Merton Council
Health and Wellbeing Board

Date: **28 September 2021**

Time: **6.15 pm**

Venue: **Council Chamber, Merton Civic Centre, London Road, Morden, SM4 5DX**

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

1	Apologies for absence	
2	Declarations of Interest	
3	Minutes of the previous meeting	1 - 4
4	Covid-19 in Merton	5 - 6
	4a) Situation Assessment Report 4b) Vaccination update 4c) HWBB Community Subgroup: Continuation and future focus	
5	Merton Story / Joint Strategic Needs Assessment	7 - 10
6	Health and Social Care update	11 - 90

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 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

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Health and Wellbeing Board Membership

Merton Councillors

- Rebecca Lanning (Chair)
- Oonagh Moulton
- Eleanor Stringer

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- 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

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
22 JUNE 2021
(6.00 pm - 7.28 pm)

PRESENT	Councillor Rebecca Lanning (in the Chair), Rob Clarke, Mark Creelman, Brian Dillon, Chris Lee, Councillor Oonagh Moulton, Simon Shimmens, Councillor Eleanor Stringer, Dr Karen Worthington and Dr Dagmar Zeuner.
IN ATTENDANCE:	Aileen Buckton (Independent Chair of the Adult Safeguarding Board), Dave Curtis (Manager Healthwatch Merton), Amy Dumitrescu (Democracy Services), Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Farzana Mughal (Democracy Services)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

The Chair welcomed everyone to the first hybrid meeting of the Health and Wellbeing Board.

Apologies for absence were received on behalf of Dr Vasa Gnanapragam, Dr Andrew Otley, Dr Mohan Sekeram, Dr Aditi Shah and Jane McSherry.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 26th January 2021, were agreed as a correct record.

4 SAFEGUARDING ADULTS BOARD - ANNUAL REPORT (Agenda Item 4)

The Independent Chair of the Adult Safeguarding Board (SAB), Aileen Buckton presented the Safeguarding Adults Annual Report 2019/20.

She explained that she recently took up her post in May 2021, but referred to the success of the work during the period concerned. She referenced the examples of tackling under-reporting by ensuring people were made aware how to raise concerns, as reflected in the increased numbers of referrals. Also, learning events have been held to tackle specific areas of concern and initiatives undertaken to build the SAB itself, including the creation subgroups and agreed Terms of Reference, which she reflected are important factors for a stable partnership. She invited the views and input of the Board.

The discussion highlighted the following points:

- There was learning from the pandemic on safeguarding that can help to support people, especially in the way that partners had come together to share resources and concerns;
- Partners needed to take collective responsibility to put safeguarding actions into practice;
- Whilst it was strategically important for safeguarding to be considered at an ICS level moving forward, safeguarding was really about the local place where people live and work, and there needs to be an ongoing discussion to ensure this focus.

John Morgan advised the Board that Aileen Buckton had also recently become Independent Chair of Merton Safeguarding Children's Board (MSCB) for the forthcoming year, so there would be opportunities to work across the two including transition to adulthood.

The Chair thanked Aileen and looked forward to welcoming her to a future Board meeting.

5 COVID-19 IN MERTON (Agenda Item 5)

5a SITUATION ASSESSMENT REPORT / VACCINATION UPDATE (Agenda Item 5a)

The Director of Public Health provided an update on COVID-19 in Merton, outlining the latest data on numbers of cases, testing and vaccination.

In the ensuing discussion, the following points were highlighted:

- Pop up vaccination points were very welcome, but it would be helpful to have more notice of where they would be, and for them to be publicised as widely as possible;
- The Moderna vaccine tended to only to be provided at mass vaccination sites.
- It was important for people to continue with regular LFD testing and, wherever possible, to register the results;
- Whilst there were ongoing discussions on a booster vaccination programme, nothing concrete was planned as yet;
- The NHS was very busy, with a slight bottleneck in primary care leading to particularly high levels of paediatric and mental health cases at A&E, together with some worried well, who have not been able to see a clinician for some time;
- The support that Public Health was continuing to give to schools was acknowledged. There was also potential for vaccination for 16 to 17 year olds after the summer break.

5b HWBB COMMUNITY SUBGROUP REPORT (Agenda Item 5b)

The Director of Public Health provided an update on the work of the HWBB Community Subgroup. Insight reports from both BAME Voice and Merton Mencap had been circulated to Members prior to the Board and it was emphasised as particularly important that this insight feeds into future plans for recovery.

5c LOCAL OUTBREAK MANAGEMENT PLAN (LOMP) (Agenda Item 5c)

The Director of Public Health outlined the Local Outbreak Management Plan (LOMP) which had been circulated to Members ahead of the meeting. It had been recommended by the Community Subgroup to the Board.

6 NHS UPDATE (INCLUDING BETTER CARE FUND) (Agenda Item 6)

Mark Creelman – Locality Executive Director, Merton and Wandsworth
NHS South West London CCG provided an NHS update. This included outlines of partnership vaccination success to date, the East Merton Model and Health and Wellbeing, planning towards the ICS and the Better Care Fund.

Members welcomed the presentation and were keen to continue to receive further updates in relation to both the ICS and East Merton Model. Arising from the presentation, the following points were highlighted:

- That the voice of children and young people be included in consideration of patient voice;
- That Merton Health and Care Together would be a conduit for the work towards the ICS, helping to refresh priorities relating to start well, live well and age well, and reporting to the HWBB;
- Emphasis on the need for clear communication throughout transition, especially given some of the complexities of changes, and including communication with staff;
- The importance of continued support for the voluntary sector to thrive, alongside recognition of the value of preventative services.

RESOLVED: That members of the HWBB agreed the Better Care Fund Plan 2020-21

7 LBM RECOVERY AND MODERNISATION PROGRAMME (Agenda Item 7)

Chris Lee presented the LBM Recovery and Modernisation Programme, including the Your Merton engagement programme - the largest ever undertaken in Merton - and the associated website which he encouraged members to input to. He also referenced cross-cutting projects and gave an outline timescale for the work.

Board Members were asked to consider:

- The longer term health and wellbeing impacts for our communities in Merton;
- What priorities are likely to emerge from Your Merton or should be considered for the ambition;
- How might the Health and Wellbeing Board shape and contribute to the ambition.

Committee: Health and Wellbeing Board

Date: 28 September 2021

Wards: All

Subject: Health and Wellbeing Board Community Subgroup Extension

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

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Recommendations:

A. To agree to an extension of the Health and Wellbeing Board Community Subgroup to 1st March 2022.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To propose that members agree to the extension of its Health and Wellbeing Board Community Subgroup to 1st March 2022.

2 BACKGROUND

In September 2020, members agreed to establish a time limited Community Subgroup in response to the COVID-19 pandemic. The Subgroup focus was on those experiencing a disproportionate impact of COVID-19 and work in partnership to both understand and help address this inequality.

3 DETAILS

3.1. The Community Subgroup met for the first time, in public, on 4 August 2020, originally planned as fixed term to end in April 2021. However, it was agreed that the Subgroup continue to meet until August 2021, with renewed focus on vaccination equity. This was informed by a broad programme of engagement, undertaken with voluntary and community groups that gave an insight into residents' experiences of the pandemic.

3.2. At its meeting on 14th September the Community Subgroup agreed to that this partnership work has proved valuable, and to recommend that the Subgroup should be extended for a further three meetings, to March 2022. Moving forward it is proposed to have a dual focus on:

(i) The ongoing vaccination programme, including children and young people, the booster and flu vaccines, and helping to identify those not yet vaccinated and how they can be engaged, encouraged and supported.

(ii) Post Covid Syndrome (previously referred to as long Covid) and specifically its link to wider inequalities. To help identify opportunities for engagement, and action to address this, and promote wider health equity and wellbeing across all communities.

3.3 Taking account of LB Merton's existing Corporate Calendar and core HWBB meetings, the planned additional dates for future Community Subgroup meetings are:

- Tuesday 19 October 5.00 – 6.30pm
- Tuesday 14 December 5.00 – 6.30pm
- Tuesday 1 March 5.00 – 6.30pm

All Subgroup meetings are currently planned to be virtual via Zoom and will be live streamed to the public and thereafter available via You Tube.

4 ALTERNATIVE OPTIONS

The alternative option is for the Subgroup not to meet again. This would not allow for the continued partnership work to help support the ongoing vaccination programme, and impacts of Post Covid Syndrome.

5 CONSULTATION UNDERTAKEN OR PROPOSED

Members of the Community Subgroup agreed to recommend the proposed extension at its meeting on 14 September 2021.

6 TIMETABLE

The Community Subgroup will meet for an extended period up to March 2022 at dates included in this report.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

N/A

8 LEGAL AND STATUTORY IMPLICATIONS

The Community Subgroup will continue to report to the core Health and Wellbeing Board.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The focus of the Community Subgroup is on promoting health and wider equity across Merton's communities.

10 CRIME AND DISORDER IMPLICATIONS

N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

12 APPENDICES

None

Committee: Health and Wellbeing Board

Date: 28 September 2021

Wards: ALL

Subject: Merton Story/Joint Strategic Needs Assessment

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Contact officers: Dr Yannish Naik, Consultant in Public Health

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Recommendations:

1. To consider and, subject to final comment, agree The Merton Story 2021
2. To support the dissemination of The Merton Story 2021 and associated JSNA products.
3. To consider how the Merton Story can best inform partners' wider work going forward.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The Joint Strategic Needs Assessment (JSNA) is a statutory assessment of population health needs for the Health and Wellbeing Board. The Merton Story is the JSNA summary, refreshed and published on an annual basis.

1.2. This paper presents the draft version of the Merton Story 2021 and a two-page infographic summary of key messages (see appendices).The Merton Story 2021 focusses on the impact of COVID-19 particularly on health inequalities across the borough.

1.3. Due to the pandemic, local data availability has been somewhat limited, restricting the analysis possible for some topics in this years' Merton Story.

2 DETAILS

2.1. The Joint Strategic Needs Assessment (JSNA) is an assessment of population health and wellbeing needs. It is not limited to an annual publication, but rather intended to be an ongoing process of refining and refreshing our understanding of the local health profile. This usual process was interrupted by the pandemic; therefore, the JSNA was simplified and cut short this year.

2.2. Production of the JSNA is a statutory duty of the Health and Wellbeing Board. It is led by the Public Health team, with contributions from other council departments, the CCG and other partners.

2.3. In Merton, the main annual publication of the JSNA has been renamed 'The Merton Story' as a more accessible term. However, the JSNA also includes a number of other user-friendly products, including Ward Health Profiles, Bulletins and in-depth Health Needs Assessments.

2.4. Members will recall that in August a draft copy of the Merton Story was circulated to the Health and Wellbeing Board.

2.5. The Merton Story 2021 is composed of:

(i) The main document, in thematic sections, each headed by a number of key messages.

(ii) A two page infographic at-a-glance summary.

2.6. This structure is designed to meet the needs of a range of users, who vary in terms of the breadth and detail they require. The key messages are intended to summarise the most important points for decision makers and service leaders. The paragraphs that follow the key messages provide the detailed evidence upon which these are based.

2.7. The Merton Story 2021 has been structured differently to previous years. There are six main chapters, starting with a chapter on population demographics, which has been reduced compared to previous versions. The second chapter summarises the direct impacts of the COVID-19 pandemic. This is followed by chapters entitled 'start well', 'live well' and 'age well', taking a life course approach to population health and wellbeing and mirroring the well- recognised headings of the Health and Wellbeing Strategy and Local Health and Care Plan. The final chapter covers 'healthy place', reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.

2.8. The theme running throughout the chapters is a focus on the impact of COVID-19 (both direct and indirect) and on inequalities in Merton.

2.9. The Merton Story is limited to describing the risk and resilience factors that influence health and wellbeing, and the distribution of diseases and deaths, using mainly quantitative population data, supplemented where available by qualitative insights.

2.10. While it is not the role of the Merton Story to cover performance of individual health and care services or to provide explicit recommendations, the document is intended to be a practical tool, which informs the actions of the Council and wider partners.

2.11. This year due to the pandemic local data availability was limited as well as public health analytical capacity, restricting the scope of analyses.

2.12. Members are asked to consider and agree this final draft of The Merton Story 2021, and to help to support the dissemination of this work, so that it can inform wider work across all partners and their contacts.

3 ALTERNATIVE OPTIONS

3.1. The JSNA is a statutory requirement of the Health and Wellbeing Board.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. In the early stages of developing the Merton Story 2021, a meeting of key stakeholders and users of the JSNA was held to discuss which aspects of the previous version of the Merton Story could be omitted, and which areas should be expanded or added.

4.2. Draft key messages for each chapter have been developed through consultation with relevant stakeholders, within and beyond the Council. A full draft was shared with Health and Wellbeing Board members in August for comment.

5 TIMETABLE

5.1. It is planned that, following agreement at the Health and Wellbeing Board, that the Merton Story 2021 be published. A dissemination plan will be developed and agreed with the Director of Public Health.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. No direct financial or resource implications. The Merton Story presents a summary narrative of population needs, to inform health and wellbeing partnership working, strategies and commissioning agendas.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. As noted above, production of a JSNA is part of statutory guidance for all Health and Wellbeing Boards.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. Describing inequalities in health and social outcomes is a key theme in The Merton Story. Outcomes are compared between different areas of Merton, in particular between East and West, as well as between different population groups across Merton.

9 CRIME AND DISORDER IMPLICATIONS

9.1. No direct implications.

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

- The Merton Story 2021 main report – final draft
- The Merton Story 2021 – two page infographic summary

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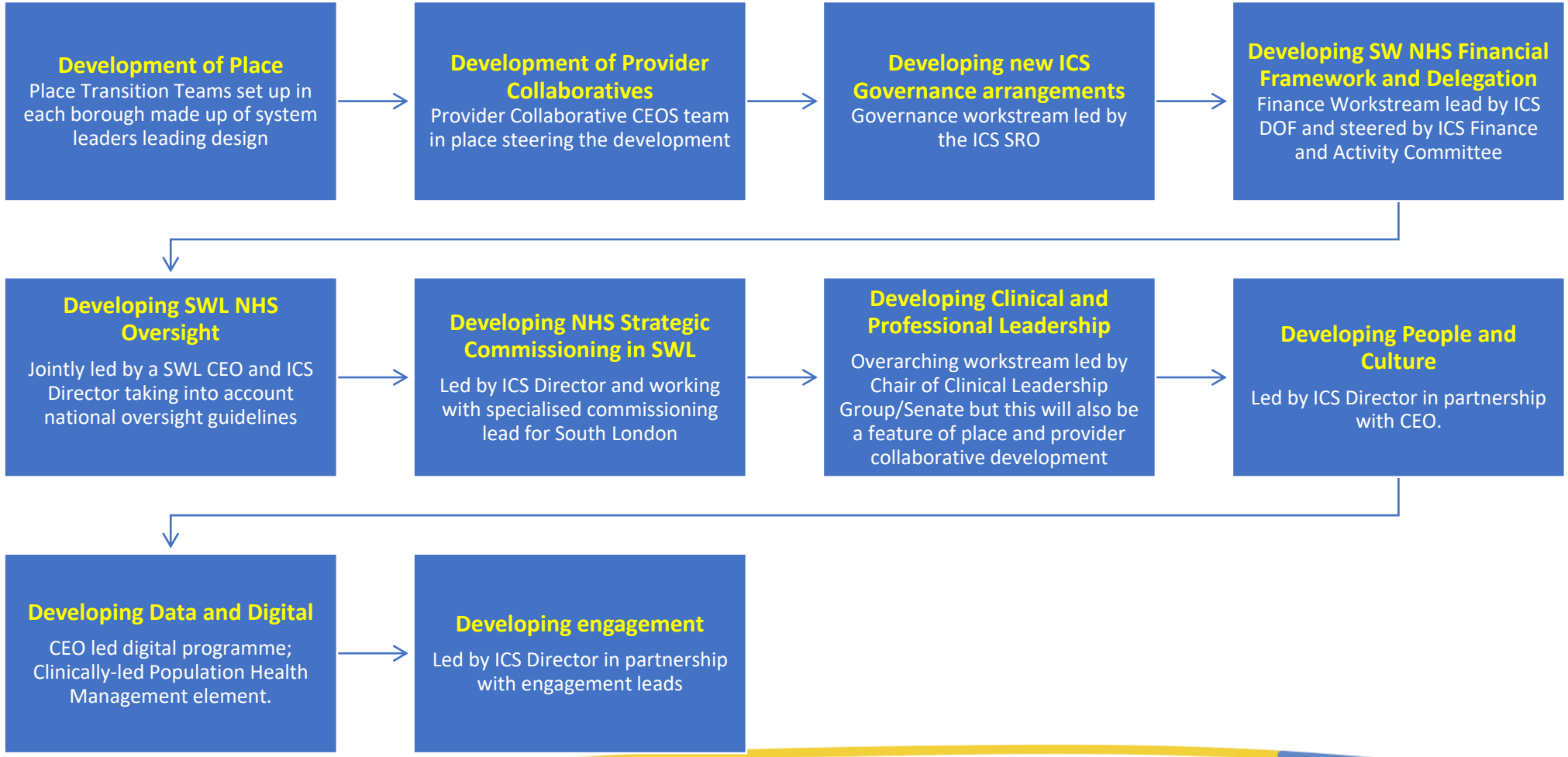
South West London
Health & Care
Partnership

ICS update - SWL CCG Governing Body

August 2021

Key elements of our ICS development programme

South West London Health & Care Partnership



Our principles for transition

- We start from the position that we have achieved a great deal in SWL so we will seek to preserve that which is good.
- We are clear that we want the new ICS to meet the needs of our citizens.
- Our overall objectives are:
  - Better health and well being for everyone
  - Better quality of health service for all individuals
  - Sustainable use of NHS resources
- We want to make sure that as we design the future ICS that it represents all views and needs - this is about doing things together
- We will respect and comply with statutory obligations
- We are clear that one of the Health and Care Partnership's strength has been the strong engagement we have had with our partners - we want to continue to develop the ICS in partnership
- Our objective is to evolve our partnerships and plan our transition supported by data, best practice, whilst being ambitious to get good to better now and in the future

September ICS update headlines …

South West London Health & Care Partnership

- **National Guidance**-The Health Care Bill has been published and is undergoing consideration in Parliament. Detailed ICS Design guidance has been published and has been reviewed locally to consider any new implications for us locally. Further guidance expected in July (see next slide) may be delayed until early August.
- **Future ICS Governance-**following local and London-wide discussions we are planning further detailed conversations on the future ICS governance design and transition during the summer to look at future arrangements and an ICS operating model. A number of listening exercises, led by Sarah Blow and Ian Thomas, will take place in September/October.
- **Place** – Local transition teams are progressing the refresh of local health and care plans and are identifying local development priorities and any organisational development support required.
- **Provider Collaboratives** – our acute and mental health collaboratives have pulled together their draft development plans. We will be meeting with each collaboratives to review and consider key development priorities and future areas of responsibility including leadership models, governance and organisational development plans.
- **Functional review** – We are completing the initial stages of the functions review to look at CCG and ICS Functions and how things might change in the future. The next phase will involve looking at the more detailed design of the future state for functions.
- **System Oversight arrangements-**we have developed a Memorandum of Understanding between ourselves and NHSE/I for how oversight and performance management arrangements will operate for the remainder of 21/22. CCG Governance will remain in place during this time and a plan for transition to the ICS will be agreed.
- **Exploring de minimis for ICS' in London -** There is significant pressure in the NHS currently – vaccination programme, covid-19 wave three, elective recovery, A&E pressure, ICS transition and more. It is therefore important to review the priorities for London to see how pressure in the system could be lifted. London conversations are therefore taking place on whether to set de minimis requirements for ICS' from 1 April 2022.

The roles of each part of our integrated care system

Provider Collaboratives are partnership arrangements involving two or more trusts (foundation trusts or NHS trusts) working across multiple places to realise the benefits of mutual aid and working at scale.

The purpose of provider collaboratives is to better enable their members **to work together to continuously improve quality, efficiency and outcomes**, including proactively **addressing unwarranted variation and inequalities in access and experience** across different providers. They are expected to be important vehicles for trusts to collaboratively **lead the transformation of services and the recovery from the pandemic**, ensuring shared ownership of objectives and plans across all parties.

SWL ICS Places have four main roles:

- **To support and develop primary care networks** (PCNs) which join up primary and community services across local neighbourhoods.
- **To simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **To understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- **To coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

The role of SWL ICS is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

Within the ICS, the NHS Body will **lead integration within the NHS**, bringing together all those involved in planning and providing NHS services to take a **collaborative approach to agreeing and delivering ambitions** for the health of the population. It will ensure that **dynamic joint working arrangements**, as demonstrated through the response to COVID-19, become the norm. It will **establish shared strategic priorities within the NHS** and provide seamless connections to wider partnership arrangements at a system level **to tackle population health challenges and enhance services** at the interface of health and social care.

South West London Health & Care Partnership

Introduction to the guidance

- **Thriving Places** - ***Guidance on the development of place based partnerships as part of statutory integrated care systems*** published in September 2021 and co-produced by NHSE/I and the Local Government Association (LGA).
- Place-based partnerships will remain as the **foundations of integrated care systems** as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

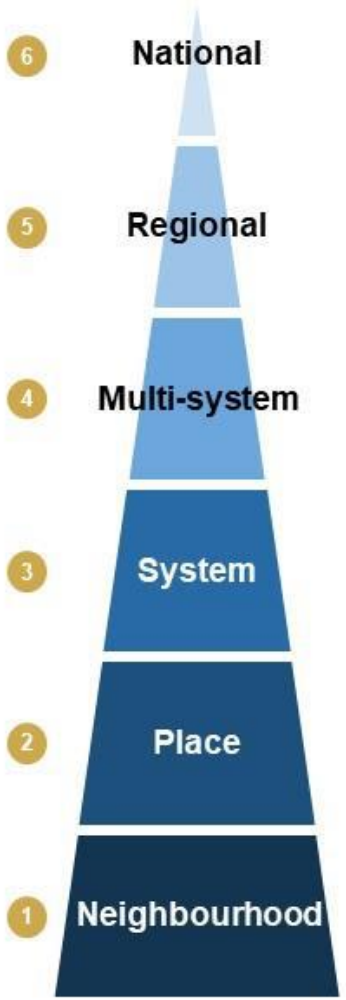
Guiding principles

- There is no single approach to defining how, and at what scale, partners should come together to work in an ICS. Place-based partnerships should start from understanding people and communities and **agreeing shared purpose before defining structures**
- Effective partnerships are often **built 'by doing'** – acting together and building collaborative arrangements to support this action as it evolves.
- Governance arrangements must **develop over time**, with the potential to develop into more formal arrangements as working relationships and trust increase
- Partnerships should be built on an ethos of **equal partnership** across sectors, organisations, professionals and communities
- Partners should consider how they develop the **culture and behaviours** that reflect their shared values and sustain open, respectful and trusting working relationships supported by clearly defined mechanisms to support public accountability and transparency

Action

As part of the establishment of new ICS arrangements from April 2021 ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

The system



Services	Predominant collaboration partners	Collaboration arrangements	Activities
• Life sciences • Highly specialist services	• Specialist providers • Research universities • Industry	• AHSCs, AHSNs • Public-private partnerships	• Services need to be planned and coordinated on a broader footprint than a single ICS, working with neighbouring ICSs, other providers and national commissioners. • Provider collaboratives might span levels 4 and 5 but even when they are not, they must be sighted on decisions relating to the delivery of services at levels four to six in order to understand and calibrate the use of its collective resources for the delivery of all provider collaborative priorities. • Linked to commissioning of 999, 111 and IUC over multi-ICS as a Lead Provider model
• Highly specialist services • Specialised services	• Specialist NHS providers across a large geographic footprint	• Specialist clinical networks • Provider collaboratives	
• Specialist and specialised services • Community and mental health • Access to UEC	• Providers working over multiple ICSs	• Specialist clinical networks • Provider collaboratives	
• Elective and non-elective secondary care • Inpatient, crisis and specialist mental health, learning disability and autism • Community	• Providers working across an ICS • Providers with patient flow into an ICS	• Provider collaboratives	• Services in Level 3 are primarily delivered on an ICS footprint. • These services therefore particularly lend themselves to planning, coordination and delivery through a provider collaborative.
• Community health • Community mental health • 'Front door' acute • Social care	• Providers • GPs • LAs • Voluntary sector	• Place-based partnerships • ICP contracts	• Services in levels 1 and 2 are likely to be planned and coordinated at borough (place) level and delivered at neighbourhood or borough level, depending on the service in question. The primary "vehicles" for collaboration in these layers are place-based partnerships (of which the members of provider collaboratives are key partners). • Provider collaboratives play a role in areas where they can add value for at scale collaboration, across multiple places. but they should not duplicate work within each place.
• Primary care • Public health and wellbeing • Prevention • Community health • Social care	• Providers • GPs • LAs • Voluntary sector	• Primary Care Networks (PCNs) • Integrated multi-disciplinary teams	

Defining the purpose and role of the place partnership – Key Points

South West London Health & Care Partnership

- Partners in place should ensure they have **shared objectives**, built on a **mutual understanding of the population and a shared vision for the place**. The vision for places should focus on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.
- The **shared objectives of partners at place should underpin the purpose and role of the partnership**. This will comprise the actions the partnership will undertake together, and the capabilities required to support this – which may include the statutory functions delivered by bodies in the partnership
- The programmes and activities that place-based partnerships may undertake together may be underpinned by shared functions or capabilities, such as people, digital and technology functions, business intelligence and analytics. They should always be supported by an **approach to working that embeds systematic involvement**
- The place-based partnership **may agree that these capabilities and activities should be led by individual organisations or resourced collaboratively** by programmes delivered across organisational boundaries avoiding duplication. They should work with other partners across the ICS to agree the activities and capabilities that may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate.
- Place-based partnerships will have a **role to agree the shared priorities of the wider system**, which will include working with at-scale provider collaboratives, where they have taken on responsibility for the delivery of certain services at-scale, to ensure this meets the needs of communities in their place and to avoid the duplication of activities
- Distinct from the role of the at-scale provider collaboratives **place-based partnerships may also consider different approaches to take locally to support providers of different types and from different sectors to work together** to co-ordinate care and integrate services in their locality.

Potential activities and approaches of place-based partnerships

South West London Health & Care Partnership

Health and care strategy and planning at place	**Activity** - The place-based partnership has a common understanding of its population, and has agreed a shared vision, including local priorities for the delivery of health, social care and public health services in the place. **Approach** - The place-based partnership will have a role in informing and developing the integrated care strategy agreed by all partners in the ICP, which will also consider system-wide priorities, and inform the NHS plan developed by the ICB, which will also include national NHS transformation commitments
Service Planning	**Activity** - The place-based partnership continues to integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services **Approach** – Across health and social care place-based partners should consider approaches to collaboratively monitor the delivery of services as part of the planning cycle, including quality monitoring, reviewing performance and outcomes
Service delivery and transformation	**Activity** - The place-based partnership continues to integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services **Approach** - The place-based partnership continues to integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services

Potential activities and approaches of place-based partnerships

South West London Health & Care Partnership

Population Health Management	**Activity** - The place-based partnership has agreed with wider system partners plans to establish population health intelligence and analytical capabilities at-scale, as well as approaches to draw on this insight to support care redesign locally, building on existing expertise across the place and system **Approach** - This typically includes segmentation and modelling to understand future demand across different population groups and care settings, working with PCNs and other partners to understand their population's bio-psychosocial risk factors, and supporting the implementation of anticipatory care models.
Connect support in the community	**Activity** - The place-based partnership has agreed with wider system partners plans to establish population health intelligence and analytical capabilities at-scale, as well as approaches to draw on this insight to support care redesign locally, building on existing expertise across the place and system **Approach** - This typically includes segmentation and modelling to understand future demand across different population groups and care settings, working with PCNs and other partners to understand their population's bio-psychosocial risk factors, and supporting the implementation of anticipatory care models.
Promote health and wellbeing	**Activity** -The place-based partnership proactively works with local agencies and community partners to influence the wider determinants of health and wellbeing, and to support other local objectives such as economic development and environmental sustainability. **Approach** - Aligning plans with public health and other local government strategies and plans. The NHS and local government may consider opportunities to leverage their role as 'anchor institutions' to support economic opportunity and skills development in their communities, building on existing research.
Align management support	**Activity** – Place-based partners agree options to align and share resources **Approach** – Identify opportunities to align management support to operational and programme delivery e.g. PCN clinical directors should be supported to build their working relationships over time to be able to drive improvement through peer support, lead on service transformation programmes and represent primary care in the place-based partnership

Place Based Partnerships Options

South West London Health & Care Partnership

Option 1 Consultative Forum

- Would be a backwards step to existing place based arrangements
- Would not give the autonomy required at place

Option 2 – Individual Executives or staff

- Would be an option but may not give autonomy to place require
- Executive support would be needed regardless of delegation arrangements so executive support would need to be considered in the round

Option 3 – Committee of the ICB

- Would give local autonomy and delegation to agreed outcomes
- Would give local autonomy to decide on TOR and membership subject to agreement by ICB
- Provides a de-minimus smooth and safe transition for SWLondon whilst dealing with BAU

Option 4 – Joint Committee of partners

- Currently not preferred option as there is not yet agreement at local level of budgets and accountabilities of partners to be delegated and managed by a joint committee structure
- No agreed structure for managing clinical and financial risk agreed yet locally for joint budgets outside of BCF
- This could be an option for the future

Option 5 – Lead Provider

- Would need agreement across the system – including decision making and holding of budgets for different providers through a lead provider

Committee – known as Place Based Partnerships

- TOR and reporting to be agreed with ICB for delegated budget
- Chair - could be decided between members, could be the lead executive or independent (to be locally proposed and agreed by the ICB)
- Executive lead will be through shared arrangements either across Boroughs or with ICS and provider/s and will have an accountability line to the ICS CEO or delegated arrangements
- Membership from guidance, locally determined and proposed to the ICB:

- People who use care and support services, and their representatives including Healthwatch
- Local authorities
- Social care providers
- The voluntary, community and social enterprise sector (VCSE)
- The ICB
- Primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders
- Providers of acute, community and mental health services, including representatives of provider collaboratives where appropriate

Working with People and Communities

The guidance highlights the relationship that place-based partnerships need to build with local communities and stakeholders as part of their decision-making process. This includes:

- Systematically involving professionals, people and communities in their programmes of work and decision-making processes building on existing approaches to engaging and co-producing with people and communities
- Arrangements for inclusion should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system. They should establish a shared understanding of the community's needs, build relationships with all communities, including excluded groups and those affected by inequalities in access or outcomes, and use continued engagement to measure if partners are improving people's experiences of care and support
- Where decision-making affects communities, groups or specific services, these arrangements (including any formal consultation) should fully engage those affected, including populations, people who use services and carers across health and social care
- Partners should ensure they provide clear and accessible public information about the vision, plans and progress of the place-based partnership to build understanding and trust, and to start engagement early when developing place-based partnership plans and feed back to people and communities how their views have influenced activities and decisions.

ICS implantation guidance on working with people and communities has been published

Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities

Merton progress

- Agreed the Committee of the ICB option as the aim for 1st April 2022. This will allow the smooth transition to a local place partnership
- Provisional membership of the Merton Committee agreed – to be ratified by participating organisations, members and ICS
- Health and Care Plan review well underway, engagement workshops held across August and September
- Health and Wellbeing Board and OSC presentations
- Expanded the transition team Merton Health and Care Together remains the partnership vehicle
- Organisational development plan for MHCT
- Programme Director recruitment, CCG and provider resource
- Stakeholder mapping, engagement and communication plan
- Primary care networks development sessions completed
- Co-production and joint design – build on the great platforms in place
- Process for Chair and Executive roles being developed

Merton Health and Care Together

Local health and care plan refresh

Executive Summary

- Delivery of the Merton Local Health and Care Plan (LHCP) is a key programme of work being undertaken by health, social care, and voluntary sector partners in Merton to improve health and wellbeing
- The Merton LHCP describes the vision, eight key priorities and actions to meet the health and care needs of local people, and deliver improvements in their health and wellbeing through the life stages of: **start well, live well and age well** and is focused on the areas where, over the two years (2019-2021), partners could have the greatest impact by working collectively
- It was developed in partnership with local people and stakeholders with a wide range of co-production between August 2018 and July 2019 - hearing what they wanted from health and care services and testing ideas at different stages in the development of the plan
- Following the impact of Covid19 and as South West London transitions to an Integrated Care System (ICS), the refresh of the Merton LHCP is being undertaken over the summer of 2021 with the refreshed plan to be submitted to the November 2021 Health and Wellbeing Board for endorsement and approval. These slides outline the intended process and approach to the refresh of the LHCP

Recommendations:

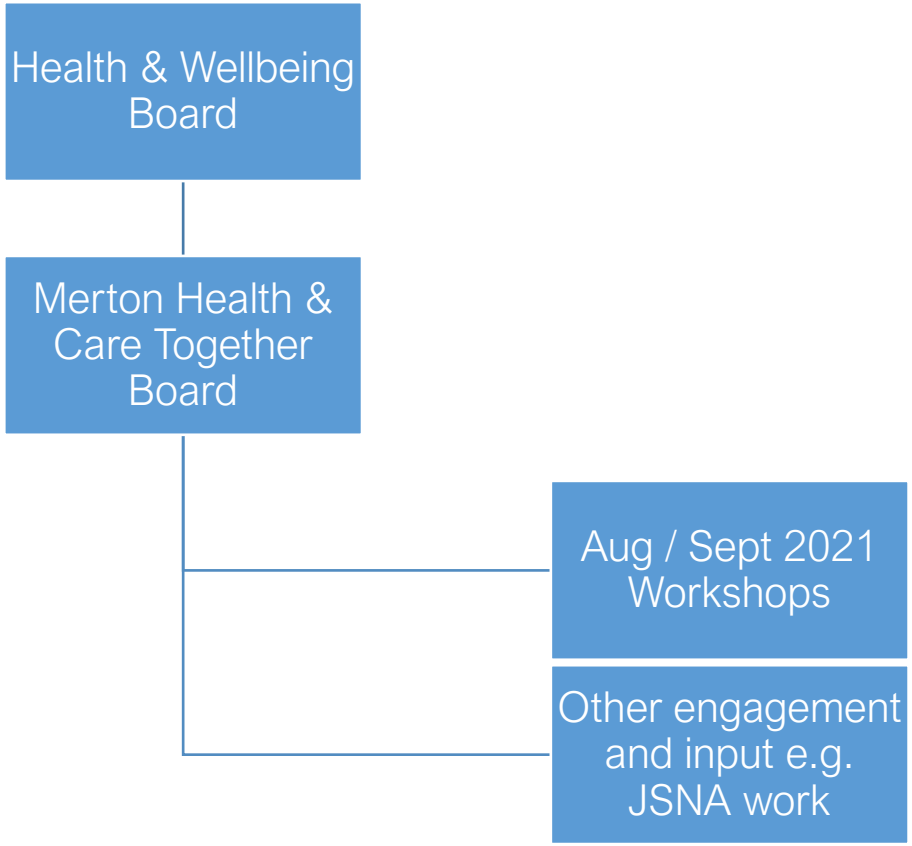
- The Health and Wellbeing Board is asked to note the process and approach to refreshing the Merton LHCP

Plan for refresh

The refresh of the Local Health and Care Plan will be based on:

- The Start Well, Live Well and Age Well workshops jointly facilitated by the place based Transition Team in Merton through August and September 2021
- The refreshed Joint Strategic Needs Assessment and the emerging Population Health Management work being developed by South West London CCG to ensure that the plan is evidenced based and responding to the needs of residents
- A review of progress made on the priorities already within the plan to ensure the refresh builds on momentum and delivery that has already happened
- Further engagement with wide range of partners and stakeholders; health and care professionals, voluntary and community leaders and service users, carers and their families to ensure that the plan reflects the key health and wellbeing priorities. This will be done through a range of methods including a survey, working with Merton Connected to link in with discussions with voluntary sector organisations, linking in with the outputs of the Your Merton survey, and work ongoing to establish a Merton partnership Communications and Engagement Forum
- The Merton Health and Care Together Board is overseeing the process and has received monthly updates since June 2021

Working together to refresh the plan – timeline



- Merton Health and Wellbeing Board to approve the refreshed local health and care plan (November – 23.11.2021)
- Merton Health and Care Together Board to monitor and track progress monthly; and review the draft refreshed plan (October – 05.10.2021)

- Transition Team Leads to facilitate workshops through August and September 2021 to inform refresh of plan
- Other engagement and intelligence will also feed into the refresh

Merton Health and Care Together

High level overview of workshops

Workshop format

- Each workshop was co-facilitated by health and care leads from Merton, with broadly the following format, with workshops repeated twice per Start Well/ Live Well/ Age Well in a healthy place to allow greater attendance:
  - **Remind** – what is the local health and care plan?
  - **Review** – what has happened and how has Covid impacted?
  - **Refresh** – what next?
- The workshops were designed to encourage feedback and reflections on the previous plan and gather experience and expertise from people living and working in Merton to help shape refreshed priorities for the plan going forward
- The were open and accessible and held online to maximise attendance with a range of interaction was used (Menti, breakout sessions, and group feedback/ discussion) and importantly also asked how an ongoing relationship and dialogue around delivery of the plan can be developed
- The survey was also promoted at the end of the workshop for any further reflections and sharing

Workshop high level feedback

- The workshops have been well received with 100+ people attending from across health, social care, communities and the voluntary/ third sector. Generally, the sessions were very positive with attendees from a range of organisations including local authority colleagues, community leads, councillors, primary care, mental health, community and acute providers, and voluntary sector representation
- Constructive feedback was provided that we need to continue to hear the patient / service user/ carer voice more, and that health and care acronyms and jargon need to be avoided
- Some early thoughts and themes were consistent which include:
  - Broadly the priorities in the plan remain appropriate and next steps should be developed
  - To work to reduce inequalities we must continue to listen to communities, really understand their needs, and invest in them
  - The pandemic has impacted mental health and wellbeing across the life course, and it is key to understand the impact of mental health on physical health and vice versa
- Continuation of discussions are planned for example with the Merton Covid Community Champions scheduled for October 2021
- All workshop intelligence will be collated and synthesised to bring back a draft LHCP refresh for discussion to the October MHCT meeting and for sign off at the November Health and Wellbeing Board

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Merton Borough Estates Strategy & Mitcham Health & Wellbeing Hub Update to Merton HWBB September 2021

Merton Health and Care Together

1. Developing Merton Borough Estates Strategy

- In 2019 Merton Health & Care Together Board identified estates in Merton as a key enabler to delivering the objectives of the plan to ***'provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people in Merton, enabling them to Start Well, Live Well and Age Well.'***
- Over the subsequent 18 months Merton Borough Estates Group, along with the six other boroughs in South West London, produced its Estates Strategy. The final draft was signed off by partners in April 2021.
- An abridged version of the strategy is shortly to be published on the SWL CCG website and is attached as Appendix A for the board to note. The strategy includes information about our current buildings and the significant primary care and out of hospital schemes included in the London Borough of Merton's Local Plan.
- As part of the development of the strategy, we took into account the objectives of our partner organisations as well as the impact of Covid-19 on ways of working.
- The strategy will be continuously reviewed to ensure it remains relevant and progress will be monitored via the Merton Borough Estates Group which meets monthly.
- South West London CCG Merton Place team would like to thank all our partners who contributed and attended the workshops that fed into the strategy development.

2. Mitcham Health & Wellbeing Hub Update

- A paper was presented to Merton Health & Care Together Board on 6th July 2021 to request a mandate to proceed with the Mitcham Health & Wellbeing Hub programme and to ensure proposed services continue to meet the needs of the local population and are aligned to the East Merton Model of Health & Wellbeing and Merton's Local Health & Care Plans. We are pleased to report that the mandate was approved.
- The Programme Board membership has been agreed in principle and the first meeting date planned for 30th September. We will set up working sub-groups reporting into it to ensure all stakeholders (including community-based groups) are involved and have an opportunity to contribute.
- Our digital colleagues will be consulted in the early stages to explore how technology can enable some administrative staff to be based remotely. We have also appointed a clinical lead from East Merton to endorse the programme.
- One of the first objectives of the newly established Programme Board will be to agree the scope for the formal site options appraisal which we plan to have completed by the end of November 2021.
- We look forward to updating the HWBB on a regular basis and to working with our partners.

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Merton

Borough Health & Care Estates Strategy

Merton Health and Care Together

Document control

Issue Ref.	Version / Date	Status / Summary of changes	Owner / Author
LL	1.0/12/12/2019	First draft for review at MHCT Board	L Lewis
LL	1.1/05/02/2020	Second draft for review at MHCT Board, incorporating outputs from 2 x workshops	L Lewis
LL	1.2/12/02/2020	Third draft incorporating feedback from MBEG meeting 11/02/2020 – executive summary added	L Lewis
LL	1.3/09/03/2020	Fourth draft incorporating feedback from MHCT Board, requests out for projects for investment summary/capital pipeline	L Lewis
LL/LI	1.4/10/03/2020	Remove NHS logo and add narrative following MBEG/input from LI	L Lewis
LL/LC	1.4a/12/05/2020	Import SGUH context and completed projects. Further input on demographics, mapping and references. Inclusion of prioritisation criteria.	L Lewis
LL	1.4b – June 2020	Reducing slides and incorporating Focus and Actions – progress paused until further notice	L Lewis
LL	1.4c – Sep-Oct 2020	Covid refresh, including of prioritisation scores	L Lewis
LL	1.4d 02/11/2020	Amend of Scope; PCN estates survey summary of key findings; addition of delivery plan	L Lewis
LL	1.5 18/11/2020 1.6 Final draft 15/01/21 Approved MHCT: 13/04/2021	Latest draft: changes from MBEG partners inc. minor amendment to wording in exec summary, removal of LBM infrastructure delivery plan, references to town centre regen and optimising existing estate (e.g. The Nelson) page 35. Comments from SWLStG (26/11/2020). Adding reference to local borough Climate Action Plans in vision and objectives. Amended date of Crossrail 2 KF. Final draft signed off by MHCT 13/04/2021	L Lewis
LL	*V3 amended 16/06/2021*	*Final amended version for publication approved by Merton Communications lead. Revision to wording on Slide 13 ESTH 22.06.2021 in line with full version.*	*L Lewis*

Disclaimer:

The options set out in this document are for discussion purposes. The involved NHS bodies understand, and will comply with, their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a mandate from NHS Improvement/NHS England or commitment to any particular course of action on the part of the organisations involved.

In respect of any request for disclosure under the Freedom of Information Act 2000 ("FoIA"): This is a confidential document for discussion purposes and any application for disclosure under the FoIA should be considered in accordance with disclosure obligations under the Act, including against potential exemptions such as those contained in s.22 ('Information intended for future publication'), s.36 ('Prejudice to effective conduct of public affairs') and s.43 ('Commercial Interests').

Prior to any disclosure under the FoIA, the party which has received the request is invited to discuss the potential impact of releasing such information with NHS Improvement/NHS England, and any other relevant parties.

Contents

Executive Summary

1. Why do we need a Borough Estates Strategy? Merton Borough Estates Group (MBEG) has an important role to play in enabling delivery of national and local health and care plans, identifying priorities, improving the lives of residents and quality of the working environment. An agreed strategy supports the group in achieving those objectives, making savings, reducing running costs and ensuring investment is properly targeted.

2. Our ambition mirrors that of the London Estates Board - that is for all people in Merton, regardless of their background or where they live, to have access to world class health services in world class facilities.

3. As well as ensuring Merton is best placed to maximise opportunities for improvements and there is adequate healthcare provision for areas of regeneration and growth within the borough, there is a need to improve and align health outcomes for people, especially given the increasing complexity of people living longer and those with long term conditions. In addition, emerging national environmental priorities and local climate action plans create new challenges to be addressed in our strategic approach.

4. It is recognised that the scale of the challenges facing health and care services are such that organisations cannot expect to fulfil their responsibilities by working alone, or by looking at health needs in isolation, but must include the wider social determinants that impact on wellbeing such as housing, education, the environment, employment, relationships and lifestyle.

5. The recruitment of GPs and other healthcare professionals remains a challenge nationally and locally. Merton needs to deliver sustainable premises to address the changing needs of its workforce, now and into the future.

6. A clear, published plan for NHS estates and healthcare requirements arising from new and changing households in Merton, for at least the next five years, is required in order to identify what is needed, where and when.

7. This plan will be used as evidence when considering and responding to planning applications and Merton's Local Plan to ensure that impacts from development are mitigated, with contributions to expanding health infrastructure through S106 agreements and borough Community Infrastructure Levies. It will also support proposals for other funding and investment, including NHS capital, to address existing shortfalls and to meet the demands of a modern health service.

8. Merton Borough Estates Strategy is an important first step in identifying priorities and drivers for these plans and to ensure future schemes are suitable for being scored against SWL and London prioritisation criteria.

9. It is therefore critical that estates planning is undertaken across the borough and beyond its boundaries. To back this up, implementation must also be done in collaboration via the Borough Estates Group to ensure decisions are made to support the delivery of local health and care plans, not just in Merton but across SW London.

10. Finally, at the time of drafting this strategy, it is not possible to document the full implications of the recent Coronavirus pandemic on estates across SW London and the borough. The new ways of working and operating procedures being established will have a significant short to medium impact across all healthcare sectors, as will the way patients access services, taking into account telephone and video triage and social distancing rules. A recent primary care estates survey and SWOT Analysis captured some of our Primary Care Network's key estates objectives, including the accommodation of additional roles into primary care and the impact of the pandemic.

Scope

1. The scope of the Merton Health and Care Estates Strategy includes local health providers' needs and clinical plans, as well as housing regeneration, borough population growth and changing demand that impacts on health infrastructure and provides opportunity for improvements, such as the regeneration of Morden Town Centre and the new Wimbledon Stadium development at Plough Lane.

2. As part of the strategy development, two workshops were held to discuss key priorities, opportunities and how best to address the health needs of our local population from an estates point of view. We engaged with Merton's voluntary services sector and council run services at the Merton Health and Care Together Board meetings, and at our workshops.

3. Merton does not have a major hospital within the borough, resulting in patients gravitating to hospital services nearest to where they live. To avoid duplication with other SWL borough strategies, we have not included a detailed list of hospital schemes, however we have included the key service objectives that impact Merton residents who access those facilities.

4. Colleagues and partners from community physical health care, local authority, voluntary sector, primary care, mental health and two major Acute hospital trusts attended our workshops and borough estates meetings.

5. A recent primary care estates survey was undertaken in the Borough. A summary of key findings has been included to ensure Merton's Primary Care Network's needs and objectives are considered as this strategy is implemented.

6. The scope of this strategy includes the following:

- Primary & community care facilities to include 22 GP surgeries – owned and leased;
- 6 Primary Care Networks (PCNs) and Integrated Localities;
- Key service objectives linked to Estates from all MBEG partners and providers and those who attended our workshops;
- NHSPS, CHP and 3PD owned and managed properties;
- Other provider owned and managed properties in Merton and surrounding boroughs that impact on Merton patients who access services within them;
- Vacant and under-utilised space, 'quick wins', optimisation and development opportunities arising from disposals;
- Funded and unfunded current and pipeline schemes;
- Clinical priorities included in Merton's Local Health and Care Plans;
- Areas of population growth and regeneration, increasing and changing demands and Merton Council's Infrastructure Delivery Plan and Local Plan;
- Promoting green and healthy spaces;
- Outputs from the Borough Estates Strategy Development Workshop and Focussed Session, including SWOT Analysis and key findings from the PCN estates survey.

Thank you to all our partners for their contribution towards developing this strategy for Merton.

Vision & Objectives

"Working together to provide truly joined up, high quality, sustainable, modern and accessible health and care services for all people in Merton. Enabling them to start well, live well and age well."

- Accessible buildings that are clean, 'fit-for-purpose' and safe, as committed to in the NHS Constitution.
- Buildings that are connected to the delivery of the Health and Care Plan in Merton, designed to support independence, good health and wellbeing, patient-centred care and a positive patient and staff experience.
- Contemporary facilities that are efficient, fully optimised and high quality, benefitting from the latest technology and contributing to environmental sustainability and local borough climate action plans.
- Facilities that are flexible, future-proofed, and sustainable, able to cope with the demands and flow of healthcare in the modern world and maintain resilient services.
- Facilities that improve health and wellbeing and reduce health inequalities, especially in the most deprived areas.

***Wimbledon Stadium & Housing Development** – £400,000 S106 agreement towards improving local health facilities

***Morden Town Centre Regeneration** – opportunity to explore sites for potential new health premises

The Wilson Hospital site in Mitcham NHSPS owned site in Mitcham, largely vacant and home to SWLStG and Wilson Wellbeing social prescribing services.

*Picture Ref: Merton Council Future Merton

1 Context

Merton Health and Care Together

1. Context

National

Investment in the NHS's buildings, IT and equipment is crucial to delivering the NHS Long Term Plan. The government has committed to providing the NHS with a new multi-year capital settlement at the next Spending Review, including capital to build new hospitals; for mental health and primary care and to modernise diagnostics and technology. Primary Care Networks are bringing together GPs and community services.

There is a focus on early detection and prevention of major health problems; backing the workforce; making better use of digital technology and reducing duplication; better coordination between organisations and systems to increase efficiency. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution.

London

The London Health Board recently approved the London Estates Strategy. This is the first London-wide health and care estates strategy in the 70-year history of the NHS. It identifies that to provide a sustainable, fit for purpose estate we will stop working in organisational silos and take a long term and holistic view of acute, mental health, community and primary care estates.

Robust governance is in place, giving London boroughs the best opportunity to bid for national funding.

South West London

Tackling backlog maintenance and improving the infrastructure within acute and mental health hospitals and community and primary care facilities in South West London is a key priority across the STP/ICS to ensure that we have fit for purpose health and care facilities to meet the needs of our population. Overall projected growth is 152,606, representing 17.3% of the total population increase across London.

The demand for capital currently outstrips the available funding and South West London providers have already deferred expenditure totalling £100m into 2020/21 resulting in provider capital plans that are largely dealing with urgent and significant estate related service risks. Six borough estates groups have been established.

Merton

Merton Local Health & Care Plan talks about using space differently, using different space and supporting independence, good health and wellbeing. The intention is to provide more services closer to where people are and a flexible collaborative approach to using space, taking into account local workforce and digital strategies.

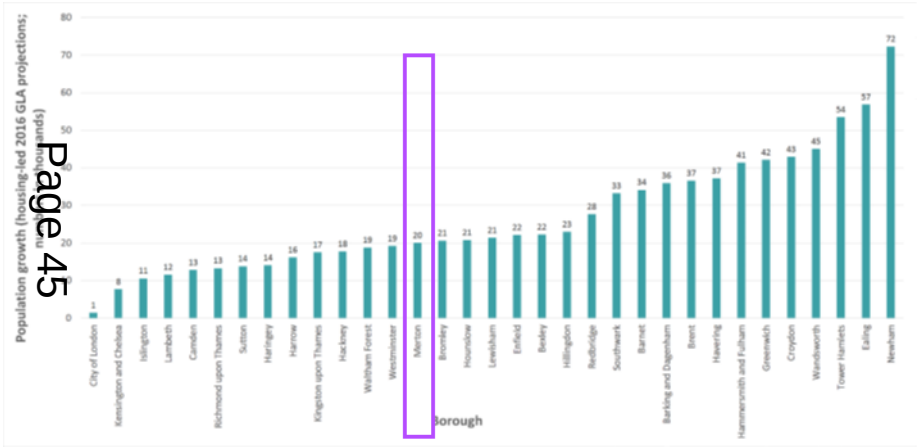
Merton's Estates Strategy must include a response to the impact of population growth, changing demands, variation in the standard and quality of current premises and funding challenges in order to propose a strategy that is best for our population and represents value for money.

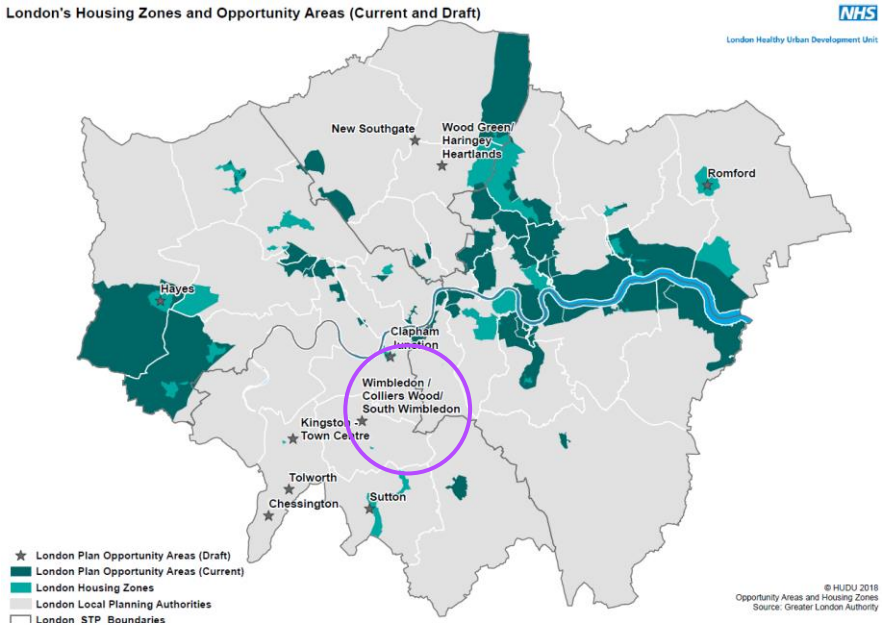
The strategy will inform Merton's Local Plan, helping identify health needs and sites for health infrastructure and evidence for developer contributions, and contribute to the borough's Infrastructure Development Plan, identifying requirements and projects that will support borough plans to become carbon neutral and promote green and healthy spaces.

London's Population Growth 2018–2028 Housing Zones & Opportunity Areas

Key Points

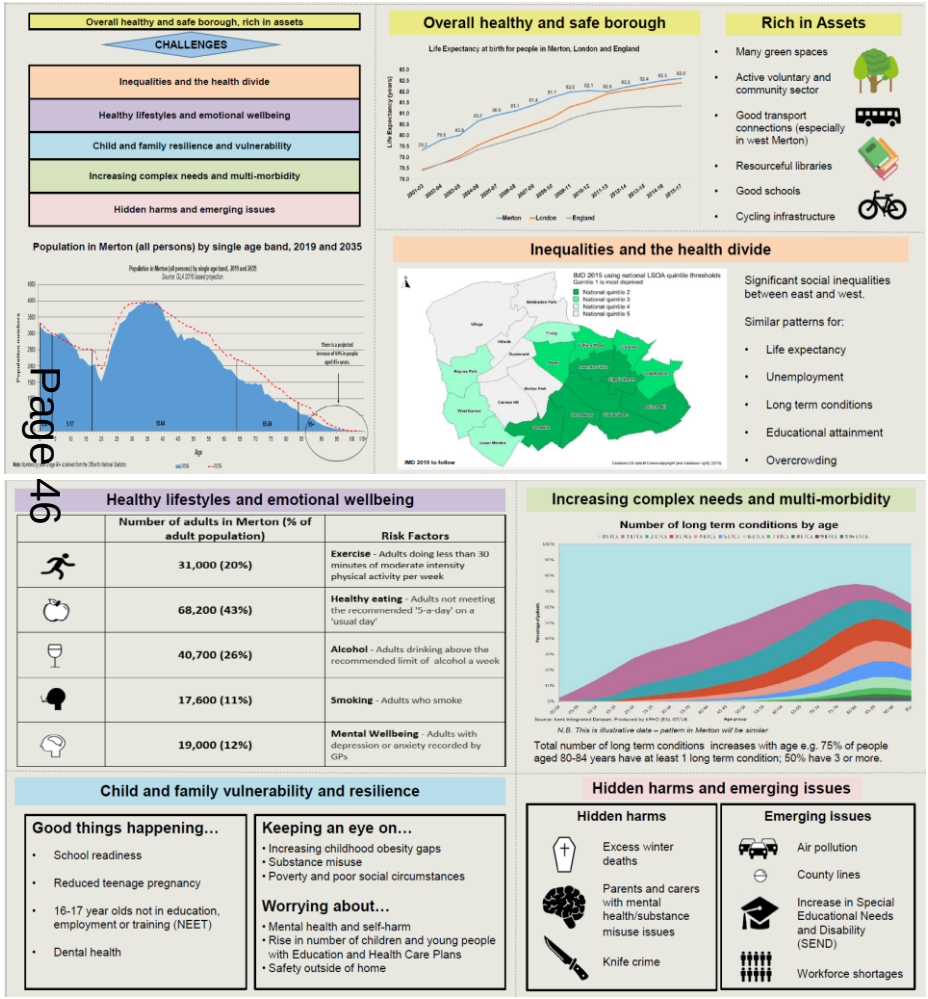
- Over the next 10 years, London's population is projected to increase by 883,334 – more than the current population of Amsterdam.
- The Mayor is investing £4.8 billion to start building 116,000 new affordable homes in London by 2022.
- Over half of boroughs, including Merton (shown below), predict population growth of between 10,000 – 30,000.
- Parts of Merton are also highlighted in the London Plan as draft Opportunity Areas.





Ref: GLA projections by Borough
Source: The London Estates Board Health & Care Strategy 2019

2. ‘The Merton Story’



Merton Joint Strategic Needs Assessment (JSNA) 2019

- The purpose of ‘The Merton Story’ is to provide an overall summary of what Merton is like as a place to live, the assets that make Merton a healthy place and the challenges faced in terms of health needs and health inequalities.

- It is the main component of the Merton Joint Strategic Needs Assessment (JSNA) which is a statutory assessment of population health and wellbeing needs for the Health and Wellbeing Board.

Merton has a GP registered population of approx. 225,000*:

- 22 GP practices, 6 Primary Care Networks;
- 140,000 adults;
- 16,000 people living with a long term condition.

Merton’s growing population means that by 2030 there will be:

- 45% more people with diabetes;
- 50% more people with heart diseases, and
- 80% more people with dementia.

Key challenges:

- Emotional wellbeing and mental health;
- Supporting wellbeing and independence;
- Management of long term conditions;
- The need to take a holistic approach;
- People with complex needs;
- Social inequalities and variation in health outcomes in different parts of the borough.

*June 2019

https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf

3. Strategic Drivers

1. **The impact of COVID-19 -** this strategy does not refer in detail to recent changes affecting estates as a result of new working practices. However these changes will need to be addressed in line with national priorities.

2. **Short, medium and long term Primary Care capacity issues -** including GP owner occupiers in adapted houses nearing retirement (22% GPs are 55+ in Merton) that may affect continuity of care and require premises and lease changes.

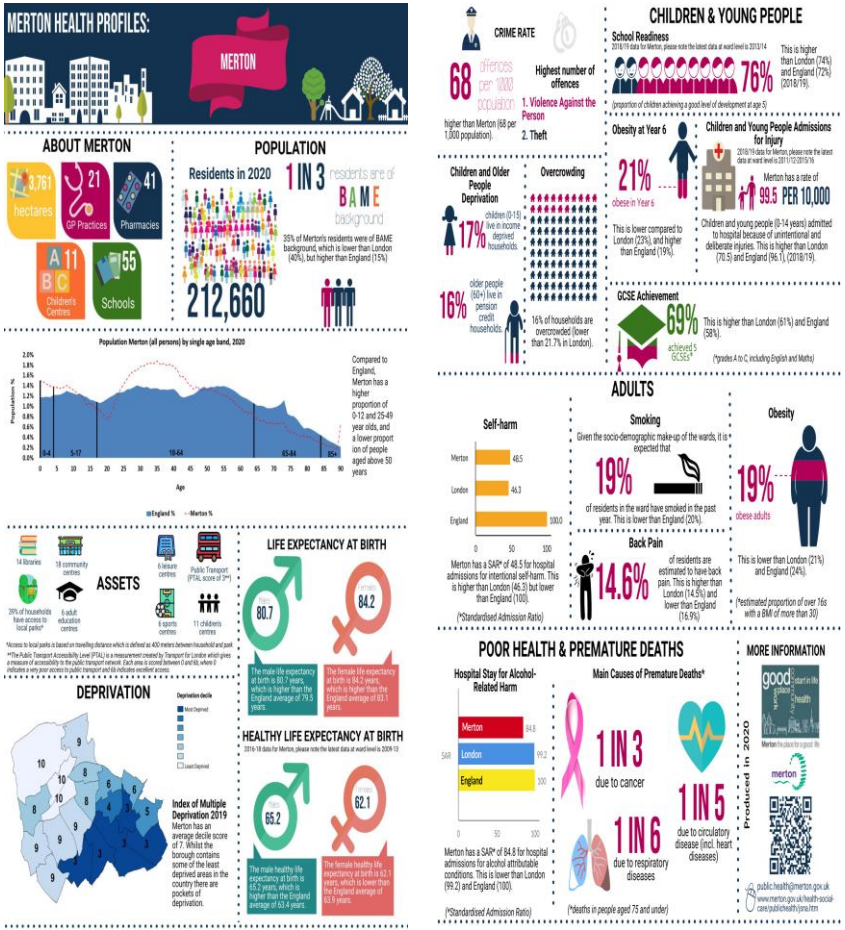
3. **Variation in quality and size of Primary Care premises -** from purpose built modern health centres to converted houses and repurposed buildings. There are a number of buildings that exemplify excellent design and facilities. However, there are a number of premises that present a challenge to be able to improve. A poor estate potentially means poorer patient experiences, inadequate working conditions for staff and fewer opportunities to improve health and wellbeing.

4. **Population growth** - East Merton has an estimated resident population of 110,000 which is projected to increase to 127,1000 by 2035. West Merton has an estimated resident population of 99,600 which is projected to increase to 109,500 by 2035*.

5. **Local Authorities continue to face significant financial and sustainability challenges -** including managing growth and promoting quality, the future of High Streets, affordable housing and compliance with Social Value Legislation. Covid-19 recovery impact.

6. **Merton's Climate Strategy and Action Plan** sets out net zero carbon targets of 2050 for the borough and 2030 for the Council. This will impact on the way we work and how we deliver future health infrastructure with plans for a 'greener' Merton and saving energy.

Merton's Health Profile 2019



https://www.merton.gov.uk/Documents/merton.pdf

*https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf

7. **Emerging Primary Care Networks (PCNs) -** GPs and other service providers are facing new demands and require support with new ways of using space and working with partners.

8. **NHS Long Term Plan** requirements and impact on estates (additional community mental health services, for example).

9. **Contrasting demands -** health care providers in different parts of the borough require specific local solutions to manage variation and ensure the right care in the right place.

10. **Service redesign -** providers of services may need to deliver significant service redesign on top of the already challenging financial position they face.

11. **Variation -** all wards in east Merton are more deprived and have higher rates of premature mortality than those in the west of the borough. Wards in the west have a higher proportion of older people who are wealthier and living longer*. These variations impact on where and how support and care is accessed in the future.

12. **Future healthcare provision –** our borough estates partners need to be aware of areas where there may not always be enough provision. These areas can be specified early in Merton's Local Plan.

13. **Contributing to local Infrastructure Needs Assessment -** the need for a clear plan that identifies NHS sites in Merton to be considered for investment over the next 10 years. Bids for funding will also be assessed against social capital criteria.

14. **The One Public Estate (OPE) programme -** the OPE programme is a joint initiative between the Cabinet Office, the Ministry of Housing, Communities & Local Government and the Local Government Association. OPE provides early stage funding opportunities for health and care related projects that promote the effective use of public estate by generating a range of benefits including capital receipts, reducing running costs, improving services and delivering homes and jobs.

15. ***Digital challenges -** the way we use technology, data and information so that patients are better able to care for themselves and access the most appropriate services, and our clinicians can provide the very best care. We want to transform the way we deliver care using digital technology, data and information in Merton that mirrors the ambitions in South West London so that:

    - Patients are better able to care for themselves and access the most appropriate services when they need to;
    - Clinicians can communicate better, make more accurate and timely clinical decisions and provide the very best care so that together we improve health and social care services;
    - Our organisations will be able to share accurate management, research and business management information across our system.

16. **Workforce challenges -** to deliver the ambitions and actions in our Five-Year Plan, Merton, along with other SWL boroughs, is critically dependant on people and the way they work.

    - We will need to work in a more joined-up way, making sure that our people are supported to have more flexible careers and a better work-life balance, and that we have the right numbers of people with the right skills to meet the changing needs of our populations.
    - Using the five pillars of the NHS People Plan, a workforce programme is being designed across SWL that will meet both current and future service demand. This ambition has been co-designed with our senior HR leaders in health and social care.
    - The way people work as a result of the COVID-19 outbreak will be different and this will impact on future plans for health buildings.
    - PCNs are being asked to accommodate additional roles into primary care.

*https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf

4. Prevention, Clinical & Service Strategies – links to Estates

CLCH

The overall purpose of the strategy is to ensure our estate supports:

- the integration of services in localities – working more closely with partners including primary care;
- the ambition of our quality strategy to be the best provider of high-quality community healthcare by 2020, helping to ensure patients and their families receive an experience that exceeds their expectation; and
- the vision for services set out in the clinical strategy 2018-20 - for staff to be supported to work across professional and organisational boundaries, sharing knowledge and increasing collaboration and teamwork.

Alongside this, the strategy will set out how we will maintain and build on our strong record for:

- improving compliance and standards so our estate is safe, appropriate and supports operational requirements;
- increasing value for money, meeting the requirements of the Carter review and setting out innovative development opportunities; and
- meeting NHS local and national planning and estates guidance including an increased focus on environmental sustainability.

SWLStG

- Improvement in local accessibility – high street locations for immediate access to services STP priority of developing integrated sub-locality teams which also impacts on community estate.
- New London Estates Board and STP Estates Group prioritising and identifying estates activity for South West London. Working with the South London Partnership (SLP) to identify efficiencies across the SWLSTG, SLAM and Oxleas.
- Estate Modernisation Programme – Brand new "state of the art" facilities enabling modern methods of treatment. Full visibility on wards and lowers SUIs.
- People Readiness & Culture Change programme – doing more with less space. Desk ratios for community and corporate staff under this programme will be rationalised. Hub and Spoke Model – Ensuring we have the correct accommodation model in each borough. Progressive transfer of services to community locations – looking at providing services closer to main high streets.
- Deliver increasingly complicated and quality improvements – eliminate same sex wards, en-suite accommodation, ensure lines of sight and easy to navigate wards.
- Expected grown in community mental health services, as per the NHS Long Term Plan, will lead to additional estates requirements.

PRIMARY CARE

- Continue programme management and development of current and pipeline primary care improvement schemes already underway as part of previous strategy and plans, including Colliers Wood and Rowan Park.
- Explore opportunities for better management of vacant space and improved utilisation of all primary care estate assets to ensure efficiencies across the borough.
- Merton Borough Estates Group established to identify areas of joint working and collaboration.
- Identify and support the operational requirements of Merton Local Health & Care Plans.
- Work with PCN Clinical Directors to ensure Primary Care estate is fit for newly emerging Primary Care Networks in Merton. Undertaking a detailed survey, SWOT Analysis and focussing on specific challenges, including Covid-19 and views on accommodating additional roles into primary care.
- Work with borough partners to ensure adequate healthcare provision is in place to meet future growth, increase in population and changing demands.
- Prioritise future opportunities from developers (CIL/s106) and respond to climate and environmental controls set by local and London plan.

ESTH

- SWL has secured £500m to build a new Specialist Emergency Care Hospital on the Sutton site which is the chosen site after public consultation. ESTH has completed and submitted an Outline Business Case for the new hospital and have included £80m investment to transform St Helier and Epsom hospitals.
- The proposals in the business case confirm that the majority of clinical services will remain at Epsom and St Helier hospitals both of which will operate a 24/7 service. Patients who need more specialist care will be located in the new Specialist Emergency Care Hospital at Sutton in a new hospital building.

SGUH

- St George's University Hospitals NHS Trust Strategy (2019- 2024) sets out the vision to provide outstanding care every time and the priorities that will drive and influence decisions over the next five years, including strong foundations. excellent local services, closer collaboration and leading specialist healthcare.
- A key part of the strategy is to improve our buildings and hospital estate as part of strong foundations which includes addressing backlog maintenance issues and building facilities which are fit for the future and transform the way health care is delivered in the Borough.
- The Trust has an ageing estate at St George's Hospital that has suffered from a lack of investment over a number of years, and now faces a maintenance backlog across the Trust in excess of £200 million.
- To enable delivery of the strategy, key priorities for the estate over the coming years will include:
  - investing in the quality of the buildings and hospital estates, maintaining operational stability, functionality and statutory compliance
  - making best use of the space available, avoiding overcrowded areas on the one hand or underused spaces on the other, and making sure services are optimally located across sites
  - ensuring that the buildings enable services to be delivered in line with the 'service model for the twenty first century' set out in the national NHS Long Term Plan (for instance with more virtual outpatient clinics, or an expansion in ambulatory care)
  - ensuring that buildings enable the best possible care to an ageing population, with the increase in dementia and frail older patients that entails.
- St George's University Hospitals NHS Foundation Trust is co-located with St George's, University of London Medical School on the Tooting site.
- The forthcoming SGUH estates strategy will set out this ambition in more detail.

5. Merton's Local Health & Care Plan

Our Local Health & Care Plan summary…

Supporting independence, good health and wellbeing:

- People enabled to stay healthy and actively involved in their communities for longer
- Person-centred care
- The effective use of technology and data to understand people and their needs, and provide the right advice, support and treatment.

Integrated and accessible person centred care:

- Joint teams in the community providing a range of joined up services seven days a week
- Services that help people to understand how to take care of themselves, and stay as healthy as possible for as long as possible
- People to be helped by health and care professionals and wider wellbeing teams to make use of a much more accessible and wider range of services

A partnership approach:

- Resilient local communities with voluntary sector communities playing an expanded role
- Peer support to counteract loneliness and contribute to people's overall mental health and wellbeing.

How will this impact on our estate?

Using space differently:

- More care delivered to people where they are (home/school) by mobile teams
- More multi-disciplinary team meetings (with virtual attendance from colleagues near and far)
- More virtual clinician-clinician and clinician-patient conversations
- More peer support, group working
- More on-site diagnostics and consultant services delivered out of hospital when appropriate

Different people using the space:

- More services delivered by peers, voluntary sector and community groups
- A flexible and collaborative approach to sharing space – matrix teams, co-location, joint working across, between and within organisations

Using different spaces:

- Maximising use of the public, community and local business estate: shopping centres, parks, transport hubs, etc.

Surplus Estate:

- Selling off surplus estate

Supported by…

A digital first approach:

- Wi-Fi /4g connectivity as standard, with flexibility to accommodate innovations regarding 'Internet of Things' capability requirements, and assistive technology (robotics, etc.).

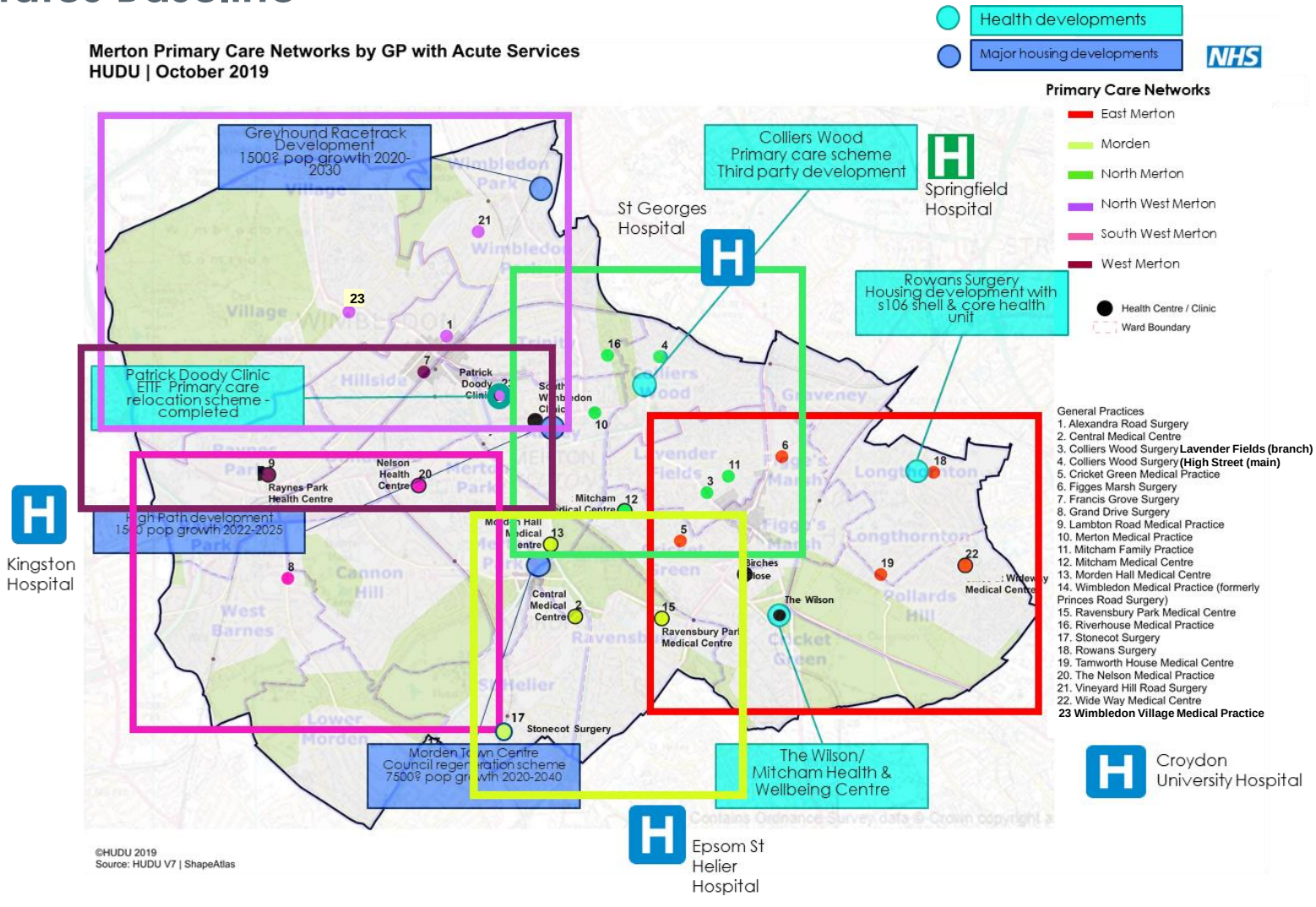
A commitment to a healthy place:

- Promoting active travel/reducing car use
- Designing spaces that promote community, connectedness and reduced carbon consumption
- A dementia friendly borough
- Estate: shopping centres, parks, transport hubs, etc.

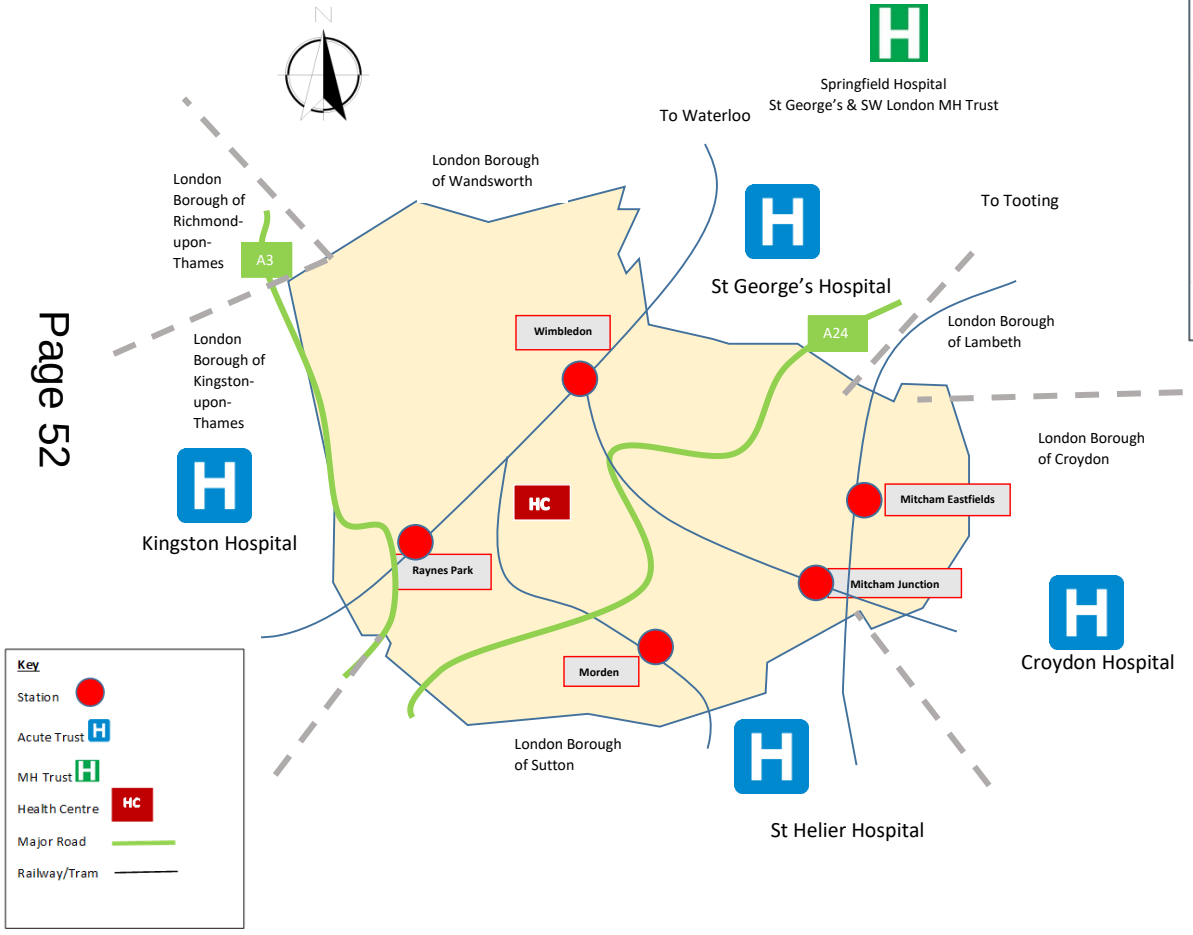
Our partners:

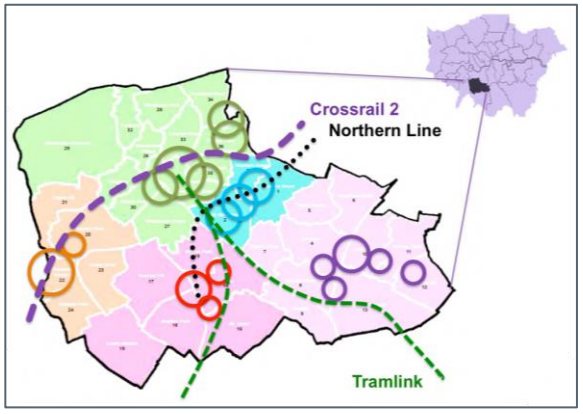
St George's University Hospitals NHS Foundation Trust · NHS Merton Clinical Commissioning Group · South West London and St George's Mental Health NHS Trust · Central London Community Healthcare NHS Trust · merton · healthwatch Merton · Epsom and St Helier University Hospitals NHS Trust · merton health · MVSC inspiring excellence

6. Estates Baseline



Merton's proximity to major Hospitals, links & road networks





Key Points:

- Merton's transport links influence where and how people access healthcare across the borough.
- Crossrail 2 is currently proposed to open in Wimbledon in the 2040s (scheme is delayed) and will support local population growth through improved links to Central London and beyond.
- Because Merton does not have an Acute hospital within its boundaries, the population gravitate to the most convenient hospital to where they live.

Insert map: Crossrail and Merton Town Centres - Merton Council Future Merton
Main map: CCG. Map created from own imagery and images from other sources.

Areas of Growth & New Housing (over 15 years)

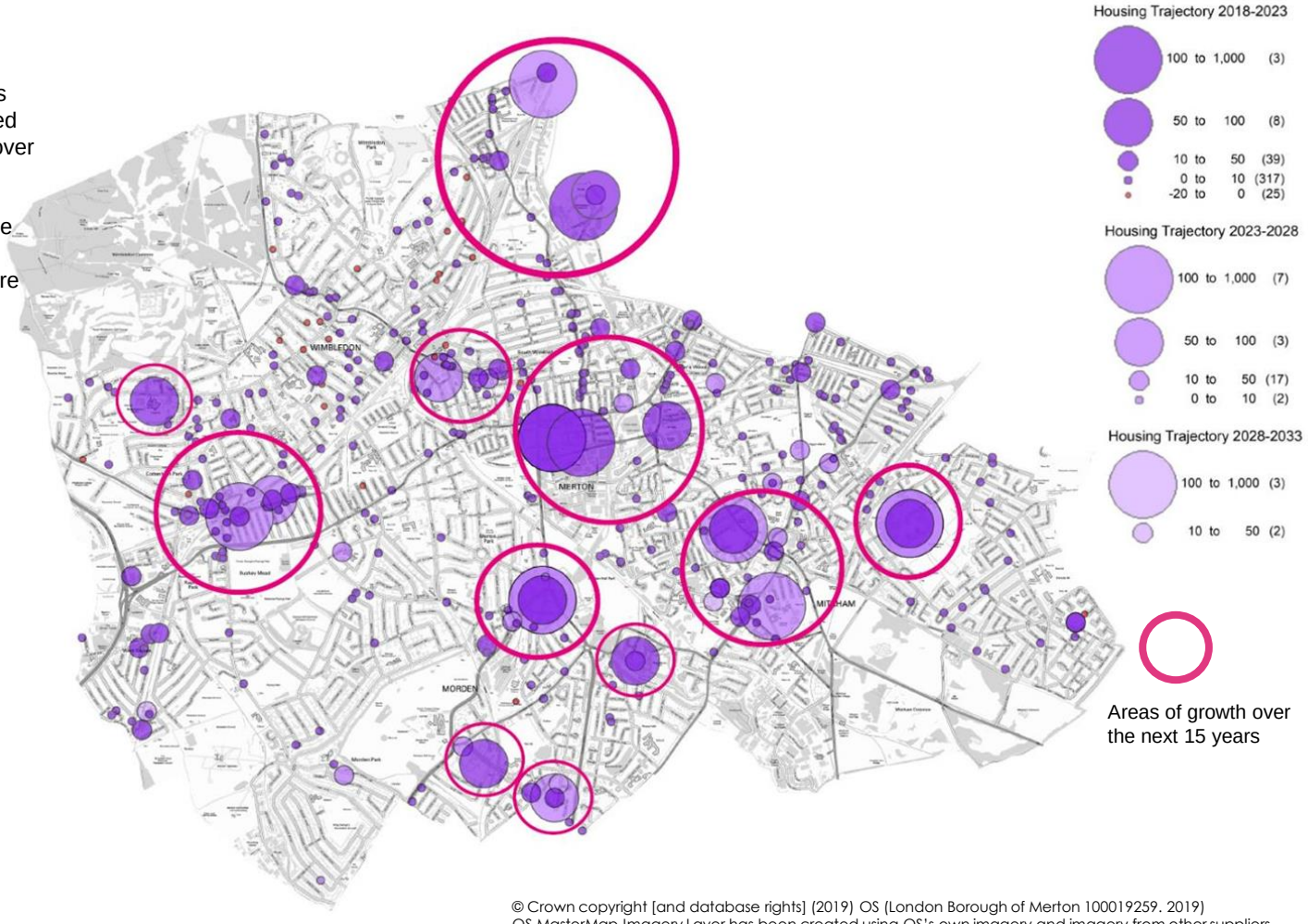
Key Points:

- This information will help partners decide where there may be a need for additional health care estate over the next 15 years.

- Having a clear strategy will enable partners to plan in advance by specifying any health infrastructure needs in Merton Council's Local Plan.

New Housing 2018-2033*:

- High Path Estate
- Eastfields Estate
- Ravensbury Estate
- Wimbledon Stadium
- Morden town centre regen.
- Haslemere Industrial Estate
- Haig Housing
- Colliers Wood Tower 2
- Mitcham town centre

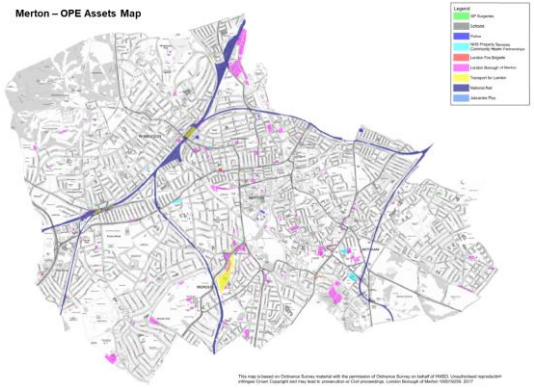


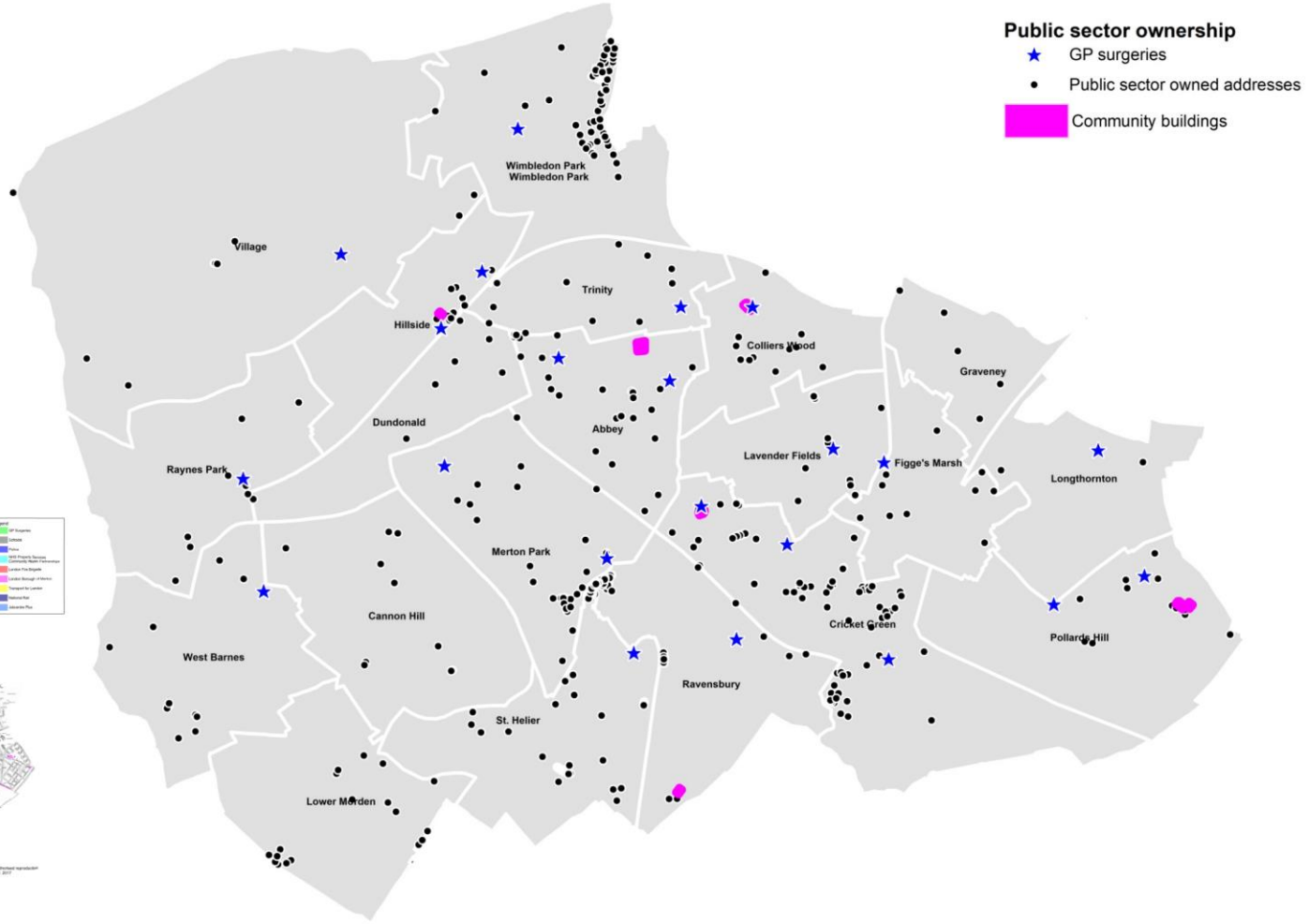
*N.B. This data is updated annually in Merton's Authority Monitoring Report which is published online

Public Sector Ownership Assets in Merton

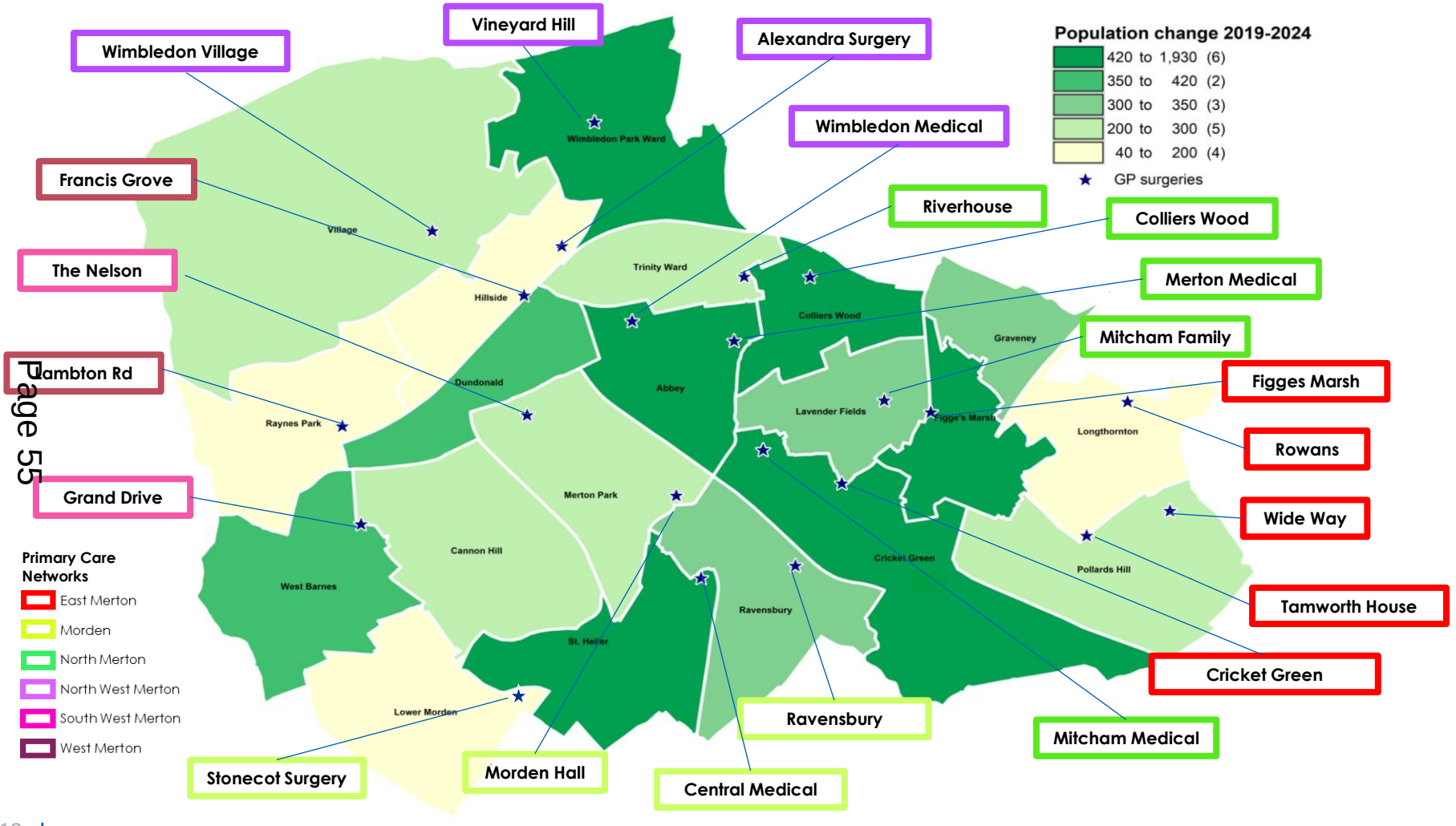
Key Points:

- Merton Council Future Merton and OPE have collated all the known community assets in Merton.
- Borough estates partners will work together to ensure that opportunities to share space, or bid for joint funding, are explored.





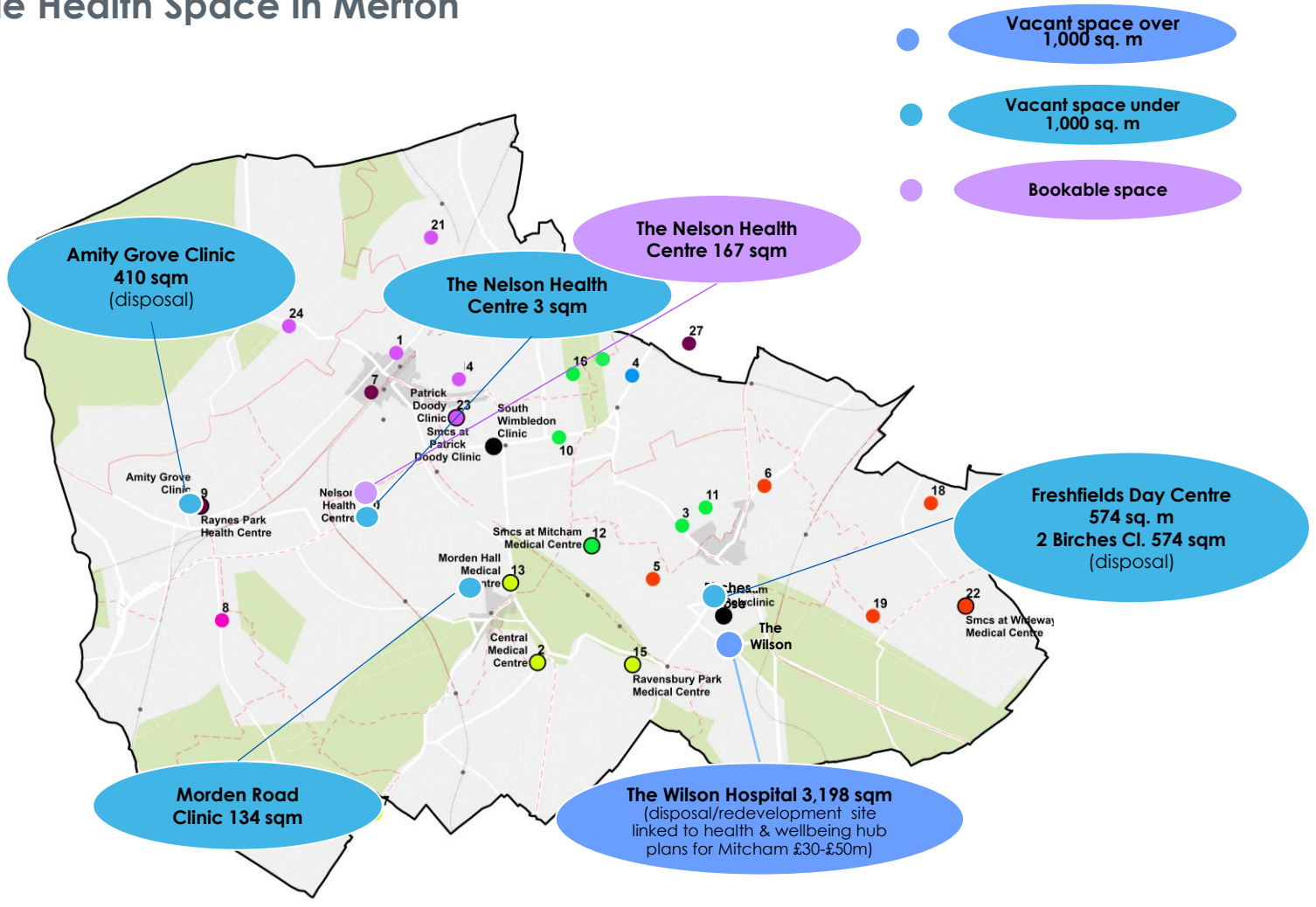
Population Change 2019 – 2024 & Primary Care Networks



Vacant & Bookable Health Space in Merton

Key Points:

- Improving utilisation of bookable space and occupying or disposing of vacant space is an important part of our strategic approach for the first 1 – 3 years.
- The current cost to the NHS of vacant space in Merton is approximately £793,000 per annum.
- The Wilson site represents over 70% of the total void costs incurred in Merton and disposal or redevelopment of the site and adjacent land is being considered in connection with plans for a new health & wellbeing hub for Mitcham and surrounding areas.
- Optimising the use of existing estate is also to be considered.



7. The Capital Challenge & Sources of Funding

1. The South West London Integrated Care System (ICS) as a system has serious concerns regarding the condition of much of our NHS estate, equipment and ICT infrastructure. The current availability of capital funding combined with the lack of flexibility around alternative sources of investment is exacerbating this problem.

2. The system will work with NHSE/I, Her Majesty's Treasury (HMT), our six local authorities and the GLA to identify other pragmatic, commercial and deliverable solutions to this major problem.

3. Over the past 10 years, NHS providers in South West London, in common with the rest of England, have only been able to invest up to 5% of their turnover on capital investment when the norm for health systems is 10%.

4. Therefore, tackling backlog maintenance and improving the infrastructure within acute and mental health hospitals and community and primary care facilities in South West London is a key priority across the STP/ICS to ensure that we have fit for purpose health and care facilities to meet the needs of our population.

5. The demand for capital outstrips the available funding and South West London providers have already deferred expenditure totalling £100m into 2020/21 resulting in provider capital plans that are largely dealing with urgent and significant estate related service risks.

Funding Source	Comments, existing & proposed implementation
Disposals	Provider disposal receipts directed to investment.
Central NHS Sources	STP capital (Wave 1 to 4 etc.), Estates Technology Transformation Fund (ETTF), London Improvement Grant (LIG), Healthcare Infrastructure Plan (HIP)
One Public Estate (OPE)	Seed capital funding that can support project feasibility work. Requires more than one public sector body involvement and reasonable chance of generating disposal receipts and/or housing units. Administered through local authority, governance via the South London Partnership.
Developer Contributions (S106/CIL)	Although not technically a funding source, developer contributions are used for specific purposes to support health infrastructure improvements or reprovision.
NHSPS site redevelopment	Release value from the community estate owned by NHSPS by developing mixed use schemes providing housing and new health space [redevelopment opportunities].
Partnerships	Merton Borough Estates Group enabling close working with partners, such as local authorities. Participation and opportunities explored with third party developers (3PD).
NHS Providers Capital	NHS providers have an annual capital allocation driven primarily by the amount of depreciation charged to their accounts. The regime is subject to change, but will continue to be a potential source of funds.
Self-funded	Provider sources fund through internally generated resources, excluding disposals, e.g. operational savings.

2 Progress

Our progress ..... so far

Merton Health and Care Together

1. Governance

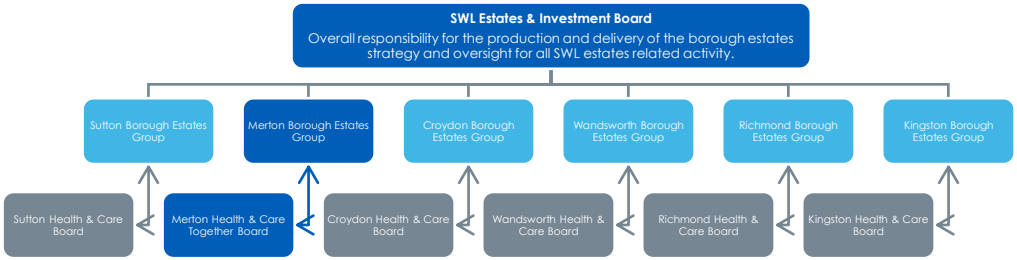
- The Merton Borough Estates Group (MBEG) has been established and Terms of Reference approved (see Appendix 1). MBEG meets monthly and is attended by estates and service leads (including digital) from a range of organisations across the borough, working in partnership.

- Two workshops were held for health and care partners to discuss estates requirements and shape future strategy linked to clinical plans.

- Primary Care PCN estates data gathering survey and SWOT Analysis undertaken in 2020. Feedback shared with PCN Clinical Directors to support planning.

- The agreed governance arrangements (right) support engagement and decision making in respect of prioritising the required capital and investment pipeline and preparing bids from across the borough with Borough Estates Groups reporting into both Health & Care Together Boards, and SWL Estates & Investment Board.

- Having the correct leadership and effective engagement in place means that delivery of current and future projects, management of vacant space, improved utilisation and agreement of disposals will enable the delivery of Merton's Local Health & Care Plans.



2. Completed Funded Capital Projects Summary

Primary Care & Community/Out of Hospital

Basic Scheme Information			Financials	Progress	
Lead	Title of Scheme	Scheme Description	Total Capital Funding (£)	Business case status	Comments
CCG/ GP	Wide Way ETTF Practice-led scheme	GP premises extension/new clinical rooms	£669,600	Green	Complete
CCG/ GP	Central Medical Centre	Improvement Grant scheme to extend. New clinical rooms.	£210,00	Green	Complete
CCG/ GP	Morden Hall Medical Centre	Improvement Grant scheme to refurbish part of the premises/new clinical rooms	£507,000	Green	Complete
CCG/ NHSPS	Patrick Doody ETTF scheme	Relocation of GP practice to newly refurbished premises	£412,468	Green	Complete
CCG/ LBM	Mitcham Health & Wellbeing Feasibility Study	OPE funding to support feasibility study	£100,000	Green	Complete
CCG/ NHSPS	120 The Broadway	Rationalisation of space, relocation of staff, refurbishment & introduction of smart working		Green	Complete

Completed capital healthcare projects in Merton since 2015 (top to bottom):

- **The Nelson Health Centre & Medical Practice** opened in 2015 and won the Best Primary Care Development category at the 17th National *Building Better Healthcare Awards;*
- **Wide Way Medical Practice**
- **Patrick Doody Health Centre**

Funded – within organisation's capital	Funded – central funding (ETTF, IG, Wave 1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded

3. People attending SWL borough health and care plan events and stakeholders attending the Health & Wellbeing workshop told us . . . . . .

- “A lot of NHS buildings are in poor repair.
- Some hospitals and some wards are very old and need to be upgraded to bring them up to modern standards.
- A poor environment can affect people’s mood and general wellbeing.
- We should be working with councils to look for opportunities to solve some of our estate’s challenges.
- Services need to be more flexible and offer different levels of support to people in their own homes.
- The idea of having more locally provided care is supported, but there are concerns that the local NHS does not have the capacity and resources to manage the change towards a more local care model.”

3 Focus & Actions

The boroughs in South West London are moving forward with projects within a decision-making framework that prioritises the greatest need and best use of the assets available. This directs investment into key properties and maximises their use, enabling the release of surplus for sale.

1. Capital Pipeline & Link to Clinical Plan/Service Strategy

There are five significant Out of Hospital related schemes in Merton, all have been prioritized according to agreed criteria. *Colliers Wood is now a 100% revenue CCG funded scheme due to delays in the timetable resulting in it not achieving practical completion by the ETTF deadline of December 31st 2021, however ETTF has paid for non-developer related fees from 2020 revenue. The Health & Wellbeing hub planned for Mitcham remains a priority, due to changes in the programme as a result of losing LIFT funding, the scheme has not scored as high in the overall scoring matrix.

Primary Care & Out of Hospital				
Ref	Key STP/CCG clinical service strategies	Alignment to Long Term Plan (LPT) and national priorities	Capital Projects and future plans	Prioritisation Rank
1	• More care delivered to people local to where they are. • Joined up care seven days a week. • Alignment to LHCP. • Growth of Primary Care Networks and Integrated Locality Teams. • Links to green, healthy spaces. • Case for change completed. • Improvements to health and wellbeing and addressing specific aspects of variation in health outcomes in the borough.	Fully integrated community-based health care, including health & wellbeing, supported through improved engagement of MDTs in primary and community hubs. *(LTP section 1.10).*	**Colliers Wood** GP Surgery main and branch site relocation to new premises, ETTF* /3PD development.	**1**
			Mitcham Health & Wellbeing Hub, including disposal or redevelopment of NHS owned sites (inc. The Wilson Hospital site in Mitcham).	**3**
			Rowan Park The Rowans Surgery relocation to new premises at Rowan Park, Streatham Vale S106/CIL to include community space – 3PD	**1**
			Wimbledon Stadium – improvement to healthcare facilities in the locality to support population growth from housing development. S106. Includes adjacent Wandsworth practices	**3**
			• Supporting **Primary Care Networks** and **Integrated Locality Teams** to enable systems to work together. • Ensuring health infrastructure is resilient and can meet the demands of a growing and changing population. • Exploring possible new GP premises in **Morden Town Centre Regeneration Zone** to support population growth, **Wimbledon Town Centre** and **South West Wimbledon** to support long term plans.	**3**

Funded – within organisation's capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded

Primary care, community and Out of Hospital services funded schemes							
Key health & care service strategy	Title and description of schemes	Lead org	Total capital Requirement	Business case status	Delivery years	Rank	Comments (inc funding source details)
• Primary Care Transformation • Increased GP capacity. • Support for PCNs.	Rowans Surgery relocation scheme to Rowan Park, with community space	CCG/ LBM	£6m	OBC approved		1	S106 agreement/CIL funding
• Primary Care Transformation • Increased GP capacity. • Support for PCNs.	Colliers Wood branch and main site practice relocation scheme	3PD/ CCG	£6m	OBC approved		1	*ETTF Scheme £1.4m/3PD
• Primary Care Transformation • Increased GP capacity and practice modification to support population growth, • Support for PCNs	Wimbledon Stadium housing development	CCG/ GPs	£400k	Feasibility study approved	2021/2	3	S106 agreement
		Total	**£12.4m**				

Funded – within organisation's capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded

Please note: ESTH, SWLStG and SGUH listed capital schemes have been included in Sutton and Wandsworth borough estates strategies respectively, however our Trust partners' priorities are included within the scope of the strategy where they impact on Merton patients and will be included in the prioritised capital pipeline in the final SWL Estates Strategy.

Primary care, community and Out of Hospital services unfunded/part funded schemes						Priority rank
• Support long term conditions, adult and CYP mental health; • Care closer to where people are; • Promotes green & heathy spaces; • Addressing variants in deprivation and health outcomes • Releasing land for housing • Feasibility study completed • VFM appraisal completed	Mitcham Health & Wellbeing Hub (inc. development/disposal of The Wilson Hospital site in Mitcham)	CCG/ NHSPS	TBC £30m – £50m	Feasibility study	2023/4	3
• Primary Care Transformation; • Increased GP capacity for area of population growth; • Support for PCNs. • OBC approved • VFM appraisal completed	Colliers Wood Practice relocation scheme	CCG/ 3PD	£1.4m Scheme 100% revenue funded however, capital funding sought beyond 2021	OBC approved	2022	1
• Primary Care Transformation; • Increased GP capacity for area of population growth; • Support for PCNs; • Promotes green & healthy spaces; • Care closer to where people are. • Fully integrated health & wellbeing community asset.	Morden Town Centre regeneration – requirement for new health premises to support 6,000 plus new residents and relocation of existing practices as required.	CCG/ LBM/TFL	TBC £12m – £24m			3
		Total	**£75.5m**			

Funded – within organisation's capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded

2. MBEG Focus & Actions 1 – 3 Years

Merton Borough Estates Group Proposed Focus & Actions 1 – 3 years	Checklist
• Improve asset management and work with partners to find efficiency savings through better utilisation, rationalisation and disposals; • Maintain databases/registers of available, bookable space to be shared with partners, including voluntary sector and community; • Use existing space more creatively to support new ways of team and partnership working in Primary Care Networks – 'reconfiguring rather than rebuilding'; • Increase engagement with digital workstream to ensure alignment during recovery and post-COVID 19.	✓ Agreed key milestones; ✓ Identified resource gaps & plans; ✓ VFM benefits & efficiencies clear & concise; ✓ Benefits to patients; ✓ Alignment to health & care plans.
• Work with Acute and Mental Health Trust partners on priorities that benefit Merton patients, to include long term Out of Hospital schemes; • Create a clear plan for health infrastructure that will enable the Local Authority planning department to identify s106 and CIL opportunities, including plans for Morden Town Centre Regeneration & Wimbledon Town Centre (Infrastructure Delivery Plan); • Explore opportunities to deliver new and/or expanded health services in non-health settings and suitable locations, such as schools and High Street town centre locations as per Merton's local plan (to include Wimbledon Town Centre and other priority zones earmarked for regeneration).	✓ Reporting & governance aligned across system; ✓ Outline financial modelling complete.
• Explore requirements and delivery of health infrastructure to support new residents of Wimbledon Stadium housing development, as per the existing s106 agreement, to include Wandsworth due to proximity of bordering practices/hospital/mental health trust; • Identify all large scale capital schemes and prioritise those to be worked up to being 'business case ready', with a focus on the proposed as yet unfunded Out of Hospital Community Health & Wellbeing Hub in Mitcham; • Delivery of primary care funded schemes such as Rowan's Surgery relocation to Rowan Park and Colliers Wood Surgery's co-location of branch and main sites to new premises.	✓ Project Manager(s) appointed; ✓ Project delivery critical path agreed; ✓ Leadership / SRO agreed ✓ Prioritisation criteria at Borough level met.

4 Measures of Success

Including Borough Scheme Prioritisation Matrix

Merton Health and Care Together

1. Borough Prioritisation Matrix (see Appendix 3)

CRITERIA	DESCRIPTION	SCORE
Strategic ✓ Alignment to Merton Council's Local Plans; ✓ Enables delivery of Local Health and Care Plans and/or other clinical strategies	✓ Promotes green and healthy spaces and reduces unnecessary travel by enabling provision of care closer to where people are; ✓ aligned to clinical and local needs, plans and priorities and consistent with the ICS in SWL as well as with the NHS LTP; ✓ development is in partnership or, enables/ is interdependent with another priority in SWL; ✓ is considered a priority scheme for Merton.	15
Economic ✓ Delivers economic and/ or efficiency gains.	✓ Addresses areas of demand/ growth or deprivation and benefits the local population; ✓ allows disposal of land for other purposes e.g. housing; releases value; ✓ design is flexible, future-proofed and includes innovation and the latest technologies; ✓ delivers an improvement in the optimisation of space; reducing risk of under-utilisation and voids.	15
Financial ✓ Contributes to an improved financial position; ✓ Delivers Value for Money.	✓ Affordable in all investment years; attracts funding and investment e.g. contribution from CIL, OPE, NHS, S106, etc; ✓ appropriate no. of options reviewed; ✓ generates income/ revenue/ savings.	20
Operational ✓ Delivers improvements in operational performance, patient-centred care and ways of working.	✓ Addresses access, capacity and demand or efficiency and flow issues; ✓ allows business continuity; disruption is minimised to operational services; ✓ delivers improvement sin health and wellbeing, independence, integrated care, patient-centred care and experience, patient pathways and, ways of working.	15
Quality and Safety ✓ Delivers improvements in quality and safety.	✓ Addresses compliance issues, CQC issues, fire, H&S and Infection Control issues and/ or identified risks; ✓ builds on the COVID-19 reconfiguration and response, further strengthening this; ✓ contributes to exiting Quality Special Measures (QSM), or equivalent; ✓ feedback/ involvement from patients, the public, staff and relevant stakeholders.	20
Deliverability and Sustainability ✓ Is deliverable with leadership, the necessary resources and offers a resilient and sustainable solution.	✓ Addresses carbon footprint, climate change, energy and/ or environmental issues and aids approaches to local regeneration and sustainable transport; ✓ capability and capacity to deliver with identified leadership and the necessary resources; ✓ delivery is planned, realistic and timely.	15

EVIDENCE

Evidence required for maximum score

Draft Project Initiation Document (PID)

Outline Case For Change

High level/Outline Financial Model

Prioritised score and submission to SWL

100

2. Measures of Success

Financial

- Available capital invested in important and prioritised large estates schemes delivering the most benefit and value for money.
- Endorsement of small scale improvement schemes that support local health and care plans.
- Endorsement of OPE, S106 and CIL developer contribution opportunities.

Operational

- Approved business cases for prioritised large estates schemes, with or without funding secured.
- Completion of historical schemes and pipeline projects.
- Early delivery of 'quick wins'.
- Disposal of land/sites surplus to requirements.
- A reduction in under-utilised and vacant space. Existing space optimised.

Quality & Safety

- Address all CQC, Fire and Health and Safety, infection control issues from improvement notices or inspections.
- CQC ratings 'good' or 'outstanding'.
- Opportunities for reduction of emissions identified and prioritised.

Strategic

- Community Health & Wellbeing Hubs developed with integrated offerings at key identified sites.
- Identified medium and long term plans (inc. IDP) in place and progressing.
- Estates Strategy acts as a catalyst to drive improvement and investment, aligned to clinical and local needs, Local Authority plans and priorities in Merton, with quarterly review.

Appendix 6: Glossary of Terms

- CCG Clinical Commissioning Group (NHS)
- CLCH Central London Community Healthcare
- CHP Community Health Partnership
- CIL Community Infrastructure Levy
- CUH Croydon University Hospital
- DHSC Department of Health & Social Care
- ERIC Estates Return Information Collection
- ESTH Epsom & St Helier Hospital
- ETTF Estates & Technology Transformation Fund (NHSE)
- FOIA Freedom of Information Act
- FYFV Five Year Forward View (NHSE)
- GLA Greater London Authority
- HIP Healthcare Infrastructure Plan (Gov. fund)
- HMT Her Majesty's Treasury
- HUDU Healthy Urban Development Unit (NHS)
- ICS Integrated Care System
- IDP Infrastructure Delivery Plan (LBM)
- IHT Improving Healthcare Together
- IM&T Information Management & Technology
- IT Information Technology
- LAS London Ambulance Service ('Blue Lights')
- LBM London Borough of Merton
- LHCP Local Health & Care Plan
- LIG London Improvement Grant (NHSE)
- LTP Long Term Plan (NHSE)
- MBEG Merton Borough Estates Group
- MHCT Merton Health & Care Together
- MHT Mental Health Trust
- MVSC Merton Voluntary Services Council
- NHSE/I NHS England/Improvement
- NHSPS NHS Property Services
- PCN Primary Care Network
- PHE Public Health England
- S106 Section 106
- SGUH St George's University Hospital
- STP Sustainability & Transformation Partnership (previously Plans)
- SWL South West London
- SWLStG South West London St George's (Mental Health Trust)
- TFL Transport for London
- TOR Terms of Reference

South West London
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Community Diagnostic Hubs

Plans across South West London

Dr John Clark, SWL Clinical Lead for Diagnostics
Mark Creelman, Locality Executive Director, SWL CCG

We want to use our time with you today to:

- Give an overview of Community Diagnostic Hubs and explain what this means for South West London residents.
- Share our proposed plans and hear your feedback and advice to help us with future planning.
- Answer any questions you may have.

Introduction

- The NHS nationally is providing funding for local areas to develop additional diagnostic services to help manage backlogs created by the pandemic, improve care, reduce waiting times and address increasing demand fuelled by population growth and some shortages of skills.

- We are bidding for national funding to create three new Community Diagnostic Hubs (CDH) in South West London offering a range of services to the residents of our six boroughs.

- Faster access to diagnostic tests means people can start treatment sooner for serious conditions like cancer and heart problems, this can mean better outcomes for patients.

- We envisage people will be able to have several tests on the same day and be seen more quickly, rather than always needing to wait longer to go to major hospitals. We will still aim to provide choice wherever possible.

- Community Diagnostic Hubs will offer a range of tests and scans which could include:

    - imaging (e.g. ultrasounds, X-rays, mammograms)
    - cardiology tests (testing for heart conditions)
    - pathology (testing body tissues and fluids)
    - phlebotomy (testing blood)
    - and endoscopy (looking at organs inside the body using an endoscope)

Proposed plans across South West London

- We are planning for **three hubs** to be at the following sites, which will all be supported by mobile satellite sites in communities:
    - **Queen Mary's hospital**
    - **St Helier hospital**
    - and a further location in **Croydon**
- These locations will help us address health inequalities and meet the needs of local people.
- We're looking at the range of diagnostic services and what could be provided at hubs and satellites, where it would improve patient care whilst meeting the needs of local people.
- We are engaging local people, staff and key stakeholders and asking for views going forward.
- We have already been awarded £12.4m to increase capacity of existing diagnostic services, including Queen Mary's hospital, but will be bidding for more national funding over the coming months.
- Our plans align with the recommendations of the Professor Sir Mike Richards review of diagnostic services, which aim to help save lives and improve people's quality of life including for cancer, stroke, heart disease and respiratory conditions.

Proposed locations

- It's important to ensure the new services address health inequalities and meet the needs of our local people.

- We think the best way to do this is to locate the large hubs in areas where we know there are health inequalities, but to have further satellites sites with expanded diagnostic services in key areas.

- We're planning to develop two large hubs in locations where the majority of services already exist and serve many of our boroughs – at Queen Mary's Roehampton and St Helier hospital. And a brand new diagnostic hub in Croydon, our largest borough.

Main hub location	Anticipated use by boroughs
Croydon	Croydon, Merton, SEL
St Helier	Sutton, Merton, Kingston
Queen Mary's	Wandsworth, Kingston, Richmond
NWL sites	Richmond
Surrey / Sussex	Sutton

Borough	Proposed site locations
Croydon	TBC – one hub and three satellites to be proposed
Kingston	Satellites - Surbiton and Kingston Hospital modular build
Merton	Satellites - The Nelson, The Wilson, Raynes Park
Richmond	Satellite - Molesey
Sutton	Hub – St Helier Satellites TBC
Wandsworth	Hub – QMH Satellite - St John's Health Centre

High-level Timeline

June - July'21

- Establish workstream and operational site groups
- Clinical priorities to consider explored and agreed
- Initial outputs for Population Health Analysis (PHA) and Activity Modelling socialised

Aug'21

- Croydon Estates Options Appraisal/Feasibility Study progressed
- Croydon and St. Helier CDH operating model explored/developed
- Patients survey undertaken
- Input into Regional team Spending Review proposal
- PHA and Activity modelling further refined

Sept-Oct'21

- Activity, workforce and equipment modelling discussed and agreed with SWL finance leads
- Clinical priorities options appraisal discussed and agreed with clinical leaders community
- All workstreams progress milestones
- SWL CDH Workforce plan drafted
- SWL CDH Engagement and Communication plan progressed
- SWL CDH plans drafted and socialised

Nov-Dec'21

- All workstream continue progressing milestones
- SWL CDH plans further refined, socialised and agreed.
- SWL CDH Business case drafted, socialised and agreed.

Clinical and population health analysis

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Health Inequalities – priority areas identified by Population Health Analytics:

- Roehampton and Queenstown
- East Merton and Carshalton
- Central Croydon and Addington

- The proposed geographical location of the three CDHs (Roehampton (QMR), Merton (St. Helier) and Croydon combined with proposed satellites align with the population density map of the most deprived populations across SWL.

- To address health inequalities and ensure equity of access across SWL geography - in addition to QMH, it is proposed for develop a further two CDHs – Central Croydon and St. Helier together with satellites within those communities aimed at meeting specific needs.

Clinical Service Model

- Clinical priorities identified that may benefit from using the CDH for. Detailed work to explore this further underway in terms patient pathways, type of tests etc.

- Areas of major clinical priorities that may benefit from early access to diagnostics and/or "one-stop clinics" identified by clinical working group and being further explored are: Cardiology, Respiratory, Ophthalmology, Urology, Gynaecology and Cancer. Other clinical areas under review are tele-dermatology and ENT.

SWL staff, patient and public engagement plans

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Phase 1 – building on existing insight to inform business case

- **Engagement across London**, led by Imperial, has already taken place –including 8 representatives from SWL
- Testing the themes through a **survey with our South West London People's Panel** – 3,000 people representing SWL population. We also asked Healthwatch and other local groups to share this survey with their networks
- **Mapping existing patient insights** – looking at Trust Friends and Family test data and early conversations with community groups

Phase 2 – insight to inform implementation

Centrally commissioned engagement work:
Engaging further as part of delivery phase (after funding award) at 3 large public engagement events, including:

- Recruitment of reflective sample of population and incentives to attend
- Commissioned design, chair, facilitation and independent report

Borough based engagement:

- Targeted engagement with communities that are most impacted and experience health inequalities within boroughs
- Targeted engagement with patients and communities that have Long Term Conditions –LTCs that are associated with diagnostic tests and prevalent in boroughs

- **Testing our plans** with the SWL Communications Engagement Steering Group (including Healthwatch)
- We are also working with neighbouring regions to understand impacts on patients close to the boundaries and align engagement plans where appropriate e.g. Richmond and NWL, Sutton and Surrey/Sussex

Feedback from our SWL survey

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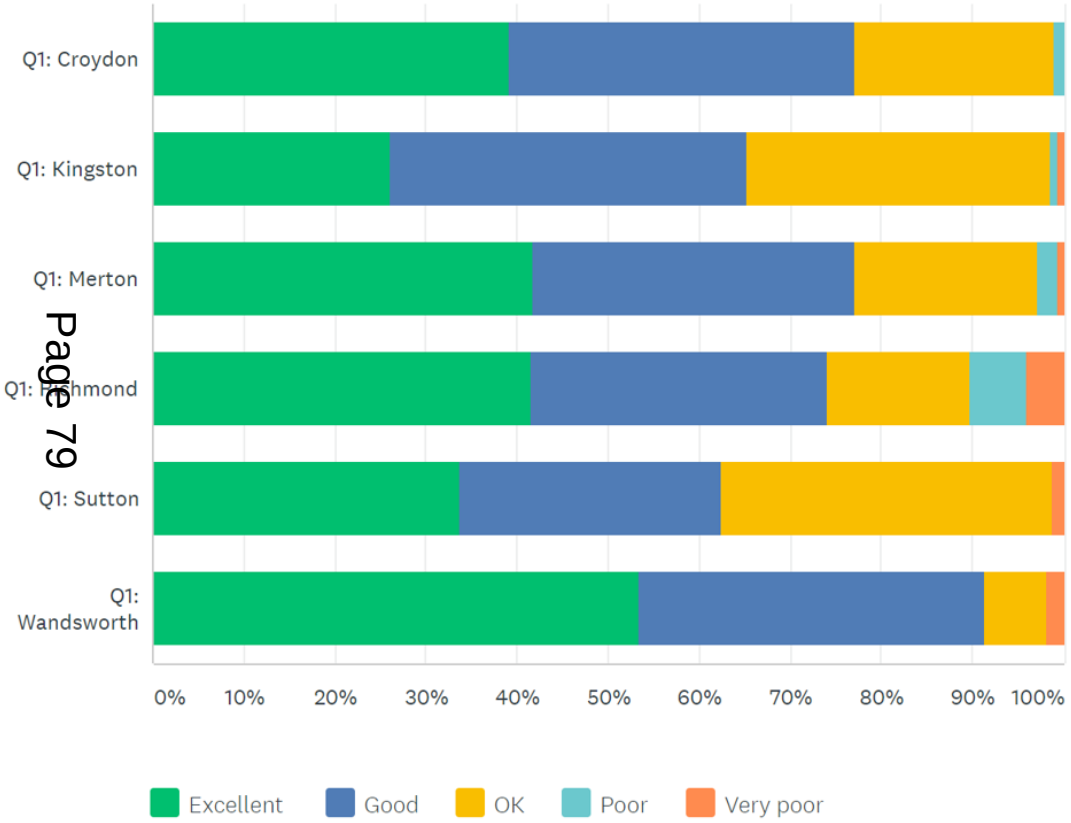
Experiences of diagnostic services



- 722 people completed the survey. (862 started the survey, but had not had diagnostic tests.)
- People have responded from across SWL, although there were fewer returns from Wandsworth (76 people) and Sutton (91 people).
- Most common tests are **imaging** and **phlebotomy**, accessed by over 50% of respondents
- Most common locations: St George's Hospital – 20%, and Kingston Hospital – 14%
- Responses were received from people from all backgrounds but the majority were from a White background (75%).

What people said about their recent experience of diagnostics

Best thing about recent experience:

- Friendliness/attitude of staff – e.g. explaining things clearly
- Booking/speed of appointment
- How quickly seen when arriving
- Provision of information/communication
- Quality of treatment and care
- Speed of diagnosis
- Location – close to home/parking
- Efficiency of organisation/service

Need to improve:

- Location – inconvenient to get to/parking
- Joined-up services (e.g. issues with GP/hospital comms)
- Facility/setting
- Information provided
- Staff attitude
- Waiting times – to get appointment & when attending
- Appointments – issues with booking
- Quality of treatment

What people said mattered most

- In terms of making **bookings and getting to a location**;
  - Most important: waiting times are short, the booking process is easy and the venue is easy to travel to.
  - Least important; bookings can be made via an app; 13% marked this as extremely important. However people do want to be able to book online; 31% said this is extremely important. In comments, many people added that retaining phone booking is essential.

- In terms of the **setting (including facilities) and communications/ information**;
  - Most important; staff explain things clearly and answer questions – 60% marked this as extremely important, followed by getting a diagnosis quickly – 53%.
  - The setting itself is less important than staff attitude and communication. 23% said the site being environmentally friendly was extremely important, 14% that it be clinical and 11% that it be a relaxed environment.

- When asked to rate top three issues. The things that are **most important** about diagnostic tests are:
  - waiting times are short – 48%,
  - I get a diagnosis quickly – 32%
  - I can book an appointment for a time that suits me/I'm given clear information – both 27%

- The three things that are **least important**:
  - the setting is clinical – 4%
  - the site is environmentally friendly – 5%
  - there is parking – 7%

Other comments about CDHs/diagnostic experiences – themes

- **Staff trained to understand specific needs**; such as dementia, anxiety and Autism.
- **Staff taking the time to explain the tests**, answer questions and be sensitive about the impact of the diagnosis.
- **Being seen quickly, and how people are treated by staff** is more important than where the venue is, or what it is like as a facility.
- **People want to be continue to be able to book by phone**; many mentioning accessibility and disabilities.
- **Simple booking process**. Some people gave examples of current complicated systems.
- **Joined-up working** was mentioned by a number of respondents. Examples of having to repeat information, or information not easily shared between professionals, GPs not seeming to communicate with hospitals etc.
- **Location does matter**; people would prefer to attend somewhere close to home or easy to get to, but this is less of a priority than the speed of being seen and the overall experience
- **Concerns about facilities at a hub** – for example emergency facilities – and the expertise of staff conducting the tests.

Questions

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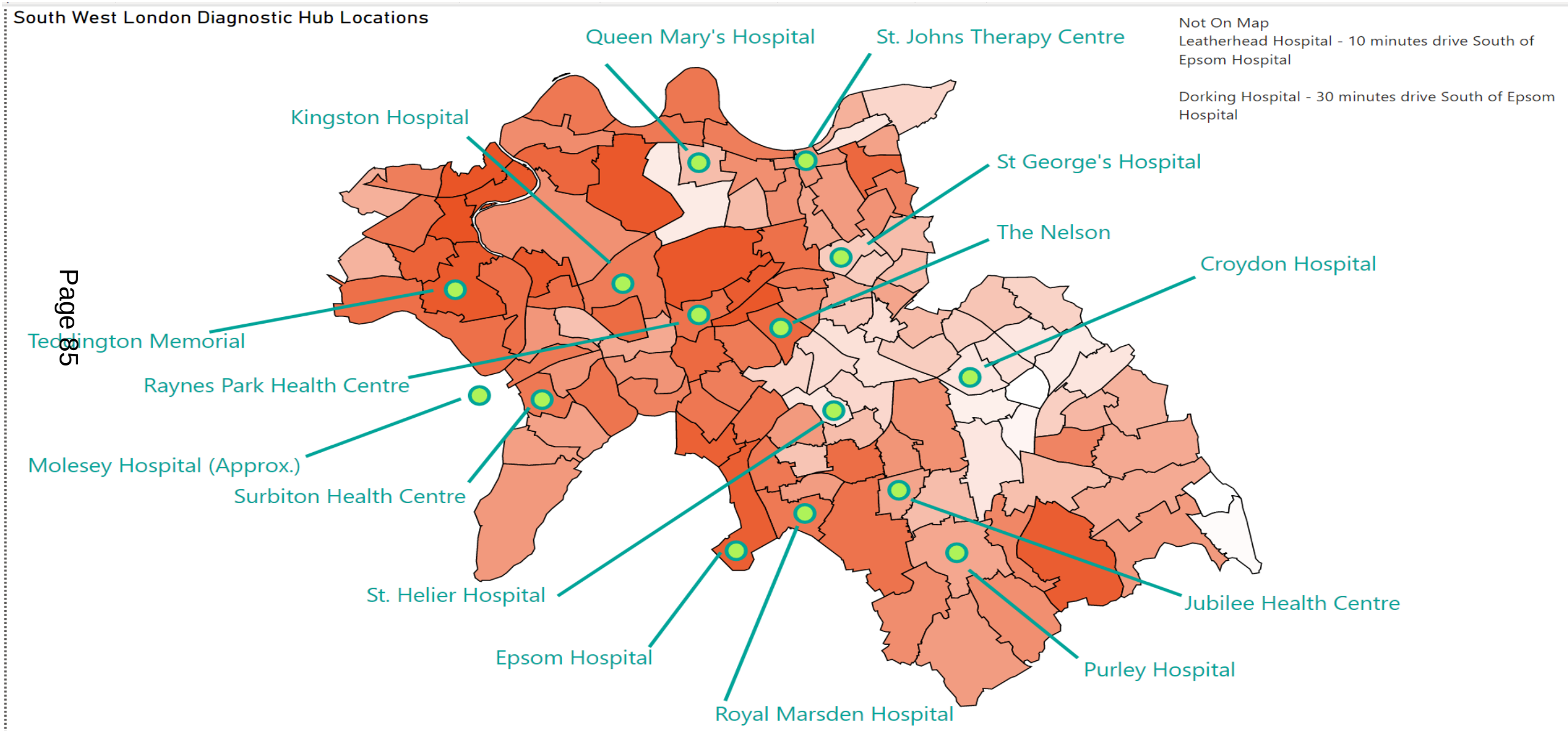
Appendix

Geographical Landscape of Current Diagnostic Services



Accessibility to diagnostics – Sites/Hubs

Map below provides an illustration of SWL CDH Hubs and spokes currently being proposed which is intended to better access for our most deprived and populous areas. **Note: Croydon and St Helier CDH plans/sites still work in progress**.

Fig1: travel times – (lighter the better)

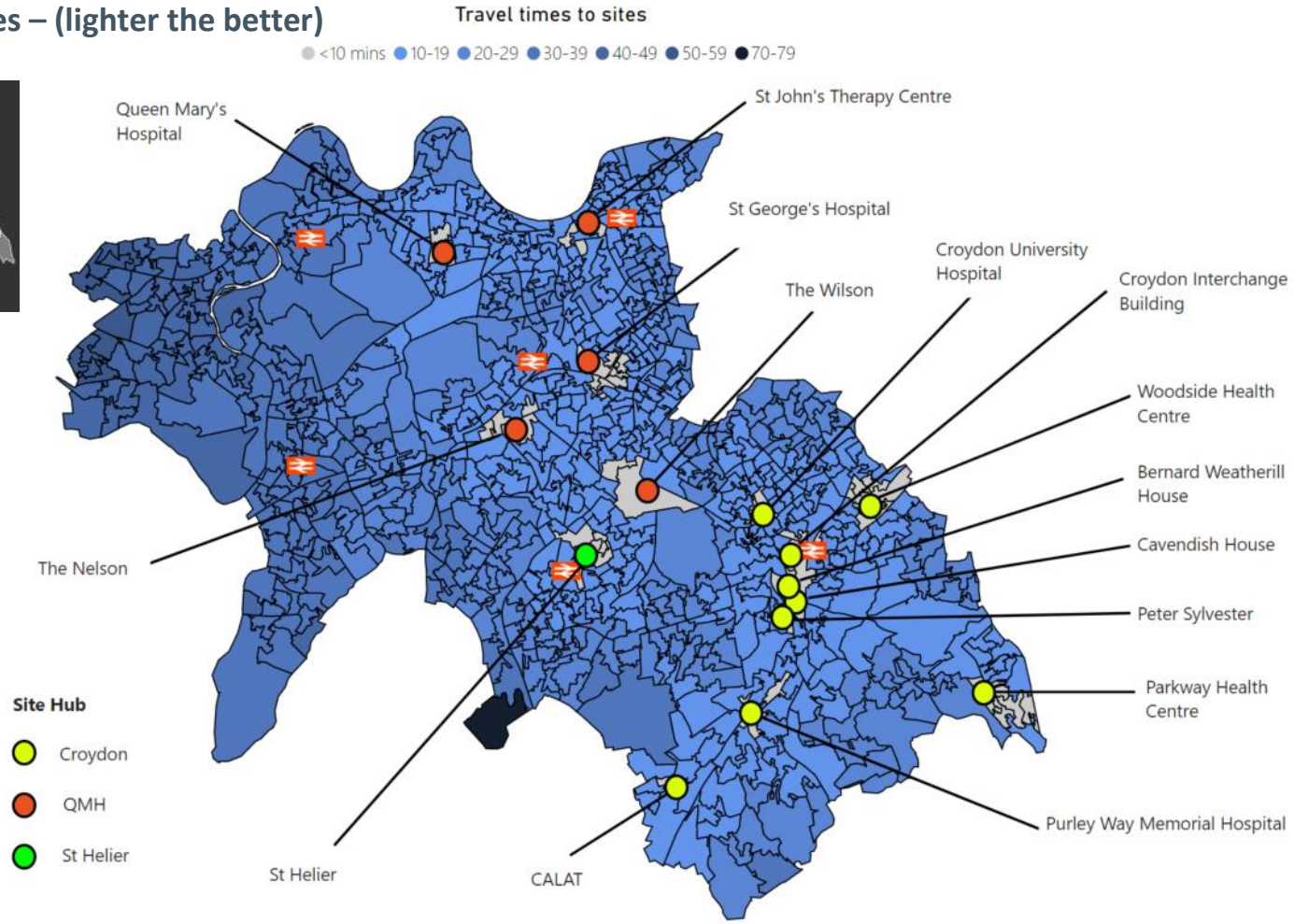


Fig 2: Highlighting our most deprived regions

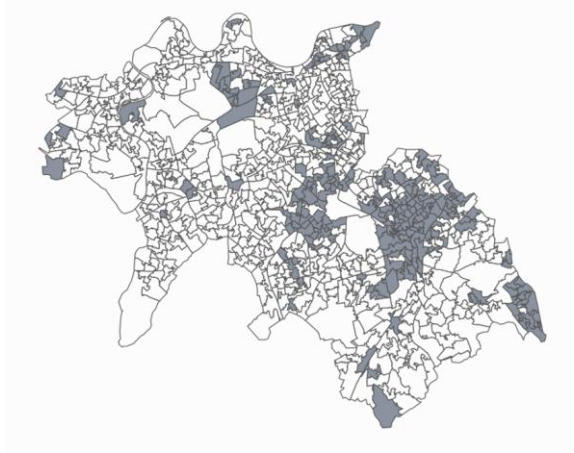
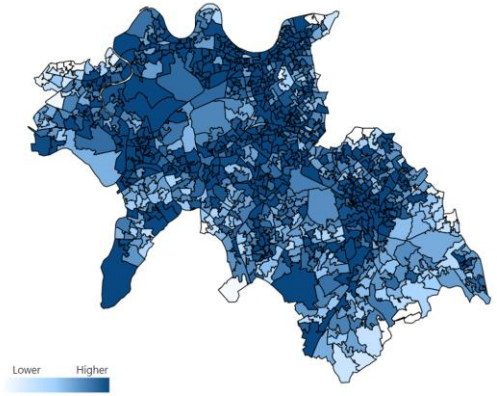


Fig 3: Highlighting our most populated regions



2. Feedback from London engagement work (1)

Where patients and public think diagnostic services should be delivered…

- Many participants stated that they would **travel further** for diagnostic services if this meant a **reduced waiting time** (both from booking to appointment, and on the day) due to the health benefits and outcomes of early diagnosis, and to reduce anxiety.

- While participants were often happy to travel further in order to be seen quicker, participants frequently raised **car parking** as a major logistical issue for patients.

- Participants were generally **comfortable with locating diagnostic facilities away from hospitals** (e.g. on a high street) provided that the location and staff **look professional**, it had the look and feel of a **trusted NHS environment** (e.g. blue NHS branding, uniformed staff) and it was a visibly clean environment.

- Participants raised concerns around **invasive** and/or **higher-risk diagnostics** being sited away from acute hospitals.

- Participants wanted any changes to diagnostics services to be **sensitive to vulnerable groups** and reduce barriers wherever possible (e.g. expanded patient transport, ramps etc.)

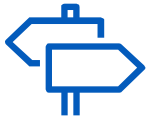
Feedback from London engagement work (2)

How patients and the public think diagnostic services should be delivered…

- Participants stressed the importance of retaining **patient choice** for where, when and how they can access diagnostics, in order to fit people's different circumstances but also recognising that choice would be important to some patients.

- **Multiple appointments in one place on the same day** appealed to participants as a less disruptive and stressful option compared to going back and forth for different appointments.

- **Flexible booking** options were also suggested by many participants, with a mix of walk-ins and pre-booking available for people's different circumstances. Weekend appointments were also something that was suggested by some.



- Participants thought that many potential issues could be solved through **clear and comprehensive information** to patients, both ahead of their appointment and on the day (e.g. directions to the testing site) including **consistent record-sharing** to avoid having to 'repeat your story' to each new member of staff.

- Communications around the roll-out of CDHs should **focus on benefits**, both to patients (e.g. reduced waiting times) and to the NHS (e.g. less pressure on services and staff).

SWL survey comparison to London-wide insight

- London insight appeared to focus more on location and travel

- The SWL survey highlighted more concerns about the experience itself than where the diagnostic service is located.

- SWL survey responses correlate with London in that:
  - People would prefer somewhere close to home or easy to get to
  - It's a priority for people to get an appointment as soon as possible
  - Some people expressed concerns about being away from acute services
  - Some people raised issues around disability and ensuring certain needs are taken into account – in terms of the setting, staff knowledge and accessing services
  - Comprehensive information and consistent record sharing was rated highly

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