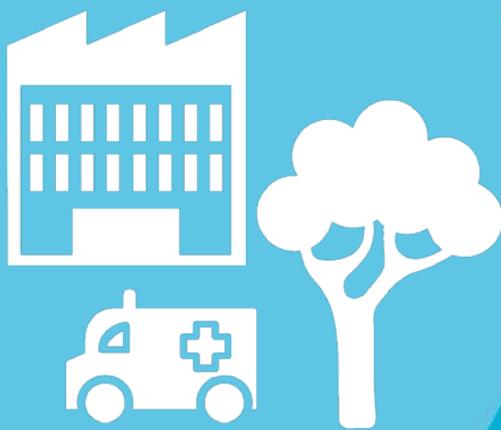




Sussex Community
NHS Foundation Trust

Estates strategy 2016 - 2020

2017 Public



*Excellent care at the
heart of the community*

Reader Box	
Description	To set out the Sussex Community NHS Foundation Trust estates strategy and key commercial activities for 2016 to 2020.
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Executive summary

Welcome to the Sussex Community NHS Foundation Trust Estates Strategy, This third edition has been updated a year after the original version to reflect progress that we have made as well as to adapt to changes affecting the Trust directly, its partners and the wider context for the provision of health and care.

This Strategy compliments our other Trust Strategies and starts to address the challenges set by Delivering the Forward View: NHS planning guidance 2016/17-202/21, Lord Carter's Review on operational productivity and performance as well as Commissioner Led -Local Estates Strategies. We have made considerable progress since our first estates strategy (produced in 2012 and revised in 2013) but we have further still to go. This document sets out our ambition for a consistently high quality estate to support all our services, where we are one year into the current estates strategy cycle and what we need to achieve by 2019.

Ensuring a safe and appropriate environment, maintaining our facilities and delivering excellent hotel services is the core of what we do in the management of our estate. Much of this work takes place 'behind the scenes', but a good experience of Sussex Community NHS Foundation Trust services depends on these being delivered efficiently and effectively.

Much has changed in the wider landscape. In April this year we became an NHS Foundation Trust, which gives us greater freedoms to invest and innovate to improve our services. We have seen a greater emphasis on partnership and collaboration across the health and care system, with work progressing on a Sustainability and Transformation Plan for the NHS across the whole of Sussex and East Surrey, the development of commissioner led local estates strategies, and deepening relationships with other partners, including local councils that commission and are a major provider of social care.

It is timely, therefore, to review our own estates strategy to take account of these wider developments which support and indeed enhance the direction set out last year.

The strategy tells the story about how we are using our buildings to change the way we deliver healthcare services, in particular how we are planning the use of our estate to support the Trust's Clinical Care Strategy. This strategy sets out how we intend to deliver more complex and specialist care in the community, effectively joined up with all health and social care service provision. We are responding to the challenge of a growing and ageing population, increasing service user expectations and at a time of continued financial austerity.

Everything we do aims to put excellent healthcare at the heart of the community. To do this we need to have the right buildings in the right places to ensure all who use our services have a good experience of their care, and that we support all our staff by providing a consistently high quality working environment."

Siobhan Melia
Chief Executive

Vision for The Estate

We aim for all our facilities to support excellent healthcare through a high quality patient care environment, and our facilities should also support improved staff working lives. Resources are finite and we need to ensure that our estate is well used to deliver a consistent and excellent environment in a way that we can afford.

Our strategy sets out our journey towards achieving a consistently well utilised, high quality and well managed estate. However, it is about far more than the bricks and mortar from which we look after our inpatients, provide our outpatient clinics, and deliver administration and support services. Whilst this document is about building in the traditional sense of hospitals, clinics, offices etc., it is also about building as in building the capacity, flexibility, partnerships and resilience to face the challenges ahead for our services.

The Care Quality Commission, the regulator for all health and social care provision in England, asks the following from the services that it regulates

- Safe: people are protected from abuse and avoidable harm.
- Effective: people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.
- Caring: staff involve and treat people with compassion, kindness, dignity and respect.
- Responsive to individual needs: services are organised so that
- They meet people's needs.
- Well-led: leadership, management and governance of the organisation assures the delivery of high-quality, person-centred care, supports learning and innovations, and promotes an open and fair culture.

We consider these to be the fundamentals that define the quality of all care provision, no matter the provider or setting. The most important part of getting it right depends on our people, but having a well-managed estate is an essential component to all aspects of good quality care. The aims for our Estate are:

- Safe buildings: the quality of patient care should be our paramount concern. This means that the environment itself needs to be safe, and buildings need to be managed safely to ensure the wellbeing of all occupants of our facilities.
- Effective facilities: our buildings need to be fully accessible, dementia friendly and have the right consultation, imaging and treatment facilities, along with the right support accommodation organized in the best way to allow our staff to deliver excellent care.
- Caring environments: we need the right facilities to be truly caring, for example the way we organize our inpatient wards will have a big impact on the privacy and dignity afforded to all our patients.
- Responsive services: our ambition, set out in our clinical care strategy, is to have all services built around the needs of patients and carers. This means having the right facilities in the right place, as well as the means to support our staff who operate from them.
- Well-led establishments: the planning of estates related investment requires strong governance to ensure value for money. Good leadership and operational

management is essential to ensure that our facilities are well maintained and that the hotel services we provide are of a consistently high quality. Performance management plays a key part in ensuring that we always know how we are doing and that we can be held to account.

Changes to clinical services will inevitably impact upon the estate provision. We will undertake public engagement on any service change required, the focus of these engagements will be on the benefits they would bring to patients and pathways as opposed to the estates aspects.

Summary of Our Estate

Our main occupancy encompasses over 70 buildings across Brighton and Hove, West and East Sussex. With Crowborough, Uckfield and Lewes being our most easterly estate, Crawley our most northerly estate, Midhurst our most westerly estate. We occupy over 80,000m² of accommodation and our staff provide services from hospitals, GP surgeries, schools, libraries, community centres and other venues – over 300 locations in total, as well as in people's own homes.

We spend c. £18m on our estate each year, this being the largest area of expenditure after staffing costs. The age of our estate varies –our oldest buildings date from the 1860's (Brighton General Hospital) and our most recent from the early 2000's (Chailey Heritage Clinical Services).

We manage and maintain our own estate, as well as provide our own hotel services (cleaning, catering and portering) for many of our facilities. We increasingly provide Facilities Management services to other owners and occupiers of healthcare estate. We employ over 350 staff across our estates and facilities services, representing one of the largest staff groups. Our team includes electrical and mechanical engineers, as well as cleaning, catering and portering staff in addition to asset and facilities managers.

We have over 5,000 medical devices deployed across our clinical facilities. The Estates Team is responsible to ensuring that our medical devices database is accurate and up to date, and that all devices are serviced and maintained in accordance with required schedules and standards. Our staff travel over four million business miles per annum delivering care to patients and The Trust produces around 700 tonnes waste per year – this is equivalent to the weight of four jumbo jets.

It is our ambition to continue to apply a mixed strategy of ownership and leasing accommodation with the aim of owning as much of our clinical estate as possible within the envelope of affordability and to lease our administration accommodation.

In Brighton and Hove we generally own and lease our own estate. By far the largest single Trust facility is Brighton General Hospital, which in itself represents two thirds of all our estate in Brighton and Hove in terms of footprint. The earliest buildings at Brighton General date from 1862 and the hospital has grown and changed from being a poor law institution, to a general hospital with over 500 beds at its peak, and now a community health and administrative hub which includes our Trust headquarters. Brighton General represents our greatest challenge and opportunity for our estate in Brighton and Hove.

In contrast, in West Sussex, we own and occupy only one building – Central Clinic in Worthing. The majority of properties we are based in across are owned by other NHS organisations or private sector landlords. For these premises we work directly with our landlords to deliver the changes required to support our services. In all our estates and facilities management activities we adhere to best practice and governance. In particular we apply the Department of Health’s Technical Memorandum (HTM), Health Building notes (HBN), Estates Code and Estates Return Information Collection (ERIC).

A list of our main locations is provided in Appendix A.

Performance of Our Estate

Estates Management

The Estates Returns Information Collection (ERIC) provides detailed information on the costs incurred in the provision of the NHS Estate used in the delivery of secondary care.

In 2014/15 the responsibility for collating ERIC returns moved from the Department of health to NHS Digital (the Health and Social Care Information Centre) and a new performance dashboards are being set up to enable Trusts to monitor how their own performance may change over time, as well as allowing for peer based benchmarking between similar Trusts. The first such performance dashboard will be available in October 2016, which will allow for meaningful comparison of Trust performance against peers. Once this is available this estates strategy will be updated accordingly.

Facilities Management

Our Facilities Management services are assessed primarily through the PLACE (Patient Led Assessment of the Care Environment). This is a means for assessing the performance of all Trust inpatient units (our community hospitals) for the performance of soft Facilities Management Services as determined by independent assessment led by teams that comprise of FM experts accredited to carry out such assessments and patients and carer representatives.

The scores for our community hospitals are set out below.

Site Name	Cleanliness	Food and Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Arundel District Hospital	99.48%	94.66%	87.72%	95.65%	68.09%	72.33%
Bognor Regis War	98.60%	94.37%	81.39%	94.54%	71.25%	74.44%

Memorial Hospital						
Crawley Hospital	98.62%	91.94%	73.97%	82.92%	62.02%	72.06%
*Crowborough War Memorial Hospital	98.73%	78.00%	70.41%	89.58%	63.74%	67.95%
Horsham Hospital	99.71%	95.82%	86.57%	90.50%	69.34%	70.86%
Kleinwort Rehabilitation Unit	99.75%	95.51%	87.86%	86.27%	75.78%	83.01%
*Lewes Victoria Hospital	98.70%	87.77%	70.57%	83.45%	66.71%	71.22%
Midhurst Community Hospital	98.98%	96.15%	77.44%	95.65%	79.64%	81.62%
Salvington Lodge	97.74%	91.01%	68.23%	92.61%	71.32%	80.29%
*Uckfield Community Hospital	99.05%	84.41%	73.33%	89.55%	64.39%	69.84%
Zachary Merton Hospital	98.74%	96.16%	81.90%	92.27%	75.16%	84.50%

* High Weald, Lewes and Havens (HWLH) sites- Facilities services provided by East Sussex Healthcare NHS Trust

The table below shows the individual hospitals scores and the bottom one is SCFT against the national average.

	Cleanliness	Food and Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
SCFT	98.93%	92.40%	78.77%	89.17%	69.05%	75.01%
National Average 2016	98.1%	88.2%	84.2%	93.4%	75.3%	78.8%

As can be seen, the performance of SCT overall is broadly in line with the national average (mean) of individual NHS scores, with SCFT scoring higher on cleanliness and food and hydration. However, the Trust scores lower in terms of privacy, dignity and wellbeing; condition, appearance and maintenance; dementia; and disability. These areas need to be addressed as they are a legacy of the aging infrastructure and under investment from previous landlord organisation and this estates strategy details the initiatives being looked at.

Care Without Carbon (Sustainability):

One of SCFT's core objectives is to be a strong sustainable business, grounded in our communities and led by excellent staff. Care Without Carbon is the Trust's sustainability strategy. We have established three key metrics to measure the value of CWC to the Trust,

which following the conventional triple bottom line definition of sustainability: financial value (ROI), environmental value (absolute carbon reduction) and value to staff. We have made considerable progress towards meeting our ambitious targets. In 2015 we have:

- Made a cumulative £3.09m savings from delivering sustainable healthcare since 2010.
- Invested £877k in sustainable healthcare since 2010
- Reduced our carbon footprint by 1,607 tonnes CO₂e saved per annum against our 2010 baseline, meaning we are on course to achieve our target of 34% reduction in CO₂e by 2020.

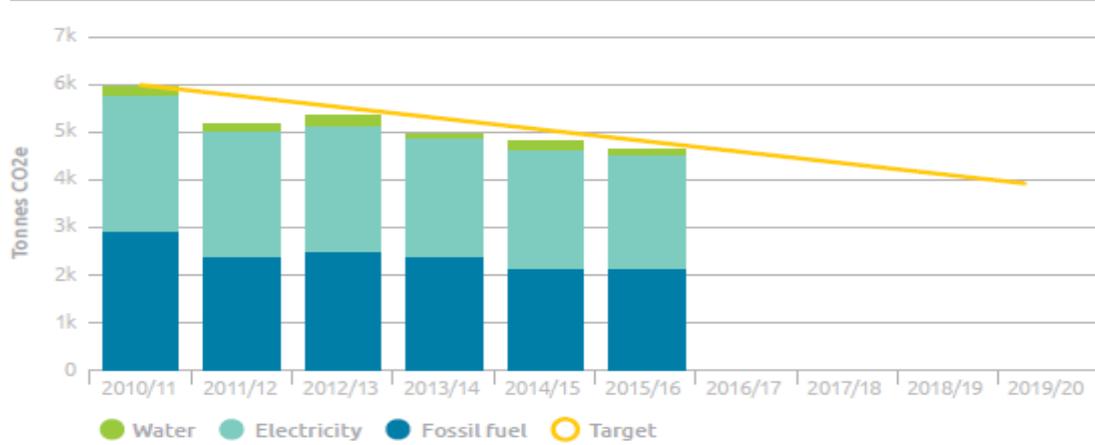
We have worked with the New Economics Foundation to develop a bespoke metric to enable us to measure workforce wellbeing across the Trust. We have a baseline score of 4.35/10, with 5 being national average across all sectors. We are aiming to increase this and various work programmes across the Trust should support this, including the estates strategy, and will continue to assess the impact of Care Without Carbon and other priorities to improve staff wellbeing to drive progress.

We are well on course to achieving our target of achieving a 34% reduction in CO₂e by 2020, achieved through our buildings and journeys. However, further progress on reducing CO₂e from buildings will require the cooperation of our property partners, notably NHS Property Services Ltd, who own and manage many of the facilities that we occupy. We are getting started on our work to achieve similar savings on procurement. Our Care Without Carbon Strategy also sets out how we intend to meet these targets and embed a culture within the organisation that will promote sustainable behaviors as well as support staff health and wellbeing.

The service model, as defined by communities of practice (a model of service organisation that is implemented across our geography, albeit in ways that allow for some local variation to reflect local need, commissioner priorities and legacy) will enable the Trust to support models of placed-based care focused on population health, prevention and self-care. The way we organise services, through a network of hubs and other service centres, will allow for us to extend the 'one stop shop' models already being implemented for common conditions such as MSK, diabetes and other long term conditions. This should help ensure a reduction in the use of buildings (by reducing the level of under-utilisation of premises) and reduction of both staff and patient travel.

We will develop a new Energy and Carbon Management Plan in the current year to complement this estates strategy and to set out how we will meet our targets. We will continue to work collaboratively with NHS Property Services Ltd to agree investment priorities, support staff on our sites (including those from other Trusts and other health and care partners) to use energy and water wisely.

Building emissions reduction



Travel emissions reduction



Strategic and operating context

This Estates Strategy is written in the context of an NHS that is evolving in terms of policy and structure. For example the drive toward integration both along pathways and through new organisational forms as detailed in the Five Year Forward View (NHS England, 2014). This approach looks here to stay given the on-going financial restraint in the public sector; the continued growth in demand for NHS services from an aging and changing population; and the growing public concern over private interests in public services; factors likely to transcend political changes in the short or medium term.

Furthermore the system-wide planning process creating Sustainability and Transformation Plans (NHS England, 2015) tells us that the journey toward organisational and structural integration is gathering pace, with place-based plans setting out the roadmap toward the new models of care the Five Year Forward View defined. This approach will require NHS Trusts, and other organisations delivering NHS and social care services, to prioritise partnership over competition (at least) within STP footprints.

Our Estates Strategy supports our Clinical Care and Commercial Strategies, as well as being closely aligned with our IM&T and People Strategies. 91% of our care is delivered in people's homes. Additionally, services to our local communities are delivered at 11 community hospital sites (375 inpatient beds). We also provide services in partnership with other organisations and through other venues, for example, schools, children and family centres, private nursing and registered care homes.

We are starting to deliver population-focused health and social care through individualised care focused around local communities of practice which naturally form around GP surgeries, children and families centres and schools.

SCFT has worked closely with its partners within the local health and care economy since its inception. As the main provider of community health services across West Sussex, Brighton and Hove and increasingly in parts of East Sussex, we value our working relationships with primary care, acute and mental health providers and local government as well as our commissioners.

All parts of the health and care system are being required to work in an increasingly coordinated way. At a strategic level all parts of the health and care system are working together to develop the Sustainability and Transformation Plan (STP), which covers a footprint of all of Sussex, together with East Surrey, and taking in the health systems around 4 acute Trusts (Western Sussex Hospitals NHS Foundation Trust, Brighton and Sussex University Hospitals NHS Trust, East Sussex Healthcare Trust, Surrey and Sussex Healthcare NHS Trust).

At a further level, specific place based plans are being worked up for Coastal West Sussex, the Central Sussex and East Surrey Alliance (taking in the A23 corridor) and East Sussex Better Together. Each CCG within is responsible for a local estates strategy as local system leaders.

There is no 'one size fits all' model. Local population needs and priorities differ across our area. However, there are a number of common principles that apply nonetheless:

- Services will be planned around geographically based communities of people, effectively clusters of around 50,000 people.
- A greater range of clinical service provision should take place within each community of practice. We have been managing increasingly complex need in the community and commissioners are re-planning care pathways to shift the emphasis of care away from hospitals and towards the community. We expect this trend to continue.
- Service planning for each community of practice should take into account the need for community based consultation facilities, specialist diagnostics and other services, such as community inpatient beds for example, based on the needs of local population.
- Estates planning should follow the clinical service needs assessment, and as plans develop we should have a clear understanding of where there are gaps in provision and where estate is deployed in an inefficient manner.
- Service provision is shaped by legacy estate, reflecting historic service models. Whilst we will continue to deploy older assets, it is important to focus on how we can provide health services in the right facilities and right locations, rather than deploy assets on the basis of their availability.

Our overriding aim is to deliver excellent care in the communities where people live and by structuring our services around the needs of each locality, we will be in a better position to respond quickly to changes in people's health and care needs, as well as be able to ensure we have the right services near-by to prevent health and social care deterioration. This model is described further in the section on Communities of Practice.

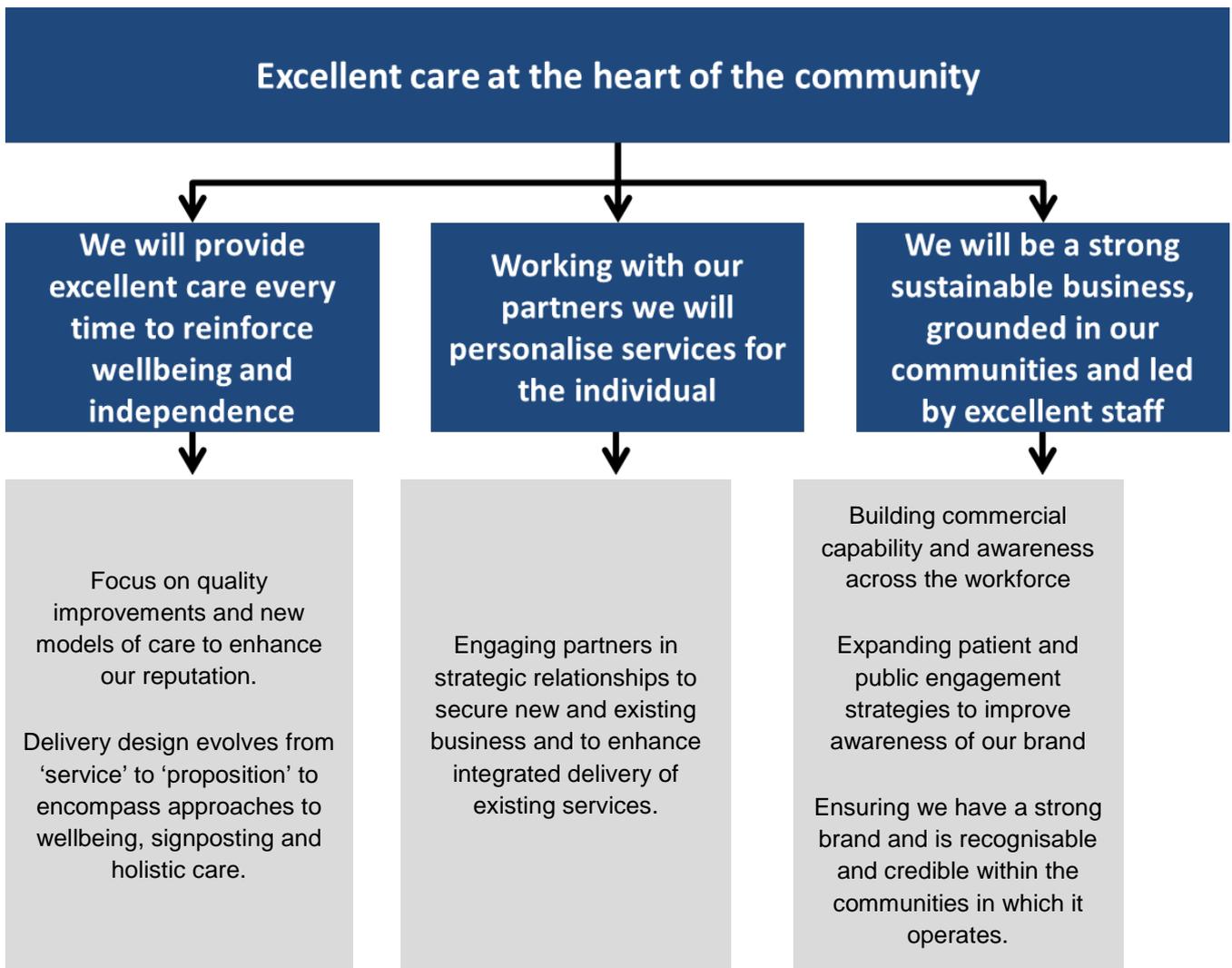
Whilst communities of practice focus on the general needs of that local population, we won't forget those people that have specific specialist needs that require expertise from staff in other areas of our Trust. We have the flexibility to share subject experts across our Trust to provide specialist advice to our generalist staff in the communities of practice.

Increasingly we will partner with other organisations to provide true individualised care for people. We have started aligning our strategies with our partners, to ensure that shared priorities are coordinated to ensure effective outcomes for people e.g. in primary care – which includes GPs, practice nurses and local pharmacies and optometrists.

Whilst our primary focus is, rightly, on delivering high quality patient care, we recognise that without the right staff, it would not be possible for us to live up to our ambition of providing safe, effective, high quality care in the heart of the community. The environment from where our people work says a lot about how we value staff. Therefore, in this estates strategy, we will be focusing specifically on how to improve the staff working environment as well as other estates related developments that help us recruit, retain and support our staff.

Our Estate in the context of Trust Priorities

Our trust has a clear vision, to deliver excellent care at the heart of the community. This vision is supported by three strategic goals. Each goal has a clear commercial implication which is summarised below.



These frame our estates aims and drivers.

Our Estate in The Context of Policy

Drivers and Commissioning Intentions

The Five Year Forward View acknowledges that there is no 'one size fits all' approach to the development of new care. Planning of health service delivery across Sussex and East Surrey is being coordinated through the Sustainability and Transformation Plan (STP). Within the STP there are four levels of 'place based partnerships' to cover Coastal West Sussex (broadly the area served by Western Sussex Hospitals NHS Trust), Central Sussex and East Surrey Alliance (CSESA North & South - covering the areas served by Brighton and Sussex NHS Trust and Surrey and Sussex NHS Trust). Our main areas of service provision are Coastal West Sussex and CSESA. At a more local level each CCG, as the local system leader for the NHS, has produced its own Local Estates Strategy.

Future estates planning will increasingly be shaped by the commissioner led Sustainability and Transformation Plan, which has a footprint covering all of Sussex as well as the supporting local estates strategies being prepared for each CCG. The estates strategy is a living document as our planning will need to be sufficiently flexible enough to respond to changing demands as the local health economies work together to determine how best to configure services to meet changing population need within available resources. These levels of strategic planning will help to shape our own assessment for the future requirements for the estate. As such, this estates strategy provides little in the way of detailed needs assessment and plans, as we need our own plans to be sufficiently flexible to adapt in the light of further detailed analysis at the various levels of strategic planning taking place within the health and care economy,

The Trust's main service areas cover 5 CCGs, with Crawley, together with Horsham and Mid Sussex being considered together as these two CCGs share a management team.

Brighton and Hove – Better Care

Care will be provided by multi-disciplinary teams based around clusters of GP practices, building on the Integrated Primary Care Team model. Community services redesign aims to develop integrated care focused on frail and vulnerable residents. There is a strong emphasis on prevention of hospital admission. We will continue to strengthen services to facilitate earlier discharge from hospital as well as enhance some smaller more specialist community services.

The Trust is looking at how our sites across Brighton and Hove can support this change. We are considering opportunities to create an exciting new community care redevelopment at Brighton General Hospital, and see the potential for an enhanced role for Hove Polyclinic. We are working closely with the CCG to integrate plans for community health estate along with primary care developments. A number of collective estate opportunities, e.g. major new housing and university accommodation schemes such as Preston Barracks provide opportunities to co-locate services and support primary care delivery at scale.

Coastal West Sussex – Delivering the Vision

The focus is to shift care away from hospital services, into integrated primary and community care, supporting the population to self-care as far as possible. A “One Call” service has been established and there is greater integration between health and social care. Our Proactive Care Teams ensure all patients who are at risk of hospital admission are supported to self-care, to remain well and when they are unwell are supported effectively. Multi-Disciplinary Teams are being formed to integrate with Primary Care and are designed around local populations, reflecting differences in need and variation in current health outcomes.

The Trust has already co-located a number of services into new administrative hubs Chichester, Worthing and Lancing allowing the clinical vision to be delivered. The Trust is working with the CCG and Community Health Partnerships to develop a number of projects that can improve the community health infrastructure.

Many of these projects also improve collaboration with local authority services through a 'one public estate' approach. For example, the Worthing Civic Quarter development, led by Worthing and Adur Councils as a One Public Estate project, not only provides an opportunity to replace the outdated Worthing Central Clinic, but to enhance outcomes through the colocation with a substantial primary care practice and local authority services. This includes:

- Improving the effective utilisation of the estate
- Rationalising the estate (including disposal and/or acquisition)Improving the management of the estate
- Reshaping the estate to support wider service redesign, in particular the shift of services into the community

Crawley, Horsham and Mid Sussex – Five Communities

To deliver care CCGs are adopting a hub and spoke model of services. The ‘hubs’ will provide core care services and the spokes provide services specific to that community. There is a desire to modernise primary care and community services to meet the changes in our communities and the estate has a part to play.

Over the past year, the 5 Communities vision, originally set out in the CCGs Strategic Service Development Plans has developed apace. Through the Local Estates Strategy (LES), it is expected that major redevelopment could take place at Crawley, Horsham and Princess Royal Hospitals (which could develop a community facing role as well as retaining acute services). These will impact on how SCFT provides services and we will remain an active partner in the development of any projects. As much of the Estate is owned by third party landlords there is a need to:

- use all available appropriate buildings and vacate those that are unsuitable
- ensure all facilities are used at least 85 per cent of every week to prevent waste

- address the overdue maintenance needs of our NHS buildings and address the potential (or lack of) to develop those properties in the future that supports efficient, effect and resilient services that is also reflective of the local geography.

The commissioners have developed the 'five communities' model that seeks to establish a network of services across the three principle towns in Mid Sussex, together with Horsham and Crawley as natural centres for local services, with the delivery of integrated primary care and community services effectively being provided from each of these towns.

The Trust is working with The CCG and the owner of these assets, NHS Property Services Ltd, to drive improvement in this Estate. In addition to the requirement to review the use of Crawley and Horsham Hospitals for the long term, there is a need to look at the accommodation requirement for Mid Sussex to make the vision for the 5 communities a reality.

High Weald, Lewes and Havens - Three Green Triangle and Beyond

Community health services are primarily provided from three community hospitals and the CCG envisages that whilst the configuration of these hospitals will change, they will continue to play a key role in supporting communities of practice hubs - this network being known as the Green Triangle. SCFT is working with the CCG to develop capacity for community services for the Havens, the coastal area that is not immediately served by a community hospital.

Communities of Practice and The Estate

'Communities of Practice' is the name we have given to our vision of how our organisation will work in the future. This will involve our teams working together more closely with other health, care, education, housing, and charity professionals to provide the right personalised care for each person. Teams would include GPs, public health, acute hospital colleagues, mental health professionals, schools, children's centres and social care workers.

This is about creating a better way of working so that we can focus on the most important thing – the individual needs of each patient. This will improve the care we can provide, and make and make SCFT a better place to work. The diagram below articulates the vision.

How will communities of practice make a difference?

- We will work more closely with colleagues from other organisations

- We will provide better care for people, first time
- We will be more pro-active in our approach and help prevent our patients developing more serious problems
- We will be better placed to help patients manage their own conditions
- Communities of Practice will reduce duplication of activity between different organisations.

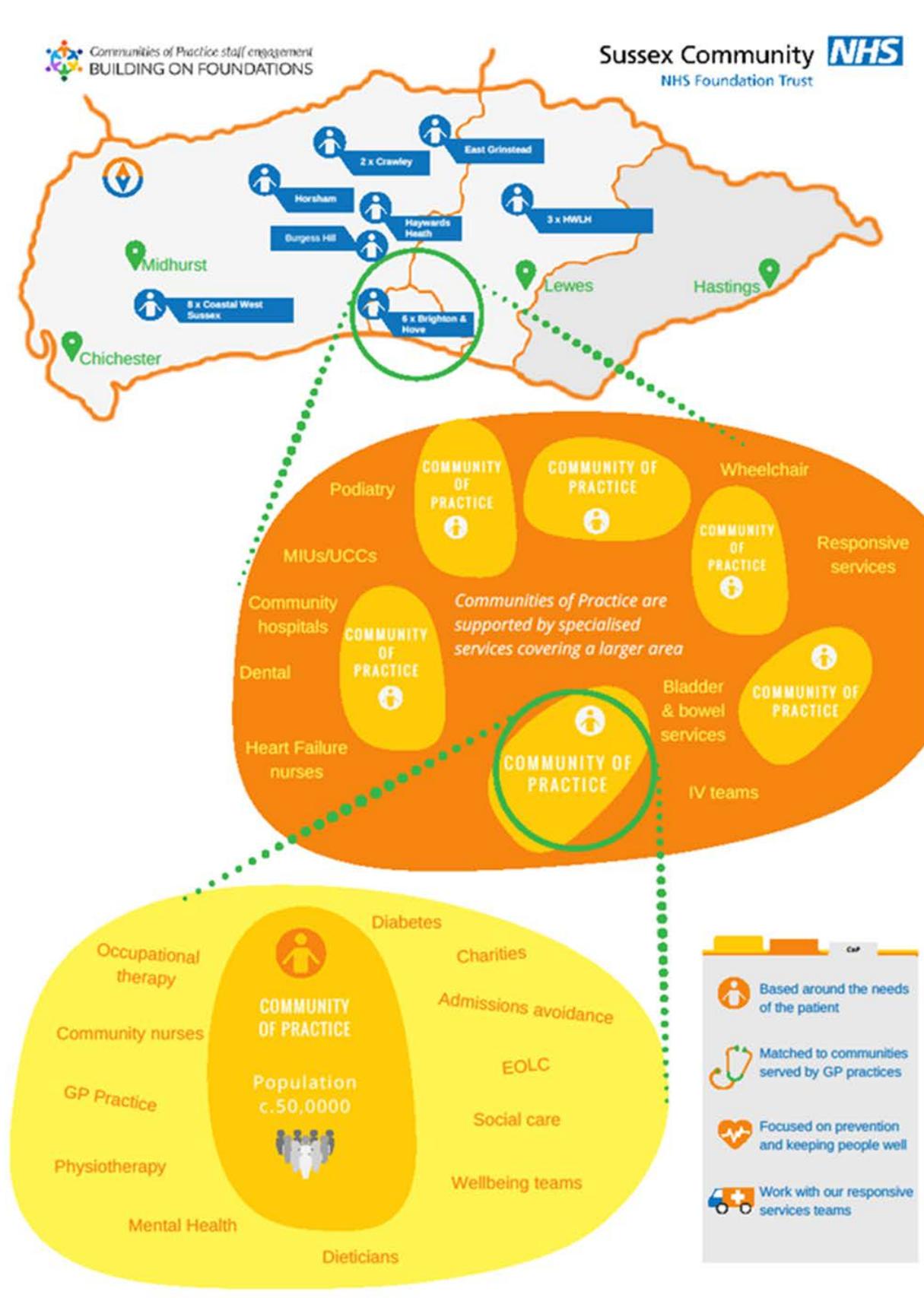
What does it mean in practice?

Communities of Practice will mean that services work in a much more coordinated way. For example, communities of practice could allow:

- assessment processes to be coordinated across organisations so that patients are only seen once
- Provision of key worker for patients in hospital to help them get home supported by Communities of Practice team as soon as possible
- Teleconferences between professionals to plan and manage care
- Simplifying referral processes and allowing more direct access to services across pathways rather than require GPs to facilitate all referrals to multiple services
- Care plans created with patients to help them manage their own care
- Care records accessible across organisations
- Personal health records accessible to professionals, patients and carers
- Planning for greater co-location of services within the communities they serve, ideally through hubs or networks of facilities linked by ICT. We will avoid deploying the estate opportunistically if this leads to the “wrong things in the wrong place” or impedes our ambitions to improve coordination of our own services and integration within the local health and care system.

What does this mean for the estate?

The estate, along with ICT and workforce, is an enabler to effective joined up personalised care. Since our inception in 2010 we have taken an approach to planning and managing the estate that facilitates closer collaboration, but Communities of Practice demands that we take this to a whole new level. Along with the enabling possibilities of ICT we are working with other public bodies, not only in the NHS but local government, the independent and voluntary sectors to take a single coordinated approach to estates planning, thereby increasing efficiency and enhancing relationships across the teams



Estates Transformation over the next 5 Years +

We are proud of what we have achieved in managing our estate, but we are never complacent and will look to continuously improve it over time. We will work with our commissioners to agree overall accommodation solutions that can meet local healthcare needs in an economically viable. Specifically we will:

- Continue our programme of establishing administrative and community health services hubs for each locality, tailored to meet the specific needs of each locality.
- Review the use of other premises to:
 - Ensure services are locally accessible in response to specific geographies.
 - Improve the utilisation of our facilities.
 - Reduce the total number of assets we deploy to deliver our services.
 - Increase flexibility in the facilities we use.
 - Ensure each facility is fully compliant with all statutory requirements.
 - Ensure new and refurbished spaces have flexibility and adaptability 'built in', in order that our estate can support continually changing service delivery models.
- Extend tele and web based options for staff to interact with each other and with service users. For example, our Time to Talk service has successfully piloted a capability of providing telephone counselling with the counsellor working entirely from their own homes.

How our estate may look in five years

The NHS is undergoing a period of transformative change in the way it commissions and delivers services. This is being driven by the STP and the CCG's local estates strategy. The first and foremost change is already underway, and this is to refocus strategic thinking away from the perspective of individual organisations to the needs of populations as a whole.

Partnership working has always been central to the way SCFT operates, but there will be step-change in the level of collaboration between all NHS providers, primary care and local authority services, with an increase in multi-organisational service delivery models and multi-occupancy of buildings. It is no longer appropriate or effective to plan from the perspective of an individual organisation. SCFT is a full participant in the planning processes led by the STP and the LES's led by CCGs as local system leaders. Furthermore, through the Cabinet Office's One Public Estate initiative, where seed funding can be made available to support the development of projects that support the government's objectives for the public estate as a whole will also accelerate collaboration. Future iterations of the Trust's plans for the estate

will increasingly focus on the local delivery and implementation of changes required to support change across a wider system.

Our plans, therefore, will be taken forward through greater collaborative working through our partners. Given how the planning landscape may continue to change, and the development of strategic projects increasingly involves multiple partners, it is difficult to say for certain exactly how the Trust's estate will look 5 years from now, and any proposals set out here are also subject to further stakeholder engagement and public consultation. However, from work being carried out currently within the STP and LES's it is possible to make a prediction the likely changes we will see over the next five years. We predict that we will:

- Reduce our footprint by around 25% (20,000m²) – achieved through the rationalisation of large sites.
- Achieve greater co-location of staff – the strengthening of the communities of practice model will mean more of our staff will be working alongside colleagues in primary care, acute, mental health and social care.
- We will have fewer but better quality facilities – the organisation of communities of practice will help to achieve the balance of securing 'critical mass' for delivering more specialist accommodation, e.g. advanced diagnostics, whilst retaining local accessibility. Depending on local requirements we expect that service delivery will be focused on community hubs, be they single facilities or a network of local facilities.
- We will improve the patient care environment – to achieve greater capacity in the community, support best patient care outcomes and models of service delivery that shift the emphasis from the treatment and management of disease to one of health promotion and disease prevention centred of actively engaged patients taking greater control of their own health and healthcare. New and substantially refurbished facilities will be built to modern standards and will be designed to be flexible and adaptable.
- Non-clinical accommodation will be provided in non-clinical buildings – a better quality of environment and reduced cost can be achieved by delivering our non-clinical accommodation in facilities away from clinical buildings. The majority of care we provide is in patients own homes and we are able to provide higher quality and better quality office accommodation for community clinicians as well as for staff employed in support functions.

Informatics and Workforce improving Utilisation

Our model of service is built around the needs of the patient and our infrastructure must support this. The ambition of our estates strategy is that our facilities do just that, but this cannot be achieved without a close alignment with our Informatics and Workforce strategies.

Accurate and timely information is required if our services are to ensure high levels of patient safety, clinical effectiveness and excellent patient and carer experiences. Information, like the estate, is a key enabler to the Trust's Clinical Care Strategy and investment in both must be planned in a coordinated way to deliver benefits.

The Trust is committed to harnessing the benefits of Information through the deployment of SystemOne as the main electronic patient record. This will gradually supersede the paper record.

All our main sites and wards will have Wi-Fi connections, for the benefit of patients as well as staff. A number of our premises already have COIN access to facilitate access across a number of NHS premises, but we are also looking at options that can extend such interoperability across public sector buildings more generally, and from 2017 we will be working with partners in local government and independent providers within the health and care system to develop successor connecting networks that allow for secure communication on an as required basis across the health and care system.

Our informatics strategy will enable smart clinic scheduling and the use of generic consultation and treatment spaces for the majority of our services. This will enable us to ensure that all our clinical facilities are used well and that many different services using the same room are supported in their own ICT needs,

Investment in modern estate and new ICT will not realise such benefits unless we take full advantage of the new ways of working that are enabled by such development. We will be supporting new models of working through training, communicating clearly our expectations with frontline staff about the deployment of ICT and agile working practices and using ICT to support the management of performance overall in the Trust.

This is why our estates and ICT infrastructure investment plans are also coordinated with our People Strategy. Through this approach we intend to reduce staff sickness and absence, improve recruitment and retention and make flexible working a genuine "win-win", becoming more responsive to patient needs and allowing our staff to better balance their work commitments with carer and other responsibilities.

How we will deploy our estate to recruit, retain and support our staff

We are committed to recruiting, retaining and supporting our staff to ensure they have productive, healthy and happy working lives, as well as recognising that our staff work best when there is a healthy work life balance. It is also important that consider other barriers to the recruitment and retention and how our approach to estates planning should address these.

Each member of our staff is unique and requires different things from the Trust to ensure we can achieve working arrangements that support the needs of the organisation and our patients, as well as fitting around the needs of each member of staff.

This is committed to supporting flexible working and to making this a win-win-win for our patients, our staff and the Trust. We have already described in the section above how informatics for example, can enable improvements in staff productivity, reduce unnecessary journeys, and offer greater flexibility to planning clinical rotas etc. How we develop and deploy our estate has the potential to make a marked impact on our success no only on recruitment and retention but on staff morale and well-being.

A Healthy and happy workplace

As a minimum all staff should have the right to be comfortable within the workplace. This means that staff should expect the following:

- Attractive work-places. This means that furniture is clean and comfortable, we follow our decorating schedules and, where necessary, we commit to the refurbishment of staff working environments. The attractiveness of staff working environments sends a strong signal about how we value our staff, and we want all our workplaces to demonstrate that we value and support all who work within our Trust
- Well-lit workplaces (ideally all working environments should afford good levels of natural lighting, but where this is not possible, e.g. in some clinical and FM environments, work patterns should limit the time staff are working in rooms without natural light).
- Environmental controls, including temperature and ventilation
- Work station assessments, including display screen equipment
- Staff amenities, with all staff having access to beverage and rest areas
- Fully compliance with all equalities legislation, including mobility access and reasonable access to enable the comfort and productivity of disabled staff

- Support for active travel, such as the provision of cycle storage and showers etc. for all our main sites.

Making flexible working a win-win

Work life balance means different things to different people. However, we are committed to supporting staff through:

- Flexible shift patterns and rostering – reflecting the need for staff to build their own working lives around family, carer and other commitments
- Use of IM&T, including the deployment of SystemOne and accompanying agile working to reduce unnecessary journeys
- Building a network of flexible office hubs across our geography with touchdown facilities, to enable staff to have access to flexible office facilities within close range across our geography. Through our relationships with partners in the NHS and public sector more widely we intend to extend interoperability to enable a greater range of flexible desking options to suit staff needs. We are working with partners through One Public Estate boards and other collaborative bodies such as SPACES (Strategic Property Asset Collaboration East Sussex) to extend this beyond NHS properties but across the estate as a whole
- Active promotion of teleconferencing, to support meeting participation but reduce the number of journeys staff are required to make.
- We do not currently have a video/web conferencing solution across the Trust and we will look to develop this capability to support travel free staff interaction between sites.

Securing better housing for our staff

Brighton and Hove and Sussex are high cost of living areas, with housing costs amongst the highest in the UK outside of London. Yet, there is no location based cost of living allowance for staff based in Sussex. Housing shortages across much of our geography exacerbate this problem and, despite the many attractions of living and working in our area, prohibitive housing costs do present a barrier to recruitment and retention, particularly younger members of staff.

We therefore need to think more creatively and actively work with our partners to improve our people's prospects of securing an affordable home. Whilst our ability to fund the construction of affordable housing directly is constrained there are a number of interventions we will take to support staff with housing:

- We will work with councils through one public estates boards and other forums to highlight the need for affordable key worker housing, and encourage thinking about how public agencies, housing associations and other partners could use some of the land released through one public estate projects to increase the supply of housing

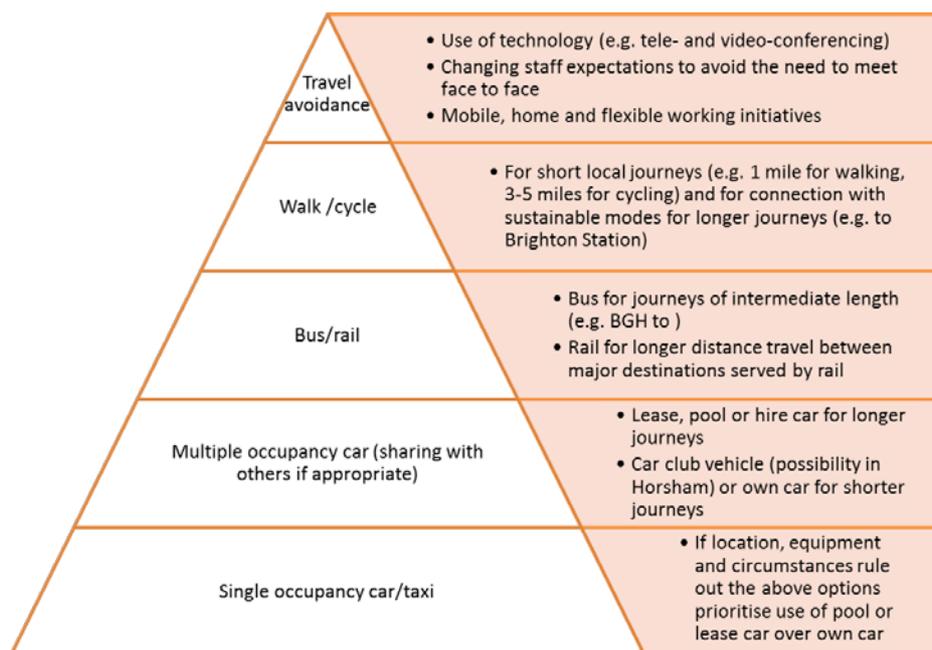
- Where a new development can release land, including for housing development, we will look at options for providing staff housing, directing planning gain (Section 106 or Community Infrastructure Levy) to secure funding for affordable housing
- As well as using levers of influence to improve the supply of affordable housing that our staff may access, we will also carry out a number of interventions that should also help. This will include:
- Advising and signposting staff to council housing advice services in order to ensure that where staff are entitled to claim housing need that they are able to do so
- Help with relocation costs, tenant deposit loans etc.
- Through our Pulse intranet encourage staff with spare rooms (e.g. empty nesters) will be encouraged to offer rooms to rent to new staff. We will create an Accommodation offered/accommodation wanted section within the Trust intranet to improve the housing options available to staff.

Travel light

In the section on Performance of Our Estate above, we have demonstrated a steady decline in the CO2e output from work related travel in line with targets. We are now looking at ways we can reduce the impacts further whilst also supporting staff.

We recognise that for some staff (essential travellers) they must travel in order to fulfil their duties. Other staff may need to travel occasionally to fulfil their duties and other colleagues do not need to travel to fulfil their role. Our response must recognise that different staff groups have vastly differing travel requirements. These include:

- Extension of pool car provision and promotion of lease car options for essential travellers
- Looking at video/web conferencing options (this not being provided on a viable basis currently) to support travel avoidance
- Use of pool cars and encourage public transport and active travel for shorter journeys
- Provide rebates on parking costs for staff who offer lift shares (to be piloted at Brighton General Hospital)
- Consideration of travel requirements for all new sites being considered. We will ensure facilities for active travel across our sites, including cycle storage and showers.



Conclusion

In the past year collaborative arrangements for the planning and delivery of health and care services have strengthened. Through the Strategic Transformation Plan, commissioners and providers across health and social care across all of Sussex and East Surrey CCG are working closely to develop plans to make the NHS more sustainable in the context of rising demand and flat level funding. SCFT are actively involved in this work.

Within the remit of the STP, commissioners are developing their local estates strategies, which will set out the requirements for primary, community, acute and mental health services across the STP footprint. This will inform all major investments in the estate over the next 5 years, and they will also facilitate an approach to estates planning that encompasses not only health but other public bodies, increasing capacity where required, but enabling the rationalisation of poor quality or underutilised buildings.

The strategic planning and management of our own estate will evolve in the light of these closer collaborative arrangements, and further updates to this estates strategy will be influenced by this process. Working in partnership across the public sector Sussex Community NHS Foundation Trust's ability to provide excellent care at the heart of the community very much depends on its ability to work effectively in partnership.

It is important that we see our accommodation and delivery of estates and facilities services in the context of One Collective Estate across our STP area and work with other Providers and Partners to deliver greater efficiency and effectiveness.

