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Advocating new approach to planning

A new master planning approach may bring significant benefits to the healthcare estate, especially as, it can be argued, typical current estate strategies may no longer be fully "fit for purpose". The aim of the this article is not to cast doubts on the efficacy or considerable contribution that the use of the NHS Estate Strategy (NHS 2004) has made to the NHS in general, and Trusts in particular.

This article's purpose, it should be stressed from the outset, is not to cast doubts on the efficacy or significant contribution that the use of NHS Estate Strategy (NHS 2004) has made to the NHS in general, and Trusts in particular.

Indeed the development of the NHS Estate Strategy in recent years has seen a wider set of values incorporated in an attempt to improve its strategic value. Such developments have, however, increased both its length and complexity, and reduced its readability for Trust boards.

This article's goal is, instead, to propose a view that, while promoting the "picture of possibilities" for any healthcare site, the current NHS Estate Strategy still falls short of enabling acute Trusts and other users to develop a comprehensive, integrated and dynamic picture of the locality, including the site itself. Trusts are not isolated, insular organisations and, in reaching out to their local population, they (and their planning priorities) should be as integrated with the workings of the local area as with other public services and amenities.

Despite a number of additional recommendations regarding local integration of planning, the current NHS Estate Strategy is still insular and, notwithstanding valiant attempts to provide integration via its use, has not substantially changed. It could, in fact, be viewed as a millstone around the neck of Trusts striving to develop strategic planning methods that meet the new integrated world of the NHS.

The key question is: has the Estate Strategy, as we have known it, run its course, and should it indeed now be augmented by a more health and social economy-based methodology, a "Master Plan" that has its roots within the Estate Code and the Estate Strategy Framework, but is a more "outward-facing" document?

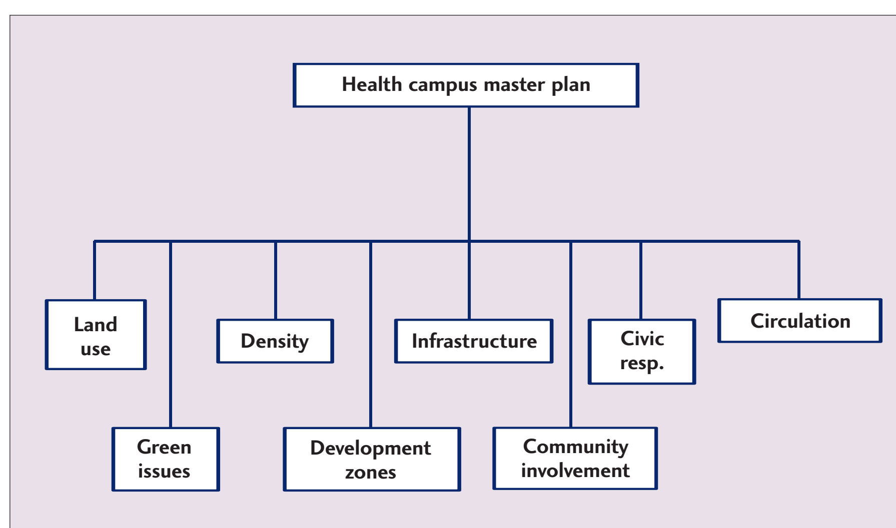

Figure 1: A health campus master plan.

Current strategy – a guidance millstone?

This article will examine the basis of the current NHS Estate Strategy and compare this with a view of what constitutes a master planning document, and how such a document can be an integrated pathway to a wider health economy view of development, giving a wider focus to the inward-looking Estate Strategy document.

At the heart of the debate, it appears, is the question: "Has the modernisation and integrated care agenda left the Estate Strategy behind?" As NHS modernisation continues, delivered via a number of design, development and procurement avenues, the basic NHS approval methodology and business planning requirements for Foundation Trusts continue to rely, at core level, on the relevant health body having an up-to-date strategic estate document as a foundation for supported development.

In itself, the idea of having a strategic document for estate development within the organisation is sound. However, the rapid obsolescence of themes, ideas and

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principles devalues the document quickly. For the Estate Strategy this applies to the greatest extent in the section related to site development plans which, as a concept, have been rapidly superseded by master planning. If there is one key factor that would go some way to restoring the usability of the Estate Strategy, it is the reformation of its character from one of insular, to one of inclusive, developments.

Our development rationale needs to move from the static, and perhaps insular, Strategic Development Plan, to a more dynamic, and relevant, Master Plan.

Methodology

This article will address (and include):

- The Estate Strategy, (the current working system, its strengths and weaknesses).
- The master planning system, and what constitutes a master plan (and how such plans differ from estates strategies).
- The degree of potential for master plan development in the NHS.
- The next steps on the road to improved planning.
- A conclusion and recommendations.

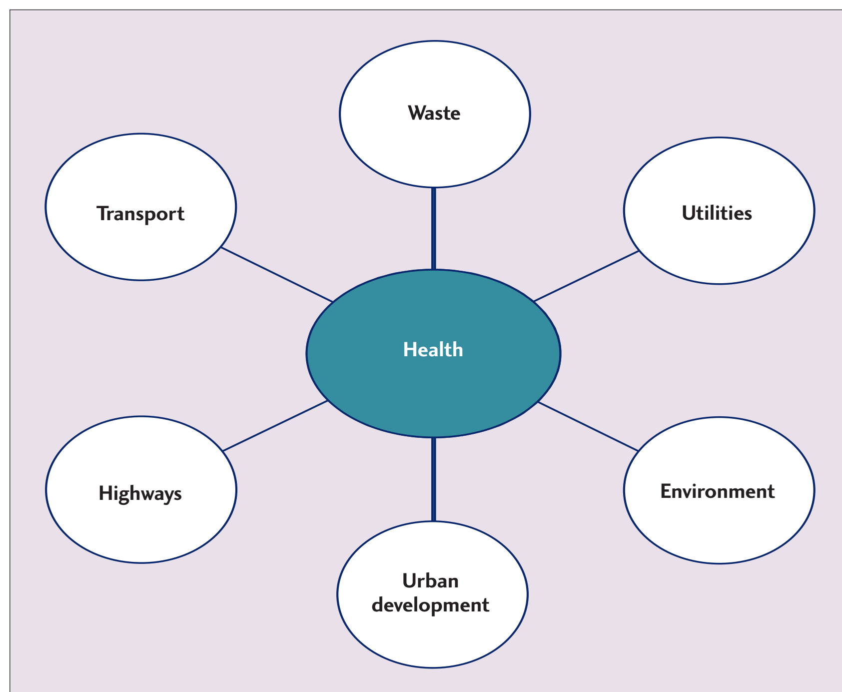

Figure 2: The independent development of the health facility plan.

The existing NHS Estate Strategy

The Estates Strategy Guidance from the NHS (HMSO 1999) defines an estate strategy as a "5-10 year high level plan for the future development of your estate". It also is defined, (DH Estates & Facilities) in more mundane terms, as "a document that describes the occupancy costs".

Due to its rigid nature, the NHS Estates Strategy (see Table 1) does not consider areas such as sustainable development but, instead, other initiatives within the NHS (SHINE 2007) are promoted as separate entities, needing to be dovetailed into the process by estate planners and estate professionals.

What reinforces dissatisfaction with the toolkit-based Estate Strategy is that it epitomises the insular concept of a site and facilities that are only inward-looking, and independent of the very community they have been designed and built to support. The updated (NHS 2005) guidance makes reference to linking with the Local Plan, but offers no advice as to how this should be done. Hospitals are community resources, not self-serving symbols, and need planning and design to successfully engage and interact with the community in which they are located.

NHS Estate Strategy – strengths and weaknesses

Comprehensive components

An estates strategy contains a digest of information based around the planning concepts of: Where are we now? Where do we want to be? and How do we get there? The detailed accompanying sections ensure that the information gained provides a comprehensive backdrop to support all future developments and business cases. However, the combined complexity of such documentation as composite papers for Trust boards to read must diminish their appeal. A clearer concentration on the strategic part of the document should reap greater rewards provided that the basic and detailed analysis collected as part of the exercise is available separately to support the conclusions.

Architecture+Design Scotland (A+DS) notes that a gap has been identified by Design Review panels from A+DS (AD+S & NHS Scotland 2008), and CABE, related to estates strategies and master planning. The fundamental adjustment needed, the panels conclude, is the evolvement of existing estates strategies into documents seen as supporting a master plan, rather than vying with the master plan as a standalone document. Current guidance is perhaps seen to be missing the very integration that modern strategic planners now require.

The best solution may not be to add additional elements to the current Estate Strategy guidance, but instead to look to another strategic methodology that could be supported by good estates information collected via the current estates strategy. This new strategic methodology is offered as master planning.

What constitutes a Master Plan?

Master planning is seen as a fluid process, with many people contributing over time to the initial proposals, as well as to their ultimate delivery. The definition of generic master planning is, generally, planning which is used in relation to a plan or a scheme for major changes or improvements to the physical environment in a defined neighbourhood or area (INTERREG IIIB North West Europe, 2006).

The master planning document provides a comprehensive, integrated, practical planning framework for any development expected to take place over a number of phases, over a number of years,

Sustainability 'not just an add-on'

Sustainability cannot be just an add-on to the process, and should follow the underlying theme of integration. Master planning involves making good decisions for the future, so the idea that good master planning could ignore sustainability is something of an anathema. Good master planning has, *per se*, to be sustainable; hence adding another section into the mix simply for its own sake is perhaps unnecessary.

Developing a sustainable solution requires inclusion of strategies that will provide answers (in planning terms) to the sometimes competing requirements of social, economic, environmental, and resource, conservation. Strategic estate plans must incorporate this process throughout the document, and not simply take the approach of including a section called "sustainability".

University sector comparisons

Management guidance in university planning (UUK 2008) both acknowledges the requirement for a strategic estates approach in developing the background information on the estate and its development, regeneration or refurbishment aims, and highlights the

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importance of master planning within the broader spectrum of national planning guidance for the urban environment. The guidance acknowledges the underpinning nature of an estate strategy, but promotes the master plan as the prime document for a "joined up" interface with the community it serves, and the wider social and economic environment it resides within.

There is significant commonality of themes between the development of a health, and a university campus, from the basic service (academic) plan, through the strategic assessment of the estate to meet that plan, to provide for the service plan and its community or urban "fit".

Planning for hospital buildings

"Regardless of the strategic decisions made, the need for a facility which responds to and supports the 'vision' of the hospital (health campus) cannot be denied." (Easter 1995)[1]. In the interpretation of both the strategic "vision", and the clinical service plan for a particular health campus, the underpinning document that supports the vision is seen as the master plan. However, the obvious ensuing question is whether an estate strategy provides all this as well.

Easter promotes a view of the elements of master planning that does indeed seem to concur with that of the Estates Strategy guidance. Therefore, at first sight, the answer to the above question could be "yes", as the whole idea of pre-planning and identifying "pictures of possibilities" for the site can easily be identified in the Estate Strategy. However, if one takes the time to look at the inclusive dimensions of a master plan in terms of its civic and community place, its interlinks with social infrastructure, and key elements of massing, dependent transport, and integrated infrastructure, the insular aspects of a prescriptive NHS Estate Strategy can be seen as wanting, encased in general themes within guidance documentation, linked to site-based, rather than community-interdependent, strategies.

Examples exist of how master planning is used elsewhere to encompass within it some guiding principles for development. Below are planning principles adopted by The College of Du Page in the United States in 2004.

- Increase single-room capacity.
- Design to reduce infection issues.
- Minimise the higher density/congestion experienced in existing facilities.
- Plan buildings to showcase their operating values.
- Incorporate the philosophy of off-campus locations and plan accordingly.
- Ensure that the plan is programme-driven.
- Plan for future development.
- Dovetail into (not disrupt) the Local Plan for the area.
- Provide "nature areas" where appropriate.
- Ensure civic pride in development.
- Integrate with local community on scale, use, and availability.
- Maximise use of information technology.
- Demand maximum innovation within design, both in architectural and services provision.

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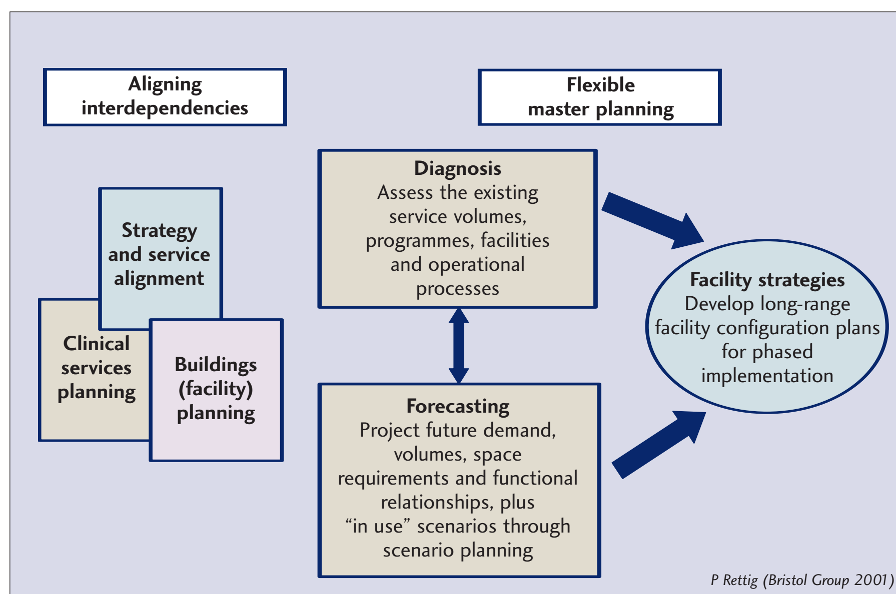

Figure 3. Master planning process.

Providing cohesion

A current problem issue, very much reflected in NHS Estate Strategy guidance, which does not address the area fully, is insufficient promotion of hospitals or health facilities as an extension of the local community. Yet the introduction of LIFT (Local Improvement Finance Trust) provides the very cohesion that is required from the Estate Strategy.

The following extract (DH LIFT Guidance 2007) reinforces this very point: "LIFT starts with a local health economy getting together to develop its Strategic Service Development Plan. This planning process enables all of the statutory bodies that have a responsibility for improving health in a locality to plan for the health needs of their population. But they do not just plan in isolation. They plan together."

Here, the very essence of master planning is to consider the health facility (hospital) as a strategic community resource, central to the wellbeing of the population it serves, and integrated with the social, economic, and environmental welfare of its community. Yet this it not picked up in the rigid estates strategy expected for non-LIFT developments.

A+DS (2008) (*Hospital Master Plan*, A+DS & NHS Scotland) has identified 10 key priorities that would support successful master planning in the development of health facilities. Listed below, these clearly acknowledge the ideas and themes set out in the earlier CABE document:

- A shared vision.
- Being "robust but flexible".
- Three-dimensional.
- Sensitive to the local built, or rural, context.
- Easy to navigate.
- Make the most of opportunities.
- High quality open space in the right place.
- Integrated access and transport solutions.
- Manageable disruption.
- Deliverable.

Clearly, NHS Scotland sees the potential of master planning differently to NHS England, and is willing to move from the rigid complexity of the Estate Strategy guidance to look at a more holistic, and socially integrated, model of health building development.

Potential for development in the NHS?

Let us now consider what actually constitutes a master plan, and how it could be developed within the NHS.

A master plan:

- Provides a "framework" for development of the business – being seen as the physical interpretation of the Service Plan.
- Is generated through (but not exclusively from) the organisation's service development needs.
- Takes cognisance of infrastructure and environmental requirements.

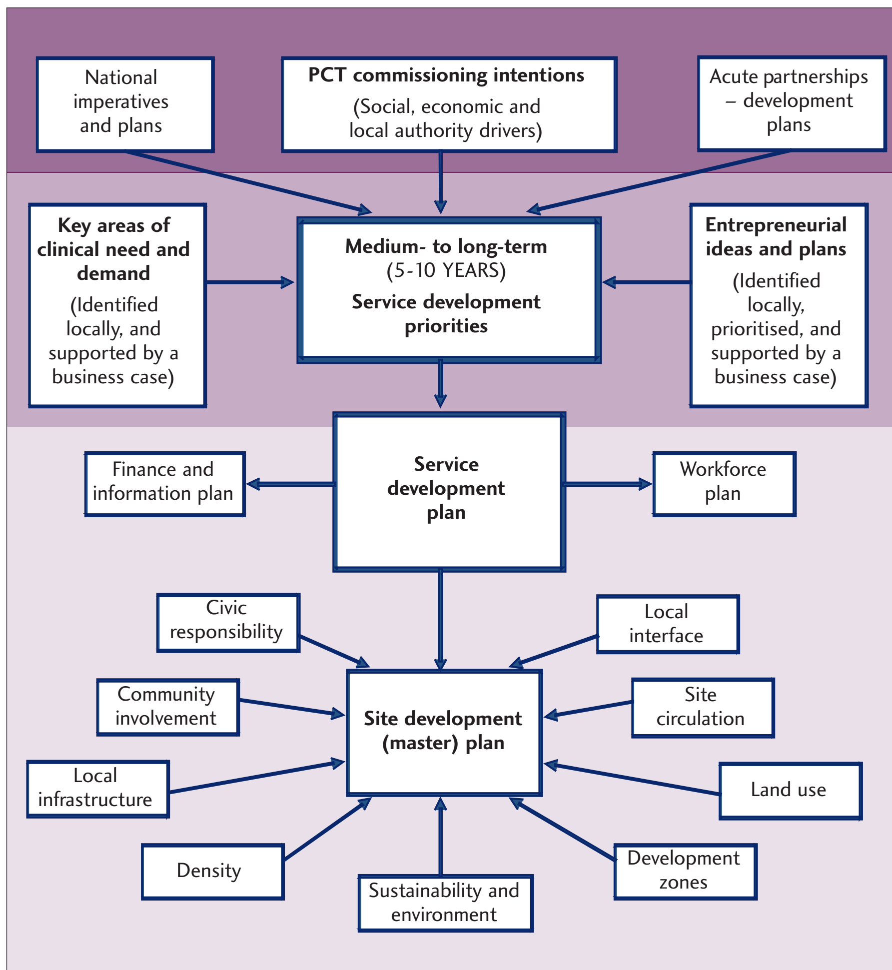

Figure 4: Master planning exercise on key clinical development priorities.

It is the physical interpretation of the organisation's service need in terms of:

- Meeting the organisation's service needs in terms of development, retrenchment, or disposal.
- Meeting its infrastructure needs in terms of continued efficient support to the existing, and planned for, changes.
- Meeting its environmental needs as regards local, national, and international, requirements or standards.

Master planning requires a number of interactive elements. In producing a viable master plan the following main headings could be addressed:

- Land use.
- Green (environmental) issues.
- Density of accommodation use.
- Zonal development.
- Infrastructure.
- Circulation.
- The interface with the local community.

The Health Campus Master Plan (see Fig. 1) contains a number of interactive elements. Each element is essential to the delivery of development proposals that integrate fully with the needs of the organisation and the local community, which also maximise the use of the estate's land and property, enhance its interaction with the local community, and properly address the environmental impact of future developments.

Joined up planning

One of the principal criteria for any master plan is its "fit" with the community infrastructure, transport, and local services that surround it. To enable this fit, master plans (and estate strategy plans) should include an element of "joined up planning" that looks at the hospital or health facility site as a part of the community in which it is based.

Figure 2 shows how joined up planning can be identified within a set of other services to support the service plans of a health facility.

The approach illustrated represents a genuine attempt to include a joined up approach to planning, and is an interpretation of the current guidance for the development of estate strategies that ask Trusts to link to the outcomes of the current Local Plan. It could be seen as falling short in terms of its insular approach to joined up working, viewing health as always at the centre of planning and service issues.

At some time in the planning cycle health will be at the centre of planning concerns, but not always. Other services must, and will, have to been seen within the centre of planning assumptions.

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Envisioning future service need

Piper *et al* (2004)[2] note it is vital that the parties involved in the realisation of a Trust's corporate strategy have a shared vision of the future, and this is seen as important because present actions could be determined solely by past and current problems and preoccupations. Not only will such an approach be reactive and incremental, but it will not enable decisions to be made in the light of future direction.

However, a factor common to both the estate strategy, and the master plan, is the need to create the development strategy from the service and/or business strategy. Here the need for clear, supportive methodologies is paramount.

Easter (1995) has a view about Planning for Hospital Buildings (Facility Plans) and notes: "Regardless of the strategic decisions made, the need for a facility which responds to and supports the 'vision' of the hospital (health campus) cannot be denied. In the interpretation of both the strategic 'vision' and the clinical service plan for your particular health campus, the following key master planning criteria may be useful."

Next steps to improved facility planning

These steps begin with a commitment to utilise master planning as the key developmental tool to support the physical interpretation of the Service Plan. With this commitment the following process could be developed.

The practical approach

In the "real" world such a sequential process is rarely practical and, although the Facility Master Plan remains the key planning tool, Rettig argues that a more flexible approach is needed in real world health planning that allows for the inclusion of "disrupters" such as Government policy, the economic situation, pressure groups, and public opinion. He proposes a second, more flexible planning approach. (see Fig. 3).

Integrated site (master) planning

Heavisides (2006) advises the adoption of an assessment mechanism for Integrated Master (Site) Planning that stems from the development of Service Development priorities. This takes a traditional route with the assessment of service priorities, leading

to a Service Development Plan. However, it suggests continuing the integration through the Site Master Planning Process. Figure 4 illustrates this in more detail.

The key aspect of this approach is to make it workable within, and for, any Trust, including Foundation Trusts.

Dynamic master plans

The university sector, as well as the American and Australian health services, are exponents of the master planning system, and have produced a number of dynamic plans related to their future developments. These plans, related to a master plan for the University of Arizona, consider:

- Proposed development density.
- Future development zones.
- Proposed vehicular circulation.
- Green (environmental) issues.
- Corporate responsibility.
- Availability of local infrastructure.

The Royal Newcastle Hospital Master Plan (Landcom 2006) presents the Australian aspect of hospital master planning as it attempts to provide the basis of development of a significant hospital site within the highly urbanised city of Newcastle in New South Wales. Alongside its clinical "fit" is its fit with urban development, encapsulated by its integrated development plans. Its master planning aims are to:

- Connect the city and the beach and public spaces.
- Create a vibrant and sheltered public plaza.
- Create a sense of place.
- Improve pedestrian amenity.
- "Respect our neighbours".
- Improve sunlight access to beach.
- Reconnect with the horizon.
- Provide appropriate built form.
- Create a gateway to the city.
- Provide high quality amenity.
- Ensure ecologically sustainable development.

The above examples attempt to show that the theme of estate planning is changing, and moving on to utilise the concepts of master planning as a more inclusive, integrated methodology than the Estate Strategy models still in use in a number of areas, including the NHS.

Conclusion and recommendations

While the concept of a strategic estate planning tool, developed from the service needs of the organisation, informed by current estate performance, and adjusted by a clear vision of estate performance improvement, should be applauded, its current tenure as a Trust's main planning interface has come to an end.

Maintaining these concepts is essential; delivering them through an inward-looking strategy is not.

The master planning process in healthcare building, with its very heart linked to the integration of the people, the community, the locality, the services, and the health needs, of the population, is the ideal foil to give that change in emphasis that the now insular Estate Strategy has lost.

> 'Other services must, and will, have to be seen within the centre of planning assumptions.'

However, there is no need to spend time, effort, and public money developing a brand new concept to take the Estate Strategy forward. The approach that is required already exists within the master planning process, and is increasingly being used throughout the world, including closer to home. The NHS should seize the opportunity to move forward before it is left behind by those enterprising Trusts that see the benefits of this inclusive methodology.

Table 1: Strengths and weaknesses of the NHS Estate Strategy.

Strengths	Weaknesses
Provides a comprehensive analysis of the existing estate.	Exercise in fulfilling a requirement as opposed to aiding future planning.
Provides information on current cost and future cost projections.	Leaves out key aspects such as site access, local infrastructure, transport.
Provides information on the activity base and looks to future activity projections.	Does not address the sustainability agenda within the plan.
Allows backlog maintenance requirements to be identified, prioritised and costed.	Insular document confined to the boundaries of the site.
Allows current condition of facilities to be identified, prioritised and costed for remedial or replacement works.	Is devoid of assessment on joined up planning.
Sets out a comprehensive development plan for the site/s.	Neglects totally the town or urban planning dimensions of the local authority and its own development programme, and how much plans affect each other.
With the right clinical information it can be tied into the Trust's Integrated Business Plan or Local Development Plan.	Requires significant deviation from the recommended guidance to enable such integrated strategies to be developed.
Attempts to provide the formal backbone for Trusts' business cases.	Not an integrated document, and has potentially reached the end of its useful life.
	Becomes too unwieldy a document.
	Is seen as a necessity to enable business case approval, not a dynamic, comprehensive, integrated planning document for the health body concerned.

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