

Committee: Health and Wellbeing Board

Date: 4 October 2016

Wards: All

Subject: East Merton Model of Health & Wellbeing: progress report

Lead officer: Karen Parsons, Interim Accountable Officer, MCCG / Dr Dagmar Zeuner, Director of Public Health, LBM

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Recommendations:

- A. To consider the report on progress of the East Merton Model of Health & Wellbeing (EMMoHWB), and the Health & Wellbeing Board priorities for 2016/17 relating to preventing childhood obesity, and social prescribing.
 - B. Board members to continue to champion the EMMoHWB and promote priority areas with their constituencies.
 - C. Board members to engage in the further development and refinement of the EMMoHWB programme and projects as they progress.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this paper is to report progress on the East Merton Model of Health & Wellbeing (EMMoHWB).

Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time.

The attached paper highlights important areas of progress with respect to governance and programme management arrangements. Key areas are:

- Design of the Wilson health and community campus
- Community engagement
- Better use of wider Public sector estate and
- Explore and develop social investment models.

The paper also reports progress on the Board's strategic priorities for 2016/17 on prevention of childhood obesity and social prescribing that are linked to the EMMoHWB. These priorities reflect the Board's commitment to the life course perspective that underpins the Health & Wellbeing Strategy.

East Merton Model of Health & Wellbeing: progress report

1. Purpose

This paper reports progress on the development of the East Merton Model of Health & Wellbeing (EMMoHWP).

The EMMoHWP is a partnership commitment by Merton CCG and Council to establish a new innovative model of community health and wellbeing. The model is based on a preventative approach, integrates health and social care and uses community assets as part of the support options.

The Model is planned to become a blueprint for whole Merton service transformation and meeting the strategic goal of reducing health inequalities across the borough.

2. The Wilson Hospital Redevelopment

Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time.

The CCG is sponsoring the health facility delivered through NHS LIFT (South London Health Partnerships). The Council, together with NHS partners, is seeking to optimise the management of public sector estates, as part of the Wilson and wider regeneration plans, and partners have been applying for One Public Estate Programme funding from cabinet office to support this estate planning. The development will also draw on community assets and access new funding sources through new social investment options to increase the capacity of the voluntary sector and sustain community activities.

The Wilson redevelopment is the focus for achieving strategic ambitions of partners and following benefits:

- Health and social care transformation with associated outcomes, including improved self care, reduced social isolation and reduced hospital admissions, with resulting health and social care savings
- Enhanced social cohesion, community capacity and resilience
- Longer term health outcomes, including a reduction in health inequalities
- Savings from estates rationalisations and site developments
- Related improved transport and regeneration opportunities (including housing and employment).

3. Governance and programme management

The Health and Wellbeing Board is the sponsor for the EMMoHWP and has overall oversight for the development and delivery of EMMoHWP Programme.

Building on the existing One Merton Meeting between senior council and CCG officers, we will develop the group into a wider transformation partnership forum to oversee the Programme. Dagmar Zeuner (Director of public health) and Karen Parsons (CCG Interim AO) are the two SROs (Senior Responsible Officers).

A steering group will co-ordinate and manage the Programme.

A 'community board' (or virtual network) is to be established to ensure on-going dialogue with the community, and to be directly accountable to the Health & Wellbeing Board. The incoming project manager will take this forward, and build on the existing infrastructure including MVSC.

Two managers will be dedicated to the EMMoHWP Programme:

- Project manager to hold the ring for the integrated Wilson health and community campus
- Specialist manager for the technical service design and build of the health facility

4. Timeline and programme management

The programme is progressing in line with following timeline.

Task	Timeline
Community engagement –community conversations on health and community campus	Autumn 2016
Final decision on service plan for health & community campus	December 2016
Work up of building plans and financial case (12 months)	December 2017
Financial close (sign off on plans) and start on site	March 2018
Building work finished	December 2019
Building operational (doors open to public)	June 2020

Design of the health and community campus

Initial service design work will be consolidated and converted into an overall service plan for the health facility and campus.

The design of the service model takes forward the CCG's intention to establish a local 'multi-speciality community provider' (MPC). This means primary care and community services, on a locality basis, delivering fully integrated set of services covering - prevention, early diagnosis and management of long term conditions (such as diabetes, heart disease and respiratory conditions). The piloting of social prescribing is an important element of the model (update below). The CCG's Clinical Cabinet will have a role in bringing together the community and clinicians in this design work.

Community engagement

'Community conversations' –is the process being used that enables community insights and expertise to be part of the service transformation. This is involving professionals and community leaders (including GPs and Councillors) discussing with

community groups and individuals their ideas and aspirations about the design and development.

The themes emerging from the conversations are due to be drawn together at a workshop in October, and provide a framework for the development of the community component of the campus. Early feedback from conversations with certain groups highlight the importance of actively promoting a sense of 'inclusion'-with activities, spaces and venues being available, accessible, and practically designed and used to build social cohesion and support innovation and enterprise.

The conversations provide the platform for establishing the community board, and more immediately, continuing the community dialogue through a virtual network.

This model of community engagement is planned to be applied more widely across council and CCG governance- with lay people from the community being mentored by formal board members and senior officers.

Better use of wider Public sector estates

The redevelopment of the hospital site provides the opportunity for a strategic approach to management of the wider public sector estate in Mitcham, along with local community assets.

The funding applied for from the One Public Estates programme is intended to provide the capacity to produce the final Asset and Delivery plan by the end of October relating to the health assets. A further feasibility study Mitcham-wide will explore additional options for estates rationalisation across public sector organisations, and test the opportunities for housing developments and regeneration. It is anticipated that training, employment opportunities and housing may be provided over time-addressing the wider determinants of health.

Funding models- social investment

The community campus element requires a funding strategy that provides initial capital and on going revenue to fund community activities and services. The voluntary sector will be supported to create one or more models of social and/or commercial investment that develop and sustain community and voluntary sector activities and enterprise. The model is likely to be a hybrid of public sector ownership and charity/community interest companies that allows a range of approaches spanning donations through to Social Investment Bonds (SIBs).

5. Health and Wellbeing Board delivery priorities for 2016/17

The Health & Wellbeing Board's priorities for delivery of the EMMOHWB in 2016/17 relate to social prescribing and childhood obesity and reflect the Board's commitment to the life course approach.

Merton's Child Healthy Weight Action Plan for preventing and reducing childhood obesity

The Action Plan (endorsed by the Health & Wellbeing Board in June) is now being taken forward by the Merton Child Healthy Weight Steering Group. This is in the context of new national childhood obesity plan launched in August. This is also in the context of the launch by the Healthy London Partnership of the 'Great Weight Debate'-

a pan-London programme of work aimed at encouraging conversations with the public at borough level about childhood obesity and the measures required to promote healthy eating and daily physical activity.

Timeline and next steps

The Action Plan is planned to be considered for approval by the Merton Council Cabinet and CCG Governing Body in January 2017.

The Merton Action Plan focuses particularly on actions in East Merton. Actions over the next six months include:

- Engagement and conversations with the local community through for example the 'London Great Weight Debate', especially with BAME communities
- Engaging local partners such as All England Lawn Tennis Club, Fulham Football Club and Scouts to identify opportunities for partnership working with schools and increasing physical activity particularly in the East of the borough
- Developing and expanding the Healthy Catering Commitment for businesses in the east of the borough and linked to the creation of a series of 'Healthier High streets'.
- Work to make the Wilson an exemplar in healthy weight environment combining design expertise with ideas from the community about what promotes healthy living.

Key challenges are ensuring sustainable funding for 2017/18, and the engagement and commitment all stakeholders including local media, schools, and voluntary and community organisations.

Social prescribing

The Social Prescribing Steering Group is responsible for establishing social prescribing in Merton through a pilot project as part of the EMMoHWP.

The Social Prescribing Steering Group comprising membership from public health, the CCG commissioning and lay representation, general practice, MVSC, Health Watch and health innovation network (funding and supporting evaluation). The agreed project plan takes into account the early views of a number of stakeholders (including the Health and Wellbeing Board and CCG Clinical Reference Group).

The overall aim of the pilot is to develop and evaluate a service model for social prescribing in Merton that:

- Improves the health and wellbeing outcomes of residents through providing access to non-medical support that address their needs and promote self help, social engagement and resilience.
- Reduces attendances in general practice and hospital A&E
- Establishes an effective collaborative pathway between primary care and council services and voluntary and community organisations.

- Establishes a locality care network to support the learning from the pilot evaluation, related initiatives and wider service transformation.
- Demonstrates how statutory and voluntary organisations can establish sustainable service models within financial constraints, including use of social investment funding.

Timeline and next steps

The service model has been agreed and will be piloted for a period of a year in East Merton (January-December 2017). Local clinical experience suggests that patients who are likely to benefit are those who frequently attend primary care, are socially isolated, have mild/moderate mental health issues, and present with social needs including issues relating to housing, employment and welfare benefits. A social prescribing coordinator is planned to be in post by November. There will be a phased expansion of the participation of general practices over the pilot period. The model will be established initially in two volunteer practices, with a further four practices joining the pilot.

A full update report is due to be considered by the One Merton Meeting in November (with its oversight role for the Transformation Programme). The group will need to give particular consideration to the phased scaling up of social prescribing as part of the implementation of the Primary Care Strategy, together with the options for securing sustained funding in conjunction with MVSC.