

## **BRIEFING NOTE**

### **MOTION:**

"Whereas there is some disquiet among residents at the service provided to primary care patients since the merger into one of several hitherto independent primary medical practices in Lancaster.

And whereas the Council is involved in the anticipated development of large numbers of new residential units to the south of the city, which, if realized, is likely to add significantly to demand for primary medical care in the district.

And whereas plans being developed by the Council, with partners, also anticipate the development of new primary medical care facilities, **it is hereby resolved that:**

- (1) The Council, by its Cabinet and its executive officers, will take all such steps, working with its partners, as are lawful and practicable, to bring about (or facilitate the bringing about of) the establishment of new primary medical care facilities for NHS patients within a new practice, independent of existing practices within the Lancaster district; and
- (2) The Council, by its Cabinet and its executive officers, will take a proactive approach, so far as lawful and practicable, to attracting to the area provision of primary medical care services ("general practice") for private patients within the Lancaster district."

### **PROPOSERS:**

Cllr Richard Austen Baker (proposer). Cllr Joan Jackson and Cllr Adrian De La Mare.

### **OFFICER BRIEFING NOTE**

As a strategic partner we regularly meet with the Primary Care community in a range of settings, including at formal meetings as well as local partnerships and would be able to express the views of the Council in those. However we have no direct or indirect powers on these matters.

Health provision and requirements are one of the key considerations for the Planning Authority, factored in to development planning, from the Local Plan through to individual significant developments.

However it is generally not a matter that would result in the use of planning gain (e.g. section 151) and any lack of sufficient provision rarely outweighs the more general need for additional housing in making a balanced planning decision. The NHS have their own arrangements in place with regard to using and understanding population forecasts and likely service pressures, in order to plan and put in place adequate provision based on agreed Plans and their population impacts. However, as with education, highways, flooding and other public sector development duties, responsible bodies are rarely fully funded to deliver on any duty

they may have, and therefore the quality, scale and timing of the delivery of infrastructure and amenities is funding dependent.

Some Unitary and upper tier Authorities have, in the past, used Public Health funding and duties to create programmes which incentivise primary care growth, or have co-developed integrated projects with the primary care sector around public health and adult social care. Generally, the district authorities have the opportunity to input into the shaping of proposals with the County. As a district Authority, we do not have these duties or powers and so engagement with Lancashire County Council on these matters may be relevant. This already happens with regard to any projects likely to take place in Lancaster.

Regarding mergers and growth of existing providers, we would not normally seek to intervene in the nature of provision on matters such as whether services are expanded or extended, or whether new providers may come in to the area. These are subject to commissioning and competition aspects that are outside the remit of the Council and subject to fair competition rules that commissioning bodies are expected to abide by. It is also important to bear in mind that there is a general skills and capacity shortage in Primary care, with challenges recruiting to and retaining funded services.

With regard to point 1) If the Council decides to agree one or both parts of this motion, should the expectation be that we would simply include the views of the Council as expressed above in our routine engagement with the sector, then there would be little budgetary impact on the authority. We understand the purpose of this motion is to agree that Council should use its influence in the relevant meetings and engagements to encourage an increase in primary care provision in the areas of significant housing growth and express a preference for a diversity in offer and number of practices, rather than a further consolidation. If this is its purpose, then there would be limited implications with regard to finances, legal or equalities.

On 2) With regard to private provision, that would be a policy matter for Council to determine. Should it determine that growth in private provision of primary care is an important priority for the Council.

With regard to points 1 and 2, if more specific engagement is proposed, and / or the redrafting of planning or other policy requirements, and / or any monitoring or reporting requirements, this could have significant budgetary impacts, in terms of reassigning officer time to do engagement activities and redraft and consult on new policy and also potentially needing to reallocate or reprioritise planning gain or other funding from other objectives.

#### **IMPACT ASSESSMENT**

**(including Health & Safety, Equality & Diversity, Human Rights, Community Safety, Sustainability and Rural Proofing):**

A desire to improve primary care provision could have positive benefits for health and wellbeing in our communities.

We would need to ensure that any implementation activities of this motion were in accordance with the Equality Act 2010, including the public sector equality duty.

#### **LEGAL IMPLICATIONS**

As outlined in this briefing note, the Council does not have any statutory obligations or powers to provide primary care. The Authority may, for the benefit of its area or persons resident or present in its area assist in the facilitation of such care using its general power of competence

pursuant to s1 of the Localism Act 2011.

**FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from this briefing note alone. As detailed above, the use of officer and member time may be required should the decision to support either of the proposals is taken. It is worthwhile reiterating the point that this is not a statutory function for the Council and subsequently that any future expenditure which is then identified that sits outside of the budget framework should be reported to and approved by Cabinet as appropriate, prior to going ahead.

**OTHER RESOURCE IMPLICATIONS, such as Human Resources, Information Services, Property, Open Spaces**

None identified.

**SECTION 151 OFFICER'S COMMENTS**

The s151 officer has been consulted and has no further comments to add to those provided with the report and accompanying legal and financial implication

**MONITORING OFFICER'S COMMENTS**

The Monitoring Officer has no further comments to add.