Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 28th January 2020
Time: 9.00am – 11.35am
Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	11
Title:	Minor Improvement Grants 20/21 and 21/22 – Call for Expressions of Interest
Purpose: Decision/~~Discussion/For Information~~	
Key Points for Discussion:	
This paper covers: • Recent request from NHSE for the CCG to provide an expression of interest for "business as usual" capital funding for the financial years 20/21 and 21/22 by the 14th Feb 2020. NHSE have proposed a total budget of £1.94 million in each year. This will include any capital funds made available to GP practices for Minor Improvement Grants (MIG). It also covers capital for IT and Learning Disabilities. • That practices have been contacted and asked to submit expressions of interest for MIG funding, using an NHSE prescribed template, by the 27th Jan 2020 • That the CCG needs to review, assess and prioritise those MIG applications. This paper proposes that the same process as was used and approved by PCCC last year be used again • That the CCG will then need to submit its own prioritisation for funding across MIGs, IT and Learning Disabilities to NHSE by the 14th Feb 2020. • As the NHSE timeframes mean it will not be possible to bring the prioritised MIG schemes to PCCC for approval, the Committee is asked to approve in principle the process set out in this paper, and delegate approval to the Chairs of the Primary Care Commissioning Committee and Primary Care Operational Group.	
Recommendations:	To approve: • The process proposed for assessing and prioritising schemes. • Delegation of approval of the prioritisation of schemes to the Chairs of the Primary Care Commissioning Committee and Primary Care Operational Group.
Previously Considered By and feedback :	This has been raised at the January meetings of the Primary Care Operational Group (PCOG) and the Estates and IT sub-group of PCOG.

Management of Declared Interest:	There are no identified or perceived conflicts of interest in the proposed process.
Risk and Assurance:	Key risks relate to the short turnaround times required by NHSE and the risk that the overall budget may not provide for sufficient MIG capital for all appropriate schemes, once other IT and Learning Disability requirements are considered, as happened last year. To mitigate these risks, the estates team are working closely with the Area Teams to identify schemes that could have the maximum benefit, and with the IT, Learning Disabilities and Finance teams to ensure a fair and reasonable allocation of funds overall and split across the two financial years.
Financial / Resource Implications:	It is not expected any schemes which are ultimately delivered will have implications for CCG revenue budgets.
Legal, Policy and Regulatory Requirements:	There are no legal implications resulting from this report. However, there might be legal implications relating to any changes to occupational arrangements for the practice with landlords.
How does this reduce Health Inequalities:	The provision of health services are universal and estate strategy will help support delivery of these services, which will benefit the whole population including those with protected characteristics.
How does this impact on Equality & diversity	The provision of health services are universal so the strategic direction will affect the whole population served. Equality and Quality impact assessments will be done if / when service provision changes are considered.
Patient and Public Involvement:	The call for expressions of interest has been widely promoted across General Practice. Where an agreed scheme would affect patients or the public, there is a requirement for General Practice to consult and communicate these to their patients. All the schemes proposed would be have positive impact on patient experience.
Communications and Engagement:	All practices have been written to and invited to put forward expressions of interest.
Author(s):	Tim James – CCG Estates Manager Graham Wilson – Interim Infrastructure Lead
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Chief Finance Officer / Deputy Chief Executive.

Agenda item: 11

Minor Improvement Grants 20/21 and 21/22 – Call for Expressions of Interest

1. Background

Call for Expressions of Interest

On the 23rd of December 2019, NHSE wrote to the CCG and invited it to put forward proposed budget requirements for "business as usual" capital funding for both 20/21 and 21/22. The letter can be seen in Appendix 1.

NHSE has proposed a budget of £1.94 million in each of the two following financial years, 20/21 and 21/22. However, this budget will have to cover all IT spend as well as Learning Disabilities (LD) in addition to GP Minor Improvement Grants (MIG).

In 19/20, the CCG put forward a request for circa £250k of capital funding to support MIGs, but NHSE prioritised IT and LD and did not provide any MIG capital, despite the CCG having requested, reviewed and prioritised applications from practices.

This year NHSE has changed the process, in so much as it is asking the CCG to prioritise requirements across MIG, IT and LD, rather than doing so itself. The CCG's Chief Financial Officer, is currently determining a process for undertaking the prioritisation.

In the meantime, expressions of interest from GP practices for MIGs have been requested by the 27th January, and the use of the process approved by PCCC for reviewing, assessing and prioritising MIG schemes is proposed to be used again. That process is described in this paper.

As the NHSE timeframes mean it will not be possible to bring the prioritised MIG schemes to PCCC for approval before they are submitted on the 14th of Feb, the Committee is asked to approve in principle the process set out in this paper, and delegate approval to the Chairs of the Primary Care Commissioning Committee and Primary Care Operational Group to agree the expression of interests, which go forward for consideration.

Following submission of expressions of interest to NHSE, practices whose schemes approve in principle will be invited to complete more detailed business cases between the 28th February and 27th of March for consideration and approval by NHS England in April. The CCG is discussing with NHS England if there is the opportunity to push back the 27th March deadline to 1st April to enable the business cases to be signed off by PCCC at their March meeting. A verbal update will be given at the meeting on the outcome of these discussions.

The overall timeframes for this process set out by NHS England are shown in the following table:

Task	Deadline
Practices to send EOIs to CCGs	Friday 24 January 2020 (Extended to 27th January by CC)
CCGs to send CCG Excel File and accompanying EOIs to england.financesouth@nhs.net	Friday 14 February 2020
CCGs notified of EOIs supported by NHSE/I	Friday 28 February 2020
Business cases uploaded to regional capital mailbox	Friday 27 March 2020 (Looking to see if this can be pushed back to 1st April, to enable PCCC to agree the business cases that go forward for formal approval by NHSE.
Business case approval date by NHSE/I, subject to successful completion of business cases.	End of April 2020
Date expenditure to be incurred for 2020/21 schemes	31 March 2021
Date expenditure to be incurred for 2021/22 schemes	31 March 2022

What are Minor Improvement Grants

Minor Improvement Grants (MIG) are funded through NHS capital grants given to GP practices to support improvements to premises. The types of improvement that are allowed are covered by the NHS Premises Cost Directions (PCD). The relevant clauses (8 & 9) of schemes that can and cannot be covered are included at Appendix 2. The PCDs also require that the value of a MIG should be capped at a maximum of 66% of the total cost of the scheme, with the remainder of funding being put forward by the GP practice.

The “Minor” nature of schemes mean they can range from the installation of a water meter, up to the construction of a new building extension. Minor Improvement Grants are operated under a separate, proportionate, and less onerous governance route through NHS England (NHSE) than more substantial projects. As a rule of thumb, the MIG route relates to schemes with a value under £1million. For schemes of higher value, NHSE requires the completion of both outline and full business cases and for each to be submitted for review and approval to the NHSE national

review panel process. That is the process the proposals for new GP buildings being funded by Estates Transformation and Technology Fund (ETTF) and STP capital are being taken through.

NHSE MIG capital for 2019/20

In December 2018, NHSE contacted the CCG and asked it to submit a request for annual MIG capital for 2019/20. The CCG wrote to all GP practices and requested expressions of interest. All applications the CCG received were assessed against the Premises Cost Directions first to ensure compliance and where they passed this initial assessment, they were then assessed against the principles set out in the draft STP Estates Strategy and scored appropriately, in anticipation of the budget becoming available.

However, NHSE notified the CCG that a decision was made not to allocate any NHS capital to MIG schemes had instead opted to prioritise their limited capital funds for IT and Learning Disability projects. A paper was brought to PCCC in July 2019 setting out the process that had been followed for assessing and prioritising MIG schemes and requesting approval to progress the priorities should capital become available during the year.

Specific MIG capital did not become available, although an amount of Estates and Technology Transformation Fund capital has been made available and two of the approved MIG schemes were put forward for that as they satisfied the requirement for transformative change on a Primary Care Network footprint.

All of those schemes that were approved in principal in 2019/20, but could not be supported due to lack of funding have been invited to update and resubmit their expressions of interest again.

2. CCG Assessment Process

Proposed Process

The proposed process for the assessment and prioritisation of schemes proposed by practices will be the same as the one approved by PCCC in July last year.

An assessment will be completed by a working group consisting of members of the Estates & Information Technology Sub Group of PCOG with representatives from each of the 3 Area Teams, the Primary Care Commissioning Team, and the Estates team for their compliance with:

- The requirements of the Premises Cost Directions;
- How they aligned with the STP estates strategy; and
- The potential for an increase in revenue consequence to the CCG

Through the drafting of the Estates Strategy, the STP has established six key principles for consideration for estates. Applications will be assessed against these principles. The six principles are:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits.

These principles are used to assess all sizes of schemes, from small works inside a GP practice, up to the construction of a new premises. Because of this, it is necessary to interpret them in context of the schemes being considered. A summary of the interpretations relevant to MIGs is shown in Appendix 3.

An assessment and scoring session has been scheduled for the 29th January. Following an initial assessment to test whether proposals are compliant with the Premises Cost Directions, eligible schemes will be reviewed and scored. The scoring process will be the same as last year, with each scheme being given a score between 0 (lowest) and 4 (highest) against each of the 6 principles detailed above. Each of the principles will be weighted equally with the exception of principle 4 relating to financial sustainability, which will be weighted at double, as per last year.

Once all schemes are scored, they will be ranked in order of score and presented to the Chairs of the Primary Care Commissioning Committee and Primary Care Operational Group for their approval. Subsequently, they will be fed into the process for prioritisation of capital across MIGs, IT and Learning Disabilities the CCG's Chief Financial Officer is in the process of defining.

3. Financial resource implications

Capital

NHSE has stated that circa £1.94 million of "Business as Usual" capital will be made available in both 20/21 and 21/22. A total of £3.88 across the two years. Any capital allocation for MIGs will have to be balanced off against requirements for IT and Learning Disabilities. The CGG's Chief Financial Officer is currently determining the process by which these decisions will be taken.

Revenue

Expressions of interest that would increase the CCG revenue costs or do not meet the criteria set out for application process, including the Premises Cost Directions would not been supported.

Applications that meet the criteria and involve the conversion of non-clinical space within the existing demise of the practice to clinical use, does not incur an increase in revenue costs to the CCG and are revenue neutral.

4. Legal implications

There are no legal implications resulting from this report. However, there might be legal implications relating to any changes to occupational arrangements for the practice with landlords.

5. Risk implications

There is a risk that the extremely short turnaround time given for completion of this exercise means practices may not be able to submit sufficiently considered and developed expressions of interest. To mitigate this, close working with the CCG Area Teams and in turn the practices to identify improvement opportunities that would have the greatest impact has been put in place

There is the risk that the prioritisation process that will take place for allocations for capital funding between MIGs, IT and Learning Disabilities will result in minimal, or no capital being allocated to MIGs, as per 19/20. The estates team is working closely with colleagues in the IT, and Learning Disabilities teams, as well as Finance to collaboratively identify priorities.

6. How does this reduce health inequalities

The provision of health services are universal and estate strategy will help support delivery of these services, which will benefit the whole population including those with protected characteristics.

7. How does this impact on Equality and Diversity?

The provision of health services are universal so the strategic direction will affect the whole population served. Equality and Quality impact assessments will be done if / when service provision changes are considered.

8. Consultation and Communication including Public Involvement

The call for expressions of interest has been widely promoted across General Practice. Where an agreed scheme would affect patients or the public, there is a requirement for General Practice to consult and communicate these to their patients. All the schemes proposed would be have positive impact on patient experience.

9. Appendices

Appendix 1 – NHSE Letter Requesting Application for "Business As Usual" Capital Funding for 20/21 and 21/22.

South West Region
South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

lynneblandford@nhs.net

23 December 2019

Dear CCG Chief Finance Officer / CCG Primary Care Lead

Commissioner Business As Usual (BAU) Capital - 2020/21 and 2021/22

In order to facilitate the continued improvement of primary care, the Region is inviting expressions of interest for 2020/21 and 2021/22 Premises Improvement Grants, GPIT, Digital Technology and Equipping Capital.

As advised as part of the Long Term Plan guidance for commissioner BAU capital, budgets are expected to be at the same level as 2019/20, subject to confirmation. Given this and the nature of these schemes, I am writing to invite you to submit expressions of interest using the Expression of Interest Form (EOI) attached at **Appendix 1.**

The approval process for 2020/21 and 2021/22 will be as follows:

1. CCGs are requested to share this letter and appendices with their member practices as soon as possible to allow them time to consider and apply for a grant.

2. If interested in applying, practices are asked to complete the attached EOI Form at Appendix 1 and submit it to the CCG by email by **Friday 24 January 2020**. The progressing of any schemes received after this date will be based on the availability of any remaining uncommitted funding and the strategic importance of the scheme as informed by the CCG.

3. Practices should discuss their proposals with their relevant CCG contacts in the first instance in order to establish an early view as to CCG support for the application.

4. Practices must ensure that forms are fully completed with all requested information. Any form that is not fully completed will be automatically rejected.

5. The NHS (General Medical Services) Premises Costs Directions 2013 permit Grant awards of up to 66% of the total value of the scheme; practices are expected to meet the remaining 34% of the costs. Practices must also be aware that if the improvement grant is approved, any increase in rent caused by this work can be subject to an abatement.

6. EOI Forms must also be completed for 2019-20 schemes that included funding requests for 2020-21 and 2021-22. This is due to the fact that PIDs completed in 2019-20 clearly stated that funding was available for 2019-20 only and subsequent years must form part of future plans.

7. As in previous years, an element of the BAU budget will be utilised for learning disabilities. Therefore, CCG plans must also include agreed EOIs for the Transforming Care Programme. As the TCP programme will develop EOIs for this area, it is not necessary to duplicate this. For more details on agreed EOIs for future years for CCGs to add into **Appendix 2** – excel format, please speak to Ruth Kenyon (ruth.kenyon@nhs.net), TCP Finance Lead.

8. Indicative allocations by CCG are attached at **Appendix 3**. The indicative allocations are also shown by STP/ICS and systems are encouraged to work together to best utilise the overall system BAU budget.

9. Once EOIs are submitted to the CCG, the CCG will then undertake an assessment of the EOI to determine if the EOI is eligible. In considering the proposal the CCG will consider the following factors:

- Primary care commissioning strategies;
- Strategic estates planning;
- Affordability of any revenue consequences;
- If the proposal is eligible for an improvement grant;
- If the proposal for 2020/21 can be completed and invoiced for by 31 March 2021 or 2021/22 proposals by 31 March 2022.

10. Proposals that are supported by the CCG and that fit the eligibility criteria, the CCG will enter each EOI in the CCG excel file at **Appendix 2** and together with the EOIs will submit to NHS England and Improvement. The CCG excel file (**Appendix 2**) and all eligible EOIs to be uploaded to the mailbox england.financesouth@nhs.net by **Friday 14 February**.

11. All received Expressions of Interest forms will be re-assessed for initial approval by NHS England and Improvement and supported EOIs will be notified to CCGs by **Friday 28 February**.

12. Supported EOIs will be taken forward into a due diligence process and business cases to support each application will be required to be uploaded to the regional capital mailbox by **Friday 27 March 2020**.

13. The timescale of the due diligence process will vary depending on factors such as size, scope, complexity and how well the scheme has been worked up, however, it is expected that all business cases are approved by the region by the end of **April 2020**.

Please note that works must not commence prior to formal written approval and signing of all appropriate documentation by the practice and NHS England and Improvement. Any works undertaken without this will forfeit any funding awarded. Once formal approval has been given, the scheme must be fully completed by 31 March 2021 to qualify for funding available in 2020/21.

The table below sets out the key deadlines for this process:

Task	Deadline
Practices to send EOIs to CCGs	Friday 24 January 2020
CCGs to send CCG Excel File and accompanying EOIs to england.financesouth@nhs.net	Friday 14 February 2020
CCGs notified of EOIs supported by NHSE/I	Friday 28 February 2020
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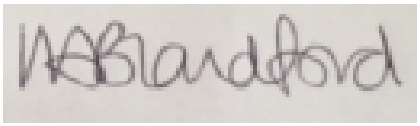
Date expenditure to be incurred for 2021/22 schemes	31 March 2022

If you have any queries, please do not hesitate to contact your regional capital finance leads – South West South – Bridget Hollingsworth, South West North – Zohra Belabed or myself.

Yours sincerely



Lynne Blandford
Head of Financial Strategy and Capital – South East and South West

CC
Sharon Kingscott, Regional Director of Operational Finance
Kaye Bentley, Regional Director of Finance
Stephen Trowell, Director of Digital
Anthony Hickson, Director of Estates
Ian Biggs, Director of Commissioning
Head of Primary Care/Public Health (Regions)

Encs
Appendix 1: Expression of Interest Form
Appendix 2: CCG Excel File
Appendix 3: Indicative CCG allocations for 2020/21 and 2021/22

Appendix 2 - National Health Services (General Medical Services – Premises Costs) Directions 2013

Part 2, Section 8 & 9

Projects that may be funded with premises improvement grants

8. The types of premises improvement projects that may be the subject of a premises improvement grant include –

a. Improvements to practice premises in the form of building an extension to the premises, bringing into use rooms not previously used to support delivery of primary medical services or the enlargement of existing rooms
b. Improving physical access to and within practice premises, and alterations or additions made necessary by the Equality Act 2010(a);
c. Improving lighting, ventilation and heating installations (including replacement of other forms of heating by central heating) of practice premises;
d. The reasonable extension of telephone facilities within practice premises (but not the initial purchase or replacement of telephone systems);
e. The provision of car parking required for patient and staff use, subject to the number of parking spaces being agreed by the Board (access to and egress from each parking space must be undertaken without the need to move other vehicles);
f. The provision of suitable accommodation at the practice premises to meet the needs of children and elderly or infirm people;
g. Fabric improvements to practice premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements;
h. Refurbishment of a building not previously used for the provision of primary medical services but which is to be used as practice premises on a temporary basis;
i. Improvements which are necessary in connection with emergency planning, such as the provision of electronic storage facilities at a location remote from the practice premises or the installation of a connection for an emergency generator;
j. Improvements which are necessary to meet infection control or decontamination requirements at practice premises, including the installation of specialist floor covering in areas used for the treatment of patients; and
k. The installation of a water meter.

Projects that must not be funded with premises improvement grants

9. The Board must not agree to fund the following expenditure with a premises improvement grant –

a. any cost elements in respect of which a tax allowance is being claimed;
b. the cost of acquiring land, existing buildings or constructing new buildings;
c. the repair or maintenance of premises, or the purchase, repair or maintenance of furniture, furnishings, floor covering (with the exception of the specialist floor covering referred to in direction 8(j)) and equipment;
d. restoration work in respect of structural damage or deterioration;

e. any work in connection with the domestic quarters or the residential accommodation of practitioners, caretakers or practice staff, whether or not it is a direct consequence of work on surgery accommodation;
f. any extension not attached to the main building by at least a covered passage way;
g. improvements designed solely to reduce the environmental impact of premises, such as the installation of solar energy systems, air conditioning, or replacement windows, doors or facades; and
h. any work made necessary as a result of fair wear and tear

A PDF copy of the Premises Cost Directions can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS__General_Medical_Services_-_Premises_Costs__Directions_2013.pdf

Appendix 3 - Assessment Criteria – STP Estate Principles interpreted in MIG context

STP Principle 1:	Improves quality and user experience		
MIG Interpretation:	Items relating to statutory and CQC compliance, i.e. infection control, fire prevention and protection, CCTV, etc., as well as simply creating a better environment for staff and patients.		
Top Score:	Changes that ensure critical compliance and are not necessarily landlord responsibilities that should have been dealt with without the ask for NHS capital.	**Low Score:**	Items that create a more pleasant environment but do little to improve effectiveness of space.
STP Principle 2:	Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery		
MIG Interpretation:	Key word here is “utilisation” and “flexible”. This is about efficient and effective use of space. Consider in context of planned local population growth and 6 Facet Survey of utilisation.		
Top Score:	e.g. Creation of clinical space from non-clinical space where more is needed, or clever reuse of admin space to create admin hub.	**Low Score:**	Things that whilst they might improve the quality of the space, i.e. refurb, don’t lead to better utilisation.
STP Principle 3:	Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units		

MIG Interpretation:	Key word here is “repurposing”. As with principle 2, in relation to MIGs, this is about repurposing existing space to get better use of it. Again, consider in context of planned local population growth and 6 Facet Survey of utilisation.		
Top Score:	e.g. Creation of clinical space from non-clinical space where more is needed, or clever reuse of admin space to create admin hub.	**Low Score:**	Schemes that realise minimal improvements in the effectives of the existing estate.

STP Principle 4:	Financially sustainable and helps reduce overall costs of running the estate		
MIG Interpretation:	This is about value for money. A comparative approach will need to be taken between schemes.		
Top Score:	Large benefit for relatively little cost	**Low Score:**	Expensive scheme that delivers marginal benefit

STP Principle 5:	Invest in estate, which is sustainable, and supports new models of care		
MIG Interpretation:	Schemes that support the emerging new models of care. Examples might be the creation of telephone hubs for consolidating the function across facilities. Schemes that support working at scale, or multidisciplinary teams.		
Top Score:	Close alignment with new models of care.	**Low Score:**	Schemes that don’t support new ways of working.

STP Principle 6:	Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits		
MIG Interpretation:	Strictly, this is about One Public Estate type schemes, but for MIG, it can be interpreted as schemes that enable practices and/or other providers to work together more closely.		

Top Score:	e.g. schemes that create space for multidisciplinary team working and new models of care.	**Low Score:**	Schemes that do not facilitate cross disciplinary working.

NHS

Bristol, North Somerset and South Gloucestershire

Clinical Commissioning Group

Shaping better health