

Primary Care Premises Strategic Group
Terms of Reference

1. Purpose of the Group

- Provide long term strategic oversight to future developments based on a robust evidence base and needs analysis;
- Provide strategic oversight to current primary care premises developments in the borough;
- Identify premises 'at risk' due to leases nearing their end and factor this into the strategic planning;
- Explore options to overcome common challenges faced taking forward development schemes;
- Ensure a co-ordinated multi-agency approach to primary care developments, providing a forum for effective communication and ideas generation.

2. Context

The Council, NHS Enfield Clinical Commissioning Group, NHS England and NHS Property Services are keen to support the development of primary care facilities in the borough and ensure these are effectively planned and co-ordinated. A number of Project Boards exist for specific projects; however, there is not a single forum that brings together the key organisations, to facilitate a strategic approach to primary care premises developments.

Responsibilities for primary care services are shared across a number of organisations as follows:

NHS England NHS England commissions and holds contracts for primary care services directly. They carry out contract monitoring and make payments to practices for the services they provide to patients, including some reimbursement for practice overheads such as rent, rates and clinical waste. NHS England considers applications from practices for both capital and revenue primary care developments and is responsible for approving or rejecting Project Initiation Documents (PIDs), Outline and Full Business cases (OBC/FBC). The Clinical Commissioning Group Framework is designed to dovetail with these NHS England documents and ways of working.

NHS Enfield Clinical Commissioning Group has a key role in developing primary care capacity and quality, to enable it to reduce activity within acute settings. This includes providing advice and support to practices that are planning a move or major refurbishment and liaising with the other stakeholder groups involved. The Clinical Commissioning Group can signpost and help practices navigate the various statutory

agencies they need to work with in order to progress a primary care premises development project. In some cases the Clinical Commissioning Group may form a partnership with a GP practice in a primary care premises development project, to develop extra capacity for its care closer to home plans. Clinical Commissioning Groups are required to keep a Primary Care Premises Development Framework that provides information on the current capacity of primary care as well as predictions about future demographic growth and the impact on demand for primary care services. Clinical Commissioning Groups are not able to take on a lease but do have the capacity to provide assurance that it would commission a service from a provider and that the rent on the space would be guaranteed for a specific period of time if it chooses.

NHS Property Services is responsible for the management of all the former Primary Care Trust estate that has not transferred to NHS Trusts. This includes a role of landlord and a provider of property related support services. NHS Property Services provides strategic estates management advice on new capital projects, to ensure value for money and affordable development solutions are achieved. In addition, NHS England leads on new acquisitions and disposals on behalf of the commissioning bodies, where appropriate. On behalf of NHS England, NHS Property Services advises and manages the GP premises reimbursement process under the 2013 guidelines.

The London Borough of Enfield has an interest in the development of primary care services as part of its wider leadership role and is involved in significant regeneration schemes, which potentially provide opportunities for the development of primary care services. The local authority also has an important role in determining primary care premises developments as it now commissions public health services for practices and provides data to the Clinical Commissioning Group about demographic and epidemiological changes. The Council has an active role in the local Health and Well Being Board, which leads the development of Joint Strategic Needs Assessment.

In addition to the four organisations with an active role in this Group, the following organisations also have a role to play in the development of primary care premises:

NHS Trusts (Acute, Community and mental health) received a number of former Primary Care Trust premises on 1st April 2013, so is a significant local estate owner as well as being tenants in other buildings. The availability of this estate provides potential opportunities for developments within primary care, which may also generate efficiencies across the healthcare system.

Community Health Partnerships play a key role in leading public private partnerships to deliver a wide range of health planning and estate services that support health providers and local authorities to achieve improvements in the estate. They also own and are responsible for the operational management of Enfield's Forest Primary Care Centre LIFT building.

3. Group Membership

The Group membership is shown below. The Group will be chaired by the Director of Health, Housing and Adult Social Care.

Name	Role	Organisation
Ray James	Director of Health, Housing and Adult Social Care (Chair)	London Borough of Enfield
Bindi Nagra	Assistant Director Strategy and Resources	London Borough of Enfield
Neil Webster	Head of Strategic Property	London Borough of Enfield
Paul Walker	Assistant Director – Regeneration, Planning and Economic Development	London Borough of Enfield
Joanne Woodward	Head of Service – Strategic Planning and Design	London Borough of Enfield
Shahed Ahmed	Director of Public Health	London Borough of Enfield
Martyn Hill	Associate Director Estates and Facilities – North Central and North East London	NHS Property Services Ltd
Liz Wise	Accountable Officer	NHS Enfield Clinical Commissioning Group
Fiona Erne	Deputy Head of Primary Care – North Central and East London	NHS England

Where required interested parties may be invited to join a meeting for a specific agenda item. This may include but is not limited to the following:

- Public Health England
- Community Health Partnerships
- Other NHS Trusts.

4. Group Responsibilities

The Group will:

- Clarify the structure and roles for primary care improvement and premises development across the member organisations and ensure this is clearly communicated to relevant staff;
- Share information on key future priorities and examine on a partnership basis how each partner can help to progress those priorities on an affordable and value for money basis;
- Clarify the process for overcoming any conflict of interest issues that arise in the development of primary care premises
- Provide strategic leadership to the development of primary care facilities in the borough;
- Receive updates on each of the ongoing developments, so progress can be tracked in a single forum;
- Review common challenges faced in taking forward development schemes and explore options to overcome these within each organisation;
- Review premises profiles of primary care facilities in the borough (e.g. condition of premises, size, quality), to prioritise where attention should be focused;
- Identify where leases are coming to an end for primary care premises and explore alternative options at a strategic level;
- Review the needs of the borough and identify where additional primary care capacity is required;
- Explore the use of Section 106 or Community Infrastructure Levy funds to support the development of primary care/community facilities;
- Review the Council's regeneration plans and any opportunities to link these with the development of new primary care/community facilities;
- Allocate appropriate resources within each organisation to support the exploration of the business case for any potential developments that are identified;
- Foster collaborative working between the parties.

5. Group Member responsibilities

- Group members are required to attend the meetings or provide a deputy where this is not possible;
- Group members are required to pursue actions between meetings and report any issues to the Chair.

6. Governance

The Group will meet on a quarterly basis and be chaired by the Director of Health, Housing and Adult Social Care. In the absence of the Director of Health, Housing and Adult Social Care the Group will be chaired by the Assistant Director Strategy and Resources.

The Group will be administered by the London Borough of Enfield. Papers will be circulated five working days in advance of the meetings and minutes will be circulated within two working days following the meeting. All papers will be restricted and not circulated more widely without the prior permission of the Chair.

The Group will receive brief updates from the Project Boards of all developments underway, to initially include Joint Service Centre, Southgate Town Hall and Highmead.

Working groups will be established as necessary to progress more detailed work between meetings.

The Group will report to the Improving Primary Care Board, a sub group of the health and Wellbeing Board, as required.

7. Confidentiality

The Group will be required to engage in sensitive strategic and commercial discussions therefore the meetings will not be open to the public and all papers and discussions shall remain confidential, until agreed otherwise.