

# **Committee: Health and Wellbeing Board**

**Date: 20 June 2017**

Agenda item:

Wards: All

## **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

Forward Plan reference number:

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

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### **Recommendations:**

- A. To note the progress of the Wilson development and the reporting and accountability systems that have commenced.
  - B. To review the “amber” overall status of the programme and consider ways to support and facilitate the progress
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The report describes some of the achievements till 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 28<sup>th</sup> March 2017.
- 2.2. This cover paper reflects the contents of the May Programme Highlight Report presented to the Wilson Programme Board (WPB) on 8<sup>th</sup> June 2017. The full report is in the appendix.

## **3 DETAILS**

- 3.1. The Programme Highlight Report in the appendix is the first of 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.

- 3.2. 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.
- 3.3. While much progress has been made and both the community and the clinical design have moved forward since the last HWB meeting, the overall status of the programme is “amber”. This is due to the difficulty experienced in gaining activity information in respect of the services identified to be located on the Wilson site.
- 3.4. The service design for the clinical (health) facility has been substantially agreed. Areas that are being explored further are: the primary care offer, child development services and intermediate care beds.
- 3.5. 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.
- 3.6. A template was developed and agreed, and leads in various areas helped to complete the templates for the long-list of options.
- 3.7. 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.
- 3.8. Therefore the worked up of options have particularly examined feasibility in the light of sustainable revenue streams through existing contracts for commissioned services.
- 3.9. 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.
- 3.10. 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:████████████████████>).
- 3.11. **Key next steps:**
  - 3.11.1 Prepare demand and capacity model for health and wellbeing services

- 3.11.2 Community Development Project Initiation Document
- 3.11.3 Commence PPOA – source benchmark data for economic appraisal
- 3.11.4 Children’s Services workshop scheduled for 21st June
- 3.11.5 Initiate Communication and Engagement work stream
- 3.11.6 Initiate Young Health Inspectors Programme
- 3.11.7 Plan Nelson Lessons Learnt process
- 3.11.8 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 planned.
- 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 the Highlight Report in the appendix for this.

#### **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 7.1. The clinical facility will be funded through NHS Properties and CHP, with Merton CCG as the lead organisation.
- 7.2. The community facility will be funded through different approaches and channels.

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

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

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

***Appendix A. Wilson Campus Development: Programme Highlight Report, May 2017***

## **13 BACKGROUND PAPERS**

None.

**Appendix 1: Wilson Campus Development: Programme Highlight Report, May 2017**

## WILSON CAMPUS DEVELOPMENT PROGRAMME HIGHLIGHT REPORT

Programme	Wilson Campus Development
Senior Responsible Officer	Andrew McMyllor
Programme Lead	Sue Howson
Programme Initiation Date	January 2017
Programme Purpose	To fund and deliver new facilities on the Wilson Hospital site to support the delivery of a new health and wellbeing model for the people of East Merton.
Programme Stage	Programme Initiation

Report Date: 1 June 2017	Reporting Period: May 2017
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### Workstream Status

Service Design and Commissioning	AMBER
Information Technology	Not initiated
Land and Property	GREEN
Community Development	GREEN
Design Development	Not initiated
Legal and Commercial	Not initiated
OPE Project	GREEN

**Red:** to achieve success immediate remedial action is required  
**Amber:** delay possible, or task/milestone not mission critical  
**Green:** on target to succeed

Overall Status of the Wilson Campus Development Programme	AMBER
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### Current Programme Status

The status of the programme is currently **AMBER** this is due to the difficulty experienced in gaining activity information in respect of the services identified to be located on the Wilson site.

The Project Team has been advised that this information will be made available by 2 June 2017. The SRO has been alerted to the issue and will escalate if this information is not forthcoming by the agreed date.

The delay in receiving this information is preventing the commencement of the work on the Post PID Option Appraisal (PPOA) as we are unable to estimate the size of the future facilities and commence the master planning of the site.

## Progress Update

The initiation of the programme is almost complete with the final documentation being submitted to the Programme Board for sign off at the June meeting.

The Wilson Project Team now meets on a bi-weekly basis bringing together the workstream leads to discuss progress and any key risks or issues.

The Programme Director has met with Fulcrum to instigate a full lessons learnt process for the Nelson Health Centre. This will look at all aspects of the project from initiation through to two years post operation. Workshops will be scheduled over the coming months with a full report with recommendations presented to the Programme Board in the Autumn.

The following provides an update on the three workstreams that have been initiated to date. The remaining workstreams will be established on appointment of the preferred development partner.

The Communications and Engagement workstream has had an initial informal meeting prompted by the forthcoming Mitcham Carnival. The workstream will be formally initiated during June.

Service design and Commissioning – the service configuration for the site was substantially agreed at the May Programme Board. There were three areas identified requiring further work, primary care, intermediate care and children's services. Workshops are being held to further refine the models for children's services and primary care in June and July respectively.

The provision of intermediate care beds is the subject of a separate detailed piece of work. At this stage the Project Team have been instructed not to include provision for intermediate care beds on the site for the purposes of the PPOA.

The demand model for services on the site has been hampered by a lack of activity data being supplied by the current providers (CLCH, Connect and SWLStG). This is causing a delay in the commencement of the PPOA as the required capacity cannot be calculated. This has been escalated to the SRO.

Community Development – This workstream is currently focusing on refining the wellbeing and community options for inclusion on the site. This work will inform the accommodation requirements and be used in the PPOA.

A Communication and Engagement Strategy has been developed and a detailed work plan will be developed as the workstream is formally initiated.

In the next period the team will be working on the completion of the workstream Project Initiation Document.

A Young Health Inspectors Project is being established which will engage young people and provide a platform for them to become involved in developing and designing new services. It is hoped that this will be initiated by the end of June.

Land and Property – Although not formally constituted as yet this workstream has taken on the responsibility for the development of the PPOA. Planning meetings have been held to map out the workplan for the completion of the PPOA and funding has been identified to secure the appropriate resources.

A design team has been appointed by NHSPS to explore the development opportunities for the site and to complete the master plan.

NHSPS Evaluation and Analytics Team have been engaged to undertake the financial analysis and the economic appraisal. This work is scheduled for week commencing 25 June.

A paper setting out the process and workplan is being submitted to the June Programme Board for information.

OPE Project (LBM) – An interactive map of the public sector assets in Merton has been developed (available via email from [mailto: \[REDACTED\]](mailto: [REDACTED])). The first meeting of the OPE Asset Project Board was held in May. The members were introduced to the OPE project and shown maps of public sector owned assets in Merton. The group discussed how public assets could be better utilised and some initial opportunities and ideas were identified that will be followed up as the asset review progresses.

There was a similar session on OPE at the Merton Executive Partnership Away Day.

Further work needs to be undertaken to produce the detail behind the financial benefits to be accrued from the developments on the Wilson site.

### Change Control

Description of change requested	Impact			Status
	Cost	Programme	Quality	
N/A				

### Milestones/Tasks

Milestones/Tasks	Target Date	Estimated date of delivery	% Completed	RAG Status
Agree health and wellbeing service provision on the Wilson site	31/05/2017	08/06/2017	90%	AMBER
Complete PPOA	25/07/2017	25/07/2017	0%	GREEN
Programme Board sign off PPOA	31/08/2017	31/08/2017	0%	GREEN
CHP Request New Project Proposal	01/09/2017	01/09/2017	0%	GREEN
CHP Instruct New Project	November 17	November 17	0%	GREEN
Planning Approval	June 2018	June 2018	0%	GREEN
Stage 1 Business Case approved	August 2018	August 2018	0%	GREEN
Financial Close	March 2019	March 2019	0%	GREEN
Practical Completion and handover	September 2020	September 2020	0%	GREEN
Operational	April 2021	April 2021	0%	GREEN

#### Tasks for next period (6 week forward view)

- Prepare demand and capacity model for health and wellbeing services
- Complete Participant's Requirements
- Community Development Project Initiation Document
- Commence PPOA – source benchmark data for economic appraisal
- Children's Services workshop scheduled for 21<sup>st</sup> June
- Initiate Communication and Engagement work stream
- Initiate Young Health Inspectors Programme
- Plan Nelson Lessons Learnt process
- Plan Primary Care workshop for July (date to be confirmed)

#### Key Project Risks and Issues

Description of Risk	Score/RAG	Mitigation	Owner
There are currently no red risks identified. Please see Risk Register for full details.			

Description of Issue	Impact	Management Plan	Owner
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	H/M/L		
There are currently no issues identified.			