

## St George's Hospital site redevelopment

# Communications and stakeholder engagement plan October 2021 to March 2022

### Contents

1. Overview .....	2
Background and chronology .....	2
Ongoing engagement with key stakeholders .....	3
Planning approvals and 2021 planning consultation .....	4
2. Our communications and engagement strategy for the next phase .....	5
Key messages.....	5
Our key principles.....	5
Our engagement aims .....	6
Stakeholder engagement with NHS England/Improvement .....	6
3. Our proposed approach .....	7
Working with local stakeholders to co-design the engagement approach .....	8
Addressing health inequalities and engaging the hard-to-reach community.....	8
Engagement assets.....	8
<b>Appendix A:</b> Summary of engagement activity to date and planned engagement.....	9
<b>Appendix B:</b> Engagement with key stakeholders – October 2021 to March 2022 .....	11

## 1. Overview

Creating a health and wellbeing hub at the St George's Hospital site is at the heart of integrated health and care services in North East London (NEL). Since the early days of planning for new healthcare services on the site, NHS partners have kept a commitment to ensure local stakeholders and residents are kept informed our proposals and progress.

Significant engagement has already taken place with key local stakeholders and with local residents and patients, which has helped to shape our plans and ensure our stakeholders understand how the new centre will benefit them and the communities they represent.

The strong partnership working in North East London, and in Barking and Dagenham, Havering and Redbridge (BHR) as a health and care system, has enabled partners to share clear and consistent communications. Our strategy as we move forward will be to continue this approach and ensure that we work with stakeholders and local people to continue to maximise the opportunities that this project provides.

This plan sets out our ongoing approach to actively engage stakeholders and our local community in the work ahead to develop and build the Health and Wellbeing Hub

### Background and chronology

St George's Hospital in Hornchurch was built in the 1930s as a community hospital. In the ten years up to 2012, the number of services providing direct patient care on the site had fallen due to the introduction of new ways of working and because of the unsuitability of the site.

In October 2012, all staff and services were relocated from the site for health and safety reasons after legionella was discovered in the heating system. Proposals for most of the 29-acre site – including new homes and parking – were approved following an appeal in 2017.

A 12-week public consultation was conducted in 2013 on the original plans for the redevelopment of the St George's Hospital site. The key findings, set out below, have continued to shape our proposals.

The new Health and Wellbeing Hub at St George's is a key part of wider NHS service planning, both in Havering and across north east London, and the local NHS sees it as being at the very heart of integrated health and care services in this part of the capital.

In recent years, changes to the way these larger building projects are funded, along with an ongoing review of the longer-term health needs of this part of London, combined to prevent progress on the plans.

The latest proposals for the Health and Wellbeing Hub, as described in the draft Outline Business Case (OBC), are consistent with those original, signed off plans – including GP services, community services and care tailored for the frail and elderly – now with the addition of renal services, outpatient services and flexible space for community use.

### 2013 public consultation

Residents and stakeholders were first given a voice on the proposals for the former St George's Hospital site through a public consultation, which took place between 18 February 2013 and 12 May 2013.

The consultation, led by the NHS, followed best practice principles and provided local people with different opportunities to look at the proposals and have their say. This included:

- 1,000 consultation documents distributed to key stakeholders such as councillors, local MPs, health partners and patient and voluntary groups. Local GP surgeries and libraries were asked to make copies of the document available to the public.
- Online publication of the proposals
- Two drop-in sessions were held at libraries to enable local people to discuss the proposals with NHS staff and GPs,
- A public meeting, attended by around 60 people, which took place towards the end of the consultation period.

A total of 126 written responses to the consultation were received: 108 questionnaires and 18 letters or emails. There was a great deal of local interest in the scheme and whilst there were a number of concerns about issues like, whether too much land was being disposed of and what this land would be used for, there was overwhelming public support for a new health centre on the site for a range of integrated services including primary care services.

Key findings included:

- Support for building a new health centre on the St George's site was high, at 95% of questionnaire respondents.
- Respondents felt it was important that local people should not have to travel out of the borough for outpatient services and believed the increasing and aging population meant the need for services would grow rather than reduce.
- Almost all questionnaire respondents thought it was important to have diagnostic tests (95%) and services for older people (93%) on the site.
- 57% of questionnaire respondents, including the North East London Foundation Trust (the main local provider of NHS community services), supported the CCG's preferred option.
- The main reason given for not supporting the preferred option was that people wanted beds on the site, but there was no real agreement as to which of the consultation options that included beds was most preferred.
- There were some common issues indirectly related to the subject of the consultation: the sale of the site and what it might be used for; where any new health centre would be positioned on the site; and preserving or using the old buildings.
- No formal response was received from the local council, any of the local MPs or the acute hospital trust, however one MP showed his support on his website, and the council and hospital trust both indicated - outside the consultation period, however - that they supported the CCG's preferred option.

In summary, the consultation showed:

- Strong support for a new health facility on the site
- Strong support for the facility having a focus on services for elderly people
- The majority (55%) of respondents supported the preferred option of the facility having GP primary care services and a range of integrated care services with no inpatient beds.

### **Ongoing engagement with key stakeholders**

Following the 2013 consultation, NHS Havering Clinical Commissioning Group (now part of North East London CCG) continued an open and sustained positive dialogue with key

stakeholders including local elected politicians, key Council leaders in Havering, Healthwatch and local community groups and residents.

This includes:

- Six monthly updates (starting in 2013) from Dr Gurdev Saini, Chair, St George's Hospital programme board, to a dedicated mailing list of 125+ residents and stakeholders interested in St George's Hospital's redevelopment progress
- Regular updates (quarterly) to Havering Council's Health and Wellbeing Board, Health and Overview Scrutiny Committee and to the CCG's Patient Engagement Forum
- Regular briefing meetings with the MP for Hornchurch and local ward councillors (led by the NEL CCG estates team)
- Informal updates to Havering PPGs since 2019
- Following announcement of the scheme's inclusion in a £1.8 billion funding boost for the NHS in August 2019, NHS North East London Commissioning Alliance presented proposals to local HOSCs in 2019.

Our work with local residents has included

- Informal planning consultation workshop at Hornchurch RAF with 45 local residents in attendance and two local Councillors – Wednesday 28th July 2021
- An FAQ document was developed based on the questions asked by residents at the July workshop and circulated
- Hornchurch residents' group has published updates from the CCG in its newsletter

In line with our commitment to follow best practice guidance including statutory guidance from NHS England/ Improvement, NEL CCG has held discussions with the NHSE lead for service reconfiguration, setting out the scope of our engagement strategy. Feedback has shaped our ongoing approach.

### **Planning approvals and 2021 planning consultation**

In 2019, Havering Council approved plans for a health centre and approximately 100 car parking spaces on part of the St George's Hospital site at 3000 square metres.

Planning permission was also granted for a development of nearly 300 new homes on the remainder of the site, which is a separate project, led by a housing developer.

In April 2021, a planning consultation took place on the latest proposals for the new development. An online public exhibition was held between 1 April and 20 April 2021 with an online feedback questionnaire. 86% of respondents (81% strongly support and 5% mildly support) support the provision of the proposed new Health and Wellbeing Hub at the St George's site.

The revised scheme will have more flexibility to offer new services in the future, as local needs change. The building size therefore has increased to 4545 square metres but remains smaller than the original hospital site. The 2019 outline planning permission consented for three storeys but didn't specify a height. The new building is mainly two storeys in height, with the exception of one wing which is three storeys. This wing is located away from residential properties. The building is no higher than the original roof line agreed in principle in 2019.

## 2. Our communications and engagement strategy for the next phase

The Outline Business Case (OBC) sets out the detailed proposals for the Health and Wellbeing Hub, including the clinical case, how we have planned or modelled the proposals and details of the services that we plan to offer at the site. This includes community space for public use, which we wish to co-design with the community in the next phase of the programme.

Once the final OBC is approved, we will undertake a further period on discussion as agreed with key stakeholders on the service changes.

### Key messages

- Our aim remains to deliver **a health and wellbeing centre** that offers outpatient clinics, community and mental health services, GP and primary care services and a joint team of health and social care professionals, as well as space for local voluntary and community groups to use.
- A new health and wellbeing centre would **support local people in living healthier for longer.**
- GPs, local hospital and community service leaders all agree that the health and wellbeing hub on the former St George's Hospital site is a **key part of plans for much needed joint, integrated health and care services** across north east London both now and for the future.
- Delivery of the new health centre is **crucial to unlocking other proposed changes** to the way we deliver care and the use of the facilities and building, including Queen's Hospital, to help future proof the local NHS for the people of our area – those living here now and for those we know will be moving to this area in years to come.
- We plan to **involve patients and the public** as we develop the final approved OBC, with along with other stakeholders as appropriate and agreed. This process will be led by local clinicians – GPs, hospital doctors and community service clinicians.

### Our key principles

- To provide local people and stakeholders with opportunities to hear about the detailed proposals and to have their voices heard as we finalise our proposals
- To ensure that public engagement remains a core element of the final design and construction principles
- To ensure meaningful staff involvement
- Identify clinical leads for service and specialty areas to lead engagement and provide credible assurance on the proposals
- To celebrate success at every major milestone and encourage local ownership and pride in the development
- To provide credible, timely and consistent information to all key stakeholders and the public
- To continuously review the strategy so we can build on the successes and address any challenges and feedback.

## Our engagement aims

To build trusted relationships with stakeholders - groups and individuals across our area. This is important because it will:

- help people to understand what we are doing and why we are doing it
- help people to share their experiences of local health and care services
- help to support the development of more integrated services to meet local need
- support us to listen and show groups and individuals how their feedback is making a difference to identify seldom heard voices and improve services.

To encourage the public to have their say by making it as easy as possible for them to talk to us. This is important because it will:

- help us promote active and meaningful involvement
- show our commitment to simple, effective communication and engagement
- help us listen to the experiences of patients and use their feedback to improve services
- make sure we hear the voices of groups and individuals who are often seldom heard by the NHS

To make sure everyone can access information about what we are doing and why we are doing it. This is important because it will:

- encourage the reduction of inequalities if we can hear from those whose outcomes are worst
- help people to understand the challenges we face and why we make the decisions we do
- show our commitment to honest communication which is simple to understand
- show that we are using feedback from local people to improve services
- build trusted relationships with groups and individuals affected by our proposals

Support our staff to hear the public voice in the commissioning of services. This is important because it will

- help us to improve the quality and experience of the services we commission
- help us to understand the needs of local people and develop integrated services to meet those needs
- build public confidence in us as a listening organisation
- show how we use feedback from the public to help inform changes and improve services.

## Stakeholder engagement with NHS England/Improvement

In accordance with the NHS England service change assurance process, and involvement best practice, we will develop and finalise our agreed involvement/ engagement approach with key stakeholders.

The process is set out in Appendix B, and will form a 12-week engagement with local people and stakeholders, starting in November 2021 and concluding in February 2022. Our engagement approach will be shared with our local Health Scrutiny Committees (HOSCs) and the Health and Wellbeing Boards (HWBs) for Barking and Dagenham, Havering and Redbridge. We will work with Healthwatch and other stakeholders to co-design engagement materials and to ensure our engagement approach is as inclusive as possible.



Through open discussion and taking on board their feedback, we will continue to build trusted relationships and reduce the potential risk of stakeholders feeling uninformed or challenging any public involvement processes.

It is anticipated that stakeholders will provide valuable views on our proposals, our approach, and offer to support us in reaching their contacts, networks, or residents through suggestions for additional involvement opportunities throughout the process.

### 3. Our proposed approach

Feedback and input from local people and stakeholders (including local MPs and councillors) has been key to the development of the OBC and once this is completed, we plan to go back out to the community and listen to their feedback on the finalised proposals.

As set out, we will use a well-established process to discuss, agree and co-design how we most effectively engage local people and stakeholders on the final proposals. We plan to engage local people and stakeholders over a 12-week period, starting in November 2021 with completion in February 2022. We will provide people with a range of opportunities to have their say. We will use a mix of online/ digital and face-to-face methods, and ensure all materials and messages are accessible to our population, regardless of language, literacy and digital barriers.

Before commencing the engagement, we will:

- Develop key messages and present the clinical evidence for all service proposals
- Recruit patient engagement panel/champions (Clinical Leads) for events and workshops
- Engage key stakeholders (Healthwatch, Health Overview Scrutiny Committees (HOSCs) and HWBs) before the 12-week engagement starts and ensure they have the opportunity to comment on both the involvement plan and the collateral to be used

During the 12-week engagement period, we will

- Share key information and present the clinical evidence for all service proposals
  - Conduct public involvement workshops across BHR
  - Conduct stakeholder events (with HOSCs, Healthwatch, Health and Wellbeing Boards, patient representative groups)
  - Attend HOSCs, the Joint Health Overview and Scrutiny Committee (JHOSC) and HWBs that fall within the engagement period
- Promote patient/ public involvement events via social and print media

Following the 12-week engagement period, we will:

- Analyse the feedback and identify key themes through an engagement report
- Share the findings and themes widely – with those who participated in the engagement process including key stakeholders.
- Publish the engagement report online and publicise this through our communications and engagement channels

The engagement will involve a range of qualitative and quantitative methods to ensure we gather all comments so we can maximise the opportunities and minimise any risks this development proposal presents, and to make sure this development deliver a significant benefit to our community.

We will respond to specific questions throughout the process to help people provide informed responses. We will publish and share the most frequently-asked questions in an open and transparent way.

### **Working with local stakeholders to co-design the engagement approach**

The CCG team in BHR has established an approach to public engagement that ensures stakeholders such as Healthwatch and our Health Scrutiny Committee colleagues feel involved and listened to.

Previous engagement work led by the CCG team has been co-designed with Healthwatch and other patient representatives, and we have discussed and agreed our approach on specific projects with our HOSC colleagues before commencing the work. This includes

- engagement on community urgent care and how we communicate services
- procurement of an NHS 111 service for North East London
- consultation on proposals to support funding changes for certain non-essential health procedures ('Spending Money Wisely')
- a medicines consultation in 2017
- changes to stroke rehabilitation services
- engagement with patients and families on proposed changes to nursing care services at a nursing home in Redbridge
- a major research study in 2016 exploring people's understanding of urgent care

This has proved to be a mutually beneficial approach, and we propose to now discuss our proposed approach to the next stage of engagement in the same way with stakeholders.

### **Addressing health inequalities and engaging the hard-to-reach community**

We will work with community groups and patient representatives to reach out to people who are known to be less engaged with health services and those communities who are underrepresented and often invisible to health and social care organisations.

This is an essential element of our partnership work to reduce health inequalities as positive engagement with hard-to-reach groups is recognised as key to improve health and social outcomes. This has been underlined by learning from the Covid-19 pandemic, as evidenced by Public Health England.

### **Engagement assets**

**Engagement materials** will be printed and available online (hosted on the NEL Health and Care Partnership website). We will publish the OBC and Equalities Impact Assessment, an engagement document, a summary of the engagement document and a questionnaire. We will provide an EasyRead version of the summary and provide translated versions where this is requested. We will also work with community groups during the engagement period to ensure the engagement is as accessible and inclusive as possible .

- **The engagement document** will set out our public involvement approach and summarise the background of the engagement. It will clearly state the current proposals and service offer for the Health and Wellbeing Hub and include a list of opportunities for stakeholders to 'have their say' along with feedback mechanisms for patients/residents.



### Direct public engagement activity including

- **3 x online public listening events** - open invite events to share information on proposed options for change, answer specific questions from the public to increase understanding of the engagement and proposals, as well as invite and listen to feedback and encourage people to respond to the process questionnaire.
- **3 x clinical pop-ups** - raising awareness with patients and staff in GP surgeries and hospitals to encourage people to ask questions and complete the questionnaire.
- **2 x community outreach sessions** – local events near site with groups such as older people and deprived communities as well as seldom heard groups. This could include a ‘Open Day’ session on the actual site

All engagement events will be promoted through social media, local press and other mail-outs (including dedicated mailing lists). We will seek support from our Council, Healthwatch and other voluntary and community sector colleagues in sharing information

**Printed** copies of the engagement summary with questionnaire will be sent out to GP practices, Citizen’s Advice centres, council buildings, dentists, job centres, opticians, leisure centres, libraries, pharmacies, Hospitals and Community Voluntary Sector organisations.

**Engagement with stakeholders** will continue both formally and informally with our Health Overview and Scrutiny Committee colleagues and the local Health and Wellbeing Boards in Havering, Redbridge and Barking and Dagenham, as set out in Appendix B.

## Appendix A: Summary of engagement activity to date and planned engagement

2013 proposal	Engagement
<b>Services</b>	
Integrated Health & Wellbeing Hub	<ul style="list-style-type: none"> <li>• 1,000 consultation documents distributed to key stakeholders such as councillors, local MPs, health partners and patient and voluntary groups. Local GP surgeries and libraries were asked to make copies of the document available to the public.</li> <li>• Online publication of the proposals</li> <li>• Two drop-in sessions were held at libraries to enable local people to discuss the proposals with NHS staff and GPs</li> <li>• A public meeting, attended by around 60 people, which took place towards the end of the consultation period.</li> <li>• Consultation outcome published <a href="https://www.haveringccg.nhs.uk/Downloads/Our-work/Developing-the-SGH-site/SGH-consultation-document.pdf">https://www.haveringccg.nhs.uk/Downloads/Our-work/Developing-the-SGH-site/SGH-consultation-document.pdf</a></li> </ul>
Centre of Excellence for elderly	
Assessment and diagnostic centre	
GP Practice	
Rehab Inpatients (this service will no longer use the Hub space)	
Adult outpatients	
Social services	
Community services	
<b>2013 onwards</b>	<b>Ongoing resident and stakeholder engagement</b>

Ongoing engagement with local stakeholders and residents	<ul style="list-style-type: none"> <li>• From 2013 onwards until 2019, monthly updates from Dr Gurdev Saini, Chair, St George's Hospital programme board, to a dedicated mailing list of 125 residents and stakeholders</li> <li>• Regular (quarterly until 2019) updates to Havering Council's Health and Wellbeing Board, Health and Overview Scrutiny Committee and to the CCG's Patient Engagement Forum</li> <li>• Regular briefing meetings with the MP for Hornchurch and local ward councillors (led by the NEL CCG estates team)</li> <li>• Informal updates to Havering PPGs and Healthwatch since 2019</li> <li>• Following announcement of the scheme's inclusion in a £1.8 billion funding boost for the NHS in August 2019, proposals presented to local HOSCs in 2019.</li> </ul>
<b>2021</b>	<b>Proposed engagement</b>
<b>Services</b>	
Integrated Health & Wellbeing Hub	<ul style="list-style-type: none"> <li>• Healthwatch and other stakeholder events</li> <li>• Health Overview and Scrutiny Committee (HOSC) engagement</li> <li>• Creation of new engagement documents</li> <li>• Information leaflet with link to online questionnaire and easy read return mail questionnaire will be sent to patients impacted by the service change</li> <li>• Drop in's informing and involving patients and staff</li> <li>• Online listening events</li> </ul>
Frailty Hub	
EDC, ultrasound, x-ray, phlebotomy	
5 x GP Practices	
Adult outpatients	
Social services (inc with NELFT community)	
Community Services	
Community Mental Health Services	
Renal Dialysis	
Community Children's Services	
Primary Care Network	
Minor Surgery	

## Appendix B: Engagement with key stakeholders – October 2021 to March 2022

Activity	Date	Dependencies	Who
Letter to HOSC Chairs to confirm engagement approach and request an informal pre-meeting	Letter to be sent by 25 October	Content signed off by Project leads	Comms to draft
Informal pre-meet with Health and Overview Scrutiny Committee (HOSC) Chairs and officers for BHR (Barking and Dagenham, Havering and Redbridge) to agree approach	Meeting held by 29 October	Narrative (including outstanding questions re clinical leadership, pathways and EQIA) signed off by SRO/ Clinical lead or leads	Comms to organise and 'host', SRO and clinical leads to attend/ present if available.
Co-design of engagement survey and questions with Healthwatch	First draft shared with HOSCs, HWBBs and Healthwatch by 3 November  To be discussed at HOSC meets (3/11 Nov). HWBBs and Healthwatch to be asked to respond virtually (without a meeting)  Finalised by 15 November	Briefing to Healthwatch	Comms to lead co-design work  SRO/ clinical leads/ programme team to sign off
Report to November HOSCs with engagement plan and proposed collateral	<ul style="list-style-type: none"> <li>Barking and Dagenham -3 Nov</li> <li>Redbridge -3 Nov</li> <li>Havering - 11 Nov</li> </ul>	Narrative (including outstanding questions re clinical leadership, pathways and EQIA) signed off by SRO/ Clinical lead or leads	Note: This could be the letter, depending on negotiation with HOSCs SRO and clinical leads to attend/ present (Note clash for B&D and Redbridge)
Health and Wellbeing Boards (HWBs)	<ul style="list-style-type: none"> <li>Barking and Dagenham – 9 Nov</li> <li>Havering – 24 Nov</li> <li>Redbridge – 30 Nov</li> </ul>		Letter sent at same time as letter to HOSC leads, confirming launch of engagement (which will be prior to Havering and Redbridge HWB)
Approval to go out to engagement	Governance process to be advised by Programme Team (e.g. via GB/ ICPB)		

<b>Activity</b>	<b>Date</b>	<b>Dependencies</b>	<b>Who</b>
Launch of 12-week engagement period	22 November TBC	Subject to final feedback from stakeholders  All materials and engagement activity agreed by SRO, clinical leads and programme board	Clinical leads and SRO/ Programme team to lead engagement activities  Comms and Engagement to provide support including organising engagement sessions

<b>Key stakeholder meeting dates during 12-week engagement period (22 November 2021 to 13 February 2022)</b>			
<b>Who</b>	<b>Date</b>	<b>Approach</b>	<b>Lead</b>
ONEL JHOSC	14 December 2021	Paper/ presentation and discussion	Clinical leads and programme leads, supported by Comms
Redbridge HOSC	11 January 2022	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
B&D Health and Wellbeing Board 12 January	12 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
Redbridge Health and Wellbeing Board	12 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
Barking and Dagenham HOSC	19 January 2022	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
Havering HOSC (Special meeting tbc)	December/ January 2022 tbc	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
Havering Health and Wellbeing Board	26 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
<b>12-week engagement period closes 13 February 2022 tbc (dependent on start date)</b>			

<b>Post engagement period</b>			
<b>2-week period of analysis and report writing – Engagement report completed by 28 February 2022</b>			
<b>Programme team to consider feedback in terms of procurement and Full Business Case (FBC)</b>			
Engagement report to be considered through appropriate BHR ICP governance structures	Programme team to confirm details and date – this is critical to engagement with HOSCs	Programme team to ensure governance is built into project plan	Programme Team
<b>Programme team to provide final proposal paper</b>			
Barking and Dagenham HOSC	23 February 2022	Paper/ update likely to be requested	
ONEL JHOSC	8 March 2022	Final proposal paper will be required for this meeting, informed by the outcome of engagement. Outline next steps.	Programme team supported by Comms
Redbridge HOSC	9 March 2022	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC)	Programme team supported by Comms
Barking and Dagenham HOSC	23 February/ 23 March	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC)	Programme team supported by Comms
Havering HOSC	16 March 2022	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC)	Programme team supported by Comms
HWBs (Letter with final proposals paper to be sent in advance, alongside HOSCs)	B&D: 15 March Redbridge: 15 March Havering: 23 March	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC)	Programme team supported by Comms