

**Report of:** Michael Lawrence,  
Strategic Director, Housing, Health and Community

**Title:** LIFT – Strategic Service Delivery Plan Executive Summary

**Ward:** All

**Report author:** Michael Lawrence  
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**Key Decision:** No

**Lead Member:** Cllr Alex Hollingsworth

**Scrutiny responsibility:** Health

#### **RECOMMENDATIONS**

That the Executive Board agrees to:

1. Note the progress made in the Local Improvement Finance Trust, as outlined in the report and attached paperwork, and
2. Approve the executive summary of the Strategic Service Delivery Plan of the Local Improvement Finance Trust.

#### **1. Summary**

- 1.1 A Local Improvement Finance Trust, bringing together local councils, NHS Trusts and a private partner (Oxford Infracare LIFT Limited), to invest in, develop and deliver improved community and healthcare facilities over the next 25 years. Part of the vision for healthcare means building better and more flexible accommodation to deliver health, social care, housing, leisure and community services that are integrated and designed around local community needs in a manner fit for 21<sup>st</sup> century care.
- 1.2 The partner organisations work together on a Strategic Partnering Board and have contributed to a local Strategic Service Delivery Plan (SSDP). This is a mutually agreed document explaining the vision for the future provision of health and social care services in the city.
- 1.3 This report provides the Executive Board with an opportunity to review the SSDP executive summary (appendix 1). The executive summary provides LIFT stakeholders with an update of progress and indicates the future vision for service integration.

- 1.4 The second full LIFT SSDP is being developed and will be published in the autumn. Two of the developments agreed in the first tranche of projects, under the first Strategic Service Delivery Plan are now underway, with new health under development in East Oxford and one at Dunnock Way. A third, for the city centre, is due for consideration later this year.

## **2. Council Vision and Strategic Aims**

- 2.1 The Local Improvement Finance Trust (LIFT) initiative is a key example of how the Council is working with others to deliver shared goals for Oxford. It also has the potential to contribute to our strategic objectives of creating local prosperity and sustaining full employment, and improving all our services year on year.

## **3. Background and context**

- 3.1 A Local Improvement Finance Trust (LIFT) has been set up under a Government initiative that brings together the local councils and NHS Trusts with the Department of Health and our private partner Infracare (South West) Limited. In November 2004, a Public Private Partnership (PPP) company called *Oxford Infracare LIFT Limited* was established to invest in, develop and deliver improved healthcare and community facilities in the city over the next 25 years.
- 3.2 The 25-year LIFT programme is steered by a Strategic Partnering Board (SPB) whose members are senior representatives of Oxford City PCT, Oxford City Council, Oxfordshire County Council, Oxfordshire Mental Health Care NHS Trust and Oxford Radcliffe Hospitals NHS Trust and *Oxford Infracare LIFT Ltd*. Its role is to interpret the service strategies of the partner organisations and to develop a vision for the future delivery of services and the modernisation of facilities and infrastructure. The SPB also has a key role in ensuring the delivery of that vision through encouraging joint working amongst the partners. Oxford City Council is a 'level 2' signatory of the Strategic Partnering Agreement.

## **4. Consultation**

- 4.1 Public engagement has been a key factor in the development of the SSDP, both through formal committee channels, and more informally through community groups and the patient forum. A postal survey and public meetings have also been held. Further consultation will be undertaken on the various options for alternative sites, as these options are developed.

## **5. Implications**

### **5.1 Financial Implications**

The Council does not become liable for any financial costs unless it specifically signs up to particular developments. Although some potential future schemes are highlighted in the Executive Summary of the SSDP, approving the document does not constitute a commitment to any of those schemes. A further report to EB would be needed for each development for which Council commitment was sought. There are therefore no financial implications for the Council as a result of approving this Strategic Service Delivery Plan.

## **5.2 Legal Implications**

The Council's legal responsibilities are not affected by the approval of this Strategic Service Delivery Plan. Legal implications would only become relevant if the Council signed up to a specific scheme. Although possible schemes are highlighted in the SSDP, approval of this document does not constitute a commitment to any one of them.

## **5.3 Staffing Implications**

The staffing resource currently engaged with LIFT consist of one Strategic Director, who is the primary Council contact for negotiations on the Strategic Partnering Board, supported by Neighbourhood Renewal and Strategy and Review Business Managers and one Health Promotion Officer. Unless the Council signs up to specific development schemes that require additional staffing resources, there are unlikely to be staffing implications from approving the Strategic Service Delivery Plan.

## **6. Other possible means of achieving the objectives**

- 6.1 The Council has committed to taking a role on the Strategic Partnering Board and as such is committed to developing and delivering shared services for health and social care through the LIFT initiative. The details of projects to be taken forwards in tranches two and three are yet to be determined, but The development and approval of the Strategic Service Delivery Plan is the most appropriate and effective way to achieve the objectives.

## **7. Recommendation**

### **7.1 Executive Board is recommended to:**

- A. Note the progress made in developing the LIFT initiative, as outlined in the report and attached paperwork, and
- B. Approve the executive summary Strategic Service Delivery Plan

## **8. Timetable**

- 8.1 The first proposed scheme that is due for consideration is the City Centre scheme. The Strategic Partnering Board is due to consider the proposals for this scheme by December 2005, with final sign-off due in autumn 2006, subject to planning procedures.
- 8.2 The first tranche projects have focused on the provision of healthcare, but it is hoped that the second and third tranches will include partner organisations such as social services and community, as well as health facilities. The possible schemes for inclusion in the second and third tranches need to be prioritised in parallel with existing proposals being considered. A process will be developed to allow members to make recommendations on the relative priority of schemes. This process will be in place before the full SSDP is approved.

## Appendices

### Executive Summary – Strategic Service Delivery Plan

THIS REPORT HAS BEEN SEEN AND APPROVED BY:

Portfolio Holder: Alex Hollingsworth

Legal and Democratic Services: Lindsey Cane

Financial Management: Sarah Fogden

Human Resources: Anne Marie Scott

Strategy and Review: Jan Banfield

Neighbourhood Renewal: Val Johnson

Background papers: Strategic Service Delivery Plan 'Building for a Healthy Oxford' December 2002

Oxford City NHS LIFT Strategic Partnering Agreement November 2004

**BUILDING FOR A HEALTHY OXFORD**  
Strategic Service Development Plan – overview, May 2005

**Working in partnership**

***Our plans to deliver new facilities and modernise patient care under the NHS Local Improvement Finance Trust (LIFT) initiative***

A partnership has been formed between Oxford City Primary Care Trust, Oxford City Council, Oxfordshire County Council and other NHS health trusts with a shared vision for the development and significant redesign of health and social care services. Part of this vision means building better and more flexible accommodation to deliver health, social care, housing, leisure and community services that are integrated and designed around local community needs in a manner fit for 21<sup>st</sup> century care.

A **Local Improvement Finance Trust (LIFT)** has been set up under a Government initiative that brings together the local councils and NHS Trusts with the Department of Health and our private partner Infracare (South West) Limited. In November 2004, a Public Private Partnership (PPP) company called **Oxford Infracare LIFT Limited** was established to invest in, develop and deliver improved healthcare and community facilities in the city over the next 25 years.

The 25-year LIFT programme is steered by a **Strategic Partnering Board (SPB)** whose members are senior representatives of Oxford City PCT, Oxford City Council, Oxfordshire County Council, Oxfordshire Mental Health Care NHS Trust and Oxford Radcliffe Hospitals NHS Trust and *Oxford Infracare LIFT Ltd*. The SPB's role is to interpret the service strategies of the member organisations and to develop a vision for the future delivery of services and the modernisation of facilities and infrastructure. The SPB also has a key role in ensuring the delivery of that vision through encouraging joint working amongst the members.

The member organisations contribute to a local **Strategic Service Development Plan (SSDP)** which is a mutually agreed document explaining the SPB's vision for the future provision of health and social care services in the city.

Three of the organisations – Oxford City PCT, Oxford City Council and Oxford Infracare LIFT Limited - have signed a **Strategic Partnering Agreement** which gives them voting rights on future schemes, although Oxford Infracare LIFT Limited is not permitted to vote on the approval of new schemes. Other member organisations will receive voting rights when they sign the Strategic Partnering Agreement.

**Who is Oxford Infracare LIFT Limited?**

Oxford Infracare LIFT Limited is a Public Private Partnership (PPP) company established to invest in, develop and deliver improved healthcare and community premises in the city. The shareholders of the company are Oxford City PCT (20%), Partnerships for Health – a joint venture between the Department of Health and Partnerships UK (20%), and Infracare (South West) Ltd (60%). As schemes develop, other members of the SPB may become shareholders.

### **What is LIFT?**

LIFT stands for Local Improvement Finance Trust. It is a Government initiative that brings together Primary Care Trusts (PCTs), national Department of Health investment and partnerships with the private sector. The initiative has been rolled out over 42 regions of the country since 2001, with an aim to deliver over £1 billion of investment into the development of 21<sup>st</sup> century health and social care facilities. The LIFT initiative enables providers of health and community services to access investment, resources and expertise that traditionally have not been open to them through the establishment of long-term partnerships which must demonstrate value for money.

### **What we have achieved**

#### ***New health centres in East Oxford and Blackbird Leys***

As part of the LIFT programme, Oxford Infracare LIFT Ltd is developing two new health centres – one in East Oxford to replace and expand on the existing health centre and one at Dunnock Way to replace the Blackbird Leys Health Centre. We expect the Dunnock Way Health Centre to be completed in early 2006 and the East Oxford Health Centre to be ready by the end of **2006**.

The Dunnock Way Health Centre will house the GP practice and community nursing team currently situated on Blackbird Leys Road, along with complementary health and community facilities including a pharmacy, dental surgery and advice and counselling services. Oxford East MP Andrew Smith attended the ground-breaking ceremony at Dunnock Way to mark the start of building works for the new health centre.

Existing East Oxford Health Centre services have moved to Raglan House, Cowley, for approximately 18 months, while a new state-of-the-art centre is constructed on the existing site at Manzil Way. Once completed, the new campus-style development will provide a comprehensive range of primary care services and will deliver modern, purpose designed facilities for the existing GP practices, a dental practice, a community nursing unit, a pharmacy, physiotherapy services, key worker accommodation and a community café. The new health centre will be completed in late **2006**.

Both projects provide flexible space for general community purposes, out of core hours.

Development costs for the two new health centres will be in the region of £3.3m for Blackbird Leys and £13.2m for East Oxford site. Future LIFT schemes may focus on projects in Rose Hill, Littlemore, Temple Cowley, Wood Farm, south and west Oxford. More immediately, a business case is being worked up for a new health centre in central Oxford.

The SSDP aims to communicate social and healthcare service strategy and also to prioritise service needs within specific areas of Oxford through joint planning by all primary and community care providers. This approach will ensure that Oxford develops an improved social and healthcare infrastructure, that is future proof and facilitates the delivery of improved premises for local people and our staff.

### **What we plan to do next**

#### ***A new city health centre***

In the first Strategic Service Development Plan, we stated that we wanted to develop new healthcare facilities and resources in the centre of Oxford. We want to improve services for local people and retain some of the services that will be moved to the Headington hospital sites when the Radcliffe Infirmary closes in 2007. There are a

number of practices in Jericho and Beaumont Street in Oxford which have been invited by the PCT to join in this initiative.

A key theme of future service strategy for all our partner organisations is greater integration of services. This can be achieved by better communications and use of new health and information technology. We recognise that co-location of services will greatly support the integration of services to enable the delivery of the whole care pathway from initial consultation through diagnosis and on to treatment within a primary care setting.

We have sought public views about which additional services should be located in a city centre scheme and those which will benefit from co-locations. Considerable research has been undertaken to identify available development sites within the city centre. It has proved difficult to identify such sites which comply both with the Local Plan and are able to accommodate the service requirements.

We recognise that this poses challenges in terms of planning issues and we will be working closely with the city planners and landowners on meeting these challenges. If we can find the right site, or combination of sites, it would enable us to retain essential services such as diagnostic tests, x-ray facilities and physiotherapy services which patients currently receive from the RI hospital. It would also enable us to provide our GPs with a modern, patient-centred environment to meet the advances in healthcare.

### **Listening to local views**

#### ***Public engagement***

Since the beginning of LIFT we have worked with local people in a number of ways, particularly through local area committees, the health scrutiny committees, community groups and the Patient and Public Involvement Forum, as we developed our plans.

In particular, the city centre scheme has generated a great deal of public interest and we have actively sought the views of the public, our patients and clinicians. We have held two public meetings to outline a range of proposals and different site options. Through a postal survey, 17,000 patients of GP practices in Jericho, Beaumont Street and North Oxford Medical Centre were asked for their views on the kind of services they would like provided in a new health centre and to highlight any concerns. Results showed that many patients want the benefits of having a number of services on one site.

One of our options is to purchase 2.8 acres of land on the Radcliffe Infirmary site which is now owned by Oxford University. This site offers adequate space and is already where some existing services are based, including family planning and sexual health services. We are continuing to seek the views of the public, patients and staff. In the feedback we have had so far, parking and access issues at the Radcliffe Infirmary site are the most commonly identified concerns of patients.

We are considering alternative sites and different options and this work will be shared with the public. What is clear is that health needs exist and it is now about finding the best way of meeting those needs.

The job of the PCT is to recommend to the SPB the best possible solution and model of care that provides modern facilities for the future, that meets patient needs, and is affordable. The SPB will need to be confident that we have done our best to reflect the views of everyone and come up with the best possible scheme through the production of a robust business plan for future approval.

## **The changing face of health and social care**

### ***Providing a choice of quality, accessible services***

We know that healthcare is changing. Patients will want to be able to choose when and where they want to receive healthcare. Local NHS organisations and social care providers are therefore being encouraged to support developments that offer this choice.

A national programme to introduce a sophisticated IT system across the NHS is already in progress and, ultimately, this will bring about a real change in focus for primary care. Patients referred by their GP for an operation in hospital will soon be able to book online at their GP practice when and where they wish to have their treatment. Known as 'Choose and Book', from December 2005 this development will give patients requiring an operation the option to choose from a selection of four or five hospitals or treatment centres. Through an IT-based booking system in GP practices, patients will be able to book their first out-patient appointment at a time and date that is convenient to them.

Improved technology will also equip GPs and healthcare professionals with more information at their fingertips, from patients' test results to patient care records, whenever it is required. In future, patients will not always have to visit their GP surgery to collect a repeat prescription, but will be able to have it sent electronically to a local pharmacy.

Integrated community, health and social care services will also enable us to provide local and targeted services for different communities. Healthcare professionals and council social care teams are already working together with a pooled budget to provide a complete package of care for elderly and physically disabled adults. Further work is in hand to work closely with our mental health colleagues.

All of these developments require high quality, modern, patient and social care environments. The lesson from history is that primary care buildings are often unambitious in size and flexibility and quickly become cramped and inefficient in meeting the advances in modern day healthcare. The pace of change in technological developments in healthcare is becoming even faster as we move forward into the 21<sup>st</sup> century. It is hard to say exactly what facilities will be required, but we know that patients want and will demand more locally-based, 'joined-up', easily accessible, patient-focused choices. This includes receiving more of their care outside of a hospital setting. This is an important agenda for the NHS because we know that health outcomes for vulnerable groups such as older people are better if they can receive care that enables them to stay at home.

We also need to support the recruitment, training and development of all staff, both health and social care, to meet these new service development challenges. Recruitment of staff in Oxford is a challenge because of the high cost of living and the shortage of appropriately skilled staff. Providing good working conditions improves our chances of recruiting and retaining staff and well designed, flexible buildings increases our ability to train and support staff in developing the skills they need to make better use of new medical, drug and information technologies.

We cannot plan for the future based on how patients currently use services or how professionals currently practice medicine but we must capture service best practice and lessons learnt from the past to deliver services now and for the future.

## **What happens now**

### ***Deciding on our future priorities***

By December 2005, the SPB will consider the Oxford Infracare LIFT Ltd proposals for a city centre scheme. We anticipate final sign-off for the city centre scheme to be agreed in autumn 2006, subject to planning procedures.



The timetable for building works will depend on gaining full planning permission, agreement from stakeholders and any existing site preparations.

In the meantime, the SPB must prioritise the second and third tranche schemes identified for future development. To some extent this depends on what services we are able to locate in a city centre development and where this is eventually sited. However, we already have a list of GP premises in other parts of Oxford that are in need of development and there are areas in the city, such as Rose Hill and Littlemore, that would benefit from better access to NHS and other community services. Again, which schemes finally are approved will be subject to various criteria that illustrates affordability; the value to patients of such proposals; and clear improvements to service models.

The development of the first LIFT schemes have been led by Oxford City Primary Care Trust with the PCT identifying a need to redevelop and regenerate health facilities in the city. However, the SPB is hopeful that some future schemes will be jointly identified and commissioned by other partner organisations. A full Strategic Service Development Plan will detail the strategic direction of other NHS Trusts, Oxfordshire County Council and Oxford City Council who all have a part to play in regenerating city and county facilities and amenities. Potential future schemes will be subject to affordability, planning and further discussion before they can be prioritised.

#### **Potential future schemes for partnership involvement are:**

##### **Rose Hill**

*eg: develop the existing voluntary and public services in this area with a small additional development offering space for nurse-led clinics.*

##### **Lake Street**

*eg: combine the current GP practice with neighbouring community centre in a joint development.*

##### **Botley**

*eg: extend the current GP practice to enable district nursing and health visitors to work in the same building.*

##### **Temple Cowley**

*eg: develop the existing health centre including GP and community services in a new building.*

##### **Barton**

*eg: develop the existing voluntary and public services with additional space for a nurse-led clinic.*

##### **Wood Farm**

*eg: Develop the existing community centre and consider relocating the nearby Wood Farm GP practice.*

##### **Banbury Road and North Oxford area**

*eg: develop the existing GP premises.*

##### **Northway**

*eg: develop the existing community centre with additional space for nurse-led clinics.*

***All these projects will be subject to affordability, planning and further discussion before they can be prioritised.***

## **Planning for the future**

### ***Our aspirations***

We are aware that our current first tranche projects are focused on healthcare provision commissioned by Oxford City PCT. However, we hope that future tranches will support the SPB's vision to further integrate services provided by partner organisations such as social services and community facilities and through co-location or joint service centres.

Each partner organisation has to work within its own public accountability framework and, in the case of *Oxford Infracare LIFT Limited*, its shareholder requirements. The

SPB can only approve schemes when it has satisfied itself that the partners, and in particular those with a rental revenue obligation, are satisfied that the plans for future health and community development in Oxford fit with the organisations' priorities.

Each partner organisation has its own strategic plan and vision. For example, Oxfordshire County Council is working with the NHS on the development of Children's Centres for disadvantaged areas, linking childcare networks and provision and other children's services such as out-of-hours clubs and extended schools.

There are also a number of community regeneration initiatives in the city and projects aimed at reducing poverty and social exclusion by ensuring services are accessible and affordable. Oxford City Council is keen to tackle health inequalities through its developing agenda on social inclusion "Closing the Gap". This initiative seeks to narrow the gap between the wealthier and healthier areas of the city, mainly located in the north and west and the poorer and less healthy areas mainly located in the south and east. Using child poverty as a focus, the work will centre on ensuring a full range of quality services are accessible and affordable. The city council is also keen to develop co-located services to help people from excluded communities access a wider range of services.

Oxford City Primary Care Trust and other local NHS Trusts have a full programme of objectives set within the framework of the Government's NHS Plan and our own Local Delivery Plans. These will influence future planning and development of services.

We are only in the early stages of developing our joint service vision and a second SSDP. But the benefits of working together as organisations are already being felt, new thinking on service delivery is emerging and new purpose-designed facilities are being built. Partnership models such as this can dramatically benefit the development process for all service providers and it is the intention of the Oxford LIFT SPB to provide an overview of all related development programmes in a single document such as the SSDP.

The resources of the participant organisations are significant and when these resources are channelled effectively, the people of Oxford will see the difference and enjoy faster, better and more convenient healthcare and community services in modern environments.

**25 May, 2005**