

Health and Wellbeing Board

6 October 2016

Report from the Strategic Director of Strategic Director Community Wellbeing (LB Brent) & the Chief Officer (Brent CCG)

For information & comment

Wards Affected:
ALL

A common Public Sector Estates Strategy in the London Borough of Brent

1.0. Summary

- 1.1. The Board are requested to consider the scope of a consultant's project brief, in order to commission a common public sector estate strategy, with a first phase project looking at both Brent and the local Health estate, with Members asked to consider and confirm the questions in 3.9 of this report.

2.0. Recommendations

- 2.1. That the Board review the attached Project Brief, titled "A common Public Sector Estate Strategy in the London Borough of Brent – aligning Health and Local Authority Estate Holdings to facilitate delivery of a more integrated and customer focused service" and consider the questions in 3.9 of this report.
- 2.2. To approve a tender exercise, with an update to the Board upon receipt of tender returns.

3.0. Detail

- 3.1 The Cabinet Office, One Public Estate Programme's aims are to encourage and facilitate increased local public partnerships, through provision of seed funding to enable a strategic and collaborative approach to service delivery and estate planning in order to delivery improved outcomes for customers.
- 3.2 The key objectives of the One Public Estate Programme are:
 1. To deliver more integrated and customer focused services, through co-location, delivering efficiencies and more customer focused.
 2. To create economic growth, enabling release of land and property to stimulate growth, regeneration, new homes and jobs.
 3. To reduce running costs of central and local government assets.
 4. To generate capital receipts, through the release of land and property.

- 3.3 Brent in partnership with the local Clinical Commissioning Group (CCG), along with other public sector partners has made an application under the current phase of the OPE programme, with a number of projects identified and a strategic vision that says:

“Our aim is to have a common Public Sector Estates Plan that is driven by each Public Sector Partners service needs”.

- 3.4 The OPE opportunity fits very well with the NHS’s Estates and Technology Transformation Fund (ETTF), which is making £1bn of investment over 4 years to support the development of primary care estate. Investment is aimed at ensuring the estate supports new ways of working (including extended access and management of patients with long term conditions), introducing the use of technology to improve care delivery, develop training practices, and establish a sustainable primary care service for the future.
- 3.5 The ETTF programme as we understand it is over-subscribed, with the NHS encouraging local CCG’s to work with their local authorities to find local solutions to complement existing programmes.
- 3.6 Locally the Strategic Service Delivery Plan (SSDP) concluded that three locality based out of hospital hubs were required to enable the delivery of transformed models of care across the Borough. The location of the Hubs was identified as Central Middlesex Hospital, Willesden Centre for Health and Care and the Wembley Centre for Health and Care, however these may well be reviewed as part of the Strategic Transformation Plan (STP) and possibly on further development of OPE opportunities.
- 3.7 From Brent’s perspective, the OPE opportunity the ETTF and SSDP, fit with Brent’s Borough Plan objectives, that aim to build local partnerships that provider services that are finely tailored to local needs. It aims to create a better place, increasing the supply of good quality homes and new affordable housing, while improving lives by supporting enterprise, creating jobs, and helping people into work and fair pay.
- 3.8 To facilitate delivery of the Borough Plan, Brent’s Property Strategy/Strategic Property Plan 2015-019 builds on these themes by using and maintaining assets to support service delivery, promoting community resilience through community asset transfer, maximising value with a focus on revenue, and promoting investment and acquisition to support regeneration, housing and planning for new schools.
- 3.9 To deliver the common local Public Sector Estates Plan vision, Brent officers working with the local CCG have developed a project brief, (see Appendix A), to be used for the purposes of commissioning a professional property consultant. Specifically the Board are requested to consider the following questions:
1. Is the vision correct and are the objectives correctly defined?
 2. Are there any comments on the background?

3. Is the approach correct?
4. Have the constraints been correctly and fully identified?
5. As per the financial implications (section 4), Members are asked to confirm the preferred funding approach?

4 Financial Implications

- 4.1. Brent's OPE application has requested £30,000 towards the co-ordination of a data capture exercise and to undertake the public sector and health review, feedback from the OPE team suggests that their view is that this work may overlap with other elements of the Brent application and is at risk of being taken out.
- 4.2. In view of the doubts as to OPE providing initial funding for this project, and as there are clear synergies in what both Brent and the CCG are looking to achieve, a joint funding approach with Brent and Health sharing the cost, or matching any OPE funding that may be received should be considered.
- 4.3. Successful OPE bids are dependent on a clear demonstration of deliverables in terms of service transformation, homes, and new jobs, and identifying these deliverables is a required outcome from the project. The fact that both Brent and Health have made an initial financial commitment will also demonstrate both parties commitment to the OPE process. With outcomes clearly identified, and the OPE appetite for Health based projects, follow on applications to OPE stand every chance of success.
- 4.4. There is a OPE funding round at the end of October and at regular intervals thereafter.
- 4.4. The actual cost of the consultant's commission will be determined following a tender exercise.

5 Legal Implications

- 5.1. In respect of the proposed consultant commission, legal advice will sought on the technical aspect of a joint commission and if this is not possible Brent or Health may need to be named as lead client in a contract with the consultant, with side agreement detailing roles and responsibilities and funding arrangements.

6 Diversity Implications

- 6.1. Equality analysis will be required on programme and project basis.

7 Staffing / Accommodation Implications (if appropriate)

- 7.1. To be determined on a programme and project basis.

Background Papers

Appendix 1. Project Brief.

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