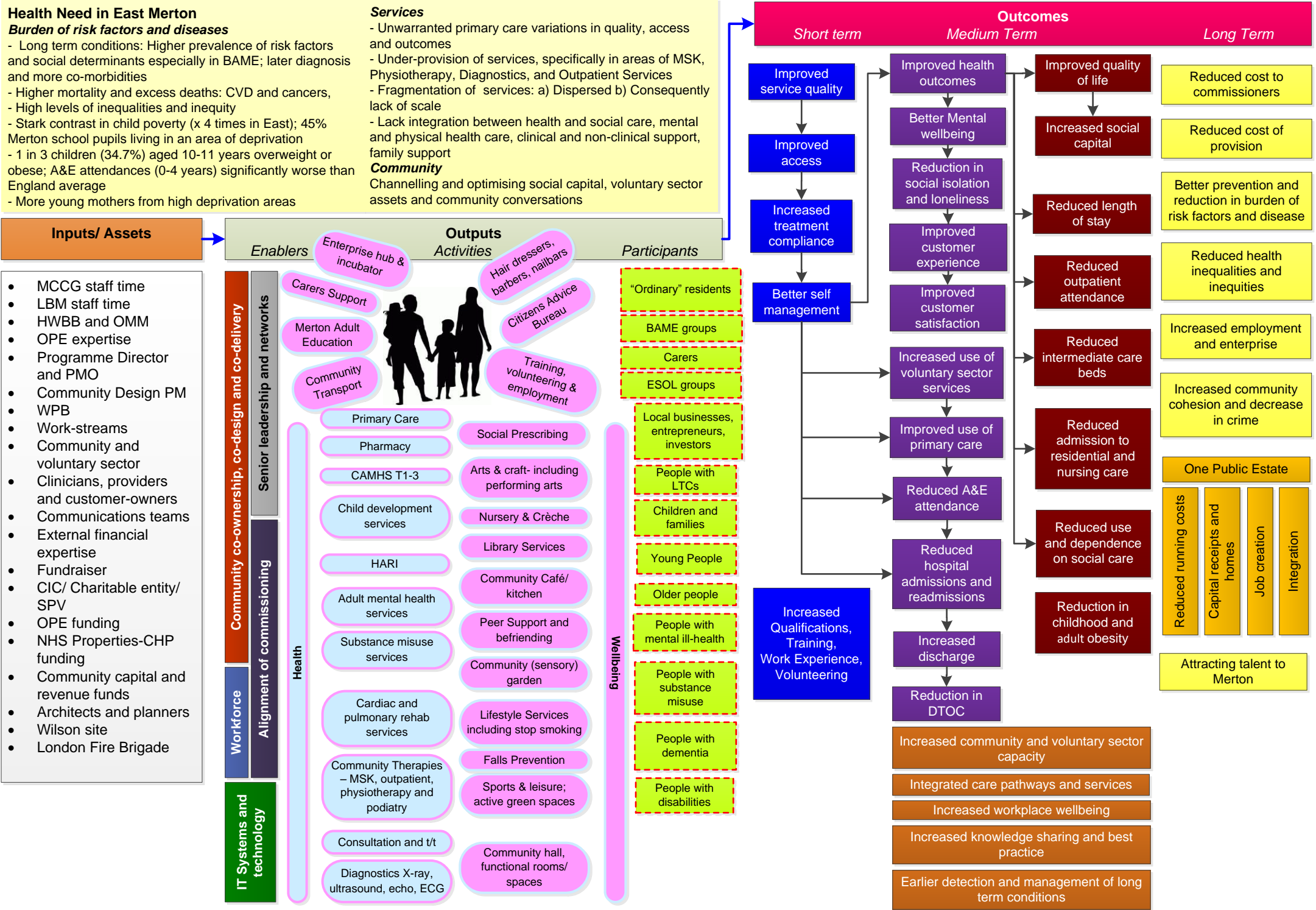


Program: Wilson Health and Wellbeing Campus (WHWC) Logic Model



- Assumptions**
- That there will be on-going political, senior leadership and community support for the project (given it is complex, challenging and long term)
 - That it will be possible to generate the capital funds required for the Community Campus, and a sustainable and viable business/ financial model is feasible for revenue generation
 - That the OPE feasibility study will present opportunities to optimise the utilisation of public sector assets to deliver a sustainable financial position but even more importantly, as a vehicle for integrating and transforming services to work together in innovative and more effective ways

Vision statement
 Our Vision is to work with the people of East Merton with the 'whole person' at the centre of, and active in, their own care; helping them to connect and come together to create a healthier, stronger and more resilient 'whole community' which will be empowered, educated in and fully engaged with the 'whole health and wellbeing system' locally.

SWOT analysis

- Strengths**
- Strong leadership and political support
 - Dedicated roles to take the work forward
 - Experienced programme management
 - Robust governance arrangements
 - Strong partnerships and networks
 - Vibrant and diverse voluntary sector
 - OPE funding and support
 - In-house expertise in defined areas (E&R, PH, CCG- clinical and commissioning)
 - Local policies and frameworks – Prevention framework, HiAP and STP
 - Social Prescribing pilot
 - Supportive community health service provider

- Opportunities**
- Better integration across care pathways and outcomes based commissioning
 - Pooled budgets and savings across the sector
 - Build community capacity and increase sustainability of services and facilities
 - New model of care that is a catalyst for wider transformation
 - Optimising One Public Estate, releasing revenue
 - Improving the local economy by creating business, employment, volunteering and training opportunities

- Weaknesses**
- Inadequate expertise in fundraising and financial processes/ models for the community design
 - Limited staff available and stretched capacities
 - Communications plan and comms capacity
 - Voluntary sector and community not set-up for co-ownership and funding vehicle and this capacity needs to be developed

- Threats**
- Planning application failure or delays
 - Delays in the programme might make it no longer feasible
 - Failure to find capital and revenue streams for the community design
 - Political and public support lost, especially if public communications and engagement are not effective
 - Decant of clinical services to suitable locations
 - Void spaces
 - Access to the site not easy

- Corporate Goals**
- Co-ownership
 - Commitment to quality
 - Health AND wellbeing
 - Better care closer to home

- Operational principles**
- Social model of health and wellbeing
 - Relationships and co-production
 - Community control
 - Integration across care pathways
 - Alignment of commissioning plans and strategies
 - Signs of safety model in child protection
 - Maximizing impact within resources
 - Mutuality
 - Adaptive and flexible
 - Improving access
 - Form follows function

- Strategic Alignments**
- Merton Health and Wellbeing strategy
 - Better Care Fund
 - MCCG vision and strategy
 - Merton Prevention Framework
 - Merton Voluntary Sector Strategy
 - Merton State of the sector report
 - SW London Sustainability and Transformation Plan
 - NHS Five Year Forward View
 - National Childhood Obesity Plan for Action
 - No Health Without Mental Health

- Core concepts/ values**
- Customer-owner
 - Whole person, whole community, whole health and wellbeing system
 - Think family
 - Children's and Young People's voice
 - Learn and grow
 - Understand
 - Engage and Listen
 - Embrace diversity
 - Share
 - Stories and history are important
 - Dignity, honour and respect
 - Inclusive and non-judgemental
 - Art of the impossible