

Report No.
Not Applicable
(CCG report)

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: 13th June 2017

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

Title: BROMLEY HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT

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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 to the Health Scrutiny Sub-Committee on developments in the planning and approval of this key strategic project. This was previously the subject of Briefing Reports to the LBB-CCG Integrated Governance Board meetings on the 24th March and 12th December, 2016, as the project was one of the key components of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy***.

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 Bromley Health and Wellbeing Centre will provide a key service to vulnerable adults and children.
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Corporate Policy

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

1. Cost of proposal: Estimated cost The current estimate of the capital costs of the scheme is £7.8m plus some £187k of non-recurring project costs
 2. Ongoing costs: Recurring cost. £9,750M (CCG commissioned clinical services) giving an estimated post development net recurrent revenue impact of £259k
 3. Budget head/performance centre: NHS Bromley CCG
 4. Total current budget for this head: £NA
 5. Source of funding: NHS Capital; possible S106 Funding contribution to capital costs
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Staff

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

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

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

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: The newly established Project Board has agreed that the views of ward councillors, initially on the options for the siting of the development, should be sought and this will be arranged shortly as part of the overall Communications and Engagement Strategy.

3. COMMENTARY

3.1 Background

- 3.1.1 The strategic case for a third Centre, complementing the role of the Beckenham Beacon and the planned Orpington Health and Wellbeing Centre, and serving some 100,000 people in and adjacent to Bromley Town centre, was one of the key proposals of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy***.
- 3.1.2 The Centre will play a major role in providing coordinated care for patients via integrated services and will be one of the three “hubs” underpinning the new ***Integrated Care Networks (“ICNs”)***, with each ICN serving roughly a third of the London Borough of Bromley population.
- 3.1.3 It will also offer significant primary care services for the residents of Bromley, including a ***Primary Care Access Hub***, and the relocation of the ***Dysart Medical Practice*** from its current cramped accommodation in an adapted residential property in Ravensbourne Road, Bromley.

3.2 Project Status

- 3.2.1 The ***CCG’s funding bid*** for the centre to the NHS Executive’s Estates and Technology Transformation Fund (“ETTF”) was approved at the end of October, 2016.
- 3.2.2 The ***Strategic Outline Case*** was approved in December 2016 by the CCG’s Clinical Executive, which also agreed that work on the ***Project Initiation Document*** (“PID”), the first formal stage of the NHS Business Case development process, should be undertaken, funded by the ETF allocation.
- 3.2.3 The ***Project Initiation Document*** has been completed and is expected to receive formal approval by the NHS Executive imminently.
- 3.2.4 In parallel, the CCG has, in agreement with the ETF, started work on the next formal project stage, the ***Post-PID Full Options Appraisal***. This stage identifies the potential sites and procurement/delivery options for the scheme and evaluates them against a set of both financial and non-financial criteria in order to determine a shortlist and then a preferred option.
- 3.2.5 A longlist of Site options has been identified in an externally sourced professional property consultancy report and these will be the subject of detailed evaluation by a multi-disciplinary Evaluation Panel over the next few weeks.

3.3 Project Governance

- 3.3.1 The CCG has recently set up a multi-disciplinary Project Board to steer the Project through to the completion of the Full Business Case and Financial Close. The Board is chaired by Mark Cheung, the Project SRO and includes council representatives from LBB.
- 3.3.2 The Project Board is supported by a small Project Team, also chaired by Mark Cheung, and led by the Project Lead, Phil Chubb.

3.4 Business Case

3.4.1 The development of the project has to be undertaken in accordance with the NHS Capital projects Planning Guidance. This requires the completion by the CCG, in conjunction with the key stakeholders, of a number of Project stages and their formal approval and sign off by the NHS Executive, as follows:

- **Strategic Outline Case** (Local completion only, as “Good Practice”) (Completed)
- **Project Initiation Document** (completed and waiting approval)
- **Post-PID Full Options Appraisal** (Currently being undertaken)
- **Outline Business Case**
- **Full Business Case** leading to
- **Financial Close**

3.5 Project Plan

3.5.1 A detailed Project Plan has been completed as part of the PID; the key Project Milestones are summarised in the following table:-

Milestones	Date
1 Initial 2016/17 Funding approval by ETTF team	31/03/17
2 PID submission	24/04/17
3 PID approved by NHS E	31/05/17
4 NHS E Post PID Option Appraisal approval/Procurement Route confirmed	24/07/17
5 OBC Approval/Stage 1 Approval by NHS E	20/11/17
6 FBC Approval/Stage 2 Approval by NHS E	30/03/18
8 Planned start of works	25/05/18
8 Estimated completion date	24/03/20

3.6 Communications and Engagement

- 3.6.1 A Communications and Engagement Strategy is being developed and will be considered by the Project Board shortly; this will include consideration of the nature and scope of any required formal public consultation on the scheme, which will become clear once the current project stage, the Post-PID Full Option Appraisal, has been completed.
- 3.6.2 In the interim, informal consultation has taken place with a number of key stakeholders, including the Dysart Medical Practice, members of the CCG’s Patients Advisory Group and the London Borough of Bromley. As noted above, two update reports have been submitted to the Joint Integrated Governance Board.

4. POLICY IMPLICATIONS

- 4.1 The Bromley H+WBC Project was one of the key proposals of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy***. As noted above, it is planned that it will operate as one of the three “Hubs” supporting the three Integrated Care Networks across the Borough.
- 4.2 It will bring together under one roof, in a highly accessible town centre location, a range of services including:
- Primary Care
 - Community
 - Out-Patients
 - Diagnostics, including blood tests, X-Ray and Ultrasound
 - Wellbeing services
- 4.3 It will have a particularly important role to play in helping to address the particular healthcare needs of the Bromley Town Centre population, for example the large and growing proportion of young families and children. It will also enable local healthcare provision to respond effectively to the projected population growth in the town centre arising from the planned residential and commercial developments in Bromley Town Centre.

5. FINANCIAL IMPLICATIONS

- 5.1 The estimated capital cost of £7.8m will be funded via the allocation of NHS capital funds.
- 5.2 Overall, the development is expected to result in net additional recurring costs of £259K, for which the CCG has made provision in its forward financial planning.
- 5.3 The CCG will also be making provision for the non-recurring costs of the scheme’s development, which include Project Management and the Clinical services and equipment procurements.

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