

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date 24 January 2018

Integrated Health and Care Hubs

Responsible Officers:

Julie Ogley, Director of Social Care, Health & Housing, Central Bedfordshire Council

Caroline Kurzeja, Interim Director of Strategy and Transformation, Bedfordshire Clinical Commissioning Group

Marcel Coiffait, Director of Community Services, Central Bedfordshire Council

Email: julie.ogley@centralbedfordshire.gov.uk
caroline.kurzeja@bedfordshireccg.nhs.uk
marcel.coiffait@centralbedfordshire.gov.uk

Advising Officers:

Julie Ogley, Director of Social Care, Health & Housing

Caroline Kurzeja, Interim Director of Strategy and Transformation

Marcel Coiffait, Director of Community Services

Email: julie.ogley@centralbedfordshire.gov.uk
caroline.kurzeja@bedfordshireccg.nhs.uk
marcel.coiffait@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To receive an update on the Integrated Health and Care Hubs

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive an update on the vision for Integrated Health and Care Hubs in Central Bedfordshire.
2. Note the progress and the delivery plan for the Hubs.

Issues

2. Central Bedfordshire has a population of around 278,900, of whom over half live in rural areas. The main population centres are: Leighton and Linslade, Dunstable, Houghton Regis, Biggleswade, Sandy, Flitwick and Ampthill. The population will increase to 282,000 by 2021, with a projected increase of almost 53% in the over 65s and a higher than average number of people aged over 75.
3. New Housing developments will further increase demand on existing health and care services. For example, in the Leighton Buzzard area, there will be significant housing expansion with 6000 new homes planned for between 2011 and 2026, together with a further outline planning permission for an additional 2500 homes and 55 retirement flats
4. New development north of Houghton Regis, including housing growth of 7000 homes will result in a 34% increase in the local population by 2021.
5. Failure to reconfigure health and care services in anticipation of demand will put significant pressure on already vulnerable hospital services and fundamentally undermine the quality of care provision.
6. One of the ways in which this can be achieved is by enabling the development of more local and appropriate health and social care services that are less dependent on acute hospital provision. This would inevitably reduce demand for hospital services.
7. Currently, provision of health and social care across Central Bedfordshire is fragmented, of variable quality, uneven access to good care and the supporting range of health and social care options available to people. Central Bedfordshire's population is served by a number of hospitals, none of which are coterminous. These include Luton and Dunstable, Bedford, Lister, Milton Keynes, Buckinghamshire Hospital Trust (formerly Stoke Mandeville), Addenbrookes and Hinchingbrooke. This often presents challenges in understanding, managing and ensuring smooth patient flows into and out of hospitals. Importantly, this also leads to variations in quality and ease of access to the supporting range of health and social care options
8. It is also important to note that a proportion of the patient flows to some of the acute hospitals listed above are outside the BLMK STP footprint.
9. It is important therefore that, where appropriate, health and care services are based in local communities with integrated multi-disciplinary teams working together. This enables services to be more locally accessible to people, especially in predominantly rural areas, and to meet the requirements for delivering health and care services to an expanding and ageing population.

10. With the significant expected growth in housing and increased population, the Council has an important role as ‘Place Shaper’ to influence how health and care services are delivered to better meet the health and care needs of its population. Making better use of public assets to deliver new models of care and 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.
11. Consequently, Integrated Health and Care Hubs are a key enabler for securing high quality, resilient, integrated primary, community, mental health and social care services in each locality in Central Bedfordshire.

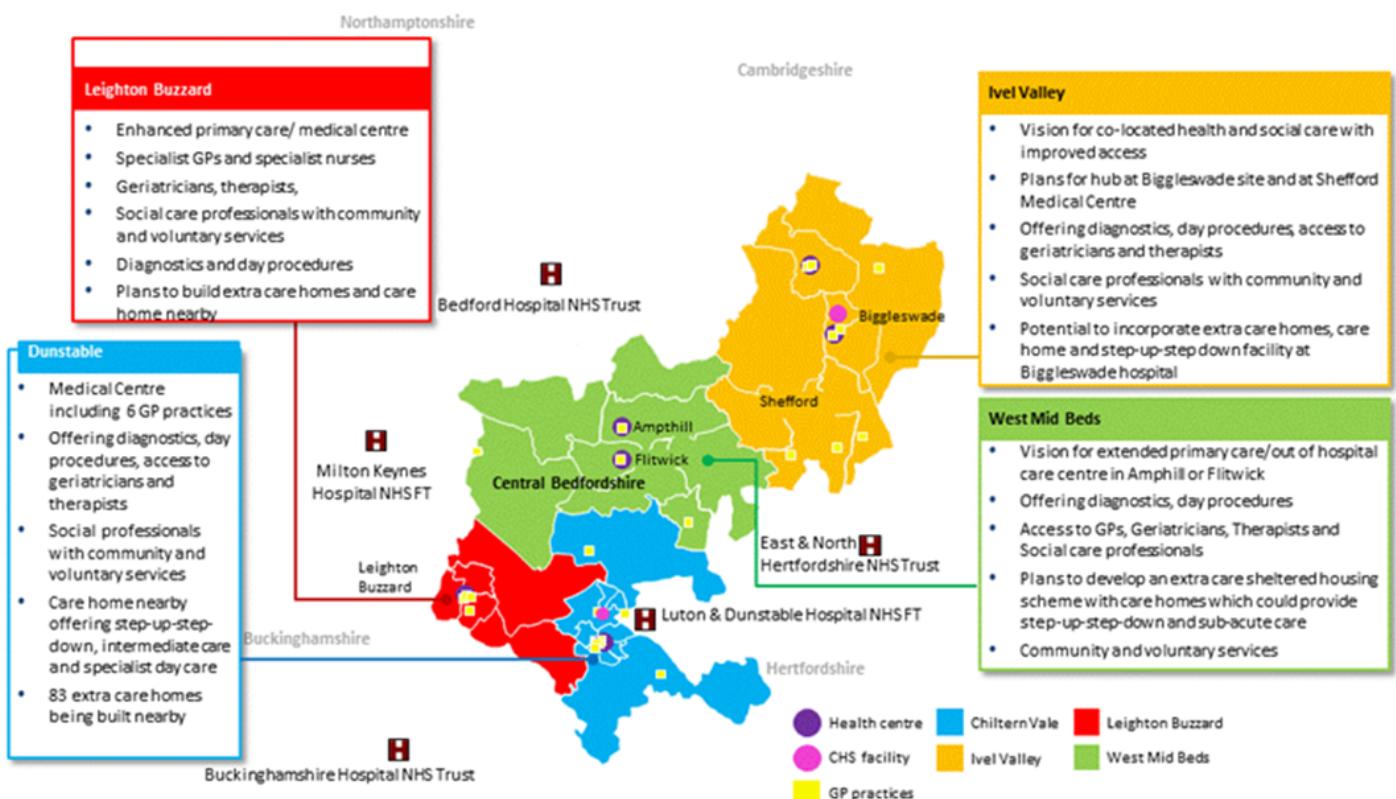
Vision for Integrated Health and Care Hubs for Central Bedfordshire

12. The Hub and Spoke approach is central to the locality ‘place’ based delivery model for integration. This vision is also in line with the STP’s plan for care closer to home and the Primary Care Home model.
13. These Integrated Health and Care Hubs are intended to become a focal point for proactive and preventative care, out of hospital services and care packages for people who are vulnerable or have complex care needs.
14. Each Locality Hub will provide local access to a range of general, medical and nursing, therapy, specialist and social care services with supporting information and advice systems. Within each locality there will be an integrated multidisciplinary approach, with ‘one team’ working across organisational boundaries. The focus of the team’s work will be on a local population or ‘place’. Place is defined geographically as a GP grouping or clusters with populations of 40 – 50,000.
15. The hubs may also develop a range of additional or enhanced services in line with the needs of the local community. Enhanced services might include:
 - Extended GP services on a 7 day basis
 - Enhanced services delivered by and across practices, e.g. minor injury and minor illness services, clinics to support patients with long-term conditions
 - Face-to-face out of hours consultations
 - Community pharmacy
 - Rehabilitation and reablement facilities
 - Outreach services from local acute hospitals and specialist services, e.g. outpatient appointments and other specialist consultations
 - Less complex diagnostics
 - Public Health and prevention services, e.g. smoking cessation, NHS Health Checks, lifestyle hubs
 - Wellbeing Services and community mental health services
 - Voluntary and Carer support services.

16. These Hubs would prevent the need for people, especially frail older people, to make avoidable journeys to hospitals and would make important difference in care outcomes, quality and experience for frail older people and those with long term conditions. Only those patients requiring the use of highly specialist diagnostic equipment or acute hospital facilities would need to be transported out of their local areas, thus freeing up the ambulance services to focus on those with very acute needs. See Figure A below shows a proposed model for Hub across Central Bedfordshire. The ambition now includes a potential Hub in Houghton Regis.

A

Proposed Model and Locations for Integrated Care Hubs in Central Bedfordshire



Source: Bedfordshire CCG, Central Bedfordshire Council position statement

17. The future configuration of the Luton and Dunstable and Bedford Hospitals will be key in determining the range of hospital services which could be delivered in a community setting. The STP Priority three workstream focusing on the review of secondary care and the way in which acute care is commissioned in future will importantly shape the scope of services which people are able to access in their locality hubs.

18. In addition to ongoing business case development, work is also ongoing to develop multidisciplinary approaches (MDA) across the localities, forming a virtual Hub. Ivel Valley has been the test bed for MDA. A roll out of multidisciplinary approaches, building on the success of Team Ivel Valley is now taking place across the remaining localities.
19. Community, Mental Health and Social colleagues have expressed a wish to co-locate to enhance collaborative working and as a result of which an interim solution for co-location of the Ivel Valley Multidisciplinary team on the Biggleswade Hospital site is being pursued. Similar opportunities are being explored for the other locality teams. A virtual hub and/or interim co-location are a precursor to the Integrated Health and Care Hubs.
20. The Central Bedfordshire Hub Development Programme is supported by a number of activities which are taking place across the Bedfordshire, Luton and Milton Keynes STP. A piece of work is being commissioned across the STP to help develop the optimal service model for hubs within BLMK. This work is expected to be complete by April 2018.

Plans for Integrated Health and Care Hub in each Locality

21. The early focus has been on delivery of the Hubs in Ivel Valley (Biggleswade) and Chiltern Vale (Dunstable). This has been aided by Funding through One Public Estate and the Estate and Technology Transformation Fund to develop Business Cases. Since producing the initial business cases for Dunstable and Biggleswade, further work has been carried to revise these documents to reflect the STP's programme as well as ensuring that these also meet the requirements of NHS Property Services (NHSPS) and the CCG's Governance.
22. Additional funding was secured from One Public Estate to develop scoping and strategic case for the remaining three Hubs; West Mid Beds, Leighton Buzzard and Houghton Regis.
23. The Hub Development programme for Central Bedfordshire is also part of the STP's wider Hub Programme and has been included as part of the Capital Bids Phase 2 for Transformation Funds.

Chiltern Vale Locality

Dunstable

24. A partnership to develop an Integrated Health and Care Hub in Dunstable has been established. This provides the opportunity to deliver an enhanced model of primary care and out of hospital care with a range of diagnostics/day procedures/ Geriatricians and therapists with both adult and children's social care services included. Completion of an Outline Business Case for the Hub in Dunstable, with the co-location of five GP Practices, regenerating a surplus Council asset, led to a successful application for further national funding.

25. This large modern centre could deliver improved local access for people whilst also delivering the ambition for primary care at scale and integrated health and care services. All key local partners, including the Luton and Dunstable Hospital are committed to developing this approach.

Houghton Regis

26. Scoping work to determine the requirements for Houghton Regis is to be carried out. The population of Houghton Regis is expected to grow by 34% by 2021. It is likely that current healthcare facilities will be unable to accommodate the needs of this new community. It is therefore essential that health and care provision is planned to accommodate the needs of this growing population. Consideration needs to be given to the how this population will access primary and community based health and care services. This scoping work will commence in February 2018, following completion of a procurement exercise currently underway.

Ivel Valley Locality

27. A local vision for an integrated health and care hub situated on the Biggleswade Hospital site has been established. This would deliver improved access to health and social care support in a predominantly rural area. The Hub will provide a focal point for an enhanced model of primary and out of hospital care with a range of diagnostics/day procedures/Geriatricians and therapists with both adults and children's social services.
28. The Hub will consolidate several existing premises and will offer significant flexibility to support new, more integrated models of care as well as enabling new approaches to workforce development and service delivery.
29. Alignment of the Integrated Health and Care Hub with the Council's development of Independent Living and new care homes could provide a 'better offer' for the care of frail older people with access to: Step Up/Down intermediate care resource/sub acute/specialist day care. Thus meeting the national agenda as laid out in the Better Care Fund and diverting people from: Bedford, Addenbrookes, Hinchingbrooke and Lister Hospitals.
30. A Strategic Business Case for an integrated health and care hub on the, strategically located and underutilised Biggleswade Hospital site, to meet the needs of an expanding population has been developed. Work is commencing to develop an Outline Business Case, detailing the design requirements of the facility. This is expected to take about 6-9 months.
31. Local Partners are working closely with NHS Property Services, who currently holds the asset, to develop delivery options.

West Mid Beds

32. Current health and care estates are in need of redevelopment to ensure they remain fit for purpose to deliver the new models of care and to meet the requirements of the new housing developments which will increase demand on existing health and care services.
33. An Integrated Health and Care Hub would provide local access to enhanced primary and out of hospital care centre with access to diagnostics, day procedures, geriatricians, therapists and social care professionals in Ampthill or Flitwick. This would help to reduce demand on Bedford and Milton Keynes Hospitals, meeting the requirements of the national agenda.
34. The close proximity of adult social care services and GP Practices, as well as the intended development of an extra care sheltered housing scheme with care home development that could be used to provide: step up/down/sub acute care to support the needs of the population would lend itself to this model of care.
35. Scoping work to determine the requirements for the locality, and options for delivering a Hub in this area, will commence in February 2018.

Leighton Buzzard/Linslade

36. This scoping work will explore the potential options for developing an integrated health and social care hub for the Leighton Buzzard area, which over the next few years will see significant housing expansion and demand for health and care services, as a result of the 6000 homes planned between 2011 and 2026, together with a further outline planning permission for an additional 2500 homes and 55 retirement flats.
37. Currently, majority of the population utilise Luton and Dunstable Hospital, Milton Keynes Hospital and Bucks Hospital Trust (formerly Stoke Mandeville). Failure to reconfigure health and care services in anticipation of demand will put significant pressure on already vulnerable hospital services and fundamentally undermine the quality of care provision.
38. An options appraisal and strategic case document will commence in February 2018.

Financial and Risk Implications

39. The capital cost of developing the Integrated Health and Care Hubs will be established as part of the Business Case development process. This will also include consideration of any revenue costs to both the Council and the CCG, to provide assurance around the affordability of the facilities. Central Bedfordshire Council has indicated its willingness to consider the delivery of the Hubs through use of its assets and capital.

40. Funding to develop the Business cases have been secured through One Public Estate Programme and NHS England Estates and Technology Transformation Fund. The Council and BCCG are working through the necessary processes to ensure this funding is received prior to the deadline of the end of this financial year.
41. There are further opportunities to explore capital contribution through the Sustainability and Transformation Partnership and opportunities presented as an early adopter Accountable Care System.

Governance and Delivery Implications

42. A Hub Development Steering Group, comprising of directors from the CCG and Central Bedfordshire Council has been established to oversee the Hub Development Programme. The Steering Group is supported by a Programme Board comprising colleagues across the Council; in Adult Social Care, Assets, Major Projects, Children Services and strategic leads from the CCG.

Equalities Implications

43. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between 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.

Implications for Work Programme

44. The Health and Wellbeing Board might wish to receive updates on Hub Development Programme at appropriate intervals.

Conclusion and next Steps

45. Secure options for capital for delivery of the Hubs in Biggleswade and Dunstable.
46. Progress Outline Business Case (OBC) for the Hub in Biggleswade to include two models; a standalone Integrated Health and Care Hub in Biggleswade, and the development of a Health & Care Village – a wider development also incorporating additional care home provision on the same site as the Hub.
47. Finalise the refresh of the Dunstable Hub business case, and progress to full Outline Business Case.

48. Complete the scoping/Strategic Outline Case development work for three remaining Hubs.
49. Progress interim co-location solution on the Biggleswade Hospital site and explore options for co-location in other localities.
50. Update the Programme plan for Hub Development across Central Bedfordshire (attached for information) Appendix 1

Appendices

Appendix 1 - Programme plan for Hub Development across Central Bedfordshire

Background Papers

None