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DATE: 16 February 2016

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Judi Ellis (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Ian Dunn, Hannah Gray, David Jefferys, Terence Nathan, Charles Rideout QPM CVO and Stephen Wells

Non-Voting Co-opted Members

Linda Gabriel, Healthwatch Bromley
Justine Godbeer, Bromley Experts by Experience
Tia Lovick, Living in Care Council
Rosalind Luff, Carers Forum

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre on **THURSDAY 25 FEBRUARY 2016 AT 4.00 PM**

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Friday 19th February 2016.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 4TH NOVEMBER 2015 AND MATTERS ARISING (TO FOLLOW)

5 PRUH IMPROVEMENT PLAN - UPDATE FROM KINGS (PRESENTATION)

6 WINTER PRESSURES UPDATE (INCLUDING EVALUATION OF STEP-DOWN BEDS AT ORPINGTON HOSPITAL) (Pages 3 - 18)

7 GP CAPACITY ISSUES (NHS ENGLAND) (VERBAL UPDATE)

8 JOINT HEALTH SCRUTINY COMMITTEE UPDATE (CHAIRMAN'S UPDATE)

9 ORPINGTON HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT (Pages 19 - 22)

10 WORK PROGRAMME 2015/16 (Pages 23 - 26)

11 ANY OTHER BUSINESS

12 FUTURE MEETING DATES

To be confirmed.

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Report No.
CS16036

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**25th February 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**URGENT & EMERGENCY CARE WINTER DELIVERY SCHEMES**
Contact Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	NA

1. REASON FOR REPORT

1.1 This report is to provide an update to the Urgent and Emergency Care winter delivery schemes.

2. SUMMARY

2.1 A number of initiatives have been implemented in Bromley over the past 6 months partially to provide capacity for winter surges and help the recovery of 4 hour A&E target.

2.2 These schemes were separated into 'In' and 'Out' of Hospital initiatives. The largest being:

Emergency care recovery plan. This plan incorporated additional staffing and several critical workstream (Patient flow, Internal professional standards, Ambulatory care and Acute Care Hub) these have all been implemented with varied success. A review/audit of the plan is underway

Transfer of Care Bureau. This has been implemented across the hospital starting with a collocation of all staff involved in the bureau. Each ward now has a case manager responsible for supporting the discharge. The bureau has impacted length of stay and facilited discharge through better intergrated working and discharge to assess beds. A 4 month review of the bureau is underway (due to complete the end of March 16) outcomes will inform the development of a specification for a more sustainable solution**.**

In-reach. An in-reach service provided by Bromley Health Care has been piloted to allow for community nurses to pull patients from the PRUH who can be treated in the community. This scheme was predominantly for admission avoidance but was also used to reduce length of stay and free capacity in the hospital**.** This scheme is currently under review and may inform a longer term service model.

All other winter initiative schemes will be reviewed as part of a winter scheme review event, due to be held in April 16.

Corporate Policy

1. Policy Status: N/A.
2. BBB Priority: Safer Bromley.

Financial

1. Cost of proposal: No cost
2. Ongoing costs: N/A.
3. Budget head/performance centre: N/A
4. Total current budget for this head: £N/A
5. Source of funding:

Staff

1. Number of staff (current and additional):
2. If from existing staff resources, number of staff hours:

Legal

1. Legal Requirement: <please select>
2. Call-in: Not Applicable: There is no Executive Decision

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

BROMLEY 4 HOUR A&E PERFORMANCE AND WINTER RESILIENCE UPDATE 2015-16

3.1 INTRODUCTION

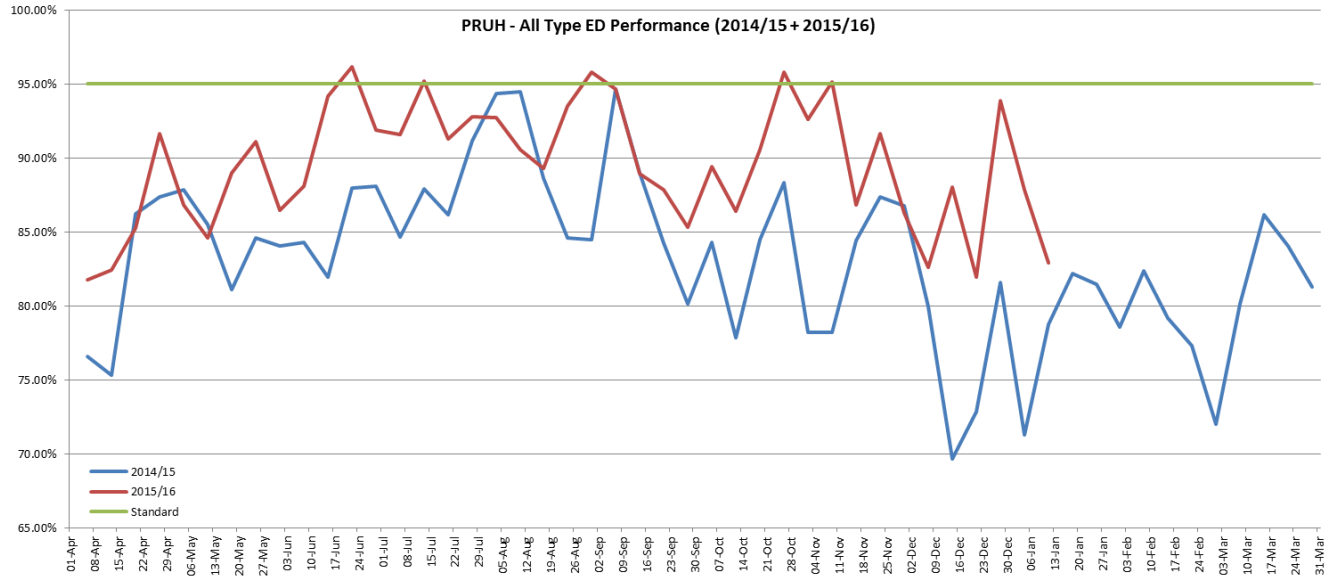
3.2 Delivering against the 4 hour A&E target remains a challenge within the Bromley Urgent Care system. Health and Social care partners have worked extensively over the past 12 months to improve performance through the development and in some instances, redesign of services.

3.3 Whilst the performance has not consistently reached the 95% performance target, there has been a vast improvement compared to last year with performance meeting and surpassing the target in isolated instances.

3.4 Performance

3.5 The following graphs indicate the performance against the 95% 4 hour A&E target compared to the previous year, and the all type attendances to the PRUH for 2014-15 and 15-16.

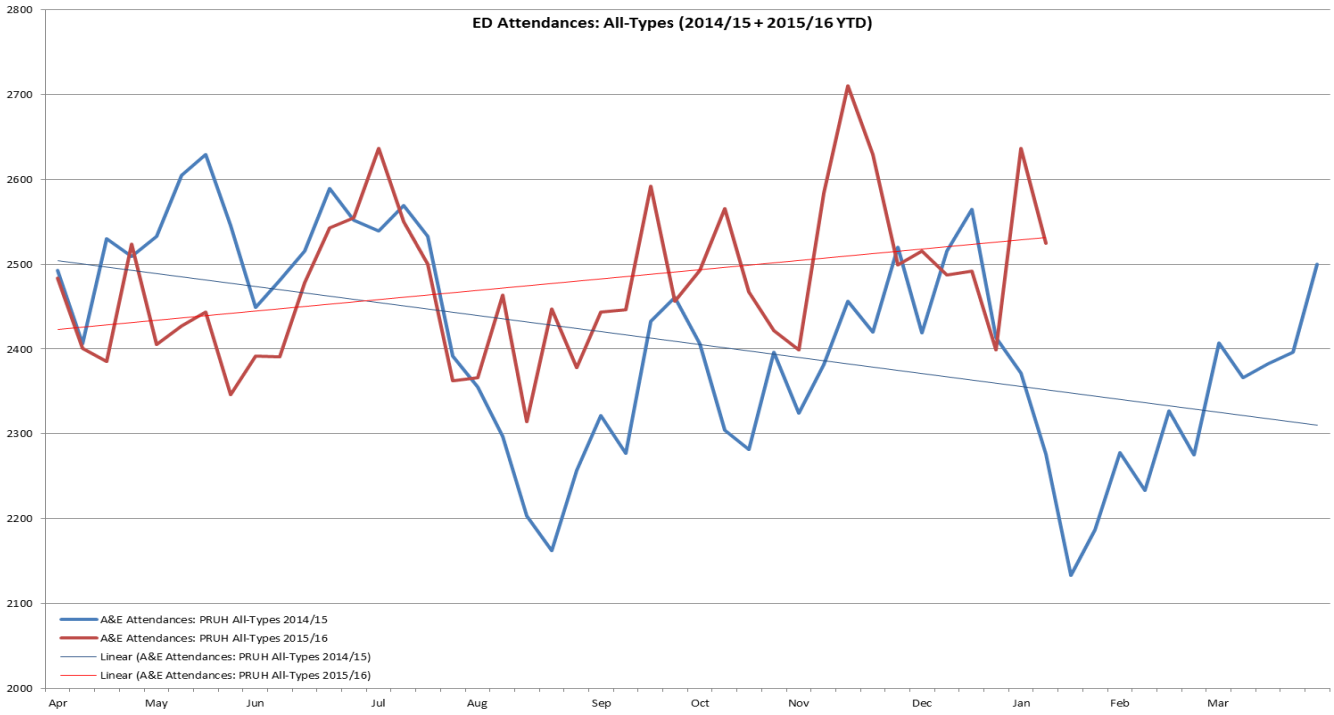
Graph 1 – All type performance 2014-15 vs 2015 vs 16



Graph 1 highlights performance for 2014-15 (blue line) and 2015-16 (red line) with the green line representing the 95% target. Overall the performance has improved in almost every month of the year and in small pockets reached the 95% target. It also highlights the inconsistency of the performance, which often varies on a daily or weekly basis. However one clear improvement is the systems ability to respond to poor performance and recover much quicker, therefore regaining capacity and flow.

As expected the majority of inconsistent periods happen throughout the winter months as attendance and admissions increased, and then had an impact on the capacity of the system.

Graph 2 All type attendances at the PRUH 2014-15 vs 15-16



Graph 2 highlights the attendance for all types for 2014-15 (blue line) and 2015-16 (red line). Attendances have steadily increased throughout the year, specifically since August 2015 where an increase of over 1000 additional patients attended the PRUH (compared to the same period the year before). Further attendance spikes occurred at the beginning of winter (November) as the country faced colder weather than previous months.

3.6 Way forward

As part of a wider improvement programme and following recommendations from Mckinsey, a number of key workstreams were implemented to:

a) Deliver against the 4 hour A&E target and recover the emergency pathway performance
b) Provide additional capacity to meet the increasing demands throughout the winter period

The remainder of this report highlights the initiatives implemented and provides an update on their progression.

3.7 DELIVERY PROGRAMME

3.8 To enable better management of all workstreams and associated actions a programme of work was developed across the whole of the Bromley urgent care system, this included the participation of all partners working in a collaborative manner. The programme structure focused on In hospital deliverables and out of hospital deliverables.

3.9 <u>In hospital</u>

Staffing – It was identified that additional senior staff were required to provide increased capacity in A&E and allow the implementation of (RAT) Rapid Assessment and Treatment at the front door. Two additional consultants have been recruited with the recruitment of a third appointment underway. Other additional senior staff were also reassigned.

Assessment and admission pathways – A pilot In-reach service was commissioned in November to enable community providers to "pull" patients out of the hospital who could be best treated in the community. To date over 340 patients have been pulled out of the hospital via the in-reach team (within a 3 month period).

Further work is required to streamline patients into the hospital; this will include a review and development of a "**one front door model".**

Inpatient management – ongoing work to optimise efficiency to reduce length of stay and ensure timely discharge planning and processes are embedded.

Bed capacity – a continuing bed capacity gap that results in poor flow and high bed occupancy rates. The Acute Care Hub, which opened at the end of November, has had limited impact due to winter surge demands and capacity. Further work to improve the functioning of the hub is underway.

An Ambulatory care model has been developed, which included moving the location of the current Ambulatory Care Unit to a vicinity closer to the Emergency Department. Further work is underway to develop this service and improve referral pathways into it.

ED Recovery plan- following Mckinsey's "One Version of the Truth" (OVT) evaluation recommendations and actions have been incorporated in the PRUH site ED Recovery Plan. Key in-hospital work streams cover:

Patient flow, Specialty response, Performance management, the development of the Acute Care Hub Implementing Internal Professional Standards, Paediatrics CDU, Front door integration, and Ambulatory Care.

The programme is currently undertaking an audit to assess current progress and identify areas that require additional work.

CDU - Increased capacity in the Clinical Decision Unit.

7 day working - Investment to support better 7 day working practices, with a particular focus on services to support weekend discharges. Performance on the weekend has improved due to the additional focus of this workstream. One of the key findings was a greater level of involvement from senior management on weekends was required, this has led to a reform in director on-call arrangements. Additional training for on-call managers and directors is being arranged across the system to help standardise the level of on call involvement in each organisation.

Enhanced therapy services - Investment in significantly enhanced therapy services was provided, recruitment of therapists is ongoing.

Winter initiatives - A range of enhanced winter initiatives was commissioned which included: increased mental health liaison capacity, better systems interface between UCC and ED, point of care testing, additional paediatric beds and enhanced radiography support.

These schemes have not been fully implemented and are still an ongoing implementation.

3.10 <u>Out of hospital</u>

3.11 Transfer of Care Bureau

The Transfer of Care Bureau soft launched in October 2015; initially with 4 case managers covering a selection of wards. In December the rest of the hospital went live with an additional 19 case managers recruited to enable every medical ward to have a dedicated case manager, with surgery sharing 4 managers across the 6 surgical wards.

Beds - The Discharge to Assess beds (transfer of care beds) went live on the 17th November 2015 for a month and concluded on the 18th December 2015, this was commissioned as a pilot to provide proof of concept. The beds were successfully utilised by a specific patient cohort with nurse provision provided by Bridges Healthcare, and medical cover provided by the GP alliance.

Additional beds have been secured to enable the continuation of Discharge to Assess; these have been secured in the Sloane Hospital in Beckenham.

Communication - A communications plan has been developed and key information and updates are disseminated to stakeholders on a regular basis.

Development of the Bureau

In January 2016 IPADs were introduced into the bureau which enables IPAD case managers to use mobile technology to input into a standard template, which provides the bureau with accurate real-time information and enables a greater quality of provision through standardised processes.

Transfer of care at home service - (Discharge to Assess at Home) was due to go live in December 15, however a lack of stay has caused a delay. The service will provide 4 hour rapid support package, for up to 2 weeks whilst funding is agreed for on-going care or to assess what health and social support is needed. Additional staff are being recruited.

Long-term – The bureau is currently being reviewed as part of a 4 month review process, which will enable lessons learnt to be captured, a reshaping of the model (if appropriate) and provide a draft specification to be developed. This will allow a long-term service solution to be procured.

3.12 Benefits to date

The implementation of the bureau has impacted the Medically Fit for Discharge (MFFD) – The MFFD list has reduced significantly over the last few months which has helped to reduce the volatility into our bed based services.

The bureau has also represented a new way of working by providing a single point of access for supported discharge for Bromley and out of borough stakeholders.

In hospital bed occupancy for the medically fit for transfer has fallen reducing the average length of stay by 2 days (partially due to refined pathways, collocation of staff and provision of case managers on all wards).

Bromley is one of the most improved health and social care economies in relation to patients who experience delays in leaving hospital – these are DTOC or delayed transfer of care patients. Bromley is ranked as the 14th best system nationally.

3.13 Primary Care

3.14 **Primary Care Access Hubs** - The Bromley GP Alliance has co-designed the service with the CCG to provide a 4 month pilot for Bromley registered patients. Key aspects of the service are:

- Hubs based at the Poverest Medical and Cator Medical Centres.
- Each hub will offer weekday access to same day booked GP appointments 4.00-8.00pm and weekend access 9.00-1.00pm. Weekend appointments will be pre booked.
- Initially hubs will offer 60 booked appointments a day, working up to 100 as the anticipated demand for appointments increases.
- Data sharing through Emis web is in place and 41/45 practices have returned signed data sharing agreements
- Hub GPs will be able to refer
- Hubs went live on 1 December 2015 and with robust plans in place for recruiting, communicating and training.

The next steps for the hubs is to widen their referral criteria, other providers e.g. 111 and the UCC will also be able to utilise hub appointments.

3.15 Primary care Innovation Fund

3.16 An innovation fund of £180,000 established to invest in local practice initiatives. Focus is on initiatives that improve quality of care, access to general practice, patient experience or reduce A&E or UCC attendances and/or admissions.

- Operational 4th January – 31st March 2016.
- The fund will be allocated to practices based on their weighted registered list size.
- Practices will be required to complete a template to apply for their allocation of the fund.
- The CCG has established a small working group, including clinicians, to review applications.
- The CCG has offered the Winter Case Management proposal to practices as an off-the-shelf innovation that practices can opt to deliver instead of developing their own initiative.

3.17 CONCLUSION

3.18 There has been an extensive amount of work across the system both in and out of hospital. Whilst the majority of the work has yet to be complete; it is clear that it has impacted performance positively and provided a better quality of patient care. In April 2016 we will be undertaking a full review of all our winter initiatives and performance to determine key successes and enable us to build a better platform for 16/17 winter. Delivery partners remain engaged and collaborative working remains a key aspect of our success.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications, as the new service model has not been developed to provide cost savings or to alleviate cost pressures.

7. LEGAL IMPLICATIONS

7.1 Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	Personnel and Policy Implications
Background Documents: (Access via Contact Officer)	

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Report No.
CS16034

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB- COMMITTEE**
Date:	**25th February 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Urgent Care Update (Winter Resilience)**
Contact Officer:	Tricia Wennell, Head of Assessment and Care Management Tel: 020 8461 7495 E-mail: tricia.wennell@bromley.gov.uk
Chief Officer:	Stephen John, Assistant Director of Adult Care, ECHS
Ward:	Borough wide

1. PURPOSE OF THIS REPORT

1.1 This report provides the committee with an update on the LBB winter resilience schemes (The evaluation of 'Discharge to Assess' beds at Orpington hospital /Sloan – to be provided by Richard Lloyd Booth, Director of Transfer of Care Bureau). It explains the key success criteria and the related issues in meeting the performance targets, and gives reassurance that the schemes have been effective in supporting hospital discharges and preventing readmissions.

2. RECOMMENDATION

2.1 The Health Scrutiny PDS committee is asked to note the issues relating to urgent care pressures in the local health and social care system, and support the recommendations to fully utilise the unallocated winter resilience grant to maintain the year-round service delivery, and sustain service continuity and system resilience.

Corporate Policy

1. Policy Status: Existing policy
2. BBB Priority: Supporting Independence

Financial

1. Cost of proposal: £974,000 for the period from October 2015 to March 2016
2. Ongoing costs: Non-recurring cost
3. Budget head/performance centre: Adult Care Services
4. Total current budget for this head: N/A
5. Source of funding: Winter Resilience Grant from NHS England

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Staff

1. Number of staff (current and additional): 18 FTEs additional social care staff in various grades are funded by Winter Resilience grant
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: Section 74 and Schedule 3 to the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014

2. Call-in: not appropriate

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Current: 107
   Projected: 288

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: None

3. COMMENTARY

3.1 In September 2015, Bromley ECHS received a NHS Winter Resilience Grant of **£974,000** for 2015/2016 to increase capacity to support hospital discharge and prevent patients' readmission.

3.2 The funding are being used to implement the following schemes:

LBB Winter Resilience Schemes	Allocation
Scheme 1 - Increasing care management staffing capacity within Kings College Hospital (Princess Royal University Hospital - PRUH) by 30% to undertake timely assessments of patients and provide 7 day working arrangement. Providing additional social care staff by 10% in the community teams to identify people with urgent care needs, undertake timely interventions to prevent admissions and support continuity of care following discharge. Planned target: additional 18 FTEs staff	£521,600
Scheme 2 - Offering Fast Response Personal Care Services to facilitate discharges for up to 4-6 patients per week to reduce delay. Planned target: 150 users in 6 months	£201,600
Scheme 3 - Offering Intensive Personal Care Services to facilitate speedy discharges of patients with high complex care needs (up to 4 patients per week) Planned target: 100 users in 6 months	£160,000
Scheme 4 - Setting up additional 4 Step-down Units in Extra Care Housing Scheme to facilitate discharge of patients in need of community based reablement, rehabilitation and interim care. Planned target: 38 users in 6 months	£91,000

3.3 **Four** key performance indicators (KPIs) are used to measure the success of these schemes:

a) Additional number of social needs assessments undertaken by staff facilitating discharge/ number of planned discharges,
b) Reduction in delayed transfer of care
c) Number of users/patients discharged with schemes 2, 3 and 4,
d) Reduction in the number of patients admitted to residential and nursing care

3.4 A total of 12 FTEs staff were recruited but were appointed at different times during the past 4 months (October 2015 to January 2016) with a further 4 FTEs in process. At the time of reporting, **(£178,539)** of the allocated fund has been spent on agency staff to increase capacity. Data extracted from the CareFirst Business Object reports indicate that **(£85,789)** of the allocated funds for schemes 2, 3 and 4 have been used to support **107 patients** returning home.

3.5 The establishment of the Transfer of Care Bureau in November 2015 has strengthened the integrated 7-day working between health and social care staff at the PRUH. There has been an increase of planned discharges facilitated by social care staff that are available at weekends and bank holidays and by health professionals who have been trained to undertake integrated health and social care assessment. This helps maintain a 'consistent flow of patients' daily through the system and improve 'Discharge to Assess' processes. There has been no delayed transfer of care due to 'awaiting care package in own home' for the past four months.

3.6 The planned 4 additional extra care housing flats have not materialised, because of legal and other reasons to secure a tenancy. There has still been a 40% reduction (on average 6 LBB funded placements a month in the past 4 months and the baseline figure is 10) in the number of patients discharged to long-term care homes. High quality Fast Response and Intensive Personal Care schemes have provided a more responsive and patient-centred care to meet individual complex needs upon discharge. These two schemes have also improved the timeliness and appropriateness of discharge and reduced patient's length of stay in hospital.

3.7 Due to the difficulties in recruiting appropriate staff to fill the WR funded temporary posts, the hospital and community social care teams have not had the full capacity to make a noticeable impact on the number of assessments and timing of intervention to prevent hospital admissions/readmissions. This work will be taken forward and will be discussed with our community partners.

3.8 There have been management issues with the quality of reliable data for winter resilience monitoring. For example, health and social care IT systems are not fully integrated, this gives rise to inaccurate or inconsistent data recording. In order to address this, 2 FTEs were urgently recruited during November and December 15 to undertake this task manually. We are now collecting the required data and systems are beginning to work reliably.

4. LEGAL IMPLICATIONS

4.1 Joint and integrated working is embedded in the Care Act 2014; for example, the duties to promote integration of care and support with health services in section 3, the duties to co-operate in sections 6 and 7 and the provisions as to the integration fund in section 121 of the Act. The Council's is looking to promote more collaborative working between health and social care, and is required to have a plan by 2017.

4.2 Section 74 and Schedule 3 to the Care Act make provisions for promoting co-operative working to secure the safe discharge of patients in England from NHS.

4.3 The policy position remains that no one should stay in hospital longer than necessary. The NHS and local authorities must continue to work together to ensure people have the correct support they need on leaving hospital.

5. FINANCIAL IMPLICATIONS

5.1 The allocated winter resilience grant for scheme 1 and scheme 4 have not been fully utilised and only **(£264,328)** of the total grant was used in 4 months. Although there is sufficient evidence to demonstrate that the LBB winter resilience schemes have been effective in supporting hospital discharges and preventing readmissions, the full impact of the grant has yet to be realised, and will run until March 31st. Other operational joint arrangements and service options funded by the winter resilience fund to facilitate timely hospital discharge need to be further explored. Any drawdown of winter resilience money will need to be evidenced by thorough tracking and auditing of the expenditure on each of the 4 schemes.

5.2 There are ongoing demands in service provision and social care intervention to support urgent care and hospital discharge. The unallocated grant would best be rolled over and used to maintain the year-round service delivery and to sustain service continuity and systems resilience. A small percentage of it may be reserved as the Council's contingency fund to support NHS's responses to other incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.

6. PERSONNEL IMPLICATIONS

6.1 There was a continuous turnover of staff in 4-6 months, as agency staff were recruited to fill these winter resilience funded temporary posts. This has a significant impact on the consistency in practice and service delivery.

6.2 There is a nationwide issue with the recruitment and retention of staff within social work and occupational therapy professions. We are working with HR on developing a local recruitment and retention package that is more competitive and would encourage agency staff to apply for permanent positions.

7. POLICY IMPLICATIONS

7.1 Further work is required to develop a local shared planning protocol to promote joint working arrangements between NHS urgent care and social services when planning for and responding to disruptions and winter pressure. This partnership approach should focus on achieving the best outcomes for patients and not the performance targets of each organisation.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	• The Care Act 2014 – Section 74 and schedule 3 • The Care and Support (Discharge of Hospital Patients) Regulations 2014 • NHS England Monthly Delayed Transfer of Care Situation Reports -Definitions and Guidance • NHS Five Year Forward View • Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21

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TRANSFER OF CARE WARD

Background

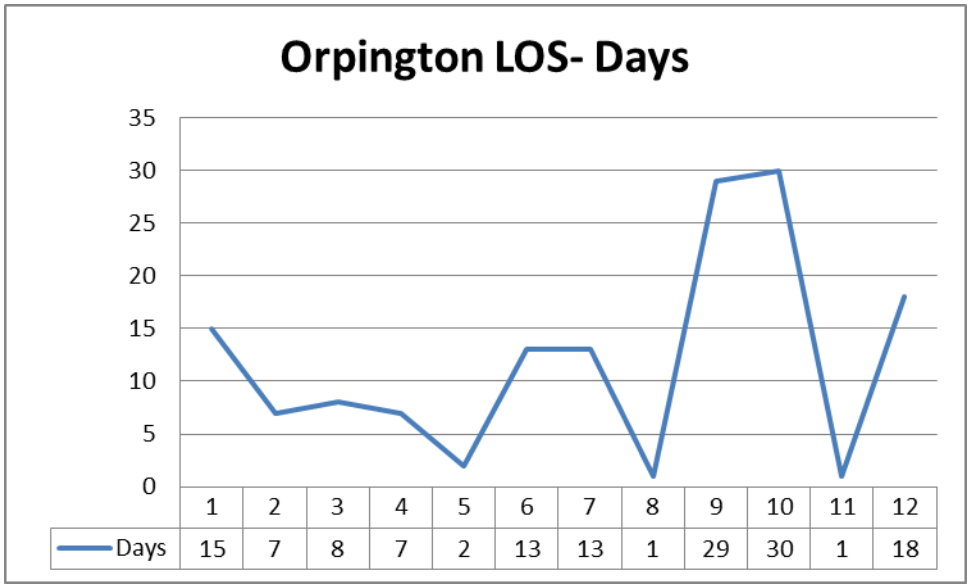
It was recognised that the service being delivered by the Medical Response Team (MRT) was delivering the stated aims for the patients who were able to return to their own home. This was being scoped by the in-reach model at the PRUH and will be evaluated to include key staff from both community and social service backgrounds

This pathway needs to ensure that whilst in-reach supports the largest number of patients (approx 25-35 per week) there was no service in place to offer early discharge to patients who were not able to return home.

In order to achieve the aims for patients who could not return home new pathways and ways of working between health and social care needed to be developed. In November we secured 8-10 beds in Orpington this was a partnership between NHS BCCG, LBB with the aim to achieve discharge to assess for patients who could not return home straight away.

Average LOS was 12 days - however 2 patients remained in the unit for up to 20+ days. This was due to family related issues/ Nursing Home availability and poor funding arrangements identified by the team.

16 patients used the service, 3 patients became medically unwell 1-2 days after admission and were sent back to the PRUH



	1	2	3	4	5	6	7	8	9	10	11	12
Days	15	7	8	7	2	13	13	1	29	30	1	18

The Proposed Pathways to Achieve the Future State

Transfer of Care Beds – 'Discharge to assess' where home is not an option at the point of discharge, but permanent residential care is not inevitable

This pathway should be used for individuals who cannot return home, even with availability of any of the services available From BHC. These patient situations can be considered as medium to high complexity (or, in social care terms, 'critical' levels of need/risk). Patients will be discharged to a bed-based facility able to provide intermediate type care for a period of 2 - 6 weeks. The anticipated exit route from the pathway is either back home (with support if needed), or to Extra Care Housing or residential care. The patient will have given consent to care and support provided, along the journey. Currently we have a number of extra care housing beds- the oversight and management of this should rest with the Transfer of care bureau

People moving through this pathway will be considered for appropriate transfer to In-reach/MRT (or rebranded to be known as TOC @Home) at the earliest safe opportunity to do so. This pathway will provide the maximum benefits for this cohort and reduces the risks of ongoing residential/nursing care settings being required to meet their residual needs.

Transfer of Care Beds – 'Discharge to assess' to nursing home, where patient needs are very complex and where Continuing Health Care (CHC) eligibility is a possibility destination unknown.

This is a new pathway for Bromley. Patients will be discharged to M4 Transfer of Care Ward for a period of 4 – 6 weeks. During this time, patients will be offered an environment in which to recuperate / rehabilitate as far as possible, and will be assessed for CHC eligibility.

Transfer of care will provide case management and rehabilitation / reablement planning and support to the patient in conjunction with the care home provider. The multi-disciplinary team will incorporate a GP. Patients assessed as eligible for CHC funding will have their long term care arrangements organised by the Transfer of Care Bureau (BCCG Continuing Care) and funded nursing care team. Individuals assessed as eligible for LBB social care and support (nursing or otherwise) will have their long term care arrangements organised by an allocated Social Worker. Self-funders will be appropriately supported to identify their long term care arrangements. The patient will have given consent to care and support provided, along the journey.

Some TOC@Home patients that are on the Home pathway might not be safe to remain at home following assessment- some beds here will be ring fenced so that patients can return safely whilst waiting for their placement

Report No.
CS16035

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**Health Scrutiny Sub-Committee**
Date:	**25th February, 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**ORPINGTON HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT**
Contact Officer:	Mark Cheung, Chief Financial Officer, NHS Bromley CCG and Project Senior Responsible Officer Tel: 01689 866544 E-mail: mark.cheung@nhs.net
Chief Officer:	Dr Angela Bhan, Chief Executive. NHS Bromley Clinical Commissioning Group
Ward:	Orpington

1. Reason for report

1.1 This report provides an update on the most recent developments in the planning and approval of this key strategic project, and the key milestones leading to services commencement from the Centre.

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2. RECOMMENDATION

2.1 The Sub-committee is asked to note this report and agree that a further report should be submitted in due course.

Corporate Policy

1. Policy Status: Existing policy. NA
2. BBB Priority: Supporting Independence. NA

Financial

1. Cost of proposal: Estimated cost £10.378m (NHS Capital)
2. Ongoing costs: Recurring cost. £6.485M (CCG commissioned clinical services)
3. Budget head/performance centre: NHS Bromley CCG
4. Total current budget for this head: £NA
5. Source of funding: NHS Capital; S106 Funding £168K contribution to capital costs)

Staff

1. Number of staff (current and additional): c65
2. If from existing staff resources, number of staff hours: NA

Legal

1. Legal Requirement: Non-statutory - Government guidance. NHS Planning and Financial Guidance
2. Call-in: Call-in is not applicable. No Executive decision is required.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 500 per day

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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes.
2. Summary of Ward Councillors comments: Not known

3. COMMENTARY

3.1 Commercial Agreements

3.1.1 As members will be aware, the Orpington Health and Wellbeing Centre ("H+WBC") will occupy most of the ground and the whole of the 1st floor of the new Berkeley Homes development on the former Orpington Police Station Site, with the rest of the development providing residential units and basement residents' car parking.

3.1.2 NHS Property Services, the NHS property landlord and maintenance organisation, has completed negotiations with Berkeley Homes and has agreed the "Agreement for lease/Head Lease" and supporting documentation, the highlights of which have been included in the H+WBC Full Business Case (see item 3.3 below)

3.1.3 In parallel, NHSPS has been in negotiations with the two GP Practices who will be transferring to the Centre on the basis of 25 year Under-Leases and an associated annual rental payment. The CCG and NHS England Primary Care Team have also been discussing with the Practices:-

- Transitional Funding
- Premises Costs Reimbursement

3.1.4 It is now hoped that NHSPS will be able to conclude these negotiations by the 31st March 2016.

3.2 Detailed Design Phase

3.2.1 Following extensive User consultation, including patients and the community, as well as clinical service providers, this phase has been successfully completed and the detailed design documentation has been signed off as fully compliant by the relevant professional advisers covering:-

- Building and Design Quality
- Fire Safety
- Control of Infection

3.2.2 The completed suite of documentation comprising 1;50 scale layouts of every room and supporting Room Data Sheets have been signed off formally by the CCG's Clinical Executive Committee.

3.3. Full Business Case

3.3.1 The FBC updates and builds on key aspects of the project to confirm that the strategic, economic, financial and management approval parameters established in the OBC have not been breached. The Commercial Agreements and output from the Detailed Design Phase are required for the FBC to evidence this.

3.3.2 The completed FBC was submitted to NHS England by the CCG on the 30th January 2016. It is currently subject to detailed assurance by the NHSE Projects Appraisal Unit ("PAU") before being submitted for approval via the NHSE Capital Projects Governance structure.

3.3.3 The FBC, updated to take account of any detailed changes arising from the PAU appraisal process, will be submitted for formal local endorsement by the CCG Governing Body at its meeting on the 17th March 2016.

3.3.4 It is hoped that the Full Business Case in its final form will be approved formally by the NHS Executive at the end of March, 2016.

3.4 Revised Project Plan

3.4.1 A revised Project Plan has been prepared and incorporated in the FBC.

3.4.2 In summary, the key project milestones are as follows:-

Milestone	Date
FBC Approvals	March 2016
Execution of Agreements for lease	March 2016
Financial Close	April 2016
Berkeley Homes shell & core practical completion (longstop assumed)	June 2018
NHS PS fit-out complete	March 2019
Full services commencement	1 July 2019

4. POLICY IMPLICATIONS

4.1 The Orpington H+WBC Project derived primarily from the findings and priorities identified in the 2011 Joint Strategic Needs Assessment; the service focus and priorities were then heavily influenced by the findings of the Orpington Health Needs Assessment and have been further refined as a result of the development of the NHS Bromley CCG Strategic Plans, the NHS South East London Strategy and the Bromley Health and Wellbeing Board's Strategy.

4.2 From the outset it was planned that the Centre would bring together under one roof, in a highly accessible town centre location, a range of services including:-

- Primary Care
- Community
- Out-Patients
- Diagnostics, including X-Ray and Ultrasound
- Wellbeing services

4.3 The development of the Centre, in its priority town centre location, has been actively and consistently supported by the London Borough of Bromley and Jo Johnson MP

5. FINANCIAL IMPLICATIONS

5.1 The Centre will be funded via NHS capital funds which will be approved by the NHS Executive for NHS Property Services.

5.2 Overall, the development is expected to deliver a £356k recurring revenue saving to the health economy.

5.3 The CCG is also making provision for the non-recurring costs of the scheme's development, which include Project Management, Clinical services and equipment procurements, commissioning, premises double running and Primary Care transition costs

Non-Applicable Sections:	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	

Report No.
CSD16018

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**Thursday 25 February 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**WORK PROGRAMME 2015/16**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk
Chief Officer:	Director of Corporate Services
Ward:	N/A

1. Reason for report

1.1 The Sub-Committee is requested to consider its work programme for 2015/16.

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2. RECOMMENDATION

2.1 The Sub-Committee is asked to review its work programme and indicate any issues that it wishes to cover at forthcoming meetings.

Corporate Policy

1. Policy Status: Existing Policy:
2. BBB Priority: Excellent Council:

Financial

1. Cost of proposal: No Cost: Further Details
2. Ongoing costs: Not Applicable:
3. Budget head/performance centre: Democratic Services
4. Total current budget for this head: £326,980
5. Source of funding: 2015/16 revenue budget

Staff

1. Number of staff (current and additional): 8 staff (7.27fte)
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: None:
2. Call-in: Not Applicable: This report does not require an executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not applicable

3. COMMENTARY

3.1 The Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.

3.2 The three scheduled meeting dates for the 2016/17 Council year have not yet been confirmed.

3.3 The draft work programme is set out in Appendix 1 below.

Non-Applicable Sections:	Policy Implications, Financial Implications, Legal Implications and Personnel Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

APPENDIX 1

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

June 2016 (date to be confirmed)
PRUH Improvement Plan – Update from King's (presentation)
Better Care Fund Projects Update
Joint Health Scrutiny Committee - Update
November 2016 (date to be confirmed)
PRUH Improvement Plan – Update from King's (presentation)
Joint Health Scrutiny Committee – Update
February 2017 (date to be confirmed)
PRUH Improvement Plan – Update from King's (presentation)
Winter Pressures – Update from CCG
Joint Health Scrutiny Committee – Update
Not Programmed
Care for Adults with Learning Disabilities
Dementia Beds