

CCG REPORT COVER SHEET

Meeting Title:	PRIMARY CARE COMMISSIONING COMMITTEE		Date: 15 June 2021
Report Title:	Premises and Estates Report		Agenda Item: 2.1
Chief Officer:	Jessica Bawden, Director of Primary Care		
Clinical Lead:			
Report Author:	Lucy MacLeod		
Document Status:			
Report Summary:	This report highlights the current issues related to delivery of delegated functions in respect of Premises and Estates. It is requested that each issue raised within this report is noted by the Committee and, where applicable, recommendations are approved.		
Report Purpose: <i>(Please tick one box)</i>	For Assurance		For Decision
			For Approval
			X
			For Recommendation
Recommendation:	The Committee is asked to note the contents of the report and approve recommendations where applicable.		
Link to Corporate Objective: <i>(Tick relevant objective)</i>	Objective 1 – Ensure clear patient voice in everything we do		
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’		X
	Objective 3 – Use data and information to prove everything		
	Objective 4 – Deliver the prioritised performance standards		
	Objective 5 – Deliver the 6 transformation programmes		
	Objective 6 – Deliver the CCG Financial Plan		
CAF (Strategic Risk) Reference	Description of Risk		Current Risk Score
CAF07	There is a risk that the business models for delivering primary care services become unsustainable impacting on access to primary care services.		9 Amber
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health		
	IAF 2 Domain 2 - Better Care		X
	IAF 3 Domain 3 - Sustainability:		
	IAF 4 Domain 4 - Leadership		
Resource implications:	Financial Implications from increase in ongoing revenue costs to the CCG		
Chief Officer/ SRO Sign Off:			
Chief Finance Officer Sign Off: (if required)			
Legal implications including equality and diversity assessment:	N/A		
Conflicts of Interest	N/A		
Report history:	This report provides an update on current Premises and Estates issues, including projects that are being managed through the CCG Premises and Estates group and seeks approval on any schemes where there are any financial implications for the CCG under the NHSE/I Premises Cost Directions		
Next steps:	Regular updates will be presented to the Committee		

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)
AGENDA ITEM: 2.1
DATE: 15 JUNE 2021
TITLE: PREMISES AND ESTATES REPORT
FROM: DAVID PARKE
ASSOCIATE DIRECTOR PRIMARY CARE

1 ISSUE

- 1.1 The purpose of this report is to inform and update the Committee on the principal projects being undertaken by the CCG Premises and Estates team.
- 1.2 The Committee are asked to note the key points included in this report.

2 KEY POINTS

Summary of the principal projects being undertaken by the CCG Premises and Estates Team

2.1 Development of Primary Care Premises and Estates Strategy

- 2.11 There has been good progress on producing a framework to develop the CCG's Primary Care Premises & Estates Strategy. A paper was delivered to Institute of Healthcare Engineering & Estate Management by Jo Fox, Senior Programme Lead for Estates and Technology Transformation Fund at NHS England, in March 2021 which provided a clear direction of requirement from the primary care estate structure. As a result, a discussion paper has been developed which captures the points raised by Jo Fox and outlines the framework of creating an estate that is categorised into three groups:
 - **Core Estate** (*flexible, fit-for-purpose, and integral for the delivery of the ICS medium-to-long-term clinical strategy*).
 - **Flexi** (*estate that with sufficient investment and improvement has the potential to accord with building and accessibility standards and fully support the delivery of the LTP and represent an asset for long-term retention by the ICS Estate*).
 - **Tail** (*old and simply not fit-for-purpose. There will be little or no opportunity to bring the standard of this accommodation up-to a level that can deliver the service models and the direction of travel heralded by the Long-Term Plan, including the PCN and MDT workforce agendas*).

- 2.12 To support the discussion paper, the Premises and Estates team have created a draft 'Premises & Estates Score Card' which uses the key criteria from the NHS Long-Term Plan as a rating score. The resulting score will help identify the category for each Estate (Core, Flex or Tail).
- 2.13 The discussion paper and score card is scheduled for review and discussion at the next CCG Premises & Estates Steering Group on 6th July.

2.2 Strategic Growth Sites

- 2.21 Definition: A strategic growth site is an area of single development in excess of 1000 dwellings.
- 2.22 Significant work has been ongoing to capture and map the Strategic Growth Sites (SGS) within the Cambridgeshire and Peterborough CCG (CAPCCG) footprint. A single document has been created to map the SGS and includes the relevant Local Authority, name of the development, number of houses being built, forecasted number of additional patients, primary care practice(s) potentially impacted, PCN area, timeline of development and whether a S106 contribution has been applied for/secured against the development.
- 2.23 The forecasted growth has been mapped against existing patient numbers and Primary Care capacity to inform against future risk. Further, more detailed information will follow at the next PCCC meeting in July 2021.
- 2.24 A map of the SGS is provided in Appendix 1.
- 2.25 There is additional and significant housing development and population growth within the CAPCCG footprint over and above the growth related to the SGS. Further details regarding the growth be provided at the next PCCC meeting in July.

2.3 Primary Care Premises and Estate Risk Register

- 2.31 There is a new Premises & Estates Risk Register with a focus on risk within the premises and estates portfolio. The Risk Register is split into three areas of focus, namely:
- a) **Operational Risk** – the capture of any risk to the organisation which will include infection control concerns, service delivery or access which relate to the capacity or fabric of the building.
 - b) **Financial Risk** - risk to the organisation which impacts finances. This will include financial debt on premises, where there is a gap in funds linked to a development whether this be an existing expansion or a new strategic development.
 - c) **Strategic Risk** – risk associated with the strategic growth sites, population growth, impact on service provision which is premises & estates dependant.
- 2.32 The Premises and Estates Risk Register will be presented at the next PCCC meeting in July, with further updates on a quarterly basis.

2.4 Section 106 / Community Infrastructure Levy (CIL)

- 2.41 Significant progress has been made in understanding the S106 and CIL processes adopted by each Local Authority (LA), and the resulting capital funding available.
- 2.42 There are six main LAs within the CAPCCG footprint: South Cambridgeshire, North Cambridgeshire, Cambridge City, Peterborough, Huntingdonshire, and Fenland. Each of the LA's take a different approach to the allocation of funds to health care provision within their planning process and this is summarised in the table:

Local Authority	CIL Triggers	S106 triggers
South Cambridgeshire	Not adopted CIL	Only S106
East Cambridgeshire	Only CIL	Not adopted S106
Central Cambridgeshire	Not adopted CIL	Only S106
Peterborough	<500 Developments	>500 Developments
Huntingdonshire	<200 Developments	>200 Developments
Fenland	Not adopted CIL	Only S106

- 2.43 The Premises and Estates Team have met with the with S106 Officers/Planning officers for each of the LA's and have captured the above different trigger points for CIL and/or S106. Regular update meetings have been scheduled with the Officers to ensure that the CCG are kept updated for funding and planning timelines.
- 2.44 There is a backlog of planning applications received which require a response and a request for Section 106 contributions. The lack of resource in the Premises and Estates team is a barrier to keeping on top of this work and as such it is included in the risk log.
- 2.45 A draft Premises & Estates S106/CIL Strategy document has been produced and is scheduled for review at the next Premises & Estates Steering Group in July. Once finalised and agreed, the document will be submitted to The Committee for review and noting.

2.5 Primary Care Network (PCN) Premises and Estates “Plans on a page”

- 2.51 Following progress with the national Primary Care Data Gathering Exercise programme, commissioned by Community Health Partnerships (of which C&P

were part of Wave 3), there is now a more accurate (although not yet complete) picture of our Primary Care Estates data on the web-based Strategic Health Asset Planning and Evaluation (SHAPE) Atlas. As a result, the Premises and Estates team have drafted an “Estates Plan on a page” for each PCN. The reports are currently being reviewed and additional data being added.

2.52 The plans will be presented to The Committee at the next PCCC meeting in July.

2.6 GP Practice Improvement Scheme Pipeline

2.61 Progress continues with regards to the pipeline of GP Practice premises improvement schemes.

2.62 The Estates and Technology Transformation Funding programme is coming to an end in December 2021, and there is no news from NHSE with regards to a replacement funding scheme for Primary Care estate. Further news is expected after the spending review in the summer, but the likelihood is that all NHSE/I Primary Care estates funding will be focused on development of Cavell Centres.

2.63 Due to a significant proportion of CAPCCG’s “Business As Usual” funding allocation (received from NHSE/I and apportioned by weighted capitation) being utilised for the Learning Disability scheme in the area, which is of national importance, GP Practices will be heavily reliant on funding via Section 106 and CIL monies for premises improvement schemes.

3. RECOMMENDATIONS

3.1 The Committee is asked to note the above work that is being undertaken by the Premises and Estates team and, furthermore that more detailed information on all the above projects will follow at the July meeting, unless otherwise instructed by The Committee.

Author *Lucy MacLeod
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Appendices *Appendix 1 – Map of Strategic Growth Sites within CAPCCG footprint.*