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Leicester LIFT logo

Strategic Service Development Plan 2005/06

April 2005

Executive Summary

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Acknowledgment

Many people have helped in preparing this SSDP. The contribution of each individual and organisation is acknowledged with thanks.

Vision Statement

To create a public service infrastructure which enables and facilitates the delivery of modernised and integrated services to improve the health of the communities of Leicester.

Partner Organisations

[signatories as per first SSDP]

Carolyn Clifton - Chief Executive, Eastern Leicester Primary Care Trust

Rob McMahon – Chief Executive, Leicester City West Primary Care Trust

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Section 1 Introduction

This is the second Strategic Service Development Plan (SSDP) for community-based health and social care services in the City of Leicester. It brings together a vision shared by partner organisations across the city for radical improvement.

Leicester LIFT is one of 48 Local Improvement Finance Trust schemes in England. It provides a unique opportunity to deliver a step change in the quality of service infrastructure that:

- enables the provision of expanded and redesigned community services to promote and sustain health and well being;
- provides a better, more accessible and more welcoming environment for patients; and
- improves working conditions for GPs and other health and social care staff working in community settings.;
- is based on the needs of local people.

On a national level, it is estimated that LIFT will lever £1 billion to reinvigorate primary care. This SSDP reflects local strategic planning objectives to ensure that investment in Leicester is targeted on priority service areas and addresses the specific needs of more deprived communities.

The plans have been developed, and are sponsored, by the LIFT partner organisations who are committed to LIFT as a vehicle for strategic change.

The LIFT vision will be delivered through three types of schemes, the Health and Social Care Centre which will give the health and social care community the opportunity to base a wide range of services in community settings; the Primary Care Service Centre, which will bring together a range of healthcare and associated professionals to provide a community based resource; and the Primary Care Practice which will provide mainly General Practitioner services.

It also coincides with other significant regeneration, re-configuration and revitalisation initiatives in Leicester, providing significant opportunities for synergy in the development of services and premises.

Partnership working is well established in Leicester, not only among those organisations directly responsible for health and social care, but also in other agencies whose work has an impact on health and health inequalities. The city's "whole systems" approach includes involving the communities and staff who may be affected by an initiative.

The LIFT partnership brings together the estates strategies of the key partners and dovetails with those of other local health and social care organisations.

1.1 Purpose of the Strategic Service Development Plan

This SSDP sets out a strategic framework for estates investment through LIFT, outlining how it will contribute towards the delivery of the government's agenda for the modernisation of public services and neighbourhood renewal.

Since it published its first SSDP in October 2002, Leicester LIFT has chosen ExcellCare Ltd as its Private Sector Partner, which has joined with local LIFT partner organisations and with

Partnerships for Health (the national LIFT joint venture company) to form a local joint venture company – Leicester LIFTCo (see Section 5).

Leicester LIFTCo will develop, own and manage the buildings identified in this SSDP to deliver the shared vision of integrated health and social care services to meet the needs of the people of Leicester in the 21st century.

The partner organisations have committed to the revenue consequences of their participation in LIFT. This SSDP demonstrates their support, and that of other local stakeholders.

This SSDP and the plans detailed within it are the product of collaborative work by Leicester LIFT partner organisations. It is intended that it will be updated annually to reflect changes in strategy, objectives and priorities for the partner organisations.

1.2 Primary Care

For the purposes of this SSDP, 'primary care' is defined widely and inclusively in order to minimise professional and organisational boundaries and to support the delivery of integrated services.

The term 'primary care services' incorporates all community-based healthcare services to which the public have direct and local access, such as GPs, community pharmacists, general dental practitioners, and optometrists.

It also includes services which work closely alongside primary care, for example, community health services (managed by the primary care trusts), social services (managed by the local authority) and intermediate care.

LIFT provides a rare opportunity to develop buildings and facilities that bring together community-based care with wider services which promote and sustain health and wellbeing.

Section 2 The Current Position

2.1 The City of Leicester

Leicester is a thriving, culturally diverse city in the East Midlands with two universities, well-attended arts venues, a prosperous covered market, a wide range of retailers, financial services and busy cafés, bars and restaurants. It is also home to the National Space Science Centre and well-supported rugby, football and cricket teams.

The city's economic roots in textile manufacturing, footwear and engineering have all seen a significant decline in recent years. Traditional employers have cut their workforces or companies have simply ceased to exist, reducing employment opportunities, particularly for people in manual and semi-skilled occupations. Increasingly, new job opportunities require higher levels of qualifications and skills and, in some parts of the city, low levels of educational attainment and high unemployment have resulted in significant problems of poverty and social exclusion.

2.2 Cultural diversity

Minority ethnic communities represent about one third of the resident population of the city. In some wards in central and eastern Leicester, the majority of people are now from a range of minority ethnic backgrounds, originating from East Africa, India, Pakistan, Bangladesh and the Caribbean.

More recent refugees and asylum seeker populations, and those from other European Union countries who have settled in Leicester, bring a rich diversity of languages, faiths, religious observances and backgrounds. Given this population, there is a long history of multiculturalism in Leicester, with people living as part of one diverse community. In response, agencies are actively working to develop inclusiveness in service strategy and delivery.

2.3 Key health and social care factors

A range of key factors relating to health and social care in Leicester were identified through a population needs analysis undertaken in 2003*. These were:

2.3.1 Population

- A decrease in population in contrast to the general picture in England (showing a 5% rise in the past 20 years), but an increase in the number of adults (aged 18-64)
- More adults economically inactive and permanently sick/disabled (6.45% of those aged 16-74) than the national average
- A disability prevalence of 25 per 1,000 population and an estimated 1,955 disabled children (2.5% of all 0-18 year olds)
- 28% (78,943) of the population are children and young people (0-19) and 72% (200,980) adults.

2.3.2 Age

- More people aged 0-30 than the national average, with a significant increase in the 20-24 age range
- Less people aged 50-75 than the national average
- 14% of the total population in Leicester in the 65+ age range, with 4% aged 80+

- High density of older people (65+) in south and east Evington, Thurncourt, Knighton, Humberstone, north Rushey Meads, south Eyres Monsell/Aylestone, north New Parks and north Abbey wards
- High numbers of younger people (0-18) in New Parks, Braunstone, Eyres Monsell/Freeman, Beaumont Leys, Highfields, Coleman, Stoneygate and Belgrave/Rushey Meads.

2.3.3 Ethnicity

- High levels of cultural diversity and ethnicity, particularly in Eastern Leicester, with an estimate that more than 50% of children and 40% of adults are now of non-white (mostly Asian) heritage
- An increase in the number of older Asian people (aged 65+) from 4% to an estimated 15% of the total 65+ (1991) population.

2.3.4 Health and Illness

- Highest incidence of tuberculosis in the East Midlands
- Significantly high rates of teenage pregnancy and low birth-weight rates
- Significantly high mortality rates from accidents among females
- Significantly high rates of death from chronic heart disease
- High levels of diabetes
- Relatively high rates of death from stroke for men
- Relatively low rates of death from all cancers
- Relatively low population life expectancy at birth
- Above national average prevalence rate of people with severe learning disabilities, with an increasing number of young people leaving school and needing services
- Around 1 in 100 adults suffer a severe mental illness, with an overall prevalence of around 2,000 people
- A higher than national average expected prevalence of neurotic illness (32,000) and psychotic illness (800) as calculated with the Mental Illness Needs Index
- Suicide rates around 14 per 100,000 (28 per year) with a male:female ratio of 4:1
- More than 36,000 carers, with 1 in 6 aged 16+ caring for a sick, disabled or elderly person.

2.3.5 Deprivation

- Half of the city's wards among the 10% most deprived in England
- Another six among the 11-20% most deprived

[Sarah – the above two statements need to be checked against the latest Index of Multiple Deprivation]

- Relatively high levels of deprivation and poverty, notably in Braunstone, New Parks, Beaumont Leys and areas of Westcotes, Highfields, Coleman and Belgrave.

*Source: The Population Needs Analysis (data for LIFT Service Strategy), July-December 2003, Leicester LIFT ***[designer to put as footnote]***

2.4 Health and Social Care Services

This section gives brief descriptions of key local public bodies that provide health and social care services:

2.4.1 Leicester City West Primary Care Trust

Established in April 2001, Leicester City West Primary Care Trust (LCW PCT) is responsible for commissioning health services from healthcare provider, NHS Trusts and the independent sector; providing primary care services, improving health and reducing health inequalities for a population of some 153,000 on the west side of Leicester city. LCW PCT also “hosts” a range of services on behalf of the six primary care trusts which cover Leicester, Leicestershire and Rutland.

2.4.2 Eastern Leicester Primary Care Trust

Established in April 2001, Eastern Leicester Primary Care Trust (EL PCT) is responsible for commissioning health services from healthcare providers, NHS Trusts and the independent sector; providing primary care community services; improving health; and reducing health inequalities for a population of some 183,000 on the eastern side of Leicester city. EL PCT also “hosts” a range of services on behalf of the six primary care trusts which cover Leicester, Leicestershire and Rutland.

2.4.3 Leicester City Council

Leicester City Council has been a unitary authority since 1997 and employs some 14,000 staff to provide all local government services to the people of Leicester.

The Council has set up a number of area committees through which it is seeking to provide better solutions to local problems and improve services, by giving some key decision-making powers to ward members and bringing decision making closer to the public.

It is intended that there will be nine area committees throughout the City, with membership including the ward councillors in the areas concerned, covering:

<i>Area</i>	<i>Wards</i>
1	Rushey Mead, Belgrave and Latimer
2	Humberstone & Hamilton and Thurncourt
3	Charnwood, Coleman and Evington
4	Spinney Hills and Stoneygate
5	Knighton and Castle, excluding the city centre
6	Aylestone, Eyres Monsell and Freeman
7	Braunstone Park & Rowley Fields, Western Park and Westcotes
8	New Parks and Fosse
9	Beaumont Leys and Abbey.

The Council is an active partner in working with local communities and other agencies to build a sustainable city with a thriving and diverse society. Work on race equality is therefore a core priority, for which it was awarded Beacon Status in 2002.

The Council’s boundaries align with the total geographical area covered by Leicester City West Primary Care Trust and Eastern Leicester Primary Care Trust

2.4.4 The Leicestershire Partnership NHS Trust

Leicestershire Partnership Trust provides mental health and learning disability services, including children and adolescent mental health services, drug and alcohol services, and other specialist mental health services. It is one of the largest mental health and learning disability services in the country. There is a strong track record of joint working across the NHS, social care community and the Trust. In Leicester city there is a shared commitment between the Trust, the City Council and the PCTs to provide a single point of access for mental health services and to increase accessibility to those services in local communities. The Trust, together with the local authorities, is currently integrating health and social care adult mental health services, as well as modernising the provision of learning disability services.

2.4.5 University Hospitals of Leicester NHS Trust

University Hospitals of Leicester (UHL) is one of the largest provider NHS Trusts in England, with 2,300 beds and nearly 11,000 staff providing a comprehensive range of acute hospital services on three sites in Leicester city. It is a well-established teaching hospital with very strong links to Leicester University in relation to medical education and De Montfort University in relation to nurse and allied health professional training and education.

The three hospitals in Leicester – the Leicester General Hospital, Glenfield General Hospital and Leicester Royal Infirmary – merged on 1 April 2000 to form UHL. This merger was the first step in developing a collaborative approach to future service delivery and provided the opportunity for a reconfiguration of services across the three sites. The major reconfiguration of acute services is being developed under the banner of the Pathway Project. The Pathway Project Strategic Outline Case *Reshaping Hospital Services in Leicester* was approved in February 2001 and the Outline Business Case was approved in October 2002.

Pathway is being delivered through the Private Finance Initiative and two consortia – Catalyst and Equion – have been competing for the scheme, which is the largest of its kind outside of London. The bids have been comprehensively evaluated and the UHL Trust Board chose a 'preferred candidate elect' last December. It is anticipated that the preferred candidate will be formally appointed and announced in March 2005. Pathway is due to reach financial close in Spring 2006. **[check Deb Matthews if any update at proof stage]**

The Pathway Project recognises that reconfiguring acute services is inextricably linked to the future delivery of community-based health and social care services. Partnership work is ongoing to develop and confirm the proposed service models, making explicit links between acute and primary/community care developments.

2.4.6 Leicestershire, Northamptonshire and Rutland Strategic Health Authority

Leicestershire, Northamptonshire and Rutland Strategic Health Authority manages the strategic modernisation of health services and facilities across the health and social care community. It concentrates on improving performance across the NHS, taking the lead in those areas of work best progressed across the health community. The SHA plays a crucial role in brokering

solutions to local problems, holds health services to account and encourages greater autonomy for Primary Care Trusts and Trusts.

The Strategic Health Authority aims to further improve health in Leicestershire, Northamptonshire and Rutland by focusing on five key areas of activity: improving performance; implementing the national NHS reform programme; implementing local strategy; organisational and workforce development; and patient experience.

2.4.7 The Workforce Development Confederation

Established in April 2002, the Workforce Development Confederation (WDC) works across all NHS organisations in Leicestershire, Northamptonshire and Rutland. The WDC has very strong links with the local universities which provide relevant undergraduate and postgraduate training. The role of the WDC is to ensure that workforce planning is undertaken in a consistent way across organisations, training numbers link to service needs, and that training is available to support the new ways of working needed for a modernised NHS.

2.4.8 East Midlands Ambulance Service

Ambulance services in Leicester are provided by the East Midlands Ambulance Service NHS Trust (EMAS), which also serves Derbyshire, Leicestershire, Nottinghamshire and Rutland. It provides accident and emergency ambulance and paramedic services, and patient transport to hospital, both for unplanned urgent admission and for planned inpatient or outpatient care.

2.4.9 Director of Public Health

[Deb Watson to check 7 March, needs updating]

The Director of Public Health for LCWPCT and ELPCT has produced public health profiles for the city. The aims for public health in the city are to monitor, protect, promote and improve health and reduce health inequalities for the populations served, through teamwork, advocacy and partnerships that cuts across professional and organisational boundaries.

2.5 Partnership Working and Structures

There is a long and successful history of partnership work across Leicester city and a number of vehicles for working across organisational boundaries to develop and implement multiagency strategies and programmes relating to cross-cutting issues. The following outlines key partnership structures currently in operation across the city:

2.5.1 The Leicester Partnership

The Leicester Partnership is the local strategic partnership for the city. It brings together representatives from the public sector (including the City Council, both city primary care trusts

and the Leicestershire Constabulary), the community sector representing geographical neighbourhoods, the voluntary sector representing citywide groups and communities of interest, the private sector and a member of each of its eight thematic partnerships, including the Health Partnership.

The Leicester Partnership supports organisations and communities to work in partnership to deliver effective, targeted, local services to improve the quality of life in Leicester. It is working to reduce inequalities in key areas such as health, in order to narrow the gap between the most deprived neighbourhoods and the rest of the city.

It does this through the community strategy, local neighbourhood renewal strategy and local public service agreements (LPSAs). The Partnership has agreed the latest LPSA and is also responsible for measuring progress against the latest Government targets for neighbourhood renewal and social inclusion, some of which set a standard for life expectancy and reducing health inequalities.

It is currently reviewing and consulting on the community strategy and local neighbourhood renewal strategy, which will involve working with health partners to identify suitable approaches.

2.5.2 The Health Partnership Policy Board and Executive

[Deb Watson to check 7 March, needs updating]

The Health Partnership Policy Board (HPPB) was established in Leicester in 2000. It replaced the previous Joint Consultative Committee as a key City Council/NHS and voluntary sector group at elected member/chair level. Membership includes the primary care trusts, the two NHS provider trusts, and the East Midlands Ambulance Trust. There are three voluntary sector representatives (including one from the black voluntary sector) and a nominee from the Council of Faiths. The HPPB is supported by an executive officer group, the Health Partnership Executive (HPE).

The HPE acts as the umbrella body for a range of joint planning groups for Leicester, including the Children's Planning Partnership, and those for older people, people with learning disabilities and Welfare to Work, homelessness and community care, adult mental health, people with physical and sensory disabilities, and carers. It is also the health theme sub-group of the Leicester Partnership.

2.5.3 Leicester Regeneration Company

The Leicester Regeneration Company was set up in April 2002 to define and deliver a vision for physical change in central Leicester, driven by its master plan. This puts forward five key projects, which aim to broaden the city's economy, retain graduates, and enhance its attractions as a place to live, work and invest.

The five projects are:

- a new business quarter, restructuring the station area to attract about 4,000 jobs. The first phase will be on site during 2005;
- a riverside Science and Technology Park at Abbey Meadows, which will also be on site this year;

- a widening of the city's retail core;
- up to 2,000 new homes in a new residential quarter in the Lee Circle area; and
- major regeneration of Leicester's Waterside.

2.5.4 Wider Health Community Planning Structures

In addition to the city-specific partnerships outlined above, there are also partnership planning and co-ordinating structures across the health and social care community of Leicestershire. These include the Leicestershire Executive Group, a number of strategic planning groups, the UHL Pathway Project Board and project infrastructure, and the Adult Mental Health Inpatient Re provision Project.

2.5.5 Voluntary and independent sectors

The voluntary and independent sectors play a vital role in Leicester, providing a diverse range of services to individuals and groups. The infrastructure of not-for-profit and private sector services promotes health, wellbeing and independence, and supports people and carers in a range of settings.

A mixture of self-help and local groups and services encourage community, cultural and spiritual involvement and deliver vital care, including residential and nursing home care and a proportion of home care services.

2.6 Current Primary Care Services

This section outlines current primary care services in Leicester in terms of functions, staffing and infrastructure.

2.6.1 Primary Care Practitioners

As at January 2005, the position in Leicester City West PCT was as follows:

- 83 GPs in post (73 Whole Time Equivalent). This includes eight GPs that are currently employed on a salaried basis
- 12 sole practitioners (two of these have a vacancy)
- 24 premises owned by GPs (including 5 branch surgeries), 7 owned by the PCT (including 3 to be reprovided by LIFT), 2 leased by GPs (including 1 direct lease with De Montfort University) and 1 leased by the PCT.
- 5 NHS-owned and managed health centre premises
- Direct management of 107 WTE district nurses and health visitors
- Services delivered by 11 optometric independent contractors, 23 pharmacies and 19 dental practices with 43 dentists working in the LCW PCT.

[Tony Madge asked to check – outstanding as at 4 March]

As at September 2002, the position in Eastern Leicester PCT was as follows:

- 93 GPs in post (83 WTE). This includes six GPs that are currently employed on a salaried basis and a further six GPs carrying out a total of 35 sessions per week under a salaried scheme.
- 11.75 WTE GP vacancies
- If all vacancies were filled, a further 16 WTE GPs would be required to fulfil an average list size of 1,800 patients
- 11 sole practitioners
- 41 GP-owned or leased premises, including 26 main surgeries and 15 branch surgeries
- 6 NHS-owned and managed health centre premises
- Direct management of 120.5 WTE district nurses and health visitors
- Services delivered by 47 optometric independent contractors, 52 pharmacists and 33 dental practices with 67 dentists working in EL PCT.

2.6.2 Primary care premises

During 2001, both city primary care trusts commissioned Capitec to carry out a detailed appraisal of the primary care estate in order to inform the development of estates strategies. This was based on the categories of: physical condition, space utilisation, functional suitability, statutory requirements, and energy. It was clear that much of the accommodation was not designed with the needs of modern healthcare delivery in mind.

Based on the results from Capitec*, the following provides an overview of primary care estate (excluding health centres):

- 18 premises (26%) were rated as “unacceptable” in relation to physical condition
- 35 premises (51%) were rated as “unacceptable” in relation to functional suitability
- 48 premises (70%) were rated as “unacceptable” in relation to statutory requirements
- 16 premises (24%) were rated as “overused” in relation to space utilisation
- 51 premises (75%) were rated as “unacceptable” in relation to at least one of the above categories
- 23 premises (34%) were rated as completely unacceptable (i.e. category D or DX)
- Only 1 current primary care premises was rated as “good” or “excellent” in all categories assessed.

2.6.3 Health Centre Accommodation

The two city primary care trusts are redesigning existing community nursing provision to fit in with the new patterns of neighbourhood working and the move towards integrated self-managed teams.

Community services within Leicester City West PCT are provided primarily from:

- Beaumont Leys Health Centre
- Pasley Road Health Centre
- New Parks Health Centre
- Westcotes Health Centre*
- Winstanley Drive Health Centre.

Community services within Eastern Leicester PCT are provided primarily from:

- St Peters Health Centre*
- Springfield Road Health Centre
- Uppingham Road Health Centre
- Charnwood Health Centre*
- Prince Philip House Health Centre
- Rushey Mead Health Centre.

All of these health centre premises are of variable condition and several, being designed in the 1960s and built in the 1970s, are unsuitable for the provision of modern, integrated services. Based on the results from Capitec, ten out of the 11 health centres were rated as “unacceptable” or below in at least one of the categories. Those centres highlighted with * are tranche 1 LIFT schemes.

* The Capitec survey rated each accommodation A, B, C, D, or DX in relation to each of the above categories. Category C is described as “unacceptable”. Category DX is described as being “at serious risk of imminent breakdown”.

2.6.4 Leicester City Council Social Care and Health Directorate

Leicester City Council Social Care and Health Directorate, which employs over 2,000 staff, helps to support the most vulnerable groups in Leicester. The main purpose of social work is to enable children, adults, families, groups and communities to participate and develop in society. Social workers assist people to make choices and improve their lives. They work closely with other professionals to support vulnerable adults and children in need, or at risk, by offering a range of help to enable them to live independent lives. The Directorate also supports carers of all ages who look after adults and children with personal care needs.

Its staff work in a wide range of settings which offer services for children; older people; people with mental health problems, physical or learning disabilities; asylum seekers; and those whose lives are affected by HIV and AIDS, drugs and/or alcohol. Some staff work in youth and criminal justice services or in adoption and fostering.

The Directorate promotes independence and works closely with users to provide a wide range of services. It aims to move from high dependency and high-cost support, to intervene at an earlier stage to deliver lower-cost services that reach more people. It plans to do this by:

- working in partnership with universal services, particularly health, housing and education;
- making sure that LIFT and other targeted initiatives work well in the city;
- developing its services to vulnerable adults and children in the community, in order to reduce the requirement for services away from people’s homes; and
- supporting parents and carers.

The Directorate’s strategic objectives, therefore, include meeting the requirements of national guidance, promoting the integration of social care and health, promoting equality, and placing effective partnerships at the centre of their service planning.

2.6.5 PCT Hosted Services

The two city primary care trusts “host” services on behalf of all six PCTs in Leicestershire, taking employer and clinical governance responsibilities for a range of staff and services working across Leicester, Leicestershire and Rutland. This entails a number of estates responsibilities.

Leicester City West PCT hosts services to the value of some £10 million with approximately 308 staff as follows:

- Community Children’s Services
- Hospital at Home
- Discharge Liaison
- Travelling Families
- Community Equipment
- Night Nursing.

Eastern Leicester PCT hosts services to the value of some £1.7 million with approximately 125 staff as follows:

- The public health network “hub”
- TB Services
- Specialised Commissioning Team
- Leicester Primary Care Research Alliance
- Leicestershire Primary Care Audit Group
- City services for asylum seekers and homeless people.

In addition, the city PCTs both provide community-based accommodation for services which are hosted by other Leicestershire PCTs but are delivered within the city; for example, community dental services, therapy services, etc.

2.6.6 Recruitment and retention

The city PCTs and the City Council Social Care and Health Directorate currently directly employ over 3,400 staff in total, including district nurses, health visitors, therapists and social workers. These organisations are currently facing significant problems with recruiting and retaining staff, a situation that is exacerbated by the national shortage of staff in these groups. In addition, Leicester city is an area with insufficient doctors and currently has high patient list sizes. These difficulties are set against the backdrop of the NHS Plan, which establishes clear targets for increasing capacity for doctors, nurses and therapists.

Recruitment, retention and expansion of care staff is crucial in achieving the local vision for services. LIFT partner organisations are committed to creating and developing new integrated teams working in different ways. Recruitment and retention strategies are being developed with the aim of making working for the city health and social care organisations more attractive.

One example is the Salaried Doctors Programme (SALDOC) in Eastern Leicester PCT, through which more than 20 doctors have been recruited to the PCT, and there are also a range of strategies to build workforce capability and capacity including:

- Offering career pathways to new and existing employees;
- Offering portfolio careers (eg with clinical and academic components);

- Facilitating new ways of working ;
- Providing appropriate remuneration for knowledge and skills;
- Improving team working; and
- Improving job satisfaction and morale.

Recruitment and retention strategies are closely linked to the “Teaching PCT” status, which was awarded to Eastern Leicester PCT and Leicester City West PCT in conjunction with Northampton PCT in 2004.

The NHS Improvement Plan envisages an increase in the provision of community programmes of care which have previously been delivered in hospital settings, thus creating new models of intermediate care and opportunities for developing new modern ways of working. In order to facilitate new models of care, organisational development tools will be developed by LIFT partner organisations.

2.6.7 Out of Hours Services

Leicestershire primary care trusts work in partnership with Primecare and East Midlands Ambulance Service to provide out of hours care. This currently comprises a communication centre that triages calls, hosted by Charnwood and North West Leicestershire PCT; a home visiting service provided by Primecare; a patient transport service provided by EMAS and a primary care centre at the Leicester Royal Infirmary (LRI) which is hosted by Charnwood and North West Leicestershire PCT.

In the future a hub and spoke model will operate, with evening and weekend care being provided in local centres rather than the LRI Primary Care Centre. This will be supported by a change in skill mix, with more nurses and paramedics working with doctors.

In addition to the 24-hour services at elderly persons' homes, Leicester City Council's Social Care and Health Directorate provides emergency duty arrangements in partnership with Leicestershire and Rutland County Councils. Future plans, however, involve providing more flexible and reformed services in line with the NHS Improvement Plan, taking account of possible extended hours for some services.

Section 3 Strategic Context and the Case for Change

Leicester LIFT's vision is to provide integrated health and social care services in a high-quality physical environment. This vision has been developed from national policy and a range of other key drivers for change, along with the service and estates developments planned in other parts of the NHS and in the local authority. It also takes account of the national policy to improve the standard of design in public buildings.

The key drivers for change for Leicester LIFT are:

- national policy to deliver an improvement in health and a reduction in health inequalities;
- national policy to deliver modernisation in health and social care services;
- national policy to contribute towards neighbourhood renewal;
- integrated service models;
- need for the workforce in primary care to be of sufficient size, with the necessary skills and motivation;
- flexibility for the future;
- statutory requirements (eg the Disability Discrimination Act and the Health and Safety at Work Act) relating to accommodation that is accessible and fit for purpose; and
- the delivery of local services based on health neighbourhoods/localities.

3.1 National Policy and Drivers for Change

The Government's programme for the modernisation and reform of public services aims to ensure that services are better co-ordinated, responsive to the needs and concerns of local people, delivered in ways that suit the people who depend on them and take account of the needs of future generations.

3.1.1 The NHS Improvement Plan

This national policy sets out the high-level strategy for the development of public sector services, frequently defining local targets for delivery.

Targets which the NHS Improvement Plan aims to deliver in primary care are:

- 3,000 GP premises to be substantially refurbished or replaced;
- 500 one-stop primary care centres to be provided;
- at least 2,000 more GPs, with 450 more than now in training;
- the guarantee that all patients will have routine access to a primary care professional within 24 hours and to a primary care doctor within 48 hours;
- 1,000 GP specialists in place;
- approximately 4 million new outpatient consultations in primary care or community settings; and
- support of patients with long-term conditions to avoid unnecessary hospital admissions and long stays.

3.1.2 National Service Frameworks

National Service Frameworks (NSFs) have been developed for mental health, older persons, coronary heart disease, diabetes, renal, long-term conditions and children a national cancer plan is also being implemented. National strategies also exist for sexual health and HIV and for people with learning disabilities, with further strategies expected in the future. For all of these there is a recurring theme - to deliver consistent performance and to modernise services – resulting in locally-appropriate care that supports the reduction of inequalities and improves health and life expectancy.

Within Leicester city, it is currently very difficult for the primary care trusts to deliver service modernisation as their estates are not fit for the purpose and have little flexibility for adaptation. The widescale premises improvements outlined in the NHS Plan are a prerequisite for service expansion and service modernisation in Leicester.

Need to add in paragraph around future direction of primary care

3.1.3 Intermediate Care Services

To improve the intermediate care service in the City, the two City PCT's are planning to integrate the four current elements of intermediate care services, these being the Rapid Assessment and Support Service, Hospital at Home, Night Nursing and Clinical Intermediate Care Beds (Brookside Court). The aim is to have a single point of access into intermediate services so that patients are directed to the most appropriate service and thus reducing acute admissions. Where appropriate LIFT will support this programme.

3.1.4 Independent Sector Provision

The Department of Health is currently undertaking a nationwide procurement exercise for elective and diagnostic services from the independent sector, in which the two city primary care trusts intend to participate. If in future the PCTs enter into agreements with the independent sector for such services, LIFT buildings may be an ideal opportunity to accommodate them if a base is needed.

3.1.5 Building Schools for the Future

The Building Schools for the Future programme is a public/private partnership initiative sponsored by the Department for Education and Science to transform secondary education. The Leicester programme will rebuild or refurbish secondary schools in the city and invest in the special school estate and pupil referral unit provision. This programme is a major initiative for the City Council and will need to be managed alongside the LIFT programme to ensure all possible synergies are fully explored and that the competing demands of the two programmes are effectively managed.

3.1.6 Neighbourhood Renewal

In 2001 the Government issued an action plan which set out a national strategy for neighbourhood renewal. This plan recognises that, over the past 20 years, poor neighbourhoods have seen their basic quality of life become increasingly detached from the rest of society. The aim is to narrow the gap in outcomes between deprived areas and the rest of the

country by tackling some of the fundamental problems of worklessness, crime and poor public services.

The plan seeks to harness the considerable mainstream expenditure of key government departments and has provided Neighbourhood Renewal Funding (NRF) to areas of deprivation in order to pump-prime and accelerate changes in mainstream services.

In light of the significant deprivation in many of its wards, Leicester City Council now receives NRF. This is being used to develop a neighbourhood-based approach to improvements in public services through the development of mainstream services and the strategy for neighbourhood renewal, part of the wider community plan for Leicester.

LIFT is potentially a very significant vehicle for neighbourhood renewal in Leicester. It will contribute towards improvements in health and increases in the quantity, quality and range of care services in community settings, as well as improvements to the physical environment and the development of opportunities for local employment and training.

3.1.7 Integrated Service Models

The modernisation of NHS and local authority services promotes greater collaboration between the different organisations delivering care. Better engagement between service providers and patients, carers and the population as a whole is also required.

Leicester LIFT aims to improve the effectiveness of community-based health and local authority services and promote integration in their delivery through the development of service models agreed by all partners.

It has consulted, and will continue to consult, on the range and location of services proposed in this and future versions of the SSDP. It will continue to create steering groups for all LIFT schemes to take the development from concept to reality and ensure that functional relationships in buildings reflect the perspective of users as well as professionals. These mechanisms will help to establish a framework for accountability to the population in the development of services

At a higher level, the People's Panel, Patients' Forum, and the Patient Advice Liaison Service will continue to support activity to engage with and listen to local communities. Information from these sources is used to inform the evolution of service models.

3.1.8 Developing the Workforce

The NHS Plan sets out a vision for human resources. Supported by the local Workforce Development Confederation, the LIFT partners aim to deliver this vision and work with local communities to develop a workforce of sufficient size, skills and motivation to provide the services from the estates being developed by Leicester LIFT.

Education and learning programmes will continue to be established to support the development of the workforce so that the integrated service models can be delivered. This workforce may include members of the local community working in peer educator and expert patient roles. Wherever appropriate, learning will continue to take place in a community location.

As “Teaching PCTs”, both city primary care trusts are well-placed to increase and develop the workforce. Leicester LIFT will provide the space for more teaching practices and more community-based learning, building on the good relationships that exist with local education providers.

3.1.9 Flexibility for the Future

With new communities, demographic change, population growth and the ageing of the population in Leicester, capacity needs to grow by at least 4% a year. But, as staffing levels are significantly below the local and national averages, the workforce and premises from which they work need to grow faster in the early years of LIFT.

The city primary care trusts have adopted a facilitated approach to the development of all estates that reflects the needs of the population. Leicester LIFT is developing a flexible infrastructure and seeks to use the SSDP to iteratively review what services need to be provided across the city, so that as the population changes so do the services provided.

A strong relationship with Leicester City Council has helped the PCTs to better understand what the delivery of the Leicester Local Plan will mean. The Plan contains land use, transportation and minerals guidance for development in the city to 2011. It forms part of the policy background against which planning applications are judged, seeking the creation of a sustainable city, and facilitating regeneration and urban renaissance. The PCTs have also furthered their understanding about the regeneration of the city centre and what this and other developments could mean for future service needs through their links with Leicester Regeneration Company.

3.1.10 Statutory Responsibilities

The Health and Safety at Work Act places obligations on employers to provide a safe place of work both for employees and the public. Developments within Leicester LIFT are expected to comply with the necessary legislation and assist the tenants to fulfil their obligations.

The design solutions for each Leicester LIFT scheme are expected to ensure compliance with the Disability Discrimination Act.

3.1.11 Healthy Neighbourhoods/Localities

To help organise local service delivery, the two city primary care trusts have grouped wards into healthy neighbourhoods (Eastern Leicester) and localities (Leicester City West).

In Eastern Leicester, healthy neighbourhoods form an important part of the strategy to developed self-managed teams to ensure that local public health needs become a central factor. The wards are grouped as follows:

Healthy neighbourhood	Wards
1	Abbey Belgrave

	Latimer Rushey Mead
2	Humberstone/Hamilton Thurncourt Evington
3	Charnwood Coleman Spinney Hills
4	Castle Knighton Stoneygate

In Leicester City West, localities were identified to provide a framework for communication between the PCT and practices, as well as collaborative working and peer support between practices. The localities provide a framework for the PCT's strategic service strategy, in terms of public health and identifying local health and social care needs. They are defined as follows:

Locality	Wards
1	Aylestone Eyres Monsell Freemans
2	Braunstone Western Park Westcotes
3	Beaumont Leys Fosse New Parks

3.1.12 Leicester LIFT Outline Service Strategy

A Leicester LIFT Outline Service Strategy (OSS) has been developed by all the partners, using a service strategy tool highlighting how health and social care services will maximise the use of LIFT schemes.

The OSS underpins the strategic context and case for change within this SSDP, as well as contributing to developing the vision set out in Section 4.

3.2 The Case for Change

The case for widescale and strategic change is compelling:

- there are high levels of health need and health inequalities in the city - poverty and social exclusion are inextricably linked with poor health. Access to services and the quality of those services need to be improved;
- there is significant change for the role of primary care – the expansion and modernisation described in the NHS Plan; the requirements of the National Service Frameworks; and the

- implications of local service redesign and new service models. Also, significant investment is needed over a short period of time to deliver the new estate required in the NHS Plan;
- there is pressure on primary care, secondary care and social care services in the city. Based on the “whole systems” approach to service redesign, the Pathway project will deliver change in whole health service redesign and LIFT will deliver the change in community settings ;
 - the current primary and community-based services are constrained by estates which are not suitable, overcrowded and in poor physical condition, and often not in the right location;
 - there are significant residential developments already underway in the city or planned for the next five to seven years, such as Hamilton, Bede Island, Ashton Green, the Science Park and the regeneration of city centre. There are also new communities in Leicester that require services;
 - there is well-developed partnership working in the city, a shared vision and strategic intent across partner agencies; and
 - there is a track record of delivery – such as previous work at Prince Philip House in the St Matthews Project and the development of the Braunstone Health and Social Care Centre, and the first tranche LIFT schemes now underway.

Section 4 Vision and Principles

Leicester LIFT's vision is:

To create a public service infrastructure which enables and facilitates the delivery of modernised and integrated services to improve the health of the communities of Leicester.

This section sets out the principles and the approach to achieving this vision for primary care services in Leicester. It takes as its starting point the model for acute services defined by the UHL Pathway project.

4.1 Delivering Graduated Care

The Leicestershire health community UHL Pathway model proposes a hierarchy of three settings.

Level 1 – in primary care from either a primary care practice or primary care service centre. This could be provided by a GP or nurse for the practice population or for a population wider than a single practice;

Level 2 – in a setting closer to where patients live, normally a health and social care centre, thereby avoiding the need to travel to hospital. The care is likely to be an outpatient consultation, diagnostic test or post-discharge rehabilitation care, provided by a specialist nurse or GP or a hospital consultant providing outreach services. The care will support the aim of avoiding unnecessary admissions to or attendance at hospital, or to facilitate earlier discharge from hospital. With the exception of Intermediate Care there will be no beds in Level 2 settings in the development proposed in this SSDP.

Level 3 – specialist care, usually provided in a hospital setting either locally or outside Leicester.

It recognises the potential to provide level 2 care in community settings, as well as the necessity for strong level 1 service provision. The service models have been developed iteratively by secondary care clinicians with the involvement of primary care in speciality-based workshops.

4.1.1 Leicester LIFT schemes

Leicester LIFT's vision will be delivered through three types of schemes:

- Health and social care centre
The largest proposed LIFT developments, these centres offer the opportunity to base extensive services within them that meet a large range of health and social care needs across a wide population, in a single, integrated facility.
- Primary care service centre
Primary care service centres are medium-sized schemes and will bring together a wider range of healthcare and associated professionals, offer a base for services covering a wider geographical patch and provide a community-based resource.
- Primary care practice.

The primary care practice is the smallest of the LIFT scheme developments. The PCP will bring together a number of small (often sole) GP practices in the locality or provide new premises for existing larger practices.

The type and volume of services able to operate from LIFT schemes will be dictated by the size of each building, which will be equally determined by the local demand and need for services. The larger size of the health and social care centres, and the primary care service centres provides the opportunity for a wide variety of multiagency services. The smaller primary care centres predominantly offer new GP, community nursing and associated primary care services on a localised basis.

The aim of each scheme is to provide a flexible, responsive centre, with the right services based in the right centre for most efficient use and effectiveness of resources.

It is proposed that the health and social care centres are used as resource centres (“hubs”) to other smaller satellite centres within a geographical patch.

4.2 Principles

The principles that Leicester LIFT is working to include:

- involving local people as well as professionals in designing the way that services are delivered, particularly ensuring cultural sensitivity;
- providing a high-quality environment for staff to work in that meets the needs of the individual as well as the organisation;
- adopting the highest standards of architectural design, contributing to conservation of the environment and the promotion of good health;
- ensuring schemes meet high standards of accessibility and exceed the requirements of the Disability Discrimination Act;
- sustainable development to ensure a better quality of life for everyone, both now and for future generations;
- delivering services closer to where people live from centres that promote excellence;
- promoting education, learning and research to ensure a high-quality and motivated workforce;
- maintaining local services in strategically-placed, high-quality premises;
- demonstrating value for money by looking at alternatives to the provision of care in a hospital setting;
- developing services based on putting evidence into practice;
- using technology to deliver virtual consultations and improved communication; and
- offering opportunities to meet the wider primary care modernisation agenda to achieve NHS Plan aims relating to dentists, pharmacists and optometrists.

4.2.1 Remodelled Services

One of the key benefits of bringing health and social care services together in LIFT schemes is to help rethink service models and offer a more integrated approach. By providing a platform for integration, Leicester LIFT will enable:

- increased and improved quality of services, especially in deprived neighbourhoods;

- a single person-centred assessment process, rather than service-centred;
- improved community access to local services, especially for more socially-excluded groups such as people with learning disabilities;
- a focus on delivering some secondary care functions (eg many outpatient appointments) in LIFT/community settings;
- integrated signposting, referral and triage facility; and
- a focus on skill-mix across staff groups.

Primary care trusts are now responsible for commissioning non-essential services not provided by GP practices. Primary care services will therefore develop more integrated primary care teams, to give a greater diversity of treatment and care options. Staff will be more geographically focused on “healthy neighbourhoods”, often working from new LIFT centres, based on clear integration principles. There are plans to focus on more integrated roles for a range of health professionals, including practice nurses, community nurses, dieticians, social care staff, and dentists.

The remodelled services will have the potential to offer nurse-led and therapy-led specialities, as well as GP special interest services. This will extend the range and intensity of community-based clinics, aimed particularly at preventing and managing chronic diseases such as diabetes and coronary heart disease.

4.2.2 Accessible locations

Of central import to LIFT are the public concerns that health and social care facilities need to be accessible. To ensure that the services are responding to local need, larger centres will be strategically located on major road/transport networks and smaller schemes will be based within easy reach of residential areas.

A travel plan and traffic impact assessment will be developed for each LIFT scheme, and will reflect Leicester City Council’s positive environmental policies to reduce the reliance on cars and encourage the use of alternative transport methods. Acquiring sites with space for parking is a major issue in Leicester with the city’s competing pressures for land.

4.2.3 Health promotion and prevention of deterioration [*Deb Watson to update*]

Improved health promotion and greater attention to prevention of deterioration of health are key drivers behind a modernised health and social care service. LIFT schemes are therefore planned to ensure a strong preventative and health improvement ethos, offering an information/signposting service and guidance and advice on healthier living, self-help and lifestyle management.

Leicester City partner agencies aim to promote, improve and monitor health and to reduce the health inequalities between people who live and work in the City of Leicester, using a model that looks beyond illness to improving the health of the local population. The LIFT schemes will include partners whose work addresses the causes of ill health, including housing, income, education and employment, creating a close liaison with the community to ensure that local issues are addressed. New LIFT centres will help endorse a role for all staff in delivering more effective health improvement across the city.

The larger LIFT centres will be able to host healthier living classes, smoking cessation groups, and open immunisation sessions, as well as provide access to welfare benefits advice and support, general mental health counselling, advocacy and advice about alternative services.

It is through this preventative approach that LIFT schemes will help to improve the social wellbeing and general health of Leicester's citizens and reduce the incidence and impact of more serious chronic and life-limiting conditions.

4.2.4 Sustainable development {Michael Cooke to add additional comment}

LIFT's stakeholder partners have made a commitment to ensure that communities in Leicester benefit from co-operative alliances between LIFT and social regeneration initiatives, such as local SRB schemes to bring sustainable development that improves the quality of life in the city.

LIFTCo will work with the health community, Leicester City Council and voluntary groups to support social and economic regeneration as well as physical regeneration. This will help enable sustainable local regeneration to be a key achievement of new LIFT schemes.

Partnerships with key social, voluntary and independent providers will be established to:

- generate employment of local workers and businesses;
- give opportunities to local businesses to provide services on a competitive basis to Leicester LIFTCo;
- build acceptable third party revenue initiatives such as pharmacies and other suitable businesses in LIFT premises;
- ensure the inclusion of arts, culture and leisure in design and service delivery;
- develop buildings that can become well-used community hubs with facilities for the delivery of a range of services relevant to the locality; and
- demonstrate sensitivity to community and ethnic issues throughout.

The approach will ensure LIFT plays a part in the regeneration of communities.

Leicester LIFT will also take part in the integrated sustainability appraisal tool that is being developed by the Leicester Partnership during 2005.

4.2.5 Education, training and research

Leicester LIFT is committed to promoting education, learning and research to ensure a high-quality and motivated workforce. This will include building facilities for inter-professional and multidisciplinary training within the larger schemes, helping to establish an ethos of joint training to support and develop staff.

LIFT will ensure new training facilities are well used to encourage professional development of the workforce and contribute effectively to continual professional development. It will thus support the PCTs' plans to deliver needs-based primary care education services at a local level.

4.2.6 Information management and technology (IM&T)

The development of a national programme for IT is a Government priority and improved IM&T is required to deliver the targets for a number of National Service Frameworks. Priority areas are Choose and Book, and Electronic Patient Records.

IM&T will also play a central role in ensuring visitors to LIFT centres have access to a wide range of agencies, helplines and services.

4.2.7 Consumer information

A critical element of LIFT schemes will be the open and accessible reception and customer information points, which will enable individuals or their relatives or carers to make informed decisions regarding their health or wellbeing. There will also be strong links to Patient Advice and Liaison Services (PALS) and other consumer-friendly signposting and advice services.

4.2.8 Translation, interpreting and communication services

All LIFT schemes will ensure that they are welcoming and meet the communication needs of all visitors whose preferred language is not written or spoken English, or who need assistance with communication, orientation and/or understanding.

The aim will be to provide appropriate levels of translation and interpreting services to meet the needs of Leicester's ethnically and culturally diverse population. Information will include the use of written material and signposting available in the main local languages.

LIFT schemes will have direct access to interpreting services from the Ujala Centre, Language Line or Centre for Deaf, supported by the availability of bilingual staff and advice from disability groups such as Leicester Centre for Integrated Living and the Signs and Symbols (learning disability) project. The service may be expanded to include technological solutions such as videophones.

These measures should ensure that translation, interpreting and communication services are more comprehensive, forming an integral part of a modernised care system in Leicester.

4.2.9 Whole-systems approach

The two city PCTs and Leicester City Council are taking a joint approach to chronic disease management, long-term conditions, older person services, mental health services and learning disabilities, with a City-wide board planned to encourage partnership working.

Joint planning forums, such as the Local Strategic Partnership, span the whole economy of care and help to integrate concurrent community developments from all sectors, thus supporting the principle of a whole-systems approach.

LIFT schemes will contribute by ensuring engagement with a range of community projects, with the aim of building sustainable relationships and systems and by ensuring key LIFT schemes are designed to provide facilities for community activities, meeting rooms and complementary services.

4.3 Identification of Schemes

In order to identify the developments that will enable strategic change, a model was developed to prioritise all areas of the city in terms of:

- deprivation (based on IMD 2000 data);
- estates appraisal information for current GP premises and health centres (based on the 2001 Capitec surveys outlined in Sections 2.6.2 and 2.6.3); and
- service issues, including: areas with a shortage of doctors; workforce factors such as anticipated GP retirements; wider local plans, for example residential developments; and linked issues such as changes in inter-related main and branch surgery arrangements.

Weighting in favour of deprivation was given to ensure that the initial schemes would be focused on the areas of greatest health need. The Leicester LIFT Outline Service Strategy has also contributed to the identification of schemes.

Leicester LIFTCo will work with stakeholders to identify potential sites that will enable the provision of schemes which meet the identified health needs. The suitability of potential sites will be assessed against criteria including:

- accessibility to the communities identified through health needs and deprivation;
- value for money;
- opportunities for suitable third party development; and
- potential for future development to respond to the changing needs of the community over time.

The first tranche of schemes and future schemes are outlined in tables below **[check position on proof]**. The Leicester LIFT Strategic Partnering Board will continually review priorities and this may result in these changing or new schemes being brought forward for Leicester LIFTCo to develop. Appendices 1 and 2 give maps showing the location of schemes across the city.

First tranche schemes

Name of scheme	Type of development	Lead PCT	Current status	Target Financial year for completion	Indicative capital cost As at May 2004 £m
Narborough Road	Primary Care Practice	LCWPCT	Under construction	2005/06	2.4
St Peters	Primary Care Service Centre	ELPCT	Under construction	2006/07	6.5
Westcotes	Primary Care Service Centre	LCWPCT	Financial Close planned March 2005	2006/07	6.5
Charnwood	Health and Social Care Centre	ELPCT	Financial Close planned July 2005	2007/08	11.2

Humberstone	Primary Care Practice	ELPCT	Financial Close planned May 2005	2006/07	2.4
De Montfort University	Primary Care Practice	LCWPCT	Developing Stage 1 approval	2006/07	2.4
Belgrave	Primary Care Practice	ELPCT	Land still to be secured	2006/07	2.4
Bede Island	Primary Care Practice	LCWPCT	Land still to be secured	2006/07	2.4
Groby Road/ St Augustine	Primary Care Practice	LCWPCT	Land still to be secured	2006/07	2.4

Future schemes

Name of scheme	Type of development	Lead PCT	Current status	Target Financial year for completion	Indicative capital cost As at May 2004
Brookside	Intermediate Care Facility	LCWPCT	Developing Stage 1 approval	2006/07	
Evington	Extension to Primary Care Service Centre	ELPCT	Land available on existing site	2006/07	
City Centre	Primary Care Service Centre	ELPCT	Land still to be secured	2007/08	2.4
Eyres Monsell/ Safron	Health and Social Care Centre	LCWPCT	Land still to be secured	2008/09	11.2
Belgrave	Health and Social Care Centre	ELPCT	Land still to be secured	2008/09	11.2
Melbourne Road	Extension to Primary Care Practice	ELPCT	Development opportunity on current site	2008/09	
Stoneygate	Health and Social Care Centre	ELPCT	Land still to be secured	2010/11	11.2
New Parks/ Beaumont Leys	Health and Social Care Centre	LCWPCT	Land still to be secured	2010/11	11.2

Eastern Leicester Primary Care Trust are still considering their options for the North East part of the City, this may result in additional schemes coming forward for approval by the Strategic Partnering Board.

In addition to these schemes, Eastern Leicester and Leicester City West primary care trusts will offer Leicester LIFTCo minor works projects in accordance with the exclusivity clause in the Strategic Partnering Agreement.

Section 5 LIFTCo and the Strategic Partnering Board

5.1 Leicester LIFTCo

Leicester LIFTCo was set up in August 2004 to help develop and deliver LIFT's Strategic Service Development Plan for the city, in partnership with local health and social care agencies and other partners.

LIFTCo is the means of providing the substantial investment for the modern and efficient premises required to meet LIFT's vision of delivering integrated health and social care in the 21st century.

It is a public private partnership with three classes of shareholder:

- the city primary care trusts, Eastern Leicester Primary Care Trust and Leicester City West Primary Care Trust;
- Partnerships for Health – the Department of Health's joint venture company; and
- ExcellCare Ltd, the private sector partner.

LIFTCo will develop, own, lease back and manage the buildings identified as being required in the SSDP. It will oversee the design and construction, property development and supply chain management of schemes, as well as deliver optimal finance solutions and appropriate legal and commercial structures for each scheme.

In this way, it will be a sustainable business that gives communities high-quality health and social care facilities, thereby contributing to local regeneration.

LIFTCo aims to make a difference to local people which generating acceptable returns for all its stakeholders. It will be a partner for 25 years, and the primary care trusts have committed to offering the company the opportunity to develop all significant capital schemes during this period, provided they meet the requirements set out in the SSDP, are affordable and show value for money.

LIFTCo will work in partnership with the public sector and be a member of the LIFT Strategic Partnering Board.

5.2 LIFT Strategic Partnering Board

The LIFT Strategic Partnering Board (SPB) is a structured forum set up by the partners to manage the procurement of services from LIFTCo.

Its key tasks are to:

- establish a vision for Leicester LIFT;
- produce an annual Strategic Service Development Plan, which sets out the schemes to be procured from LIFTCo;
- procure new schemes from LIFTCo; and
- monitor LIFTCo's performance.

The partners on the SPB, which is chaired by an independent chair, are Eastern Leicester Primary Care Trust, Leicester City West Primary Care Trust, Leicestershire Partnership NHS Trust, Partnerships for Health and ExcellCare Ltd. Leicester City Council plans to join the SPB although it will not be taking up any shareholding in LIFTCo.

5.2.1 Partnerships for Health

Partnerships for Health is a jointly-owned (Partnerships UK and the Department of Health) company created in 2001 to establish NHS LIFT as a new model for delivering investment in primary care services.

5.3 Project management of schemes

The primary care trusts establish a steering group for each scheme, responsible for the day-to-day detailed management, from conception to operation.

The public sector partners are supported by a core LIFT team which is responsible for managing the public/private interface and ensuring that the public sector can fully participate in the LIFT programme.

A LIFT project team, comprising representatives of each partner organisation, acts as the link between Leicester LIFTCo and the primary care trusts, providing a forum in which schemes can be discussed to a greater detail and recommendations and other proposals drawn up for the Strategic Partnering Board.

Section 6 The Financial Framework

6.1 Financial Context

6.1.1 Primary Care Trusts

Leicester City West Primary Care Trust has an annual revenue allocation in 2005/06 of £163 Million and Eastern Leicester Primary Care Trust £189 Million. Both Primary Care Trusts are below capitation target and based on allocation details announced for the 2006/07 and 2007/08 years will see their annual revenue allocations grow to £195 Million and £230 Million respectively by 2007/08. At that point in time based on current population projections both Primary Care Trusts will still be under their respective capitation targets with Leicester City West Primary Care Trust being 2.8% below target and Eastern Leicester Primary Care Trust being 3.5% below target.

Both Primary Care Trusts have developed ten year financial strategies. The financial strategy is the overall financial framework within which the Primary Care Trusts will plan service delivery taking account of national and local resource assumptions. Beyond 2007/08 early indications are that the NHS as a whole can no longer assume the relatively high growth rates that have been experienced over the last 5 years and this is reflected in the strategies.

The underlying theme of the financial strategies is to support the delivery of the NHS Plan and beyond. The strategies recognise the various priorities of the different service providers, which include:

- the creation of secondary care capacity;
- the development of mental health services;
- the development of primary care;
- the development of the primary care and secondary care interface; and
- the redevelopment of primary and community care estate and facilities.

Within the components that are specific to the Primary Care Trusts, the development of primary and intermediate care facilities and services is seen as one of the highest priorities.

6.1.2 Leicester City Council Social Care and Health Directorate

Leicester City Council Social Care and Health Directorate has a gross expenditure budget of approximately £120 million a year, with a net budget after specific Government grants and fees and charges of approximately £82 million.

The City Council and the Directorate have a three-year rolling financial strategy. This is the financial framework within which the Council plans its services, and its purpose is to support the delivery of the Council's objectives within its overall resources. The strategy for Social Care and Health recognises the need to fund key new developments and address historical shortfalls in the budget, whilst remaining within the funding available from the Government and the City Council.

The 2005/06 national settlement for social services has given Leicester an overall increase of 7.2% in the formula Spending Share (FSS) and specific grants. This is comparable to the

national picture. The resources fall into four main types, namely the FSS, specific ring-fenced grants, non-ring-fenced grants and supported capital spending.

Looking ahead to future years, the financial position for adults and older people looks rather more difficult, with an overall 2.7% increase in national funding for 2006/07 and 3.8% in 2007/08. The 2006/07 increase is unlikely to cover inflationary costs, and certainly not any service growth. The position for children's services is less clear, although it appears that an overall increase of around 5% in each year may be expected. This should meet inflationary costs, but will not provide much in the way of new funding to meet the increasing pressures and need for service development in this area.

Within Social Care and Health, the development of intermediate care is also a priority, together with modernisation of learning disability services, children and family services, and the development of the Federation of Children's Services following the publication of the Green Paper "Every Child Matters".

The Social Care and Health Department faces considerable challenges in meeting service development needs in the face of limited resources. One way of achieving this and maximising the use of available resources is to provide better social care services in partnership with universal services such as health, housing and education services. The health and social care centres delivered through both LIFT and New Deal for Communities are a prime example of this partnership approach. Other key partnerships being developed include adult mental health services, services for people with learning disabilities and community equipment services.

6.1.3 Statement of Affordability

In agreeing to the ten year financial strategies described in Section 6.1.1, various assumptions have been made by both Primary Care Trust's about both the cost of developments under the NHS LIFT Initiative and the number of schemes that will be undertaken.

An assessment of affordability needs to consider two dimensions, the cost per square metre of any building and the absolute size of a building.

By completing the procurement exercise and creating the Leicester LIFT Company in partnership with Excellcare, the Primary Care Trusts have established a benchmark cost per square metre. All future building projects will need to demonstrate compatibility with these benchmarks (subject to movements for inflation) before the Primary Care Trusts will be able to formally enter into contracts to lease them from the LIFT Company

In assessing the revenue consequences of individual buildings the Primary Care Trusts have used the estimated square metre size for those schemes that have already commenced construction or are at advanced stages of planning to inform the likely physical size and revenue costs in the future for planned buildings. Account has also been taken of:

- Existing resources currently invested in primary and community infrastructure costs;
- Funds identified in the financial strategies of the Primary Care Trusts as new investments of money into the primary and community estate infrastructure; and
- Contributions from additional tenants, such as dental practices, optometric practices and pharmacies, taking space in some premises alongside health and social care services to provide a fully integrated health and social care service for the local population.

Based on the assumption that Value For Money per square metre can continue to be demonstrated and that services required can be accommodated within the broad scheme size assumptions the schemes listed at 4.3 are affordable by the Primary Care Trusts over the next few years.

Section 7 Stakeholder Support and Involvement

The partner organisations in Leicester LIFT are committed to involving a wide range of stakeholders in service modernisation. Following extensive consultation exercises throughout Leicester, LIFT established some early principles about engaging with the local community and with staff, and ensuring their wishes and aspirations are realised through the new schemes.

A significant amount of work has been done to date to inform and engage stakeholders.

7.1 The Leicester LIFT Initiative

During the setting-up of the project in 2001, an initial briefing document was circulated to interested parties. This was followed by wide distribution of an information sheet which provided brief details about what LIFT was, why it was needed, how it would work and key contacts. This was circulated within LIFT partner organisations and to all GP practices, general dental practitioners, community pharmacists and opticians in the city, as well as to voluntary sector organisations and local MPs and MEPs.

News releases have been issued when appropriate to the media and have resulted in coverage by local press, radio and television.

As part of an ongoing briefing process, there have also been reports and/or presentations to a wide range of audiences, ranging from the City Council Cabinet to many and various staff groups.

There have been four issues of the LIFT newsletter, a full-colour four-page document, which has been produced at key times: publication of the first SSDP, after the first public consultations, when the private sector partner was chosen, and at the creation of LIFTCo. Each issue has been sent to a wide range of organisations and interested individuals.

All information published by LIFT includes details for those requiring information in other formats, such as large print, or in languages other than English.

7.2 Development of Individual LIFT Schemes

At the start of Leicester LIFT, all GP practices in the city were offered a one-to-one meeting with primary care trust members of the LIFT Project Team to discuss each practice's current circumstances, aspirations and concerns in relation to estates and service issues. With very few exceptions, this invitation was taken up and during discussions many practices expressed considerable interest in LIFT. This interest included moving into new LIFT premises, the opportunity to develop new services or new ways of working and, in some cases, transferring existing premises to LIFTCo.

The service redesign implications and opportunities of LIFT were discussed with a wide range of managers and staff responsible for direct community-based services in the city. As plans for the first tranche schemes emerged, briefings for community health staff were held in the relevant areas of the city to update them on emerging plans and to identify any local issues of concern.

Discussions also took place with local area forums and other relevant local community groups and representatives, as appropriate to each scheme and neighbourhood. These discussions

identified considerable support for the local LIFT vision and for the modernisation of individual premises discussed.

It is a key aim of Leicester LIFT to increase both the consultation and the public involvement in service strategy and future LIFT schemes. In delivering the modernisation of future services, LIFT and its partner agencies are committed to engaging and involving front-line staff in both planning and managing. This has been achieved to date by working closely with those staff affected by the schemes which are currently underway.

Project steering groups have been established for each individual scheme as it has got underway to develop the functional content and tenants' requirements for each scheme. These steering groups include patient representatives and public representative members of the local community as a matter of course.

7.3 Public Consultation

A general Health Impact Assessment (HIA) was carried out in 2002 for the whole LIFT scheme in order to identify those issues that may have a positive impact on vulnerable populations and suggest ways in which they could be included and enhanced and, conversely, those that may have a negative impact and how they could be reduced.

The HIA was informed by voluntary and statutory sector organisations with knowledge of particular populations who were identified and interviewed. The "vulnerable" populations chosen were: mothers and babies, children aged 5-13, young people aged 14-21, older people (aged 75+), ethnic minorities, people living in deprived communities, people with disabilities, people with mental illness, people with learning disabilities, and refugees/asylum seekers.

The general HIA was supplemented by a community-based one carried out by local people, which focused on the Highfields area, and by one-to-one interviews with users of the existing primary care facilities.

Further public consultation has taken place in relation to five of the first tranche schemes: Charnwood, Humberstone, Narborough Road, St Peter's and Westcotes. A range of devices were used to encourage participation, including leaflets distributed from the primary care premises with a reply paid postcard inviting comments, and open sessions where LIFT staff went to the premises to hear people's views.

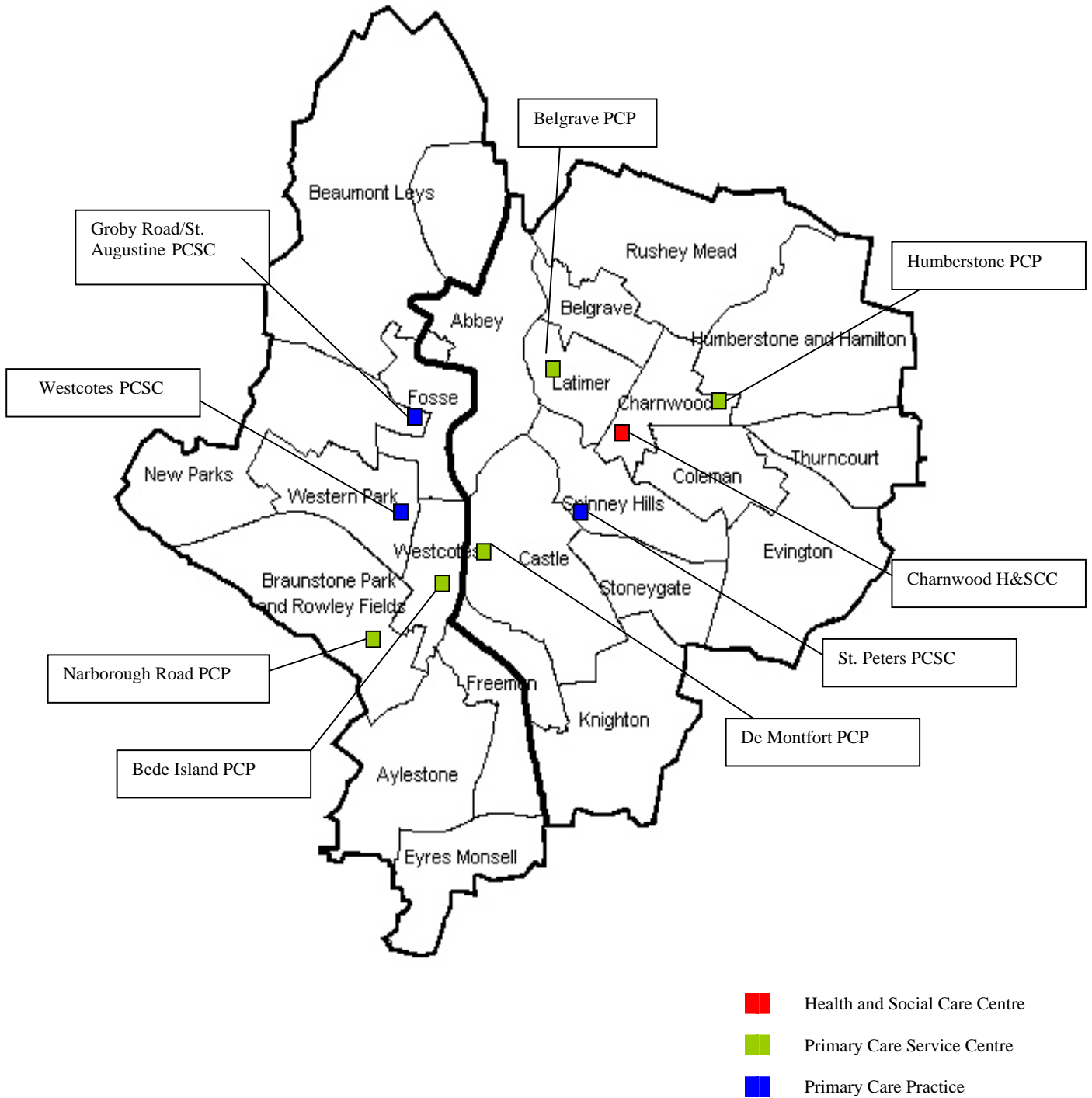
As a result of the HIA and other consultation and involvement exercises, LIFT will ensure centres:

- are welcoming to all members of the community, with child-friendly facilities and accessible health/wellbeing information in different languages and formats;
- exceed Disability Discrimination Act requirements, with good public and staff access;
- take account of the needs of the diverse culture and ethnicity in Leicester;
- provide appropriate levels of security and safety;
- provide welfare benefits information and advice;
- provide rooms for community/visiting services, training use, counselling and listening services;
- use natural resources efficiently; and
- aspire to 24/7 use for the future.

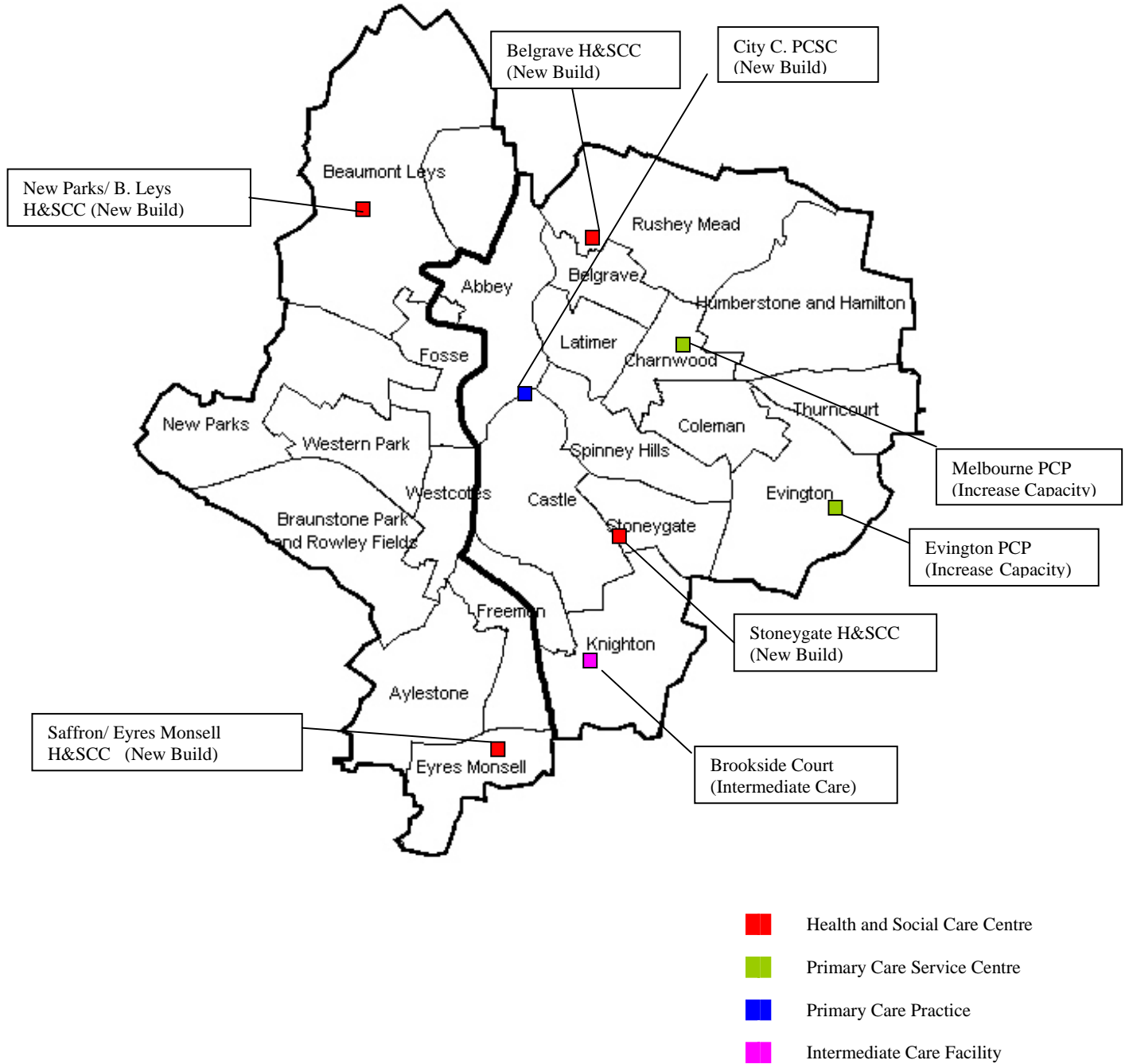
The HIA information will form part of an ongoing assessment to help plan services, enhanced by specific local communication and consultation for each new scheme.

To ensure that schemes address the outcome of the consultation exercises, LIFT will feed back to the public the results of consultation exercises and ensure quality assurance in the designs and operational plans.

Appendix 1 Map of First Tranche Schemes



Appendix 2 Map of Future schemes



Abbreviations {Gillian could you check these against text as all may now not be required}

DoH	Department of Health
EL PCT	Eastern Leicester Primary Care Trust
EMAS	East Midlands Ambulance Service Trust
GP	General Practitioner
HPE	Health Partnership Executive
HPPB	Health Partnership Policy Board
IMD	Index of Multiple Deprivation
IM&T	Information management and technology
LIFT	Local Improvement Finance Trust
LCC	Leicester City Council
LCW PCT	Leicester City West Primary Care Trust
LNR St HA	Leicestershire, Northamptonshire and Rutland Strategic Health Authority
LPT	Leicestershire Partnership NHS Trust
LSP	Local Strategic Partnership
NHS	National Health Service
NSF	National Service Framework
NRF	Neighbourhood Renewal Funding
PALS	Patient Advice and Liaison Services
PCT	Primary Care Trust
PfH	Partnerships for Health
PPP	Public Private Partnership
PUK	Partnerships UK
SPB	Strategic Partnering Board
SRB	Single Regeneration Budget
SSDP	Strategic Service Development Plan
UHL	University Hospitals of Leicester
WDC	Workforce Development Confederation
WTE	Whole Time Equivalent

Glossary

Community health services - Services delivered outside hospital, like those provided by district nurses, health visitors and many therapists

Community-based – Provided in the local community, rather than in a hospital setting

Health centre – A primary healthcare facility that has one or more family doctors and other community health staff based in it

Health and social care centre – A facility which provides a range of health and social care services and provides a base for a variety of health and social care professionals

Integrated service model – Model which allows greater collaboration between the different organisations delivering care

Intermediate care – Care given to people who are well enough to leave hospital but not yet well enough to return home without additional support

Leicestershire health community - The NHS organisations which provide health services to the people of Leicester, Leicestershire and Rutland. These are: Eastern Leicester Primary Care Trust; Leicester City West Primary Care Trust; Leicestershire Partnership Trust; Melton, Rutland and Harborough Primary Care Trust; South Leicestershire Primary Care Trust; Charnwood and North West Leicestershire Primary Care Trust; University Hospitals of Leicester Trust

National Service Framework – A strategy for delivering national standards in specific services (eg cancer, older people). Frameworks are designed to iron out unacceptable variations in care and treatment

Neighbourhood Renewal Funding – Government money to pump-prime and accelerate changes in mainstream services in areas of deprivation

Partnerships for Health – A company jointly owned by Partnerships UK and the Department of Health and created to establish NHS LIFT

Patient Advice and Liaison Services – Service providing patients with advice
Primary care centre – A centre offering 24-hour primary care

Primary care practice – Usually a single GP practice or co-located GP practices and their related practice staff

Primary care services – Healthcare and related services provided in the community

Primary care service centre – A centre which houses a group of primary care practices and other healthcare professionals

Primary care trust – NHS organisations that are responsible for planning and securing local health services. PCTs aim to improve the health of local people and address health inequalities

Public Private Partnership – A partnership between public sector organisations and the private sector

Revitalising Neighbourhoods project – A project in Leicester to improve services in local neighbourhoods and increase the level of involvement by local people in decisions made about their communities

Secondary care – Healthcare services usually provided from or at local hospitals

Single Regeneration Budget – A Government initiative that aims to enhance the competitiveness, sustainable development and quality of life of local areas by encouraging local partnerships to come together to identify local problems and develop locally-tailored solutions

Teaching PCT – A statutory NHS body which brings specific additional capacity into the area in terms of teaching, training, learning, development, research, and dissemination and delivery of good practice

Virtual consultation – A clinical consultation where technology is used to exchange images and information, enabling experts working remotely to support a diagnosis

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[info in 6 languages as per Sept 2004 newsletter but note change of telephone number]

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