

Agenda Item No: 9



Report To: Ashford Health & Wellbeing Board

Date: 17 January 2018

Report Title: Ashford Estates Technology Transformation Fund (ETTF) Scheme

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Organisation: NHS Ashford Clinical Commissioning Group

Summary: This briefing aims to give an update on the Ashford Estates Technology Transformation Fund (ETTF) premises scheme

Recommendations: The Board be asked to:-

To note the content of the report and to consider nominated an officer to join the Ashford Premises Group

Purpose of the report

1. This briefing aims to give an update on the Ashford Estates Technology Transformation Fund (ETTF) premises scheme that was successful in getting through the initial NHS England funding gateway in 2016.

Background

2. In Ashford Clinical Commissioning Group (CCG) area there was one successful scheme originally submitted by Kingsnorth Medical Practice which proposed significant investment and offered a range of options in terms of delivering a solution for primary medical services that responded to the predicted population growth across Ashford.
3. The original Ashford ETTF premises bid set out 3 options:
 - Option 1 – develop a new purpose built facility sufficiently large in size to accommodate the patients from the current facility at Kingsnorth as well as accommodating the new population from the Chilmington Green Housing Developments.
 - Option 2 – develop a smaller modular type branch surgery for the new population at Chilmington Green which will grow with the new population.
 - Option 3 - look to extend the current facilities at Kingsnorth to provide care for the existing patients and for the new population from Chilmington Green.

Progress to Date

4. In December 2016, conversations took place between NHS England (NHS E) and Ashford CCG to discuss the options set out in the Ashford premises ETTF and how to secure primary medical services that meet the predicted population growth across Ashford. The CCG was advised to submit a change request application form to NHS England for the Ashford premises bid and for the scheme to become a CCG led scheme thus allowing the CCG to access pre-project costs for a full Ashford local feasibility study/options appraisal to ensure that the project delivers the transformation in the most appropriate area taking into account all the new housing developments in the Ashford locality and the subsequent increase in population of circa 40,000 people over the next ten years. Changing to a CCG led scheme would enable a closer strategic fit to both the CCG's emerging estates strategy and the Sustainability Transformation Plan (STP), thus enabling the scheme to facilitate a fundamental shift of services from secondary care to primary care with a greater integration of health and social care closer to home.
5. In January 2017, NHS England wrote to the CCG advising that £25,000 had been allocated as pre-project costs to enable the appointment of professional advisers to support the work around the project. The letter stressed that the funding of the pre-project costs do not constitute approval of the scheme or guarantee that the scheme will be given further funding. NHS England advised that the purpose of the pre-project expenses was to enable the CCG to commission an options appraisal and to develop a more detailed business case and the necessary preparation work and, to inform consideration for future funding. A business case is required for all ETTF schemes over £1 million, which includes the Ashford CCG premises scheme.
6. In discussions with the national ETTF Project Team it was very clear that NHS England were looking to the CCG to consider all the investment opportunities that were coming into the CCG boundary and to ensure that all investment sources were used to support the investment in primary medical services. NHS E were seeking confirmation that CCG would maximise the investment from Section 106 agreements.
7. In order to progress with the options appraisal in a timely manner and to avoid a protracted procurement exercise NHS England advised that the Medway LiftCo could be approached as they have a framework of suppliers the CCG could draw on. In discussion with NHS Property Services it also transpired that NHS Property Service (NHS PS) have an approved provider framework with Medway LiftCo and the CCG were able to work with NHS PS to secure a provider to complete the options appraisal/feasibility work.
8. It was anticipated that the application for housing on the Chilmington Green Housing Development site would go to Ashford Borough Council's Planning Committee for approval in late October 2017. Highways works have begun on the site in anticipation that housing approval will be given. The house build was expected to commence in Spring 2018, with the first occupation expected in Autumn 2018. It is anticipated that at the end of year 1 approximately 125 new properties will be built on the edge of the development; these are likely to be three or four bedroom family homes. Phase 1 (1500 homes) is expected to be completed by 2023/2024.

9. Under the section 106 agreement for the Chilmington Green housing development the proposal is to create a community trust "Chilmington Green Consortium", the community hub will be gifted to the community trust. Discussions are still taking place as to whether that will be over one or two floors. For the section 106 health contributions the proposal is for 1000m² for primary medical services which will be created into 6 fully furnished GP consulting rooms in the community hub. The ownership of this space will remain with the Consortium and be offered to the CCG at a peppercorn rent in line with the Premises Cost Directions 2013.
10. This provides a solution for meeting primary medical services needs arising from the Chilmington Green Housing Development and suggests that the ETTF allocation can be used to meet needs arising from the housing growth in other parts of Ashford.
11. Due to the level of information provided by local authority relating to the local plan and proposed growth the CCG didn't commission a feasibility study across whole of Ashford rather we focused our efforts on specific geographies and maximised use of information already available to us. Our intention was to split the work across two distinct localities to understand the different pressures which led us to focus on Chilmington Green and Tenterden. We originally received a proposal from Medway Liftco to progress feasibility work around Chilmington Green, however this work did not progress once we understood how far ahead the section 106 negotiations are Chilmington Green were. We commissioned a specific piece of work looking at Tenterden, however, this piece of work was not robust enough as it only considered one option for the way forward.
12. Over the summer of 2017, the CCG officers met with the local planning officers to understand the health contributions that have been secured and those that are still being negotiated. The Ashford Local Plan has proposals for over 11,000 new homes build out proposals and there are developments across Ashford with significant planned housing growth.
13. The CCG is able to seek health contributions for all new housing developments through a section 106 agreement by negotiating with the local planning authority in order to meet the primary medical services needs arising from new populations.
 - For Chilmington Green (5750 homes), a section 106 agreement is close to being finalised with a value of approximately £4.8 million that will provide 1000 metres square space to provide 6 GP consulting rooms.
 - For Finberry (1100 – 4300 homes) the section 106 agreement was approved back in 2002 with an approximate value of £3.6 million that will provide land of 600 m² and building for the provision of primary health care.
 - For Court Lodge Farm (1370 homes) no formal discussion on health contributions have taken place and will commence as planning applications start to come forward.
 - Where a section 106 investment has been secured to provide a healthcare facility for new populations, ETTF funding will not be released by the national project team to meet the same population need.

- For new populations such as those highlighted, the CCG will need to engage local practices whose boundaries cover these locations to commission primary medical services for these new communities.

Moving Forward

14. For an acceptable scheme to come forward to NHS England, the CCG needs to complete the Ashford-wide piece of work, this involves reviewing every population growth point across the borough, confirming the section 106 resources available and their attached conditions, and identify areas where section 106 resources still need to be negotiated (such as Court Lodge Farm). The CCG are expected to be able to map out the growth and the resources and identify how each investment pot will be used to the benefit of primary care across Ashford and from there make a recommendation as to where the ETTF monies will have the most impact across Ashford. This will then determine which practice(s) will benefit from the ETTF monies and take over management of the scheme(s) moving forward with business cases through gateway process. This work needs to be completed by 31 March 2018.
15. An Ashford wide premises group has been established (involving all GP practices and the Kent Local Medical Council) to take forward this piece work, and the CCG are keen to secure an Ashford Borough Council representative ideally with planning and section 106 knowledge to be part of this group.
16. The CCG are in the process of recruiting an officer to lead on this area of work and have made a temporary appointment (until 31 March 2018) whilst this takes place. This officer will lead on the production of a Primary Care Estates Strategy for Ashford CCG and on discussions with Ashford Borough Council regarding securing section 106 health contributions.
17. Meetings took place in December 2017 involving the CCG, the national project lead for the ETTF and both Kingsnorth Medical Practice and Ivy Court Surgery (Tenterden). Work is now underway to produce project initiation documents for the premises developments at both practices.

Conclusion

18. The CCG needs to complete the growth mapping required across Ashford and make recommendations to NHS England how the ETTF funding can be put to best use and also how section 106 health contributions will be used to the best effect to minimise the impact of population growth on primary care.

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