

# GREATER LONDON AUTHORITY

## REQUEST FOR MAYORAL DECISION – MD2981

### Title: London Estates Delivery Unit grant agreements to devolution partners and delegated authority to Programme Director

#### Executive summary:

The London Estates Delivery Unit (LEDU) is a pan-London partnership hosted by the GLA on behalf of the London health and care devolution partners which provides strategic and operational estates expertise.

The LEDU has identified workstreams, to be funded from the LEDU partnership budget, to be led by separate NHS and Devolution partners on behalf of the health and care system.

The LEDU seeks approval to enter grant agreements with Community Health Partnerships to deliver London-wide, primary care estates surveys on behalf of London's Devolution Partners.

The LEDU also seeks authority to commission an update of the London Health and Care Estates Strategy, which was published in July 2019. In order to support this work, the LEDU seeks approval to allocate grant funding to Tower Hamlets Clinical Commissioning Group (CCG) to procure phase 2b of the London Asset Database project.

On behalf of London NHS partners, the LEDU procured the Bubble programme management system (Bubble) which has now been rolled out across all five London integrated care systems. The LEDU requests authority to allocate grant funding to Lambeth CCG, which procured Bubble on behalf of London NHS partners, to renew licences and further develop and expand the system.

In addition, the LEDU also seeks delegated authority to allocate, via grant agreement, up to £100,000 to NHS and Devolution Partners to support smaller estates-related workstreams.

The projects in the MD support the release of surplus NHS land, delivering funds to reinvest in the NHS as well as as much needed new homes and wider economic regeneration.

#### Decision:

The Mayor:

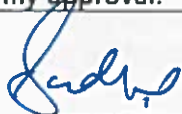
- approves expenditure from the LEDU non-pay budget for the 2022-23 financial year, for the following:
  - £150,000 for the delivery of London wide primary care estates surveys
  - £10,000 for professional consultancy support for the refresh of the London Health and Care Estate Strategy
  - £40,000 for phase 1b of the London Asset Database project
  - £70,000 for license renewal and the expansion of the Bubble programme management system
- delegates authority to the LEDU Programme Director to grant, via grant agreement to NHS partner organisations, up to a total of £100,000 for the completion of smaller workstreams.

#### Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

14/10/22

## **PART I – NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR**

### **Decision required – supporting report**

#### **1. Introduction and background**

- 1.1. The London Estates Delivery Unit (LEDU) is hosted by the GLA on behalf of the London partners committed to health and care devolution in London.
- 1.2. In November 2017 the London Health and Care Memorandum of Understanding (MoU) was signed by government, health and care partners, and the Mayor with “the aim to enable the widest and fastest improvement in the health and wellbeing of 8.6 million Londoners by transforming the way that health and social care services are delivered, how they are used and how far the need for them can be prevented.”
- 1.3. The MoU outlined an agreement that decisions about London’s NHS Estate should be taken by London for London.
- 1.4. The NHS is one of the largest owners of land and buildings in London, but many of its buildings are in need of repair and so can’t be used to provide care for patients. These unused sites still drain much-needed NHS money in maintenance costs.
- 1.5. Through devolution, NHS trusts are incentivised to sell unused land and buildings and reinvest the money back into London’s health and care system to build better GP surgeries, community services and hospitals. The LEDU was formed to implement the work of the London Estates and Infrastructure Board (LEIB). The LEIB provides a single forum for estate discussions in London and ensures early involvement of London government partners. As it matures, the LEIB will also provide a forum within which NHS capital investment decision-making, including delegated business case approvals and capital allocation considerations, could be exercised, so far as statutory powers permit this and within national approval thresholds.
- 1.6. The LEDU is match-funded by the GLA Land Fund and NHS partners. This partnership budget is held by the GLA in line with the hosting arrangement set out in the London Estates Board (LEB) Operating Framework 2017, and as agreed by NHS and GLA partners. The London Health and Care Estates Strategy, published in July 2019, sets out the ambition of the LEB and the LEDU in supporting London partners and their collective ambition to deliver key outcomes for Londoners. Alongside the estate strategy, a phased, prioritised capital investment pipeline for London has been developed. The pipeline contains circa 500 projects to be delivered over 10 years, requiring £8bn investment alongside a £2bn disposal opportunity releasing land for up to 12,500 new homes. The total annual LEDU budget equates to £800,000, which will be 50 per cent funded by GLA (Land Fund revenue) and 50 per cent by NHS partners. Approximately one-third of this budget is allocated to operating costs and priority workstreams that form part of the LEDU workplan. The balance of the budget funds established posts in the team.
- 1.7. The strong working relationship formed between the LEDU, the GLA Housing and Land team and the NHS has led to multi-partner and cross organisational working and is widely welcomed across the partnership. This approach has led to faster solutions to maximise the release of NHS owned surplus land. St. Ann’s Hospital and North Middlesex Hospital are examples of what can be achieved through the LEDU and a joined-up approach across the partnership
- 1.8. The LEDU has identified workstreams, to be funded from the LEDU partnership budget for the 2022/23 financial year, but to be led by separate NHS and Devolution partners on behalf of the wider health and care system.

#### **Successes to date**

- 1.9. The recent LEDU Review identified a number of specific and notable achievements since 2018:

- creating the first-ever London Estates Strategy
- supporting the delivery of £3.5bn of investment in the NHS estate
- supporting the release of 79 hectares of surplus NHS land at a value of £500m; released land to date has the potential to deliver 7,500 homes
- securing the inclusion of 5 new hospitals in the New Hospital Programme
- collaborating with other public sector partners, particularly the GLA, to realise joint development opportunities
- developing guidance and a toolkit to support the delivery of homes for NHS staff
- overseeing the successful delivery of 209 primary care schemes at a total value of £128m
- creating a number of strategic planning tools and implemented a single programme management system to support the London system with decision making and effective delivery.

## **2. Objectives and expected outcomes**

### London-wide primary care estates surveys

- 2.1. Community Health Partnerships (CHP), one of the Department of Health and Social Care's national property companies, has been commissioned to undertake a primary care data-gathering exercise to improve the quality of data available on the estate used for the delivery of primary care services.
- 2.2. CHP has recently received approval to commission three new facet surveys (condition, statutory compliance and functionality) for primary care estates across London. Once complete, the survey reports will be made available to GP practices, integrated care systems (ICSs) and the LEDU. The information will also be held on SHAPE Atlas, a national database. Only 70 per cent of primary care sites (which have not been surveyed in the past five years) will be provided with the facet surveys. An annual plan will be put in place to undertake the remaining surveys, and a rolling programme for refreshing surveys every five years is planned.
- 2.3. Devolution partners in London would like to accelerate the number of primary care surveys to be completed in this current phase of CHP's work, and have asked that a larger percentage of London's premises are surveyed. CHP is willing to commission a higher number of surveys on behalf of the London system, but additional funding will be required.
- 2.4. It is therefore proposed that funding of £150,000 is allocated from the LEDU budget to CHP to increase the number of primary care surveys to be undertaken in 2022-23 by 288. With this additional investment, it is anticipated that 100 per cent of London's primary care premises will have been surveyed by the end of financial year 2022-23.

### Refresh of the London Estate Strategy

- 2.5. The first ever London Health and Care Estates Strategy (the Strategy) was published in July 2019. The Strategy was scheduled for review in July 2020, but work was paused due to the Coronavirus pandemic response and also in recognition of the changes in demand on the health care estate that Coronavirus has necessitated. Following the refresh of London's five ICS-level estate strategies and prioritised capital pipeline, the LEDU aims to refresh the London-wide strategy to reflect the developments in London's health care estates and future strategic requirements. The cost of this work is anticipated to be £10,000 and will be completed in 2022-23.

- 2.6. The NHS London Healthy Urban Development Unit (HUDU) successfully completed phase 1a of the development of an online database that can relate different data sources around a single property reference – the national unique property reference number (UPRN). Good quality data is required by ICSs to inform estate strategies and identification of estate need.
- 2.7. The data contained within the asset database will continue to be treated as commercially sensitive as directed by the Department of Health and Social Care. The database will now be managed on behalf of the five London ICSs, and the NHS England and NHS Improvement regional office, by the LEDU.
- 2.8. HUDU would now like to develop phase 1b of the database, which will:
- introduce increased reporting features, which will include additional fields, attributes and output formats such as PDF
  - deliver the following database additions:
    - survey outcomes
    - symbology updates
    - additional filtering levels
    - further fields to be included following user feedback of phase 1a
  - enable the archiving of property details once a property is closed
  - enable the addition of further information on pop-up displays
  - enable the clustering of properties
  - make user documentation accessible within the application
  - facilitate the editing and updating capabilities on Property Occupier and Service Information fields.
- 2.9. The North East London Commissioning Support Unit, via Tower Hamlets CCG, has undertaken to procure phase 1b of the database on behalf of London partners. The cost of this work is anticipated to be £40,000. As Tower Hamlets CCG is the current host and employer of the HUDU, it is proposed that the GLA will provide a grant to Tower Hamlets CCG to fund this work, which is to be completed in 2022-23.

#### Bubble programme management system

- 2.10. The Bubble portal is a strategic planning tool for the LEIB, the LEDU, London sub-regions and wider devolution partners. At an operational level it provides a robust, centrally managed system to inform investment decisions; matching investment to organisational and clinical objectives; tracking delivery; and managing performance risk.
- 2.11. The contract with Bubble PPM Ltd was initially procured through a competitive process led by NHS Lambeth CCG in August 2019. The success of the implementation and mobilisation of the system has thus far exceeded expectations, with interest being shown in the Bubble system across the country and by the Department of Health and Social Care. The system is centrally managed by the LEDU, with licences issued to CCGs, NHS trusts and the five ICSs, to enable system-wide 'ownership' and use of the data for strategic planning purposes.
- 2.12. The portal has the functionality to:
- provide a finance and budget tracking system that reflects the actual and estimated expenditure on each project, as well as the sources of funding

- track milestones on each project, and create dependencies between milestones and between projects
- generate high-level and detailed reports
- provide a customisable dashboard to give an overview of projects, programmes and portfolios
- capture and track risks at project, programme and portfolio levels.

2.13. System partners are now asking the LEDU to expand the use of Bubble to capture all capital programmes, including those delivered and funded via local authorities, NHS property companies and third-party developers. As the original procuring body, NHS Lambeth CCG will purchase the renewal of and any additional licences plus any support required on behalf of London partners. Future provision of licences will be reviewed as part of the remit of the LEDU on an annual basis.

2.14. This work is anticipated to cost £70,000 (including renewal of existing licences) and complete in 2022-23. The LEDU seeks authority to allocate grant funding to Lambeth CCG to procure the expansion of the system on behalf of London partners.

Delegated authority for grant investment in other priority workstreams including recommendations from the LEDU review

2.15. The LEDU is committed to supporting London's five ICSs, and the NHS London region, in the development of robust estates and investment strategies. Part of this work involves understanding the level of need around primary and community care estates. This has historically been an area that has seen the least amount of change and investment; as such, it is a key priority for the health and care system to have fit-for-purpose estates that will support future ways of working. The LEDU will support the London system with this work by continuing to develop a range of tools and best-practice planning guides to aid strategic planning. The LEDU review has now concluded and makes a number of recommendations that will shape the work plan for the LEDU over future months. The LEDU will need to commission additional resource and support with the delivery of these recommendations and, therefore, requests delegated authority for the Programme Director to spend up to £100,000 to support this area of work.

### **3. Equality comments**

3.1. Section 149(1) of the Equality Act 2010 provides that, in the exercise of their functions, public authorities must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Due regard must be had at the time a decision is being considered. The duty is non-delegable and must be exercised with an open mind.

3.2. The protected characteristics under section 149 of the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership status.

3.3. The LEDU works in partnership with the GLA, the NHS and other key stakeholders to ensure the delivery of health and care services in fit-for-purpose estates; and to support the Mayor in his commitment to addressing health inequalities and access to clinical services. Increasing the supply of housing, and in particular affordable housing, will also help to achieve positive impacts on the health and housing of Londoners.

3.4. Considering the obligations under section 149(1) of the Equality Act 2010, the requirement to develop these sites with high levels of affordable housing will help to increase the supply of



affordable housing in London, and benefit residents with low incomes. It is likely to have a positive impact upon groups with protected characteristics, such as age, disability, pregnancy and maternity, race and sex – all of which can be over-represented on local authority housing waiting lists – as it will enable low-income households, and those that are vulnerable, to access affordable housing.

- 3.5. The homes also will be built in compliance with the London Plan. As this requires 10 per cent of all new homes to be built as wheelchair-accessible, it will significantly increase the number of accessible homes in the local area. Designated disabled persons parking will be provided where required, in accordance with the London Plan.

#### 4. Other considerations

Link to Mayoral strategies and priorities

- 4.1. The LEDU supports the LEIB and the collaborative working of the London Devolution partnership. The partnership's commitment to delivering key objectives for Londoners is solidified in the London Health and Care Estates Strategy.
- 4.2. By delivering the workstreams detailed in this paper, system partners, including the GLA, will be enabled to meet their collective ambitions to:
- meet the health needs of a growing population (it is expected that the London population will grow by a further circa 780,000 people within the next 10 years)
  - improve the health outcomes and care experience of patients and their families in fit-for-purpose facilities
  - support and accelerate changes in health and care service model delivery, to reflect and drive best practice
  - foster greater system-wide working and strategic planning
  - deliver significant transformation in the NHS estate across London.
- 4.3. There are no conflicts of interest to note for those involved in drafting or clearing this decision.
- 4.4. Key risks and issues:

Risk	Impact	Likelihood	Mitigation
<b>Continuation of GLA funding beyond March 2023</b> The GLA is unable to identify a future funding source for the LEDU resulting in discontinuation of the current arrangement with NHS partners.	High	Medium	An internal review of the LEDU is underway with a view to confirming the GLA's ongoing involvement in the LEDU and formalising this through the 2023-24 GLA budget setting process as appropriate.
<b>Primary Care Estates Surveys</b> Poor-quality information available on the condition of the current estate, which could lead to poor investment decisions and impact on business continuity.	High	Medium	Commission additional surveys as part of the national GP premises survey programme.
<b>London Health and Care Estate Strategy Refresh</b>	Medium	Medium	Commission consultancy support to produce an update of the document that reflects current

<b>Risk</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Mitigation</b>
Out-of-date and inaccurate information being used as key strategic reference point.  Potential missed opportunities if investment requirements don't align to strategic priorities.			strategic priorities and investment requirements.
<b>London Asset Database project</b> Reputational risk to the LEDU if the full implementation of an asset database does not complete.  Lack of accurate data source available to inform strategic decision-making.	Medium	Medium	Implement phase 1b of the project.
<b>Bubble programme management system</b> Lack of centralised oversight and management of key investment programmes across London. Loss of access and use of the system.  Inability to maintain a high level of confidence in, and the reputation of, the London system in successfully managing and delivering capital programmes.	High	Medium	Expand system to incorporate additional programmes. Renew licences as required.

## 5. Financial comments

- 5.1. This decision requests approval for expenditure of up to £370,000 and to establish grant-funding agreements with separate NHS partners for the activities listed below in 2022-23:
- £150,000 to commission primary care premises surveys across the five London ICSs
  - £10,000 for the refresh of the London Health and Care Estates Strategy
  - £40,000 for the implementation of phase 1b of the London asset database project
  - £70,000 for the expansion of the Bubble programme management system to incorporate all current NHS estate capital investment programmes
  - £100,000 (delegated authority to the Programme Director of the LEDU) to commission additional resource and support with the delivery of the recommendations from the LEDU review.
- 5.2. This funding will come from the 2022-23 LEDU non-pay budget (£25,000) and carry-forward funds from 2021-22 (£150,000), plus funds held in reserve (£195,000).
- 5.3. The LEDU annual budget of £800,000 is 50 per cent funded by the GLA (Land Fund revenue) and 50 per cent by NHS partners.

## 6. Legal comments

- 6.1. The foregoing sections of this report indicate that the decisions requested of the Mayor concern the exercise of the GLA's general powers, falling within the GLA's statutory powers to do such things considered to further or that are facilitative of, or conducive or incidental to, the promotion of economic development and wealth creation, social development or improvement of the environment, in Greater London.
- 6.2. In implementing the proposals in respect of which a decision is sought, officers should comply with the GLA's related statutory duties to:
- pay due regard to the principle that there should be equality of opportunity for all people
  - consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom
  - consult with appropriate bodies.
- 6.3. In taking the decisions requested, as noted in section 3 above, the Mayor must have due regard to the Public Sector Equality Duty under section 149 of the Equality Act 2010, namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010; to advance equality of opportunity between persons who share a relevant protected characteristic (race, disability, gender, age, sex, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment) and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. To this end, the Mayor should have particular regard to section 3 (above) of this report.
- 6.4. Section 1 of this report indicates that part of the sought budget will amount to the provision of grant funding, and not payment for services. Officers must ensure that the funding is distributed fairly; transparently; in accordance with the GLA's equality policy and subsidy control rules; and in a manner that affords value for money in accordance with the GLA Contracts and Funding Code. Officers must ensure that an appropriate funding agreement is put in place and executed by the GLA and the recipient before any commitment to funding is made.

## 7. Planned delivery approach and next steps

Activity	Timeline
Grant agreements issued	30 June 2022
Grant agreements agreed and signed	31 July 2022
Delivery end date	31 March 2023

## Appendices and supporting papers:

- Appendix 1 - LEB Operating Framework:  
[https://www.london.gov.uk/sites/default/files/london\\_estates\\_board\\_-\\_operating\\_framework\\_2017.pdf](https://www.london.gov.uk/sites/default/files/london_estates_board_-_operating_framework_2017.pdf)
- Appendix 2 - London Health and Social Care Devolution Memorandum of Understanding:  
[https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/11/171115\\_Signed-Memorandum-of-Understanding-Report-VF.pdf](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/11/171115_Signed-Memorandum-of-Understanding-Report-VF.pdf)



**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after it has been approved or on the defer date.

**Part 1 - Deferral****Is the publication of Part 1 of this approval to be deferred? YES**

If YES, for what reason: Request to defer publishing information regarding budgets that have been ringfenced for the work outlined above, to allow for transparent tendering and to ensure best possible value is achieved at the procurement stage.

Until what date: 31 March 2023 – all services are expected to be procured in the current financial year.

**Part 2 – Sensitive information**

Only the facts or advice that would be exempt from disclosure under the FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

**Is there a part 2 form – NO****ORIGINATING OFFICER DECLARATION:**

Drafting officer to  
confirm the  
following (✓)

**Drafting officer:**

Sue Hardy has drafted this report in accordance with GLA procedures and confirms the following:

✓

**Sponsoring Director:**

Rickardo Hyatt has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

**Mayoral Adviser:**

Tom Copley has been consulted about the proposal and agrees the recommendations

✓

**Advice:**

The Finance and Legal teams have commented on this proposal.

✓

**Corporate Investment Board**

This decision was agreed by the Corporate Investment Board on 27 June 2022.

✓

**EXECUTIVE DIRECTOR, RESOURCES:**

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

**Signature**

**Date**

6/10/22

D. Gene

**CHIEF OF STAFF:**

I am satisfied that this is an appropriate request to be submitted to the Mayor.

**Signature**

**Date**

1/9/22

D. Bellamy

