff satisfaction	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate schemes can help improve staff satisfaction, subsequently evidenced by staff surveys</li> </ul>
13. Prioritised schemes demonstrate they help meet the SWL Digital Roadmap	<ul style="list-style-type: none"> <li>PIDs and Business Cases to demonstrate that the projects promote specific aspects of the digital investment programme, subsequently evidenced in Post-Project Evaluations that the goals were attained</li> </ul>
14. In light of the COVID-19 pandemic, any new Primary Care facilities should be designed with lessons learnt from the first stage of the pandemic	<ul style="list-style-type: none"> <li>Designs have responded to such guidance as emerges following the pandemic and adopt good practice, sought from a wide range of sources</li> </ul>

## Appendices:

### Appendix 1

Terms of reference for Sutton Estates & Investment Group  
Membership of Sutton Estates & Investment Group

### Appendix 2

Primary Care Network mapping

### Appendix 3

Priority assessment and scoring of major capital projects

### Appendix 4

NHS Property Services' initiatives to reduce voids

## Appendix 1

### (a) Terms of Reference for SUTTON HEALTH & CARE ESTATES & INVESTMENT GROUP (“The EIG”)

#### Purpose of the Group

1. To co-ordinate and jointly produce an estate strategy for health, care, wellbeing and leisure for the Borough of Sutton.
2. To ensure the Sutton Estate Strategy aids the delivery of the Borough Health & Care Plan.
3. To ensure the Sutton Estate Strategy reflects the local priorities and development options agreed by the four Primary Care Networks (PCNs) in Sutton.
4. To ensure the Sutton Estate Strategy maximises the efficiency of the public sector estate in the borough.
5. To coordinate between organisations to agree Sutton’s investment priorities.
6. To facilitate delivery of estates projects in the borough.
7. To agree opportunities for rationalising NHS and local authority estate where required to deliver health and well-being / community hubs/ developments.
8. To coordinate, prioritise and support future ICS capital bids for Sutton.
9. To update the Sutton capital pipeline.

#### Duties

1. To ensure that the Sutton Place Estates project team engages with local stakeholders in healthcare, the Local Authority and voluntary organisations, and involves them in development of the Sutton Place Estate Strategy.
2. To sign off the content of the Sutton Place Estate Strategy, ensuring that the baseline data is accurate, and the proposals reflect local priorities and are feasible.
3. To make recommendations to the Sutton Health & Care Board and the South West London Estates & Investment Delivery Group for them to approve the Sutton Place Estate Strategy.
4. To submit recommendations to the Sutton Health & Care Board and the South West London Estates & Investment Delivery Group for prioritised ICS capital bids and updates to the capital pipeline.
5. To ensure the Sutton Place Estate Strategy reflects the priorities and objectives of the Sutton PCNs.

#### Arrangements

- Progress reports to (i) Sutton Local Transformation Board; and (ii) South West London Estates & Investment Group
- Membership covers the local health, Local Government and voluntary sector partners
- Sutton SRO is the chair
- Monthly meetings
- Agenda and meeting notes

# Appendix 1

## (b) Membership of SUTTON HEALTH & CARE ESTATES & INVESTMENT GROUP

### Explanation

The following personnel have participated in meetings and discussions to develop this Estates Strategy, and the prioritised list of capital projects in the pipeline.

Name	Organisation / Role	Name	Organisation / Role
Trevor Fitzgerald	ESTH - Director of Estates, Facilities and Capital Projects	Abigail Raymond	Local Government Association - One Public Estate
Lou Naidu	SWL CCG - Head of Primary Care Commissioning for Sutton	Lucy Botting	SH&C - Director of Sutton Health and Care
Geoffrey Price	SWL CCG - Director Finance, Sutton	Sunil Vyas	RMH - Director of Projects and Estates
Terry Murphy	ESTH - Assistant Director of Property and Asset Management	Joe Clark	SWLStG - Property Manager
James Knight	ESTH - Estates Information Officer	Tom Wilson	Wrythe Green Surgery - Carshalton PCN Clinical Director
John Goulston	SWL Programme Director, Estates Investment	Michael Pambos	Grove Rd Surgery - Central Sutton PCN - Clinical Director
Simon Keen	Digital Portfolio Assistant Director, SWL Transformation	Lavan Baskaran	James O'Riordan Practice - Cheam & South Sutton PCN Clinical Director
Matthew Parish	Strategic Estates Advisor, SWL	Louise Dennis	Manor Practice - Wallington PCN Clinical Director
Collette Willis	LBS - Planning Department	Alison Navarro	Community Action Sutton – CEO
Christopher Rhodes	LBS - Head of Asset Management, Resources Directorate	Stephen Finch	LAS - Head of Estates
Mark Norrell	LBS - Assistant Director of Asset Management	Bill Marsden	Artelia UK – Project Manager
Madeleine Neill	LBS - Commissioning Manager (Being Active Citizens)		
Donna Wiggins	LBS - Being Active Citizens		
Andrew Evans	NHS PS - Senior Portfolio Optimisation Manager (SW London, NE London)		



## Appendix 2:

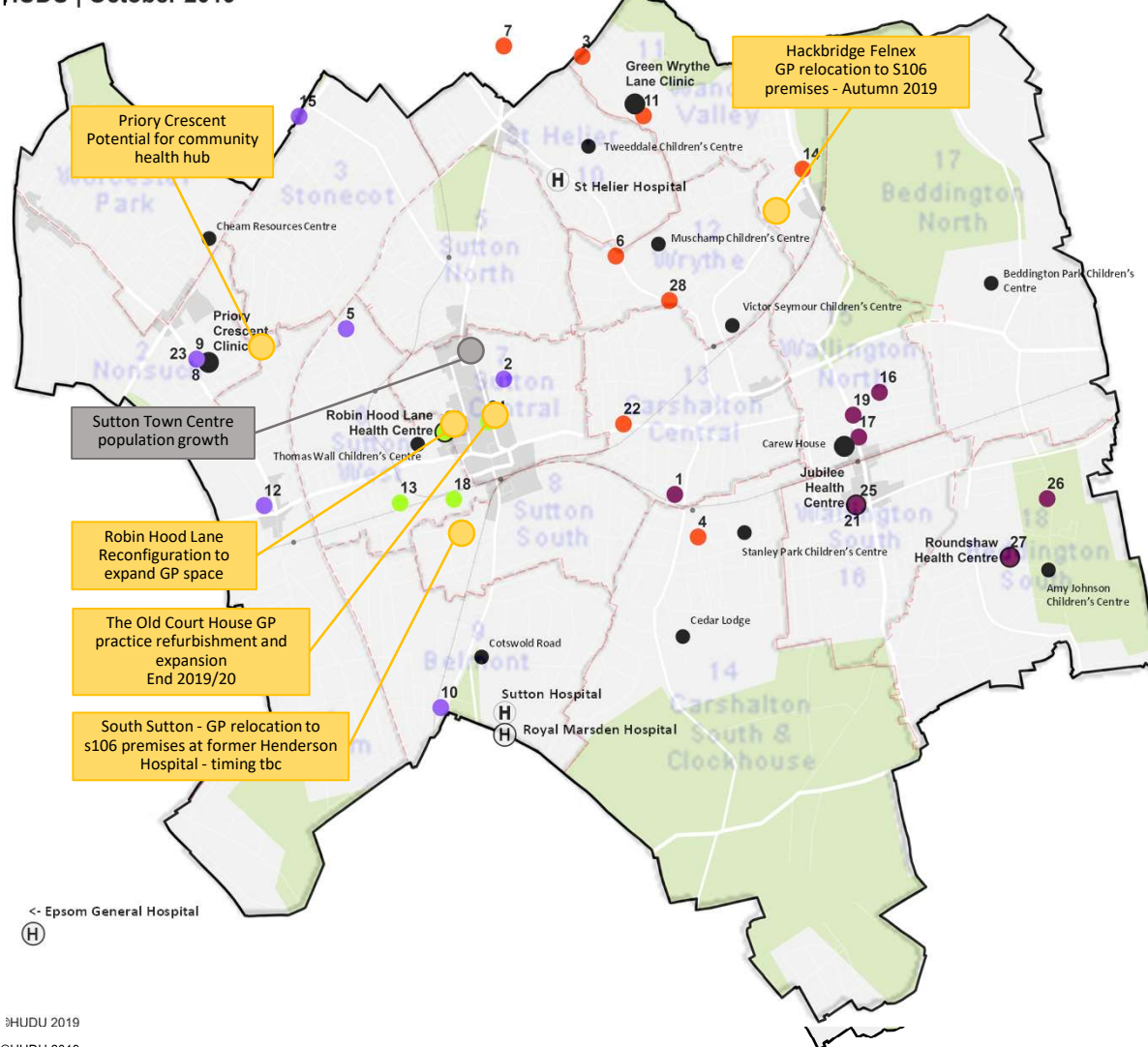
Primary Care Network maps, estates data and local priorities

# Sutton Place Estates Mapping. Nov 2019



London Healthy Urban Development Unit

## Sutton Primary Care Networks by GP with Acute Services HUDU | October 2019



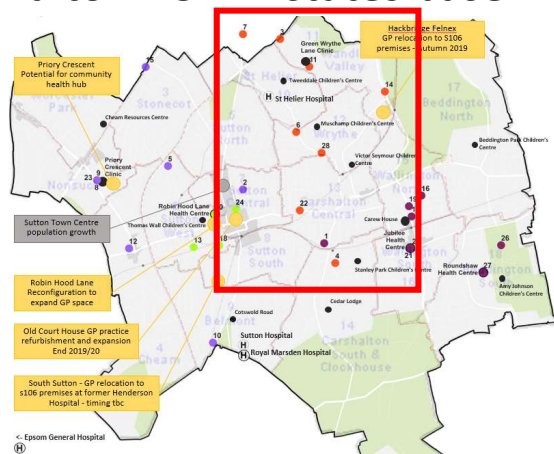
- Hospital
- Ward Boundary
- Primary Care Network**
- Carshalton
- Central Sutton
- Cheam and South Sutton
- Wallington
- Primary Service**
- Health Centre / Clinic

- General Practices
1. Beeches Surgery
  2. Benhill & Belmont GP Centre
  3. Bishopsford Road Practice
  4. Carshalton Fields Surgery
  5. Cheam Family Practice
  6. Chesser Practice
  7. Faccini House Surgery
  8. GP Centre (Dr Brennan)
  9. GP Centre (Dr Muktar)
  10. Benhill & Belmont GP Centre
  11. Green Wrythe Surgery
  12. The Knoll
  13. Grove Road Practice
  14. Hackbridge Medical Centre
  15. James O'Riordan Medical Centre
  16. Maldon Road Surgery
  17. Manor Practice
  18. Mulgrave Road Surgery
  19. Park Road Surgery
  20. Robin Hood Lane Medical Centre
  21. Shotfield Medical Practice
  22. Sutton Medical Practice
  23. The G.P. Centre
  24. The Old Court House (Grice and Partners)
  25. Wallington Family Practice
  26. Wallington Medical Centre
  27. Manor Practice
  28. Wrythe Green Surgery

<- Epsom General Hospital

HUDU 2019  
©HUDU 2019

# Carshalton PCN - Estates baseline

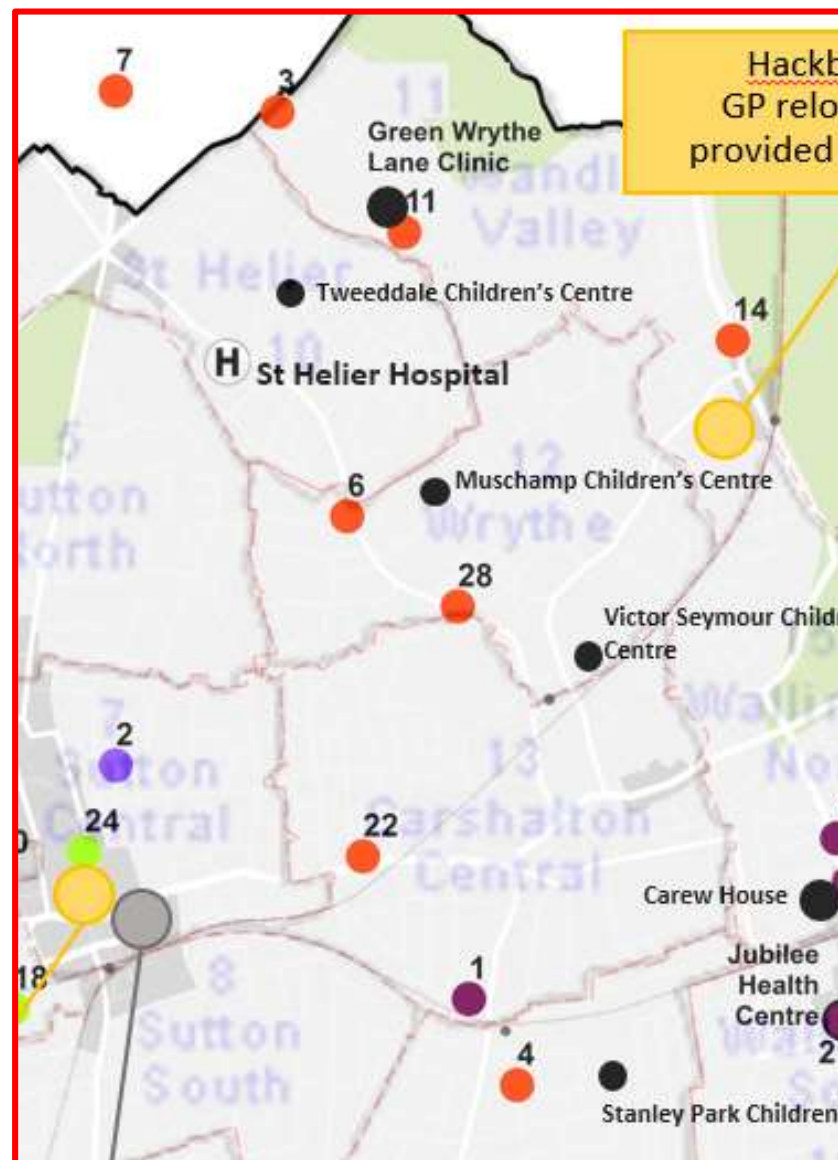


## Primary Care Premises

Practice	NIA where known (m <sup>2</sup> )	List size (June 2019)	Current shortfall vs 60m <sup>2</sup> /1000 patients target (m <sup>2</sup> )*
Bishopsford Road Practice	238	4,631	40
Carshalton Fields Surgery	138	3,731	86
Chesser Practice	249	6,358	132
Faccini House Surgery	275	5,255	40
Green Wrythe Surgery	276	11,242	399
Hackbridge Medical Centre	258	5,314	61
Sutton Medical Practice	110	4,433	156
Wrythe Green Surgery	572	15,253	343
<b>Total</b>	<b>2,116</b>	<b>56,217</b>	<b>1,257</b>

## Indicative Population Growth

Ward	10 year growth
<b>Carshalton total</b>	<b>8,872</b>
Carshalton Central	812
Carshalton South and Clockhouse	473
St Helier	1,281
The Wrythe	894
Wandle Valley	5,412



## Carshalton PCN - estates baseline

### Clinics and Health Centres

	NIA (m <sup>2</sup> )
<b>Green Wrythe Lane</b>	
Dr Yu GP	321
King's College Hospital NHS Foundation Trust	106
Epsom & St Helier/Sutton Health & Care	725
South West London and St George's Mental Health NHS Trust	20
<b>Muschamp Children's Centre</b>	
NHS occupancy to be confirmed	27
<b>St Helier Hospital</b>	
Epsom and St Helier University Hospitals NHS Trust	57,023
<b>Tweeddale Children's Centre</b>	
Epsom & St Helier/Sutton Health & Care	125

### Vacant and Bookable Space

Vacant space	Owner	Area (m <sup>2</sup> )	Cost per m <sup>2</sup>
Green Wrythe Lane Clinic	CHP	64	£817
<b>Bookable space</b>			
Green Wrythe Lane Clinic (Consulting and interview space)	CHP	103	£817

## Carshalton PCN - Clinical baseline, challenges, opportunities

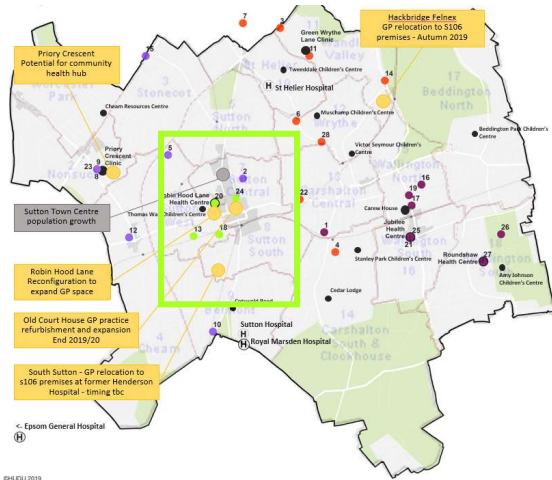
Health developments	Owner	Area m <sup>2</sup>	Delivery date	Comments
Hackbridge Felnex development	3PD	550	2020	S106 premises for relocation of Hackbridge Medical Centre

Housing developments	Owner	Population +	Delivery date	
Hackbridge housing development	Taylor Wimpy			

### Summary of PCN Workshop

- Only 3 of 7 practices that responded to the questionnaire reported premises fit for purpose. Main reasons: insufficient space to meet demand growth or expand service offering. Majority of premises fall below 60m<sup>2</sup> per 1,000 list benchmark.
- There was strong interest in collaborating with other practices in the PCN to deliver services, and in exploring options to co-locate with other Public Sector or voluntary services. Community Nursing and Mental Health services were most often cited in this respect.
- Wards covered by this PCN are forecast to see medium population growth (relative to the rest of the borough) over 10 years.
- Major regeneration and housing growth in Hackbridge & Wandle Valley, catered for by Hackbridge Medical Centre development.
- This PCN has the highest ED attendance, partly due to StHH accessibility.
- Bishopsford Rd & Faccini House surgeries serve a relatively deprived population, with high incidence of co-morbidities.
- Wrythe Green Surgery has seen a lot of growth, is running out of space. This practice has plans for an extension lift, which was turned down for ETTF funds. An IG application was made, but this is a hugely over-subscribed fund. WGS is the extended hours hub for the PCN.
- Green Wrythe Lane. Practice premises at GWL have a little capacity for growth in list size. Some unused/under-used rooms on 1st floor and some potential development land. GWL makes sense as hub location.
- Chesser Surgery is at capacity. Located < 1 km from St Helier Hospital. With StHH site to be a district hospital, space will be available there for Primary Care.
- Sutton Medical Centre, 181 Carshalton Rd. Premises no longer fit for purpose due to space constraints. Practice keen to move & co-locate.
- Faccini House - fit for purpose & has space to accommodate growth.
- Carshalton Fields. Looking at merger with Wallington Family Practice.
- Hill House Community Centre is owned by LBS and leased to Community Action Sutton. A well-used and successful community centre with a range of voluntary services operating there, e.g. credit union, Sutton Housing Partnership, Slimming World.

# Central Sutton PCN - Estates baseline



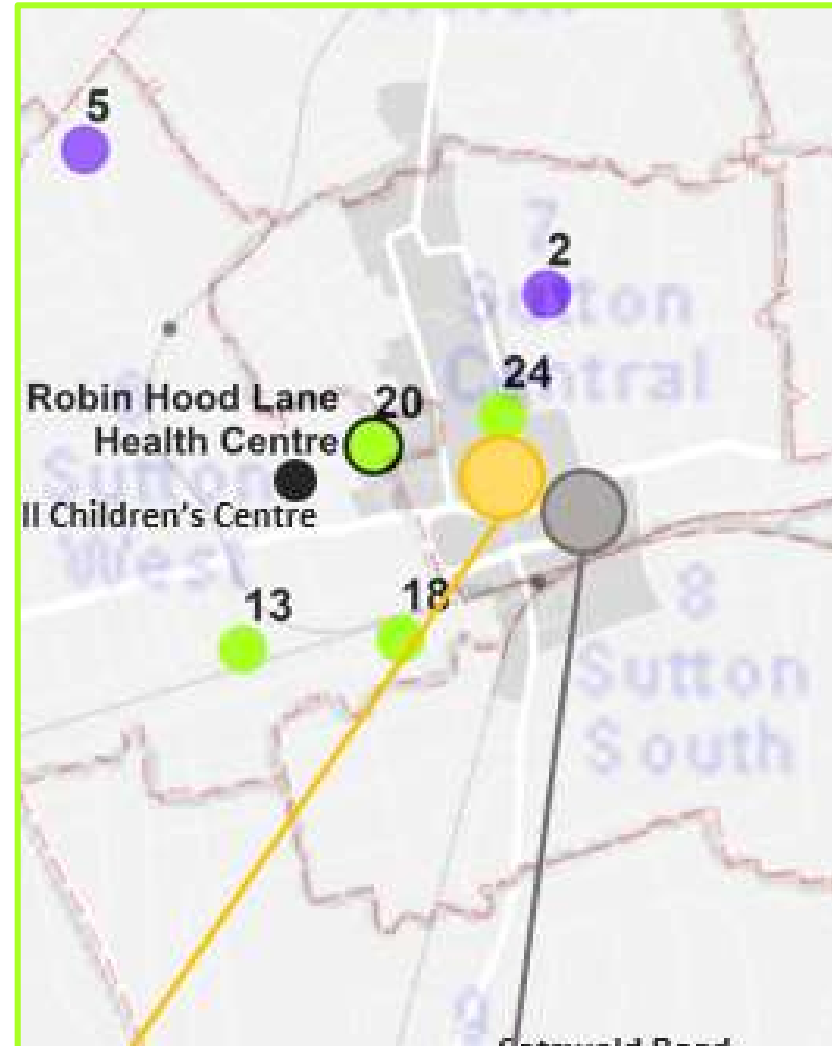
## Primary Care Premises

Practice	NIA where known (m <sup>2</sup> )	List size (June 2019)	Current shortfall vs 60m <sup>2</sup> /1000 patients target (m <sup>2</sup> )*
Grove Road Practice	231	9,387	332
Mulgrave Road Surgery	243	9,060	301
Robin Hood Lane Medical Centre	480	12,710	283
The Old Court House (Grice and Partners)	768	12,781	-1
<b>Total</b>	<b>1,722</b>	<b>43,938</b>	<b>914</b>

\*Negative figure indicates surplus space using this measure

## Indicative Population Growth

Ward	10 year growth
<b>Central Sutton</b>	<b>4,036</b>
Sutton Central	1,963
Sutton West	2,073





## Central Sutton PCN - Estates baseline

### Clinics and Health Centres

	NIA (m <sup>2</sup> )
<b>Robin Hood Lane Health Centre</b>	<b>1,225</b>
Epsom & St Helier/Sutton Health & Care	365
Medical Imaging UK Ltd	26
St George's University Hospitals NHS Foundation Trust	199
<b>Thomas Wall Children's Centre</b>	<b>24</b>
NHS occupancy tbc	24

### Vacant and Bookable Space

Vacant space	Owner	Area (m <sup>2</sup> )	Cost per m <sup>2</sup>
N/A			
<b>Bookable space</b>			
N/A			

## Central Sutton PCN - Clinical baseline, challenges, opportunities

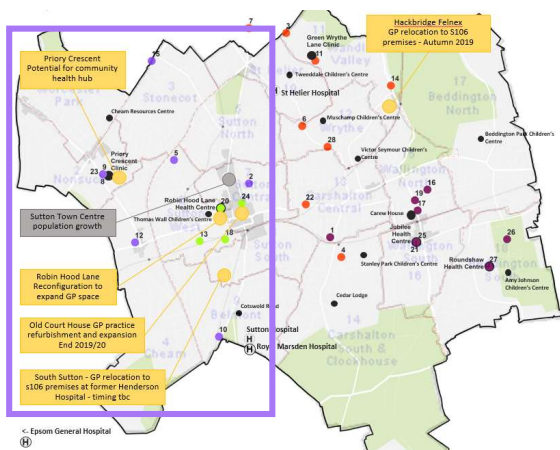
Health developments	Owner	Area (m <sup>2</sup> )	Delivery date	Comments
Old Court House	3PD	TBC	TBC	Refurbishment and conversion of vacant areas to clinical use.
Robin Hood Lane	3PD	TBC	TBC	Expansion of Robin Hood Lane Medical Centre into space to be vacated by branch of The Old Court House practice

Housing developments	Owner	Population +	Delivery date	
TBC				

### Summary of PCN Workshop

- Two practices feel they have fit-for-purpose premises with sufficient capacity for 2,000 or more additional patients over the next 10 years. The other two feel their premises are not fit for purpose, with either no or limited capacity to meet forecast growth over 10 years.
- There is appetite in the PCN for collaboration between practices to provide services, and two practices expressed interest in hosting such services. On the whole there is some interest (but not strong) in co-locating practices in any new, purpose-built health & wellbeing hub, and strong interest in working with other providers.
- Robin Hood Lane and Old Court House surgeries are in either relatively new, newly refurbished or about to be refurbished premises, with space to expand.
- Grove Rd practice is in a difficult position. Its list increased from 8,400 to 9,600 in 18 months to Feb 2020 and is operating at capacity. Premises in a converted house on a residential street, some space available for an extension that could provide 3 / 4 additional consulting rooms and an extended waiting area. The Practice is looking at feasibility and getting quotations. Planning Permission might be difficult due to residential neighbours, parking & traffic impacts.
- Mulgrave Rd Practice also in converted house, has room for expansion up to 1,000. List 9,000 approx., relatively flat in growth terms.
- Central Sutton is experiencing rapid population growth, close to the highest in the Borough over the 10 years to 2028.
- Two practices score poorly against benchmark 60 m<sup>2</sup> per 1,000 list size.
- Video consultations were being introduced before the pandemic.
- Grove Rd Practice's proposed extension is a short-term capacity solution only [N.B. this was before the pandemic took hold].
- LBS developing options for major regeneration of the Civic Centre & library site, plus adjacent land. Development could include healthcare.
- The PCN is open-minded on longer term development of a Health & Wellbeing Hub, that could serve town centre growth in demand in a holistic way, with an array of services.

# Cheam & South Sutton PCN - Estates baseline

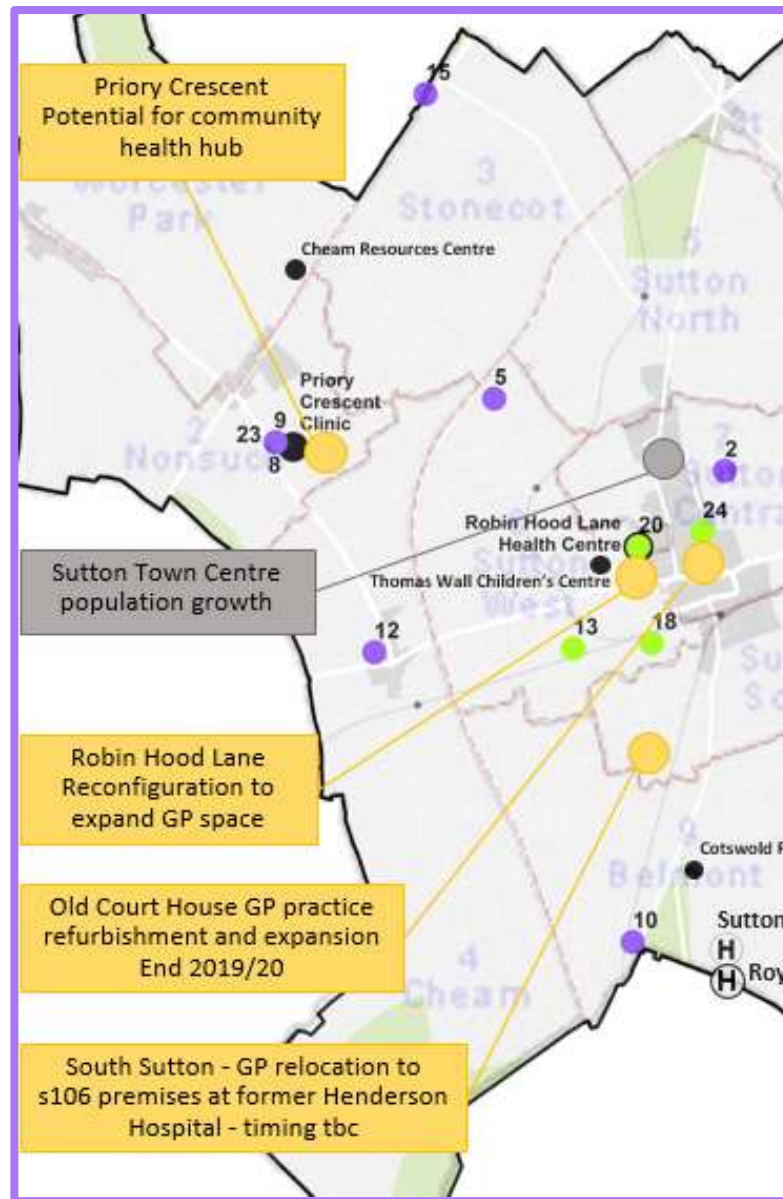


## Primary Care Premises

Practice	NIA where known (m <sup>2</sup> )	List size (June 2019)	Current shortfall vs 60m <sup>2</sup> /1000 patients target (m <sup>2</sup> )*
Benhill & Belmont GP Centre	314	11,423	371
Cheam Family Practice	317	13,333	483
GP Centre	419	9,599	157
James O'Riordan Medical Centre	368		
<b>Total</b>	<b>1,418</b>		<b>1,011</b>

## Indicative Population Growth

Ward	10 year growth
<b>Cheam and South Sutton total</b>	<b>7,629</b>
Belmont	425
Cheam	698
Nonsuch	3,309
Stonecote	543
Sutton Central	1,963
Sutton West	691



## Cheam & South Sutton PCN - estates baseline

### Clinics and Health Centres

	NIA (m <sup>2</sup> )
<b>318 Malden Road</b>	<b>89</b>
NHS occupancy to be confirmed	89
<b>Cheam Priory Day Centre</b>	<b>76</b>
Epsom & St Helier/Sutton Health & Care <sup>(1)</sup>	76
<b>Cheam Resource Centre/Green Oak Children's Centre</b>	<b>475</b>
Epsom & St Helier/Sutton Health & Care	139
South West London & St George's Mental Health	336
<b>Priory Crescent Clinic</b>	<b>336</b>
Vacant	
<b>Sutton Hospital</b>	<b>3,523</b>
Epsom & St Helier University Hospital NHS Trust	3,173
<b>Robin Hood Lane Health Centre</b>	<b>1,225</b>
Epsom & St Helier/Sutton Health & Care	365
Medical Imaging UK Ltd	26
St George's University Hospitals NHS Foundation Trust	199
<b>Thomas Wall Children's Centre</b>	<b>24</b>
NHS occupancy to be confirmed	24

<sup>(1)</sup> In January 2021, EStH identified Cheam Priory Day Centre as the decant location for its Centre of Pain Education and Chronic Fatigue Service, which needs to relocate from the Malvern Building at Sutton Hospital, to enable the BYFH development. The freehold of the Day Centre building is owned by London Borough of Sutton.

### Vacant and Bookable Space

Vacant space	Owner	Area (m <sup>2</sup> )	Cost per m <sup>2</sup>
N/A			
<b>Bookable space</b>			
N/A	CHP	103	£817

## Cheam & South Sutton PCN - Clinical baseline, challenges, opportunities

Health developments	Owner	Area (m <sup>2</sup> )	Delivery date	Comments
South Sutton GP development	3PD	800	TBC	S106 premises for relocation of Benfield branch practice on former Henderson Hospital site

Housing developments	Owner	Population +	Delivery date
TBC			

### Summary of PCN Workshop

- The majority of practices report having insufficient space to meet forecast demand over 10 years. Cheam Family Practice is struggling to maintain their service from two poor-quality and under-sized sites.
- James O’Riordan Practice, Cheam Family Practice and Cheam GP Centre are in discussion on proposals to co-locate in a single new building – the estate status quo is unsustainable for the first two. Combined list 47,000 approx.
- The PCN has a strong appetite for collaboration between practices to provide services. One of practices expressed interest in hosting.
- Cheam GP Centre is in relatively modern purpose-built premises, co-located with retail pharmacy on the Cheam Leisure Centre/Priory Crescent site.
- Nonsuch Ward has among the highest forecast population growth in the borough, other wards in the PCN also have relatively high forecast growth.
- Two practices score poorly against benchmark 60 m<sup>2</sup> per 1,000 list size.
- Belmont branch of Benhill & Belmont Surgery - project already approved.
- Victoria House (derelict building, corner of A24 and Malden Rd). Developer expected to submit a revised Planning Application. LBS would encourage healthcare use on ground floor of new development.
- Cheam Family Practice were looking at Cheam Library site.



## Wallington PCN - estates baseline

### Clinics and Health Centres

	NIA (m <sup>2</sup> )
<b>Amy Johnson Children's Centre</b>	<b>58</b>
NHS occupancy to be confirmed	58
<b>Beddington Park Children's Centre</b>	<b>40</b>
NHS occupancy to be confirmed	40
<b>Carew House</b>	<b>739</b>
Royal Marsden NHS Foundation Trust	739
<b>Jubilee Health Centre/Mint House</b>	<b>3,276</b>
Epsom & St Helier/Sutton Health & Care	1,130
King's College Hospital NHS Foundation Trust	116
Medical Imaging UK Ltd	25
St George's University Hospitals NHS Foundation Trust	2
SWLStG	2,003
<b>Roundshaw Health Centre (Manor Practice)</b>	<b>484</b>
Sutton Health & Care	242
<b>Stanley Park Children's Centre</b>	<b>33</b>
NHS occupancy to be confirmed	33

### Vacant and Bookable Space

Vacant space	Owner	Area (m <sup>2</sup> )	Cost per m <sup>2</sup>
Jubilee Health Centre	3PD/ NHSPS	24	£368
<b>Bookable space</b>			
N/A			



## Wallington PCN - Clinical baseline, challenges, opportunities

Health developments	Owner	Area (m <sup>2</sup> )	Delivery date	Comments
N/A				

Housing developments	Owner	Population +	Delivery date	
TBC				

### Summary of PCN Workshop

- The majority of Practice premises are generally fit for purpose (albeit some residential conversions), with a number having space for expansion.
- The majority of practices are willing to host shared services.
- There is little appetite for practices to co-locate (two large practices are already co-located in Jubilee Health Centre).
- There was strong support for the Health & Wellbeing Hub concept, with a range of non-Primary Care services identified as beneficial.
- Wallington's population is forecast to grow by 10% to 2031. Medium growth relative to the rest of the borough.
- Croydon has a possible large-scale residential development on Purley Way, expected to increase demand on Practices in the South East of Wallington PCN area.
- Two practices score poorly against benchmark 60 m<sup>2</sup> per 1,000 list size. Manor Practice is a pressure point, well below this benchmark. For Manor, operating over two sites causes difficulties.
- SH&C has its highest case-load for MDTs in Wallington.
- Wallington has high LD needs.
- Roundshaw estate has high levels of deprivation, high needs for Mental Health and Drug & Alcohol services, young single parent families, child safeguarding needs.
- Wallington Medical Centre provides office space for GP Federation.
- Wallington Family Practice & Carshalton Fields Practice might merge.
- Adult Social Care and District Nursing teams beneficially co-located on 1st floor of Wallington Library, though the premises are under-sized, Sutton Health & Care is keen to explore alternatives.
- Updated utilisation survey would be beneficial, to see if Roundshaw Health Centre is used optimally.
- Thoughts re a Health & Wellbeing Hub, though at very early stage.
- Roundshaw Health Centre is a good facility in a good location, at the heart of Roundshaw estate, and adj. to Phoenix Leisure Centre. School Nursing team and Lead HV in near-by Amy Johnson Children's Centre. The building might be slightly under-utilised.
- Roundshaw requires detailed review of its FM servicing costs.
- Jubilee is the obvious Health & Wellbeing Hub location, part of a wellbeing campus adjacent to Mint House, Library & College.
- Park Road and Manor Road surgeries are immediately adjacent to each other. The practices do not plan to co-locate.

# Appendix 3. Priority Assessment and Scoring of Major Capital Projects



<b>BOROUGH MATRIX FOR THE PRIORITISATION OF SCHEMES</b> <b>Sutton Borough</b>			COMMUNITY AND PRIMARY CARE SCHEMES (FUNDED/UNFUNDED)							
			PROJECT/ SCHEME	Cars01 Wrythe Green Surgery Extension	Cars02 Primary Care @ St Heller	CaSS01 Cheam Health & Wellbeing Hub	CaSu04 Grove Road Practice Extension	Wall01 Wallington Integrated Locality Team and Hub		
			LEAD ORGANISATION	SWL CCG	SWL CCG	SWL CCG	SWL CCG	Sutton Health & Care		
CRITERIA	DESCRIPTION	MAX SCORE								
<b>STRATEGIC</b> Alignment to the Health and Care Plan and also local plans and priorities in the borough.	1 Aligned to clinical and local needs, plans and priorities in the borough, including the council's Local Plan, and consistent with the ICS in SWL as well as with the NHS LTP.	5	2.3	5.0	4.7	2.0	4.3			
	2 Development is in partnership or, enables/is interdependent with another priority in SWL e.g. OPE, etc.	5	2.0	5.0	5.0	1.7	4.3			
	3 Is considered a priority scheme for borough and is included in Local Plans.	5	3.7	5.0	4.7	3.7	4.0			
		<b>15</b>	<b>8.0</b>	<b>15.0</b>	<b>14.3</b>	<b>7.3</b>	<b>12.7</b>	<b>0.0</b>	<b>0.0</b>	
<b>ECONOMIC</b> Delivers economic and/or efficiency gains.	4 Addresses areas of demand/ growth or deprivation and benefits the local population; allows disposal of land for other purposes e.g. housing; releases value	5	4.3	5.0	5.0	4.0	4.3			
	5 Design is flexible, future-proofed and includes innovation and the latest technologies.	5	1.7	3.7	3.7	1.7	3.3			
	6 Delivers an improvement in the optimisation of space; reducing risk of under-utilisation and voids.	5	4.3	5.0	5.0	4.3	4.7			
		<b>15</b>	<b>10.3</b>	<b>13.7</b>	<b>13.7</b>	<b>10.0</b>	<b>12.3</b>	<b>0.0</b>	<b>0.0</b>	
<b>FINANCIAL</b> Contributes to an improved financial position and delivers Value for Money.	7 Affordable in all investment years; attracts funding and investment e.g. contribution from CIL, OPE, NHS, S106, etc.	5	1.7	3.7	3.7	1.7	3.7			
	8 Appropriate no. of financial options reviewed	5	3.7	3.7	3.7	3.7	3.7			
	9 Demonstrates VfM	5	3.7	3.7	3.7	3.7	3.7			
	10 Scheme is optimising the use of estates and is evidencing ongoing affordability. Creates opportunities to reduce overall estates running costs	5	3.7	3.7	3.7	3.7	3.7			
		<b>20</b>	<b>12.7</b>	<b>14.7</b>	<b>14.7</b>	<b>12.7</b>	<b>14.7</b>	<b>0.0</b>	<b>0.0</b>	
<b>OPERATIONAL</b> Delivers improvements in operational performance, patient-centred care and ways of working.	11 Addresses access, capacity and demand or efficiency and flow issues.	5	4.3	5.0	5.0	4.3	4.7			
	12 Allows business continuity; disruption is minimised to operational services.	5	4.3	4.3	4.3	4.3	4.3			
	13 Delivers improvements in health and wellbeing, independence, integrated care, patient-centred care and experience, patient pathways and, ways of working.	5	4.0	5.0	5.0	3.7	4.3			
		<b>15</b>	<b>12.7</b>	<b>14.3</b>	<b>14.3</b>	<b>12.3</b>	<b>13.3</b>	<b>0.0</b>	<b>0.0</b>	
<b>QUALITY &amp; SAFETY</b> Delivers improvements in quality and safety.	14 Addresses compliance issues, CQC issues, fire, H&S and Infection Control issues and or identified risks.	5	3.7	3.7	3.7	3.7	3.7			
	15 Builds on the COVID-19 reconfiguration and response, further strengthening this.	5	4.0	5.0	5.0	4.0	5.0			
	16 Contributes to existing Quality Special Measures (QSM), or equivalent.	5	4.0	4.0	4.0	4.0	4.0			
	17 Includes feedback/ involvement from patients, the public, staff and/or relevant stakeholders.	5	4.3	4.3	4.3	4.3	4.3			
		<b>20</b>	<b>16.0</b>	<b>17.0</b>	<b>17.0</b>	<b>16.0</b>	<b>17.0</b>	<b>0.0</b>	<b>0.0</b>	
<b>DELIVERABILITY &amp; SUSTAINABILITY</b> Is deliverable with leadership, the necessary resources and offers a resilient and sustainable solution.	18 Addresses carbon footprint, climate change, energy and/ or environmental issues and aids approaches to local regeneration and sustainable transport	5	4.0	4.0	4.0	4.0	4.0			
	19 Capability and capacity to deliver with identified leadership and the necessary resources.	5	4.3	4.3	4.3	4.3	4.3			
	20 Delivery is planned, realistic and timely.	5	3.7	3.7	3.7	3.7	3.7			
		<b>15</b>	<b>12.0</b>	<b>12.0</b>	<b>12.0</b>	<b>12.0</b>	<b>12.0</b>	<b>0.0</b>	<b>0.0</b>	
<b>TOTAL SCORE</b>		<b>100</b>	<b>71.7</b>	<b>86.7</b>	<b>86.0</b>	<b>70.3</b>	<b>82.0</b>	<b>0.0</b>	<b>0.0</b>	
<b>RANK (in Sutton)</b>			<b>4</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>3</b>			
<b>EVIDENCE</b>	Draft Project Initiation Document (PID)	YES/ NO	No	No	No	No	No			
	Case For Change (Outline)	YES/ NO	Yes	Yes	Yes	Yes	Yes			
	Financial Model (High-level/ Outline)	YES/ NO	No	No	No	No	No			
<b>Key to Scoring</b>										

## Appendix 4:

### NHS Property Services' Initiatives to Reduce Voids

NHS PS has introduced a number of initiatives that aim to reduce the liabilities of void or under-used space. These include:

- 1. Open Space.** An online portal that allows customers to hire both clinical and non-clinical space as and when they need it, on an hourly or daily basis, which in turn reduces CCG cost liabilities. This platform will be available to other health and Public Sector bodies in the near future.
- 2. Vacant Space Handback Scheme.** This scheme allows CCGs to release space or properties if they are no longer needed. It removes the burden of costs such as rent, business rates and service charges from customers, also giving others the opportunity to occupy the space. NHSPS then reallocates any space released through re-letting, disposal or development.
- 3. Social Prescribing.** As a key estates provider to the NHS, Property Services is in prime position to support the growth of social prescribing by meeting local needs for dedicated social prescribing spaces, thereby adding value to the health system and fulfilling its purpose to support the transformation of the NHS.
- 4. New acquisitions.** Where there is an identified requirement for new healthcare premises, the team works closely with health commissioners to identify suitable options and will negotiate with external landowners for new long leases or freehold acquisitions.

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