

PAPER FOR ONEL JHOSC MEETING – 15 JUNE 2021

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. This report provides a summary of the proposed redevelopment of Whipps Cross Hospital, specifically an update on the overall programme and the Health and Care Services Strategy (HCSS) for the new hospital, including the provision of end-of-life and palliative care. This report is supported by the slide pack attached, which should be read alongside this report.

PROGRAMME UPDATE

2. Overall, the programme continues to make significant progress across all workstreams as we finalise our Outline Business Case (OBC), with two major milestones reached in recent weeks with the commencement of the demolition of disused buildings on the site of the former nurses' accommodation and submission of planning applications to the Local Planning Authority.
3. As one of 40 hospital development schemes in the Government's New Hospitals Programme (NHP), we are working closely with national colleagues as we finalise our OBC. The NHP team is providing support and constructive challenge to our thinking across a range of key themes such as Digitisation, Net Zero Carbon, Modern Methods of Construction and healthcare planning. We are, in turn, as one of the more advanced schemes within the programme, supporting and informing the approach of the NHP to delivering the ambition of building 40 new hospitals by 2030.
4. Subject to the outcome of these discussions in the coming weeks, we expect to complete the OBC ahead of submission to NHS England / NHS Improvement and the Government for approval. In the meantime the NHP is exploring opportunities, through a commercial approach, to maximise the benefits of a national programme, both in terms of value for money and market readiness for a 'pipeline' of major schemes. For this reason, our procurement of a main works contractor for the construction of the new hospital – which we could have launched earlier this year following pre-market engagement we undertook in 2020 - remains on hold, which will mean a delay in the appointment of a contractor.
5. Subject to further discussions with the NHP team, we anticipate that the benefits of being in a national programme and of utilising Modern Methods of Construction to accelerate construction timescales, means it will remain feasible to maintain our expected new hospital completion date of Autumn 2026.



OUTLINE PLANNING APPLICATION

6. In order to gain OBC approval nationally, we should expect to be required to have received outline planning approval for the new hospital. Following extensive engagement and consultation on our emerging designs for the hospital and the proposals for development of the wider site after the new hospital is completed, we have submitted our planning applications to the Local Planning Authority. This is a significant milestone for the programme. It is the culmination of extensive engagement with Waltham Forest Council, Redbridge Council, the Greater London Authority (GLA) and the City of London Corporation, as well as with the public and staff through two phases of pre-planning application consultation.
7. We have submitted two 'hybrid' planning applications:
 - one hybrid planning application for the hospital development (outline) and the first of the two multi-storey car parks (full); and
 - one hybrid planning application for the residential development including up to 1,500 homes with 50% affordable (outline) and change of use for the retained 'heritage' buildings and details of access only approved in full, with all other matters reserved.
8. The overarching design vision is to create 'a hospital in a garden and a garden in a hospital', connecting the hospital more strongly to the local areas and the neighbouring Epping Forest, with the healing benefits that that can provide. Key principles of the hospital design include:
 - a cluster of ward modules around a central hub, allowing different departments to work together more effectively and helping to minimise walking distances for patients and staff, making the hospital easy to get around with better wayfinding;
 - more space for clinical activity and significantly more single rooms for patients;
 - the flexibility and adaptability to respond to changing healthcare needs in the future; and
 - an exemplar sustainable building that is designed to achieve the target of net zero carbon.
9. The proposals aim to transform the wider Whipps Cross site with improved transport and access links with new walking and cycling routes, new green and public spaces, new homes and community facilities. We also propose to retain key elements of the 'heritage' buildings including the chapel, along with the 'bookend pavilions' to the original ward blocks, celebrating the character of the original building at the heart of the development.

10. The planning applications, including a set of detailed accompanying documentation, have been validated and published online, with the Local Planning Authority¹ undertaking a formal statutory consultation. We anticipate a decision on the planning applications in the autumn of this year.
11. Subject to planning and business case approvals, we expect construction of a new 500-space multi-storey car park to begin in early 2022 with the construction of the new hospital beginning in spring 2023 and completed in autumn 2026. The car park – which will be the first of two for the new hospital - will provide for a mix of staff and visitor parking and will include bays for ‘blue badge’ disabled parking.
12. Our ambition is to reduce the need for car usage (for staff in particular) through delivering an active travel plan, targeting a reduction of between 25% and 40% in the number of car parking spaces for the new hospital compared to current provision.
13. It has also been a long-established aim of the redevelopment programme to provide the opportunity for the co-location of community services on the Whipps Cross site and we have identified space very near to the new hospital, for a building to support community health and care facilities.
14. Commissioners, clinicians and local providers are working together to agree the range of services to be provided from this building, but we might expect this to include, for example, an Urgent Treatment Centre providing improved urgent care by primary and community clinicians with a range of diagnostics aimed at reducing A&E attendances and avoidable admissions to hospital. Current thinking also includes the exciting potential to develop a ‘centre of excellence’ for the planning and delivery of frailty services to our population, providing a genuine interface between hospital and community services and including training and research facilities.

DEMOLITION WORKS

15. In March we appointed Squibb Group Limited to carry out the demolition of disused buildings on the site of the former nurses’ accommodation and the work is well under way. This the first phase of the ‘enabling works’ that allows us to move forward to make the site ready for the construction of the new hospital and will include the temporary re-provision of car parking spaces. The second phase will include the construction of the first of the two car parks.

¹ You can view the planning applications by searching for the application reference numbers 211245 and 211244 on the Waltham Forest Council website (<https://builtenvironment.walthamforest.gov.uk/planning/index.html?fa=search>)

16. The demolition, funded by the Government as part of its endorsement of the Strategic Outline Case last year, is being undertaken in five phases in order to limit disruption and mitigate the impact of noise and dust. As each old building is removed, new temporary surface parking will take its place, thereby maintaining car parking provision on the site. The hospital will remain fully operational during the demolition process. We anticipate the demolition will take a number of months and be completed by the end of 2021. Demolition vehicles enter and leave the site via James Lane, via a dedicated entrance adjacent to the energy centre, keeping demolition traffic away from the main hospital entrances and exits.

COMMUNICATIONS AND ENGAGEMENT

17. Extensive communications and engagement activity has continued to take place as we have developed our OBC.
18. Earlier this year we completed the second phase of our pre-planning applications consultation in which we had excellent engagement from the public and staff. This included three public meetings, attended by 135 people, and three staff meetings attended by 140 people. The meetings were an opportunity for the team to present the latest designs and to take questions, thoughts and ideas. A brief summary of the meetings, including key feedback themes, has been published on our website alongside a video of the presentations and a Frequently Asked Questions document. Alongside this, we have received emails through our dedicated inbox and had well over 1,000 responses to an online survey.
19. Over the course of the consultation, the responses fell into a number of clear themes:
 - **Hospital design and development** – including, for example, the proposed location and height of the hospital buildings and car park, the importance of retaining land adjacent to the new hospital for potential expansion and the importance of improving public transport access to the hospital;
 - **Development of the residual site** – including, for example, the proposed development of new residential units and community facilities once the new hospital is completed, the proposed scale of the housing development, the importance of affordable housing, the retention of the ‘heritage’ buildings and proposed access and exit routes; and
 - **Wider redevelopment proposals** - people also took the opportunity to feed back ideas or express concerns on other aspects of the redevelopment proposals, including the future of clinical services currently provided by the hospital - including specialist palliative and end-of-life care in the Margaret Centre - and the justification for the modelled capacity of the new hospital - including the number of overnight inpatient beds - and its dependency on improvements in primary care and community services locally.

20. In relation to four specific areas where we have heard concerns from local people:

- i. **Proposed capacity of the new hospital** - overall, plans across the local health and care system – both in the hospital and the community - will lead to improvements in the delivery of health and care services to our local population. The proposed new hospital will have more clinical space than the current hospital, with brand new clinical departments, increased diagnostic and day case capacity and significantly more single inpatient rooms, improving patient experience, privacy and dignity.

These changes in services – which are aligned with system-wide activity and capacity modelling at northeast London level - will help more people avoid the need to attend hospital in the first place, reduce the need for admissions for those that do attend and, for many of those that are admitted, will reduce the time needed to be spent in a hospital bed. We have also identified space next to the new hospital for it to expand in the future if needed. This means the new hospital will make us more resilient in being able to deal with events such as another pandemic

- ii. **End of life and palliative care** – see paragraphs 21 to 24 of this report.
- iii. **Construction Logistics** – alongside our pre-planning application consultation, we undertook a four-week informal consultation on a long list of options for vehicles accessing the construction site access, to identify a shortlist of viable options to include in the planning application. As part of this, we engaged with various stakeholders, including a local resident group – PACT² - and the Whipps Cross Patients' Panel.
- iv. **Car Parking** – we have an ambition to develop an exemplary sustainable Whipps Cross, with a hospital able to deliver net zero carbon emissions and by introducing new green spaces and reducing the need for car use to the site, whilst continuing to provide appropriate hospital parking for staff, patients and visitors within significantly improved car parking facilities.

We aim to deliver between a 25% and 40% reduction in car parking spaces at the hospital over several years. To do this, we have begun to work with Transport for London and Waltham Forest and Redbridge Councils to develop further our active travel plan to improve access to sustainable transport modes - including walking, cycling and public transport - to support a gradual reduction in car use and a consequent reduction in the overall demand for car parking spaces.

² The Panhandle Action Community Team (PACT) involves residents living on streets adjacent to the area of the site colloquially known as the 'panhandle' (ie. the disused strip of land between the hospital and Lea Bridge Road).

END OF LIFE AND PALLIATIVE CARE

21. The new hospital will continue to deliver high quality specialist palliative and end-of-life care. We recognise that the Margaret Centre's role in the delivery of care and its future generates considerable interest among all local people. That is why we are undertaking a clinically-led review of the model of care, including how we organise the provision of specialist palliative care and end-of-life care in the new Whipps Cross Hospital, all informed by the engagement and support of patients and local interest groups. Clinicians are reviewing the model of care so that the right decision is taken to inform the next phase of detailed planning and design for the new hospital.
22. To date we have made progress in mapping the provision of the current palliative and end-of-life care services available to patients from across the Whipps Cross catchment area. This includes the hospital's specialist palliative care team that cares for inpatients at Whipps Cross Hospital, including in the Margaret Centre inpatient unit, as well as the Waltham Forest community palliative care nursing team co-located in the Margaret Centre. In addition to this we have also mapped services that are provided by our partners in primary care, community services, social care and the voluntary sector. This includes the work of an Enhanced Palliative Integrated Care (EPIC) team for patients in the Whipps Cross Hospital catchment area, consisting of a palliative care clinical nurse specialist, district nurse end-of-life lead and social worker, each working closely with groups of GP practices via Primary Care Networks.
23. We have also taken stock of the transformation work that has taken place across the Whipps Cross catchment area over the last few years. One example of this work is the implementation of Coordinate My Care (CMC). CMC is a nationally endorsed information system that coordinates urgent care for patients and is particularly helpful for those with palliative and end-of-life care needs. An advanced care plan is completed that records key clinical information and recommendations for urgent care services to follow in an emergency. Once completed, the plan is visible to all those involved in the delivery of urgent care including NHS 111, out-of-hours GPs, the London Ambulance Service (including in their vehicles) and the emergency departments of Barts Health. This enables all healthcare professionals to offer more personalised medical care, with full respect to each patient's preferences.
24. We anticipate that the first phase of the review, focusing on the future model of care, will be completed by the end of this month. Once the outcomes are agreed, we will set out how – with partners – palliative and end-of-life care will continue to be transformed across the Whipps Cross Hospital catchment area. The second phase of the work, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. We will continue to engage with patients and local interest groups in supporting this work.

CONCLUSION

25. In conclusion, the development of the OBC is continuing to progress well, with significant milestones passed in recent weeks, underpinned by comprehensive communications and engagement activity. Looking ahead, we continue to work in close collaboration with the NHP team with the aim of finalising the OBC over the coming weeks and agreeing next steps.