



Wilson Health & Wellbeing Campus Update to Programme Board

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What is the new Wilson Health & Wellbeing Campus?

- **A place where people go to stay healthy**, rather than just where patients go when they are ill. The campus approach is an opportunity to develop services to meet the needs of local people holistically and provide a 'hub' (Community Café) for information and smooth signposting to other services.
- **Flexible space for resources and activities** that are available to all – not 'just a health centre' - but a community destination.
- **Somewhere people are at the centre of their care** with a team of professionals and support networks around them.
- **A new model of care** where health and wellbeing services fully integrate with a focus on prevention and self-management.
- **A way of working** that builds on existing networks and supports local GPs to manage patients they see frequently as part of a multi-disciplinary team model.
- **The new home for the East Merton Access Hub** and Out of Hours GP service so that local people can see a GP or other health professional via a same-day appointment system with slots prioritised for children and working people.
- **A place that understands** the challenges families and young people currently face and encourages them to seek guidance and learn healthy habits for life.

What services are proposed for the Campus?

- **Out of Hours GP services** beyond 8pm will be provided from the Wilson and further information on opening hours will be made available as we progress through the project. These services will be available to people who are not registered with a Merton GP practice.
- **Local GPs** will work together at the Wilson to provide a range of clinics and consultations, including group consultations, for a population of around 100,000. A 'one stop shop' approach means a more holistic approach to care and less travelling time for patients.
- **MDT* services** will involve the GP as part of a bigger team and will put the patient at the centre of their care. MDT services will be appropriate for a specific agreed patient population identified as more likely to benefit from the wellbeing services located at the site. For example, patients diagnosed with Type 2 diabetes who may need particular support with diet and exercise and who may benefit from related group activities.

- **The new MSK* model** at the Wilson will see physiotherapists directing patients for social prescribing (via primary care) and better integration with mental health via multidisciplinary teams.
- **Social Prescribing** will signpost people to community based voluntary sector services based at the Wilson and elsewhere in the local community that will support them with addressing some of the wider social determinants that affect their health such as loneliness, unemployment, housing, relationship issues and debt.
- **Diagnostics** such as phlebotomy, plain x-ray and ultrasound support the early detection and management of long term conditions. Diagnostics are planned to work alongside the clinical services provision and will be available for patients referred directly from the Wilson, or via their own GP.
- **Primary Mental Health Care** service will be located at the Wilson. This will provide mental health & wellbeing care to residents of Merton and those registered with a Merton GP. Services will have links with secondary care specialist mental health services and community-based support services.
- **Cardiac and Pulmonary Rehabilitation** services for those patients with the most need for intervention.

- **A Children and Young People Centre** with facilities for children with complex needs will provide flexible space for teams working in one site to streamline services for CYP* and their families to include community paediatrics and CAMHS*.
- **Training, volunteering, employment and community resource hub** will operate on a sessional basis with close links to social prescribing to support unemployed people who have a greater risk of poor health than those in employment, contributing to health inequalities.
- **IAG*** sessional 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.
- **Lifestyle and behaviour change services** to include stop smoking services, National Diabetes Prevention Programme (DPP) and Expert Patient Programme (EPP) will provide support for patients on a sessional basis.
- **Active environment, green spaces and community gardening** services have been proposed because they are important to encourage inter-generational links to combat isolation and improve mental health.

*CYP - Children and Young People

*CAMHS - Child and Adolescent Mental Health Services

*IAG - Information, Advice & Guidance

Who will benefit from services?

- **For people who live in East Merton**, the model addresses the wider determinants of health and tackles inequalities by reducing variation between east and west life expectancy, quality of life and reported wellbeing;
- **For the local community**, it builds social capital by mobilising the community for the benefit of its residents;
- **At a whole population level**, it provides services responding to need that are not replicated elsewhere;
- **For people with self-limiting conditions**, it builds, and forms part of, a more coherent and effective local network of care;
- **For people with ongoing care needs**, it provides a broader range of services that are more joined-up between primary, community, voluntary and social and acute care services, and between physical and mental health, children and young people's services as a 'whole system';
- **For small numbers of patients with very high needs and costs**, it delivers a specific range of services that will seek to prevent inappropriate non-elective admissions and reduce the cost of emergency care.

What will the patient journey be like at the new campus?

Sample Case Studies

- Although they are fictional, our sample case studies on the next few pages are directly based on local GP's experience of real patients in East Merton and have been voiced in the person's 'own' words.
- 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 outpatients; or visited their local hospital's A&E department. We also looked at relevant local A&E and non-elective activity over the same period.
- We then considered how the new model at the Wilson may improve the person's experience of accessing healthcare, and how they could be better supported by improving signposting to services located at the Wilson Health & Wellbeing Campus and in the local community.

"I am bullied at school. I had a mentor but people found out so I haven't been to my meetings."

"My name is Karim. I'm 16 and live in Mitcham. I share a room with my two little brothers. I support Chelsea and I want to go to college and learn to design computer games. This is my life right now."

"I keep getting into fights at school. I can't seem to control my temper and I've been told I'll be kicked out if I don't change."

"Dad was a refugee. He has mental health issues and doesn't work. He shouts at Mum, nothing is ever right. Most of the time I hate being at home and stay in my room."

"I feel very angry a lot of time. I don't know what's wrong with me. I can't tell my family and I don't trust my friends."

"Mum takes me to the doctor when I say I'm ill. He asked me if I was OK but he goes to the same Mosque as Dad so I don't trust him with my secrets."

"I cut myself when I feel really out of control. It calms me down but I had to go to hospital a couple of times because a cut got infected."

"I have exams coming up and can't concentrate. I argue with my teachers. I don't really care anymore."

"I try to protect my brothers from my Dad. He gets really angry. He can't help it but he hits us all the time."



“Last week we went to the new Wilson Campus on a school visit. This guy called Dylan showed us round. He’s a Youth Worker and coaches football on Saturdays. I liked him because he supports Chelsea and when he was a kid he tried out for them. When I got home I checked out the Wilson website and messaged a support worker who said I could drop in anytime and see Dylan if I wanted to.

When I got to the Wilson I messaged Dylan. It was cool because he met me in a private space just off the café area. I told him a bit about myself. It was hard but I told him about getting angry at school and being in trouble. I showed him my arm which was sore because of a wound. He said he thought it would be good for me to get a clinical assessment while I was there, he explained about confidentiality and I trusted him so I said OK.”

Karim met with a triage nurse with mental health background who reviewed his wound and asked him about some of the things that were going on his life. After a while he felt able to talk about his moods and thoughts of harm. He also felt safe enough to share some details about domestic violence at home, including the physical and emotional abuse by his father who has a mental illness and how he worried about his Mum and brothers and getting kicked out of school.

The nurse felt reassured there was no immediate risk but explained the focus on safety. She told Karim that a discussion with the GP at the Wilson was required and explained why. The GP diagnosed Karim with depression and discussed some options for management. He also explained the role of social services and the multidisciplinary team meeting at the Wilson.

Karim felt a little overwhelmed – he didn't have anyone to go to the meeting with and it sounded intimidating - but the GP said he could ask Dylan to come along if that would help. He messaged Dylan who agreed to come and they made the appointment.

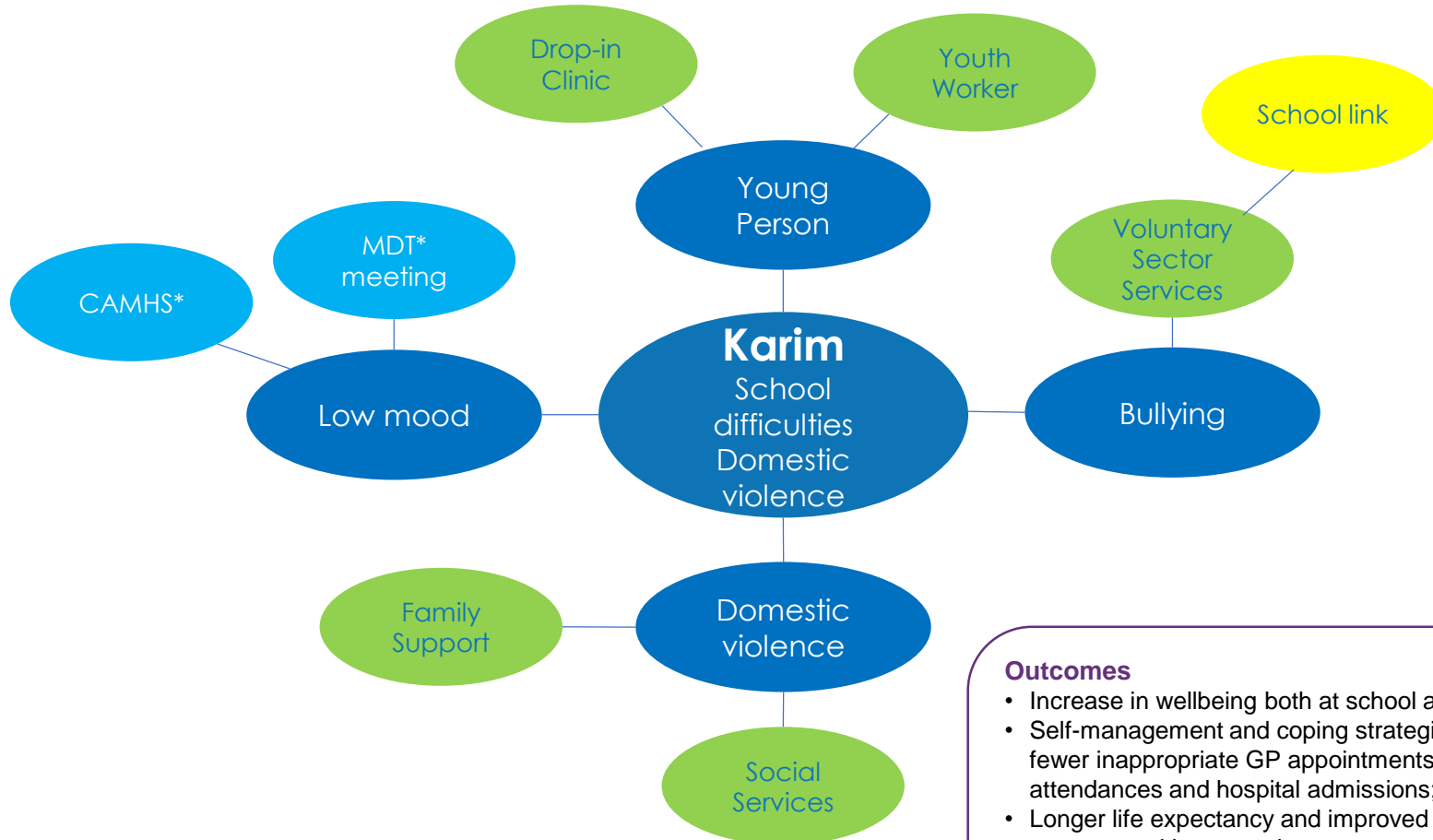
At the multidisciplinary meeting Karim and Dylan met various professionals including a GP; Child and Adolescent Mental Health Services (CAMHS) consultant; Social Services worker and his mentor from school. Karim was surprised that the discussions very much involved him, what he thought he needed and what he thought could help. He was asked about what links he could see between school, home and his condition.

Karim admitted to being systematically bullied at school, having all his money taken daily which meant he could not buy anything to eat. Recently he had been harassed on his way to and from school too and called names on social media.

“At the end of the meeting, I felt like I knew what all the different professionals did and who I needed to meet with again to support me. I felt more confident about sharing how things are with my Mum too. She was upset at first but agreed to come to future meetings with me. She’s going to talk to Dad too and hopefully get him help at the Wilson with his mental health issues.”

Dylan set me up with a football trial for a local team next month and I’m really looking forward to it. Things are better at school and I’m not ashamed of seeing my mentor now. He’s helping me apply for college so that I can go to Uni in a few years – watch this space!”

Karim - Proposed pathway at Wilson Campus



Outcomes

- Increase in wellbeing both at school and home;
- Self-management and coping strategies leading to fewer inappropriate GP appointments, A&E attendances and hospital admissions;
- Longer life expectancy and improved mental health outcomes with appropriate support and clinical supervision.

*CAMHS – Children’s & Adolescent Mental Health Service

*MDT – Multidisciplinary Team

"I live on my own and that gets me down. I feel better when I have a drink but I know I'm not coping well."

"I worry about money a lot. My housing situation gets me down too. I used to be so independent but now I'm on housing support and feel I've got no purpose."

"I go to A&E a lot. I know I shouldn't but I don't know where else to turn. The nurses are lovely but I know I'm wasting their time."

"My GP talked to me about diabetes. She gave me some Insulin but I keep forgetting what to do. I don't know anyone else with diabetes, it scares me a bit."

"My name is Wes. I'm getting on for 65 and was in the army for 30 years. I have diabetes and when I get anxious I drink too much. This is my story."



"I don't cook for myself since my wife died so my diet isn't good. I've lost a lot of weight and I get quite unwell."

"My neighbour found me on the floor unconscious a couple of times - she saved my life by calling the ambulance. I was in hospital over Christmas."

"I don't see my daughter anymore, she said I can't see my grandkids unless I stop drinking. It's hard to take but she has a point."

"A lot of bad stuff happened to me in the army. I try not to dwell on it and it's hard to talk about. Some situations make me feel anxious."

“One day I went to the Emergency Department. I totally broke down. I was really worried about my health. The triage nurse said that my condition was stable and I didn’t need to be seen in hospital that day, but he said he could book me in to the new Wilson where I could talk to someone about my anxiety, as well as learn how to manage my diabetes if I wanted to. The nurse told me my notes could be shared so that wouldn’t be a problem. I agreed, he called them and booked me in for a review straight away. I took the bus from the hospital which took about half an hour. I followed the signs to the Wilson Health & Wellbeing Campus which was easy to find.

When I got there it wasn’t like an other health centre I’ve ever been to. It was friendly and relaxed with people of all ages sitting in and around the café. I went to Reception and they said they had been expecting me when I said my name. I was still quite worried but a volunteer got me a cup of tea and we had a nice chat which made me feel better. She said she’d been helping a group of people to learn to use the internet. I said I’d probably have a go myself when I felt more confident.”

Before long, a nurse called Wes into a room just off the cafe and asked about his symptoms before doing some basic checks. Wes then saw a GP who had access to both his hospital and GP records and asked him why he had gone to the A&E earlier that day. The GP noted that there were up to date blood tests but no diabetic review and asked Wes if he would be interested in having that done today, as well as exploring the services at the Wilson to support him.

Wes spoke to the GP about his current lifestyle and how he felt about his drinking. He knew the time had come for him to take control of his health in order to be able to see his daughter and grandchildren. Wes also spoke about his fear of diabetes and its effects on his life. He agreed to have some tests done now and to being referred for a Group Consultation meeting to review his results. Wes went for the diabetes review which included having his eyes checked, and spoke to a Coordinator about Social Prescribing who explored what was important to him and the issues about his housing and worries about money.

The Coordinator explained the various Wellbeing services, including a teaching kitchen where Wes could learn how to cook some basic meals for himself and also helped Wes to make appointments with organisations to help him get advice on his housing and money worries. A week later, at the Group Consultation meeting, Wes was greeted by the same coordinator and met several other patients who had all agreed to sharing their results. He felt reassured by the opportunity to get to know the other patients and to plan some of the questions everyone wanted to ask.

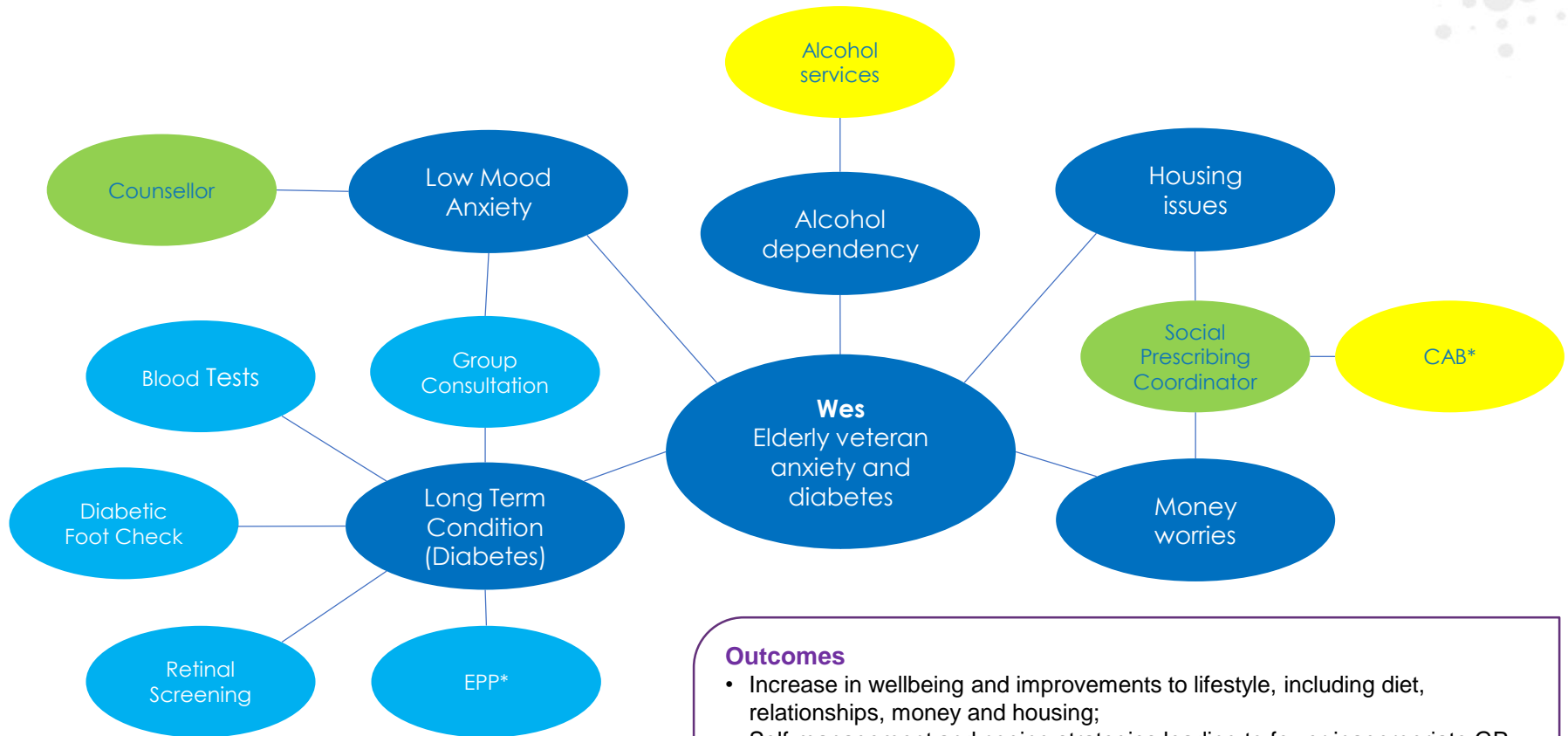
A consultant from the local hospital then came and talked about everyone's results before spending some time with each patient to think about an individualised plan. Wes found it helpful to hear the discussions and the ideas his colleagues came up with. By the time it was his turn, he had already started thinking about what he could do.

Wes was surprised that the discussion very much involved him: what he thought he needed and what he thought could help. He was asked what links he could see between his lifestyle and his condition. It was surprising for Wes to hear how concerned the consultant was about alcohol, diet and diabetes. Wes felt safe and supported enough to talk about his mood and some of the things that worried him, and this highlighted another reason for his alcohol use.

"I felt a lot clearer after the meeting. I now know when to go to the Emergency Department and when to see my GP. I learned about what I can do to help myself in between clinic visits and have got help to sort out my finances and housing issues. After a while I decided to access the alcohol support as well as the diabetes expert patient programme. I've met so many people and we all support each other – some are now good friends. I've enrolled for a course at the teaching kitchen and about 6 weeks ago I started talking with a counsellor about my anxiety which the counsellor felt was related to PTSD and my time in the army.

I would say I'm starting to feel more in control and am definitely coping better. I've been in touch with my daughter and told her all about what I'm doing. It was lovely to talk to her and I can't wait to see my grandkids when she's ready. I've told her I'll cook them all a meal – so no pressure!"

Wes - Proposed pathway at Wilson Campus



Outcomes

- Increase in wellbeing and improvements to lifestyle, including diet, relationships, money and housing;
- Self-management and coping strategies leading to fewer inappropriate GP appointments, A&E attendances and hospital admissions;
- Longer life expectancy and better management of long term condition with appropriate support and clinical supervision.

*CAB - *Citizen's Advice Bureau*

*EPP - *Expert Patient Programme*

"My mother in law is lovely but she is often unwell and I look after her personal care. We want her to stop smoking."

"Hi I'm Maria. I live with my husband and mother in law. I work as an admin assistant. I have back pain and it isn't getting better."

"I do all the housework even though both of us work full time. I am often in pain and get really tired."

"I have always had asthma but when I was given pain killers it got worse."

"I was in a minor car crash recently, it wasn't serious but I have had problems with my lower back ever since."

"I used to love going out with friends but my back pain often means I come home early and my friends have stopped asking me now."

"I worry constantly about money."

"I get pains in my wrist and shoulder at work. My boss said he'll get me a special chair but nothing has been done yet."



“I went to A+E after my accident. They did some X-rays but they didn’t show anything serious, they gave me pain killers but they made me feel awful and brought on my asthma. The pain didn’t go away and I started to get really irritable and exhausted. Then my husband was made redundant. It has been hard to cope on even less money and my back pain has got worse.”

I went to my GP – I wanted an MRI but she suggested some basic exercises and blood tests first to exclude arthritis. She also gave me the option of a physiotherapy review at the new Wilson Campus. I was a bit dubious at first – surely I should be going to hospital for all this, but she said that they could look after me at the Wilson which would save me time and be easier to get to. My husband drove me and dropped me at the temporary parking bay. He said he’d come and get me later so we could visit the leisure centre together.”

After arriving for her appointment, Maria had some blood tests done. She also saw a physiotherapist who checked her previous scans and arranged an ultrasound scan and joint injections for her shoulder. Maria also saw a pharmacist who advised her about medications. She was offered a course of physiotherapy.

Months later although Maria’s shoulder improved, she was getting worsening back pain and after a few regular physiotherapy sessions, she was referred to a pain clinic which included seeing a psychologist. Maria talked about her finances, having to look after her mother in law who was unwell with COPD and her worries about her husband’s recent redundancy which was making him depressed.

At home, Maria told her husband about her appointment. She told him there were people that could help them at the Wilson and made an appointment to speak to a Social Prescriber who arranged an appointment for them both with Information, Advice and Guidance regarding employment, money and debt.

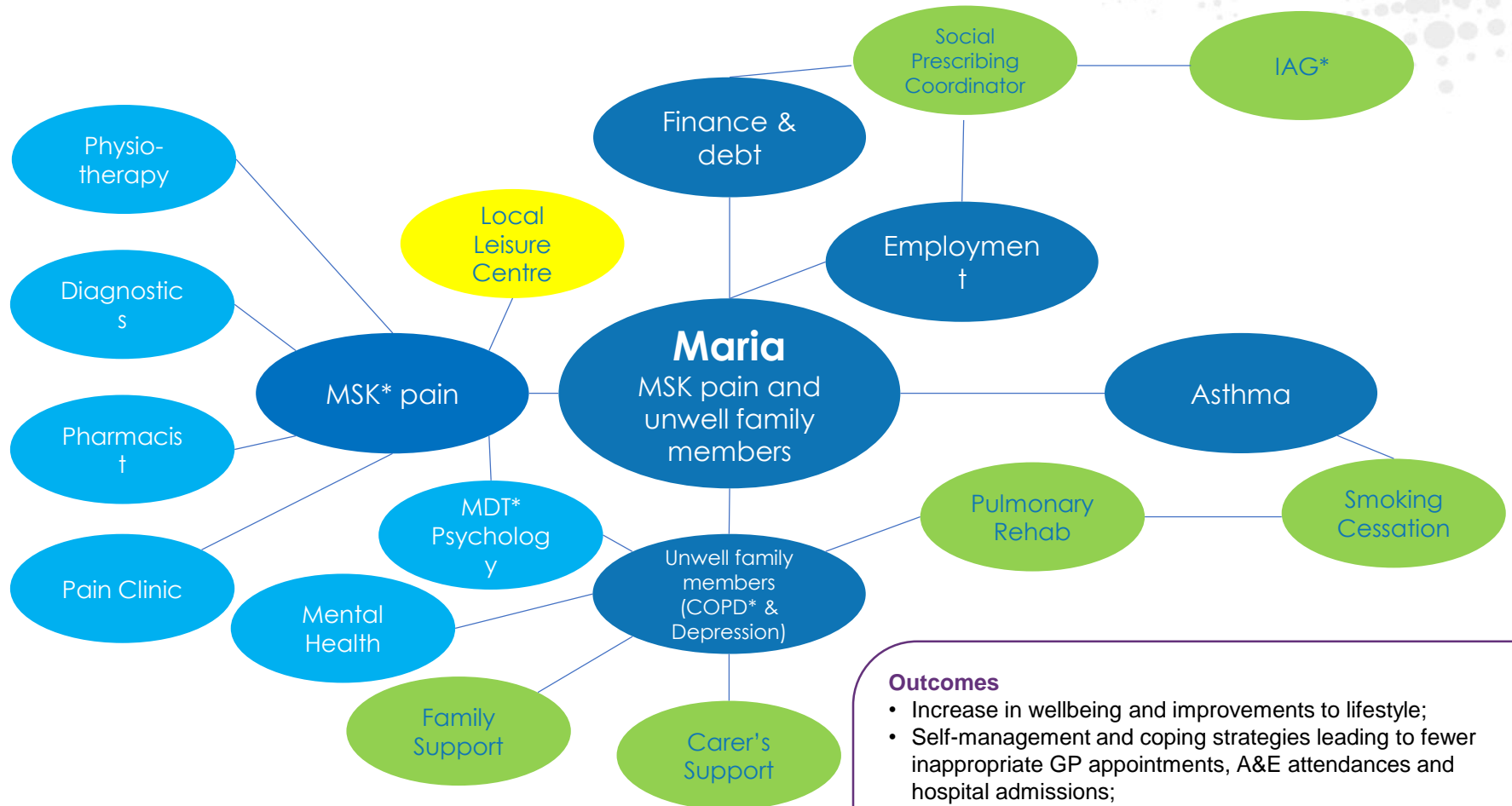
Maria and her husband received helpful support during their appointment. A multi-disciplinary team meeting was also arranged where Maria could bring her family. Maria went with her husband and found it very helpful as she didn't know how to address the strain of caring for his mother directly with him. A facilitator at the multi-disciplinary team meeting helped them both to identify their issues and explained the different teams and services available, including what they could access at the Wilson site and what they needed to go back to their own GP for.

They were pleased to learn about mental health support for her husband, carers support for herself and the respiratory services including pulmonary rehabilitation for her mother in law. Maria could bring her husband and his mother to future appointments also. Together, they made use of the garden spaces after each visit and all agreed to help the mother in law to reduce her smoking and increase their exercise at the nearby leisure centre too.

“It has been a while since we all started going to the Wilson. Facing up to issues around debt and caring for my mother in law have really helped our relationship. My mother in law has given up smoking now that she has support and goes to the Wilson for her pulmonary rehab and gets a dial-a-ride lift up the road to the leisure centre for a gentle keep fit class.”

My husband found another job and is helping out much more at home. My back pain is better as a result of taking time to care for myself and regular physio. I've even been out with the girls again!”

Maria - Proposed pathway at Wilson Campus



Outcomes

- Increase in wellbeing and improvements to lifestyle;
- Self-management and coping strategies leading to fewer inappropriate GP appointments, A&E attendances and hospital admissions;
- Longer life expectancy and improved mental health outcomes with appropriate support and clinical supervision.

*COPD – Chronic Obstructive Pulmonary Disease

*MDT – Multidisciplinary Team

*MSK – Musculoskeletal

*IAG – Information Advice & Guidance

"If I spoke better English I could say hello to the Mums from school, and maybe join one of their coffee mornings."

"My name is Marta. I live on my own with my two children. I am a part time cleaner on a zero hours contract. I was diagnosed with Type 2 diabetes."

"My family are far away and my husband has gone back to Poland for a bit to help his father out."

"Looking after children is hard on my own. My eldest is in trouble at school. They send me letters but I don't understand what they say so I ignore them."

"I have put on a lot of weight. I don't like the way I look now and try to hide under baggy tops and leggings."

"I love gardening but there is no outside space where I live now."

"I would like to look after elderly people like I did in Poland. I did their cooking and cleaning and kept their gardens nice."



“I went to see my GP who spoke to me through the interpreting service. She diagnosed me with Type 2 diabetes and prescribed Metformin but then she asked me if there was anything else because I was nearly in tears. I told her I was feeling unhappy - I had put on so much weight and was finding it hard to make friends because I didn't understand the language. The GP referred me for an appointment the following week at the Wilson Health & Wellbeing Campus.

It was lovely, with a landscaped entrance and right in the middle of the main building was a café. A man carrying an iPad came up to me and told me his name. He said he was a volunteer greeter and asked if he could help. I said I didn't speak English but told him my name. He found my appointment on his iPad which also translated a message to me in Polish. I was a bit early so he said I could wait in the café and leave my youngest son in the temporary play area if I wanted. He came to find me when it was time for my appointment.”

The GP had shared Marta's notes with a support coordinator and informed her that she spoke Polish so an interpreter service had been pre-arranged. The coordinator had also downloaded and printed a leaflet about self-managing diabetes in Polish and had a meeting with the diabetes specialist consultant at the Campus. One of the first questions the coordinator asked Marta when she came in for her consultation was what mattered to her most at the moment?

Marta thought for a moment and found herself sharing some of the things that were worrying her - her eldest child getting into trouble at school, letters from the school which she didn't understand, lack of knowledge about her newly diagnosed diabetes and fear about the implications of her condition, her weight gain and that she had been lonely and depressed since her husband had left to manage his father's business back in Poland for 3 months.

The coordinator listened carefully, he heard Marta say that back home in Poland she had looked after several elderly people in the community where she had lived, preparing their meals, looking after their homes and tending their gardens. The coordinator helped Marta prioritise and decide what she wanted to do. He advised her to take small steps and keep in touch with him so that he could see how she was progressing, and help to motivate her if needed.

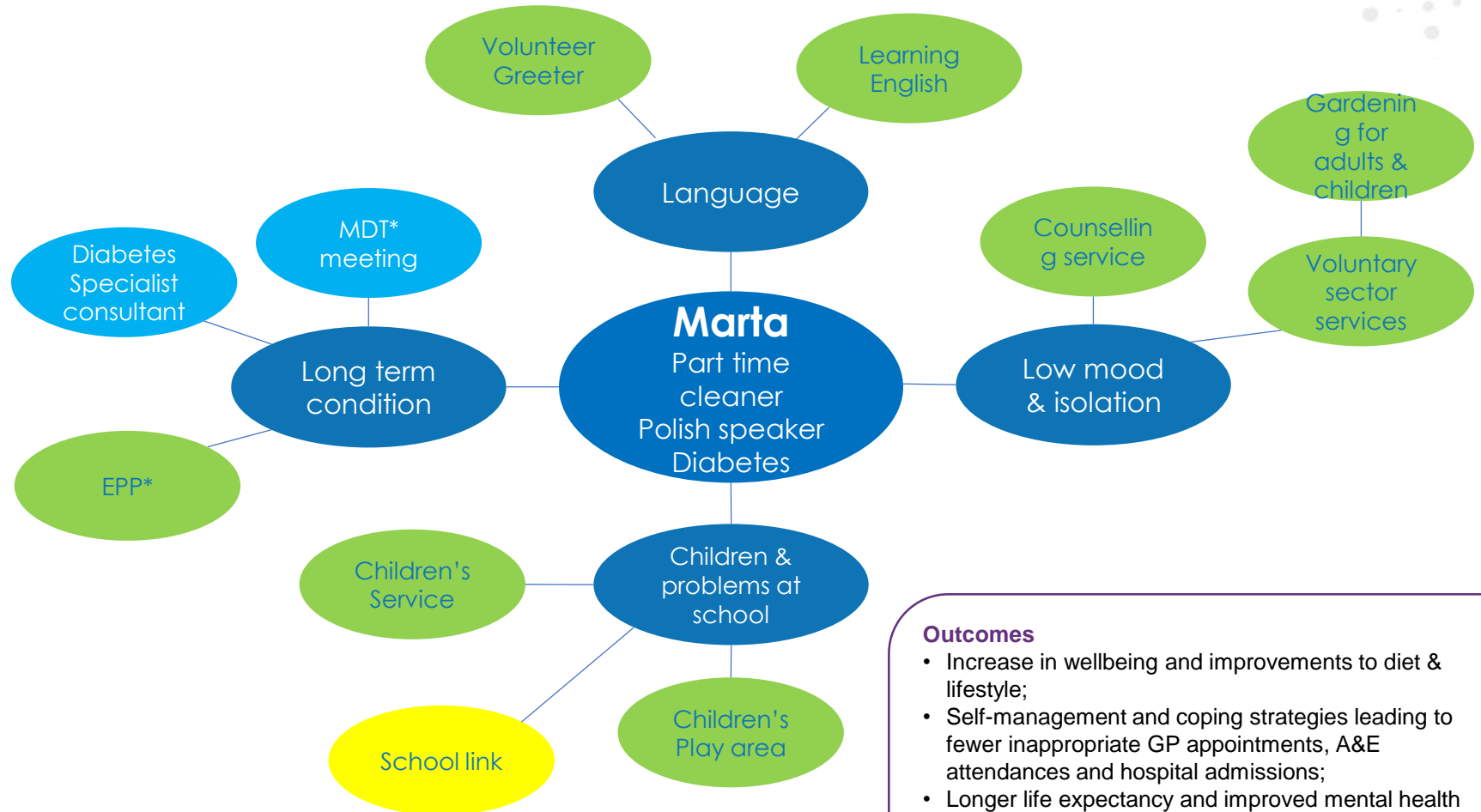
Between them they agreed a plan for Marta which focussed on understanding her diabetes and how to manage it by joining the Expert Patient Programme; learning English to help her communicate better and hopefully start to make friends and understand her diabetes and lose weight.

Marta agreed to come once a fortnight to help out with the community gardening project – children were welcome to join in too so that young and old could mix. This was very beneficial to the elderly people who often lived far from grandchildren, or who were lonely. The coordinator fed back a summary of Marta’s consultation to her GP and gave updates at MDT meetings.

“At the end of the meeting I felt like a sense of relief. I am looking forward to improving my English and can’t wait for the Expert Patient Programme to start. I know being with other people who are going through the same thing and trying to lose weight will help me so much.”

I have started volunteering at the gardening club. We are growing carrots and lettuce and the kids are so excited. The older people we met are lovely and they made such a fuss of the boys. One lady has invited us over for Sunday lunch. She has a big garden we can visit anytime – I can’t wait!”

Marta - Proposed pathway at Wilson Campus



Outcomes

- Increase in wellbeing and improvements to diet & lifestyle;
- Self-management and coping strategies leading to fewer inappropriate GP appointments, A&E attendances and hospital admissions;
- Longer life expectancy and improved mental health outcomes with appropriate support and clinical supervision.

*EPP – Expert Patient Programme

*MDT – Multidisciplinary Team

Next Steps

- We are getting on with key activities such as various surveys required on the site.
- Continued work is underway on the service design elements with all strategic partners to ensure they are ready when the Campus opens, including further activity modelling.
- Merton CCG is supporting Merton Voluntary Sector Council on the development of a social enterprise vehicle to coordinate and manage the Community Café and voluntary sector services at the Wilson.
- We continue to work closely and engage with local people to involve them in the service brief for how the campus will look and feel.
- A detailed paper on the service design elements will be presented to Merton Health & Wellbeing Board and Merton CCG Governing Body in January 2019.