

WILSON PROGRAMME BOARD

Date of Meeting: 27th April 2017

Agenda No: 2

Attachment: 3

Title of Document: MCCG Executive Management Team Paper	Purpose of Report: To Note
Report Author: Sue Howson – Wilson Programme Director	Lead Director: Andrew McMylor - Director Primary Care Transformation W&M LDU
Contact details: Programme Director: synapsishealth@gmail.com	
Executive Summary: The paper has been prepared to apprise the EMT of the current status of the Wilson Programme, to set out the required resources for successful delivery and provide an outline programme.	
Key sections for particular note, areas of concern etc. (paragraph/page): N/A	
Recommendation(s): The Programme Board is asked to note the contents of the paper	
Committees which have previously discussed/agreed the report: MCCG EMT	
Financial Implications: The paper sets out the financial implications for the CCG in developing the scheme up to and including Financial Close. These figures are subject to the outlined programme being delivered on schedule, additional costs may be incurred if there is delay to the programme requiring additional input. Details are provided on pages 6 and 7 of the attached document.	
Implications for CCG Governing Body or LBM Cabinet: N/A	
How has the Patient voice been considered in development of this paper: N/A	
Other Implications: (including patient and public involvement / Legal / Governance / Risk / Diversity / Staffing) N/A	
Equality Assessment: N/A	
Information Privacy Issues: N/A	

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

A robust communications and engagement plan will be a key part of the development of this project.

1 Introduction

Following the approval of the Strategic Outline Case for the development of a new healthcare facility in Mitcham an options appraisal was undertaken to identify a preferred option for the development. The outcome of this appraisal was that the Wilson Hospital site was the most economically advantageous option, housing all the required services on one site and offering up surplus NHS owned land for disposal. MCCG Governing Body approved this “Economic Case” in January 2015.

Since then, at the instigation of the Health and Well Being Board, further detailed work has been undertaken to develop a joint vision for a new sustainable model of community health and well being in East Merton. The ambition is for the Wilson Centre to be a transformative, innovative and integrated health well being hub in Mitcham, co-designed, co-managed and co-owned by the community and local clinicians.

In support of realising this ambition London Borough of Merton, in partnership with the CCG, successfully bid for funding through the One Public Estate (OPE) programme. The OPE project is managed by LBM through their own governance arrangement but informally reports on progress to the Wilson Programme Board.

This paper has been prepared for the Executive Management Team (EMT) to apprise them of current progress, to set out the process going forward and to identify the resources and associated budget required for successful delivery of the programme.

This paper does not cover the resources being made available by LBM to manage the elements of the programme for which they are responsible.

2 The Process

In January 2017 Synapsis Healthcare Consulting was appointed to assist the CCG in the preparation of the Participant’s Requirements. This is a key project document that sets out the services to be provided from the new building, the volume of activity likely to pass through the building on an annual basis and any specific design principles.

Following a Clinical Workshop on 8th March a schedule of clinical services to be provided from the Wilson site has been drawn up and will be considered by MCCG Clinical Reference Group on 12 April 2017 and the Wilson Programme Board on 27 April 2017. The local authority is working with the community to create a similar schedule for the wellbeing services.

Given the two year lag between the approval of the Economic Case in 2015 it is considered appropriate that this is revisited and updated to test whether the development of the Wilson Hospital site remains the most economically advantageous. This process is called a Post-PID Option Appraisal (PPOA) it will be led by NHSPS and CHP and will take in the region of two months to complete. This process will also establish the affordability cap.

In normal circumstances the next stage would be to test the procurement route, but given that the Wilson scheme was included within the Strategic Partnering

Agreement (SPA), exclusivity applies to the scheme. In addition, the CCG are in receipt of a letter, jointly signed by NHSPS and CHP, stating that the value of the scheme would indicate that NHS LIFT would always be better value for money than a NHSPS funded route. This letter is attached at Appendix A.

The outcome of the PPOA will need to be approved by the CCG and CHP before a New Project Request (NPR) is made to LIFTCo. This is an initial test to ascertain whether LIFTCo. correctly interpret the Participant's Requirements and can deliver the scheme within the affordability cap. If this can be achieved and is approved by CHP Property Committee then a New Project Proposal (NPP) is formerly initiated.

The standard CHP process, aligned to our timeline is presented at Appendix D.

3 Programme Governance

The principles of Managing Successful Programmes (MSP) have been applied to the development of the governance structure for the Wilson Programme.

The Wilson Programme Board will take responsibility for the strategic direction and overseeing the programme management of all aspects of the projects involved in the development of a health and well being hub on the Wilson Hospital site in Mitcham.

The Programme Board membership has been drawn from senior executive managers from MCGG, LBM, CHP and NHSPS thus facilitating timely decision making to prevent delays the programme. A scheme of delegation needs to be agreed to set the parameters within which the Programme Board can operate.

The governance structure is attached at Appendix B and draft Terms of Reference at Appendix C, both to be presented at the Programme Board meeting on 27 April 2017.

4 Programme and Project Management Resources

In order to run a successful programme is essential that key personnel are appointed to provide strong leadership and oversee both the strategic and day to day running of the programme.

In addition, workstream leads will provide project management input and focus to areas of the project where subject matter knowledge and experience is necessary.

The following provides an outline of the key roles and responsibilities. A full scope of works will be completed in due course.

4.1 Programme Personnel

Programme Director – the Programme Director will cover three roles; CHP Project Director, the CCG Project Director (which we aim to do as a joint appointment) and the overall Programme Director. The Programme Director will be responsible for:

- The overall management of the programme ensuring all outputs are delivered on time;
- Ensuring that programme and project controls are in place to monitor and manage progress against plan, budgets and risks;
- Reporting to the Programme Board on progress and any issues that would be considered detrimental to successful programme delivery.
- The development, and editorial control, of the Stage One and Stage Two business cases sourcing the relevant technical advice and input as required;
- Managing stakeholder relationships and communications (in accordance with the agreed Communication Strategy and Plan);
- Leading on the commercial negotiations for CHP and managing the inputs of external consultants for time, quality and cost;
- The production of the relevant reports for approval at key project milestones; and
- Leading the process to Financial Close for CHP and the CCG, including all approvals.

Programme Manager – reports to the Programme Director and is responsible for the day to day running of the Programme. This role will also take on the Project Management responsibilities for key aspects of the NHS LIFT development. They will:

- Take responsibility for the management of specific work streams within the programme structure;
- Ensure that all outputs are delivered in line with the agreed project plan;
- Ensure that all programme and project controls are implemented as per protocol;
- Provide regular reports to the Programme Director on progress highlighting any areas for concern;
- Be responsible for ensuring that any decant programmes are robust and receive commissioner and provider sign off;
- Organise and manage the design development process from the client's perspective; and
- Produce documentation, as required to support the development of the business cases and contract schedules at Financial Close.

Finance Lead – reports to the Programme Director and is responsible for:

- The collation and interpretation of current CCG commissioning finances;
- Establishing the cost of new commissioning models;
- Analysing and documenting the current costs of occupation and identifying any variances with the proposed costs of the new facility;
- Designing and running the affordability analysis; and

- Supporting commissioners in the development of business cases to support new services or new models of care.

Programme Administration – to be responsible for:

- Maintaining a logical electronic filing system for all project documentation;
- Organising meetings, sending invites and ensuring venues are booked and are fit for purpose;
- Assembly and distribution of agendas and papers for all programme and project meetings;
- Taking minutes / action notes as requested;
- Maintaining the Programme Board Action Log.

Communications Officer – will report to the Programme Director. They will be responsible for:

- Development of the Communications Strategy and Plan, and ensuring adherence;
- To deal with all media enquiries;
- The drafting and design of internal and external programme communication; and
- The organising and advertising of any public events specific to the Programme.

4.2 Cost

The table below provides an indication of the costs likely to be incurred by the CCG up to and including Financial Close. The increased costs in 2018/19 reflect the increased resource that will be required in the development of the Stage One and Stage Two business cases and the commercial negotiation to Financial Close which all fall within this financial year.

Role	Cost	
	2017/18	2018/19
Programme Director		
Programme Manager		
Finance Lead	TBC	TBC
Programme Administration		
Communications Officer	TBC	TBC

4.3 External Advisers

The following external advisers will jointly be appointed by CHP and MCCG to oversee the legal, commercial and technical aspects of the NHS LIFT project. It is the responsibility of the CCG to provide the funding for these appointments. However, it may be possible for CHP to cash flow the costs recovering the outlay through an increase in the lease costs for the first three years of the concession. This would need to be discussed and agreed at the outset of the project.

The following provides an estimate of the likely costs for the duration of the project up to handover of the building. These costs were provided to the CCG in 2014, an updated schedule has been requested.

Consultancy Role	Cost
CHP Project Director	
Legal	
Financial	
Technical	
Tenants' Representative	
Contingency sum	
TOTAL	£412,750

5 Sources of Funding

5.1 Funds held by Fulcrum Infrastructure Group (FIG)

During the initiation of the Nelson Health Centre project Merton Primary Care Trust placed funds with FIG, the NHS LIFT company, to support the project management costs of the Nelson and Wilson projects. As of April 2017 the residual funds stand at £41,000. These funds are earmarked for use on the Wilson project.

5.2 OPE funding

The successful OPE bid included funding of £87,500 for project management and project support for 2016/17 and a further £67,500 in 2017/18. In agreement with the OPE Programme Office the 2016/17 funding has been carried over into 2017/18.

These funds are managed by LBM on behalf of the Programme.

5.3 Community Health Partnerships

Whilst CHP are unlikely to have any significant funding to offer to the scheme it is possible for them to cash flow the development costs, recovering this investment through the lease when the facility is open. This would include the costs of the external advisers and the direct project related costs of the Programme Director and Manager. The costs of the programme management elements of these roles would need to be funded by MCCG and LBM.

6 Timetable

The following table provides an indicative timetable which will need to be confirmed when LIFTCo. are engaged and the detailed design process commences.

Milestone	Timeline
Sign off of healthcare service provision	March 2017
Sign off Participant's Requirements	April 2017
Post PID Option Appraisal (PPOA)	May – June 2017
Request New Project	July 2017
New Project Proposal	August – Oct 2017
Submit planning application	Feb / March 2018
Stage 1 Business Case Development (10 months)	Oct 2017 – Aug 2018
Stage 2 Business Case Development (7 months)	Sept 2018 – March 2019
Financial Close	March 2019
Practical Completion and handover	September 2020
Mobilisation (6 months)	Sept 2020 – March 2021
Operational	April 2021

7 Recommendations

The Executive Management Team are asked to note the contents of this report and to delegate authority to the Programme SRO to establish a Programme budget and to source personnel for the key Programme roles.

Appendix A – NHSPS/CHP Joint Letter



Skipton House
80 London Road
London
SE1 6LH

8th September 2015

Adam Doyle
NHS Merton Clinical Commissioning Group
120 The Broadway
London
SW19 1RH

Dear Adam

MITCHAM/WILSON PROJECT

NHS Property Services and Community Health Partnerships having been working together to develop a high level methodology for establishing early stage Value for Money (following treasury guidelines) on delivery of new projects. This seeks to compare traditional design and build procurement using public capital with a private finance procurement.

The two companies have now run the methodology on a number of schemes, and this has informed our view that the methodology would show that best Value for Money would be proven for the Mitcham project through a private finance delivery route. We would not propose to formally run the methodology, as our experience to date tells us what the outcome is going to be.

Since this is a LIFT area, CHP would lead the procurement of this project on behalf of the project sponsor (Merton CCG). CHP would use the local LIFT ~~company~~, South London Health Partnerships, as its delivery vehicle.

We are writing to confirm that both property companies are happy to proceed on this basis, but request your confirmation that you are happy to proceed as set out above. If you would like formal confirmation of the outcome of the methodology, we now have the required inputs for the model, and can arrange for this to be run, subject to you meeting the costs (estimated at £6,000 excluding VAT).

CHP looks forward to working with you to deliver this exciting project.

Yours sincerely

James Eaton

A handwritten signature in black ink that reads 'JanEat'.

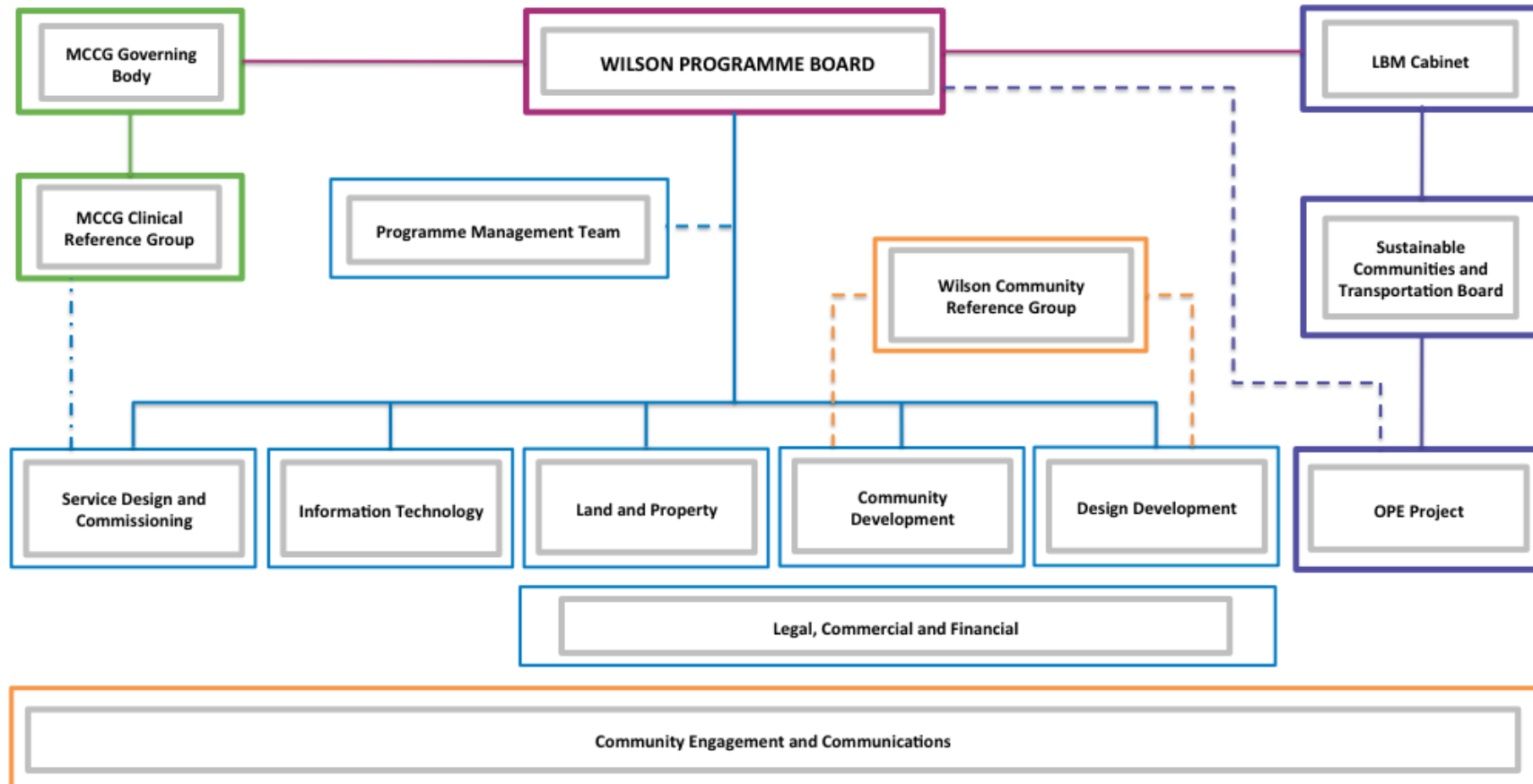
**Head of Capital Investment
NHS Property Services**

Eugene Prinsloo

A handwritten signature in blue ink that reads 'E Prinsloo'.

**Developments Director
Community Health Partnerships**

Appendix B. Programme Structure



Wilson Programme Board

Terms of Reference

Programme Initiation date:

Version No.

Date approved by Programme Board:

Review Date:

Document Control:

The controlled copy of this document is maintained **[location on server]**. Any copies of this document held outside this environment, in any format, are considered to have passed out of control and should be checked for currency and validity.

1 Introduction

The case for the redevelopment of the Wilson Hospital site was established with the production and approval of a Strategic Outline Case in April 2014. This document set out the health needs of the people of east Merton and used this as a basis to establish the need for a new facility within Mitcham. The aim was to establish local services, tailored to the needs of the population that would not only improve the treatment of ill health but also promote activities that prevent ill health by helping people with lifestyle choices.

Following the approval of the strategic case an appraisal of the development options was undertaken, which concluded that the Wilson Hospital site was the preferred location for the new development.

At the instigation of the Health and Well Being Board further work has been undertaken to develop a joint vision for a new sustainable model of community health and well being in east Merton. The ambition is for the Wilson Centre to be a transformative, innovative and integrated health well being hub in Mitcham, co-designed, co-managed and co-owned by the community and local clinicians.

The local authority have been successful in their bid to join the One Public Estate Programme (OPE) and have been awarded funds to support the Programme and to undertake a wider review of the use of public land and property. The outputs from the work funded by OPE also fall within the remit of this Programme.

2 Authority and Accountability

The Director of Primary Care Transformation has been appointed as the Senior Responsible Officer (SRO) for the Programme.

A MCCG non-executive director will chair the Programme Board.

The Programme Board reports to

3 Responsibilities of the Programme Board

The role of the Programme Board is to take responsibility for the strategic direction and overseeing the programme management of all aspects of the projects involved in the development of a health and well being hub on the Wilson Hospital site in Mitcham.

The Programme Board is responsible for:

- Providing leadership to the Programme and to actively promote the benefits of the Programme to ensure stakeholder support is secured;
- Ensuring that the strategic integrity of the Programme is maintained and that it remains consistent with the wider strategic intentions at a regional and local level;
- Agreeing the programme objectives and defining the outcomes and benefits to be realised through the successful delivery of the Programme;
- Ensuring that effective programme and project management arrangements and controls are in place to promote successful delivery of the Programme;

- To set the scheme of delegation and ensure compliance within the agreed parameters;
- Approving the programme and constituent project budgets;
- Ensuring that there is a system of cost control in place and to receive regular reports on existing and planned expenditure;
- Signing off the project and programme plans and monitoring progress against plan;
- Keeping the Programme scope under control as emergent issues force changes to be considered;
- Reviewing requests for significant variations to scope, programme or expenditure and making the decision whether to accept or reject;
- Ensuring that a robust risk management process is in place and to receive regular reports, escalating to the appropriate authority where necessary;
- Arbitrating on any conflicts within the programme;
- Addressing any issues that have major implications for successful delivery;
- Ensuring that there is a Communication Strategy and Plan in place to promote robust stakeholder engagement and management;
- Signing off the completion of project stages and key deliverables; and
- Ensure that a robust post-project evaluation process is agreed and implemented.

The Programme Board will be responsible for the review and approval of key project documentation. To include, but not limited to:

- Participant's Requirements
- Outline and Full Business Cases for the Community development
- Documents generated in support of the planning application
- NHS LIFT Stage One Business Case
- NHS LIFT Stage Two Business Case
- Specific Schedules with the NHS LIFT Land Retained Agreement (The contract)

4 Membership

The membership of the Programme Board should be as follows:

- MCCG Non-Executive Director – Chair
- MCCG Wilson Clinical Lead – Deputy Chair
- MCCG Director of Primary Care Transformation - SRO;
- LB Merton Director of Public Health;
- LB Merton Director of Community and Housing
- MCCG Director of Finance;

- LB Merton Head of Sustainable Communities;
- Merton Voluntary Sector Council Chief Executive
- CHP Developments Director;
- NHSPS Strategic Lead
- Wilson Programme Director;

In attendance

- Wilson Programme Manager
- Wilson Finance Lead
- OPE Regional Programme Manager

5 Attendance and Responsibilities

It is important that there is continuity of attendance at the Programme Board. It is expected that members will attend personally. Deputies may only attend by advance agreement with the Chair, and should be fully briefed prior to attendance to allow full participation in discussions and decision-making.

The meeting will be deemed quorate when four of the members are present, including either the Chair or Deputy Chair, the LB Merton Director of Public Health, or appointed deputy, and one MCCG executive.

5.1 Declaration of Interests

Members of the Programme Board must declare if they have any interests, whether pecuniary or non-pecuniary which relates to the matters being discussed. Individuals will declare any such interest that they have to the Chair as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Chair of the Programme Board should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.

5.2 Confidentiality

Members will be responsible for ensuring the strict confidentiality of all commercially sensitive information.

6 Frequency of Meetings

The Programme Board will meet every six weeks with a scheduled meeting duration of 90 minutes. A schedule of meeting dates will be provided on an annual basis.

Extraordinary meetings may be called at key milestones when decision-making or sign-off is critical to prevent delays to the programme.

“Virtual” meetings may replace scheduled meetings when it is deemed that there is no benefit in a face-to-face meeting, this will be at the discretion of the Chair.

All agenda items must be forwarded to the Programme Manager seven working days prior to the meeting.

It is assumed that members will have read the papers in advance of the meeting, to allow direct discussion at the meetings.

7 Administration

The Programme Management Office will provide the administrative support to the Programme Board. The duties undertaken will include:

- Agreement of the agenda with the Chairman and ensuring the production and collation of papers.
- Circulation of the agenda and papers no less than five working days in advance of the meeting.
- Taking the minutes and maintaining an action log.
- Gaining sign off of the draft minutes by the Chairman and circulating within five working days of the meeting.
- Ensuring that agreed actions are progressed prior to the next meeting.

8 Review

The membership of the Programme Board will be monitored on an on going basis and amendments made if the membership does not provide adequate breadth of knowledge or experience or if the level of attendance by members is not deemed acceptable.

A formal review of the Programme Board will be instigated at Financial Close in readiness for the construction, mobilisation and operational stages.

Appendix D. Community Health Partnerships – Standard NHS LIFT Programme

