Agenda

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Date	**Wednesday 25th November 2020**
Time	**7.00 p.m.**
Venue	**This Meeting will be held remotely via ZOOM and broadcasted on Newham YouTube**

Contact: via Roger Raymond
Senior Scrutiny Policy Officer

Due to issues around the Coronavirus (COVID 19), in order to meet with social distancing guidance issued by the Government and Public Health England, this meeting will be conducted via teleconferencing arrangements.
Due to the above we are advising Members of the Public to watch via Newham YouTube using the following link:

https://www.youtube.com/LBNewham

If you have an accessibility requirement which we need to consider due to a health issue or disability e.g. Sign Interpreter for meeting. Please contact the clerk immediately.

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

MEMBERSHIP:	
Councillor Winston Vaughan (Chair)	London Borough of Newham
Councillor Ben Hayhurst (Deputy Chair)	London Borough of Hackney
Councillor Gabriela Salva-Macallan (Deputy Chair)	London Borough of Tower Hamlets
Common Councilman Michael Hudson	City of London Corporation
Common Councilman Christopher Boden	Substitute Member - City of London Corporation
Councillor Patrick Spence	London Borough of Hackney
Councillor Peter Snell	London Borough of Hackney
Councillor Anthony McAlmont	London Borough of Newham
Councillor Ayesha Chowdhury	London Borough of Newham
Councillor Shad Chowdhury	London Borough of Tower Hamlets
Vacant	London Borough of Tower Hamlets
Councillor Nick Halebi	London Borough of Waltham Forest
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Umar Ali	London Borough of Waltham Forest

OBSERVER:	
Councillor Neil Zammett	London Borough of Redbridge

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

Agenda

1. **Welcome, Introductions and Apologies**

2. **Declarations of Interest**

3. **Minutes of the Meeting Held on 24 June 2020 (Pages 5 - 14)**

   The Committee is asked to agree the accuracy of the minutes of the meeting held on 24 June 2020.

4. **Notes of the Last Meeting**

   Notes of the last meeting held on 30 September 2020.

   - To follow

5. **Submitted Questions (Pages 15 - 18)**

   INEL JHOSC is asked to note and respond to questions submitted by the public.

6. **Covid-19 update (Winter Preparedness) for INEL JOSC**

   INEL JHOSC is asked to note, comment and discuss the Covid-19 Update.

   - To follow

7. **Whipps Cross Redevelopment Update (Pages 19 - 64)**

   INEL JHOSC is asked to note, comment and discuss the Whipps Cross Redevelopment Update.

8. **INEL JHOSC Work Programme (Pages 65 - 70)**

   INEL JHSOC is asked to comment, discuss and approve items on the work programme.

9. **Date of the Next Meeting**

   INEL JHOSC meeting – the next meeting will be held on 10 February 2021.

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 24th June 2020
Zoom Virtual Meeting

Present:

Councillor Winston Vaughan (Chair, London Borough of Newham)

Councillor Ben Hayhurst (Vice-Chair, London Borough of Hackney)
Councillor Gabriela Salva-Macallan (Vice-Chair, London Borough of Tower Hamlets)

City of London Corporation:
Common Councilman Michael Hudson

London Borough of Newham:
Councillors Ayesha Chowdhury and Anthony McAlmont

London Borough of Hackney:
Councillors Peter Snell and Patrick Spence

London Borough Tower Hamlets:
Councillors Kahar Chowdhury and Shad Chowdhury

London Borough of Waltham Forest:
Councillor Richard Sweden

In Attendance:

Councillor Neil Zammett Chair, Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), London Borough of Redbridge
Jane Milligan, Accountable Officer, North East London Commissioning Alliance and Senior Responsible Officer, East London Health and Care Partnership (ELHCP)
Marie Gabriel, Independent Chair, North East London Integrated Care System
Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs
Dr Sam Everington, Chair of Tower Hamlets CCG
Dr Muhammad Naqvi, Chair of Newham CCG
Dr Ken Aswani, Chair of Waltham Forest CCG
David Maher, Managing Director, City and Hackney CCG
Alwen Williams, Chief Executive Officer, Barts Health NHS Trust
Tracey Fletcher, Chief Executive, Homerton Hospital NHS Foundation Trust
Paul Calaminus. Chief Operating Officer and Deputy Chief

Executive at East London Foundation Trust
Marie Price, Director of Corporate Affairs, NELCA
Zoe Anderson, Communications, ELCHP
Jarlath O'Connell, Scrutiny Officer, London Borough of Hackney
Jilly Szymanski, Scrutiny Co-ordinator, London Borough of Redbridge
Roger Raymond, Senior Scrutiny Policy Officer

Apologies: London Borough of Waltham Forest:
Councillor Umar Ali

1. WELCOME AND INTRODUCTIONS

1.1 The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

3.1 The accuracy of the minutes of the meeting held 27th January 2020 were considered.

3.2 The accuracy of the minutes of the meeting held 11th February 2020 were considered.

RESOLVED:

That the minutes of meetings held on 27th January 2020 and 11th February 2020 were agreed as a correct record.

4. SUBMITTED QUESTIONS

4.1 The question submitted by Frances Cornford on behalf of NELSON is contained in Appendix A.

4.2 The answer for this question is contained in Appendix A.

4.3 The question submitted by Rosamund Mykura, on behalf of NELSON is contained in Appendix A.

4.4 The answer for this question is contained in Appendix A.

4.5 The question submitted by Carol Saunders on behalf of Tower Hamlets Keep Our NHS Public is contained in Appendix A.

4.6 The answer for this question is contained in Appendix A.

4.7 Committee Members asked supplementary questions, related to overseas charging at Barts Health NHS Trust, the payment of outstanding fees and contacting the Home Office in terms of eligibility for free NHS treatment. There was also a question on whether there was a possibility that fees for overseas patients were deterring patients from receiving treatment from the NHS. Alwen Williams, Chief Executive Officer, Barts Health NHS Trust responded and agreed to provide responses to these questions in the briefing for the 30 September 2020 meeting.

It was RESOLVED that the Committee:

i. Noted the questions; and
ii. Agreed that written responses would be provided to Frances Cornford, Rosamund Mykura and Carol Saunders.

5. NHS INEL RESPONSE TO THE CORONAVIRUS PANDEMIC

5.1 The Chair thanked Jane Milligan, Senior Responsible Officer, East London Health and Care Partnership (ELHCP) for attending the meeting and looked forward to hear from her. The Chair noted that there were a number of senior NHS officials and officers attending the meeting to support Jane Milligan. The Chair invited Jane Milligan, to make some brief introductory remarks on the NHS response to the Coronavirus Pandemic.

5.2 Jane Milligan told the Committee that a background paper had been produced by NHS partners that gave the Committee a comprehensive overview of the north east London NHS response to the Coronavirus Pandemic. Jane Milligan said that the Coronavirus Pandemic has had a disproportional effect on communities in East London. She praised how all the elements of the heath service and social care system had come together so quickly to respond to the emergency. Partners across north east London had worked together to respond to the pandemic initially dealing with the peak and as coronavirus patients as the numbers increased in the community. The second phase has been to focus on a safe recovery plan, which will continue for a considerable period. The third stage will involve retuning to some form of normality in service provision in line with new infection control procedures – while planning for possible local outbreaks, or a second wave.

5.3 Jane Milligan commended the integrated way that the health and social care system had delivered services in the Coronavirus Pandemic. She informed the Committee that services had been clinically-led and supported by strong teams. The North East London area had been able to take advantage of strong relationships had already been developed at council and neighbourhood-level.

All sectors within the health service and social care system had put at a premium the need to support their staff during this period.

5.4 Jane Milligan told the Committee that the next stage of the system wide recovery would involve bringing together the qualitative and quantitative data that had been gathered while managing the first phrase of the Coronavirus Pandemic. She also told the Committee that key areas of recovery phrase for North East London had been:

- Primary Care
- Community-based Services
- Social Care and Care Homes
- Mental Health
- Elective Care
- Critical Care
- Urgent Care
- Health Inequalities

5.5 Alwen Williams gave an introduction for the Committee in respect of acute care. She expressed her condolences to all of those had been effected by coronavirus. There is a deep understanding of this within the health service and social care system, with many members of staff acquiring coronavirus and some who have sadly passed away. Many members of staff had also been redeployed to other areas to support the NHS response, showing their versatility in a crisis and acknowledging that staff had been able to perform to a very high standard under the challenging circumstances brought on by the Coronavirus Pandemic.

5.6 Alwen Williams told the Committee that there was concern at the beginning of the Coronavirus Pandemic, as reports began to come in from other European countries about the strain the Coronavirus Pandemic had put on their health services. Another early concern was the need to implement visitor restrictions due to the infection control measures needed. During this time, hospital staff supported communication with family and friends using electronic devices such as IPads and smart phones and phone updates.

5.7 Alwen Williams told the Committee that the peak of the Coronavirus Pandemic had now passed, and hospitals could begin to perform more elective care and surgery, in a safe and phased way and with the appropriate infection control measures. Some of the challenges for Barts Health NHS Trust going forward involved planning for Coronavirus patients as well as caring for other patients. Barts Health NHS Trust and other hospital trusts also needed to plan for the potential of a Second Wave of the Coronavirus Pandemic.

5.8 Tracey Fletcher, Chief Executive, Homerton Hospital NHS Foundation Trust told the Committee that she concurred with the remark from Alwen Williams. She informed the Committee that all those within the City and Hackney system has

worked closely. There had been excellent collaborative working across North East London area. One of the priorities for the Homerton Hospital NHS Foundation Trust to ensure that all patients were safe and could attend their appointments at the more appropriate place. One of the challenges going forward would be to build on the partnership working that had been established in the Coronavirus Pandemic and ensure it was maintained beyond the current emergency situation.

5.9 Paul Calaminus. Chief Operating Officer and Deputy Chief Executive, East London Foundation Trust told the Committee that their patients had helped to develop new services during the Coronavirus Pandemic. For example, there was now a 24-hours walk-in service and a new phone-line services for mental health patients in crisis.

5.10 Responding to Committee Members' questions regarding the patients visitors policy, Alwen Williams told the Committee that as Coronavirus patients began to escalate, the national NHS policy was one visitor per patient, which was then modified in response to the coronavirus to no visitors, to control the spread in hospital. Hospital Trusts understood the upset that this caused to patients, families and friends. Staff worked to keep channels of contact between patients, families and friends in different circumstances for example with I-pads.

5.11 Responding to Committee Members' questions on the Nightingale Hospital in Newham and whether it could have catered for all Coronavirus Patients, Alwen Williams told the Committee that the planning for the Nightingale Hospital began in earnest as the Lockdown was brought in across the UK on 23 March 2020. Once the Nightingale Hospital was operational on 7 April 2020, London had begun to hit the peak of the Coronavirus Pandemic, so it would not have been possible for all patients to be treated here. All hospitals adapted quickly to ensure they could care for patients. Sam Everington of Tower Hamlets CCG also told the Committee that the Nightingale was in place to treat about 20% of Coronavirus patient with particular respiratory issues, so would not have been suitable for all Coronavirus patients.

5.12 Responding to Committee Members' questions about Care Homes, Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs told the Committee that North East London Commissioning Alliance had provided testing for all staff because that they recognised that this might be a challenging area. This was put in place before National Testing system. Once the national system was brought in, North East London Commissioning Alliance supported staff in accessing the drive-in sites. They were also looking to offer antibody testing to all social care and care home staff, including those employed by third sector agencies. In term of care and isolation techniques, webinars were held weekly with social care and care homes staff with over 100 members now taking part. The North East London Commissioning Alliance also piloted a system of testing all patients and staff in a care home in Newham.

5.13 Responding to Committee Members' questions on attending GPs surgeries, Dr Muhammad Naqvi, Chair of Newham CCG told the Committee that there was a rapid transformation of GP services to ensure that GPs could continue to treat patients. The messaging relayed by GPs to the public was that GPs surgeries were open, but where possible, GPs would deliver services and appointments remotely. He also wanted to give a big thank you to all the local groups, for example schools and companies that had provided PPE to NHS staff. Muhammad Naqvi noted the loss of GP Dr Yusuf Patel who sadly passed away due to Coronavirus, and who was a partner at his GP surgery. He wanted to continue Dr. Patel's work to tackle health inequalities in North East London. Dr Ken Aswani Chair of Waltham Forest CCG also told the Committee that multi-disciplinary work by staff had increased in the Coronavirus Pandemic and would be an important asset in the future. He also noted that all care homes had a clinical lead that could do remote walkarounds and there a close relationships with GPs and 111 where necessary.

5.14 Responding to Committee Members' questions, Jane Milligan told the Committee that North East London Commissioning Alliance was the description of the relationship that brought all the CCGs together. The ELHCP brings together CCGs, NHS bodies and local authorities together. Responding to Committee Members' questions around testing, tracking and contact tracing, Sam Everington told the Committee that clinical colleagues were working with public health colleagues at council level to get to a place that GPs could provide testing for coronavirus and antibody testing. To help with testing – beyond coronavirus – all GP surgeries would have facilities to perform phlebotomy testing. Selina Douglas told the Committee that testing was available for all social care and care homes staff with symptoms. North East London Commissioning Alliance was waiting for advice on testing for asymptomatic staff. Committee Members hoped to move to position that testing would taken place every one-2 weeks for asymptomatic staff.

5.15 Responding to Committee Members' questions on BAME disparity of outcomes in terms of coronavirus, Sam Everington told the Committee that all staff had been re-assessed for risk in terms of coronavirus. When national advice was issued to NHS bodies, it focused on ethnicity, but it was wider than this. More research needed to be done to assess suspected risk factors such as diabetes, obesity, hypertension and Vitamin D. North East London Commissioning Alliance was in the possess of compiling a comprehensive real-time data set across North East London to aid their ability to pinpoint possible outbreaks of coronavirus which they could apply alongside nationally-compiled data. North East London Commissioning Alliance was planning to maximise the use of vaccinations for flu because the combination of coronavirus and flu in winter could be problematic. Jane Milligan said that it was possible to share the data compiled my North East London Commissioning Alliance with local authorities.

Suspension of Rule 9 of Part 4.1 of the Council's Constitution

To suspend rule 9 (Duration of meeting) of Part 4.1 of the Council's Constitution in order to extend the meeting for up to half an hour beyond 9.00p.m.

5.16 Responding to Committee Members' questions on the death of Dr. Abdul Mabud Chowdhury who wrote to the Prime Minister regarding PPE, Tracey Fletcher told the Committee that it was believed that Dr. Chowdhury's correspondence about PPE supplies was not referring specifically to the Homerton Hospital, which did not run out of PPE equipment. Responding to Committee Members' questions on acute bed and NHS funding, Tracey Fletcher told the Committee there were pressures regarding nurse ratios on hospital wards for example, but there was less pressure on the amount of beds in the Homerton Hospital. In general, hospitals try to lessen the amount of time patients spend in hospital beds as it's quite detrimental for elderly patients. Sam Everington told the Committee that the NHS was trying to as much as work it could in a manner that lessened the amount of time patients spent in hospital.

5.17 Responding to Committee Members' question regarding the new critical care unit at the Royal London Hospital, Alwen Williams told the Committee that the new unit, which opened on 11 May 2020, had increased critical capacity across North East London and has 176 beds. Thankfully, the unit was now receiving less patients as the country moved further away from the peak of the Coronavirus Pandemic. However, the facility will remain in place in case it is needed in the future. Responding to Committee Members' questions on possible pressures on local authorities' Adult Social Care Departments, Jane Milligan told the Committee that there was a close working relationship local authorities and their NHS partners and hoped this could flag up early any possible pressure points in terms of local authorities' service delivery.

5.18 Dr Muhammad Naqvi responded to questions regarding Newham's death in respect of Coronavirus. He told the Committee that ELHCP/North East London Commissioning Alliance had set up a workstream to address health inequalities and facilitate research. Marie Gabriel, Chair, North East London Commissioning Alliance agreed to provide a briefing to the Committee on the work being carried out in terms of health equalities. The Committee noted that the disparity of outcome for those of the Jewish Faith regarding coronavirus.

The Committee RESOLVED to:

a) Note the update; and

b) Write to the Accountable Officer, ELHCP with the amendments they had proposed to the Long Term Plan.

The Chairmen thanked those present for their attendance and

contributions to the discussion

6. CORONAVIRUS PANDEMIC SCRUTINY IN THE LOCAL BOROUGHS

6.1 The Chair informed the Committee that that Scrutiny Officers from the 6 boroughs had provided some background information on the local scrutiny approaches to the Coronavirus Pandemic. He also informed that Committee that there was a background paper from Councillor Neil Zammett (Redbridge) in the Supplementary Agenda that was presented to Redbridge's Health Scrutiny Committee this month. This also looks to address some issues that have arisen due to the Coronavirus Pandemic regarding scrutiny and oversight.

6.2 The Chair noted that the Scrutiny Officers would continue to keep the Committee updated on the scrutiny approaches being taken in their boroughs regarding the Coronavirus Pandemic.

The Committee RESOLVED to:

Note the report.

7. WORK PLAN

7.1 The Committee discussed the Work plan and suggested amendments

7.2 The Committee agreed the following items for its September meeting:

- ELHCP - AO update;
- Invite the Directors of Public Health for City&Hackney, Tower Hamlets, Newham and Waltham Forest;
- Overseas Patients and charging - Barts Health NHS Trust / Homerton University Hospital NHS Trust.

7.3. The Committee also discussed the rotation of the lead local authority in 2021-22. Councillor Hayhurst told the Committee that Hackney would be willing to become the next lead local authority, however there need to be more discussion about how the other boroughs would provide support their scrutiny officers in carrying out this important function.

7.4 There was also a discussion around whether if the Committee wanted to consider an similar arrangement to the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), which has a permanent lead local authority.

The Committee RESOLVED that the INEL JHOSC agree the amended Work plan.

8. DATE OF NEXT MEETING

It was noted that the next scheduled meeting of the Committee was 30 September 2020.

Chair: ……..

Date: ……

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INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**SUBMITTED QUESTIONS**
Date of Meeting	Wednesday 25 November 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

INEL JHOSC is asked:

- to note
- to respond to questions submitted by the public.

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

Question to Inner North East London Joint Health Overview Scrutiny Committee 25/11/20

Subject: **Whipps Cross Hospital Redevelopment**

Question: Given the risks to residents across North East London if the new hospital were to have insufficient capacity, will this Joint Scrutiny Committee do all in its powers to question and challenge the proposals being made by Barts Trust?

Background Information to the Question:

- Pre Covid, Whipps was running at 98/99% bed occupancy, sometimes with no free beds. NICE guidance states that once bed occupancy goes above 90%, infections, re-admissions and increased mortality are likely. Whipps is a severely overstretched hospital.
- Barts Trust are proposing 51 fewer beds in the redeveloped hospital than we have at present, and 109 fewer than needed, if there's no improvement to community services.
- Their proposal is based on a report – Waltham Forest Integrated Care Strategy 2019 - developed in three months by Carnall Farrar. The report makes claims for costs and savings of new models of community care with no data about existing community health services. It compares Waltham Forest with Rightcare peers in projecting improvements to keep people out of hospital, yet these peers have a higher median per capita spend on health than Waltham Forest.
- Barts proposes that the new hospital could be a centre of excellence for the care of older people across much of NE London – with fewer beds.
- Barts & WEL cite evidence that improvements can reduce average length of stays in hospital for older people by 2.2 days. But what they cite is research on the benefits of thorough pre-operative assessments when over 65s have elective vascular surgery. Evidence specific to only one example of clinical treatment and care; it is not reasonable or safe to generalise these results to other treatments or conditions.
- Research of the Vanguard pilots published in June 2020 concluded: "integrated care policies should not be relied on to make large reductions in hospital activity in the short-run." It found no significant reduction in bed days.
- Last year the head of NHS England , Sir Simon Stevens, said bed closures had gone too far and that many areas will need more beds, despite plans to expand community services.
- The lack of hospice care (with all the services that provides) in the new hospital risks that terminally ill patients with distressing symptoms may end up dying at home without adequate specialist support.

Norma Dudley

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INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**Whipps Cross Redevelopment Programme**
Date of Meeting	Wednesday 25 November 2020
Lead Officers	• Alastair Finney (Whipps Cross Redevelopment Director) • Heather Noble (Medical Director, Whipps Cross)
Report Author	
Witnesses	• Alastair Finney (Whipps Cross Redevelopment Director) • Heather Noble (Medical Director, Whipps Cross)
Report	Report and Appendices
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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Inner North East London Joint Health Overview and Scrutiny Committee:
25 November 2020

Whipps Cross Redevelopment Update

Introduction

1. At the Inner North East London Joint Health Overview and Scrutiny Committee on 25th November, Alastair Finney (Whipps Cross Redevelopment Director) and Heather Noble (Medical Director, Whipps Cross) will present an update on the Whipps Cross Redevelopment. The paper they will present is the slide deck attached below at **Annex A**. This brief cover note provides the background context for the agenda item.

Background

2. The vision for the redevelopment has been developed with – and is shared by – both health system and local government partners and endorsed by Government. It envisages a brand new hospital delivering the same core services as today, including A and E and Maternity. Developing the wider site would see a new hospital within a redeveloped site setting alongside new homes and other facilities, benefiting the community and promoting wider economic regeneration.

3. The redevelopment of Whipps Cross is a Government priority, having been announced as part of the first wave of the Government's Health Infrastructure Plan, in September 2019.

The latest position

4. A set of initial assumptions for the size and shape of a new Whipps Cross Hospital and wider site masterplan was developed by Barts Health NHS Trust during 2019/20 working closely with health and social partners, patients and the public. This culminated in the submission of a Strategic Outline Case (SOC) to the Department of Health and Social Care earlier this year. A summary of the SOC was published in September 2020. This is attached at **Annex B**.

5. In September the Department of Health and Social Care (DHSC) endorsed the SOC and provided confirmation of formal progression to the Outline Business Case (OBC) stage, including agreement to fund the costs of taking forward the OBC programme over 2020/21.

6. The programme team, supported by key external advisors, including healthcare planners and an Architect Led Design Team – Ryder Architecture – are developing the plans to the next level of detail across key programme workstreams of: health and care services, hospital design and site masterplanning.

7. The Whipps Cross health and care services strategy was originally completed in 2019 and clinicians have recently reviewed it to consider some of the longer-term implications for Whipps Cross of the hospital's and wider health and care system's response to the Coronavirus pandemic. This work confirmed that the overall vision for the future health and care services for Whipps Cross remains valid, but we will need to adapt some of the detail in the strategy to implement it, for example the need to make further changes to the "front door" model of the new hospital to account for the expectation that more people will access services by being referred from GPs or NHS 111, rather than as 'walk ins'. This was set out in the recent summary document, *Health and Care in a new Whipps Cross Hospital*, published in October 2020 and attached as **Annex C.**

8. The programme team, supported by key advisors such as Ryder Architecture, has been stepping up its engagement with patients and the public through for example a series of focus groups on key topics and three virtual public meetings which have been held in Waltham Forest, Redbridge and Epping Forest District respectively over October and November. These had around 180 members of the public joining to hear more about the emerging plans, to ask questions and provide comments. Further engagement is planned throughout the next few months to help inform and shape the plans as they develop.

Next Steps

9. It is anticipated that the OBC for the Whipps Cross redevelopment will be submitted to the Government in the first part of 2021 and, subject to approvals and planning permission, construction could begin on a new hospital in the autumn of 2022, taking approximately four years to build, meaning a new hospital in 2026.

NHS
Barts Health
NHS Trust

Building a Brighter Future for Whipps Cross

Inner North East London Joint Health Overview and Scrutiny Committee

25 November 2020

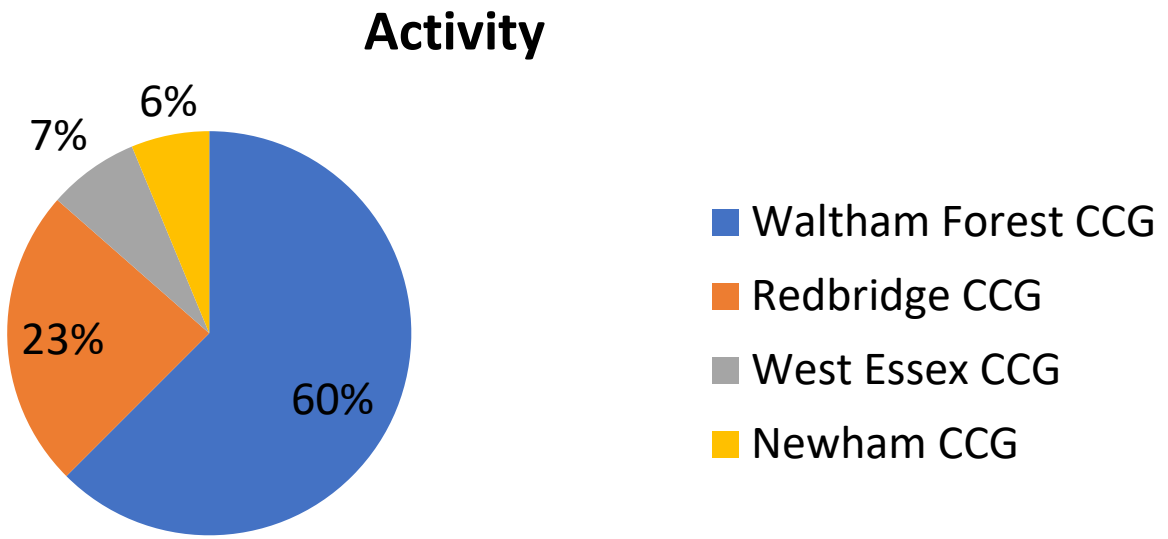
Alastair Finney
Redevelopment Director
Whipps Cross Hospital

Dr Heather Noble
Medical Director
Whipps Cross Hospital

Overview of Whipps Cross

Whipps Cross in numbers:

- Over 200,000 patients each year.
- More than 1,600 patients every day.
- Over 150,000 A&E and urgent care attendances each year.
- Just short of 5,000 births.
- Over 42,000 admissions.
- Around 400,000 outpatient appointments each year.



A compelling case for change and vision

A compelling case for change to improve care for patients and the experience of staff

- Over 40% of the estate pre-dates the NHS and 80% of the estate is rated as significant risk or high risk, representing a £170m backlog maintenance position, equating to over £380m in real costs, including functional suitability risk and inflation.
- The condition of the estate leads to increased safety risks for patients, negatively impacts on privacy, dignity and infection control as well as on patient and staff experience of the hospital environment.
- The current estate constrains the ability to implement proposed new models of care envisaged in the Whipps Cross Health and Care Services Strategy.
- Services are sprawled out over the site meaning poor clinical adjacencies, with staff and patients having to travel further between services that should be close to each other.
- A new hospital will transform the experience for staff, helping to attract and retain a workforce.

A compelling case for change and vision

Vision for a new Whipps Cross Hospital on a redeveloped site

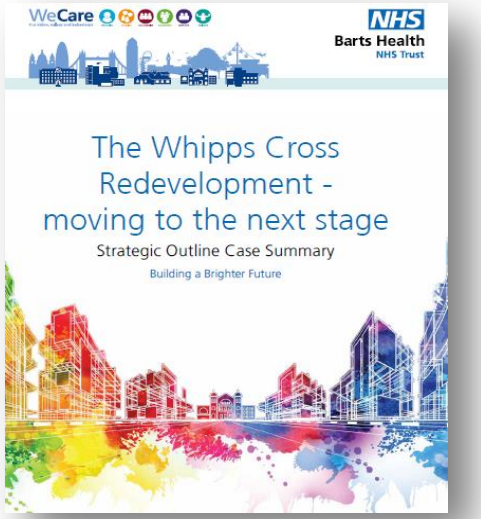
- The vision for the redevelopment of Whipps Cross has been developed with – and is shared by – both health system and local government partners and endorsed by Government as one of the six trusts to be named in phase 1 of the national Health Infrastructure Plan (HIP).

- It envisages a brand new hospital delivering the same core services as today, including A&E and maternity, to serve a growing population. It will also allow the opportunity to deliver new integrated care models in line with the NHS long-term plan, including the potential to establish Whipps Cross as a centre of expertise for the care of frail and older patients.

- Developing the near-18 hectare Whipps Cross site would see a new hospital within a redeveloped site setting alongside new homes and other facilities – including the opportunity for the co-location of other health and care services – benefiting the community and promoting wider economic regeneration.

A programme with real momentum…

- A Government priority as part of the Health Infrastructure Plan.



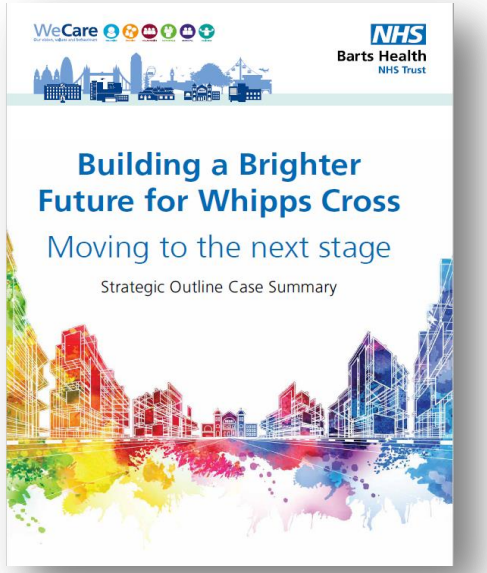
- A shared vision with partners following engagement with our communities that has been endorsed by the Government.

- Detailed work now under way, backed by Government funding, to develop the plans to the next stage working with partners, advisers, patients and the public.

Strategic Outline Case – Core assumptions

The Strategic Outline Case (SOC) was submitted to Department of Health and Social Care (DHSC) earlier this year.

A summary of this was published in September 2020, setting out the core assumptions in key areas (see opposite)



Healthcare Services:

- Whipps Cross will deliver the same core services as today, including A&E, Maternity, children's services and a range of surgery.
- More same day emergency care; doubling of diagnostic capacity; increase in theatre capacity.
- More day case operations and more 'virtual' outpatients appointments.

Hospital Design and Development:

- From the current 91,000m^2 to 77,000m^2
- An increase in the proportion of clinical space from 50% today to around 70% in a new hospital with better clinical adjacencies.
- 17% single rooms to at least 50% single rooms.
- A new hospital will be designed to ensure flexibility and adaptability to be able to increase capacity if needed.

Masterplanning:

- Preferred way forward is to build a brand new hospital on the site of former nurses' accommodation.
- Significant land to be released for redevelopment, including 1,500 new homes and the opportunity for other health and care services and community facilities.

Summary of the latest programme developments / next steps

- **The Department of Health and Social Care (DHCS) has confirmed we can progress to the Outline Business Case (OBC)** stage and are providing significant funding for us to develop our plans further.

- **Health and Care Services Strategy** – has been reviewed by clinicians in the light of the potential impact of Covid, which has reinforced the direction of travel we set out and our confidence about delivery of the strategy (eg. more 'virtual' outpatients appointments). Healthcare Planners are developing this into a Clinical Brief for the hospital.

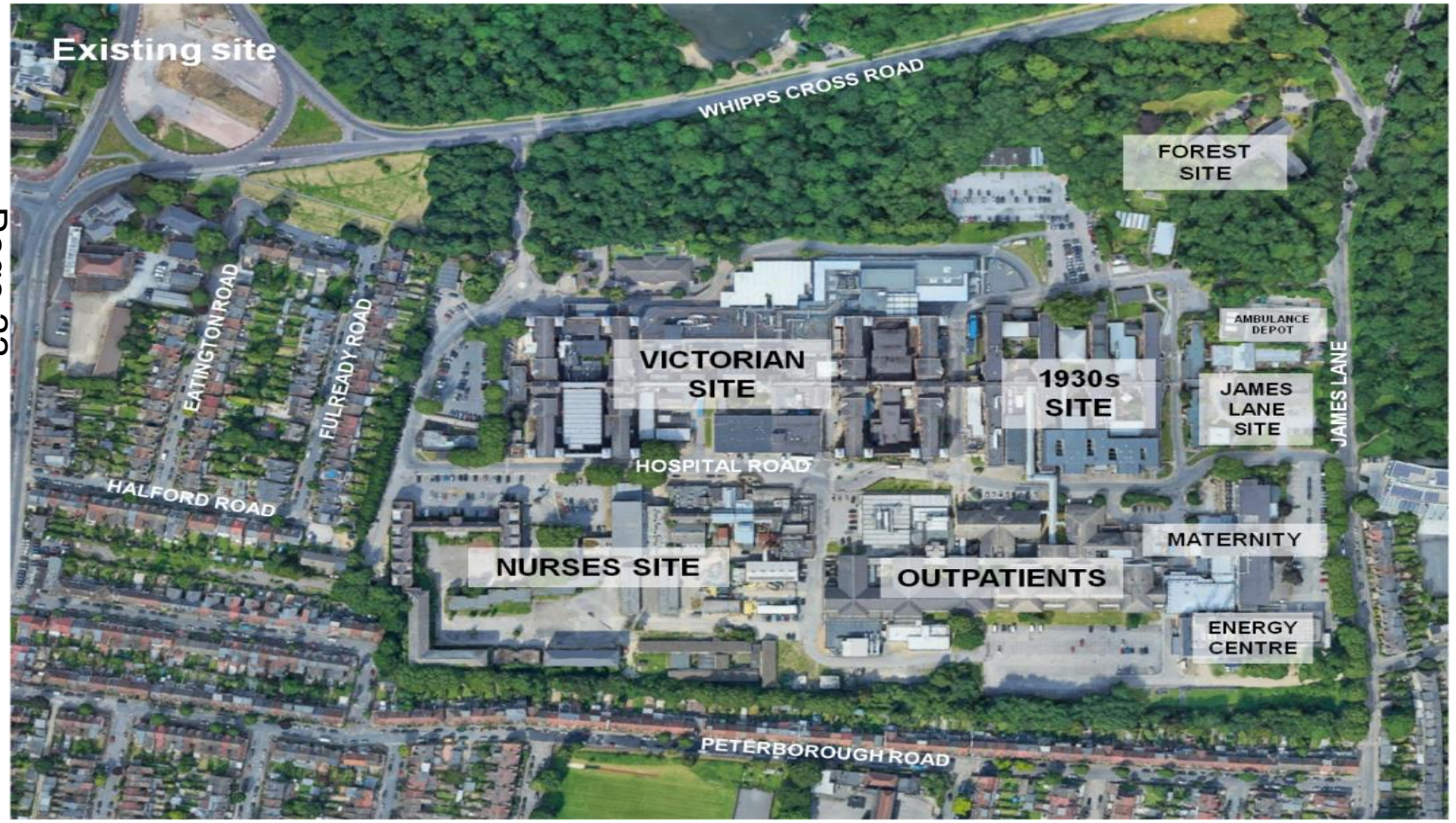
- **Hospital Design and Development** – an Architect-Led Design Team, Ryder Architecture, has begun work on developing hospital design ideas and on plans for the whole site, to inform an outline planning application in early 2021.

- **Enabling works** – the demolition of disused buildings on the site of the former nurses' accommodation (the preferred way forward for the location of the new hospital) is due to begin in coming months. Work will be undertaken on the options for car parking in the coming weeks.

- **Looking further ahead** – OBC due to be finalised in the first half of 2021.

Overview of Whipps Cross

The diagram illustrates the key ‘blocks’ of the site. The box to the right provides an explanation of each existing block.



Forest site: contains the Woodbury Unit, run by NELFT.

Victorian site: the original hospital buildings plus recent extensions, e.g. A&E.

1930s site: the 1930s extension to the original hospital.

James Lane site: comprises the Margaret Centre, the Woodlands day unit, Connaught Day Centre and an ambulance depot run by the London Ambulance Service on land that it owns.

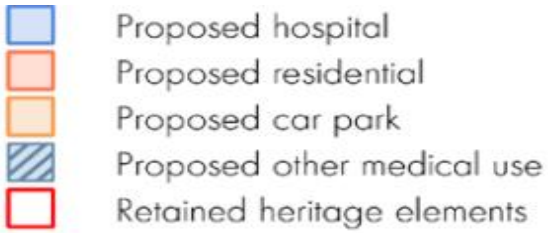
Nurses’ site: contains largely unused buildings, including the former nurses’ accommodation.

Outpatients: 1990s buildings, which also include theatres, wards and the Eye Treatment Centre.

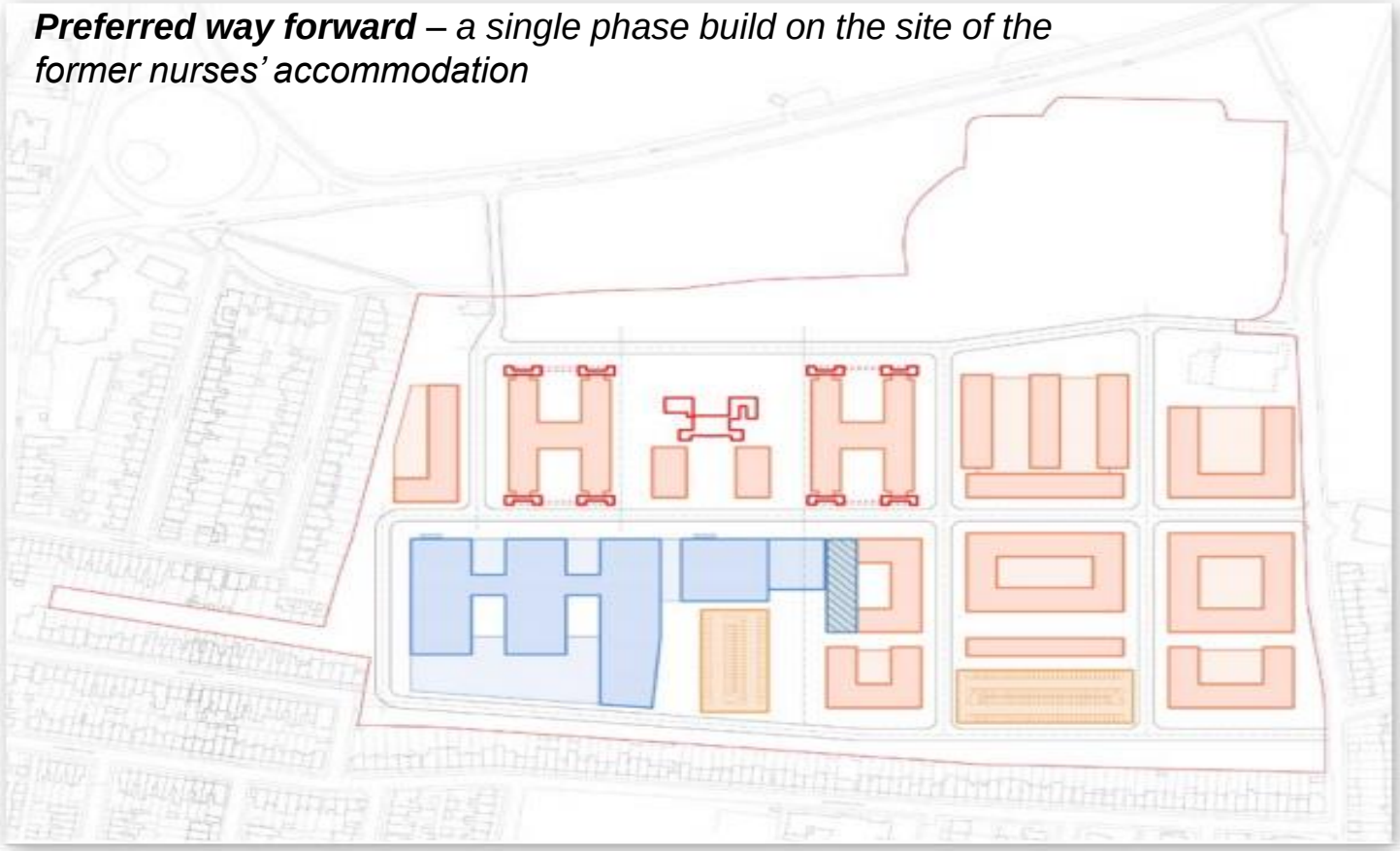
Maternity: the maternity block and emergency gynecology unit.

Energy Centre – the energy centre that supports the site.

Developing the site for our local communities



Preferred way forward *– a single phase build on the site of the former nurses' accommodation*



This remains illustrative at this stage and will be subject to further work at the Outline Business Case stage.

Dr Heather Noble
Medical Director
Whipps Cross Hospital

A Health and Care Services Strategy for Whipps Cross Hospital

As a health system we have three simple aspirations:

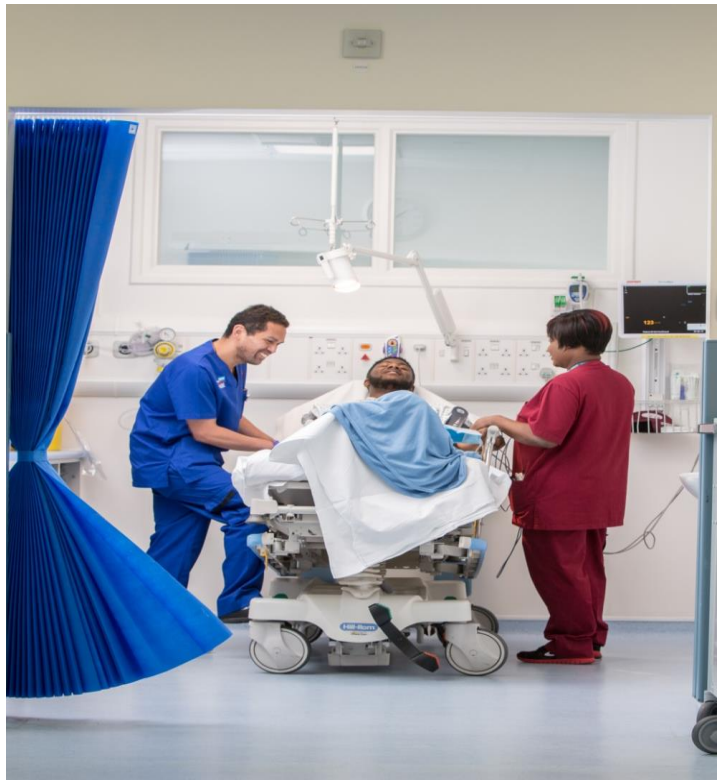
First, to help people stay healthy

Second, if people are unwell, to provide care and support as close to their home as possible so they do not need to attend hospital

Third, if hospital care is necessary, to ensure people are seen and treated quickly and safely discharged home as soon as they are able to, with the support in place to help them stay there

New models of care to improve quality and access to services

- A new hospital will continue to provide the same core services as today but it'll do so faster and more conveniently for patients.
- More patients will be able to be seen and treated on the same day with faster access to senior clinicians and double the number of diagnostic tests. This will help avoid unnecessary stays in hospital.
- An increased range of advice and support will be provided online and in the community to help reduce the number of people who need to attend A&E.



Best fit of hospital and community

- Specialists providing high quality care both within and outside hospital.

- We aim to:
  - Provide joined up care for people.
  - Prevent harm which follows from losing independence.
  - Use health sector resources most efficiently – remove the duplication of effort.

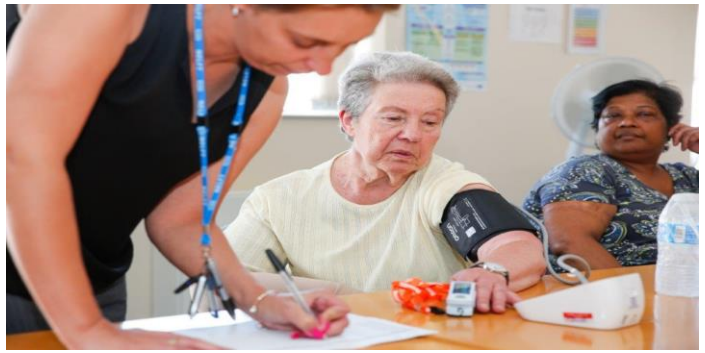
- Developing great connections between the hospital and the community – these now look more achievable.

Best fit of hospital and community

- Our high priority is frailty:
  - Significant older population.
  - Success of integrated frailty model at ‘front door’.
- Integrated discharge.
- Remote diagnostics and doctor appointments.
- Everything else is important too!
  - A fully functioning general hospital with the same core services.

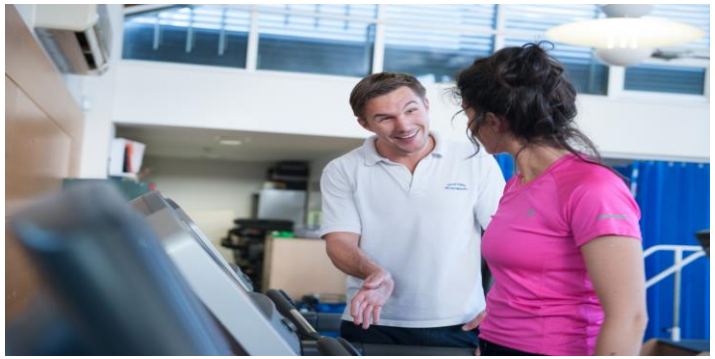
Working in partnership with the wider health and care system

Health promotion and wellness
Delivering preventative and personalised care, assisting with lifestyle and chronic disease management

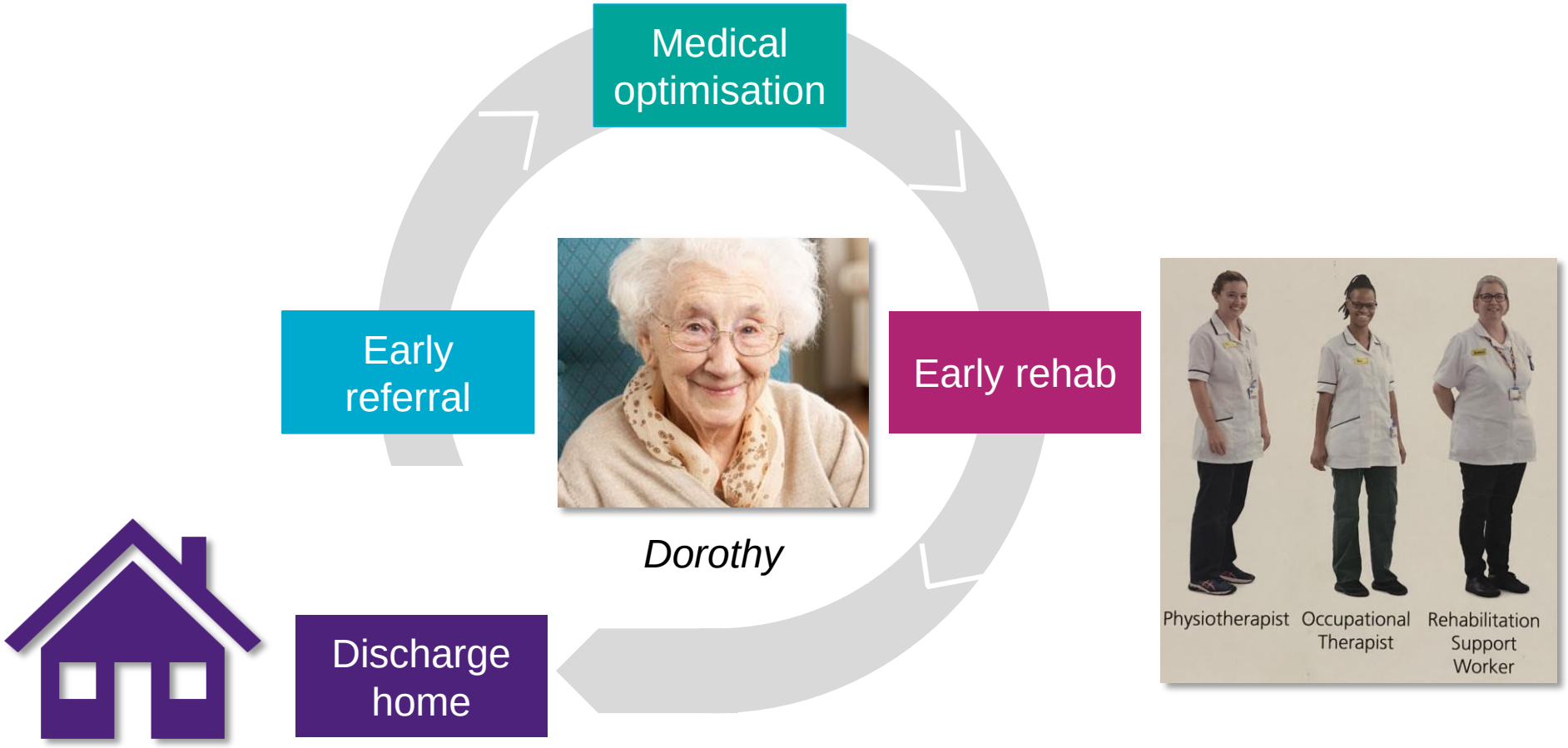


Home/community based preventative care
Identifying people with complex needs, enrolling them with a community multi-disciplinary team

Discharge support in the community
***R**apid discharge from hospital, supported by a multi-disciplinary team within the community.*



The Frail Surgical Patient's Journey



Improving patient journeys can have an impact of reducing an average 5.5 day hospital stay to 3.3 days (Partridge, 2017)

Partridge JS et al. Randomized Clinical Trial of Comprehensive Geriatric Assessment and Optimization in Vascular Surgery. BJS 2017; 104:679-687

Alastair Finney
Redevelopment Director
Whipps Cross Hospital

Whipps Cross Redevelopment – Moving to the next stage

We are now testing our assumptions and working up detailed plans to determine how we can move from aspiration to the completion of a new Whipps Cross Hospital

Over this period we're stepping up the scale of engagement with staff, patients and local communities to shape our thinking, with:

- 'Virtual' public meetings in October and November held in each of the three main boroughs served by the hospital (Waltham Forest, Redbridge and Epping Forest District) with around 180 people taking part
- The establishment of working groups and focus groups to inform and develop our thinking in key areas such as health and care services, hospital design and site masterplanning
- A Community Engagement Action Group (CEAG) who support and advise us with community engagement
- The establishment of a new community forum for the Whipps Cross redevelopment
- Our bi-monthly Redevelopment Newsletter, distributed physically throughout the hospital and electronically via the website and redevelopment mailing list
- Social media and online engagement, such as our #FutureWhipps campaign – asking people to send a tweet or upload a video using the hashtag #FutureWhipps to share why they're excited about a new Whipps Cross Hospital

"The reason why I'm excited for a new hospital is because it's time for change, and it will really help to build up staff morale."

Amina Osman, Senior Sister for Cedar Ward


Whipps Cross University Hospital
REDEVELOPMENT
NEWSLETTER
NHS Barts Health NHS Trust
SEP 2020 | ISSUE 11

Sharing our vision on the issues that matter most

Earlier this month we published 'Building a Brighter Future for Whipps Cross – Moving to the next stage'. This followed endorsement from the Government of our Strategic Outline Case (SOC), which gives us formal authority to progress to the next stage of Whipps Cross Hospital's redevelopment.

The SOC sets out the case for investing in Whipps Cross Hospital and provides a set of assumptions to be tested more thoroughly in the next, more detailed planning phase.

'Building a Brighter Future for Whipps Cross – Moving to the next stage' includes a summary of the key assumptions from the SOC on the issues that we know matter to our public and patients. For example, how we plan to improve health and care services for the local population, design a new hospital building that is fit for purpose and develop the site for the local community. An 'at a glance' guide to these plans, as well as next steps can be found on pages 2-3 of this newsletter.

Though the completion of the SOC marks the culmination of a significant amount of work, we now need to test our assumptions and work up detailed plans to determine how we can move from aspiration to the completion of a new Whipps Cross Hospital.

Alastair Finney
Redevelopment Director

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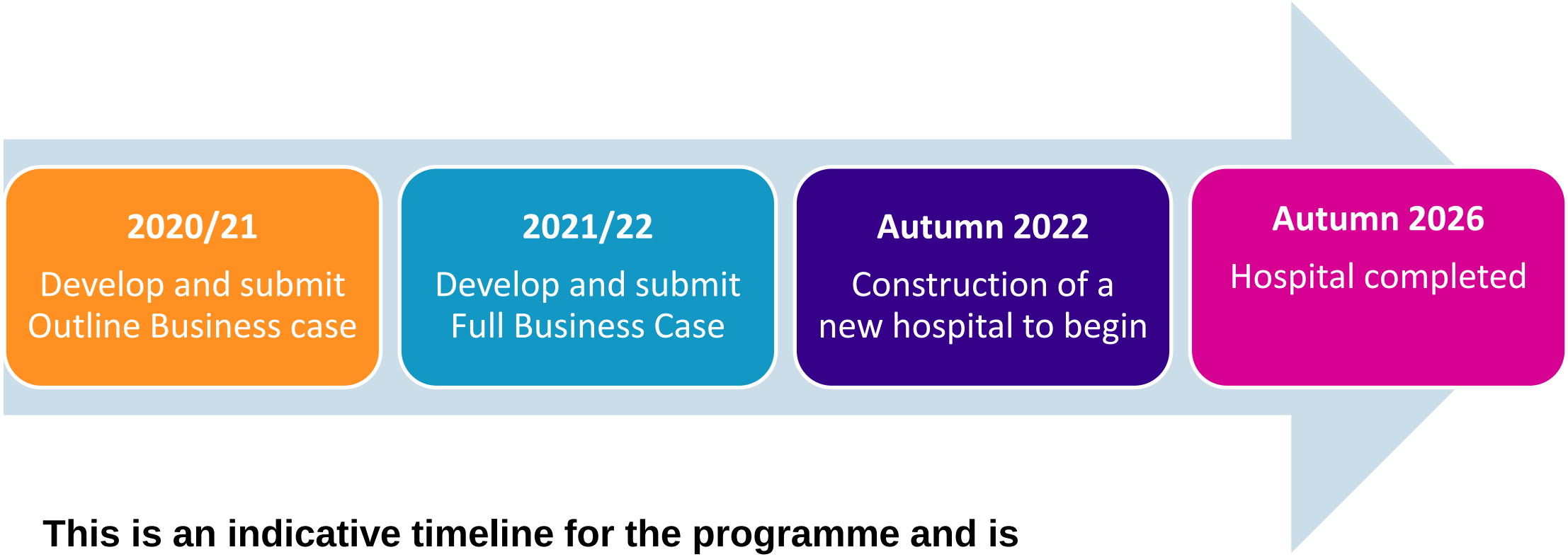
Outline Timescales for Building a New Hospital



This is an indicative timeline for the programme and is subject to change dependent on the approval process.

Questions

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WeCare
Our vision, values and behaviours

WELCOMING ENGAGING COLLABORATIVE ACCOUNTABLE RESPECTFUL EQUITABLE

NHS
Barts Health
NHS Trust

Building a Brighter Future for Whipps Cross

Moving to the next stage

Strategic Outline Case Summary

We have a once-in-a-lifetime opportunity to build a new hospital at Whipps Cross for our patients, our staff and our communities. Our efforts to meet the challenges of COVID 19 only strengthen our resolve to do so and reinforce the case for investment in new facilities.

I'm delighted the Government has endorsed our strategic outline case - which is summarised in this document. This means we have the 'green light' to develop our proposals in more detail. Key to this is considering the enduring impact of the pandemic on our assumptions for the design of a new hospital and the way in which we deliver health and care services – both in the hospital and across the local health and care system. Most importantly though, it means we are one step closer to our goal - a brand new state-of-the-art hospital situated within a wider health and wellbeing setting alongside much needed new homes, bringing real benefits to the local community.

For our patients, this will mean they receive their care in the very best facilities that are purpose-built for modern healthcare delivery, including the flexibility to respond to critical care pressures. For our staff, whose courage, skills and compassion seemingly know no bounds, this will provide them with the very best environment to do their work, which they so richly deserve. For our community, this will be part of the rebuilding process that helps us emerge from this period stronger - and more together - than ever before.

Perhaps above all, this redevelopment symbolises hope and the glimpse of a brighter future on the horizon. As chief executive of the Barts Health group of hospitals - and as a local resident - I know how much this means to our staff and to local people. Working with them - and alongside our NHS and local government partners - and building on the incredible spirit of collaboration seen recently, we are absolutely determined to get this right to secure the future for generations to come.

Alwen Williams

Alwen Williams

Group Chief Executive Officer
Barts Health NHS Trust

Introduction

In September 2019, the Government announced Whipps Cross as one of six sites in the country to get the go-ahead to build a brand new hospital subject to business case approvals. The process is governed by well established Treasury guidance in order to ensure it delivers improvements for patients and value for money for taxpayers and as such can take considerable time. The Government's announcement should help ensure a more streamlined and accelerated approvals process. The first step has been to draw up a strategic outline case (SOC).

We have developed this with our local health and social care partners and through extensive engagement with the communities who use the hospital as well as our staff. It has now been endorsed by the Department of Health and Social Care, which is exciting as it means we can get on with developing more detailed plans.

The SOC sets out the case for investing in Whipps Cross and then provides a set of early assumptions about the shape and size of a new hospital. The starting point for this is our health and care services strategy for the hospital which - alongside the proposals our local partners have for improving primary care and community services - defines what is needed in the hospital. The prospective size of the hospital then determines the estimated cost.

As we envisage redeveloping the near 18 hectare site (around 25 football pitches), we have also examined the options for where a hospital could be built on the site and have agreed a 'preferred' way forward. However, all these assumptions are now being tested more thoroughly at the Outline Business Case (OBC) stage as we develop more detailed plans. That should be welcomed in the spirit of ensuring that the new hospital is fit for the purpose for which it is intended.

This document provides a summary of the key assumptions contained in our SOC on the issues that we know matter to our public and patients and explains the next steps.

The case for change

The case for investing in a new hospital at Whipps Cross is compelling and undisputed. North East London has one of the fastest-growing populations in the UK. We expect the number of people in the Whipps Cross catchment area to grow by more than 10% over the next ten years, and the number of older people within that to increase by a quarter.

Almost half the current hospital pre-dates the foundation of the NHS itself. If there was no new building, the existing estate would require £170 million worth of 'backlog maintenance' to bring it up to an acceptable (but not new) standard, one of the largest backlog bills in the NHS. When inflation and other factors (for example providing improved building insulation) are added in, this raises these costs to circa £380 million. Even if that was addressed, it would not change the legacy of the existing layout. Services are sprawled over the site, meaning both staff and patients have to travel between them. This is inefficient and means enhanced risks to safety, privacy and dignity, and infection control.

These factors are well known, and form the backdrop to the vision set out by the Trust and its local partners for a new hospital at the centre of a new health and wellbeing setting, with much needed new homes and other facilities. The redevelopment of the site as a whole would stimulate further economic growth in the area, bringing jobs and businesses. The programme of work is backed by Waltham Forest Council, closely aligned with local clinical commissioners, and a top priority of the East London Health and Care Partnership for capital investment.

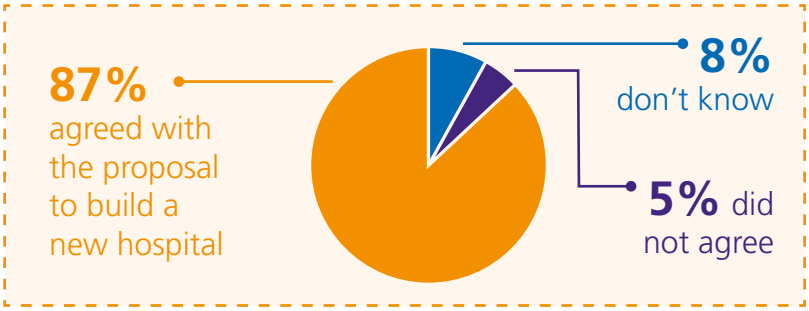
That local ambition fits in turn with the national NHS Long Term Plan to rebalance the way healthcare is provided over the next decade to meet the changing needs of the population. A new Whipps Cross Hospital has the potential to play a key role in helping the NHS locally create a truly integrated care system.

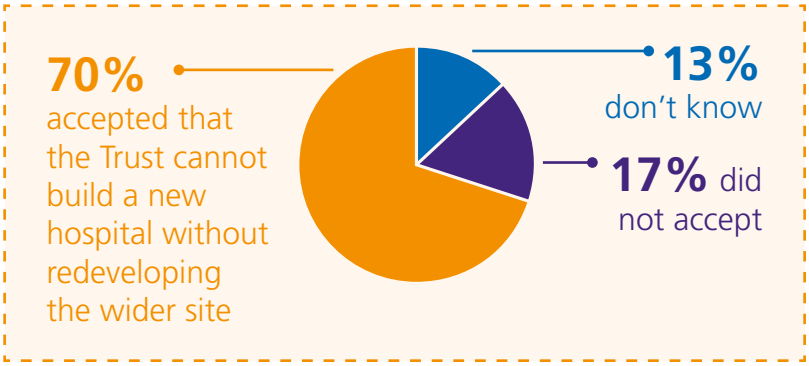
Listening to our communities and our staff

Over the past year we have met with over 80 community groups to hear their views, and we held a public meeting that over 200 people attended. In October 2019 we invited feedback on our emerging thinking and received about 500 responses. The vast majority agreed with the proposal to build a new hospital and seven out of ten agreed that we couldn't do it without developing the site for new homes and other health and care services.

The exercise gave valuable insight into what matters to local people. Overwhelmingly the most important issues were patient experience and clinical safety. Other factors ranged from the importance of having a big enough hospital to meet demand, to ensuring any development is environmentally sustainable.

We will build on this work going forward with a comprehensive programme of engagement for staff, patients, the public and their representatives.





What matters to you most about the redevelopment?

- Clinical Safety
- Patient experience
- Environmental sustainability and green space
- Transport and infrastructure
- Building the hospital with minimal disruption to services

A strategy for improving health and care

Delivering modern healthcare is not just about the bricks and mortar of hospital buildings, it's about ensuring the right services are in place across primary, community and secondary care, with organisations working seamlessly together to deliver for patients. That is why we have developed our thinking working closely with our local health and social care partners.

Together we have three simple aspirations.

First, to help people stay healthy.

Second, if people are unwell, to provide care and support as close to their home as possible so they do not need to attend hospital.

Third, if hospital care is necessary, to ensure people are seen and treated quickly and safely discharged back home as soon as they are able to, with the support in place to help them stay there.

This is very much in line with the vision set out in the NHS Long Term Plan. In that context, we asked our clinicians to examine how we could improve traditional models of care to better reflect changing needs and expectations. They worked closely with clinical colleagues in primary care and community services who are themselves modernising local patterns of out-of-hospital care. In doing so, they also embraced the wider NHS challenge to put more emphasis on preventative and personalised care, that engages with people before they become ill, and helps them manage lifestyles that include living with chronic disease.

The clinicians reached two key conclusions, now enshrined in our health and care services strategy for Whipps Cross. One is that the new hospital should continue to provide the core services it does today – including emergency and maternity care – but to deliver its services in ways that continue to improve quality and access for all patients. The other is to establish Whipps Cross as a centre of expertise for the joined up care for frail and older people in which it could become a centre of excellence for fragility surgery. Put the two together, and you have an even better general hospital for everyone plus some leading expertise in an increasingly important area.

Each hospital service is developing its own pathway of care, but clinicians agreed on some common principles. For example, whether on an emergency or a planned care pathway, patients should be seen promptly by a senior clinical decision-maker, with faster access to diagnostics, to ensure they are treated by the right team with the fewest interventions.

Another important principle is that as patients' needs become more complex, we need to treat them through integrated multi-disciplinary teams that work seamlessly both within the hospital and in the community. That means facilitating access to mental health and physical therapy on the wards and in outpatients, while also strengthening the support and management for patients at home or visiting GP surgeries so they don't need hospital treatment. We also intend to adopt more digital solutions in pathways to help avoid unnecessary trips to hospital, for example using virtual consultations.

A hospital at Whipps Cross that meets future demand

At the heart of our proposals is a shared vision of providing more access to better healthcare services for our population across both the community and a new hospital. This should improve care, help avoid unnecessary hospital stays and, in the process, help us cope with the demand caused by population growth, which we know makes the current models of care unsustainable. That has implications for both the size and the shape of a new building.

To forecast the future demand for services at Whipps Cross, we first looked at the current levels of patient activity delivered at the hospital and applied the impact of the expected population growth in the next ten years. We then applied an assumption for how the planned changes in the delivery of care across the local health system could reduce hospital demand. To do this we looked at what similar hospitals and health systems have managed to achieve in reducing the need for Accident and Emergency (A&E) attendances and admissions as well as reducing length of stay in hospital. We agreed as a health system that we should aim to close the gap between ourselves and our highest performing peers.[1]

So what does this mean in practice? For example, in ten years we would, in theory, anticipate more A&E attendances than now, but our local partners plan to improve care and support outside of hospital, so we expect more people will avoid having to come to A&E than would have been the case, because they will be better supported in or closer to their homes. For example, our partners in Waltham Forest and Redbridge are working to improve care for people with long term conditions such as diabetes, multiple sclerosis or chronic asthma. This means people having specialist support and care in their local community clinics linked up with their GPs, with good support and advice from a specialist nurse at the end of a phone or video call to help them stay as well as possible, digital aids to help them monitor their blood pressure or sugar levels and visits at home if things begin to get tough. The effect will be less people reaching the stage where they need hospital and those already there will be able to be more quickly discharged safely. When people do arrive at the hospital, we would expect more of them to be seen and treated on the same day rather than having to be admitted. We'll do this by nearly doubling our capacity to do diagnostic tests – with more CT and MRI scanners - and ensuring faster access to senior clinicians who can make decisions.

For those that are admitted, we expect them to spend less time in hospital. We would anticipate the overall amount of days that patients spend in a hospital bed could fall by 10% over the next ten years - due to the changes in hospital care and also through better care and support in the community and increased investment in line with the NHS Long Term Plan.

For example, our proposed changes to surgical services would see a big increase in the number of day case operations and a reduction in the amount of very complex cases, thereby reducing the number of days patients need to spend in hospital. We are also exploring extending the opening hours of our operating theatres, significantly increasing our capacity and efficiency. Meanwhile, better care and support out of hospital will help ensure patients can be discharged more quickly and safely. We expect to build on the excellent joint working seen in recent months with community colleagues, for example through the development of discharge hubs to co-ordinate care packages for patients.

Taken together, these improvements - both outside and inside the hospital - should mean patients having to spend less time in the new hospital than they do today, despite population growth. We know this is better for patients. We think the number of overnight beds needed will be within a range of between 471 (if, as a health system, we're able to match the achievements of the top 25% of our peers) and 643 (if there is no improvement at all in the hospital or the community care models).

Within this range, for the purpose of the SOC we have adopted an assumption of 525 beds, which would

[1] The benchmarking tool NHS Right Care was used for CCG peer groups and a Hospital Peer group was used for Whipps Cross hospital comparisons.

mean getting two thirds of the way towards the top 25% of peer group performers. This would include more maternity and critical care beds in line with current demand projections. The precise number of beds in use at any hospital changes daily, depending on the numbers of patients, the type of care required and safe staffing needs. The average number of beds open in 2018/19 – our baseline for the modelling work – was 576.

However, our task now is to continue to review and refine our assumptions during the next phase of the work. This means considering the long term impact of the COVID pandemic on the way in which we deliver care and we expect that those assumptions could continue to change as we do this. That work will include developing enabling strategies on key areas such as workforce and digital transformation.

Critically, as an extra safeguard, and in response to clear feedback from our communities, we will retain the flexibility to expand our capacity if that is required, both in the way we design the hospital (for example so we can scale up critical care rapidly if we need to) and in the way we retain some land for other NHS facilities on the wider site.

More same day care

- Faster test results, with a near doubling of diagnostic capacity with more CT and MRI scanners
- Longer operating hours for theatres and outpatients
- More people seen as day cases
- A new Urgent Care Centre and Same Day Emergency Care unit to see and treat people on the day

More support close to home

- More care packages
- More support workers
- Better access to GPs
- More phone and video appointments

An increase in clinical space

- An increase in the proportion of clinical space in the hospital from the current 50% to around 70%, meaning an increase in clinical space of around 8,000sqm
- Increase in the proportion of single rooms in the hospital from 17% to 50%
- 18% more critical care beds and 21% more maternity beds

In 10 years time, these improvements are anticipated to result in:

- **Over 10% reduction** in non-elective occupied bed days
- **Over 5% reduction** in non-elective admissions than would otherwise have been the case
- **A 10% reduction** in length of stay than would otherwise have been the case

A new hospital will have the same core services co-located together unlike the sprawling buildings of today. It will be around 77,000 sqm which is slightly smaller than today but with more clinical space and the flexibility to adapt spaces and to expand if necessary. We will continue to test and update these assumptions.

Designing a building and positioning it on the site

It is too early to say precisely what a new hospital might look like, that work will be undertaken by an Architect Led Design Team, in the autumn of 2020. However a key aspect of the business case is to start scoping the physical requirements for all the activity that would go on inside it. The amount of space needed is also determined by a combination of national standards and local policy. The former includes the use of Health Building Notes[2] for defining modern standards on room sizes. An example of the latter would be our working assumption that we might increase opening hours for outpatients and operating theatres from 40 hours a week to 60 hours a week. This will provide better access for patients, greater productivity and reduce the space required for the same activity.

A new hospital would mean wards developed to modern standards and with the proportion of single rooms significantly expanding from around 17% today to 50%, improving patient experience and infection control. In line with the health and care services strategy, we would expect to increase the areas devoted to supporting patients being seen and treated on the same day, with a dedicated same day emergency care unit, more day case spaces and significantly more diagnostic facilities.

Although we anticipate growth in the number of outpatient consultations and procedures, we are aiming to reduce the number of face to face appointments in line with the NHS Long Term Plan aspiration of reducing by a third. This means an increasing proportion of our outpatient appointments would take place virtually, for example through phone or video conference. There will be much to learn from the work we have been doing in recent months in response to the challenges of the pandemic.

We would envisage a new hospital having clear zones and 'way finding' for patients, with shorter patient journeys in the hospital because a new building will have the right clinical adjacencies (services situated next to each other where appropriate). It will be an opportunity to embrace new and emerging digital technologies and provide a welcoming and uplifting environment for patients and staff.

Our engagement work particularly highlighted the importance of delivering the lowest possible carbon footprint, so we are adopting that as a design principle too and are committed to achieving, as a minimum, the BREEAM[3] 'excellent' standard.

The upshot of all these calculations is a hospital with a slightly smaller floor area than today – but one which also has more dedicated clinical space than today. We envisage a hospital covering about 77,000 square metres, over two-thirds of which would be clinical space, instead of today's sprawling 91,000 square metres, around half of which is given over to non-clinical use.

In the next phase we will continue to test and refine these assumptions and are appointing an Architect Led Design Team to bring this vision to life, and we will involve service users and staff in shaping the design.

A 'preferred way forward' that delivers for patients and taxpayers

In our October 2019 publication, *Building a Brighter Future for Whipps Cross*, we set out three options for where a new hospital could be positioned on the Whipps Cross site. We listened to the feedback we received on this, which included the importance of a new hospital being built as quickly as possible, with the least disruption to existing clinical services.

We also examined the value for money of each of these three options against counterfactual 'business as usual' and 'do minimum' options – these options are mandatory to include as part of developing the business case. To do this we used the Government's Comprehensive Investment Appraisal Model, which looks at both the costs and benefits (including societal benefits) of each option over the long term. That shows that the best value for money option – and the preferred way forward – is for a new hospital to be built in a single phase on the site of the disused former nurses' accommodation.

Our preferred location is an area that is large enough to accommodate all the new facilities in a mid-rise purpose-built structure. It would enable construction to take place without disrupting services in the existing hospital. And that means the new hospital could be up and running within four years of the building work beginning, which is at least five years quicker than either of the other two options on the site, which would require the decanting of existing services during building work.

Once the new hospital is built and services start relocating into it, the remainder of the existing estate could be redeveloped, primarily for housing but with some space retained for other healthcare and community facilities. We are working with the local council on this and, in line with its draft Local Plan, envisage the building of around 1,500 new homes. It is anticipated that 50% of these new homes would be 'affordable housing'[4] and that, as part of this, we will look at the demand for key worker housing. The importance of affordable and key worker housing came through strongly in the feedback from our engagement exercise.

The land sale, in addition to exploring other funding sources such as charitable donations, could eventually reduce the overall funding required from the Government significantly.

At this stage, numbers are not set in stone and productivity assumptions, land sale values, funding opportunities and capital estimates will continue to be exhaustively tested. This is essentially the purpose of a business case, to provide a robust mechanism whereby the Treasury can be assured that any taxpayers' investment will deliver the benefits expected and demonstrate value for money.

Meanwhile, the Trust must also assure itself and the NHS regulators that the annual revenue consequences of this capital investment are also affordable for the Trust and the wider health and care system. Government funding will come in the form of public dividend capital (PDC). This is not a loan, but there is a capital charge to pay each year based on an interest rate determined by the Government. Additional yearly costs such as this can be partially offset by the greater efficiencies the Trust will realise from having a brand new building. Further work will take place in the next stage of the business case, including discussions with the Government to ensure affordability.

This option delivers a new hospital on the site of the former nurses' accommodation. This can be delivered as a consolidated project, delivering a fully integrated set of new buildings. Once the existing hospital is vacated, the remainder of the site would be released for redevelopment.

This remains illustrative at this stage and will be subject to further work at the Outline Business Case stage.

- Proposed hospital
- Proposed residential
- Proposed car park
- Proposed other medical use
- Retained heritage elements

[2] Health Building notes, published by the Department of Health and Social Care, give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.
[3] Building Research Establishment Environmental Assessment Method (BREEAM) is a long established method of assessing, rating and certifying the sustainability of buildings.
[4] Affordable housing includes social rented, affordable rented and intermediate housing, provided to specific eligible households whose needs are not met by the market.

Next steps and timescales

The completion of the SOC marks the culmination of a significant amount of work and engagement.

However, it remains a set of assumptions at this stage and the detailed planning at the outline business case stage is just beginning – the point where we begin to move from aspiration to actuality.

There will be plenty of scope in the coming months to discuss every aspect of the redevelopment. With the SOC as our starting point, we want to step up the pace and scale of our engagement - with staff, patients and local communities. It is, and must be, your hospital. Your views matter to us, and will play an important role in shaping the final business case.

Our best case scenario, as the timeline opposite suggests, is that, subject to the approvals process, we believe the earliest that construction work could start on site would be autumn 2022. The option that has emerged as our preferred way forward would, we think, take four years to build, in which case a new hospital could be completed by autumn 2026. However, we are reviewing these timescales in the light of having to consider the long-term impact of COVID 19 on our assumptions for the way in which health and care services are delivered. This has meant checking the assumptions in our proposed health and care services strategy – completed in 2019 - against the changes that have been brought in as part of the response to the pandemic to ensure they are still relevant. We expect to publish our initial thinking on that for discussion with patients and the public in the coming weeks.

The detailed planning at the outline business case stage is just beginning – the point where we begin to move from aspiration to actuality.

We are also undertaking a programme of 'enabling works' ahead of the main hospital building works, literally to prepare the ground for the new build. This involves surveying the disused buildings for asbestos and other potential hazards ahead of demolition, the demolition of those buildings and re-providing suitable car parking spaces. Importantly, we would need to do this regardless of which option we chose for the location of the site, but it is crucial for our ability to meet the timescales set out above for our preferred way forward. We are also setting up a sustainable transport group to look at the transport and access issues associated with the site, both during construction and when the work is complete.

Meanwhile, in line with our vision for the hospital to be part of a wider health and wellbeing setting, our local partners are considering what sort of primary healthcare and community services could be co-located on the site. We have identified the opportunity for a building, which could house facilities such as a primary care centre or step down beds, or even training or research areas. This is an opportunity to strengthen our provision of integrated care for patients as a health and social care system, helping them avoid attendance and admission to hospital.

These are exciting times for Whipps Cross Hospital, its staff and the communities who use the services and we look forward to working together as we develop our plans further in the next phase of the work.

We would really like to hear any thoughts, comments or questions you have on the redevelopment and the proposals set out in this document. Please do get in touch with us at: **futurewhipps.bartshealth@nhs.net**

Below is an indicative timeline for the programme.
This is subject to change dependent on the approval process.

1 2016 - 18

Establish Case for Change

- Agree the case for change
- Establish a vision for the site
- Early feasibility work

2 2019 - 20

Strategic Outline Case

- Develop a clinical service vision
- Develop size and shape of site
- Plan services required

3 2020 - 21

Outline Business Case

- Design how the services will work
- Plan the facilities and more details about the building
- Submit outline planning application
- Tender for construction partners to do the work

4 2021 - 22

Full Business Case

- Plan for implementation and construction
- Develop detail on how patients will experience services
- Submit detailed/final financial, building and service plans

Construction is anticipated to begin in autumn 2022, with a new hospital completed by autumn 2026.

NHS
Barts Health
NHS Trust

Health and Care in a new Whipps Cross Hospital

The Covid-19 pandemic is the biggest challenge the NHS has faced since its foundation. Our hospitals have fundamentally rearranged the way they work to ensure patients and staff stay safe from infection. Over the past few months, our clinicians have considered what impact these changes might have on our plans for the new Whipps Cross hospital. Their conclusion is that our overall vision for its future health and care services remains valid, but we will need to adapt some of the detail in implementing it.

We can therefore reaffirm that the new hospital will continue to deliver the same core services as today, including Accident and Emergency (A&E), and Maternity services. And we are still committed to establishing Whipps Cross as a centre of expertise for the way different professionals work together in the treatment and care of frail and older people. As we set out in *Building a Brighter Future for Whipps Cross – moving to the next stage*, the opportunity a new hospital offers is to achieve these ends in innovative ways that improve quality and access for all patients.

What we have learned from responding to Covid-19 so far has actually reinforced the direction of travel we envisaged for Whipps Cross. As a result, the existing hospital has already put changes in place that we proposed for the new building. For example, in A&E we separated the handling of life-threatening emergencies from the treatment of people with urgent but less complex needs. We are working more closely with community partners to avoid unnecessary hospital admissions and speed up safe discharge. And we are increasing the proportion of outpatient consultations done remotely by telephone or video. These are positive changes we wanted to make, that are taking place sooner than we hoped.

Whipps Cross hospital today also looks quite different to the casual visitor because of the steps we are taking to keep patients and staff safe. In designing a new hospital we never imagined that services would need to be segregated into zones so coronavirus patients could be treated and cared for in isolation. However, we did want to minimise the time patients spent in hospital, improve access to senior clinicians so decisions on treatment could be made speedily, and consolidate specialist services. All these are already happening in direct response to the Covid-19 imperative of robust infection prevention and control.

In addition, we now anticipate making further changes to the "front door" model of the new hospital to account for the expectation that more people will access services by being referred from GPs or *NHS 111*, rather than walking in as at present. In preparing for the prospect of any future Covid surge, the restoration of elective services is also increasingly being planned across north east London, and this may affect the future pattern of surgery at Whipps Cross. Taking these factors, together with the ongoing infection prevention and control requirements, will affect how we organise space within the design of a new hospital.

We recently appointed Ryder Architecture to start working up ideas for what a new hospital might look like, taking into account the need to keep learning from the pandemic as long as it continues. Our early assessment is that we may need more single rooms than we thought, more entrances to the new hospital, and the flexibility to divide up space differently in waiting areas and on wards to isolate patients when necessary.

Further work will be required in some other areas, such as the space outside the hospital. We have identified the opportunity for a building that could house complementary primary and community facilities. We and our local partners are considering what services could benefit from being co-located at Whipps Cross, to improve community facilities and to strengthen the provision of integrated care on the site.

Urgent and Emergency Care

The number of people attending A&E fell dramatically at the peak of the pandemic in April, and fewer were admitted to hospital. At the same time, use of alternative out-of-hospital services like *NHS 111* increased. Since that time, patient numbers have slowly risen again, but they haven't reached pre-pandemic levels. This changing pattern of behaviour offers tentative evidence that the way we deliver urgent care could look quite different in future.

In any case, in response to Covid-19, patients with life-threatening illnesses or accidents are still taken direct to the Emergency Department, but those with urgent and less complex needs are directed to a separate Urgent Treatment Centre in a different building, the gateway for Same-Day Emergency Services. Patients are also assessed to identify those at risk of Covid-19 and the vulnerable are isolated.

This shift is in line with national NHS thinking, to encourage people to seek treatment through primary care – including *NHS 111* – and only attend hospital if they are told they should. Across the country, hospitals are redesigning urgent care by introducing telephone and video consultations, and booking systems. The aim is to ensure people get the right treatment for their needs as promptly as possible, and reduce the numbers who walk in and have to wait.

The Barts Health group is therefore working with partners in east and north east London to agree a new model for emergency access to all its hospitals. We are piloting an innovative method of fast triage – through the Barts Emergency Access Coordination Hub – that will book patients requiring urgent treatment into an appropriate clinic. In due course this may mean patients no longer need to attend the Urgent Treatment Centre at Whipps Cross unless they have an appointment.

Consequently, we envisage the "front door" of the new Whipps Cross may not need a large waiting area, because patients needing face-to-face consultations will be referred with timed booking slots. However, the "front door" will need more single rooms, and cubicles with doors, in order to protect the vulnerable and those at risk of infection.

Planned surgery

After initially suspending all elective operations during the peak of the pandemic, the NHS as a whole is now restoring routine services, albeit with much stricter patient segregation because of Covid. The scale of the backlog is such that this recovery is being co-ordinated at sub-regional level which in our case means across North East London. The plan is to develop a network of local centres that can perform large numbers of relatively straightforward operations in the most common surgical specialties. The same approach is being adopted across all of London.

This approach echoes the aims of the long-term surgical strategy which Barts Health and its partners proposed before Covid struck. Both rely on the medical evidence that patients get the best possible treatment if surgeons perform a large number of operations of the same sort. In the short term, Whipps Cross is likely to host one of these "high-volume, low-complexity" centres for cataract procedures in the Eye Treatment Centre, and one for common bladder procedures and one for Ear, Nose and Throat procedures in the Plane Tree Unit.

Some changes proposed in response to the pandemic will be temporary. On the other hand, the developing strategy for North East London is likely to accelerate moves towards creating centres of excellence in more complex surgery too. This plays to our ambition to develop the fragility fractures unit at Whipps Cross as a specialist resource for the whole Barts Health group. We will continue to work closely with our North East London partners to explore how we can provide the best services to our patients.

Outpatients

Outpatient services at Whipps Cross and other hospitals are being transformed in response to Covid-19, with increasing numbers of appointments taking place virtually through telephone or video consultations. GPs are also making greater use of the ability to contact specialists for remote advice and guidance rather than sending patients to hospital.

These developments accord with what we envisaged in a new Whipps Cross hospital, but are happening sooner and at greater scale. We had estimated that we could reduce the number of face-to-face outpatient appointments by around a third, which included a significant increase in digital appointments. As a result of the recent changes, we now think that at least half of all appointments will take place remotely. This means a much larger number of patients will not have to travel to hospital to get the care they need, with added benefits to the environment.

This also suggests the new hospital may need a smaller outpatients area, with less waiting space and fewer face-to-face consultation rooms, although it would require more private space and the associated technology for conducting virtual appointments.

Time spent in hospital

One exciting aspect of our original plans which Covid has not changed is the focus on specialist clinical triage for all patients, to ensure they are treated in the most appropriate setting as quickly as possible. Together with speedier same-day diagnostics, this will reduce unnecessary inpatient admissions. However our experience of Covid, with fewer admissions anyway, and speedier discharge arrangements, has prompted us to revisit our analysis of how much time patients might spend in hospital too.

In our original plans we estimated that faster access to appropriate and specialist treatment, more rapid diagnostics and same-day results, and better co-ordination with more care closer to home, could result in a 10% reduction over ten years in the average amount of time a patient spends in a hospital bed. This calculation was based on benchmarking against other similar hospitals.

We now have our own evidence about changes to activity during Covid to add to the analysis, which suggests we may expect to see improvements in average length of stay over and above those previously envisaged. In addition, the local pandemic response has demonstrated how hospitals can work better with GPs, local authorities and other providers to strengthen access to community facilities. We will continue to work with system partners to realise any further benefits to patients in reducing their length of stay in the hospital.

Hospital design

We have already noted how the impact of Covid may affect the specific configuration of both the emergency "front door" and outpatients area of a new hospital. The added importance of getting quick test results to determine a patient's Covid status only reinforces the case for locating diagnostic and imaging equipment as close as possible to the point of care.

The challenge of managing infection control means the whole hospital has to be future-proofed against the prospect of other pandemics. We will be replacing the old Nightingale wards and increasing the proportion of single rooms to at least 50%. This will not only ensure we are keeping our patients safe, but will also allow more privacy for those patients who require it. We anticipate that a new hospital would have to be more flexible in the way it is organised, so that medical areas could be repurposed for critical care if there was a pandemic surge, or wards could be blocked off to isolate patients.

We also now envisage that a new hospital will need more entrances than we first thought. The need to stream patients, staff and visitors to appropriate Covid or non-Covid areas, to protect vulnerable groups and prevent cross-infection, suggests we should plan multiple points of access to a new building.

Next steps

Planning to build a new hospital and make better use of the existing site is a dynamic process. The lessons we are learning from the pandemic, and the prospect it will continue for some time, only reinforce the need for flexibility and adaptability over the coming months. This update therefore provides an opportunity to share some emerging reflections on how we may need to refresh the health and care services strategy for Whipps Cross and the implications for what a new hospital could look like.

We have scheduled a series of virtual public meetings this autumn, to engage residents of Waltham Forest, Redbridge and Epping Forest in our thinking so far. We are also setting up a new community forum that aims to use the redevelopment as a platform to create a new partnership with local people, building on the spirit of collaboration witnessed during the pandemic.

As we work towards submitting a full business case for the redevelopment, we intend to take every opportunity to get feedback and input from the local people who will benefit from the new hospital. This includes patient reference groups, community and faith representatives, and citizens' panels. Their views, together with those of staff, will contribute to the development of an outline business case by early 2021. This will set out our preferred option and its likely cost. Please let us know what you think, either by attending the virtual public meetings, joining the Twitter conversation at #FutureWhipps, or emailing us at futurewhipps.bartshealth@nhs.net.

www.bartshealth.nhs.uk
Switchboard: 020 7377 7000

BH6820

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**INEL JHOSC Work Programme 2019 – 2020**
Date of Meeting	Wednesday 25 November 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- COMMENT on the work programme;
- APPROVE items on the work programme.

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)

Meeting: Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)
Chair: Cllr Winston Vaughan (Newham) **vice-Chair** Cllr Ben Hayhurst (Hackney)
Support: Robert J Brown, Senior Scrutiny Policy Officer
Venue: Old Town Hall, Stratford, 29 Broadway, LONDON E15

Dates of meetings: 13 *Feb-19*, 3 *Apr-19*, 19 *Jun-19*, **18 Sep-19**, 30 Oct-19, 27 Nov-19
1900-2100hrs

	13-Feb-19	03-Apr-19	31-Jul-19	19-Sep-19	06-Nov-19	27-Jan-20	11-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McQuillan	Cllr Rohit DasGupta Common Councilman Chris Boden moved from 20 March 2019 due to Tower Hamlets Full Council meeting	CANCELLED	moved from 18 September 2019	this meeting will now be the joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 7pm - this was rescheduled due to the NHS LTP deadlines for responses					
	AGENDA	AGENDA	AGENDA	AGENDA		AGENDA	AGENDA	AGENDA	AGENDA	AGENDA
STANDING ITEMS (20mins)	Chair's Announcement	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions		Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions
	Welcome, Apologies and Introductions (inc substitutes)	Apologies for Absence	Apologies for Absence	Apologies for Absence		Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence
	Declaration of Interest Register	Declaration of Interest	Declaration of Interest	Declaration of Interest		Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest
	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting		Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting
	Submissions	Submissions	Submissions	Submissions		Submissions	Submissions	Submissions	Submissions	Submissions
	Work Plan	Work Plan	Work Plan	Work Plan		Work Plan	Work Plan	Work Plan	Work Plan	Work Plan
AGENDA ITEMS (100mins)			NELCA / ELHCP - AO update	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference		ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update (Covid-19 update for INEL JOSC)	ELHCP - AO update (Winter Preparedness)
		NELCA / ELHCP - AO update and NHS Long Term Plan - *Jane Milligan, Simon Hall*		ELHCP - AO update on ICS and CCG status - *Jane Milligan*	ELHCP / NHS Long Term Plan in North East London - *Simon Hall / Jane Milligan*	Cancer Diagnostic Hub - *Tim Burdsey*	ELHCP / NHS Long Term Plan in North East London - *Simon Hall*	INEL Response to the Coronavirus Pandemic	Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*	Whipps Cross Redevelopment Update
			Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference	Review of Non-Emergency Patient Transport Service review - *Ellie Hobart*	Moorfields Eye Hospital - *Denise Tyrrell*	Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*	Pathology Services update across NEL - Barts Health / Homerton Hospital / Barking, Havering and Redbridge		Directors of Public Health for City&Hackney, Tower Hamlets, Newham and Waltham Forest	
	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols		Early Diagnostic Centre for Cancer - *Sarah Watson*	INEL System Transformation Board - *Ellie Hobart*					Hosting of the INEL JHOSC 2021-22	
	NHS Long Term Plan - *Simon Hall / Alan Steward*	STP / ELHCP Estates Strategy *- Henry Black, Chief Financial Officer* *- Tim Madelin, Estates* *- Anamarie Icleanu, Estates* *- Marie Burnett, NELSON* *- ???, NHS Property Services*	Update on Moorfields Eye Hospital consultation - *Denise Tyrrell*	Moorfields Eye Hospital - *Denise Tyrrell*			c			
	Patient Transport - *Ellie Hobart*		TO NOTE: INEL System Transformation Board - *Ellie Hobart (to discuss Sep2019)*							
ADDITIONAL INFO				**Deadline for papers:** **Friday 6 September 2019**	**Deadline for papers:** **25 October 2019**	**Deadline for papers:** **Thursday 16 January 2020**	**Deadline for papers:** **Friday 31 January 2020**	**Deadline for papers:** **Tuesday 16 June 2020**	**Deadline for papers:** **Tuesday 22 September 2020**	**Deadline for papers:** **Monday 16 November 2020**

TO BE ALLOCATED

Estates Strategy - NELCA/ELHCP

Cancer Diagnostic Hub - Angela Wong/Karen Conway

Review of Non-Emergency Patient Transport Service review

Digital

Feedback from Healthwatch Consultation & Heathwealth scrutiny work across ELHCP - CEO of Healthwatch Redbridge/David Burridge (LB Healthwatch)

Mental Health - David Maher (City & Hackney)

Homelessness Strategy - Simon Cribbens

CoLC	City of London Corporation
ELHCP	East London Health Care Partnership
LBH	London Borough of Hackney
LBN	London Borough of Newham
LBTH	London Borough of Tower Hamlets
NELSON	North East London Save Our NHS
RBR	London Borough of Redbridge
C&HCCG	City & Hackney CCG
NCCG	Newham CCG
NEL	North East London
THCCG	Tower Hamlets CCG
WEL	WF and East London
WFCCG	Waltham Forest CCG

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