

Central Bedfordshire Council

07 December 2021

Executive

Integrated Health and Care Hub, Leighton-Linslade – Motion Proposed by Cllr Harvey

Report of:

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Responsible Director:

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This report relates to a decision that is Non-Key

Purpose of this report

A Motion was put before Council on 23 September 2021 by Cllr Harvey regarding the aspirational programme for an Integrated Health and Care Hub in Leighton Buzzard. The motion was subsequently referred to the Executive for consideration under Council procedure rule 17.6.1 as the Motion falls within the remit of the Executive. Rule 17.6.1 requires that the motion is accompanied by a covering report which should include any appropriate risk assessments when presented to the Committee.

RECOMMENDATIONS

The Executive is asked to:

- 1) consider Cllr Harvey's Motion which stands referred from full Council and decide whether to support or reject it; and**
- 2) advise officers of any alternative approaches Executive would prefer to see being taken to the matters raised in the Motion.**

Overview and Scrutiny Comments/Recommendations

1. This motion was referred to Executive under the Constitution and therefore it is not appropriate for it to be considered by Overview and Scrutiny.

Issues

2. The wording of Cllr Harvey's Motion presented to Council was as follows:

Motion proposed by Councillor Harvey

3. This Council notes that the CBC Health & Wellbeing Board have recently received a progress report from CBC and NHS officers that places a Leighton-Linslade Health Hub at the bottom of its planned Hubs priority list, and that no firm Plan exists for the delivery of this Hub or for identifying a funding stream. No tangible progress has been made since concerns were raised by Leighton-Linslade representatives in August 2019.
4. This Council notes the concern expressed by Leighton-Linslade Town Council at the failure of CBC and NHS officers to engage with the Town Council's Health Group despite promises to do so, or to supply them with requested documents relating to Hub planning.
5. In the light of the fact that Leighton-Linslade is the largest single urban area in Central Bedfordshire, that it is the only town of its size in the UK without even a local Minor Injuries Unit, and that it is the furthest town in Central Bedfordshire from a major Hospital, this Council requests the Executive to inject greater urgency into the planning of the Leighton-Linslade Health Hub by:
 - a) setting a realistic but early ready for service date for the Leighton-Linslade Hub
 - b) securing commitment from its NHS partners for that greater urgency
 - c) requiring officers to identify funding stream options
 - d) committing to better engagement, starting now, with the Leighton-Linslade Town Council Health Group in genuine consultation over the:
 - location and footprint (current outline plans for an edge of town solution are not workable)
 - a model that does not restrict devolution of hospital services at the outset by limiting the model to available space at the three existing surgeries)
 - specification of services.
 - requiring officers to fully assess accessibility by sustainable transport for all sections of society when analysing site options.
6. This Council asks the Executive to directly manage this increased tempo in planning and delivering a Leighton-Linslade Health Hub and to ensure that CBC Leighton-Linslade Members and the Leighton-Linslade Town Council Health Group receive regular progress reports.

The Programme for Integrated Health and Care Hubs

7. The Council has a long-standing aspiration to bring care closer to where people live, through a programme of five Integrated Health & Care Hubs across Central Bedfordshire, along with several key “spokes” to take account of the rural geography of Central Bedfordshire. This vision was set out in Central Bedfordshire Health and Wellbeing Board’s Better Care Fund Plan, in 2015 and more recently confirmed in the local NHS organisation Estates Plan for Bedfordshire, Luton and Milton Keynes Integrated Care System.
8. The Council’s commitment to delivering integrated care closer to where people live has been unwavering. The Council’s Social Care Health and Housing Overview and Scrutiny Committee undertook an enquiry to support the delivery of one of the priorities of the Council’s Five-Year Plan for “Protecting the Vulnerable, Improving Wellbeing”. The enquiry sought to understand the national strategic drivers, barriers and risks and receive evidence, advice and information from sector experts to agree an emerging approach to redesign how residents access health and care services. The Enquiry resolved that all partners of the health and social care sector adopt and demonstrate a commitment to delivering the five key principles. Principle two focused on Health and care being accessed as close to home as possible. Appendix A sets out the recommendations.
9. Integrated Health and Care Hubs will enhance the transformation of Primary and community-based care for the population of Central Bedfordshire. The Hubs will facilitate the bringing together of primary care services with community and mental health, social care and specialist services to better enable the delivery of seamless integrated care for residents.
10. Local authority services that affect the wider determinants of health and wellbeing can also be co-located with health services to deliver integrated outcomes for people. Importantly, services will be more locally accessible to all Central Bedfordshire residents, when needed.
11. In order to achieve this aspiration, the Council is working with local NHS organisations on a programme for Integrated Health and Care Hubs for Dunstable, Biggleswade, West Mid Beds, Houghton Regis and Leighton Buzzard.
12. The Council earmarked funding for construction of two of the Hubs, Dunstable and Biggleswade and this was set out in the Council’s Medium Term Financial Plan. This partnership aspiration for up to five Hubs across Central Bedfordshire is subject to affordability and availability of funding by the partners, including the Council, and other sources including NHS Capital and Clinical Commissioning Group (CCG) business cases.
13. The scale of investment for the Hub Programme necessarily requires a planned and phased approach. Whilst funding has been identified for two of the Hubs, delivery of the other Hubs remains an aspiration of the partners and is dependent on capital funds being available.

Hub Programme Prioritisation

14. In setting up the programme for the Hubs, health partners advised on prioritisation for delivery of the Hubs based on where the existing primary care and other health estate is under capacity, most challenged, fragmented or holding back local services from growing and transforming. The benchmark for considering a practice to be constrained is if their patients per m² is above 20-24, is derived from an extrapolation from the Health Building Notes (HBN 11-01): Facilities for Primary and Community Care Services.
[NHS England » \(HBN 11-01\) Facilities for primary and community care services](#)
15. The trajectories for housing and broader population growth are also key factors. This objective approach across the whole programme identified that some of the localities are more constrained for space than others, and this has been the basis for the phasing of the Hub delivery plan. These factors will influence health service investment both in terms of capital and revenue commitment. The following table shows the relative capacity gaps.

Hub	Prioritisation Factors
Dunstable Hub	<ul style="list-style-type: none"> Most premises-constrained Primary Care Network in BLMK; severe constraints for Priory Gardens Surgery (34 pts/m²) Deliverability factors, including Council-owned land, part of wider development, site disposal opportunity for NHS
Biggleswade Hub	<ul style="list-style-type: none"> Severe constraints for Saffron Health Partnership (27 pts/m²) requires an expedited solution, especially in context of significant housing growth (2,300 homes over the next 10 years) within town Deliverability factors, including NHS enabling and Council capital funds secured, site disposal opportunity for NHS
West Mid Beds Hub	<ul style="list-style-type: none"> Existing severe constraints for some of the Ampthill & Flitwick practices (Greensand Surgery, Oliver St Surgery, Flitwick Surgery 38, 28 and 25 pts per m² respectively), further significant impact from nearby housing growth NHS enabling funds secured for development of business case
Houghton Regis	<ul style="list-style-type: none"> Severe constraints for Houghton Regis Medical Centre (31 pts/m²), to be impacted by further significant housing growth in HRN1 and HRN2 Timing of scheme influenced by wider Kingsland development, in line with preferred delivery location
Leighton Buzzard Hub	<ul style="list-style-type: none"> Some operational constraints for Bassett Road Surgery (22 pts/m²). Practices to be impacted by housing growth over next few years, resulting in capacity constraints across the Primary Care Network by 2025-27. Deliverability factors include land secured for health use, potential site disposal opportunity for NHS

Engagement with Central Bedfordshire ward Members and the Leighton-Linslade Town Council Health Group

16. The Health and Wellbeing Board is the responsible Group overseeing the Integrated Health and Care Hubs Programme. The Hub Programme is a standing agenda item on the Health and Wellbeing Board's forward plan. Health and Wellbeing Board meetings are held in public and open to all members who wish to attend.
17. In addition to the Health and Wellbeing Board updates, when requested and competing priorities allow, officers attend various Town and Parish Council meetings to give an update on the Programme.
18. In direct response to Cllr Harvey's motion:
 - Officers and health partners have provided updates to both the Leighton Linslade Town Council and more recently to the newly formed Leighton & Linslade Health Task Force Group.
 - Officers attended meetings of the Task Force Group on 18 December 2020.
 - More recently Officers from the CCG and clinicians from the Primary Care Network and Community health services also joined the meeting in October 2021 and explained some of the service developments already underway and planned, to help maximise the existing premises and the service offer available to the Leighton Buzzard community.
 - The October meeting was also attended by Andrew Selous MP. The extensive presentation given at the meeting is attached for information as appendix 1.

Leighton Buzzard Hub Programme

19. Early work on a partnership led strategic case for a Hub in Leighton Buzzard took place in 2018. As part of the process, engagement workshops with residents and key stakeholders were held in May and June 2018. The workshops, which were attended by over 20 people in each workshop, included representation from all the GP Practices, the Patient Network and both Central Bedfordshire Council and local town councillors, helped to provide a clear steer around the likely mix of services which would be needed and the site options for developing the Hub in the Leighton Buzzard area.
20. These scoping or strategic case documents are working documents and include commercially sensitive information. This has meant that officers have not been able to share these. Officers have, over time shared output from the engagement events which took place as part of the work with town councillors and Ward Members.
21. Planning work for the overall Hub Programme was paused due to systemwide redirection of resources to meet the challenges of the Covid-19 pandemic. This has meant a change in the indicative timeline for the Hub Programme.

22. As there is currently no significant capital identified for Leighton Buzzard Hub, Officers are continuing with the work on developing an Outline Business Case to ensure that there is a viable bid should national funds become available.
23. Work on developing a service model and schedule of accommodation, including a further site options appraisal will take place as part of the commencement of work on developing an outline business case. This will also consider the cost effectiveness of a minor injuries unit in Leighton Buzzard.
24. The process for producing an Outline Business Case will require further engagement with a wide variety of stakeholders, including the Town Council.
25. Based on the current challenges around covid and planning for Booster vaccinations, the need to continue to prioritise health and local resources to meet the challenges posed by the pandemic, remains. Consequently, the indicative timescales, detailed planning work around the range of services, space requirements and the layout of the Leighton Buzzard Hub is unlikely to commence before Summer 2022.
26. Until capital funding is secured, it is not possible to give a delivery date for a Hub in Leighton Buzzard.
27. The Council is continuing to work with health partners to improve health and care services and the aspiration for an integrated health and care hub for Leighton Buzzard remains, however this continues to be dependent on capital funding being secured.

Options for consideration

28. It is for members of the Executive to decide whether to support or reject the motion as set out above.

Reason/s for decision

29. This matter has been automatically referred to Executive by full Council under council procedure rule 17.6.1.

Council priorities

30. The aspiration for integrated health and care hubs supports the Council's priority: Protecting the Vulnerable, Improving Wellbeing through the provision of integrated, local facilities where people can access a wide range of health and care services all under one roof, as well as the priority of Creating Stronger Communities by co-locating services in one facility and supporting a place-based approach.
31. It should be noted that delivering this aspiration is a partnership approach between the Council and Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group and the Integrated Care System as a whole. Decision on prioritisation of delivery of the Hubs is influenced by premises constraints and investment priorities for the CCG on its capital and revenue disbursement.

Corporate Implications

Human Resources

32. Integrated Health and Care Hubs will facilitate the location of an integrated, locally based, multidisciplinary workforce working within one network of care delivery. This will help to achieve more sustainable and resilient primary care services and mitigate the impact of workforce shortage, particularly in primary care.
33. Co-located services can help to address workforce concerns by providing a more compelling offer to younger staff to ensure there is a sufficient workforce to deliver care for a growing local population.

Health and Safety

34. Leighton Buzzard has the lowest premises constraints compared to the rest of Central Bedfordshire and its residents currently have access to a wide range of services, consistent with the rest of the population.
35. GP surgeries in Leighton Buzzard are working with the Community Health Services, Mental Health and Social Care to deliver more joined up care for the people of Leighton Buzzard. This will have a real impact on how local people, particularly those who are old and frail, experience health and care services.

Legal Implications

36. As there is currently no significant capital identified for the Leighton Buzzard Hub, it is uncertain when capital is likely to be available. Approval of the motion would compel officers to pursue capital without confirmation of availability of capital.

Financial and Risk Implications

37. No significant capital funding has yet been identified Leighton Buzzard. Officers will continue to explore options to maximise S106 contributions to support delivery.
38. Planning work will continue to ensure the system is best placed to respond to any funding opportunities as presented.
39. The PCN is investing in additional roles and working with the wider multi-disciplinary teams to support the delivery of integrated care for people.
40. In approving the motion there is a risk of building expectations of the local residents that a Hub would be delivered within a specific timeframe, whilst uncertainty of capital remains.

Equalities Implications

41. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
42. Consideration of equalities has been built into Hub Programme. Development of the Service Model, Outline Business Case and design for the Hub will take account of the health inequalities, equity in service provision and meets statutory access requirements.

Sustainability Implications

43. The provision of an Integrated Health and Care Hub will directly support the delivery of aspects of the Council's Sustainability Plan by setting out and driving forward an approach to address the climate challenge in a way that ensures wider sustainability benefits are embedded in any capital works undertaken.
44. The provision of an Integrated Health and Care Hub will lead by example in the transition to carbon neutrality on its own estate, both with existing buildings and new buildings. Contractors will be asked to deliver, where possible, Carbon reduction measures and to embrace innovation that links to the Council's Sustainability Plan.

Conclusion and next Steps

45. Integrated Health and Care hubs continue to remain a key part of the programme in delivering integrated services across Central Bedfordshire and NHS Partners remain committed to the Hub Programme. This is set out in the in the local NHS organisation's Estates Plan for Bedfordshire, Luton and Milton Keynes Integrated Care System. (Appendix B)
46. The Integrated Health and Care Hub programme has a robust governance framework that comprises all key partners. This is overseen by the Health and Wellbeing Board and receives regular updates on the Hub Programme. Interested parties can follow updates there. This will maintain consistency and avoid duplication of work.
47. Capital funding has been secured to support delivery of the first two Hubs in Dunstable and Biggleswade.
48. Whilst no significant capital funding has yet been identified for the remaining three Hubs, planning work for these schemes will continue as planned, to ensure the system is best placed to respond to any funding opportunities that might present to finance capital construction costs for the West Mid Bedfordshire, Houghton Regis, and Leighton Buzzard Hubs.

49. Furthermore, officers and Partners will continue to explore opportunities for capital funding as well as ensure that appropriate engagement with all key stakeholders is undertaken as the programme progresses
50. A realistic target for a Leighton Linslade Hub can only be set when source of capital is identified.
51. The location and footprint for a Hub in Leighton Buzzard will be assessed as part of a further site options appraisal for the Outline Business Case. It will also consider other key factors such as Journey times and transport accessibility.
52. A Needs led Service Model and Schedule of Accommodation will be developed as part of the overall outline business case. The Service model will also consider the demand and cost effectiveness of a minor injuries' unit in Leighton Buzzard.
53. The Executive is asked to consider whether to approve or reject the motion. The motion requires identification of capital funding for a Leighton Buzzard Hub.
54. Should the motion be not approved, the Executive is asked to note the direction of travel and ongoing works to progress the partnership aspiration for Integrated Health and Care Hubs across Central Bedfordshire.

Background Papers

None

Appendices

Appendix 1 – Leighton Buzzard Update

Appendix A – SCHH OSC Integration Enquiry Report

Appendix B – BLMK ICS Estates Strategy Refresh 2021

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