

CCG REPORT COVER SHEET

Meeting Title:	PRIMARY CARE COMMISSIONING COMMITTEE	Date: 7 June 2022								
Report Title:	Premises and Estates Report	Agenda Item: 2.3								
Chief Officer:	Jessica Bawden, Director of Primary Care and Medicines Optimisation									
Clinical Lead:	n/a									
Report Author:	Jonathan Stone, Primary Care Estates Project Manager									
Document Status:	Final									
Report Summary:	This report highlights the current position related to delivery of delegated functions in respect of Premises and Estates. It is requested that the update provided within this report is noted by the Committee and, where applicable, recommendations are approved.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td></td> <td>For Approval</td> <td>X</td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance		For Decision		For Approval	X	For Recommendation		
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:	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	X								
	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								
CAF 12	Risk of insufficient capacity to meet general practice demand	12 RED								
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:	None									
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 being managed through the CCG Premises and Estates Steering group.									
Next steps:	Regular updates will be presented to the Committee.									

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)
AGENDA ITEM: 2.3
DATE: 7 JUNE 2022
TITLE: PREMISES AND ESTATES REPORT
FROM: DAVID PARKE
ASSOCIATE DIRECTOR PRIMARY CARE

1. ISSUE

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.

The Committee are asked to note the key points included in this report and consider approval where applicable.

2. KEY POINTS

PCN Estates Toolkit and Strategy – Statement of Readiness Report.

- 2.1 In November 2021, the National Association of Primary Care (NAPC), in collaboration with Community Health Partnerships (CHP) and on behalf of NHSE/I, produced a PCN Estates Toolkit (The Toolkit) to provide PCNs with a flexible framework and support process for producing robust primary care investment plans with clear priorities that align to wider ICS strategies.
- 2.2 The Toolkit provides PCN's with the foundations to develop data led PCN clinical and estates strategies; and is accessible through the Strategic Health Asset Planning and Evaluation (SHAPE) platform.
- 2.3 Following on from the roll out of the Toolkit, NHSE/I have commissioned CHP to deliver a national programme of support to all PCNs to help them establish and develop clinical and estates strategies.
- 2.4 A pre-cursor to the delivery of this national programme of support was for a "Statement of Readiness (SoR) report" to be developed for each CCG.
- 2.5 CHP have consulted with the CCG's Primary Care Premises and Estates team (P&E team) to draft up the Cambridgeshire and Peterborough CCG's SoR report which, upon completion, will be submitted to NHSE/I for approval.
- 2.6 The SoR report summarises the "system readiness" to deliver the support programme, and the CCG's draft report highlights the risks and challenges to delivery, not least the current pressures on primary care and the PCN workforce.

- 2.7 However, CHP have been commissioned to deliver this programme of support in the current financial year only, with little flexibility for deferment/delay. The original proposal from CHP was for the programme of support to be rolled out to the CCG member Practices in August, but the P&E Team have asked that this be pushed back to September / October to allow the P&E team, in conjunction with CCG's PCN Programme managers, to socialise the toolkit with PCN Clinical Directors, brief them accordingly and ensure sufficient notice is given before the start of the programme.
- 2.8 NHSE/I had suggested that the programme of support should initially be delivered to local PCNs who average in the top 40% indices of multiple deprivation. However, the P&E team are concerned that this could potentially leave some PCN's unsupported by the end of the programme and have therefore requested that a programme of support is delivered equally to all 22 PCNs.
- 2.9 The P&E team have also recommended that a phased approach is adopted with Cambridgeshire and Peterborough, with an initial pilot scheme involving 6 PCNs, followed by two further phases of 8 PCN's each. The pilot scheme will allow those PCNs who feel more able, willing and/or equipped to embark on the support programme earlier to do so, and those PCNs who need more time can follow on later in the financial year.
- 2.10 It is envisaged that the forthcoming PCN Development visits and future Clinical Director events are used to establish interest and ascertain which PCNs will be in each phase.
- 2.11 The CCG's SoR report can be found in Appendix 1. The alterations requested in points 2.7 to 2.9 above are included in the report, which will be submitted in due course by CHP to NHSE/I for final approval.
- 2.12 There are zero financial implications to the CCG for this programme. The estimated delivery costs on page 9 of the SoR report are the costs for CHP to deliver the programme and it is for NHSE/I to approve the funding from their central funds.

3. RECOMMENDATIONS

The Committee is asked to note the contents of the report and approve the recommendations made by the P&E team, notably points 2.7 to 2.9 above.

Author *Jonathan Stone*
Primary Care Estates Project Manager
May 2022

Appendices **Appendix 1 – Statement of Readiness Report**