

## RECORD OF EXECUTIVE DECISION TAKEN BY AN EXECUTIVE MEMBER

This form **MUST** be used to record any decision taken by the Elected Mayor or an individual Executive Member (Portfolio Holder).

The form must be completed and passed to the Chief Officer Democratic and Registration Services no later than NOON on the second working day after the day on which the decision is taken. No action may be taken to implement the decision(s) recorded on this form until 7 days have passed and the Chief Officer Democratic and Registration Services has confirmed the decision has not been called in.

**1. Description of decision**

To accept the receipt of a grant from NHS England Estates and Technology Transformation Fund of £100,000 as part funding for a joint Feasibility Study of Health and Care Hubs in Bedford Borough, commissioned by Bedford Borough Council and Bedfordshire Clinical Commissioning Group.

**2. Date of decision**

24<sup>th</sup> July 2018

**3. Reasons for decision**

To enable the Feasibility Study to be undertaken

**4. Alternatives considered and rejected**

The alternative of not accepting the grant was considered and rejected.

**5. How decision is to be funded**

The decision will provide funds for the Feasibility Study

**6. Conflicts of interest**

Name of all Executive members who were consulted AND declared a conflict of interest.	Nature of interest	Did Standards Committee give a dispensation for that conflict of interest? (If yes, give details and date of dispensation)	Did the Chief Executive give a dispensation for that conflict of interest? (If yes, give details and the date of the dispensation).

The Mayor has been consulted on this decision

Signed D. Hodgson Date 24<sup>th</sup> July 2018..... Name of Decision Taker MAYOR DAVID HODGSON

**This is a public document. A copy of it must be given to the Chief Officer Democratic and Registration Services as soon as it is completed.**

Date decision published: 29<sup>th</sup> July 2018

Date decision can be implemented if not called in: 3rd August 2018

(Decision to be made exempt from call in.....YES or NO.....)

**Bedford Borough Council – Report to The Mayor**

**Date of decision- 24 July 2018**

**Report by the Chief Executive**

**Subject - Acceptance of the NHS England Estates and Technology Transformation Fund Grant**

**1. Executive Summary**

This report is requesting Mayoral approval to accept receipt of the NHS England Estates and Technology Transformation Fund Grant.

The grant will be used to commission a feasibility study regarding local Health and Care Hubs, this grant will supplement funding received from One Public Estate of £50,000.

**2. Recommendations**

**The Mayor is requested to consider and, if satisfied, approve acceptance of the NHS England Estates and Technology Transformation Fund Grant of £100,000 to support a feasibility study into local Health and Care Hubs within Bedford Borough.**

**3. Reasons for Recommendations**

To receive funding into Bedford Borough Council that will allow the feasibility study to proceed.

**4. Key Implications**

**(a) Policy**

The grant will be applied to support a key service priority area, specifically as set out in the Corporate Plan “To Support People – We and our partners advocate and plan for services designed around users not organisations.

**(b) Legal Issues**

The grant is being paid under powers set out in Part 2 of NHS Act 2006, specifically the NHS (General Medical Services – Premises Costs) Directions 2013.

**(c) Resource Implications**

The funding received from the grant, if accepted, will be used to commission a feasibility study regarding local Health and Care Hubs, this will supplement funding received from One Public Estate in the sum of £50,000.

The costs of administering the project will be contained within existing resources.

**(d) Risk Implications**

The risk of this not being approved is that the Local Authority will lose potential funding to carry out this feasibility study.

**(e) Environmental Implications**

There are no environmental impacts.

**(f) Equalities Impact**

In preparing this report, due consideration has been given to the Borough Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010.

A relevance test for equality has been completed in respect of the overall recommendations of the report. The equality test determined that approval of the recommendations as set out in this report has no relevance to the Council's statutory equality duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. An equality analysis is not needed.

**5. Details**

Bedford Borough Council and Bedfordshire Clinical Commissioning Group has been working together to develop an approach to Health and Care Hubs in the Borough.

To support this work, a feasibility study will be undertaken and to this end the Council has successfully applied for a grant from the One Public Estate programme in the sum of £50,000.

The NHS England Estates and Technology Transformation Fund will provide an additional £100,000 funding to support the study.

The feasibility study will provide a more detailed review of the potential number, size and locations of health hubs required in Bedford Borough, this would include identifying key pressure points on the health and care system, potential locations and the potential for the range of services to be co-located within these facilities, and associated benefits. The study will also take into account projected population growth and housing developments over the period of the Council's Local Plan to 2035.

The feasibility study will be a coordinated project led by the Council and Bedfordshire Clinical Commissioning Group with the involvement of key stakeholders. A copy of the study specification is attached at Appendix A

A Memorandum of Understanding has been signed by NHS England, Bedfordshire Clinical Commissioning Group and Bedford Borough Council which sets out the conditions for which the grant can be used, namely the commissioning of a feasibility study.

## **6. Summary of Consultations and Outcome**

The following Council units or Officers and/or other organisations have been consulted in preparing this report:

Cllr Forth, Portfolio Holder for Adult Services

Management Team

Chief Officer for Health Integration

No adverse comments have been received.

## **7. Ward Councillor Views**

Not applicable for this report

Report Contact Officer: Jacqueline Gray  
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Ext. 42486

File Reference: Hub Feasibility Study Project

Appendices: A) Feasibility Study Specification

## **Specification for Development of Health & Care Hubs Feasibility Study**

### **BEDFORD BOROUGH**

#### **1. Executive Summary**

Bedford Borough Council and Bedfordshire Clinical Commissioning Group has secured funding for a feasibility study to support the development of health and care hubs in the Borough.

As set out in the bid document:

**The aim of this project is to carry out a more detailed review of the number, size and locations of health hubs required in Bedford Borough, this would include identifying key pressure points on the health and care system, potential locations and the potential for the range of services to be co-located within these facilities, and associated benefits.**

This brief sets out the specification for the feasibility study.

#### **2. Brief**

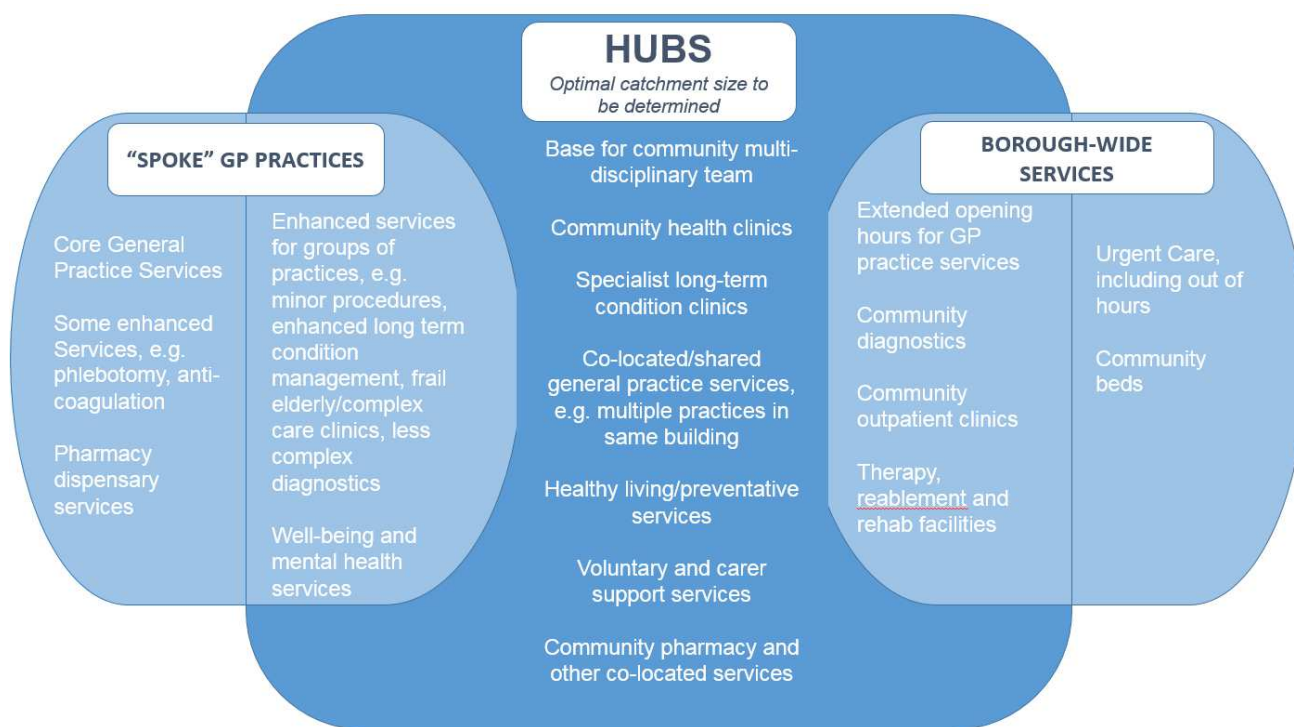
##### **Background / context**

- 2.1. Bedfordshire Clinical Commissioning Group (BCCG) and Bedford Borough Council have developed a joint Strategy for Out of Hospital Services, which includes plans to establish integrated networks of providers at locality level. These local plans are in line with the BLMK STP<sup>1</sup> Primary, Community and Social Care service model.
- 2.2. The emerging model is based around healthcare being delivered through a number of integrated health and care hubs, drawing on the National Association of Primary Care “Primary Care Home” model. These will provide a focal point for the provision of out of hospital care services. Networks of primary and community providers will deliver an integrated multidisciplinary approach, with ‘one team’ working across organisational boundaries. The focus of the team’s work will be on a local population covering populations of 30 – 50,000. Any planning for this model should take into account forecast growth to 2035.

*Diagram 1: Hub Service Model (BCCG)*

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<sup>1</sup> Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership



- 2.3. To support the implementation of the Strategy, BCCG and the Council are seeking to develop a robust and affordable Health and Social Care Estates Plan for the Borough, with a clear focus on enabling delivery of new models of care, including,
- Providing sufficient capacity within fit-for-purpose primary care facilities, including capacity to accommodate housing-led growth as set out in the Council's draft Local Plan up to 2035
  - Supporting greater collaboration between GP practices
  - Helping to integrate the out of hospital workforce (including general practice, community healthcare, mental health, social care practitioners, voluntary sector)
  - Enabling closer links with prevention services
  - Providing appropriate capacity for a greater proportion of activity to be delivered in a community setting (as opposed to within an acute hospital).
- 2.4. This local work is being supported under a STP Hub Development Programme, and will be complimented by the development of a pan-STP strategic and economic case for the hub programme across BLMK.
- 2.5. The existing Out of Hospital health and care estate in the Borough includes:
- Twenty-three GP surgeries operating across twenty-nine premises (17 GP-owned, 12 leased). Three of these surgeries are located within NHS-owned health centres
  - A Health Village site in Bedford Town Centre, with a cluster of buildings delivering clinic-based and in-patient services, under a variety of management arrangements, including under Bedford Hospital NHS Trust, NHS Property Services and Community Health Partnerships
  - Two additional NHS-owned health centres, and further NHS-owned land
  - Seven additional buildings managed by the local mental health services provider
  - A range of Council-owned assets across the Borough.
- 2.6. Significant housing growth is underway, already impacting on the Borough, with further growth planned. There are a number of Section 106 agreements in place which make

provision for sites/facilities for healthcare to mitigate the impact of housing developments in the Borough.

### **3. Purpose of the Feasibility Study**

- 3.1. The key objective will be to identify the optimal service and estates solution to meet the health and care service needs within Bedford Borough within the available resources, to cover the period of the Local Plan up to 2035. This is expected to propose the establishment of a number of Integrated Health and Care Hubs to serve the communities within the locality, with associated recommendations for sustaining key “spoke” sites.

- 3.2. As set out in the One Public Estate Bid Document,

*Whilst the STP is leading on the consolidation of the business case development supported by NHS PS/CHP to maximise value from ETTF and OPE funding, Bedford Borough Council considers that a more focused approach to the local current and future health and care needs is required to expedite the Out of Hospital/Primary Care workstream.*

***The aim of this project is to carry out a more detailed review of the number, size and locations of health hubs required in Bedford Borough, this would include identifying key pressure points on the health and care system, potential locations and the potential for the range of services to be co-located within these facilities, and associated benefits.***

*There are 80no Council premises in Bedford Borough with 20no of these delivering Adult and Children Services. Our proposal is to include these premises in the review and consolidate services to release one or more of them with an aim to deliver over £100k per annum revenue savings.*

- 3.3. This work will need to be framed around the resource envelope available, and will need to include consideration around maximising the utilisation of existing sites, reducing the occupation of functionally unsuitable buildings, minimising empty space and “void” costs, maximising disposal opportunities, and will take into account known future development of major housing sites. Given the rural nature of some parts of the Borough, consideration will also need to be given to an appropriate access criteria, and how best to ensure ease of access to services for local residents, including taking into account public transport routes, and key “spoke” sites, along with any future-proofing requirements to ensure these sites are well-sustained.
- 3.4. As the service model for the Borough and STP is still evolving, engagement work with key stakeholders will be required to help articulate the service and estates needs (see Section 6 for list of stakeholders). Some of this engagement work may be required at neighbourhood level. The estates plans will need to take into account the local strategy for primary care commissioning, including how best to ensure sufficient provision to accommodate the new and growing communities in this area.
- 3.5. Whilst not to the standard of a full Strategic Outline Case, the purpose of the Feasibility Study will be to provide options for the most viable health and care estates solution/s for the Borough, to assess their affordability, and to explore the delivery options and associated implications. The Feasibility Study will be expected to provide the necessary information to support local capital and towards revenue planning, and applications for national capital funding.

#### **4. Professional Input**

4.1. It is anticipated that the following input will be required:

- Project coordination / management
- Stakeholder engagement and facilitation
- Utilisation studies of existing estate
- Healthcare planning services may be required
- Cost planning

#### **5. Objectives**

- 5.1. To develop a robust baseline of the existing health and care sites within the Borough, including an assessment of their current capacity and utilisation, backlog maintenance, and statutory compliance and operational issues (e.g. parking constraints);
- 5.2. To liaise with partners to establish a baseline resource envelope for the affordability of proposals to be assessed against;
- 5.3. To liaise with Bedford Borough Council to confirm the planned and potential housing growth expected to impact on the locality. It may also be necessary to consider the proposals for housing growth on the boundaries of the Borough in Central Bedfordshire and Huntingdonshire. It should also factor in population projection work at sub-local authority level underway for the whole STP footprint;
- 5.4. To liaise with Primary Care Commissioners within BCCG to understand the primary care commissioning strategy in this area, and to agree an access criteria for proposals to be assessed against;
- 5.5. To define the specific objectives for the Locality Health and Care Estates Plan, based on locality health needs, service strategies and the emerging model of care;
- 5.6. Confirm stakeholder business needs (including potentially associated needs e.g. housing/affordable housing requirements, care home/extra care requirements, key worker housing, Assisted Living capacity etc.);
- 5.7. Review the spatial requirements and functional requirements for services within the locality, factoring in explicit assumptions around activity utilisation, opening hours of facilities, and impact of digital advances. To include phasing in line with projected population growth;
- 5.8. Take into account travel, transport and access issues relating to hubs;
- 5.9. To carry out an options appraisal, including options associated with existing health and care sites, other public sector assets within the locality, and opportunities associated with housing developments/regeneration projects in the area;
- 5.10. To explore consolidation and rationalisation possibilities;
- 5.11. To identify and quantify associated disposal opportunities;
- 5.12. To identify and quantify Section 106 agreements available to mitigate impact;
- 5.13. To identify capital requirements;
- 5.14. To identify recurrent revenue implications and affordability;
- 5.15. To consider innovative delivery and partnership opportunities to help improve the affordability of the scheme/s, e.g. co-location with extra-care housing, retail units, etc.;
- 5.16. Life cycle costing of current arrangements (including wider impact on system) vs future solution/s for the locality;
- 5.17. Provide recommended option/s (to be taken forward to Strategic Outline Case stage);
- 5.18. **Recommendations to include:**
  - **Preferred configuration of out of hospital hubs, and spoke facilities/premises across Borough, with site options assessment, property and financial impact**

- assessments for any and all hubs identified, taking into account overcoming existing pressures in health services, and population growth;**
- **Suggested services to be based within each of the facilities, with reference to the Bedford Borough JSNA (Joint Strategic Needs Assessment);**
- **Suggested order of phasing and prioritisation for taking forward recommended schemes, and suggested phasing and timescales for delivery.**

## 6. Stakeholders

The following key stakeholders will require engagement with:

<p>Bedford Borough Council:</p> <ul style="list-style-type: none"> <li>• Strategy</li> <li>• Planning</li> <li>• Social services</li> <li>• Commissioners</li> <li>• Economic Growth and Estates (including One Public Estate officers)</li> <li>• Public Health</li> </ul>	<p>Bedfordshire CCG:</p> <ul style="list-style-type: none"> <li>• Estates</li> <li>• Commissioning</li> <li>• Locality Team</li> <li>• Finance</li> </ul>	<p>East London Foundation Trust (ELFT) – <i>local mental health provider</i></p>	<p>Community Health Services Providers</p>
<p>GP practices</p>	<p>Bedford Hospital NHS Trust</p>	<p>NHS Property Services &amp; Community Health Partnerships</p>	<p>BLMK STP</p>

## 7. Anticipated Tasks

### Stage 0 – Strategic Appraisal and Brief

(programmed duration 6 weeks)

Likely Tasks:

- Project meetings/workshops
- Housing growth mapping and take account of population projection at sub-local authority level
- Asset mapping, including assessment of Section 106 mitigation of impact
- Baselining of financial envelope available
- Development of strategic brief for the Estates Plan – vision and aspirations, objectives, business needs, access criteria
- Review of existing sites/building utilisation
- Outline of options
- High level cost plan of options
- Shortlisting of options
- Service mapping – show where there is already enhanced offer (e.g. Priory Medical Practice in Clapham)
- Take into account population projections and where there may be key pressures (e.g. rise in number and percentage of 85+ and any concentrated locations)
- Take into account actuarial analysis of population activity and demand profiles and associated benefits of implementing new models of care

**Stage 1 – Brief plus Feasibility Planning**

(programmed duration 10 weeks)

Likely Tasks:

- Development of project brief
- Stakeholder meetings/workshops
- High level Space Use Allowances / Accommodation schedules
- Desk study into existing site constraints and opportunities
- Feasibility study covering minimum of three options focussed around stakeholder feedback and opportunities/constraints
- Options appraisal, potentially including stakeholder involvement in scoring
- Cost plan
- Links with STP-wide strategic and economic case development for hub programme
- Funding requirements
- Next steps identified.

**8. Timeframes**

The project is to achieve delivery within 3 months of commencement.

**9. Procurement**

The successful party will be appointed via Bedford Borough Council.