

**NORTHSTOWE HEALTHY NEW TOWN – COMMISSIONING PRIMARY CARE SERVICES**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **20 July 2017**

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

*Forward Plan ref:* **Not applicable**

*Purpose:* **In recognition of the development of the new town at Northstowe, this report to Health Committee is provided to update Members on the plans and engagement that are underway to secure primary care medical services for the emerging and anticipated population. Northstowe presents an opportunity to commission proactive and integrated services which reflect the needs of the population and the ambitions of the Healthy New Town programme.**

**The report provides key background information, alignment with national programme, detail of current provision, commissioning challenges and opportunities (services and infrastructure), and key timeline information.**

*Recommendation:* **The Committee is asked to note the progress to date and the key timescales to be achieved.**

<b><i>Officer contact:</i></b>	
Name:	Sue Watkinson
Post:	Director of Transformation and Delivery – Planned
Email:	and Primary Care
Tel:	<a href="mailto:Susan.watkinson@nhs.net">Susan.watkinson@nhs.net</a>
	07534 101165

## **1. BACKGROUND**

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

The housing development at Northstowe was advanced for inclusion in the Healthy New Towns Programme by a partnership led by Cambridge University Hospitals NHS Foundation Trust, South Cambridgeshire District Council and the Homes and Communities Agency, the government's housing and regeneration body, as developer of Northstowe Phases 2 and 3 (7,500 homes). Phase 1, a development of 1,500 homes, where Gallagher is the master developer, is at a more advanced point in delivery and therefore outside of the Healthy New Towns programme.

From the outset 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 focused strategies for care and support, as envisaged by the CCG's Sustainability and Transformation Plan (STP).

In developing its STP, the CCG has recognised the need to exploit the benefits of new developments and has earmarked Northstowe as an opportunity to explore how to work differently to "prevent illness, build social resilience and empower people to self-care", by reinforcing active lifestyles and, potentially, introducing smart technologies.

### **1.2 Support from NHS England**

As Northstowe is a designated Healthy New Town, local planning and commissioning from a health perspective, is supported by a programme of support provided by NHS England's national team. The programme recognises the crucial relationship between developer, planning authority and the various tiers of the health service in bringing about the sorts of improvements which can serve as a template for new development across the country. The local team, focussing on Northstowe, is able to contribute to and benefit from the experience in other areas of planning and commissioning for significant growth.

### **1.3 Opportunity for innovative approach**

NHS England has recognised that new towns afford a valuable opportunity to both explore how best the built environment can contribute towards a shift to healthier lifestyles (through interventions which encourage active travel and positive community identity, for example) and 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.28,000) and the planned development of a Health Hub in the town centre within Phase 2, Northstowe presents itself as a natural candidate for considering new models of care in service design.

### **1.4 Northstowe – National Demonstrator Site**

NHS England has sought, from among the 10 national demonstrator sites, to apply a focus on the key themes of New Models of Care, the Built Environment, Community Engagement and Evaluation. Northstowe, partnered with Darlington, has been

selected to provide insights into the development of New Models of Care (and digital deployment) and specifically to examine:

- Business cases and contracting models
- Service specifications and workforce models
- Predictive modelling for risk stratification and health needs analysis
- Digital deployments in new developments
- Design of Health Campus/Hub buildings
- Transitional arrangements when in construction phases

This detailed work is supported by investment from NHS England for specialist input over the next two years.

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

The focus on new models of care underpins the overall planning for primary care provision for Northstowe. This cannot be considered 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.

## **2. MAIN ISSUES**

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

As the first residents start to move into the Phase 1 build at Northstowe, provision has been made at the Willingham Practice, and in particular its branch at Longstanton, to accommodate the new community. Welcome packs, which include details of where and how to register for primary care services, are distributed to new homes, and residents are informed of other points of access to NHS services. Learning from the New Housing Developments and Built Environment Joint Strategic Needs Assessment (JSNA) 2015, which has drawn on the experience of new residents in other growth sites, has prompted the commissioning of Citizens Advice Bureau (CAB) support, to be accommodated within the practice. This is in recognition of the wider needs of new residents and the previous utilisation of health services for more social or financial advice reasons. The piloting of CAB services in this way has been jointly funded by South Cambridgeshire District Council and Cambridgeshire and Peterborough CCG. If successful, it is anticipated that ongoing Citizens Advice will be built into the substantive, integrated service specification for provision to Phases 2 and 3.

A baseline dataset, in line with information governance, is being collated to help inform population profiling and service design for the integrated provision within the town centre Health Hub.

There is sufficient capacity at the Willingham/Longstanton practice to accommodate the new population associated with Phase 1 of the development, 1500 homes and up to 3000 patients.

Planning for integrated primary care services associated with Phases 2 and 3 will also take into the population in Phase 1 one, as well as patients registered at existing local practices situated around the Northstowe site, as a hub and spoke model of delivery is explored.

## 2.2 Commissioning Opportunities and Challenges

### 2.2.1 *Contracting for new care models*

- Using Existing Contract models – the following options are being considered:

Option 1: One of the neighbouring GP practices relocates to Northstowe on its current contract, with an extended patient list, retaining branch surgeries at its previous premises.

Option 2a: A primary medical services contract is put out to tender. A neighbouring practice, or group of practices bidding as one provider, is awarded the contract to run the Northstowe Care Hub alongside their existing contract. Maximum contract term is likely to be 10 years.

Option 2b: A primary medical services contract is put out to tender and awarded to a provider not currently operating within the catchment of the hub. Maximum contract term is likely to be 10 years.

- Explore New Forms of Contract

Community services, including mental health services, social care and voluntary sector services could be wrapped around any one of the above options, but a more profound integration of services to allow a Multispecialty Community Provider (MCP) to emerge would require the current barriers of contract forms and estate to be overcome.

Nationally the MCP Vanguard programme is pointing to possible solutions and has proposed a new streamlined hybrid between the NHS Standard Contract and primary medical services regulations to include new requirements specific to the MCP care model (improving patient health, addressing health inequalities, integrated person-centred care, putting in place strategies for patient activation, developing shared electronic patient records). There is limited experience in utilisation and market response to these new contract forms.

### 2.2.2 *Phasing of provision in line with growth*

As it is anticipated that there is sufficient capacity in existing provision until 2021, the emphasis is on planning services for the population growth associated with Phases 2 and 3 (7,500 homes) within the new Health Hub planned for the town centre location. It is recognised that the build out for this many homes will take up to 20 years to complete and services therefore need to reflect the growth projections, acknowledging the time lag for health funding to match actual population.

Space requirements within Health Hub will need to be phased to match growth patterns. New workforce models to include integrated teams and wider skill mix, along with technological solutions and commissioning services over extended opening hours (in line with NHS 7 day service ambitions) will ensure that space utilisation is maximised and flexible utilisation (in line with Health Building Note requirements) is achieved.

### 2.2.3 *Commissioning and tenure of Health Hub premise*

Detail of services and their space requirements in the new Hub will be required by the

developer in 2019.

The vision of achieving integrated service provision, located in a centrally positioned Health Hub and meeting the wider population health and social care needs will require existing barriers associated with building tenure and leasing to be challenged. Too often, ambitions for integration in the past have been hampered by unfavourable accommodation options resulting in void space and missed opportunities. Leases for sessional usage may be required as well as ways to manage shared space more effectively for flexible room usage. Traditional assumptions around consulting space may well be challenged as increased telecare and online interactions with Hub professionals will impact on required room sizes.

## **2.3 Key Timeline Information**

The roll out of the development itself applies the following time critical milestones:

- the developer requires details of the services to be accommodated in the care hub by June 2019;
- the commissioning process set to commence April 2020 to secure the new primary care provider; and
- the Hub based service due to commence from June 2021 as by this point the Willingham Practice (Longstanton Branch) will have reached capacity.

## **3. SIGNIFICANT IMPLICATIONS**

### **3.1 Resource Implications**

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

- Full capital and revenue consequences are yet to be determined.
- Section 106 associated with Phase 2 of £14.5m capital contribution to library/care hub and community centre
- Ongoing revenue costs associated with infrastructure to be determined. 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 models will need to be costed to take planned growth into account.
- Integrated models requires 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.

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

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

### 3.3 Equality and Diversity Implications

- The five key themes of the Northstowe Healthy New Town project cover behaviour change, mental health, thriving economy, positive community identity and new care models. Equalities Impact Assessments associated with each theme will be undertaken as the project evolves.
- Any commissioning activity to secure the required services will be subject to robust equalities and diversity impact assessments being undertaken.

### 3.4 Engagement and Consultation Implications

- Engagement via Willingham Practice Patient Participation Group (PPG) and early contact with new residents. PPG keen to extend membership to include Northstowe representation.
- Wider engagement with network of local practices surrounding Northstowe about to commence.
- Establishment of health working group with key stakeholder representation, including Member involvement, to support through design, engagement and commissioning phases.

### 3.5 Localism and Local Member Involvement

- Primary Care team will meet with local members as the timelines progresses
- The CCG also liaises directly with district level planning departments

### 3.6 Public Health Implications

- The growth associated with the new community will impact on wider public health determinants of the local population. Public health colleagues are developing population predictive modelling in the context of anticipated disease. This will influence design of service specifications.
- Learning from Northstowe will influence health planning for other large growth sites across the county.

### **SOURCE DOCUMENTS GUIDANCE**

*It is a legal requirement for the following box to be completed by the report author.*

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>