



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Wilson Programme Board

Thursday 27th April 2017

1.00pm-2.30pm

Meeting Room 1.1, 120 The Broadway, Wimbledon SW19 1RH

In attendance:
See Appendix A

Apologies:
See Appendix B

Chair: Peter Derrick

Item no.	Agenda Item	Lead
1.	Welcome and introductions Conflicts of Interest	PD
	Introductions were made No declarations were made at this meeting	
2.	Programme Board Terms of Reference Programme Objectives	SH/AMcM
	<p>The Terms of Reference were adopted pending the following changes:</p> <p>Page 1 – The Programme Board will report to the reinstated Clinical Transformation Board for all matters clinical and to the MCCG Finance Committee on financial matters. The Governing body is the ultimate decision making authority for the CCG.</p> <p>It will also report to Merton Cabinet which is in charge of decision making in the local authority.</p> <p>Pages 1 and 2 – Peter Derrick and Doug Hing will co-chair the programme board.</p> <p>MP asked that reference be made to the requirement of the Programme Board to ensure that VfM is secured with regard to the use or disposal of land.</p>	

	<p>The options for how any receipts from the sale of land would be utilised was discussed. There was a view that it should be used locally to improve affordability of the scheme.</p> <p>IW asked if it is within JGs power to keep capital receipts JG stated that there is some disconnect with NHS Property Services views which could compromise this position.</p> <p>JG gave a brief overview of the OPE programme. PD sought clarity on the anticipated benefits of the programme. It was agreed that the OPE benefits would be included within the Programme Initiation Document (PID).</p> <p>PD asked when the PID would be presented.</p> <p>SH advised that the PID, including the OPE benefits would be presented at the next meeting.</p> <p>A brief overview of progress to date was given by SH setting out the next steps. We are required to carry out a Post PID Options Appraisal (PPOA) which is a rerun of the Economic Case approved in 2015. It is necessary to reconfirm that the Wilson is still the preferred option due to the passage of time.</p> <p>It is anticipated that NHS LIFT would be preferred delivery route although NHSPS may challenge this offering alternative funding options.</p> <p>SH advised of a joint letter from CHP and NHSPS to the CCG in which NHS LIFT was declared the preferred route.</p> <p>SH stated that a procurement option appraisal should be included within the PPOA so that the project can commence as soon as possible. The PPOA is scheduled to be completed in July.</p> <p>The Programme Objectives were not discussed.</p>	
<p>3.</p>	<p>Programme Governance Organisational sign-off process</p>	<p>AMcM/SH</p>
	<p>AMcM walked the group through attachment 2, The Wilson Programme Board organisational chart and outlined how the sub groups work.</p> <p>PD asked if there are identified project leads for each group. SH advised the following was in place with the Information Technology workstream lead yet to be</p>	

	<p>agreed.</p> <p>Service Design and Commissioning -<i>Lucy Lewis, Doug Hing and Ian Winning</i></p> <p>Land and Property - Sue Howson and Matt Parish</p> <p>Community Development – <i>Anjan Ghosh and Dave Curtis</i></p> <p>Design Development – <i>Sue Howson and architects when appointed.</i></p> <p>OPE Project – <i>James McGinlay</i></p> <p>It was noted that the narrative in the OPE Project box was a copy of the Land and Property and needed to be amended. SH to revise.</p> <p>SH advised of planned comms meeting to work on comms strategy. SH is aware of the negativity towards The Wilson due to the closure of the walk in centre and practice so would like the comms strategy to be strong. DZ agreed and stated we needed a clear and consistent message.</p> <p>JG says that land and property teams are merging and CCG will need to see how this would be resourced as there will be conflicts.</p> <p>Attachment 3 set out a proposed timeline. It was noted that the building is now not scheduled to be operational until 2021. The previously declared opening was 2020. DZ asked if anything could be done to shorten the timeline. SH advised that it was too early in the process to have confidence in amending the programme.</p> <p>PD asked that the milestone be reviewed in July.</p> <p>NT advised that funding has been agreed between the parties to fund the Programme Management up to a cap of £40k. This agreement needs to be formalised in the form of a proposal and letter.</p>	
4.	Clinical Services	AMcM
	<p>AMcM presented attachment 4. He commented that the concept is excellent but needs to be grounded to ensure a successful delivery. The proposed clinical services were reviewed and agreed.</p> <p>DZ asked it to be noted that the local authority are responsible for the commissioning of a significant percentage of the children’s services. Julia Groom (LBM)</p>	

	<p>is organising a workshop in June to discuss the model for children’s services at the Wilson.</p> <p>With regard to the provision of intermediate care beds it was agreed that further work needs to be undertaken. Annette Bunka will lead on this for the CCG. DZ Stated that it was too early for a decision to be made on the inclusion of social care beds.</p> <p>There was consensus that a model where intermediate and social care beds were co-located was the best model thus allowing patients to move through the system depending upon their needs. Current model promotes stagnation.</p> <p>The model for primary care was discussed. DZ felt that there was still merit in exploring the possibility of a practice being based on the site. KW felt that this was unlikely and that the primary care provision should focus on “hub” services, currently provided at Cricket Green Medical Practice, and more specialist primary care focusing on better management of patients with complex conditions. A Primary Care workshop is being scheduled to discuss the future model.</p> <p>It was agreed that a conversation should be had with the practices local to the Wilson site to see if there was any appetite for them to relocate onto the Wilson site in the future.</p> <p>It was noted there needs to be alignment with the STP Out of Hospital and Wellbeing workstreams.</p> <p>LBM are progressing with establishing the wellbeing services to be provided on the site.</p> <p>The top priority is to understand the likely activity levels so that the capacity of the new facility can be planned. This is required in order that NHSPS can commence the master planning of the site.</p>	
5.	Logic Model and Option Appraisal Criteria	DZ
	<p>DZ presented the Logic Model which aims to set out the rationale and the proposed outcomes of the programme on one page.</p> <p>It sets out the need in East Merton, the vision to meet these needs and the benefits to be accrued through its implementation.</p> <p>It was agreed that further work needed to be undertaken to emphasise the links between the wellbeing activities and the health outcomes. This will assist in the</p>	

	<p>development of business cases later in the process.</p> <p>DZ explained the process for reaching the decision on the wellbeing services to be delivered from the site. Establishing how robust the revenue stream is has been a key consideration.</p> <p>KW stated that we need to start mapping where all the current services are. DZ advised that some of this has been done through the OPE mapping process.</p> <p>DZ added that it does not need to be over complicated. There should be a CAB on site (Citizens Advice Bureau).</p> <p>PD tasked DZ to have completed this assessment by the end of May.</p> <p>SH asked the timescales for agreeing what will be provided on the site as the PPOA cannot start until this has been clarified. PPOA is due to be completed in July if information is not forthcoming soon this will extend into August.</p> <p>PD asked if we are moving services from Birches Close whether this forms part of this programme.</p> <p>MP stated that if Birches Close was surplus to requirements this would be a separate business case.</p> <p>KW added that virtual space is as important as physical. Must not forget I.T. as this is a key enabler.</p> <p>NT says we need to think of the health aspects of everything being proposed for the site. Example, the café must have a health benefit.</p>	
6.	Outline and update on OPE Project and Outline Business Case	JMcG
	This agenda item was not discussed. A progress report to be presented to the next Programme Board.	
7.	Any Other Business	
	NT – we should explore how the Nelson has been changed, to look at the transformational model. What has taken place and what will take place. Wilson and Nelson need to be complimentary to one another but at the same time totally different.	

Appendix A: Attendance List

PD	Peter Derrick	Governing Body Lay Member (Co-chair)	MCCG
DH	Dr. Doug Hing	Clinical Lead (Co-chair)	MCCG
AMcM	Andrew McMylor	Director of Primary Care Transformation (SRO)	MCCG
DZ	Dagmar Zeuner	Director of Public Health	LBM
NMcD	Neil McDowell	Director of Finance	MCCG
SW	Simon Williams	Director of Community and Housing	LBM
JMcG	James McGinlay	Assistant Director for Sustainable Communities Environment and Regeneration	LBM
NT	Nicola Theron	Regional Director	CHP
EP	Eugene Prinsloo	Developments Director	CHP
MP	Matthew Parish	Strategic Estates Lead	NHSPS
SH	Sue Howson	Programme Director	Synpasis Health
KM	Khadiru Mahdi	Chief executive	MVSC
JG	Joe Garrod	Regional Programme Manager	OPE
DF	David Francis	Head of OPE (London and Brighton)	OPE
IW	Ian Winning	Interim Deputy Director of Finance	MCCG

Appendix B: Apologies

Lucy Lewis	LL	West Merton Partnership Manager (MCCG)
Dr Doug Hing	DH	