NHS South Warwickshire Clinical Commissioning Group

Purpose of the Report:
To update the Committee regarding a number of issues relating to Primary Care Estates.

Key Points:
- On instruction from the Department of Health, NHS South Warwickshire CCG (the CCG) has commenced work towards the preparation of a Local Estates Strategy, with a view to completing an initial plan by December 2015.
- Section 106 (S106) Planning Obligations are legally binding agreements entered into by persons with an interest in a piece of land (often a developer), designed to mitigate for a particular impact that would arise from the development of that land.
- Health is one of 7 main service areas where monies are received through the use of S106 Planning Obligations.
- Following the implementation of delegated commissioning arrangements on 1 April 2015, the CCG is working with NHS England, Public Health and NHS Property Services, to develop its approach to responding to new planning applications and specifically to formulating requests for any S106 health allocation.

Recommendation(s):
The Committee is asked to note the content of the report.

CCG Objectives:
- To build relationships with patients and our communities
- To improve health and reduce health inequalities
- To improve the quality of care and transform services
- To make best use of resources

Financial Implications:
Primary care premises development/improvement entails revenue implications which will need to be picked up through the CCG’s core budgets.

Performance Implications:
It is anticipated that primary care premises development/improvement will support access to general practice and improved care in the community.

Quality Implications:
It is anticipated that primary care premises development/improvement will support an enhanced
<table>
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<tr>
<th>Equality and Diversity Considerations:</th>
<th>Primary care premises development/improvement will have a beneficial impact on all groups within the population but particularly those where physical accessibility to services is an issue.</th>
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<tbody>
<tr>
<td>Patient and Public Engagement:</td>
<td>None arising from this report.</td>
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<tr>
<td>Risk Assessment:</td>
<td>In light of the associated revenue implications, affordability is the greatest risk where primary care premises development/improvement is under consideration.</td>
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1. **Local Estates Strategy**

1.1. In June 2015, NHS South Warwickshire CCG (the CCG) was informed (via a communication from the Department of Health (DH)) that it would be expected to commence work towards the preparation of a Local Estates Strategy (LES), with a view to completing an initial plan covering primary and community care estate and non-clinical estate such as office/administrative bases by the end of December 2015.

1.2. The DH communication highlighted that the initiation of this work at the current in time recognises the fact that, as the NHS works to redesign the delivery of services in line with the NHS Five Year Forward View, so estate will need to be redesigned in order to support the development of new models of care by accommodating more services in the community and providing opportunities for greater integration.

1.3. In addition, strategic estates planning is expected to deliver the following benefits:

- Full rationalisation of estate;
- Maximum use of facilities;
- Value for money; and
- Enhanced patient experience.

1.4. To support the CCG, strategic estates advice has been made available from NHS Property Services (NHS PS). NHS PS will assist in guiding and co-ordinating the development of the LES, as well as in commissioning specific pieces of work that might be required to inform its development e.g. data analysis, utilisation studies, etc.

1.5. In line with DH Guidance, the CCG has established a Local Estates Forum (LEF). The LEF will act as a steering group, taking responsibility for developing and agreeing the LES and, ultimately, for overseeing the implementation of the plan. Membership of the LEF comprises stakeholders from across the local health and care system.¹

1.6. The LEF will hold its initial meeting on 31 July 2015, with its initial focus being on undertaking a high level analysis of the whole estate in order to achieve a sense of the overall scale and general perspective. This overview will assist in focusing attention on sites whose cost and size make them key to any analysis.

1.7. Further updates regarding the progress of the LES workstream will be provided to the Primary Care Committee on a regular basis.

2. **Primary Care Infrastructure Fund**

2.1. A separate report has been submitted to the current meeting.

3. Planning Applications

Background

3.1. Section 106 (S106) Planning Obligations are legally binding agreements (established in the Town and Country Planning Act 1990 (as amended)) entered into by persons with an interest in a piece of land (often a developer), secured by a legal agreement or deed and designed to mitigate for a particular impact that would arise from the development of that land. Planning Obligations are negotiated between the Local Planning Authority and the developer in consultation with a number of key external stakeholders including the County Council, NHS England and the CCG.\(^2\)

3.2. S106 Planning Obligations aim to offset the pressure created by a new development with improvements to local infrastructure and facilities, ensuring that wherever possible a development makes a positive contribution to the local area and community.

3.3. To be considered legally sound S106 Planning Obligations must be:
   - Necessary to make the development acceptable in planning terms;
   - Directly related to the development;
   - Fairly and reasonably related in scale and kind to the development.

3.4. There are 7 main service areas including health where monies are received through the use of S106 Planning Obligation (these are: local economy, community or town centre use, highways/traffic, education, health, land and affordable/other (which records payments for any contributions which do not fall into any of the other categories)).

3.5. Historically clear processes for requesting and allocating S106 health funding were in place, with the Primary Care Trust taking responsibility for maintaining an Estates Strategy and requesting and managing any S106 health allocation as a contribution to delivering against this strategy.

3.6. With the establishment of NHS England and CCGs in April 2013, responsibility for estate management for health provision was effectively split, with NHS England being accountable for primary care and the CCG accountable for acute and community care. Following the implementation of delegated commissioning arrangements on 1 April 2015, the CCG has taken back accountability for primary medical care.

Next Steps

3.7. The CCG is working with NHS England to develop a clear understanding of what S106 agreements intended to benefit primary care are in place relating to planned developments in

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the South Warwickshire area, including the terms of each agreement (which will specify what purpose the related monies can be used for e.g. for funding a new facility or for funding the improvement, expansion, etc. of an existing facility) and the expiry date of any such agreements. Ultimately this work will entail the development of a register of all outstanding S106 agreements relating to primary care.

3.8. In collaboration with NHS England, Public Health and NHSPS, the CCG is working to develop its approach to responding to new planning applications and specifically to formulating requests for any S106 health allocation. In relation to primary care, NHSE has previously utilised an agreed model/calculation to respond to any planning applications for developments of over 100 dwellings on the basis of its Infrastructure Delivery Plan (which identifies shortfalls in primary care capacity).

3.9. It is expected that the development of the LES will support the CCG’s ability to formulate evidenced responses to new planning applications by increasing understanding of both existing primary care capacity and anticipated demographic growth, as well as by articulating an overall strategy which any requested allocation should contribute to the delivery of.

3.10. AH and HW are planning to meet with representatives of both Warwick District Council and Stratford-on-Avon District Council in order to discuss the Warwick Local Plan and the Stratford-on-Avon Core Strategy. These documents will guide development and change in the Districts (to 2029 and 2031 respectively), including the planned location of housing development.

4. Key Developments

4.1. Via NHS England the CCG has been alerted to a number of key developments which will impact primary care and require immediate attention from the CCG.

4.2. Gaydon/Lighthorne
   - Development of circa 3000 dwellings.
   - NHS England’s approach was to request contributions to the development of a GP practice on the site of the new development.
   - AH and HW met with local practices on 21 July 2015 in order to discuss potential approaches. One practice has expressed an interest in opening a branch practice on the development site.

4.3. Southern Urban Extension of Warwick/Leamington Spa
   - Development of circa 3800 dwellings.
   - NHS England’s approach in relation to a number of developments within the above scheme was to request contributions to the development of a new GP surgery within Warwick District.

4.4. Grove Farm, Harbury Lane
- Development of 520 dwellings (part of the Southern Urban Extension above).
- The CCG has supported a request for a contribution for the improvement and/or extension of Warwick Gates Family Health Centre.
- New restrictions on pooling S106 contributions mean that no further contributions can be requested for the development of a new GP surgery.

4.5. *Station Approach, Leamington Spa*
- Development of 212 dwellings.
- The CCG has supported a request for a contribution for the improvement and/or extension of GP surgery facilities within the town boundary of Leamington Spa.

4.6. *Shoulderway Lane, Shipston-on-Stour*
- Development of 109 dwellings.
- The CCG has supported a request for a contribution for the improvement and/or extension of Shipston Medical Centre.

5. **Recommendations**

5.1. The Primary Care Committee is asked to note the content of the report.

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End of Report