

10 October 2019	ITEM: 6
Orsett Hospital Task & Finish Group	
Sustainability and Transformation Plan (STP) Update: Integrated Medical Centres – A Report on Progress	
Wards and communities affected: All	Key Decision: Non-Key
<p>Report of the Senior Responsible Owners (SROs): Les Billingham, Director Adult Social Care & Community Development; Thurrock Council – Tilbury and Purfleet IMCs; Tania Sitch, Partnership Director Adults Health and Social Care Thurrock (NELFT NHS Foundation Trust and Thurrock Council) – Corringham IMC; and Nigel Leonard, Executive Director of Strategy and Transformation, Essex Partnership University NHS Foundation Trust – Grays IMC.</p>	
Accountable Assistant Directors: As above	
<p>Accountable Directors: Roger Harris, Corporate Director of Adults, Housing and Health; and Mandy Ansell, Accountable Officer, NHS Thurrock CCG</p>	
This report is Public	

Executive Summary

The Council and partners in the health sector have been working together to develop a new model of care. This will provide an integrated health and social care service, delivered from modern, high quality premises, and able to attract the best staff.

Four new Integrated Medical Centres are proposed with the intention of locating the new model of care in the heart of the communities that they serve, thereby bringing a greater range of health and care services under one roof. The IMCs will improve and simplify care pathways for patients, and also to help address the increased demand for services which will result from planned population growth. The IMCs are to be located in Tilbury, Corringham, Purfleet and Grays.

Good progress continues to be made with planning, financing and service transformation for all four Integrated Medical Centres, and dedicated programme management is now in place. This report provides information on the progress of the programme, and contains details of each of the Integrated Medical Centres.

1. Recommendation(s)

1.1 The Committee is asked to consider and note this report.

2. Introduction and Background

- 2.1 The Committee will be aware that the quality and capacity of health provision in several areas of the Borough falls below the standards that the Council and National Health Service partners would like to see delivered. The Council, with its health partners, have an exciting opportunity to address this and improve the health and well-being of the population of Thurrock by moving from outdated facilities and fragmented services, improving the capacity and capability of primary, community and mental health care, and delivering an integrated health, social care and community/third sector care model with Thurrock's residents at its heart.
- 2.2 To this end the Council entered into a Memorandum of Understanding (May 2017) with Basildon and Thurrock Hospitals NHS Foundation Trust, Essex Partnership University NHS Foundation Trust, NELFT NHS Foundation Trust, and Thurrock Clinical Commissioning Group. This ensured that our strategy locally evolved from the broad concept of Integrated Healthy Living Centres into a firm commitment to deliver four new Integrated Medical Centres in Thurrock. A dedicated programme management resource, reporting to the Integrated Care Partnership of the Council and health partners, has recently been commissioned to oversee delivery of the Integrated Medical Centres.
- 2.3 The Integrated Medical Centres will serve local populations and will be located in:
- Tilbury - to primarily serve Tilbury and Chadwell;
 - Corringham – to primarily serve Stanford and Corringham;
 - Purfleet – to primarily serve Purfleet, Aveley and South Ockendon.
 - Grays – to primarily serve Grays but also to act as a Central Hub for the whole of Thurrock; and
- 2.4 The Council has been working with NHS Thurrock Clinical Commissioning Group and health providers to develop the concept of Integrated Medical Centres which will provide an integrated model of care, in high quality premises located in the communities that they serve. The Integrated Medical Centres, will be crucial to the introduction of the new model of care as presented by the Director of Public Health, including the new Enhanced Primary Care Teams, health and wellbeing teams, transformation of health and social care workforce, and Technology Enabled Care.
- 2.5 Discussions have also been held with health partners over the future provision of community mental health services with the aim of improving accessibility. The Mental Health Peer Review in 2018 was clear that, where possible, mental health provision should be integrated into the proposed Integrated Medical Centres and officers are now working to see this implemented.

3. Issues, Options and Analysis of Options

The Operating Model for the Integrated Medical Centres Programme

- 3.1 The new model of service provision which will be delivered from the Integrated Medical Centres is focussed on integration of services across provider boundaries. With the exception of the primary care areas (which have a distinct funding mechanism), providers will not have dedicated rooms that may stand empty outside of set clinic hours, rather rooms will be multifunctional and therefore interchangeable across services. Maximising the use of the space and limiting void time will support the affordability of the Centre for providers and reinforce the integration of services.
- 3.2 Providers are currently working together to establish a set of finance principles which seek to share the risk and rewards created as a result of actual occupancy levels when the Integrated Medical Centres are operational, and reflecting this principle of shared spaces. The shared approach to risk incentivises all partners to maintain utilisation of the Centres. These broad principles are accepted by all partners in the Thurrock Integrated Care Partnership, which is the overall umbrella group established by all National Health Service partners and the Council locally to take forward our integrated health and care agenda. An agreement to define these principles is currently being drafted and once agreed in final form will be the basis of the financial structure across all four Integrated Medical Centres.
- 3.3 To ensure this shared approach results in effective, efficient and economic use of space, Public Health are finalising details of all expected health and social care service activity data for the Integrated Medical Centres:
- Service activity across Thurrock will be apportioned to each IMC;
 - Health planners will then be engaged to finalise the design requirements;
 - Future proofing to address Thurrock's planned population growth.
- 3.4 Consideration is being given to services operating at different times to improve space utilisation, along with new ways of working, maximising agile working and the use of Technology Enabled Care including Telecare and Tele-medicine. This work is integral to the development of Integrated Medical Centres.
- 3.5 When completed, confirmation of design requirements from all parties can be sought, - expected to be at the next Programme Board meeting on 17th October 2019 - and funding and other commitments can then be agreed. Thurrock Clinical Commissioning Group has agreed in principle to commit growth monies to support the funding of the Integrated Medical Centres. The Primary Care elements will be approved by NHS England with rents set in accordance with advice from the District Valuer. The Treasury "5 case model" will be used to develop a Programme Business Case for the purposes of securing NHS England approval for the IMCs.

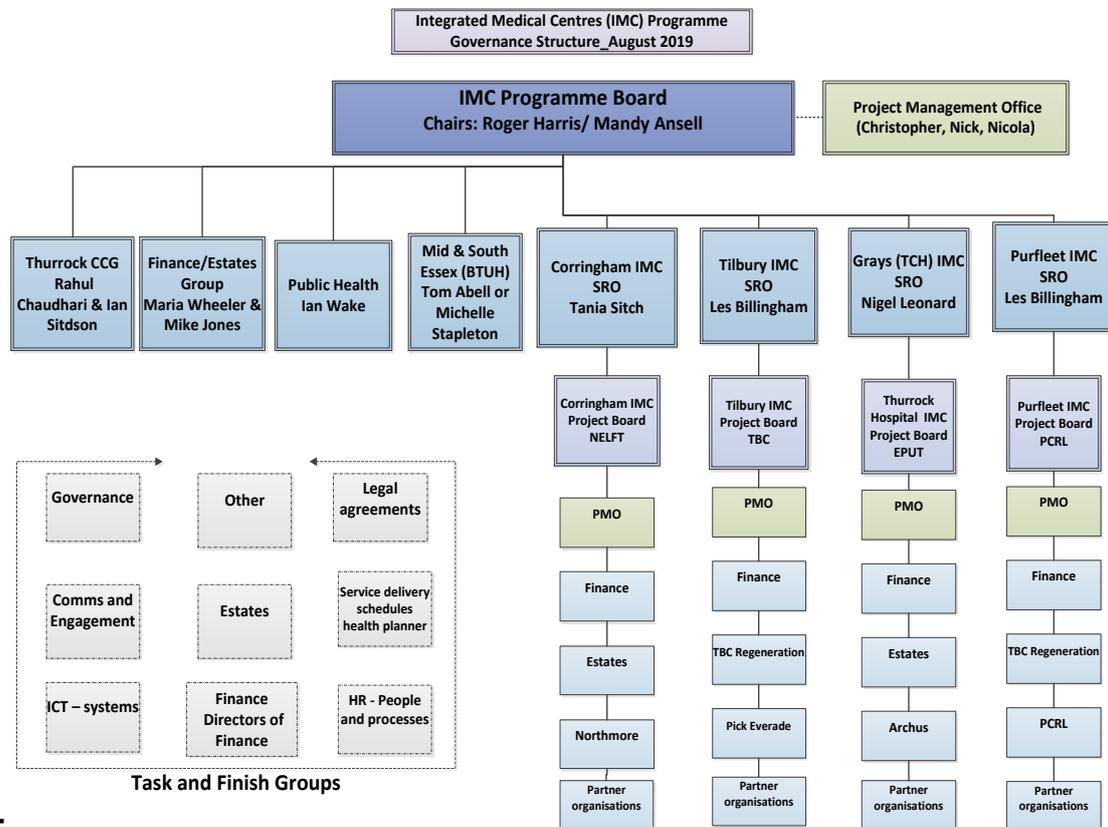
The decision to close Orsett Hospital

- 3.6 In July 2018, following public consultation, the Joint Committee of the Five CCGs in mid and south Essex gave approval to close Orsett Hospital and re-locate services into the community, including out-patients, tests and scans to the four Integrated Medical Centres. Their decision highlighted the need to develop IMCs in a timely manner.
- 3.7 In January 2019 the Health and Well-Being Overview and Scrutiny Committee for Thurrock referred the decision to the Secretary of State who asked the Independent Reconfiguration Panel for their advice. On 17 July 2019 the Independent Referral Panel wrote to the Secretary of State stating (inter alia): “The Memorandum of Understanding co-signed by the CCG, Council, and Basildon Hospital explicitly stated that services at Orsett Hospital would not cease prior to the construction and opening of the IMCs. The CCG Joint Committee decision on 6 July 2018 quoted the agreement and reiterated that services at Orsett Hospital would not be closed until new services were in place in agreed new locations. The Panel expects this undertaking to be honoured.”
- “They will need to be developed, and the outstanding details agreed, with the collaboration of relevant partners including the proposed People’s Panel and local Healthwatch and subject to ongoing consideration by the relevant scrutiny bodies.”

Governance arrangements

- 3.8 The delivery of the IMC programme will be governed through the Thurrock Alliance, which will be developed into Integrated Care Partnership, 2019. The Programme Board will oversee and lead the development and delivery of the four IMCs; representation will include key strategic leads from partner organisations and all four Senior Responsible Officers (SROs).
- 3.9 The four IMCs will each have a Senior Responsible Officer (SRO) to lead and direct the delivery of the designated IMC, as listed below.
- **Tilbury** (and Chadwell): Thurrock Council
 - Chair: Les Billingham
 - PMO: Nicola Windsor, Christopher Smith, Nick Hammond
 - **Corringham** (and Stanford): NELFT NHS Foundation Trust
 - Chair: Tania Sitch
 - PMO: Nicola Windsor, Christopher Smith, Nick Hammond
 - **Grays** (Central Hub for the whole of Thurrock): EPUT NHS Foundation Trust
 - Chair: Nigel Leonard
 - PMO: Nicola Windsor, Christopher Smith, Nick Hammond
 - **Purfleet** (and Aveley and South Ockendon): PCRL
 - Chairs: Les Billingham
 - PMO: Nicola Windsor, Christopher Smith, Nick Hammond

3.10 Each project board has of key members to enable the project to continue to make progress, meeting key milestones. All members will be responsible for developing and delivering clearly defined actions within a regularly reviewed project plan.



Key risks and issues for the IMC Programme

- 3.11 There are a number of risks and issues to note:
- Imminent senior management changes at NHS Trusts and CCG.
 - The geographies of the nascent Integrated Care Systems.
 - Approvals required from NHS England and NHS Trust Boards to commence development.
 - Potential issues re planning consent for the IMCs.

Overall timetable and next steps

3.12 The IMC Programme involves 4 complex property development projects which are each subject to separate consideration by the Planning Authority. In addition, there is a dependency on the approval by NHS England of the necessary Primary Care element of each IMC. Each of the Boards of the NHS Trust will also need to approve the business case. The programme overall will also need approval by the Council's Cabinet. The aspiration to deliver four Integrated Medical Centres by 2021 remains very challenging. The following is the most optimistic timetable, and subject to confirmation.

Earliest completion of Tilbury IMC	Late 2021
Earliest completion of Corringham IMC	Late 2021
Earliest completion of Purfleet IMC	Before end 2022
Earliest Completion of Grays IMC	To be confirmed

Tilbury Integrated Medical Centre



- 3.13 Since the Council took the decision to lead on the delivery of the Tilbury (and Chadwell) Integrated Medical Centres on the site of the Community Resource Centre in Tilbury work has progressed significantly. The financing of this scheme has been modelled by the Council using prudential borrowing.
- 3.14 The Council, Thurrock Clinical Commissioning Group and health service providers have worked collaboratively to develop a schedule of accommodation for the range of services that can be provided at Tilbury Integrated Medical Centre. This accommodation schedule fully subscribes to the integrated vision and includes provision for the Council, its health partners and the community.
- 3.15 The suite of flexible clinical rooms enables multiple services to make use of the space meaning patients can access the services they need on a single site. The design incorporates community elements in the Integrated Medical Centre, including the library and community hub have a key role to play in addressing the wider determinants of health. This is supported by shared workspace which will allow staff from Council departments and other services to be based at the Integrated Medical Centre on a flexible basis, bringing the delivery of public services into the community and creating better opportunities for joined up working across professions and disciplines.
- 3.16 Timetable and next steps
- Basildon Hospital has indicated that a proportion of the proceeds from the sale of Orsett Hospital site will be re-invested in IMCs - subject to MSE Group Board approval.
 - Design work has reached RIBA Stage 2 with the design team having produced an outline design and cost plan.

- BTUH have expressed a strong interest in becoming the head leaseholder for the facility - subject to affordability.
- Final decisions on the design and planning will depend on the agreement to re-locate services from Orsett Basildon Hospitals, and the plans for the use of the Thurrock Community Hospital site. Further design work is anticipated.

Corringham Integrated Medical Centre



- 3.17 The delivery of the Stanford and Corringham Integrated Medical Centre, on the site of 105 The Sorrells, Stanford Le Hope, is being led and funded by NELFT NHS Foundation Trust. Planning consent for this Integrated Medical Centre was secured in 2016 and amended in 2018 to extend the proposed opening hours.
- 3.18 A suite of flexible clinical rooms enables multiple services to make use of the space meaning patients can access the services they need on a single site.
- 3.19 Timetable and next steps
- The site is owned by NELFT NHS Foundation Trust and planning permission for a two storey build is agreed. Capital funding is from the Trust's capital programme.
 - Expected 15 month construction period.
 - Significant progress on issues:
 - A 2,000 list size GP Practice identified for the scheme;
 - Confirmation of 5 year contract for Community Health provision in Thurrock to enable the Trust to have the confidence to invest in the borough.
 - Business case yet to be presented depends on addressing:
 - Affordable annual revenue costs;
 - Terms of the Trust's use of space in the other IMCs;
 - Sales of other Thurrock Estate to fund development;
 - Form of agreement to share risk & liabilities with other IMCs.
 - A decision on the Business Case for the development is expected to be taken by the Trust's Board in the near future. As this Integrated Medical Centre already has consented development plans, and with an estimated build period of 15 months, it is anticipated that this Integrated Medical Centre could be

operational from late 2021.

Purfleet Integrated Medical Centre INTEGRATED MEDICAL CENTRE

PCRL recognise the need for a new integrated medical centre within Purfleet and the value its inclusion within the town centre will bring to the scheme. We are liaising with Thurrock council officers and the CCG to develop the healthcare provision and to establish the operational requirements.



HOUSING PROVISION

PCRL are committed to providing high quality new homes throughout the Purfleet Centre Regeneration project, to support the growth of a vibrant new town centre and housing needs of the area. The masterplan will provide up to 2,850 new mixed-tenure houses and apartments.

All homes will meet or exceed the minimum nationally described space standards and will be built to high energy performance standards. Homes will be constructed by Swan's in house contractor, NU living, with the potential to be delivered using a range of traditional construction methods and modular construction technologies.



Ongoing projects by Swan / NU living



- 3.20 The Purfleet Integrated Medical Centre will be delivered as part of the wider Purfleet town centre regeneration scheme. An outline planning application which includes medical facilities was submitted in December 2017 and was approved in March this year. The Purfleet Integrated Medical Centre is part of the wider Phase 1 development proposal submitted by Purfleet Centre Regeneration Ltd (PCRL), and reflects how key this is to the whole project.
- 3.21 Purfleet Centre Regeneration Ltd, the appointed developer for the scheme is committed to assisting with the delivery of the Integrated Medical Centre as part of the development. The schedule of accommodation is being finalised with partners and detailed design work will then commence (commissioned by Purfleet Centre Regeneration Ltd). The funding strategy for this Integrated Medical Centre is still to be finalised. The earliest delivery of this Integrated Medical Centre is anticipated to be before the end of 2022.

- 3.22 A range of clinical, community and health improvement services will be provided through use of flexible space.
- 3.23 Timetable and next steps
- A schedule of accommodation for Purfleet was developed in 2017. This is under review by health partners as part of the work on service design requirements by Public Health.
 - Outline planning consent obtained April 2019. A Section 106 agreement requires PCRL to develop an IMC (or a stand-alone medical centre – dependent on various triggers):
 - Prior to the occupation of 50 units submit a plan showing the proposed location of the facility.
 - Prior to the occupation of 200 units agree the detailed design and specification of the facility.
 - Prior to the earlier of the 31st Dec 2022 or the occupation of 300 units, to complete the construction of the “shell and core” of the facility.
NB the completion date is subject to further consultation.

Grays Integrated Medical Centre



- 3.24 Thurrock Community Hospital has been designated as the new Integrated Medical Centre for Grays, and is the only Integrated Medical Centre which will be predominantly a refurbishment of an existing healthcare facility rather than an entirely new-build development. The site is owned by Essex Partnership University NHS Foundation Trust, which leases part of the site to North East London NHS Foundation Trust, and third sector providers. The site currently has 19 separate buildings, with over half of the buildings vacant or underutilised which means the estate is inefficient in use and offers an opportunity to reconfigure and redesign to improve delivery.
- 3.25 A master planning exercise for the whole the current site has been undertaken with the support of the Council, and a range of options are under consideration. The layout of the site lends itself to the zoning of two main areas: a "Health Village", incorporating quieter and more long-term activities,

and a "Day Hub", the space where patients would come for appointments and more short term activities. ARCHUS (consultants) have now a detailed costed development plan.

- 3.26 As the only site already built, Thurrock Community Hospital offers the opportunity to renovate and redesign facilities to accommodate services, with the potential to bring services on line in a shorter time frame.
- 3.27 Thurrock Clinical Commissioning Group is also in consultation with relevant primary care providers to try and ensure that there is a significant primary care service on site because until recently it was going to be the only Integrated Medical Centre without General Practice services at its core. These discussions are ongoing but health colleagues are confident of a positive outcome.
- 3.28 Timetable and next steps
- A Master planning exercise for the whole the current site has been undertaken and a range of options are under consideration.
 - At present there are approximately 290 car parking spaces on site. It is estimated around 241 are actually required by the hospital, leaving approximately 50 un-adopted spaces.
 - ARCHUS (consultants) have now completed a further detailed costed development plan: Approx. £15/18 million capital cost.

Proposed Services to be provided from the four Integrated Medical Centres

- 3.29 The Council's Healthcare Public Health team have undertaken a detailed piece of work to ascertain which clinical, adult social care, health improvement and community services will be provided from each IMC, and the capacity (specified in consultation hours per year) of provision for each service.
- 3.30 This modelling has been informed by a postcode analyses of the patients accessing existing community and outpatient services in order to ensure that new models of care are provided in the most convenient places for the maximum number of residents, together with consideration of the needs of the providers who will deliver services from the IMCs (for example taking into account existing estate).
- 3.31 High level results from of this piece of work is shown in figure 1 (overleaf). Green denotes where a service is proposed to be provided from an IMC. Final sign off of the proposals is due to be obtained at the next IMC Programme Board within the next month. The analyses will then be used to inform the size and final design of each IMC building.
- 3.32 The current proposed space allocation for the service providers of the IMCs, based on these high level results, is shown in Appendix 1. Please note that the space requirements are subject to further discussion and agreement, and

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Reports were presented to Planning, Transport and Regeneration Overview and Scrutiny Committee, and Health and Well-Being Overview and Scrutiny in September 2018. Further consultation on the specifics of each of the Integrated Medical Centres will be undertaken as part of the planning process.
- 5.2 Health Watch is organising a People's Panel to gain public input into the development of all four Integrated Medical Centres.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The Integrated Medical Centres programme supports all three subsections of the 'People' element of the Council's corporate vision and priorities.
- 6.2 The programme also supports the four principles stated in the Thurrock Health and Wellbeing Strategy 2016-2021 and has a specific reference under 'Goal 4 Quality care, centred around the person' of the same strategy.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead, Corporate Finance

This report presents details of the current proposals for the development of 4 Integrated Medical Centres. The financial implications related to the proposals in this report are being taken into consideration with regards to Capital works, and the on-going revenue implications for the provision of the services.

These will be included within the Council's capital programme, budget setting process and medium term financial strategy.

7.2 Legal

Implications verified by: **Tim Hallam**
Acting Head of Law, Assistant Director of Law and Governance and Monitoring Officer

This report presents details of the current proposals for the development of 4 Integrated Medical Centres. Any legal implications related to the proposals in this report will be considered at the appropriate time decisions related to the proposals are to be taken. Legal implications will therefore be considered as

and when such proposals in this report are taken forward and any decisions in relation to those need to be made by the Council.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
**Strategic Lead, Community Development
and Equalities**

The Integrated Medical Centres programme is crucial in addressing the health inequalities currently experienced in some areas of the Borough. All buildings developed as part of the programme will need to comply with equalities legislation and pay attention to the particular needs of the visitors to the centre a high proportion of whom are likely to be vulnerable.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, and Impact on Looked After Children)

The development of Integrated Medical Centres will allow staff from several Council departments to work in the community that they serve improving public access to vital services. There is a clear health benefit to pursuing this programme of work.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. **Appendices to the report**

Appendix 1 – IMC Space Allocation

Report Author:

Christopher Smith
Programme Manager
Adults, Housing and Health

APPENDIX ONE – IMC SPACE ALLOCATION – *to be agreed*

Tilbury IMC - Space Allocation

Occupier	Uses	Total Space incl. Plant etc. (sqm)	% of total space
Primary Care	GP/Nurses etc.	446.84	16.83%
NELFT	COPD/Older Adults/Speech/ Diabetes/ Catheter/EWMHS/Paediatric	285.04	10.73%
EPUT	Adult and Older People/Podiatry	155.96	5.87%
THLS	Public Health/Healthy Lifestyles	4.1	0.15%
Inclusion	Mental Health	5.75	0.22%
IAPT	Mental Health	36.94	1.39%
Provide	Sexual health	12.31	0.46%
Connect Health	Physiotherapy	21.34	0.80%
BTUH	Phlebotomy/ Renal dialysis/ECG/Ophthalmology/ENT/Audiology	438.33	16.51%
Thurrock Council	Library and Community Hub	595.75	22.43%
Unoccupied		653.28	24.60%
		<u>2655.64</u>	

Corringham IMC - Space Allocation

Occupier	Uses	Total Space incl. Plant etc. (sqm)	% of total space
Primary Care	GP/Nurses etc.	152.9	13.00%
NELFT	COPD/Older Adults/Speech/ Diabetes/ Catheter/EWMHS/Paediatric	699.68	59.50%
EPUT	Adult and Older People/Podiatry	47.32	4.02%
THLS	Public Health/Healthy Lifestyles	0.91	0.08%
Inclusion	Mental Health	0.37	0.03%
IAPT	Mental Health	16.46	1.40%
Provide	Sexual health	5.49	0.47%
BTUH	Phlebotomy/ Renal dialysis/ECG/Ophthalmology/ENT/Audiology	52.67	4.48%
Unoccupied		200.13	17.02%
		<u>1175.93</u>	

Purfleet IMC - Space Allocation

Occupier	Uses	Total Space incl. Plant etc. (sqm)	% of total space
Primary Care	GP/Nurses etc.	479.27	26.46%
NELFT	COPD/Older Adults/Speech/ Diabetes/ Catheter/EWMHS/Paediatric	237	13.09%
EPUT	Adult and Older People/Podiatry	56.18	3.10%
THLS	Public Health/Healthy Lifestyles	4.39	0.24%
Inclusion	Mental Health	7.68	0.42%
IAPT	Mental Health	39.5	2.18%
Provide	Sexual health	7.9	0.44%
BTUH	Phlebotomy/ Renal dialysis/ECG/Ophthalmology/ENT/Audiology	668.21	36.90%
Unoccupied		310.95	17.17%
		1811.08	

Grays IMC - Space Allocation NB Schedule of Accommodation to be prepared

Occupier	Uses	Total Space incl. Plant etc. (sqm)	& of total space
Primary Care	GP/Nurses etc. for a 9,500 size list	tbc	tbc
NELFT	COPD/Older Adults/Speech/ Diabetes/ Catheter/EWMHS/Paediatric	tbc	tbc
<i>Additionally NELFT</i>	<i>a blood transfusion room</i>	tbc	tbc
<i>have requested:</i>	<i>Minor Injuries (5x clinic rooms, 1x eye room, 1 x plaster room, 1x clean room)</i>	tbc	tbc
EPUT	Adult and Older People/Podiatry	tbc	tbc
THLS	Public Health/Healthy Lifestyles	tbc	tbc
Inclusion	Mental Health	tbc	tbc
IAPT	Mental Health	tbc	tbc
Provide	Sexual health	tbc	tbc
BTUH	Phlebotomy/ Renal dialysis/ECG/Ophthalmology/ENT/Audiology	tbc	tbc
<i>Additionally BTUH</i>	<i>3 x phlebotomy bays</i>	tbc	tbc
<i>have requested:</i>	<i>1 x eye room</i>	tbc	tbc

Unoccupied

Diagnostics – x-ray
Renal Ward
Ophthalmology

tbc tbc
tbc tbc
tbc tbc
tbc tbc