

 Executive 31 May 2018		Agenda Item No. 8
Title	Lillington Health Hub	
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Wards of the District directly affected	Crown	
Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?	No	
Date and meeting when issue was last considered and relevant minute number	11 th March 2015 Minute no. 138	
Background Papers		

Contrary to the policy framework:	No
Contrary to the budgetary framework:	No
Key Decision?	No
Included within the Forward Plan? (If yes include reference number)	Yes – ref 930
Equality Impact Assessment Undertaken	
Not applicable at this stage	

Officer/Councillor Approval		
Officer Approval	Date	Name
Chief Executive/Deputy Chief Executive	3/5/18	Chris Elliott / Andrew Jones
Head of Service	3/5/18	Dave Barber
CMT	8/5/18	Andrew Jones
Section 151 Officer	8/5/18	Mike Snow
Monitoring Officer	8/5/18	Andrew Jones
Finance	8/5/18	Mike Snow
Portfolio Holder(s)	9/5/18	Alan Rhead / Andrew Thompson
Consultation & Community Engagement		

Final Decision?	Yes
Suggested next steps (if not final decision please set out below)	

1. **Summary**

- 1.1 To update Executive on an emerging proposal to create a health hub in Lillington and seek approval for the Council to be involved in undertaking further feasibility work with partners on this.

2. **Recommendation**

That Executive:-

- 2.1 Notes the desire of the South Warwickshire Clinical Commissioning Group (CCG) and the South Warwickshire NHS Foundation Trust (SWFT) to undertake a feasibility assessment into developing a new health hub to provide improved primary care services in Lillington.
- 2.2 Supports the principle of seeking to identify and develop a new health hub in Lillington and agrees that the Council will be a full partner in undertaking this feasibility assessment.
- 2.3 Notes the possible financial, planning and delivery implications of the project as set out in the report and agrees that the car park on Valley Road can be actively considered as a location for the health hub alongside other options.
- 2.4 Notes that a further report will be brought back to Executive once this feasibility work is completed if, at that time, the CCG and SWFT wish to take this project forward.

3. **Reasons for the Recommendation**

- 3.1 Members will be aware that in March 2015, Executive supported some emerging work to consider regeneration opportunities in Lillington. This was a potentially ambitious programme of works which included the demolition and re-provision of up to 300 homes in Crown ward. Importantly, it also included the potential re-provision of the library, Youth & Children's Centres and community centre and the provision of a new GP surgery to allow for the relocation and co-location of three existing GP practices in central/north Leamington.
- 3.2 This regeneration proposal, which never progressed beyond the feasibility stage, was predicated on the release of land from the Green Belt in the vicinity at Red House Farm. This was an allocation in the (then emerging) Local Plan. This land was required to support the decanting and re-provision of council housing stock. Subsequently, the Red House Farm allocation was not supported by the Inspector at the Examination into the Local Plan, and was not included in the adopted Local Plan.
- 3.3 In the light of this, it is not currently possible to give serious further consideration to the wider regeneration proposals that were developed at that time. Nevertheless, the rationale for considering how the Council can best support communities in Crown ward remains. This was included in the report to members in March 2015, and is set out in section 8 below.
- 3.4 Some particular challenges within Crown ward relate to health provision. Part of the case for the original regeneration proposals was based upon a desire by three GP practices which currently operate in central and north Leamington (Clarendon Lodge, Sherbourne and Cubbington Road) to relocate from their existing (and currently unsuitable) premises and co-locate onto a single site.

Crown Ward was seen as a good location to serve the patients using all three surgeries.

- 3.5 Since the original regeneration proposals were formulated, the South Warwickshire Clinical Commissioning Group (CCG) has found it difficult to identify a site that would be suitable for the three co-locating practices. Furthermore, there are benefits to maintaining a presence in Leamington town centre to meet the needs of the two existing town centre practises.
- 3.6 The Council has also been in discussions with the South Warwickshire NHS Foundation Trust (SWFT), which commissions a range of other primary health services including those provided at the Crown Way Clinic. SWFT is keen to explore new ways of delivering improved patient care in Lillington. Taken together, the aspirations of the CCG and SWFT could involve the following:-
- Providing a new surgery in Lillington to replace the current surgery at Cubbington Road. This surgery is in a converted and extended house and is currently at capacity. (Note that the proposal is now only to replace this surgery. There are no proposals now for any co-location of other surgeries onto one site in Lillington.)
 - Relocating services currently provided at the Crown Way Clinic into more modern and suitable premises alongside the GP services.
 - Exploring opportunities to provide space for delivering other health services, including those provided by Public Health Warwickshire.
- 3.7 In order to explore these ideas in more detail, SWFT and the CCG is keen to work with Warwick District Council and other partners to undertake a full feasibility assessment. This assessment would have the following broad scope.
1. To scope the size and type of facility that is required having regard to the range of services being provided there.
 2. To consider the financial feasibility of the proposal including how NHS resources could be utilised and to identify the most advantageous financial mechanisms to fund the capital development and ongoing revenue costs.
 3. To consider a delivery model for the facility. (Who would build, own and manage it?)
 4. To explore a suitable location having regard to all relevant planning issues (see paragraphs 3.12 below).
 5. To undertake appropriate levels of community, stakeholder and patient engagement.
 6. To understand the key decision making procedures for each organisation and develop a critical decision making path for the project.
 7. To commission external consultancy and other advice as needed.
- 3.8 In view of the important role that the Council is likely to play in the delivery of any project, the CCG and SWFT have asked that the Council formally supports the principle of a new health hub in Lillington and the work that is currently being proposed to be undertaken. Furthermore, in supporting this the Council would also be committing officer resources to the work and committing to report back to councillors when any further recommendations are made as an outcome of the feasibility assessment. The officer input to this project will be led by the Deputy Chief Executive (AJ) supported by the Projects Officer within Development Services.
- 3.9 In seeking Executive approval there are a number of matters that should be made clear.

- 3.10 From a **financial** perspective, any funding package to build and run the hub would have to be agreed having regard to resources available through the NHS. There is no s106 money that would be available to support this development. Members will recall, however, that in setting out its priorities for Community Infrastructure Levy (CIL) spending at its 5th April 2018 meeting, Executive agreed to allocate £2.8 million between 2018 and 2023 towards medical facilities in north Leamington. This money would be available to support the development of a hub here should this go ahead. It would not, however, be available to fund any part of the feasibility assessment now proposed.
- 3.11 SWFT has indicated that it would engage the support of SWFT Clinical Services Limited which can provide financial modelling for the assessment and potential long term management of any facility.
- 3.12 From a **planning** perspective, any support now for the principle of developing a hub in this area would not imply that planning permission will necessarily be given for a specific scheme in the future. It will be an important part of the feasibility assessment to review the overall space requirements of the hub and consider potential sites, having regard to all relevant planning considerations. Notwithstanding this, some work has already been done to review potential site options. It needs to be recognised that there does not appear (at the present time) to be many suitable sites, however one site which has emerged is the car park on Valley Road (see **appendix 1**). This is owned by the Council and may be of a suitable size. Any consideration of this site would have to consider the impact on car parking in the local area (including by the church) and the possible impact on the adjacent Mason Avenue Recreation Ground. It should be made clear, however, that all other potential sites will be fully explored as part of the feasibility assessment.
- 3.13 From a **delivery** perspective, different models will be explored but this may include the Council (or potentially our LLP partner) acting as developer and then leasing the building back to the NHS and other users. This may provide an attractive long term investment for the Council as well as being the best way of securing an investment to support the local community in this area. Again, it should be stressed that this is just one option that would be explored, and should this emerge as a preferred option, this would be brought back to Executive for further consideration.

4. **Policy Framework**

4.1 **Fit for the Future (FFF)**

The Council's FFF Strategy is designed to deliver the Vision for the District of making it a Great Place to Live, Work and Visit. To that end amongst other things the FFF Strategy contains several Key projects. This report shows the way forward for implementing a significant part of one of the Council's Key projects.

The FFF Strategy has 3 strands – People, Services and Money and each has an external and internal element to it. The table below illustrates the impact of this proposal if any in relation to the Council's FFF Strategy.

FFF Strands		
People	Services	Money

External		
Health, Homes, Communities	Green, Clean, Safe	Infrastructure, Enterprise, Employment
<u>Intended outcomes:</u> Improved health for all Housing needs for all met Impressive cultural and sports activities Cohesive and active communities	<u>Intended outcomes:</u> Area has well looked after public spaces All communities have access to decent open space Improved air quality Low levels of crime and ASB	<u>Intended outcomes:</u> Dynamic and diverse local economy Vibrant town centres Improved performance/ productivity of local economy Increased employment and income levels
Impacts of Proposal		
Improved patient care and access to primary care services in Lillington	Opportunity to provide health services in a modern and more energy efficient building.	Improved long term use of NHS assets and resources.
Internal		
Effective Staff	Maintain or Improve Services	Firm Financial Footing over the Longer Term
<u>Intended outcomes:</u> All staff are properly trained All staff have the appropriate tools All staff are engaged, empowered and supported The right people are in the right job with the right skills and right behaviours	<u>Intended outcomes:</u> Focusing on our customers' needs Continuously improve our processes Increase the digital provision of services	<u>Intended outcomes:</u> Better return/use of our assets Full Cost accounting Continued cost management Maximise income earning opportunities Seek best value for money
Impacts of Proposal		
None	Improves our ability to support communities and meet their needs in Lillington.	Opportunity to WDC to invest in this project and create a long terms asset for the Council.

4.2 Supporting Strategies

Each strand of the FFF Strategy has several supporting strategies. Supporting health services in Lillington is part of the "service" element of FFF.

4.3 Changes to Existing Policies

None. Developing a health hub in Lillington would be in accordance with priorities identified in Fit for the Future, and the policies of the Local Plan.

4.3 Impact Assessments – An Equalities Impact Assessment would be undertaken as part of the feasibility assessment proposed in this report.

5. Budgetary Framework

- 5.1 There are no direct budgetary implications as a consequence of the recommendations in the report. It is possible that, in the course of undertaking the feasibility assessment, officers consider that a financial contribution towards the work can be justified. If this is the case, an application will be made to use the Service Transformation Reserve will be made in accordance with the delegated authority arrangements agreed by Executive in June 2017.
- 5.2 If the Council chose to progress with the project and invest in the new hub then this would have a direct financial impact on the Council. This will be subject to a separate report at that time.
- 5.3 The car park on Valley Road is owned by the Housing Revenue Account. As part of the feasibility work, if this site is to be utilised for the new health hub, the Council will need to seek to ensure full value for this site is gained.

6. Risks

- 6.1 There are no significant risks associated with undertaking this assessment. One of the activities of the feasibility assessment will be to develop a risk register and this will inform any consideration of risk by the council if this project proceeds beyond the feasibility stage.

7. Alternative Option(s) considered

- 7.1 Members could decide not to support the work on the feasibility assessment. Whilst this would not definitely mean that the project would not proceed, both the CCG and SWFT have indicated that without the support of the Council, it would be considerably more difficult to scope out a range of possible delivery models for the hub. Furthermore, it would be more difficult for the assessment to give full consideration to relevant planning issues without the active involvement of the Council. This option is therefore not supported.

8. Background

Socio-economic background to this project: issues within Crown Ward

- 8.1 The March 2015 report to Executive set out some evidence of localised but significant deprivation within Crown ward. This is focussed on the Lillington East Local Super Output Area (LSOA); an area containing The Crest, Burbury Close, Newland Road, Wackrill Drive, Fell Grove, Charnwood Way, Clare Close, Hanworth Close and Elan Close, and parts of Mason Avenue, Buckley Road and Denby Close.
- 8.2 The key indicators of deprivation and social exclusion relating to this LSOA are as follows. The information below includes both that presented in 2015 and updated information where available:-
- **Unemployment.** In 2015, it was reported that the LSOA has the highest levels of unemployment in Warwick District, measured at 9.4% (in June 2013). This was within the worst 10% nationally. Unemployment was 3 times that of adjacent LSOAs. Recent information shows that this LSOA has five times the number of people claiming Job Seekers Allowance than the

district average. Levels of income and employment remain within the worst 10% nationally.

- **Education, skills and training.** In 2015, the LSOA was the worst ranked in Warwick District for educational attainment, unauthorised school absences, those not in education, employment or training (NEETS), and those with no qualification. It was within the worst 10% nationally for education, skills and training generally. Today it is still within the worst 10% nationally for this measure.
- **Child poverty.** In 2015, the LSOA had the highest levels of child poverty in Warwick District. 285 children (22%) in Crown Ward (within which the LSOA sits) were in poverty. LSOA had highest free school meal claimants in Warwick District. Recent figures show that 34% of children in the LSOA are in low income families compared with 11% for the district as a whole.
- **Index of Multiple Deprivation.** In 2015, the LSOA had the highest score in terms of overall deprivation in Warwick District and was within the worst 20% nationally. It is now in the worst 10% nationally.
- **Wellbeing.** In 2015, the LSOA had the lowest measure of wellbeing in Warwickshire. 41% of respondents were identified as being within the low wellbeing range for "happiness".
- **Car ownership.** In 2015, the LSOA had the lowest levels in Warwick District; 54% of households owned a car. Only three LSOAs in Warwickshire had lower levels of car ownership.
- **Social exclusion.** In 2015, the LSOA ranked as the most socially excluded LSOA in Warwick District by the Warwickshire Observatory Report "Achieving Social Inclusion across Warwick District" published in 2014.