

South West Hampshire LIFT  
Strategic Service Development Plan  
V0.12

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## Section 1

### 1.1 Executive Summary

### 1.2 Background

This Strategic Service Development Plan (SSDP) has its foundations in central Department (DoH) of Health initiatives outlined in the *NHS Plan*. This was a ten year plan for development and modernisation of the National Health Service as a whole; written in 2000.

The *NHS Plan* prioritised areas of the UK in greatest need and based the strategy around these. Predominantly, the shortfall in these places was seen to be in a lack of quality primary care; as such the plan outlined that 'the priority for investment' would be the development and expansion of Primary Care Delivery Centres (PCDC)

The Local Improvement Finance Trust (LIFT) is regarded as the ideal vehicle for stimulating the plan at a local level. The benefits of using a LIFT for service development are several-fold but the key advantage is it initiates an integrated Joint Venture (JV) relationship between local partnerships for health, the Department of Health and the private sector. This maximises financial efficiency and is of economic and industrial benefit to the local community.

The SSDP is prepared on behalf of the Strategic Partnering Board (SPB) and sets out the revised aims and intentions of the participants of the South West Hampshire LIFT for 2009/10 and future years.

The SPB comprises of ten stakeholder representatives from local authority and healthcare organisations; making it the largest in the country and as representative as possible of the South West Hampshire area. For map of SWHLIFT area, see Appendix F.

### 1.3 Vision for South West Hampshire LIFT (SWHLIFT)

The SWHLIFT intention is the re-development of primary and community health services to the guidelines disclosed in this SSDP. This development plan will provide the basis for the LIFT's investment strategy.

As a living document to be reviewed annually in collaboration with all stakeholders to ensure that contemporary priorities are always at the forefront of the LIFT's development agenda; it is not designed to be a prospective blueprint for development strategy; it is a guide of how the stakeholders, LIFTCo and the local Trusts can co-operate to efficiently implement primary and social care development schemes in South West Hampshire. This plan is conceived as the foundation for member stakeholders to develop their own SSDPs, in harmony with the framework of this plan if they wish to do so.

## 1.4 Rationale

First and foremost the SSDP is needed to account for the challenges presented by a growing and ageing population, requiring better universal care. This demand is compounded by the potential NHS staff shortage. 72% of GPs in the SWHLIFT area will be of retirement age within the lifetime of LIFT and the private health sector has an increasing internship of staff. The key objectives for modernisation at the root of the SSDP strategy are as follows:

- Securing good NHS staff
- Improvement in Adult Mental Health care
- Better financial management
- Better patient choice

The intra-operation of private and public sector organisations stands the SSDP the best chance of providing the best possible service.

## 1.5 Introduction

This Strategic Service Development Plan (SSDP) is one of a number of enabling plans that will support the approach to improving health and well being in South West Hampshire.

The SSDP is prepared on behalf of the Strategic Partnering Board (SPB). The SPB is made up of representatives from the member stakeholder organisations. South West Hampshire's SPB has ten member stakeholders, more than any other in the country; this ensures that the SPB is as representative as possible of the South West Hampshire area.

The plan sets out how we intend to deliver services and our strategy to help realise the potential of the estate, reduce inequalities and provide services in buildings which are fit for purpose, affordable and sustainable. As a living document to be reviewed annually, this is not designed to be a prospective blueprint for development strategy; it is a guide of how the stakeholders, LIFTCo and the local trusts can co-operate to efficiently implement primary and social care development schemes in South West Hampshire. This plan is conceived as the foundation for member stakeholders to develop their own SSDPs, in harmony with the framework of this plan if they wish to do so.

This SSDP sets out the revised aims and intentions of the participants of the SWHLIFT for 2009/10 and future years.

In essence LIFT is a long term joint financial commitment. The following partner organisations are fully committed to the SWHLIFT:

- SWHLIFT Limited
- NHS Hampshire\*
- Winchester City Council
- Hampshire County Council
- Southampton City Council
- Eastleigh Borough Council
- NHS Southampton City\*
- South Central Ambulance Service NHS Trust
- Hampshire Partnership NHS Foundation Trust<sup>+</sup>
- Southampton University Hospitals NHS Trust

For further information and useful contact information please see Appendix B.

\* NHS Southampton City and NHS Hampshire are the new names for Southampton City Primary Care Trust (PCT) and Hampshire Primary Care Trust. The new names demonstrate the increasing role of the PCTs as local leaders of the NHS, front-line commissioners of patient care and their need to play a greater public facing role and engage the local population.

<sup>+</sup> Hampshire Partnership was awarded Foundation Trust status on 1 April 2009. They are now known as Hampshire Partnership NHS Foundation Trust.

## 1.6 Background - South West Hampshire LIFTCo

LIFT is a public-private partnership (PPP) developed specifically for primary care. The LIFT programme differs from other forms of public procurement as it focuses on developing a long-term partnership between its public and private stakeholders rather than a partnership based on a single development.

LIFT's remit as a procurement model has consistently been extended to include a number of public sector partners; health and well being have remained at the heart of its offering. It has also proved an excellent vehicle to adopt collaborative public sector thinking and developments.

LIFT is an NHS Initiative; as such this SSDP focuses primarily on Health and Social care. Across the country 47 LIFT companies, covering two thirds of England's population have been created. These LIFTs have delivered over £1.8 billion of investment in more than 240 buildings that are either open or under construction.

LIFT was developed to address:

- the legacy of under investment in the NHS estate as many primary care premises are over 30 years old
- current private sector underinvestment that is not concentrated in the areas of greatest need, particularly in the inner-cities
- a large number of the current premises that are not fit for purpose to provide modern primary care
- a need for a complete range of products and services through design, refurbishment, new build to acquisition.
- the demands of Facilities Management (FM) over the lifecycle of the building

## 1.7 Rationale for the South West Hampshire LIFT

Services in the South West Hampshire area face many challenges. The area is experiencing increased demands from a growing and ageing population. Specifically, a number of tensions and problems across South West Hampshire have become drivers for change, which this LIFT could help to resolve. These include:

- changing profile of the population and society's increasing expectations of health service provision

- importance of securing an appropriately skilled workforce
- need to improve Adult Mental Health In-patient facilities
- opportunities presented by improved information management and technology
- crucial significance of financial stability
- need to develop patient choice
- health inequalities
- value of working in partnership with other organisations concerned with health and how to achieve vital changes in working cultures

The South West Hampshire LIFT (SWHLIFT) is seen as an important vehicle in the procurement of primary and community care schemes, which will be vital for the delivery of service redesign and modernisation plans currently being developed.

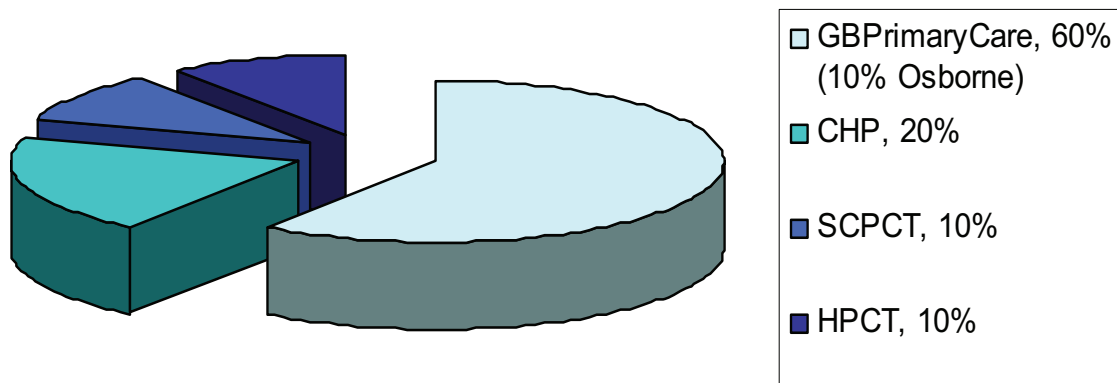
In particular the Unscheduled Care and Long Term Conditions services will require primary and community care facilities and infrastructure to enable care to be provided outside of hospital which, in turn, will reduce avoidable admissions and length of stay in acute hospitals.

Value for Money (VFM) is a key differentiator for LIFT; it is received through a variety of ways; including reduced build times, lower design costs and complete lifecycle maintenance. Through repeating the process costs are reduced and development timescales shortened thereby bringing the new build to market faster, for SWHLIFT Product Menu, please see Appendix E.

SWHLIFT Ltd was formed on the 10<sup>th</sup> April 2008 and has been set up between public and private sector partners. SWH LIFTCo is owned by the following shareholders:

- 10% NHS Southampton City
- 10% NHS Hampshire
- 20% Community Health Partnerships (CHP a fully owned subsidiary of the Department of Health)
- 60% by **gb**primarycare (10% of which is owned by Osborne Ltd) (see figure 1.0)

Figure 1.0 – SWHLIFTCo Ltd.



GBprimarycare are the private sector consortium selected via an EU procurement process. It will work in partnership with the local health and social care economies and relevant Local Authorities over the next 25 years.

SWHLIFTCo is keen to integrate its non-health public sector partners into its plans as this is seen as a key indicator for future success.

SWHLIFT will provide a means of modernising and upgrading the primary care estate. This will support the achievement of a range of NHS plans and targets including contributing to:

- the creation of 500 One Stop Primary Care Centres
- refurbishing and replacing 3000 existing GP premises
- recruitment of additional GPs
- providing specialised facilities for GP specialists
- creating new intermediate care beds
- modernising mental health services to ensure that people with severe and enduring mental illness receive services that are more responsive to their needs
- providing investment in new information technology services in primary care – supporting the development of booked hospital appointments and telemedicine
- providing improved facilities that support the achievement of the targets to provide access to a primary care worker in 24 hours and/or a GP in 48 hours
- supporting the improvements in clinical services required by the National Service Frameworks and other clinical services plans.

- the Choosing Health White Paper, which focuses on:
  - tackling health inequalities
  - reducing the number of people who smoke
  - tackling obesity
  - improving sexual health
  - improving mental health and well-being
  - reducing alcohol related complaints and encouraging sensible drinking

## 1.8 Strategic Partnering Agreement (SPA) & Strategic Partnering Board (SPB)

The SSDP is prepared on behalf of the SPB for SWH LIFT and is a 'living document', which will be reviewed annually by the partner organisations in conjunction with LIFTCo. The SPB brings together stakeholder representatives from the local Primary Care Trusts and local authorities.

The role of the Strategic Partnering Board is to:

- provide strategic input into the long-term running of the LIFT project
- review performance and financial aspects
- approve each new addition of the SSDP
- give guidance and approval of New Project proposals (for approval process see Appendix D)
- ensure value for money (VFM)

The purpose of the Strategic Partnering Agreement (SPA) is to establish a long term partnership between SWH LIFTCo and the stakeholders. Key principles of the SPA can be found in Appendix C.

## 1.9 Member Stakeholders

The integration of local authorities into LIFTCo recognises the ever strengthening link between primary and social care. In recent years there has been a change of management in some communities for the provision of Social Services by Partnership Trusts. The inextricable link between health, education and wellness services and the provision of healthcare will continue to increase and converge.

Stakeholders in SWHLIFT are:

- SWHLIFT Limited
- NHS Southampton City
- NHS Hampshire
- South Central Ambulance Service NHS Trust
- Southampton University Hospitals NHS Trust
- Hampshire County Council
- Southampton City Council
- Eastleigh Borough Council
- Winchester City Council
- Hampshire Partnership NHS Foundation Trust

Hampshire Partnership NHS Foundation Trust is a key stakeholder in the development of this LIFT, although the Trust does not participate as a contributing equity partner. Mental health services are intrinsic to the provision of a PCT's healthcare services; the new Adult Mental Health Unit (AMHU) will be delivered as one of the sample schemes. South West Hampshire considers it valid to include the trust within its planning framework. This is consistent with the precedent set by the trust's inclusion in elements of East Hampshire LIFT.

Hampshire County Council, Winchester City Council, Southampton City Council and Eastleigh Borough Council might not participate in this LIFT as equity partners; however it is a long-held County-wide view that the Councils should have involvement in the planned Primary Care Delivery Centres (PCDC's). The Councils will play a part in any planned developments from the outset; this will mean a more integrated approach to primary and social care delivery. They are therefore considered major stakeholders in this LIFT.

The stakeholders of South West Hants LIFT Ltd have the potential to significantly improve the lives and well being of the population of the South West locality. LIFT is a prime opportunity for the local government and health service to work together to make these improvements.

Each stakeholder has an Estate Strategy that is developed according to their need and resource. Each organisation is challenged by the increasing expectation of service users which demands an ever more complex estate with corresponding increases in revenue needed to maintain these buildings.

LIFT is a key component in helping to relieve this increased pressure on financial resource by developing integrated buildings with services for several stakeholder organisations under one roof. This reduces costs through shared communal spaces and can prevent the need for two or more distinct builds.

A real advantage is that these buildings can become genuine community hubs with a very positive impact on their neighbourhoods.

The ongoing challenge, which this SSDP aims to summarise, has been to analyse these varied estates strategies and distil genuine opportunities for cooperation.

## 1.10 Other Stakeholder Support

The concept of GP third party developments is established and accepted within the LIFT area. GPs and clinical leads will be involved with consultation processes and formal confirmation of their support encouraged. This is viewed as the beginning of a change process.

## 1.11 SPB Vision

Modernisation requires long term commitment. We are committed to developing an excellent working relationship with all our key partner organisations so that LIFTCo will be an effective delivery tool for the provision of modern services.

Working with our stakeholders we aim to develop a methodology for the partnership that respects the objectives, culture and systems of the partner organisations.

SWHLIFT Ltd mission statement is:

*“Working in partnership to deliver world class, flexible and sustainable health, social care and well-being solutions and services that add real value to all communities in South West Hampshire”*

It is our strategy that property investment and development for the provision of healthcare services focuses on expanding existing primary care facilities and/or relocating them. We are committed to providing more effective premises that support GPs, primary care teams, pharmacy and secondary care partners, which we develop with external local property development teams. The focus is on premises that support improved environments for patients and staff together. The SPB vision for South West Hampshire sees the population having easy access to the right services, in the right place at the right time. We will design and deliver services that reflect the local requirements and target those with the greatest need. We will do this by:

- putting the public at the heart of what we do
- doing more to prevent ill health and health inequalities
- designing services that are fair, personalised, effective and safe
- improving access to services, ensuring that the public have choices and can exercise control over their own care
- developing existing local networks to deliver services closer to the patient
- commissioning high quality services from a range of providers
- ensuring clinical teams have the appropriate skills, training and support to deliver high quality services
- improving care pathways through innovative and evidence-based practice
- being consistent and developing joined up plans with our stakeholders and service providers

By doing this we believe we can:

- support the shift of services out into the local community
- make it much easier for patients to access services
- ensure resources are fairly distributed across the area and targeted to meet local needs
- increase the proportion of resources spent upon prevention of ill health
- more effectively tackle the local health needs and underlying social needs of our local communities
- have appropriately trained and supported clinical teams

## 1.12 The Population

SWHLIFT area has a registered population of approximately 766,000 people but also draws patients from the whole of the central south coast for tertiary and specialist services, including health communities outside of Hampshire and the Isle of Wight. Overall, the age and gender composition of this population reflects the national average. The proportion of young adults is greater due to the large number of students attending higher education establishments in the area, particularly Southampton City.

The population profile continues to age with the highest increase forecast in the over 85 population. In Eastleigh and the New Forest even higher increases in the elderly population will occur over the next 20 years.

Many residents have a good quality of life and enjoy good health into old age. This is not universal however, the health in the cities of SW Hants tends to be poorer than the rest of the South East.

## 1.13 Southampton City Population

Nearly half of Southampton City's population (46%) live in areas of disadvantage. Approximately 6.3% live in the Lower Super Output Areas (LSOAs) which fall into the 10% most deprived in England. In a survey of Local Authorities with the highest number of deprived areas, Southampton is the in the top 30%. Of its LSOAs, 27 are ranked in the bottom 10% of most deprived areas in England. On the Education and Skills & Training deprivation indicator, Southampton is the worst Local Authority in the country.

Compared to the rest of the city, people living in poorer areas have:

- 28 per cent higher all cause mortality rate
- 22 per cent higher circulatory disease mortality rate



The most deprived areas in the City are within Woolston, Bevois, Bitterne, Redbridge and Millbrook.

## 1.14 Demographic changes in Hampshire

Hampshire is a relatively prosperous area with health indicators generally being very good and comparing favourably with the rest of England. Life expectancy in Hampshire is above the national average and increasing; but this varies at local authority level. The local authorities with pockets of significant deprivation are: Havant, Gosport and Rushmoor.

It is expected that there will be an overall 14% increase in the number of over 65s by 2012, with the highest increases being 25% in Basingstoke and 23% in Hart. Alongside this there is a predicted increase in the rates of obesity, coronary disease, stroke and dementia.

PCT service strategies will reflect new arrangements for service delivery to meet the changing needs of the population. This may include providing more services in people's homes and in the local community with less reliance on NHS premises. This will have an impact on where and how the estate is run, with an emphasis on providing accessible and high quality premises, in partnership with other organisations where appropriate.

## 1.15 Estimates of Resident Population by Age & Gender

	United Kingdom			South East Region			South West Hampshire		
	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall
0-15	5,727,444 (9.67%)	5,454,990 (9.21%)	11,182,434 (18.80%)	771,552 (9.60%)	731,367 (9.10%)	1,502,919 (18.70%)	47,253 (19.60%)	44,757 (17.30%)	92,007 (18.40%)
16-64	19,071,738 (32.20%)	19,693,642 (33.25%)	38,765,380 (65.20%)	2,603,988 (32.40%)	2,620,062 (32.60%)	5,224,050 (65.00%)	155,608 (64.50%)	161,277 (62.50%)	316,885 (63.40%)
65-85+	3,938,728 (6.65%)	5,466,836 (9.23%)	9,358,182 (15.80%)	549,731 (6.84%)	765,122 (9.52%)	1,314,853 (16.36%)	38,468 (15.90%)	52,212 (20.20%)	90,680 (18.20%)
All Ages	28,737,910 (48.40%)	30,615,468 (51.58%)	59,353,378	3,925,271 (48.84%)	4,116,551 (51.22%)	8,041,822	241,329 (48.30%)	258,246 (51.70%)	499,575

(ONS Census 2001)

## 1.16 Total Population Forecasts for all Districts in Hampshire 2014

The table below indicates overall population growth of approximately 4%, which can be considered typical. However, it indicates high growth levels in the elderly population during the first part of the LIFT partnership time span.

	NHS Southampton City			Hampshire PCT		
	Male	Female	Overall	Male	Female	Overall
0-15	19,626 (16.87%)	18,624 (16.53%)	38,251 (16.70%)	125,303 (19.27%)	119,110 (17.69%)	244,413 (18.47%)
16-64	79,651 (68.45%)	73,064 (64.83%)	152,716 (66.67%)	407,077 (62.60%)	408,321 (60.66%)	815,398 (61.61%)
65-85+	17,085 (14.68%)	21,004 (18.64%)	38,090 (16.63%)	117,913 (18.13%)	145,712 (21.65%)	263,625 (19.92%)
All Ages	116,363 (50.80%)	112,693 (49.20%)	229,056	650,287 (49.14%)	673,134 (50.86%)	1,323,421

(Source: Hampshire County Environment Department's 2007 Based Small Area Population Forecasts)

## 1.17 Housing

South West Hampshire is an area of significant economic and social development. High population growth is forecast in particular areas, notably Southampton City Centre, Eastleigh and Andover, driven by new housing developments as set out in the draft South East Plan, which includes house building targets up to 2029. The schemes in the SWHLIFT will complement and contribute to other successful regeneration and development plans in the area. Significant housing growth is planned which means more people and an increased demand for local health services.

## Section 2

### 2.1 Key drivers for change

The Government White Paper *Our Health, Our Care, Our Say: a New Direction for Community Services*, published in February 2006, sets out the future strategy for the development of primary and community-based health and social care services. It was based on a major public “listening” exercise, and was published in parallel with a Government Green Paper on Social Services: *Independence, Well-being and Choice*. Both publications convey the vision of high quality services meeting people’s aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. The proposals are based on a set of key reform principles:

- patient choice
- resources following these choices
- greater autonomy where it matters for local professionals

There are four main goals: -

- health and social care services will provide better prevention services with earlier intervention
- people will be given more choice and a louder voice
- inequalities will be tackled and access to community services will be improved
- there will be more support for people with long-term needs

These goals will be achieved through:

- practice-based commissioning, to act as a driver for more responsive and innovative models of care, a focus on prevention and more local services
- shifting resources into prevention – bringing more services and support closer to where people need it most
- more care undertaken outside hospitals and in the home – including a new generation of community hospitals and facilities with strong ties to social care

- better joining up of services at the local level; Local Area Agreements between PCTs and Local Authorities will be the vehicle for this.
- encouraging innovation through greater patient and user choice
- allowing providers to compete for services.

*Shifting the Balance of Power* is the programme of change brought about to empower frontline staff and patients in the NHS and is part of the implementation of the NHS Plan.

*Our NHS our future* is a wide ranging review looking forwards to the next 10 years and beyond that aims to ensure the NHS is clinically-driven, patient-centred and responsive to local communities.

These achievements were highlighted by Darzi's next stage review of the NHS plan during the course of 2007 and 2008. His final report of the review, aims to establish how the vision of a world class NHS can be realised, and what needs to change in the way that services are delivered.

The key themes are that the NHS should be:

- fair - equally available to all
- personal - tailored to the needs and wants of the individual
- effective - focusing on outcomes that are among the best in the world
- safe - to give the public confidence in the care that they receive

These reviews offer both opportunities and challenges for PCTs; they are required to find innovative ways of delivering services to patients and draw together staff from disparate employers into a united team. One way to do this is via the LIFT procurement vehicle.

## 2.2 Estate Strategy

Public sector organisations currently retain the largest and most complex property portfolio in Europe. This portfolio contains a range of building types and conditions; from up to date facilities, designed specifically to meet the demands of modern services; to facilities that were designed and constructed at a time when the commissioning of world class services was not at the forefront of service delivery.

In order to enable patient satisfaction and the delivery of high quality services, it is the aim of the public sector to develop a flexible and responsive twenty first century environment for health and social care. This will deliver improved health outcomes through innovative estates and facilities solutions which enable safe, high quality patient care and deliver financial benefits for health bodies as their assets are used to the best financial effect.

The NHS is achieving this strategy through new forms of alliances which:

- promote partnering
- encourage client participation and education
- achieve design excellence
- delivers value for money
- are sustainable
- and which are subject to performance review and benchmarking

Sustainable Development is at the forefront of the Government's agenda for the delivery of long-term services. Climate change is the most serious global environmental threat; but promoting modern, sustainable ways of living, working, manufacturing and travelling also stand to achieve wider benefits to human health and well-being. This is in accordance with the Department's commitment to sustainable development and the principles of the White Paper *Our health, our care, our say*.

The White Paper gives renewed vigour to the transfer of care from acute to the primary care sector. The aim is to enhance the public's experience through improvements by the local organisation in the delivery of care and the quality of premises.

What does this all mean for the built environment?

- facilities in the future will need to be more sustainable and flexible than ever to ensure that they provide value for money.
- facilities that were once under used are shared between varied public organisations are now shared enabling the enhancement of service delivery.
- the regeneration of deprived and disadvantaged areas. Utilising redundant public sector assets, is a key Government policy for both now and the future.
- re-using public sector land to benefit the wider community is the cornerstone of this strategy.
- the regeneration of estates can also be used to achieve related health objectives, such as sports/activity facilities, staff and student accommodation,

### 2.3 NHS Southampton City Estate Strategy

NHS Southampton City was established with a diverse property portfolio comprising various inherited or acquired premises, several of which were in a poor or neglected state. Consequently the Trust's first strategy (2003-2008) concentrated on growing a fit for purpose estate through development of existing sites and buildings, new acquisitions, the construction of new facilities and closure and disposal of some older facilities.

For the next 5 years the PCT will focus on ensuring that the estate is effectively utilised and providing value for money. A key driver in meeting these objectives will be the introduction of more formalised occupancy relationships with the PCT's service providers, giving the PCT greater control and flexibility in assigning space for the changing NHS needs of Southampton City people.

NHS Southampton City also aims to make its properties more attractive and inviting to patients and users and more satisfying for staff to work in.

The 2008 – 2013 Estate Strategy has been revised to reflect recent guidance from the DoH under ‘Transforming Community Services’. This guidance is intended to help PCT Commissioners and their providers of community services to move their relationship toward a purely contractual one and to consider what type(s) of organisations would best meet the future needs of patients and local communities and how change can be managed to support the transformation of services to patients. The Strategy therefore supports this changing contractual relationship.

From a commissioning perspective, based on the PCT’s role as a manager of the city health system, the scope of strategic estate interest will extend to take account of the entire city “health estate”. As part of it’s commissioning role the PCT will consider the appropriateness of properties that are not owned by the PCT but serving city patients. For example, the PCT will continue to monitor the progress of our service providers in the provision of single sex accommodation.

## 2.4 Key Objectives

The key objectives of the strategy are:

- emphasis on effective estate management rather than acquisition
- use of the estate to create a more responsive and diverse NHS service range within the city.
- development of the PCT’s landlord function
- development of contracts, reporting requirements and key performance indicators
- a review of Value for Money, Affordability and development funding options
- continued improvement of the physical estate condition to meet or exceed national targets

## 2.5 Existing Estate

The NHS Plan aims to have 40% of owned estate at less than 15 years old by 2010. In comparison with the national average, NHS Southampton City recognises that it has an ageing estate but over the past 5 years has managed a programme of disposing of the older properties. The acquisition of the Royal South Hants Hospital in 2007 impacted

on the PCT's overall estate age profile because all of the buildings were constructed prior to 1995 and it represents a large proportion of the portfolio. The PCT continues to manage the programme of disposing of the older properties or investing in redevelopment and modernisation of the existing facilities.

Despite the age of Estate, the overall physical condition at level B (see below for categories definitions) and above is 82% and the PCT aims to continue to improve this. Recent and planned disposals will result in substantial reduction in the residual 18% within 18 months. A sustained programme of capital investment and refurbishment will be required to maintain the target standards.

Physical condition categories:

- A: the asset is as new as can be expected to perform adequately to its full normal life. No immediate expenditure is required except for routine operational maintenance.
- B: the asset is sound, operationally safe and exhibits only minor deterioration. No immediate expenditure required except for minor repairs and upgrading and routine operational maintenance. The building will have a life expectancy of at least 10 years for its existing use without major repairs and upgrading.
- C: the asset is operational but major repair or replacement is needed, requiring capital expenditure, to bring it up to condition B. (That is, within 3 years for building and one year for an engineering element).
- D: The asset is operationally unsound and in imminent danger of breakdown. (Capital expenditure required to bring a condition D asset up to condition B would be expected to exceed 50% of the asset's replacement cost).
- X: a supplementary rating added to C or D to indicate that it is impossible to improve the asset without replacement.

## 2.6 Current Developments

The PCT has continued to develop 3 strategic campuses – the Royal South Hants Hospital (RSH), Western Community Hospital (WCH) and Moorgreen Hospital (MGH).

## 2.7 The Royal South Hants Hospital

The RSH continues to be developed as a Modern Community Healthcare Campus.

- The construction of the new Adult Mental Health Unit is underway and due to open in summer 2010.
- Southampton University Hospital Trust (SUHT) are continuing with their withdrawal of service from the site in line with their 2020 vision
- Capacity assessments are being carried out and the PCT is continuing to re-commission accommodation in the Outpatient Centre to compliment the strategic aims for the site. A long term vision for the site is being developed and will result in further rationalisation based on capacity and future demand requirements.

## 2.8 The Western Community Hospital (WCH) Campus

The WCH is predominantly a specialist older persons unit, although in recent years a number of new services have been added to the site – such as Child & Adolescent Mental Health Services (CAMHS) and the Snowdon Neuro Rehab Service.

The Western Primary Care Development Centre is due to be operational in late 2009.

The consolidation of the campus will be complete when access is created to join the site with the neighbouring Oakley Road (Trust HQ) campus.

## 2.9 Moorgreen Hospital

NHS Southampton City is continuing to work jointly with Hampshire Partnership NHS Foundation Trust, Hampshire PCT and Eastleigh Borough Council to determine the future clinical requirements for this site and estate ownership and management models.

## 2.10 NHS Southampton City and South West Hants LIFTCo

NHS Southampton City is working with SWHLIFT on the construction of two samples schemes – the WPCDC on the Western Hospital Campus (Opening November 2009) and the AMHU (Antelope House) on the RSH Campus will be completed in summer 2010.

A further small works project is underway to adapt two elderly care in-patient wards at the Royal South Hants Hospital as part of a national project aimed at eliminating mixed sex accommodation.

## 2.11 NHS Hampshire Estate Strategy

NHS Hampshire produced its first Estate Strategy in 2008; this has now been refreshed for 2009 and describes the plans for managing and developing the Estate for the next 5 years to meet both the service and business needs.

## 2.12 Key Objectives

The key objectives of the Estate Strategy are:

- to improve the patient and healthcare experience as set out in PCT service strategies.
- to ensure that the estate provides high quality, fit for purpose buildings in locations which meet the needs of the local population.
- to ensure the estate operates efficiently with minimum property overheads.
- to provide flexible solutions, for example through partnership working or leasehold arrangements where appropriate.

The achievement of these objectives will be measured against key estate performance indicators. The overall performance target is that 90% of NHS Hampshire estate will be at Estate code condition B/C or better, by 2012/13. The expected outturn for the end of 2008/09 is that 75% of the estate will meet this target.

## 2.13 Partnership Working

The PCT is committed to working in partnership with a range of other organisations to ensure that available resources are targeted appropriately and complementary services are delivered.

NHS Hampshire works with a number of organisations and seeks to link in with the Estate Strategies of partner organisations such as:

- NHS Trusts
- Other PCTs
- Hampshire County Council

- District and City Councils
- Voluntary sector
- Ministry of Defence (MOD)
- Local Improvement Finance Trusts

## 2.14 NHS Hampshire & LIFT

NHS Hampshire is a participant in two LIFT initiatives, one in the South-East and the other in the South-West of the County.

The East Hampshire and Fareham & Gosport LIFT is a joint project involving the former East Hampshire and Fareham and Gosport Primary Care Trusts, Hampshire Partnership NHS Trust, Hampshire County Council, Havant Borough Council, East Hampshire District Council, Fareham Borough Council, Gosport Borough Council, and Winchester City Council.

Community Solutions for Primary Care was selected as the private sector partner in 2003, and the local joint venture company (LIFTCo) was established in February 2005, called Solent Community Solutions Ltd (SCS). SCS has successfully delivered three schemes; The Oak Park Children's Centre in Havant, the Rowner Health Centre and Brune Medical Centre in Gosport. SCS are currently planning for a new community hospital at Oak Park in Havant and a new GP Surgery for Gosport.

Fareham Community Hospital reached financial close in January 2009, is under construction and will be fully operational by May 2010.

NHS Hampshire is also a shareholder in The SWHLIFTCo, the participants and aims of which are described within this document.

## 2.15 Vision for the Estate

The vision for the NHS Hampshire estate is that patients, staff and visitors will have easy access to good quality, fit for purpose facilities, which deliver high quality clinical

services. The PCT will work collaboratively with local partner organisations to maximise efficiency and flexibility.

The objectives and vision for the Estate Strategy will be achieved by:

- investment in improvement of functional suitability of buildings in line with service strategies
- increasing space utilisation and disposal of surplus estate
- upgrading buildings or providing new buildings
- increasing awareness of service managers of the cost of their space

In pursuing these objectives the PCT will ensure the most effective and efficient management of its estate whilst ensuring maximum clinical and operational input.

The key task of securing a robust and professional estate function and to increase strategic estate capacity for NHS Hampshire has been achieved by the appointment of a prime contractor for the estate; Portsmouth City PCT, this is described in more detail within the full NHS Hampshire Estate Strategy document.

## 2.16 Current Developments

NHS Hampshire is currently developing a new community hospital or redeveloping an existing community hospital every year. Lymington Hospital was the first new community hospital to complete following the establishment of the PCT. Gosport War Memorial is being extended and re-modelled, practical completion was achieved in January 2009 and it will be fully operational in June 2009. Construction began on the new Fareham Community Hospital in January 2009 and will be fully operational in May 2010. Planning approval was gained for Oak Park Community Hospital in Havant in February 2009 and a business case is being developed. The construction period is 2 years from approval of the business case by the Department of Health and is anticipated to be complete by the summer 2011. Health Centres are being upgraded and Fareham Health Centre will be replaced by 2013/14.

## 2.17 Southampton City Council Strategy update

Southampton City Council is managing a number of strategic and developmental programmes to improve the quality of life in the City which will impact on service facilities and resources.

Social Care Services for adults, the Council is promoting an approach based on individualised budgets, enabling long term care users to design their own support programmes. This will reduce dependency on 'building based services' in the longer term by enabling people to adapt ordinary supports and services to meet their needs. However there will be a need to promote support and advice services alongside other appropriate locality services.

The Council will be working on a long term plan to replace school premises through the *Building Schools for the Future* programme; this will result in substantial local investment and opportunities for joint approaches to facilities.

The Council has also initiated a long term Estate Regeneration Strategy which will generate a number of community based developments improving the quality of facilities and providing new housing. Key to this will be the appointment of a development partner. However there may be opportunities for collaboration in local developments with regard to health care facilities.

## 2.18 Hampshire Partnership NHS Foundation Trust Estate Strategy

Hampshire Partnership NHS Foundation Trust's (HPFT) estate property portfolio was the subject of a detailed survey and an Estate Strategy, which was approved in January 2007 and is currently in the process of being updated.

The survey demonstrated that overall the estate is in good condition; the current backlog of maintenance requirements are well within the lowest quartile for mental health trusts. It has a favourable age profile, which meets the NHS national target, a good standard of statutory compliance and is generally suitable for purpose.

This situation enables HPFT to align its estate priorities with its high level strategic priorities, via a board approved capital programme, including:

## 2.19 Quality

- Maintaining its estate to the high standards currently enjoyed especially with respect to patient environments, which are very important to its service users, staff and commissioners.
- Focussing on safety, privacy and dignity with an objective to have all single sex accommodation within 5 years.
- Ensuring fit-for-purpose bases to provide community services, where most of its activity occurs.

## 2.20 Value for Money

- Ensuring effective management of estate costs including energy, rates and rents and the development of Estate Key Performance Indicators.
- Rationalisation of the estate in accordance with Cost Improvement Programme schemes.

## 2.21 Service Development

- Supporting capital requirements of service developments.

As a non-equity contributing member of LIFT, HPFT is not required to commit future schemes to a LIFT Company and has a number of financial sources available to fund its strategic priorities. It will, however, consider using LIFT, as a procurement route in the future, where it is advantageous to do so.

## Section 3

### 3.1 Delivery through LIFT

The current emphasis in today's primary care market is for the expansion of primary healthcare capacity and its services, which requires the continual upgrade of premises infrastructure and capital investment. Premises must now be able to accommodate the shift of certain services previously based in hospitals, for example diagnostic and out-patient consultations. This means flexible premises engineered to support change, evolution and a wide range of healthcare, public service providers and possibly a facilities management (FM) team.

The benefits of the NHS LIFT approach:

- flexibility: NHS LIFTs will offer GPs flexible lease arrangements (currently GPs are often tied into long leases). This should help attract more GPs to work in inner city areas
- scale and speed: NHS LIFTs will help deliver a significant number of new premises in a short period of time;
- integration of services; patients expect to find as many of the services they need in one place as possible. NHS LIFTs will actively seek to co-locate additional services and facilities (for example space can be used by a range of related health care professionals as well as social services);
- common approach: avoiding individual GP practices or local teams having to develop an approach and all the documentation for each scheme through the establishment of a common approach that LIFT schemes across the country can adopt.

### 3.2 Schemes currently being delivered through SWH LIFT

Following formation of the SWH LIFT Ltd on the 10<sup>th</sup> of April 2008, we are committed to deliver and are currently constructing the following facilities:

### 3.3 Western Primary Care Delivery Centre (WPCDC) – NHS Southampton City Scheme

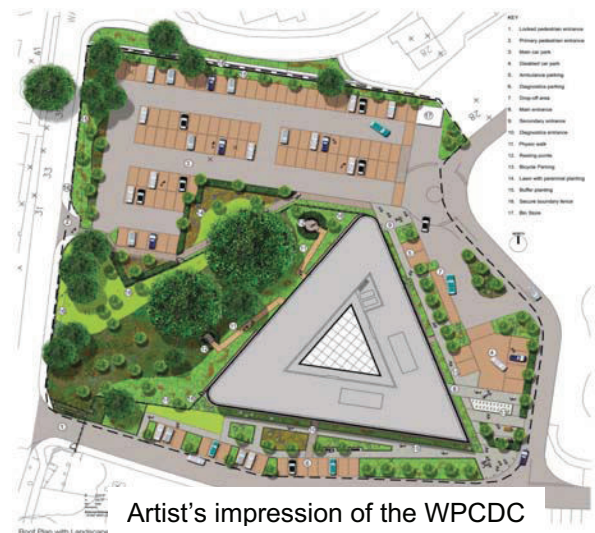
The WPCDC scheme is intended to consolidate, improve and enhance primary care services serving west Southampton through developing a keystone locality centre. This will promote sound economies of scale, synergy of services and sensitivity to neighbourhood needs.

NHS Southampton City is working in partnership with Southampton City Council to progress a locality approach to the organisation of planning and services in the city. The city's west locality is formed from four electoral wards and has a population of around 58,000. A concentration of shops and amenities around Shirley High Street forms the main district centre. The locality includes several deprived neighbourhoods and Redbridge falls in the worst 8% of council wards nationally for Child Poverty (ONS IMD) and has been recipient of SRB6 and Sure Start programmes. Typically this burden of deprivation manifests itself in the health needs in the area – with studies showing higher levels of mortality and morbidity for a range of health problems.

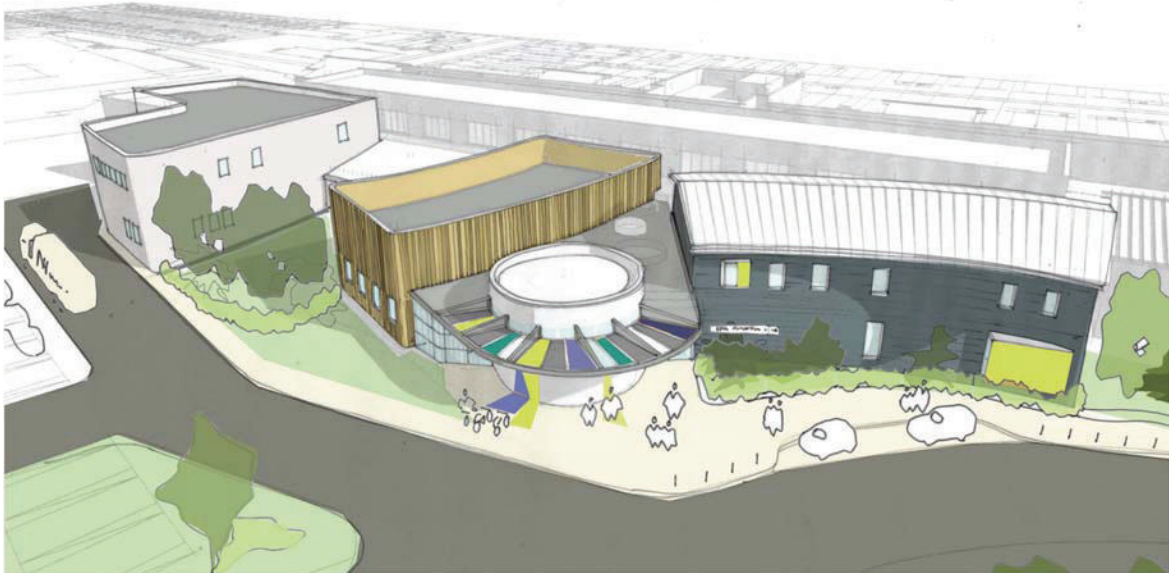
This facility will offer the local population increased choice for a relatively low increased investment. The centre will offer local people better access to a greater range of health services in their community. This will mean faster, more economic and effective treatments and better patient experience overall.

#### Key Features:

- circa 4,500 sq meters
- integrated clinical services e.g. physiotherapy, long term conditions, podiatry and an office base for SCPCT staff.
- community Café and pharmacy
- located on the Western Community Hospital site, Millbrook, Southampton.
- unit opens November 2009



### 3.4 Antelope House, Adult Mental Health Unit (AMHU) – Hampshire Partnership NHS Foundation Trust Scheme



Artist's impression of Antelope House.

In 2004 Hampshire Partnership NHS Foundation Trust submitted an outline business case (OBC) for the development of a new Adult Mental Health Acute In-patient Unit on the Royal South Hampshire Hospital site.

At present the environment of the Adult Mental Health In-patient Unit is deemed by staff, users and carers and many other stakeholders to:

- be an unsuitable and inflexible design
- not meet safety, privacy and dignity standards
- project a very negative image as an institution to the perception of its users, staff and other agencies
- have problems of drug abuse and security problems
- have an unsuitable external environment, e.g. no gardens
- provide inadequate staff and visitor parking

The new facility will provide a safe and secure therapeutic environment, designed to enhance high quality care. A Home Treatment service will also be co-located with the inpatient facility to provide support within the community.

Key Features:

- circa 6,500 sq meters;
- 50 bed inpatient mental health unit with an additional 10 bed Psychiatric Intensive Care Unit (PICU);
- located on the Royal South Hants Hospital site, Southampton Centre.
- unit opens April 2010 and it is proposed will take its first patients in June 2010.

### 3.5 Schemes to be developed

NHS Southampton City and NHS Hampshire are currently working with SWH LIFT Ltd to further develop its existing strategic sites for the provision of future services in line with the ever changing health care environment.

### 3.6 Potential Future Schemes

All future tranche schemes will undergo a prioritisation process to determine the order in which they will be put forward for development by SWHLIFT. Schemes will be developed on the basis of two main criteria: need and affordability.

A matrix of all future developments for each of the stakeholders is attached at Appendix A. The stakeholders have included all schemes, broken down into those that are probable, possible or aspirations. The rationale for this being that what may merely be an aspiration for a single stakeholder may become a real reality if that stakeholder can take advantage of another organisation's firm commitment to develop a scheme in a given area.

The Strategic Partnering Board will review and prioritise the matrix of schemes on a quarterly basis and aims to prioritise the next tranche of schemes in the next quarter.

### 3.7 Next Steps

The SPB is aware that the priorities, resources and ambitions of the various stakeholders are constantly evolving; the challenge is to define at a given time a number of these factors that together can realise a viable scheme.

The matrix of potential schemes will allow the SPB to develop a short list of viable schemes; from this the schemes that will form the next tranche can be distilled. The reality is that these schemes will most likely be drawn from the 'required' matrix but every effort will be made to ensure that any schemes from the 'opportunities' matrix are fully explored and if possible integrated.

Although there will always be a logical progression in the development of schemes imposed due to the resource limitations of LIFTCo, the SPB is keen to maintain an approach that constantly reviews, proposes and develops schemes rather than start the process afresh each time a tranche is completed.

The intention is to create the short list of schemes and identify a potential next tranche scheme in 2009; this will mean that as the current schemes are nearing completion work will begin to develop the next tranche.

### 3.8 Delivery of the SSDP

Implementation of the Plan will be achieved through a variety of mechanisms and in the following context:

- choice, contestability and plurality of provision;
- practice based commissioning;
- specialist services commissioning;
- redesign and reconfiguration of clinical and clinical support services;
- partnerships with Local Authorities and the Independent Sector;
- workforce planning and redesign
- new information systems and technology.

Resourcing the plan will be challenging and the pace of change will be influenced by the availability of capital and revenue resources. A significant proportion of the funds will need to be found from efficiency savings and the rationalisation of services and the estate.

### 3.9 Conclusion

The South West Hants LIFT Ltd is an established organisation and is currently delivering schemes from inception through to successful commissioning and operation within Southampton. South West Hants LIFT Ltd is committed to significantly improving the provision of care within the local health economy as well as delivering services in line with government initiatives (*Our NHS, Our Future / Our Health, Our Care, Our Say / NHS Plan*).

The SPB is now looking past the initial sample schemes to the next tranche of potential schemes with much optimism; the aim is to change the lives for the better of those living within the SWHLIFT locality and beyond.