

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 6th May 2022

Committee:
Health & Adult Social Care Overview and Scrutiny Committee

Date: Monday, 16 May 2022
Time: 10.00 am
Venue: Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited for health and safety reasons. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Members of the public will be able to access the live stream of the meeting by clicking on this link:

<https://shropshire.gov.uk/HASCMeting16May2022>

Tim Collard Assistant Director – Legal and Democratic Services

Members of Health & Adult Social Care Overview and Scrutiny Committee

Nicholas Bardsley	Tracey Huffer
Steve Charmley (Chairman)	Heather Kidd
Gerald Dakin	David Minnery
Geoff Elnor	Chris Schofield
Kate Halliday	Dan Thomas (Vice Chairman)

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

To receive apologies for absence.

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting

3 Minutes (Pages 1 - 4)

To approve as a correct record the minutes of the meeting held on 28th March 2022.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 5PM on Tuesday 10th May 2022.

5 Members Question Time

To receive any questions from members of the council. Deadline for notification is no later than 5PM on Tuesday 10th May 2022.

6 Shrewsbury Health and Wellbeing Hub (Pages 5 - 26)

To scrutinise the case for change for the proposed development of the new Shrewsbury Health and Wellbeing Hub for the south of the town

7 Bishops Castle Community Hospital Update

Further scrutiny of the decision to reduce services Bishops Castle Community Hospital.

8 Work Programme

Report of the Scrutiny Officer – TO FOLLOW

Contact: Danial Webb (Tel: 01743 258509)

9 Date of Next Meeting

To note that the next meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held at 10am on Monday 11th July 2022.

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 28 March 2022

10.00 - 11.45 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Ashley Kendrick

Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present

Councillor Steve Charmley (Chairman)

Councillors Nicholas Bardsley, Gerald Dakin, Geoff Elner, Kate Halliday, Chris Schofield and Dan Thomas (Vice Chairman)

35 **Apologies for Absence**

Apologies for absence had been received from Councillors David Minnery (substituted by Edward Towers), Heather Kidd (substituted by Ruth Houghton) and Hilary Luff.

36 **Disclosable Pecuniary Interests**

Members were reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting.

Councillor Ruth Houghton declared an interest in Agenda Item 5, Winter Plan.

37 **Minutes**

RESOLVED:

That the minutes of the meeting held on 28th February 2022 be confirmed as a correct record.

38 **Public Question Time**

Public questions were received from Darren Childs in relation to West Midlands Ambulance Service (WMAS).

The full questions and responses provided to them are available on the web page for the meeting: [Agenda for Health & Adult Social Care Overview and Scrutiny Committee on Monday, 28th March, 2022, 10.00 am — Shropshire Council](#)

Members requested an update on the information previously requested from WMAS.

39 **Members Question Time**

No Members Questions were received.

40 Winter Plan

Members received a presentation from Kate Garner, Local Commissioning Manager and Laura Tyler, Assistant Director Joint Commissioning on the Adult Social Care Winter Plan 2021/2022.

Members' attention was drawn to how the lessons learned from previous winter periods have been implemented in the 2021/2022 Winter Plan and how activity has been adapted to take account of Covid and workforce pressures - particularly around transfers of care and hospital admission avoidance.

Some examples of what had worked well were highlighted as follows:

- 16 new winter beds were put in place across different locations to increase capacity
- The commissioning of 5 local designated covid beds
- Recruitment campaigns would be taking place throughout the year, with a new recruitment website in development. Talks would also be held with local colleges
- A focus on reablement to maximise independence

Thanks were given to the voluntary and community sector as well as unpaid carers for their resilience across a particularly challenging winter.

It was noted that the team would be looking at how to have a joint Winter Plan, taking into account the need for flexibility and adaptability to meet challenges.

Members were keen to promote career opportunities and suggested that family carers should be paid. It was felt that the priority should be getting patients home with suitable care packages.

It was questioned whether West Midlands Ambulance Service could be contacted to discuss an offer from the fire service to use first responders to support the ambulance service. The Director of Public Health stated that this would be taken back to Joint HOSC to seek clarification on the offer.

Members felt that the public perception of the discharging process was slow and that this should be scrutinised using data. Members were advised that the team would be looking at the journey to discharge, which was complex. There was a lot of work taking place surrounding this and it would be presented in the future to give the community some assurance.

Members noted that there was a joint approach across multiple service areas such as housing and transport to ensure people's wellbeing. They are looking into preventative measures as well as reviewing current services to agree the support that is needed on discharge. Demands and capacity were reviewed on a regular basis.

41 Joint Commissioning

Laura Tyler, Assistant Director Joint Commissioning, gave a presentation on Joint Commissioning, which advised Members that many councils have moved to an all ages integrated approach recognising a whole family approach to services at place-based level. This has been aligned with national strategy emphasising the need for integration. Joint Commissioning looks to deliver a personalised service by involving people in their own care and care decisions.

Members were advised that the team were working with health colleagues to streamline the service provision and an emphasis put on early intervention.

Members noted that following the migration of the CCG to the Independent Care System, the team would be looking at governance and structures as the Council has a statutory duty to manage the care market.

Members raised concern that partnerships cannot be successfully formed when data is not being shared. Members were advised that joint dashboards had been set up and protocols would be developed. This would enable scrutiny and to hold decisions to account. It was noted that local decisions would be considered by a local Board before being implemented and that the Council had a strong voice when it came to decision making.

The Joint Commissioning team were working closely with the CCG to develop a stronger Commissioning team.

Members noted that briefings would be held on how the ICS and Shropshire Integrated Place Partnership are working and how the community can keep track of progress.

42 Work Programme

The contents of the work programme were noted.

It was agreed that an informal meeting would be arranged prior to the next meeting to discuss additions to the work programme. Further details would be circulated outside of the meeting.

43 Date of Next Meeting

Members noted that the next meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held at 10am on Monday 16th May 2022.

Signed (Chairman)

Date:

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Shrewsbury Health and Wellbeing Hub: **Case for change**



Introduction

This document is a case for change for the proposed development of the new Shrewsbury Health and Wellbeing Hub for the south of the town. It outlines the issues currently faced by general practice and the wider NHS, as well as the ambitions of the Integrated Care System (ICS) for Shropshire, Telford and Wrekin. The document sets out why things need to change for the benefit of our patients and communities.

Overview

Shropshire Clinical Commissioning Group (CCG) was selected as one of six pilot areas within England to develop and deliver a new health and wellbeing hub, also known as a 'Cavell Centre'.

The CCG selected Shrewsbury as the target area and in particular the southern part of the town for the location of this pilot project. There are six GP practices within this geographical area, which are all part of the same Primary Care Network (PCN). Within this small network there are a mixture of properties with varying conditions but in the main the stock is either no longer fit to deliver modern healthcare services and/or there is insufficient space to meet future demand, with no option to extend outwards or upwards.

There are six GP practices involved in this project as follows:

- Beeches Medical Practice
- Belvidere Medical Practice
- Claremont Bank Surgery
- Marden Medical Practice
- Marysville Medical Practice
- South Hermitage Surgery





The Shrewsbury Health and Wellbeing Hub would involve the co-location of GP practices alongside other health, social care, voluntary and community services in a state-of-the-art building located in the southern area of the town.



The national Cavell Centre programme – overview

The Shrewsbury Health and Wellbeing Hub is part of the pilot programme to develop NHS Cavell Centres. Cavell Centres are community health and wellbeing buildings, offering a range of joined-up health and social care services, closer to home.

The centres form part of a national estates programme and are designed around a core primary care offering. They will promote the co-location of community services, outpatients, diagnostics and other NHS health services helping to support the wider determinants of health.

Inclusion within a Cavell Centre will be informed by the Primary Care Networks (PCN), strategic planning and local system priorities based on population health data and demographics. The new floorspace will help to support and accommodate an expanded primary care workforce. Additional facilities will help meet the shift in delivering a greater number of local services into a community setting, in line with the ambitions of the NHS' 2019 Long Term Plan. The buildings will be ICS-owned and will come in one of three repeatable designs ranging from c.2,500 – 6,000sqm. It is anticipated that the Centres will offer care for between 25-150k population. This standardised approach to design will enable local systems to deliver high-quality, modern, flexible healthcare facilities at scale, and at pace.

Cavell Centre principles

The Cavell Centres will have a common set of principles, which in their current (draft) state are:



- 1. An integrated and broad service offer that is wrapped around primary care**



- 2. A community hub that addresses health inequalities, supports the health and wellbeing needs and aspirations of local residents, as well as supporting and strengthening healthy and resilient communities**



- 3. Future-proofed and sustainable:**
 - Uses modern methods of construction including a modular approach and standardised design components
 - Net-zero carbon in planning, construction and operational phases
 - Enhances access to and use of green and blue spaces, including growing spaces
 - Digitally enabled and connected.



- 4. High quality, fully utilised and flexible clinical and non-clinical space that:**

- Can meet the changing needs of the community and service providers
- Provides the minimum possible quantum of exclusive use space, e.g. spaces that cannot be shared
- Maximises the amount of shared space – clinical and non-clinical, including; single reception; shared and activated waiting room space; meeting/group rooms; and shared office spaces
- Takes a creative approach to ensuring flexibility and use of floor space to maximise activity that supports and promotes patient wellbeing
- Provides flexible clinical space that is not determined by any single model of care
- Provides the opportunity to reimagine the traditional delivery of healthcare provision to include the health-generating potential of place-making, the creative arts and a co-designed purpose-built building that embeds wellbeing into the fabric of spatial design.



The Shropshire, Telford and Wrekin Integrated Care System (ICS) vision

From July 2022, the Shropshire, Telford and Wrekin Integrated Care System (STW ICS) will become statutory. Integrated Care Systems (ICSs) will be made up of two key bodies:

- **An NHS Integrated Care Board (ICB)** – the statutory body which will take on the planning functions and budgets currently held by the Clinical Commissioning Group (CCG)
- **An Integrated Care Partnership (ICP)** – the statutory committee of the ICS, that brings together the NHS and local authorities as equal partners to focus more widely on health, public health and social care.

The new ICS will be made up of health and care commissioners and providers including those partners specified in Appendix B of this document. The ICS sets out ambitious plans to encourage health and care organisations to work more closely together to improve outcomes, care for local people and reduce

pressures on services. It also aims to transform ways in which new technology can be harnessed, how gaps in the workforce can be filled and financial resources better spent.

The following are the overarching aims of the STW ICS – all are met by the proposed health and wellbeing hub for Shrewsbury:

- Support children, adults of working age and older people, to live in good physical and mental health for as long as possible throughout their lives, by providing a greater emphasis on prevention and self-care
- Enable our varied and vibrant communities to thrive – boosting ‘out-of-hospital care’ and dissolving boundaries between primary and community care. Helping people to stay at home with the right support so that fewer people need to go into hospital
- Deliver world-class care for major health problems, giving people better health information and making sure everyone gets the same high-quality care, no matter where they live
- Use the opportunities that developing technologies offer to fuel innovation, supporting people to stay independent and manage their conditions, as well as using data, evidence and insight to underpin decision-making at every level of our transformational change
- Attract, develop and retain world-class staff to ensure we involve, engage and co-produce with them, our partners, carers, the voluntary sector and residents living in Shropshire, Telford and Wrekin throughout the planning and shaping of future services
- Ensure we make the most of our available resources, and have realistic financial and workforce projections which are both achievable and sustainable into the future
- Acknowledge and respond to the global climate emergency – developing an environmentally friendly health and care system by delivering high-quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The aims set out for this project also align to the Shropshire, Telford and Wrekin ICS's overarching pledges including:

- Improving safety and quality – making sure our services are clinically safe throughout the system, delivering the System Improvement Plan and tackling the backlog of elective procedures as a system
- Integrating services at place and neighbourhood level – developing local health and care hubs to improve not just the physical but mental health of people, building on the principles of one public estate and the assets of individual communities
- Tackling the problems of ill health, health inequalities and access to health care
- Economic regeneration - to harness the potential of the health and care system together with wider public services to contribute to innovation, productivity and good-quality work opportunities
- Workforce – making our system a great place to work by creating environments where people choose to work and thrive, as well as building system leadership and a flexible co-operative workforce.

The changing face of general practice

The role of GP services has changed. Back in the early days of the NHS, most treatment involved single physical 'care and repair' appointments.

Today there is a much greater focus on mental health, preventative care and managing long-term conditions such as diabetes, obesity and musculoskeletal diseases associated with an ageing population.

These days, 90% of all patient contact is within general practice. It is the first contact in the healthcare system and is referred to as the 'front door of the NHS'. Coupled with increasing life expectancy rates and growing GP patient lists, the landscape becomes a lot clearer. In 1948, the average GP patient list was 2,461, today, that figure is closer to 9,000.

There are 9,500 general practice buildings in England, half of which are owned by GPs themselves. These are typically in converted residential accommodation with insufficient space to modernise or extend to meet future demand. As part of the GP Premises Review in 2019, 50% of GP owner-occupier respondents felt that their practices were not suitable for present or future service delivery needs. This equates to 25% of general practice buildings in England.

In 1948, the average GP patient list was 2,461, today, that figure is closer to 9,000.





The need for change

Alongside these drivers for change in general practice, there are also a number of key issues to consider across the whole of the NHS.

1 Financial and operational pressure

The national picture for the NHS is one of financial and operational pressure over the medium- to long-term. The healthcare organisations serving the populations of Shropshire, Telford and Wrekin are not unique in terms of the challenges they face. This means that if action is not taken now, more difficult challenges will be faced in the future. There is a need to make best use of the resources available to ensure the best care for patients is available.

2 Need to take decisive action now

The financial performance of the NHS is significantly challenged and healthcare leaders expect it to remain so. This means that there is no real option to delay decisions and we need to take action now. We must plan with the resources we know we will have access to, to meet the medical needs of our patients.

3 Rising demand

We have already outlined the increasing pressures in general practice, however nationally, A&E attendances have risen considerably over the past few years and continue to do so. Emergency admissions are also increasing at a significant rate. Targets around planned care are not being met by most provider organisations and available beds in the NHS continue to decrease in number year-on-year. This means that without a focus on delivering care in the right place, at the right time and avoiding unnecessary use of A&E services, the strains on capacity will only worsen. This would likely mean longer waiting times for patients and a worse patient experience.

Current general practice buildings do not allow for different health and care services to be co-located. Because of ownership arrangements, NHS commissioners are not able to influence this. Put simply, we are not making best use of our general practice buildings and therefore of taxpayer's money.

This building stock is also expensive. Approximately 35% of general practice buildings are provided by private landlords while 15% is owned by one of the two NHS property companies. These buildings cost the NHS approximately £940 million a year.



4 **Recruitment and retention**

Recruiting and retaining the right staff within the NHS remains a huge challenge for NHS organisations with political, social and financial factors only set to exacerbate issues. This is particularly the case for GPs. It means that we must accept and together prioritise, the need to retain the hard-working, dedicated clinical and support staff that we have now and offer attractive conditions to enable us to recruit more staff in the future.

Analysis conducted by the House of Commons library in 2021 found there has been a 20% rise in the number of patients per GP in Shropshire, Telford and Wrekin compared to five years ago. The number of GPs employed in the county, however, has fallen to 245 – a drop of 13% since 2015. Analysis also showed there was one GP per 2,065 people across the county as of June 2021 – up by a fifth from one per 1,700 people in the area five years ago.

Likewise, although the Shropshire, Telford and Wrekin area has slightly more full-time staff per 100,000 patients in England as a whole (49.1% in STW versus 45.5% nationally), GPs have a higher percent aged over 55 than England (25% in STW versus 23% nationally). The same issue occurs with 'direct patient care' where 32% of staff in STW is over 55 versus 26% nationally.

5 **Need to collaborate**

The general consensus is that short-term solutions and fixes will not be enough to enable us to continue to provide high-quality care for patients. Integrated Care Systems (ICSs) present a new opportunity for NHS organisations to work together with local authorities and other partners to transform services and focus on improving and delivering quality care to patients. This means that by collaborating as one system and thinking differently about how primary, secondary, tertiary, social care and voluntary services work together will be vital to finding new answers to the challenges we face.

The case for change for general practice, as well as the wider NHS, is compelling.

If we do not change the way in which 'front door' services are provided, we will not deliver our ambitions for patients as set out in the NHS Long Term Plan (LTP).

Published in 2019, the LTP sets out an ambition to make the NHS fit for the future, making sure everyone gets the best start in life, delivering world-class care for major health problems and supporting people to age well. It looks to do this by:

- doing things differently
- preventing illness and tackling health inequalities
- backing our workforce
- making the best use of digital technology
- getting the most out of taxpayers' investment in the NHS.

The case for the co-location of general practice services

Evidence linked to the co-location of general practice services provides a strong call to action.

A study conducted by the Nuffield Trust in 2018, highlights how a similar model of care to the Shrewsbury Health and Wellbeing Hub proposal can benefit an older demographic. This 'one shop' primary care service was set up within three London boroughs and was specifically aimed to help older people with complex health care needs.

The study used a new model known as 'Health 1000' to improve quality of life through personalised care for patients. Delivered by a clinically led multidisciplinary team and supported by contribution from the third sector, this care model also focused on prevention and early intervention. See Appendix A for further details on the study.

The Nuffield Trust was commissioned by the Redbridge Clinical Commissioning Group (CCG) to evaluate this 'one shop' service and to understand the impact it created on the use of primary care services, as well as the impact on staff and patient experience.

The following key points were concluded from the study:

- That GP hubs dedicated to the care of older people with complex care needs can have a positive impact on quality of care
- The majority of patients interviewed within the study were extremely satisfied with the service they were receiving, as were staff
- Patients liked the attentiveness of clinical staff, the availability of GP appointments and the caring nature of the service
- Staff reported reduction in unnecessary outpatient referrals and significant improvements to medicines management. They also referred to the benefits of better care continuity, for example, in enabling quicker discharges from hospital and avoiding duplication across the system.



Opportunity for change

In recent years, there has been investment in new GP buildings in the north and centre of Shrewsbury with the development of the Severn Fields Health Village in 2012 and Riverside Medical Practice in 2020.

Likewise, there was a period of investment in Telford and Wrekin where newbuilds were completed for Charlton, Donnington, Court Street, Teldoc and Malinslee GP practices between five and ten years ago. Shawbirch Medical Practice and Shifnal Surgery are the latest to receive substantial investment with construction underway for Shawbirch and work to commence for Shifnal in 2022.

The health and wellbeing hub proposed for the south of Shrewsbury would mark a new investment for this part of town where, similar to the northern part, there are pockets of deprivation that would benefit from this kind of development. Meole Brace, located in the southern part of Shrewsbury, is one of four areas in the town which falls in the top 15% most deprived nationally, based on the 2019 Index of Multiple Deprivation (IMD).

The 2011 Census shows that in Shrewsbury, 13.3% of residents aged 16-64 were economically inactive due to long-term sickness or disability. This is higher than the overall Shropshire rate of 11.1%.

The population of Shrewsbury is also forecast to rise from 71,700 in 2011 to 85,700 in 2026. This is a rise of 19.5% over this period. The largest part of this increase is expected between 2016 and 2026, when the population is forecast to rise by approximately 11,000 people or 14.5%. See Appendix C for further local demographic data in relation to this case for change.



Rationale

Redesigning primary care and community care will be key to creating a high-quality, safe and sustainable health care system which addresses the challenges facing primary care providers.

These challenges include demands associated with a growing population and the consequences of providing more proactive care closer to people's homes. In particular, primary care needs to improve its support to people with long-term healthcare needs, helping them to stay well and in control of their conditions. Improved levels of access, proactive and coordinated care, multidisciplinary team working and the innovative approaches that new technology brings can only be provided sustainably if smaller practices are brought together in facilities where they can support one another.

The existing GP buildings and infrastructure do not meet current and future needs

Working together in shared facilities and improving the estate is fundamental to the way care will be delivered in the future. The Nuffield Trust¹ stated that the traditional model of small GP surgeries is no longer suitable and preparation should be in development to increase the scale of practices. This aligns with the messages repeated in NHS England's Five Year Forward View and the NHS Long Term Plan regarding delivering care in networks, federations and super partnerships. Consistent with these national policies and local strategies detailed in the earlier sections, the development of new facilities can act as an enabler for new models of care by co-locating health, social care and community facilities within a single development.

The vision for primary care is for general practice to continue as the bedrock of the NHS, aligned to place-based care, allowing flexibility for the workforce, delivering continuity and improved access for patients especially when facing complex health needs.

The Shrewsbury Health and Wellbeing Hub project forms part of the overall Primary Care Strategy and has strategic fit with the Primary Care Estates Strategy. The opportunity to progress the Health and Wellbeing Hub allows several elements of the estates' strategy to be delivered.

The Primary Care Estates Strategy seeks to address the capacity issues which currently exist and those that will be brought about by increased population growth. In addition, the strategy seeks to address the backlog of maintenance on all the GP properties which amounts to approximately £3.3 million. The development of the health and wellbeing hub would address both of these key elements of the strategy.

Our vision for primary care sits within the overarching vision of the NHS Long Term Plan. Patients value the services of their GP practices and rely on good access and high standards of care.



¹ <https://www.nuffieldtrust.org.uk/files/2017-01/new-models-of-primary-care.pdf>

There are several factors that support the need for a health and wellbeing hub in Shrewsbury:

- The majority of the practices associated with this scheme have outgrown their existing premises and there is either no space for future expansion or they are running out of space for future demand
- Much of the current primary healthcare estate is dated and ill-equipped to deliver on the ambitions of the NHS Long Term Plan or the Primary Care Network (PCN) agenda
- The hub will support effective and high-quality care, promoting patient-centred services delivered at one location
- The hub will help ensure that professional relationships are forged on a system-wide basis and sustained to robustly tackle health inequalities
- Supporting integrated working across partners within the Integrated Care System (ICS)
- To provide a platform for sustaining and expanding clinical services, in line with the future models identified within the Primary Care Strategy
- To enable the shift of services out of hospitals and into communities, helping to make sure that people receive the right care at the right time, in the right place and delivered by the right person
- To make better use of existing resources supporting value and sustainability
- Increase local access to a greater range of modernised services
- Increase integration of multidisciplinary teams and services. Patients will be more likely to access all components of their care plan if this can be done under one roof, meaning that quality of care will consequently improve, non-attendance will reduce and outcomes will be maximised
- Improve safety and quality of facilities in which services are delivered and based
- Decommissioning a number of disparate buildings that currently deliver components of support but are no longer fit for purpose. This should reduce revenue costs in the future and remove running costs that are generally high due to the age and poor repair of many of these buildings
- Reduce travel costs for patients and travel costs to the organisation through removing the need to be moving between multiple premises
- Staff time spent travelling will also be reassigned to clinical or client work, thereby increasing patient/client-facing capacity
- Provision of a facility that is compliant with the relevant infection prevention control regulations making it easier to clean, meaning that healthcare-acquired infections are much less likely, which makes care and treatment safer.



High-level objectives and vision for the future

The Shrewsbury Health and Wellbeing Hub project aims to deliver a new model of primary and community care at the heart of the community in a joined-up way across the healthcare system, with partner organisations.

The following high-level objectives for the scheme have been developed and these will be reviewed as the project progresses and refined for the purposes of the business case.



- 1** Improve local access to a greater range of services that are integrated under one roof.
- 2** Ensure that services are designed around the needs of local people, support self-care and are based on shared decision making.
- 3** Foster a community-led approach to wellbeing by creating opportunities for the VCSE and local groups to be involved in care.
- 4** Improve the recruitment and retention of staff by creating an attractive place to work and offering alternative models of employment.
- 5** Increase capacity to meet rising demand and create flexible accommodation that can be adapted as services develop.
- 6** Create modern, fit-for-purpose accommodation that provides a safe, high-quality environment and that supports the net-zero carbon ambitions of the NHS.
- 7** Offer new solutions for property ownership and management, which unlock liability of the estate from GPs.
- 8** Support economic regeneration in the area.

The Health and Wellbeing Hub will provide joined-up health and social care along with voluntary and community services, in a modern, state-of-the-art building for the south Shrewsbury area. The hub aims to support the health and wellbeing of residents rather than just treating illness. It will promote the co-location of community services, outpatients, diagnostics and other NHS health services, in addition to third sector and local authority services such as social care and housing support.

The hub will provide the infrastructure and flexibility, due to a modular design, to provide care in a building that is fit for purpose both now and in the future. This new, standardised approach to design and delivery will enable local systems to deliver high-quality, modern, flexible healthcare facilities at scale and at pace. It is anticipated that the building will be completed by 2025 and will offer care for between 50,000 to 80,000 people.

The building will be owned by the Shropshire, Telford and Wrekin Integrated Care System (ICS), bringing a new and flexible approach to local NHS property ownership. This will be known as the Local System Controlled model.

GP recruitment in Shropshire is a longstanding issue and the impact on patients is great. A Local System Controlled model will make it more attractive to GPs and boost recruitment by removing the burden of property ownership and maintenance. This will allow GPs more time and space to provide healthcare and to develop their careers, including specific interests, through specialist clinics such as orthopaedics or dermatology.

System ownership will enable truly joined-up, integrated working across primary, community, secondary, mental health, social care and other inter-departmental organisations.

The new hub will help to support and accommodate an expanded GP workforce and co-locate community services to enable a truly joined-up approach to services across a wide range of partners. Additional facilities will help meet the shift in delivering a greater number of local services into a community setting, in line with the ambitions of the NHS Long Term Plan.

Benefits for patients

The Health and Wellbeing Hub will deliver several benefits to the local area and therefore it is considered a valuable addition to the Shrewsbury health economy portfolio. Fundamentally, the new facility will provide excellent healthcare to meet the needs of the locality both now and in the future.





The proposed development will benefit patients in the following ways:

1 More quality health and care services can be delivered for patients in one location with modern facilities.

Working in partnership with local authorities, community services and charity organisations, a health and wellbeing hub would pioneer a new joined-up way of working that would bring multiple services under one roof, reducing the need for patients to move to different places for different healthcare appointments. It would also enable the shift of some services out of hospitals and into communities, if appropriate. This would make attending multiple appointments easier as well as more cost-effective for patients in terms of travel costs and parking – free parking would be available for patients at the hub.

For local residents, the Shrewsbury Health and Wellbeing Hub would enable services to run more efficiently. It would also improve the safety and quality of facilities as the building would be easier to clean, making healthcare-acquired infections much less likely, therefore making care and treatment safer.

The hub would also enable the decommissioning of buildings that are simply no longer fit for purpose and expensive to run. In their place would be a model that provides a platform for sustaining and expanding clinical services due to the hub's modular design for extension.

2 Patients can experience the benefits of new technologies, research, learning, and new ways of working.

The standardised approach to design and delivery, through the new GP estates model, would enable local systems to deliver high-quality, modern, flexible healthcare facilities and promote patient-centred services in one location. This approach would also help to forge professional relationships across the Integrated Care System (ICS) to promote inter-disciplinary learning, continuous improvement and to tackle health inequalities across the area.

The hub is also part of a vision to ensure that future investment is made in a clearer and more planned way. The investment would be made into a professionally managed building that is purpose-built to benefit from new technologies, is carbon-neutral, can deal with increased pressures and improve GP services for patients.

Patients can access quality healthcare and resources can be used more effectively by commissioners to invest in other services for the community.

A new model of GP estate ownership is proposed via the Shrewsbury Health and Wellbeing Hub, however it is also proposed to make better use of existing resources to support value and sustainability.

The new model would be known as the Local System Controlled model and would enable fully flexible occupation of services, give better value to the taxpayer, as well as enabling the co-location of NHS and non-NHS services to improve patient experience and population health.

3 Patients can be supported to make the right choices about the best places to receive care and advice.

The health and wellbeing hub would promote the co-location of community services, outpatients, diagnostics and other NHS health services, in addition to third sector and local authority services such as social care and housing support.

A primary aim of this development is to increase the integration of multidisciplinary teams and services so that patients are more likely to access all components of their care under one roof. This could mean that one patient is seen by several health and care professionals during a single visit and therefore does not need to travel to different locations for relevant services. The hub may also act to remind patients to visit services as part of their general health and wellbeing, such as the pharmacy. The vision is that quality of care will improve and therefore non-attendance would reduce, resulting in positive outcomes for patients being maximised.

4 Patients will be encouraged to make practical choices and lifestyle decisions which help them to use NHS services in a sustainable way.

An advantage of the Shrewsbury Health and Wellbeing Hub development would be removing estate management responsibilities for GPs which would enable them to focus more on delivering medical care and promoting health and wellbeing for patients.

It would also help to improve recruitment and retention of GPs and other clinical staff, which would benefit patients. A Local System Controlled

model would also allow for rapid transformation and modernisation of the GP estate ensuring the retention of assets and value as well as a sustainable approach for the future.

5 Facilities run by commissioners who are committed to taking decisive action to reduce health inequalities and improve clinical outcomes for patients.

The hub would support the health and wellbeing of residents rather than just treating illness, plus it would potentially reduce travel costs for patients and healthcare workers by removing the need to move between multiple premises for different appointments.

Additional facilities would also help meet the shift in delivering a greater number of local services into a community setting in line with the ambitions of the NHS Long Term Plan, and importantly, would reduce pressure on hospital services, with the new model providing access to shared care and acute outreach clinics. Modern facilities would also provide easier access for people with a disability or mobility issues.

6 Patients can access a healthcare appointment more quickly.

By expanding the GP workforce to include additional roles like pharmacists and social prescribers, as well as improving the retention of our existing clinical staff and the recruitment of new staff, there would be more people available to support our local people when they have a medical need. This should mean easier and quicker access to an appointment.

Conclusion

Services have changed beyond recognition since the start of the NHS and we need to place a greater emphasis on mental health, preventative care and managing the long-term conditions of an ageing population. More specific to the south of Shrewsbury, we know that parts of the area are deprived – and health determinants point to the need to improve and invest in health and social care facilities.

To make this necessary improvement we need to work effectively and collaboratively with our health, social care, voluntary and community sector partners across Shropshire, Telford and Wrekin. We need to offer different services under one roof and to think differently about how they can be transformed and improved.

Growing patient lists, life-expectancy rates and secondary care pressures mean that general practice needs to be able to adapt and modernise to meet current and future demand. Many GP buildings, not just in Shrewsbury but also the whole of the UK, are largely unable to diversify; many are not fit for purpose and are a heavy burden on taxpayers' money.

The proposal for a health and wellbeing hub in Shrewsbury, is primarily aimed to alleviate the pressures we are currently facing in general practice but also in secondary care, as well as to place the onus on the needs of services being available within a local community that would benefit from national investment.

Modern, high-quality GP services in Shrewsbury would provide a more holistic approach to health and wellbeing in a state-of-the-art building. It would also help to support retention and recruitment of our skilled health professionals who would be working in an active and dynamic working environment.

As we know, the NHS's financial performance is significantly challenged. If action is not taken now the NHS will face greater difficulties in the future. Doing nothing is not an option and short-term solutions are not enough to provide the quality care needed for patients.

We therefore must act with the resources we have now, to bring about positive, long-term change for GP services, not just in Shrewsbury or the wider county but across the whole country.

The Shrewsbury Health and Wellbeing Hub is part of an exciting and transformative new model of care for the NHS and its partners. Now is the time to co-design truly integrated health and care services which deliver the best possible outcomes for all.



Appendix A

The Nuffield Trust study *Patient-centred care for older people with complex needs: Evaluation of a new care model in outer east London* included within this document was produced by Chris Sherlaw-Johnson, Helen Crump, Sandeepa Arora, Holly Holder and Rob Meaker

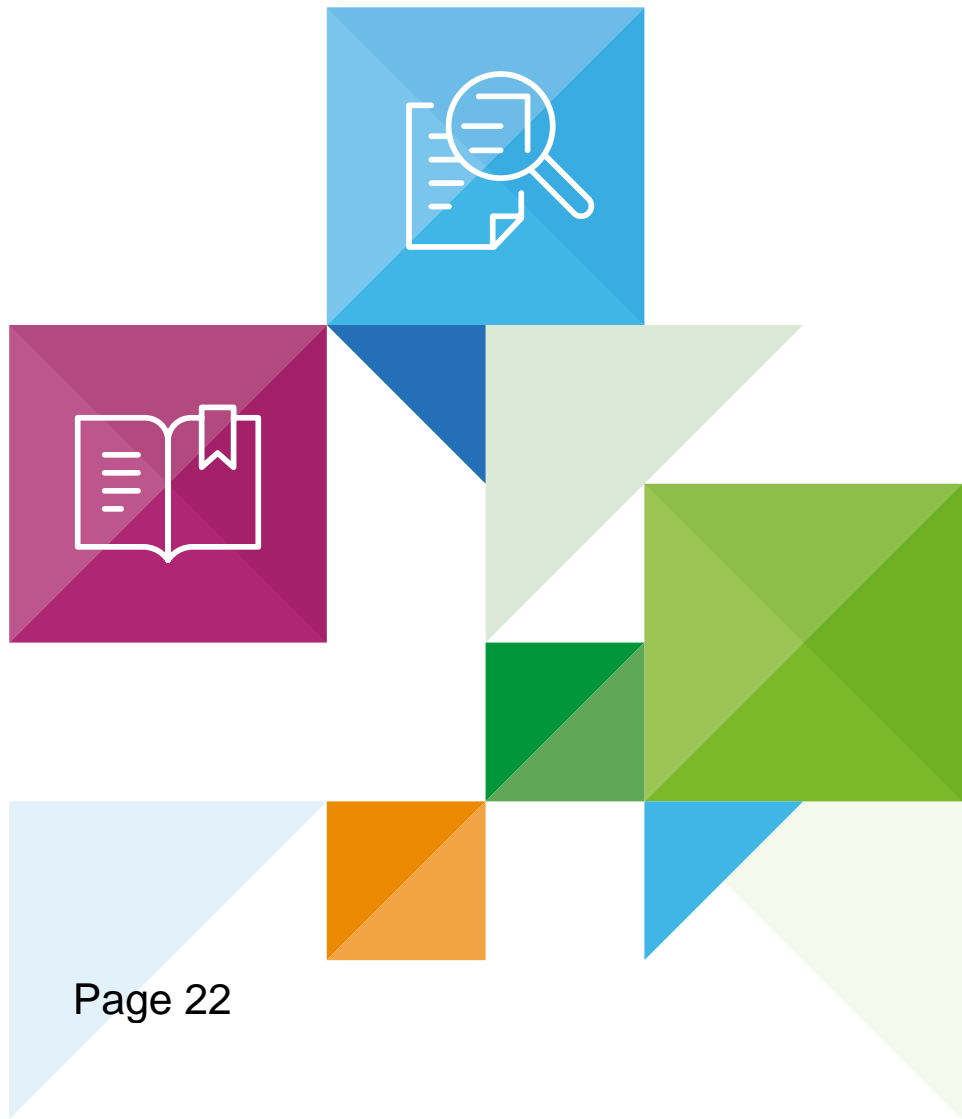
The full report can be found here:

[1524661229_bhr-2-complex-care-web.pdf](#)
(nuffieldtrust.org.uk)

The King's Fund case study *Specialists in out-of-hospital settings* included within this document was produced by Ruth Robertson, Lara Sonola, Matthew Honeyman, Beatrice Brooke and Suruchi Kothari

The full report can be found here:

[Specialists in out-of-hospital settings](#)
(kingsfund.org.uk)





Appendix B

Lead partners and key stakeholders

The lead partners and key stakeholders involved in the Shrewsbury Health and Wellbeing Hub are all focused on delivering the best possible outcomes for patients, which meets their expectations as taxpayers and as citizens.

The lead partners and key stakeholders within this project are:

- Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG)
- Shropshire, Telford and Wrekin Integrated Care System (ICS)
- The six GP practices as part of the Shrewsbury project
- NHS England and NHS Improvement (NHSE/I)
- Shropshire Council including the Health Overview and Scrutiny Committee (HOSC)
- The Robert Jones and Agnes Hunt Orthopaedic Hospital
- The Shrewsbury and Telford Hospital NHS Trust
- Shropshire Community Health NHS Trust
- Midlands Partnership NHS Foundation Trust
- Local voluntary and community sector organisations, particularly those supporting seldom-heard groups, including older people, younger people, those with a disability, parents of young children
- Private and voluntary/community sector providers of health and wellbeing services
- Healthwatch Shropshire
- Patient groups including PPGs and the CCG Assuring Involvement Committee

Appendix C

Local demographic data

Shrewsbury is the largest town in Shropshire by population. The Mid-Year 2016 Population Estimates show that 74,800 people lived in Shrewsbury – its population density was 18.9 people per hectare, making it the third most densely populated of all Shropshire market towns. Shrewsbury’s Town Council population has increased since 1981 from 58,351, an increase of almost 23% in 30 years.

The population of Shrewsbury is forecast to rise from 71,700 in 2011 to 85,700 in 2026. This is a rise of 19.5% over this period. The largest part of this increase is expected between 2016 and 2026, when the population is forecast to rise by approximately 11,000 people or 14.5%.

The number of dwellings is also forecast to increase from 32,100 in 2011 to 37,900 in 2026. This is an increase of 18%. Similarly, the largest part of this growth is forecast to happen between 2016 and 2026.

Meole Brace, in the south of the town, is one of four areas in Shrewsbury which falls in the top 20% of the most deprived nationally. Additionally, the 2011 Census shows that in Shrewsbury, 13.3% of residents aged 16-64 were economically inactive due to long-term sickness or disability. This is higher than the overall Shropshire rate of 11.1%.

Data also shows that Shropshire is expected to see a 50% increase in the older population with the total number of people aged 65 and over projected to grow from 74,029 in 2016 to 110,926 in 2036. The projected increase is slightly higher than that expected for England (49%) and the West Midlands (42%).



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