

**LEIGHTON-LINSLADE TOWN COUNCIL**  
**HEALTH SERVICES TASK AND FINISH GROUP**  
**FRIDAY 18 DECEMBER 2020 AT 1400 HOURS**

Present: Councillors G Perham – in the Chair  
D Bowater  
S Jones  
T Morris  
R Goodchild  
S Owen  
V Harvey

Also in attendance: M Saccoccio (Town Clerk)  
S Sandiford (Head of Democratic and Central Services)  
Cllr T Stock (Central Bedfordshire Council)  
Cllr C Hegley (Central Bedfordshire Council) – part meeting  
P Coker (Central Bedfordshire Council)  
Dr J Henderson (Bassett Road Surgery & Leighton-Linslade PCN)  
Nikki Barnes (Associate Director Transformation & Integration, Bedfordshire Clinical Commissioning Group, NHS)  
Cllr B Spurr (Central Bedfordshire Council)

Members of the Public: 0

**07/HS APOLOGIES FOR ABSENCE**

Apologies for absence were received and accepted from Diana Blackmun of HealthWatch Central Bedfordshire.

**08/HS DECLARATIONS OF INTEREST**

Members were asked to declare any interests, including the nature of those interests, which they had in any of the items under consideration at this meeting.

No declarations were made or dispensations requested.

**09/HS QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

**10/HS MINUTES OF THE PREVIOUS MEETING**

(a) The Task and Finish Group received the minutes of the Health Services Task and Finish Group meeting held on 5 March 2020.

**RESOLVED that the minutes of the Health Services Task and Finish Group meeting held 5 March 2020 be approved as a correct record and would be signed at a later date, when safe to do so.**

(b) The Task and Finish Group formally received the letter and presentation submitted by the Bedfordshire Clinical Commissioning Group in May 2020, in response to the queries raised at the meeting held on 5 March 2020. The information had been circulated previously by email for information.

**RESOLVED to note the information.**

**11/HS CENTRAL BEDFORDSHIRE COUNCIL: INTEGRATED CARE SERVICES UPDATE**

The Task and Finish Group received a copy of a report on the Integrated Health Hub programme which had been presented to the Central Bedfordshire Health and Wellbeing Board on 28 October 2020 and a verbal update was given by N Barnes of the Bedfordshire Clinical Commissioning Group and P Coker of Central Bedfordshire Council.

By way of background, it was clarified that the wider context was a programme to deliver five integrated health care hubs across Bedfordshire. Significant progress had been made with the first hub in Dunstable and this would be used as a blueprint for the development of the remaining hubs. Dunstable had been designated the first hub for development as Dunstable GPs were most constrained by their premises, whereas Leighton-Linslade as a collective of practices had more capacity than other areas.

The hub programme was not simply the delivery of a larger building but moving towards delivery of healthcare services by multiple providers in a much more integrated way. This would include primary care but also community healthcare, mental health services and social care.

Dr Henderson advised that the Leighton-Linslade Primary Care Network ("PCN") was already working together in a more integrated way and was in the process of appointing to some new, additional roles such as physiotherapists, prescribers and pharmacists. A kind of "interim hub" would be based at the Leighton Road surgery as the premises with the greatest capacity for additional services.

As far as the Leighton-Linslade hub, a strategic outline case had been developed and the next stage would be to commission service model work. This was anticipated to take place in the middle of 2021. The service modelling would provide input and help shape what service delivery might look like and help identify the size of building which would be required and therefore the likely cost. At that point, options to identify capital requirements could start to be explored.

P Coker and Cllr T Stock of Central Bedfordshire Council noted the inevitable delay caused by the Covid-19 pandemic and that future timescales were also subject to uncertainty for this reason. The roll-out of vaccine delivery was the

overriding focus for the NHS at this time. Any updates to timescales would be reported to the Health and Wellbeing Board.

A number of Town Councillors spoke to comment and ask questions. The geographical location of a Leighton-Linslade hub was felt to be crucial and it was questioned whether one location would be easily accessible to all, given the existing traffic and transport issues in the town. It was noted that the population of the town was ageing and that provision of minor injury care was important to reduce the number of people going to hospital accident and emergency departments.

Questions were raised regarding how the prioritisation of the five hubs had been undertaken, why the strategic outline case was not available to town councillors and residents, how the hub would be funded, what the proposed timescales were and whether local councillors would have the opportunity to input into the service model work to be commissioned.

P Coker advised that the strategic case document contained no detail but simply demonstrated the need for an integrated hub in the town. The town council would have the opportunity to input into the service modelling work at the right time and stage in the process.

It was clarified that funding for the first two hubs had been included in Central Bedfordshire Council's four year financial plan. This equated to £15million for each hub (Dunstable and Biggleswade). Central Bedfordshire Council could, as one option, fund the building of the hub and then charge rent to the Clinical Commissioning Group to recoup the investment over time. No funding stream had been identified for the next three hubs as there was no detail available as yet, but the Leighton-Linslade hub was identified as a "pending" project in Central Bedfordshire Council's reserve capital programme. Once the service model work had been completed, an outline business case would be the next stage.

It was clarified that although land had been identified in the East of Leighton-Linslade Framework Plan for a medical centre, this was only an allocation of land, not associated funding. Since development of the Plan, there had been a national change in direction to the provision of integrated health and care hubs rather than small, individual GP practices.

Existing assets in the town were discussed but it was felt that none of the existing facilities were deemed large enough to meet requirements. The CCG would need to look carefully at which services could or should be co-located into one hub. The service model work would include detailed conversations with the GP practices and these would be professionally facilitated.

**12/HS NEXT STEPS**

P Coker advised that the strategic outline case was a working document for officers and would need further work before it could be shared. However, the engagement work which had helped inform the strategic outline case could be shared.

Continuing to deal with the Covid-19 pandemic would be a necessary priority for the immediate future and time would be needed before there would be any meaningful progress to report. It was suggested that a next meeting be held in June 2021 with the possibility of Town Councillors meeting sooner to discuss any information coming forward after the meeting.

Everyone present was thanked for giving their time to attend the meeting, given the ongoing pressures of the current pandemic situation.

The meeting closed at 1541 hours.

I HEREBY CONFIRM THAT THE FOREGOING IS A TRUE AND ACCURATE RECORD OF THE MEETING HELD ON 18 DECEMBER 2020.

Chair

TBC 2021