

JHOSC estates update

Response to questions from Nov 23
meeting

1 – Inspection of GP Practice Premises

Cllr Bevan how often the premises was inspected, Nicola Theron agreed to provide some specific details on this to the Committee in writing.

NCL ICB have been involved in a national programme to assess the quality of GP practice premises to support local delivery and strategy planning. This is provide a consistent baseline across England, by undertaking 6 facet building surveys across 70% of GP practice premises that haven't had a survey since before 2015. Surveys included Condition, Functional Suitability, Statutory Compliance, Space Utilisation, Quality & Environmental.

In NCL, 3 boroughs were included in the current phase, across Enfield, Islington and Barnet, involving 82 assets. 67 buildings across Camden and Haringey will follow once further funding is secured.

It is intended that future capital investment will be guided by the recent local Estate Strategies and the data from this programme will help to further shape priorities coming out of that process.

2 – List of Estate disposals

Cllr Cohen asked for a list of estate assets that had been disposed of. Nicola Theron said that there were very few of these but agreed to check this and provide details.

**NHS disposals
April 2021 to March 2022**

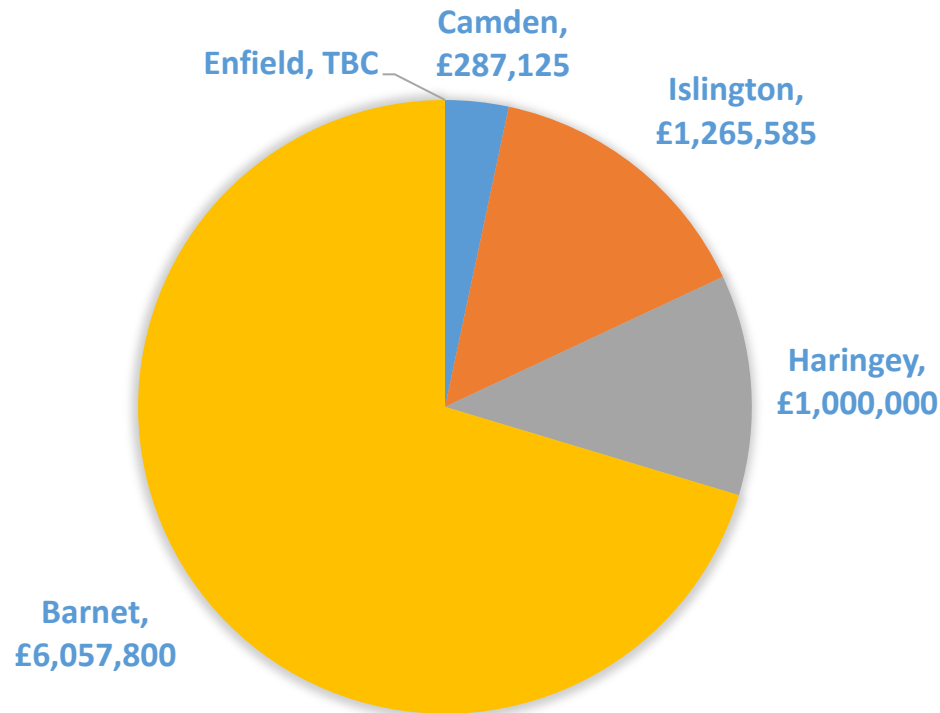
Borough	Address of asset for disposal *	Timing of sale	Comments
Barnet			No disposals
Camden	Kings Cross Surgery The Bloomsbury Building St Pancras Hospital NW1 OPE	Spring 2022	Disposal of former GP practice, privately owned
Enfield	Car park at Bridport Road, North Middlesex	April 2021	Sale by North Midds to GLA
Haringey			No disposals
Islington	The Family Practice 117 Holloway Road (N7 8LT)	February 2022	Disposal of former GP practice, privately owned

*material disposals notified to NCL Estates Team

3a) – CIL Allocations

Further detail to be provided on how the CIL money is distributed across the NCL area.

S106/CIL ALLOCATED TO HEALTHCARE PROJECTS



This pie chart shows how the S106/CIL is distributed across the NCL area. Taking Barnet as an example, funding has secured the following:

- Colindale regeneration scheme – New integrated hub
- Improvements to primary care space for homeless people attending Homeless Action Barnet
- General improvements to primary care sites across Barnet
- Parkview Surgery clinical space refurbishment
- Health Services Equipment/Clinical Devices in primary care sites across Barnet
- Brent Cross regeneration scheme - feasibility study
- Supply and install Digital Boards & Patient Kiosks in primary care sites across Barnet
- Torrington Park Health Centre improvement works
- Barnet General Urgent Treatment Centre
- Grahame Park Health Centre resilience work

3b –. Capital funding

More information around revenue limit and capital resource funding (including an understanding of what happens if hospital wants to invest and asks for capital funding, how much will they be allocated and how is this distributed across the NCL area). Also, is capital funding lost if it is not used within the 2-year period and does this impact of future allocations of capital funding to NCL?

Capital Funding

- Historically, Trusts are individually allocated a capital resource limit (CRL) - the amount they are permitted to spend in-year
- ICBs have received annual allocations over a three year period (22/23 to 24/25) c. £180m for the next two years
- Allocations are informed in-part by depreciation allowing for asset replacement/refresh, as well as the level of estates maintenance backlog
- If not spent in-year, capital funding is lost and can impact future allocations. This risk is managed proactively across organisations by the ICB to ensure spend is utilised most effectively to achieve value-for-money
- CRLs are now allocated to ICBs for distribution, enabling greater ability to direct funding to transformational investment outside of hospitals to improve patient care and drive greater efficiency for the NCL population

4 - Estate Board representation

The Committee recommended that a representative from Adult Social Care should be included on the Estates Board.

And Estates ask of council colleagues - For Councils to provide a single, senior, representative to the Estates Board or Local Care Infrastructure Board. .

- The Estates Board is undergoing a governance review to ensure it remains fit for purpose for the ICB as it matures
- This review is also intended to refresh the attendance and TOR for the Local Estate Forums which is intended as the key place where the Council/NHS estates discussion takes place
- Both remain under discussion
- What is likely to emerge is:
 - a) We retain the presence of a council estate colleague on the Estates Board
 - b) The LEFs build on their current momentum with greater consistency by way of council colleagues, to which Adult Social Care colleagues could be invited
 - c) We develop a Council estates board sitting behind the Estates Board to meet say every 6 months and explore further opportunities for consistent working and sharing best practice across NCL, between NHS and Council estates colleagues