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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.30 pm	Wednesday, 11 March 2015	Committee Room 2 - Town Hall

Members: 12, Quorum:

BOARD MEMBERS:

Elected Members:	Cllr Steven Kelly, Chairman Cllr Wendy Brice-Thompson Cllr Meg Davis
Officers of the Council:	Cheryl Coppell, Chief Executive Andrew Blake-Herbert, Group Director- Communities & Resources Susan Milner, Interim Director of Public Health Joy Hollister, Group Director Children, Adults & Housing
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chairman Havering CCG Dr Gurdev Saini, Board Member Havering CCG Conor Burke, Accountable Officer, Barking, Dagenham, Havering & Redbridge CCG's Alan Steward, Chief Operating Officer, Havering CCG
Healthwatch:	Anne-Marie Dean, Chair of Havering Healthwatch
NHS England	John Atherton, Head of Assurance North Central and East London

For information about the meeting please contact:
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What is the Health and Wellbeing Board?

Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

1. CHAIRMAN'S ANNOUNCEMENTS

   The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

   (If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

   Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

   Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 10)

   To approve as a correct record the minutes of the Committee held on 11th February 2015 and to authorise the Chairman to sign them.

5. MATTERS ARISING (Pages 11 - 12)

   To consider the Board's Action Log

6. DRUGS AND ALCOHOL STRATEGY SCOPING ACTIVITY

   Scoping activity coordinated by Susan Milner

7. INTEGRATED MASH PILOT- INITIAL EVALUATION

   Report by Pippa Brent-Isherwood

8. PRIMARY CARE COMMISIONING ORCHARD VILLAGE (Pages 13 - 14)

   Discussion led by representative from NHS England

9. ANY OTHER BUSINESS

10. DATE OF NEXT MEETING

    The following meeting was to be held on Wednesday 15th April 2015, at 1:30pm in Committee Room 2, Havering Town Hall, Main Road, Romford.

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
11 February 2015 (1.30 - 3.55 pm)

Present:
Councillor Steven Kelly (Chairman)
Councillor Wendy Brice-Thompson, Cabinet Member – Adult Services and Health
Councillor Meg Davis – Cabinet Member – Children & Learning
Atul Aggarwal, Chairman, Havering CCG
Conor Burke, Chief Officer, Barking & Dagenham, Havering and Redbridge CCGs
Cheryl Coppell, Chief Executive, London Borough of Havering
Anne-Marie Dean, Chair, Healthwatch Havering
Joy Hollister, Group Director – Children, Adults and Housing, London Borough of Havering
Sue Milner, Interim Director of Public Health, London Borough of Havering
Dr Gurdev Saini, Clinical Director, Havering CCG
Alan Steward, Chief Operating Officer, Havering CCG

Also present:
Pippa Brent-Isherwood, Head of Service and Business Performance, Adult Social Care
Anthony Clements, Principal Committee Officer
Diane Egan, Community Safety Team Leader
Gemma Gilbert, NHS England

85 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave of the arrangements in case of fire or other event that would require the evacuation of the meeting room.

86 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

The Board expressed disappointment at the lack of representation once again from NHS England. The Clerk to the Board would confirm if a letter asking NHS England to nominate a new representative had been sent out.

87 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

88 **MINUTES**

The following amendments to the minutes of the meeting held on 14 January 2015 were noted:

Conor Burke was present at the meeting.
Joy Hollister gave apologies for the meeting.

On minute 81 – Primary Care Co-Commissioning, the allocation to clinical commissioning of the NHS communal budget split was 60% rather than as stated.

The Board expressed its severe dissatisfaction at the quality of the front page of the agenda and in particular that number of Board Members were given the incorrect organisation. The Clerk to the meeting apologised and would pass these views back to the officer concerned.

89 **MATTERS ARISING**

An agreement on the dementia centre was due to be signed on 13 February and Tapestry had agreed to move site.

A joint meeting with the Chairmen of neighbouring Health and Wellbeing Boards was due to take place on 12 February.

The Board's action log was not considered due to this not being included in the agenda papers.

90 **WINTER COMMUNICATION PLANNING AND HOSPITAL PERFORMANCE IN A&E**

The CCG Chief Operating Officer explained that the 95% target for meeting the 'four hour rule' at Queen's Hospital A&E would not be met every week but that local health economy was improving. The pattern of performance was varied and it was noted that there was not a direct correlation between performance and levels of attendance at A&E.

Large numbers of patients were now treated by the Community Treatment Team and Intensive Rehabilitation Service rather than at A&E. The GP Federation access hub also worked to move demand away from A&E. Seventy per cent of available appointment slots at the access hubs were now being used and appointments were now available at weekends as well as in early evenings.

There was now more demand for the Urgent Care Centre at Queen's and a triage system had been introduced at the front of A&E and had proved successful in allocating patients to the correct stream for treatment. It was clarified that it was not optional for doctors to work in triage and that there were enough staff available to provide this service. The Community Treatment Team also had a hub in A&E (in addition to teams working in the community) and had also proved successful in reducing demand from A&E.

The majority of the problems related to the admitted side of A&E attendances when for example hospital beds were not available. The A&E

assessment unit was often used prior to admission to wards and it was accepted that at night there was an element of keeping older patients in A&E for observation. BHRUT was working to bring forward discharges to earlier in the day and to address issues with where the hospital pharmacy may be delaying discharge. Patients were often able to wait in the discharge lounge, freeing up beds at an earlier stage.

The CCG had also purchased more community beds to create temporary capacity and allow more discharges from hospital. The Joint Assessment and Discharge Team had lowered the number of delayed transfers of care of which there currently a total of eight cases. This was an example of better working with partners taking place.

There were approximately 100 simple discharges (where people could return to their own home without any additional support) at Queen's each day but these needed to take place earlier in the day. The scheme aligning GPs to care homes was also working to reduce the number of hospital admissions.

The A&E position had improved overall with better operational links between services and better management of demand. Patient flow was improving but earlier discharge was still needed. The new leadership at BHRUT had been cooperative and a new medical director and ED consultant had recently been appointed. There remained significant challenges for the hospital but the Trust was focussed on the key issues. It was noted that the hospital would be receiving an inspection from the Care Quality Commission (CQC) in three weeks and that this was taking the attention of the management team. Healthwatch Havering had been asked by the CQC to look at different aspects of BHRUT services.

Issues such as how the ambulatory care service could be utilised more could be addressed by the Programme Board. It was felt community pharmacies could be used in order to speed up discharge. Pharmacies could also be used more for minor ailments although the chief operating officer felt that pharmacies made a relatively minor contribution to the overall issues. The Chair of the Local Pharmaceutical Committee also wished pharmacies to be used for minor ailments more but it was to ensure value for money for any investment in pharmacies. The Chairman felt that discussions should also be held with other representatives of pharmacies. The Chair of Healthwatch Havering added that the issue of discharge medication in the hospital needed to be organised better. It was also now easier to obtain drugs out of hours from e.g. supermarket pharmacies. The Chairman added that too many drugs were also thrown away in care homes.

It was agreed that communications such as the 'Don't go to A&E' campaign should continue in order that people were aware of where they needed to go for the appropriate treatment. Newspapers, pharmacy bags, buses and posters had all been used for the current campaign. Alternatives to A&E were also promoted digitally via an App and website and through the CCG

Twitter account, A digital service guide was also available for NHS staff. Leaflets had been targeted towards parents of young children and a booklet had also been produced for older people that had been sent to GP surgeries, libraries etc. It was suggested that the Council e-mail database could also be used to advertise this.

It was clarified that the advertised phone number for advising which GP surgeries were open at the weekend related to the non-GP Federation weekend hub.

The Chairman explained that it was hoped to have weekly articles in the Romford Recorder and that this could also be used to publicise the 'Don't Go to A&E' campaign. It was **AGREED** that Councillor Kelly would take this forward.

The Chairman thanked the CCG Chief Operating Officer for a comprehensive report.

91 **COMPLEX CARE UPDATE**

It was **AGREED** that a paper on this area would be brought to the April meeting of the Board.

The Chief Officer for the local CCGs explained that funds had been received from the Prime Minister's Challenge Fund to set up a complex care organisation – Health 1,000, the first such organisation in the UK. This would involve one dedicated team looking after people, across the three local boroughs who had four or more long term conditions. There was very significant of providing treatment to this group of people.

The complex care organisation had been established in early January 2015. Contracts were now in place, focussing on the 1,000 people with the most complex range of conditions. The organisation was based at King George Hospital but was looking for a satellite base in Havering.

Twenty people had registered with the service in the last three weeks and this rate was expected to increase over the coming months. Directors of NHS England had visited the new scheme which was seen as a pioneer of national work. The Health 1,000 project was being evaluated by the Nuffield Trust and feedback could be brought to the Board on this. Social workers for the scheme were also being recruited.

It was planned to use this model to focus in the future on children and young people, particularly those with co-morbidities where care and treatment costs could be very high. The programme would concentrate on 750-800 children across the three boroughs and an initial expression of interest had been submitted.

The Chairman wished to ascertain that Redbridge were still committed to the scheme but felt that the Health 1,000 programme could be featured as an article in the Recorder newspaper. The 2,000 people with the most complex conditions were responsible for £60 million of local budgets, It was noted that end of life care was also an issue for this group.

It was confirmed that Healthwatch supported both Health 1,000 and the proposed programme for children and young people. The Chairman suggested that the former St Bernard's Day Centre could be used for the latter project although it was noted that this site was not owned by the Council. It would be checked who was paying for the security costs at the St Bernard's site.

The Board **AGREED** that it was pleased with the Health 1,000 project and with the proposed organisation for children and young people.

92 **CHILDREN'S SERVICES SELF-ASSESSMENT**

The Group Director – Children's, Adults and Housing reported that Children's Services had been on an improvement journey since the service's last OFSTED inspection. There was a rising population in the borough and Havering was the highest net importer of children and families in London. There was an increasing level of diversity in Havering with many children not having English as a first language and pockets of deprivation.

Havering was seeing its highest recorded numbers of children protection plans and Looked After Children. There were also more incidents of children being taken into care and of Section 47 initial child protection investigations. The Council wished to support children to realise their potential and to focus on early intervention and protection. Children's Services had a similar vision to support excellent outcomes by helping communities to help themselves.

When the service was last inspected by OFSTED two years ago, a clear focus had been found on early intervention and prevention. Recent initiatives had seen the introduction of 1:2:1 parenting support for parents with drug or alcohol issues. A strengthened family training programme had also been introduced. Housing officers had also now been placed within Early Help Services.

OFSTED had found motivated staff with manageable caseloads. Since the inspection, caseloads had increased but staff were now more motivated. There was a new children's commissioner within the CCG and a new commissioning manager had also been appointed in children's services. A lot of trained social workers were now choosing to stay within Havering.

OFSTED had previously found that the Common Assessment Framework was not embedded in Havering but this had now been replaced by the Early Help Assessment Process. The previous performance management framework had been found by OFSTED to be underdeveloped but the

quality assurance framework now used in the directorate was very good. Cases were audited on a six-weekly basis as well as monthly with police and health.

A Child Safety Performance Board was chaired by the Leader and a Children's Services Improvement Board also met regularly. The Multi-Agency Safeguarding Hub (MASH) was operating well. The Community MARAC was also performing effectively in providing help to the most difficult cases not meeting other thresholds. The Local Safeguarding Adults and Children's Boards had the same Chairman, allowing a useful crossover of work.

Placement stability for children was now much improved and there was better tracking of cases. Looked After Children participated in reviews and gave feedback annually during activities at the Stubbers Centre. Permanency planning if children if children were unable to return to the parental home now started at an earlier stage.

Challenges for the service included using too many agency staff and assessments and personal education plans taking too long to complete. The appointment of the Virtual Head was helping with this latter issue however.

The service's IT systems needed to be developed and training for social workers on the existing CCM system was commencing next week. Once the Care Act had been introduced fully, it was felt that a new IT system may be needed. Budget reductions and demand management were ongoing issues, as was the constant legislative change in this area.

Work in progress included the recent appointment of a new participation officer to improve corporate parenting. Fostering recruitment had improved but it was accepted that education of Looked After Children needed to be better. A principal social worker, covering both children and adults was about to be appointed.

The Chairman welcomed the update, feeling that the service was maintaining performance on less funding.

93 DOMESTIC VIOLENCE STRATEGY (VAWG)

The community safety team leader explained that a domestic violence strategy group had been set up, chaired by Joy Hollister and with representation from partners organisations. A recent positive development had seen the Mayor's Office commission a pan-London Advocacy Service which would fund an additional 3.5 domestic violence advocates for Havering.

The domestic violence strategy as presented to the Board was currently out for consultation and comments were required by the end of February. Officers were confident that everything listed in the strategy was attainable

and within the remit of what could be achieved. If domestic violence were to be tackled, this would reduce demand on children's services by one third. The Chairman felt that the plan was too long and covered too many scenarios.

A total of 30 domestic violence champions had already been trained within social work teams in Havering and it was felt that other roles such as GP practice nurses could also be trained in this area. Volunteers were also being trained to try to increase the uptake of male victims of domestic violence. Officers would however consider if the service was being spread too thinly.

It was **AGREED** that the Chairman would raise some specific questions on the draft strategy with the Group Director.

94 PRIMARY CARE STRATEGIC COMMISSIONING FRAMEWORK

The Board was addressed by Gemma Gilbert from NHS England. It was noted that NHS England was collaborating with CCG colleagues on a strategic commissioning framework. The framework had been based on what patients had indicated they wanted – accessible services for people with complex care needs and care that was proactive. The Health 1,000 model recently launched in Havering was considered to be a good example of collaboration across the system. NHS England was aware of work taking place in Havering and was excited about the CCG pilot on children's services.

The framework helped to clarify the service offer around primary care. The Chairman emphasised that it had not proven possible thus far to get approval to develop the Orchard Village Health Centre. It was important that this was progressed, given the large population influx coming into the Rainham area.

The Chairman welcomed any projects and pilots for joint working that the Board could be involved with. Gemma Gilbert added that the three Local Councils and CCGs had agreed to support a joint approach to co-commissioning. The CCG bid for this had been successful and Councils were therefore key partners in the commissioning of primary care. The Chairmen of the three local Health and Wellbeing Boards were due to meet the following day.

It was accepted that specific opening hours were not currently included in GP contracts. NHS England assumed that practices would collaborate to provide services and the Havering Federation Hub was an example of this. Incentives were given for given for the development of new models of care such as Health 1,000, not for individual GP practices.

NHS England had tried not to over raise expectations of the new framework. It was felt workforce issues were likely to be the biggest challenge. It was noted that the Framework stated that all practice would be open 8 am – 6 pm Monday – Friday and 9 am – 12 pm Saturday. NHS England considered this to be an ambition however rather than the current situation. The framework would be published on the Healthwatch Havering website and Healthwatch Chair felt that the statement in the framework re GP opening hours was too categorical.

Conor Burke agreed to take forward producing a short additional document describing the current position in Havering and explaining that the Framework covered the whole of London. A case study supplement of existing work could also be circulated by NHS England.

The Board **NOTED** the position.

95 HEALTH AND WELLBEING STRATEGY FOR APPROVAL

Philippa Brent-Isherwood asked that any comments on the strategy could be fed back to her. Sue Milner added that she would make sure the most up to date data was included. Specific comments and issues raised included:

- Page 10 of the draft strategy – The projected rise in the children's population of 8.2% by 2016 was if anything a low estimate given the rises seen recently in Looked After Children and children on Child Protection Plans.
- Page 16 – It was felt that it should be noted that it was the Council as a whole that had to reduce budgets, rather than just Social Care.
- Page 17 – Officers confirmed people with long term conditions had the most complex and costly needs and posed the greatest challenges. It was noted however that savings could also be made across the rest of the population and that this section could be reworded to reflect this.
- Page 21 – It was suggested that the case study should be removed from the document as this was not part of the strategy.
- Page 24 – The data indicating a very low number of children recorded as having a learning disability would be checked for accuracy.
- Page 28 – The figures for the premature mortality rate in Havering would be clarified.
- Page 30 – Specific date on the numbers of hospital admissions that could be avoided would be included in the Action Plan to be brought to the next meeting of the Board. It was added that there was an existing policy to monitor older people who were discharged from hospital.

- Page 32 – References to the Council's ability to support independence for people in their homes would be included in the Action Plan.
- Page 34 – A definition of a child living in poverty would be needed as would an indication of at what point the Early Years Pathway would end.
- Page 35 - The data on the conditions responsible for avoidable hospital admissions would be checked to see if cellulitis needed to be included. The wards where there were particularly high rates of admission would also be clarified.
- Page 39 – The correct designation for Councillor Brice-Thompson would be added.

Subject to the above points the Board **AGREED** that that the strategy was of very good quality and the Chairman confirmed he was happy to sign off the document. It was **AGREED** that Philippa Brent-Isherwood would bring the Strategy Action Plan to the next meeting of the Board.

96 **ORCHARD VILLAGE GP**

It was noted that NHS England needed to update on this issue rather than the CCG. The Chairman explained however that Old Ford Housing Association was due to meet with NHS Property next week re the Orchard Village Clinic. It would be known by next week if an agreement on the issue had been reached. It was **AGREED** that, if this was not the case, representatives of Old Ford Housing Association and NHS England should be asked to attend the next meeting of the Board to explain the position.

97 **ANY OTHER BUSINESS**

Following misreporting in the media concerning alleged links between medicines and dementia, the Interim Director of Public Health tabled a briefing on this issue. The Chairman suggested this could be the subject of an article in either the Romford Recorder or Living in Havering.

98 **DATE OF NEXT MEETING**

The next meeting would take place on Wednesday 11 March at 1.30 pm.

Chairman

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Health Wellbeing Board Action Log

Date Raised	Owner	Brief Description	Action to be taken	Worked on date	Chased date	Comments
11/02/2015	Chair	Romford Recorder	To take forward using these articles we're hoping to have in the Recorder to publicise the 'Don't Go to A&E' campaign.			
11/02/2015	Conor Burke	Forward Plan	Bring a paper to the April meeting on complex care (Health 1,000)	03/03/2015		Rob Meaker will provide
11/02/2015	Conor Burke	Update	To check who is paying the security costs at the former St Bernard's Day Centre site	03/03/2015		Joy Hollister to reply
11/02/2015	Committee Officer	Circulation	Send around slides from children's services presentation			
11/02/2015	Joy Hollister	Meeting	Steven Kelly to meet with Joy to discuss the points on domestic violence strategy.		03/03/2015	
11/02/2015	Conor Burke	Report	To produce an additional page for the primary care strategic commissioning framework detailing the current position in Havering and that the framework is London-wide	03/03/2015		Sarah See to provide
11/02/2015		Circulation	Case study supplement to the framework is to be circulated			
11/02/2015	Pippa Brent-Isherwood	Feedback	Comments on the health and wellbeing strategy to be forwarded to Pippa Brent-Isherwood			
11/02/2015	Sue Milner	Strategy Writing	Sue Milner and Pippa to make sure most up to date data is included in the health & wellbeing strategy			
11/02/2015	Pippa Brent-Isherwood	Agenda Item	Health and wellbeing strategy action plan to be brought to next meeting by Pippa			
11/02/2015	Sue Milner	Romford Recorder	Article to go in Recorder or Living re misreported links between over the counter drugs and medication			

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Improving Primary Care in South Hornchurch as part of the Orchard Village Regeneration, Rainham

Purpose of briefing

To provide an update on the status of NHS England's and Havering CCG's business case to develop new 490m2 GP facility as part of the Orchard Village regeneration scheme

Background

The Orchard Village regeneration scheme, led by the Local Authority in conjunction with Circle Housing, has been underway for several years and is now almost complete. Prior to and during the project no formal consideration took place about how the primary care health needs of the increased number of residents will be addressed.

NHS England & Havering CCG commissioners, together with their partner, NHS Property Services Ltd have reviewed this situation. NHS England has subsequently agreed that a business case should be developed, which if approved, will enable commissioners to realise their longer term strategic direction for primary care. This includes the following elements:

- There are 53 GP practices in Havering with a total of 257,000 registered patients and an average list size of 4,850 patients as at October 2013. This figure is lower than that of the outer north east London area and England averages, which are 5,531 and 6,487 respectively. The borough of Havering has a large number of single handed/small practices. The future strategic direction is to bring together practices to work across large registered lists in order to provide economies of scale and better health outcomes and access to a wider range of services for patients.
- In the first quarter of 2014/15 three single-handed GPs have retired in Havering resulting in major changes in the distribution of patients in the borough. In each of these three cases the outcome of patient and stakeholder engagement has been to encourage other practices within the local area to increase in: size, number of clinical staff; breadth of services and to maximize the utilization and potential of existing fit for purpose premises rather than to procure a replacement practice. Further changes are anticipated.
- The unique situation in respect of the Orchard Village site is that there are currently no main surgeries within one mile of the site and the only surgery within this distance is a small branch surgery linked to a practice with its main site in Barking and Dagenham.
- The Orchard Village regeneration scheme is recognised as being the area of the highest priority and greatest need within the borough.

The business case will explore the option of commissioning a new GP practice within the scheme with sufficient space to meet the needs of a 5-6,000 patient registered list. NHS Property Services Ltd will be the owner of the long leasehold interest of the facility, as both NHS England and CCGs are unable to hold such property interests. This will address the needs of the high density population without existing service provision in the vicinity of South Hornchurch and Rainham wards, areas which are regarded as under-doctored.

This scheme will provide the residents of the Orchard Village estate with access to the full range of primary health care services offered from a GP surgery. These would be commissioned via an Alternative Provider Medical Services Contract and, through a process of patient engagement, consideration would be given to the specific needs of the local population. The scheme is also being designed with the needs of the wider population of South Hornchurch and Rainham in mind with easy access by public transport and some parking.

The Orchard Village regeneration scheme which is located on the border between the South Hornchurch and Rainham wards, has been identified and financially supported by Havering Local Authority and key stakeholders as being the area of the highest priority and greatest need within the borough.

Current position

NHS Property Services Ltd is currently finalising lease arrangements with Circle Housing.

The Outline Business Case will be submitted to NHS England's March Capital Pipeline Group, which is part of the governance arrangements that are required to assess matters such as the strategic intent, commissioner support, compliance with statutory and health building standards quality, feasibility and affordability of all GP premises proposed developments across London. It should then be recommended to a further committee in April 2015 for approval to proceed to a Full Business Case (FBC). The timetable for development, submission and approval of the FBC is September 2015, subject to the usual requirements of business cases being satisfied.

It is anticipated that following approval, there will be a minimum of a nine month period in which legal, premises design and fit out and service commissioning requirements will need to be completed.

Jill Webb
Head of Primary Care
NHS England
Submitted on behalf of NHS Property Services Ltd, Havering CCG & NHS England

10th February 2015