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DATE: 06 July 2012

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Wednesday 11 July 2012

Please see the attached report marked "to follow" on the agenda.

6 **ORPINGTON HEALTH SERVICES PROJECT** (Pages 3 - 8)

> Copies of the documents referred to above can be obtained from www.bromley.gov.uk/meetings

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Agenda Item 6

Report no.	London Borough of Bromley		
Decision Maker:	Overview and Scrutiny Committee		
Date:	Wednesday 11 July 2012		
Decision type:	Non Urgent	Executive	Кеу
TITLE:	Orpington Health Services Project		
Contact Officer:	Diane Hedges, Project Director, Orpington Health Services Project,		
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Chief Officer:	Angela Bhan, Managing Director, Business Support Unit, NHS Bromley		
Ward:	Borough wide (Orpington focus)		

1. Reason for report

The Orpington Health Services Project is scheduled to begin formal consultation on the future of Orpington services with the OSC, and the general public, from Monday 16 July 2012. This is subject to final approval by NHS London and sign off by Caroline Hewitt (PCT Chair) and Dr Andrew Parson (Clinical Commissioners Chair). This sign off is expected on 12th July 2012. The documentation is being brought to the OSC to confirm our view that NHS Bromley are now prepared for consultation and this should begin.

The meeting should agree at what points during the consultation the OSC wishes to consider feedback and make further comment. It is not expected that the OSC will ready at this stage to respond to all the proposals but rather to start the public process and expect further debate. A presentation will be available to the meeting to lay out the proposals.

The relevant documents – pre-consultation business case (PCBC), consultation plan and four tests documentation – can all be found on the Orpington Health Services Project website: <u>http://www.selondon.nhs.uk/documents/2406.pdf</u>

http://www.selondon.nhs.uk/documents/2408.pdf

A draft consultation document will be tabled for your information; however, this document will not be released as final into the public domain until the consultation period.

The consultation plan and document structure was agreed by the Adult and Community Policy Development and Scrutiny Committee on Tuesday 12 June and is available as part of the local Clinical Commissioning documents located as above.

2. Recommendation

The Overview and Scrutiny Committee are asked to agree readiness for consultation.

Corporate Policy

- 1. Policy Status:
- 2. LBB Priority:

Financial

- 1. Cost of proposal
- 2. Ongoing costs
- 3. Budget head/performance centre
- 4. Total current budget for this head
- 5. Source of funding

<u>Staff</u>

- 1. Number of staff (current and additional)
- 2. If from existing staff resources, number of staff hours n/a

<u>Legal</u>

1. Legal requirement: NHS public consultations are subject to Section 244 of the NHS Act 2006

n/a

2. Call in:

Customer impact

3.

- 4. Have Ward Councillors been asked for comments? Yes
- 5. Summary of comments: Councillors are supportive of the consultation principle and process

Orpington Health Services Project

The Orpington Health Services Project was established to ensure that services necessary to meet local health needs are in place.

It aims to recommend a solution which assures local provision of essential primary care and community services, provides enhanced health and wellbeing services and consolidates specialist services. A clinical case is made around hospital services so the expert opinions, supporting equipment and professional interfaces make best use of these valuable resources.

The project also aims to resolve the future of Orpington Hospital as stipulated by the Independent Reconfiguration Panel following 'A Picture of Health'.

Pre-Consultation Business Case

The Pre-Consultation Business Case has been developed to demonstrate a robust, evidence- based, clinical case for change and to outline the future proposals. The purpose of this document is to seek approval to move to public consultation on the recommendations outlined within it. The Pre-Consultation Business Case was agreed by the Local Clinical Commissioners on 5th July 2012.

Four Tests:

The revision to the operating framework for the NHS in England 2010/11 (published 21 June 2010) sets out four tests that proposals for reconfiguration must meet:

- 1. Support from GP commissioners
- 2. Strengthened public and patient engagement
- 3. Clarity on clinical evidence base
- 4. Consistency with current and perspective patient choice.

The Orpington Health Services Project review believes it has met these tests prior to consultation as outlined below.

Support from GP commissioners

Engagement with GP commissioners and the broader GP community has been continuous throughout the lifetime of the Orpington Health Services Project, with GP commissioners being central to the project. Additionally, the project has ensured that emerging proposals are also aligned with the emerging strategy of the local CCG. Engagement has taken place between August 2011 and June 2012, and will continue as we progress through consultation and implementation.

The Orpington GP cluster has also been engaged in shaping the emerging picture at each of their meetings.

Strengthened public and patient engagement

The Orpington Health Services Project has engaged with, and captured the views and feedback of, a wide range of people (e.g. Bromley and Orpington residents, patient advocacy groups, Orpington hospital staff, GPs, Clinical Commissioning leads, Bromley LINks, Bromley OSC, NHS London, Bromley MPs and Councillors)

Engagement took place between September 2011 and June 2012, and will continue as we progress through consultation. Engagement has so far been undertaken in an open and transparent process, and was found by the Health Gateway Review team to be well managed, inclusive and effective.

Clarity on clinical evidence base

There has been strong clinical leadership throughout the Orpington Health Services Project. Various clinicians such as SLHT clinical leads, Clinical Commissioners and GPs have been involved in the project. They have assisted us with assessing the needs of the population currently requiring services from Orpington Hospital (e.g. long-term conditions, such as diabetes). These clinicians have also worked with us to identify opportunities to improve the services we deliver to this population (e.g. co-location with specialist services, improving primary care estates, increasing independence).

The information and evidence collected shows that there is a strong clinical case for a new model of care for services currently delivered out of Orpington Hospital, and opportunities to further integrate services to meet the wider health and wellbeing needs of the local population.

Consistency with current and perspective patient choice

All recommended approaches proposed for consultation will result in the transfer of services currently delivered on the Orpington Hospital site to alternative locations. Accessibility and patient choice have been key considerations in the development of viable options for delivering services to meet the needs of the local population.

The information and evidence collected shows that the proposed changes will not have a significant impact on patient choice, and in fact in many cases will result in increased patient choice.

On 14 June 2012 an extended Clinical Executive meeting confirmed that the threshold had been met for all the tests, There were external observers of Bromley LINK Chair (Peter Buckland) and Chair of Health and Well Being Board (Councillor Arthur) present.

National Clinical Advisory Team (NCAT) Review

NHS London invited NCAT to review the proposed reconfiguration of services currently provided in Orpington hospital. The visit took place on 25 April 2012 and included meetings with the project team, GP Commissioners patient and public representatives, staff involved with intermediate care, and clinicians of the services to be relocated.

NCAT was asked to look at the clinical safety of the proposals and whether they met the requirements for a quality local service and also to address the Secretary of State's four criteria for service redesign.

NCAT agreed that there was a strong clinical case for change; however, made a number of recommendations to strengthen the project. These recommendations can be found on the Orpington Health Services Project website.

Gateway Review

A Health Gateway Review of the Project (Gateway 0: Strategic assessment) was carried out from 14 - 16 May 2012. The primary purposes of this review was to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to government, departmental, NHS or organisational overall strategy.

The Gateway Reviewers assessed the project (Delivery Confidence Assessment) as Amber – "Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/Project if addressed promptly". The Reviewers made five key recommendations to increase the likelihood of the project achieving its objectives. These recommendations are in the Pre Consultation Business Case and are all being actioned.

Impact Analysis

A Health Inequalities and Equality Impact Analysis has been developed and is available on the website addresses as above. Much positive impact on inequalities is expected if our well being approach is supported.

The work has identified some potential for adverse impact for some people with a disability if there was no longer to be the provision of a hydrotherapy pool. However, we believe that the overall benefits for population health care justify any potential adverse impact. There is also an intention for each of the NHS patients with long-term care plans involving hydrotherapy to be reviewed on an individual basis with the intent to minimise any potential adverse outcomes. In addition, NHS patients will be able to access hydrotherapy via the pool at QMS.

Work on the impact of changes on travel has indentified some impacts of moving service to Queen Marys, Sidcup and for some more deprived areas. The actual numbers of patients impacted (felt to be small) and the alternative choices which would mitigate these impacts are being investigated as the next stage of the impact assessment.

Many benefits are also expected from a well being approach and some settings identified have been found to increase the access and improve access.

Consultation plan (available in full on website as above or from LBB PDS meeting 12th June)

It is proposed that the consultation runs for 14 weeks starting on Monday 16 July 2012 and running until Monday 29 October 2012. Twelve weeks is the usual consultation period; however two weeks have been added to acknowledge the summer break and the 2012 Olympics. The full consultation plan is attached.

To ensure wide access and to help people to engage with the consultation, a number of channels will be made available. These include:

- Online, via website and email address
- Telephone facilitated feedback, offering help to capture information
- Written feedback via the post
- In person at events
- Via an intermediary advocacy service.

Consultation document

A number of consultation materials will be produced, including:

- A full consultation document containing a series of questions about the proposals
- A consultation summary document to all households in Bromley
- A briefing outlining how different individual services will be affected by any proposals
- Poster promoting the consultation and telling people how they can engage
- Freepost postcard to request a full consultation document
- A consultation website as part of the SE London cluster site
- A short film outlining the key issues.

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