Committee: Health and Wellbeing Board

Date: 26th March 2019

Wards: All

Subject: The Wilson Update

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Recommendations:

The Committee is specifically asked to note:

A. Progress made on the design and development of integrated health and wellbeing services for the Wilson Health & Wellbeing Campus to help people to start well, live well and age well;

B. The importance of community, patient and stakeholder engagement in the design and development of services.

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1. Purpose of Report

1.1 The purpose of this report is to present the Board with an up to date summary of proposed services for the new Wilson Health & Wellbeing Campus and describes how health and wellbeing services will integrate at the new site, via primary care and social prescribing, to link to wider objectives and meet the needs of the population.

1.2 Appendix A contains four patient stories to illustrate how the patient journey and experience might be different at the Wilson Health & Wellbeing Campus, along with potential benefits and outcomes. Although they are fictional, our patient stories are based on data and research, as well as GPs experience of real patients and have been voiced in the patient's 'own' words.

1.3 The paper recognises the importance of engagement and continuously involving the local community and voluntary sector in the decision making process via the Wilson Community Reference Group, future Wilson Wellbeing Steering Group and the CCG's own Patient Engagement Group.

2. Executive Summary

2.1 Proposed services located at the new Wilson Health & Wellbeing Campus with

links to services based elsewhere in the community will create a 'healthy place' where people go to support them to start well, live well, age well and prevent illness, rather than a traditional health facility where patients go when they are unwell.

2.2 Enabling access to activities that promote wellbeing (such as community gardening or a walking group) and creating a welcoming environment is important to engage those on very low incomes and people who would not normally access healthcare but may have unmet needs. In order to promote health and wellbeing at the Wilson earlier than 2022 and build strong links locally for the long term, there are plans underway to explore what activities can be established sooner at the site away from the main building works, or via outreach under a 'Wilson Wellbeing' banner at other nearby locations.

2.3 Even though the majority of services will be health services in the broader sense, many clinical services will be configured in a more pro-active way, e.g. primary care diabetes, which will fully integrate with wellbeing services so that the patient's journey at the campus is seamless.

2.4 Patients with complex needs or those seen more frequently can access additional support provided by a multi-disciplinary team (MDT) where appropriate. This approach aims to reduce unnecessary appointments and travel time for all involved by providing a suitable location closer to home and may include families and carers if appropriate.

2.5 The Wilson will be part of the future integrated community service provision in Merton and the model is in keeping with the objectives of the NHS Long Term Plan[1].

3. Background

3.1 Merton Clinical Commissioning Group (MCCG), along with strategic partners, is transforming the health and wellbeing of the population of Merton. This is already underpinned by an integrated approach (Merton Health & Care Together) to support people to start well, live well and age well.

3.2 The design team have ensured services address the specific and identified health needs of the local population. Looking at the healthy life expectancy at birth, the gap between the 30% most and least deprived wards in Merton is over 9 years for men and women. In the east of the borough the population is younger, poorer and more ethnically diverse with a higher prevalence of risk factors and

[1] https://www.england.nhs.uk/long-term-plan/

social determinants, later diagnosis and more co-morbidities. There are also four times as many children living in poverty in the east of the borough.

3.3 The population of East Merton is twice as likely to attend their local A&E department as GP surgery. Rates of admissions caused by unintentional and deliberate injuries in 0 – 24 age group are higher than London and England average. The proportion of deprived older people in East Merton (22.1%) is double that of those in West Merton (11.3%). East Merton has 36% of the % of adults eating the recommended 5 portions of fresh fruit and vegetables daily (vs 44% of same in West) and higher rates of alcohol related admissions.

3.4 Previous community engagement and conversations established public enthusiasm and need for health services embedded within a 'community destination' - providing flexible, sessional and bookable space for resources and activities that are at the forefront of the new facility and available to all – not 'just a health centre'.

3.5 By going beyond traditional medical care primary care teams have the opportunity to influence the wider social determinants of people's health. Signposting services such as social prescribing will provide better access to community based wellbeing voluntary sector services as an enabler. This will better address people's local needs and support them to self-manage their conditions and to help support lifestyle and behavioural changes to stay healthy.

3.6 We are also continuing to explore links to the Heritage Lottery Canons House project which shares many of the same wellbeing objectives. We will ensure we are building on, not duplicating or destabilising, what is already working well for the community and local people.

4. What are the benefits of a Health & Wellbeing 'Campus' at the Wilson?

- Ensuring access to high quality and sustainable care and increasing years of healthy living and improving quality of life from birth onwards – better care and a better patient experience;
- Attractive new purpose built and landscaped destination in Mitcham – a place where people want to go to stay healthy and build connections, a place to be proud of;
- Providing local employment opportunities and attracting the best skilled staff and volunteers – a place people want to go to work and where health professionals can educate and learn from each other;

- Providing a safe and welcoming space that improves early detection of disease (via diagnostics), prevents ill health and encourages people to self-manage their health & wellbeing;
- Encouraging and improving access to Children's Adolescent Mental Health and other support services for young people;
- Encouraging inter-generational links with mutual support to combat loneliness and isolation experienced by all ages;
- Improving access to a range of fully integrated adult mental health services;
- Improving access to primary care (via the GP hub) wellbeing and community based voluntary sector services (via social prescribing);
- Reducing cost of lengths of inappropriate hospital stay, outpatient waiting times, acute activity and non-elective admissions;
- Reducing episodes of crisis by consciously focusing support for people who are vulnerable or have unmet needs;
- Reducing inappropriate non-health related GP appointments, leading to more efficient use of patient and clinician's time, and
- Improving quality and ensuring value for money for the wider health economy through early identification of emerging local quality innovation prevention and productivity opportunities.

5. What work has been done on the technical aspects of service design over the past 12 months?

5.1 Work on the service design has been supported by clinicians and commissioning leads from primary care, mental health, planned care, unplanned care, public health and children's services; led by the Wilson Service Design Lead and East Merton Model of Health & Wellbeing Clinical Director, and governed by the Wilson SRO, Wilson Programme Board, Merton CCG's Governing Body and Primary Care Commissioning Committee. The minutes of these meetings are available to the public.

5.2 Space requirements have been developed by looking at current activity across a range of services. By reviewing how some existing services require patients to move between multiple sites and how much space activities such as administration and back office functions currently take up, we were able to look at how service providers can integrate better and work smarter without destabilising existing pathways. The outcomes were recorded in the participant's requirements which will be regularly checked with strategic partners to ensure they remain accurate throughout the project.

5.3 Work was undertaken to review how new and existing services being located at a single site at the Wilson would have a positive impact on the wider system. Some of this work was undertaken by researching comparable models elsewhere in the UK which operate using similar underlying principles.

5.4 In order to build up a complete picture we reviewed a selection of patient journeys over the course of a year, looking at frequency of 'touch points' – i.e. the number of times they visited their GP; had an avoidable non-elective admission or a referral to hospital outpatient; or visited their local A&E department.

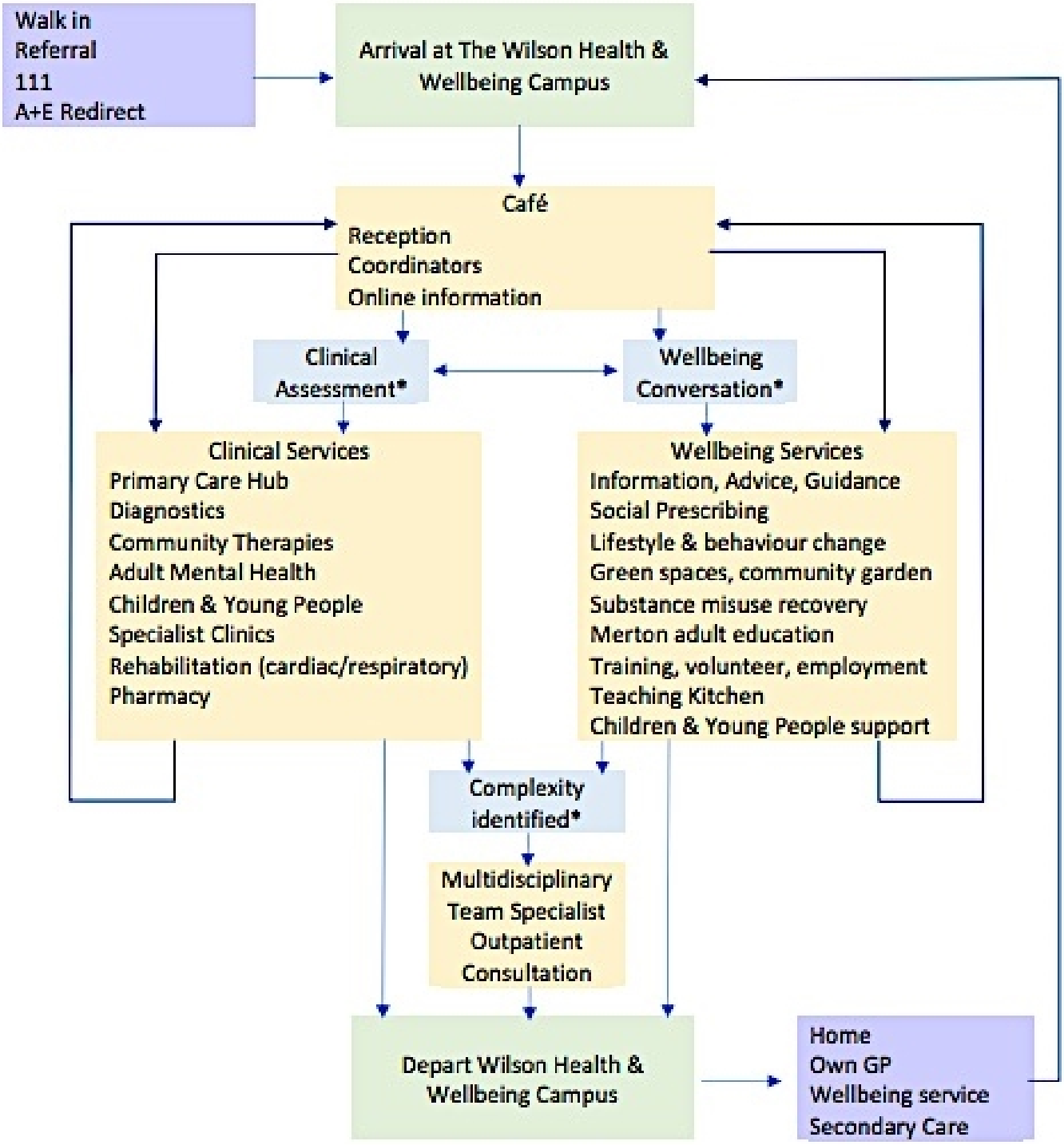
5.5 We also looked at relevant acute and non-elective activity in East Merton, and across the whole borough, over the same period. We then considered how services at the Wilson may improve people's experience, and how they could be better supported.

5.6 Project support has been secured beyond end March 2019 to establish a Wilson Wellbeing Steering Group. The group will identify emerging needs and appropriately shape existing and future wellbeing services and activities at the campus. The group will also explore what activities can be established sooner at the site away from the main building works, or via outreach under a 'Wilson Wellbeing' banner at other nearby locations.

5.7 The Wellbeing Steering Group will link with the Wilson Community Reference Group to ensure an effective approach to communications and engagement is maintained.

6. What will the patient journey look like at the Wilson Health & Wellbeing Campus and what services are proposed?

(*The outcome may identify another service outside the Wilson campus that is more appropriate.)



7. Will people be able to see a GP at the Wilson outside of normal surgery hours?

7.1 Improved access to primary care at the new Wilson Campus will be via on the day and pre-bookable advance appointments, ensuring people can see a doctor or other health professional when they need to in modern, fit for purpose premises. In addition, pre-bookable nursing appointments for patients requiring wound care will be available.

7.2 Local health professionals will pool responsibility for same day care and extended access and provide non-list based core and enhanced primary care.

7.3 There will not be a walk-in service but will save people time by avoiding lengthy waiting times. Anyone registered with a local Merton GP practice will be able to access appointments. Patients who arrive at the Wilson with an urgent need, or who are not registered with a local GP, may be triaged and booked in on the same day, or signposted to other suitable services including their own GP practice or another community-based provider. There will be more appointments available for children and working people.

8. What about other Primary Care based services at the new Wilson?

8.1 Place-based primary care led integrated health and wellbeing services at the Wilson will support local practices, GPs and other local health professionals to manage the patients they see frequently or those with complex needs as part of a multi-disciplinary team (MDT) model, where appropriate.

8.2 This approach creates opportunities to improve patient's experience of care that complements and supports local GP practices without risk of duplication or destabilising and does not require practice mergers or relocation.

8.3 Local GPs will work together at the Wilson along with other health professionals to provide a range of clinics and consultations, including group consultations if appropriate. Engagement and joint work with primary care colleagues is already underway to develop optimal ways of working which includes building on existing integrated models, and learning from successful models elsewhere in the country. In addition, primary care networks are being established as part of the government's Long Term Plan.

8.4 The MDT service at the Wilson will involve the GP as part of the bigger team and will be appropriate for an agreed specific patient population identified as being more likely to benefit from the services located at the site and those that need support to self-manage their condition. For example, patients diagnosed with diabetes who may need particular support with diet and exercise and who may

benefit from related group activities.

8.5 Patients can also be triaged and can be signposted back to their own GP or other service where appropriate but will be equipped with a range of support mechanisms to help them better self-manage their care.

8.6 There are benefits to having services in a community setting such as the Wilson, both for the patient and surrounding teams. Service design leads will explore virtual MDTs through advanced technology and the development of community based specialist and diagnostic services for all age groups, and how links with existing teams and clinics can be supported.

Patient Story - MARIA

Maria is a young working woman who lives with her husband and cares for her mother-in-law who has Chronic Obstructive Pulmonary Disease (COPD). The family experience money and employment problems when Maria's husband loses his job. Maria is feeling increasingly low and has back pain which is getting worse. Maria's GP refers her to the Wilson where the issues affecting her life are addressed, along with her back pain via the Musculoskeletal (MSK) service. Maria builds up confidence to include her family in her recovery.

Maria's full story can be read in Appendix A.

8.7 The new model at the Wilson for Musculoskeletal (MSK) services will see physiotherapists directing patients for Social Prescribing (via primary care) and better integration with mental health via the MDT. We can think about Group consultation with MSK if needed. We will encourage non-clinical staff to be aware of the self-referral options and physios could give free exercise information.

8.8 Intervention, effective diagnostics and links to mental health services have good associated evidence based results:

- Avoidance of inappropriate non-elective admissions;
- Fewer inappropriate A&E attendance and visits to GP;
- Improvements to patient quality of life and health outcomes;
- Increased uptake of appropriate physiotherapy.

9. Diagnostics at the Wilson – what are they and why are they important?

9.1 Diagnostic modalities within the facility are planned to support the clinical services provision. With a key focus on the detection and management of long term conditions and cancer, it is important that diagnostics are available to investigate and diagnose conditions earlier, including exacerbations and potential exacerbations without recourse to acute services.

9.2 Critical to this will be the availability of phlebotomy, plain x-ray and ultrasound, all of which will be available for referrals originating within the Wilson, and direct referrals from GPs.

9.3 Diagnostics will include:

- Plain X-Ray
- Ultrasound
- Echocardiogram and ECG will be available to investigate, diagnose and support patients, including those suffering with long term cardiac issues;
- Linked to the management of diabetes will be the provision of diabetic retinal screening;
- Phlebotomy will be provided to support the MDT specialties and available to GPs for direct referral;
- Facilities for near patient testing will be accommodated.

10. When it opens, the new Wilson Heath & Wellbeing Campus will be the new home for Primary Adult Mental Health services

10.1 A Primary Mental Health Care service will be based at the new Wilson campus. This service provides mental health & well-being care to residents of Merton and those registered with a Merton GP. Services are fully integrated to provide a comprehensive service in primary care and has links with secondary care specialist mental health services, social prescribing and community-based support services.

10.2 The three service components to the integrated service model are:

- Primary care management of people with more severe mental health concerns;
- Coordinated Wellbeing Service;
- Improved Access to Psychological Therapies (IAPT).

10.3 The service will focus initially on establishing effective care pathways for the following co-morbid long-term conditions:

- Diabetes
- Cardiology
- Respiratory Disease

10.4 The service will provide interventions that include the provision of sign-posting and supported referral into local services and organisations (e.g. debt, housing support, domestic violence services and self-help resources).

10.5 Although the vast majority (90%) of people presenting with a mental health problem are managed in primary care, there is increasing recognition that more

service users with mental health problems could be treated in primary care instead of specialist mental health services. The service at the Wilson will improve identification and awareness of common mental health disorders and promote onward referral for assessment and intervention and improve the interface between services for people with common mental health disorders, to ensure a seamless transfer between services.

10.6 Improving access to, and having an infrastructure for greater low-intensity mental health and wellbeing provision would offer support to a greater range of people in Merton and include those who may fall under the radar of acute services, people who feel lonely, isolated or have low self-esteem and have associated physical health problems, as well as those who could benefit from support with a range of social problems (e.g. housing and money issues).

10.7 Individual factors that increase the likelihood of developing mental health problems include homelessness, long-term illness, youth crime and low levels of physical activity. In Merton, levels of physical activity are lower than England and London averages. First time entry into the youth justice system is also a higher prevalence risk factor in Merton than elsewhere.

11. How will the new Wilson campus address the needs of children, young people and their families (including carers) to start well?

Patient Story - KARIM

Karim is a 16 year old with problems at home due to domestic violence. He is also being bullied at school and gets into fights. He began self-harming as a way of gaining control but things are getting worse. Karim's journey at the Wilson begins on a school trip when he meets someone at the Campus he feels he can trust. From there he is encouraged to talk about his problems and seek help for himself and his family. Karim's full story can be read in Appendix A.

11.1 The Wilson Health & Wellbeing Campus is an opportunity to develop multi-agency partnership working that will reduce the number of unnecessary appointments and streamline pathways for children, young people and families as well as provide a non-medicalised environment that will actively seek to engage children and young people. Services will interface with wider health and community wellbeing services and activities, encouraging young people and their families to come to the site.

11.2 The proposal for children, young people and families at the Wilson includes a centre for children with complex needs. Having one point of access to several services on one site is important for improving family journeys and supporting

early intervention. The centre will provide flexible space for multidisciplinary team (MDT) working to streamline services, including improved links to social services via outreach; community paediatrics, physiotherapy, Occupational Therapy (OT); Speech and Language Therapy (SaLT); psychology; Special Educational Needs & Disabilities (SEND). Having local Child and Adolescent Mental Health Services (CAMHS) based on site working in partnership with Community Paediatrics was also identified as an opportunity to improve the experience for children and their families.

11.3 Meeting the needs of the wider family would be beneficial, for example a child with complex needs may be accessing appointments and there may be services available for siblings to access at the same time. Service provision for children, young people and adults with Autism Spectrum Disorder (ASD) was identified as an opportunity on the site, including early assessment and diagnosis of autism, pathways and support for adults.

12. What additional services will be available to support people to live well and age well?

12.1 At the Wilson the social prescribing service will be a critical enabler to signpost people to a wide range of services based elsewhere in the local community and at the Wilson site that will support them with addressing some of the wider social determinants that affect their health and wellbeing. Patients who have been referred by their GP to existing social prescribing services have reported a positive impact on their health, wellbeing and lifestyle.

12.2 The scale of social prescribing planned for the Wilson means that we would expect any investment to have significant benefits on the local health economy, as well as:

- Improvements in physical and mental health patient outcomes;
- Improvements to patients' wellbeing and lifestyle;
- Better management and self-care;
- Better patient experience of health care;
- Improved access to supporting community based voluntary services in the locality.

Patient Story - WES

Wes is a 64 year old veteran who is having problems managing his diabetes and anxiety about his housing issues. Wes uses alcohol to cope and usually ends up at A&E when he is most vulnerable. It is at one of these visits that he is referred to the Wilson. Wes soon finds out his health and wellbeing really matter to the health professionals and other members in his diabetes group consultation sessions. He feels encouraged and supported to tackle his alcohol dependency and get help from a social prescribing coordinator. Wes's full story can be read in Appendix A.

12.3 Links to training volunteering, employment and community resources via social prescribing will support address health inequalities. This is may help relieve pressure on GPs by tackling the root cause of unemployment and making accessing help easier.

12.4 Information, Advice & Guidance (IAG) services will be available on sessional basis from the bookable rooms at the Wilson. These services are linked to the overall wellbeing model to provide support mechanisms and strategies for those suffering with ill health with regard to housing, benefits, employment, money and debt.

12.5 Lifestyle and behaviour change services will include stop smoking services, National Diabetes Prevention Programme (NDPP) and Expert Patient Programme (EPP). Benefits will be realised in fewer unnecessary hospital admissions for smoking related diseases and improvement to health outcomes leading to longer life expectancy. Prioritising obese individuals under the NDPP may help to obtain the greatest health benefits per individual targeted.

Patient Story - MARTA

Marta has been diagnosed with type 2 diabetes and has put on a lot of weight. English is not her first language and she is struggling to cope with her two children and the demands of her job which means she is lonely. Her GP referred her to the Wilson where she joined the diabetes expert patient programme and got involved in a community gardening scheme which had benefits not only for her, but for her children and some of the elderly people she came into contact with. Marta also learned about nutrition and how to manage her diet. Marta's full story can be read in Appendix A.

12.6 As well as ensuring an attractive and well-maintained environment, providing space at the Wilson campus for community gardening, or reciprocal growing schemes which connect people who have no garden with untended green space, is important to encourage inter-generational links to combat isolation and improve mental health. Benefits have also been reported in long-term reductions in overall reported health problems including heart disease, cancer and musculoskeletal conditions. Active environment schemes to encourage higher levels of physical activity have been linked to reductions in levels of obesity.

12.7 A Community Kitchen/Café will provide visitors, staff and patients with light refreshments as well as providing training and education to support management of diabetes and other related diseases. The café will be an essential meeting point for signposting and further navigation around the campus. We do not envisage competition with other local commercial cafes, however we will

continue discussions with Canons House to explore possible similarities and opportunities as plans develop.

13. Ongoing Community Engagement

13.1 Over the past months there has been renewed focus on the importance of community engagement to promote a positive story about the work to date. There is an agreed plan in place to seek engagement as the project progresses.

13.2 The Wilson Community Reference Group (WCRG) is now the overarching community engagement forum and provides regular updates to the Wilson Programme Board. The group focus is on shaping communications and engagement plans for future phases of work and advising on communications and engagement activity undertaken through the work of the wellbeing work stream in agreeing mechanisms for selecting activities and priorities. The group aims to provide representation from a broad range of patients and community and voluntary groups and has met twice since its inception in November 2018.

13.3 Members have also been involved in research to develop our initial Equalities Impact Assessment, ensuring we are clear of the impacts on different groups due to the development of the Wilson Health and Wellbeing Campus.

14. Conclusion & Next Steps

14.1 This paper has set out a new model for health and wellbeing at the Wilson that will see a significant improvement in health outcomes and experience for the residents of East Merton, along with commissioning and wider system savings mainly derived from a reduction in the reliance on hospital based acute services.

14.2 As shown in our patient stories, the Wilson will be a key place for people of all ages and backgrounds to stay healthy. Not only do proposed services provide people with the majority of support systems they require to self-manage their care but they will also have reasons to come back to the campus as a community destination to continue their journey outside of direct health-based care, with improved links to other services and activities available in the locality.

14.3 Further to recent updates we are working with partners on estimated plans to open the Wilson by the end of 2022. The Wilson will be part of the future integrated community service provision in Merton. The next step will be to confirm a set of outcomes for the Wilson in order to develop the required specifications for commissioning integrated health and wellbeing services at the appropriate time. Specifications will also align to the NHS Long Term Plan, with particular reference to improvements in workforce skills mix, recruitment and retention,

integration and digital advancement.

15. ALTERNATIVE OPTIONS

15.1 N/A

16. CONSULTATION UNDERTAKEN OR PROPOSED

16.1. Undertaken with clinical and commissioning leads for accuracy and viability.

17. TIMETABLE

N/A

18. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

18.1. N/A

19. LEGAL AND STATUTORY IMPLICATIONS

19.1. N/A

20. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

20.1. EIA undertaken.

21. CRIME AND DISORDER IMPLICATIONS

21.1. N/A

22. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

22.1. Managed as part of the wider Wilson Programme and included in the CCG corporate risks, along with mitigations.

23. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix A – Wilson Health & Wellbeing Campus Patient Stories

24. BACKGROUND PAPERS

N/A