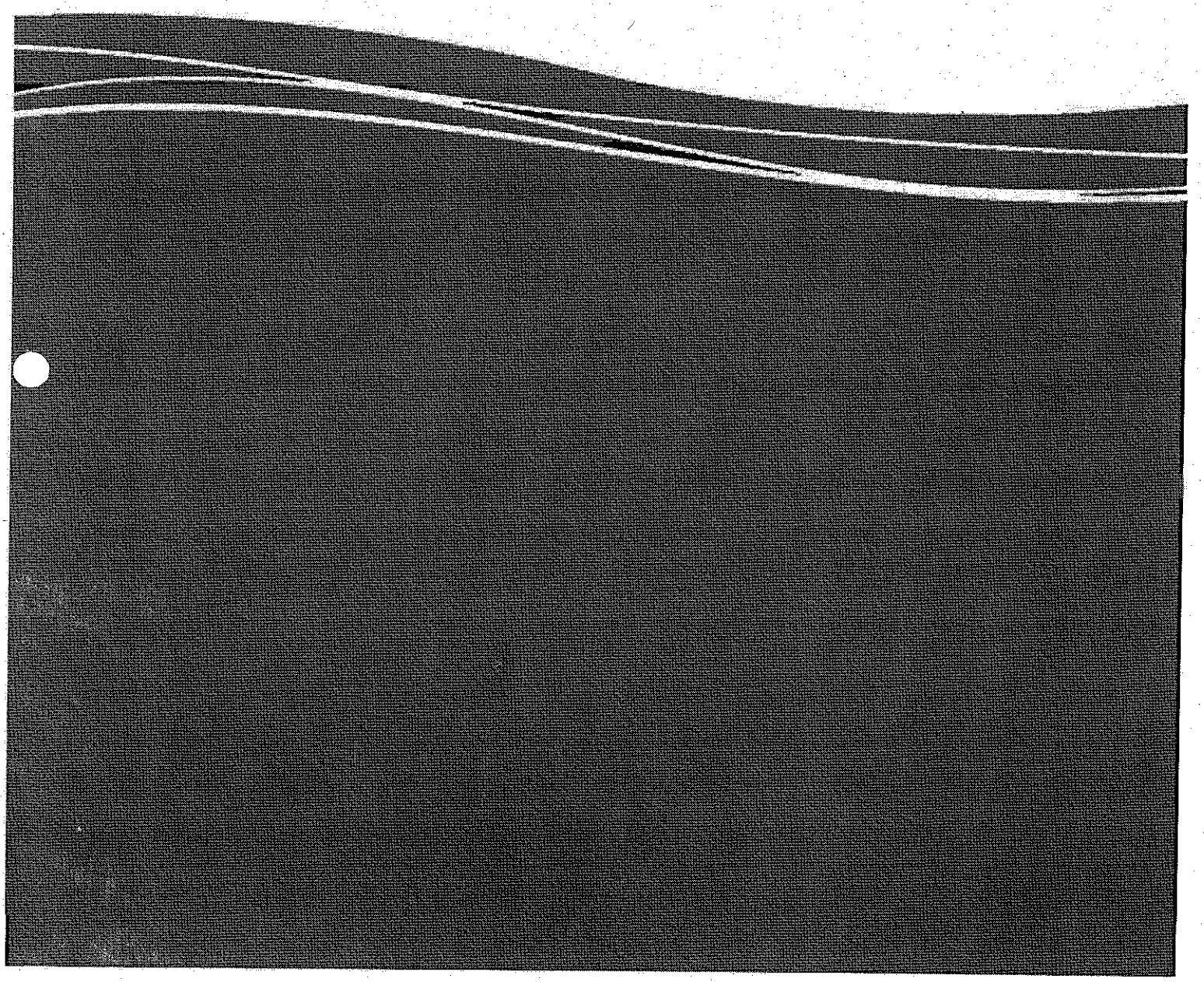
AGENDA ITEM No. 10

NHS Cumbria

Quarterly Update Report for OSC

January 2010



NHS Cumbria
Quarterly Update Report

Executive Summary

This quarterly report updates the Committee on relevant activity within NHS Cumbria and on issues affecting delivery of healthcare in the county.

It includes reports for information on:

- **The impact of the Floods on the NHS**
- **The current position regarding Swine Flu**
- **The recently published NHS Operating Framework which sets the planning and resource context for the immediate future**
- **The current position within Cumbria in respect of Transforming Community Services (TCS); World class Commissioning (WCC) and the Strategic Plan – which are national programmes**
- **Progress on Closer to Home**
- **Plans for provision within Community Hospitals**
- **Progress in the establishing of eLIFT Cumbria, the Local Improvement Finance Trust for the county**
- **The next steps in developing Local, Clinically Led Decision Making**
- **The current position regarding the proposals of the Carlisle Medical Group and Stanwix Medical Centre**
- **A public engagement programme "Our Health" being developed in South Lakes and Furness**
- **The current position on commissioning of Dental Services**

An appendix gives additional information about eLIFT Cumbria

The Committee is invited to note the reports and to request any further information or clarification.

Introduction

This quarterly update report is intended to provide information for Committee members on relevant activity within NHS Cumbria and on issues affecting delivery of healthcare in the county. As agreed in October, the reports now include specific updates on the progress on key issues for the Committee arising from consultations or other specific scrutiny topics.

Further information on all the issues referred to in this update is available from NHS Cumbria. Please contact Peter Clarke (contact details on final sheet)

Floods

NHS Cumbria participated fully in the immediate response to the recent flooding and the ongoing recovery processes. It was particularly pleasing to note that the relevant localities played a key role in identifying and putting in place solutions to practical service issues arising during the immediate period and its aftermath, with the wider PCT playing a supportive and enabling role to complementing the frontline work.

In the immediate period of the flood, there was concern about possible infections and waste related disease. Surveillance and prompt contributed to there being no major problems of this nature. In the longer term, there is concern about potential impact on mental and physical health. Again surveillance measures are being put in place alongside plans to introduce an enhanced primary mental health care service. The importance to people's health of speedy physical and economic regeneration should not be underestimated.

The direct impact on the NHS services has been on the infrastructure of primary care, with the loss of two GP surgeries in Cockermouth and disrupted access in Workington. In Cockermouth plans were already underway for increased integration of services and the joint working of the three GP practices. The immediate solutions have capitalized on this. Temporary facilities are being provided in modular buildings which have been very rapidly put in place on the Community Hospital site. In Workington, immediate temporary arrangements were put in place to provide clinics in Northside and Seaton. Arrangements in Seaton are now benefiting from a temporary modular building.

Constructive discussions are in hand with the SHA and DoH regarding the extra and unanticipated costs for the health system as a result of the flooding and its consequences.

Swine Flu

Following a peak in July and early August, the numbers of people in Cumbria presenting with a 'flu like illness has declined sharply. Current rates of 26.5 per 100,000 are slightly higher than some of the surrounding PCTs but significantly below the national average. Active surveillance and weekly reporting continues and the NHS primary and secondary services in Cumbria all remain at "FluCon 0". Anti-viral collection points remain open but now with relatively low levels of collections. The vaccination programme continues, both for frontline staff in the NHS and for people in priority categories by virtue of their vulnerability.

NHS Operating Framework

The DoH publishes an annual Operating Framework for the NHS. It sets the key strategic and operating parameters for the NHS nationally for the coming year. The 2010/11 Framework was published in December. Work is continuing fully to evaluate the detailed contents and to consider their impact and implications in the specific context of Cumbria.

A seminar is being planned for February/March to enable Committee members to be briefed about the financial processes within the NHS and the likely financial picture going forward. This seminar will provide an opportunity for sharing more detailed information about the Operating Framework and at that point its implications in Cumbria should be more apparent.

In the meanwhile, because of its significance to the overall planning and delivery context of health care in Cumbria, members may wish to note that it emphasises that:

- Quality is the key principle, with changes in payment systems to reward quality, particularly in terms of patient experience;
- "The NHS in five years' time will have more services **closer to home** and therefore less investment and activity in the acute sector".
- The transformation of patient pathways should lead to the integration of services, and thereby reduce overheads and management costs. This approach is not constrained to the NHS but could involve Local Authorities and others
- Clinicians should be engaged and lead change in the communities that they serve at a local level.

The above clearly reflect an already established direction of travel in Cumbria.

Within the framework there are a number of technical and other mechanisms designed to help the PCT achieve the improvements in services outlined in the key priorities and to prepare for more challenging economic conditions ahead. These include:

1 *Financial Framework*

The emphasis is that PCTs establish flexibility in their spending plans to manage risk and volatility. Specific points include the following:

- The allocations for 2010/11 published in the 2009/10 operating framework are unchanged. Therefore NHS Cumbria still receives 5.5% growth as planned.
- Following the Pre-Budget Report it is suggested that PCTs can allow for "flat real revenue allocations growth". This has yet to be fully defined but, given anticipated future tariff uplifts of zero (see 3.2 below) it is being interpreted as zero growth.
- The approach to capital funding for 2010/11 is unchanged. This includes the use of ELIFT as a suitable vehicle to develop infrastructure.
- NHS organisations are expected to reduce "back office" function. They should also achieve through greater use of collaborative procurement and should have plans to reduce estate running costs.

2 *Incentives and Business Rules*

The mechanisms have been set to encourage changes in clinical pathways and focussing on quality, including:

- There is no uplift in the tariff (and non-tariff) prices for PCTs pay to providers hence there is an assumption of a 3.5% efficiency requirement on providers to cover pay and price inflation. It is expected that the efficiency requirement will grow over the following three years.
- Providers can earn 1.5% of contract income through quality but this will be linked to patient satisfaction. Funds can be withheld if providers fail to meet satisfaction goals on a service by service basis.
- In 2010/11 emergency activity over contract will attract a marginal cost of 30% of tariff rate – instead of 100%. The implications of this have further to be clarified but will have the effect of reducing income to the provider.

3 *Workforce*

Points made include:

- Pay awards for 2010/11 for most staff, who are on *Agenda for Change* pay scales, will be as published. Increases in NHS income for GP practices should be restricted to increases

in practice expenses, and GP practices should be expected to make at least 1% cash-releasing efficiency savings.

- Flexible arrangements must be put in place across organisations at local level to allow easier transfer of staff between health and social care.
- Across each SHA there must be an aggregate deduction of 30% in management and agency costs by 2013/14. These reductions will be required to release resources to support front line services

4 Commissioning and System Reform

Points made include

- PCTs are expected to:
  - Demonstrate through strategic commissioning plans how they intend to meet the key priorities focussed on improved quality and productivity.
  - Work collaboratively across the wider local public sector with partners to maximise health gains and reduce health inequalities.
- The NHS remains the preferred provider, through the "NHS First" approach
- Direct provision by PCTs remains an option where it passes the DOH assessment criteria; Solutions are not being prescribed centrally, in order that PCTs have the opportunity to innovate locally.
- PCTs are required to agree with SHAs proposals for the future organisational structure of all current PCT-provided community service by March 2010.

The full document is available at:

http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/index.htm

Transforming Community Services (TCS); World class Commissioning (WCC) and the Strategic Plan

TCS was launched as a national programme late in 2008, with a view to putting the commissioning spotlight on health services not provided through hospitals. It set out a detailed programme with a number of gateways that PCTs would be required to pass through. Subsequently the national programme was significantly modified, in order to reach the same ultimate objectives but in a more integrated way, linking with other DoH, SHA and local imperatives.

In large part, the requirement to show how the PCT is planning to commission community services is now therefore incorporated in the WCC and Strategic Planning process.

WCC is an assurance process through which PCTs are able to demonstrate to the SHA and DoH that they have the competencies necessary effectively to commission on behalf of their population. There is an annual assessment process and it is envisaged that in due course satisfactory performance against the WCC competency framework will be a necessary condition of a PCT's licence to commission. In the first year of the assessment process NHS Cumbria was rated as one of the highest performing PCTs in the country. The second annual assessment process takes place in the early months of 2010. In preparation for this, evidence has been gathered for each of the competencies; this is drawn from the activity of the PCT over the last year.

In the assessment process this year, there will be particular attention to the way in which the commissioning of community services is being taken forward. Unlike the original TCS programme, this clearly places the commissioning of community services inn the wider context of primary care (GP practices) and of hospital services. This more readily fits our approach in Cumbria, where the Closer to Home strategy is about rebalancing the whole system of care, from prevention, through primary and community services into hospital services.

The strategic Plan is an important element of the WCC process, in that it sets out a PCT's five plan, identifying priorities and key outcomes in terms of reduced inequalities in health. These are outcomes against which the performance of the PCT will be measured.

In Cumbria the Strategic Plan was produced in 2008/09; it identified key goals as part of the achievement of the vision for Cumbria and derived these key goals specifically from consideration of data which identified key conditions from which people in Cumbria are more likely to suffer than people elsewhere in England and conditions from which people in some parts of the Cumbria are likely to die significantly earlier than people elsewhere in the county. The task for 2010/11 is to update this plan by better incorporating the strategic initiatives arising from Closer to Home and the developments within localities, all of which have been part of the ongoing activity of the PCT.

Copies of the refreshed Strategic Plan will be available to members of the Committee within the next month. It will include an update on progress on the Plan in the last year.

Closer to Home

Closer to home is the title of the general strategic approach of NHS Cumbria, for the county as a whole. It was also the title which became attached to the formal consultation, undertaken in late 2007 early 2008 on specific changes to beds and services in Allerdale, Copeland, Carlisle and Eden. At the conclusion of that consultation, a number of recommendations were made by the OSC.

NHS Cumbria is committed to reporting back to the public on the changes made as a result of the consultation and is doing so approximately six-monthly. In addition, it was agreed that these update reports to the OSC would specifically report on progress with regard to key concerns/recommendations made by the Committee.

Service Change	Scrutiny Concern	Progress
Acute hospital bed numbers and service configuration	Viability/future of WCH and maintenance of agreed services	NCAHT bed reduction plan developed and integrated with planning for redevelopment of WCH. Business case based on C2H agreed service profile. Provision in footprint for potential increase of 50 beds
Community Hospitals	Viability of Community hospitals; agreement of reduced bed numbers; avoiding premature closures	Confirmation of existing hospitals to remain and bed numbers agreed within the range approved through consultation (see next item). Existing beds retained at pre-consultation level for agreed 2 year period (with exception of essential refurbishment and quality improvement at Penrith which, as reported, required 9 beds to close). New Step up/step down beds opened in Carlisle, Whitehaven, Barrow and Kendal.
Community services	Developments to be in place ahead of bed closures	There has been continuing development of community teams, both through reconfiguration of existing teams in order to improve efficiency and effectiveness and through new investment. There is

		increased integration between community health services and practice teams attached to GP practices. As a result there are increasing alternatives available to support patients in the community rather than through a hospital admission. Some of the human and financial resources necessary for further development will be freed by the reduction of beds and therefore transitional arrangements, such as those in Penrith which have been reported to the Committee are necessary as the models of care change. It also should be noted that shortening the length of stay of in-patients is not necessarily dependant upon there being new services; stays can and do become extended by practices and organisational processes which are being changed as part of the quality developments in the hospitals.
Unscheduled care	PCAS to be more clearly explained and effect on A&E clarified.	The initial proposals for PCAS are being refined and developed in order to fit with the specific context. This is a continuing process, although the arrangements in Kendal are the most settled. As the respective services (PCAS or Emergency Floors) become clarified and fully operational, local publicity/information will be developed. LINk is planning a series of visits, to follow initial briefing sessions to be held early in the New Year.
Public satisfaction	Public understanding of new arrangements and the quality of patient experience to be reviewed	There has been a continuing programme through the media and other channels, with specific communication plans to form part of the change process in the community hospitals as in Penrith. Locality panels have been recruited, comprising 300 people in each locality and a baseline survey of their attitudes and awareness is currently underway. This will be repeated at regular intervals. Patient Opinion, a web-based patient feedback mechanism

		has been piloted in the Langdale Unit in WGH and is now being rolled out across the community hospitals. A range of other patient experience feedback and reporting arrangements, including real time hand held devices, are also being introduced.

The service changes in the north of the County were identified and subject to consultation as an early priority by NHS Cumbria for several reasons – not least the need to clarify the future of the Community hospitals in the context of a viable financial plan. At the time, it was anticipated that there would be an equivalent set of service change proposals that would require consultation in the south of the county.

Subsequently it has been apparent that the context in the south is different and that the delivery of the broad strategic approach of Closer to Home does not currently involve significant service change. This is in no small part due to the outcome of the consultation undertaken by the former Morecambe Bay PCT in conjunction with the UHMBT. This outcome was shaped in collaboration with NHS Cumbria and reflected the strategic approach. Its implementation is reviewed by a Task Group of the Committee with the assistance of external clinical advisers (meeting 6th January 2010).

In the absence of any proposals for significant service change, there is no longer a plan for a "Closer to Home, South" consultation. The opportunity is being taken to develop additional public engagement activity – see Our Health, below.

Community Hospitals

The Closer to Home Consultation was necessary as part of resolving the future of Community Hospitals. Under plans being considered by the former PCTs they were threatened with closure. The Closer to Home strategy saw a continuing central place for community hospitals as the hub of local services. This requires the community hospitals and the local service systems around them to be affordable and to be able to sustain an economically viable operation as part of the overall service system which stretches across primary care into the acute hospitals. The consultation proposed that the community hospitals should stay open and with a revised bed complement. The agreed outcome of the consultation was a range of beds for each hospital and the target figures are now being agreed.

On the basis of a detailed analysis of role of each community hospital, for its local population and in its place within the wider service system, taking account of disease prevalence, patient flows and best practice, target bed numbers have been identified for each hospital in the immediate future, with some minor adjustments in two cases in order to comply with the undertaking to work within the agreed range. On this basis the proposed beds numbers around which detailed plans are now being prepared at Local level are:

Hospital	Agreed range	Target
Cockermouth	6 - 9	9
Keswick	13 - 18	13 (adjusted to stay in range)
Maryport	10 - 14	13
Wigton	16 -22	19
Workington	13 - 18	14
Brampton	6 - 9	8* (see note below)
Penrith	28 - 40	28
Alston	6 - 8	6 (adjusted to stay in range)
Millom	6 - 9	9

The consultation proposed 16 - 23 beds in Carlisle. The Reiver Unit has been opened and currently has 14 beds practical considerations make its expansion problematic. The target for Carlisle City is 21 and for the whole locality 29. Some of the Carlisle city beds may therefore be provided as additional beds in Brampton in the short term.

Because of the development of new Step Up / Step Down units in locations not previously served by community hospitals, on the basis of the above target numbers the total will go up from 209 in the community hospitals in 2007 to 247 in 2010. It should however be recognised that bed numbers will flex according to operational needs and circumstances. There will also be a continuing evolution of the pattern of local services and the PCT will continue to keep the Committee (and wider public) informed of any such further proposals for change as and when they emerge.

As current figures are confirmed and plans made for the necessary changes early in 2010/11, local communication and engagement plans will be put in place in order to ensure that staff are fully involved and that local communities are kept informed.

The changes in bed numbers were a point of focus in the consultation and hence their featuring in this update but members should be aware that they form part of an active programme to improve the quality of clinical care and patient experience in the hospitals as well as in the associated community services. This and the evolving nature of the local service system will be reflected in local communication and engagement activity

LIFT – Local Improvement Finance Trust

The Community Ventures programme and, subsequently, LIFT have been identified as important vehicles for developing the infrastructure necessary to support high quality local services that are integral to the Closer to Home strategy.

Following a competitive tender process, the PCT Board in September approved the appointment of ELIL as the private sector partner in the formation of Cumbria's LIFT Company. ELIL (Express Lift Investments Limited) have considerable experience and track record in the LIFT market.

On 19th November the legal company **eLIFT Cumbria** was formed. Both the PCT and Cumbria County Council are signatories to the Strategic Partnership Agreement which underpins the governance of the relationship between public and private sectors.

Meanwhile the PCT has reconfirmed that the priority projects would continue to be Cockermouth, Cleator Moor Health Centre, Millom and Brampton. A wider prioritisation exercise is now under way and will be captured in the Strategic Service Development Plan (SSDP). This will need to be approved by the PCT Board and will set out the programme of intended LIFT projects (which may be technology led, or refurbishments, not only new builds). The SSDP is updated every year.

Intense work has been underway to proceed with the business case and planning permission for Cockermouth Community Hospital. Inevitably in the light of the floods and the new LIFT partnership a process of review has been necessary to ensure that the community really do get the best from this great opportunity, whilst also ensuring that it will be affordable and sustainable in the long term.

A fact sheet on eLIFT Cumbria is attached as an appendix.

Local, Clinically Led Decision Making

A key organisational change to support the Closer to home strategy was identified at the outset, namely empowering clinicians in decision making and devolving as much of the decision making as possible to a local level, whilst retaining a county-wide perspective.

Over the last two years the six localities, each with an identified Lead GP have developed, playing an increasingly active role. The six lead GPs have increasingly shared in the corporate management of the PCT. The development of integrated care initiatives now creates the opportunity for a further step. Cockermouth, Maryport and South Lakes are part of the national programme of Integrated Care pilot sites. They are developing local responsibility for the integrated management of community and primary health services and for local commissioning budgets. The same process is being rolled out at locality level, with effect from April, devolving management of the provider services and confirming commissioning budgets for each of the six localities.

In order to support this process a "Constitution for Cumbria" is being finalised, clarifying the rights and responsibilities at sub-locality, locality and county levels. The constitution is designed to set a framework to ensure that there is real devolution but within a clearly managed, whole county system that delivers improved health for the whole population and the delivery of the health outcomes identified in the Strategic Plan.

April 2010 is seen a step towards April 2011 with further local autonomy, supported by common "back office" functions and with county-wide performance and system management,

Carlisle Medical Group

Work continues on the proposals for the Carlisle Medical Group, pending consideration by the PCT of the full business case and bearing in mind the potential role that eLift might play. CMG had originally aimed for a planning submission in December but work has not yet reached that point.

In the meanwhile engagement with patients of the practices involved continues, building on the active public engagement programme of the last 18 months. The feedback from this is influencing CMG's service planning and they are actively reviewing how they can:

1. Start to do "public health" work to engage with the public BEFORE they develop any illness, to help them alter lifestyle to avoid illness in the future and thereby reduce the 10year premature death compared to people who live in other parts of our county.
2. Improve how they deliver the "core General Practice" work already offered by practices, but to be able to better respond to people wanting to see the Dr on the same day, to better help people with their ongoing conditions like diabetes and COPD, and also to be able to analyse blood samples, take X-Rays within our new facility.
3. Offer new specialist services that can investigate and treat illnesses that currently people have to wait to be seen at the hospital for.
4. Be able to offer more services within their core services for mental illnesses.
5. Work more closely with other partners such as voluntary agencies and benefit advisers.
6. Deliver a building that offers far more comfort for their patients.

There are also positive discussions with the County Council and Stagecoach, seeking to ensure appropriate public transport access.

Two sets of concerns continue to be voiced through the current engagement activity:

- **The question "But will I still be able to see *MY* Dr"**
  The GPs have confirmed their commitment to providing a personal relationship in the long term
- **Continued concerns about access and wind exposure associated with the Hilltop site.**
  It is apparent that this remains a concern despite all the consideration given to this and the negotiations that have been progressing to address the bus availability.

Any further progress on the CMG proposals will be reported to the next meeting of the Committee.

Stanwix Health Centre

The PEC at a meeting early in 2009 identified Belah School site as the preferred location for a new health centre, subject to a business case and planning approval. This decision followed a site appraisal process.

The County Council have now agreed to dispose of the Belah School site and indicated that they would welcome the development of a health centre on the site.

This now creates a potential opportunity to move forward and discussions are underway with eLIFT in order to consider how the scheme might be included in its programme. In the meanwhile drafting work on a full business case is progressing.

Public Engagement activity will be reinvigorated as the potential way forward becomes clearer in coming weeks.

Our Health

Our Health is a programme of community engagement in South Lakes and Furness. It aims to help build a new, local relationship between the NHS and individuals and their communities.

It will seek to:

- Share with people
  - facts about health and ill-health in their communities
  - the direction of policy and best practice
  - the local opportunities and challenges for next 5 years
- Listen to people re
  - their experiences
  - their hopes and fears
  - their needs
- Establish communication connections with
  - local communities of place and interest
  - elected members

It is an initial phase of something that will be developed over time. Learning from the experience will also be fed back into the other four localities, in order to inform their engagement activity.

The intention is that at the end of six months the NHS locally will have:

- Evidence of information being more actively shared
- Evidence of views/perspectives/aspirations of people being recorded/used
- Laid the foundation of more empowered and enabled individuals and communities of place or interest and developed some collaborative initiatives
- Established some additional relationships (structural and personal) which each Locality can incorporate in the its governance and accountability developments
- Gained more experience of some "different" ways of communicating/engaging at local level, with lessons to be transferred elsewhere in county
- Increased the awareness amongst key stakeholders of the localised NHS, of its vision / priorities and its willingness to be open / connecting and listening
- Laid initial groundwork upon which subsequent pre-consultation exercises could build in the event of formal service change consultations which could arise in 2010/11 or thereafter.

We will report back to the established Task Group in the late spring and a feedback report will be available to members of the Committee in due course.

Dental Commissioning

1. West Cumbria

A tender was awarded in February 2009 to Oasis Dental Care to provide 4 new Dental Practices with a total of 12 surgeries. The 4 new Practices have now all opened and are located in Whitehaven, Workington, Maryport and Egremont.

The Maryport and Egremont Practices opened in June 2009, followed by Workington in July 2009 and Whitehaven in August 2009.

30,000 places have been made available, and it has been recognised from the outset that it will take some time for all patients on the database to be allocated. There was considerable media interest when the award of the tender was announced and significant numbers of new patients have joined, and continue to join, the database all the time. In commissioning these new places, NHS Cumbria agreed that priority would be given to those already on the database, who had waited the longest.

The latest position with allocation of patients to each Practice is as follows:-

The total number of patients allocated a place, to date, is 11,692.
2701 patients were allocated in June. Since then 1001 have been allocated to Egremont, 2671 to Maryport, 2809 to Whitehaven and 2510 to Workington.

There are a total of 11,318 residents of West Cumbria still registered with the PCT for each area awaiting allocation. The localities and numbers of these patients are:-

Cleator Moor	1592
Egremont	2548
Maryport	613
Whitehaven	4254
Workington	2311

The PCT Communications team and Dental Commissioners are currently working together on a strategy to release regular communications through local media and other channels to keep those on the database informed of developments and to indicate, as much as it is possible to do so, timescales when those patients still on the database might expect to be allocated.

2. Kendal

Tenders were awarded, also in February 2009, for 7500 new places to Oasis Dental care who were developing a new Practice, and a local Provider – Dental Angel – who had the capacity to deliver additional capacity quickly.

Oasis has opened a new Practice, close to the Town Centre, and accessible by public transport. The new Practice opened in July 2009

Dental Angel began taking new patients from the database in April 2009, and continue to take patients on a regular basis.

Both Providers have made the maximum use of skill mix, within their staffing structures by employing Dental Therapists.

Since the award of tenders 3,000 people have been offered a place. There are a further 1,192 people awaiting allocation in Kendal.

3. Specialist Orthodontics

A procurement process is underway to secure a substantive service for East Cumbria, based in Carlisle, and to provide additional capacity in West Cumbria, to be located as close as possible to Whitehaven / Workington.

5 expressions of interest were received and all 5 potential Providers have been invited to submit final tender proposals by 15th January 2010.

An assessment Panel has been convened in February 2010 to assess and evaluate the final proposals. The tender award will follow, and a start date of July 2010 is envisaged.

4. Commissioning & Investment Plan 2009-2011

NHS Cumbria has received significant additional funding to increase access to General Dentistry further, measured via the number of patients being seen in the preceding 24 months.

NHS Cumbria is commissioning new places using the templates and documentation developed as part of the national Dental Access Programme. An advertisement was placed in August 2009. 11 expressions of interest were received and potential Providers will be invited to submit final tender proposals early in January 2010. It is planned that contracts will be awarded by end February 2010 and that the first of the new services will be operational in August 2010.

The areas identified for the new capacity include
Carlisle – new places, linked to the provision of places to train students from Carlisle Dental Centre
Keswick – additional capacity to be developed
Millom – new places linked to the redevelopment of the Community Hospital
Penrith – expansion of local Practices and where this is not possible additional places from a new Provider
Barrow – new places focused on improving oral health amongst those who have difficulties accessing current provision.

Conclusion

The Committee is invited to seek any further information or clarification on the above and to note this update report

Appendix

NHS Cumbria LIFT

What is LIFT?
LIFT stands for 'Local Improvement Finance Trust'. LIFT is a vehicle for financing and building a range of primary, social and community care facilities, and is now the preferred method by the Department of Health for renewing primary care estates. Currently around half of Primary Care Trusts in England are using LIFT to update their health facilities, and LIFT has already delivered £1.9 billion of new primary healthcare buildings across England.

NHS Cumbria has appointed **Express LIFT Investments Limited (ELIL)** as their private sector LIFT partner. ELIL will source funding for new health facilities in Cumbria, and bring extensive experience of developing large health facilities for the NHS. For more information on ELIL, please visit www.elil.co.uk.

A public-private partnership company (a LIFTCo) has been established to facilitate the development of new health facilities in Cumbria. Shareholders in the LIFTCo are:
- NHS Cumbria (20% shareholding),
- ELIL (60% shareholding),
- and Community Health Partnerships (20% shareholding).

eLIFT Cumbria
eLIFT Cumbria is the name of NHS Cumbria's LIFTCo. eLIFT Cumbria will be the development arm of the primary care trust; financing and building our ageing community hospitals and a range of other health facilities, from small GP practices to one stop, multiple agency, health and social care centres.

New property developed through eLIFT Cumbria will be owned by the public-private partnership, managed by eLIFT Cumbria and leased or rented to a range of health and community tenants, from GPs, dentists and pharmacists to voluntary sector organisations and the local authority. This frees up the public sector to concentrate on delivering the highest quality services.

Plans for the re-development of community hospitals in Cockermouth, Millom and Brampton are already in development; with plans for investment in the wider health economy set to follow.

Why is NHS Cumbria using LIFT?
NHS Cumbria launched the Community Ventures programme in January 2008, with the vision of securing investment in the community hospitals infrastructure needed to improve services, transform healthcare provision and deliver the Closer to Home strategy. This programme would then develop into a full infrastructure investment programme for the whole county. The Strategic Health Authority, NHS North West agreed to a business case, allowing work to progress at schemes in Cockermouth, Millom and Brampton, with money earmarked to support the plans. NHS Cumbria were then asked to consider 'LIFT' as the procurement route for later building developments, however it soon became clear that LIFT was the SHA's preferred route for all schemes. Accordingly, NHS Cumbria proceeded to appoint a LIFT partner from the Department of Health's Express LIFT Framework.

What are the benefits of LIFT?
- There is standardised documentation for all LIFT programmes, reducing procurement timescales and costs, and making processes simpler and easier.
- Flexible lease arrangements allow for multiple occupancy in a single development, encouraging increasingly close integration between services.
- LIFT buildings are designed and built as part of a coordinated health strategy for the local health economy, providing integrated, joint services.
- LIFT provides a source of expertise to help the NHS better manage their property assets.
- The new state-of-the-art buildings will be open longer, integrate a range of medical and

community services and significantly improve the provision of healthcare for patients.

Cumbria County Council
Cumbria County Council is working with NHS Cumbria to integrate some of its residential care homes, children's centres and other community facilities into some LIFT developments.

Value for money
Health and social care facilities built using LIFT rather than traditional procurement methods, offer value for money to a LIFT scheme tenant, particularly in terms of:

- Valuable additional services provided by the LIFT schemes, including high levels of maintenance and third party liability insurance, which ensures that the premises are fully insured and available at all times.
- The benefits of working in a new building, including compliance with latest regulations (such as the Disability Discrimination Act), reduced energy costs, improved security and lower maintenance costs.
- The increased efficiency in service provision made possible by a design specifically tailored to the needs of the professionals using the facilities and community being served.
- A high quality building specification.
-

Working in partnership with eLIFT Cumbria
There are three main agreements in a LIFT partnership:

- Strategic Partnering Agreement (SPA)
- Shareholders Agreement (SHA)
- Lease Plus Agreement (LPA)

The *Strategic Partnering Agreement* (SPA) is a 20 year agreement for the LIFTCo to develop affordable, value for money proposals for new buildings that meet local needs, and for the private sector to provide local services that complement those of the public sector.

The *Shareholders' Agreement* (SHA) describes procedures and processes for the management and operation of the LIFTCo to meet the requirements of all the shareholders.

The *Lease Plus Agreement* (LPA) is based on a commercial lease with additional provisions to benefit the public sector (or GP) tenant. These include a duty to provide premises suitable for specified use(s),
building maintenance for the term of the lease, a guaranteed right to buy at the end of the term, and a facility for making rent reductions if specified facilities are not available.

NHS Cumbria and Cumbria County Council will both sign up to each of these agreements. Additional public and voluntary sector organisations can also become part of the LIFT programme, either as a participant in the Strategic Partnering Agreement, a shareholder through the SHA or as a tenant in a LIFT scheme.

The opportunities afforded by the partnership include:

- The ability to engage positively with other public sector bodies delivering health and social care services.
- The opportunity to work with the private sector who can bring a wealth of expertise.
- A structure for joining up the delivery of local authority and voluntary services with the NHS.

If you would like more information on LIFT or would like to work in partnership with eLIFT Cumbria, please contact Clare Poulter, Interim LIFT Programme Director, by emailing clare.poulter@cumbriapct.nhs.uk.