


<p>Grants Determination Sub-Committee</p> <p>14th March 2017</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Denise Radley Corporate Director, Adult Services</p>	<p>Classification: Unrestricted</p>
<p>Maximising Health Infrastructure Project</p>	

Originating Officer(s)	Tim Madelin
Wards affected	Lansbury, Canary Wharf, Weavers, St Dunstan's, Blackwall and Cubitt Town, Shadwell, Limehouse, St Peter's, Spitalfields and Banglatown, St Katharine's and Wapping, Whitechapel
Key Decision?	No
Community Plan Theme	A healthy and supportive community

Executive Summary

This report relates to the release of up to £2,603,358 of section 106 resources to NHS Tower Hamlets Clinical Commissioning Group (CCG) to deliver increased capacity, access and service provision via a number of premises improvements across primary care to enhance local GP services.

Project funding for the delivery of this project has been secured through a number of Section 106 contributions as approved via the Planning Contributions Overview Panel in May 2015 with the capital estimate for the project subsequently adopted by cabinet in January 2016.

Primary care has been tasked with the role to help reduce the funding gap across the NHS by providing more personalised, accessible community based services that will reduce avoidable pressures on hospital resources. An investment in primary care premises is necessary in order to respond to this requirement and to allow an increase in consultations with primary healthcare professionals.

Within the context of increasing financial challenges it is becoming ever more difficult for health services to fund new facilities and alternative funding sources are being pursued to cross-subsidise. The NHS in Tower Hamlets has a successful record in delivering health infrastructure initiatives aided by S106 contributions in partnership with the Council and a one off capital investment to improve primary care facilities and increase access to primary care is therefore appropriate through this route.

Recommendations:

The Grants Determination Sub-Committee is recommended to:

1. Approve the grant funding of £2,603,358 to NHS Tower Hamlets CCG to deliver increased capacity, access and service provision in primary care and maintain continuity of local GP services.

1. REASONS FOR THE DECISIONS

- 1.1 Tower Hamlets is one of the most deprived boroughs in the country and the population is expected to reach nearly 315,000 by 2020¹ NHS Tower Hamlets Commissioning Strategic Plan 2012 – 2015, underpinned by the Improving Health and Wellbeing Strategy, highlight the development of health premises and the refurbishment of facilities as key to supporting both the integration and localisation of services linked with local area partnerships. The Commissioning Strategic plan describes the course of action to improve health outcomes for the local population and has a commitment to improve the quality of life for everyone in the borough by working in partnership with key stakeholders including the London Borough of Tower Hamlets.
- 1.2 The 11 Practices that have been identified for premises improvements have indicated that due to space constraints, they are limited in any future expansion.
- 1.3 A capital investment will allow Practices to redesign their internal areas to create existing clinical space and provide a greater level of service within primary care.
- 1.4 The project will allow a greater level of service being offered to patients, including 0800 – 2000 access to Primary Care Services
- 1.5 The investment also includes upgrades to technology and medical equipment to create more patient centric care to allow patients to be more involved in their care whilst maintaining services in the community.
- 1.6 Given the difficulties in obtaining new premises and the space and financial constraints on primary care services, the capital investment will enable GP Practices to increase their appointments and clinical capacity
- 1.7 It will ensure that the finances are spent in accordance with the s106 obligation and will deliver projects identified and agreed with the contributors in compliance with the s106 agreement.
- 1.8 The Planning Contribution and Overview Panel approved the funding of the Project in May 2015 and a capital estimate for the project was subsequently adopted by cabinet in January 2016.

¹ GLA Population Project, 2014 round , Short Term Trend

2. ALTERNATIVE OPTIONS

- 2.1 Do nothing, this would not achieve the objective to increase capacity, access and service provision in primary healthcare and additionally lead to the impact of development across the Borough upon health services to be unmitigated.

3. DETAILS OF REPORT

- 3.1 NHS Tower Hamlets CCG undertook an exercise to identify any additional capacity that could be provided in existing premises, primarily by converting non clinical space to clinical space. 11 GP Practices have been identified that could make improvements to their premises in order to increase capacity and access to provide more clinical appointments to the local population. A one off capital investment is sought to allow these Practices to undertake the necessary improvement works.
- 3.2 Primary care premises are a key enabler to improving access to primary care services and the Tower Hamlets Commissioning Strategy Plan and Improving Health and Well Being Strategy, owned by various partners including NHS Tower Hamlets CCG and Tower Hamlets Council, have given a commitment to support the development and refurbishment of facilities to enable services to be integrated and localised, reducing the need for hospital visits.
- 3.3 On 1st April 2013, Tower Hamlets Clinical Commissioning Group (CCG) was formed taking over the commissioning functions for a range of health services with a continued focus to deliver the aims of the 'Improving Health and Well Being Strategy' (IHWB).
- 3.4 The Improving Health and Well Being (IHWB) strategy document was adopted by Tower Hamlets partnership in 2006, and was refreshed in 2010 and 2012, after discussion with the community and staff of a wide range of organisations including: health service, local authority, community groups, business and others.
- 3.5 The IHWB strategy set out an ambitious programme to improve and develop local services and it underpins the Tower Hamlets' Commissioning Strategic Plan 2012 – 2015 that lays out the Borough's vision to 'improve the quality of life for everyone who grows up, lives and works in Tower Hamlets'.
- 3.6 The project will provide additional clinical space including consulting rooms and treatment rooms in 11 GP Practices. This will result in an increase of approximately 840 consultations per day across primary care, details of the works are contained in appendix 1.
- 3.7 Upgrade of technology and medical equipment to allow patients to take more control of their care and to allow more patient monitoring to be undertaken within primary care.
- 3.8 The resources for the project are from a number of s106 agreements broadly

secured to mitigate the impact on medical/healthcare facilities from development. The s106 contributions funding the project are outlined in the attached PID and are set out below.

PA Reference	Address	Amount Allocated
PA/06/01439	22 Marsh Wall	£784,522.22
PA/08/01763	Caspian Wharf	£232,850
PA/11/03587	Former Goodmans Fields	£218,300.26
PA/06/01787	21 Wapping Lane	£89,395.30
PA/09/02657	Land Bounded By Cordelia St, Carron Close And Chrisp St	£65,486.50
PA/11/03765	New Festival Quarter / Former Blessed John Roach	£292,251.40
PA/06/02068	Former London Arena	£731,410.24
PA/10/02501	Land At North West Corner Of Chrisp Street And Carmen Street	£34,172.50
PA/10/01466	57-59 Whitechapel Road & 85 Whitechapel Road	£77,985.03
PA/12/00051	136-140 Wapping High Street	£76,984.55
Total		£2,603,358

- 3.9 Currently the CCG are undertaking a tender process for contractors to carry out the required works. The expected timelines are as below;

Tender Award	End March 2017
Construction start	June 2017
Construction End	September 2017
Practical Completion	End September 2017
Final sign off of project	November 2017

- 3.10 Most of the sites for these proposals have their head leases held by NHS Property Services (NHS PS). Where this is the case even if the particular practice withdrew from providing NHS primary care services, Tower Hamlets CCG (TH CCG), NHS PS and NHS England would work together to secure an alternative provider for that site. However there are some sites that are owned by the individual practices, where this is the case they will have signed an agreement with the same provision to reclaim the money if they cease to offer NHS services for a period of 7 years as would be the case under general NHS procedures relating to NHS premises improvement grants.
- 3.11 The funding is released to TH CCG only once confirmation that the works have been satisfactorily completed is received. The oversight for the delivery of this project and general monitoring of healthcare capacity is undertaken by the Tower Hamlets Together Capital and Estates group, which has representatives from the council, TH CCG, Barts Health and the East London

Foundation trust.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report seeks the approval of the Grants Determination Sub-Committee to the release of Section 106 funding totalling £2,603,358 to NHS Tower Hamlets CCG to deliver increased capacity, access and service provision in primary care and to maintain continuity of local GP services.
- 4.2 The allocation of funding was initially approved under the officer Planning Contributions Overview Panel process which preceded the current Infrastructure Development Framework arrangements that came into effect in April 2016. The Mayor in Cabinet and subsequently the full Council budget meeting in February 2016 approved the inclusion of the scheme within the Adults' Services capital programme in accordance with the requirements of the council's Financial Regulations.
- 4.3 This proposal will utilise elements of various Section 106 resources that have been secured and received in relation to healthcare provision from a number of developments within the borough. The specific planning application numbers are listed in paragraph 3.8.

5. LEGAL COMMENTS

- 5.1. Section 106 Planning Obligations are secured pursuant to section 106 of the Town and Country Planning Act 1990. They are a mechanism whereby development proposals which would otherwise not be acceptable can be made acceptable in planning terms. They can impose financial and non-financial obligations on a person or persons with an interest in the land, and become binding on that interest.
- 5.2. As a contract, the Council is required to spend any monies received under a section 106 agreement in accordance with the terms of the agreement. It is therefore important to assess those provisions when allocating monies to a particular project. The Legal department has carried out this exercise in respect of this project and considers that the proposed use of the monies is in accordance with the purpose for which the monies were taken under the relevant agreements.
- 5.3. This report concerns the approval of grant funding of £2,603,358 to be provided to the NHS Tower Hamlets Clinical Commissioning Group ("the CCG") to deliver increased capacity, access and service provision via a number of premises improvements.
- 5.4. The grant is to be provided out of contributions received by the Council pursuant to ten section 106 agreements, which were required to be used towards medical and health facilities within the borough. As the agreements do not specify a particular project which the contributions must be used for, or

set out an organisation to which the contribution is to be paid, the Council is not under a legal duty to provide the payment to the CCG. It is however noted that, given the responsibilities and functions of the CCG, the Council will almost always need to pass section 106 contributions which are to be used towards health facilities to them. Even so, this payment is considered discretionary and to be a grant. Accordingly the Secretary of State's directions made under sections 15(5) and 15(6) of the Local Government Act 1999 (the Directions) on the 16th of January 2017 apply. These Directions provide that until the 31st of March 2017 any functions exercised by the Council in respect of grants shall be under the direction and to satisfaction of the Commissioners.

- 5.5. From the information provided it appears that the grants are capable of being supported under the Council's powers, specifically under section 76 of the NHS Act 2006 whereby the Council has the power to make payments to a clinical commissioning group towards expenditure (either capital or revenue) incurred by them in connection with their prescribed functions (including medical services). It is noted that in respect of premises that are owned by individual practices to which works will be commissioned, appropriate clawback provisions exist within NHS agreements to reclaim monies in the event those practices cease to provide services. Therefore, in the event that monies should be reclaimed in these circumstances, NHS ought to be able to recover such sums and thereafter, reimburse the Council accordingly. In addition, it is noted that funds are only released on completion of commissioned works which therefore enhances the robustness of the process.
- 5.6. The Council has a duty under Section 3 of the Local Government Act 1999 to ensure that it makes arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This project follows work undertaken by the CCG to identify any additional capacity that could be provided in existing premises. Through this work 11 GP practices were identified that could make improvements in order to increase capacity and provide more clinical appointments. The project will be managed in accordance with the Department for Health guidance and up to date health building note, and progress reporting will be to the CCG led Tower Hamlets – Capital and Estates Strategic development meeting. The project is considered to achieve best value.
- 5.7. The Treaty on the Functioning of the European Union (TFEU) provides that certain government activities may be prohibited because they give an advantage in a selective way to certain entities (broadly speaking organisations that put goods or services on a market), which might affect competition within between Member States. Such activities may amount to prohibited state aid, or may be state aid which is either expressly allowed by the Treaty, or which may be allowed, dependent on the circumstances. Payments to a public body can amount to state aid where the organisation is engaged in economic activity (putting goods or services on the market). This is not considered to be the case here, and the assistance is not considered to

distort (or have the potential to distort) competition because the CCG are exercising a statutory function in respect of the provision of medical services which does not bring them into competition with other organisations. As such the payment will not strengthen them as recipient relative to competitors and accordingly, we do not consider that this grant gives rise to any state aid issues.

- 5.8 When making decisions, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). A proportionate level of equality analysis is required to discharge the duty and information relevant to this is contained in section 6 of the report (One Tower Hamlets Considerations).

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. The premises improvements across the 11 primary care facilities will increase capacity and access to provide more clinical appointments to all service users in the local population. These enhancements will benefit service users, in particular those who are more reliant upon health services including families with children, older people and those with complex health issues (including the disabled).
- 6.2. The project will result in an increase of approximately 840 consultations per day across primary care and not adversely affect people with protected characteristics

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The delivery of this project ensures the Council meets its s106 obligations and spends funds in accordance with the agreement.
- 7.2 The project directly supports the IHWB strategy to improve and develop local services; it also supports the Tower Hamlets' Commissioning Strategic Plan 2012 – 2015.
- 7.3 Additionally, through investing in primary care services, preventative steps are being taken to reduce demand upon hospital services which can often be more costly, thus supporting best value.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no sustainable action for a greener environment implications.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There is a risk that if the project is not approved, the benefits identified for the project relating to increased and improved access to local services, improved patient experience, increased GP registrations in the area will not be realised.
- 9.2 In addition if this is not approved then as it is proposing the delivery of works in accordance with S106 requirements then there is a risk of non-fulfilment of S106 requirements. Particularly since two contributions programmed into the project (PA/06/01439 & PA/06/2068), totalling £1,515,932.46, are at risk of developer claw back if the project is further delayed and the monies have not been expended upon the request of the developer.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no crime or disorder implications.

11. SAFEGUARDING IMPLICATIONS

- 11.1 There are no safeguarding implications

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix1 - Details of proposed works

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- PID Maximising existing health infrastructure

Officer contact details for documents:

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