

LEIGHTON-LINSLADE TOWN COUNCIL

HEALTH SERVICES TASK AND FINISH GROUP

MONDAY 18 OCTOBER 2021 AT 1200 HOURS

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

Also in attendance: S Sandiford (Deputy Town Clerk)
I Haynes (Head of Grounds & Environmental Services)
A Selous (Member of Parliament)
Cllr T Stock (Central Bedfordshire Council)
Cllr C Hegley (Central Bedfordshire Council)
P Coker, (Central Bedfordshire Council)
Dr J Henderson, (Bassett Road Surgery) –
joined 12:12
Dr L Lewis, (Bassett Road Surgery)
N Barnes, (NHS BLMK Clinical Commissioning Group) – joined 12:18
D Picking (NHS BLMK Clinical Commissioning Group)
D Martin (East London NHS Foundation Trust)
Cllr D Bowater (joining remotely)
Cllr V Harvey (joining remotely)
Cllr P Snelling

Members of the Public: 0

19/HS APOLOGIES FOR ABSENCE

Apologies for absence had been received from the Town Clerk and from B Collins (NHS BLMK CCG). It was noted that N Barnes had been delayed and would join the meeting as soon as possible.

20/HS DECLARATIONS OF INTEREST

No pecuniary declarations were made or dispensations requested.

21/HS QUESTIONS FROM THE PUBLIC

There were no members of the public present.

22/HS MINUTES OF THE PREVIOUS MEETING

The Task and Finish Group received the minutes of the Health Services Task and Finish Group meeting held on 15 July 2021.

RESOLVED that the minutes of the Health Services Task and Finish Group meeting held 15 July 2021 be approved as a correct record and were signed accordingly.

Minute reference 18/HS: Mr Selous was asked if he would provide a copy of the letter.

Minute reference 17/HS: clarification was sought regarding whether the town's GP practices had started discussing the Hub and potential service delivery. Dr Lewis advised there were regular meetings of the Primary Care Network and preliminary discussions were taking place regarding collaborative working.

23/HS INTEGRATED HEALTH AND CARE HUBS UPDATE

Patricia Coker, Head of Partnerships and Performance for the department of Social Care, Health and Housing at Central Bedfordshire Council, introduced a presentation regarding improving service delivery in Leighton Buzzard. This set out the joint aspiration of the local authority with the health service to deliver five integrated health and care hubs across the geographical area, in a phased approach and based on a hub and spoke model.

The Leighton Buzzard hub was intended to be the fifth hub delivered based on various prioritisation criteria including the current number of patients per square metre and the operational/space constraints of the GP practices. Currently there was an average of 16.87 patients per square metre across the three GP practices which represented a lesser operational constraint than in other areas.

The challenges faced in Leighton Buzzard were echoed across other areas and included: ageing population, housing growth, growth in service demand, lack of capacity in primary care, workforce shortages within primary care and the need to find efficiencies by changing the way in which services were delivered. Essentially, the historic model of all patients first seeing a GP before being referred on to other services was no longer sustainable.

A strategic outline case was the first phase in developing a business case and was testing feasibility. Following the development of the strategic outline case, two stakeholder workshops had taken place in May 2018 with a focus on identifying the needs of the locality and considering potential location options. A shortlisting process had identified three potential sites which were: land south of the High Street, land south of Vandyke Road and the Leighton Buzzard VOSA testing station. A selection of the comments made about the three sites was shared. The conclusion drawn was that the land south of the High Street site was more problematic in terms of vehicular access and impact on the town centre, so the Vandyke Road site and the VOSA test station site would both be considered as the preferred way forward.

It was clarified that the potential sites could be revisited at the outline business case stage.

No significant capital funding had yet been identified for the Hubs in West Mid Beds, Houghton Regis or Leighton Buzzard. The difficulties of accessing NHS capital funding were explained, with funding often being fragmented, not consistent or with short timescales. This lack of certainty over funding made it impossible to give a firm timescale for development of an integrated hub in Leighton-Linslade. There was potential for discussion with the developers of the Clipstone Park housing estate as to whether the land allocated for a GP practice could be converted to capital receipts and that Town Council support would be welcomed in this respect.

The next step would be development of a service model – the range and type of services needed – and an outline business case. This work would require significant engagement. CBC and BLMK CCG would continue to work together as quickly as possible to be ready to respond to opportunities for capital funding as these arose.

D Martin, Associate Director of the East London NHS Foundation Trust, gave an overview of recent changes in local primary care provision, based on a collaborative working model. This was the start of extending services and offer in the town – essentially a conceptual “virtual hub” as a precursor to an actual hub – which would see the pro-active joining up of partners to offer high quality services and anticipate patient needs. A virtual “multi disciplinary team” (“MDT”) involving various parties was due to be mobilised from mid- November and would provide a robust network of support for patients, leading to improved outcomes for people.

A number of questions were asked and points were made in relation to the integrated hub programme as well as service delivery in Leighton-Linslade. The need for an out of hours service as well as a minor injuries unit was expressed. It was stated that recent figures indicated there were now 18% less doctors than five years ago, with a 12% increase in population, and that while the average number of patients per GP was 2,300, it was 2,500 in Leighton-Linslade.

Mr Selous acknowledged that the current system did not allow for proper planning of increased capacity in health services as a result of housing development and that he would continue to pursue this matter, along with the process of obtaining capital funding for healthcare, with colleagues in Parliament.

Questions were asked about the use of a basic metric regarding the number of patients per square metre in determining local priority and it was felt that the number of doctors per thousand patients would be more relevant. Mr Selous requested that the CCG provide statistics for all medical practitioners per head of population across Central Bedfordshire areas for comparison purposes. Mr Picking advised it should be possible to provide this as well as recruitment statistics but that it might take some time to collate the information.

The apparent decision that a GP practice was not viable on the new Clipstone Park development was questioned. BLMK CCG representatives advised that small GP practices were no longer sustainable either financially or clinically and that priority was now given to expanding existing practices. This was a more robust model, providing greater stability and resilience in terms of income and workforce.

Frustration was expressed regarding the lack of anticipated timescales but it was felt that regular updates to the Task and Finish Group would help demonstrate that progress was being made. The Group expressed frustration at the perceived lack of engagement with the Town Council to date as it was felt that on matters such as proposed location of a hub, the Town Council would have significant local knowledge to share.

Dr J Henderson of Bassett Road Surgery thanked CCG representatives for the explanation regarding the three-stage business case process and the difficulties in accessing NHS capital funding. He agreed that smaller practices were no longer viable and that the local practices were working collaboratively through the primary care network to improve and develop services. Local doctors would welcome additional space and the opportunity to contribute to the production of the outline business case.

It was noted that further development of services was not necessarily dependent upon additional premises and that some services could continue to be improved in the shorter term, whilst work on the integrated hub programme was ongoing.

24/HS NEXT STEPS

Councillors expressed some frustration about not having been able to review the presentation slides in advance as these contained a lot of detailed information. P Coker apologised for this which had been due to annual leave and advised she would share the presentation slides following the meeting.

Councillor Owen asked whether Central Bedfordshire Council was prepared to share the strategic outline case – as had been requested at previous meetings – and also the summary findings of the two stakeholder workshops held in May 2018. P Coker advised some summary information had been shared but that the documents contained some sensitive information and partners would need to consider the request further.

It was confirmed that representatives would be happy to come back to a future meeting to share information on how things were progressing across healthcare services, as well as progress with the integrated hub programme.

No future meeting date was agreed but the Chair advised he hoped the Group could receive an update on progress in around six months' time.

The meeting closed at 1340 hours.

I HEREBY CONFIRM THAT THE FOREGOING IS A TRUE AND ACCURATE RECORD OF THE MEETING HELD ON 18 OCTOBER 2021.

Chair

TBC

DRAFT