



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Kerry Nicholls  
*kerry.nicholls@bromley.gov.uk*

DIRECT LINE: 020 8313 4602

FAX: 020 8290 0608

DATE: 8 March 2017

To: Members of the  
**HEALTH SCRUTINY SUB-COMMITTEE**

Councillor Judi Ellis (Chairman)  
Councillor Pauline Tunnicliffe (Vice-Chairman)  
Councillors Ruth Bennett, Kevin Brooks, Mary Cooke, Hannah Gray, David Jefferys,  
Terence Nathan, Catherine Rideout and Charles Rideout QPM CVO

Non-Voting Co-opted Members

Linda Gabriel, Healthwatch Bromley  
Justine Godbeer, Bromley Experts by Experience  
Rosalind Luff, Carers Forum  
Lynn Sellwood, Voluntary Sector Strategic Network

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre  
on **THURSDAY 16 MARCH 2017 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 10<sup>th</sup> March 2017.

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON  
2ND NOVEMBER 2016 AND MATTERS ARISING (Pages 3 - 14)**
- 5 **PRUH IMPROVEMENT PLAN - UPDATE FROM KINGS FOUNDATION NHS TRUST**

- 6 **WINTER RESILIENCE (LBB/CCG) (Pages 15 - 32)**
- 7 **ORPINGTON HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT (CCG) (Pages 33 - 36)**
- 8 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE, INCLUDING PLANNED ORTHOPAEDIC CARE (CCG)**
- 9 **DEMENTIA SERVICES**

It is proposed that a Task and Finish Group be convened to consider Bromley's care offer for people with dementia and their families and carers.

- 10 **WORK PROGRAMME 2016/17 (Pages 37 - 40)**
- 11 **ANY OTHER BUSINESS**
- 12 **FUTURE MEETING DATES**

4.00pm, Tuesday 13<sup>th</sup> June 2017  
4.00pm, Tuesday 7<sup>th</sup> November 2017  
4.00pm, Tuesday 6<sup>th</sup> March 2018

.....

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 2 November 2016

### Present:

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

Linda Gabriel, Healthwatch Bromley

### Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services  
Councillor Ian Dunn

### 15 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terry Nathan, Councillor Catherine Rideout and Councillor Diane Smith. Apologies were also received from Lynn Sellwood, Voluntary Sector Strategic Network.

### 16 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared that her daughter was employed by Oxleas NHS Foundation Trust

Councillor David Jefferys declared that he had been appointed a Public Governor of King's College Hospital NHS Foundation Trust to take effect from February 2017.

### 17 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

One written question was received from a member of the public and is attached at Appendix A.

### 18 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 8TH JUNE 2016 AND MATTERS ARISING

**RESOLVED** that the minutes of the meeting held on 8<sup>th</sup> June 2016 be agreed.

**19 PRUH IMPROVEMENT PLAN - UPDATE FROM KING'S  
FOUNDATION NHS TRUST**

The Sub-Committee received a presentation from Paul Donohoe, Deputy Medical Director, Princess Royal University Hospital (PRUH) and Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital NHS Foundation Trust providing an update on the progress of the Trust and the PRUH Improvement Plan.

In considering performance across the Trust, performance against the Accident and Emergency four hour 95% target remained challenged due to multiple capacity and demand-related factors, with 88% and 82% achieved, respectively, at the PRUH in August and September 2016. Performance against cancer waiting targets continued to be good, and diagnostic waiting time performance had greatly improved, exceeding the national target of 1% in September 2016 with 0.96%. Significant progress had been made on achieving the savings target and reducing the deficit, and just under £10m of additional savings had now been identified. The implementation of the Trust's new organisational arrangements was ongoing with the aim of improving patient experience and ensuring services ran as efficiently as possible. The next steps in the implementation of the new cross-site Electronic Patient Record system were under development and Sunrise EPR would be rolled out across the PRUH, Orpington Outpatients and King's services based at Queen Mary's Hospital, Sidcup during Spring 2017.

With regard to the PRUH, excellent progress had been made in addressing the Standardised Mortality Rate which had dropped in 2015/16 to the 10<sup>th</sup> lowest out of 136 Trusts which was in the top 8% of performance. Patient experience ratings had also increased to 92% in September 2016 for standard inpatient feedback. The first case of the Norovirus for Winter 2016 had been confirmed in late October 2016, and had been appropriately isolated, managed and discharged, with additional measures in place to minimise risks of further outbreaks including extra clinical sinks in key ward areas. Emergency performance remained a significant challenge with performance reducing from 89% in August 2016 to 82% in September 2016, and the Emergency Pathway Recovery Plan was being implemented to address this. Work was also being undertaken to fill a number of vacancies in key clinical posts at the PRUH and Orpington Hospital and reduce the need for agency workers, including a recruitment campaign. The Outpatient Dermatology Service had now moved to Beckenham Beacon, enabling key development works to begin at Orpington Hospital. The new pathology service run by Viapath was also now in operation and the Local Care Record initiative that would enable electronic information to be shared with local GP practices was expected to be rolled out to 50% of GP practices by May 2017. The Care Quality Commission had recently visited the PRUH and formal feedback was still awaited.

In considering the presentation, a Member noted the challenges impacting emergency performance and asked what had been put in place to deal with winter pressures. The Deputy Medical Director, Princess Royal University

Hospital (PRUH) confirmed that a number of measures had been introduced to improve performance, including the Emergency Pathway Recovery Plan which was based around key themes including transfer of care, admission avoidance and winter planning, frailty pathway redesign and integration and Emergency Department transformation. Approximately a third of patients in the Accident and Emergency Department at any one time were waiting to be seen by a clinician or for a bed to be available. To address this, action was being taken to reduce admissions including directing patients to more appropriate health provision and introducing a rapid response team to respond to non-emergency incidents in care homes. The Transfer of Care Bureau was working to support more efficient discharge processes through initiatives such as the 'safer bundle' where clinical staff took ownership of patients' discharge process. Additional support from the community nursing team was also being provided to care homes following discharge of patients to reduce readmission rates. The Chairman noted that it was important for clinical staff to work in partnership with patients and their families to ensure that patients were returning home to a safe environment, and for estimated discharge dates to be communicated clearly.

With regard to the reduction in the Standardised Mortality Rate, the Deputy Medical Director, Princess Royal University Hospital (PRUH) advised Members that this was mainly due to better governance systems and staffing. A range of work was being undertaken in care homes around setting limits of care and avoiding unnecessary admissions, and this would help to drive further reductions in the mortality rate by supporting those receiving end of life care to remain in their own homes. The Chairman was pleased to announce that Bromley had been commended at a recent meeting of the Our Healthier South East London – Joint Health Overview and Scrutiny Committee for its work in assisting people to die in their preferred place, and led the Sub-Committee in thanking all staff involved in providing higher levels of care to those receiving end of life care.

The Chairman queried if the cleaning protocols at the PRUH had been reviewed to ensure that the risk of spreading the Norovirus infection between wards was minimised. The Deputy Medical Director, Princess Royal University Hospital (PRUH) reported that cleaning was at the forefront of infection control, and that further information regarding cleaning protocols at the Trust would be provided to Members following the meeting.

In considering other elements of the presentation, a Co-opted Member underlined the need to include the views of patients in the 'clean sheet redesign' of services across the Trust. A Member also queried whether recruitment and retention campaigns currently underway had considered availability of housing for new staff, and the Deputy Medical Director, Princess Royal University Hospital (PRUH) confirmed that accommodation was considered as part of the recruitment programme, and that local housing had been procured for a number of overseas doctors who had recently been recruited to work at the PRUH.

The Chairman requested that further visits to key health facilities across the Borough be arranged for Members during Winter 2016/7.

The Chairman led Members in thanking Paul Donohoe and Sarah Willoughby for their presentation which is attached at Appendix B.

**RESOLVED that the update be noted.**

## **20 MENTAL HEALTH REHABILITATION REDESIGN - OXLEAS**

### **Report CS17071**

The Sub-Committee received a presentation from Adrian Dorney, Associate Director, Inpatient and Crisis Services and Iain Dimond, Service Director, Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust outlining the redesign of the Mental Health Rehabilitation Pathway which aimed to modernise the Pathway and re-balance provision of rehabilitation across inpatient and community settings.

The redesign would invest in the development of multi-disciplinary community rehabilitation services to provide care for patients in their own homes and avoid the need for admission to inpatient rehabilitation settings, and to assist those who were in an inpatient rehabilitation setting to move back to more independent settings. It also aimed to reduce the number of inpatient rehabilitation beds that were required, with the reduction in inpatient beds enabling the re-investment in community rehabilitation services including medication, tenancy and crisis support which was expected to reduce demand for inpatient care, and to meet the needs of patients in a more cost effective way. Patients who required inpatient rehabilitation would continue to receive care within this setting, and any patient moves would be conducted appropriately in line with patients' individual clinical needs.

In order to achieve the required service development, it was proposed that Barefoot Lodge be maintained as an in-patient rehabilitation unit, but that services no longer be provided at Somerset Villa and Ivy Willis Open and Closed units with funding for these units to be reinvested in a range of community rehabilitation services and third sector provision.

In considering the service redesign, the Chairman was concerned that the beds available for inpatient rehabilitation would be reduced from 46 to 15, and emphasised Members concerns around the number of patients that would be displaced into the community and of these, how many would not have existing accommodation to return to, as well as how many additional Oxleas NHS Foundation Trust staff would support them. The Local Authority had statutory responsibilities to provide housing for vulnerable people, but there was a lack of suitable housing available within the Borough which might cause difficulties in enabling these patients to receive rehabilitation services in a community setting.

The Associate Director, Inpatient and Crisis Services, Oxleas NHS Foundation Trust explained that the service redesign would initially be focused on patients with existing accommodation, but that consideration would also be given to the threshold of patients in supported accommodation that providers could care for. The Service Director, Adult Mental Health and Learning Disability reported that Oxleas NHS Foundation Trust would continue working alongside Community Options to support patients into suitable accommodation, and that work would also be undertaken to reassure prospective landlords of the high level of support that was in place, which under the proposed scheme could include daily contact. Oxleas NHS Foundation Trust was not currently planning to establish new supported accommodation but this might be revisited in future.

A Member noted the geographical size of the Borough and queried if this would be challenging to a community-based service. The Associate Director: Inpatient and Crisis Services, Oxleas NHS Foundation Trust confirmed that staff would be required to travel to patient's homes to provide support, and that this level of support would be maintained for as long as the patient's needs were assessed as requiring it. There would be a community team based in each of the three Boroughs that were covered by Oxleas NHS Foundation Trust, and the size of each team would be dependent on the current level of need and could be flexible across the three Boroughs.

The Service Director, Adult Mental Health and Learning Disability reported that an effective community rehabilitation service had been delivered in the London Borough of Bexley for a number of years which allowed Oxleas NHS Foundation Trust to anticipate the number of patients that were likely to 'step down' from an inpatient rehabilitation setting each year. Modelling had also been undertaken of those patients currently resident in an inpatient rehabilitation setting and it had been identified that over 50% did not require this level of care and were potentially suitable for community rehabilitation services.

In summarising the discussion, the Chairman noted that Members were generally in favour of intensive community rehabilitation being provided as a Step Up/Step Down service between the existing levels of inpatient rehabilitation and community care, but that more information was required on how this would work in practice, particularly around the provision of suitable accommodation and community care for those patients that would no longer qualify for inpatient rehabilitation services. A Co-opted Member highlighted the need to engage with service users in developing the proposed redesign, and the Associate Director: Inpatient and Crisis Services, Oxleas NHS Foundation Trust confirmed that inpatients and their carers had been consulted, and that patients had generally voiced a preference to move toward more independent living.

The Local Authority and Bromley Clinical Commissioning Group's responses to the consultation on the proposed service redesign would be circulated to Members of the Health Scrutiny Sub-Committee when available and Members and Co-opted Members were requested to provide their comments.

The Chairman led Members in thanking Adrian Dorney and Iain Dimond for their presentation which is attached at Appendix B.

**RESOLVED that the redesign of the Mental Health Rehabilitation Pathway be noted.**

## **21 OXLEAS RELOCATION OF LD SERVICES**

### **Report CS17070**

The Sub-Committee considered a report from Iain Dimond, Service Director and Lorraine Regan, Clinical Director of Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust outlining the proposals for a planned move of Bromley Community Learning Disability Team from Yeoman House, Penge.

The Bromley Community Learning Disability Team had moved to Yeoman House in February 2016. Shortly after the relocation, the London Fire Brigade had carried out an inspection and deemed the premises unsuitable for use by individuals with physical disabilities due to lack of adequate fire evacuation procedures. No solution had been found to address this issue, and the Bromley Community Learning Disability Team had subsequently delivered treatment through a number of existing community resources across the Borough.

Following work to identify suitable alternative premises, Oxleas Board had agreed that the service could be accommodated in purpose-built accommodation on the Queen Mary's hospital site which provided both ground floor clinical space and office space. Work had been undertaken with service users to assess the impact of a move to this site including a questionnaire, and it had been identified that a higher proportion of service users lived closer to Queen Mary's Hospital site than Yeoman House. Clinicians would continue to work with individuals to ensure there was a plan for each service user in accessing the services on the new site, and where service users were disadvantaged by the move, the Trust would continue to offer appointments in users' homes or in other Oxleas premises.

In response to a question from a Member, the Clinical Director of Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust confirmed that it was still planned to co-locate the Bromley Community Learning Disability Team with Adult Social Care to support integrated working, and that Oxleas NHS Foundation Trust would meet the costs of moving both services to Queen Mary's Hospital site.

The Portfolio Holder for Care Services noted that there were cost implications related to the lease for Yeoman House and that this was currently the subject of negotiations between the Local Authority and Oxleas NHS Foundation Trust. The services would not move from Yeoman House until this issue had been resolved.



**RESOLVED that the proposals for the planned move be noted.**

## **22 OVERVIEW OF PHARMACY SERVICES IN BROMLEY - CCG**

The Sub-Committee received a presentation from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group providing an overview of pharmacy services in Bromley.

The Community Pharmacy Contractual Framework was commissioned by NHS England and supported the provision of a range of essential services, including dispensing medication and appliances, delivery of public health initiatives and signposting to other services. Pharmacy contractors could also choose to deliver a range of advanced services, including flu vaccinations, medicines use reviews, which supported patients in understanding and managing their medicines, and the new medicines service, which aimed to improve patient understanding and engagement with their conditions and medicines. Public Health commissioned a number of services from local providers including sexual health and smoking cessation services, and Bromley Clinical Commissioning Group also commissioned local providers to deliver the anticoagulation service and a tailored dispensing service which provided over 2000 Bromley patients with support and compliance aids to assist them in self-managing their medicines and maintaining their independence.

There were two national workstreams for 2016/17 which would direct referrals from NHS 111 to pharmacies for both urgent medicines supply and for people who needed immediate help with urgent minor ailments. Work was also being undertaken to transform the way that pharmacies operated across the NHS for the benefit of patients over the next two years. This work would be supported by the Pharmacy Integration Fund which aimed to develop clinical pharmacy practice in a wider range of primary care settings, such as care homes, GP practices and urgent care settings. This would improve access for patients and relieve the pressure on GPs and Accident and Emergency Departments, ensuring best use of medicines and driving better value and improved patient outcomes.

In response to a question from a Member regarding medicines use reviews, the Chief Officer, Bromley Clinical Commissioning Group confirmed that pharmacists could raise concerns about a patient's medication with GPs, and that pharmacists would increasingly be based at GP practices as part of the development of Integrated Care Networks. Medicines use reviews would be included as part of the multi-disciplinary team meetings for the most vulnerable individuals, and the Bromley Clinical Commissioning Group was also exploring how to deliver medicines use reviews in care homes.

A Co-opted Member noted that Healthwatch Bromley had recently undertaken a review of Pharmacy Services in Bromley. This review had identified a number of strengths across the provision, but that there was also low public awareness of some pharmacy services. The Co-opted Member suggested

that further promotional work be undertaken and that this might be funded through the Pharmacy Integration Fund.

The Chairman led Members in thanking Dr Angela Bhan for her presentation which is attached at Appendix B.

**RESOLVED that the presentation be noted.**

**23 PLANS FOR FRAILTY SERVICE AT ORPINGTON HOSPITAL - CCG**

The Sub-Committee received a presentation from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group and Dr Paul Donohoe, Deputy Medical Director, Princess Royal University Hospital (PRUH) providing an update on the Frailty Pathway

Work was underway across the system to co-develop a new pathway that was linked to delivering the out-of-hospital strategy and establishment of the Integrated Care Network model of care. The Pathway would help to provide support for the frail elderly population of Bromley in a more integrated and coordinated way, both in and out of hospital, using the multi-disciplinary team approach. A cross-system workshop was held in May 2016 at which all providers and Patient Advisory Group members participated, following which joint Governance had been established and weekly Frailty Clinical interface Group meetings had been held with representatives from all health partners. The Patient Advisory Group had received further updates on progress in developing the Pathway, and would assist with testing the draft Pathway.

The new pathway aimed to use a predictive case finding model and clinical judgements to identify individuals who were at high risk of future emergency admission to hospital and who would benefit from case management. An initial holistic assessment would be undertaken with the individual, usually with the Community Matron, following which an Integrated Care and Support Plan would be developed and subsequently ratified following an initial review by a multi-disciplinary team. When required, an holistic assessment would be carried out to reassess the needs of the individual and where appropriate, adjust the intensity of support that was needed, and there would be regular reviews. An audit had also been undertaken around the eligibility criteria for admission to the Orpington Beds Step Up/Step Down Facility which would provide non-acute elderly care as part of the Frailty Pathway.

In response to a question from the Chairman, the Deputy Medical Director, Princess Royal University Hospital (PRUH) advised that there would be a range of basic medical testing available at the Orpington Beds Step Up/Step Down Facility, such as blood tests and imaging, and that patients in need of more complex testing could be transferred to the PRUH. There would be 38 beds/chairs available at the Orpington Step Up/Step Down Facility when it opened in January 2017, and these could be used to provide short term respite care to vulnerable people whose carers had been hospitalised through a block-bed contract from the Bromley Clinical Commissioning Group.

The Chairman led Members in thanking Dr Angela Bhan and Dr Paul Donohoe for their presentation which is attached at Appendix B.

**RESOLVED that the presentation be noted.**

**24 JOINT HEALTH SCRUTINY COMMITTEE - CHAIRMAN'S  
UPDATE**

The Chairman provided an update on the Our Healthier South East London – Joint Health Overview and Scrutiny Committee which had met on 11<sup>th</sup> October 2016 to consider the future provision of elective surgery across South East London which would be delivered at two of three potential locations comprising Orpington, Guy's and Lewisham Hospital sites. A further meeting of the Joint Health Overview and Scrutiny Committee would be held in late November 2016 to allow Members to contribute to the consultation on this issue.

**RESOLVED that the update be noted.**

**25 WORK PROGRAMME 2016/17**

**Report CSD16142**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

**RESOLVED that the work programme be noted.**

**26 ANY OTHER BUSINESS**

There was no other business.

**27 FUTURE MEETING DATES**

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Thursday 9<sup>th</sup> March 2017

The Meeting ended at 6.24 pm

Chairman

This page is left intentionally blank

**HEALTH SCRUTINY SUB-COMMITTEE**  
**2<sup>nd</sup> November 2016**

**WRITTEN QUESTION TO THE HEALTH SCRUTINY SUB-COMMITTEE**

**Written Question to the Health Scrutiny Sub-Committee received from Mrs Susan Sulis, Secretary, Community Care Protection Group**

1. With regard to Item 6: Mental Health Rehabilitation Redesign (Report CS17071), this report recommends the closure of 3 out of the 4 current Inpatient Rehabilitation Units used by Bexley, Bromley and Greenwich. Would the Health Scrutiny Sub-Committee support the following enquiries being made of Oxleas NHS Trust:
  1. Regarding the current Inpatient Rehabilitation Units:
    - a) How many beds are currently provided in each unit?
    - b) There is no information on current or future demand for inpatient care – why not? What are the figures?
  2. Regarding the proposed closure:
    - a) What are the expected savings from these closures, and the estimated costs of tendering out the replacement services?
    - b) How do we know that there are suitably qualified providers available to take on this work when it is privatised? (Remember Winterbourne View?)
    - c) Why is this report lacking essential financial/critical information?
  3. With regard to the provision of care:
    - a) We repeatedly hear tragic cases reported where patients have desperately needed acute inpatient care, but beds have not been available. Can Oxleas confirm that this will not be the case?
    - b) The covering report/Summary Briefing does not explain what the impact might be on carers and relatives. Please clarify this

**Reply:**

*The Local Authority agrees that it would be helpful in the interests of clarity for Oxleas NHS Trust to provide further information regarding this proposal, including the enquiries raised.*

This page is left intentionally blank

Report No.  
CS17134

London Borough of Bromley

PART ONE - PUBLIC

---

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** 16<sup>th</sup> March 2017

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** WINTER SCHEME 2016/17 – INTERIM UPDATE

**Contact Officer:** Tricia Wennell, Head of Assessment and Care Management  
Tel: 020 8461 7495 E-mail: [tricia.wennell@bromley.gov.uk](mailto:tricia.wennell@bromley.gov.uk)

**Chief Officer:** Stephen John, Director: Adult Social Care (ECHS)

**Ward:** Borough-wide

---

1. Reason for report

- 1.1 This report provides the Health Scrutiny Sub-Committee with an interim update on the LBB winter resilience schemes for 2016/17 and how effective these schemes have been in supporting hospital discharges and preventing readmissions.
- 

2. **RECOMMENDATION**

- 2.1 The Health Scrutiny Sub-Committee is asked to note the interim update on the LBB winter resilience schemes for 2016/17.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: These schemes provide support to adults with a range of health and care needs.
- 

## Corporate Policy

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

## Financial

1. Cost of proposal: Estimated Cost: The NHS Winter Resilience Grant totals £1,009,000 for 2016/2017.
  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
- 

## Personnel

1. Number of staff (current and additional): Scheme 1 aimed to increase care management staffing capacity by 30% within King's College Hospital (PRUH) and to provide additional social care staff by 10% in the community teams which has resulted in an additional 20.6 FTE with a projected spend of £643,881.
  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 applicable – No Executive decision.
- 

## Procurement

1. Summary of Procurement Implications: N/A
- 

## Customer Impact

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

Current:	165
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 2016, Bromley ECHS received an NHS Winter Resilience Grant of **£1,009,000** for 2016/2017 to increase capacity to support hospital discharge and prevent patients' readmission.

3.2 The winter resilience grant was used to fund the following schemes:

- Scheme 1: Additional Capacity and Staffing
- Scheme 2: Fast Response Personal Care Service Provision
- Scheme 3: Intensive Personal Care Service Provision
- Scheme 4: Step-down Facilities / Extra Care Housing

3.3 The LBB Winter Resilience Schemes aim to support discharge and assist in achieving the following:

- a) Integrated and joint working between local health and social care services, i.e. Bromley Health Care, Bromley CCG, Bromley Adult Care (ECHS) and NHS service to facilitate transfer of care and support admission Avoidance.
- b) Increased capacity and staffing in Bromley Adult Social Care Services to achieve timely assessments of patients in hospital and avoid delay in arranging care on discharge.
- c) Provision of quality and patient-centred services on discharge 7 days a week
- d) Provision of community-based support services to ensure continuity of patient care in the community following discharge and prevent hospital readmissions
- e) Provision of step-down facilities to reduce patients' length of stay in hospital, deliver better discharge planning to support patients returning home and reduce admissions of older people and adults with complex needs to long term residential and nursing care
- f) Better co-ordination of ongoing care and support service to identify people with long-term medical conditions, frailty or disabilities, help people live well with them in the community, to retain their independence and keep out of hospital

3.3 Description of the Winter Resilience Schemes and what has been achieved:

#### **Scheme 1: Additional Capacity and Staffing**

The aim of this scheme was to increase care management staffing capacity by 30% within Kings College Hospital (PRUH) to undertake timely assessments of patients and provide a 7-day working arrangement. It was also to provide 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. The aim was also to ensure systems are in place to monitor and track all WR work and ensure reporting is up to date and accurate.

**Planned target: additional 17.7 FTEs staff – allocation: £558,900**

#### **Update:**

Staffing has successfully been increased in all areas of care management including occupational therapists for the Community Teams and Moving and Handling Risk

Assessor hours for the PRUH enabling appropriate assessments and timely discharges and helping to prevent admissions in to hospital. This has resulted in additional staff to the original 17.7.

**Actual Staffing: 20.6 – projected spend £643,881**

### **Scheme 2: Fast Response Personal Care Service Provision**

This scheme was intended to facilitate discharge of patients within 4 hours upon receipt of their Discharge Notification. This service was also intended to be offered to users with 'urgent needs' arising from a long-term medical condition in the community, to avoid or prevent hospital admission. Its aim was to facilitate an approximate of 2-4 discharges a week (up to 25 a month) with this provision. Each user would be provided with up to 4 visits (4 hours) per day package of care for no more than 14 days. The cost of a fast response care package is up to £672 per week. Personal care agencies in the community are often unable to respond, thus an enhanced reablement service was also to be used to achieve this.

**Planned target: 150 users in 6 months – allocation: £190,150**

#### **Update:**

There have been significant difficulties in persuading agencies to provide this service even with the financial incentives offered because of the shortage of care staff and the additional burden to them of taking short term packages of care. The plan to address this by enhancing reablement has also been affected by the limited availability of care staff. Funds have also been used to facilitate deep cleans so that service users can return to their own homes preventing discharge to a stepdown flat or a care home.

There have so far been:

14 users with Fast Response 4 hour service - £5,836

8 users with the enhanced reablement Bridging service - £3,600

7 users provided with a deep clean – projected spend - £4,900

**Actual to date: 29 users – spend to date £14,336**

### **Scheme 3 - Intensive Personal Care Services**

'Intensive' denotes very thorough, in-depth, rigorous and concentrated care and support service. This was a short-term intervention service for users in the community to help them recover from their illness /or injury (e.g. following a fall or health event) sooner, keep them safe at home to avoid and prevent admission. This was successful last year

This scheme aimed to provide an intensive personal care service for patients with higher care and support needs, who would otherwise need to go into a care home or have recurrent admissions to hospital. These users may require up to 8 visits per day or 24 hour support for a maximum of two weeks. The cost of an intensive package of care may be up to £800 per week. Length of service may be extended beyond 2/52 in exceptional circumstances only.

This service also aimed to provide a service to support family Carers who are unwell and the person they care for requires a service at short notice to prevent them from being admitted in to hospital or to a care home during this short term period.

**Planned target: 100 users in 6 months – allocation: £165,700**

**Update:**

This service has been fully utilised within the constraints of available care agency hours and has again proven to provide a positive outcome for the users and carers supported by it. This included night sits to assist family carers in managing the high night time care needs of their relatives post discharge and during a settling in period.

With the limited availability of care agency hours, the funds have been redirected in 19 cases to temporarily place service users in emergency placements. Reviews have been carried out on those within 4 weeks of being placed to ensure appropriate levels of ongoing care were commissioned.

**Actual to Date: = 108 users – spend to date £158,793**

**Scheme 4: Extra Care Housing Step-down Flats**

This scheme aimed to offer step-down facilities to medically stable patients who require short period of 24-hour support and supervision in a safe environment on discharge whilst they undergo ongoing support and assessment to determine appropriate longer term options. The aim was to facilitate discharge, prevent readmission to hospital or care home placement. This scheme provides funding of extra care housing accommodation at £395 per week up to 6 weeks. Users of this scheme may need to contribute to their care and support package, which is funded separately by the Council.

**Planned target: 38 users in 6 months – allocation: £94,250**

**Update:**

The extra care housing stepdown facility has been fully utilised within the constraints of the availability of care hours within the service. An additional care management post was allocated to the Review and Co-ordination Team to manage the throughput in this service. This resulted in users being transferred in to and out of the stepdown flats more efficiently to meet the ongoing demand.

There are a total of 4 steps down flats funded from winter resilience between October and March. LBB fund the flats during the months of April to September

The challenges have been in the recruitment of care staff which has resulted in fewer users being able to benefit from the facility and in moving people on in a timely way. There have also been some issues with the landlords completing repairs allowing for the flats to be safely occupied. There were issues regarding the length of time taken to install assistive technology in 3 cases.

**Actual to date: 28 users - £94,250**

**Summary of Update**

A full evaluation of the 'Use of LBB Winter Resilience Fund (Oct 16 – March 17)' will be completed in April 17 when all data is collated and final calculations have been

made.

The initial update indicates that Schemes 1, 3 and 4 provide significant benefit to users and their carers in facilitating hospital discharges and avoiding admissions to care homes. They all require significant input in terms of the national shortage of care staff and changes to contractual arrangements to ensure greater flexibility but are viewed positively.

Scheme 2 is more problematic and a complete rethink is required around what alternative scheme could be developed to provide a more responsive fit for purpose service.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children and Policy, Financial, Personnel, Legal and Procurement Implications.
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"><li>• The Care Act 2014 – Section 74 and schedule 3</li><li>• The Care and Support (Discharge of Hospital Patients) Regulations 2014</li><li>• NHS England Monthly Delayed Transfer of Care Situation Reports -Definitions and Guidance</li><li>• NHS Five Year Forward View</li><li>• Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21</li></ul>

**Use of LBB Winter Resilience Fund (Oct 16 –Mar 17)**

**LBB Contacts:**

**Tricia Wennell**

Head of Assessment and Care Management  
Education, Care & Health Services  
London Borough of Bromley  
Tel: 0208 461 7495  
[Tricia.wennell@bromley.gov.uk](mailto:Tricia.wennell@bromley.gov.uk)

**Carol Brown, Operations Manager**

Assessment and Care Management  
Education, Care & Health Services  
London Borough of Bromley  
Tel: 020 8461 4007  
[carol.brown@bromley.gov.uk](mailto:carol.brown@bromley.gov.uk)

This page is left intentionally blank

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** 16<sup>th</sup> March 2017

**Decision Type:** Non-Urgent Non-Executive Non-Key

**Title:** WINTER RESILIENCE (CCG)

**Contact Officer:** Michael Maynard, Unscheduled and Emergency Care Lead, Bromley Clinical Commissioning Group  
Tel: 01689 866636 E-mail: [m.maynard@nhs.net](mailto:m.maynard@nhs.net)

**Chief Officer:** Dr Angela Bhan, Chief Executive. NHS Bromley Clinical Commissioning Group

**Ward:** Borough-wide

---

1. Reason for report

- 1.1 This report provides provide an update to the Health Scrutiny Sub-committee on the Bromley Urgent Care system performance and the progression of the Winter commissioned schemes during Winter 2016/17.
- 

2. **RECOMMENDATION**

- 2.1 The Health Scrutiny Sub-committee is asked to note this report

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Urgent Care system performance and Winter commissioned schemes provide a key service to vulnerable adults and children.
- 

### Corporate Policy

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

### Financial

1. Cost of proposal: Estimated cost £1,419,000k
  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: Better Care Fund
- 

### Staff

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

### Legal

1. Legal Requirement: No statutory requirement or Government guidance.
  2. Call-in: Call-in is not applicable. No Executive decision.
- 

### Customer Impact

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

### Ward Councillor Views

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



### 3. COMMENTARY

3.1 Full details on Urgent Care system performance and the progression of the Winter commissioned schemes during Winter 2016/17 are provided at **Appendix A**.

### 4. FINANCIAL IMPLICATIONS

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

### 5. LEGAL IMPLICATIONS

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

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Personnel and Policy Implications
Background Documents: (Access via Contact Officer)	

## OVERVIEW

This highlight report provides:

- An update of the performance of the Urgent Care System in Bromley 16/17,
- The schemes identified to help manage the seasonal surge and strain on capacity
- The performance/effectiveness of the schemes to date.

### **1. The Urgent and Emergency Care system and its performance**

#### Governance and oversight

Although there are significant pressures facing the urgent care system in Bromley throughout the year, there is undoubtedly a greater need for support to the system in winter months. Commissioners and providers have been working together to ensure that the needs of the population are met through formal and informal governance structures. Formally, the A&E Delivery Board normally meets monthly and is chaired by the Chief Officer of the CCG. During the winter, the Board has met twice monthly, and has supplemented the oversight by daily calls with the 'system' (including at the weekend).

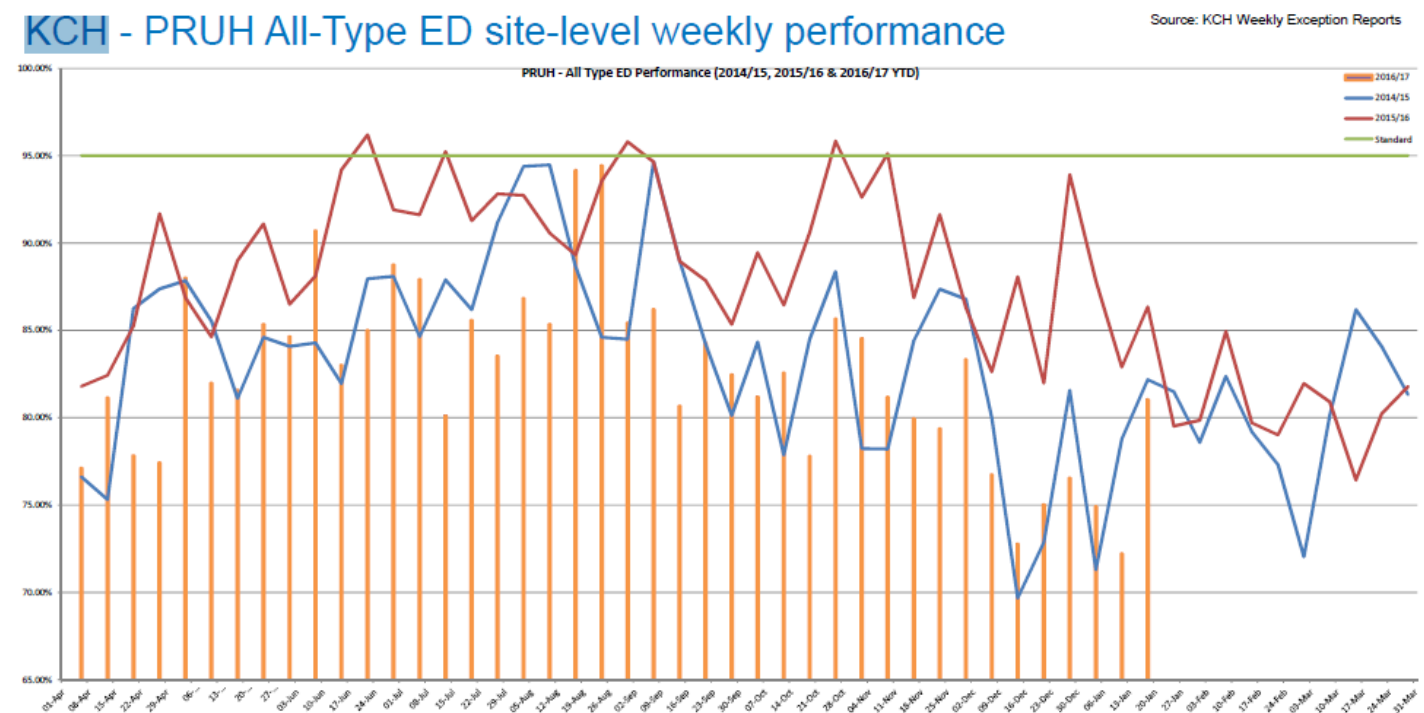
The A&E Board is chaired by the CCG CO and, along with relevant health commissioners, has representation from London Borough of Bromley, both as a provider and as commissioners of services, and all key providers in Bromley. Throughout the winter period, there are regular calls and meetings with NHS England and NHS Improvement (NHSE/I) to provide assurance that all is being done to manage urgent care pressures and to ensure that patients are kept safe. Routinely, the proportion of patients meeting the 4 hour A&E waiting time is used as a barometer for the whole urgent and emergency care system. It is essential to regard the 4 hour target as a 'system' indicator rather than one that is only the responsibility of the hospital.

A&E performance is discussed regularly as part of the governance systems within the CCG – at the Clinical Executive, the Integrated Governance Committee and the Governing Body. Regular discussions also take place at the Health and Social Care Integration Board, chaired by the Leader of Bromley Council. The direct engagement of the Council Chief Executive (and his team) has been invaluable in helping to address challenges in the out of hospital system.

## Performance

The graph below highlights the performance of the A&E 4 hour target for this financial year with comparisons of the same period for the last 2 years.

Graph 1



Graph 1 shows the weekly performance has been sporadic and the system has been more challenged than in previous years, with the 95% standard only being reached in the summer month of August. Reductions in performance are expected in the winter months, but this has been more marked than in previous years. An analysis of the patients being admitted to hospital suggests that the following factors are at play:

### Demographics and infectious disease:

- Increasing age and frailty of parts of the Bromley population
- A winter that has been particularly cold at times, with icy and (more recently) foggy conditions
- Circulating viruses – we are seeing more cases of influenza A and also respiratory syncytial virus (RSV), as well as flu like illness caused by other viruses.

Poor flow of patients through the urgent and emergency care system, as manifested by large numbers of patients identified as delayed transfers of care (DTOCs) prior to Christmas week:

- Difficulties in placing packages of care due to lack of capacity in the domiciliary care market, especially over the Christmas and New Year period
- Availability of care and nursing home places for social care and continuing health care patients as well as for self-funders
- Particular delays for patients in the local hospital who are the responsibility of other boroughs

### Factors internal to the hospital

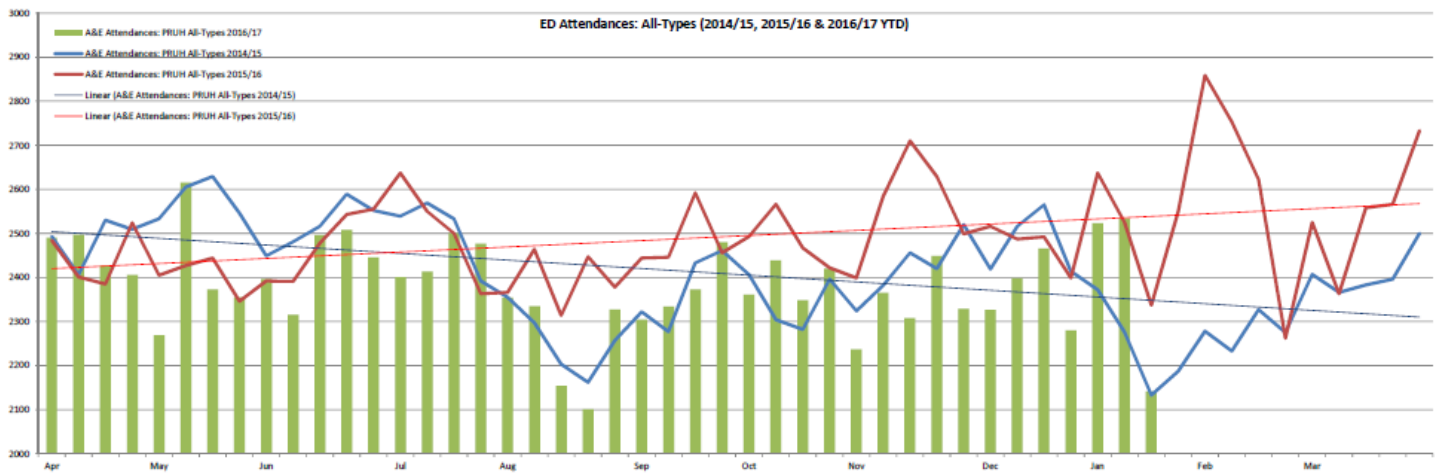
- Staff vacancies and challenges in recruiting locum staff

- Process issues in being able to move patients from A&E to the wards (usually because beds not available or not available early enough in the day, resulting in patients waiting longer to be seen in A&E)
- Outbreak of norovirus at the start of winter, with ongoing associated problems.

Where patients are waiting in A&E and cannot be moved to the wards, this can result in ‘ambulance handover’ delays. Ambulances can experience delays in offloading patients which results in their being prevented from being despatched to other patients. When this happens, considerable care is taken to ensure that patients are not adversely affected and that they are kept safe. There have been ambulance handover delays at the PRUH this winter. In addition, at the beginning of January, there were a number of 12 hour breaches, where patients had to be cared for in the A&E department instead of a ward environment. Again, considerable attention was paid to ensuring patients had quality care and were kept safe.

Graph 2 shows the numbers of patients attending the PRUH A&E in comparison to previous years

## Graph 2



Attendance has been generally lower than previous years, suggesting that our schemes to improve access to general practice (for example, through the GP Access Hubs) and the strengthening of social care resources in the community are having a positive effect. All type attendances includes patients going to A&E and those streamed to the Urgent Care Centre (UCC) at the PRUH. It is hard to compare year on year as there is a clear perception that the acuity of the patients this year has been higher. Acuity refers to the severity of illness in patients. Although acuity is hard to define and quantify, we have seen increased attendances by ambulance to the PRUH and increased numbers of ‘Blue Light’ calls. We have also seen significant increases in use of resuscitation facilities in the A&E department and use of ITU beds.

We will be reviewing the length of stay of patients over winter as this can also indicate an increase in acuity.

Further work is underway on admissions, but current data suggests that over the autumn, there were fewer urgent admissions to the PRUH resulting in an overall decrease, up to December, of 0.8%. December and early January admissions appear to be in line with the same time last year (a much milder winter). This data is very provisional and will be analysed more fully as part of the review of winter.

## 2. Winter Schemes and Intervention

In preparation for winter and taking into consideration the lessons learnt from last year, the following additional winter schemes were implemented this year to help manage the surge and capacity issues.

Scheme	Description	Provider
In-reach (Medical Response Team)	A scheme that places an Advanced Nurse Practitioner in the 'front' of the PRUH to identify patients who could be managed in a community setting, and setting up an appropriate package of interventions to support them in their own home	Bromley Healthcare
Patient Champion	A staff member working in the UCC dedicated to redirecting patients back into primary care, either to their own GP, or book directly into an appointment at one of the GP Access Hubs	Greenbrooks
Community Matron in the PRUH	A community matron to work as part of the Transfer of Care Bureau to help expedite patient discharge back into community services	Bromley Healthcare
GP in the PRUH	A GP working in the Transfer of Care Bureau to help expedite patients back into community services and primary care, and provide a point of liaison between hospital consultants and GPs	GP Alliance
Additional Primary Care Hub appointments	An increase of additional GP appointments in the Access Hubs. These clinics run on bank holidays and had extended hours to normal opening	GP Alliance
Dressings Service	An additional dressing service 3 days a week to help manage post op dressings (located in the GP access hubs)	GP Alliance
Social Worker	An additional Social Worker at the front door to help manage social care issues and to help avoid unnecessary admissions	London Borough of Bromley (through the Transfer of Care Bureau)
Discharge Co-ordinator	Additional capacity in the Transfer of Care Bureau	Transfer of Care Bureau
Rapid Response	An Alternative Care Pathway (ACP) focusing on care homes to help avoid ambulance callouts and ED attendances. This started towards the end of January	Bromley Healthcare
Day and Night Sitting	A day and night sitting service to help patients at home. This is in addition to the take home and settle service	Age UK

Other interventions have included:

- Direct booking into the primary care hubs (111, UCC and MRT)
- Flexing of reablement resources to cover requirements for short term care at home
- Short term intensive social care support at home
- Additional funding to facilitate assessments by and admissions to care homes at weekends
- Flexing of criteria for community rehab beds
- Platinum calls and meetings with the system (twice weekly), usually chaired by Managing Director of the PRUH or CCG Chief Officer
- Opening up of 23 (of 38) additional step up/ step down beds as part of the frailty pathway (in Orpington Hospital)
- Increased capacity for psychiatric liaison service
- BHC review of all patients with COPD, as we approached cold spells, to give advice on self-management and prevention, and where appropriate, ensure patients have a respiratory 'rescue' pack

The multi-disciplinary team meetings for the most vulnerable and complex patients commenced in October 2016, as part of the Integrated Care Networks. These are essentially 'case conferences' around each complex patient, involving the patient's GP, the care navigator, interface geriatrician and social prescribing, to ensure that services are collectively providing the best possible care to maximise the health and well-being of the patient and prevent a deterioration in health, thereby reducing the need for hospital admissions.

### **3. Progress to date**

The delivery of these services is based on the presenting need and so the level of activity varies during the winter period. They may also be impacted by the availability of staff – social care and health providers have experienced significant difficulties in recruiting staff whether nurses, social workers or front line care workers. However to date:

- In-reach MRT has redirected over 331 patients from the front of ED (up to 9/2//17)
- The UCC patient champion averages 80 redirections per month, succeeding in redirecting 77% of patients referred to the service
- The community matron and GP in the PRUH attend ward and board rounds and have received 82 patient referrals, discharging 42 of them.
- All three GP access hubs are being utilised providing 120 primary care appointments between them per day
- An additional Social Worker has been recruited to work with the two existing social workers at the front of the hospital and is supporting the discharge of patients
- A Discharge Coordinator post could not be recruited to; however existing staff are working additional shifts
- The Day and Night sitting service started at on the 9<sup>th</sup> January and has yet to receive any referrals
- The Rapid Response Service to support care/nursing homes has begun operating 7 days per week. Communication and marketing material was distributed w/c 27<sup>th</sup> February 2017.
- Additional staff have been recruited for the psychiatric liaison service at the PRUH
- The Bed Census is checked and signed off by Kings and LBB on a weekly basis. This provides a more accurate picture of the position at the PRUH for performance management purposes

There are also a number of schemes operating in the community, which are designed to relieve the pressure on the acute sector during the winter months. These are led by LBB and in addition to those listed above include 18 additional care management staff across community teams and the Transfer

of Care Bureau, a 4 hour fast response service for domiciliary care packages, an extended Handyman service and the provision of additional step down units in Extra Care Housing. These services help to avoid unnecessary hospital admissions as well as supporting discharges.

#### **4. Conclusion**

It has been a very challenging winter so far and there has been a higher demand for urgent and emergency care services than in recent years. Despite this, many of the schemes that have been put in place are contributing to managing the pressures. These pressures can only be managed by a basket of schemes, which together contribute to ensuring that patients flow through the urgent care pathways as appropriate.

At the end of winter there will be a formal review of all the schemes and lessons learnt to evaluate the effectiveness of all interventions. A further update will be provided to the Health and Well Being Board.

## Glossary

<b>ACP</b>	Alternative Care Pathway (a pathway that avoids acute attendance, typically used by an Ambulance provider)
<b>CCG</b>	Clinical Commissioning Group
<b>DTOC</b>	Delayed Transfer of Care (A patient ready to be discharged but still occupying an acute bed)
<b>ED/A&amp;E</b>	Emergency Department
<b>GP</b>	General Practitioner
<b>ITU</b>	Intensive Treatment Unit
<b>MRT</b>	Medical Response Team (community based team)
<b>NHSE</b>	NHS England
<b>NHSI</b>	NHS Improvement
<b>Platinum Calls</b>	A multi-agency call/meeting when the system has declared black or internal incident
<b>PRUH</b>	Princess Royal University Hospital (Acute Provider)
<b>UCC</b>	Urgent Care Centre



Report No.  
CS17135

London Borough of Bromley

PART 1 - PUBLIC

---

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** 16<sup>th</sup> March 2017

**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 a further update on developments in the planning and approval of this key strategic project since the last report to the Health Scrutiny Sub-committee in February 2016.
- 

2. **RECOMMENDATION**

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

### Impact on Vulnerable Adults and Children

1. Summary of Impact: The Orpington Health and Wellbeing Centre will provide a key service to vulnerable adults and children.
- 

### Corporate Policy

1. Policy Status: Existing policy. N/A
  2. BBB Priority: Supporting Independence. Healthy Bromley.
- 

### Financial

1. Cost of proposal: Estimated cost £10.796m (NHS Capital)
  2. Ongoing costs: Recurring cost. £6.485M (CCG commissioned clinical services) giving an estimated recurring revenue saving of £358K per annum
  3. Budget head/performance centre: NHS Bromley CCG
  4. Total current budget for this head: £N/A
  5. Source of funding: NHS Capital; S106 Funding £168K contribution to capital costs)
- 

### Personnel

1. Number of staff (current and additional): c65 per day
  2. If from existing staff resources, number of staff hours: N/A
- 

### Legal

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

### Customer Impact

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

### 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 Agreement**

- 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 1<sup>st</sup> 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 (NHS PS), the NHS property landlord and maintenance organisation, had previously agreed with Berkeley Homes the "Agreement for lease/Head Lease" and supporting documentation.
- 3.1.3 Following lengthy negotiations, NHS PS has also reached agreement with the Knoll Medical Practice, which will be transferring to the Centre, on the basis of a 25 year under-lease and an associated annual rental payment. The CCG and NHS England Primary Care Team have also agreed with the Practice:
- Transitional Funding
  - Premises Costs Reimbursement
  - Car Parking arrangements
- 3.1.4 All the contract documents were duly signed and exchanged by all parties to the agreement on Friday 3<sup>rd</sup> March, 2017
- 3.1.5 It had been previously planned that the Tubbenden Lane Branch Surgery of the Highland Medical Practice, Bromley, would also transfer to the new centre, but that practice decided to discontinue their participation. The additional GP Practice space in the new centre will therefore be the subject of a formal procurement process, led by the CCG, in advance of the completion of the development.
- 3.1.6 NHS PS will also grant under-leases to the other Clinical Services providers to be commissioned by the CCG via a competitive procurement process in 2018/19.
- 3.1.7 For wellbeing services providers, NHS PS will issue licenses rather than under leases, directly to the service providers to be commissioned by the CCG/London Borough of Bromley.

#### **3.2 Full Business Case**

- 3.2.1 The FBC updates and builds on key aspects of the project to confirm that the strategic, financial, economic, financial and management approval parameters established in the Outline Business Case have not been breached.
- 3.2.2 The Full Business Case has now been approved formally and signed off by the NHS Executive.

#### **3.3 Project Plan**

- 3.3.1 The key Project Milestones remain unchanged, despite the delayed completion of the Commercial Agreement negotiations. They are summarised in the following table:-

Milestone	Date
Execution of Agreements for lease	March 2017
Financial Close	March, 2017
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 estimated capital cost of £10.796m is being funded via the allocation of NHS capital funds to NHS Property Services.
- 5.2 Overall, the development is expected to deliver a £358k 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

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Personnel, Procurement and Legal Implications
Background Documents: (Access via Contact Officer)	N/A

Report No.  
CSD17027

London Borough of Bromley

PART ONE - PUBLIC

---

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** Thursday 16<sup>th</sup> March 2017

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** WORK PROGRAMME 2016/17

**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 2016/17.

---

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.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

### 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: £335,590
  5. Source of funding: 2016/17 revenue budget
- 

### Personnel

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.
- 

### Procurement

1. Summary of Procurement Implications: None
- 

### 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 2017/18 Council year as set out in the draft programme of meetings considered by General Purposes and Licensing Committee on 6<sup>th</sup> February 2017, are as follows:
- 4.00pm, Tuesday 13<sup>th</sup> June 2017  
4.00pm, Tuesday 7<sup>th</sup> November 2017  
4.00pm, Tuesday 6<sup>th</sup> March 2018
- 3.3 The work programme is set out in Appendix 1 below.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

## HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

<b>13<sup>th</sup> June 2017</b>
Outcome of Evaluation of Key Areas of Provision including Cancer, Maternity and Elective Surgery (CCG)
Care for Adults with Learning Disabilities (including follow-up from health day) (LBB)
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Evaluation of Winter Services (CCG)
Joint Health Scrutiny Committee Update (Chairman)
Bromley Healthcare Quality Account (Bromley Healthcare)
<b>7<sup>th</sup> November 2017</b>
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Joint Health Scrutiny Committee Update (Chairman)
<b>6<sup>th</sup> March 2018</b>
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Joint Health Scrutiny Committee Update (Chairman)