Committee: Health and Wellbeing Board

Date: 20 June 2017

Subject: Wilson Health and Wellbeing Campus: progress report

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

Lead member: Cllr Tobin Byers

Contact officer(s): Douglas Hing, MCCG Clinical Director of the East Merton Model of Health and Wellbeing; Anjan Ghosh, Public Health Consultant, LBM

Recommendations:

A. To note the progress of the Wilson development and the reporting and accountability systems that have commenced.

B. To note the Wilson Health and Wellbeing Campus Development PID (Project Initiation Document) and consider ways to support and facilitate the progress.

C. To consider and make recommendations on the most appropriate method of engagement with the public and communities, identifying the key messages for this stage of the programme.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The report describes the PID, some of the achievements to date, the issues and challenges being faced, and the next steps.

2 BACKGROUND

2.1. This paper follows on from the last report presented at the HWB meeting on 28th March 2017.

2.2. This cover paper reflects the contents of the Wilson Health and Wellbeing Campus Development PID presented to the Wilson Programme Board (WPB) on 8th June 2017. The full report is in the appendix.

3 DETAILS

3.1. The PID in the appendix is a key document that outlines a continuous reporting process and reflects the development of the Wilson Programme Office, the role of the Wilson Programme Director (Sue Howson), and the development of the two main work streams (Community Development, and Service Design and Commissioning – the “clinical design” work stream) and the OPE project. It also describes the other work streams and the scope of their work.

3.2. The PID describes the case for change, programme aims and objectives, the scope of the programme, expected benefits, constraints, dependencies and governance arrangements.

3.3. The individual work streams submit their highlight reports to the Programme Office, based on which the overall highlight report is drafted. This is then presented to the Wilson Programme Board every month.

3.4. While much progress has been made and both the community and the clinical design have moved forward since the last HWB meeting, some difficulties have been experienced in gaining activity information in respect of the services identified to be located on the Wilson site.

3.5. The service design for the clinical (health) facility has been substantially agreed. Areas that are being explored further are: the primary care offer, and child development services.

3.6. At the WPB in May an approach was agreed for taking the work forward on the community (wellbeing) facility, in order to narrow down the long-list of the wellbeing services/ components to a realistic and feasible set of options that the initial wellbeing model and the “build” could be based on. The WPB approved a set of criteria to evaluate the options in order to come up with this short-list.

3.7. A template was developed and agreed, and leads in various areas helped to complete the templates for the long-list of options.

3.8. Based on the learning from visits to the Bromley By Bow Centre, and our own experience with the building of the Nelson Health Centre, the thinking is that while it will be challenging (but not impossible) to raise the necessary capital for the Community Facility (based on a set of assumptions in relation to NHS Properties), the main challenge will lie in sustaining the services and projects through sustainable revenue streams. These are anticipated to be primarily through commissioning routes and funding streams in the Council and the NHS.

3.9. Therefore the worked up of options have particularly examined feasibility in the light of sustainable revenue streams through existing contracts for commissioned services.

3.10. As with the clinical facility, the community facility need to articulate the space requirements and “build” footprint for the Post PID Options Appraisal (PPOA) and this is an urgent priority. However much of this information is not easily obtainable without the services the options relate to, being involved. This has considerable sensitivities around it and there needs to be a clear approach towards such engagement and involvement. We are looking to work with proxies and “best guesses” as a mitigating approach should this information not be forthcoming in the next couple of weeks.

3.11. The work with OPE is also going ahead at a good pace, with an interactive map of public assets having been developed (available via email from mailto:katharine.thomas@merton.go.uk).

3.12. **Key next steps:**

3.12.1 Prepare demand and capacity model for health and wellbeing services

3.12.2 Community Development Project Initiation Document

3.12.3 Commence PPOA – source benchmark data for economic appraisal

3.12.4 Children's Services workshop scheduled for 21st June

3.12.5 Initiate Communication and Engagement work stream

3.12.6 Initiate Young Health Inspectors Programme

3.12.7 Plan Nelson Lessons Learnt process

3.12.8 Plan Primary Care workshop for July (date to be confirmed)

4 ALTERNATIVE OPTIONS

4.1. Not applicable.

5 CONSULTATION UNDERTAKEN OR PROPOSED

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

5.2. Workshops have been undertaken with commissioners, providers and clinicians. Further workshops for children's services and primary care are planned. Children's work shop is scheduled for 21st June and primary care for 26th July.

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

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

6 TIMETABLE

Please see page 20 of the Programme Initiation Documents at Appendix A.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. The clinical facility is likely to be funded through NHS LIFT, with Merton CCG as the lead organisation. This will be confirmed on the completion of the Post PID Options Appraisal (PPOA)

7.2. The community facility will be funded through different approaches and channels.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. To be determined.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

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

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

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

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

10 CRIME AND DISORDER IMPLICATIONS

10.1. None.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. The approach to risk management is documented within the PID and the Risk Management Strategy is attached to the PID at Appendix C .

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

Please include any information not essential to the cover report in Appendices.

Appendix A. Wilson Health and Wellbeing Campus Project Initiation Document (PID)

13 BACKGROUND PAPERS

None.

Appendix A: ***Wilson Health and Wellbeing Campus Project Initiation Document (PID), 08 June 2017***

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