



# Merton

Borough Health & Care Estates Strategy



# Document control

Issue Ref.	Version / Date	Status / Summary of changes	Owner / Author
LL	1.0/12/12/2019	First draft for review at MHCT Board	L Lewis
LL	1.1/05/02/2020	Second draft for review at MHCT Board, incorporating outputs from 2 x workshops	L Lewis
LL	1.2/12/02/2020	Third draft incorporating feedback from MBEG meeting 11/02/2020 – executive summary added	L Lewis
LL	1.3/09/03/2020	Fourth draft incorporating feedback from MHCT Board, requests out for projects for investment summary/capital pipeline	L Lewis
LL/LI	1.4/10/03/2020	Remove NHS logo and add narrative following MBEG/input from LI	L Lewis
LL/LC	1.4a/12/05/2020	Import SGUH context and completed projects. Further input on demographics, mapping and references. Inclusion of prioritisation criteria.	L Lewis
LL	1.4b – June 2020	Reducing slides and incorporating Focus and Actions – progress paused until further notice	L Lewis
LL	1.4c – Sep-Oct 2020	Covid refresh, including of prioritisation scores	L Lewis
LL	1.4d 02/11/2020	Amend of Scope; PCN estates survey summary of key findings; addition of delivery plan	L Lewis
LL	1.5 18/11/2020 1.6 Final draft 15/01/21 Approved MHCT: 13/04/2021	Latest draft: changes from MBEG partners inc. minor amendment to wording in exec summary, removal of LBM infrastructure delivery plan, references to town centre regen and optimising existing estate (e.g. The Nelson) page 35. Comments from SWLStG (26/11/2020). Adding reference to local borough Climate Action Plans in vision and objectives. Amended date of Crossrail 2 KF. Final draft signed off by MHCT 13/04/2021	L Lewis
LL	V3 amended 16/06/2021	<i>Final amended version for publication approved by Merton Communications lead. Revision to wording on Slide 13 ESTH 22.06.2021 in line with full version.</i>	L Lewis

**Disclaimer:**

The options set out in this document are for discussion purposes. The involved NHS bodies understand, and will comply with, their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a mandate from NHS Improvement/NHS England or commitment to any particular course of action on the part of the organisations involved.

In respect of any request for disclosure under the Freedom of Information Act 2000 (“FoIA”): This is a confidential document for discussion purposes and any application for disclosure under the FoIA should be considered in accordance with disclosure obligations under the Act, including against potential exemptions such as those contained in s.22 (‘Information intended for future publication’), s.36 (‘Prejudice to effective conduct of public affairs’) and s.43 (‘Commercial Interests’).

Prior to any disclosure under the FoIA, the party which has received the request is invited to discuss the potential impact of releasing such information with NHS Improvement/NHS England, and any other relevant parties.

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# Executive Summary

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1. Why do we need a Borough Estates Strategy? Merton Borough Estates Group (MBEG) has an important role to play in enabling delivery of national and local health and care plans, identifying priorities, improving the lives of residents and quality of the working environment. An agreed strategy supports the group in achieving those objectives, making savings, reducing running costs and ensuring investment is properly targeted.
  2. Our ambition mirrors that of the London Estates Board - that is for all people in Merton, regardless of their background or where they live, to have access to world class health services in world class facilities.
  3. As well as ensuring Merton is best placed to maximise opportunities for improvements and there is adequate healthcare provision for areas of regeneration and growth within the borough, there is a need to improve and align health outcomes for people, especially given the increasing complexity of people living longer and those with long term conditions. In addition, emerging national environmental priorities and local climate action plans create new challenges to be addressed in our strategic approach.
  4. It is recognised that the scale of the challenges facing health and care services are such that organisations cannot expect to fulfil their responsibilities by working alone, or by looking at health needs in isolation, but must include the wider social determinants that impact on wellbeing such as housing, education, the environment, employment, relationships and lifestyle.
  5. The recruitment of GPs and other healthcare professionals remains a challenge nationally and locally. Merton needs to deliver sustainable premises to address the changing needs of its workforce, now and into the future.
  6. A clear, published plan for NHS estates and healthcare requirements arising from new and changing households in Merton, for at least the next five years, is required in order to identify what is needed, where and when.
  7. This plan will be used as evidence when considering and responding to planning applications and Merton's Local Plan to ensure that impacts from development are mitigated, with contributions to expanding health infrastructure through S106 agreements and borough Community Infrastructure Levies. It will also support proposals for other funding and investment, including NHS capital, to address existing shortfalls and to meet the demands of a modern health service.
  8. Merton Borough Estates Strategy is an important first step in identifying priorities and drivers for these plans and to ensure future schemes are suitable for being scored against SWL and London prioritisation criteria.
  9. It is therefore critical that estates planning is undertaken across the borough and beyond its boundaries. To back this up, implementation must also be done in collaboration via the Borough Estates Group to ensure decisions are made to support the delivery of local health and care plans, not just in Merton but across SW London.
  10. Finally, at the time of drafting this strategy, it is not possible to document the full implications of the recent Coronavirus pandemic on estates across SW London and the borough. The new ways of working and operating procedures being established will have a significant short to medium impact across all healthcare sectors, as will the way patients access services, taking into account telephone and video triage and social distancing rules. A recent primary care estates survey and SWOT Analysis captured some of our Primary Care Network's key estates objectives, including the accommodation of additional roles into primary care and the impact of the pandemic.

# Scope

1. The scope of the Merton Health and Care Estates Strategy includes local health providers' needs and clinical plans, as well as housing regeneration, borough population growth and changing demand that impacts on health infrastructure and provides opportunity for improvements, such as the regeneration of Morden Town Centre and the new Wimbledon Stadium development at Plough Lane.
2. As part of the strategy development, two workshops were held to discuss key priorities, opportunities and how best to address the health needs of our local population from an estates point of view. We engaged with Merton's voluntary services sector and council run services at the Merton Health and Care Together Board meetings, and at our workshops.
3. Merton does not have a major hospital within the borough, resulting in patients gravitating to hospital services nearest to where they live. To avoid duplication with other SWL borough strategies, we have not included a detailed list of hospital schemes, however we have included the key service objectives that impact Merton residents who access those facilities.
4. Colleagues and partners from community physical health care, local authority, voluntary sector, primary care, mental health and two major Acute hospital trusts attended our workshops and borough estates meetings.
5. A recent primary care estates survey was undertaken in the Borough. A summary of key findings has been included to ensure Merton's Primary Care Network's needs and objectives are considered as this strategy is implemented.
6. The scope of this strategy includes the following:
  - Primary & community care facilities to include 22 GP surgeries – owned and leased;
  - 6 Primary Care Networks (PCNs) and Integrated Localities;
  - Key service objectives linked to Estates from all MBEG partners and providers and those who attended our workshops;
  - NHSPS, CHP and 3PD owned and managed properties;
  - Other provider owned and managed properties in Merton and surrounding boroughs that impact on Merton patients who access services within them;
  - Vacant and under-utilised space, 'quick wins', optimisation and development opportunities arising from disposals;
  - Funded and unfunded current and pipeline schemes;
  - Clinical priorities included in Merton's Local Health and Care Plans;
  - Areas of population growth and regeneration, increasing and changing demands and Merton Council's Infrastructure Delivery Plan and Local Plan;
  - Promoting green and healthy spaces;
  - Outputs from the Borough Estates Strategy Development Workshop and Focussed Session, including SWOT Analysis and key findings from the PCN estates survey.

Thank you to all our partners for their contribution towards developing this strategy for Merton.





# Vision & Objectives

“Working together to provide truly joined up, high quality, sustainable, modern and accessible health and care services for all people in Merton. Enabling them to start well, live well and age well.”

- Accessible buildings that are clean, ‘fit-for-purpose’ and safe, as committed to in the NHS Constitution.
- Buildings that are connected to the delivery of the Health and Care Plan in Merton, designed to support independence, good health and wellbeing, patient-centred care and a positive patient and staff experience.
- Contemporary facilities that are efficient, fully optimised and high quality, benefitting from the latest technology and contributing to environmental sustainability and local borough climate action plans.
- Facilities that are flexible, future-proofed, and sustainable, able to cope with the demands and flow of healthcare in the modern world and maintain resilient services.
- Facilities that improve health and wellbeing and reduce health inequalities, especially in the most deprived areas.

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\*Wimbledon Stadium & Housing Development – £400,000 S106 agreement towards improving local health facilities



\*Morden Town Centre Regeneration – opportunity to explore sites for potential new health premises



The Wilson Hospital site in Mitcham NHSPS owned site in Mitcham, largely vacant and home to SWLSIG and Wilson Wellbeing social prescribing services.

\*Picture Ref: Merton Council Future Merton

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# Context



# 1. Context

## National

Investment in the NHS's buildings, IT and equipment is crucial to delivering the NHS Long Term Plan. The government has committed to providing the NHS with a new multi-year capital settlement at the next Spending Review, including capital to build new hospitals; for mental health and primary care and to modernise diagnostics and technology. Primary Care Networks are bringing together GPs and community services.

There is a focus on early detection and prevention of major health problems; backing the workforce; making better use of digital technology and reducing duplication; better coordination between organisations and systems to increase efficiency. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution.

## London

The London Health Board recently approved the London Estates Strategy. This is the first London-wide health and care estates strategy in the 70-year history of the NHS. It identifies that to provide a sustainable, fit for purpose estate we will stop working in organisational silos and take a long term and holistic view of acute, mental health, community and primary care estates.

Robust governance is in place, giving London boroughs the best opportunity to bid for national funding.

## South West London

Tackling backlog maintenance and improving the infrastructure within acute and mental health hospitals and community and primary care facilities in South West London is a key priority across the STP/ICS to ensure that we have fit for purpose health and care facilities to meet the needs of our population. Overall projected growth is 152,606, representing 17.3% of the total population increase across London.

The demand for capital currently outstrips the available funding and South West London providers have already deferred expenditure totalling £100m into 2020/21 resulting in provider capital plans that are largely dealing with urgent and significant estate related service risks. Six borough estates groups have been established.

## Merton

Merton Local Health & Care Plan talks about using space differently, using different space and supporting independence, good health and wellbeing. The intention is to provide more services closer to where people are and a flexible collaborative approach to using space, taking into account local workforce and digital strategies.

Merton's Estates Strategy must include a response to the impact of population growth, changing demands, variation in the standard and quality of current premises and funding challenges in order to propose a strategy that is best for our population and represents value for money.

The strategy will inform Merton's Local Plan, helping identify health needs and sites for health infrastructure and evidence for developer contributions, and contribute to the borough's Infrastructure Development Plan, identifying requirements and projects that will support borough plans to become carbon neutral and promote green and healthy spaces.

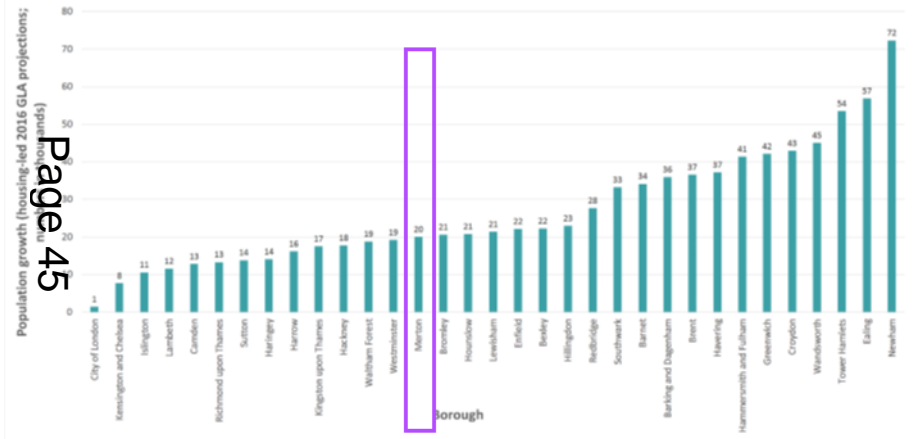




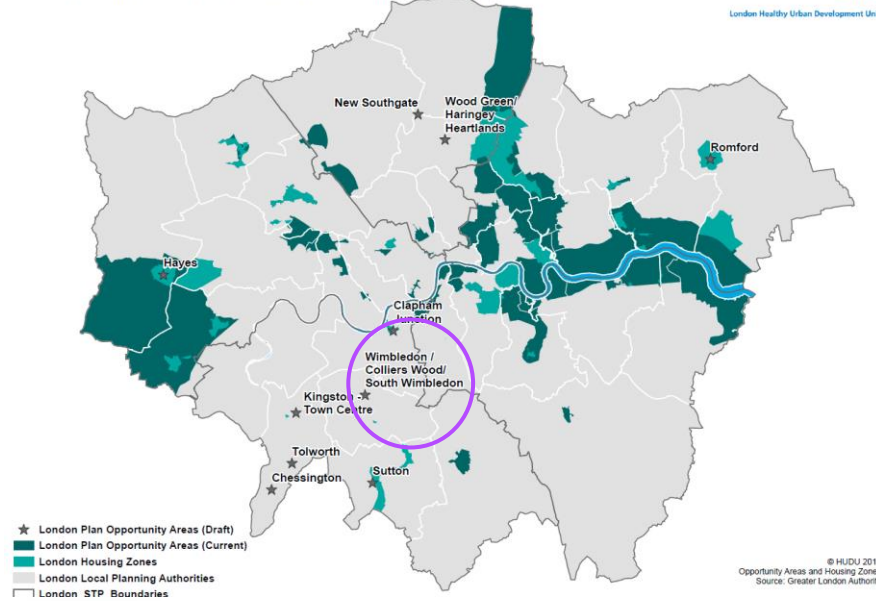
# London's Population Growth 2018–2028 Housing Zones & Opportunity Areas

## Key Points

- Over the next 10 years, London's population is projected to increase by 883,334 – more than the current population of Amsterdam.
- The Mayor is investing £4.8 billion to start building 116,000 new affordable homes in London by 2022.
- Over half of boroughs, including Merton (shown below), predict population growth of between 10,000 – 30,000.
- Parts of Merton are also highlighted in the London Plan as draft Opportunity Areas.



London's Housing Zones and Opportunity Areas (Current and Draft)



Ref: GLA projections by Borough  
Source: The London Estates Board Health & Care Strategy 2019



# 2. 'The Merton Story'

## Merton Joint Strategic Needs Assessment (JSNA) 2019

**Overall healthy and safe borough, rich in assets**

**CHALLENGES**

- Inequalities and the health divide
- Healthy lifestyles and emotional wellbeing
- Child and family resilience and vulnerability
- Increasing complex needs and multi-morbidity
- Hidden harms and emerging issues

Population in Merton (all persons) by single age band, 2019 and 2035

**Overall healthy and safe borough**

Life Expectancy at birth for people in Merton, London and England

**Rich in Assets**

- Many green spaces
- Active voluntary and community sector
- Good transport connectors (especially in west Merton)
- Resourceful libraries
- Good schools
- Cycling infrastructure

**Inequalities and the health divide**

Significant social inequalities between east and west.

Similar patterns for:

- Life expectancy
- Unemployment
- Long term conditions
- Educational attainment
- Overcrowding

**Healthy lifestyles and emotional wellbeing**

	Number of adults in Merton (% of adult population)	Risk Factors
	31,000 (20%)	<b>Exercise</b> - Adults doing less than 30 minutes of moderate intensity physical activity per week.
	68,200 (43%)	<b>Healthy eating</b> - Adults not meeting the recommended "5-a-day" on a "usual day"
	40,700 (26%)	<b>Alcohol</b> - Adults drinking above the recommended limit of alcohol a week
	17,600 (11%)	<b>Smoking</b> - Adults who smoke
	19,000 (12%)	<b>Mental Wellbeing</b> - Adults with depression or anxiety recorded by GPs

**Increasing complex needs and multi-morbidity**

Number of long term conditions by age

Total number of long term conditions increases with age e.g. 75% of people aged 80-84 years have at least 1 long term condition; 50% have 3 or more.

**Child and family vulnerability and resilience**

**Good things happening...**

- School readiness
- Reduced teenage pregnancy
- 16-17 year olds not in education, employment or training (NEET)
- Dental health

**Keeping an eye on...**

- Increasing childhood obesity gaps
- Substance misuse
- Poverty and poor social circumstances

**Worrying about...**

- Mental health and self-harm
- Rise in number of children and young people with Education and Health Care Plans
- Safety outside of home

**Hidden harms and emerging issues**

**Hidden harms**

- Excess winter deaths
- Parents and carers with mental health/substance misuse issues
- Knife crime

**Emerging issues**

- Air pollution
- County lines
- Increase in Special Educational Needs and Disability (SEND)
- Workforce shortages

- The purpose of 'The Merton Story' is to provide an overall summary of what Merton is like as a place to live, the assets that make Merton a healthy place and the challenges faced in terms of health needs and health inequalities.
- It is the main component of the Merton Joint Strategic Needs Assessment (JSNA) which is a statutory assessment of population health and wellbeing needs for the Health and Wellbeing Board.

Merton has a GP registered population of approx. 225,000\*:

- 22 GP practices, 6 Primary Care Networks;
- 140,000 adults;
- 16,000 people living with a long term condition.

Merton's growing population means that by 2030 there will be:

- 45% more people with diabetes;
- 50% more people with heart diseases, and
- 80% more people with dementia.

**Key challenges:**

- Emotional wellbeing and mental health;
- Supporting wellbeing and independence;
- Management of long term conditions;
- The need to take a holistic approach;
- People with complex needs;
- Social inequalities and variation in health outcomes in different parts of the borough.

\*June 2019

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# 3. Strategic Drivers

- The impact of COVID-19** - this strategy does not refer in detail to recent changes affecting estates as a result of new working practices. However these changes will need to be addressed in line with national priorities.
- Short, medium and long term Primary Care capacity issues** - including GP owner occupiers in adapted houses nearing retirement (22% GPs are 55+ in Merton) that may affect continuity of care and require premises and lease changes.
- Variation in quality and size of Primary Care premises** - from purpose built modern health centres to converted houses and repurposed buildings. There are a number of buildings that exemplify excellent design and facilities. However, there are a number of premises that present a challenge to be able to improve. A poor estate potentially means poorer patient experiences, inadequate working conditions for staff and fewer opportunities to improve health and wellbeing.
- Population growth** - East Merton has an estimated resident population of 110,000 which is projected to increase to 127,100 by 2035. West Merton has an estimated resident population of 99,600 which is projected to increase to 109,500 by 2035\*.
- Local Authorities continue to face significant financial and sustainability challenges** - including managing growth and promoting quality, the future of High Streets, affordable housing and compliance with Social Value Legislation. Covid-19 recovery impact.
- Merton's Climate Strategy and Action Plan** sets out net zero carbon targets of 2050 for the borough and 2030 for the Council. This will impact on the way we work and how we deliver future health infrastructure with plans for a 'greener' Merton and saving energy.

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## Merton's Health Profile 2019

**MERTON HEALTH PROFILES:**

**ABOUT MERTON**  
 8,761 Hostels, 21 GP Practices, 41 Pharmacies, 11 Children's Centres, 55 Schools

**POPULATION**  
 Residents in 2020: 1 in 3 residents are of BAME background. 212,660 total population.

**CRIME RATE**  
 68 offences per 1,000 population. Highest number of offences: 1. Violence Against the Person, 2. Theft.

**CHILDREN & YOUNG PEOPLE**  
 School Readiness: 76% (higher than London 74% and England 72%).  
 Violence Against the Person: 1 in 3 children achieving a good level of development at age 5.  
 Obesity at Year 6: 21% (Merton has a rate of 99.5 PER 10,000).  
 Children and Young People Admissions for Injury: 99.5 PER 10,000.  
 Children and Older People Deprivation: 17% (children 0-10 live in income depriv'd households).  
 Older people (65+) live in pension credit households: 16% (16% of households are overcrowded/over 21.7% in London).  
 GCSE Achievement: 69% (This is higher than London 61% and England 55%).

**ADULTS**  
 Self-harm: Merton 48.5, London 46.9, England 30.0.  
 Smoking: 19% of residents in the ward have smoked in the past year. (This is lower than England 22%).  
 Obesity: 19% obese adults. (This is lower than London 21% and England 24%).  
 Back Pain: 14.6% of residents are estimated to have back pain. (This is higher than London 14.5% and lower than England 15.4%).  
 Life Expectancy at Birth: Male 80.7, Female 84.2.

**POOR HEALTH & PREMATURE DEATHS**  
 Hospital Stay for Alcohol-Related Harm: Merton 44.8, London 99.2, England 30.0.  
 Main Causes of Premature Deaths\*: 1 in 3 due to cancer, 1 in 5 due to circulatory disease (incl. heart diseases), 1 in 6 due to respiratory diseases.

**DEPRIVATION**  
 Index of Multiple Deprivation 2019: Merton has an average decile score of 7. (While the borough contains a score of the least deprived areas in the country there are pockets of deprivation).

**HEALTHY LIFE EXPECTANCY AT BIRTH**  
 2019-18 data for Merton, please see the latest data at next level in 2020-19. Male 65.2, Female 62.1.

**ASSETS**  
 14 libraries, 18 community centres, 6 bus centres, 10 GP practices, 11 children's centres, 1 adult education centre.

**DEPRIVED AREAS**  
 10, 9, 8, 7, 6, 5, 4, 3, 2, 1 (1 = least deprived, 10 = most deprived).

**MORE INFORMATION**  
 good health, merton, Produced in 2020, QR code, public.health@merton.gov.uk

7. **Emerging Primary Care Networks (PCNs)** - GPs and other service providers are facing new demands and require support with new ways of using space and working with partners.
8. **NHS Long Term Plan** requirements and impact on estates (additional community mental health services, for example).
9. **Contrasting demands** - health care providers in different parts of the borough require specific local solutions to manage variation and ensure the right care in the right place.
10. **Service redesign** - providers of services may need to deliver significant service redesign on top of the already challenging financial position they face.
11. **Variation** - all wards in east Merton are more deprived and have higher rates of premature mortality than those in the west of the borough. Wards in the west have a higher proportion of older people who are wealthier and living longer\*. These variations impact on where and how support and care is accessed in the future.
12. **Future healthcare provision** – our borough estates partners need to be aware of areas where there may not always be enough provision. These areas can be specified early in Merton’s Local Plan.
13. **Contributing to local Infrastructure Needs Assessment** - the need for a clear plan that identifies NHS sites in Merton to be considered for investment over the next 10 years. Bids for funding will also be assessed against social capital criteria.
14. **The One Public Estate (OPE) programme** - the OPE programme is a joint initiative between the Cabinet Office, the Ministry of Housing, Communities & Local Government and the Local Government Association. OPE provides early stage funding opportunities for health and care related projects that promote the effective use of public estate by generating a range of benefits including capital receipts, reducing running costs, improving services and delivering homes and jobs.

15. **\*Digital challenges** - the way we use technology, data and information so that patients are better able to care for themselves and access the most appropriate services, and our clinicians can provide the very best care. We want to transform the way we deliver care using digital technology, data and information in Merton that mirrors the ambitions in South West London so that:

- Patients are better able to care for themselves and access the most appropriate services when they need to;
- Clinicians can communicate better, make more accurate and timely clinical decisions and provide the very best care so that together we improve health and social care services;
- Our organisations will be able to share accurate management, research and business management information across our system.

16. **Workforce challenges** - to deliver the ambitions and actions in our Five-Year Plan, Merton, along with other SWL boroughs, is critically dependant on people and the way they work.

- We will need to work in a more joined-up way, making sure that our people are supported to have more flexible careers and a better work-life balance, and that we have the right numbers of people with the right skills to meet the changing needs of our populations.
- Using the five pillars of the NHS People Plan, a workforce programme is being designed across SWL that will meet both current and future service demand. This ambition has been co-designed with our senior HR leaders in health and social care.
- The way people work as a result of the COVID-19 outbreak will be different and this will impact on future plans for health buildings.
- PCNs are being asked to accommodate additional roles into primary care.



# 4. Prevention, Clinical & Service Strategies – links to Estates

CLCH

The overall purpose of the strategy is to ensure our estate supports:

- the integration of services in localities – working more closely with partners including primary care;
- the ambition of our quality strategy to be the best provider of high-quality community healthcare by 2020, helping to ensure patients and their families receive an experience that exceeds their expectation; and
- the vision for services set out in the clinical strategy 2018-20 - for staff to be supported to work across professional and organisational boundaries, sharing knowledge and increasing collaboration and teamwork.

Alongside this, the strategy will set out how we will maintain and build on our strong record for:

- improving compliance and standards so our estate is safe, appropriate and supports operational requirements;
- increasing value for money, meeting the requirements of the Carter review and setting out innovative development opportunities; and
- meeting NHS local and national planning and estates guidance including an increased focus on environmental sustainability.

SWLSIG

- Improvement in local accessibility – high street locations for immediate access to services STP priority of developing integrated sub-locality teams which also impacts on community estate.
- New London Estates Board and STP Estates Group prioritising and identifying estates activity for South West London. Working with the South London Partnership (SLP) to identify efficiencies across the SWLSTG, SLAM and Oxleas.
- Estate Modernisation Programme – Brand new "state of the art" facilities enabling modern methods of treatment. Full visibility on wards and lowers SUIs.
- People Readiness & Culture Change programme – doing more with less space. Desk ratios for community and corporate staff under this programme will be rationalised. Hub and Spoke Model – Ensuring we have the correct accommodation model in each borough. Progressive transfer of services to community locations – looking at providing services closer to main high streets.
- Deliver increasingly complicated and quality improvements – eliminate same sex wards, en-suite accommodation, ensure lines of sight and easy to navigate wards.
- Expected growth in community mental health services, as per the NHS Long Term Plan, will lead to additional estates requirements.

PRIMARY CARE

- Continue programme management and development of current and pipeline primary care improvement schemes already underway as part of previous strategy and plans, including Colliers Wood and Rowan Park.
- Explore opportunities for better management of vacant space and improved utilisation of all primary care estate assets to ensure efficiencies across the borough.
- Merton Borough Estates Group established to identify areas of joint working and collaboration.
- Identify and support the operational requirements of Merton Local Health & Care Plans.
- Work with PCN Clinical Directors to ensure Primary Care estate is fit for newly emerging Primary Care Networks in Merton. Undertaking a detailed survey, SWOT Analysis and focussing on specific challenges, including Covid-19 and views on accommodating additional roles into primary care.
- Work with borough partners to ensure adequate healthcare provision is in place to meet future growth, increase in population and changing demands.
- Prioritise future opportunities from developers (CIL/s106) and respond to climate and environmental controls set by local and London plan.

ESTH

- SWL has secured £500m to build a new Specialist Emergency Care Hospital on the Sutton site which is the chosen site after public consultation. ESTH has completed and submitted an Outline Business Case for the new hospital and have included £80m investment to transform St Helier and Epsom hospitals.
- The proposals in the business case confirm that the majority of clinical services will remain at Epsom and St Helier hospitals both of which will operate a 24/7 service. Patients who need more specialist care will be located in the new Specialist Emergency Care Hospital at Sutton in a new hospital building.

SGUH

- St George's University Hospitals NHS Trust Strategy (2019- 2024) sets out the vision to provide outstanding care every time and the priorities that will drive and influence decisions over the next five years, including strong foundations, excellent local services, closer collaboration and leading specialist healthcare.
- A key part of the strategy is to improve our buildings and hospital estate as part of strong foundations which includes addressing backlog maintenance issues and building facilities which are fit for the future and transform the way health care is delivered in the Borough.
- The Trust has an ageing estate at St George's Hospital that has suffered from a lack of investment over a number of years, and now faces a maintenance backlog across the Trust in excess of £200 million.
- To enable delivery of the strategy, key priorities for the estate over the coming years will include:
  - investing in the quality of the buildings and hospital estates, maintaining operational stability, functionality and statutory compliance
  - making best use of the space available, avoiding overcrowded areas on the one hand or underused spaces on the other, and making sure services are optimally located across sites
  - ensuring that the buildings enable services to be delivered in line with the 'service model for the twenty first century' set out in the national NHS Long Term Plan (for instance with more virtual outpatient clinics, or an expansion in ambulatory care)
  - ensuring that buildings enable the best possible care to an ageing population, with the increase in dementia and frail older patients that entails.
- St George's University Hospitals NHS Foundation Trust is co-located with St George's, University of London Medical School on the Tooting site.
- The forthcoming SGUH estates strategy will set out this ambition in more detail.

# 5. Merton's Local Health & Care Plan

## Our Local Health & Care Plan summary...

### Supporting independence, good health and wellbeing:

- People enabled to stay healthy and actively involved in their communities for longer
- Person-centred care
- The effective use of technology and data to understand people and their needs, and provide the right advice, support and treatment.

### Integrated and accessible person centred care:

- Joint teams in the community providing a range of joined up services seven days a week
- Services that help people to understand how to take care of themselves, and stay as healthy as possible for as long as possible
- People to be helped by health and care professionals and wider wellbeing teams to make use of a much more accessible and wider range of services

### A partnership approach:

- Resilient local communities with voluntary sector communities playing an expanded role
- Peer support to counteract loneliness and contribute to people's overall mental health and wellbeing.

## How will this impact on our estate?

### Using space differently:

- More care delivered to people where they are (home/school) by mobile teams
- More multi-disciplinary team meetings (with virtual attendance from colleagues near and far)
- More virtual clinician-clinician and clinician-patient conversations
- More peer support, group working
- More on-site diagnostics and consultant services delivered out of hospital when appropriate

### Different people using the space:

- More services delivered by peers, voluntary sector and community groups
- A flexible and collaborative approach to sharing space – matrix teams, co-location, joint working across, between and within organisations

### Using different spaces:

- Maximising use of the public, community and local business estate: shopping centres, parks, transport hubs, etc.

### Surplus Estate:

- Selling off surplus estate

## Supported by...

### A digital first approach:

- Wi-Fi /4g connectivity as standard, with flexibility to accommodate innovations regarding 'Internet of Things' capability requirements, and assistive technology (robotics, etc.).

### A commitment to a healthy place:

- Promoting active travel/reducing car use
- Designing spaces that promote community, connectedness and reduced carbon consumption
- A dementia friendly borough
- Estate: shopping centres, parks, transport hubs, etc.

## Our partners:



# 6. Estates Baseline

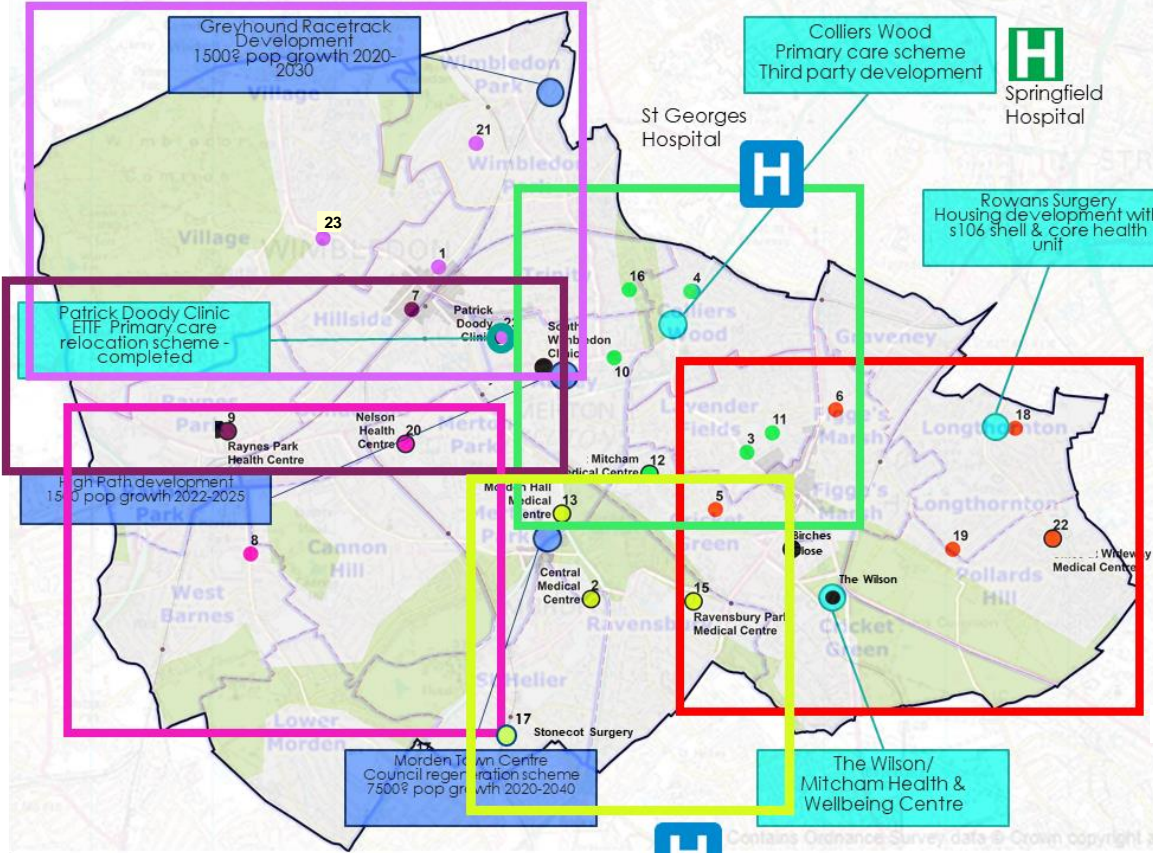
Merton Primary Care Networks by GP with Acute Services  
 HUDU | October 2019

● Health developments  
● Major housing developments



**Primary Care Networks**

- East Merton
- Morden
- North Merton
- North West Merton
- South West Merton
- West Merton
- Health Centre / Clinic
- Ward Boundary



- General Practices**
1. Alexandra Road Surgery
  2. Central Medical Centre
  3. Colliers Wood Surgery Lavender Fields (branch)
  4. Colliers Wood Surgery (High Street (main))
  5. Cricket Green Medical Practice
  6. Figgis Marsh Surgery
  7. Francis Grove Surgery
  8. Grand Drive Surgery
  9. Lambton Road Medical Practice
  10. Merton Medical Practice
  11. Mitcham Family Practice
  12. Mitcham Medical Centre
  13. Morden Hall Medical Centre
  14. Wimbledon Medical Practice (formerly Princess Road Surgery)
  15. Ravensbury Park Medical Centre
  16. Riverhouse Medical Practice
  17. Stonecot Surgery
  18. Rowans Surgery
  19. Tamworth House Medical Centre
  20. The Nelson Medical Practice
  21. Vineyard Hill Road Surgery
  22. Wide Way Medical Centre
  23. Wimbledon Village Medical Practice

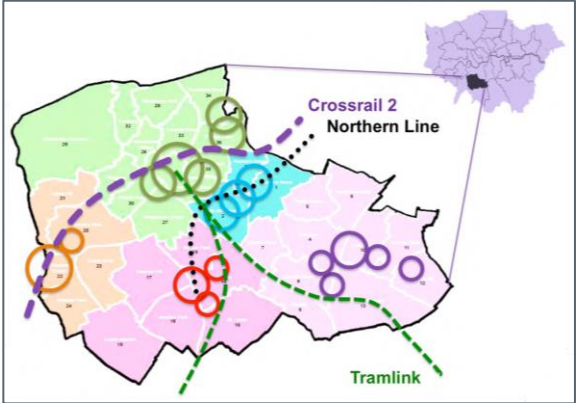
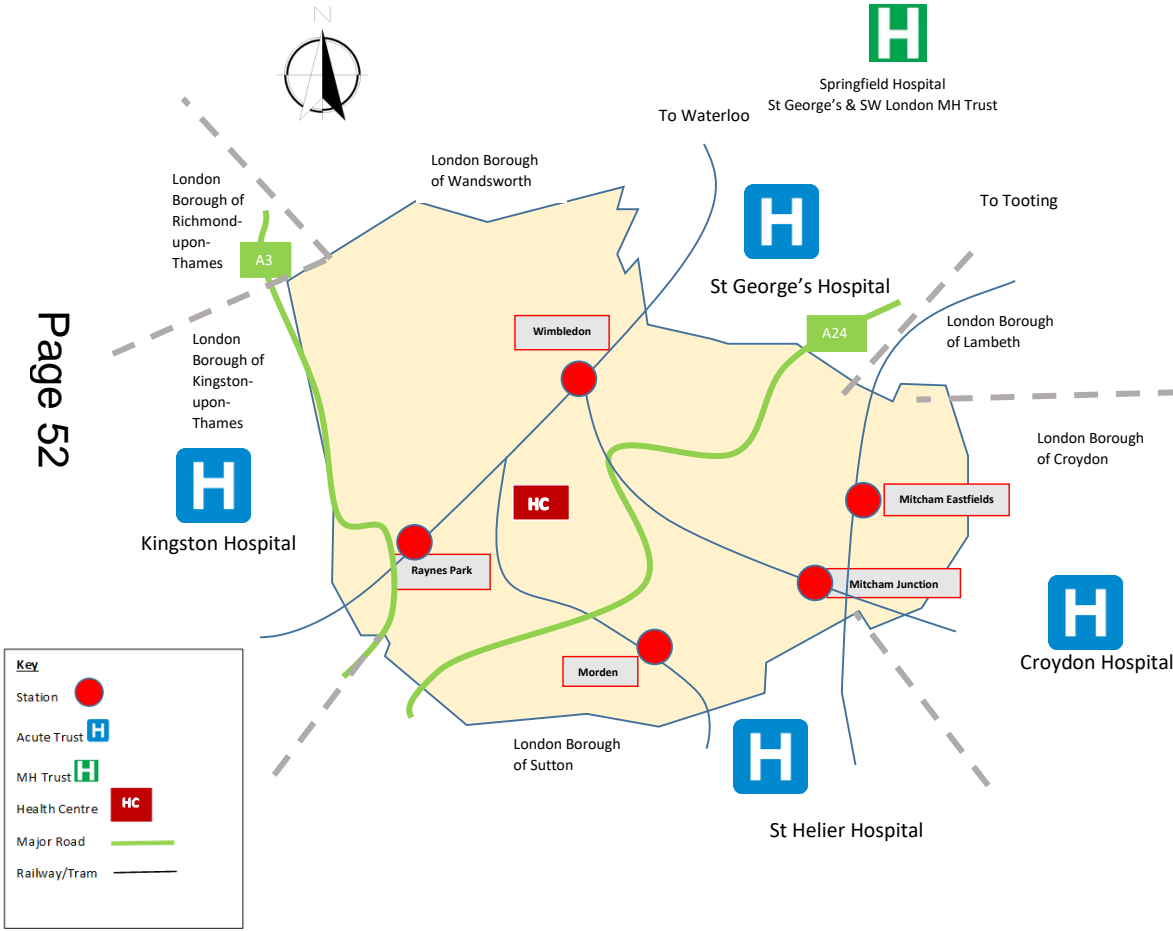
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©HUDU 2019  
 Source: HUDU V7 | ShapeAtlas

# Merton's proximity to major Hospitals, links & road networks

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**Key Points:**

- Merton's transport links influence where and how people access healthcare across the borough.
- Crossrail 2 is currently proposed to open in Wimbledon in the 2040s (scheme is delayed) and will support local population growth through improved links to Central London and beyond.
- Because Merton does not have an Acute hospital within its boundaries, the population gravitate to the most convenient hospital to where they live.

Insert map: Crossrail and Merton Town Centres - Merton Council Future Merton  
 Main map: CCG. Map created from own imagery and images from other sources.



# Areas of Growth & New Housing (over 15 years)

**Key Points:**

- This information will help partners decide where there may be a need for additional health care estate over the next 15 years.
- Having a clear strategy will enable partners to plan in advance by specifying any health infrastructure needs in Merton Council's Local Plan.

**New Housing 2018-2033\*:**

- High Path Estate
- Eastfields Estate
- Ravensbury Estate
- Wimbledon Stadium
- Morden town centre regen.
- Haslemere Industrial Estate
- Haig Housing
- Colliers Wood Tower 2
- Mitcham town centre

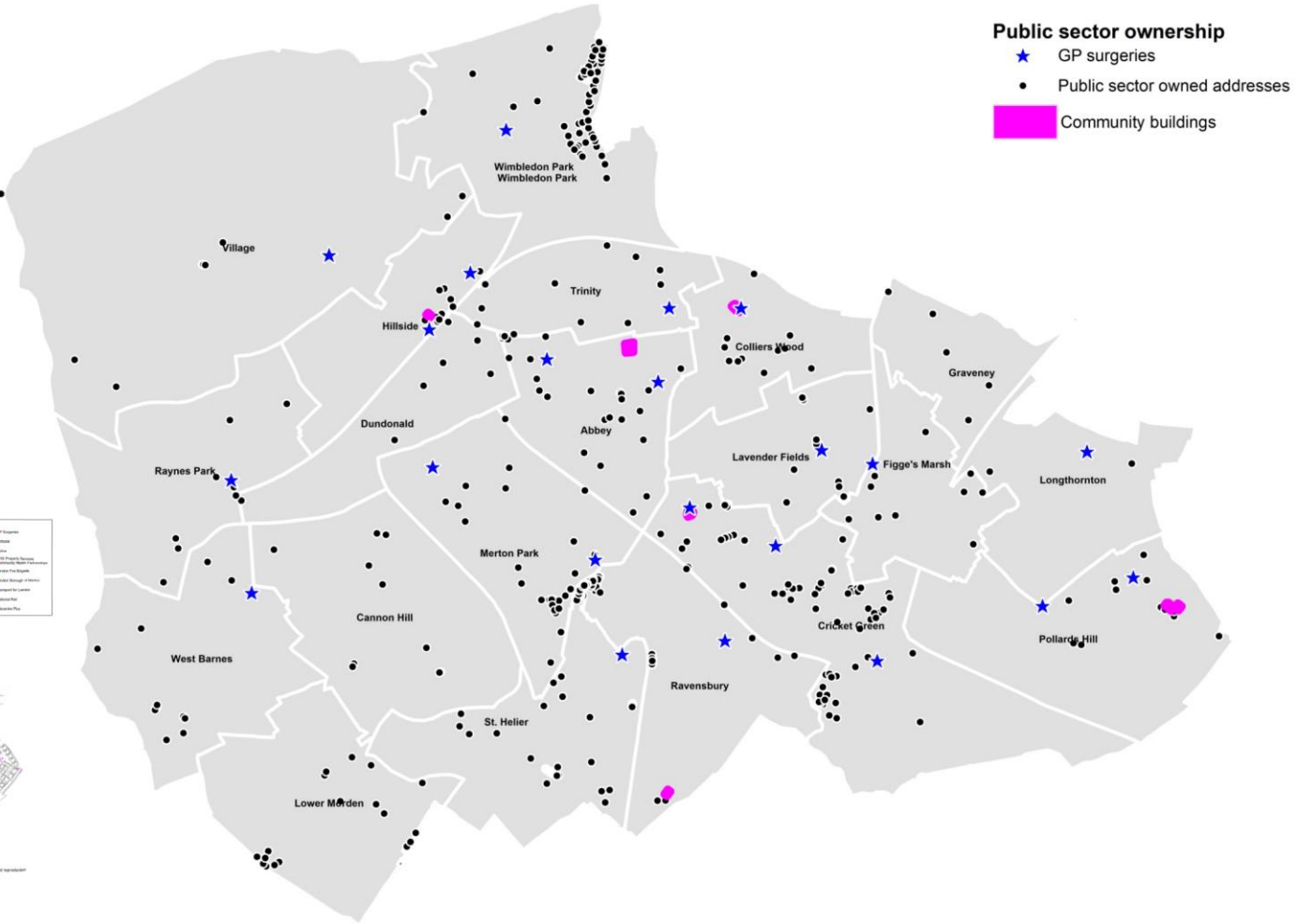
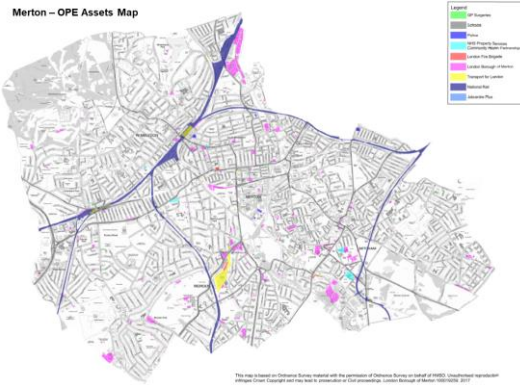


# Public Sector Ownership Assets in Merton

## Key Points:

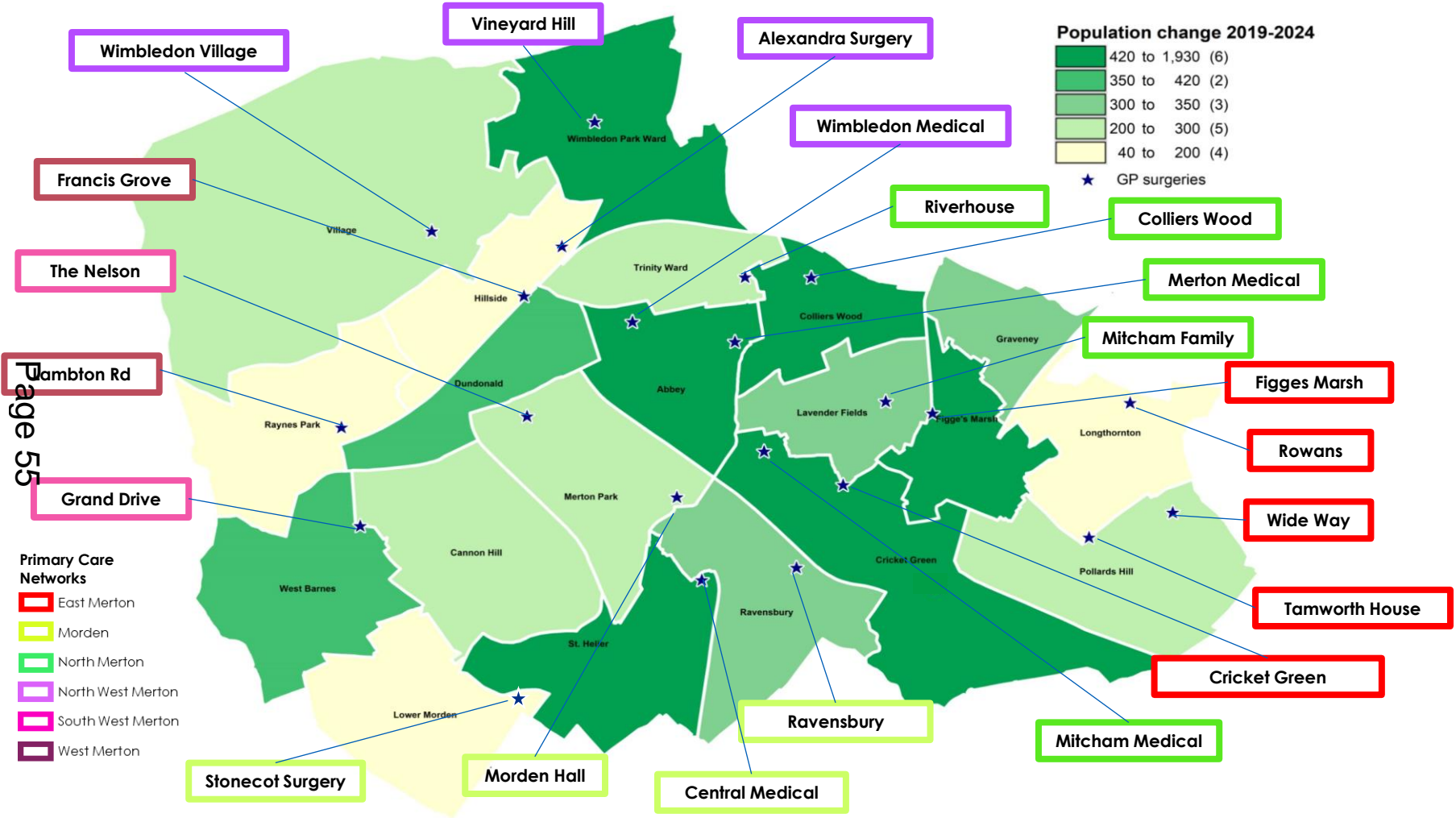
- Merton Council Future Merton and OPE have collated all the known community assets in Merton.
- Borough estates partners will work together to ensure that opportunities to share space, or bid for joint funding, are explored.

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© Crown copyright [and database rights] (2019) OS (London Borough of Merton 100019259, 2019)  
 OS MasterMap Imagery Layer has been created using OS's own imagery and imagery from other suppliers.

# Population Change 2019 – 2024 & Primary Care Networks

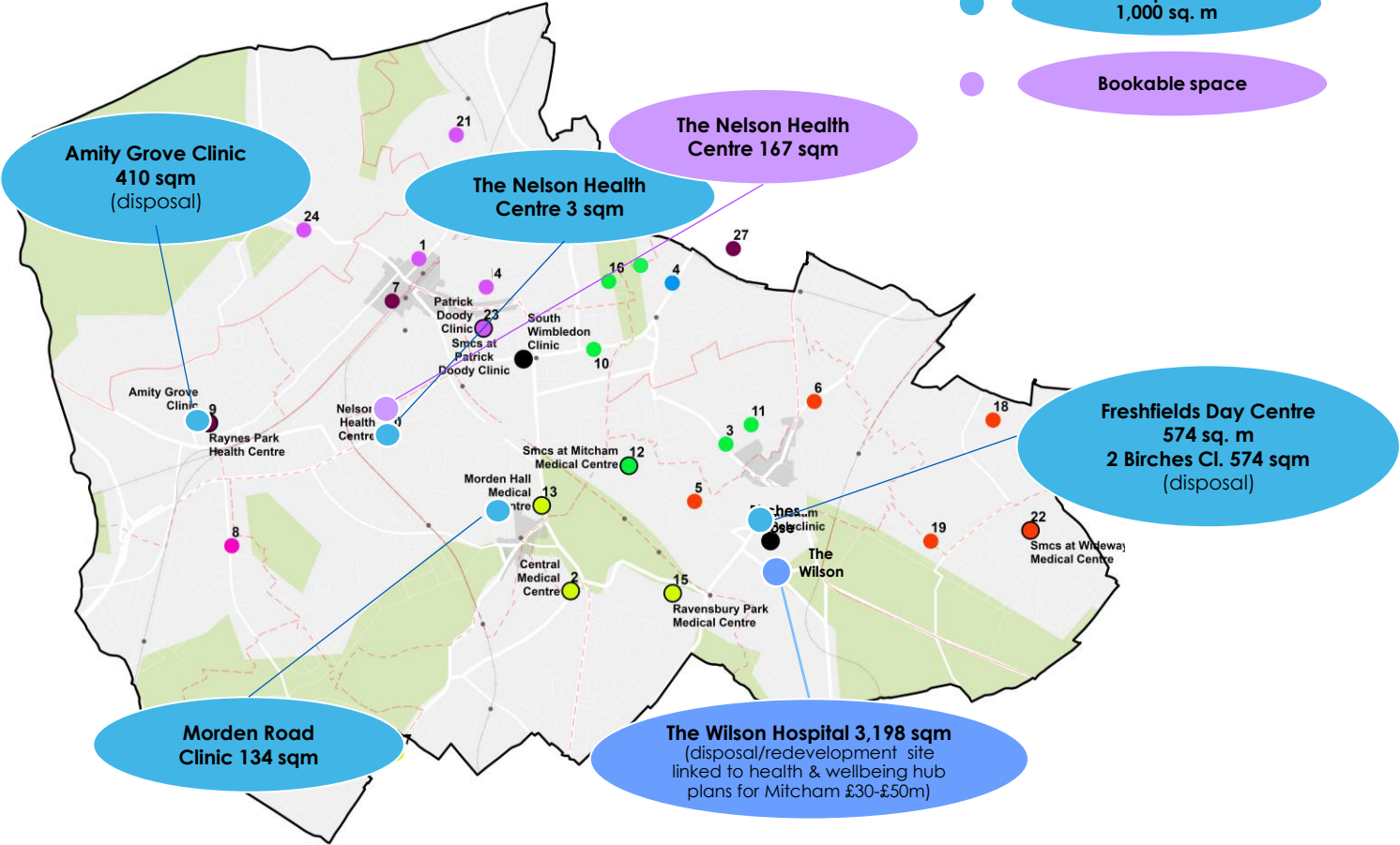
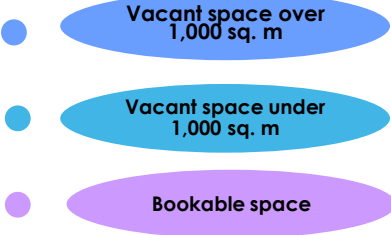


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# Vacant & Bookable Health Space in Merton

## Key Points:

- Improving utilisation of bookable space and occupying or disposing of vacant space is an important part of our strategic approach for the first 1 – 3 years.
- The current cost to the NHS of vacant space in Merton is approximately £793,000 per annum.
- The Wilson site represents over 70% of the total void costs incurred in Merton and disposal or redevelopment of the site and adjacent land is being considered in connection with plans for a new health & wellbeing hub for Mitcham and surrounding areas.
- Optimising the use of existing estate is also to be considered.





# 7. The Capital Challenge & Sources of Funding

1. The South West London Integrated Care System (ICS) as a system has serious concerns regarding the condition of much of our NHS estate, equipment and ICT infrastructure. The current availability of capital funding combined with the lack of flexibility around alternative sources of investment is exacerbating this problem.
2. The system will work with NHSE/I, Her Majesty's Treasury (HMT), our six local authorities and the GLA to identify other pragmatic, commercial and deliverable solutions to this major problem.
3. Over the past 10 years, NHS providers in South West London, in common with the rest of England, have only been able to invest up to 5% of their turnover on capital investment when the norm for health systems is 10%.
4. Therefore, tackling backlog maintenance and improving the infrastructure within acute and mental health hospitals and community and primary care facilities in South West London is a key priority across the STP/ICS to ensure that we have fit for purpose health and care facilities to meet the needs of our population.
5. The demand for capital outstrips the available funding and South West London providers have already deferred expenditure totalling £100m into 2020/21 resulting in provider capital plans that are largely dealing with urgent and significant estate related service risks.

Funding Source	Comments, existing & proposed implementation
<b>Disposals</b>	Provider disposal receipts directed to investment.
<b>Central NHS Sources</b>	STP capital (Wave 1 to 4 etc.), Estates Technology Transformation Fund (ETTF), London Improvement Grant (LIG), Healthcare Infrastructure Plan (HIP)
<b>One Public Estate (OPE)</b>	Seed capital funding that can support project feasibility work. Requires more than one public sector body involvement and reasonable chance of generating disposal receipts and/or housing units. Administered through local authority, governance via the South London Partnership.
<b>Developer Contributions (S106/CIL)</b>	Although not technically a funding source, developer contributions are used for specific purposes to support health infrastructure improvements or reprovion.
<b>NHSPS site redevelopment</b>	Release value from the community estate owned by NHSPS by developing mixed use schemes providing housing and new health space [redevelopment opportunities].
<b>Partnerships</b>	Merton Borough Estates Group enabling close working with partners, such as local authorities. Participation and opportunities explored with third party developers (3PD).
<b>NHS Providers Capital</b>	NHS providers have an annual capital allocation driven primarily by the amount of depreciation charged to their accounts. The regime is subject to change, but will continue to be a potential source of funds.
<b>Self-funded</b>	Provider sources fund through internally generated resources, excluding disposals, e.g. operational savings.

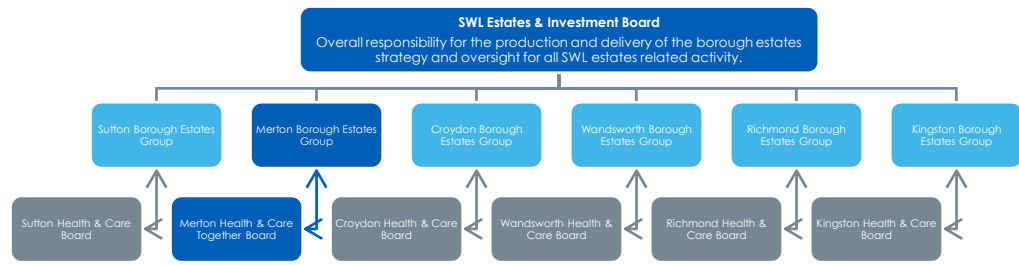
# 2 Progress

Our progress ..... so far



# 1. Governance

- The Merton Borough Estates Group (MBEG) has been established and Terms of Reference approved (see Appendix 1). MBEG meets monthly and is attended by estates and service leads (including digital) from a range of organisations across the borough, working in partnership.
- Two workshops were held for health and care partners to discuss estates requirements and shape future strategy linked to clinical plans.
- Primary Care PCN estates data gathering survey and SWOT Analysis undertaken in 2020. Feedback shared with PCN Clinical Directors to support planning.
- The agreed governance arrangements (right) support engagement and decision making in respect of prioritising the required capital and investment pipeline and preparing bids from across the borough with Borough Estates Groups reporting into both Health & Care Together Boards, and SWL Estates & Investment Board.
- Having the correct leadership and effective engagement in place means that delivery of current and future projects, management of vacant space, improved utilisation and agreement of disposals will enable the delivery of Merton's Local Health & Care Plans.



## 2. Completed Funded Capital Projects Summary

### Primary Care & Community/Out of Hospital

Basic Scheme Information			Financials	Progress	
Lead	Title of Scheme	Scheme Description	Total Capital Funding (£)	Business case status	Comments
CCG/ GP	Wide Way ETTF Practice-led scheme	GP premises extension/new clinical rooms	£669,600	Green	Complete
CCG/ GP	Central Medical Centre	Improvement Grant scheme to extend. New clinical rooms.	£210,00	Green	Complete
CCG/ GP	Morden Hall Medical Centre	Improvement Grant scheme to refurbish part of the premises/new clinical rooms	£507,000	Green	Complete
CCG/ NHSPS	Patrick Doody ETTF scheme	Relocation of GP practice to newly refurbished premises	£412,468	Green	Complete
CCG/ LBM	Mitcham Health & Wellbeing Feasibility Study	OPE funding to support feasibility study	£100,000	Green	Complete
CCG/ NHSPS	120 The Broadway	Rationalisation of space, relocation of staff, refurbishment & introduction of smart working		Green	Complete



Completed capital healthcare projects in Merton since 2015 (top to bottom):

- The Nelson Health Centre & Medical Practice opened in 2015 and won the Best Primary Care Development category at the 17<sup>th</sup> National Building Better Healthcare Awards;
- Wide Way Medical Practice
- Patrick Doody Health Centre

Funded – within organisation’s capital	Funded – central funding (ETTF, IG, Wave 1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded
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### 3. People attending SWL borough health and care plan events and stakeholders attending the Health & Wellbeing workshop told us . . . . .

- “A lot of NHS buildings are in poor repair.
- Some hospitals and some wards are very old and need to be upgraded to bring them up to modern standards.
- A poor environment can affect people’s mood and general wellbeing.
- We should be working with councils to look for opportunities to solve some of our estate’s challenges.
- Services need to be more flexible and offer different levels of support to people in their own homes.
- The idea of having more locally provided care is supported, but there are concerns that the local NHS does not have the capacity and resources to manage the change towards a more local care model.”

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# 3 Focus & Actions

The boroughs in South West London are moving forward with projects within a decision-making framework that prioritises the greatest need and best use of the assets available. This directs investment into key properties and maximises their use, enabling the release of surplus for sale.



# 1. Capital Pipeline & Link to Clinical Plan/Service Strategy



There are five significant Out of Hospital related schemes in Merton, all have been prioritized according to agreed criteria. \*Colliers Wood is now a 100% revenue CCG funded scheme due to delays in the timetable resulting in it not achieving practical completion by the ETTF deadline of December 31<sup>st</sup> 2021, however ETTF has paid for non-developer related fees from 2020 revenue. The Health & Wellbeing hub planned for Mitcham remains a priority, due to changes in the programme as a result of losing LIFT funding, the scheme has not scored as high in the overall scoring matrix.

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Primary Care & Out of Hospital				
Ref	Key STP/CCG clinical service strategies	Alignment to Long Term Plan (LPT) and national priorities	Capital Projects and future plans	Prioritisation Rank
1	<ul style="list-style-type: none"> <li>More care delivered to people local to where they are.</li> <li>Joined up care seven days a week.</li> <li>Alignment to LHCP.</li> <li>Growth of Primary Care Networks and Integrated Locality Teams.</li> <li>Links to green, healthy spaces.</li> <li>Case for change completed.</li> <li>Improvements to health and wellbeing and addressing specific aspects of variation in health outcomes in the borough.</li> </ul>	Fully integrated community-based health care, including health & wellbeing, supported through improved engagement of MDTs in primary and community hubs. (LTP section 1.10).	<b>Colliers Wood GP Surgery main and branch site relocation to new premises, ETTF* /3PD development.</b>	<b>1</b>
			<b>Mitcham Health &amp; Wellbeing Hub</b> , including disposal or redevelopment of NHS owned sites (inc. The Wilson Hospital site in Mitcham).	<b>3</b>
			<b>Rowan Park</b> The Rowans Surgery relocation to new premises at Rowan Park, Streatham Vale S106/CIL to include community space – 3PD	<b>1</b>
			<b>Wimbledon Stadium</b> – improvement to healthcare facilities in the locality to support population growth from housing development. S106. Includes adjacent Wandsworth practices	<b>3</b>
			<ul style="list-style-type: none"> <li>Supporting <b>Primary Care Networks</b> and <b>Integrated Locality Teams</b> to enable systems to work together.</li> <li>Ensuring health infrastructure is resilient and can meet the demands of a growing and changing population.</li> <li>Exploring possible new GP premises in <b>Morden Town Centre Regeneration Zone</b> to support population growth, <b>Wimbledon Town Centre</b> and <b>South West Wimbledon</b> to support long term plans.</li> </ul>	<b>3</b>

Funded – within organisation's capital	Funded – central funding (ETTF/IG,NHSPS, W1-4, HIP)	Funded – other source of capital (e.g. s106/CIL)	Unfunded
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Primary care, community and Out of Hospital services funded schemes							
Key health & care service strategy	Title and description of schemes	Lead org	Total capital Requirement	Business case status	Delivery years	Rank	Comments (inc funding source details)
<ul style="list-style-type: none"> <li>Primary Care Transformation</li> <li>Increased GP capacity.</li> <li>Support for PCNs.</li> </ul>	Rowans Surgery relocation scheme to Rowan Park, with community space	CCG/ LBM	£6m	OBC approved		1	S106 agreement/CIL funding
<ul style="list-style-type: none"> <li>Primary Care Transformation</li> <li>Increased GP capacity.</li> <li>Support for PCNs.</li> </ul>	Colliers Wood branch and main site practice relocation scheme	3PD/ CCG	£6m	OBC approved		1	*ETTF Scheme £1.4m/3PD
<ul style="list-style-type: none"> <li>Primary Care Transformation</li> <li>Increased GP capacity and practice modification to support population growth,</li> <li>Support for PCNs</li> </ul>	Wimbledon Stadium housing development	CCG/ GPs	£400k	Feasibility study approved	2021/2	3	S106 agreement
<b>Total</b>			<b>£12.4m</b>				



**Please note:** ESTH, SWLStG and SGUH listed capital schemes have been included in Sutton and Wandsworth borough estates strategies respectively, however our Trust partners' priorities are included within the scope of the strategy where they impact on Merton patients and will be included in the prioritised capital pipeline in the final SWL Estates Strategy.



Primary care, community and Out of Hospital services unfunded/part funded schemes						Priority rank
<ul style="list-style-type: none"> <li>Support long term conditions, adult and CYP mental health;</li> <li>Care closer to where people are;</li> <li>Promotes green &amp; healthy spaces;</li> <li>Addressing variants in deprivation and health outcomes</li> <li>Releasing land for housing</li> <li>Feasibility study completed</li> <li>VFM appraisal completed</li> </ul>	Mitcham Health & Wellbeing Hub (inc. development/disposal of The Wilson Hospital site in Mitcham)	CCG/ NHSPS	TBC £30m – £50m	Feasibility study	2023/4	3
<ul style="list-style-type: none"> <li>Primary Care Transformation;</li> <li>Increased GP capacity for area of population growth;</li> <li>Support for PCNs.</li> <li>OBC approved</li> <li>VFM appraisal completed</li> </ul>	Colliers Wood Practice relocation scheme	CCG/ 3PD	£1.4m Scheme 100% revenue funded however, capital funding sought beyond 2021	OBC approved	2022	1
<ul style="list-style-type: none"> <li>Primary Care Transformation;</li> <li>Increased GP capacity for area of population growth;</li> <li>Support for PCNs;</li> <li>Promotes green &amp; healthy spaces;</li> <li>Care closer to where people are.</li> <li>Fully integrated health &amp; wellbeing community asset.</li> </ul>	Morden Town Centre regeneration – requirement for new health premises to support 6,000 plus new residents and relocation of existing practices as required.	CCG/ LBM/TFL	TBC £12m – £24m			3
<b>Total</b>			<b>£75.5m</b>			

## 2. MBEG Focus & Actions 1 – 3 Years

Merton Borough Estates Group Proposed Focus & Actions 1 – 3 years	Checklist
<ul style="list-style-type: none"> <li>• Improve asset management and work with partners to find efficiency savings through better utilisation, rationalisation and disposals;</li> <li>• Maintain databases/registers of available, bookable space to be shared with partners, including voluntary sector and community;</li> <li>• Use existing space more creatively to support new ways of team and partnership working in Primary Care Networks – ‘reconfiguring rather than rebuilding’;</li> <li>• Increase engagement with digital workstream to ensure alignment during recovery and post-COVID 19.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Agreed key milestones;</li> <li>✓ Identified resource gaps &amp; plans;</li> <li>✓ VFM benefits &amp; efficiencies clear &amp; concise;</li> <li>✓ Benefits to patients;</li> <li>✓ Alignment to health &amp; care plans.</li> </ul>
<ul style="list-style-type: none"> <li>• Work with Acute and Mental Health Trust partners on priorities that benefit Merton patients, to include long term Out of Hospital schemes;</li> <li>• Create a clear plan for health infrastructure that will enable the Local Authority planning department to identify s106 and CIL opportunities, including plans for Morden Town Centre Regeneration &amp; Wimbledon Town Centre (Infrastructure Delivery Plan);</li> <li>• Explore opportunities to deliver new and/or expanded health services in non-health settings and suitable locations, such as schools and High Street town centre locations as per Merton’s local plan (to include Wimbledon Town Centre and other priority zones earmarked for regeneration).</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reporting &amp; governance aligned across system;</li> <li>✓ Outline financial modelling complete.</li> </ul>
<ul style="list-style-type: none"> <li>• Explore requirements and delivery of health infrastructure to support new residents of Wimbledon Stadium housing development, as per the existing s106 agreement, to include Wandsworth due to proximity of bordering practices/hospital/mental health trust;</li> <li>• Identify all large scale capital schemes and prioritise those to be worked up to being ‘business case ready’, with a focus on the proposed as yet unfunded Out of Hospital Community Health &amp; Wellbeing Hub in Mitcham;</li> <li>• Delivery of primary care funded schemes such as Rowan’s Surgery relocation to Rowan Park and Colliers Wood Surgery’s co-location of branch and main sites to new premises.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Project Manager(s) appointed;</li> <li>✓ Project delivery critical path agreed;</li> <li>✓ Leadership / SRO agreed</li> <li>✓ Prioritisation criteria at Borough level met.</li> </ul>

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# 4 Measures of Success

Including Borough Scheme Prioritisation Matrix

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# 1. Borough Prioritisation Matrix (see Appendix 3)

CRITERIA	DESCRIPTION	SCORE	EVIDENCE
<b>Strategic</b> <ul style="list-style-type: none"> <li>Alignment to Merton Council's Local Plans;</li> <li>Enables delivery of Local Health and Care Plans and/or other clinical strategies</li> </ul>	<ul style="list-style-type: none"> <li>Promotes green and healthy spaces and reduces unnecessary travel by enabling provision of care closer to where people are;</li> <li>aligned to clinical and local needs, plans and priorities and consistent with the ICS in SWL as well as with the NHS LTP;</li> <li>development is in partnership or, enables/ is interdependent with another priority in SWL;</li> <li>is considered a priority scheme for Merton.</li> </ul>	15	<b>EVIDENCE</b> Evidence required for maximum score 
<b>Economic</b> <ul style="list-style-type: none"> <li>Delivers economic and/ or efficiency gains.</li> </ul>	<ul style="list-style-type: none"> <li>Addresses areas of demand/ growth or deprivation and benefits the local population;</li> <li>allows disposal of land for other purposes e.g. housing; releases value;</li> <li>design is flexible, future-proofed and includes innovation and the latest technologies;</li> <li>delivers an improvement in the optimisation of space; reducing risk of under-utilisation and voids.</li> </ul>	15	
<b>Financial</b> <ul style="list-style-type: none"> <li>Contributes to an improved financial position;</li> <li>Delivers Value for Money.</li> </ul>	<ul style="list-style-type: none"> <li>Affordable in all investment years; attracts funding and investment e.g. contribution from CIL, OPE, NHS, S106, etc;</li> <li>appropriate no. of options reviewed;</li> <li>generates income/ revenue/ savings.</li> </ul>	20	
<b>Operational</b> <ul style="list-style-type: none"> <li>Delivers improvements in operational performance, patient-centred care and ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>Addresses access, capacity and demand or efficiency and flow issues;</li> <li>allows business continuity; disruption is minimised to operational services;</li> <li>delivers improvement in health and wellbeing, independence, integrated care, patient-centred care and experience, patient pathways and, ways of working.</li> </ul>	15	
<b>Quality and Safety</b> <ul style="list-style-type: none"> <li>Delivers improvements in quality and safety.</li> </ul>	<ul style="list-style-type: none"> <li>Addresses compliance issues, CQC issues, fire, H&amp;S and Infection Control issues and/ or identified risks;</li> <li>builds on the COVID-19 reconfiguration and response, further strengthening this;</li> <li>contributes to exiting Quality Special Measures (QSM), or equivalent;</li> <li>feedback/ involvement from patients, the public, staff and relevant stakeholders.</li> </ul>	20	
<b>Deliverability and Sustainability</b> <ul style="list-style-type: none"> <li>Is deliverable with leadership, the necessary resources and offers a resilient and sustainable solution.</li> </ul>	<ul style="list-style-type: none"> <li>Addresses carbon footprint, climate change, energy and/ or environmental issues and aids approaches to local regeneration and sustainable transport;</li> <li>capability and capacity to deliver with identified leadership and the necessary resources;</li> <li>delivery is planned, realistic and timely.</li> </ul>	15	
<b>100</b>			



## 2. Measures of Success

### Financial

- Available capital invested in important and prioritised large estates schemes delivering the most benefit and value for money.

Endorsement of small scale improvement schemes that support local health and care plans.

- Endorsement of OPE, S106 and CIL developer contribution opportunities.



### Operational

- Approved business cases for prioritised large estates schemes, with or without funding secured.
- Completion of historical schemes and pipeline projects.
- Early delivery of 'quick wins'.
- Disposal of land/sites surplus to requirements.
- A reduction in under-utilised and vacant space. Existing space optimised.



### Quality & Safety

- Address all CQC, Fire and Health and Safety, infection control issues from improvement notices or inspections.
- CQC ratings 'good' or 'outstanding'.
- Opportunities for reduction of emissions identified and prioritised.



### Strategic

- Community Health & Wellbeing Hubs developed with integrated offerings at key identified sites.
- Identified medium and long term plans (inc. IDP) in place and progressing.
- Estates Strategy acts as a catalyst to drive improvement and investment, aligned to clinical and local needs, Local Authority plans and priorities in Merton, with quarterly review.



# Appendix 6: Glossary of Terms

- CCG      Clinical Commissioning Group (NHS)
- CLCH     Central London Community Healthcare
- CHP      Community Health Partnership
- CIL      Community Infrastructure Levy
- CUH      Croydon University Hospital
- DHSC    Department of Health & Social Care
- ERIC     Estates Return Information Collection
- ESH      Epsom & St Helier Hospital
- ETTF     Estates & Technology Transformation Fund (NHSE)
- FOIA     Freedom of Information Act
- FYFV    Five Year Forward View (NHSE)
- GLA      Greater London Authority
- HIP      Healthcare Infrastructure Plan (Gov. fund)
- HMT      Her Majesty's Treasury
- HUDU    Healthy Urban Development Unit (NHS)
- ICS      Integrated Care System
- IDP      Infrastructure Delivery Plan (LBM)
- IHT      Improving Healthcare Together
- IM&T    Information Management & Technology
- IT        Information Technology
- LAS      London Ambulance Service ('Blue Lights')
- LBM      London Borough of Merton
- LHCP     Local Health & Care Plan
- LIG      London Improvement Grant (NHSE)
- LTP      Long Term Plan (NHSE)
- MBEG    Merton Borough Estates Group
- MHCT    Merton Health & Care Together
- MHT      Mental Health Trust
- MVSC    Merton Voluntary Services Council
- NHSE/I   NHS England/Improvement
- NHSPS   NHS Property Services
- PCN      Primary Care Network
- PHE      Public Health England
- S106     Section 106
- SGUH    St George's University Hospital
- STP      Sustainability & Transformation Partnership (previously Plans)
- SWL      South West London
- SWLStG   South West London St George's (Mental Health Trust)
- TFL      Transport for London
- TOR      Terms of Reference

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