



Tackling common challenges in delivering **Neighbourhood Health Centres**

Speakers



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Agenda



Introductions



How NHSPS is supporting Neighbourhood Health



Tackling common challenges



Q&A



How NHSPS is supporting Neighbourhood Health

Simon Taylor, Director of Estates Policy, Strategy & Capital Projects, NHSPS

Jake Roe, Head of Estates Strategy, NHSPS

Introduction

10 Year Plan



Three Shifts:
Prevention, Community
and Digital



Access as close to
home as possible and
service integration, not
constrained by
organisational
boundaries



Create a neighbourhood
health service

NHC Programme



Roll out 250 NHCs by
2035 (first 120 by 2030)



Using existing estate
and new build



First 27 have been
announced to open
by 2027

Our role



Supporting delivery of
11 of the first 27 NHCs



Many opportunities to make
better use of our properties –
with ICB service-led collaboration



We set this approach out in our
report '**Making NHCs a reality**'
last year and more recently our
handbook '**Developing a
Neighbourhood Health Centre**'



Wave 1 locations

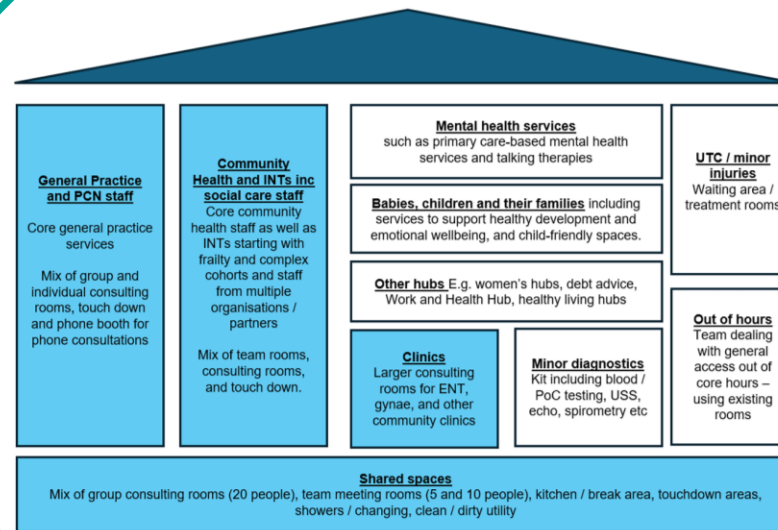
Investment of c.£5m in the following NHSPS properties for delivery in 2026/27

1. Liverpool Road Health Centre - **East**
2. Hinckley Health Centre - **Midlands**
3. Shefford Health Centre - **East**
4. Stony Stratford Health Centre - **East**
5. Fingerpost Health Centre - **North West**
6. Fleetwood Health and Wellbeing Centre – **North West**
7. Montpelier Health Centre - **South West**
8. Charlotte Keel Health Centre - **South West**
9. Goldsworth Park Health Centre – **South East**
10. Erith Health Centre - **London**
11. Downham Health & Leisure Centre - **London**



Designed for patient, workforce and the future

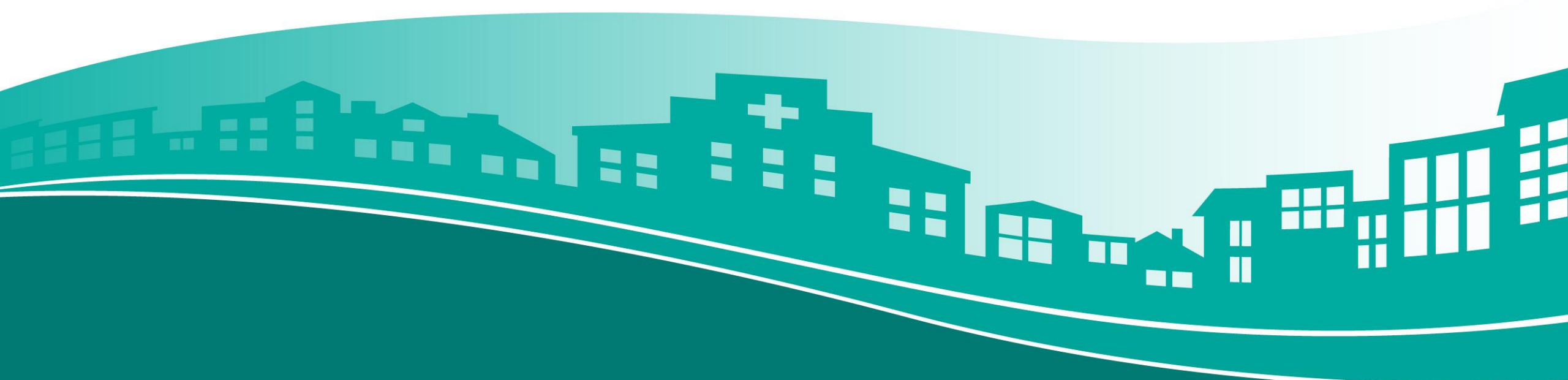
- Patient journey and wayfinding
- Community impact
- Digitally enabled
- External green spaces
- Accessibility improvements



- Bookable space and utilisation monitoring
- Training and education space
- Flexible and multi-use spaces
- Future proofing for climate change and net carbon zero

Understanding the current position and future ambition

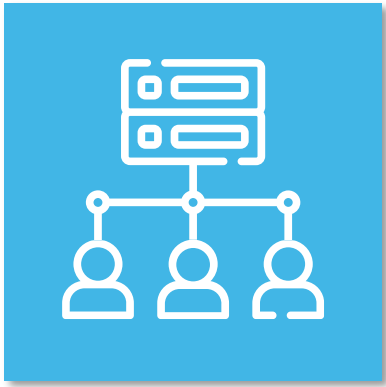
Service Provision	Space Type	Current Position As Is	Proposed following investment To Be
General Practice and PCN staff	Mix of group and individual consulting rooms, Touchdown and phone booths for phone consultations		
Community Health & INTs (inc Social Care staff)	Mix of team rooms, consulting rooms and Touchdown		
Clinics (for ENT, gynae, and other community clinics)	Larger consulting rooms, treatment rooms, minor procedure space		
Shared spaces	Mix of group consulting rooms (20 people), team meeting rooms (5 and 10 people), kitchen/ break area, Touchdown areas, showers/ changing, clean / dirty utility		
Mental Health Services - such as primary care-based mental health services and talking therapies	Counselling rooms, group rooms, consulting rooms		
Babies, children and their families, inc. services to support healthy development and emotional wellbeing, and child-friendly spaces	Child-friendly spaces		
Other Hubs, e.g. Women's Hubs, debt advice, Work & Health Hub, Healthy Living Hubs	Group Rooms, spaces for private discussions		
Minor Diagnostics: Kit inc. blood/ PoC Testing, USS, echo, spirometry etc.	Treatment Rooms		
UTC/ Minor Injuries	Waiting Area / Treatment Rooms		
Out of Hours Team dealing with general access out of core hours - using existing rooms	Use of existing rooms out of core hours		



How to align services, demand and space

Emma Hau, Senior Healthcare Planner, NHSPS

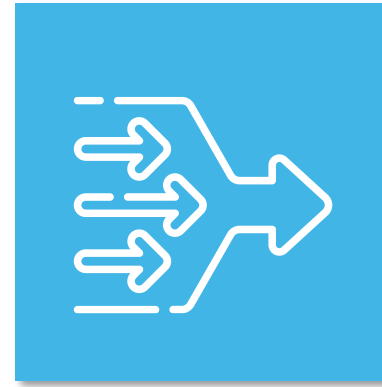
Why Neighbourhood Health Centres need a different approach



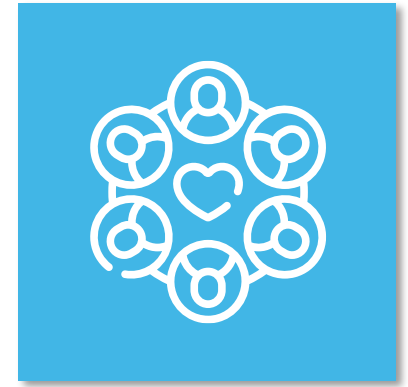
Moving from single-user to multi-user buildings



Supporting integrated care closer to home



Aligning services, demand and space



Putting patients at the heart of decision-making

Three considerations for successful delivery



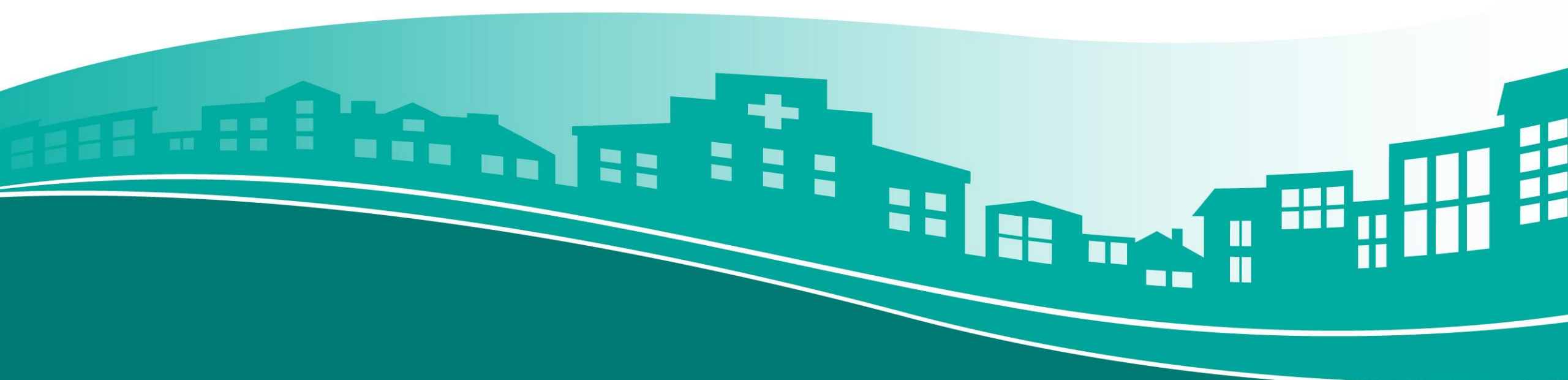
Early engagement



Flexibility with purpose



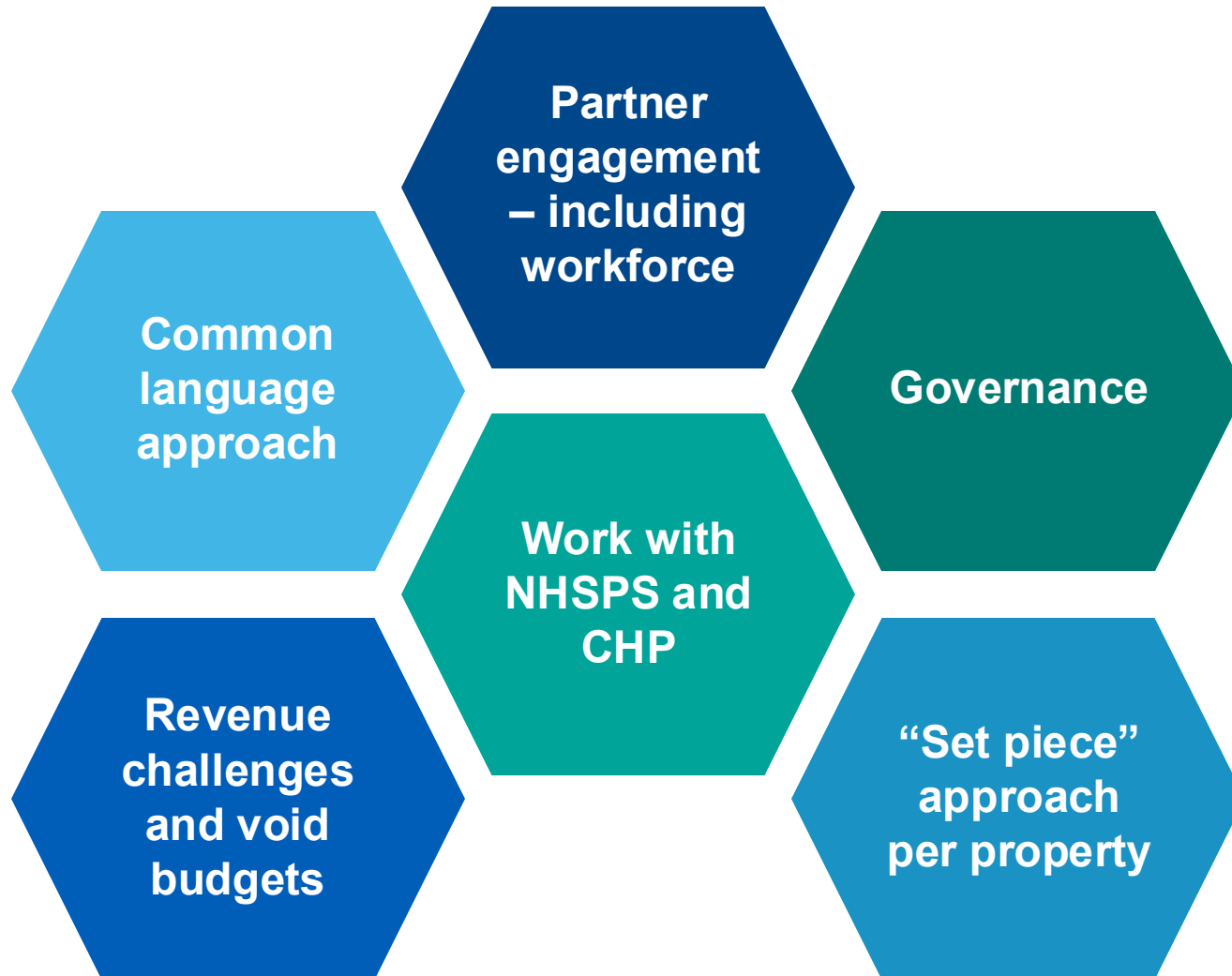
Clarity of role



Understanding delivery options and funding

Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability,
NHS Lancashire and South Cumbria ICB

Our approach



Purpose of the 'Angel Cake' Analogy



Layered Investment Strategy

The analogy depicts a phased investment approach focusing first on refurbishing existing assets before redevelopment and new builds.



Phased Prioritisation Approach

Each layer symbolises different complexity, cost, and timeline considerations for health infrastructure projects.



Efficient Resource Use

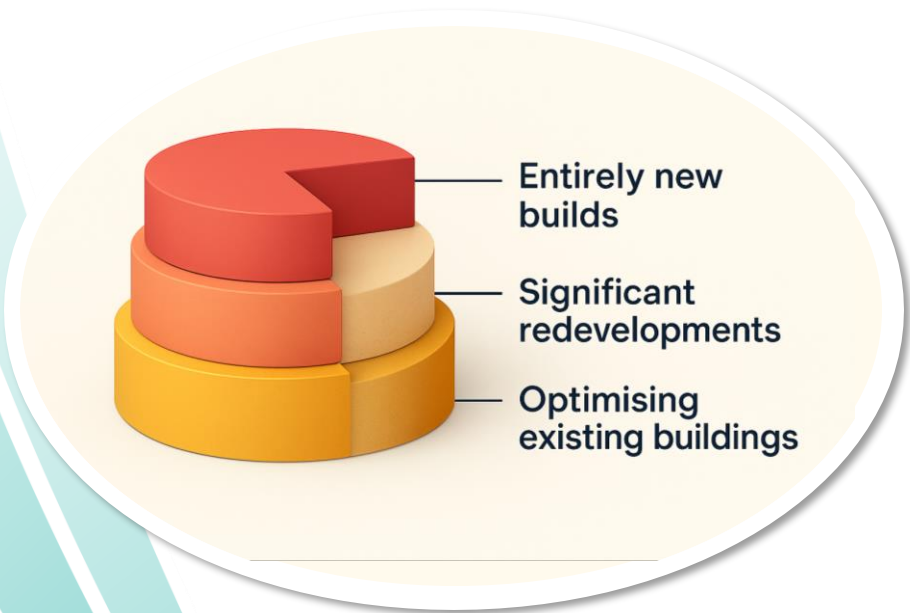
The approach ensures efficient fund allocation, minimises disruption, and aligns with sustainable development goals.



Timescales for funding and delivery to be worked up per system and project to determine a pipeline.



Angel Cake Analogy and Strategic Prioritisation



Layer	Focus	Funding	Timeline
Top Slice	Entirely new builds	Public-private partnerships / needs flexible approach and some local controls	Long-term (5+ years)
Middle Slice	Significant redevelopments	Treasury PDC	Medium-term
Bottom Slice	Optimising existing buildings	Initial government funding	Immediate

How to develop a common operating model

Kerry Bourne BSc Hons MRICS, Programme Director, NHC South East London ICS

The SEL Estates Journey



PCN Plans in 2020



Installation of sensors in
all CHP and PS assets
2022 and on going



Estate and
Infrastructure
Strategy - 2023



Central
Neighbourhood
Agenda 2025



x6 Borough
Workshops - 2026



INT Prioritisation
and Bids - 2026

The challenge

We have the buildings – **how do we use them better?**



Limited capital investment



Growing demand



A new operating model required



Existing NHS estate

South East London approach

Three complementary workstreams. One shared operating model



Developing a common operating model for Neighbourhood Health Centres across
South East London

South East London approach – in practice

Tessa Jowell Health Centre

- Shared room pool
- Open Space booking
- 6-4-2 room booking policy
- Active utilisation management
- Whole building visibility



Akerman Health Centre

- Community Engagement Manager
- Extended opening
- Community bookable rooms
- VCSE partnerships
- Prevention and wellbeing activities



Garland Road Health Centre

- Options appraisal
- Community insight
- Future service model
- Estate opportunities
- Partnership working



Shared learning

Building blocks of a common operating model



**Estate
optimisation**



**Active
management**



**Community
activation**



**Partnerships
and governance**



**Data and
insight**

Applying learning across NHSPS, CHP, Trust and partner estate in South East London

Wave 1 sites

Downham Health and Leisure Centre



Erith Health Centre



Using data to support Neighbourhood Health Centre development

Chris King, Head of NHS Open Space, NHSPS

Using technology to support service-led estate planning



**Using the right data
to support your case
for investment**



**Create flexible spaces
with an intuitive space
management solution**



**Optimise usage of
your Neighbourhood
Health Centre**

This is where NHS Open Space can help.

How we've helped improve utilisation across the NHS



8,000+ utilisation sensors
already installed across the NHS estate



400+ NHS properties
currently undergoing utilisation monitoring



£4m of costs avoided
by identifying capacity within the existing estate



£3.9m in savings forecast
by identifying and making better use of existing space



Building in flexibility – and managing it well

Neighbourhood Health Centres depend **on different services being able to use the same space well.**



This means you need a simple way to **manage shared rooms, reduce manual admin and make space available when it is needed.**



Spreadsheets and Outlook might work for a single building, but if you want a bird's eye view of utilisation across your estate then you need a more **practical, scalable solution.**

NHS Open Space helps you understand exactly what's being delivered, **with clear reporting** to help you drive space efficiencies.



Case Study: South-East London

Aim: To work collaboratively across the system to share data, knowledge and drive optimisation of the local healthcare estate

Collaboration between **SEL ICS, NHSPS, CHP, local FTs and Providers**



**42 properties,
762 rooms**



**1,086 sensors
deployed**



**78 bookable rooms
in 14 properties**

- ✓ Utilisation at 39%
- ✓ Homogenised pricing concept
- ✓ Internal booking pilot

- ✓ Consolidated dashboards and analytics to provide a ICB wide view of space usage



Lessons learnt from past projects

Karina Dare, Primary Care Estates Strategy Lead, NHSPS

Lessons learnt from past projects



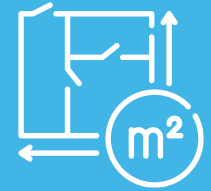
Be adaptable



**Minimise lease
barriers**



**Don't discount
admin spaces**



**Physical space
isn't always the
barrier**



**Clear
accountability is
key**



**Agree principles
up front**



**Practical access is
as important as
legal access**



**How you deliver a
service will drive
space standards**

Key takeaways



Healthcare planning can't be an afterthought if you want to get the right alignment across services, demand and space



The Angel Cake analogy – phased investment is critical to delivery



A common operating model helps standardise the approach to Neighbourhood Health Centres



Utilisation monitoring and room booking data gives you the true picture of how your buildings are really being used, helping you plan and deliver Neighbourhood Health



Apply learnings from previous projects to deliver your Neighbourhood Health Centres



Q&A



Find out more

Download our report:

[**Making Neighbourhood Health Centres a Reality**](#)

Read our handbook to learn the steps involved in:

[**Developing a Neighbourhood Health Centre**](#)

Get in touch if you'd like some support:



You can call 0808 196 2045 or;



[**Fill in the form here**](#)

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Property Services

