

LEIGHTON-LINSLADE TOWN COUNCIL

HEALTH SERVICES TASK AND FINISH GROUP

THURSDAY 1 SEPTEMBER 2022 AT 1430 HOURS

Present: Councillors G Perham – in the Chair
V Harvey
S Owen
R Goodchild

Also in attendance: M Saccoccio (Town Clerk)
S Sandiford (Deputy Town Clerk)

Members of the Public: 0

41/HS APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors S Jones, T Morris and D Bowater.

42/HS DECLARATIONS OF INTEREST

Councillor R Goodchild declared a personal interest as Chair of Salisbury House GP Practice Patient Participation Group. Furthermore it was noted that all councillors appointed to the Task and Finish Group were residents of the parish and therefore had a personal interest in healthcare provision in the town.

No pecuniary declarations were made or dispensations requested.

43/HS QUESTIONS FROM THE PUBLIC

There were no members of the public present.

44/HS MINUTES OF PREVIOUS MEETING

(a) The Task and Finish Group received the minutes of the Health Services Task and Finish Group meeting held on 17 May 2022.

RESOLVED that the minutes of the Health Services Task and Finish Group meeting held 17 May 2022 be approved as a correct record and were signed accordingly.

(b) Updates arising from the previous meeting: Minute reference 40/HS – it was noted that following approval by Council on 27 June 2022, a report on healthcare provision had been submitted by Councillor G Perham to the Central Bedfordshire Health and Wellbeing Board on 13 July 2022. The decision taken by that Committee was to request a “stocktake” report from officers to be presented at the next meeting on 19 October 2022.

45/HS HEALTH SERVICES IN LEIGHTON-LINSLADE

The Task and Finish Group received a copy of the Final Strategic Outline Case for a Leighton Buzzard Integrated Health & Care Hub produced in September 2019 by Arcadis for Central Bedfordshire Council and Bedfordshire CCG. This had been obtained by a personal Freedom of Information request submitted by Councillor S Owen, who also provided a commentary document for consideration.

The group felt that the Strategic Outline Case document offered some inaccuracies (for example, the site locations and housing numbers shown in Figure 10 on Page 30) and some inconsistencies (for example, although the rationale outlined in the executive summary references “an over-reliance on acute hospitals” and “enabling the development of more local and appropriate health and social care services to reduce financial and activity pressures in the NHS”, the list of proposed core services (Figure 13, P. 33) gave little indication of de-centralised hospital services to be included at a hub.

The group expressed some continuing confusion at the metric used to determine the Central Bedfordshire hub priority (GP practice square metres per patient), given the high number of patients per GP practice in Leighton-Linslade (Fig. 29) and given that the Strategic Outline Case (S 2.3, P.17) referenced “the development of an integrated health and care hub to **work alongside** the practices currently operating and provide a focal point for a broader range of services”. It was perceived that existing practices and their current services should be largely unaffected by the development of a hub, which would bring together additional services to expand the offer to local residents.

Concerns were expressed that although the document referenced “illness prevention and health promotion” as one of the top three priorities of the Bedfordshire, Luton and Milton Keynes Integrated Care System (Table 3, P. 21), the need to expand provision to include more preventative measures such as social prescribing was not sufficiently stressed. From case studies elsewhere it was understood that expanding services aimed at preventing health issues could deliver significant tangible benefits as well as reducing pressure on the NHS overall.

Whilst recognising the impact of the Covid pandemic on the NHS nationally, the group expressed disappointment at the lack of progress since the publication of the 2019 Strategic Outline Case, given the ever-increasing pressures on healthcare provision in the town due to significant housing growth and the clear policy set out in The Care Act 2014 and the NHS Long Term Plan. The group expressed a keen desire to support the Government’s objective to reduce pressure on hospitals and to therefore see wider public consultation on the potential location and services to be offered at an integrated Leighton-Linslade hub, as well as progress on the question of a financial case/funding strategy.

It was noted that the views of local GPs on services to be provided from a hub would be essential.

Councillor Owen advised he was due to meet with the Medical Director of the BLMK HCP later in the month. Councillor Harvey was due to meet with a director of the East London Foundation Trust. It was also understood that the local MP was due to have a meeting regarding healthcare later in the month.

RESOLVED to write to key stakeholders to question:

- **The view of Central Bedfordshire Council and the BLMK Health and Care Partnership on the Strategic Outline Case**
- **Whether any progress had been made since the 2019 document**
- **What would be the emphasis of an integrated care hub in terms of services**
- **The omission of a financial plan or strategy, or any reference to land values**
- **The need for wider local consultation on potential location and services to be provided at an integrated hub**
- **The commitment to the Government's objective of relieving pressure on hospitals by providing additional, de-centralised hospital services such as acute care, diagnostic and outpatient services in the largest town in the Central Bedfordshire area, which would also reduce the need for Leighton-Linslade residents to travel up to 20 miles to appointments.**

It was suggested that a next meeting be held towards the end of October at which the outcomes of the various meetings referenced above, as well as the stocktake report due to be presented to the Central Bedfordshire Health and Wellbeing Board on 19 October and the response, if received, to the questions above could be discussed.

The meeting closed at 1605 hours.

I HEREBY CONFIRM THAT THE FOREGOING IS A TRUE AND ACCURATE RECORD OF THE MEETING HELD ON 1 SEPTEMBER 2022.

Chair

TBC