

## Committee: Health and Wellbeing Board

**Date: 30 September 2014**

Wards:

## **Subject: Nelson and Mitcham Local Care Centre Developments**

Lead officer: Adam Doyle

Lead member: Adam Doyle

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### **Recommendations:**

A. To note the contents of the report.

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The purpose of this report is to provide an update to the Health and Wellbeing Board on the development of the Nelson and Mitcham Local Care Centre developments.

## **2 BACKGROUND**

2.1. The Merton Better Healthcare Closer to Home programme has six key delivery objectives, to:

- Improve outcomes for patients;
- Provide more care locally;
- Tackle health inequalities;
- Meet changing demographics and healthcare needs;
- Modernise the estate; and
- Use resources more efficiently.

2.2. The programme aims to meet these objectives through the development of new care pathways that better meet the patients' needs by keeping them at the centre of all service redesign. In designing the new pathways the intention is that the patient will be able to access these services closer to where they live.

2.3. The development of new healthcare facilities in West and East Merton was identified as key components of the Merton Better Healthcare Closer to Home programme. The delivery of these new facilities is in response to the poor condition of the current estate and the opportunity to consolidate services into modern, purpose built healthcare buildings.

2.4. Whilst the renewal of the community estate is a key priority, these developments need to be designed in response to the overall model of care to be implemented in West and East Merton. They must act as hubs for

primary care services with the clinical services designed to meet the needs of the local population served.

### **3 DETAILS**

#### **3.1. Nelson Development**

3.2. The construction of the Nelson Health Centre commenced in April 2013 and is now nearing completion. It is anticipated that the majority of the works will have been completed at the end of November in readiness for the final checks prior to handover to Merton Clinical Commissioning Group (MCCG) on 14<sup>th</sup> January 2015.

3.3. Once the building has been handed over there will be a period of commissioning prior to the mobilisation of clinical services.

3.4. The Nelson Health Centre will provide the following services:

- **Primary Care** – Cannon Hill Lane and Church Lane Medical Practices will be moving into the building and coming together to provide a full range of primary care services;
- **Diagnostics** – X-ray, ultrasound, electrocardiogram (ECG), Echocardiography and blood tests;
- **Community Services** – physiotherapy, podiatry, assessment and rehabilitation services, retinal screening and specialist nurses;
- **Acute Services** – specialist consultation (outpatients), endoscopy and minor procedures;
- **Mental Health** – community mental health and Improving Access to Psychological Therapy (IAPT); and
- **Community Pharmacy.**

3.5. The appointment of the provider for the diagnostic and acute services has been the subject of a competitive procurement exercise which has now concluded. The preferred bidder will be agreed at the September meeting of the MCCG Governing Body. The process will then enter a two week standstill period, allowing for any challenges to be addressed, prior the award of contract.

3.6. A full mobilisation programme will commence with all providers in October with the anticipation that the building will be fully operation by April 2015.

#### **3.7. Mitcham Development**

3.8. The project is in progress and comprises two main workstreams: the development of a new model of care within the East Merton locality and the development of a new healthcare facility within Mitcham.

3.9. The East Merton GP Locality Group, chaired by Dr Karen Worthington as the Locality lead, is developing a new model of care to address the health needs of their local population, including the key areas of concern with regard to the health of the population of East Merton as highlighted by the Health

Needs Assessment (HNA) which was undertaken at the start of the year, led by the Director of Public Health.

- 3.10. East Merton has the areas within the Borough with shorter life expectancy, with most of the excess deaths attributable to cardiovascular disease and cancer. In addition, diabetes is more prevalent in East Merton than the west of the Borough, respiratory disease is common and the positivity rate for chlamydia is higher than both London and England.
- 3.11. The child health element of the HNA found that childhood immunisation coverage is lower than the World Health Organisation target, emergency attendance for children under 4 is higher than England levels, there has been an increase in childhood obesity, hospital admissions for alcohol specific conditions in children and young people are among the highest in London and children's dental health is declining.
- 3.12. A workshop involving all East Merton practices entitled "Practices working together across the East Merton Locality" was run in early July to shape further work on the model of care. The key themes to emerge from this workshop were:

- The model of care should focus on reducing health inequalities;
  - The services delivered out of the Mitcham facility should complement those delivered out of the Nelson Health Centre and also complement rather than duplicate those being offered by the practices in East Merton;
  - The new building should be a local base for community services to make them more locally responsive, for example District Nurses and the Diabetes service and should also offer “semi-acute services” to drive down A&E attendances;
  - There is support for improved access to primary care, although there was debate as to whether this should include a walk in centre;
  - Mental health and sexual health services should also be available;
  - Integration with social care and the voluntary services is vital and health promotion services should also be available;
  - Clinical pathways should be consultant led and there should be direct access for GPs and patients as appropriate; The model of care for East Merton should be developed with input from local clinicians who are keen to influence and shape local services and also by working closely with Public Health.
  - A Proactive GP Care project is being run by Public Health focused on prevention and health promotion. It is being piloted in the Cricket Green practice and is expected to provide learnings that will inform the model of care.
- 3.13. A working group of clinicians, and involving a nurse and practice manager, is being set up to focus on the development of the model of care.
- 3.14. Work is in progress to develop the Economic Case for the Mitcham Project. This will involve selecting the preferred option out of four sites on which the new facility could be developed based on a qualitative assessment of each site and also a financial analysis of the costs involved in pursuing each option.
- 3.15. At the end of this process the procurement route, a LIFT scheme or a third party development, will have been determined and approved by NHS England and work can start on the development of the formal business case.
- 3.16. The qualitative assessment will be conducted in two parts using set of criteria that are a refinement of those used to create the short list of options during the development of the Strategic Outline Case for the Project. The first part of the assessment will be carried out by the Mitcham Project Board and the second part will be conducted at a patient and public engagement event to be run in Mitcham on 2<sup>nd</sup> October.

- 3.17. The results of the option appraisal will be reported to the Merton CCG Governing Body informally in October and then fully at its meeting in November.

#### **4 ALTERNATIVE OPTIONS**

- 4.1. Not applicable

#### **5 CONSULTATION UNDERTAKEN OR PROPOSED**

- 5.1. The initial public engagement on the Mitcham Project was through a stand at the Health Hub at the Mitcham Carnival in June. As a result, none members of the public indicated that they would like to be involved in further engagement events.
- 5.2. As part of the site assessment process a patient and public engagement event will be run on 2<sup>nd</sup> October. This is by invitation only and invitations have been issued to over 50 community and health related organisations in the Mitcham area.
- 5.3. During the site assessment event we will set out the aspects of the Project's development where we would welcome patient and public engagement and look for volunteers. We will also use the list of organisations invited as a contact list for soliciting future engagement. The overall aim is to involve members of the public at all stages of the project, from the design of the Mitcham healthcare facility to how the facility will operate when it opens its doors.
- 5.4. The mechanism by which patients and the public will be engaged in the development of the model of care has still to be determined and agreed with the East Merton Locality.

## 6 TIMETABLE

- 6.1. The high level milestones and timetable for the development of the Mitcham Project are set out in the following table.

High Level Milestones/Tasks	Target Date
Submit PID pro-forma to NHSE Capital team	30/09/2014
Run public engagement event on site assessment	02/10/2014
Prepare Economic Case	15/10/2014
Sign off PPI strategy and plan	21/11/2014
Obtain CCG sign off of Economic Case	30/11/2014
Obtain instruction to proceed from NHSE	30/11/2014
Start design development process	04/01/2015
Gain planning approval	31/08/2015
Prepare Stage 1 Business Case	15/10/2015
Obtain CCG sign off of Stage 1 Business Case	31/10/2015
Obtain approval of Stage 1 Business Case from NHSE	31/12/2015
Prepare Stage 2 Business Case	15/02/2016
Obtain CCG sign off of Stage 2 Business Case	28/02/2016
Obtain approval of Stage 2 Business Case from NHSE	31/03//2016
Financial Close	15/04/2016
Start on site	01/05/2016

## 7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. There are currently four sites under consideration, two in the ownership of NHS Property Services and two owned by the London Borough of Merton.
- 7.2. The current work will lead to a full economic appraisal of each site and the determination of the preferred option.

## 8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. Section 242 (1B) of the NHS Act 2006, as amended by the Local Government and Public Involvement in Health Act 2007, provides that: Each relevant English Body must make arrangements as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information or in other ways) in:
- The planning of the provision of those services;
  - The development and consideration of proposals for changes in the way those services are provided;

- Decisions to be made by that body affecting the operation of those services.

8.2. The NHS Act 2012 chap. 7 PART1 s26 makes similar provision for CCGs.

## **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

9.1. An Equality Impact Assessment (EIA) was completed for the Nelson development as part of the business case process. AN EIA is in the process of being completed for the Mitcham scheme.

## **10 CRIME AND DISORDER IMPLICATIONS**

10.1. Not applicable

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

11.1. An initial set of project risks has been identified and the Project Board will continue to manage the risks associated with the Project.

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

12.1. None

## **13 BACKGROUND PAPERS**

13.1. There are no background papers.

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