

Executive Board – 21 May 2024

Subject:	Future High Streets Fund – Reallocation of funding
Corporate Director(s)/Director(s):	Sajeeda Rose, Corporate Director of Growth & City development
Portfolio Holder(s):	The Portfolio Holder with responsibility for Strategic Regeneration
Report author and contact details:	Laura Marsden/Mark Lowe, Head of Housing & Regeneration Telephone: 0115 8763532 Email: mark.lowe@nottinghamcity.gov.uk
Other colleagues who have provided input:	Anthony Heath, Team Leader, Legal Services Mick Suggett, Team Leader, Legal Services Sue Oliver, Category Manager, Procurement Jonathan Whitmarsh, Corporate Procurement Officer Beverley Gouveia, Head of Property Thomas Straw, Senior Accountant Geetha Blood, Interim Finance Business Partner
Subject to call-in:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Key Decision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Criteria for Key Decision:	
(a)	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more taking account of the overall impact of the decision
and/or	
(b)	Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of expenditure:	<input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Capital If Capital, provide the date considered by Capital Board Date: 7 th May 2024
Total value of the decision:	£3.865m
Section 151 Officer expenditure approval	Has the spend been approved by the Section 151 Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a Spend Control Board approval reference number:
Commissioner Consideration	Has this report been shared with the Commissioners' Office? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Any comments the Commissioners wish to provide are listed below.
Wards affected:	Castle
Date of consultation with Portfolio Holder(s):	
Relevant Council Plan Key Outcome:	
Clean, Green and Connected Communities	<input type="checkbox"/>
Keeping Nottingham Working	<input checked="" type="checkbox"/>
Carbon Neutral by 2028	<input type="checkbox"/>
Safer Nottingham	<input type="checkbox"/>
Child-Friendly Nottingham	<input type="checkbox"/>
Living Well in Our Communities	<input checked="" type="checkbox"/>
Keeping Nottingham Moving	<input type="checkbox"/>
Improve the City Centre	<input checked="" type="checkbox"/>
Better Housing	<input type="checkbox"/>
Serving People Well	<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):	
In December 2020, the council was successful in securing £12,520,000 from Department for Levelling Up, Housing and Communities (DLUHC) 'Future High Street Fund' (FHSF), as part of the governments' Levelling Up' programme. This funding was granted to deliver two schemes that were intended to ' <i>renew and reshape the Nottingham high street in a way that improves experience, drives growth, and ensures future sustainability</i> '. The projects were: 1) Maid Marian Way Highway Infrastructure - £8.6 million, and 2) Angel Row Creative Cooperative - £3.9 million.	

Whilst the Highway Infrastructure project continues to make significant progress and is expected to be completed by Spring 2025, unfortunately the Angel Row scheme is undeliverable. The Angel Row project was dependent on the successful sale of Nottingham Central Library on Angel Row to a developer. However, due to the current ongoing economic conditions, the developer identified for the site did not complete on the purchase and this has resulted in the Angel Row project being undeliverable.

In this context, we have been in dialogue with DLUHC to request an extension to the current funding deadline of March 2024 to March 2025 and seek authorisation to reallocate the Angel Row Future Highstreets Fund (FHSF) grant to an alternative project at Broad Marsh, specifically the Community Diagnostics Centre (CDC) on Lister Gate in partnership with the Nottingham Universities Hospitals Trust (NUHT). DLUHC have approved this request and have requested that the Council sign a new memorandum of understanding (MOU) that includes the extended funding timescale and reallocation of funding to the CDC project. It is therefore proposed that the FHSF funding be transferred to the NUHT via a grant agreement under section 76 of the National Health Service Act 2006 to support delivery of the CDC. This will be on the condition of agreeing revised outputs with DLUHC.

Does this report contain any information that is exempt from publication? Yes

Appendix 1 - External legal advice

Appendix 2 – Additional summary on legal implications and

Appendix 3 – Legal and Property colleague comments

This appendix is exempt from publication under paragraph number 5 of Schedule 12A to the Local Government Act 1972 because it contains information in respect of which a claim to legal professional privilege could be maintained in legal proceedings relating to a proposed transaction and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it contains confidential legal advice in respect of the proposed transaction and disclosure could prejudice the Council's position

Recommendation(s):

1 To agree to discontinue the Angel Row element of the FHSF project on the grounds that it is undeliverable

2 To approve the reallocation of FHSF grant funding from the Angel Row project to support the delivery of the Community Diagnostics Centre (CDC)

3 To delegate authority to the Corporate Director for Growth and City Development to sign the MOU once/if revisions are agreed with DLUHC

4 To delegate authority to the Corporate Director of Growth and City Development to agree any subsequent grant agreement and MOU with NUHT

1. Reasons for recommendations

1.1 The recommendations, if approved and implemented, will allow the FHSF Grant to be retained by the city rather than being returned to DLUHC and utilised within the funding conditions

1.2 The additional funding will enable an optimised and enhanced CDC development to be delivered which will bring increased health, social and environmental benefits to the city

2. Background (including outcomes of consultation)

- 2.1 We had previously secured £3.9 million of FHSF to convert the frontage of the Central Library on Angel Row into a 'Creative Cooperative, providing co-working/community events space. Unfortunately, due to the current economic climate the land sale required to facilitate the development fell through, resulting in this scheme being undeliverable within the funding timescale
- 2.2 Since the original FHSF bid was made, there has been a significant shift in city priorities regarding the regeneration of the Broad Marsh area and the impact it can have on its surrounding Highstreet environs. Through the work of the 'Big Conversation, which confirmed the Broad Marsh Area Vision and subsequent master planning work, this has identified the need for Broad Marsh to re-invent itself as a highly sustainable mixed area offering opportunities for housing, commercial and community activity
- 2.3 To support this approach at Broadmarsh, the Council has facilitated the investment of the Nottingham Universities Hospital Trust (NUHT), who will create a Community Diagnostics Centre (CDC) offering diagnostic procedures for 130,000 patients a year in the heart of the city at Lister Gate by re-purposing a part of the Broad Marsh shopping centre frame. This will have the combined benefit of providing an important community facility and revitalise Lister Gate by providing significant footfall which will support the city centre. This also aligns with the objectives of the Future High Street Fund and is consistent with the original agreed outcomes for the funding
- 2.4 The specific aim of the CDC is to create additional diagnostic capacity over and above NUHT's existing capacity and will deliver a broad range of diagnostic services including MRI, CT, X-ray, ultrasound scans. This facility will support the improvement of health outcomes across the city by providing convenient access to healthcare and appointments. The intention of this will be a reduction of the long-term impacts of disease through early diagnosis. By providing a facility that is centrally located and can be easily reached by public transport, compared to attending acute hospital sites, this will increase the number of patients from Nottingham's communities attending their health appointments
- 2.5 The CDC project will help to support the delivery of the Nottingham City Council's Council Plan 2023-27 key city outcomes:
 - *Living Well in Our Communities*: The CDC will improve access to healthcare and diagnostic services inc. MRI, CT, x-ray, ultrasound scans
 - *Keeping Nottingham Working*: This proposal will not only provide construction jobs during the development of the site but ultimately provide high skilled employment opportunities once completed
 - *Improve the City Centre*: The successful and continued regeneration of the Broad Marsh site and use of the vacant units will bring renewed investor confidence to parts of the city that have suffered high vacancy rates
 - *Serving People Well*: Improving access to diagnostic services for Nottingham communities. The CDC will be easily reached by public transport and will replace the requirement of attending acute hospital sites which risk some patients from Nottingham's communities not attending their health appointments
- 2.6 It is therefore recommended that given the Council's priorities at Broadmarsh and the opportunity to optimise the investment from the NUHT, the delivery of the CDC is an appropriate recipient for the reallocated FHSF grant. This

approach has been fully discussed and endorsed by DLUHC through their approval of our proposal

- 2.7 The original funding conditions required all FHSF grant to be spent by March 2024. The new approved FHSF funding deadline now allows for contractual commitment by September 2024 and full funding defrayment by March 2025. This revised funding timeframe aligns with the CDC's delivery programme

Future Highstreets Fund (FHSF)

- 2.8 The proposed CDC project will support the refurbishment of six vacant retail units into an NHS Community Diagnostic Centre (CDC) as part of Nottingham City Council's wider Broadmarsh regeneration programme and will specifically:

- Invest and deliver improved physical infrastructure
- The enabling of land assembly for the delivery of the CDC facility and improvement of surrounding public realm
- Supporting change of use and densification by bringing back into use vacant retail units for public health use
- Supporting adaptation of the high street in response to changing technology by delivering a state-of-the-art public health facility with CT, MRI, Ultrasound scanning capabilities to the city centre
- Increase footfall
- Supporting the development of a new state of the art, sustainable building
- Driving economic growth on the high street through increased footfall and encouraging complimentary economic activity
- Driving multiplier effects by pulling in more footfall to the area, with subsequent local spending increases
- Fundamental transformation of the area
- Occupation of (vacant) premises, generating long-term sustainability

- 2.9 The project's change of scope will still directly meet the objective of the Future High Street Fund:

- Investment in physical infrastructure
- Acquisition and assembly of land including the support of new housing, workspaces and public realm
- Improvements to transport access, traffic flow and circulation in the area
- Supporting change of use including (where appropriate) housing delivery and densification
- Supporting adaptation of the high street in response to changing technology

- 2.10 A business case has been developed for our contribution to this wider CDC scheme and this has been shared with DLUHC who have approved the council's request to reallocate funding to this proposal along with an extended delivery timeframe

Nottingham Universities Hospitals Trust (NUHT)

- 2.11 The Nottingham Universities Hospital Trust (NUHT) have been successful in securing £25 million capital funding from the Department of Health and Social Care (DHSC) to deliver the CDC and they will be the lead organisation in the delivery of the CDC facility. Their role will include the leasing of land from the City Council, the enabling and refurbishment works of the building and will

also staff and operate the facility once completed. The lease agreement will be subject to a separate decision

2.12 The Council will contribute the FHSF's £3.9million to supplement the DHSC's £25million to contribute towards the delivery of the CDC as an operational entity intended to avoid admission to hospital as per section 76 of the National Health Service Act and ensure the outputs agreed within the MOU are delivered. Although the NUHT will deliver a CDC scheme without the FHSF funding, this funding will nevertheless allow the NHS to provide additionality that will be worked up with the Council utilising our role as planning and highways authority

Future Highstreets Fund MOU

2.13 The council signed the initial FHSF MOU in June 2021. Based on the successful outcome of a Project Adjustment Request (PAR) submitted to DLUHC in December 2023, a revised MOU has been issued that includes the revised funding deadlines (contractual commitment by September 2024 and full funding defrayment by March 2025) and the inclusion of the CDC project

2.14 The MOU commits the Council to delivery obligations including project scope, forecast spend profile, outputs, key milestones and delivery schedule. Together these project parameters set out the "ask" and "offer" expected by the Parties. However, DLUHC have confirmed that the MOU is not legally binding and within the section 31 grant conditions there is no risk of clawback

2.15 Following discussions with DLUHC, it has been agreed that an amended PAR will need to be submitted to DLUHC to align the programme outputs with the CDC delivery outputs. DLUHC will then determine whether this requires any changes to the MOU

2.16 This method will ensure that the council will be able to meet our delivery obligations under the MOU as they will be the principal result of the CDC being delivered by NUHT and enable the council to utilise the recommended grant agreement

2.17 If the PAR is unsuccessful, we will be unable to proceed and this proposal will be aborted. If it is successful, then we seek authority to enter into a MOU with DLUHC

2.18 Please see below table for outputs that are expected via the delivery of the CDC. They reflect the NUHT expected delivery outputs and will be included in the proposed PAR:

Outputs/Indicator	Unit	Target
£ co-funding committed (private and public) *	n/a	£25mil
# of temp full-time jobs supported during project implementation*	No. of jobs	71
# of full-time equivalent (FTE) permanent jobs created	No. of jobs	103
# of full-time equivalent (FTE) permanent jobs safeguarded	No. of jobs	0
Amount of floor space repurposed (residential, commercial, retail)	m2	2789
# of derelict buildings refurbished	No. units	6

Proposed Method to Transfer FHSF Grant Funding

2.19 It is proposed that the FHSF funding be transferred to the NUHT via a grant agreement under section 76 of the National Health Service Act 2006. This has been tested by external legal advice.

Section 76(1) of the National Health Service Act 2006 provides power for the Council to make payment to NHS England, an integrated care board or a local health board towards expenditure incurred or to be incurred by that body in connection with the performance of prescribed functions, including rehabilitation services and services intended to avoid admission to hospital. It would therefore be possible for the Council to use section 76(1) of the National Health Services Act 2006 to make payments to NUHT for the purposes of the project to establish the CDC

2.20 The grant agreement will include basic details of the arrangements between the parties, the payments to be made and other general provisions.

2.21 In order to ensure the grant agreement meets the requirements under the memorandum of understanding with DLUHC, the agreement would also need to include:

- Reference to the timescales within which funding will be made available and within which it must be used.
- A requirement for the funding to be used for capital purposes.
- A requirement to adhere to any branding constraints imposed by DLUHC on the Council.
- A requirement to provide reports to the Council on progress with the project.
- A requirement for the Council's officers and auditors to have access to the project.
- Provision for dispute resolution

2.22 The advantage of using an agreement with these provisions is that it would enable the Council to make the practical arrangements for the transfer of funding and it would be a relatively straightforward agreement to produce and monitor. It is also likely to avoid any risk of the agreement being interpreted as a contract for works or services and so potentially being subject to a requirement for procurement

2.23 The disadvantage of this type of agreement is that it gives limited control over the specific details of what is delivered with the funding, limited powers to enforce any funding conditions and would place risk with the council in regard to underperformance, under/overspend and standards of work. This is mitigated however by aligning the DLUHC MOU outputs with the NUHT CDC delivery outputs via the proposed PAR. The Council will also need to ensure that its agreement with NUHT gives the Council sufficient rights to suspend, withdraw or recover funding from NUHT if the CDC isn't delivered

2.24 The Council itself could be subject to DLUHC suspending, withholding or recovering funding if the Council fails to comply with the memorandum of understanding with DLUHC including funding commitment and spend deadlines. The risk of clawback of already paid grant is minimal due to the funding being a section 31 grant, however future funding could be withheld. The Council will therefore need to ensure that its agreement with NUHT gives the Council sufficient rights to suspend, withdraw or recover funding from NUHT if the Council is subject to this from DLUHC

2.25 However, these risks would be mitigated due to the Council not needing to specify any additional delivery requirements of the NUHT in its delivery of the CDC if the amended PAR is accepted by DLUHC and MOU is accepted by the Council

2.26 Additionally, under the FHSF programme, DLUHC allows authorities the freedom to make output, outcome and funding changes within individual programmes up to a threshold of 30% without needing to seek departmental approval. Also, any changes above this can be submitted via a Project Adjustment Request for further approval. This will provide some mitigation if outputs are not fully met by NUHT

2.27 We have established this method of grant transfer by instructing external legal advice from Geldards to ensure that this proposed strategy is a compliant under current legal and procurement parameters. This advice is attached in exempt Appendix 1

2.28 Please see exempt Appendix 2 for additional summary notes on the legal implications of grant agreements

2.29 This recommended method of delivery will enable:

- the funding to be utilised solely for the delivery of the CDC
- the city will be able to retain this allocation of the FHSF for the benefit of its citizens
- provisions to be made within the agreement for the Council to suspend, withdraw or recover funding from NUHT if the Council is subject to this from DLUHC or the CDC does not proceed
- through its role as landlord and planning/highways authority, the Council will continue to work with NUHT to ensure the successful development of the CDC as an operational entity on Lister Gate

Implications of the Grant Transfer on Agreement for lease

2.30 Geldards have also reviewed the agreement for lease to consider any implications the proposed funding arrangements may have on it. They have concluded that unless such grant agreement introduces requirements relating to the lease of the property, they do not envisage the arrangements for funding creating any greater risk of the land transaction becoming subject to public procurement legislation

2.31 However, the Council will need to ensure that any provision made in its agreement with NUHT which reflects provisions in any delivery plan such as the MOU do not impose binding development obligations on NUHT

2.32 The land agreements (comprising an Agreement for Lease, Lease and a Licence for Works) are separate to any transfer of grant funding. The land deal will be stand alone and is the subject of separate approvals and consideration

Considerations & Issues

2.33 The need to link the FHSF to the NUHT CDC project:

- The FHSF programme's ambition is to bring transformative change to the Highstreet, with successful funding bids needing to demonstrate a benefit cost

ratio (BCR) of how the investment will produce increased economic outputs. By helping deliver an 'enhanced' CDC scheme in partnership with the NUHT, this project is then able to deliver the FHSF objectives, as listed above in this report, as comprehensively as possible

2.34 Funding Timescales:

- All FHSF funding must be contractually committed by 30th September 2024 and must be fully spent by the 31st March 2025
- DLUHC have confirmed that contractually committed can mean the signing of contracts and commitment to spend in place. Full defrayment of the funding will mean the money will need to be out of the NCC accounts
- The transfer of the funding to NUHT before September 2024, will allow the condition of contractual commitment by September 2024 and spend by March 2025 to be met
- Department of Health and Social Care (DHSC) currently require the DHSC funding to be spent by March 2025

3. Other options considered in making recommendations

3.1 Alternative Schemes: Alternative schemes within the capital programme have been considered for the utilisation of this funding, however the recommended project needed to meet the FHSF funding criteria and conditions (as per 2.7 and 2.9). The alternative projects that have been investigated have ultimately been discounted due not fully meeting the funding criteria, timescales and budgetary requirements. It has therefore been determined that the NHS Community Diagnostics Centre (CDC), proposed for Lister Gate, is the most appropriate opportunity to deliver the outcomes required by the FHSF and would enable the grant to be utilised within the city and within the funding constraints

3.2 Detailed Grant Agreement to specify works: The advantage of this type of agreement is that it would give the Council greater certainty that NUHT will deliver specific outputs as the Council expects and within the expected timescale and budget. However, a potential disadvantage is that if the Council uses the agreement to impose substantial detailed obligations on NUHT, there is a risk that this could bring the agreement within the scope of a public works contract and so be subject to public procurement legislation. This is not possible within the timeframes and an open procurement exercise is not appropriate for this scheme delivery which is being led by the NUHT

3.3 Forfeit FHSF Grant: Without support for the CDC project, Officers would recommend forfeiting the FHSF grant associated with the Angel Row Creative Cooperative to DLUHC

4. Consideration of Risk

4.1 Delay to CDC Delivery: Operational risk - The CDC project is delayed, and the funding deadlines are missed/breach of funding agreement
Mitigation: FHSF grant will need to be contractually committed by Sept 2024 via a grant agreement if this approach is approved. If this is not possible then the funding will have to be returned/forfeit to DLUHC. Funding defrayment needs to take place by March 2025 however this includes the funding being transfer to

NUHT from the Council, we will therefore have met our funding obligation once this transfer takes place even in the event of wider project delivery slippages by NUHT. This will be mitigated through tight monitoring and monthly reporting of capital expenditure. The CDC business case has been approved by the NUHT board and the funding has been secured. Planning permission has also been approved. The NUHT CDC programme has a track record of delivering public health facilities

4.2 Inability to meet outputs: Operational/Financial risk – could result in a breach of funding conditions with DLUHC

Mitigation: Through the proposed revision of the outputs via the PAR, the funding requirements will reflect the NUHT project delivery outputs

Additionally, under the FHSF programme, DLUHC allows authorities to have the freedom to make output, outcome and funding changes within individual programmes up to a threshold of 30% without needing to seek departmental approval. Also, any changes above this can be submitted via a Project Adjustment Request for further approval. This will provide some mitigation if outputs are not fully met by NUHT. If NUHT fail to deliver then the council will need to ensure that its agreement with NUHT gives the Council sufficient rights to suspend, withdraw or recover funding from NUHT if the CDC is not delivered

4.3 Proposed Grant Agreement risks control over grant usage: Reputational/Operational

Mitigation: The proposed grant agreement will still ensure that the council are able to meet its requirements under a revised MOU with DLUHC and will also be able to ensure the funding is allocated solely for the delivery of the CDC. Work will continue with NUHT as a vested partner, landlord and planning and highways authority to feed into the development of the CDC as an operational entity

4.4 Funding unable to be committed/spent by DLUHC deadline: Reputational risk – the FHSF would have to be handed back to DLUHC

Mitigation: Ensure the CDC delivery team have a robust delivery plan and programme plan in place

5. **Best Value Considerations, including consideration of Make or Buy where appropriate**

5.1 The method of grant transfer identified within this report will enable the FHSF grant to be retained by the city and used to support the delivery a state-of-the-art community health facility for the use and benefit of its citizens. The alternative would be to return/forfeit this allocation of the FHSF back to DLUHC.

6. **Commissioner comments**

6.1 The Commissioners support the proposals

7. **Finance colleague comments (including implications and value for money/VAT) (draft)**

7.1 This report is seeking a recommendation to vary the grant allocation of £3.9m from Angel Row project to the Community Diagnostic Centre (CDC) as the original scheme was undeliverable within the funding timescales required. Whilst other schemes were considered and worked out, these were discounted as it could not be delivered within the project timeline.

- 7.2 A further recommendation is for the Corporate Director of Growth and City Development to agree any subsequent funding agreement which would include a grant agreement and the need to enter a MOU with NUHT. This would entail a wider lease agreement between the Council and NUHT as a separate matter involving its own approval. The grant funding cannot be linked to the lease agreement because to do so would place conditions on the Trust which would then entail a procurement exercise which is not possible to achieve within grant timescales. As the CDC will be delivered anyway, the lease agreement should not be burdened by conditions related to this funding.
- 7.3 The Capital Budget approved at Full Council March 2024 included forecasted spend of £3.865m in 2024/25 under the previous project heading of FHSF Angel Row. This project code will be closed to ensure no capital spend is inappropriately capitalised.
- 7.4 As detailed in the body of the report and its appendices the Council is awaiting an updated MoU and assuming that agreement can be made with DLUHC and a subsequent agreement established between the Council and NUHT. Assumed all the required agreements are signed the capital programme will be amended to recognise this decision as an external grant payment. This amendment will not affect the approved capital budget due to the budget being moved between an aborted project and the capital grant to NUHT
- 7.5 Should the agreements not be approved and signed between the relevant parties the grant will be required to be paid back to DLUHC and the Capital Budget reduced accordingly
- 7.6 The transfer of the grant to NUHT will not commit the Council to any future revenue / maintenance liabilities. It should also be emphasised that as the grant is passported to CDC, if the grant is not fully committed by Sept '24 (as required by the terms and conditions of the grant award), the Council is not responsible for any risks/costs arising from this delay.
- 7.7 For taxation purposes the grant funding agreements and the disposal need to be considered as a related transaction. The land has been opted to tax and the grant is outside the scope of VAT therefore there is no partial exemption issue and the Council incur no exempt income.
- 7.8 There are no direct revenue implications on the General Fund budget arising from this report.

Tom Straw, Senior Accountant (Capital Programmes) – 24th April 2024
Geetha Blood, Finance Business Partner – 30th April 2024

8. Legal colleague comments

- 8.1 Please see exempt *Appendix 3 – 3.1 Legal comments*

9. Other relevant comments

Strategic Assets & Property comments

- 9.1 Please see exempt *Appendix 3 – 3.2 Property comments*

Procurement comments

- 9.2 Recommendation 2 of this report is solely concerned with reallocation of FHSF funding to support the CDC scheme, and as such has no direct procurement implications.
- 9.3 Recommendation 3 concerns updating the terms of the MoU between the Council and DLUHC, however it appears that these amendments have yet to be agreed and so it is not possible to comment on the potential implications this may have for the scheme, however agreeing the terms of the MoU in itself does not carry any direct procurement implications.
- 9.4 Regarding Recommendation 4, the terms of the agreement to be signed between the Council and NUHT are critical. As it stands the proposal appears to be that we enter into a non-binding grant agreement which does not impose enforceable obligations on NUHT, with the trade-off that we lose the ability to exercise control over delivery of the outcomes. In the event that the final agreement either imposes immediately enforceable obligations on NUHT, or commits them to future obligations, in such a way that it would constitute a public works contract then a procurement exercise may need to be undertaken in compliance with the Public Contracts Regulations 2015 (or its successor), and in this event further advice must be sought from the Procurement Team.

Sue Oliver & Jonathan Whitmarsh, Procurement Team, 23rd April 2024.

10. **Social value considerations (If Applicable)**

- 11.1 The transfer of grant to the NUHT via the method as described in this report will support the delivery of the CDC in Nottingham City Centre which will work to increase diagnostic capacity across the city, shorten waiting times address, improve health inequalities and improve access to healthcare as the CDC is within a 15 minute walk of Nottingham's most deprived communities and has excellent public transport links

11. **Equality Impact Assessment (EIA)**

- 11.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because this is a transfer of grant for the delivery of a project led by an external organisation

12. **Data Protection Impact Assessment (DPIA)**

- 12.1 Has the data protection impact of the proposals in this report been assessed?

No



A DPIA is not required because this is a transfer of grant for the delivery of a project led by an external organisation

13. **Carbon Impact Assessment (CIA)**

- 13.1 Has the carbon impact of the proposals in this report been assessed?

No



A CIA is not required because this is a transfer of grant for the delivery of a project led by an external organisation

14. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

14.1 N/A

15. Published documents referred to in this report

15.1 N/A