

## **LEIGHTON BUZZARD INTEGRATED HEALTH & CARE HUB**

### **A COMMENTARY ON THE STRATEGIC OUTLINE CASE DELIVERED TO CENTRAL BEDFORDSHIRE COUNCIL AND BEDFORDSHIRE CCG BY THEIR CONSULTANTS ARCADIS IN SEPTEMBER 2019**

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#### **1. INTRODUCTION**

- a. Leighton-Linslade Town Council attempted to obtain this Strategic Outline Case (“SOC”) from CBC for two years. CBC and the Health & Wellbeing Board (“H&WBB”) consistently refused to provide it. It has finally been acquired through a Freedom Of Information (“FOI”) Request by the author.
- b. The Leighton Buzzard Hub currently sits fifth on the H&WBB’s Hub programme. There is no timescale assigned to it and no funding for it has been identified, unlike the Dunstable and Biggleswade Hubs.
- c. This SOC is the first of three main papers intended by the H&WBB to precede the commissioning of a Leighton Hub. The others are an Outline Business Case (OBC) followed by a Full Business Case (FBC). [The author believes a draft OBC must exist and has initiated a second FOI request to obtain it.]
- d. This commentary summarises the SOC and identifies issues for discussion by the Town Council and the Leighton Buzzard surgeries’ Patient Participation Groups.

#### **2. SOC EXECUTIVE SUMMARY pp 5-7**

The SOC advocates the planning of a Leighton Buzzard Hub because of

- a. The need for CBC and the CCG to comply with Government directives related to integrated care and the decentralisation of hospital services, so saving the NHS money. An informative table at pp 19-20 provides background.
- b. The lack of space capacity (at GP surgeries etc) to deliver primary care services to a growing population - a gap forecast to grow from the current 8% to 29% by 2035. Yet the H&WBB has consistently argued there is spare space across the three Leighton Buzzard surgeries, despite the April 2022 rebuttal of this argument by the GP Director of the Leighton Buzzard Primary Care Network.
- c. Inequalities in Leighton Buzzard and Linslade patient access to acute hospitals.

The SOC prefers a newbuild physical Hub as opposed to other options, which appears to be the option imposing the least restriction on the planning of decentralised services from hospitals, such as would result from a “Virtual Hub”. The estimated capital cost (in September 2019) of this building was £12.1 million.

### 3. POSSIBLE LOCATIONS pp 8-9

Three locations are reviewed by the SOC: the Land South Side of the High Street, land in Vandyke Road, and the former Vehicle Testing Station in Stanbridge Road. The SOC opts for one of the last two but gives no reasoning. There is no mention of consultation on this key choice. The benefits analysis at para 3.4 makes no mention of

- the transport needs of older people
- the existing traffic congestion problems in the town
- and says that the Land SSHS is in private ownership!

Consultation would lighten this darkness.

The SOC mentions several times that 3,500 new homes are to be built on the Eastern side of the town but fails to mention the tens of thousands of new homes added to the town in recent years which are the reason for the current GPs-patients mismatch and hence the difficulty in getting appointments. More damagingly, on p.29 it states that these 3,500 new homes will be “located close to existing GP practices”. This statement and the accompanying map (p.30) are completely incorrect but may be part of the reason why the H&WBB doesn’t recognise the need for a new fourth surgery in that part of the town.

### 4. POSSIBLE RANGE OF SERVICES

The SOC contains lists of potential services in two places, the Overview on pp.32-34 and the table on p.48. The latter lists an encouragingly-wide “shopping list” but omits the Minor Injuries Unit with X Ray facilities that is a priority for many local residents with hospital A&E departments some way away. It makes no mention of other consultant-led diagnostics such as ENT testing.

The listed services are

Maternity	Physiotherapy	Outreach clinics
Psychological service	Social Prescribing	Care Co-ordinators
Intermediate Care	Rapid Response	Mental Health
Prevention/Lifestyle	Ultrasound	

It seems obvious that this part of the Hub spec demands public consultation, especially when the cost build-up relies (see pp 48-49) on space allocations required for specified services. There is a danger that at an early stage some requirements will be “omitted”, only for residents then to be told the overall cost envelope has been settled.

## **5. CONSULTATION p 14**

The SOC mentions only the two Workshops run in July 2018 in Leighton Buzzard to a small total numbers of local GPs, PPPG members and councillors. A “joint engagement plan” is mentioned on p.9 with no supporting detail. There is no mention of using a consultation process for the main options covered in the paper, i.e.

- Newbuild solution or some other
- Location
- Services specification
- Cost and Funding

## **6. COST**

The capital cost of the Hub is estimated at £12.1m. The SOC discusses the revenue savings to the NHS of a Leighton Hub but makes no mention throughout of the estimated £1m per annum saving to patients through being able to access services locally rather than having to travel to surrounding hospitals.

No mention is made of the staffing costs of a Hub, and how staff savings at surrounding hospitals would be passported into the new Hub’s staffing costs.

The SOC states (p.47) the need for a Financial Case at pre-OBC stage. [This Financial Case is part of the current FOI request by the author.]

## **7. FUNDING**

The SOC is weakest in rehearsing funding, saying only that “the costs of the Leighton Buzzard IHCH could be funded through capital secured by CBC, the East London Foundation Trust, or NHS Property Services, in addition to Section 106 contributions.” This suggested combination of funding sources is very similar to those suggested in the Health Minister’s letter of 18 March 2022 to Andrew Selous MP. Indeed the Minister’s letter drew attention specifically to the capital funding allocated to CCGs by the Government – our taxes.

In contrast, over many months the H&WBB has announced that “there is no money”. There is no H&WBB Hub funding Plan that reflects the Government Minister’s advice. It is inequitable and a failure of responsibility for the H&WBB to fund two Hubs in Dunstable and Biggleswade but to turn its back on its responsibility to apply the Government’s Health policy to the benefit of all residents in Central Bedfordshire.

Another Government letter to Andrew Selous MP (May 2022) referred to £5.5 million of S106 funds earmarked for healthcare services across Central Bedfordshire: the H&WBB have not received (or asked for) reports about this money.

It has also emerged that the CCG has been requesting S106 funding set-aside from CBC from current planning applications. The operation of this funding request process appears to be inconsistent and the H&WBB has not received (or asked for) reports on the accretion of S106 funds, or on the Hub Programme Funding Plan.

## **8. CURRENT POSITION OF LEIGHTON-LINSLADE TOWN COUNCIL**

LLTC lodged a discussion paper at the H&WBB agenda for their 13 July 2022 meeting. The author spoke, also Mrs Edith Griffith, Chair of the Bassett Road PPG. The LLTC paper called for a Leighton Hub as a top priority with an accelerated timescale, a Plan for capital funding, urgent consultation with L-L stakeholders, and bringing forward a forth Easter Leighton Buzzard GP surgery.

It appeared from the debate that neither H&WBB councillors or officers understood the points that LLTC’s paper was making (or hadn’t read it). The meeting cobbled together an outcome, i.e. a “Stocktake report” would be drafted by CCG representatives and presented to a future H&WBB meeting.

## **9. NEXT STEPS**

- a. Need to influence the Stocktake Report
- b. Need to maintain pressure on CBC, CCG and H&WBB on their weak points which are
  - Absence of planning impetus / lack of challenge from CBC to CCG)
  - Absence of Funding strategy or Plan
  - Absence of public consultation on location/services

- c. Need for Andrew Selous to be closely involved especially on the H&WBB failure to implement Government policy re integrated care and decentralisation of hospital services in Leighton Buzzard, and the H&WBB failure to develop a Funding Plan covering the whole CBC area as required by Government
- d. Need for the three Leighton PPGs to be informed and encouraged to contribute
- e. Possible public meeting.