London Borough of Redbridge

Councillor Neil Zammett
Goodmayes Ward

Members' Room
Town Hall, Ilford, Essex, IG1 1DD

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Alastair Finney
Redevelopment Programme Director,
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Sent by email to: alastair.finney@nhs.net

Dear Alastair,

Redbridge Health Scrutiny Committee comments regarding the Whipps Cross Hospital Redevelopment Plans

Firstly, a note of thanks to you, the Medical Director and the Lead Consultant from Ryder Architecture for duly attending past meetings to provide updates and respond to questions, as requested by the Committee.

As you will be aware from our discussions, there are a number of unresolved concerns which fall into four main categories, as follows:

1. Bed provision

We heard that there would be a need for fewer inpatient beds because of changing models of care within the wider healthcare system, however, we do not accept that the planned reduction of 51 beds will realistically meet population healthcare needs. We were specifically concerned that your forecast fails to take into account forecasts of population growth and the increased demand for inpatient care, particularly given the unknowns of 'long Covid'.

We are also seriously concerned that your forecasts make unsustainable assumptions about the developments in primary care, community healthcare and social care. So, the assumption that the ICS will reduce demand is not evidenced and the LoS reductions are not set in the context of historical national and local trends and are therefore entirely speculative. Transferring complex surgery is a more soundly based proposal but this would have to be the subject of a separate consultation exercise as it represents a significant service variation.

The projections also conflict with those of "Transforming Services Together" which forecast an increase in bed numbers in the catchment area of Bart's Health. Additionally, there is no assessment of the impact of the proposed bed reductions on other acute sites such as the Homerton and KGH which suggests that this is 'piecemeal' planning.

While proposing a reduction in local acute beds, the plan also includes an increase in maternity cases of 1000, which is not supported by the CCG. Members need to be assured that the LEB/CCG/Partnership/Commissioning Alliance have reconciled these differences.

We are also concerned about the likelihood of an over-reliance on primary and community care services as integrated care strategies are rolled out, and of the ability of the new hospital design and its procedures to both safely discharge elderly patients into community and create a sufficiently flexible bed base to meet future demand. As such, we will be seeking an

independent view of the Trust's bed modelling projections and we will provide you with further information on this in due course.

2. Safe access and transport

We were disappointed to learn of the lack of progress to date in improving direct transport links from Redbridge to Whipps Cross Hospital. We anticipate that the ongoing discussions with TfL, NHS partners and the London Borough of Waltham Forest, including participation by Redbridge Planning and Transport officers, will be productive.

We support the intention to utilise this redevelopment to reduce reliance on cars for travel to and from the hospital site, both for staff, patients and visitors. It is accepted that one element of this, will be to ensure that there is no overprovision of car parking on the site.

Whilst a reduction in access to car parking can be an effective measure in achieving modal shift from cars to more sustainable modes of travel, this can only happen if those alternative modes of travel are available. It is therefore significant that although 30% of hospital users currently live in Redbridge, public transport connections are not reflective of this and the majority of Redbridge residents do not live within a reasonable walking or cycling distance of the hospital. This being the case, a high proportion of Redbridge residents genuinely rely on their cars to travel to and from the hospital and simply removing car parking spaces would not change this.

We therefore considered it essential that in conjunction with any reduction in on-site car parking capacity, a commensurate uplift in bus accessibility is secured as part of any planning consent and should not be left to be dealt with post-determination. This could include re-routing the 66 Route to the Hospital, increasing the frequency of the W12 and diverting the 257 to improve connectivity with Leytonstone tube station.

Of course, we would need to be an active partner in identifying and facilitating that uplift, but in the first instance it is reliant on Waltham Forest securing it as an integral part of any planning consent. In practice this is likely to mean the applicant being obliged to pay Transport for London a financial contribution to operate the additional services required.

In addition to the above, and whilst it is our view that improved bus access should be the key focus of improving overall access, we also feel that proposals for improved walking and cycling access should include routes to the east of the hospital.

An emphasis should be put on addressing any personal safety concerns that may exist with use of current routes, especially during hours of darkness, which may include improved lighting and CCTV installation, consistent with environmental considerations.

3. End of Life Care at the new hospital / Palliative Care at The Margaret Centre

We requested the inclusion of facilities at the new hospital for relatives to observe the spiritual and cultural needs of departing relatives and were pleased to learn that proposals for end of life care service provision at the new hospital would be reviewed by clinicians.

We do not, however, regard subsuming the Hospice service into the general end of life care at the new hospital as a viable option.

The proposal to close the Margaret Centre would leave NE London with only two adult inpatient units at St Josephs in Hackney and St Francis in the north of Havering and significantly less well provided for than other parts of London.

We believe the CCG/Partnership/Commissioning Alliance should ring fence the Centre's budget and look at options for providing Hospice services either within the NHS or in partnership with the voluntary sector and the Hospice movement.

4. Public / Stakeholder Engagement

We participated in the Trust's recent online engagement meetings and anticipate publication of the outcomes of the engagement activities, although we acknowledge the limitations of online meetings, which do not always present opportunities for sufficient questioning.

At our most recent meeting, we welcomed the update that the revised plans reflected engagement feedback, particularly in relation to the heritage buildings and the need for more open space. However, you will recall that our Healthwatch Co-opted Member shared concerns about representatives wanting to be involved but having hot received responses from the Trust in relation the concerns they had raised. We trust that this has since been resolved with Healthwatch.

We wish to see more public engagement and scrutiny in shaping the plans. As such, we are exploring with scrutiny colleagues at London Borough of Waltham Forest the likelihood of establishing a Joint Health Scrutiny Committee (under regulation 30), to include both Member and Co-opted Member representation.

Notwithstanding this discussion, any substantial service variations will have to be subject to statutory consultation.

As stated at our last meeting, the investment in a new hospital is welcomed and highly valued by Members and as a Committee we will continue to scrutinise developments.

Yours sincerely,

Councillor Neil Zammett

Chair, Redbridge Health Scrutiny Committee

c.c. Members of the Health Scrutiny Committee
Cabinet Member for Adult Social Care and Health

c.f.i. Members of the ONEL JHOSC; NHS NEL Commissioning Alliance; NHS NEL CCG and BHRUT