FIRRHILL HEALTH & SOCIAL CARE CENTRE PROJECT GROUP

Notes of Meeting held on Thursday 4th August at St Roque

Present

Robert Aitken (ECHP)
Brendan Kelly (CEC H&SC)
Steven Whitton (ECHP)
Avis McFarlane (Craiglockhart Practice)
Aileen Kenny (ECHP)
Steve Sladdin (CEC City Development)
Campbell Kerr (NHSiL)

Alann Sansom (HubSE)
Gary Todd (HubSE)
Elaine Hamilton (CEC)
James Cowan (Firhill Practice)
Monica Boyle (CEC H&SC)
Jame Archibald (CEC)
Heather Levy (Firrhill CC)

Apologies

Claire Flanagan (NHSiL)

1. Notes from Previous Meeting on 28th June 2011

These were accepted with the date corrected to 28th June

2. Matters Arising

(i) Craiglockhart Practice Lease

AMc reported that CMG were concerned that the lease for the Oxgangs Path Surgery would expire in autumn 2014 and replacement accommodation might not be available by that time. A new landlord had recently acquired the property and wished to begin negotiations. It was likely that the landlord would not be willing to offer a short term flexible lease from 2014 onwards.

The Practice wished to get this matter resolved at the earliest opportunity. **Action: CK and AMc to meet with Landlords.**

(ii) NHS Lothian Procurement Advice

The intention was to submit an update paper to LCIG in September and this, if approved, was likely to be sufficient to initiate a project request to hubco.

The size of the project would impact on the approval process as if the capital value exceeded £5m for NHSiL then a further sequence of SG approvals would be necessary. It was noted that the project as it stood was on the margins of £5m.

3. Review of Accommodation Schedule

(i) NHS Position

SW outlined the response from service managers and lead clinicians.

Community Nursing

AK had indicated additional workstations would be required for DNs and HVs relocating from Braids and Colinton Practices.

Physiotherapy

RA had asked EB to review the distribution of physio servcies in Edinburgh. EB had confirmed that the service at Pentland Practice was well used and the area was not better served by public transport routes than Firrhill. His view was to retain the service in Pentlands.

He had also confirmed that the service did not have the capacity to resource new provision at the present time. Options to operate a part time, or limited service in Firrhill did not appear to be practical. It was also noted that minimum clinical space required by Physio was quite substantial.

Older Persons Mental Health

No changes had been made to the 2010 specification but it was noted that service redesign was now underway which could influence this.

Mental Health

The situation was still unclear but the combined team had not requested any additional accommodation in Firrhill at this stage.

Community Paediatrics

SC had confirmed that 2 consulting rooms were desired

<u>Midwifery</u>

No confirmation had yet been received from IG

(ii) **CEC Position**

Health & Social Care Practice Team

MB confirmed that managers had met to discuss future requirements but further analysis was needed before a conclusion could be reached. The preference was very much that the team was based in a single site if at all possible.

Action: MB to advise on outcome of analysis when known

Children & Families

SW reported that AJ had asked to be kept informed on the potential for touchdown facilities in the Centre.

4. Community Meeting Event

HL asked if NHS Lothian intended to consult the community on the services it desired or present it with a definite solution. The decision on physiotherapy would not be well received and it would be best to avoid discussion on bus routes.

The invitation list would consist of the Fairmilehead and Firrhill Community Councils, Colinton Amenities Group as well as the local PTA. The preferred location would be Oxgangs Neighbourhood Centre and the meeting would by during the daytime.

Action: HL to advise on dates and send out invitations.

MB and RA would attend the event and SG and EB could also be invited.

MB offered to brief Cllr Rust.

5. Hub South East Role

AS described the role of hubco in promoting the integration of public sector service integration. Both the Council and NHS Lothian were partners in the company and would share in the benefits that resulted.

GT outlined how hubco had specific KPIs to achieve on a range of community benefits such as training and employment opportunities. Hubco would also assist the partners to realise other benefits that would arise from service integration in co-located settings.

Hubco could facilitate a range of procurement routes. The business case would confirm which option best suited the clients requirements.

In order for private finance to offer vfm solutions, it was generally considered desirable for projects to have a value in excess of £15-20m, and ideally the programme should include a large project to anchor the financial package. This could allow small projects to be bundled together. AMc expressed concern that this would prolong the project timescales and result in Firrhill becoming dependent on the approval of another project. It was noted that the likely timescales for Muirhouse project in particular would cause unacceptable delays for the project.

AS felt that the Firrhill project was acheivable by 2014 and advised that revenue support package offered by the SG in any case required eligible projects to be complete by 2015. Hubco was able to expedite the project and work at risk to meet the needs of the partners.

6. AOCB

(i) CK asked what impact the closure of the barracks would have on this project. HL reported that the families would remain in the area and only service personnel would relocate. If new housing was developed on the barracks sites then it would increase patient lists.

7. Date of Next Meeting

4.00pm on Wedesday 5th October at St Roque.