

**LEIGHTON-LINSLADE TOWN COUNCIL**  
**HEALTH SERVICES TASK AND FINISH GROUP**  
**FRIDAY 4 MARCH 2022 AT 1230 HOURS**

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

Also in attendance: M Saccoccio (Town Clerk)  
S Sandiford (Deputy Town Clerk)  
A Selous, MP

Members of the Public: 0

**29/HS APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Councillor R Goodchild.

Councillor T Morris joined the first part of the meeting remotely but later joined in person.

Apologies had been received from Patricia Coker and Councillor Tracey Stock of Central Bedfordshire Council and from Beth Collins and Nikki Barnes of the Beds, Luton and Milton Keynes Clinical Commissioning Group. The group was advised that representatives of CBC and BLMKCCG hoped to be able to attend a next meeting in June/July 2022 in order to give an update on the integrated care hub programme.

**30/HS DECLARATIONS OF INTEREST**

Councillor D Bowater declared a personal interest as a member of the East London Foundation Trust.

No pecuniary declarations were made or dispensations requested.

**31/HS QUESTIONS FROM THE PUBLIC**

There were no members of the public present.

**32/HS MINUTES OF PREVIOUS MEETINGS**

(a) The Task and Finish Group received the minutes of the Health Services Task and Finish Group meetings held on 18 October 2021 and 10 November 2021.

**RESOLVED that the minutes of the Health Services Task and Finish Group meetings held 18 October 2021 and 10 November 2021 be approved as a correct record and were signed accordingly.**

(b) Updates arising from the previous meeting:

Minute reference 28/HS: Cllr V Harvey confirmed she had spoken with Professor Sir Sam Everington regarding the Bromley-by-Bow health hub example and it was understood that one of the local GP practices had also done this. The value of social prescribing and keeping people fit and healthy could not be over estimated in reducing pressures on the healthcare system. It was understood that social prescribing funding often did not cover the cost of the actual activities themselves.

### **33/HS INTEGRATED CARE HUB FOR LEIGHTON-LINSLADE**

(a) The Group received the report presented to the Central Bedfordshire Council Executive on 7 December 2021 in response to the Motion submitted by Councillor V Harvey about raising the prioritisation of the Leighton-Linslade Health Hub, as well as the minutes of that meeting recording the Executive's decision to reject the motion.

(b) The Group received email correspondence from P Coker of Central Bedfordshire Council, dated 19 January 2022, in response to the letter sent on behalf of the Task and Finish Group following its meetings in October and November 2021. This noted that the request for sight of the Strategic Business Case for a health hub should be picked up with BLMK CCG as owners of the document.

(c) The Group received the draft Central Bedfordshire Plan Caring Together 2021-2025 as presented to the CBC Health and Wellbeing Board on 26 January 2022 for information.

(d) The Group received an update from Mr Selous in respect of correspondence from the BLMK Clinical Commissioning Group about the number of full-time equivalent GPs and practice nurse numbers for every 10,000 registered patients. This information indicated a significantly lower proportion of staff for direct patient care in South Bedfordshire primary care networks when compared to Central Bedfordshire, Bedfordshire Luton and Milton Keynes, the East of England or the whole of England. The Task and Finish Group shared the MP's concern at this shortfall.

Mr Selous advised the group that he was continuing to lobby Government for clearer funding arrangements for general practice capacity for all new large scale housing developments, as well as the availability of Treasury capital for NHS capital projects.

(e) The Group discussed possible next steps in light of the information received as set out above.

Firstly, it was agreed to write to the Central Bedfordshire Health and Wellbeing Board and BLMK CCG as follows:

- (i) To object to the continuing use of the metric “number of patients per square metre” as a basis for prioritising the development of the five integrated care hubs. It was understood that an integral part of the reason for hub development was in order to migrate additional services from hospitals into the community, as well as bringing together a range of existing services and functions (which extended beyond those provided solely by existing GP practices). The distance which Leighton-Linslade patients had to travel to a hospital when compared with the other four hub locations and the size of population for the area did not seem to be taken into account when determining the priority order of the five hubs.
- (ii) To query why money was not being allocated to each of the five health hubs as to leave three unfunded did not appear to be an equitable use of public monies.
- (iii) To repeat the request made since December 2020 for sight of the strategic outline case for the Leighton-Linslade health hub.
- (iv) To request clarification on exactly when and how the service modelling work required for the development of the business case would be undertaken and to what extent the Town Council and local community would be involved in this work.
- (v) To ask the Central Bedfordshire Health and Wellbeing Board and BLMK CCG to engage more actively with the Town Council on these issues.

Secondly, it was agreed that the key priorities for those bodies responsible for developing and expanding healthcare services in Leighton-Linslade were considered to be:

- (vi) That engagement take place with GP practices and the wider community to develop a plan of what services were wanted for the town – the local vision.
- (vii) To ascertain which hospital services could be made available in the town.
- (viii) To ascertain how much space was needed across existing and new premises to deliver the services identified above.
- (ix) To determine how many more GPs and primary care staff would be needed for service delivery and when they could be available.

A view was expressed that the priority was about service delivery rather than the question of one or more physical buildings. Local service delivery and more pro-active use of social prescribing would reduce the pressure on hospitals.

It was suggested that the local primary care network might already be some way towards developing the local vision and might be in a position to share this information.

**RESOLVED to write to Central Bedfordshire Council, BLMKCCG and the Primary Care Network in respect of points (i) - (ix) above.**

**34/HS HEALTH HUBS: BEST PRACTICE**

This item had been covered under Minutes of Previous Meeting.

**35/HS CORRESPONDENCE FROM BASSETT ROAD SURGERY PPG**

The Group received a copy of correspondence sent from the Bassett Road Surgery Patient Participation Group to the primary care network and BLMKCCG in respect of ear wax removal services.

Although recognising that this was no longer considered a core service by the NHS, a request was made to consider its provision locally as patients could currently only access this service privately and it would make a considerable difference to the day to day lives of many.

**RESOLVED to support the request made by the Bassett Road Surgery PPG to the local primary care network and BLMKCCG in respect of ear wax removal services.**

The meeting closed at 1400 hours.

I HEREBY CONFIRM THAT THE FOREGOING IS A TRUE AND ACCURATE RECORD OF THE MEETING HELD ON 4 MARCH 2022.

Chair

17 MAY 2022