



Oxford Infracare LIFT LTD



Strategic Service Development Plan

Oxford City, Second Edition 2005



Building for a healthy Oxford

Oxford Infracare LIFT Limited
Oxford City Primary Care Trust
Oxford City Council
Oxfordshire County Council
Oxford Radcliffe Hospitals NHS Trust
Oxfordshire Mental Healthcare NHS Trust



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Member Organisations

This SSDP has been developed by the following organisations under the auspices of the Strategic Partnering Board:

LIFT Company Strategic Partnering Board members:

Oxford Infracare LIFT Ltd (private sector partner)

Oxford City Primary Care Trust

Oxfordshire Mental Healthcare NHS Trust

Oxford Radcliffe Hospitals NHS Trust

Oxford City Council

Oxfordshire County Council

Introduction

This is the second Strategic Service Development Plan (SSDP) developed by Oxford City Primary Care Trust (PCT), Oxford City Council, Oxfordshire County Council, Oxfordshire Mental Healthcare NHS Trust, Oxford Radcliffe Hospitals NHS Trust, and Oxford Infracare LIFT Limited.

The first edition of the SSDP in 2003 set out plans for a 25-year partnering agreement between the NHS, local authorities and the private sector to deliver investment into local facilities via an NHS Local Improvement Finance Trust (LIFT). The SSDP informs the development of the LIFT company business plan enabling the organisations to deliver their vision for the future provision of health and social care services in Oxford city.

This second edition, importantly confirms a local vision for the development and significant redesign of health and social care services provided by the NHS and local authorities in Oxford. The document also describes the significant progress made in the last twelve months in developing and improving services, the plans for the next twelve months and beyond and the role the Oxford LIFT company will play in delivering some of these plans.

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.

The first SSDP outlined the need to improve and develop facilities and how this would start with the development of two new health centres through the LIFT company, both now underway. Both of these new health centres will support the redesign, co-location and development of health and community services for east Oxford and Blackbird Leys. A third scheme for central Oxford (Jericho) has been planned to deliver a comprehensive range of local primary, community and local authority services including social services and diagnostic services.

Partnership working with all agencies whose work has an impact on health and social care was a major theme of the first SSDP and this partnership working continues to go from strength to strength. The vision and strategic plans contained in this SSDP build on a shared desire to ensure services are integrated across the city and that there is equity in care provision. Oxford City Council and the Oxford Local Strategic Partnership (LSP) are working closely together with the PCT to develop and deliver shared goals for the city that include health, housing, safe communities and transport amongst others.

The LIFT scheme for Oxford has provided an opportunity to consider the infrastructure that will start to deliver services in the way they are needed. The establishment of Oxford Infracare LIFT Limited provides the opportunity to consider and plan the provision of services and care in the longer term and ensure that services are being delivered in the right quantity, in the right place and to the right people.

Summary - the key themes

Partnership working is the continuing theme of this SSDP. Through a 25-year LIFT programme we now have the capability to deliver health, social care, housing, leisure and community services that are integrated and designed around local needs and based in modern, fit-for-purpose premises.

Section 1 – The Oxford city LIFT company

Infracare (South West) Limited is the private sector partner chosen to work with the local NHS Trusts and local authorities under the Oxford city LIFT initiative. In November 2004, a LIFT company, Oxford Infracare LIFT Limited, was established to:

- invest in and deliver improved healthcare and community services
- provide capital and funding to deliver solutions
- provide facilities management, business development and planning services to the partner organisations to develop modern patient and community facilities such as primary care resource centres.

The 25-year LIFT programme is steered by a Strategic Partnering Board whose members are senior representatives of Oxford City PCT, Oxford City Council, Oxfordshire County Council, Oxford Radcliffe Hospitals NHS Trust, Oxfordshire Mental Healthcare NHS Trust and Oxford Infracare LIFT Limited.

Section 2 – What we have achieved so far

Since the last SSDP set out the framework for changes in service delivery and infrastructure we have:

- developed the first wave schemes and begun building two new health centres in East Oxford and Blackbird Leys
- considered a number of sites for a new primary care resource centre in central Oxford, with a preferred option to purchase three acres on the Walton Street side of the Radcliffe Infirmary site now owned by Oxford University
- produced a consultation plan and business case for a city centre scheme
- carried out public engagement and listened to local views
- established new service developments across the health and social care sector which follow an integrated service model or have the potential to be delivered in partnership and/ or in shared premises.

Section 3 – Community needs

Oxford's diverse local economy and population means there are a number of challenges for local NHS Trusts and local councils in delivering the right services to the right people in the right place. These challenges include:

- a generally prosperous city but with pockets of deprivation – some areas are in the most deprived 10% in England

- a high percentage of people claiming low income and unemployment benefit
- a need for more affordable housing
- significant inequalities in health and access to services between different areas and communities in the city

Section 4 – Our shared vision

We are already delivering integrated services where we can, but the drive to continually improve standards places an even stronger emphasis on pooling resources to provide high quality, locally-based, easily accessible services. Key elements of our shared vision include:

- more care delivered by joint primary health and social care teams
- local and equitable access to services for priority groups
- responsive, informed services which give people real choice and a say in how and where they receive their care, treatment or local service
- channelling appropriate health and community services to where they are needed
- health improvement and promotion activity to enable people to be independent and achieve their health potential
- co-location of services and personnel where practical and appropriate and the development of 'one-stop' shops
- local regeneration supported by service development and new buildings from which services will be delivered.

Section 5 – The strategic context - making the case for change

No area of health and social care is without a national plan or directive. These shape the direction of service development generally, while locally we work together to ensure that issues particularly affecting people in Oxford are prioritised and developed as necessary. The organisational strategic issues for the members of the LIFT Strategic Partnering Board include:

- expanding NHS services in a primary care setting, including intermediate care
- more community-based support for people with long-term conditions
- reducing hospital admissions
- reducing health inequalities, poverty and social exclusion and promoting lifestyle choices
- reducing reliance on mental health in-patient beds
- empowering patients and providing choice through the new Choose and Book service

- improving local environments
- community regeneration
- ensuring equal provision and access to services across the city

Section 6 – What we might do next

Many of Oxford city's GP practices are housed in buildings that are not ideal for modern healthcare often suffering from lack of space, poor access for people with disabilities, inflexibility and poor quality accommodation that limits the ability to make change or develop or improve services.

- By December 2005, we will consider proposals for a city centre scheme and anticipate this will be agreed in autumn 2006, subject to planning procedures.
- In the meantime, the SPB must prioritise the second and third tranche schemes for future development.

Section 7 – Stakeholder involvement and public engagement

Stakeholder and public involvement around the LIFT programme is ongoing. Targeted engagement around specific schemes as plans are developed is also put in place as required, with particular reference to Section 7 and Section 11 of the Health and Social Care Act, 2001, relating to public engagement.

Section 8 – Affordability Framework

Premises developments through LIFT result in an annual lease plus payment (rental plus maintenance) from the Primary Care Trust to the LIFT Company.

As a general guide this usually equates to around 10% of the total cost of the building. So, for example, a building development that has a total cost of £25 million may result in an annual lease plus payment of £2.5 million.

The LIFT Company would fund the initial cost of the building and recover this investment through the annual lease plus payment from the occupier.

- The first two schemes, East Oxford and Blackbird Leys, are now finalised.

The future schemes will need to be funded through a combination of:

- Existing costs within present Primary Care Trust and General Practice premises.
- Funding release through the transfer of services from a hospital setting to a community based setting.
- Any funding allocated specifically for the development of primary care and community premises.
- A pre-commitment on future growth funding which delivers Oxford City PCT's service strategy.

1. The Oxford city LIFT company

A partnership has been formed between Oxford City PCT, Oxford City Council, Oxfordshire County Council, and other NHS Trusts to build better and more flexible accommodation to deliver integrated health, social care and community services for the people of Oxford. The NHS Local Improvement Finance Trust (LIFT) enables significant investment into primary care and community services through a joint venture between the public sector and private sector organisations.

LIFT is intended as a local solution that is directed, managed and delivered by local stakeholders determining what they want, how they want it delivered and where and when, with their private sector partner providing the capital and funding to deliver the solutions. In addition, the private sector partner will, through the LIFT company, provide facilities management, business development and planning services to the public sector partners to support the ongoing development of the SSDP, estates plans, etc. The LIFT company will not provide any clinical or patient services.

Oxford City PCT successfully applied, in 2002, to be able to choose a private sector partner with whom to set up a LIFT company. Following a rigorous procurement process Infracare (South West) Ltd was appointed as the private sector partner.

In November 2004, Oxford Infracare LIFT Limited (OILL) was established to invest in and deliver improved healthcare and community facilities. The work of OILL is commissioned and monitored by a **Strategic Partnering Board (SPB)** whose members are senior representatives of Oxford City PCT, Oxford City Council, Oxfordshire County Council, Oxfordshire Mental Healthcare NHS Trust and Oxford Radcliffe Hospitals NHS Trust along with Oxford Infracare LIFT Limited. The SPB's role is to interpret the service strategies of the member organisations and to develop the future delivery of services and the modernisation of facilities and infrastructure.

This SSDP is the strategic document of the Strategic Partnering Board and it will be part of its role to continually review, update and develop the SSDP in partnership with Oxford Infracare LIFT Limited.

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. These three organisations are known as 'partners'. Other member organisations will receive voting rights when they sign the Strategic Partnering Agreement.

2. What we have achieved so far

This section describes the progress of the LIFT programme over the past 12 months and some of the key service developments.

Development of first wave schemes at East Oxford, Blackbird Leys and Central Oxford

In the first SSDP the PCT identified community areas with the highest level of need in the city.

There are three schemes currently underway which were originally outlined in the first SSDP as being the priority for the PCT. As can be seen from the demographic information and data explained in section 4, among the communities most in need of improved services are Blackbird Leys, East Oxford and central Oxford.

Over the past 12 months, Oxford Infracare LIFT Limited, in association with all the organisations and teams that will occupy these buildings, has developed detailed plans and designs for the three schemes at East Oxford, Blackbird Leys and in central Oxford. Construction is now underway at the East Oxford and Blackbird Leys sites.

East Oxford Health Centre

Existing East Oxford Health Centre services have moved to Raglan House, Cowley, 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 redevelopment of the East Oxford Health Centre has been granted full planning permission and is expected to be completed in late **2006**.

Blackbird Leys

A new health centre, replacing the current health centre in Blackbird Leys Road, is being built on a greenfield site at Dunnock Way, Blackbird Leys. 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. In March 2005, 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.

This scheme has also been granted full planning permission and is expected to be completed early in 2006.

City Centre Scheme

A third scheme is also planned to build a new primary care resource centre in central Oxford. The resource centre would enable GP practices to be co-located with a number of extended services such as diagnostics, x-ray facilities and therapy services. The PCT is considering a number of options including an option to purchase around three acres on the Walton Street side of the Radcliffe Infirmary site that 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. Wherever the site is, it must be affordable for the PCT, available to be built on in a reasonable space of time and suitable for a building that can meet the needs of modern primary care.

The Oxford Radcliffe Hospitals NHS Trust has plans to relocate services from the Radcliffe Infirmary to the John Radcliffe and Churchill Hospital by 2008. A new cancer centre will be operational and treating patients by 2010 on the Churchill Hospital site. The aim is to develop facilities and resources in the centre of Oxford and retain some of the services that will be moved to these 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 and move to new city centre premises. Co-location will greatly support the integration of services to enable the delivery of the whole care pathway within a primary care setting from initial consultation through to diagnosis and treatment, rehabilitation and other community support services such as counselling.

Considerable research has been undertaken to identify available development sites within the city centre. There are challenges in terms of planning issues but if the right site, or combination of sites, can be found it would enable extended services such as diagnostic tests, x-ray facilities and physiotherapy services, which patients currently receive from the RI hospital, to be retained in central Oxford. It would also provide local GPs with a modern, patient-centred environment to meet the advances in healthcare.

It is hoped to be able to provide all or a combination of the following services in a city centre development:

- Relocation of up to six or seven GP practices, including attached community nursing teams
- sexual health services (family planning and GUM)
- mental health and child and adolescent mental health services
- Direct access physiotherapy
- Speech and language therapy (SALT)
- Podiatry
- Intermediate Care base
- Dentistry
- Diagnostic and testing services
- Pharmacy
- Optician
- Benefits advice centre

In addition to these services there may be opportunities to provide a community café and a creche.

There is ongoing dialogue and consultation with patients and the public about potential development sites that have been identified.

Three options have been shortlisted following an appraisal of a number of sites in the city centre:

- 2.8 acres on the **Radcliffe Infirmary**
- 3,250m² site at **Wellington Square**
- 1,751m² site in **Tidmarsh Lane**

The Radcliffe Infirmary site offers sufficient space to house the GP practices from Jericho Health Centre and Beaumont Street and also accommodate services listed above in a campus-style development.

In both of the other two options, the sites are restrictive in size and would only be able to accommodate two or three GP practices and very few, if any, of the extended primary care services.

Oxford City PCT's public consultation document '*The Future of Health Services in Central Oxford*' details the site options in full and further information is available in the PCT's business case for the city centre scheme. (See also Section 6 of this document)

Listening to local views

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

In particular, the city centre scheme has generated a great deal of public interest and two public meetings have been held to outline a range of proposals and different site options. Through a postal survey, 16,000 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.

The PCT is continuing to seek the views of the public, patients and staff. In the feedback received so far, parking and access issues at the Radcliffe Infirmary site are the most commonly identified concerns of patients. As alternative sites and different options are considered, this work is also being shared with the public.

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 the PCT has done its 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.

Other service developments

There has been significant progress in the last year with the development of services across health, social care and community facilities which have the potential to be delivered in partnership and/or shared premises.

A major focus for health and social care providers is to respond to the Patient Choice agenda where the service is patient-led and delivers high quality services everywhere and at all times. Patients want and will demand more locally-based, easily accessible choices. This includes receiving more of their care outside a hospital setting – some services which are traditionally provided in secondary care could be delivered in primary care. The LIFT initiative offers the opportunity develop and deliver these services in fit-for-purpose premises.

- **Introduction of new GP Contract**

This new contract has enabled the PCT to develop and deliver services through General Practice that it considers a priority for the population. Amongst the services that have been commissioned by the PCT from Oxford GP practices are: drug misuse, asylum seeker healthcare and neonatal checks.

- **New musculoskeletal Clinic**

Patients who suffer from joint and muscle pain can now access a new PCT service run by specialist GPs and physiotherapists. Patients with routine

musculoskeletal problems are referred to the clinic rather than having to visit a hospital consultant.

- **Respiratory Nurses**
Specialist nurses have been recruited to work with GP and community nursing teams to support patients in their own homes and prevent admission to hospital or enable early discharge.
- **Community Children's Nursing Service**
New Opportunities Funding has enabled the development of a 24-hour service to support families with children with life-limiting illness.
- **Sexual Health & Teenage Pregnancy Team**
A new strategy has been developed with the aim of "joining up" sexual health services within the city. The Alec Turnbull Family Planning Clinic has moved to the Radcliffe Infirmary site in order to work more closely with the Harrison GUM Clinic also based on the RI site.
- **Health Advocate Team**
A team was established to promote understanding of cultural issues and to help people access local health services. The team includes advocates for Pakistani, Indian, Bangladeshi, Chinese, Caribbean and traveller communities.
- **Intermediate Care - Single point of referral and Better discharge planning**
Both these service developments have given better and more integrated care to patients between hospital and home.
- **Community service development**
 - BME Community Development Worker working with communities to improve access to primary care
 - New Crisis Resolution and Home Treatment Service in place October 2004
- **Child & Adolescent Mental Health Services**
Following a review of Oxfordshire Child and Adolescent Mental Health Services in 2003/04, the development of a primary care based service has been agreed by partner agencies to provide support, training and consultation to front-line practitioners and screening for specialist mental health services. The partners are taking a developmental approach and it is envisaged that PCCAMHS will be fully functional throughout the County by April 2006.
- **Health and Social Care - Carers Strategy**
The Joint Strategies Steering Group recently launched a Carers Strategy for Oxfordshire. The Strategy along with the Health and Social Care Plan aims to recognise and support Carers through a number of programmes and initiatives.
- **Regeneration - Review of Leisure and Community Centres**
Oxford City Council is currently carrying out a review of these facilities to ensure that the buildings and activities are meeting needs and meet Best Value requirements.

- **Review of housing development and affordable housing procurement**
The city council is currently reviewing these issues to ensure that they are in line with the Housing Bill and that the opportunities to develop affordable housing schemes are maximised.
- **Regeneration Arc**
The development of a Regeneration Arc is currently underway that will coordinate regeneration and funding initiatives across the city. The Regeneration Arc will act as an advisory group to the Local Strategic Partnership and includes representatives from statutory organisations as well as communities.
- **Crime and Action Nuisance Team**
This team has been formed by the city council with partner organisations including the PCT to work with all agencies to address anti-social behaviour through: mediation, improved information sharing, drug house protocol, anti-social behaviour orders, parental orders, and child behaviour orders.
- **Street Wardens**
Providing a uniformed patrol presence in each neighbourhood to help reduce and prevent crime, anti-social behaviour and address environmental concerns.

3. Community needs – the local picture

This section explains the demographic issues that the key organisations delivering health, social care and community services must deal with.

Oxford city - population and demographic issues

Oxford has a strong and diverse local economy, and is engaged in a number of regeneration projects including significant major building projects including the castle/prison redevelopment.

The city currently faces a number of challenges which are being addressed by the city and county councils. Of particular note is the issue regarding the availability of housing stock to meet current and future demands and the uncertainty, at present, about where significant numbers of new homes within or close to the boundaries of Oxford will be built. This uncertainty of location of new homes impacts on PCT's ability, at this point, to start to plan the provision of primary health services for any new centres of population or to identify where and when it should plan to shift or develop further resources in existing facilities.

A long-term scheme to regenerate the west end of the city includes substantial retail upgrades and residential development. The Oxford Gaol site is currently the site of a high quality and high profile development including a new luxury hotel. Improvements to the public areas of this development, especially transport links, will be important for future LIFT developments and where they take place.

Population

Oxford has a diverse population of 140,725. The split between male and female is overall just on 50%. There are 33,000 students, boosting the population of 16-29 year olds to 32% of the population - over twice the national average. There are less older people in the city than the rest of Oxfordshire but they remain a priority group for all agencies. The city has a higher than national or regional average of black and minority communities and these communities make up 12.9% of the population. The largest ethnic group is the South Asian community. The city is prosperous but there are pockets of deprivation. Oxford has the highest percentage of people claiming low income and unemployment benefit in the county of Oxfordshire. Of its 24 political wards the city has a small area that is among the most deprived 10% in England and Wales in terms of multiple deprivation.

Deprivation Indices

As a district the city is ranked at 159 out of 354 in England and slightly higher for concentration and extent of deprivation. This puts it in the middle of the rankings of English authorities. It is especially deprived in terms of education and barriers to housing and services. In terms of deprivation at a smaller level there are some "Super Output Areas" that are consistently in the most deprived in the city across a range of domains which include health, housing and services, education, living environment, crime and disorder, employment and income. These areas are located in the following wards:

- Barton and Sandhills
- Blackbird Leys
- Northfield Brook
- Rose Hill and Iffley
- Carfax
- St Marys and Holywell

Most Deprived City Wards Multiple Indices of Deprivation 2004

| Domain | Most Deprived City Super Output Area |
|----------------------|---|
| Multiple Deprivation | Northfield Brook |
| Income | Northfield Brook |
| Employment | Littlemore |
| Health | Carfax |
| Education/skills | Barton and Sandhills |
| Barriers to Housing | Northfield Brook |
| Environment | St Marys |
| Crime | Rose Hill and Iffley |

On multiple deprivation which aggregates data across the domains there is one area that is in the most deprived 10% in England and this is in Northfield Brook ward located at the top of the Greater Leys Estate.

In terms of health, the city has one area that is in the worst 10% in England and an additional eight in the worst 25%. The area in the top ten per cent for health deprivation is in Carfax in the city centre. This may partly be explained by the fact that this area has high levels of hostel accommodation (where there are concentrated numbers of people with both mental health issues and reduced life expectancies). In addition there is a medical practice specialising in dealing with homeless people in this area whose prescribing data will also have had an effect on the deprivation indices for health.

With regard to housing and services, Oxford city has 13 areas in the worst 10% in England and another 44 in the worst 25%.

One of the current major challenges for the city is housing and the population census of 2001 shows that there is a much higher proportion of people living in the rented sector and lower numbers of owner occupiers than the national and regional average. In addition there are a relatively high number of shared households, including houses in multiple occupation. These are mainly located in central and eastern areas of the city. The majority of council and social housing tenants are located in Blackbird Leys, Greater Leys, Barton, Rose Hill, Littlemore, Northway and Wood Farm.

With regard to access to services including GPs, it is worth noting that Oxford City PCT is also responsible for service provision to parts of communities covered by South Oxfordshire and Vale of White Horse district councils. These communities are rural and are therefore likely to have difficulty in accessing services. On this measure rural areas predictably score more highly for deprivation than urban ones.

In terms of health and well being, Oxford has lower levels of permanently sick, disabled or families who are carers (than the national average). When compared with the national average, Oxford city has lower rates of the major causes of premature death such as strokes, lung cancer, or coronary heart disease. There are however significant inequalities in health between different areas and communities in the city.

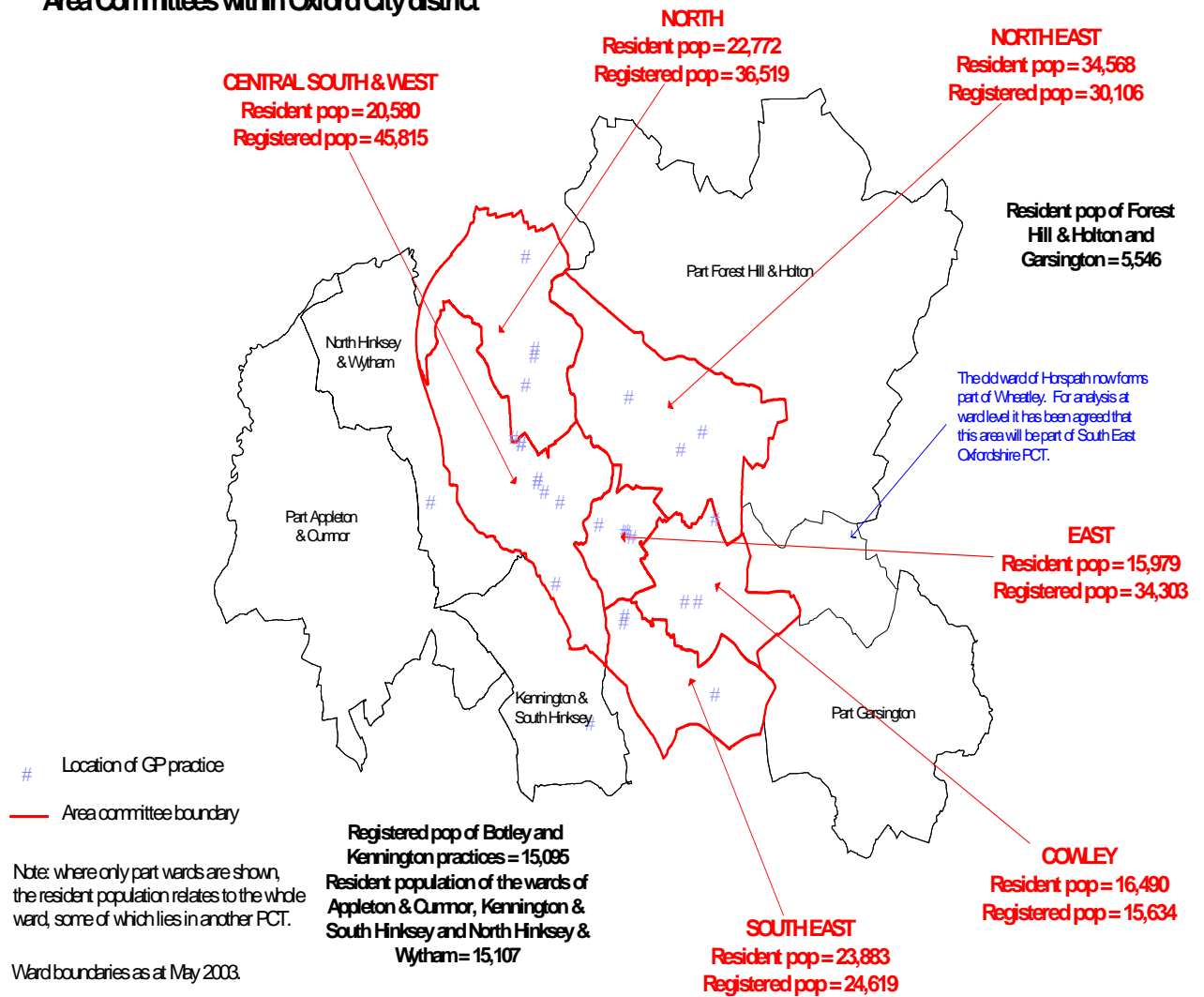
The first three schemes to be delivered by LIFT have been planned in order to address inequality of provision and access to services in the communities they are to be located in. The city council is working closely with the PCT and other local health services to continue to address these inequalities.

Oxford city – The Localities

It is helpful to consider Oxford city in terms of the communities that form it. Working alongside Oxford City Council, the PCT has adopted a “locality” approach to working with local communities. These localities are groupings of the 24 city council wards that best fit together in natural local communities and mirror Oxford City Council’s area committee boundaries.

There are five localities identified in the city each with a very distinct flavour and with their own needs. (See appendix 1 for detailed profiles of each locality).

Oxford City PCT Area Committees within Oxford City district



Note: where only part wards are shown, the resident population relates to the whole ward, some of which lies in another PCT.

Ward boundaries as at May 2003.

Mapping produced using Census 2001 data with licenced permission.
Crown Copyright 2003.
Wards in Area Committees supplied by Oxford City Council.
Public Health Information Team March 2004.

4. Our shared vision

This section sets out our joint service vision for health and social services in Oxford city. It outlines a service model based around integrated care across all communities and involving many organisations.

There is a high level of commitment to this vision and to developing it which is witnessed by the work that has already begun to deliver integrated services for example intermediate care for older people and the Sure Start project in Rose Hill which has focused on children. The vision, which covers the period from now until 2008-2010, will be reviewed again and further developed in future SSDPs.

The changing face of health and social care

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 21st 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.

The local focus

In Oxford city a local vision has been developed that will, over time, change and develop the landscape of primary and community care.

The key elements of the local vision are:

- Health improvement and promotion activity to enable people to be independent and achieve their health potential.
- Registration with a GP is the key to a multi-disciplinary primary health care team supporting patient journeys through the health and social care system.
- More care delivered by enhanced primary health and social care teams e.g. intermediate care.
- Developing diagnostics in primary care so patients don't need to go to hospital for tests.
- Local and equitable access to a range of services for priority groups.
- Responsive, informed services which give people real choice and a say in how their care, treatment or local service is delivered.
- Co-location of services where practical and appropriate.
- Extended and out-of-hours care for scheduled and unscheduled care.

The focus for delivering much of this vision will rely on the following happening:

- Developing one-stop shops providing convenience for patients to access services in one place.
- More integrated home and community-based services
- More management of longer-term conditions and chronic disease in primary care with patients taking informed decisions about their health care
- Avoidance of unnecessary admissions to acute/A&E services

The integration of services is imperative to the above and needs to cover all aspects of scheduled and unscheduled care. It also means that people will need to work differently across all areas and be prepared to provide services differently. It is envisaged that health and social care will be provided by many different organisations in the future with clinicians and professionals whose roles and skill-set will have developed beyond where they are now.

Oxford City Council and Oxfordshire County Council are working closely with the PCT and other health organisations in Oxford city to develop a shared vision for health and social care. In support of this joint approach the Oxford Strategic Partnership has developed a vision for its Community Strategy that states:

“Good physical and mental health, and a sense of well being, requires a healthy lifestyle and access to social, cultural, and leisure activities. We will provide these across Oxford, and help to channel health services where they are needed, and develop new preventative approaches. We will work in partnership to identify and reduce the main causes of ill health in the community, tackle inequalities in health, and provide responsive and appropriate health services across the city according to need.”

Oxford City Council is working via the Local Strategic Partnership (LSP) to ensure that future plans for the development of the city are co-ordinated and take account of the needs and views of all sections of the community.

So what will be better as a result of achieving our vision?

The benefits:

| |
|--|
| Community and primary care services will be delivered from premises that are easy to access, with good transport links and with good proximity to the local communities they serve. |
| Services will be provided from modern spacious buildings that are designed for the purpose. |
| Staff may be employed by, or under contract with, a number of organisations, working in an integrated team to provide the full range of services. |
| A dedicated primary care team will support each general practice population. This will consist of a combination of nurse practitioners, community nurses (including practice nurses, district nurses, health visitors and nursery nurses), health care assistants, midwives and primary mental health care workers and community pharmacists. The make-up of each team will be based on the needs of the area and reviewed on a regular basis |
| Support staff will be employed directly by the practice, by the PCT, or by the local authority but will work together to ensure a seamless service and back up in emergencies. |
| All primary care team members will be able to access shared electronic patient records, a centralised booking system for appointments, transport and pathology results, online ordering of requests for supplies and equipment and reporting maintenance and repair needs. Increasingly, technology will allow us to build opportunities for professional staff to access specialist advice from hospital or community-based specialists through online decision support systems |
| These services, and the new buildings from which they will be delivered, will support local regeneration by bringing much needed and improved services to under-resourced areas and encouraging other organisations to develop additional services in those areas |
| By providing responsive, informed services we will give people real choice and a say in how their social care, NHS treatment and community services are delivered. |

5. The strategic context – making the case for change

The national agenda for modernising both health and social care services is considerable. This section highlights some of the national directives and the strategic drivers which will influence and inform the way in which our local health and social care services are developed. They will also inform the Strategic Partnering Board in deciding how the LIFT programme can help us achieve our national and local strategic objectives.

No area of health and social care is without a national plan or directive. This includes a whole spectrum of services from general medical services provided by GPs, dental and pharmaceutical services through to children's services, mental health and services currently provided in hospital as well as social services provided in people's homes or in county council facilities.

Common themes among the strategic objectives of NHS Trusts and local authorities include:

- expanding services in a primary care setting
- more community-based support for people with long-term conditions
- reducing unnecessary hospital admissions
- reducing health inequalities, poverty and social exclusion and promoting lifestyle choices
- improving local environments and ensuring equal provision and access to services across the city

For example, the public health White Paper *Choosing Health, Making Health Choices Easier*, supports the aim to maintain health, not just treat sickness. The plan stresses the importance of joint working between NHS organisations and local authorities to achieve more and it puts forward priority areas for health improvement and joint working.

There is also an ongoing shift towards community-based primary and secondary care services. Whether they need urgent care or planned care, patients should increasingly receive advice, assessment, diagnosis, treatment and care in or close to their homes. For example, there is a target to improve the care of patients with long-term conditions and reduce the use of hospital beds for emergency care by 5% by 2008. Currently, 77% of emergency calls result in a journey to hospital's emergency department, yet it is estimated that around 50% of those patients could be cared for at home or in the community without the need to go to hospital.

Achieving this requires changes in ambulance service skills and better access to improved services in primary and community settings. Here in Oxford, the joint working and management of health professionals with county council social care teams is already bringing benefits to patients by providing a seamless delivery of multi-agency services.

Oxford City PCT Strategic Issues

The **NHS Improvement Plan** was published in June 2004 and gives an update on progress made with modernising the NHS since the publication of the NHS Plan in 2000. It sets out the way in which the NHS needs to change in order to become truly patient-led. It set out for NHS Trusts new key commitments that will affect the delivery of acute, primary, community and social care and which are expected to be delivered by 2008.

The objective of the Improvement Plan "...is to give fairer, faster, better care to more people than ever before." The aim is to achieve this objective by giving patients more choice and more information.

The Improvement Plan has a considerable number of targets and the following target areas have a particular emphasis for primary, community and social care service delivery:

- shorter waiting times
- changes in the way services are delivered
- improved access
- empowering patients and providing choice through the new Choose and Book service
- supporting people with long-term conditions
- improved chronic disease management and reducing unscheduled admission to hospital
- case management
- care closer to home
- older people and longer term conditions
- mental health service development
- diversifying and expanding services in primary care

All of these targets have an impact on the services delivered by the PCT and its partner organisations and will inform the changes planned and set out in this document.

Alongside the NHS Improvement Plan, there are other national and local strategic plans which are of particular importance in planning future service provision. We have not included all the plans currently in existence as, at the time of publishing this document, there are somewhere in the region of eighty documents that have a health and/ or social care aspect to them. A list of the plans identified is included as an appendix to this document. Below are those plans that are of particular relevance to current planning and integration of services.

- **National Standards, Local Action**
Guidance has been published which sets a framework for all NHS organisations and social services authorities to use in planning over the next three years. PCTs and local authorities are asked to lead community partnership through close joint working to take forward the NHS Improvement Plan building on the joint work of Local Strategic Partnerships (LSP's) and working in partnership with other NHS organisations.
- **The Access Capacity Plan for 2005-2008 for Oxfordshire**
The Capacity Plan looks at how hospital and primary care service models can be redesigned to benefit patients and staff and ensure financial balance is attained and maintained.

Most of the PCT budget is spent on hospital services. The majority of hospital costs and the largest number of patients attending are for unscheduled care. The Capacity Plan places a heavy emphasis on developing and resourcing primary care and community service provision, with social care, to enable:

- better management of chronic disease and therefore reduce unscheduled admission to hospital

- the care pathway for scheduled care and particularly diagnostics to be redesigned thereby minimising waiting times
- development of alternative models and associated capacity in primary care

- **The Local Delivery Plan 2005 –2008**
The Local Delivery Plan builds on capacity planning to develop local plans for the capacity increases needed in the areas of workforce, physical facilities, and information management and technology.

The LDP focuses on two broad areas:
 - Services that need continuing support but have an underlying deficit
 - Development of primary and intermediate care capacity to support meeting scheduled and unscheduled care through service redesign and some increase in capacity.

- **Pharmacy in the future – Implementing the NHS Plan**
The development of a new pharmacy contract is intended improve patient care and give PCT's the opportunity to plan services in a more integrated way across primary care. The new framework intends to "create a structure within which PCTs can commission services from pharmacies to meet locally identified needs", to increase capacity within primary care.

- **Choosing Health**
This Government White Paper sets out priority areas to help people to make healthy lifestyle choices and reduce health inequalities. Central to the Choosing Health agenda is a commitment to partnership working between PCTs, local authorities and voluntary agencies to deliver improved health outcomes and well-being at a local level.

- **Practice-based commissioning**
The Government also wants Primary Care Trusts to look at more efficient and locally sensitive ways of both buying and delivering healthcare services for their population. This could mean giving local GP practices greater responsibility for buying services.

Mental Health Strategic Issues

Oxfordshire PCTs have set a number of priorities for the development and delivery of mental health services for the county including Oxford city.

Of particular importance to this plan for developing community services are the plans for improving county-wide community services and reduced reliance on in-patient beds.

The aim is to achieve this plan through:

- reconfiguration of community focused services across Oxfordshire
- community mental health teams across the county
- Equity of provision of community mental health teams across the county
- Two crisis Resolution and Home Treatment are in place for north and city/south Oxfordshire with 24 hour coverage
- Two Assertive Outreach Teams (city and county) are in place

- Development of a Therapeutic Service for patients with personality disorder with a "hub" centre in Oxford city
- Outpatients services to be moved to a community setting
-

In addition, the PCT in collaboration with Oxfordshire County Council's Social and Healthcare team and Learning and Culture teams, Oxfordshire Mental Healthcare NHS Trust, Oxfordshire Learning Disability NHS Trust and the voluntary sector is developing a primary care child and adolescent mental health service which we expect to be in place by the end of 2005.

Oxford Radcliffe Hospitals NHS Trust strategic issues

The Trust is undertaking a Strategic Review of Services in order to identify the future configuration of services to ensure that the needs of patients, commissioners, teaching and research are delivered to the highest possible standards, within a predictable and stable financial framework.

The Trust is involving staff and stakeholders throughout this exercise, including patient groups, Oxfordshire Health Overview and Scrutiny Committee, Thames Valley Strategic Health Authority and Oxfordshire PCTs.

Five key themes have so far been identified as critical to the future strategic direction of the Trust. These are:

- 1. *Customer focused patient care:*** in an environment of patient choice and competition among providers it will be increasingly important to deliver not just high quality clinical care but also the best possible patient experience overall.
- 2. *Marketing the Trust and its services:*** it is important to provide accurate, timely, relevant and useful information about its services to patients, GPs and consultants in other hospitals who may refer patients to us.
- 3. *The role of the Trust in the local healthcare system:*** the Trust needs to re-assess and redefine its position in the health system locally in a way which promotes delivery of healthcare locally where this is both better for patients and affordable and improves the quality of care and the financial position of the health system overall. This is likely to involve new models of care (for example for chronic disease), demand management, and formalisation of clinical networks across the Thames Valley. It may also involve changes to the configuration of services across primary, acute and social care. **The LIFT project offers an important vehicle through which these changes can be progressed.**
- 4. *The relationship with Oxford's Universities:*** the relationships with Oxford's two universities bring major direct and indirect benefits to patients in Oxford and further afield. A greater degree of strategic alignment between the Trust and its University partners and even closer collaboration on both research and teaching will secure and enhance these benefits as well as promoting medical advance and educating the next generation of clinicians and healthcare professionals.
- 5. *Organising for Strategic Advantage:*** improvements in customer care and operational efficiency depend on good central support services, IT and an appropriate organisational structure. The Trust intends to identify and implement improvements to these.

In addition the Trust is undertaking a comprehensive review of services in order to identify any necessary changes to the service portfolio offered. Services and individual elements within services are being assessed against a range of criteria which include: clinical viability, financial viability, strategic context, market

environment, clinical linkages, quality and reputation. At this stage we do not envisage major changes to the service portfolio which is similar in scope and extent to the range offered by other teaching hospitals. The Strategic Review will also consider the range and scope of services to be delivered at the Horton Hospital in Banbury,

A long term problem for the NHS is that of satisfying growing patient demands in the context of a cash limited budget and therefore a key element of the Review will be to identify a strategic approach to the achievement of long term financial stability for the Trust. This is likely to be delivered through a combination of:

- performance improvements including reduced average length of stay, reduced physical capacity for a given level of activity, workforce reform, IT investment, and service redesign
- income growth through development of tertiary services, networks and training opportunities
- cost savings through cessation of loss making elements of service
- new models of care
- demand management
- development of alternative income streams such as private patients and philanthropic funds

The Review will report to the ORH Trust Board at the end of the year with firm proposals being implemented or put out to formal consultation as appropriate in the New Year.

Oxford City Council strategic issues

The city council is fully committed to working in partnership with the NHS to deliver the services needed to the population of Oxford city. It considers that it can positively do this by helping to shape the future provision of health and social care services, influence the activity of other organisations delivering health and social services and that by working in partnership there can economic and organisational efficiencies.

Its strategic priorities all involve working with partners, residents, the local business community, other public sector partners and the voluntary sector in order to:

- Improve the environments where we live and work.
- Make Oxford a safer city.
- Provide more affordable housing.
- Create local prosperity and sustain full employment.
- Improve transport and mobility.
- Improve dialogue and consultation.
- Provide more and improved affordable leisure activities.

One of the key challenges for the city council is addressing homelessness and the need for affordable housing. The city council currently has a target of developing 150 affordable homes each year that is far short of meeting demand. The council is currently looking at ways in which it can support the further growth of affordable housing and the development of key worker housing with partners such as the county council, the PCT and Oxford universities.

The city council very much wants to build on the work already being done to deliver services as close to the population as possible and to ensure that communities have equity of provision and access. It is involved in a number of community development and regeneration initiatives. These include:

- Development of a Regeneration Arc aimed at coordinating regeneration and funding initiatives across the city. It is proposed that the Regeneration Arc will act as an advisory group to the Local Strategic Partnership and includes representatives from both agencies and communities.
- Partnership projects aimed at improving health, reducing poverty and social exclusion. These include the Healthy Living Initiative, Active Communities, Positive Futures and AFYA (a Kiswahili word meaning healthy in body mind and soul).
- Tackling 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 keen to develop co-located services to help people from excluded communities access a wider range of services.

Oxfordshire County Council strategic issues

The Social and Health Care Directorate of the county council works closely with the NHS in Oxford city to deliver care to local people who need help and support, in particular children, older people and those with physical disabilities, mental health and learning difficulties. A number of priorities for joint service delivery and development have been identified including:

- **The Integration of Services for Older People and People with Physical Disabilities in Oxfordshire**

One of the first examples of this joint working is the work being done by the county council, Oxfordshire PCTs and Age Concern to explore the options for the modernisation of services for older people (including those with mental health needs) and adults with physical disabilities.

This new programme of work will focus on integrating services at all levels and hopes to overcome the organisational, professional and financial boundaries that currently frustrate users and carers and those who work in the NHS and Social Care.

- **Adult Mental Health**

Oxfordshire Mental Health Care Trust and the county council have implemented joint working and provision of adult mental health services across Oxfordshire (under a section 31 agreement). Oxfordshire Mental Health Care Trust is the lead partner for the provision of adult mental health services. All of the staff within the Social and Healthcare Directorate of the county council have been seconded to the Mental Healthcare Trust. The aims of the partnership include:

- to operate a single process to assess the needs of service users, to manage and deliver the service provision and eliminate overlaps in provision.

- to offer users services that are appropriate to their needs regardless of whether the funding comes from NHS or Local Authority funding sources
 - reduce barriers to access to service
- **Best Value Review of Children's Services in Oxfordshire**
The county council, NHS and voluntary sector are currently carrying out a Best Value Review of Children's Services across Oxfordshire. The purpose of the Best Value Review is to examine services across the County for children who are vulnerable or in need and to act as a step towards agreeing, locally, what the response should be to the Children's Act and the possible establishment of a Children's Trust for Oxfordshire.

In other areas, the county council is considering accommodation and infrastructure requirements and whether there are opportunities to work in partnership with other local organisations to deliver services including:

- **Children's Centres**

Funding has been made available to local authorities to support the development of Children's Centres in the 20% most disadvantaged wards or pockets of disadvantage in the country. Children's centres will act as a service hub within the community for parents and providers of childcare services for children of all ages by offering a base for childminder networks and a link to other day care provision, out of school clubs and extended schools.

Oxfordshire has a target to develop 25 new Children's Centres between 2006 – 2008. These centres need to reach 20,500 children under five with an average of 800 children under five per centre. This is out of a total of 35,800 children in Oxfordshire.

Children's Centres will act as a service hub for the provision of all childcare services including, where possible, NHS child and family health visiting service.

In Oxford, Rose Hill/Littlemore Sure Start, has already been designated as a Children's Centre. A second Children's Centre is planned for Blackbird Leys.

- **Single Point of Access ("One Stop Shops")**

The county council wants to develop a range of Single Point of Access (SPA) to provide an information source which would include information from partner organisations like the PCT, voluntary organisations, schools etc. There is an opportunity for the SPAs to be within or adjacent to Health Centres, GP practices, Community Centres etc.

- **Redevelopment of Oxpens (West End Development)**

Oxpens is one of the most important redevelopment sites within the city. It provides an opportunity to regenerate a key landmark site in Oxford and will be subject to a detailed master plan. It is a unique opportunity to improve the environment and health of people who live and work close by. The development could also provide opportunities for the PCT and city council together with the county council to consider development of co-located or adjacent office accommodation.

- **Sustainable Development and Oxford Transport Strategy**
The county council considers that the future vitality and viability of Oxford city centre is very much dependent on the ability to manage future growth and the demands for travel and transport. Both the city council and county council have policies and strategies in place to manage these issues and it will be important to ensure that any future plans for the delivery of health and social care in the city are considered within the context of these two important issues.

6. What we might to do next

This section sets out the potential future building schemes to be developed by Oxford Infracare LIFT, the relative priority of schemes and how new or improved facilities will enable the integrated service model to be delivered.

It is important to note that a great deal of work will need to be done with regard to any plans outlined here for the medium and longer term and that the plans in this second SSDP will be reconsidered and refined in next and future years' SSDPs.

Many of Oxford city's GP practices are housed in buildings that are not ideal for modern healthcare often suffering from lack of space, poor access for people with disabilities, inflexibility and poor quality accommodation that limits the ability to make change or develop or improve services. The PCT and Oxford City Council currently own, lease or support through re-imbursement many buildings that do not meet requirements or aspirations such as being able to offer facilities for use by local community groups.

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 three LIFT schemes (*East Oxford, Blackbird Leys and central Oxford*) have been led by 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 organizations, 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.

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.

Potential future schemes for partnership involvement are:

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

Wood Farm - Develop the existing community centre and consider relocating the nearby Wood Farm GP practice.

Lake Street - combine the current GP practice with neighbouring community centre in a joint development.

Banbury Road and North Oxford area - develop the existing GP premises.

Botley - extend the current GP practice to enable district nursing and health visitors to work in the same building.

Temple Cowley - develop the existing health centre including GP and community services in a new building.

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

Northway - 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.

We are only in the early stages of developing our joint service vision. 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. 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.

The potential schemes are considered in more detail below:

**Rose Hill
Background**

Rose Hill is a small community in the south east of the city. It is one of the most deprived communities in the city with a high level of social or council housing. Rose Hill currently benefits from a successful Sure Start programme family centre from where the Health Visitors operate. In addition there is a nursery school provided by the Co-Operative Society and an advice cabin giving help and support to local residents on housing and benefit issues. There is no practice located in these communities. The nearest practices are Donnington Health Centre to the north and Blackbird Leys to the South East.

Vision

To provide a facility in close proximity to Sure Start and the local primary school that will provide a base for an integrated health and social care team providing a wide range of community services particularly focused around children, families and older people. This development will enable the community in Rose Hill to have access to

and benefit from a range of health and social care services that are not currently available to them locally.

In addition there is the opportunity to work with a local voluntary organisation providing benefits advice who may want to consider relocating to this new facility and thereby releasing part of the primary school playing field back to the school for its use.

The vision for integrated service provision in Rose Hill has a precedent in the work already being done through Sure Start. The delivery of this vision could be through a relatively small scheme in terms of capital but it will require strong partnership working and Oxford City LIFT will need to work with all the likely tenants to develop a scheme that is affordable and can be delivered efficiently.

Lake Street Background

Primary care services are currently provided by one GP practice of 3 GPs, from a facility that is owned by the PCT and is located just off the Abingdon Road. The facility is old, costly to maintain, it is limited for space and does not lend itself to the delivery of healthcare in the 21st century. Adjacent to the health centre is a Victorian building, owned by the city council that is used as a community centre. As with the health centre this facility is in a poor condition and is in need of replacement.

Oxfordshire County Council has identified Hinksey Park ward, which is in the vicinity of Lake Street, as an area which would benefit from a new Children's Centre (*see section 5 for more detail on Children's Centres and their role*).

Vision

To redevelop both buildings and bring the services they provide into one purpose built health and community centre for the west of the city. The Local Area Committee and community are very much in support of the scheme as are the GP's who occupy the current health centre.

The local community will benefit from this development by having a new purpose built facility which has more space than now and which will be able to offer additional community services in collaboration with the Local Authority.

Wood Farm Background

Wood Farm is a single practitioner GP practice serving a population of 2,334 in PCT owned premises that are in good condition and provide reasonable space for the current service provision that includes community services. However the use of space was poorly designed leaving no room for expansion.

The city council is also keen to re-provide their community facilities and would like to do this in partnership with the PCT.

Oxfordshire County Council has also proposed setting up a Children's Centre to serve this area and include Quarry and Risinghurst, Headington and Churchill and Lye Valley wards.

There is additional land capacity on the site.

Vision

The aspiration is to re-provide the GP practice, with appropriate facilities and encompassing community services, perhaps closer to the heart of the local community, closer to the shops and school area than the present health centre

location. The options for delivering both the PCT and city council's aspirations need to be developed further.

**Botley
Background**

Whilst this is a relatively new building it doesn't currently have sufficient space to enable integrated working with the community nursing team who are accommodated above the shopping mall at Elms Parade. In addition the practice has no space for expansion and space for meetings and education is limited. There is considerable space around the practice premises, which is currently used as a car park.

Vision

To provide a facility that will enable co-location of the practice and nursing team and which will give the primary care team space to expand, meet and train. There are a number of options as to how this vision for the practice could be achieved. The building could be completely redeveloped and more efficient use made of the space available on the site or alternatively the building could be expanded and remodelled to meet the objectives set out above.

**Temple Cowley
Background**

The Temple Cowley Health Centre provides facilities for one GP practice of four GP's serving a population of c.8500 patients, with additional therapy services. The buildings are leased from Oxford City Council, they are constrained and there is no room for the expansion required as services develop in the community.

Vision

The aspiration is to re-provide this building to cope with the need for modernisation and growth. No site has been identified as yet.

**Barton
Background**

Currently a limited range of primary care services are provided from a facility currently owned by the city council. This community would benefit from an enhancement to the service provision they currently receive. There are a number of options as to how this could be done and any developments will need to consider the GPs from Bury Knowle and Manor who provide GMS. Consideration also needs to be given to the possibility of services development for this community could also help Woodfarm and Northway.

This area has also been identified by Oxfordshire County Council as a proposed location for one of 25 new Children's Centres in the county.

Vision

Work with the city council to extend the available space and enhance the existing site for use as an outreach site for extended primary care services. Consider developing a Patient Transport Service to enable vulnerable patients to access services.

**Banbury Road and North Oxford area
Background**

Both these practices deliver services from residential properties that have been modified in past years to enable the delivery of primary care. The practices manage well and deliver full ranges of core primary care services but they do not have space for expansion or service development. The buildings do not now conform to DDA legislation and are not suitable in the longer term for the delivery of health services.

Both properties are leased by the practices from St Johns College.

In addition, Wolvercote and Summertown are areas which have been identified by Oxfordshire County Council as a proposed location for a Children's Centre.

Vision

The vision is to bring the two practices together into one purpose built facility that will enable them to develop and enhance the services they currently offer. In the short term the PCT needs to consider with the practice if the current facilities can be developed to support immediate needs and achieve DDA requirements.

Northway

Background

There is currently no GP practice in the area. The city council are currently considering their strategy for the provision of community services to Northway and want to ensure that options for service provision include the PCT, Oxfordshire Constabulary and community groups.

Oxford City Council has identified a site in the locality, which they own, that is of a considerable size and which may enable the co-location of services including primary care.

Oxfordshire County Council has identified the area as a possible location for a new Children's Centre.

Vision

Whilst this scheme is at a very early stage in thinking the aspiration is to provide the community with the community, health and social care that it needs and to try and do this on one site and in partnership with all the key agencies.

| |
|---|
| All the above schemes detailed in this section of the SSDP are still be developed and it is therefore important to note that they are likely to change and develop as options become clearer and further consultation and discussion takes place with key stakeholders. |
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7. Stakeholder and public involvement

Stakeholder and public involvement around the LIFT programme is on going. Targeted engagement around specific schemes as plans are developed is also put in place as required, with particular reference to Section 7 and Section 11 of the Health and Social Care Act, 2001, relating to public engagement.

The first SSDP published in December 2002, was produced with the then Community Health Council representation, the predecessor body to local authority Health Overview and Scrutiny Committees and patients' forums, as well as the city and county council representative and those from the local NHS trusts. The SSDP was produced following several workshops held across the city, involving users, healthcare professionals, local authority members and officers.

The document has been widely distributed to all major stakeholders, MPs, public and local representative groups and including staff in health and social care.

Similarly, this second edition of the SSDP has been produced with the NHS and local authority partners and the private sector partner Oxford Infracare LIFT Limited, and distributed widely.

Methods of our stakeholder and public engagement have included:

City Council Area Committees

A new structure set up by the Local Authority to bring LA decisions closer to local people, on an area committee basis. The PCT has attended all six Area Committees since October 2003 and has presented formally the LIFT scheme and the development priorities on several occasions. At the specifically relevant local committees to the city centre scheme e.g. SE Area Committee and Central South and West there have been detailed plans presented on the particular schemes for those areas, with questions and suggestions coming from the floor.

Formal workshops for city council officers and members

These have been held on four occasions to discuss the mechanics of LIFT and to seek feedback on the schemes proposed and to ensure that LIFT would be congruent with the City Councils regeneration plans for Oxford. The PCTs plans for healthcare developments are subsequently set out and supported in the City Councils local community strategy

Formal public meetings

Specifically relating to the City Centre development these have been held on the following dates:

- 20 October 2004 , Oxford Town Hall
- 24 November 2004, St Aldates Parish Centre
- 23rd March 2005, St Aldates Parish Centre

At each stage the PCT has presented information on the need for change in Central Oxford, the plans for new services, possible site locations, and detail around what will happen next. As reported at the Scrutiny meeting on 30 June the PCT is planning a formal consultation on this outline business case from September until November 2005.

Oxford Health Overview and Scrutiny sub committee meetings

Since its inception in August 2004, the PCT has attended 5 out of the 8 meetings of the committee to specifically discuss this scheme in the City Centre. On each occasion members of the PCT have presented the scheme from its original inception to every stage of planning on the way.

The Chairman of the Committee, Students Union representatives and Patients Forum members were invited to contribute to an externally facilitated workshop with the healthcare professionals who will be involved in this scheme on the 2nd March 2005 to consider how services might best be provided in the City Centre, possible locations and to discuss the risks and benefits of different options, from both patient and clinical perspectives.

Direct consultation with patients in the City Centre area and other key user groups

16,000 patients were sent questionnaires in October 2004 seeking public views on the PCTs proposals to develop new healthcare facilities in Central Oxford. A full report on the responses to the questionnaires is available on the PCT website.

Local residents groups were mailed in October 2004 with copies of the patient questionnaire offering meetings with the PCT to discuss the proposals and to seek feedback on services and plans at an early stage.

Direct mailing to all Oxford Colleges (a large proportion of patients registered in the City are students of the University of Oxford) seeking views on the PCTs proposals and feedback on range of planned services. All colleges responded.

Public events

Details of the city centre and other schemes have been presented at various public events held across Oxford, including annual general meetings and Cowley Road Carnival, St Giles Fair and Leys Fair. Transcripts of these events have been prepared and all responses fed back into the planning group.

Printed Media

The PCTs website provides up to date information on all LIFT schemes, both planned and in progress, which is regularly updated on a bi monthly basis. An insert on PCT news is produced for inclusion inside the City Councils publication "your Oxford" which goes to every householder in the City. The PCT has included information on LIFT and specific developments in most of the inserts, with contact points for further information or for feedback on planned schemes.

8. Affordability Framework

Financial Context

Oxford City PCT will receive an initial revenue allocation of £185 million in 2005/06 which incorporates £13.5 million of growth. This represents an increase of 8.71% on the 2004/05 allocation.

The breakdown of the Primary Care Trusts expenditure, based on 2004/05 financial year, is shown in the pie chart below:

The Primary Care Trust has been notified of the growth funding that will be received in 2006/07 and 2007/08 and this is outlined in the table below:

| Year | Initial resource baseline £000 | Growth Funding £000 | Initial resource limit £000 | Increase |
|---------|--------------------------------|---------------------|-----------------------------|----------|
| 2005/06 | 171,503 | 13,562 | 185,065 | 8.71% |
| 2006/07 | 185,065 | 15,071 | 200,136 | 8.14% |
| 2007/08 | 200,136 | 16,318 | 216,453 | 8.15% |

Initial planning assumptions being used by the Trust for the years after 2007/08 are based on growth funding of 6% per annum.

The Primary Care Trusts finished the 2004/05 financial year with a small surplus of £540,000 and is implementing an extensive savings programme in 2005/06 to not only ensure organisational financial balance but in addition to make a substantial contribution to supporting pressures across the wider health economy.

The 2005/06 saving plan and the future financial strategy of the PCT will support the underlying objectives of the organisation:-

- Tailoring services in localities to meet the needs of the local population.
- Developing flexible and integrated services for older people and work with social care to support patients in the community.
- To focus on improving services for people with long term conditions and reduce hospital admissions.
- To streamline patient pathways and access to treatment.
- To build a flexible and responsive workforce.

And will be based on reducing unnecessary admissions to hospitals to release resources to develop cost effective and efficient primary and community services. This strategy is supported and enabled by the introduction of the payment of results systems and the implementation of the patient choice agenda.

Investment in Primary Care and Premises

The Primary Care Trust is already investing significant sums of money in delivering Primary and Community services and the table below outlines the 2005/06 budgets for key community services presently provided by the PCT:

| Area | 2004/05 Budget £000 |
|---------------------------------------|--------------------------------|
| General and Personal Medical Services | £20,728 |
| Community Nursing | £3,554 |
| Family Planning | £329 |
| Out of Hours services | £1,387 |
| Intermediate care | £1,975 |
| Total | £27,973 |

Note: Excludes services presently hosted by other Primary Care Trusts

In terms of premises and premises development these budgets contain over £1m in rental payments. This £1m ranges from commercial rental for lease property occupied by General Practitioners to capital charges and depreciation for Health Centres and accommodation owned by the PCT.

LIFT Financing

Premises developments through LIFT result in an annual lease plus payment (rental plus maintenance) from the Primary Care Trust to the LIFT Company.

As a general guide this usually equates to around 10% of the total cost of the building. So, for example, a building development that has a total cost of £25 million may result in an annual lease plus payment of £2.5 million.

The LIFT Company would fund the initial cost of the building and recover this investment through the annual lease plus payment from the occupier.

The lease plus agreement generally runs for 25 years. However, the occupier would have the right to extend this period and also has a right to purchase the property "pre-emption agreement" at a fair market value.

Funding the first two schemes

The first two schemes, East Oxford and Blackbird Leys are now finalised and the PCT is committed to an annual rental of £1,629,000 (2003/04 price base) and facilities and support costs of £231,000 to support these new premises. The table below shows the capital cost and rental for the two schemes.

| Scheme | Capital Cost £000 | Rental per annum £000 |
|----------------|------------------------------|----------------------------------|
| East Oxford | 13,194 | 1218 |
| Blackbird Leys | 3,431 | 429 |
| Total | £16,625 | £1,629 |

The scheme has been funded from:

- Transfer of existing costs £375,000
- Additional premises funding secured for General Practices £719,000
- Pre-commitment of growth funding in 2006/07 £766,000

Next Stage schemes

The future schemes identified in chapter 7 will need to be funded through a combination of:

- Existing costs within present Primary Care Trust and General Practice premises.
- Funding release through the transfer of services from a hospital setting to a community based setting.
- Any funding allocated specifically for the development of primary care and community premises.
- A pre-commitment on future growth funding which delivers Oxford City PCT's service strategy.

Given the high priority of developing services within community settings the PCT is making an explicit assumption that an element of future growth funding will be earmarked to support these schemes. The PCT believes that this commitment supported by the strategic shift of services should identify £600,000 per annum for the period from 2007/08 to 2009/10. Due to the level of uncertainty around NHS funding over the medium to long term the assumption from 20010/11 onwards reduces to £500,000 per annum. It is important to note that this investment is over and above any funding release through the transfer of existing rent and infrastructure cost.

This assumption clearly demonstrates the PCT's commitment to develop the infrastructure within the community whilst setting a realistic and equitable affordability framework given the present financial climate within the National Health Service.

The implications of these assumptions over the medium term are shown in the table below:

| Year | Growth Funding available | Comments |
|---------|--------------------------|---|
| 2006/07 | £766,000 | To support East Oxford and Blackbird Leys |
| 2007/08 | £600,000 | To support central Oxford and other smaller schemes |
| 2008/09 | £600,000 | To support central Oxford and other smaller schemes |
| 2009/10 | £600,000 | To support central Oxford and other smaller schemes |
| 2010/11 | £500,000 | To support central Oxford and other smaller schemes |
| 2011/12 | £500,000 | To support central Oxford and other smaller schemes |

It is important to understand that these commitments represent a recurrent fund to support premises development and are not simply a one-off funding stream. For example the £766,000 in 2006/07 will be a recurrent commitment for the rental payments for East Oxford and Blackbird Leys for 25 years and between 2007/08 and 2011/12 an additional £2.8 million will be accrued to recurrently invest in premises development. The majority of this additional funding will be required to invest in the city centre development.

The table below shows the proportion of growth funding this commitment amounts to and how much the figure represents of the PCT's total allocation.

| Year | Funding committed | % of growth funding | % of PCT allocation |
|---------|-------------------|---------------------|---------------------|
| 2006/07 | £766,000 | 3.32% | 0.25% |
| 2007/08 | £600,000 | 3.98% | 0.30% |
| 2008/09 | £600,000 | 3.68% | 0.28% |

| | | | |
|---------|----------|-------|-------|
| 2009/10 | £600,000 | 4.30% | 0.26% |
| 2010/11 | £500,000 | 3.19% | 0.19% |
| 2011/12 | £500,000 | 3.01% | 0.18% |

The impact of these affordability assumptions will not be completely clear until business cases are developed which include detailed costing information, confirm the exact involvement of partner organisations and fully explore any other commercial opportunities.

City Centre development funding plan

The City Centre development is clearly aligned with the Primary Care Trusts strategic objectives and represents a key priority for the organisation. In setting an affordability cap this priority has been balance with the wide range of other priorities for healthcare development in the City and also informed by information regarding future growth allocations.

The affordability cap has been established at £2.5 million and has been built up from two explicit rationales:

- The clear recognition that present premises are not fit for purpose for the majority of existing services encompassing both GP practices and a range of other services including Family Planning and GUM. Present rental costs, that could be redirected to contribute to the new scheme, amount to £360,000. These values clearly reflect the unacceptable standard of present accommodation and simple reprovision to a standard fit for modern medicine will require a substantial additional investment.
- The need to develop premises that support an expanded role for a wide range of expanded primary and intermediate care services and provide flexible accommodation that is future proof

Given this context the planning assumptions to support the funding of the £2.5 million are:

- Redirection of existing rental streams £360,000
- An explicit target that the transfer of activity from secondary care will include a contribution towards infrastructure costs of £200,000 per annum by the completion of the new build (2011)
- A clear and explicit commitment of growth funding from Primary Care Trust between 2007-2011 which would develop a sinking fund for the scheme, and cover elements of the non-recurrent project costs, of £1,940,000 per annum by 2011. This maybe reduced if any additional central funding is made available for GP premises development.

The split of these funding streams is summarised in the table below:

| Source | Amount 2005/06 Price base £000 |
|--|--------------------------------|
| Transfer of existing Funding streams | £360,000 |
| Resources released through transfer from Acute Sector 207/08-2010/11 | £200,000 |
| Future growth funding 2007/08 -2010/11 | £1,940,000 |

| | |
|---|-------------------|
| Total affordability cap for lease plus payment per annum | £2,500,000 |
|---|-------------------|

This affordability cap is based on the provision of services outlined in detail the City centre business case and does not include any contribution made to the potential lease plus rentals from the following functions which are assumed to carry their own funding streams:

- Diagnostics
- Dental Access and training function
- University department of Primary Care and General Practice
- Crèche facilities

Any change in the range of services located in the City Centre development may change the affordability cap.

Indicative modelling for the sinking fund would suggest the following assumptions against future growth funding:

- 2007/08 £500,000
- 2008/09 £500,000
- 2009/10 £500,000
- 2010/11 £440,000

This obviously represents a large proportion of the total funding identified for premises development within the Primary Care Trust and highlight how important the scheme is to future service development.

Summary

This section highlights the affordability assumption for the Primary Care Trust as the major funder of presently development first tranche schemes. It demonstrates the close alignment between financial plans and service strategy and a clear commitment from The Trust to a sustained plan of investment in premise development. This is highlighted by the successful closure of the first two schemes and the continued development of the city centre development plan

The affordability assumptions are based on an assessment of future growth funding and an acknowledgment of competing priorities for limited healthcare resources.

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