
West Leicestershire and East Leicestershire and Rutland CCGs – Process for managing Section 106 Healthcare Contributions



CCG Responsibility: Primary Care Premises

- NHS England held the remit of management of primary care estates and facilitation of S106 contributions until January 2016.
- Under co-commissioning delegation this responsibility now sits with the CCGs;
- The CCGs maintain close links with NHS England and are building effective working relationships with the Borough Council Teams across our area meeting regularly to discuss and influence plans.



Primary Care Premises Funding (NHS)

- Moratorium on capital investment in to primary care premises since 2009
- National capital funds became available through the NHS in 2015/16 to support premises developments and improvements
- GP Forward View – established Estates and Technology Transformation Fund to improve primary care premises
- CCGs prioritised practice schemes under ETTF and submitted bids against this June 2016 funding



ELR / WL CCG Aims

- To engage more closely with council planners on future strategy for planned growth across our area;
- To work with our general practices to maximise S106 requested and spent to the benefit of patients within the CCG area;
- Closer working and consistency across CCGs in line with STP aims



- The CCG review the detail of any proposed development and assess the potential impact of the increased population on local healthcare services.
- Following consultation with identified practices, the CCG will respond. Our response may:
 - Recommend refusal on the grounds of insufficient healthcare capacity in the area (we would also request S106 if subsequently the application is approved).or
 - Request a Section 106 healthcare contribution to increase clinical capacity to meet the demand of the proposed increased population.



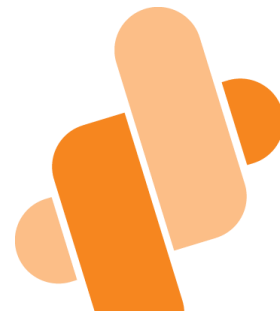
Methodology for allocating practices and applying for healthcare contributions

CCG methodology takes in to account:

- General practice boundaries (n.b: not always the closest surgery);
- Size of the proposed housing development;
- Current practice capacity/resilience;
- Commitment in principle from the practice;
- Existing S106 agreements;

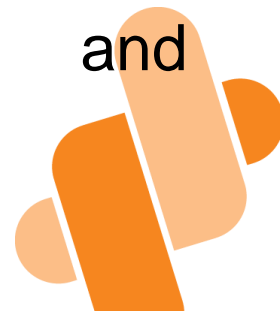
Trigger for seeking contributions

- >10 dwellings
- Consideration of 'pooling' (as per CIL regulations)



Notable projects to date – ELR CCG

- ELRCCG have secured £1.6 million S106 funding from Blaby County Council and £306k from Harborough District, Charnwood Borough and Melton Borough Councils.
- 4 larger sums of S106 funding have been allocated to Countesthorpe Health Centre, Hazelmere Medical Centre, Forest House, The Limes Medical Centre, Wycliffe and Masharani 3 practices will be using the funding for extensions to current premises and 1 for general refurbishments.
- Other smaller amounts secured are being used for improved access for patients, flooring and refurbishments.



Notable projects to date - WLCCG

- Fully funded extension to Castle Donington Surgery, significant increasing consultation space
- Extension of Pinfold Gate practice into old Loughborough Walk in Centre
- Extension at Manor House Surgery, Belton
- Purchase of clinical equipment for practices to use on ambulatory visits to care homes
- Numerous clinic room refurbishments to improve clinical space (Anstey, Measham Medical Unit)



Pressures for General Practice

- Concentration of Nursing Homes creates an inequity and additional work;
- Impact of large phased developments;
- Impact of accumulation of small developments;
- Delays in S106 funding availability;
- Lack of NHS Capital Funding for new buildings;
- Competition & Procurement obligations;
- Gift of land by developers;

