



Improving lives **together**

Norfolk and Waveney Integrated Care System

# Estates Infrastructure Strategy

2024-2034

Summary Version

**Version:** Summary 1.0

**Version date:** 01 April 2025

**Produced by:** ICB Estates Team

**Approved by:** ICB Board

# Executive Summary

## Our Estates Infrastructure Strategy

This new Estates Infrastructure Strategy, the third iteration for NHS Norfolk and Waveney, builds on our first strategy published in 2018, and its updated version from 2023. The strategy has been developed to incorporate the latest NHS England guidance for System Estates Infrastructure Strategies.

The system's estate infrastructure has a significant part to play in supporting and enabling the delivery of system priorities and ambitions. This strategy has been developed through extensive engagement, and the vision and goals within have been developed to meet the requirements of the Integrated Care Strategy, the ICS Clinical Strategy, the Joint Forward Plan, both national and local policy and guidance, and other service delivery priorities.

This strategy highlights the current state of our estate infrastructure, and the challenges faced; it provides strategic direction and priorities for estate infrastructure improvement and transformation; and it illustrates how we will deliver our goals and adapt our estate to reflect and support national and local direction and new models of care.

Our vision and overarching aim is to provide estate infrastructure that allows delivery of the right care in the right place, enables better patient outcomes, and empowers health, social care and third sector staff to provide the best possible care.

Our Estates Infrastructure Strategy is framed around four key goals: to improve access; to improve quality and condition; to improve environmental sustainability; and to improve efficiency.

The strategy has been developed by the ICB Estates Team, with input from colleagues from across the Integrated Care System. It will be a live document, and it is to be updated within the first 12 months to reflect the new 10-year Health Plan for the NHS and emerging commissioning and clinical strategies. Development and delivery will be reported and managed via the Estates Programme Board.

## Introduction

### Estates Infrastructure Strategy: Strategic Planning

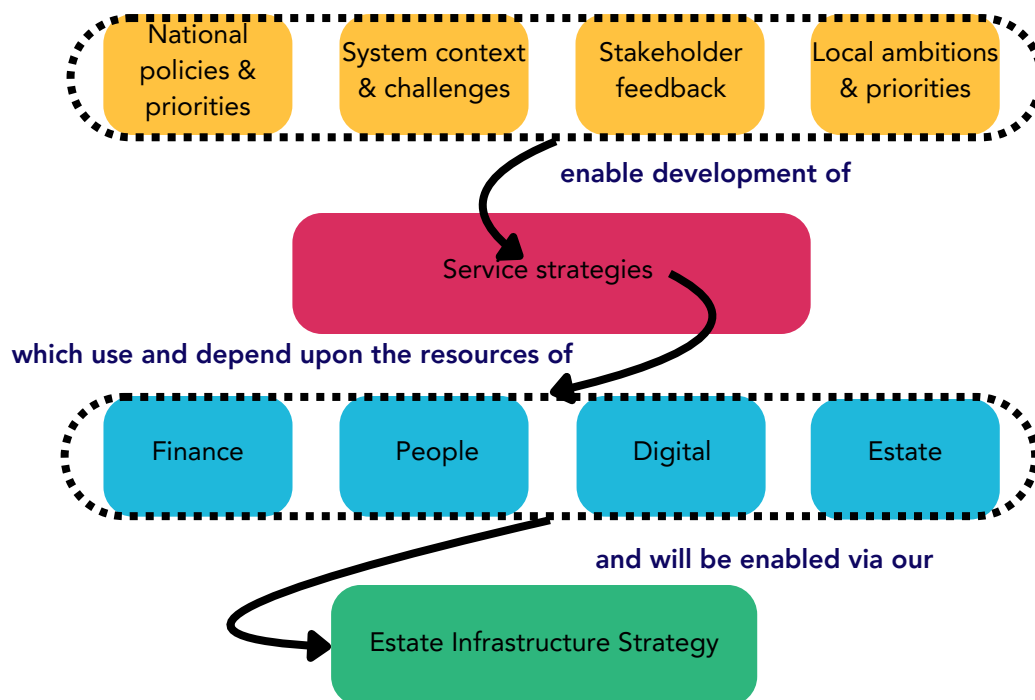
The environment within which the NHS operates is changing. The population is increasingly ageing, there are significant advances in medicine and surgery, patient expectations are changing and there is a need to harness research, innovation, and technology in delivery.

There are a number of predominant national policies and local drivers that this Estates Infrastructure Strategy echoes. These drivers guide, set, and inform 'where we want to be' and 'how we get there'.

Our Estates Infrastructure Strategy will capture how we will utilise, enable, support, and empower collaborative delivery, ensuring we are improving lives together through the delivery of shared visions, objectives, and priorities. This approach remains forward facing, supporting place-based clinical service strategies to achieve their objectives, working with other enabling workstreams toward transforming services.

The figure below helps illustrate the strategic planning process, how drivers enable the development of strategies, and how the estate is one of the core resources that in turn enables our clinical and service strategies.

Figure 7: The Strategic Planning Process



## Where are we now?

### Planning and new housing developments

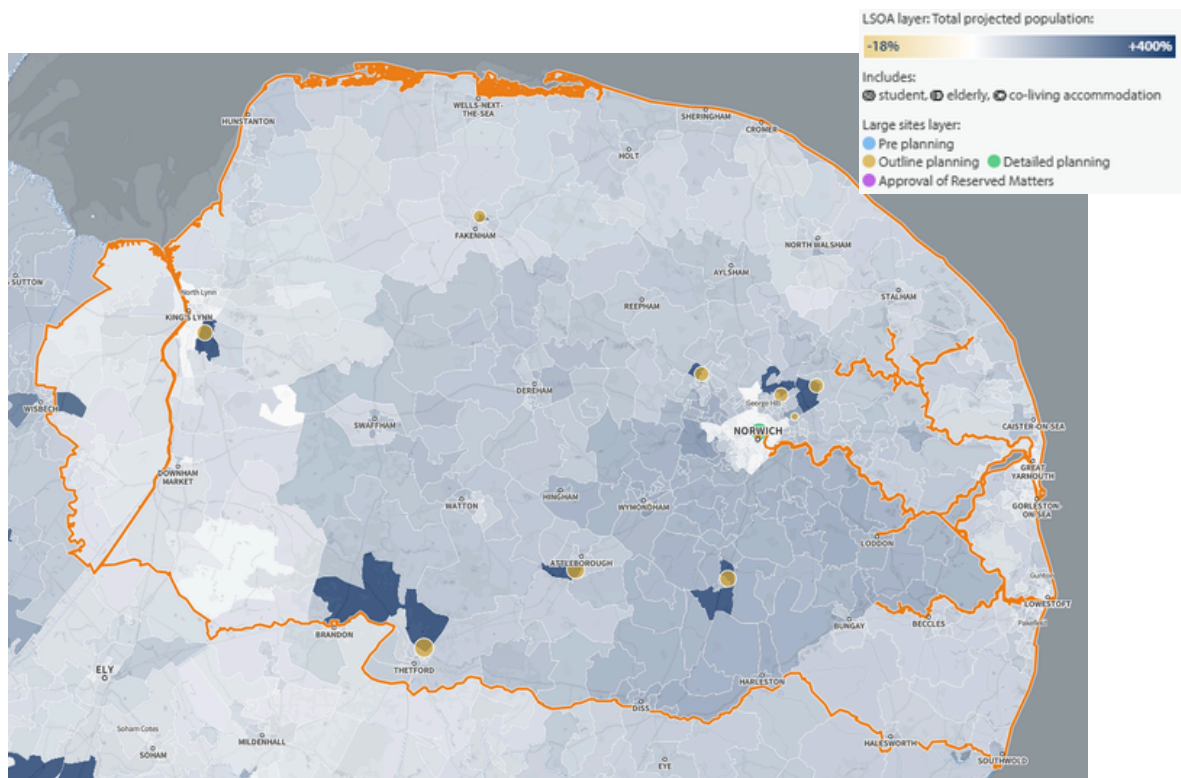
The population across Norfolk and Waveney is growing at a greater rate than the England average. Over the next five years, the population is expected to grow by more than 25,000 people, and by 2040 the population is likely to have increased by over 110,000 (over 10%). The largest growth is expected in the older age groups, with those aged 65+ increasing by around 95,000.

As a result, we can expect to see an increasing demand for appointments at doctors, dentists and hospitals, emergency admissions, and an increase in the numbers of people with long term conditions and increased need for care.

As well as ONS population projections showing growth by local authority, we analyse projections showing the number and location of new homes and the number of people that will live in those homes. This allows us to assess potential population growth in a specific community and the impacts on patient registration numbers at a PCN level.

The image below provides a snapshot from SHAPE. *Data Source: Enhanced Population Projections, Savills Research Report to NHS, October 2024*

Figure 14: Areas of housing developments and population growth to 2033



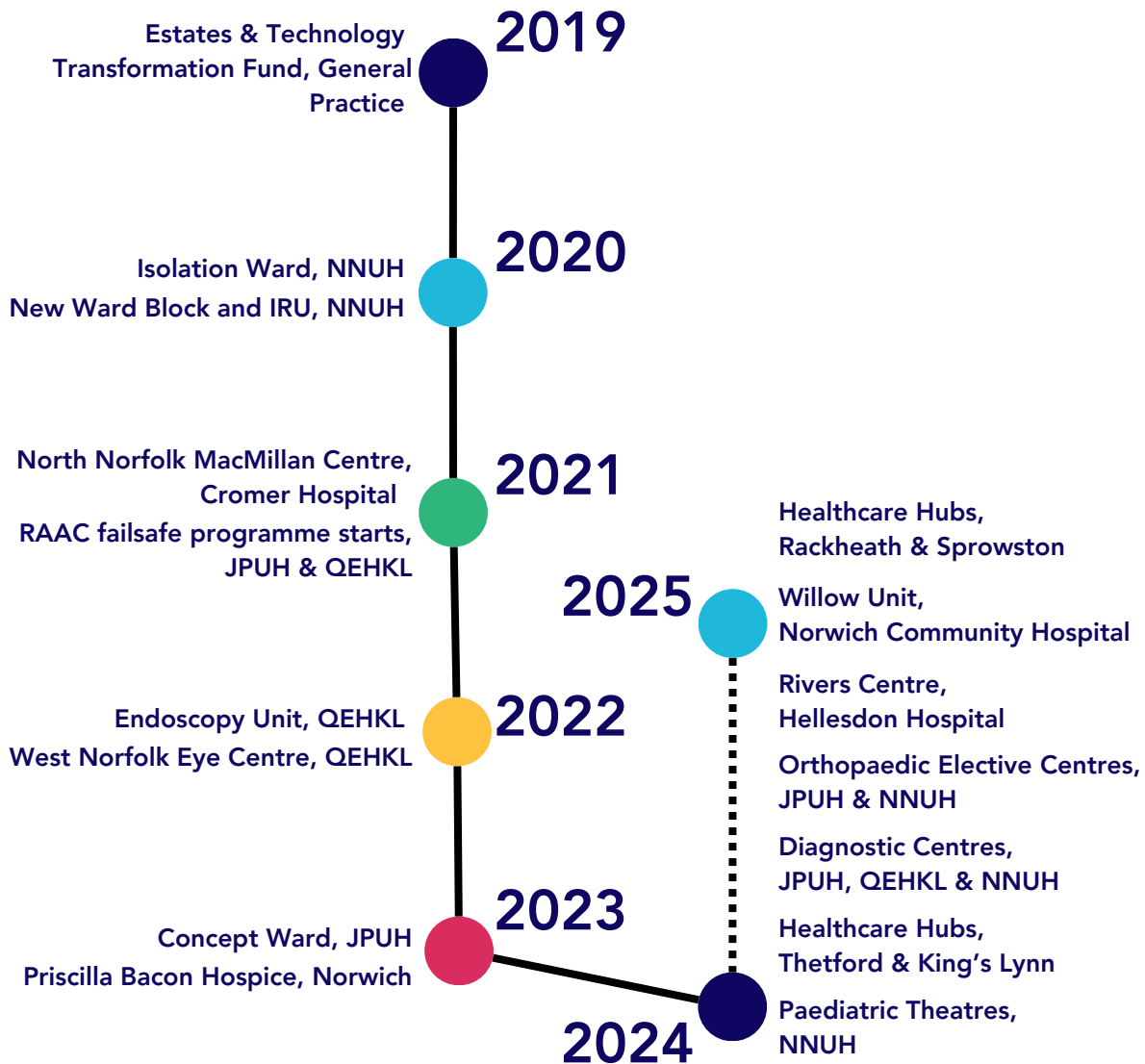
## Where are we now?

### Significant Infrastructure Developments

In the summer of 2018, our ICS (formerly the STP) submitted its first system 'Estates Workbook' to NHS England. The workbook highlighted key estates priorities and issues for the STP, including how transformation of estate links to local clinical services to better meet the needs of patients.

Through prioritisation and successful business case submissions, the timeline below highlights a number of delivered and ongoing programmes of work that have been, and will be, key to helping us transform our estate infrastructure and its ability to enable clinical priorities across Norfolk and Waveney.

Figure 15: Timeline of delivered and ongoing infrastructure developments



### Where are we now?

#### Overview of the estate

Across Norfolk and Waveney there is a large and varied estate. Commissioned health & care in Norfolk & Waveney is delivered from circa 1600 locations. This strategy focuses on the 300 plus sites used by our general practice, acute, community and mental health care providers, and our ambulance service.


Our existing estate infrastructure is facing a number of key challenges and issues that we need to tackle, these include;

 2 acute hospitals constructed using RAAC, causing a significant health and safety risk and need of replacement.

A growing cost to eradicate backlog at our PFI hospital, without the capacity to decant and enable maintenance to take place. 


 Large parts of estate that is old, in poor condition and not functionally suitable for current use, and unable to support new models of care.

Over £185m cost to eradicate backlog maintenance, with almost 70% of the backlog classified as Critical Infrastructure Risk. 

 A significant number of clinical incidents due to estates failure, which can result in service closures, delays and inefficiency.

High levels of carbon emissions from our estate infrastructure and an imminent need to meet net zero targets. 

 Unwarranted variation across areas of estates and facilities running costs, and higher spend per square metre than Model Health System peer benchmarks.

Complex and fragmented building ownership with significant areas of 3rd party owned estate, impacting flexibility of use, integration, and typically higher costs. 

 Variation in the provision of estate infrastructure across the system, with some areas experiencing a lack of space and others with areas of underused space.

To provide a framework for decision making, we have applied the core-flex-tail categorisation to our estate infrastructure database, helping form the basis for investment prioritisation and operational service planning. We will also be able to identify where there is tail estate to be disposed of.

The following pages of this section provide an introduction to each organisation, their mapped estate from SHAPE, and a number of key performance metrics and data analysis from reports such as ERIC, PAM, PLACE, PCDG, and GNHS (*sourced 2023/24*). The type of organisation, the reports and submissions completed, and whether or not they are hosted by another ICB, will result in differing data and metrics being available and used.

# Where do we want to be?

## Our estates infrastructure vision and strategic goals

*Our vision and overall aim is to provide estate infrastructure that allows delivery of the right care in the right place, enables better patient outcomes, and empowers health, social care and third sector staff to provide the best possible care.*

To help provide direction towards our vision, we have agreed on four key goals. These goals will help address the challenges faced, respond to system priorities, and drive the development and transformation of our estate infrastructure.

Our four goals are:

### To improve access

Provide smarter and better health and care infrastructure that supports the delivery of transformational models of care, ensures that the right services can be delivered in the right place, and enables multi-disciplinary collaboration and joined up care at every level.



### To improve quality and condition

Design, build and operate safe, flexible, modern, fit-for-purpose and well maintained estate infrastructure that offers an improved working and training environment for our workforce, enhances positive experience and serves the needs of all its users.



### To improve environmental sustainability

Develop stronger, greener buildings that support our journey to net zero by implementing interventions to adapt and decarbonise our existing buildings as well ensuring all new estate infrastructure meets the NHS Net Zero Building Standards.



### To improve efficiency

Increase collaborative approaches to demand and capacity, prioritised capital investment, procurement frameworks and policy, and workforce planning and recruitment that ensures efficient use of our resources, offers greater value for money and financial sustainability.



## Where do we want to be?

### Our SMART objectives and KPIs

Our SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives help further define the 'where we want to be' and provide the indicators against which we can monitor our progress towards 'what good looks like'. The objectives set out in the table below, in line with our four goals, respond to the drivers and challenges set out earlier in this strategy, are aligned to Model Health System benchmarking and indicate our targeted improvement during the strategy period.

Table 1: SMART objectives and KPIs

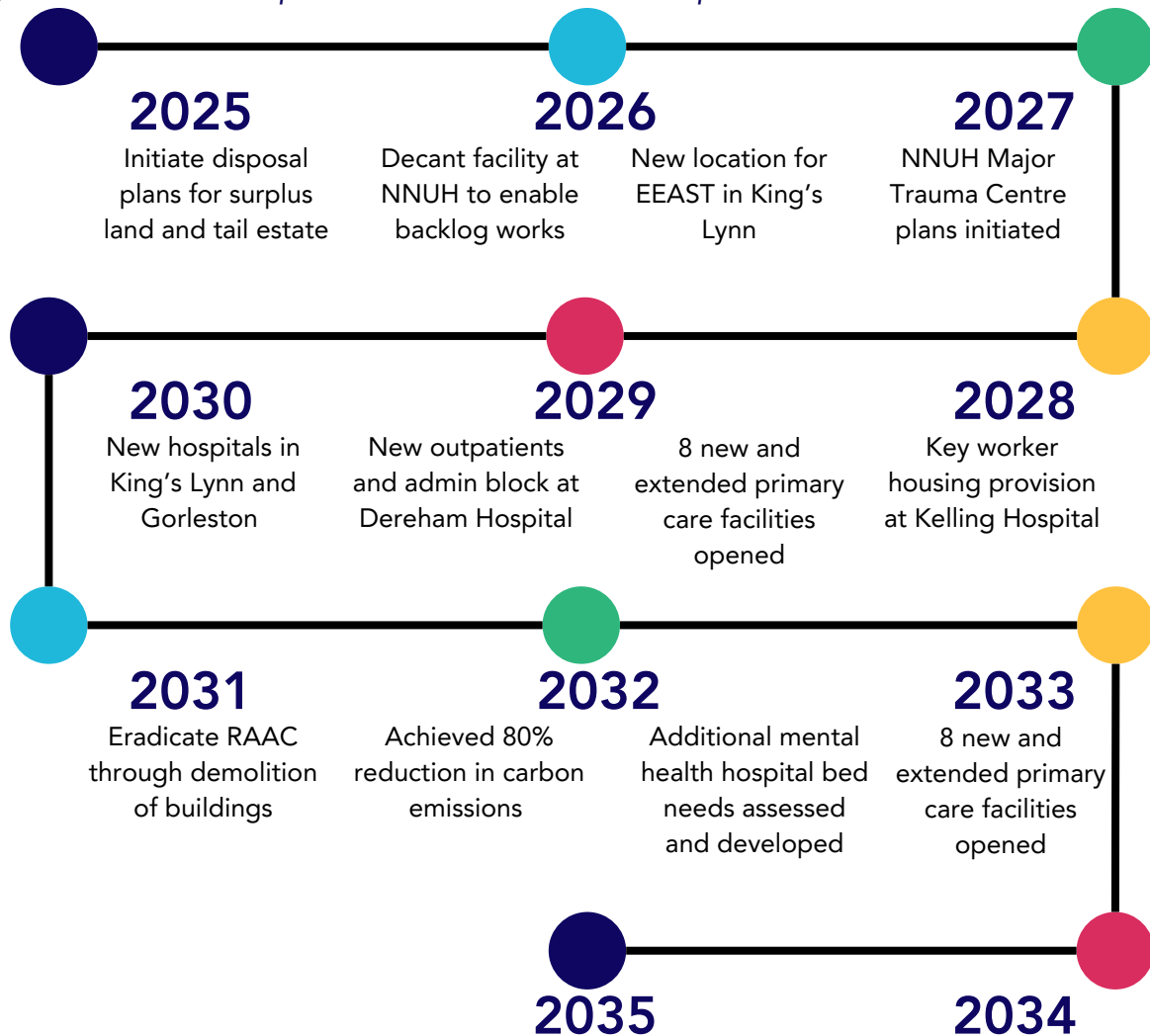
Objective	Current position	Target position
Improve our PAM scores. An annual assessment focussed on safety and efficiency at our NHS Trusts **	74%	80% +
Improve PLACE scores. An annual assessment focused on the quality of our inpatient settings) **	89%	90% +
Increase access to Core estate, reducing both Flex and Tail estate *	32%	50% +
Increase access to, and our ratio of, clinical capacity vs non clinical capacity **	62%	70% +
Eradicate the safety risk and our use of buildings constructed of RAAC *	2	0
Remove all Critical Infrastructure Risk (CIR) backlog from our estate *	> £160m	£0
Reduce carbon emissions and consumption from building energy & water, achieving an 80% by 2032 **	36.1k tCO <sub>2</sub> e	< 15k tCO <sub>2</sub> e
Reduce estates and facilities running costs in line with Model Health System peer benchmarks ** (target adjusted annually in line with benchmarks)	£569 m2	£499 m2
Reduce empty and under-utilised estate, and remove NHSPS and CHP void costs *	> 3%	2.5%

## How do we get there?

### Delivering our goals through prioritised investment

The timeline below provides an overview of some of the significant infrastructure programmes and projects that are required to help us deliver our strategy and achieve our goals. These programmes form part of our capital investment pipeline.

Figure 27: Timeline of planned infrastructure developments



As well as the significant infrastructure programmes and projects captured above, there are numerous other projects and ongoing capital investment requirements throughout the strategy period. These include;

- backlog maintenance, routine maintenance, and statutory compliance
- plant machinery and equipment
- investment to deliver net zero ambitions and decarbonise our estate
- investment to support and enable changing models of care

Delivery of these programmes of work are reliant on resource and funding availability.

## How do we get there?

### Delivering our goals through prioritised investment

The table below lists some of the significant schemes and projects that form our 10-year capital investment pipeline, and highlights their alignment to our goals and programmes of work. A complete 10-year investment pipeline has been developed and will be updated annually through Strategic Capital Board.

Table 2: Significant programmes, projects and estimated costs

Programme / Project	Estimated costs
<p><b>Improving access by providing care closer to home</b> Increase capacity in our general practice buildings through the development of up to 16 new builds and/or extensions during this strategy period.</p>	£150 m
<p><b>Improving access by providing care closer to home</b> Develop and expand capacity across or primary and community estate to support new models of care and shift from acute settings.</p>	£ tbc
<p><b>Improving access by transforming our hospital estate</b> Develop two new hospitals, in King's Lynn and Gorleston, providing estate fit for the future, whilst removing the critical infrastructure risk of RAAC.</p>	£2.5 - £3 bn
<p><b>Improving access by transforming our hospital estate</b> Development of a Major Trauma Centre at the Norfolk &amp; Norwich University Hospital.</p>	£20 m
<p><b>Improving access by transforming our hospital estate</b> Development of our community and mental health hospital estate, providing the right sized estate and capacity to support patient pathways.</p>	£80 m
<p><b>Improving quality and condition by tackling backlog maintenance</b> Improving the quality and condition of our estate infrastructure, whilst removing the associated risks. Figure includes costs for any required decant provision.</p>	£165 m
<p><b>Improving environmental sustainability through a net zero estate</b> Reducing our energy consumption and emissions by investing in energy efficient technology, plant and machinery, and building fabric; non-fossil fuel heating; and on-site renewables.</p>	£80 m

