

**Title of the Meeting :** Joint Strategic Growth Implementation Committee

**Date of Meeting :** 4 December 2007

**Report of :** Ian Burns Head of Planning and New Communities,  
Cambridgeshire Primary Care Trust

**Subject :** Update on Health issues in the Growth Area

**For :** Information

### **1 Purpose**

The purpose of this report is to update the Committee on issues and progress relating to addressing the wider impacts on the health of the population in the growth area and the planning and provision of Health and Social Care services and infrastructure in the major developments.

### **2 Introduction**

Cambridgeshire Primary Care Trust (the PCT) is a statutory NHS organisation with responsibility for undertaking the following for people registered with GPs that have main practices in Cambridgeshire:

- Improving and addressing inequalities in the health of Cambridgeshire residents
- Developing primary care services i.e. those provided by GPs, pharmacists, dentists and NHS opticians
- Providing a range of health and social care services and buying hospital, mental health and ambulance services
- Engaging and involving local people in decisions taken about their health services.

The past year has seen many changes and challenges for the NHS locally:

- Four PCTs merged to form Cambridgeshire PCT in October 2006
- The PCT will return to recurring financial balance by March 2008 by achieving £30.3 million in savings. We have produced plans to repay the remaining deficit over the next 2 financial years
- Preparations have been made for the separation of the PCT Provider Services into an arms –length organisation from December 2007
- Completion of the Hinchingsbrooke Hospital consultation
- Continued strong partnership working through Local Area Agreements, Local Strategic Partnerships and Cambridgeshire Horizons Partnership. Joint Commissioning Structures were in place and Patient and Public Involvement is developing
- The new Children's Unit opened on the Hinchingsbrooke Hospital site and major new Primary Care Centres opened in Sawston and Huntingdon
- Developed Practice Based Commissioning, with indicative commissioning budgets devolved to GP practice level, and real patient benefits starting to show

### 3 Future Priorities

#### 3.1 National

The challenges ahead nationally include the NHS Next Stage Review, with emphasis on financial balance, and shifting services from a hospital to a community setting. There will be more focus on personalisation as the key success to choice, shifting the balance towards prevention of ill health through personal engagement, national and local action.

#### 3.2 Local

The establishment of new communities is a significant challenge and population expansion across Cambridgeshire is expected to relate to 72,000 more people by 2016. Financial balance continues to be a significant challenge with £24.2 million of savings required in 2008-2009. Shaping the structure of supply, working in partnership and addressing health inequalities are key areas of focus for the PCT.

The PCT's vision is;

- To see Cambridgeshire recognised as an exemplar for the way health and social care should be organised and delivered in the 21<sup>st</sup> Century.
- To commission the best possible health care and reduce health inequalities for all the people of Cambridgeshire within available resources.
- To support people in understanding their own health and well-being to enable them to contribute to staying healthy.

### 4. Issues relevant to the Growth Agenda

- **Strategy development.** The PCT is developing a five year Corporate Strategy that will incorporate the Strategic Service Infrastructure Plan. The Corporate Strategy will be finalised after publication of the full NHS Next Stage Review by Lord Darzi due in June 2008. We will continue developing detailed plans relating to the growth sites and incorporate the key requirements into our Strategic Delivery Plan.
- **Commissioning approach.** In the next couple of years, we will see the separation of PCT provider services and commissioning through our preferred route of a Community Services Foundation Trust. Also, with the anticipated growth of new communities, there will be a need to provide modern and accessible facilities and services to meet the needs of our current and future population.

As a commissioner of services, our preferred approach is to be 'asset light' which means that we will not seek to own buildings and premises from which the services we have commissioned will be provided. However, we are aware of the advantages of owning physical assets from which we can commission services and we will consider each case on its own merit. Where appropriate, we will seek through testing the market potential providers of facilities and/or services (NHS and non NHS) who will provide the required infrastructure. It will be for service providers to assess whether they need to 'bundle' services and facilities together in order to meet our commissioning service specifications.

Our preference is to commission one stop services, where appropriate. These services could be provided through a variety of settings including Ambulatory Care Centres. Regarding this latter point, we will be guided by the outcomes of the NHS Next Stage Review.

In taking forward this approach, we will work with primary care and others to assess the impact of population growth and new ways of delivering services on the existing pattern of practices. We also acknowledge that, due to the stage we are at with planning on some of the major sites, the PCT still needs to play a key role in the planning and procuring of infrastructure for these sites as it will be some time before we have Providers in place.

- **Funding.** We are currently awaiting the detail of the impact of CSR on NHS budgets and our local allocations. In addition, a review of the current funding formula is being undertaken. We have made the case that the current funding formula does not fully cover the cost of Health and Social Care services in Cambridgeshire and that it further disadvantages new communities, despite the inclusion of a growth area allocation. Our modelling has shown that for a Greenfield site there is a tapered gap between funding and cost in the first 10 years.
- **Approach to S106.** We are keen to work with all the local Planning Authorities to develop a consistent approach to S106 and Health, where possible incorporating the approach in Planning Obligations Supplementary Planning Documents. We will need to assess the implications of the proposed Planning Charge once the proposals for this are clear.

It has been suggested that, where the gap between NHS funding allocations and costs can be demonstrated, we should be seeking revenue contributions to bridge that gap. We need to see the outcome of the review of the funding formula before we form a clear view on this.

## **5 Site updates**

### **5.1 Northstowe**

The PCT has reviewed the modelling for service and infrastructure requirements in the light of the emerging Masterplan and demographic forecasts. Our vision remains to provide the majority of Health services from a major facility in the town centre. This has been described as a "Health Campus" but is likely to be one building, linked with the proposed Civic Hub. Some service will be provided in other settings in the community including schools, Extra-Care homes, Community facilities and of course in peoples homes.

The new Masterplan has caused us to review our thinking regarding provision in the early years of the development. Having originally thought we needed temporary facilities, we have concluded that the facility proposed for the first Local centre in the North of the town needs to be larger than originally thought and probably become a permanent facility whose use may change over the years.

Reasons for this are:

- Timing and phasing of the Town Centre – 3 years at the earliest before the Health campus could begin, probably more likely to be 5 years or even longer, allowing for slippages due to market forces and other factors
- Size of population that the first facility may potentially need to serve – 6150 estimated by end of year 5

- Strategic need for staff accommodation for local Adult Health & Social Care Team and Mental health Community teams.

We are trying to finalise our requirements for the purposes of the S106 and to enable the business case and procurement processes for the interim facility and civic hub/health campus to begin in order for them to be completed at the desired time. It appears that we will now have to wait for the outline planning application, in order to find out certain details that we need to know before making final decisions. We have particular concerns about how residents in the South of the development would access certain facilities and services as the Masterplan and phasing details shared to date does not make clear what road, cycle and pathways will be in place at each phase of the development.

The PCT will shortly need to decide how it will commission services for Northstowe and will need to commence the tender process during 2008 in order to have services in place for when the first residents arrive. We are keen that existing GP Practices in the vicinity work with the Northstowe provider to develop a hub and spoke approach in order that existing residents have greater access to a wider range of services.

We have been encouraging the Site Promoters and their Consultants to incorporate Health Impact Assessment into the Environmental Impact Assessment and include key indicators relating to health in the Sustainability Appraisal Indicators. The impact on people's health is meant to be an integral part of an EIA and if considered and assessed properly in that context removes the need to undertake a separate Health Impact Assessment. In our experience, Developers have not always dealt sufficiently with Health issues in the EIA and when a separate HIA has been produced it often lacks context, relevance and consistency with the overall planning application.

## **5.2 Cambridge Southern Fringe**

From the earliest stages of planning, our approach has been to develop a new Health facility within the Clay Farm development to replace the temporary facility in Trumpington and serve the existing Trumpington resident plus the new residents of Clay Farm, Glebe Farm and Trumpington Meadows.

A facility of approximately 1000 sq metres is required and our preference is for this to be part of the Joint Community/Service Provider facility which we have been working conceptually with Local Authority colleagues and the existing Trumpington community for some time. In addition, the temporary facility in Beverly Way will need expanding in order to meet the needs of the earlier residents of the new developments.

All these requirements are included in the S106 Heads of Terms. We are currently awaiting proposals from the Developers on their approach to delivering the Community and Health facilities.

For some time, the Trumpington Street Medical Practice has been our preferred primary care provider, having already established the Branch surgery in Beverly Way. The PCT needs to shortly confirm the process for commissioning the services on Southern Fringe so that, subject to formal appointment, the Practice can plan accordingly and participate fully in the plans for developing and procuring the facilities.

## **5.3 Cambridge North West**

This area is the most complex to date in terms of the PCT deciding the best option for service and infrastructure provision. We have always held the view that we need to consider the needs of the North West quadrant as a whole, including the existing community, not look at the needs of the NIAB and University sites in isolation.

There is already pressure on the Huntingdon Road and Arbury Road Practices and neither are in a position to consider significant increases in patient numbers because of physical restraints on their existing premises. New capacity is therefore needed virtually from the outset of these developments. We therefore need to have new Primary provision in one of the North West developments, but probably not both. In view of the timing of the two main sites we have decided that a facility should be sited on the NIAB site, in the Local centre. As with the Southern Fringe, we are happy for Health to be part of a shared facility.

We are still exploring what type of Health provision may be required on the University site. Possible options being considered include a Student health facility and facilities for providing certain types of treatment that have traditionally been located in hospital settings.

#### **5.4 Other sites**

**Cambridge East** – discussions are just recommencing so nothing substantial to report at this stage.

**CB1** – the PCT is in discussion with Ashwells and three GP Practices for the provision of a new health facility within re-development area. Although the scheme presents huge financial challenges to the PCT, we have been aware for some years that it presents the only real opportunity to develop a modern, purpose-built health facility in central Cambridge to replace a number of inadequate GP premises and enable the strategic shift of a range of services into a community setting.

**Cambourne** – we are currently considering what extra capacity will be needed to cope with the additional 950 houses. It is likely that we will need to make internal changes to or extend the Health part of Sackville House. We would expect this to be funded from S106. Health has not received a contribution from the original S106.

Outside of Cambridge City and South Cambs, we are reviewing the future requirements of St Neots, Huntingdon, Yaxley and the Fenland market towns as they will also be heavily affected by growth.

### **6 Areas for further joint working**

#### **6.1 Identifying possible measures for social integration/cohesion**

A draft discussion document 'Identifying possible measures for social integration/cohesion' was developed by Dr Suan Goh in the Public health Department before she retired in September. We are now using the rationale in this document to influence the monitoring indicators that will be used in the next Cambridgeshire Local Area Agreement. These will be chosen from the 198 proposed by Dept of Communities and Local Government. We are hoping that NI 2 will be adopted: % of people who feel they belong to their neighbourhood. Indicators 1-7 all reflect aspects of a strong community (see email link) and may be helpful to you in your assessment

<http://www.communities.gov.uk/documents/localgovernment/pdf/505713>

The Improving Health Partnership for Cambridge City and South Cambs is working up a brief to take forward aspects from the recommendations of Dr Goh's first paper - in particular to develop a shared understanding of the community development processes and resources that need to be in place to contribute to social cohesion. This is currently in early stages.

## **7 Conclusion**

The NHS and the PCT have experienced a period of considerable organisational change which is still ongoing. We have made considerable progress with rectifying our financial position and whilst we still have major challenges, the forecast for 2010/11 onwards is more positive.

We are committed to continued strong partnership working and integration of services. We will continue to be fully engaged in the wider planning and delivery process for the growth in this area in order to fulfil our responsibilities and achieve our vision.

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