

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2020**REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs****PROCESS FOR DEVELOPING A PRIMARY CARE ESTATE STRATEGY****Purpose of report**

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the process the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) are undertaking to develop a Primary Care Estate Strategy.

Policy Framework and Previous Decisions

2. The NHS Long Term Plan sets out a requirement for systems to work together in a collaborative and integrated way to provide services to their population that improve health outcomes. Underpinning this, systems need to develop enabling strategies that support the development of those integrated ways of working.
3. To support the primary care element of this integration, the LLR CCGs are currently developing a Primary Care Estate Strategy.

Background

4. Across Leicester, Leicestershire and Rutland (LLR) there are 133 GP practices occupying 197 primary care estate buildings and providing services for circa 1.15 million registered patients.
5. The type of accommodation varies from modern purpose build health centres to converted residential buildings with a mix of tenures and building owners.
6. To understand the current position and future needs of the primary care estate across LLR, work is ongoing to develop a Primary Care Estate Strategy. This strategy will:
 - Understand the current position in relation to the primary care estate.
 - Ensure we can plan to make the most of how existing primary care buildings are used.
 - Minimise empty space.
 - Identify and find solutions to those premises that are unable to meet the required standards.
 - Plan for new housing growth in LLR.
7. The Strategy is being developed in a number of phases:

- **Phase One (to end of September 2020):** Gathering information including 6 facet condition surveys of each primary care premise which assess them against the minimum required standards for primary care premises; and understanding the housing growth across LLR over the next few years.

Information has been gathered and is currently being quality assured. However the LLR CCGs are going to add an additional layer of information into this analysis which is the impact on practice premises of COVID-19 and in particular any Infection, Prevention and Control measures that have or will impact on the suitability of current accommodation.

- **Phase Two (August to end of October 2020):** Analysing the information gathered on current premises and housing growth to determine where changes need to be made either due to the condition and or capacity within existing premises to manage future demand. This analysis is being done at practice and Primary Care Network (PCNs) level – so as to determine where there is potential for PCNs to work collaboratively on providing accommodation for services. This will provide a list of premises where development is required or where there is a need for new or improved premises.
- **Phase Three (September to end of December 2020):** Developing and implementing a prioritisation process that can be applied to the premises identified in Phase Two.
- **Phase Four (ongoing):** develop solutions for those practices that have been identified as priority.

8. In considering solutions, Phase Four, the main options are:

- Maximising the use of space that is currently void or under-utilised.
- GP practices and Primary Care Networks working together to maximise the use of their existing estate.
- Working in collaboration with wider stakeholders to source solutions by utilising estate more effectively.
- Self-financing – where the GP practices invests and or raises the capital themselves to improve and or redevelop their premises. Any revenue implications arising from reimbursable costs would be covered by the CCG.
- Third Party developments – where a developer will build premises and lease back to a GP practice.
- Developer Contributions – where there is an impact on primary care services from new housing developments, the CCGs will make an application for developer contributions which can support developments that are needed due to increased demand from that new housing.
- NHS capital – in recent years funding has been available through the Estates, Technology and Transformation Funding for the development of primary care estate. The fund is currently fully allocated to developments and we are awaiting confirmation whether there will be further tranches.

9. Alongside the Primary Care Estate Strategy work the LLR CCGs are developing a consistent Developer Contributions Policy to respond to demand on primary care that

may come from new housing growth. This will consider how the CCGs both identify health impact at a Local Plan stage and also at an individual planning application level.

10. Ensuring the impact of new housing is identified is vitally important if health care services are able to meet the future demand from those developments. This is the case for primary care but also other providers of health care in LLR such as acute, community and mental health providers. Across Leicester and Leicestershire between 2011 and 2031 the likely housing need is circa 96,580 dwellings and between 2031 and 2050 a notional number of 90,516 has been identified (Leicester & Leicestershire 2050: Our Vision for Growth – September 2018). In the Rutland Local Development Framework Core Strategy Development Plan there is a strategic allocation of 3,000 dwellings between 2006 and 2026.
11. The impact of circa 200,000 new dwellings over the next 30 years will be considerable on local health services. The numbers of new individuals that these will bring will obviously be dependent of the type and mixture of housing in the new developments and the numbers of individuals who are new to the area – whether that is defined by a GP practice boundary or a provider's patient flows. Using an estimate of 2.44 people per household (based on ONS estimations) this would be circa 464,000 new people which clearly will have an impact on health services across LLR.
12. In addition the LLR CCGs want to work much more collaboratively with both Unitary, Upper tier and District Councils on the strategic planning agenda and in particular how spatial planning can respond and include a health element. Early discussions are ongoing in relation to how this may be taken forward.

Resource Implications

13. There will be resource implications as a result of needing to respond to condition and future demand growth of the primary care estate. The key sources for funding for this is detailed in paragraph 8. It is also worth noting that any increase in rent, rates and other claimable charges from new or improved developments has to be covered by the CCGs. This is known as reimbursable premises costs.

Conclusions

14. This papers sets out how the CCGs will develop a Primary Care Estate Strategy and associated Developer Contribution policy.

Circulation under the Local Issues Alert Procedure

Report covers all areas of Leicestershire.

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List of Appendices

None.

Relevant Impact Assessments**Equality and Human Rights Implications**

15. All primary care premises are being considered in this strategy and the impact of the COVID-19 requirements is also being considered.

Crime and Disorder Implications

16. n/a

Environmental Implications

17. Part of the 6 facet survey detailed in this report considers the environmental aspects of primary care premises.

Partnership Working and associated issues

18. The LLR CCGs want to work in partnership to develop both solutions for the primary care estates needs but also the wider strategic planning work.