

<p><u>Background</u></p>	<p>Central Bedfordshire is an area of growth, with an increasing and ageing population. Our Local Plan shows that some of our market towns are set to double in population size in a few years time. Integrated Health and Care Hubs are crucial to helping to meet the complex needs of our growing population as well as shifting the balance of care from acute hospitals to a more community-led approach the Hubs will help to reshape the primary model which delivers primary care at scale. A locality based integrated health and care hub approach improves cooperation and joined up working which improves the access and quality of care provision. It also leads to a reduction of inappropriate hospital admissions and importantly supports the vision for integrated primary and community services at scale as set out in the General Practice Forward View.</p> <p>Central Bedfordshire population distribution and its relation to secondary care providers makes it important that the primacy of the Integrated Health and Care Hubs approach is sustained. Services will be more accessible to people, especially in predominantly rural areas, and will meet the requirements for delivering health and care services to an expanding and ageing population. The co-location of health and care teams in fit for purpose facilities is central to managing demand and ensuring the future sustainability of our health and care systems.</p>		
<p><u>Objectives</u></p>	<ul style="list-style-type: none"> • To provide a focal point for the provision of out of hospital care services in each locality. • Central Bedfordshire residents will have local access to appropriate services which will prevent people, especially frail older people, making unnecessary journeys to hospitals. • To make a difference in care outcomes, quality and experience, particularly for those with long term conditions • To support an integrated multidisciplinary approach, with each hub hosting ‘one team’ working across organisational boundaries. • To focus of the multi-disciplinary team’s work on a local population or ‘place’. 		
<p><u>Scope</u></p>	<p>Within Scope</p>	<ul style="list-style-type: none"> • The four localities of Central Bedfordshire (West Mid Beds, Leighton Buzzard, Chiltern Vale and Ivel Valley) • General practice, community health services, children’s services, mental health, social care, some specialist services 	
	<p>Outside Scope</p>	<ul style="list-style-type: none"> • The Bedford locality of the CCG 	
<p><u>Constraints</u></p>	<ul style="list-style-type: none"> • Commitment of STP system to new ways of working, and Governance for signing-off proposals by multiple partner organisations – ACS development and movement towards single control total within BLMK will help to streamline. • Delays receiving national funding secured to fund business case development. • Internal governance and delivery capacity within NHS Property Services, where Hubs are planned for their sites. 		
<p><u>Assumptions</u></p>	<ul style="list-style-type: none"> • That sufficient funding will become available • The sites for the hubs can be secured • That non-acute providers of health and social care (especially general practitioners) will be willing to re-locate to the new hubs • There will be reductions in A&E activity, non-elective admissions, outpatient activity and elective admissions, which will be met in the Hubs. 		
<p><u>Risks</u></p>	<ul style="list-style-type: none"> • Ability to assure affordability to local system through high quality cost-benefit analysis within business cases • Appropriate design and scale of buildings • The requirement for a separate options appraisal by NHS Property Services will delay progress and subsequent timely delivery of the IHCH (Ivel Valley) • The description of the S106 for HRN1 stating “the developer is required to secure approval of a healthcare facility marketing strategy prior to 200 homes being occupied” could constrain wider strategic plans for health and care provision in Houghton Regis. • The lack of legal obligations for healthcare in HRN2 limits potential funding opportunities to provide infrastructure for this new development (Houghton Regis) • S106 funds may be withheld due to lack of delivery of the project. (Leighton Buzzard and West Mid Beds) 	<p>Mitigation</p>	<ul style="list-style-type: none"> • Business cases being developed alongside STP-wide activity modelling and actuarial analysis. • Accommodation schedules and designs for Hubs developed in partnership with providers. • Continuing to engage with NHSPS and plan to escalate as appropriate. Explore opportunity to influence through the One Public Estate vision. • There may be opportunity to revisit and amend the legal obligations on HRN1 – due to other discussions going on around Education requirements. • Planning colleagues would welcome a steer to retrofit/rework the requirement to secure funding instead of the “community facility”. • Review of S106 funds and conditions associated with them to be established and ensure time critical resources are committed to the Hub development.

<p>Deliverables</p>	<ul style="list-style-type: none"> • Commission scoping and Strategic Outline Case documents for the remaining 3 Hubs (SOCs already developed for first two Hubs). These will be developed as locality estates plans, including strategic planning for other health and care premises which interrelate with the Hubs, and in line with the STP Estates Strategy. • Commission Outline Business Cases (OBCs) and thereafter Full Business Cases (FBCs) for each of the Hubs. • Procurement and construction of Hubs. • Development of interim “Hub” virtual/estates solutions to enable multi-disciplinary working within each locality, including co-location of MDT where possible. • Review plans in line with Central Beds Council Local Plan development. 	
<p>National Conditions and Metrics</p>	<p>National Conditions</p> <ul style="list-style-type: none"> • Investment in Out of Hospital NHS Services • Implementation of High Impact Change Model 	<p>National Metrics</p> <ul style="list-style-type: none"> • Reduction in non elective admissions • Reduction in admissions to care homes • Effectiveness of reablement • DTOCS