

right care right place right time right outcome

Merton Clinical Commissioning Group Wilson Programme Board

Thursday 7th September 2017 12.30 - 14.00

Meeting Room 6.1, 120 The Broadway, Wimbledon SW19 1RH

In attendance:

See Appendix A

Apologies: See Appendix B

Chair: Peter Derrick / Douglas Hing

Item no.	Agenda Item	Actionee
1.	Welcome and introductions Conflicts of Interest	PD
Action	Introductions were made DH declared that he is a partner at the Central Medical Practice Future meetings to include a "conflict of interest" form to be circulated to the Board members. "Conflict of Interest" form to be circulated to Board Members at next meeting.	СН
2.	Minutes of last meeting and Matters Arising	
	There were two minor amendments to the previous minutes. P2 – para 6, line 3, should read "a new GP practice". P4 – item 5, para 5, should read "some will have a revenue stream" Following these amendments the minutes were agreed as accurate and signed off by the joint Chairs.	

3. **Programme Highlight Report** SH presented the highlight report. The current status of the programme is Green. The requirement for the submission of a PID to NHSE rather than the PPOA has not had an impact on the timeline. The revised PID pro-forma has been populated and pending approval by the Programme Board will be submitted to NHSE for consideration at the London Capital Committee on 12th September. The CCG are asking for approval and permission to proceed to Stage 1 Business Case Development. Service Design and Commissioning workstream will be led by Doug Hing and Lucy Lewis who will work on developing the project initiation. They are currently working on an options paper for the EMT, this will establish a clear view of the primary care provision on the site. It is imperative that services at the new Wilson fit in with the CCG's new model of care, it is unlikely this can be achieved with a "lift and shift" of a current practice due to the constraints of the GMS contract. AMcM noted that the CCG are aiming to achieve primary care at scale, just one practice on site will fragment services. The vision is for a Health and Wellbeing campus. The aim is for the services at the Wilson be available for the whole of Merton. DZ advised that with the expectation of a large growth in population growth in the next five years, the Model of Care should be future proofed. The Community Development workshop is planned for the beginning of October. DC is currently working on the establishment of the Workstream Group. HD asked for early engagement with the resident groups. Land and Property – now the PID has been completed this group can concentrate on the decant strategy. This is a large piece of work - consideration needs to be given to the value for money in retaining buildings that are half empty for which the CCG bears void costs amounting to over £600K PA on the Wilson alone. Working group to be established at the beginning of October. DZ suggested that the proposed Wellbeing Services planning to work from The Lodge take up occupancy before the main building is completed. MP noted that surveys are currently taking place at the Wilson to ascertain any restrictions on the site. Once a first draft of the development plans are completed these will be shared with JMCG and his team. **Action** Meeting to be organised with LBM planners, NHSPS and MP and architects. **JMcG**

4.	Wilson NHSE PID Submission				
	SH presented the completed Project Initiation Document Type 1 required for submission to NHSE for approval to proceed to Stage 1 business case.				
	SH explained that the project would be a LIFT project as it would be too big for NHS Property Services to fund.				
	DZ asked for the wording to be altered from "new wellbeing service" as these services are already in existence. DZ to provide new wording for SH.				
	PD requested that IW provide more information on the figures provided in the document to the Finance Committee.				
	The Programme Board approved the document for submission				
5.	Key Messages and Stakeholder Management				
	MW is working on the Communication and Engagement plan outlining the key aims and messages.				
	MW requested a list of stakeholders from the Board. Each project workstream will need to formulate their own Communication Plan. MW to circulate an outline of what should be included. The Board to send MW a list of the main stakeholders.				
Action	MW to circulate a pro-forma for a Communication Strategy and Plan	MW			
Action	PB members to provide MW with a list of key stakeholders	ALL			
6.	Risk Register				
	Register was reviewed. Two new risks added by DH and accepted by Board. DH to score new risks added to the register.				
	MP questioned if there was a salient risk identified for the decant. MP to review.				
Action	DH to score two new risks	DH			
Action	MP to review risks for Wilson decant	MP			
7.	Any Other Business				
	None discussed				

Appendix A: Attendance List

PD	Peter Derrick	Governing Body Lay Member (Co-chair)	MCCG
AMcM	Andrew McMylor	Director of Primary Care Transformation (SRO)	MCCG
DZ	Dagmar Zeuner	Director of Public Health	LBM
JMcG	James McGinlay	Assistant Director for Sustainable Communities Environment and Regeneration	LBM
DH	Dr Doug Hing	Clinical Director for the East Merton Model of Health and Wellbeing and co-chair	MCCG
MP	Matthew Parish	Strategic Estates Lead	NHSPS
SH	Sue Howson	Programme Director	Synapsis Health
KM	Khadiru Mahdi	Chief executive	MVSC
JH	Julian Humphreys	Programme Manager	CHP
IW	lan Winning	Interim Deputy Director of Finance	MCCG
HD	Hannah Doody	Community and Housing	LBM
MW	Michelle Wallington	Communications Manager	CSU
DC	Dave Curtis	Project Manager – Community Development	LBM

Appendix B: Apologies

		Role
Joe Garrod	JG	Regional Programme Manager (OPE)
Neil McDowell	NMcD	Director of Finance MCCG
Nicola Theron	NT	Regional Director CHP

WILSON PROGRAMME BOARD

Actions Log

No.	Action	Date raised	By whom and target completion date	Completed (date)	Escalation
1	Page 5. To correct the minutes to reflect that the business cases are linked.	08/06/17	SH	Completed	
2	Format of minutes to include actions and Action Log established.	08/06/17	KM	Completed	
3	August Programme Board to be cancelled and rescheduled for 7 th September	08/06/17	КМ	Completed	
4	Diary invite to be sent for additional Programme Board on 12 October.	08/06/17	КМ	Completed	
5	SH to present Lessons Learnt/Post Project Appraisal Proposal to next PB.	08/06/17	SH	On PB Agenda 20/07/17	
6	To re-draft paragraph in PID to clarify issues with co-ownership.	08/06/17	DZ	09/06/17	
7	The amendments to the PID to be made prior to the submission to the H&WBB on 09/06.	08/06/17	SH	09/06/17	
8	Risk strategy - cost and time tolerances to be agreed with IW and CHP	08/06/17	IW and NT		
9	Risk register to be reviewed	08/06/17	AMcM	Completed	

No.	Action	Date raised	By whom and target completion date	Completed (date)	Escalation
10	Project Team to agree weightings for benefit criteria	08/06/17	Project Team	Completed	
11	PID to be presented to H&WBB and advice sought on key messages to be communicated.	08/06/17	AMcM	Completed	
12	JH to escalate within CHP urgent need for Nelson running costs	20/07/2017	JH	Completed	
13	Meeting to be arranged with LBM and CCG to discuss CMT paper.	20/07/2017	AP	Completed	
14	Meeting to be arranged between LBM, NHSPS and architects when development proposals are completed.	07/09/2017	MP (date TBC)		
15	MW to circulate pro-forma communication strategy and plan.	07/09/2017	MW Before 10/10/17		
16	PB to forward names of key stakeholders to MW.	07/09/2017	Programme Board Before 10/10/17		
17	DH to score two new risks added re. Primary Care.	07/09/17	DH Before 10/10/17		
18	MP to review risks re. Wilson decant	07/09/17	MP Before 10/10/17	Completed	