



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY COMMITTEE

Date of Meeting: 30 November 2017

Agenda No: 7.1

Attachment: 8

Title of Document: Update on Wilson Health & Wellbeing Campus	Purpose of Report: For information
Report Author(s): Lucy Lewis	Lead Director: Andrew McMylor
Contact details: Lucy.lewis@mertonccg.nhs.uk	
<p>Executive Summary: This paper provides the Governing Body with a progress update on the Wilson redevelopment project as a whole and an outline of the agreed health and wellbeing service model developed by the CCG and agreed at Executive Management Team and Wilson Programme Board.</p> <p>The purpose of the paper is to communicate how the Wilson Health & Wellbeing Campus will address the problems associated with living in East Merton:- higher social deprivation, worse health outcomes and poorer health facilities than West Merton. We recognise that health is about whole people (physical, mental and social) who are part of whole communities and need to be supported by a whole health and wellbeing system working together. The East Merton Model aims to improve health outcomes in East Merton through working in a different way with our partners in and around Merton and with the local community. The Wilson redevelopment gives us all an opportunity to do this within a purpose built modern facility - the Wilson Health & Wellbeing Campus.</p> <p>In addition, the paper provides a broad outline of the emerging overall communications and engagement strategy presented to the Wilson Programme Board for consideration.</p>	
Key sections for particular note (paragraph/page), areas of concern etc.: n/a	
<p>Recommendation(s):</p> <ol style="list-style-type: none"> 1. The committee is asked to note the progress made on the proposed service models and reflect how best to support the engagement and communications required, and to provide suggestions for improved stakeholder involvement. 2. In addition the committee is asked to note that CCG commissioners recognise the health benefits from community and public health services and are committed to working with colleagues to agree a reasonable approach to funding a fully integrated model of health & wellbeing. 	
<p>Committees which have previously discussed/agreed the report: A version of this paper was presented to the Merton Health & Wellbeing Board on 28 November 2017.</p>	

<p>Financial Implications: A separate finance paper has been presented to the finance committee for note.</p>
<p>Implications for CCG Governing Body: The paper is for information only.</p>
<p>How has the Patient voice been considered in development of this paper: PEG through previous engagement</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) None.</p>
<p>Equality Assessment:</p>
<p>Information Privacy Issues: None</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) A communications and engagement strategy is being developed for consideration at the Wilson Programme Board.</p>

BACKGROUND

- 1.1 The purpose of the paper is to communicate how the Wilson Health & Wellbeing Campus will address the problems associated with living in East Merton:- higher social deprivation, worse health outcomes and poorer health facilities than West Merton. We recognise that health is about whole people (physical, mental and social) who are part of whole communities and need to be supported by a whole health and wellbeing system working together. The East Merton Model aims to improve health outcomes in East Merton through working in a different way with our partners in and around Merton and with the local community. The Wilson redevelopment gives us all an opportunity to do this within a purpose built modern facility - the Wilson Health & Wellbeing Campus.
- 1.2 Merton CCG, Council and Voluntary Sector are working together on the vision for this important project, with Merton CCG leading on the site development driven by a requirement to address the quality of health care in the east of the borough, and to rationalise and improve estates. The project aims to bring together a wide range of health and community services under the banner of 'health and wellbeing' for the benefit of local people.

Initial workshops involving health and care providers and community groups agreed that clarity was needed about what the model of care would look like in East Merton before the Wilson site could be planned. As conversations progressed it became clear that the narrative needed to change from a focus on what we 'do' to people (giving care) to a broader approach including how we encourage and support people to work together to improve their own health and wellbeing as part of an emerging model, now referred to as the East Merton Model (EMM) which involved a range of stakeholder groups.

As well as being the model for the vision of integrated health and social care services for the population of East Merton, EMM also considers the broader links with local regeneration, employment and housing, and how to unlock public sector estates through the One Public Estate (OPE), as well as community assets in the east of the borough. The Health & Wellbeing Board has been instrumental in developing the EMM and leading community conversations, the community engagement work that took place in East Merton in the summer of 2016.

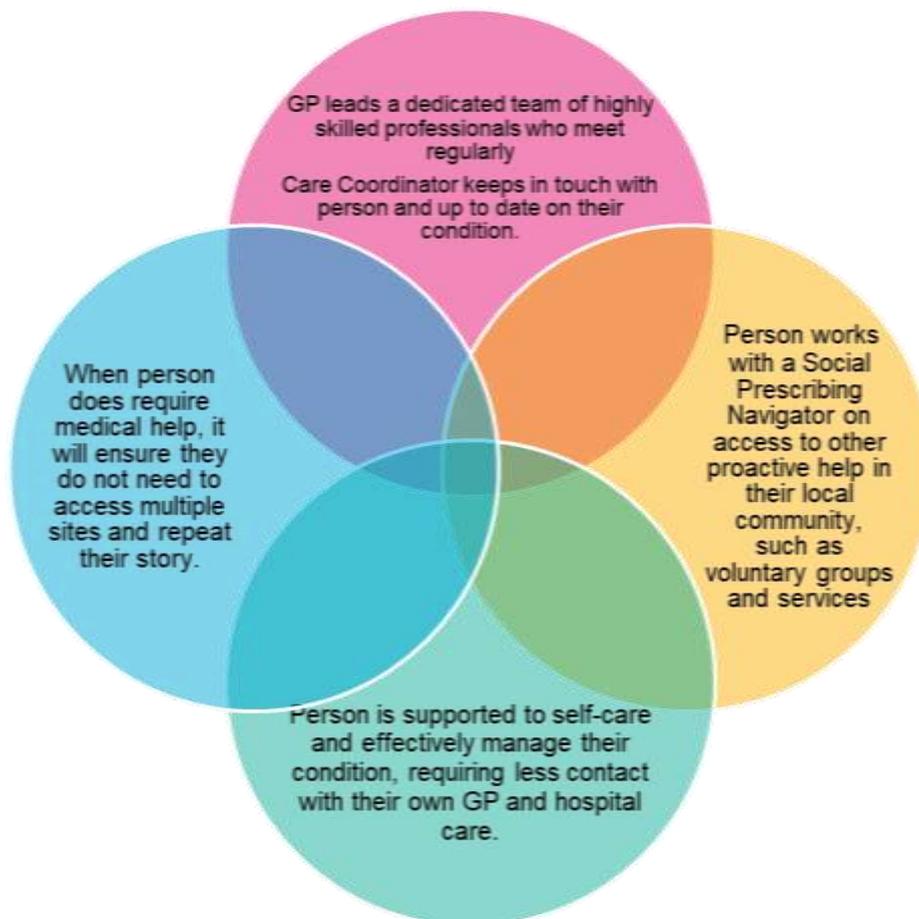
- 1.2 Following last year's 'Community Conversations' and inspirational visits to the Bromley by Bow Centre in Tower Hamlets, the vision has been confirmed as a true community-based primary care model seeking to address some of the social determinants of health that influence longstanding health inequalities and motivate behaviour change. Located on the Wilson site, the 'Health & Wellbeing Campus' will be a place bringing residents and professionals together to ensure the most appropriate care advice and support available. The aim of the campus is 'to help

people lead healthier lives and bring the local community closer together' (see Appendix A¹).

- 1.3 More recently two other schemes in East Merton with a focus on improving the primary care estate have also been approved and are underway as part of a new and emerging wider estates strategy with opportunity to align with key clinical strategy underpinned by EMM; Colliers Wood Surgery consolidation and relocation and Rowan Park new development. Both of which will be important centres of care in East Merton with opportunity for additional service delivery which needs to be considered in balance with the Wilson as a 'hub and spoke'.
- 1.4 In late 2016/early 2017 Merton CCG and NHSE took the carefully considered joint decision not to extend the contract for the Walk-in Centre in line and the GP practice on the Wilson site and to disperse the GP list². The CCG invested in improving access for patients, including to their own preferred GP practice; two new extended hours' hubs for the borough, with the intention to move the East Merton hub to the Wilson site at the appropriate time.

DETAILS

2.1 The proposed Primary Care-led Health based model – Patient Journey³



¹ Appendix A: Wilson Logic Model

² <http://www.mertonccg.nhs.uk/Local-Services/wilsonFAQ/WilsonFAQFINAL.pdf>

³ Diagram – L Lewis Nov. 2017

Currently people receive care at multiple sites and repeat their story to a range of different health care professionals. Their GP may refer them to services who may then refer them on to others. There is risk of duplication and confusion over who is doing what and when, with no shared professional understanding of the patient, or wider social needs impacting on their ability to manage of their condition or disease.

The shared vision for a community led Health & Wellbeing Campus model is for it to be designed and managed in a different way from traditional health centres and provide people with a range of health and wellbeing support and services based around a community café at its heart.

Working in a joined up way provides commissioners with a unique opportunity to develop a new model of community based GP-led health services that put the person at the centre and in control of their care, surrounded by a compassionately designed building, and potentially sitting within the newly emerging Multi-specialty Community Provider (MCP) contractual framework.

At the core will be an enhanced East Merton Primary Care Hub offering significant scope for GP's working at scale for the whole population of East Merton. Patients GPs will have access to a wide range of complementary services on the site, to include community services (such a Holistic and Rapid Investigation services) acute specialist consultants, social prescribing, diagnostics and community based and volunteer services.

The new model will support people by focusing on the patients' priorities (Appendix A.1⁴) through more holistic and integrated approach, providing a single care coordinator who knows them, their families and their universal care plan. The person will have easier access to specialists and diagnostics and also be able to discuss other factors, such as diet and wider social issues they may be experiencing via the social prescribing service. People will be at the centre of their care and have the support necessary to manage their condition better. They will have easier access to specialists and diagnostics and also be able to discuss other factors, such as lifestyle and wider social issues they may be experiencing via the social prescribing service.

The success of the model will only be possible with the backing and support of all local multi-specialty teams, including GPs, particularly those in the east of the borough, and a willingness to work in a new and forward thinking way by all concerned, including community services and secondary care specialist consultants. Strong leadership is essential to safe and consistent services and growth and to encourage and motivate behaviour change, both for professionals and patients.

⁴ Appendix A.1 Wilson A Case Study

2.2 Social Prescribing

The social prescribing service will be a key component of patient care at the Wilson. The initial consultation with a social prescribing navigator supports people to explore wider social issues that may be impacting on their health, such as loneliness and isolation. The navigator works with people to signpost them to the right help and support from a variety of voluntary and commissioned services, including mental health services, and access a range of more informal community groups and networks.

Currently the service is being piloted in East Merton with a continuing robust evaluation process in place. The model has proved to have positive results so far both for people accessing the service who report improvements to their wellbeing, and for GPs in terms of managing the time they have for effective patient consultations. The Social Prescribing service at the Wilson will underpin the holistic approach to self-management of long term conditions by supporting people to take control and explore behaviour change, as well as building social networks and enhancing community cohesion.

2.3 The proposed Health Service model:

Please refer to Appendix B⁵ for full list of proposed services, including wrap-around Wellbeing services.

Some key principles:

- Promote self-care and self-management of complex conditions;
- Innovative and flexible - offering holistic, inclusive care to the whole population;
- Complement and build on other services already provided elsewhere to avoid unnecessary duplication.

What it won't be:

- A Walk-in Centre (The Walk-in Centre in Mitcham closed 31 March 2017. MCCG invested in transformational programmes to deliver urgent care in a more integrated way);
- List-based primary care services only available for a small cohort of patients;

2.4 Communications and Engagement

A Communication & Engagement Strategy has been drafted and a number of comments incorporated within the final version being presented to Wilson Programme Board for consideration in November. Some key points from the draft strategy are included below we welcome the committee's input via wider discussion into how we may best manage some of the key relationships.

⁵ Appendix B: Wilson Service Model 2017

Key Activities:

Recurrent:

- Quarterly newsletter with information about progress and upcoming activities by workstream, including recent decisions at Programme Board. Newsletters published on all partner websites and sent to stakeholders community groups, clinicians.
- Annual Public Meeting and/or presentation at partners AGMs
- Awareness raising campaign via social media and internal channels
- Blog on website – repurposed for local and social media when appropriate
- At key milestones: Brief key stakeholders – MPs, Healthwatch, councillors voluntary and community sector
- Review and update messages

Communications and Engagement next steps:

2017/18: Quarter 3

Agree communications strategy, identify resources to deliver, develop branding, website and template for communications, stakeholder mapping and ownership assigned, clearance and information sharing processes developed, and identify media/champion training for spokespeople.

2017/18 Quarter 4

Development of public FAQs, targeted communication to ensure awareness of project website and good number sign up to e-newsletter – Communication to include partners websites, newsletters, emails, social media, meetings, media/champion training for spokespeople.

2018/19 Quarter 1

Carry out targeted communication to ensure people participate in any events planned by workstream leads around model of care, pathway design or building design.

2.5 Wellbeing Workstream Group:

The first Wellbeing Workstream Group was held in October 2017 and is due to meet again in December and then at regular intervals throughout the year. The Wellbeing Workstream Group is a vehicle for community control of, and accountability for, decision making in the set up and running of the Wellbeing function and to have direct influence on how these services are delivered on the site. The Group is be made up of local community and voluntary sectors groups who will take forward the development of the Wellbeing services, design and engagement. Public workshops are planned for 2018 with the first already planned for February 2018. The first workshop content is being developed and the whole process will be supported by the Wellbeing Workstream Group and other locally interested organisations to help deliver them together. We are planning to present

and share information at the official meeting for the voluntary and community sector; Merton INVOLVE in 2018.

In addition regular updates will be presented at the following forums/meetings:

- Healthwatch Committee
- Mental Health Forum
- Health and Social Care Forum
- Mitcham Residents Forum
- Merton CCG Patient Engagement Group

Project updates are presented at the following meetings/forum in addition to meeting with individual organisations as and when required: Healthwatch Committee, Mental Health Forum, Health and Social Care forum and Mitcham Residents forum. We are planning to present and share at a future INVOLVE meeting in 2018. This meeting is the official meeting for the whole of the voluntary and community sector in Merton.

2.6 Governance

The main partners involved in developing the Wilson health and wellbeing vision for the model include decision makers from the following organisations, underpinned by a robust governance structure⁶:

- Merton CCG (via Merton & Wandsworth Local Delivery Unit - Wilson finance lead, Senior Responsible Officer, clinical director and service design lead in place);
- NHS Property Services and Community Health Partnership (details about the role of both these organisations can be found in Appendix A);
- London Borough of Merton (LBM) and Merton Voluntary Services Council (MVSC)
- All these parties are brought together as the Wilson Programme Board (WPB) under the leadership of the Programme Director.
- The WPB reports to MCCG's Governing Body and London Borough of Merton's Cabinet and to the Health and Wellbeing Board.
- Underneath the Programme Board sits the Wilson Project Board and Service Design & Commissioning Group. Terms of Reference for this group are currently being drafted. This group is responsible for the various task and finish groups required to develop the services planned for the site:
 - Primary Care
 - Acute specialist consultant services
 - Children's Services
 - Mental Health
 - Community Services

⁶ Appendix C – Wilson Governance Structure

- Wellbeing 'wrap-around' Services

2.7 Update on the Wilson Site⁷ and Project Development

Following the outputs from recent primary care and children's workshops (Mental Health workshop took place on 20th November) a draft schedule of accommodation is being developed to inform the planning of the site and from which the estimated capital and revenue costs have been derived. These costs are very high level estimates which will be refined as the scheme enters the next stage of design development where the design team and contractor are appointed. An update paper is being presented to Merton CCG's Finance Committee later this month.

Proposed costs have been used in the preparation of the NHSE Project Initiation Document (PID) pro-forma which was submitted to NHSE Project Appraisal Unit in September for approval to proceed. The PID will be considered at the NHSE London Pipeline Committee on 1 December.

Given the work that has been undertaken to date, which included a full economic appraisal (the equivalent of a Post PID Option Appraisal (PPOA), NHSE is requested to allow the CCG to proceed directly to the instruction of a New Project without the need to carry out a PPOA. The timeline appended to this paper assumes that NHSE are in agreement that a PPOA is not required.

On approval of the PID by NHSE we are in a position to ask CHP to request a New Project Proposal (NPP) from South London Health Partnership (LIFTCo). This initial piece of work involves a review of the sponsors' requirements and whether it is possible to deliver the scheme within the affordability cap set by the CCG.

Alongside the above, a business case for the proposed 'wrap around' wellbeing elements of the campus is being developed by the council, to include the Lodge at the front of the site.

2.8 Decant Strategy

NHSPS, as the landlord of the Wilson and Birches Close sites, is leading on the development of a decant strategy to provide vacant possession of the Wilson site in readiness for development. The governance arrangements have been agreed and the first meetings scheduled to take place during November.

The output from this working group will be to present an options paper to the Programme Board, setting out the potential capital and revenue costs for each option and making recommendations on the preferred way forward based on the most economically advantageous option.

⁷ Appendix D – Wilson Site

2.9 Process and Timeline

A process and estimated timeline is in place from the submission of the PID to NHSE through to Financial Close when the contracts are signed. The timeline is based on a standard CHP template. It is hoped that this timeline can be shortened due to the experience gained on the Nelson Health centre scheme. It also assumes that a PPOA is not required.

The timeline for agreeing the lease and arrangements for the Lodge have yet to be shared. However, although it is unlikely that details will be available until Q2 2018/19, NHS PS will attempt to provide some assumptions prior to this for the purposes of informing any business case.

2.10 Next Steps

In order that the CCG are in a position to ask Community Health Partnerships (CHP) to request a New Project a key document, the Participant's Requirements, needs to be completed. This sets out the strategy for the site, the services to be delivered and an estimation of the likely activity levels. In order to move onto this next stage, task and finish groups, led by the Service Design & Commissioning Group, are asked to look at the following to inform the participant's requirements:

- Future activity levels, either for new services, or for those decanting to the Wilson;
- Workforce requirements – how many people and who?
- Any specific accommodation requirements and specialist equipment etc.