Partnerships for Health

DH Department of Health

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Dear Colleague

NHS LIFT – enabling social regeneration

Background

I am writing to you in my capacity as National Director for Primary Care at the Department of Health, as Chair of both the Department of Health's Primary Care and Partnerships for Health Boards and not least, as a general practitioner.

As you are aware, the NHS LIFT initiative is an essential key plank in the government's strategy for developing primary care services. However, LIFT's potential as a tool to promote improvement in the quality of life for all patients and build on social cohesion is far reaching.

Following on the back of the success of the LIFT initiative, other Departments are already considering how the benefits and the lessons of the LIFT structure might be applied in their service areas. The government is committed to a programme of rebuilding and renewing secondary school facilities under the Building Schools for the Future programme. Partnerships for Schools will help realise this aim by partnering local education authorities, schools and the wider community.

Each stakeholder within LIFT (and that includes the PCTs which host them) plays a vital role in supporting the wider delivery of Government objectives for health, social care and regeneration. The interconnection of the different players within LIFT links with other parts of the government wide agenda for reform, corporate citizenship and sustainability, thus maximising added value to delivery for the people that matter most - the patients and their communities. Over the next ten years, our aim is to get the most from these inter-dependencies through additional capacity (through both people and facilities), new ways of working, improved access and information for patients.

To put this into context, we have already seen:

- changes to primary legislation, (as part of the Health and Social Care Act 2001), enabling the introduction of the LIFT initiative, and following on from this;

- the establishment of a new Joint Venture company, the new public private partnership named Partnerships for Health (PfH) who continues to help localities develop and establish local LIFT companies;

- and the creation of a clinical network of GP champions for NHS LIFT, whose primary objective is to energise their local health communities and help focus efforts in bringing together other GPs to drive the primary care improvement agenda through LIFT; and

- 42 schemes (20 of which have closed) in various stages of development across the country, with more to follow as part of a 4th wave recently announced by ministers. Strategic Health Authorities already have a key role in ensuring that good progress continues, and LIFT is extended to other parts of the country. But following Shifting the Balance of Power and the emergence of a new NHS, you as Primary Care Trusts (PCTs) have the central role.

Ministers continue to give their full backing to the LIFT initiative, and I, too believe that LIFT is important for the following key reasons. They are:

- first, because the current provision of primary care is so poor. As a GP myself, I see that the vision of services provided in modern primary care centres close to patients' homes cannot be delivered with current facilities. There is widespread agreement that many are in poor condition and do not provide a suitable environment in which to provide the range of services we all wish to see increasingly delivered in a primary care setting. LIFT is an essential element in delivering this step change in primary, community and social care service expansion, particularly in areas where existing arrangements have failed. None of the types of outdated premises we currently see offer the optimum collaboration between primary and acute services, or true integration between health and social services in terms of wider social regeneration;

- secondly, and of equal importance, LIFT plays a valuable role in fostering and strengthening joint working with our local authority colleagues and other stakeholders. It also has the potential to be far reaching and act as a conduit for bringing together all the inter-dependencies under one "community umbrella". This is a clear message already coming back from existing schemes, and LIFT fits well within the whole-systems approach to planning for both health and social services targets. Moreover, LIFT is not merely about bricks and mortar. Our aim must be to ensure that LIFT fulfils its potential. LIFT can assist in promoting; developing and delivering community led regeneration to secure the economic, social and environmental well being of the locality and the people it serves. It can achieve this by providing extended services in under served communities, thereby encouraging recruitment and retention of clinical staff in these communities. But I also think there is the potential to do more by contractually encouraging local labour schemes to address unemployment and to explore forms of community ownership in LIFT premises – all key parts of the government's public health approach;

- thirdly, LIFT introduces a new and innovative way of working with the private sector. Long-term partnerships with the private sector represent a fundamental shift in the relationship between the primary care economy and the private sector which allows for shared experiences and a future for joint working; and

- finally, LIFT will help deliver the targets for new primary care centres, and one-stop shops so very much needed as well as playing its part in modernising the NHS generally.

GP champions

I recently met with the clinical network of GP champions for NHS LIFT, and I was very impressed by their vision for primary care. These are vital ambassadors of the LIFT message, an integral part of encouraging clinical engagement.

Service delivery in primary, social and community care settings will be realigned to meet the needs of all patients better and equitably both in terms of location and volume. By developing our premises and broadening our expectations, they will be used to move advanced healthcare from secondary care into the community. The resultant step change offered through the LIFT initiative will address national priorities (including national and local public service agreements for healthcare), yet deliver desperately needed tangible benefits for local people - that includes GPs and their patients helping to create a stable social environment in which people live.

Social inclusion

One of the intentions behind LIFT is to make real improvements for patients and set the scene for true multi-agency health care and delivery into the future. It will provide services that are patient focused, accessible and in appropriate and convenient locations, delivered through partnerships with stakeholders from all corners of the community in first class facilities and at the same time address some of the social determinants of health.

LIFT's plans are visionary, but they are also realistic. Look at Manchester, Salford and Trafford LIFT (MaST), selected as a first wave scheme back in February 2001, it is the largest of the first wave LIFT schemes, covering a population of 1 million people with 6 PCTs and 3 Local Authorities. Having already selected their private partner (Excellcare), the genuine opportunity for both the public and private sectors is now helping shape the local vision for primary care in the 21st century.

The MAST LIFT is ensuring that a local labour force is actively involved with LIFT. They have done this by employing a local labour work force. The same is happening in Greater Nottingham. Building work on Stapleford started in June 2004 and new premises are expected to be open to patients in **early 2006.** During construction work, local people will be working on site,

employed by local building company Laing O'Rourke. It is hoped that most of the workforce will live within the surrounding area. The company is also involved in NECTA – a scheme, which trains the long-term unemployed in Nottingham so they can access local employment in the construction industry – a real partnership approach. I hope that this example can be replicated in other LIFTs.

East London LIFT

The first NHS LIFT scheme to close, this project has marked a significant milestone in the development of this vital initiative. The east London area faces profound social and economic difficulties. In addition to renewing primary health care infrastructure in the region, this particular LIFT schemes is also committed to aiding local social regeneration. Active, integrated partnership with the various stakeholders from across the community means changes in clinical practice had resulted in steady decline in the number of patients in long term institutional care.

Barking and Havering LIFT

This was the third LIFT project to reach financial close in December 2003. The scheme is located in the Thames Gateway area and as such needs to be ready to respond to the massive development agenda this area faces. It is envisaged that over the next ten years or so there will be an additional 60,000 homes in Barking and Dagenham and Havering areas alone. This growth will inevitably place significant demands on infrastructure support and the LIFT is already forging relationships with agencies such as the Thames Gateway London Partnership to cope with demand and share its longer-term social partnership vision.

Conclusion

I accepted the Chair of PfH as an enthusiastic advocate of the benefits of the LIFT model so that new partnerships are forged locally to drive the success of the challenges both we and our colleagues face.

I do hope you will share with me the view that LIFT is an integral link in delivering the massive agenda that we face in modernising our health services and in making in-roads into reducing health inequalities.

DAVID COLIN-THOME