

**REPORT of
CHIEF EXECUTIVE**

to
COMMUNITY SERVICES COMMITTEE
23 MAY 2017

MALDON HEALTH HUB PROJECT

1. PURPOSE OF THE REPORT

- 1.1 To update Members on progress of the Maldon Health Hub Project.

2. RECOMMENDATION

That the contents of this report be noted.

3. SUMMARY OF KEY ISSUES

- 3.1 This report is for Members' information only.
- 3.2 A meeting of the Maldon Health Hub Stakeholder Project Board took place on 28 April 2017 and the following key points are of note.
- 3.3 **Primary Care**
- 3.3.1 Presentations providing an overview of the primary care provision across both the Dengie and Maldon localities were provided. The presentations provided the following information:-
- 3.3.1.1 Negotiations regarding the provision of health care facility North Heybridge Garden Suburb are underway and draft Heads of Terms have been drawn up. National Health Service (NHS) England, Mid Essex Clinical Commissioning Group (MECCG), Countryside and Maldon District Council (MDC) are involved in those discussions. The need for certainty on space requirements was stressed so that work on the business case can commence.
- 3.3.1.2 The Project Manager confirmed that the previous uncertainties regarding the impact of relocation of the surgeries on dispensing and pharmacy provision have now been ironed out.
- 3.3.1.3 Both Blackwater and Longfield surgeries have been allocated funding from the General Practitioner (GP) Resilience Fund to enable them to undertake joint "diagnostic" work that will help identify strategies to improve their resilience. Conclusions from this work will contribute to the business case for relocation of the Blackwater practice into the new health hub.
- 3.3.1.4 A copy of the presentations are provided as background papers to this report.

3.4 Health Hub

3.4.1 The services currently provided at St Peter's Hospital are as follows:

- Inpatient Stroke / Rehabilitation Services;
- Midwifery-Led Maternity Services;
- Outpatients;
- Audiology;
- Tissue Viability and Lymphoedema Services;
- Imaging;
- Phlebotomy;
- Physiotherapy;
- Occupational Therapy;
- Speech and Language Therapy;
- Early Supported Discharge;
- Out of Hours GP service.

3.4.2 The CCG's stated intention is that the new Maldon Health Hub will incorporate all services currently provided at St Peter's Hospital (with the possible exception of inpatient beds) and a range of new services.

3.4.3 The provision or otherwise of Inpatient Services is the subject of a review being led by Mid Essex CCG, set in the context of the regional Sustainability and Transformation Plan. Members have previously been informed of the CCG's aim of delivering high quality care, closer to home. Development of their 'Home First' model of care is being led and designed by nurses and doctors. The CCG wish to ensure that a patient's journey is supported from the point of acute (hospital) admission to discharge home. They also intend to make provision of more intensive care within people's homes and look to ensure that patients who can be treated within the community without the need for a hospital admission will be able to access high quality and timely care when required. It is possible that as part of this development they will look to pay for less community hospital beds and instead invest in better ways to care for patients in their own home or potentially in nursing homes with extra care. The CCG is aiming to make recommendations on this new model of care in May 2017. A Clinical Review Group chaired by the CCG Director of Nursing will lead this work and will share conclusions on the model with partners and patients for their views during the summer.

3.4.4 It has been confirmed that the Maldon Health Hub will include GP services (expected to be provided by the Blackwater Practice) and, potentially, a Pharmacy.

3.4.5 The key outstanding issues to resolve in relation to the scope of service for the Maldon Health Hub are the provision of Mental Health services, local authority services (both Essex County Council (ECC) and MDC) and voluntary sector services.

3.4.6 An assessment has been made, at high-level, of the space that would be required in the Maldon Health Hub to accommodate the proposed scope of services and projected future activity volumes. The approach that has been adopted is as follows:

- Activity projections for clinical services have been provided by Mid Essex CCG;
- Activity projections have been converted into capacity requirements by Arcadis;
- Space requirements for clinical services have been estimated on the basis of relevant guidance and experience of similar schemes delivered elsewhere;
- Allowances have been made for departments for which detailed specifications have not yet been provided, i.e. support facilities, community & commercial facilities and a staff administration base (hot-desking) for community clinical staff;
- Engagement with commissioners and providers is now required to finalise the activity projections, capacity requirements and room-by-room Schedule of Accommodation.

3.5 Site Options

3.5.1 There has been an ongoing process of identifying and assessing potential sites for the Maldon Health Hub. The most recent assessment was undertaken by representatives of Mid Essex CCG and Maldon District Council in March 2017. Four sites were considered as follows (the references relate to a previous site list produced in 2016):

- Site A: St Peter's Hospital, Spital Road
- Site F: Maldon Leisure Quarter
- Site G: North of Wycke Hill
- Site H: Maldon Hall Farm

3.5.2 It was concluded that Sites A and G would be viable locations for the Maldon Health Hub; and Site F, which is likely to be more complex to bring forward, be held in reserve. Further discussions with the landowner for Site H are required to understand their aspirations.

3.6 Service Model

3.6.1 The CCG is out to procurement for some additional senior project management support to assist in the delivery of the Home First model. Evaluation undertaken through this project will help the CCG draw conclusions on the bed capacity required within the new facility.

3.6.2 At the current time the following options for potential service models have been identified:

- Primary Care and Community Health Services;
- Primary Care and Community Health Services + Inpatient Beds;
- Primary Care and Community Health Services + Care Home.

3.7 Commercial Model

3.7.1 The Outline Business Case for the Maldon Health Hub will need to set out proposals for:

- which organisation(s) will own the land and building;
- how leasing arrangements will be structured;
- which organisation(s) will be responsible for procuring the facility (i.e. “the developer”);
- how the capital funds will be obtained.

3.7.2 There will also need to be an assessment of the expected revenue cost impact of the new facility, for commissioners and providers.

3.7.3 An initial identification and appraisal of the potential funding, ownership and procurement options for the Maldon Health Hub was undertaken in 2016 with Mid Essex CCG, Mid Essex Hospitals NHS Trust, Provide and Maldon District Council. The key issues were considered but a commercial plan was not finalised, as the plan must take account of the specific features of the “preferred option” for the Maldon Health Hub.

3.7.4 The potential sources of funding for the Maldon Health Hub are:

- NHS capital;
- MDC capital;
- Private sector capital;
- or a combination of two or three of these sources.

3.7.5 On the basis of the proposed short-list of options for the Maldon Health Hub, the principal options for ownership of the new facility (and site) are as follows:

St Peter's Hospital Site	North of Wyke Hill Site
MEHT retains ownership of the land and owns the new building	The site is acquired by MDC and the building is owned by MDC
MEHT retains ownership of the land – the building is owned by NHS Property Services, MDC, Provide or a 3 rd Party Developer	The site is acquired by NHS Property Services and the building is owned by NHS Property Services
The land and building are owned by NHS Property Services, MDC, Provide or a 3 rd Party Developer	The site is acquired by Provide or a 3 rd Party Developer and the building is owned by Provide or the 3 rd Party Developer

3.7.6 In the case of either site option, a Joint Venture involving one or more parties could be created and that there are a range of options relating to lease and/or licence structures.

3.8 Next Steps

3.8.1 The next stage in the planning and implementation of the Maldon Health Hub is the development of an Outline Business Case (OBC) (which will be preceded by public

consultation on the service model options, as explained above). The working assumption is that Mid Essex CCG will need to produce an Outline Business Case in line with current NHS England guidance, regardless of the procurement / funding route. The OBC will need to demonstrate that the development of the Maldon Health Hub is:

- supported by local needs (the Strategic Case);
- value for money (the Economic Case);
- commercially viable (the Commercial Case);
- affordable (the Financial Case);
- deliverable (the Management Case).

The appraisals undertaken for the OBC will inform the public consultation exercise.

- 3.8.2 A project plan setting of the key tasks required to progress the Maldon Health Hub project through to public consultation (in July 2017) and Outline Business Case development are shown in at **APPENDIX 1**.

4. IMPACT ON CORPORATE GOALS

- 4.1 Work with partners to deliver the new Maldon Health Hub is a key corporate activity set out in the Council's Corporate Plan for 2015 - 2019.

5. IMPLICATIONS

- (i) **Impact on Customers** – A new Community Health Hub has the potential to improve access to health care and thereby improve the health and wellbeing of residents.
- (ii) **Impact on Equalities** – The provision of a new facility will play a role in reducing health inequalities.
- (iii) **Impact on Risk** – A project risk register is provided as a background paper to this report.
- (iv) **Impact on Resources (financial)** – None at the current time.
- (v) **Impact on Resources (human)** – None.
- (vi) **Impact on the Environment** – A full environmental impact assessment will be required as part of the development of a Community Hospital.

Background Papers:

Maldon Locality Profile

Dengie Locality Profile

Enquiries to: Fiona Marshall, Chief Executive, (Tel: 01621 875710). "

- The following key tasks are required to progress the Maldon Health Hub project through to public consultation (in July 2017) and Outline Business Case development:

Task	Completion
Finalise MHH Specification/Accommodation Schedule	12 th May
Confirm short-list of options (CCG)	12 th May
Develop concept designs	9 th June
Produce capital/revenue cost estimates	9 th June
Undertake risk assessment (all options)	9 th June
Undertake benefits appraisal	9 th June
Run economic appraisal	16 th June
Determine procurement strategy	16 th June
Produce consultation documentation	30 th June
Undertake public consultation	22 nd September
Produce Draft Outline Business Case	29 th September

- The submission date for the OBC is dependent on the timescale and outcomes of the public consultation exercise



Dengie – Locality

Mid Essex CCG Overview

24th April 2017



Mid Essex

Clinical Commissioning Group

The Dengie – population health

- Slightly lower levels of obesity against national and mid Essex averages
- Higher than peer group, local and national averages for:
 - Stroke prevalence
 - CHD prevalence
 - CKD prevalence
 - Diabetes prevalence
- Within 10% national and local average for COPD and cancer
- Better than average or average rates for:
 - emergency admissions for patients less than 75
 - Day cases
 - Elective admissions
 - A&E attendances
- Prescribing costs across the locality are higher than other areas across mid Essex



About the Dengie: Rural population who rely on GP for health needs

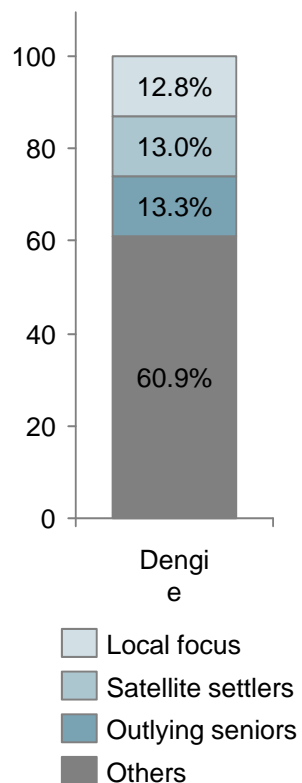


Mid Essex

Clinical Commissioning Group

Rural focus of population types...

Population groups (%)



Source: Mosaic; BCG analysis

... who rely on GP as first contact for health needs and are technology averse ...

Local focus

Rural families in affordable village homes who are reliant on the local economy for jobs

- More likely than average to talk to their GP (70%) about their health
- Less likely to seek help or to look after their own health
- Responsive to email, but less so to other digital channels

Satellite settlers

Mature households living in expanding developments

- Less likely than average to talk to their GP (63%) about their health
- More inclined to feel that they do not take good care of themselves
- Many do not like technology (19%), and fewer than average (54%) prefer to use email

Outlying seniors

Pensioners living in inexpensive housing in out of the way locations

- More likely than average to talk to their GP about their health, rather than pharmacists, NHS111 or other practitioners
- Less inclined to feel that they should do more about their health
- Most are not tech savvy, though the most preferred channel is still emails

... self-care has potential, but work required to promote AHPs

Increase the use of alternative healthcare practitioners

- Allied Health Professionals (AHPs) such as nurses and pharmacists, can serve as first point-of-call healthcare professional for some groups, though persuasion would be needed amongst patients for this

Promote self-care and self-management

- Patient education to increase patient activation and self-care. Support with AHPs e.g., health checks and medicine use reviews by community pharmacists.

Despite low enthusiasm for technology in general, email is considered preferred means of communication



Mid Essex

Clinical Commissioning Group

The Dengie Primary Care (GP)

- There are currently four GP practices serving the population of the Dengie:
 - Burnham Surgery
 - Dengie Medical Partnership
 - Trinity Medical Practice
 - The William Fisher Medical Centre
- As at 1st April 2017, they had a combined registered patient list size of 23,800.
- Quality of Primary Care / General Practice services, as measured by the national Quality & Outcomes Framework (QOF) 2015/16 , shows an overall achievement of over 97% for Dengie practices (range 95.31 to 98.89%).
- Patient satisfaction, as measured by the National Patient Survey 2016, shows practices to be in the upper quartile in the areas of appointments, opening hours and overall experience with the vast majority of patients indicating that they would “recommend” their practice.



The Dengie – Locality

- All Dengie practices provide the full range of Public Health Directed Enhanced Services (DES) and practically all other Directed Enhanced Services commissioned by NHS England and Local Enhanced Services (LES) commissioned by Mid Essex CCG.
- In terms of demography, the Index of Multiple Deprivation shows that the Dengie has a similar level of deprivation as mid Essex as a whole.
- The population of the Dengie shows a higher level of over 75s than the national average and a greater overall life expectancy.
- There is a history of effective collaborative working across Dengie GP practices.
- Collaborative working is already in place across the practices within the area and is currently being further developed in partnership with provider organisations.
- There is commitment and genuine enthusiasm across the practices about the possibility of developing the use of technology to support virtual meetings and potentially online consultations.



Mid Essex

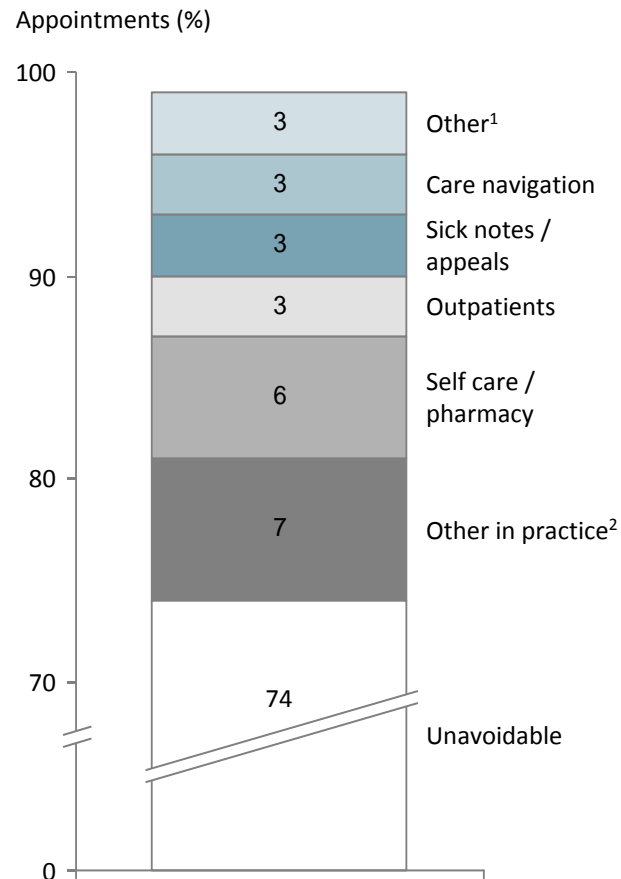
Clinical Commissioning Group

The Dengie – Development of the Locality

- To facilitate and further develop optimal locality working, the CCG has been working with local practices, providing information and detail on options and opportunities, supporting discussion and detailed “deep dive” analysis to be developed in partnership across health and social care services with input from the District.
- An initial workshop and follow up meetings have already been held, involving all local practices and partner community organisations.
- From these events, some “quick wins” have been achieved and the following priority groups have been identified for early attention / action:
 - Frail Elderly Patients
 - Patients with Long Term Conditions
 - People with Mental Health Problems
 - Children
- A local delivery programme is now being developed to progress a number of work streams, including proposals on better use of IT, shared operating arrangements across practices and community providers and the creation of a Dengie Health & Social Care Steering Group.

Future model of care: Interventions to release GP capacity

26% of current GP appointments are considered to be avoidable



Interventions can release GP capacity

- 1 **Virtualisation**
Consultations, Diversion...
- 2 **Care Home support**
Care home nurse practitioners
- 3 **Reduction in non-health related consultations**
DWP; Schools; Sick notes etc
- 4 **Acute hospital generated demand**
e.g. Outpatients; consultant prescribing
- 5 **Self care / Self management**
Incl. pharmacy
- 6 **Social prescribing**
e.g. VCS support
- 7 **Increased utilisation of Alternative Practitioners**
e.g. Independent Prescribers, Social Workers
- 8 **Reduction in PC Bureaucracy**
Payments

Opportunity assessment

- Video-link appointments have been successful amongst some older people. Relatively low use of apps amongst hard-to-reach
- Care homes occupy a lot of GP time and where care home nurses have been present it has been successful
- Co-location difficult due to dispersed population, but other solutions would save a lot of time
- Acute-generated demand a big issue; opportunities to solve are hard to solve as one locality
- Patients generally quite well equipped for self-care, incentivised due to remoteness
- Few other services in the area to send patients on to e.g. gyms
- Community matrons have been very helpful, little GP capacity to effect triage

1. A patient contact was categorised as, "other" when there was no good description of the reason that the contact was avoidable in the list of options provided to the GPs
2. Patients could have been seen by other staff in the practice
Source: GP Forward View 2016 (Audit of ~5000 GP consultations); Making Time in General Practice 2015



Mid Essex

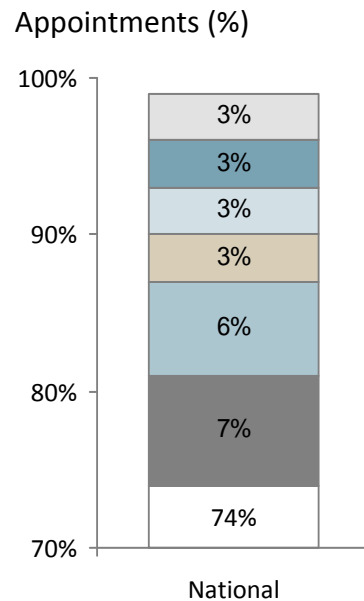
Clinical Commissioning Group

18% of GP appointments could be avoided

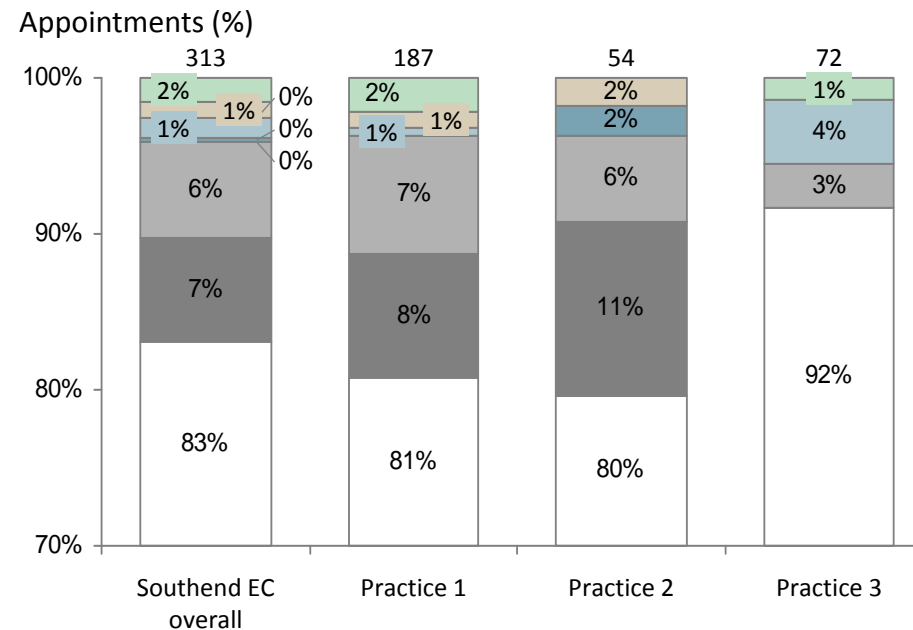
Audit of three practices in the Dengie

Emerging view

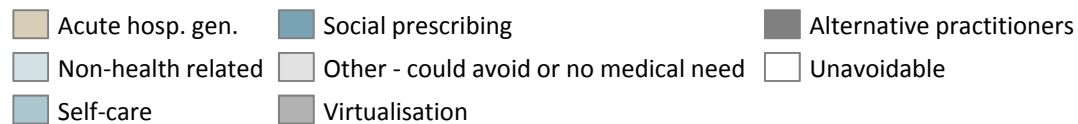
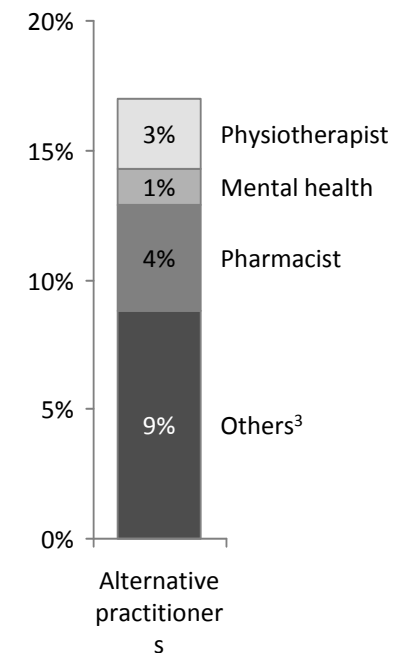
Nationally, 26% avoidable



Dengie, 17% avoidable¹ overall, 7% could be diverted to alternative practitioners ...



... mostly nurses and pharmacists





Maldon – Locality

Mid Essex CCG Overview



About Maldon – population health

- 10% Better than local and national average for:
 - Obesity
 - Non-Elective Admissions in people over 75 years of age
 - Outpatients attendance
- Within 10% national and/or local average for:
 - Smoking prevalence
 - Stroke prevalence
 - Cancer prevalence
 - Chronic Kidney Disease prevalence
 - Diabetes prevalence
 - Non-Elective Admissions in people under 75 years of age
 - Day Cases
 - Elective Admissions
 - Outpatient attendances
- 10% worse than local and national average for:
 - Hypertension prevalence, i.e. relatively more people in Maldon have high blood pressure



About Maldon – local issues

- **GP Practices** – imminent and medium term GP retirements expected. Coupled with challenges in retaining other staff including nursing staff across the locality and the known difficulties in recruiting clinical staff, there is concern about the maintenance and sustainability of the existing clinical resources.
- **Closed Lists** – a factor of the increasing demand and limited capacity. Work is ongoing in support of the practices to address both – reviewing appointments, care by appropriate professional, funding and GP recruitment (including participating in EU campaign).
- **Community Services** – ensuring direct access to and timely support from appropriate professionals on an ongoing basis and in particular to address patients in crisis.
- **Mental Health** – the mental health allocation is not broken down to locality/sub-locality and is made up of four community pathways covering: psychosis; non-psychosis; dementia; crisis referral. Any one of the four teams can be accessed and assessment is carried out.
- **Social Care** – currently Adult Social Care resources are not aligned to neighbourhoods and are working towards a complete reconfiguration of their structures. Beginning with Braintree in mid Essex, Adult Social Care and their partners will begin to define the potential allocation of resources for the geographic area, with other areas to follow.



Maldon Locality Development

- **Collaborative arrangements** are already working across Maldon
 - Joint working on use of transformational funding
 - Joint bid for resilience funding
 - Other plans for joint working to support the locality
- As part of national direction and local (mid Essex) plans, the locality is currently exploring options and opportunities about further and future development.
- Work is currently in hand, with workstreams agreed for practice to work with other out-of-hospital providers (including social care) to look at priorities for sustaining primary care and ensuring continued delivery of appropriate and accessible services to support the health and wellbeing needs of the population.
- From these workstreams, plans will be agreed and implemented on a phased basis to deliver the emerging vision of future service provision.



Maldon Practice Development

- The Index of Multiple Deprivation shows that Maldon has a higher level of deprivation than Mid Essex CCG as a whole.
- There is one training practice in the locality (Longfield Medical Centre).
- There is a history of effective collaborative working across the Maldon GP practices.
- Both practices have collaborated in accessing funds from the CCGs PCSTD fund, to jointly employ a clinical pharmacist to provide additional capacity and undertake health checks on the frail and elderly patients and visit care homes.
- There is also a close working relationship between the practices at manager level and a commitment to working together going forward.
- There is good engagement between the practices and with Mid Essex CCG.



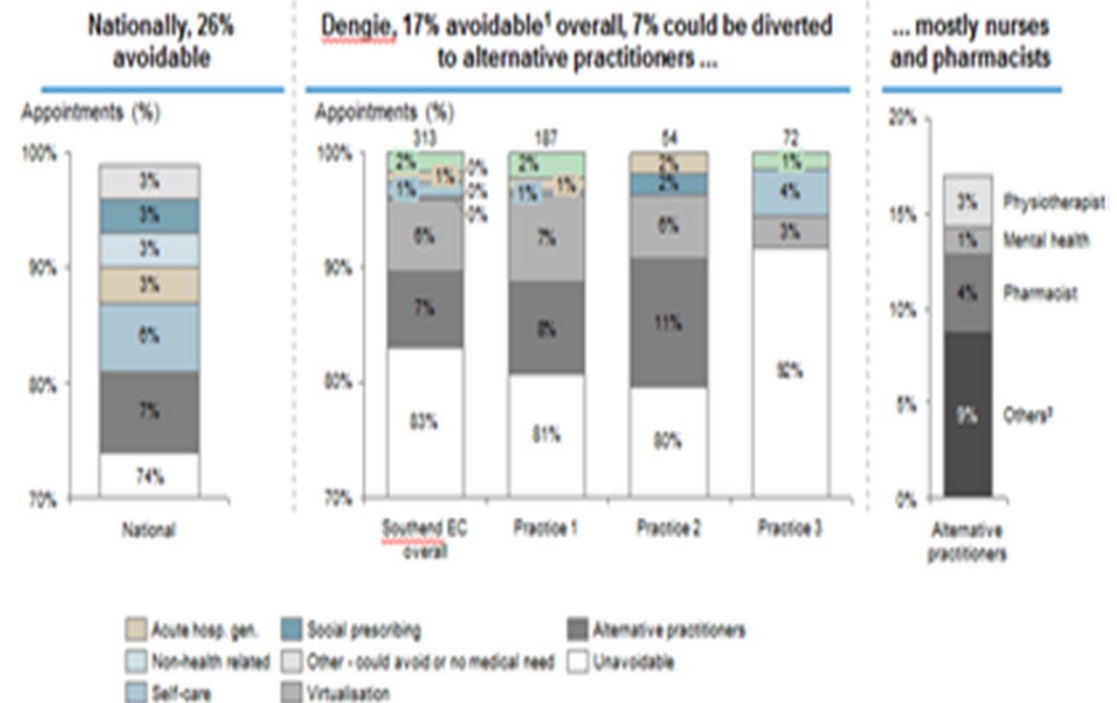
Maldon – development of the Locality

- To facilitate and further develop optimal locality working, the CCG is working with local practices, providing information and detail on options and opportunities, supporting discussion and detailed “deep dive” analysis to be developed in partnership across health and social care services with input from the District.
- The level of collaborative working that Maldon will embrace will be determined through practice liaison and cross organisation workshops, with the aim of establishing a joint and integrated system of working from April 2017.
- Collaborative working with Provide, Social Care and Mental Health colleagues is being progressed through the sub locality development work.

Next steps

Workforce – Skill Mix Review

Practices have agreed to undertake an audit of their appointments to understand why patients are consulting with their GP and whether these appointments were avoidable or if patients could be seen by another healthcare professional.



Based on local audit undertaken elsewhere 17% of GP appointments could have been avoided, of which 7% could have been seen by alternative practitioners.



Maldon – current estates

The Primary Care / General Practice premises position available is summarised as:

647m ²	GP Owned	Longfield	Purpose built premises with limited parking. Limited scope for expansion
328m ²	GP Owned	Blackwater	Purpose built premises with limited parking and no scope for expansion
73m ²	GP Lease	Longfield Branch	Converted retail space
95m ²	GP Owned	Blackwater Branch	Converted bungalow style premises

Opportunities for the replacement of the branch surgery at Heybridge are being reviewed.