

Draft for comment

Estate Strategy

2018 - 2023



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Executive Summary

This estates strategy sets out NHS Camden Clinical Commissioning Group's approach to managing its estates portfolio over the next five years. It takes into account the recent transfer of responsibility for primary care commissioning along with the accompanying responsibility for the buildings which house these services.

A key challenge for the future will be affordability. Rental costs vary greatly across the borough, meaning sourcing affordable premises to renew expiring leases or improve spaces presents a unique challenge. The current healthcare estate is also fragmented and services are hosted in buildings which are a mixture of sizes and capacities. As well as maintaining the existing estate,

Increasing demand for flexible healthcare services and increases in Camden's population mean that long-term capacity in the estate needs to be secured. At the same time, premises will need to respond to the need for healthcare services being better integrated, increasingly delivered outside of a hospital-setting, and available seven days a week.

The key first step to meeting this challenge will be efficiency. Spaces need to be well-used and it is expected that collocating services, for example, will help to improve the financial sustainability of the estate. The strategy sets out a vision for the estate in Camden and puts forward a practical set of steps which will ensure that healthcare is provided in flexible spaces, in the right places, with enhanced patient experiences.

Where Are We Now?

Health in the United Kingdom

The general health of the country shows that people are living longer¹. Between 1992 and 2012, life expectancy at birth in England increased by 5.9 years for men and 4.1 years for women. While life expectancies increase, the number of people aged over seventy-five is predicted to rise by over 50% by 2030, and more people are expected to be living with more complex health conditions. Inequalities persist across the country so that people living in the south can expect to live on average much longer than those living in the south.

At the last estimate, just over 15 million people have a **long-term condition** such as hypertension, depression, asthma and diabetes². These types of conditions account for **50% of all GP appointments** and **70% of stays in a hospital bed**. Which means that with general practice being the first point of call for most users of the NHS, there is expected to be a huge impact on these services and the premises that accommodate them. Meanwhile, the NHS as a whole is operating within significant financial constraints, and is having to deliver the same or a better quality of care with a limited growth in resources.

Health in North Central London

The NHS England in 2016/17 set out a new approach to planning healthcare services. **Forty-four Sustainability and Transformation Plans** (STPs) were developed in geographical areas across the country and Barnet, Camden, Enfield, Haringey and Islington form one of the five London footprints.

Jointly known as the **North London Partners in Health and Care**, these CCGs represent a population of approximately **1.5 million** and a combined healthcare spend of **£2.5 billion**. The area has a high contrast of diversity and complexity, and exhibits areas of exceptionally high quality care and innovation across the boroughs.

Meanwhile, there are challenges for the area. Variations in the quality and accessibility of care exist while financial sustainability poses a significant joint risk. The STP is an ambitious and innovative plan which aims to address the complex health and social care needs of the local population while financial balance is maintained.

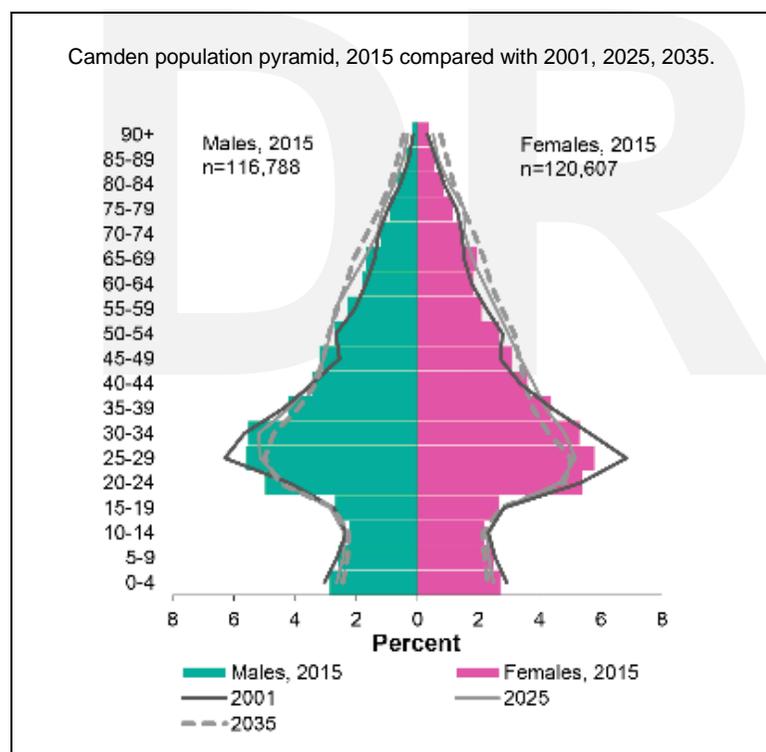


¹ Office for National Statistics (no date)

² Department of Health (2012)

Health in Camden

According to official figures³, the Camden resident population in 2017 is **246,200** and life expectancy in the borough is at 81.7 for males and 86.1 for females, which is significantly better than the 'England best' figure reported by Public Health England. In terms of the age range, Camden's population is most represented in the younger age brackets of under-thirty five year olds and projections are that these will reduce as the population of Camden gets older.



Increases in life expectancy will see an increase in the relative amounts of older people, which predictions as high as a 41% increase in the **over seventy-fives** in the next ten years⁴. While the population ages, approximately 10% of those accessing healthcare in the borough are **obese**, a further 21% are **overweight** and roughly 25% **drink** at a level which is likely to put them at an increased or high-risk of harm. **Cardiovascular disease**, **cancer** and **respiratory disease** are the leading causes of death across Camden.

A key factor in people's health is the quality of their **housing**. Roughly a third of council flats in Camden do not meet the Decent Homes Standard and about 5,500 households are **overcrowded**. Households with residents from black, minority and ethnic (**BME**) groups are also four times more likely to be overcrowded than residents from other groups.

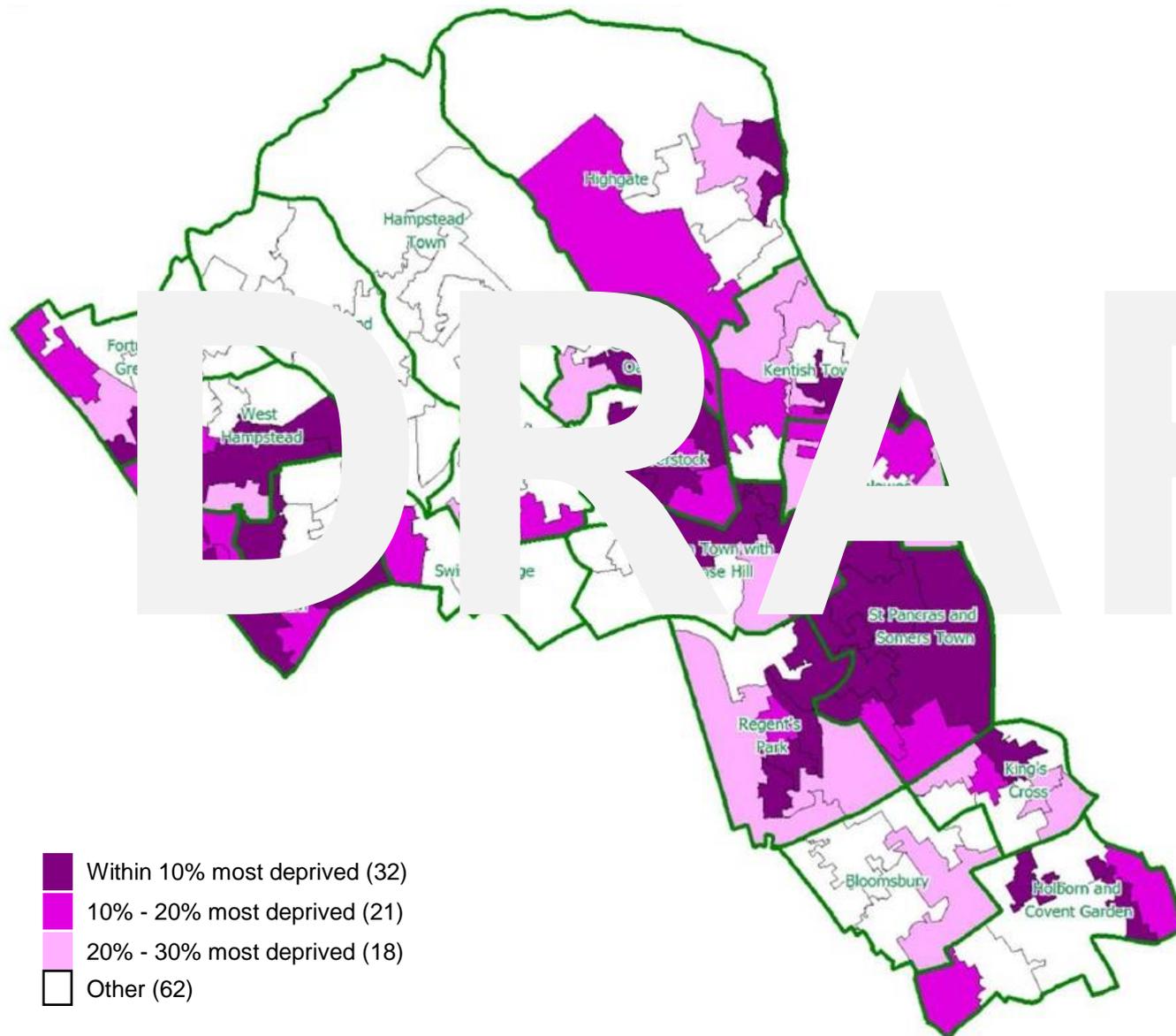
Poverty indicators show that more than 28% of children in Camden are living in poverty and that the borough is the fifteenth most deprived in London. In terms of **education**, 47% of five year olds in Camden are reaching a 'good level of development', which is still lower than the London and England averages. Amongst the 16-18 year olds, 4.4% are not in education, employment or training. **Employment** indicators show that unemployment levels are highest for middle-age adults, BME groups and people with **learning disabilities**. Approximately 3% of working-age residents are on disability benefit due to **mental illness**.

³ London Borough of Camden Council (2017)

⁴ These figures are taken from Camden CCG's *Local Care Strategy* (2016)

Deprivation

Map of Deprivation in Camden (Index of Multiple Deprivation 2015)



In terms of deprivation, Camden has two distinct 'hotspot' areas. To the West, in and around the Kilburn ward there are several areas where the residents are amongst the most deprived in the country (in terms of several indices such as health, housing, etc.) To the South / South-East, in and around the St Pancras & Somers Town wards, there are several areas with residents being amongst the most deprived in the country. This radiates outwards towards the Regent's Park and Camden Town / Haverstock wards.

Camden has two distinct areas of high deprivation in the Kilburn and St Pancras & Somers Town wards.

Image courtesy of the London Borough of Camden Council

Population Predictions

The general health deprivation map of Camden shows that there are some wards with disproportionately high levels of poor health such as in Kilburn, Gospel Oak and St Pancras & Somers Town. Overlaying this with predicted population increases highlights the key areas that the estates strategy needs to focus on.

Camden is expected to see significant increases in its population in the near future derived from the attractiveness of the borough and a number of large-scale residential and commercial developments planned or already under construction. For example, developments such as the **Euston** area regeneration and integration with High Speed 2, and the **Kings Cross** development will greatly improve travel and create substantial new public and residential spaces.

In total, residential developments and organic growth in the borough are estimated to **increase the population by 6%** by 2028. Increases in residential spaces will be concentrated in particular around the St Pancras & Somers Town, Regent's Park, West Hampstead and Holborn & Covent Garden wards. Healthcare services in these areas will be affected not only by residential developments but also by commercial and office spaces which will increase the population density overall.

Areas with greatest deprivation and density will need to have good access to primary and community care services.

Camden population predictions 2018-2028

Camden Borough Ward	Population Prediction		
	2018	2028	Change
St. Pancras and Somers Town	12,821	14,536	13%
Regent's Park	11,885	13,308	12%
West Hampstead	14,500	16,111	11%
Holborn and Covent Garden	11,792	12,583	7%
Bloomsbury	12,350	13,050	6%
Camden Town with Primrose Hill	11,333	11,958	6%
Hampstead Town	4,700	4,960	6%
Highgate	3,594	3,797	6%
King's Cross	21,833	22,917	5%
Haverstock	18,714	19,643	5%
Kilburn	18,286	19,214	5%
Gospel Oak	16,929	17,857	5%
Belsize	16,438	17,250	5%
Cantelowes	16,000	16,813	5%
Kentish Town	14,300	15,000	5%
Fortune Green	12,500	13,150	5%
Swiss Cottage	10,500	11,039	5%
Frognal and Fitzjohns	8,467	8,900	5%
Total	236,941	252,085	6%

Figures courtesy of Greater London Authority

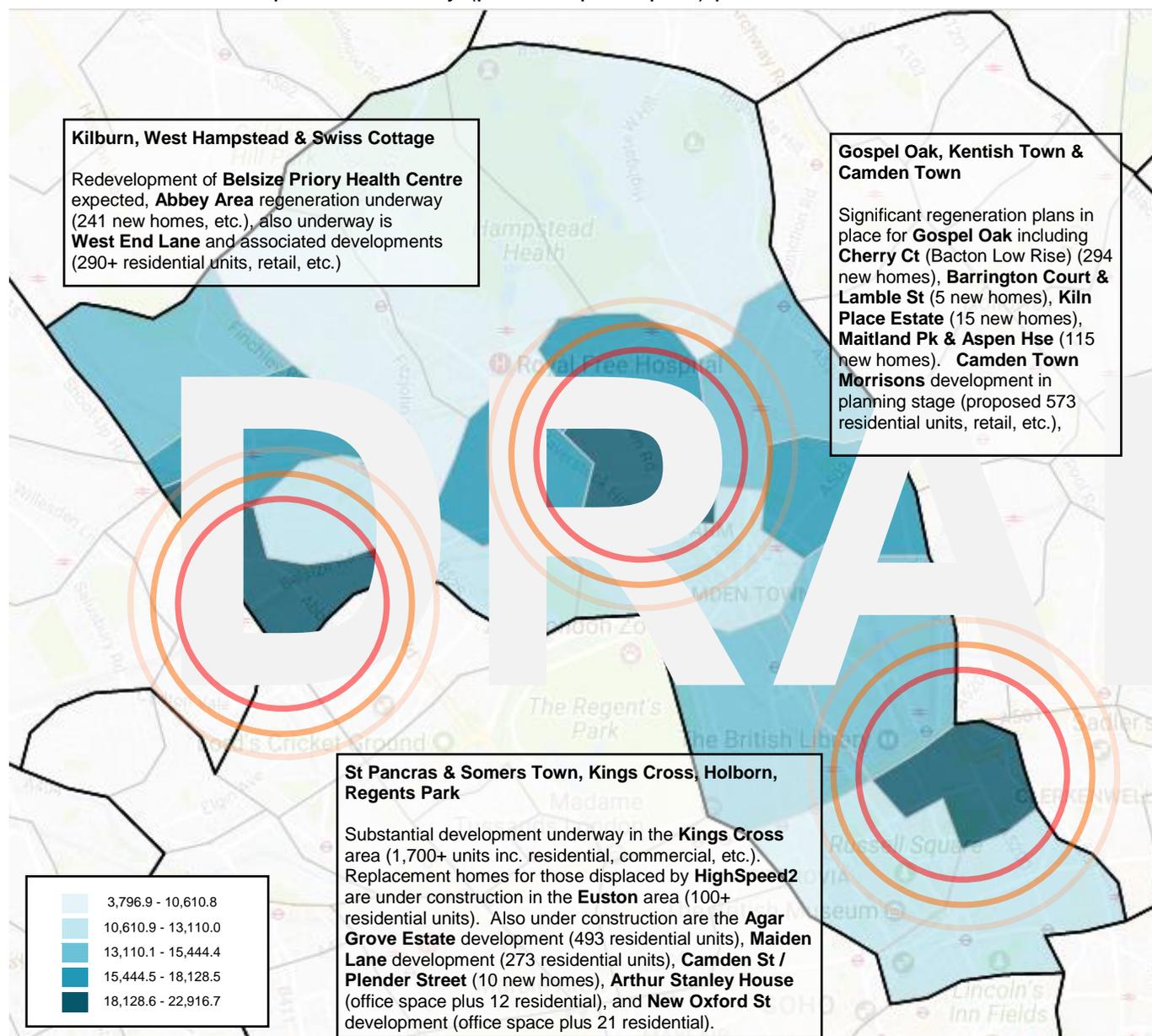
Projected **GP list size** figures⁵ show a similar growth to 2028, averaging a 1.18% increase each year. These figures put Camden's GP-registered population in 2015 at 260,149 meaning that in 2018 it will grow to 269,494 and in 2028 it will be approximately 303,139.

The map overleaf depicts these areas of increase in population density and highlights key residential and commercial development areas.

⁵ NHS England (no date)

Population Density and Development Areas

Population density (persons per sq.km) predictions at 2028



Population predictions courtesy of the Greater London Authority

The density map highlights three key areas with above average increases in population densities: Kilburn, Gospel Oak and St Pancras & Somers Town.

In and around these areas, there are significant construction projects taking place including the Kings Cross and Euston developments, and housing estate regeneration in Abbey Road / West End Lane and Cherry Court.

Significant growth areas in Camden are expected in Kilburn, Gospel Oak and St Pancras & Somers Town.

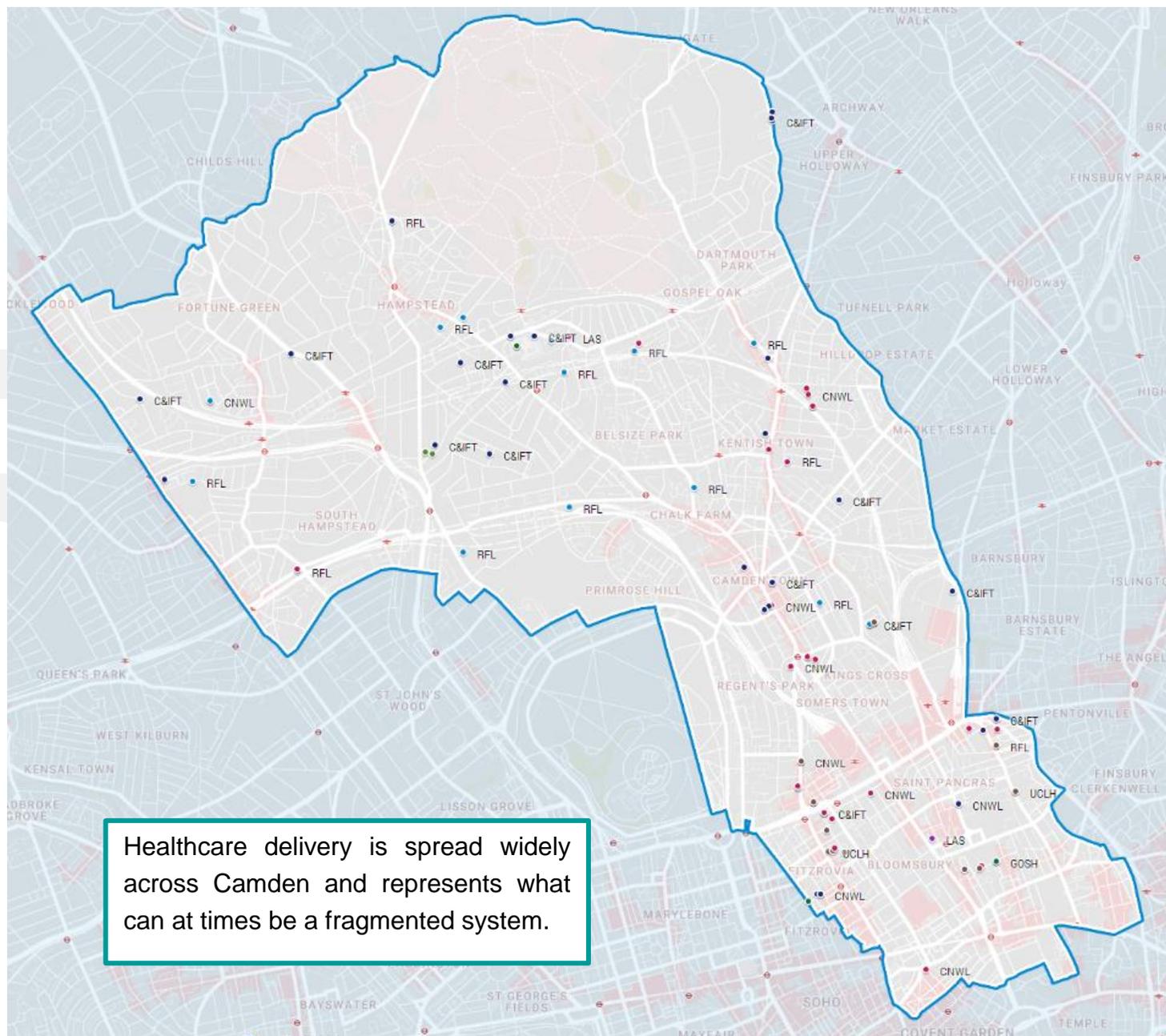
Healthcare Estate in Camden

Healthcare services in Camden are delivered by a range of **public**, **private** and **voluntary** organisations across hundreds of locations including in GP surgeries, hospitals, dentists, care homes, as well as within patients' homes. The primary care estate is looked at in more detail in the next section.

Looking at the geographic spread of healthcare services in Camden highlights how fragmented healthcare delivery in the borough can be at times, and might indicate the estate would benefit from a degree of rationalisation.



Summary of Some of the Main Healthcare Delivery Sites in Camden



Map data © 2017 Google

Acute and urgent care services in the borough are delivered from two main hospital locations: the **Royal Free London NHS Foundation Trust** (RFL), and **University College London NHS Foundation Trust** (UCLH). Also in the borough is a specialist provider of children's services, **Great Ormond Street Hospital**. Adjacent to Camden is the **Whittington Hospital** which is also a provider of community services for Camden.

A significant amount of out of hospital care in Camden is provided by **Central & North West London NHS Foundation Trust** (CNWL), who deliver services from a variety of locations across the borough. The largest providers of mental health services in the borough are **Camden & Islington NHS Foundation Trust** (C&IFT) and **Tavistock and Portman NHS Foundation Trust**. Also in the borough is **St Pancras Hospital**, from which is delivered a variety of mental health, community and older peoples' services as well as being home to a GP practice.

Estate ownership lies with the providers themselves or in some cases with **NHS Property Services** or **Community Health Partnerships**. These two organisations now work together jointly to deliver estates and facilities management.

In terms of estates development, RFL has signalled its intention to improve estate efficiency across all sites. At the same time, the Trust is looking to consolidate clinical and research activity on main hospital sites while relocating non-clinical activities offsite. Its main forthcoming development activities will concentrate around the rebuild of the Chase Farm Hospital site, which is expected to open in 2018.

UCLH is currently well into a multi-phase redevelopment of its sites centring around the Euston Road area. The key priorities for the Trust include the redevelopment of its emergency department on Euston Road. Neuroscience services are to be unified and collocated at the Queens Square site. For cancer services, a substantial new facility on Tottenham Court Road is well into its build to provide a proton beam service, day surgery theatres and specialist cancer beds, due for delivery in 2018. The Trust is also looking to expand its women's health provision by expanding its existing infrastructure to support more births each year. More generally, the Trust will be looking at the collocation of services and partnership-working to ensure patients are treated when possible away from the hospital environment.

CNWL occupies several sites not only in Camden, but across London. The Trust is currently conducting a review and rationalisation of its entire estate to improve quality, patient experience and ensuring buildings are fully utilised. In Camden, the Trust is in particular looking to work with partners on the redevelopment of the Belsize Priory Health Centre.

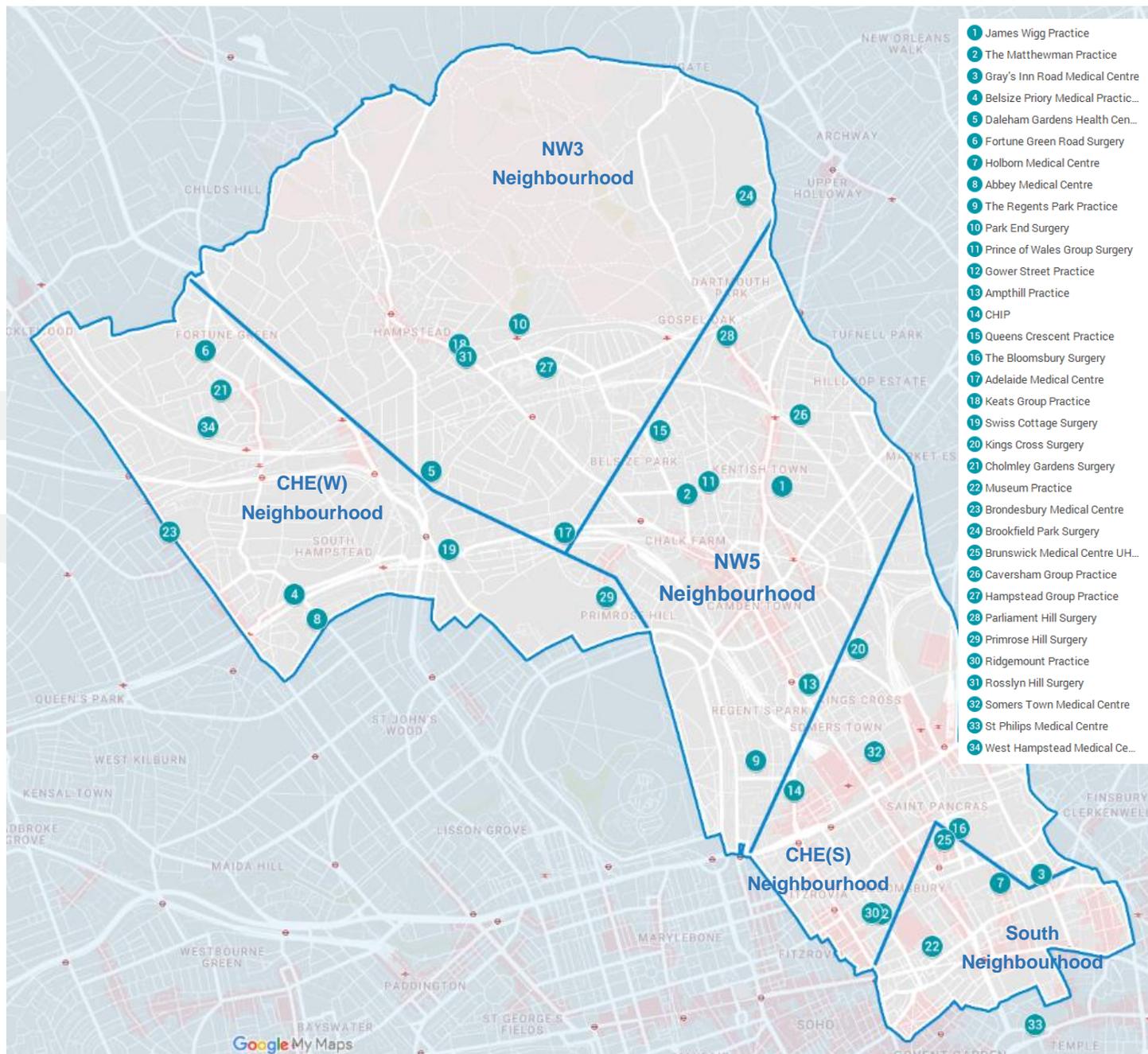
Camden & Islington NHS Foundation Trust also occupies several sites across Camden, with St Pancras Hospital representing nearly half of the Trust's entire portfolio; the next largest site being Highgate Mental Health Centre. The Trust's aims are to redevelop the St Pancras Hospital site, for which work is not expected to begin for the next four to five years. There will also be a work programme to consolidate estate elsewhere in order to provide services more efficiently from a smaller number of more efficient buildings. Meanwhile the Trust is due to dispose of two surplus freeholds at Tottenham Mews and Hanley Road.

Primary Care Estate

Camden has **thirty-four GP practices** operating from a variety of locations across the borough, from health centres, to converted domestic premises, to purpose-built premises. Access to primary care across the borough varies with practices offering different opening hours through the week. Extended GP appointments are offered in the borough at three 'hubs', provided by a private provider.

The map shows how the GP practices are spread out geographically across the borough. Also highlighted are the 'neighbourhoods' which are groupings of practices which have elected to work together to deliver enhanced services.

Most of the primary care estate (82%) is **leasehold** with costs for rent, rates and facilities management paid for by the CCG. Leasehold properties can offer tenants flexibility in terms of tenure while at the same time requiring forward planning which takes into account lease expiry dates and the risk that rent, for example, can be reviewed and increased (sometimes significantly) at lease renewal.



Map data © 2017 Google

Most of the premises in Camden have little or no development potential and several practices have **less than the recommended number of clinical rooms** for their list size. Coupled with this, there is no rolling estates improvement plan. Most of the estate, however, is in a reasonable condition, not requiring major repair or replacement (i.e. not Estatecodes 'C', 'D' or 'X'). Some spaces are also operating at **sub-optimal levels of space utilisation**, which means that for significant periods of time, rooms are left empty.

The estate in Camden is collectively owned by a number of different organisations, which results in the management of estate which at times can be fragmented and demands close working with partners.

Key Issues for Estates Management

The information so far presented suggests issues in three key areas: Health, financial sustainability and estate sustainability. In terms of **health**, life expectancy is increasing as is the proportion of older people living in the borough. Also increasing is the number of people living with long-term conditions. At the same time, inequalities across the borough persist.

In terms of **financial sustainability**, there are significant challenges across the NHS in the UK while demand for healthcare services is increasing. In Camden, there are cost-pressures already and under-used spaces represent waste in the system. Meanwhile a significant number of GP premises leases are due to expire in the next five years. Camden CCG is also liable for the rent of a significant part of **Stephenson House** which houses the CCG's head office and the

South Camden Centre for Health but the sites are due to be disposed in 2018.

For **estate sustainability**, there is no estates improvement programme, which could pose a risk to the ongoing suitability of the existing estate and its ability to cope while more services are expected to be delivered out of a hospital setting. Primary care is also beginning to move away from the traditional model of having an independent GP practice working in isolation, towards a more collaborative model. There are also **fewer smaller practices** so that between 2006 and 2013, the number of one-doctor practices almost halved⁶. In the same period, the number of practices with ten or more GPs increased by 76% nationally.

The **Carter Review** and the **Naylor Review** have also recommended addressing efficiency in the NHS estate by reducing the number of sites, increasing collocation of services and being 'smarter' with energy management to contribute to reduced estate costs.

⁶ Dayan, M., Arora, S., Rosen, R. & Curry, N. (2014)

Where Do We Want to Be?



Camden CCG Vision

This estates strategy is derived from **Camden CCG's strategic objectives**. These eight objectives underpin the organisation's approach to its core commissioning function:

- Commission the delivery of NHS constitutional rights and pledges
- Improve the quality and safety of commissioned services
- Improve health outcomes, address inequalities and achieve parity of esteem
- Integrate and enable local services to deliver the right care in the right setting at the right time.
- Work jointly with the people and patients of Camden to shape the services we commission
- Involve member practices and commissioning partners in key commissioning decisions
- Maintain financial stability and ensure sustainability through robust planning and commissioning of value-for-money services
- Build a high performing organisation that attracts, develops and retains a skilled and motivated workforce.

The estates strategy contributes to the organisation meeting its objectives by ensuring that services able to deliver in the right setting at the right time.

Local Care Strategy

A key strategic driver for change which will have a direct impact on the future estate portfolio priorities is the CCG's **Local Care Strategy**. The strategy has already sets out how the CCG will work with local people and partners across health and care to transform the local healthcare system in order to address the challenges outlined in the **Five Year Forward View** (the health and wellbeing gap, the care and quality gap and the funding gap). The strategy is aligned with the STP and the Camden-level priorities. The aim of the strategy is to deliver care that is accessible, person-centred, coordinated, preventative and effective.

In particular, the strategy sets out a vision whereby:

Health and care services will work together with local people to provide coordinated, proactive, accessible, good quality care in order to improve the health and wellbeing of people in Camden.

The strategy also identifies that **more care will be delivered in the primary and community setting**, including more specialist services as well as promoting the use of **multi-disciplinary teams**.

Partnership Working

A key facet for successful estates planning and management is partnership working. Providers and commissioners do not work alone and are increasingly working collaboratively to improve the local healthcare provision.

Camden CCG recognises that although it is the primary care estate which comes under its direct responsibility, the organisation does not work in isolation and so will work jointly with partners to explore and develop opportunities for estates development across Camden in the future.

Sustainability & Transformation Plan

The North London Partner's Sustainability & Transformation Plan has a workstream focussing on estates development. The objectives of which is to respond to the changes in demand for healthcare services by enabling the delivery of a range of transformation projects. The work includes ensuring that estates are fit for purpose, promotes integrated working and meets accessibility requirements. A particular focus will be on **optimising the use and costs of estate**.

While recognising that there is a limited availability of NHS capital funding, the workstream pulls together stakeholders from across the STP to enable partnership working between commissioners and providers to support the delivery of devolved estates powers. The work will also deliver a review of opportunities to reduce facilities management costs and utilisation improvement plans.

Sustainability

Camden CCG has a responsibility to recognise the impact its estate has on the environment. The Climate Change Act 2008 set a target for an eighty per cent reduction in carbon emissions by 2050. As such, the CCG will aim to keep its carbon footprint as low as is practically possible within the constraints so far set out. Initiatives recommended by the Carter Review, such as installing LED lighting, will be carried out where funding allows and partner healthcare providers will be encouraged to be innovative in reducing their environmental impact. Other initiatives which have the scope to reduce the environmental impact of services will be explored such as harnessing technology to, for example, reduce storage space for records.

How Will We Get There?

Objectives

Healthcare services in Camden will see an increase in demand over the coming years putting pressure on financial sustainability and estate capacity. In order to meet this challenge, the estates strategy needs to ensure that:

- Estate developments are **commissioner-led**
- Spaces are **fit for purpose**
- Spaces are **well-used**
- Spaces represent **value for money**
- The estate has **capacity for the future**
- Spaces are flexible and appropriate for **multi-disciplinary** working

This means that in planning the management of the estates portfolio for the future, not only should spaces be cost-effective and fit for purpose but there will be more collocation of services, from sites which offer opportunities for service growth.

Estate Appraisal

As well as having objectives for estate management in Camden, a clear set of decision-making criteria are needed in order to give a framework for appraising buildings in terms of function, finance and sustainability. The criteria below sets out the key questions for the **objective appraisal** of the existing estate.

- Can change be made at **nett zero cost**?
- Is **space utilisation** greater than **90%**?
- Is **space utilisation** less than **60%**?
- How far away is the **nearest neighbour**?
- How **flexible** is the space?
- Does the space offer the potential to **meet extra demand**?
- How does the space **fit with the Local Care Strategy**?
- Does the space meet **accessibility requirements** and offer good access via **local transport**?
- Does the condition of the space require **major repair or replacement**?
- Is the space's **total cost per patient** in the **highest (fourth) quartile** when ranked against all Camden practices?

At the same time, commissioner considerations will focus on service quality, viability, future service models, healthcare inequalities, etc.

Being able to appraise the estate means being better able to identify opportunities and threats for the future. For example, as there are few options to commit new resources to estate development, a key priority will be to identify where cost reductions can be made in order to fund improvements elsewhere, such as upgrading or developing the estate.

Efficiently managing the estate means being better able to proactively identify threats and weaknesses such as buildings which are being under-used. For example, **spaces should be utilised at least 60%** of the time and any less than this means that money is being spent on empty spaces. Utilisation rates above 90% could indicate spaces that are close to their maximum potential and could be restricting future expansion.

Where appropriate, spaces also need to be flexible so that occupancy is not restricted. Moving away from fixed-use spaces into more flexible ones means greater opportunities to increase utilisation rates. These spaces also mean that services could move out of smaller, possibly inadequate or poorly converted ones, into more modern spaces which give scope to ensure capacity for the future.

Strengths, Weaknesses, Opportunities, Threats

In order to make a success of finding efficiency, strengths and opportunities need to be maximised while weaknesses and threats are minimised. Key considerations are summarised in the strengths, weaknesses, opportunities and threats (SWOT) table which highlights joint-working as a strength. Collocating services and concentrating on utilisation presents an opportunity for making the estate more efficient. At the same time, there is a severe shortage of affordable estate in

Camden which makes it more important to be able to work together with partners to find options for the future.

Strengths	Weaknesses
<ul style="list-style-type: none"> Camden CCG is experienced in joint-working with its estates providers and has strong links to other estates holders. 	<ul style="list-style-type: none"> There has been a lack of innovation in terms of estates management in the most recent past. Opportunities are limited to those which can be funded within a limited envelope.
Opportunities	Threats
<ul style="list-style-type: none"> Collocating services will enable better integration of services and improve patient experience and access to services. Improving overall estate utilisation will reduce the financial impact of the estate and free up funding to be used elsewhere on the estate 	<ul style="list-style-type: none"> Camden is an inner-London borough and as such has a severe lack of affordable estate.

Efficiency means reducing premises' financial liabilities and may also mean rationalising the estate so that there are fewer physical buildings. This does not necessarily mean fewer GP practices, instead allowing for services to operate together out of cheaper and more fit for purpose premises as much as possible.

The next sections summarise the key actions to meet the strategic priorities, specific geographic priorities and the implementation plan.

Strategic Priorities

Ensure that estates developments are commissioner-led	Ensure spaces are fit for purpose	Ensure spaces are well-used
<ul style="list-style-type: none"> ▪ Care Closer to Home Integrated Networks (CHINS) are being established to reduce the health and wellbeing gap, and promote new models of integrated care. We will work with the strategies, aims and objectives of these networks to inform any future estates planning. ▪ Commissioning activities take place across the CCG and are articulated in the annual Commissioning Intentions. We will use these plans to inform future estates planning. ▪ In response to relevant strategies, aims and objectives, we will develop solutions and options for commissioners' decision. 	<ul style="list-style-type: none"> ▪ The condition of the existing estate reveals no serious issues raised to date. ▪ We will instigate a yearly cycle of review to identify maintenance issues. ▪ Any maintenance concerns will be costed and approved via the CCG's usual business case route. 	<ul style="list-style-type: none"> ▪ We will review premises' utilisation rates. ▪ Options will be generated for premises with utilisations outside of the 60%-90% benchmark in order to increase rates for commissioners to decide upon.
Ensure that spaces represent value for money	Ensure the system has capacity for the future	Ensure spaces are flexible and appropriate for multi-disciplinary working
<ul style="list-style-type: none"> ▪ Current premises costs reveal a north-south divide in terms of premises costs per square metre. Premises in the south of the borough are at least twice the cost of those in the north. ▪ Recognising the cost disparity, we will work with local partners to source and access affordable space. 	<ul style="list-style-type: none"> ▪ A number of leases are known to have expired or will be expiring in the next five years. We will general options appraisals for commissioners to decide upon. Possible responses to expiring leases could be: Renew, do not renew and disperse the patient list, or do not renew and relocate the service. ▪ Using analysis of nearest neighbours, we will ascertain whether the geographical spread is efficient. 	<ul style="list-style-type: none"> ▪ Where possible, new premises will be identified which offer flexibility of use. ▪ If necessary and where possible we will attempt to modify existing estate to enable flexible working.

Area Priorities

West Camden (CHE(W) neighbourhood)
Challenges
<ul style="list-style-type: none"> ▪ Population expected to increase by between 5% and 11% by 2028. ▪ West End Lane and Abbey Road developments will create hundreds of new residential units. ▪ Area is within the top 10% most deprived in the borough ▪ Space utilisation appears to be running high. ▪ Primrose Hill Surgery lease expires 2017, and Belsize Priory Medical Practice lease expires 2018.
Responses
<ul style="list-style-type: none"> ▪ Prepare for population increases by ensuring long-term capacity in the Kilburn area. ▪ Develop business cases for the two premises whose leases are expiring. ▪ Confirm utilisation rates and explore options for finding additional space within existing estate.

North Camden (NW3 neighbourhood)
Challenges
<ul style="list-style-type: none"> ▪ Population generally healthy except around Gospel Oak / Haverstock areas. ▪ Population growth in line with average for the borough at 5%, though it is still one of the most densely-populated areas. ▪ Significant developments in and around Gospel Oak expected. ▪ There are some smaller-size practices in this area within a close grouping. ▪ Daleham Gardens lease expires 2021, Rosslyn Hill has expired, and Keats Group expires 2023. ▪ A bid for funding for Hampstead Group practice has previously been made. It is currently only on a long list as the fund is over-subscribed. If approved, the development could provide an additional 14 clinical rooms.
Responses
<ul style="list-style-type: none"> ▪ Prepare for population increase by ensuring long-term capacity in the Gospel Oak area. ▪ Many leases are expiring so this may present an opportunity to consolidate the estate.

North Camden (NW5 neighbourhood)
Challenges
<ul style="list-style-type: none"> ▪ Population growth in line with average for the borough at 5%. ▪ Area of quite deprived population with several areas within 10% most deprived. ▪ Regents Park lease expiring (2021), and Parliament Hill lease has expired. ▪ Space utilisation appears to be below-optimal. ▪ Morrisons, Maiden Lane and Agar Grove developments will create hundreds of new homes. The area is also affected by the Kings Cross development.
Responses
<ul style="list-style-type: none"> ▪ Develop business cases for the two premises whose leases are expiring. ▪ Confirm utilisation rates and explore options for improving, such as collocating services.

South Camden (CHE(S) & South neighbourhoods)
Challenges
<ul style="list-style-type: none"> ▪ Population expected to increase around the Kings Cross area. Significant in some wards with St Pancras & Somers Town predicted to be +13%. ▪ Significant developments already happening in and around the Kings Cross and Euston area. ▪ Leases pose significant risks with Kings Cross (2020), Somers Town (2023), Bloomsbury (expired), Brunswick (2020), Gower Street (2018), Museum (expired), Holborn (expired), and St Philips (2020) all expiring in the next five years. ▪ Space utilisation appears to be running high and clinical room capacity is limited. ▪ Lack of affordable space in the area at approximately double £/m² compared to the north.
Responses
<ul style="list-style-type: none"> ▪ Prepare for the significant population increases expected. ▪ St Pancras Hospital site redevelopment is in initial approvals stage. Work with the freeholder from the ground-up to secure affordable primary care facilities. ▪ Develop business cases for lease renewals or estate consolidation. ▪ Confirm utilisation rates and explore options for ways to release pressure within existing estate.

Implementation Plan

2017/18	2018/19	2019/20	2020/21	2021/22
<ul style="list-style-type: none"> ▪ Evaluate the estate using the agreed criteria. ▪ Using the results of the evaluation, prioritise the needs of the estate and recommend solutions. ▪ Review leases. Recommend options for lease renewals. ▪ Review the condition of premises in order to instigate a rolling programme of repairs. ▪ Identify opportunities to increase utilisation across the estate. ▪ Identify opportunities to reduce running costs such as installing LED lighting, and smart energy management systems. 	<ul style="list-style-type: none"> ▪ Should the West Hampstead development secure funding, move to planning, engagement and initial drawing stage. ▪ Submit bids for funding for any identified future estate development or improvements. ▪ Review leases. Recommend options for lease renewals. ▪ Move CCG head office out of Stephenson House. ▪ Reduce void costs. 	<ul style="list-style-type: none"> ▪ Rolling workplan of review, prioritisation, planning and implementation. ▪ Review leases. Recommend options for lease renewals. ▪ Review estates strategy and ensure alignment with CCG priorities. ▪ Monitor and reduce void costs. 	<ul style="list-style-type: none"> ▪ Rolling workplan of review, prioritisation, planning and implementation. ▪ Review leases. Recommend options for lease renewals. ▪ Monitor and reduce void costs. 	<ul style="list-style-type: none"> ▪ Rolling workplan of review, prioritisation, planning and implementation. ▪ Review leases. Recommend options for lease renewals. ▪ Update estates strategy. ▪ Monitor and reduce void costs.
<p>Developments under construction or being delivered:</p> <ul style="list-style-type: none"> ▪ Chester Rd / Balmore Street, Abbey Road, Maiden Lane, 156 West End Lane, Camden Town Morrisons. <p>Leases expiring:</p> <ul style="list-style-type: none"> ▪ Museum, Parliament Hill, Bloomsbury, Rosslyn Hill, Holborn, and Primrose Hill. 	<p>Developments under construction or being delivered:</p> <ul style="list-style-type: none"> ▪ 21-31 New Oxford Street. <p>Leases:</p> <ul style="list-style-type: none"> ▪ Stephenson House & South Camden Centre for Health, Belsize Priory, Gower Street. 	<p>Developments under construction or being delivered:</p> <ul style="list-style-type: none"> ▪ Agar Grove, 30 Camden Street, 187-189 West End Lane, Arthur Stanley House. <p>Leases:</p> <ul style="list-style-type: none"> ▪ None. 	<p>Developments under construction or being delivered:</p> <ul style="list-style-type: none"> ▪ St Pancras Hospital. <p>Leases:</p> <ul style="list-style-type: none"> ▪ Kings Cross, Brunswick, Street Philips 	<p>Developments under construction or being delivered:</p> <ul style="list-style-type: none"> ▪ Kings Cross final phases, Midland Cresc. / Finchley Road. <p>Leases:</p> <ul style="list-style-type: none"> ▪ Regents Park, Daleham Gardens (also Somers Town and Keats in 2023)

References

- Camden Clinical Commissioning Group (September 2016) *Camden Local Care Strategy*.
- Camden Council, *et al* (October 2016) *Camden's Joint Strategic Needs Assessment (JSNA) 2015/16: Executive Summary* [online]. Available at https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3594447& (Accessed 22 September 2017)
- Camden and Islington NHS Foundation Trust (April 2016) *Operational Plan Document for 2016-17* [online]. Available at <http://www.candi.nhs.uk/sites/default/files/Documents/Operational%20Plan%20-%202016-17.pdf> (Accessed 22 September 2017).
- Care Quality Commission (no date) *Regulation 15: Premises and equipment* [online]. Available at <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment#full-regulation> (Accessed 22 September 2017).
- Care Quality Commission (2016) *The state of health care and adult social care in England 2015/16* [online]. Available at http://www.cqc.org.uk/sites/default/files/20161019_stateofcare1516_web.pdf (Accessed 22 September 2017).
- Central and North West London NHS Foundation Trust (no date) *Strategic Plan Summary 2014-19* [online]. Available at http://www.cnwl.nhs.uk/wp-content/uploads/CNWL_Strategic_Plan_2014-19.pdf (Accessed 22 September 2017).
- Dayan, M., Arora, S., Rosen, R. & Curry, N. (2014) *Is General Practice in Crisis?* [online]. Available at <https://www.nuffieldtrust.org.uk/files/2017-01/general-practice-in-crisis-web-final.pdf> (Accessed 22 September 2017).
- Department of Health (May 2012) *Long Term Conditions Compendium of Information; Third Edition* [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf (Accessed 22 September 2017).
- Department of Health (2013) *Health Building Note 11-01; Facilities for primary and community care services* [online]. Available at <https://www.gov.uk/government/publications/guidance-for-facilities-for-providing-primary-and-community-care-services> (accessed 22 September 2017).
- Institute of Health Equity (July 2017) *Marmot Indicators 2017 - Institute of Health Equity Briefing* [online]. Available at <http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing> (Accessed 22 September 2017).
- NHS Digital (June 2017) *Numbers of Patients Registered at a GP Practice – June 2017* [online]. Available at <http://content.digital.nhs.uk/article/2021/Website-Search?productid=25240&q=Number+of+Patients+Registered+at+a+GP+Practice&sort=Relevance&size=10&page=1&area=both#top>. Accessed (22 September 2017)
- NHS England (October 2014) *Five Year Forward View* [online]. Available at <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (Accessed 22 September 2017)
- North Central London Sustainability and Transformation Plan (June 2016) *Sustainability and transformation plan; Summary of progress to date* [online]. Available at <https://democracy.islington.gov.uk/documents/s8777/NCL%20STP%20Presentation.pdf> (Accessed 22 September 2017)
- North Central London Sustainability and Transformation Plan (December 2016) *North Central London Local Digital Roadmap* [online]. Available at http://www.candi.nhs.uk/sites/default/files/Documents/NCL%20LDR%20v%203.0_Final%20for%20Publication-2.pdf (Accessed 22 September 2017).

Office for National Statistics (November 2015) *Life Expectancy at Birth and at Age 65 by Local Areas in England and Wales: 2012 to 2014* [online]. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/lifeexpectancyatbirthandage65bylocalareasinenglandandwales/2015-11-04#national-life-expectancy-at-birth> (Accessed 22 September 2017).

Public Health England (no date) *Marmot Indicators for Local Authorities; Profiles for London (2015); Camden* [online]. Available at https://fingertips.phe.org.uk/profile-group/marmot/profile/marmot-indicators/area-search-results/E12000007?search_type=list-child-areas&place_name=London (Accessed 22 September 2017).

Royal Free Hospital NHS Foundation Trust (April 2016) *Operational Plan Document for 2016/17* [online]. Available at http://s3-eu-west-1.amazonaws.com/files.royalfree.nhs.uk/AboutUs/Publishable_summary_of_operational_plan_2016-17_v1_0_18apr16.pdf (Accessed 22 September 2017).

University College London NHS Foundation Trust (January 2014) *Strategic intent summary document – UCLH* [online]. Available at https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiw_cCvkdnWAhVBC8AKHeLXCyQQFggoMAA&url=https%3A%2F%2Fwww.uclh.nhs.uk%2Faboutus%2Fwwd%2FAnnual%2520reviews%2520plans%2520and%2520reports%2520archive%2FUCLH%2520strategic%2520intent%2520summary%2520document%2520-%2520October%25202014.pdf&usg=AOvVaw1u8HNOZq70a_sw8zkd9QFx (Accessed 22 September 2017).

University College London NHS Foundation Trust (no date) *University College London Hospitals NHS Foundation Trust Members' Event* [online]. Available at <https://www.uclh.nhs.uk/aboutus/FT/MembersMeet%20Past/UCLH%20priorities%202017.pdf> (Accessed 22 September 2017).

For a summary of Camden's population, its health, housing, etc., see:

Camden Council (August 2017) *Camden Profile* [online]. Available at <https://opendata.camden.gov.uk/download/9m7e-5qyt/application%2Fpdf> (Accessed 22 September 2017).

For information on practice size and performance, see:

Kelly, E. & Stoye, G. (2014) *Does GP Practice Size Matter? GP Practice Size and the Quality of Primary Care* [online]. Available at <https://www.ifs.org.uk/uploads/publications/comms/R101.pdf> (Accessed 22 September 2017)

For population density predictions, see:

London Datastore (no date) *Ward Profiles and Atlas* [online]. Available at <https://data.london.gov.uk/dataset/ward-profiles-and-atlas> (Accessed 22 September 2017).

For GP registration calculations, see:

NHS England (no date) *Calculation of CCG estimated registrations 2016-2020 – NHS England* [online]. Available at <https://www.england.nhs.uk/wp-content/uploads/2016/04/b-calculation-ccg-estmtd-reg.xlsx> (Accessed 22 September 2017).

For life expectancy estimations, see:

Office for National Statistics (no date) *Life expectancies* [online]. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies> (Accessed 22 September 2017).

For changes in demographics, see:

Camden Council, Healthwatch Camden & Camden Clinical Commissioning Group (October 2016) *Camden's Joint Strategic Needs Assessment (JSNA) 2015/16; Executive Summary* [online]. Available at https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3594447& (Accessed 22 September 2017).

For deprivation indices maps, see:

Camden Council (2015) *Indices Of Deprivation 2015 Maps* [online]. Available at <https://opendata.camden.gov.uk/People-Places/Indices-Of-Deprivation-2015-Maps/2nvh-fw2d> (Accessed 22 September 2017).

For the coding of estate condition, see:

NHS Estates (2004) *A risk-based methodology for establishing and managing backlog*. The Stationary Office, London.

For a full list of NHS Trust-owned properties, see:

NHS Digital (no date) *Other NHS organisations* [online]. Available at <https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs> (accessed 22 September 2017).

For a full list of Camden Council-owned properties, see:

Camden Council (no date) *Local Authority Land Map* [online]. Available at <https://opendata.camden.gov.uk/Your-Council/Local-Authority-Land-Map/jcc6-q3nt/data> (Accessed 22 September 2017).

For the estates efficiency reviews, see:

Lord Carter of Coles (February 2016) *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations; An independent report for the Department of Health by Lord Carter of Coles* [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf (Accessed 22 September 2017).

Naylor, Sir Robert (March 2017) *NHS Property and Estates; Why the estate matters for patients; an independent report by Sir Robert Naylor for the Secretary of State for Health* [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf (Accessed 22 September 2017)

