

Primary Care Co-Commissioning Committee**17 February 2016****Agenda Item: 6.1****Draft Estates Strategy and Primary Care****Transformation Fund****Sponsor: Chief Operating Officer**

Members of the Northumberland Primary Care Co-Commissioning Committee are asked to:

- 1. Consider the draft estates strategy for Northumberland and process for reviewing practice bids against the Primary Care Transformation Fund.**

Background

The Joint Locality Executive Board (JLEB) considered the draft estates strategy report at their meeting in January 2016. Relevant minute extracts and the full paper are reproduced below:

Extract from JLEB Minutes 27 January 2016**JLEB/16/14 Agenda Item 8.1 Estates strategy**

RR presented the draft strategy and requested feedback as necessary. The first draft was compiled by NHS property services and has been built upon since by an estates consultancy engaged by the CCG. The Northumberland system wide estates plan will aim to reduce estates costs by 30%, and the overall estates footprint by 40%. Northumbria, the Local Authority, NTW and NEAS will also feed into this wider strategy. RR highlighted that the current draft is a live document which will continue to evolve, and explained that some of the CCG strategy elements of the plan have been amended and the draft quality needs to be reviewed, but this is a draft, and the document needs robust examination to ensure accurate content.

RR asked the board to receive the draft and provide any pertinent comments over the next month; the redrafted strategy will be brought back to board in March. The CCG will then use the strategy to feed into the wider local estates forum and the final wider plan will include all estates.

RR explained that NHS England had announced the launch of the Primary Care Transformation Fund (formally PCIF), and CCGs have been asked to recommend bids from practices which would be successful against nationally and locally set criteria.

Practices have been asked to submit bids to the CCG by 1 February, these bids will be assessed by a panel convened by the CCG, and asked if it should include clinical representation. He outlined the initial CCG approval process and asked JLEB to approve the process. AB confirmed that the CCG is still are unaware of the amount devolved



RR asked JLEB to approve the process.

Decision: JLEB approved the process (including clinical representation on the CCG panel) and to feedback any comments prior to the JLEB in March.

Actions:

JLEB/16/14/01 JLEB members to submit any Estate Strategy comments to RR prior to March 2016 meeting.

Joint Locality Executive Board

27 January 2016

Agenda Item: 8.1

Draft Estates Strategy and Primary Care

Transformation Fund

Sponsor: Chief Finance Officer

Members of the Joint Locality Executive Board are asked to:

- 2. Consider the draft estates strategy for Northumberland.**
- 3. Approve the process for reviewing practice bids against the Primary Care Transformation Fund.**

Purpose

This report discusses the CCG's local estates strategy, outlines the proposed Primary Care Transformation Fund bid process and the linkage between the strategy and potential bids.

Local Estates Strategy

Background

In June 2015 the Department of Health issued a framework which requires CCGs to have a Local Estates Strategy in place by the end of December 2015.

Achieving the efficiencies required by the Five Year Forward View will mean all parts of the health service will need to work with greater agility and greater co-operation. Good quality strategic estates planning is vital to making the most of these changes and will allow the NHS to:



- Fully rationalise its estate.
- Maximise use of facilities.
- Deliver value for money, and
- Enhance patients' experiences.

In order to realise these benefits, commissioners should produce high quality local estates strategies in collaboration with a wide range of local stakeholders (including the wider public estate). The formation of a Local Estates Forum will be key to developing a sufficiently robust understanding of the available estate and aligning it to commissioning intentions to extract maximum value from NHS resources and reduce wastage. In Northumberland, in line with our ongoing PACS vanguard work, the CCG is part of the wider estates strategy group which currently includes partners from the Local Authority and Northumbria HCFT. Northumberland Tyne & Wear NHSFT will also be invited to join this group.

It is vital that service and estates planning are integrated to ensure that the best estate is available to deliver the best healthcare services and make wise, well founded investment decisions. In this way, best use can be made of existing property, new estate can be developed to meet service needs and surplus estate can be sold.

By the end of December 2015, the majority of CCGs should have plans in place that cover primary and community care estate and non-clinical estate.

Recommendation

The draft strategy is attached to this report as appendix 1. It is requested that JLEB approve the strategy's current direction of travel. The final strategy will be presented to JLEB again in March for approval.

Primary Care Transformation Fund

Background

In October 2015, NHS England wrote to CCGs regarding the 'Primary Care Transformation Fund – Approach to Funding 2016 to 2019'. The letter set a deadline for the end of February 2016 to receive CCG recommendations for bids against the fund.

The Primary Care Infrastructure Fund was the first wave of a specific source of funding that was introduced in financial year 2015/16. Practices were invited to submit bids for funding to NHS England to support premises developments/improvements and infrastructure innovation. Responsibility for the funds rests with NHS England and they are not part of CCG delegated budgets. However any scheme with a recurrent revenue impact needs to be considered against delegated budgets and be supported by CCGs.



It has recently been announced that the funding has been renamed as the Primary Care Transformation Fund and will be released from 1 April 2016 and up to 31 March 2019. This time practices will not be able to submit a bid directly to NHS England but should instead work with their CCG in respect of any estates needs they may have. CCGs will then need to make recommendations to NHS England by end of February in respect of those schemes that fit the PCTF criteria and CCG estates/commissioning/IT strategies. The bids should reflect any phasing of plans over financial years as well as any ongoing revenue consequences. PCTF funding will only be available until 31 March 2019.

PCTF schemes put forward by the CCG will need to fit the following national criteria;

- Increased capacity for primary care services out of hospital.
- Commitment to a wider range of services as set out in the CCGs commissioning intentions to reduce unplanned admissions to hospital.
- Improving seven day access to effective care.
- Increased training capacity.

The aim is for a single CCG submission setting out likely strategic intent for the next 3 years with specific 2016/17 schemes and an outline of what else is being developed which may need non-recurrent revenue to help develop a full business case or proposal. Any proposals from practices that do not meet the above criteria may still be eligible for support via the main capital Improvement Grant process or via the traditional premises development process.

The CCG will need to assess any bids received against the national criteria set out above, but also local principles linked to the CCG's PACS and Primary Care strategies. It will be expected that any bid would contribute to at least one of the following;

- The agreed reduction in combined costs linked to the estate for all Northumberland partners of 40%.
- The delivery of co-located or flexible primary care hubs.
- The expansion of IT infrastructure across primary and secondary care, or the integration of clinical IT systems.

Process

The CCG wrote to practices to request that bids are sent by 1 Feb 2016, to allow time for them to be assessed and the supported bids signed off by JLEB at the end of the month prior to submission to NHS England. A panel will be convened to assess the bids, the panel will comprise:

- Julie Ross, COO – primary care contracts.
- Rob Robertson, CFO – financial implications and national criteria compliance.
- Stephen Young, Strategic Head of Corporate Affairs – process, engagement and governing body reporting arrangements.
- Pamela Leveny, Head of Commissioning – urgent care lead and primary care at scale/ PACS.



- Matt Brown, NHS England contracts lead – NHS England criteria.
- Estates expert advice.

JLEB need to consider the clinical input required, and how any potential conflicts of interest could be managed. The CCG review of any bids will follow the high level timeline outlined below.

STRATEGIC ASSESSMENT - first week in Feb.

- Does the bid 'fit' with our overall story, assessed against the principles as set out above.
- Any further consideration or clarification as necessary.
- Completed by panel (as above).

OPERATIONAL ASSESSMENT – up to third week in Feb.

- Assess financial implications from CCG perspective, practice perspective and NHS England perspective.
- Estates expert assessment of feasibility, and any technical aspects of the bids.
- Adherence to the long term financial plan of the CCG.
- Completed by panel, with financial assessment presented by finance colleague (Gill Wainwright).

CCG SIGN OFF - end of Feb.

- May need to stand up a 'special board' to manage potential conflicts of interest.
- Submission to NHSE signed off.

Recommendation

JLEB are requested to approve the above process.

Appendix 1: DRAFT Estates Strategy

