

**NORTHSTOWE HEALTHY NEW TOWN – CCG COMMISSIONING UPDATE**

*To:* **CAMBRIDGESHIRE HEALTH COMMITTEE**

*Meeting Date:* **16 January 2018**

*From:* **Sue Watkinson, Director of Transformation and Delivery –  
Primary and Planned Care, Cambridgeshire and  
Peterborough CCG**

*Electoral division(s):* **South Cambridgeshire – Longstanton, Northstowe and Over**

*Forward Plan ref:* **N/A** *Key Decision:* **No**

*Purpose:* **This report to the Health Committee is provided to update  
Members on the planning and engagement that has  
been/is underway to secure primary care medical services  
for the emerging and anticipated population for  
Northstowe.**

*Recommendation:* **The Committee being asked to note the progress to date.**

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## **1. BACKGROUND**

### **1.1 Healthy New Towns Programme**

As outlined in the previous report (20 July 2017) to this Committee, the development of Northstowe is part of NHS England's National Healthy New Towns (HNT) Programme. Locally this initiative is primarily focused on phases 2 and 3, although the work on the new model of care and the care hub outlined below includes Phase One."

The Northstowe bid identified the need for a clear understanding of the health and social care needs and preferences of our ageing population. Research into the future demand for specialist accommodation is key to understanding how new communities must respond to the changing demographic and facilitate more effective, community focussed strategies for care and support, as envisaged by the CCG's Sustainability and Transformation Plan (STP).

In developing the STP and General Practice Forward View (GPFV) strategy for Cambridgeshire and Peterborough, the CCG recognised the opportunity that Northstowe presents, in relation to how we might reconfigure services and work differently to:

- maintain health and well-being;
- prevent illness;
- build resilience; and
- empower people to self-care.

### **1.2 Opportunity for an innovative approach**

New towns afford a valuable opportunity to explore (i) how best the built environment can, contribute towards a shift to healthier lifestyles (for example, through interventions which encourage active travel and positive community identity) and (ii) how existing models of care may be reshaped in response to increasing demands on NHS services, resulting from a population beset by lifestyle diseases and an increasingly elderly demographic, in the face of static or reducing budgets.

Given the population size of Northstowe when built out (c.25,000 - 28,000) and the planned development of a Health Hub in the town centre within Phase Two, Northstowe presents itself as a natural candidate for considering new models of care in service design.

### **1.3 Implications for planning primary care provision**

The focus on new care models underpins the overall planning for primary care provision for Northstowe. This cannot be considered, however, in isolation of the wider ambitions to deliver integrated services and to secure the objectives of the overall programme in terms of the delivery of proactive and preventive integrated services for a growing, resilient and empowered community. Achieving this will challenge existing commissioning approaches and current contractual frameworks. In response to this challenge therefore, additional contract management resource within the CCG has been allocated in support of commissioning new care models, including specifically Northstowe.

Additional management capacity to support development of the new care model has also been agreed with the CCG. A project management role (located within the STP's Service Development Unit) will take a lead role in ensuring that the new care model and subsequent

facility design is completed, as planned by March 2019). This role will be funded from NHS England's Healthy New Town grant.

## **2. MAIN ISSUES**

### **2.1 Current Primary Care Provision**

As previously reported, general practice service provision has been made at the Willingham Practice, and in particular at its branch in Longstanton, to accommodate new registrations prior to the completion of the Health Hub planned for in Phase Two of the development. The Section 106 agreement stipulates that the Health Hub must be available following the occupation of 1500 homes; this was previously projected to therefore be required by June 2021. With occupations commencing slightly later in 2017 than planned and a potential delay in first residential construction in Phase Two, this is however currently under review. A meeting was held with Willingham Medical Practice on 6 December to ensure that any subsequent changes would not negatively impact on meeting the projected need. The practice reported that it had received just under 40 new registration applications to date.

Citizens Advice Bureau (CAB) support, accommodated within the practice, has been operational since July 2017. This service was commissioned in recognition of the wider needs of new residents and the previous utilisation of health services for more social or financial advice reasons. A report on the service utilisation will be provided in January.

### **2.2 Realising the longer term vision for health service delivery at Northstowe**

Northstowe provides an opportunity to develop a place-based, integrated health and social care model, with an emphasis on prevention. A local solution, drawing on the national experience of health vanguard Multispecialty Community Providers, Primary Care Homes and local social care service pilots, such as Cambridgeshire County Council's Neighbourhood Cares pilot, which is based on the Netherland's Buurtzorg community nursing approach. All of which aligns to the strategic objectives of Cambridgeshire and Peterborough's Sustainability and Transformation Plan.

All key health stakeholders were invited to a visioning event, held 18 October in Northstowe. There was representation from all six neighbouring GP practices (staff and patients), the CCG, Cambridgeshire and Peterborough Foundation Trust, North West Anglia Foundation Trust (Hinchingbrooke Hospital), Cambridgeshire Community Services, Cambridgeshire County Council, South Cambridgeshire District Council and Cambridgeshire and Peterborough Healthwatch. (Representatives from Addenbrookes hospital (CUH) were not able to attend). Presentations included 'what we know' regarding new town health profiles based on Cambourne experience, as well as new health care and business models across the country.

This event allowed open discussion and debate concerning the principles on which any new care model should be established and the range of models developed both locally and nationally, which can inform our thinking, along with the commissioning tools and contract forms now available to support such new care models. There was a strong consensus that the new care model should be clinically led and that patient involvement should be central to the process.

As a result, local general practice staff have agreed to meet twice as a group to explore both their clinical aspirations and potential implications of new ways of working from a primary care perspective. They anticipate being in a position to share their thoughts with other key stakeholders (including social care) in the new year.

Analysis of referral data from local general practices to both Addenbrookes and Hinchingbrooke hospitals provides both trend data and information at a specialty/service level. This information can contribute to the broader conversation, with regard to delivering services, traditionally provided within a hospital setting, potentially in the community.

### **2.3 Facility Specification under Section 106**

The Health Hub within the community building (part of the Community Facility for Phase Two), for which £14.5m capital is secured within the Section 106 has assigned 1500m<sup>2</sup> in the outline specification. This reflects its potential to function as a wider hub, supporting neighbouring practices and out of hospital services through, for example, providing space for diagnostics, physiotherapy, acute outreach clinics. At the current time, there has been no capacity/ space built in to accommodate dentistry and pharmacy, design could accommodate this if required but would clearly reduce GP space. We believe a facility of 1,500m<sup>2</sup> excluding space for dentistry and pharmacy, which could be located in any available retail space within the development is sufficient for the 3 phases, i.e. 10,000 dwellings in total.

Further discussion is required and dependent on decision of the CCG regarding relocation of an existing facility, phasing needs to be agreed to ensure value for money and appropriate level of service delivery.

### **2.4 National significance of Northstowe to the national Healthy New Town programme**

Northstowe has been identified as the national lead for both *New Models of Care* and *Digital* elements of the programme. As such, both areas are priorities for this programme of work. It should be noted that a Digital workshop was also held (14 September) to discuss the opportunities that could be incorporated within this development. This workshop was also well attended and considered not only the health perspective but wider environment and planning possibilities.

Other areas of work, that may contribute to the national programme include:

- a collaboration with the Centre for Diet and Activity Research, University of Cambridge, tracking changes in the food environment (through business registrations and licensing) and household type and turnover (via Council Tax records) to observe how food access begins and evolves in a new community (subject to approval by South Cambridgeshire District Council)
- the application of *age-friendly city* principles throughout the development process and as the community grows, in the new town context
- the production of a new model to predict the housing, care and support needs of older people for use by any local authority. This tool has been created by Sheffield Hallam University (commissioned using Northstowe Healthy New Town funding), applied to Greater Cambridge and the findings reported (report received by the Sub-

Regional Housing Board in November). The County Council are currently considering these findings, prior to general release in the new year.

## **2.5 Workforce Planning**

Workforce challenges in primary care are well documented – there are options to consider new models with a broad skill mix. More detail to follow as the project progresses

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **3.2 Helping people live healthy and independent lives**

The following bullet points set out details of implications, as identified above.

- In developing the STP and General Practice Forward View (GPFV) strategy for Cambridgeshire and Peterborough, the CCG recognised the opportunity that Northstowe presents, in relation to how we might reconfigure services and work differently to:
  - maintain health and well-being;
  - prevent illness;
  - build resilience; and
  - empower people to self-care.
- New towns afford a valuable opportunity to explore how best the built environment can contribute towards a shift to healthier lifestyles (for example, through interventions which encourage active travel and positive community identity).
- The focus on new care models underpins the overall planning for primary care provision for Northstowe. This cannot be considered, however, in isolation of the wider ambitions to deliver integrated services and to secure the objectives of the overall programme in terms of the delivery of proactive and preventive integrated services for a growing, resilient and empowered community.

### **3.3 Supporting and protecting vulnerable people**

The following bullet points set out details of implications, as identified above.

- the application of age-friendly city principles throughout the development process and as the community grows, in the new town context
- the production of a new model to predict the housing, care and support needs of older people for use by any local authority.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

The following bullet points set out details of significant implications identified by officers.

- Section 106 associated with Phase Two of £14.5m capital contribution.
- Full capital and revenue consequences are yet to be determined.
- As yet unknown ongoing revenue costs associated with infrastructure. Under existing primary care contract regulations, rental costs for space to deliver primary medical services are reimbursed by the CCG. These costs may not be incurred under a new contract model but would be reflected in the service delivery costs.
- Service delivery costs under both traditional and integrated care models will need to be costed to take in planned growth.
- Integrated models of care require budgetary transparency and identification of population level costs for joint commissioning across organisations.
- Workforce challenges in primary care are well documented – options to consider new models with a broad skill mix provide a level of mitigation for this risk.

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

#### **4.3 Statutory, Legal and Risk Implications**

- This is a high profile programme for which reputational risks for all key stakeholder organisations will need to be continually assessed.
- The integration ambitions may well be facilitated by the Devolution priorities and opportunities.

#### **4.4 Equality and Diversity Implications**

- The five key themes of this programme include behavioural change, mental health, positive community identity and new care models. Equality Impact Assessments will be undertaken as the project evolves.
- Commissioning for new services requires us to undertake further impact assessments that cover quality impact; privacy, and sustainability.

#### **4.5 Engagement and Communications Implications**

- Engagement with Willingham's patient participation group and early contact with new residents continue to be engaged.
- We intend to engage with the patient participation groups and residents more broadly as the new care model is developed and the Healthy New Town programme is implemented; we will use the communication channels already in place for Northstowe.

#### **4.6 Localism and Local Member Involvement**

- CCG representatives will continue to liaise with local members and council officers, as the project progresses.

#### **4.7 Public Health Implications**

- The growth associated with the new community will impact on the wider determinants of health. Public Health colleagues are developing their population predictive modelling in the context of anticipated disease, which will influence design of the health service specification.

Source Documents	Location
New Housing Developments and the Built Environment JSNA (2015/16)	<a href="http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/new-housing-developments-and-built-environment">http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/new-housing-developments-and-built-environment</a>