Merton Council
Health and Wellbeing Board

Date: **28 March 2017**

Time: **3.00 pm**

Venue: **Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

1	*Apologies for absence*	
2	*Declarations of pecuniary interest*	
3	Minutes of the previous meeting	1 - 6
4	CCG Commissioning Intentions	7 - 12
5	Update on Merton CCG's Primary Care Strategy	13 - 50
6	Wilson Development: Progress Report	51 - 92
7	Annual Public Health Report on Childhood Obesity and Child Healthy Weight Action Plan progress update	93 - 102
8	Better Care Fund Update	103 - 108

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Health and Wellbeing Board Membership

Merton Councillors

- Tobin Byers (Chair)
- Gilli Lewis-Lavender
- Katy Neep

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)
4 Merton Clinical Commissioning Group (1 vote per CCG member)
1 vote Chair of Healthwatch
1 vote Merton Voluntary Services Council
1 vote Community Engagement Network

HEALTH AND WELLBEING BOARD
29 NOVEMBER 2016

(3.00 pm - 4.40 pm)

PRESENT	Councillor Tobin Byers (in the Chair), Councillor Katy Neep, Councillor Gilli Lewis-Lavender, Dr Andrew Murray, Chris Lee, Paul Ballett, Dr Dagmar Zeuner, Dr Karen Worthington, Brian Dillon, Dr Doug Hing, Keith Makin and Paul Bailey
Also Present	Clarissa Larsen, Lisa Jewell

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence where received from:
Karen Parsons, Melanie Monaghan, Khadiru Mahdi, Yvette Stanley, Dave Curtis, Simon Williams

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

No declarations of Pecuniary Interest were received

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting on 4 October 2016 were agreed as a correct record

4 WELCOME, INTRODUCTIONS AND PRESENTATIONS (Agenda Item 4)

The Chair presented the following awards for participation in the Pro-active GP Pilot Programme:
Best GP Practice Award to Cricket Green Practice received by Dr Simon Gilbert
Best Health Champion to Jamilla Raheed

5 MERTON SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (Agenda Item 5)

Keith Makin, Chair of the Merton Safeguarding Children Board (MSCB) presented the Annual Safeguarding Report of MSCB. He asked the Board to note the Executive Summary, presented in the Agenda, and to note the Board's strengths and areas for continued development as detailed in this document.

Mr Makin informed the Board that he will meet Dr Andrew Murray and CCG senior Officers in January 2017 to discuss his concern that partners in the health economy do not make a proportionate contribution to the work of the MSCB. He also stated that these concerns for equitable funding also extend to the Metropolitan Police He was also concerned that there was no regular Merton GP representative on the MSCB or lead for Children's safequarding. Dr Andrew Murray explained that there had been difficulties in recruiting to this role but that this task was ongoing and hopefully can be resolved soon.

The Board noted Keith Makin's concerns that the joint Child Death Overview Panel was being reviewed by Sutton when it should be moving more towards regionalisation.

Keith Makin reported that he had had a positive meeting with the new management at St Georges Hospital, and despite their recent issues he was hopeful that going forward St Georges would offer good services and safeguarding arrangements. He also reported that the Central London Community Health Service and School Nurse services were working well.

Paul Bailey, MSCB Manager outlined the Board's priorities for 2016-2018. The Assistant Director of Children's Services added that the refresh of the CAMHS transformation plan, in partnership with the CCG, could be brought to the HWBB.

In conclusion, Mr Makin said that the Annual Report presented a good picture for Safeguarding services in Merton.

The Chair thanked the MSCB for all their work and suggested that they report back to HWBB on their discussions with the CCG and also on the subject of Police Funding.

RESOLVED

The Health and Wellbeing Board Agreed to:

A. Note the MSCB Annual report

6 THE MERTON STORY- KEY HEALTH ISSUES IN MERTON - JSNA (Agenda Item 6)

The Director of Public Health presented her report: The Merton story – Key Health Issues in Merton. She introduced The Merton Story as a different perspective on the JSNA (Joint Strategic Needs Analysis) that was a statutory requirement. The Merton Story aimed to be a more helpful tool to support the health and wellbeing partnership working in the borough.

Roy Benjamin, Chair of Merton CIL, asked to speak to the board on this item. He said that overall the report was positive but that it did not provide adequate consideration of the 25-60 age group who were reliant on having choices regarding their independence and wellbeing, whereas the JSNA focuses on reablement as a route to independence following the development of a new condition. Roy also talked about informal careers who saved the council money but at the expense of their own health. The Chair asked for these two points to be added to the Merton Story.

The Director of Environment and Regeneration said that the 'Merton Story' was a useful tool for his division to work with and to use internally. The Chair asked for DZ to work with CL's teams to make use of the Merton Story.

Dr Andrew Murray said that this format was much more useable. He asked about the statistics used to show the east/west health divide, as in the past the stastistics used had shown a much bigger difference. He also suggested using images to reinforce the points made. The Director Of Public health agreed and said that the 2017 annual report would be looking at the health divide in more detail.

The AD of Children's Services said that he found this narrative summary useful to bring the subject to life but that the JSNA data underneath needed to be easily accessible as it was very useful to Officers in his department. Dr Zeuner explained that there was a lot more information that linked to the JSNA process that will be made more accessible to all stakeholders

Councillor Katy Neep suggested that there should be more reference to mental health issues and their prevention within the Story. She also suggested a link to the 'Think Family' strategy.

RESOLVED

That the Health and Wellbeing Board agrees

A. To consider and comment on the Merton Story – Key health issues in Merton (2016)
B. To actively use the Merton Story as a tool to champion the key messages relating to our health and wellbeing ambitions.

7 HEALTH AND WELLBEING STRATEGY ANNUAL REPORT (Agenda Item 7)

The Director of Public Health presented her report on the Health & Wellbeing Strategy 2015-18: Annual Report 2016.
She explained that overall good progress is being made. Great progress in some areas eg CAMHS, but difficult because some areas are more difficult progress will be much slower and this is reflected in the Performance Indicators.

Dr Murray welcomed the report and asked how Health and Wellbeing members could take this forward and Brian Dillon commented on the useful structure. Dr Dr Hing asked how the data compares to other boroughs and whether we learn anything.

The Chair commented that it might be helpful to have an indication of 'amber to red' or 'amber to green' and asked that red indicators to be brought back to a future meeting for consideration, including for example, childhood obesity and immunisation

Members discussed the indicator relating to use of Outside local space for exercise. It was noted that this was a national indicator and a greater understanding of local health issues was required and would be considered alongside other indicators as we move towards the refresh of the Health and Wellbeing Strategy in 2018.

RESOLVED

A. To consider and comment on the progress on implementation of the Health & Wellbeing Strategy 2015-18
B. To continue to champion the implementation of the Health & Wellbeing Strategy and promote the outcomes with their constituencies.

8 SOUTH WEST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) AND ST GEORGE'S HOSPITAL CQC STATUS (Agenda Item 8)

Dr Andrew Murray presented his report from on the South West London Sustainability and Transformation Plan (STP) and St George's Hospital CQC status. He highlighted that his report covered the financial challenges faced by the NHS in South West London and the emphasis on out-patient transformation and a move away from services provided in hospitals with more services provided in the community.

Dr Murray emphasised that the STP does not propose to close any hospitals but does talk about the possibility of closure of acute services at one of 5 hospitals, but that these plans are still in development and there will be formal public consultation on any such plans. However it was too early to consult on any of the issues raised by the STP and consultation would happen once a clear set of options had been developed.

The Board discussed the implications of the STP and the planned changes that are due to take place at the CCG. Dr Murray expressed commitment to continuing to work in partnership in Merton and particularly to the plans for the Wilson heatlh and wellbeing campus and East Merton model of health and wellbeing with its holistic approach and focus on prevention.

The Board noted that there would be increased partnership working across the south London CCGs in different areas.

The Board discussed the move towards more out of hospital care and Councillor Neep suggested that more education was required so that people understood that the alternatives to hospital A&E.

The Board discussed Social Prescribing and its success stories. It was suggested that the Board should develop ways of normalising social prescribing through communications.

The Board noted the section of the report detailing the recent CQC report on St George’s Hospital, and were pleased to note the new Executive Chair that was in place and that those who had met with the new management team were very positive.

9 ONE PUBLIC ESTATE (Agenda Item 9)

The Director of Environment and Regeneration presented a verbal update on ‘One Public Estate’. He reported that Merton Council had recently been awarded funding of £350,000 from DCLG for the work focused ondriving growth in jobs and housing by looking at the potential in publicly owned sites and estate across the Borough. The Wilson site is a catalyst for this project.

Due to the partnership nature of the work the Board noted that Merton Partnership is the overarching body for governance of this project and that the HWBB will receive regular updates. The Chair congratulated and thanked Chris Lee and Dagmar Zeuner for this work.

10 THE WILSON HEALTH AND WELLBEING CAMPUS (Agenda Item 10)

The Director of Public Health gave a verbal update on progress of the Wilson Health and Wellbeing Campus; a Manager for the Wilson project and a Social Prescribing Co-ordinator have both been appointed.

She added that there would be a seminar for the next HWBB meeting including discussion of Community Conversations and considering mentoring volunteer roles.

11 BETTER CARE FUND (BCF) SMALL GRANTS PROGRAMME (Agenda Item 11)

The Board supported the bid for the lifting equipment detailed in the Agenda Report.

RESOLVED

That the Health and Wellbeing Board give approval to proceed with the bid to the London BCF Small Grants Programme

12 HEALTH IN ALL POLICIES (Agenda Item 12)

The Board noted the information report on Health in all Polices. . The Chair advised that HiAP is relevant to all HWBB partners and that a report will be brought to a future meeting on this issue.

RESOLVED

That the Health and Wellbeing Board agreed to:

A. Note the LGA Health in all policies peer assessment work to date
B. Receive the final report and action plan for Health in All Policies and support its implementation.

13 INTEGRATION OF HEALTH AND WELLBEING BOARDS AND PRIMARY CARE (Agenda Item 13)

The Board noted the letter from the Department of Health regarding the GP Forward View. The Chair welcomed this and asked that the GP Transformation Strategy be reported back to the Board in January/at a future meeting.

14 WINTER PLANNING FOR ADULT SOCIAL CARE - DEPARTMENT OF HEALTH LETTER (Agenda Item 14)

The Board noted for information the letter from the Department of Health and the Department for Communities and Local Government on Winter Planning for Adult Social Care.

15 POLICE AND CRIME COMMISSIONER AND HEALTH AND WELLBEING BOARDS (Agenda Item 15)

The Board noted the letter from the Home Office and Department of Health regarding Police and Crime Commissioners and Health and Wellbeing Boards, and confirmed that the appropriate Police representative will be invited to future meetings

Committee: Health and Wellbeing Board

Date: 28th March 2017

Wards: All

Subject: Merton CCG - Commissioning Intentions

Lead officer: Andrew Moore, Director Commissioning Operations, NHS Merton CCG

Lead member: Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Andrew Moore, Director Commissioning Operations, NHS Merton CCG

Recommendations:

A. For note

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an update to the Health and Wellbeing Board regarding Merton CCG's Commissioning Intentions

2 BACKGROUND

In most years, each CCG will publish a set of Commissioning Intentions to communicate the plan for the coming year. In 2016, the development of the Sustainability and Transformation Plan overtook much of the usual content and therefore reduced the need of each CCG to develop their own detailed Commissioning Intentions – Merton CCG has prepared a summary document which incorporates the most important local areas of focus, but the most significant elements of our plans are contained within the STP.

3 DETAILS

See attached presentation

4 ALTERNATIVE OPTIONS

Not applicable

5 CONSULTATION UNDERTAKEN OR PROPOSED

STP and local consultation is underway.

6 TIMETABLE

Not applicable.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Merton CCG is aiming to return to in-year financial balance in 2017-18 (after delivering a £0.6m deficit control total in 2016-17). To reach balance in 2017-18, the CCG will need to achieve more than £11m in net savings.

8 LEGAL AND STATUTORY IMPLICATIONS

None noted

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

None noted.

10 CRIME AND DISORDER IMPLICATIONS

Not applicable.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None noted.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Presentation – Summary Merton CCG's Commissioning Intentions 2017-18 & 2018-19

13 BACKGROUND PAPERS

South West London STP (not attached)

NHS
Merton
Clinical Commissioning Group

Summary Commissioning Intentions 2017/18 & 18/19

right care
right place
right time
right outcome

Purpose

- The purpose of this paper is to provide a summary of Merton Clinical Commissioning Group's 2017/18 and 18/19 Commissioning Intentions.
- Our commissioning intentions are aligned to the ambitions of the South West London footprint contained within the STP

Principles

- All Merton patients should have consistent access to high quality care regardless of where in the borough they live
- Services should be safe, evidence-based and focused on improving outcomes for patients
- Services should target health inequalities
- Services should be patient centred, seamless and accessible
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

3/20/2017

Planned care

The CCG will continue to focus on the STP priority areas ensuring appropriate referral into hospital, use of community based services to support out patients and improved pathways of care

2017/18

- Utilisation of Nelson Out Patients and Diagnostic services
- MSK – T&O referrals through ICATS
- Commence STP top 7 priority areas work
- CSA Forensic Assessments
- Prior Approvals process for Effective Commissioned Services (ECIs) in place
- Complete review for All Procedures of Limited Clinical Effectiveness (PLCV)
- Continued focus on practice variation

2018/19

- Continue STP priorities

3/20/2017

Right Care Best Setting – Unplanned and Urgent care

The CCG will focus on developing integrated care provision to facilitate development of alliance provision across providers. This programme has potential to be accelerated

2017/18

- Optimising BCF to deliver Right Care Best Setting Plans
- Optimising BCF to deliver improved integrated provider networks
- Commission a borough wide case finding service using e-Frailty searches and principles for case management
- Commission 'Primary Care Centres' to improve primary care access and reduce A&E attendances. These to align with out-of-hours and 111 services.
- Crisis teams deliver to 2 hr and 24 hr response standards to prevent attendance at A&E
- BCF investment used to commission a specified number of interim packages of care to prevent admission
- BCF investment used to commission a joint health and social care reablement response.
- Intermediate care bed length of stay optimised through clear discharge pathways into the community, specifically where patients require on-going packages of care.
- Implement A&E frequent attenders pathway between Acute and locality teams for case management
- Initiation of CMC specifically contracted from all providers.

2018/19

- Continue STP priority plan delivery
- Leverage BCF, Community and Primary Care contracts to formalise integrated provision through alliance contracts.
- Commission a borough wide person centred extensive service for people with complex health and social care needs. Service to include case finding, case management, crisis response and interim packages of care to ensure people are holistically supported in the last 2 years of life.
- Commission 'Primary Care Centres' that improve access and offer same day appointments, IV and dressing clinics for mobile population and high use primary care demand. This might also include incorporating wider roles, such as; physiotherapists; health care assistants; physician associates; pharmacists; mental health practitioners; specialist nurses (such as emergency, paediatric or respiratory); paramedics; and radiographers.

3/20/2017

Primary Care –
The CCGs priorities over the next 5 years are set out in the GP 5 year forward view and include improving Access, Improving Quality, Integration

2017/18	2018/19
• Education and Workforce issues • PMS review • Full implementation of Referral Management Centre (April 2017) • Registered GP list at the Rowans : 5 yr APMS Contract • Implement Revised Primary Care Locally Enhanced Services (LES) • Implement revised PMS + KPIs • Support integration of GP Federation with Community Services. • Organisational development and support to individual Practices to improve access, (including increased use of technology). • Pilot of Social Prescribing to a network of GP Practices in East Merton. • Implement outcomes of Interpreting Service review • Work on One Merton Model	• Multispecialty Community Provider Contract in Place from 1 April 2018 • Full implementation of social prescribing • Implementation of integrated models of care as part of alignment of providers; and which works supports the development of Merton's MCP. These being aligned to QiPP and other provider incentive schemes

3/20/2017

Medicines Optimisation
Priorities include Improving the value derived from prescribed medicines, reduction in medicines waste, promotion of self care and making better use of pharmacists' skills to improve the quality of care provided

2017/18	2018/19
• Continue to implement agreed STP and local medicines optimisation initiatives which focus on reducing medicines waste, increasing the value derived from our spend on medicines and transforming medicines systems/ processes for inclusion in new models of care and care pathways • Explore, design and implement new ways of working that optimise the use of medicines as part of planned and unplanned care pathways. • Scope opportunities from RightCare packs, benchmarking and agreed planned and unplanned care projects, in particular: ◦ Anticoagulation (appropriate use of DOACs) ◦ Diabetes (optimising drug therapy) ◦ Care homes (medicines review and waste) ◦ Rheumatology (appropriate optimisation before anti-TNF use) ◦ End of life care • Implement findings from Scriptswitch review to improve medicines optimisation	• Continue to implement agreed STP medicines optimisation initiatives which focus on reducing medicines waste, increasing the value derived from our spend on medicines and transforming medicines systems/ processes for inclusion in new models of care and care pathways • Design and Implement new ways of working that optimise the use of medicines as part of planned and unplanned care pathways. • Implement opportunities from RightCare packs, benchmarking and agreed planned and unplanned care projects, in particular: ◦ Anticoagulation (appropriate use of DOACs) ◦ Diabetes (optimising drug therapy) ◦ Care homes (medicines review and waste) ◦ Rheumatology (appropriate optimisation before anti-TNF use) ◦ End of life care • Monitor and review medicines optimisation IT systems

3/20/2017

Mental Health - aims to reduce the demand for secondary mental health care, Develop primary care services for people with mental illness, Collaborate with the Local Authority to improve the support for local residents recovering from mental illness.

2017/18

Focus on
CAMHS
- 28% of children with diagnosable mental illness receive NHS care

PERINATAL
- Increase number of women accessing evidenced based perinatal care

IAPT
- 16.8% of 'morbid' local population to access evidence based talking therapies
- 50% 1st onset psychosis (14-65) to receive NICE treatment within 2 weeks

ADULTS
- Review CRHTT to meet CORE Fidelity Criteria
- Eliminate OATs by Oct 2017
- Improve performance of CDAS and IAPT
- Training for primary care personnel to support patients with MI
- Clozapine Clinic for Merton patients, based in borough
- Monitor and implement urgent care pilot services

2018/19

CAMHS
- 30% of children with diagnosable mental illness receive NHS care

PERINATAL
- Increase number of women accessing evidence based perinatal care

IAPT
- 19% of morbid local population to access evidence based talking therapies
- 50% 1st onset psychosis (14-65) to receive NICE treatment within 2 weeks
- ADULTS
- Implement action plan for CRHTT
- Physical health checks in primary care for 30% of patients with SMI
- Fund urgent care pathway service developments from CCG baseline, where efficacy is proven.

3/20/2017

Enablers:

IM&T:
We aim to have in place robust and fit-for-purpose ICT systems and services that support service transformation and enable integration across commissioners and care providers."

Estates
Merton's strategic estates development plan will help to inform where future premises investment needs to be prioritised. It will also play an important role in enabling new models of care.

Workforce
As part of the STP this work reviews workforce to deliver the challenges set out working closely with CEPN

Commissioning
Working with Wandsworth CCG as part of the Local Delivery Unit to deliver services across the two boroughs where possible

3/20/2017

Committee: Health & Wellbeing Board

Date: 28th March 2017

Wards: N/A

Subject: Update on Merton CCG's Primary Care Strategy

Lead officer: Andrew McMylor, Director of Primary Care Transformation Merton & Wandsworth Local Delivery Unit

Report Author: Dr Karen Worthington, Clinical Director Primary Care Transformation Merton CCG

Contact: lucy.lewis@mertonccg.nhs.uk

Recommendations:

A. The Board is asked to note the achievements so far and work in progress.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The draft Primary Care Strategy was approved by Merton CCG's Governing Body in July 2016 and a period of consultation with local stakeholders took place during August and September of 2016 which informed the final direction of the strategy.

The purpose of this report is to update the Health & Wellbeing Board on achievements to date, and to share work in progress.

2 DETAILS

2.1. The Board is particularly asked to note how the investment from the GPFV will be utilised to deliver the transformation of primary care and reduce health inequalities in the borough.

3 ALTERNATIVE OPTIONS

3.1. N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. N/A

5 TIMETABLE

5.1. N/A

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. N/A

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. N/A

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. N/A

9 CRIME AND DISORDER IMPLICATIONS

9.1. N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. N/A

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix A: Presentation to the HWBB

12 BACKGROUND PAPERS

12.1. N/A

right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

Update on Merton CCG's Primary Care Strategy

Achievements and Work in Progress

1. Introduction

A robust Primary Care Strategy is essential to the delivery of the local health and social agenda in Merton both now and in the future, if Merton CCG is to deliver on its aspiration to provide the right care, in the right place, at the right time and with the right outcome. The draft Strategy was approved by the Governing Body of the CCG in July 2016 and a period of consultation with local stakeholders took place during August and September 2016 which informed the final direction.

Primary Care also sits centrally in the National Strategy for the NHS described in the 5 Year Forward View which describes the challenges for the NHS in caring for a population that is living longer, often with more complex health needs and multiple co-morbidities. The more recently published GP Forward View (GPFV) describes how this will be achieved through investment, development of and work force and infrastructure, control of workload and care redesign.

Merton's Primary Care Strategy details how the investment from the GPFV will be utilised to deliver the transformation of primary care and reduce health inequalities in the borough. It proposes a ten point plan describing what it should look like and deliver:

1. **High quality, holistic care leading to good health and wellbeing;**
2. **A reduction in observed health inequalities and practice variation;**
3. **Provision of evidence based care;**
4. **Be delivered by a highly skilled, sustainable workforce;**
5. **Be innovative in its approach using new models and IT;**
6. **Be proactive and reactive as needed;**
7. **Be informed by Public Health data and focus on prevention of illness;**
8. **Achieve integration across all providers of care in its widest sense moving towards an MCP model of care;**
9. **Harness resources from within local communities and promote self-care and support;**
10. **Produce efficiencies to release savings that will drive transformation.**

2. About Merton

- The primary care footprint in Merton consists of 24 GP Practices currently split into 2 localities with 10 in the east and 14 in the west;
- It serves a population of 203,515 residents (2014 ONS data), with projected population growth to 223,900 by 2020[1];
- In Merton, overall life expectancy at birth is longer than the England average, but there is a difference between the most and least deprived areas within the borough of about 7.9 years for men and about 5.2 years for women[2];
- Premature mortality (deaths under 75 years) is very strongly associated with deprivation, with all wards in East Merton being more deprived and having higher rates of premature mortality than their West Merton counterparts;
- In general, East Merton is younger, poorer, and ethnically more diverse, with relatively lower levels of education outcomes and training qualifications than West Merton.

3. Progress against Key Components of Merton's Primary Care Strategy

3.1 Locality Working

Currently our practices work in two well established localities (east and west) and these will shortly be complemented by 2 Primary care access hubs which will provide 7 day access to primary care across Merton. The term locality is used to describe the form and function of a geographically based system. We are aiming for our Practice teams to be closely aligned to our community provider and social care, and to increasingly utilise the resources of the local community.

The Primary care access hubs are the Nelson site in the west, and as an interim measure pending the redevelopment of the Wilson site, the east Merton access hub will be provided at Cricket Green Medical practice which hosts our current Out of Hour's service provider. It is hoped that the access hubs will provide the future focus for development of a multi-specialty community provider (MCP) model of care and provide more services closer to home for patients.

[1] http://www.merton.gov.uk/community-living/statistics/population.htm

[2] http://www.merton.gov.uk/jsna_summary_document_2015_final.pdf

3.2 Primary Care Access Improvements

Merton GP practices already offer more than 1 million consultations per year. Despite this the need to further improve access to primary care has been requested by patients and also identified as a priority by our member practices.

In 2014, Merton Healthwatch published '*Strategies for improving GP services in Merton A Healthwatch Merton Research Report'* which identified some short and long term recommendations around five key themes:-

- Access to GP services including telephone, appointment availability, consistency and home visits;
- Information provided at GP services;
- Out of hours GP services;
- Use of technology;
- Urgent care support (primary care not A&E).

This report will be used to inform both the design of our care pathways into our new primary care access hubs and also the quality initiatives that we are working on in 2017 to improve patient experience of access.

Our access initiatives will be resourced via GP Forward View funding, bringing £1 million of extra funding into Merton for the provision of this service over the next 2 years. The CCG has a plan to deliver improved access which is made up of 3 components and reflects many of the recommendations made in the Healthwatch research report:-

i. **An Extended Access Local Incentive Scheme** - to be delivered from 1st April 2017 by all Merton practices. This will boost capacity both during core surgery hours from 8am to 6.30pm Monday to Friday and also during extended hours which is before 8am Monday to Friday, 6.30pm to 8pm Monday to Friday, and on Saturday mornings in some practices. In response to requests from patients we will be providing more dedicated children's slots and also including some educational component during these consultations about appropriate use of services for urgent care, and self-care for parents on behalf of their children.

ii. **Hub Provision** - this will be delivered from 1st April 2017 through two primary care access hubs, one in the east of the borough and one in the west. The hubs will offer extended access Monday to Friday until 8pm and on Saturdays 8am-8pm, with the one in the east also open

Sundays 8am -8pm. Initially the hubs will offer same day access only with plans to move towards a 'full practice service' of same day and routine care from October 2017.The hubs will also provide access to nursing at the weekends from April 1st, for those who need wound care.

iii. **A Quality Improvement Scheme** - to be developed in 2017/18 with our practices to focus on the quality aspects of access. This work follows on from the outputs of practice visits made by the primary care team to all Merton practices. The scheme will be launched in the summer and topics identified for focus so far include the needs of carers, telephony improvements, training receptionists to better meet the needs of the homeless, including identifying the hidden homeless, and the primary care needs of frequent attendees to our local emergency departments.

The access improvements will provide additional face to face appointments with primary care clinicians across Merton in 2017 both in practices, and via the hubs with plans to increase this further by use of new types of consultations such as e-consults later in the year as part of plans across south west London.

3.3 East Merton Model of Health and Wellbeing

Longstanding health inequalities exist within Merton between the east and west and also other demographic differences meaning that a model of care needs to be tailored to the needs of the local population to bring about change.

The Marmot Review 2010 into health inequalities in England, titled *'Fair Society, Healthy Lives'* identified that health inequalities arise from a complex interaction of many factors. These include housing, income, education, social isolation and disability - all of which are strongly affected by one's economic and social status.

There are clear health inequalities between the east and the west of the borough and a reduction in the observed differences is a key aim of the Primary Care Strategy for Merton CCG. The Primary Care Strategy is an enabler for the development of the East Merton Model of Health and Wellbeing and will support the primary care functions that will be on the site as part of the clinical model which is currently being designed.

3.4 Social Prescribing

A Social Prescribing pilot is underway for 1 year in 2 practices in east Merton and will be formally evaluated. Depending on outcomes there are plans to extend this to other east Merton practices too. Early feedback from the pilot as of

23/2/17 revealed 60 referrals from the Social Prescribing Navigator to local services and 30 patients seen for appointments lasting between 30 and 60 minutes as needed.

A data base of local community resources is also being built as part of the project. There is also a care navigator as part of the Holistic and Rapid Investigation (HARI) service for patients with complex needs on the Nelson site, directing patients and carers to relevant local voluntary sector organisations. The Social Prescribing scheme is expected to feature strongly within the East Merton Model of Health and Wellbeing which will harness the local community resources on the community campus part of the site.

3.5 Development of the MDT and Workforce Development

Development of the workforce is vital to both the transformation plans and also sustainability of practices going forwards. The following plans are in place in 16/17 and 17/18:-

i. Education and Training

- Successful 16/17 HEE Strategic Investment Programme bids:
  - Funding to improve skills of primary care staff in providing more holistic care to children awarded £22,500 (Merton successful bid);
  - Workflow optimisation awarded £79,500 (joint SWL bid with Kingston and Wandsworth);
  - Simulation Mental Health Training awarded £30,000 (joint SWL bid with Kingston, Richmond and Wandsworth);
  - Care Navigation and Receptionist Training £19,000 (provider yet to be identified).
- Protected Learning Time (PLT) for whole practice teams taking place quarterly and jointly run with the Community Education Provider Network (CEPN). The CCG has provided financial support to this initiative. One session on Diabetes took place in January and was attended by 280 staff from all Merton practices. A second event will follow in April with a focus on Cardiology;
- Expansion of the CCG's clinical workforce, with the appointment of some additional clinical leads, from January 2017 (including leads for GP IT, planned and primary care and a children's lead to also act as the named GP for children's safeguarding in Merton). This strengthens the CCG's commitment to being a clinically led organisation;
- Future Leaders Programme - the CCG will be investing in this programme for all new and existing clinical leaders in the CCG;
- The Primary Care team signposts all staff towards training opportunities in newsletters and update bulletins;
- Trainers and Tutors - The CCG has a senior nurse as part of the primary care team who leads on the educational development of practice nurses

and Health Care Assistants in Primary Care. Many of our practices also host medical students from St Georges Hospital, train GP registrars and some are also trying to widen skill mix by supporting the training of physicians' associates and primary care pharmacists as part of the team.

3.6 Integration

One of the key aims of the strategy is to improve integration between providers of care to enhance both efficiency and patient experience. To this end we have worked with our community services provider, Central London Community Health (CLCH), to clearly align the community teams to individual practices ensuring that all practices have named nursing teams and access to a named Health Visitor. To further develop this relationship we have had presentations from the CLCH team that provides a rapid response for prevention of admission to our locality meetings and encouraged the provider to send staff out to meet with practice teams. All GP practice leads have also visited the Holistic and Rapid Investigation service (HARI) on the Nelson site to improve understanding and utilisation of this multidisciplinary team approach to any patient with complex or rehabilitation needs.

Closer integration between NHS111 and care navigators in our local Emergency Departments is being included in our care pathways for same day access to primary care described in our hub specification.

Other initiatives have taken place via our locality meetings to improve integration with our local dementia hub, local community pharmacists, public health colleagues and Merton IAPT. By promoting better understanding of team roles and service provision we aim to improve information flows and ensure pathways are seamless for patients.

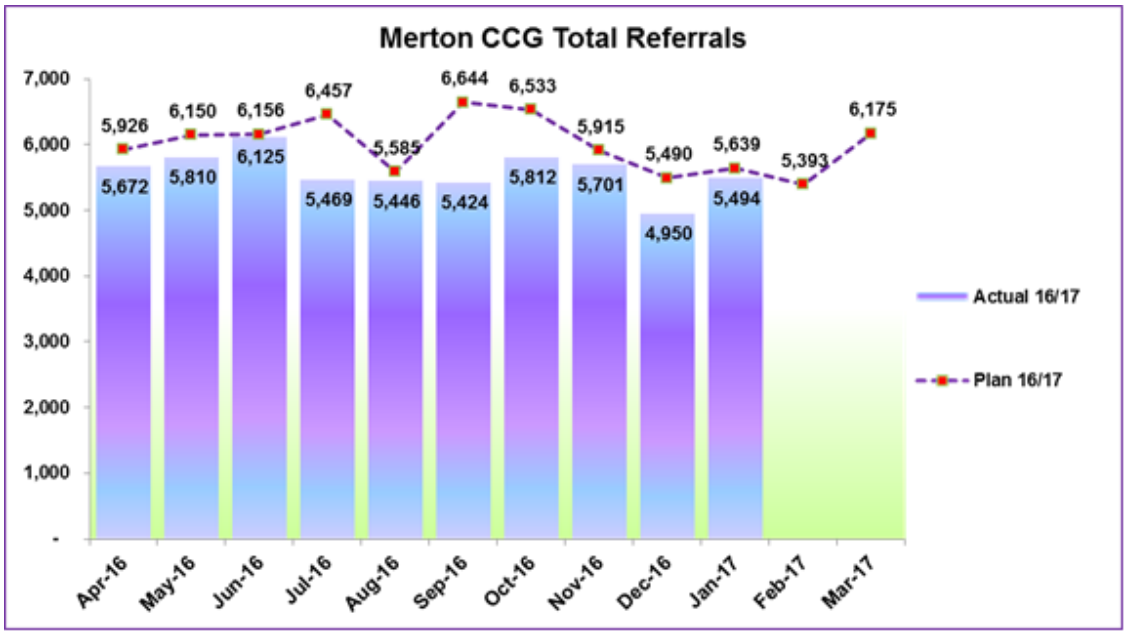
3.7 Reducing Practice Variation

One of the aims of the Primary Care Strategy is to reduce unwanted variation in primary care provision and outcomes for patients. Since 2016 we have embarked on a successful work stream which involves visiting each practice and sharing data with them to encourage peer discussion and to identify educational needs and potential commissioning gaps.

Practice Variation Phase 1 focused on the variation between practices in referring patients to outpatient services. This identified the need for the development of some community diagnostic pathways which are being worked on by the CCG's Planned Care team, including services such 24hr Ambulatory Blood Pressure monitoring and provision of anticoagulation initiation and monitoring in primary care. It also led to the peer review of cases within

practices; better knowledge and utilisation of community pathways that were already commissioned, and the setting up of a locum information pack in every practice to improve patient care. A PLT educational event took place in January on Diabetes as this was identified as an area where there needed to be improved knowledge about how to take up Tier 3 Community Diabetes services.

As a result of this we have succeeded in achieving a significant reduction in utilisation of secondary care services indicative of sustained clinical behaviour change as seen in the chart below, showing referral activity reduced immediately after the Phase 1 visits concluded and remains below planned.



Phase 2 completed in February 2017 with a key focus on variation in utilisation of some key pathology tests between practices. This has allowed the CCG to share appropriate clinical guidelines and to remind practices to avoid duplication in test requests and improve information flows in relation to pathology testing between primary and secondary care.

Additionally during the visit the primary care team have gathered information from all practice teams about the varied approach to handling same day demand for consultations. The outputs from this will feed into the work to be done in the summer on developing individual practice access plans and sharing best practice.

Phase 3 will occur in the summer of 2017 and will focus on variation in diabetic care. Diabetes is a major cost to the health of our local population especially in the east and also a financial cost to the CCG impacting hospital, community and prescribing budgets.

In summary the benefits of this approach to practice variation to date has been:-

- Improved working relationships and communication between the CCG primary care teams and our practices.
- The opportunity to identify and share good practice;
- To use peer review and education as levers for improvements for patients;
- To use the data obtained to inform commissioning decisions (for example, Improving Access to Primary Care Local Incentive Scheme and the outcomes of our recent review of our locally commissioned services.)
- To save money for the CCG by ensuring referrals to secondary care are appropriate and the best clinical outcome for the patient;
- To work towards the reduction of unwarranted variation in service quality for patients.

3.8 Prevention

Primary care has worked with Public Health colleagues in giving feedback about the re-procurement of healthy lifestyles services through locality discussions. In addition, a member of our primary care team sat on the moderation panel for the new service.

Senior CCG clinicians have worked with our Director of Public Health to ensure that changes proposed to commissioning intentions in relation to surgical readiness support prevention of adverse surgical outcomes and improve long term health in relation to smoking cessation and management of obesity;

The needs of specific groups have been highlighted to our community service provider to ensure that services are culturally appropriate to improve outcomes e.g. a Tamil speakers' Diabetic Education Group has been started. By improving self-management of Diabetes, complications should be prevented in the future. All practices were encouraged to sign up for the National Diabetes Audit at our Diabetes education event - currently uptake in Merton is low with only 8 practices participating.

3.9 Update on enablers identified in the Primary Care Strategy (IT & Estates)

Implementation of DXS, Kinesis, Referral Facilitation

All of these IT initiatives are being rolled out across practices during 2017 and will support clinicians in making evidence based decisions relating to care pathways, and allow a system to get advice from secondary care colleagues without the need for a referral if clinically appropriate. Referral facilitation will ensure that appropriately worked up referrals are made to preferred providers ideally in the community.

Optimise RX
The CCG is investing in this piece of software to support prescribing decisions for all practices from a safety and cost effectiveness perspective. This has been demonstrated at locality meetings and feedback provided from local GPs.

Health Help Now App
The CCG is working to improve uptake amongst people who work in Merton and patients of Merton as this provides a valuable source of information about health issues and local services and is part of the Primary Care Strategy's aim to promote self-care. The marketing of this resource is being boosted in local practices and emergency departments in quarter 4 of 2016/17.

Investment in Estates
Merton CCG has secured significant national capital funding for upgrading primary care estates in Merton which will be critical to transformation especially in relation to the shift of some services from secondary to primary care as described in the SWL STP. Improvement Grant (IG) schemes for Central Medical were awarded this year for a loft extension with ground floor extension and other improvements; James O'Riordan won a bid to remove existing doors and replace with automated door closer equipment. A successful bid for improvements to Wide Way Surgery is also underway.

In addition the CCG supported Estates and Technology Transformation Fund (ETTF) bid applications for a wide range of schemes. We are still working through the revenue consequences of these schemes.

Contractual Review
There is a nationally mandated review of GP PMS contracts which has been devolved locally due to take place in 2017. The CCG has set up a working group jointly with NHSE to take this forward. There will be engagement with GP providers and the Local Medical Committee (LMC) to review the contract Key Performance Indicators to ensure that they are fit for purpose, and will assist with the delivery of the CCG's objectives for improving patient care whilst maintaining stability in general practice.

4. Work to Improve Resilience across Primary Care

We are aware that primary care in Merton is under significant strain especially in relation to rising demand from an increasingly aging population with more complex health needs and workforce shortages. The CCG has attempted to overcome this by building on our model of locality working and support. Some practices are in the early stages of identifying a need to work at greater scale in

the future and our GP federation Merton Health will be crucial to this going forward.

The Primary Care Team will be promoting the '10 high impact actions' identified in NHS England's Releasing Time to Care study[3] as a structure for dealing with the increasing complexity and volume of work in General Practice and have had a workshop to begin discussing these ideas at our Practice Leads' forum in January 2017.

The CCG has invested in Primary Care in 16/17 and continues to work collaboratively with Merton Health to develop resilience in primary care. Our Primary Care team work closely with our NHS England colleagues in the local area team to provide rapid support if a situation is identified - an example of this is the provision of a dispersal package from national resilience funds to support local practices in re-registering patients from the dispersal of the Wilson Practice's list.

5. Work in Progress and Challenges

- Further development of practice and community Multi-disciplinary Teams (MDT) is needed, especially closer integration with social care. This will be important in reducing emergency admissions and length of stay in hospital. Progression towards a Multi-disciplinary Community Provider (MCP) model of care through transformation is identified locally as a priority.
- IT systems in Primary Care remain relatively undeveloped and we need to develop rapid interoperability with appropriate data sharing agreements and a robust information governance framework. This will allow safe up-scaling of services especially in the provision of extended access.
- Funding will be made available later in the year to help introduce new modes of consultation such as Skype and e-consulting.
- From 1st April 2017 we will become a Local Delivery Unit (LDU) with Wandsworth CCG which will provide scale and resilience to the commissioning of services for patients in both boroughs and help with our drive for transformation. Merton CCG is going through a period of change and is currently developing a joint management structure, as well as retaining its own governance structure as a Clinical Commissioning Group.
- Merton CCG needs to play its part in delivering the South West London Strategic Transformation Plan (STP) including the transformation of hospital outpatient services within St Georges Hospital. The interface between Primary and Secondary Care needs to shift with more care being provided in the community with a rapid pace of change.

[3] https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/

- Closer links are needed between Merton Voluntary Services and we need to ensure that the patient voice has greater prominence in commissioning decisions some of which are potentially contentious in a time of financial austerity.
- Close ongoing partnership working is needed with the Local Authority to deliver the redevelopment of the Wilson site. There is a plan to invite some of the local councillors to the locality meetings in April to improve understanding of respective roles.
- Prevention needs to be embedded in all pathways and an ethos of making every contact count to promote health and wellbeing.

6. Summary

This paper highlights the significant work done by Merton CCG's Primary Care team in collaboration with our GP membership and practices to deliver improvements in access to GP services which will commence in April 2017; the enthusiasm of the workforce to take up educational opportunities and develop practice teams; and a commitment to quality and use of peer review to reduce unwanted practice variation.

The CCG has bid for, and been awarded, national funding to help further drive the transformational agenda - including proposed improvements to Primary Care Estates and IT infrastructure. Ensuring the resilience and sustainability of Primary care and improving patient outcomes and experience remains at the heart of everything we do.

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Update on Primary Care Strategy

Dr Karen Worthington and Andrew McMylor

Appendix A: Presentation to HWBB

28 March 2017

right care
right place
right time
right outcome

Background

- In July 2016 a draft strategy for the development of primary care in Merton was approved for consultation by the Governing Body;
- The consultation with local stakeholders, including our member practices, took place in August and September 2016. This shaped the direction of the strategy, along with national policy set out in the GP Forward View (April 2016);
- Merton's Primary Care Strategy details how the investment will be utilised to deliver the transformation of primary care, and reduce health inequalities in the borough.

Merton's 10 Point Plan

1. High quality, holistic care leading to good health and wellbeing
2. Reduction in observed health inequalities and practice variation
3. Provision of evidence based care
4. Delivered by a highly skilled, sustainable workforce
5. Innovative in its approach, using new models and IT
6. Proactive and reactive as needed
7. Informed by Public Health data and focus on prevention of illness
8. Achieve integration across all providers of care in its widest sense, moving towards a MCP model of care
9. Harness resources from within local communities and promote self care and support
10. Produce efficiencies to release savings that will drive transformation

Progress against key components of the strategy

- Locality working
- Primary Care access improvements
- The development of the East Merton Model of Health and Wellbeing (EMMoHWB)
- Social Prescribing
- Development of the MDT and workforce development
- Integration
- Reduction in practice variation
- Prevention

Locality Working – a place-based model

- 24 member practices working in well established East and West localities, supported by East and West Clinical Locality leads, and Partnership Managers;
- Shortly to be complemented by 2 Primary Care access hubs which will provide 7 day access to primary care across Merton. (The Nelson site in the West, and Cricket Green Medical Centre in the East as an interim measure);
- Practice teams to be closely aligned to our community provider and Social Care, and to increasingly utilise the resources of the local community;
- It is hoped that the access hubs will provide the future focus for development of an MCP model of care, and provide more services closer to home for patients.

Primary care Access Improvements

- Merton GP practices already offer more than 1 million consultations per year. Despite this the need to further improve access to primary care has been requested by patients, and identified as a priority by our member practices;
- This will be resourced via GP Forward View funding, bringing £1 million of extra funding into Merton for the provision of this service over the next 2 years;
- The CCG has a plan to deliver improved access which is made up of 3 components:

    1. Extended access local incentive scheme
    2. 2 x access hubs offering evening and weekend appointments
    3. A practice quality improvement scheme

Development of the East Merton Model of Health & Wellbeing

- Longstanding health inequalities existing within Merton between the East and West, and other demographic differences, mean that the model of care needs to be tailored to the needs of the local population to bring about change;
- Health inequalities arise from a complex interaction of many factors;
- The development of the EMMoHWB aims to address some of these factors and is being jointly led by The London Borough of Merton and Merton CCG with the support and scrutiny of the Health and Wellbeing Board (HWBB);
- An innovative facility consisting of a community campus and a health facility is being co-designed with the local community;
- The design of the health service model is being agreed at a workshop on 8th March attended by commissioners and providers.

Access Improvements in Merton

1. Extended Access Local Incentive Scheme (LIS):

- To be delivered from 1st April 2017 by **all** Merton practices;
- To boost capacity both during core surgery hours from 8am to 6.30pm Monday to Friday and also during extended hours which is before 8am Monday to Friday, 6.30pm to 8pm Monday to Friday, and on Saturday mornings in some practices;
- In response to requests from patients we will be providing more dedicated children's appointment slots, and also including some educational component during these consultations about appropriate use of services for urgent care, and self care for parents on behalf of their children.

2. Hub Provision – 2 x Primary Care Access Hubs

- To be delivered from 1st April 2017 – one hub in the East of the borough and one in the West;
- To provide extended access Monday to Friday until 9pm and on Saturdays 8am - 8pm, with the East also open Sundays 8am - 8pm.
- The hubs will also provide access to nursing at the weekends for those who need wound care.

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3. Quality Improvement Scheme

- To be developed in 2017/18 with our member practices, focussing on the quality aspects of access;
- This work follows on from the outputs of visits made by the primary care team and clinical locality leads to all 24 Merton practices;
- The scheme will be launched in the summer and topics identified for focus so far include the needs of carers to access appointments; working with reception staff to assist the homeless in accessing care; telephony improvements and the primary care needs of frequent attendees to our local emergency departments.

Integration

- A key aim of the Primary Care Strategy is to improve integration between providers of care to enhance both efficiency and patient experience;
- We have worked closely with our community services provider, Central London Community Health (CLCH) to more clearly align the community teams to individual practices ensuring that all practices have named nursing teams and access to a named Health Visitor;
- At our locality meetings we have had presentations from the CLCH MERIT (Merton Enhanced Rapid Intervention Team) and visits to understand the MDT approach of the HARI (Holistic Assessment Rapid Investigation) Service;
- Other initiatives through our localities have included visits to Merton's Dementia Hub and work with community pharmacists, Public Health colleagues and Merton IAPT.

Social Prescribing Pilot

- A Social Prescribing Pilot is underway in 2 East Merton practices and will run for the current financial year whilst being formally evaluated;
- To date there had been 60 referrals from the Social Prescribing Navigator to local services, and 30 patients seen for appointments lasting between 30 and 60 minutes, as required.
- A database of local community resources is also being built as part of the project;
- There is also a Care Navigator as part of the HARI service directing patients and carers to relevant local voluntary sector organisations;
- This approach is expected to feature strongly within the east Merton Model of Health and Wellbeing to harness local resources on the community campus part of the site.

Development of the MDT and Workforce

- Development of the workforce is vital to both the transformation plans and sustainability of our practices going forward;

Education and Training - successful 16/17 HEE Strategic Investment Programme bids:

- Funding to improve skills of primary care staff in providing more holistic care to children awarded £22,500;
- Workflow optimisation awarded £79,500 (joint SWL bid with Kingston and Wandsworth CCGs);
- Simulation Mental Health Training awarded £30,000 (joint SWL bid with Kingston, Richmond and Wandsworth CCGs);
- Care Navigation and Receptionist Training £19,000, provider yet to be identified;

Cont'd/

- Protected Learning Time (PLT) for whole practice teams are planned quarterly 2017/2018 and jointly run with CEPN;
- Expansion of the CCG's clinical workforce with the appointment of some new additional clinical lead posts;
- Future Leaders Programme – the CCG will be investing in this programme for all new and existing clinical leads in the CCG;
- The Primary Care Team actively signposts all staff towards training opportunities;
- Trainers and Tutors - The CCG senior nurse leads on the educational development of Practice Nurses and Health Care Assistants in Primary Care;
- Many of our practices also host medical students; train GP registrars and some are also supporting the training of Physicians' Associates and Primary Care Pharmacists as part of their team.

Practice Variation Phase 1

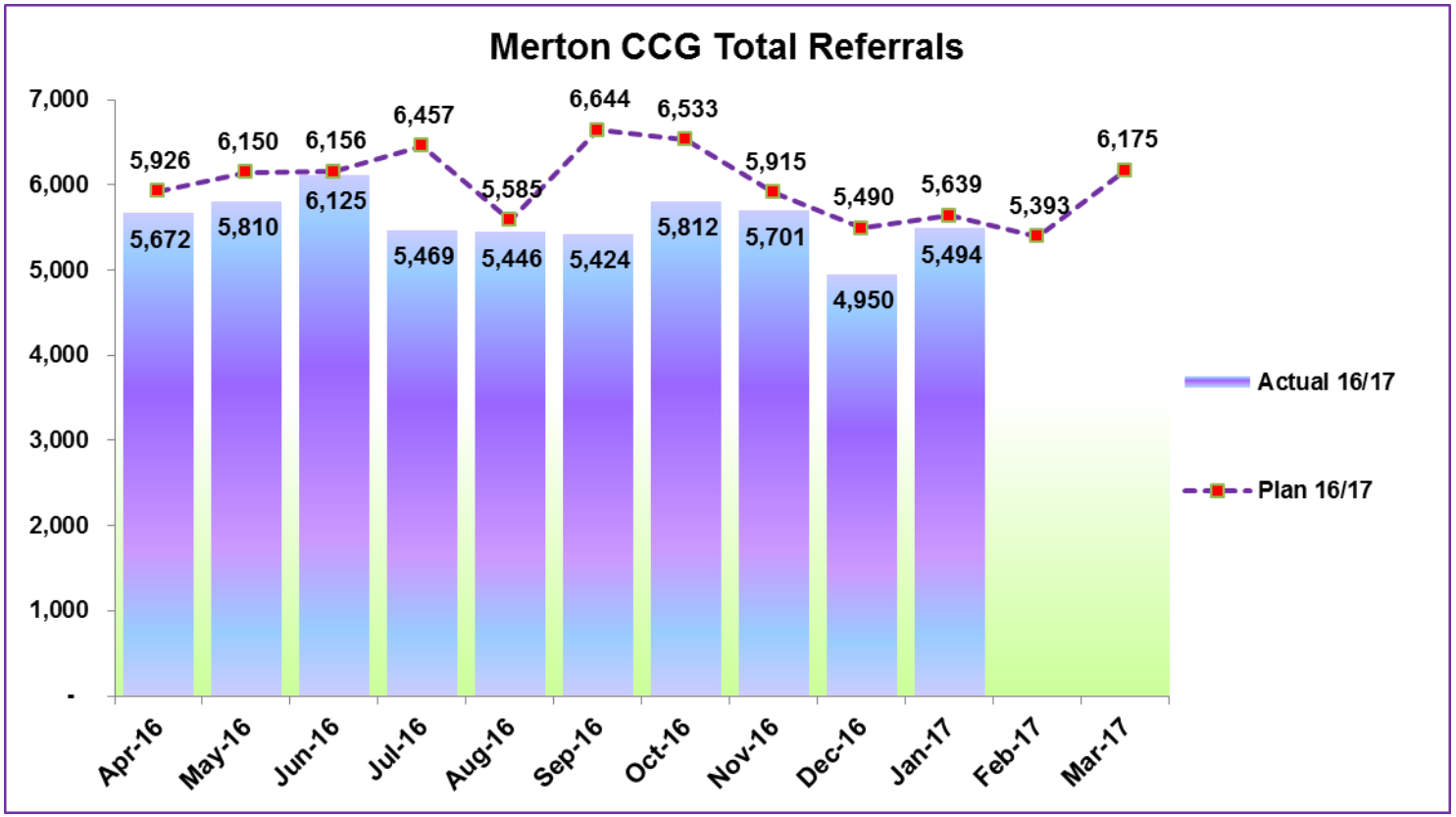
Background to Merton CCG Practice Variation Scheme

One of the aims of the Primary Care Strategy is to reduce variation in primary care provision and outcomes for patients. Since 2016 we have embarked on a successful workstream which involves visiting each of our 24 member practice and sharing data with them to encourage peer to peer discussion, and to identify educational needs and potential commissioning gaps to promote best clinical practice.

Practice Variation Scheme Phase 1 focussed on variation in first Outpatient referrals between practices and included a clinical audit which identified the need for the development of some community diagnostic pathways, the peer review of cases in practices, better knowledge and utilisation of community pathways that were already commissioned, and establishing a locum information pack in every practice to improve patient care.

As a result of this we have succeeded in achieving a significant reduction in utilisation of secondary care services indicative of sustained clinical behaviour change and we continue to encourage . This can be seen in the chart on the following page:

Latest Outpatient Referrals



Practice Variation Phase 2

Practice Variation Scheme Phase 2 completed in February this year. The scheme focussed on variation in utilisation of key pathology testing and improved outcomes for patients (HbA1c; Vitamin D; Thyroid and Cholesterol) using the same methodology of peer review; discussion and long term behaviour change to improve the quality and frequency of testing. By identifying best practice, the scheme aims to promote excellence and improve quality.

Additionally during the visit the primary care team have gathered information from all practice teams about the varied approach to handling same day demand for consultations. The outputs from this will feed into the work to be done in the summer on developing individual practice access plans and promoting best clinical practice.

There are further phases being planned for the remainder of the year.

Prevention

- The Primary Care team has worked closely with Public Health in giving feedback about the re-procurement of healthy lifestyles services through locality discussions. In addition, a member of our primary care team sat on the moderation panel for the new service;
- Senior CCG clinicians have worked with our Director of Public Health to ensure that changes proposed to commissioning intentions in relation to surgical readiness support prevention of adverse surgical outcomes and improve long term health in relation to smoking cessation and management of obesity;
- The needs of specific groups have been highlighted to our community service provider to ensure that services are culturally appropriate to improve outcomes
- All practices were encouraged to sign up for the National Diabetes Audit at our recent Diabetes PLT event.

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Update on enablers identified in the Primary Care Strategy

1. IT Projects
2. Estates Schemes
3. Contractual Review
4. Improving practice resilience by working at scale

right care
right place
right time
right outcome

1. IT Projects

The following will be available in 2017:

- Implementation of DXS, Kinesis, Referral facilitation-to assist with clinical pathways, referral specialist advice and administration of referrals;
- Optimise Rx – to assist with safe and cost effective prescribing;
- Health Help now App-already available being marketed further to assist with promotion of patient self care and appropriate use of services.

2. Estates Schemes

Merton CCG has secured significant national capital funding for upgrading primary care estates in Merton which will be critical to transformation especially in relation to the shift of some services from secondary to primary care as described in the SWL STP. Improvement Grant (IG) schemes for Central Medical were awarded this year for a loft extension with ground floor extension and other improvements; James O'Riordan won a bid to remove existing doors and replace with automated door closer equipment. A successful bid for improvements to Wide Way Surgery is also underway.

In addition the CCG supported Estates and Technology Transformation Fund (ETTF) bid applications for a wide range of schemes. We are still working through the revenue consequences of these schemes.

3. Contractual Review

- There is a nationally mandated review of GP PMS contracts which has been devolved locally due to take place in 2017;
- The CCG has set up a working group jointly with colleagues in NHS England's local team to take this forward;
- There will be engagement with GP providers and the LMC to review the contract KPIs to ensure that they are fit for purpose and will assist with the delivery of the CCGs objectives for improving patient care whilst maintaining stability in practices.

4. Work to improve resilience across Primary Care

Primary care in Merton is under significant strain especially in relation to rising demand form an increasingly aging population with more complex health needs and workforce shortages.

How are we mitigating this?

- By building on our model of locality working and support;
- Some practices are in the early stages of identifying a need to work at greater scale in the future and our GP federation Merton Health will be key to this going forward;
- The CCG has invested in primary care and continues to work collaboratively with Merton Health to develop resilience in primary care;
- By working closely with our local area colleagues from NHS England to provide rapid support if needed.

Work in Progress and Challenges

- Further development of practice and community MDTs is needed, especially closer integration with Social Care;
- IT systems in Primary Care remain relatively undeveloped and we need to develop rapid interoperability with appropriate data sharing agreements and a robust Information Governance framework. In addition new modes of consultation such as Skype and e-consulting are planned;
- From 1st April 2017 we will be part of a Local Delivery Unit (LDU) with Wandsworth CCG providing scale and resilience to the commissioning of services for patients in both boroughs, and help with our drive for Primary Care Transformation;
- Merton CCG needs to play its part in delivering the SWL STP - including the transformation of hospital outpatient services within St Georges Hospital;
- We need to ensure that the patient voice has greater prominence in commissioning decisions some of which are potentially contentious in a time of financial austerity;
- Close ongoing partnership working is needed with the local authority to deliver the redevelopment of the Wilson site;
- There is a plan to invite some of the local councillors to the locality meetings in April to improve understanding of respective roles;
- Prevention needs to be embedded in all pathways and an ethos of making every contact count to promote health and wellbeing
- Closer links with Merton voluntary services.

Thank you

Any questions?

Committee: Health and Wellbeing Board

Date: 28 March 2017

Wards: All

Subject: Wilson Development: progress report

Lead officer: Andrew Murray, Chair, MCCG / Dagmar Zeuner, Director of Public Health, LBM

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Anjan Ghosh, Public Health Consultant

Recommendations:

A. To note/welcome and help share the completed write up of the Community Conversations on the Wilson and the engagement done to date.

B. To consider the progress, including the strengthened governance and accountability mechanisms.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

2 BACKGROUND

2.1. This paper follows on from the report presented at the HWB Seminar on 24th January 2017.

3 DETAILS

3.1. **Terminology**

The terms 'Wilson campus', Wilson 'health and community campus' and 'Wilson health and wellbeing campus' are used interchangeably to describe the whole site. It encompasses two parts: a clinical (health) facility and a community (wellbeing) facility, offering together integrated health and wellbeing services.

3.2. **Progress since last report:**

A full write up of the Community Conversations engagement that took place summer and autumn 2016 has now been completed and will be systematically disseminated to different audiences.

This will link closely to the communications programme which will sit under the Community Facility Design work stream and will be a crucial part of the work moving forward- in terms of co-ownership, co-design and co-delivery.

3.2.1 The Wilson Programme Board has been convened and has met twice now, on 12th January and then on 28th February. The key discussion in the second meeting centred on strengthening the governance of the programme (for more details see below section 5). In addition this was the first time that we had OPE representatives around the table who clarified their expectations from the programme. Finally Nicola Theron from CHP updated the board about potential support from the emerging London Estate Board.

3.2.2 Initial discussions have taken place to plan and start the fund-raising for the community facility. Careful consideration will be given to the exact nature of the vehicle for social investment/community Investment Company to determine exact requirements and specification. Also to be considered and planned is the recruitment of experienced and skilled trustees to the company.

3.2.3 A senior officer level "Health Services Design Workshop" was organised by Merton CCG on 8th March 2017, , bringing together key providers (CLCH, SWL and St George's Mental Health NHS Trust, Epsom and St Helier) with commissioners and decision makers from the CCG as well as LBM, facilitated by Dr Doug Hing, the co-chair of the Wilson Programme Board and East Merton Health and Wellbeing CCG Clinical Director.

The main objectives for the workshop were to:

(i) agree the healthcare services to be provided on the site, particularly regarding children's and young people's services, intermediate and/or social care beds, planned and unplanned care services including mental health and primary care services;

(ii) discuss opportunities for service integration

The official notes from the workshop are not yet available

The workshop helped move the work forward by:

- Fostering a collective understanding of what clinical services could potentially be in the new site and what the overarching primary care model could be for Wilson Health and Wellbeing Campus (WHWC),
- Identifying the need to clarify details for diagnostics including blood tests and MRI etc.
- Gaining more clarity and agreement on the need for beds located in Merton with the aim to be able repatriate Merton residents placed outside the borough because of lack of local provision. There was also agreement and support for a fluid model of bed based LA and NHS care that allows up and down grading of support depending on

need with the aim to use the least dependent option. There was consensus that the way forward was not to have beds on the actual WHWC but explore option for business case to have approximately 100-120 beds on the Birches Close site as a satellite to the WHWC.

- Integration was discussed at length and there was collective agreement of the importance to align design with commissioning intentions and plans, to ensure that contracts facilitated integration, that the building design enabled cross-pollination of specialities and co-location of services and multi-disciplinary teams, that services were structured on care pathways (all elements including prevention and recovery) and were outcomes based, that the Wellbeing (community) facility was wrapped around these services, and that systems (including information and space management) should enable integration .

3.2.4 There was further clarity on the governance structure that is taking its final shape, now that Andrew McMylor (WW and M CCG director for primary care) is in post and is taking up his role as CCG SRO for the Wilson development. The Wilson programme board (WPB) has been condensed to consist of essential decision makers and strengthened by adding Peter Derrick as co-chair (CCG non exec director with finance expertise) to Dr Doug Hing. Under the WPB will sit a number of functional work-streams including work-streams for community facility (COF) design and service design and commissioning. All the work-streams will be co-ordinated and overseen by a Programme Director (PD) (Sue Howson) supported by a PMO office which will be suitably resourced (dedicated programme manager , communications officer, and admin support). The PD will report to the MCCG SRO. Both the MCCG and the LBM will follow their respective sign-off processes for key decisions.

3.3. **Next steps:**

3.3.1 Agree WPB membership, finalise the governance and Terms of Reference.

3.3.2 Organise a community walk for the WPB and community members in and around the Wilson catchment area of the WHWC on 30/03/2017 (instead of programme board).

3.3.3 Develop the key programme documents into a final set. These documents include a programme brief and detailed delivery plan with milestones that will help to steer the work and develop the narrative/ business case.

3.3.4 Convene the work-streams under the Wilson Programme Board and coordinate the work between them.

3.3.5 Develop a clear communications plan with consistent messaging to members of public.

3.3.6 Develop the fundraising plan and mechanism for the COF and recruit a professional fundraiser using OPE funding. The voluntary sector will be supported to create one or more models of social and/or commercial investment that develop and sustain community and voluntary sector activities and enterprise. The model is likely to be a hybrid of public sector ownership and charity/community interest companies that allows a range of approaches. This is envisaged as a two phased approach, first is securing capital funding through fund-raising including donations from individuals and philanthropic organisations. The second phase is to generate revenue through social investment models.

3.3.7 Develop the community mobilisation component concurrently, linked with continued HWB involvement. This will form part of the follow-on actions from the community conversations piece. A community reference group will be set-up once the work stream on community facility design is organised. This reference group is envisaged to be a wide stakeholder group that will mostly operate virtually but can convene in person at key decision points. This group will be critical to amplify the mobilisation of communities in East Merton, and create and sustain a movement. Members of the HWB will be closely aligned to this group or be a part of it.

3.3.8 OPE mapping and recommendations to inform the development of the WHWC on an on-going basis. It is anticipated that the OPE feasibility study will present opportunities for the Wilson re-development to optimise the utilisation of public sector assets to deliver a sustainable financial position but even more importantly, as a vehicle for integrating and transforming services.

4 ALTERNATIVE OPTIONS

4.1. Not applicable.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. Community conversations were undertaken in 2016 in August and September.

5.2. Workshops have been undertaken with commissioners, providers and clinicians.

5.3. In order to develop the model and the functions and services in the new campus, there will be reference groups aligned with the community facility design and the clinical design work streams. These will have stakeholders from community groups, voluntary and statutory sectors.

5.4. Further consultations will be undertaken as necessary for specific service areas.

6 TIMETABLE

The programme is progressing in line with following provisional timeline:

Task	Timeline
Develop the Programme Brief fully to include the benefits realisation piece	March-April 2017
Boost capacity for Project Support and Fund Raising from OPE funding	March-April 2017
Develop a communications plan and a marketing plan	April 2017
Develop the financial model for the Community Campus and start fund raising for capital costs	July 2017
Work up of community campus building plans and financial case	July 2017
Financial close (sign off on plans) and start on site	March 2018
Building work finished (TBC)	December 2019
Building operational (doors open to public) (TBC)	June 2020

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. The clinical facility will be funded through NHS Properties and CHP, with Merton CCG as the lead organisation.

7.2. The community facility will be funded through different approaches and channels. Please see section 3.3.6.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. To be determined.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. This programme is being created to address the specific needs and challenges in East Merton, taking into account the inequalities and access issues that exist in that part of Merton.

9.2. East Merton has a diverse, more deprived, younger and mobile population compared with West Merton. It has relatively poorer health and social care outcomes and more unwarranted variation.

9.3. The Campus design is meant to better integrate health and wellbeing components and contribute to the physical, mental, emotional and spiritual health of all Merton residents, and strengthen communities.

9.4. There will be specific emphasis to ensure that the design, approaches and services are sensitive and reactive to the needs of specific groups such as those from BAME communities, children and young people, older adults, people with mental ill-health &/or substance misuse issues, people with disabilities, people with special needs and people who feel otherwise disengaged from services.

9.5. The campus will be co-produced, co-owned and co-delivered with the East Merton community, and we hope to improve health outcomes and quality of life, decrease health and social inequalities, enhance the local economy, and create opportunities for training, volunteering, enterprise and employment.

10 CRIME AND DISORDER IMPLICATIONS

10.1. None.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. This will be included as part of the overall project plan and business case.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix A. Proposed draft governance structure

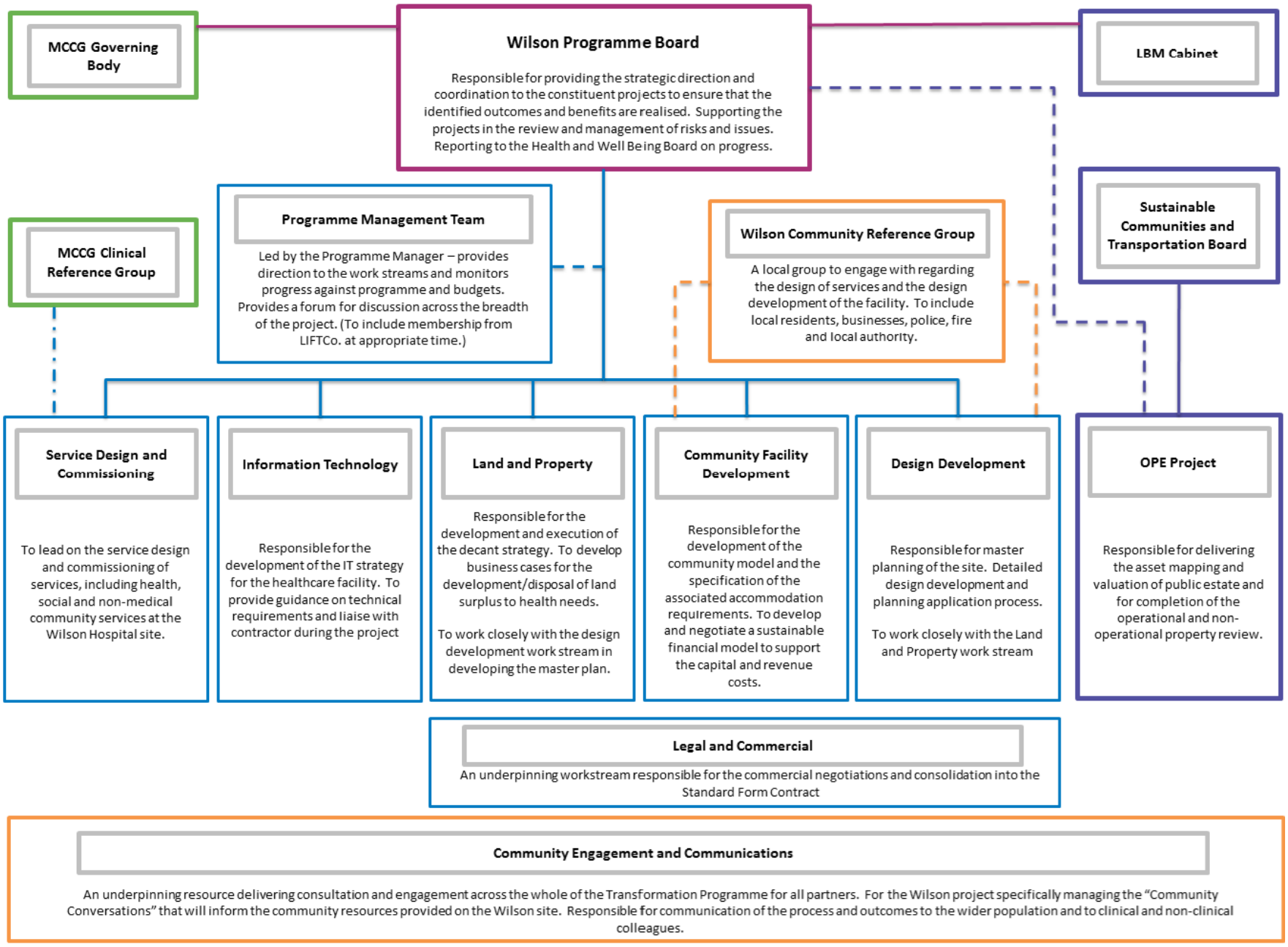
Appendix B: Community Conversations Report

Appendix C. List of uncommon abbreviations used in the report

13 BACKGROUND PAPERS

Last update report to the HWB Seminar on 24.01.17

Appendix 1: Proposed Governance for the Wilson Health and Wellbeing Campus



Community Conversations In East Merton

July – December 2016

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Foreword

Firstly a huge thank you to all of you who given your time to be part of the East Merton Community Conversations. I truly believe that it is only through listening to each other as people, that we might as professionals and communities connect in a different way – a way that puts the health and wellbeing of people living in Merton uppermost in our hearts, minds and actions.

I remember my second full day as a councillor, when we were given an introductory talk by the Chief Executive. After the initial warm congratulatory words he set out the stark reality. The message was: 'OK – right now to work – you do realise that if you live in East Merton your life expectancy is significantly reduced and you are likely to have more long term conditions that limit your life chances than if you lived in other parts of Merton? That's why we are here Tobin! Do you care enough to do something?' My answer was 'yes of course!' And my work on the Health and Wellbeing Board has provided me with an opportunity to put that commitment into action.

Our priority focus as a Health and Wellbeing Board is reducing levels of deprivation in East Merton and as part of this, the development of the Wilson as a health and community campus. We don't pretend to know what is best for you as people living in Mitcham and beyond – so beginning to have conversations with you about what its like to live here, your health needs and how the Wilson might be the very best health and community campus is our starting point. We would like to be led by you, the East Merton Community doing this with you from the word go. This is a very different approach, a new way of doing things and, to be honest entering new territory!

We have been very moved by the conversations we have had so far – but know you want to see action not just words. Our hope is that together, as we move forward, we can develop the Wilson Campus as a place of pride in East Merton – a place that brings us together as communities and supports us to live longer, healthier, happier lives. This is what you have told us you want.

We hope you enjoy reading this document, which gives an account of what people have said and points the way forward. This cannot be a one-off conversation. We would like to invite all those who participated to be part of a Reference Group that shares ideas and views as we go forward. We will be in contact with you about this. We also want to communicate with the people who we have not yet had conversations with.

I want to thank the Leadership Centre who have provided funding for this work and Mari Davis who has guided us. I also want to thank Dr Dagmar Zeuner, the Director of Public Health, and all of the other board members who have contributed to this process. Most of all, I want to thank you for your time, energy, ideas, comments, hopes and fears.

Looking forward to building our relationship and taking action together

Councillor Tobin Byers
Chair of Merton Health and Wellbeing Board

Introduction

Our purpose was quite straightforward

Reduce the inequality and deprivation in East Merton	Listen to, enable and empower the East Merton community to develop its capacity to take action	Shape and develop the Wilson site as a health and community campus with local people	Learn about and change the way we as professionals understand and hand over power to our communities

Having Community Conversations is far more than a consultation exercise! It is ultimately being about being led by the community.

Our purpose as a Health and Wellbeing Board (HWBB) is to deepen our understanding of life in Mitcham from the perspective of those living here. Longer term to empower people living here to feel they have the control they want to have of their lives – with a belief that better health and wellbeing are the key to improvements in others aspects of life. Over time, we (HWBB) want to build momentum to create change with the people of East Merton so that it is no longer regarded as a 'deprived area'– but as a place where those living here feel proud to be part of a vibrant community.

We have the humility to believe we can't do this on our own – we would love to do this with you as the people who live in East Merton - if you are prepared to do it with us.

What follows is the story of the East Merton Community Conversations told from both the perspective of those people we had conversations with and ours as a HWB.

The community conversations took place over a 4 - month period in late 2016. As a HWB we worked alongside people who were well connected in East Merton – we call them Community Connectors – and went out and had conversations with over 450 people – people who were willing to give us their time, from as many different backgrounds, age groups and interests as possible.

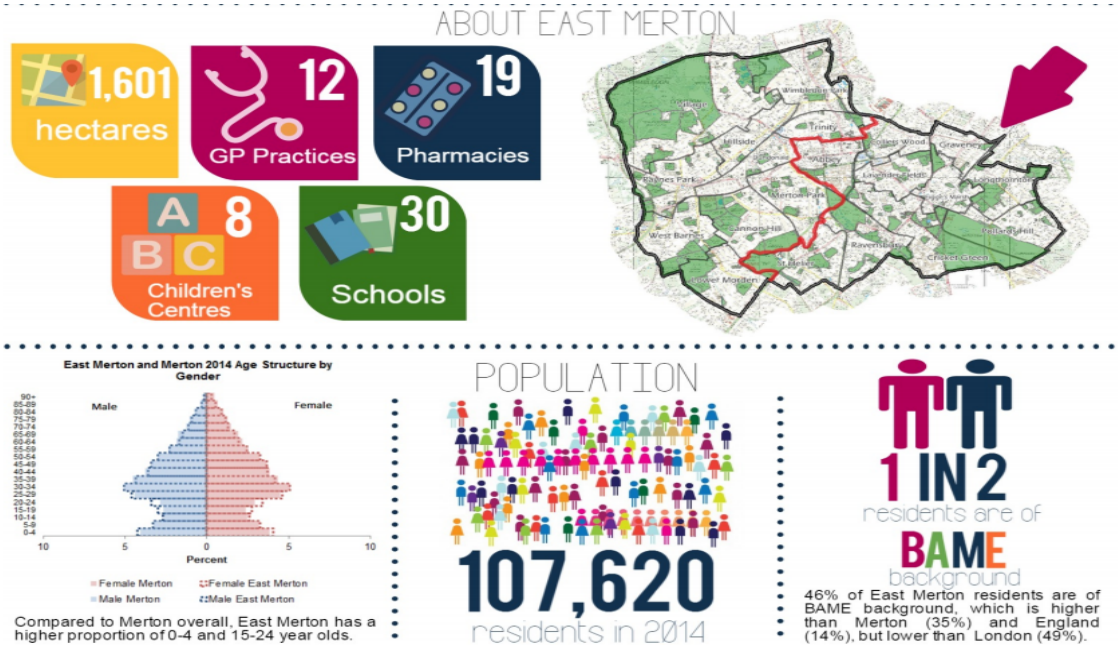
The proposed redevelopment of the Wilson site came at an ideal time for us. We listened to stories about what its like to live in East Merton, about people's health needs and importantly about how the Wilson might act as a catalyst to improve health and at the same time develop an even greater sense of community and belonging – indeed become a health and community wellbeing campus.

We recognize we have made a start in changing the way we understand and relate to people as decision makers in East Merton but accept we have a long way to go to.

We hope you enjoy reading this story and will feel you want to get involved going forward.

PURPOSE
Reduce the inequality and deprivation in East Merton

East Merton the place



A picture of East Merton

In real terms East Merton has a population similar to inner London. In a nutshell, when compared with the averages for England and Wales it has

- Higher deprivation levels
- Younger population
- Higher number of BAME residents
- More long term conditions
- Lower life expectancy

We know that Mitcham was once a thriving village where agriculture was active and there is an extremely proud history. It was once a thriving coaching stop, has many buildings of architectural significance and is home to both the first industrial railway and the oldest cricket club in the world. We know people have always celebrated a sense of community – even back to the Carnival that began in Elizabethan times.

The Wilson

The Wilson has a proud place in this history and has long been a central part of the community.

The Wilson was opened as a cottage hospital by Princess Mary, in 1928, with donations from the business developer Sir Isaac Wilson. It was seen at the time as a fine hospital with public and private wards. It was home to the Carnival with all proceeds from the event being used to support the communities' health. In 1939 the event was attended by 25,000 people wearing fancy dress, a May Queen, and ended with a torchlight procession.

Just imagine being there!

So what has changed about the place?

We know that:

- The area was heavily bombed during the war
- That the closure of the fabric industry led to heavy job losses
- That the Phipps Bridge estate was built in the 30s to compulsorily rehouse families, many of whom still live there
- That the number of people from the BAME community has risen significantly over the last two decades
- That transport and getting to and from Mitcham has long been an issue but has improved with the tram links.

1939: Wilson May Queen

2016: Kristina Burton doing yoga with the SHINE Saturday club

PURPOSE

Learn about and change the way we as professionals understand and hand over power to our communities

Our approach to the Community Conversations

Developing an East Merton Model of Health and Wellbeing

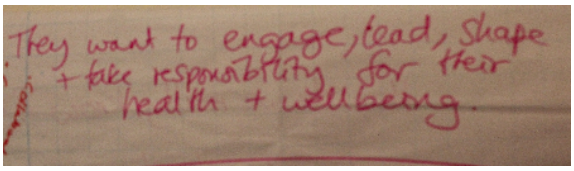
Between November 2015 and April 2016 the HWB and local partners worked with Consilium Partners. We wanted to develop an understanding of how care might be developed in East Merton over the next 5 years and agree the design principles that might underpin the way we worked together.

Our first thought was that 'health' was a better word to use than 'care'. It was important to us that people were at the centre of all we did and supporting people not to get ill – to stay healthy - in the first place was our priority.

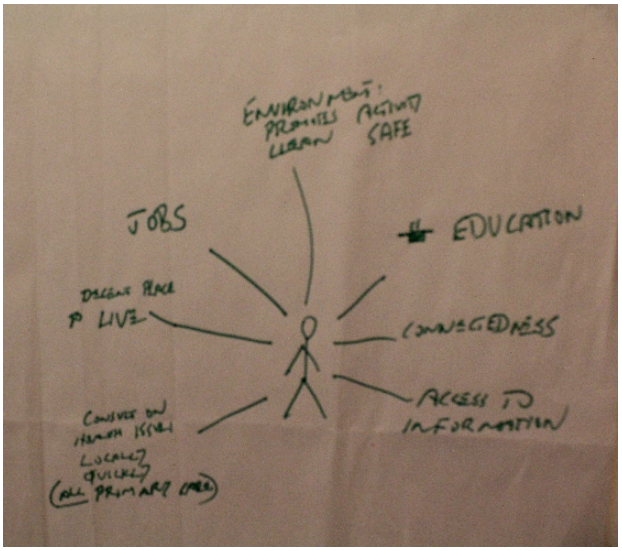
Merton Health and Wellbeing Board as system leaders

The HWBs on 24th November 2015 and 26th January 2016 agreed they would focus their energy and do all they could to support people in East Merton having the best possible 'chances ' in life. Why shouldn't its people be prosperous, have a good education, jobs, and live healthy lives?

As a Board we were able to hazard a view about what mattered to you as people living in East Merton and all the factors that contributed to your health, care and wellbeing. But we were acutely aware that we did not really know what your hopes, fears and aspirations were, so decided to embark upon a series of Community Conversations to begin to listen to you and find out.



Then came the news in January 2016 that we had approval to develop the Wilson site as a health and community campus. So the Community Conversations might have the dual purpose of also finding out how you as residents might envisage the Wilson in the future.



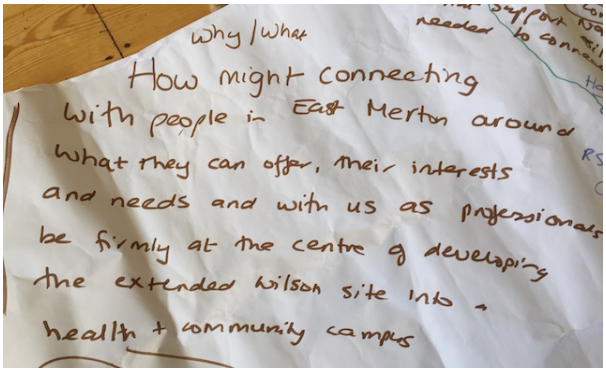
Bromley-By-Bow visit

In March 2016 we visited the Bromley-By-Bow Centre. This is an innovative community organisation in East London, working with children, families and adults to secure skills and work and also provide a GP facility. Their ethos chimed for us as visitors from Merton! But we had the sense that replicating their model would not work and we would need to translate it to the Mitcham context.

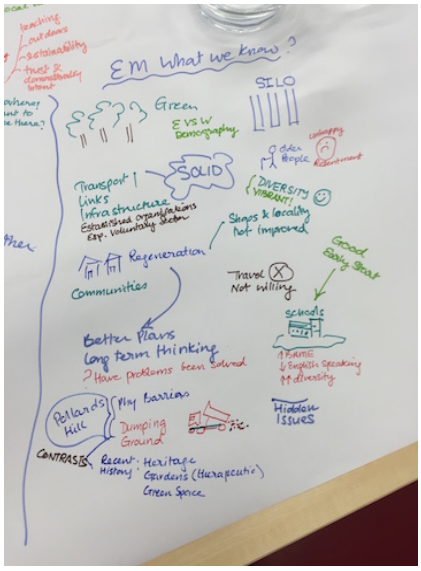
Planning the community conversations

A small design group of HWB members, professionals and 'Community Connectors' (people who knew a wide group of people in East Merton) - met for breakfast on 16th June 2016. It had started! We

- Agreed the shared purpose of the community conversations was to explore **this question..**



- Identified the shared values that made doing this together important for us
- Captured what we knew about East Merton – people and place



- Shared ideas about the people and communities we might have conversations with
- Agreed we would invite all HWB members and Community Connectors to a workshop to plan the Community Conversations

Workshop 1 – 12th July 2016

More than 30 of us met and:-

- Shared the Mitcham story since the 16th century and its impact today
- Discussed what we knew about the people and their challenges
- Identified the communities we knew and agreed where we might have conversations
- Paired up as HWB and community connectors and planned dates to meet and have conversations with the community

Conversations with the community

Between July and October 2016 we had more than 30 conversations with over 450 people. These were all recorded and photographs taken. See appendix 1 for a full list of the conversations we had and also those we are yet to have.

Workshop 2 – 17th October 2016

We came back together having heard many stories and invited some of those people whose stories we had heard to join us. We

- Identified the people we had had conversations with – and those we hadn't yet met
- Shared the stories we had heard and the interests and offers made by people and groups over the last 3 months
- Used what we had heard in the conversations to design a vision for the Wilson development – the building and its uses
- Considered what we needed to do next to take action

What do we mean by conversations?

Consultations are the way we have always done it. One of the first things many of you told us is that you were fed up of being consulted and nothing happening. If this was another consultation exercise then you were not interested. We agree totally!

Consultation has its place but the power remains with US as decision makers. We ask you what you think but you have no control over whether we listen and make decisions on this basis.

We wanted the Community Conversations to be different.

Our hope is to build a different relationship between us - with you as people living in East Merton, with us as people providing services. Relationships that are built on trust, relationships; where we share interests as human beings.

The Wilson is an ideal vehicle to begin to do this. What if we turned our relationship on its head – so that you as the community shaped the use of the Wilson rather than us as professionals telling you how it might be used?

So we arrived without questionnaires and in listening mode – not trying to reach solutions but really wanting to get to know and understand each other better.

Dagmar Zeuner and Anthony Hopkins having a conversation with the Pollard's Hill Library Group

PURPOSE
Listen to, enable and empower the East Merton community to develop its capacity to take action

East Merton voices

This section captures some of the voices heard in the Community Conversations. Many of the voices talked directly about the Wilson as a health facility and its uses as a community campus. These ideas are captured in the next section under thematic headings.

Voices of Children and Young People

SHINe ing stars

…..having a conversation with Kristina Burton

SHINE is a Saturday study support group for 9 – 10 year olds. The 'triangle' of family, children and school means we can take a holistic approach.

Kristina Burton holding a discussion group conversation with SHINE Saturday club

Children really like to be asked what they think and feel their voices have been heard and acted on – our role is to support them to make it happen. At SHINE we are trying to encourage them to be agents of change not just a voice. If you ask children what they enjoy, time and again they say arts, drama then sports. Parents say the same but also want exam support.
Softer outcomes are often missed at school but can be so helpful in supporting mental health and wellbeing. Social contact and making new friends bring more confidence and develop into a major life skill. Anything that supports a child's mental health has to be encouraged – so mindfulness, play therapy for example are valuable. Learning outside the classroom is very powerful for children and stimulates learning. The WOW factor of the Wilson could be that it is outside the classroom.

St Marks Academy

…..having a conversation with Yvette Stanley and Keith Shipman

6th form geography students at St Mark's academy have been surveying Mitcham town centre and would like to share their findings as they impact on the Wilson. We would like to hear about it guys!

The sense, listening to the students, is about the uniqueness of Mitcham amid the bustle of the wider city. People know each other and look out for their neighbours. Highlights include the Fair each year when everyone comes out. If

your bike gets stolen someone knows where to go and get it back. That's cool!

Mitcham lacks a communal place to eat and meet that welcomes young people. This emphasises the importance of spaces and belonging in creating a sense of community at the Wilson.

Yvette Stanley and Keith Shipman with St Mark's Academy

Merton Youth Parliament

….having a conversation with Katy Neep and Chelsea Renehan

What's striking when you listen to the Youth Parliament is how many ideas they have about the Wilson site and ways it might be used. Really novel ideas that we could never have come up with alone! Also ways we might use young people as volunteers. These are all captured later in this document. Thank you Youth Parliament.

Unique Black Talent

….having a conversation with Beau Fadahunzi

Unique Black Talent supports young black men aged between 14 and 30, especially those at risk of getting involved in gangs and anti social behaviour. The young men speaking with Beau said they felt excluded, misunderstood and judged – some of this they put down to racism. No one cared about them or listened. They thought what they said wouldn't make a difference but they are willing to help nevertheless. Working with services that support young black men really might be part of the solution.

Pollards Hill Youth Centre

….having a conversation with Katy Neep and Chelsea Renehan

The young people at Pollards Hill love living in Mitcham and are proud of the Pollards Hills Community which in their view is strong. They have a real sense of place and community and like the fact they know everyone and that people look out for each other. There are fun things to do like the park and the youth centre. They are aware however that other people think it is a bad place to live and they feel adults judge their accent and their community. They want the Wilson to be representative of the community and to work with them to add to the great things that they already see like the schools, the green space, the people, the youth centre. Like the Youth Parliament they had great ideas about how the Wilson might work which are shared later in this document.

A gathering of the BAME community

…. having a conversation with Andrew Murray & Hannah Neale

This community conversation possibly marked a breakthrough in the relationship between the BAME communities – 8 organisations and 30 people – and the Health sector in Merton. "Possibly' because without follow up action it will have been yet another consultation meeting – but its not going to be that!

The groups spoke about their experience of health care in Merton, expressed frustrations and particularly poignant was that they felt passed from pillar to post, not treated as humans, rather like cattle. Much of the conversation focused around reduced funding and the impact of this. There seemed to be limited provision for and understanding of BAME groups, especially older people; and groups who don't know how to access health services or understand their own needs e.g. Tamils. Ultimately the question was posed about how the BAME communities can help the Health sector to do things differently and vice versa. So hopefully by no means the end of the conversation ……

The Tamil Community – Jagath Jenani Sampath

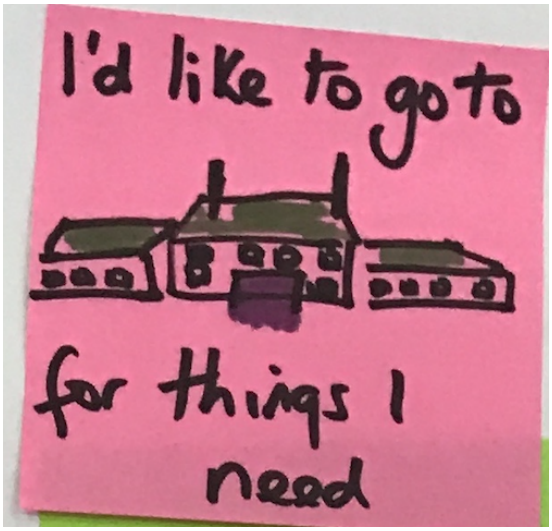
….having a conversation with Khadiru Madhi and Karen Parsons

East Merton has a very large Tamil community, many living in over-crowded housing and on low incomes. The South London Tamil Welfare Group offers a lifeline and is in tune with its community, offering welcome advice and practical support. Above all the Wilson offers the opportunity to have all health and wellbeing services in one place. Diabetes is the number one health issue and so awareness and advice is vital. The older generation is often isolated – language being part of this. Health advocates used to offer translation but this is no longer available. Exercise classes with other older people could go some way to bringing different communities together. The younger generation are more open to using services although taking time off work is an issue – weekend opening would be welcome!

Karen Parsons with Jagath Jenani Sampath

The Polish community - Slawek Szezepanski

….having a conversation with Khadiru Madhi and Adam Doyle

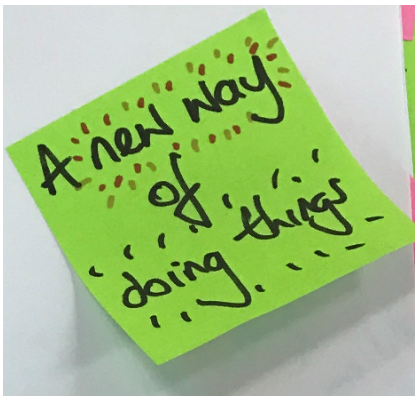


The Polish community expressed a mix of emotions - frustration and anxiety. As a group they feel they are self-motivated but feel discriminated against 'although they are white' and wonder if they are doing something wrong post Brexit! Would like to understand the system better and use the Wilson for advice, information and guidance and for services to be joined up.

Service users and providers

…. having a conversation with Anjan Ghosh and Aalaa Jawad

There can be a stigma attached to being labeled as having a 'mental health problem'. The Wilson offers an ideal opportunity to 'blend in' and at the same time have the privacy of support from the right health professionals. Staff at the Wilson are already applauded for being very friendly and promoting social acceptance, so long may this continue. A relaxed drop-in centre would be really helpful – for a chat and advice without the pressure to make an appointment. This session generated so many ideas about the way the Wilson might work and what might be available but perhaps the most powerful message is that it 'its about not just saying its for the community but being for the community'.



Voices of disabled people

People from CIL

…having a conversation with Anjan Ghosh and Aalaa Jawad

It jumps out from hearing the voices of people from CIL that as disabled people they want to be in right from the start – which means involvement in building design, ensuring the Wilson is fully accessible, maybe working on the Wilson campus. They want to be part of the fabric not segregated or treated as 'special', so seen as active participants not service users please. The sense of belonging disabled people want to feel is palpable and with this a sense of being seen as contributing, being heard and taking action.

Many of their ideas for the building and its uses are included throughout this document. In the conversations the CIL community pointed out that local historian Reginald, also known as Slim Flegg, reports that just 6 out the 15,000 photos that make up the photographic archive for Merton include pictures which represent disability, of which two were of toilets. So the challenge for the Wilson is to revise history!

Members of the CIL community

Voices of Local Residents

Residents of East Merton, Pollards Hill Library Group

….having a conversation with Dagmar Zeuner and Anthony Hopkins

Pollards Hill library is more than a place to find books. if you are lucky it is also a gathering place and integral part of the community. The group we met in October lived in different parts of East Merton and were all long-standing residents. They have seen lots of changes and liked the diversity of the area. On the day of the conversation, the local mosque was organising a coffee morning. They do not feel disadvantaged and one resident was especially keen that they were not referred to as 'deprived'. The group specifically mentioned the importance of the church as a community focus. There was mention of youth behaviour on the estate with noisy scooters being ridden, which was dangerous and intimidating especially for smaller children. Also stressed that we need to learn from things that exist in the community already and make sure the Wilson complements rather than duplicates.

Residents of Cramner Farm Close

….having a conversation with Simon Williams, Dr Doug Hing and John Horwood

There is a real sense of the Mitcham story if you have a conversation with the residents of Cramner Farm Close. One person remembers coming to the Wilson in an ambulance at the age of 11, another the thrill of going to the cinema. A sense of community holds people together - it's reassuring to hear that if you are ill, a neighbour will pop in. Living practically next door to the Wilson means the walk-in GP surgery is very valued so any suggestion of losing this is a worry but there is also a lot of interest in wider health activities and not far to walk to get to them. A pharmacy would be most welcome on the new development. Parking outside is a problem now especially with school pick ups so this and transport are considerations for the future.

Residents of Dolliffe Close Sheltered Housing Scheme

….having a conversation with Simon Williams, Doug Hing and John Horwood

It was a pleasure to meet Rosa, Fudge, Bill, Alan, Elaine, Arthur and Marion. They would love to have activities that bring people together around shared interests and help them to meet new people, at the scheme as well as at the Wilson. There were plenty of suggested activities that could take place at the Wilson such as darts, pool and bingo – but transport to the place would be vital, especially as many of the residents have physical difficulties. A café would be most welcome too especially for a cup of tea after a blood test – many other suggestions are included later in the document.

Doug Hing and Simon Williams with Doliffe Close Residents

Wideway Surgery Patient Participation Group (PPG)

….having a conversation with Dr Anjan Ghosh and Dr Sopika Jayakumar

PPG members know Mitcham and its

people well. Their sense is that there has been a dramatic change – moving from a thriving interdependent community to one where households are isolated. The Wilson's role is to bring people together from diverse backgrounds – younger and older and create a sense of belonging. The idea of flexibility between 'the community centre and the health centre' is uppermost.

Local residents at the Sun Festival

…having conversations with Naomi Martin and Tanna Pharmacy

Children were excited to come into our festival health hub not least because they got to have a ride on the smoothie bike. Of course parents followed and so we were able to talk to them and understand any health concerns they might have. Having the Tanna Pharmacy on hand was a great help as we were able to test weight, blood pressure and answer questions. We also had various sports activities to attract children and young people and managed to talk to a group of parents mostly from Pollards Hill, Longthornton and Figge's Marsh who had planned to 'watch' the football and get them to do some exercises themselves.

Community Leaders at Phipps Bridge

…..having conversations with Beau Fadahunzi

12 local leaders were trained by MVSC last year, aged 23 to 71 – to be local community leaders. What an asset these people are – they are very well connected and can talk to anyone. They are working hard to build relationships in the community, communicate with people, litter pick, painting anything looking as if it needs a lick of paint – build a stronger community. They were delighted to share thoughts on the Wilson and East Merton Model of Health and these are included in the report. Good luck in the Merton in Bloom competition!

Voices of Carers and people they support

Carers Support Merton

…having a conversation with Dr Karen Worthington

As soon as you meet this team it's clear they are committed to supporting carers in Merton and improving links with primary care teams. It also strikes you that uncertainty over funding places huge pressures on smaller organisations such as theirs, especially with a caseload of up to 60 people. Their services are tailored to the 4 stages of caring and they also provide level 1 and 2 carers' assessments. Raising awareness of these skills with general practice and providing information and training might close the knowledge gap. Carers often find accessing appointments for themselves difficult and their needs are not always understood. A suggestion was to put in place a system for all carers to be offered the opportunity to register with Carers Support. A take-away action to raise the profile of carers with general practice!

Staff, volunteers and users of the Alzheimer's Society, Dementia Hub

…..having a conversation with Gilli Lewis-Lavender and Mariette Akkermans

Respite is at the top of the list for carers, and understandably so. We heard how carers of people with dementia mostly do so 24 hours a day, 7 days a week, without a break. This brings incredible pressures, multiple demands and very little time for yourself. Places like the Dementia Hub, part of the Alzheimer's Society provide welcome support and friendship. Often the need is for a safe place for people with dementia with qualified staff, transport and meals provided, easy and affordable access to rehabilitative services, as well as a 'sleep in' service to give carers a good night's sleep. Transport matters enormously - physical and behavioural problems make walking, and

public transport impossible.

The conversations pointed to the need for further dialogue and action across Merton to support people with dementia and their carers.

Gilli Lewis-Lavender with staff and people using the Dementia Hub

Voices of Older People

People at the New Horizon Centre

…having conversations with Naomi Martin

Older people spending time at the New Horizon Centre run by the Commonside Community Development Trust, were very happy to discuss their health needs and share ideas. General issues included anxiety about picking up prescriptions and getting appointments with the GP. Staying safe at home and avoiding scams were also on their radar. Some had anxieties around money and money management, others around ways to avoid being lonely and becoming over-dependent. Some of the older Asian women were concerned about not having good English and being unable to access classes to learn. Older people were very keen to access advice on benefits and other related issues. So all in all, plenty of food for thought. Many thanks for bringing the community together for these conversations.

Age UK Merton

…having conversations with Clare Gummett

There is so much going on at the Age UK centre – lunch clubs, exercise classes, stitches activity. When you talk to the people there they are very happy to tell you their stories about living in Mitcham. For some there is a sense that the place has gone downhill with little to do in the evenings and shops not as good as they were; others that it has become very multicultural and can feel uncomfortable; others say they are very happy and its clean and quiet. One thing is clear though – the Centre is a welcome place and a ready-made community. Many of the stories heard are to be found in the next section.

PURPOSE
Shape and develop the Wilson site as a health and community campus with local people

Community Conversations – emerging Themes

The Community Conversations were wide ranging and started from many different angles. This section pulls together the main themes emerging and covers:-

- What its like to live in Mitcham
- Health matters at the Wilson
- How the Wilson might FEEL
- What the Wilson might LOOK like
- What we might DO at the Wilson
- Offers of help at the Wilson

We have looked at each of these themes separately but ultimately all are connected.

The overarching sense is that the Wilson might be a Community Village conveying the message to all that health and wellbeing are integral to all aspects of life in East Merton.

Theme 1: What it is like to live in Mitcham

Some of our conversations started by asking people what it felt like to live in East Merton. The stories speak for themselves and have been left intact as quotes from people.

We moved from Tooting to Mitcham in the early 80's. The houses here were cheaper and we could get a house with a garden. I love the houses here in Mitcham, my neighbours, the Common and the pond.
I do think Mitcham is neglected compared with other areas of the borough. Transport is difficult. The roads around Commonside West are now too narrow and ambulances cannot get through.
For us to get to Wimbledon we need to get to the tram, that means walking across the Common. There is a seedy side to the Common, people who are homeless camp there, drug dealing takes place.
The town centre is still a tip although I like what has been done so far. But the majority of the shops are still barbers, charity shops.
Sadly, the pubs around Cricket Green are being closed and it is tearing the heart out of the place.
Development in Mitcham to date has largely been about developers constructing hideous buildings, in the heart of what is in essence a beautiful area. That is the key difference between what happens to us here in Mitcham and what happens in Wimbledon – many of the buildings here would not have been built in Wimbledon.

We really like living in Mitcham. It's homely and feels safe. At its best with the Fair – when everyone's out and all the communities are mixing. I like the Peri Peri shop in Mitcham town centre and the green areas best.

There are no warm and dry public places since MacDonald's closed for us young people. The café in the middle is not welcoming to us young people. Be great to have communal and cheap food in the middle of town.

I met this old lady at the bus stop and she said Mitcham used to have a cinema so everyone had a reason to go into the town centre. You need a reason to go into Mitcham.

Phipps Bridge is good, even if people think its bad. We all know our neighbours. If say you have your bike stolen as you haven't locked it up someone will go and get it for you. In other areas people don't know each other so that wouldn't happen.

We are a bit worried about the Wilson and around it becoming gentrified and then we would lose the soul of Mitcham.

We've lived in Mitcham for 39 years. We feel that the area has gone down, but then so has the whole of Britain: a 'no care' attitude, no discipline, no pride.

Since Brexit, some local people have been less friendly. I get complaints about hate crime for example in the Pollards Hill and Lavender Hill areas.

I cherish the green space in East Merton even if I cannot walk much in it. It makes me feel good and it is part of local identity of the place. I never hear English spoken any more so I feel like a minority. This isn't a problem but can make me feel uncomfortable.

There are more people, more traffic, not enough parking, more alcoholics out on the street, and also more police to move them on. It does not feel as safe to me as it once was.

If someone is ill here at Cramner Close a neighbour will notice. There is a sense of community here. There used to be a cinema here and there is not so much to do any more. Cramer Close.

It is a very nice area for a number of reasons: nice little market, some lovely houses and a nice 'middle' and Green. It is also affordable and I feel safe here. It is a bit boring too, the shops are not interesting but there is lots of potential for improvement. The traffic is awful but that's the case everywhere in London.

Conclusion

This is a real opportunity to think about Mitcham collectively for the first time with the people of Mitcham – hearing perspectives over time, deepening our shared understanding of deprivation and poverty. If we all understood our different identities and the sense of being 'outside', 'excluded', 'in the minority' we might be able to celebrate communities coming together and having conversations with each other as well as the communities themselves. In the sense that the Wilson is part of the fabric of Mitcham so it can be one part of future that is emerging.

Theme 2: Health matters at the Wilson

This section considers the health aspects of the Wilson and wider health, wellbeing and social needs identified by the people we had conversations with.

What is going well …. specifically at the Wilson

- The Mental Health Service staff were applauded for being very friendly, co-operative, and promoting of social acceptance by mental health service users
- Primary care services (including GP services) at the Wilson are seen as invaluable
- The Walk-in service is used and thought of as an asset to the community

Some of the frustrations … generally in East Merton

- Access to GPs: Many people have difficulty accessing their GP for appointments with systems seemingly designed to restrict or make access difficult. This is exacerbated if people have language and culture differences. People talked about waiting 2 to 4 weeks to get an appointment
- GP opening times: Taking time off work is difficult so GPs opening at weekends and evenings would be very helpful
- Staff not always caring: Some people's experience of health services found that health professionals do not seem caring enough
- Perceived lack: of in-borough health facilities in East Merton
- Mental health care: doesn't seem to focus on early intervention and access to psychological services could be improved
- Carers: seem to have difficulties accessing help for themselves
- Hospital beds: are being used for respite where ideally these would be available at the Wilson

Funding matters

There is a recognition that the Health Service is struggling financially! This uncertainty creates pressure in the community, especially on smaller organisations, who often know the community needs better but live with the constant threat of losing funding.

Conversations with BAME communities and with young people indicated some specific health concerns and needs. This suggests a real opportunity to develop a different relationship with these groups – one that empowers them to become involved in shaping health and wellbeing for the future in East Merton.

BAME community specific health concerns and suggestions

Tamil community and diabetes

The Tamil community said diabetes is a major health concern for them and they need awareness and support to manage this. This includes better diets and increased appreciation of the impact of junk foods linked with tackling obesity in the younger generation.

Young black men

More perhaps than any other group, young black men speaking as part of Unique Black Talent describe a negative experience of health services. They feel ill at ease going to a GP, think the booking system is a blockage, find receptionists hostile and feel uncomfortable in the waiting room
Many go straight to A&E or a walk-in centre

only when their symptoms get unbearable. Sounds like a big opportunity to build a different relationship.

Polish community and health systems

The Polish community said that very different services are provided by GPs in Poland and therefore people do not have realistic expectations or know how to make best use of what is available in this country. This means a 'walk-in centre' is an unfamiliar concept and people go straight to A&E.

Adam Doyle and Slawek Szezepanski

Also people come away disappointed from a GP appointment, as their expectations are often not met. The suggested way forward by the community was information and guidance to understand health and related systems.

Suggestions for action from BAME

- Recruit people to work on the site, especially the GPs, who are representative of the communities that they are serving. This would mean getting one doctor from the ethnicity of the major ethnic groups in East Merton
- Medical trainees on site so they can learn from what the Wilson is doing well and spread the good ideas
- Doctors being aware of their community make up and the health issues impacting on specific communities
- Aim for different health offers forming a core principle of the Wilson with relaxed lengthy consultations as well as quicker business-like interactions

Young people's specific health suggestions for action

- Sterile and clinical environments can be scary and so work needs to be put into adding colour and soft furnishings
- Mental Health is a key issue and young people would like more help with support around stress management and resilience and to be able to sign up to courses that have a peer support element
- Confidentiality is key. They want to know that they are told first and that they have the opportunity to manage their own health, make their own appointments and choose who they share information with. They want to be spoken to directly, not in the third person through parents and carers
- Rooms where young people can access games, browse the internet and feel safe and comfortable while they wait for their health appointments
- They want to build relationships with the doctors, nurses and receptionists and to be able to have a normal conversation as well as discuss their health issues – this builds up trust and engagement. Perhaps there could be activities on site such as sport challenges that bring everyone together
- A link with social workers who work out of the health centre so there is more discussion with families and young people in a safe space on the site
- Facilities to rate the service and their experience like a trip advisor site with ipads available to use in order to do this

- The reception needs to be anonymous so that you remove the stigma as to why you would be visiting the health centre and enable young people to have confidential support.
- Volunteers under 20 years to help to build relationships and communicate with the young people who come in to help engage them with the different facilities and options open to them
- Staff to wear accessible and friendly clothes – not ties and suits and things that create a barrier but outfits that expressed a bit about who they are

YOUR Vision for YOUR Health at the Wilson

The desire for a state of the art health facility at the Wilson is unanimous – and this being fully integrated with the community campus is a MUST.

We heard questions like:-

- What if the Wilson was seen as a multi focused space, catering for young and old and with culturally aware health workers?
- What if we were all treated equally but not the same, coming in the same front door and speaking to the same person?

Some of the key health features you would like to see include:-

- A wide range of health facilities in one place to include GPs with blood and other testing facilities, dentists, mental health services, opticians, pharmacy, physiotherapy, blood donation and specialist clinics such as GUM, diabetes, falls prevention, dementia
- A multi-focused space so no stigma with using the health services
- Flexibility between the health centre and community centre so there is no stigma with using the health facilities
- Relaxed and flexible with a move away from appointments, consultations and referrals

Vision for the Wilson – workshop on 17th October 2016

- A single point of access to all services with knowledgeable staff
- Open for groups that might find it difficult to gain access to health services such as the homeless
- A drop-in centre with flexibility where people do not feel pressured by appointments
- All services and clinics to include a link to key community support and groups such as Carer Support, Alzheimer's Society
- Flexible with a unified 'feel' between the community centre and the health centre
- Relational where voluntary groups, local people and health services all talk to each other regularly

Conclusion

The health offer could be very different but it is difficult to imagine what this might be because we see it in terms of what we already know rather than what might be possible. This is a golden opportunity if we dare take it!

Building relationships between groups representing the BAME communities and young people might deepen our understanding about their different health needs and give the opportunity to work together to change health outcomes.

Theme 3: How the Wilson might FEEL

"We want a sense of belonging. Not just saying it's for the community, but BEING for the community" MH service users

"A place where we are recognised as being able to give value and are valued for what we give" MCIL

Our sense from the conversations is that the Wilson could be far more than just bricks and mortar. Everyone we met was very keen to get involved in the development of the site and welcomed a community-led approach to the design and running of the community campus. People traditionally in receipt of services saw themselves as active participants with talents and skills not just service users.

Young people at Pollards Hill had an idea that there should be a wall or area where all the community could come and sign their names – they felt this would show it was owned by the community and would be proud to show it to their children in the future when they used the centre as parents themselves. Also that the campus might have a motto or a saying that was created by the community and owned by everyone – they use these successfully at the youth centre and liked the idea that everyone would know what it meant to use the campus.

People said they wanted the Wilson to **feel**

- As if it embodied the spirit and the ideas of the people living in East Merton and avoided gentrification
- A fun, vibrant and exciting place that creates a sense of belonging
- A calm, relaxed environment where people feel listened to
- Intergenerational and a sense of family where all ages feel welcome and work together
- Inclusive and culturally sensitive

Theme 4: What the Wilson might LOOK like

There are all sorts of ideas about the 'LOOK' of the campus.

Capturing history

Mitcham has a rich history being home to the first cricket club in England and also having the first industrial railway. The Wilson itself dates back to 1928 and has always been a place where health is important. So building the history and memories into the fabric of the building will give a sense of continuity going forward.

Spaces

If the layout is designed with 'spaces' rather than fixed structures in mind more groups and individuals will be able to make use of the Wilson campus. It can be a 'focal point for social activity and also a place to be quiet'. These spaces might be available for voluntary organisations to rent, so allowing Vestry Hall to expand for other uses or be open to rent by local entrepreneurs or private individuals.

People said they want these spaces to be safe and comfortable to meet in. Some spaces might be specialised, sensory rooms to support people with specific needs; spaces for carers to have some respite; spaces for young people to meet and discuss health issues; space for a chalk wall for people to draw.

What about a large enough space that 150 people could gather – almost a village hall for community use.

An amazing visual representation of how the Wilson Campus might look developed during the community conversation with CIL

Colourful not clinical

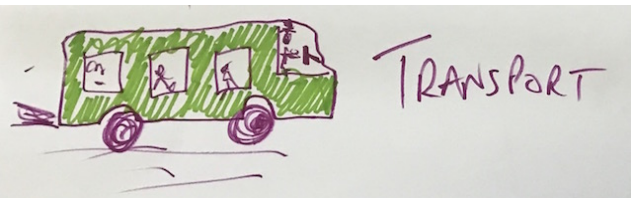
Simplicity will be all – a colourful site with local artwork, maybe with members creating a design piece to mark the start of a new era. There were any number of good ideas such as local art used and displayed; tiles like Bromley-By-Bow; photography projects; visual and audio story sharing of the Wilson in the PAST. That said, teenagers prefer not to sit in a room with Winnie the Pooh wallpaper!

Green leaves

Outdoors is as important as indoors so the message is to create vibrant and growing greens spaces. Many ideas were suggested such as community growing and a herb garden; an accessible allotment with raised beds; good seating so people can relax; a sensory garden with the sound of water and smell of herbs, especially lavender given the large number of lavender fields Mitcham used to be home to.
The outdoor space to include a children's playground and fitness area. This will be an important part of encouraging families to use the Wilson and especially important as many families live in flats with no open space.

Parking

It is assumed there will be some car parking so outdoor safety also matters with pedestrian safety and good lighting on the list too. Clear signage is vital and advice available on this. Parking outside the Wilson is already seen to be a problem as parents dropping children off block the pavements which is an issue especially for people with mobility problems.



Inclusive of disability

'Dementia could be a theme, or a strand running through every adult service, or building' The last thing people older people or people with a disability want is to be segregated by the design of the Wilson. Widened pathways, adapted switches, adjusted taps, adequate signage and disabled parking will be a great start. Goes without saying that the building will comply with dementia and disability friendly standards.

All routes lead to the Wilson

If getting to the Wilson is a pleasant and easy experience surely more people will come. The perception is that the Wilson is harder to get to than Vestry Hall, yet it is not too far away. There were significant concerns around the practicalities of getting to the site including being difficult to commute, making it likely that young families will not engage. Some went as far as to say that the traffic flow needs to be redesigned as the Wilson is not accessible and the purpose will not be achieved unless access is a priority. Others highlighted the need to contact TfL for adjusted bus route and increased ease of service; others suggested guided walkways across the Common and safe cycle routes.
There are some welcome bus routes already– but improved bus routes, a shuttle service and dial a-ride could drop people off safely.

Build a hotel

Several people were very concerned that the Wilson land might be sold for development. However one person had a vision that the site should be used to build a very upmarket hotel. 'The building itself is beautiful, the hotel could be located within the grounds. It is close to the golf course and the almshouses – a lovely immediate location. Why? This would bring money in to develop the area'.

Theme 5: What we might DO at the Wilson

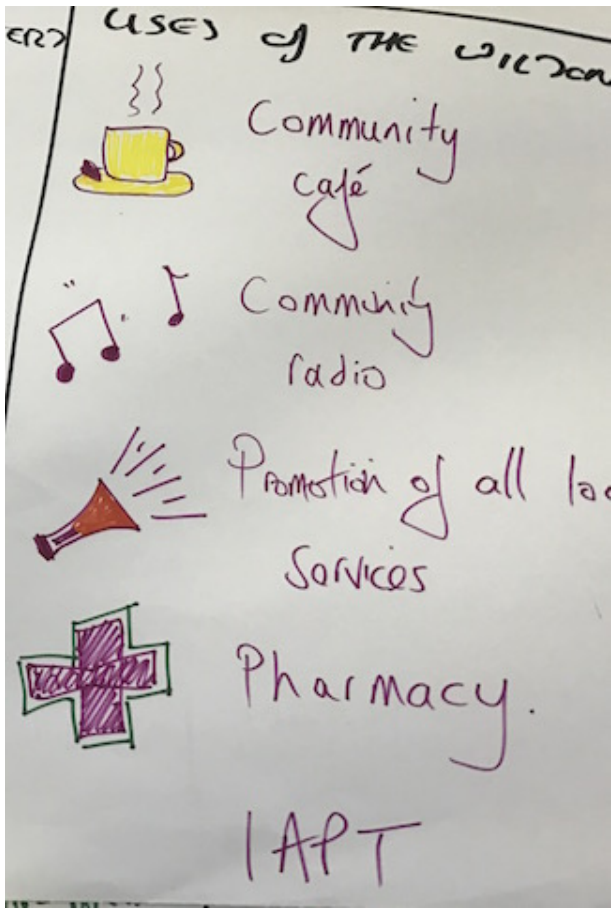
"We want activities that can bring us together"

Residents of Doliffe Close Sheltered Scheme

People have so many ideas about what they would like to see and do at the Wilson that to produce a list has the potential to lose the essence of how what happens at the site might fit together. But at this stage, a list it is.

Features

- Affordable spaces for community use
- Reasonable prices or free of charge
- Activities available at times people want to access them
- Offering what isn't out there already so avoiding duplication
- Staff who can offer advice on a range of services



Café at the heart

'Food brings people together'.

Most frequently suggested was having a café at the heart of the Wilson, perhaps near the reception area to increase footfall and encourage people to socialise.
The idea of using 'food' (avoiding the word nutrition) as the vehicle to learn and bring people together included

- A training kitchen for people with learning disabilities that develops cooking skills and fosters independence
- World food days to encourage people from different cultures to share their national foods
- Community cooking days where families can share recipes and people learn to cook. Great in bringing the generations together
- Links to cooking for food bank users and alleviation of poverty through recycling of food
- Food that young people like and where they can come together as friends

Information and advice

This might range finding out what is going on in East Merton and the promotion of local services to specific advice services.

Although people saw the health and community services as integrated there were a number of requests to keep the Job Centre and CAB separate from social areas to prevent negative connotations. As a concept this would need to be explored further if the 'feel' of the Wilson is positive and around integration.

Community facilities

Highlights include

- Community radio
- Hairdressers
- Community Library, book swapping
- Community supermarket
- Small businesses and community enterprise

Emotional and psychological support services

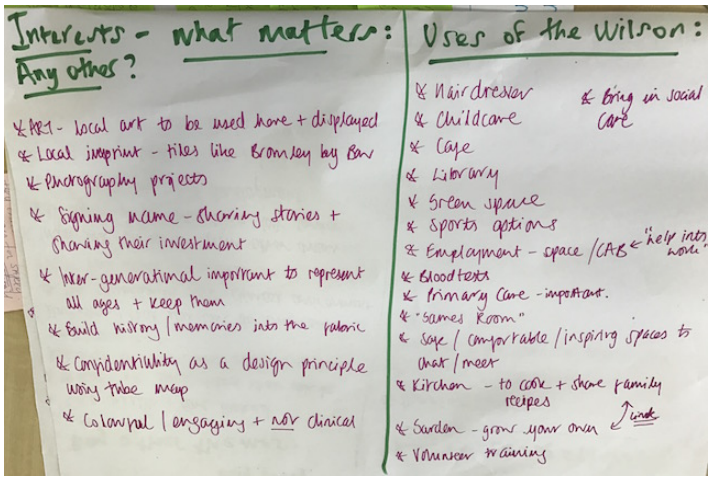
A range of support activities and services were suggested, ranging from advice, information and guidance to specialist counseling and psychological support. These would cater for a wide range of ages and needs and potentially use generic and specialist workers. Examples included befriending, advocacy, support into work, homeless people outreach, dementia support, 'Headspace' for young people concerned about their mental health, anger management courses

Activities for children and young people

Essential. Somewhere that children and young people feel welcome and where they can play games, have organized activities and have space to be with each other. This might range from a formal crèche with a nursery teacher to a more informal drop-in and group activities organized by the local community.

Sports

Sporting activities were highlighted as a way to draw in families and children as shown by Naomi at the Sun Festival. This might range from low cost football for young people to street cricket and darts to walking groups. Sports celebrities might be encouraged to run sessions from cricket to tennis and act as role models for young people. Endless opportunities here!



Learning opportunities

If the Wilson is seen as a place to learn suggested ideas include:

- Learning English through conversations or lessons – potentially prescribed by the GP
- If an IT suite is possible - skills development and on line learning
- A community training venue
- Classes such as art, keep fit, wellbeing

Social events

Bringing the community together for talks, debates, meeting places for societies, Young Mum's groups. drama groups, community days, afternoon tea celebrations. Also for theatres and performing arts gathering.

Wider regeneration in Mitcham

"The regeneration of the Wilson on its own would be a big mistake. We need to look more widely at the whole area and connect the two"

The loss of the cinema in Mitcham was mentioned often along with not having access to things to do like a bowling alley, pool tables, places for young people to hang out. While there was not an expectation that the Wilson would have these facilities there is a question about how Mitcham might be healthier as a town if it had more ways for people to come together and socialize as a community.

Theme 6: Offers of Help at the Wilson

Involvement in the design of the Wilson

Most of the people involved in the conversations wanted to be involved in some way going forward, even if this is just keeping them in touch with plans as they progress. This suggests everyone needs feedback to show their ideas have been heard but also some suggested setting up a reference group to meet a two or three times a year.

Schools involvement

There is a real opportunity to involve young people at all stages of the redevelopment.

- Involve schools through ideas boxes or pupil projects that are part of the design process
- 'A' level Geography group at St Mark's Academy have been surveying in Mitcham town centre and would be interested to present their findings or be part of the process in some way to inform the design in some way
- Idea of a Junior Health Jury similar to the one in Wandsworth

Resources offered

- Volunteers were flagged as a valuable resource - ranging from a bank of community translators to drivers to take people to and fro the site. There is an opportunity to tap into existing resources but also grow the pool of volunteers
- Huge local knowledge that can be tapped into as contacts and connectors
- Canon's Heritage project as a resource to link into the Wilson development
- Links to social prescribing work across the area
- Fundraising expertise of MVSC and others
- Carers Support Merton offer of 'carer awareness' training; marketing material for GP practices and other advice areas from Carers Support

PURPOSE

Learn about and change the way we as professionals understand and hand over power to our communities

Learning for the Health and Wellbeing Board

As a HWB we set out to listen and have a different sort of conversation with the people of East Merton and in so doing deepen our understanding about how we might work with each differently going forward. These are some of our learning and insights.

Insight 1: Its left a lasting mark

Hearing the voices of people in East Merton and seeing the faces behind the organisations has been very special and reminded us about what we are here to achieve. Our time is often spent in "professional mode" processing papers and reports. This begs the question about what else we can bring to the table – and maybe it's a touch of humility. Ultimately we are better decision makers if we are connected to how people and communities genuinely feel. It has been powerful to recognise how we as HWB members have been changed by this experience.

Insight 2: We have to act now

People have given their time willingly to have conversations with us in-spite of skepticism that they have done this before and nothing happened as a result. It's clear that our credibility is on the line here. We have a deep sense of responsibility and trepidation mixed with hope that we will b able to involve them in a different way. Absolute commitment from us as senior leaders is essential.

Insight 3: It's time to build a deeper rapport with the community

There is a need for us to really understand the communities and life in East Merton at a deeper level by listening and paying attention and avoiding the urge to provide ready-made solutions. Even after these conversations and the insights gained we realise that we have but a partial understanding – we need to listen more! We think we might be able to learn by actually working together on a small number of things that really matter to us all. We don't need to wait for the Wilson build to be completed to start this. If we generate more energy, enthusiasm and action now by building capacity in the community, then when the Wilson is re-opened there can be an immediate impact.

Insight 4: We can't do it the way we always have

People really can speak and act for themselves. As a HWB we don't know what is best for people so going forward is about being led by them not doing things 'to' or 'for' them. The idea that professionals know best is really misguided. This is about moving from engagement to co-production considering shared issues and shared solutions.

Insight 5: Pride in the Area

People are rightly proud of the history of the area. This is reflected in views on the future – the story of East Merton in the fabric of the Wilson building, building something together here that future generations will be proud of, the next chapter in our history.

Insight 6: Honesty pays

People will understand the constraints we are working with so sharing our dilemmas, what is possible at the Wilson and what isn't enables a bigger conversation - one that shares possibilities and builds the future together.

Insight 7: Handing over control to the community can be scary

The real test here is whether we are brave enough to hand over the development of the community campus to the community. Its easy to sit round the table as a group of experts and plan a solution but radical change will only happen if we trust the community to lead it. This approach will feel uncertain at times and will mean letting go of control and moving out of our comfort zone into a messy world! Being a conduit and enabler for the change.

Insight 8: Listening to all the voices

Our conversations have been partial and there are many more people and groups who may want to be involved and would welcome a conversation. Hearing all the voices not just the loudest ones can be a challenge.

Insight 9: Young people are our future

We need to keep reminding ourselves and others that young people can represent themselves and have an optimism that many of us can't remember. They are key to the future of the Wilson and so need to be integral to us moving forward.

Tentative Questions

So this concludes our record of the Community Conversations. We would like to close with some questions that we might inquire into together.

A deeper community conversation

- *How might we deepen our shared understanding of what it means to live in East Merton and what together we might do to alleviate poverty?*
- *How do we balance the need for rapid action with the need for wider ownership and deeper understanding?*
- *How do we increase our reach to include people whose voice has yet to be heard?*

Development of the Wilson

- *What do these conversations tell us about life in East Merton and what might this mean to the development of the Wilson?*
- *What might 'gentrification' of the Wilson mean and do we want to avoid it?*
- *There is a will for the community campus to be community-led. What does this mean in practice and who are the right people to be involved?*
- *How do we ensure the health and community campus are seamless and have the feel of a 'community village'?*
- *What if the Wilson was a place to celebrate communities coming together – young, old, from diverse backgrounds - rather than simply celebrating individual communities?*

Health behavior change at scale

- *Beyond the Wilson, how might Mitcham be 'healthier' as a town if it had more ways for people to come together and socialize as a community?*
- *How do we mobilise people in the community to take action around their own health and wellbeing?*

Appendix 1:

People we had conversations with

African Educational Cultural Health Organisation (AECHO)

Age UK Merton

Alzheimer's Dementia Hub- Tuesday Activity Club

Alzheimer's Society

Asian Diabetic Support and awareness group (ADSAG)

Association for Polish Communities
BAME Voice

Centre for Independent Living (CIL)

Chamber of Commerce

Community Leaders Group Phipps Bridge Estate

Cramner Farm Close- Circle Housing

Doliffe Close Sheltered Scheme - Circle Housing

Healthhub, Pollard's Hill Sun Festival

Local Councillors

Carers Support Merton– managers

Merton Mental Health forum - users and providers

Merton Youth parliament

SHINE, Saturday club - school children

SHINE Saturday club - parents and families

Mitcham Town Community Trust

Pakistan Welfare Association

Pollards Hill Library Residents Meeting

Pollards Hill Lunch Club

Pollard Hill Youth Centre

Positive Network

Sixth form students at St Mark's Academy

South London Tamil Welfare Group – 2 Conversations

Unique Talent - young black men

Wide Way Surgery - PPG

Wood World Ministries

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Appendix 3: List of uncommon abbreviations used in the report

COF	Community Facility
OPE	One Public Estate
PD	Programme Director
PMO	Programme/ Project Management Office
WHWC	Wilson Health and Wellbeing Centre
WPB	Wilson Programme Board

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Committee: Health and Wellbeing Board

Date: 28th March 2017

Wards: All

Subject: Annual Public Health Report on Childhood Obesity and Child Healthy Weight Action Plan progress update

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Cllr Katy Neep and Cllr Tobin Byers

Contact officer: Julia Groom (Consultant in Public Health) julia.groom@merton.gov.uk

Hilina Asrress (Senior Public Health Principal) hilina.asrress@merton.gov.uk

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Recommendations:

A. To receive the independent Annual Public Health Report (APHR) 2016/17.

B. To help disseminate and promote key messages and resources set out in the Annual Public Health Report 2016-17among stakeholders and residents.

C. To endorse and champion the Child Healthy Weight Action Plan 2016 – 18

D. To consider how Health and Wellbeing Board members can champion strategic priorities and actions that make healthy eating and being active easy choices for children and families, identifying opportunities to embed within every day business.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of this report is to provide an update to the Health and Wellbeing (H&W) Board on progress since agreeing childhood obesity as a key H&W Board priority for 2016/17.

1.2. The report presents the Annual Public Health Report (APHR) 2016/17 'Tackling childhood obesity together' and the Merton Child Healthy Weight Action Plan 2016-18. It sets out progress to date and strategic priorities, where leadership from the H&W Board could add most value.

1.3. Both the APHR 2016/17 and the Child Healthy Weight Action Plan 2016-18 have been endorsed by Cabinet and Merton CCG Governing Body.

2 BACKGROUND

2.1. Tackling childhood obesity is a national and local priority. Merton includes reducing childhood obesity as one of the outcomes of the Health and Wellbeing (H&W) Strategy 2016–18.

2.2. The Health and Wellbeing Board agreed at their meeting on 19th April 2016 for childhood obesity to be a priority area for 2016/17. Following this, an H&W Board seminar was held in July 2016 where the Board reinforced and reasserted its commitment to tackling childhood obesity locally, including pledges to involve Cabinet and Merton CCG Governing Body on the issue.

2.3. In February 2016, Merton took part in a pan London thematic peer review on childhood obesity. This involved mapping and assessing the boroughs progress against an evidence-based whole systems framework.

A summary of the findings from the thematic peer review is shown in figure 1 below. Appendix 1 also provides more details on the thematic review process and findings from the review.

Figure 1: *Summary of childhood obesity peer review for Merton*

2.4. The Child Healthy Weight Action Plan and work on childhood obesity has been informed by learning from the peer review.

2.5. A pan London 'Great Weight Debate' was undertaken lead by the Healthier London Partnership (HLP) between October–December 2016. Merton actively participated in the debate and had the highest number of responses (311) of any borough to the London 'Great Weight Debate' survey.

2.6. Responses from Merton residents showed:

- *Over two thirds of respondents are aware of the high rates of childhood obesity in London*
- *87% of respondents think childhood obesity is a 'Top priority' or a 'High priority'*
- *Top areas that make it harder for children to lead healthy lifestyles included (in order of priority):*
    - *Too many cheap/unhealthy food and drink options*
    - *Safety concerns for children (not letting them play outside)*
    - *Too many fast food shops*
    - *Too much advertising of unhealthy food and drinks*
- *The top 3 things that already exist in Merton to encourage a healthy lifestyle included:*
    - *Parks*

- *Local leisure facilities*
- *Local sports and youth clubs*

- *The top 3 things that will support children in London to lead healthier lifestyles included*
  - *Less marketing and advertising of high fat and sugary food and drink*
  - *Cheaper healthy food and drink*
  - *Support families to cook healthier meals*

Findings will inform the development of the Child Healthy Weight Action Plan. However, there were low numbers of respondents from certain groups, including young people, men and BAME groups. The response rate was also higher in the west of the borough than the east. In response to this, local engagement work is taking place with these groups and areas, which will promote awareness of child healthy weight and further refine our Action Plan.

3 DETAILS

3.1. Annual Public Health Report (APHR) 'Tackling Childhood Obesity Together':

The Health and Wellbeing Board prioritisation of childhood obesity resulted in the Director of Public Health focusing on this challenge for her 2016/17 independent Annual Public Health Report. The APHR was published in March 2017 and complements the Child Healthy Weight Action Plan. It provides the facts and figures about childhood obesity in Merton and the evidence about what works as an easy local reference and resource to support joint efforts.

A hard copy of the report is available to Board Members. It is also available on the following link: http://www.merton.gov.uk/health-social-care/publichealth/annualpublichealthreport.htm

The APHR and Action Plan were endorsed by LB Merton Cabinet and Merton CCG Governing Body in January 2017 and have been widely disseminated to leaders and stakeholders. They have been positively received, for example, a local school governor requested a hard copy of the APHR to be sent to all head teachers, which has been done.

3.2. Child Healthy Weight Action Plan

3.2.1 The Child Healthy Weight Action Plan was developed with partners and responds to the pan London peer review. The plan sets out details of commitments on childhood obesity from the council and its partners. These are designed to be delivered within existing resources, by making better use of external resources and by levering in additional funding from other sources to enhance the plan.

3.2.2 The Action plan is a working document and will evolve over time. The objectives and actions cover four areas:

- **Leadership commitment**, **communication and community engagement**;
- **Changing the food environment**- improving the availability of affordable healthy food;
- **Changing the physical environment**- increasing levels of physical activity through health promoting environments;
- **Enabling early years settings and schools to promote healthy eating and physical activity** every day, underpinned by mental health and wellbeing; supporting health care and other professionals to make every contact count.

A copy of the action plan is attached and a summary is available on the following link:
http://www.merton.gov.uk/childhood_healthy_weight_action_plan_summary_for_web.pdf

3.3. **Progress to date**

3.3.1 The APHR provides case studies of local activity. In addition the following actions have been completed or are in progress as part of work to tackle childhood obesity in Merton:

- Child Healthy Weight Steering Group set up and meeting regularly.
- Merton participated in the London Great Weight Debate (GWD) where over 300 residents completed the survey (the highest response rate in London).
- Merton engagement work is taking place to engage with children and young people, residents in the east of the borough, BAME communities as well as giving consistent messages around child healthy weight.
- Small amount of funding won from Greater London Authority (GLA) to develop a Food Poverty Action Plan, linking childhood obesity and child/family poverty. Work has begun and will be completed in August 2017.
- The '*Daily Mile*' is being promoted to schools. The aim of The *Daily Mile* is to improve the physical, emotional and social health and wellbeing of our children by getting them to run or walk a mile during the school day. Lonesome Primary School is one of the first schools in Merton to have taken up the challenge of running The *Daily Mile* and other schools are also being encourages to take up the challenge.
- Healthy Start Vitamins project initiated to review the current status of vitamins uptake, availability and processes with a view to make recommendations to improve uptake.
- Early Years Activation Programme being piloted with schools in Merton delivered by All England Lawn Tennis Club (AELTC) to provide training and support for Nursery and Reception staff to implement a structured 10 minute physical activity session with evaluation supported by Public Health

- Support being provided to schools to reach Bronze, Silver and Gold Healthy Schools London (HSL) status following on from targeted work in the east of the borough
- Support being provided to local businesses and fast food retailers in the east of the borough to sign up to the Healthier Catering Commitment through Environmental Health.
- Make Every Contact Count –training to increase confidence of frontline staff to talk about healthy weight using every contact as an opportunity to raise the issue providing appropriate support and signposting, including training for early years and schools staff.

3.3.2 **Health and Wellbeing Board leadership**

Going forward there are a number of strategic priorities for tackling childhood obesity where leadership from the HWBB will have most impact. Six key areas are identified below and Board members are asked to consider the role they could play in championing these:

a) Food Environment - Declaration on Sugar Reduction and Healthier Food and Sugar Smart borough pledge

- The Declaration on Sugar and Healthier Food is a new initiative promoted by Sustain to help London local authorities tackle the proliferation and marketing of unhealthy food and drinks. To sign the declaration a Local Authority has to commit to take at least six different actions across six key areas such as improving the food controlled or influenced by the council; reducing prominence of sugary drinks and promoting free drinking water; supporting businesses and organisations to improve their food offer; tackling advertising.

- *Sugar Smart* borough is supported by Sustain and Jamie Oliver Food Foundation and encourages organisations/boroughs to pledge, promote and run campaigns to reduce sugar wherever possible. In London, Lewisham and Greenwich are Sugar Smart boroughs.

- The H&W Board could have an important role to champion the benefits of the complementary Declaration and Pledge and getting council wide and partner support to sign up, following further exploration of the implications.

b) Physical Environment – Regeneration and Air Pollution

- Safety, road traffic, ease of walking and access to physical activity facilities and green space all have an impact on the amount of physical activity undertaken. Increasingly, the quality of air around schools and in certain areas has been a topic of concern and debate particularly in London. This is an opportunity to jointly explore how this can be addressed in Merton, through a range of measures such as awareness raising, planning, enforcement and the development of an Air Quality Action Plan which includes consideration for schools. The Mayor of London is also focusing on a '*Healthy Streets'* for London approach

which is about getting Londoners more physically active by using cars less and encouraging walking, cycling and use of public transport. Besides the health benefits of the approach, it also links into improving air and noise pollution, reducing congestion, improving road safety and will bring economic benefits to local high streets.

- Regeneration in Merton (including town centres; High Path, Eastfields and Ravensbury estates; and Wilson campus) is an opportunity to develop health promoting physical and food environments through enhancing physical activity opportunities, access to active travel opportunities and open spaces. The use of Health Impact Assessments (HIA) is a key vehicle to identify opportunities and mitigate negative impacts.

c) The Wilson campus and the east Merton model of health and wellbeing

- The development of the Wilson site and east Merton model of health and well-being is a flagship opportunity to embed action on childhood obesity, promote physical activity and healthy eating, taking a whole system approach, linking with community resources across the area including schools, community groups, local business, leisure facilities and open spaces.

d) Health in All policies (HiAP) approach

- Health in All Policies is an approach to policies that systematically and explicitly takes into account the health implications of the decisions made; targets the key social determinants of health; looks for synergies between health and other core objectives. The council are reviewing opportunities to apply this approach to council business. Childhood obesity is a potential priority, for example, identifying the opportunities of a particular policy, such as the Social Value Act, or by systematically addressing how to increase activity in open spaces, such as development of a 'Merton mile', linking schools and parks.

e) H&W Board champions

- H&W Board members are encouraged to identify opportunities to raise the issue of childhood obesity and embed this within service plans and support links across strategic priorities and approaches, such as the prevention framework, think family approach, CYP and Family Wellbeing model and MECC (making every contact count).

f) London level

- H&W Board members are asked to promote better food and physical environments through responding to the Mayor of London's Inequalities strategy refresh and other pan-London opportunities which may arise in their roles.

4 ALTERNATIVE OPTIONS

N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

The development of the Action Plan has included communication and engagement with a wide range of stakeholders and this will be further supported by commissioned local engagement work.

6 TIMETABLE

Child Healthy Weight Action Plan for 2016-18 defines the actions and timescales for work.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Implementation of the Child Healthy Weight Action Plan is based on delivery within existing resources by embedding it within main business of the Council and partners. Delivery will be linked primarily to related plans and existing commissioning investments (including opportunities provided by regeneration developments and east Merton model of health and wellbeing/Wilson campus). We will also work with partners to lever in additional funding from other sources which will enable us to enhance the Action Plan.

8 LEGAL AND STATUTORY IMPLICATIONS

N/A

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

A main focus of the child healthy weight action plan is tackling health inequalities by first halting and then reducing the gap in childhood obesity between the east and west of the borough by improving in the east (levelling up).

10 CRIME AND DISORDER IMPLICATIONS

N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1: Merton Findings from the Pan London childhood obesity peer review, 2016

13 BACKGROUND PAPERS

- Annual Public Health Report (APHR) 2016/17 ‘Tackling Childhood Obesity Together’
  http://www.merton.gov.uk/annual_public_health_report_2016.17.pdf
- Merton Child Healthy Weight Action Plan 2016-2018

  Summary available on the following link:
  http://www.merton.gov.uk/childhood_healthy_weight_action_plan_summary_for_web.pdf

Appendix 1: Pan London Thematic peer review on childhood obesity: Merton Findings

The Pan London Sector Lead Improvement (SLI) programme focusing on carrying out a thematic peer review on childhood obesity was conducted earlier in 2016. The aim of the thematic peer review was to improve childhood obesity outcomes by supporting boroughs to identify local improvement actions and to identify where collaboration could be taken on common issues. The peer review required boroughs to complete a childhood obesity assessment against an evidence framework and culminated in peer review workshops (Merton attended on 24th February 2016) with groups of other boroughs.

The assessment process was undertaken in partnership with other council departments and external partners input to provide a comprehensive response. The workshops provided opportunities for reflective learning discussion, challenge questions and sharing best practice and Merton was represented by colleagues from Public Health, Children, Schools and Families (CSF) and Future Merton. Following on from the review, each borough drafted an action plan which included learning and reflection from the day.

The peer review was a mapping and assessment process to benchmark boroughs' progress against an evidence framework of components that could help prevent and reduce childhood obesity. The assessment highlighted the following (See also figure 1 below):

Merton is doing relatively well on:

- *Public and Community setting* (promoting healthy choices)
- *Schools* (support schools to promote healthy eating, physical activity and health and well-being)

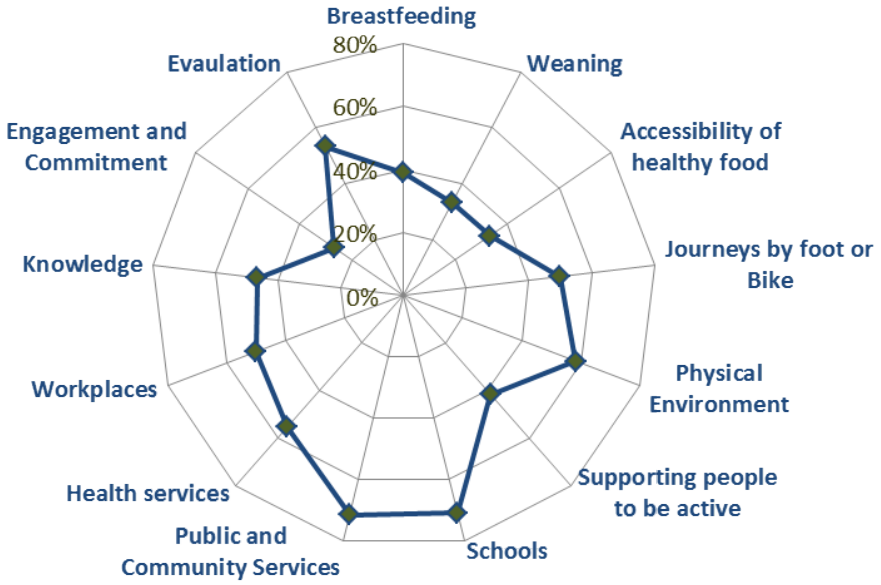
Merton is making progress on:

- *Physical environment* (physical environment and how it can enable and support people to achieve and maintain a healthy weight)
- Health services (health services and settings promoting healthy choices)
- Evaluation (consider how delivery can be supported by evaluation and on-going review)
- *Journey's by foot or bike* (increasing proportion of journeys made on foot or bicycle)
- *Workplaces (increase proportion of employers and workplaces that promote healthy choices)*

Merton can make improvements on:

- *Engagement and commitment* (increase engagement and commitment to tackle childhood obesity amongst partners in all sectors)
- *Accessibility of healthy food* (increasing the range and accessibility of healthier meals, snacks and drinks that are available to buy locally)
- *Weaning* (supporting parents and carers to establish a healthy diet for their children from an early age)
- *Breastfeeding* (Increasing the number of babies who are breastfeeding)
- *Supporting people to be active* (work towards supporting and enabling people to be more active and less sedentary in their lives)
- *Knowledge* (Improve children and families' understanding of, and feeling of control over, their own health and wellbeing)

Figure 1 Summary of Merton childhood obesity peer review findings



Committee: Health and Wellbeing Board

Date: 28th March 2017

Wards: All

Subject: Update on Better Care Fund

Lead officer:

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Annette Bunka, Senior Commissioning Manager, NHS Merton CCG

Recommendations:

A. For note

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an update to the Health and Wellbeing Board regarding the progress of health and social care integration through the Better Care Fund.

2 BACKGROUND

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which was announced by the government in 2013 with the aim of improving the lives of some of the most vulnerable people in our society, by placing them at the centre of their care and support, providing them with integrated health and social care. In order to support this aim, a Better Care Fund Plan has been developed and agreed across health and social care.

The key priority for integration in 2016/17 BCF was to strengthen the relationships and collaboration between providers in Merton with the aim of:

- Reducing the growth of emergency admissions
- Reducing length of hospital stay
- Reducing permanent admissions to care homes
- Improving service user and carer experience.

3 DETAILS

3.1 Performance

Metric	Q3 Performance	Commentary
Non-elective admissions	The year to date performance is 3.7% higher than 2016/17 plans, although the quarterly growth from target has continued to decrease over the three quarters.	Factors for this variation include challenges early in the year regarding vacancies within community services which have now been addressed. Part of the additional growth has been an increase in inappropriate short stay admissions (0-1 day LOS) at St George's following a clinical audit. Commissioners have applied challenges to the Trust contract in order to mitigate this behaviour.
Permanent admissions to residential care	73 people have been admitted against a target of 75.	This is on track to achieve the end of year ambition.
Re-ablement activity	The internal target per month is 31 and on average we achieve more than 31 per month.	This is on track to achieve the end of year ambition.
Delayed Transfers of care	Delayed days were lower than planned in quarter 3. Therefore, while we saw an excess of delayed days in quarter 2, the annual figure continues to be on track to meet the target.	This is on track to achieve the end of year ambition.

3.2. Programme progress

Work across health and social care continues in order to achieve the deliverables within the BCF. A significant element of work has been the implementation of the multi-agency plans drawn up following the multi-agency workshops undertaken in the first quarter.

3.2.1 Community services development

In April 2017, a new community contract commenced with a new community provider, Central London Community Healthcare NHS Trust (CLCH). A significant element of work has been the full implementation of this contract, which has included building and expanding existing community services and as part of this, significant recruitment has taken place to deliver the new contract, with vacancy rates having fallen to 13.74% at

the end of quarter three. Temporary staffing, both bank and agency, are being used to support critical vacancies within funding and agency caps.

Key areas include the enhancement of the community rapid response service to patients in their own homes; the Merton Enhanced Rapid Intervention Team (MERIT), facilitates the prevention of unnecessary attendance at Accident & Emergency and/or admission to an acute hospital; the continued development of HARI (Holistic Assessment Rapid Investigation) service enables comprehensive multi-disciplinary assessment of complex potentially frail patients who may be deteriorating or who need consultant review, outside of the acute hospital. As a result of promotional activities and an agreed Alternative Care Pathway with London Ambulance Service, we have seen MERIT referrals for urgent assessments within 2 hours increasing from 46 in quarter two to 88 in quarter three. This increase is expected to continue into quarter four.

CLCH are continuing to drive increasing levels of performance as the year progresses with increased use of mobile technologies to improve access to clinical systems, reduce duplication and improve care delivery and patient facing time. CLCH have commenced the review of referral processes for their services in Merton, in order to provide an electronic solution to referrers.

3.2.2 Case finding pilot

The Merton GP Federation was commissioned to undertake a pilot, using a tool called e-Frailty to identify people as having moderate or severe frailty who may be at high risk of admission or longer term social care. The aim was to work in partnership with the newly appointed community case managers and care navigators from CLCH, health liaison social workers and the voluntary service sector to deliver proactive support in a multi-agency approach.

After gaining consent from the patients, the case managers from CLCH have met with the individuals identified and discussions have taken place working with the person to help understand what might help keep them as independent as possible for as long as possible. There has been positive feedback on the use of the tool and discussions are currently taking place to determine how best to roll this out across Merton, taking the learning from the pilot undertaken.

3.2.3 Integrated health and social care response

The BCF plan identified co-location as an enabler to better integration and closer working between health and social care in order to support joint assessment, care planning and service delivery as well as supporting joint training and team building. CLCH have welcomed the opportunity to move their operational base from 120 The Broadway in Wimbledon to the Civic Centre in Morden, thereby achieving co-location of clinical locality teams (including community nurses and therapists) and management support posts alongside council staff. The move is taking place in March 2017.

In the interim, the rapid and intermediate care health service teams have developed closer working with social care by attending re-ablement meetings. Improved relationships are facilitating the bridging of gaps in care provision to prevent unnecessary hospital admission and facilitating a reduction of hospital length of stay.

During quarter three CLCH took over the contract to directly commission the community rehabilitation beds, now 24, which has enabled an improved and more integrated service, with health liaison social worker input into discharge discussions.

The implementation of the action plan continues to ensure consistently improved performance, quality and access from the previous model.

Within the Council, following the transfer of line management of the re-ablement function to sit within the operational service, further alignment with the hospital to home team has been possible and work continues to provide a more joined up response to complex discharges and enable the most effective use of available capacity.

3.2.4 Data Sharing

Merton CCG's Information Management and Technology Strategy highlighted the importance of ensuring the capacity and capability of information sharing across providers in South West London. The Strategy sets out the technical solutions that need to be procured or aligned in order to deliver the objectives and is supported by a series of inter-related technical projects both at a Merton and at a South West London level. In order to deliver these projects, a robust data sharing framework needs to be in place that will provide an over-arching information-sharing protocol covering a series of peer-to-peer sharing agreements. The work to deliver this will continue into 2017 with a view to full implementation by 30 September 2017. This will enable full exchange of patient-consented information between care settings in Merton.

3.2.5 Development of BCF for 2017/19

Following the publication of the South West London Sustainability and Transformation Plan (STP), work has started in quarter four to develop implementation plans to deliver this work, which is expected to have a significant and positive impact on the delivery of the BCF objectives. These plans will form a significant part of the BCF plan going forward, with the priorities for 2017/19 focussing on:

- Integrated locality teams including support for complex patients, roll out of frailty work and case management support, end of life care, dementia and falls.
- Intermediate care and re-ablement, rapid response and discharge to assess.
- Enhanced support to care homes.

The implementation of the BCF has been undertaken by Merton Integrated Delivery Group who will report into the Merton Joint Commissioning Group once established. Multi-agency Task and Finish Groups have been set up to develop the work programme for 2017/18.

The guidance for the development of the BCF Plan for 2017/19 has not yet been released, but it is hoped this will come out before the new financial year. Once released a plan with be jointly developed.

4 ALTERNATIVE OPTIONS

Not applicable.

5 CONSULTATION UNDERTAKEN OR PROPOSED

Not required.

6 TIMETABLE

Not applicable.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The BCF is a pooled budget of £12.57m of which £5.5m is transferred from Merton CCG to London Borough of Merton. There is a risk share agreement in place for the value of the CCG QIPP savings target of £1,014k. The transfer to the LA will be reduced as a proportion of non-achievement of the QIPP up to a maximum of £687k should this savings target not be achieved.

8 LEGAL AND STATUTORY IMPLICATIONS

There is a signed section 75 in place between the CCG and the LA setting out the terms of the BCF pooled fund.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Integration programme is sensitive to human rights, equalities and community cohesion and is governed under current service management arrangements.

10 CRIME AND DISORDER IMPLICATIONS

Not applicable.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Risk management and health and safety are managed by current service management arrangements.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Not applicable.

13 BACKGROUND PAPERS

BCF Plan 2016/17.

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