

Committee: Health and Wellbeing Board

Date: 24 June 2014

Wards: All

Subject: East Merton Model of Care - Update Report

Lead officer: Adam Doyle – Director of Commissioning and Planning Merton Clinical Commissioning Group

Recommendations:

A. To note the update

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

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

2 BACKGROUND

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

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

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

2.3. The development of a new facility, a local care centre (LCC), in Mitcham has been identified as a key component of the Merton Better Healthcare Closer to Home programme. The delivery of this new facility is in response to the poor condition of the current estate and the opportunity to consolidate services into one modern, purpose built facility.

2.4. Whilst the renewal of the community estate is a key priority, this development needs to be designed in response to the overall model of care to be implemented in East Merton. The new facility must act as a hub for primary care services with the clinical services designed to meet the needs of the local population served.

3 DETAILS

- 3.1. The project is in its early stages of initiation and comprises of two main workstreams; the development of a new model of care within the East Merton locality and the development of a new healthcare facility within Mitcham. The first meeting of the Project Board for the development of the Mitcham LCC will take place on 20th June.
- 3.2. The East Merton GP Locality Group, chaired by Dr Karen Worthington as the locality lead, is developing a new model of care to address the health needs of their local population.
- 3.3. A Health Needs Assessment (HNA) has been undertaken, led by the Director of Public Health, which has highlighted some key areas of concern with regard to the health of the population of East Merton.
- 3.4. East Merton has the areas within the Borough with shorter life expectancy. Most of the excess deaths are attributable to cardiovascular disease and cancer. However, admission rates do not reflect the differences in mortality from these conditions. Diabetes is more prevalent in East Merton than the west of the borough, respiratory disease is common and the positivity rate for chlamydia is higher than both London and England.
- 3.5. The child health element of the HNA found that childhood immunisation coverage is lower than the World Health Organisation target, emergency attendance for children under 4 is higher than England levels, there has been an increase in childhood obesity, hospital admissions for alcohol specific conditions in children and young people are among the highest in London and children's dental health is declining.
- 3.6. Specifically the new model of care will improve access to health and social care services that support patient with long term conditions. There will also be an emphasis on the prevention of ill health and specifically focusing on working with children and young people to promote lifestyle changes in the early years.
- 3.7. A critical success factor will be enhancing and improving access to primary care and public health services within the locality.

4 ALTERNATIVE OPTIONS

- 4.1. Not applicable

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. There is a programme of Patient and Public engagement currently under development. The first stage of this process is to seek the involvement of members of the public through the Health Hub at the Mitcham Carnival on June 14th 2014.
- 5.2. A further event will be held to explain the process, programme and the options for involvement in this important piece of work. From this event we will establish the key areas of public interest and agree the most appropriate methods of engagement.
- 5.3. The overall aim is to involve members of the public at all stages of the project, from the establishment of the model of care and the design of the Mitcham LCC facility to how the facility will operate when it opens its doors.

6 TIMETABLE

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

High Level Milestones/Tasks	Target Date
Prepare Economic Case	31/07/2014
Obtain sign off of Economic Case	31/07/2014
Obtain instruction to proceed from NHS England	15/08/2014
Submit Stage 1 Business Case	15/01/2015
Planning approval for preferred option	15/01/2015
Obtain sign off of Stage 1 Business Case	31/01/2015
Obtain approval of Stage 1 Business Case from NHS England	31/03/2015
Submit Stage 2 Business Case	15/06/2015
Obtain sign off of Stage 2 Business Case	30/06/2015
Obtain approval of Stage 2 Business Case from NHS England	15/07/2015
Financial Close	22/07/2015
Start on site	01/08/2015

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. There are currently four sites under consideration, two in the ownership of NHS Property Services and two owned by the London Borough of Merton.
- 7.2. Work is currently underway to develop sufficient detail to enable a full economic appraisal to be undertaken to establish the preferred option.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. Section 242 (1B) of the NHS Act 2006, as amended by the Local Government and Public Involvement in Health Act 2007, provides that: Each relevant English Body must make arrangements as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information or in other ways) in:
 - The planning of the provision of those services;
 - The development and consideration of proposals for changes in the way those services are provided;
 - Decisions to be made by that body affecting the operation of those services.
- 8.2. The NHS Act 2012 chap. 7 PART1 s26 makes similar provision for CCGs.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. An Equality Impact Assessment is in the process of being completed.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. Not applicable

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. Risk Management workshop to be scheduled as part of project set-up

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

- Mitcham LCC Highlight Report (from September)

13 BACKGROUND PAPERS

- 13.1. Project Initiation Document